

MAX 99 State Anomalies – Draft Report

State	File Type	Record	X-over	Measure	Issue
_ALL	All	All	All	SMRF 98	<p>About 1/3 of the states did not submit MSIS files prior to 1999, so the validation tables do not have a comparison with 1998 data for those states.</p> <p>Many of the differences in the SMRF 98 and MAX 99 values are because code values were added and changed in MAX 99 and in general the MAX 99 files are more complete. There was a big change in the Type of Service Categories, Managed Care enrollment, type of Dual Eligibility as well as other variables. PHP & PHP + PCCM enrollees were excluded in the validation tables for 1996-98, but included in 1999. Also, in 1996-98 the capitation claims are included in the FFS sections of the validation tables but excluded in 1999. This impacts the percentages by Type of Service and span bills since most capitation claims are span bills. Finally, there are more people enrolled in managed care in 1999 than there were in previous years, making the comparisons of distributions on claims measures more difficult.</p>
			XO	Dual Elig Code	<p>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 in the PSF verification tables. 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.</p>
	Claims		All	Adjustments	<p>There are generally more adjusted claims in the 1999 MAX files because of the more intensive review of the 1999 MSIS files to make sure the states were properly submitting adjustments. The MAX Adjustment Indicator was not always properly set and should be ignored.</p>
				Delivery Claims	<p>In some states, the claims for the infant are filled under the mother's MSIS ID for the first few months of life.</p>

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<u>ALL</u>	Claims	All	All	Medicare Coinsur.	During Valids processing, the value '99998' in the Medicare Coinsurance field is not reset to 0.
				Service Type	Starting with the 1999 MAX files, many services were reclassified from the MSIS type of service to the new MAX type of service categories. This makes the comparison on 1998 and 1999 type of service distributions and expenditures difficult in many states, particularly in the OT file.
			XO	All	The crossover claims generally 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.
				XO Clm Count	In some states there is a significant shift in the percent of claims that are crossovers because of the more intensive review of the 1999 MSIS crossover claims to make sure that they were properly reported.
		IP/LT/OT		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. Some states erroneously '0' filled those fields on non-crossover claims resulting in the indicator being set to 'crossover'.
		LT	All	Adjustments	Several states submit separate claims for services provided by LT facilities that are not part of the bundled rate. These often occur in the file with an Adjustment Indicator of Debit.
				LT Days	In some states there is an over reporting of LT days. This occurs when the state includes covered days on claims for supplemental services as well as on the claim for the bundled services including accommodations.
				Negative Amounts	There are a few claims in some states with negative LT days, coinsurance & deductibles and leave days. Adjusted claims that resulted in a final bill with a negative Medicaid Amount Paid were deleted from the file, but single original claims with negative amounts were left in the file.

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_ALL	Claims	LT	XO	XO Clm Count	A low % of xover claims in the LT file is expected because once a person transitions from Medicare SNF to Medicaid, Medicare no longer is the first payer of services.		
				Lab/Xray	All		In most states there is a substantial drop in the percent of claims with a type of service of Lab/Xray in 1999 because prior to 1999, all claims with lab or x-ray service codes were mapped into that category during the construction of the SMRF files. Starting in 1999, there were more specific MSIS rules for reporting lab and x-ray and the decision was made not to re-map them using service codes. Researchers needing to identify all lab and x-ray services will have to use national and local service codes.
		RX				OPD/HH	There are fields in the MSIS OT file for both a service code and a UB-92 code as often OPD and 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.
						Adjustments	Most states have a very small percentage of RX adjustments because most adjustments are done POS.
						Date Prescribed	The date prescribed is not available in most states. Some states have put the date filled in the date prescribed fields.
						Prescribing Phys.	The prescribing physician ID is not available in most states.
		PSF	All			SSN	There are some person summary records with duplicate SSN's. In most states this is a very small number, but there are a few states where it is fairly large. This can occur in states like TN that change a person's Medicaid ID number when they change managed care plan or move to another county. For the most part these are truly multiple records for a single individual and researchers may want to combine and resolve them.

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<u>_ALL</u>	PSF	Claims	All	Managed Care	Starting in 1999, measures for people enrolled in PHP's are included in the FFS sections of the MAX PSF validation tables. They had been excluded from those sections in the 1996-98 PSF validation tables, often resulting in a huge increase of claims and expenditures in 1999. This makes the comparison of the 1998 and 1999 measures very difficult in states with a large PHP enrollment.
		LT		LT Days	The LT 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 LTC, rather than days.

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AK	Claims	IP		DRG	AK does not report DRG's into MSIS.
				IHS	About 20% 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 codes. AK did not start reporting Program Type of IHS until FFY Q2 2003.
		IP/LT	XO	Procedures & DX	There is a drop in the percent of IP crossover claims with procedure codes and LT crossover claims with diagnosis codes.
		LT		Diagnosis	Some diagnosis codes are padded on the right with zeros.
				Medicaid Amount Paid	The average Medicaid amount paid per day is about 2 times higher than expected, but is consistent across years.
				NF Claims	AK has a lower % of people with NF claims as they have a relatively small aged population and an active waiver program.
				Patient Liability	There is a lower than expected % of claims with patient liability.
				Type of Service	There aren't any claims with a type of service of ICF/MR or Mental Hospital/Aged. At least half the claims have a type of service of Inpatient Psychiatric Under 21 years which is much higher than expected.
		RX		Program Type	There aren't any claims with a type of program of FP.
				TPL	There are only a few claims with TPL.
	PSF	Eligibility		CHIP Code	Alaska reports its M-CHIP eligibles in MSIS. The state does not have an S-CHIP program.

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AK	PSF	Eligibility		Dual Elig Code	Alaska reports very few QMB and SLMB onlies (dual codes 1 and 3, respectively, in the 2nd byte of the new annual crossover value). In Alaska, the SSI state supplement income standard is approximately 110 percent of poverty for a single individual, and 122 percent of poverty for a couple. Hence, the vast majority of QMBs and SLMBs are eligible for full Medicaid benefits by virtue of their eligibility for the state supplement to SSI.
				Length of Enrollment	Only 26% of eligibles were enrolled 12 months in 1999, a lower than expected proportion. However, due to seasonal employment in the summer, many families do not qualify for benefits all year. 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, suggesting that the enrollment data may not be reliable for month to month analysis. For most quarters, enrollment is lowest in the first month and highest in the third month, and then there is a noticeable decline in the first month of the next quarter.
				Managed Care	AK is one of the few states without any MC enrollment.
				Missing Elig Data	Just over 1% of persons in the AK MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Private Insurance	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.
				Race/ethnicity	In 1999, 4% of eligibles were coded as "unknown".
				SSN	32 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
				TANF	Virtually everyone in uniform eligibility groups 14-17 is reported to be receiving TANF benefits. In addition, Alaska reported about 31 percent more TANF eligibles than ACF data in 06/99, suggesting that TANF data may not be reliable.

State	File Type	Record	X-over	Measure	Issue
AL	Claims	IP		DRG	AL does not report DRG's.
				Family Planning	There are no claims with a Program Type of Family Planning.
				Patient Status	Patient status is missing on some claims.
				Prenatal MC	Many pregnant women are enrolled in the pre-natal/deliver managed care program. However, the state submits their claims in the IP file with the global payments. These claims are missing some key data elements such as UB-92 codes and procedures. The inclusion of the claims in the IP file is one reason for the big increase in FFS in 1999. These people show up as enrolled in pre-natal managed care, but do not have capitation claims.
			XO	Claim Count	A larger than expected percent of IP claims are flagged as crossovers, especially considering the enrollment of duals in managed care. This may be the result of improper coding of the Medicaid Coinsurance and Deductible fields.
		LT		NF Days	The number of NF covered days is missing on about half the claims in 1999.
				TPL	Very few claims have TPL.
				Type of Service	There aren't any claims with a TOS of IP Psych. < 21.
		OT		Capitation Claims	The state did not start submitting individual PHP capitation claims until FFY 2001 and the number of HMO capitation claims is under reported in 1999
		RX		Type of Service	On claims with a TOS of '19', these are for Clozapine Support System - This is a kit, used to monitor the blood of individuals using Clozaril (a drug with significant negative side effects). The NDC code on these claims is "CLOZSS". effects)

State	File Type	Record	X-over	Measure	Issue
AL	PSF	Eligibility		1115 Waiver	In CY99, Alabama had an 1115 Waiver program extending coverage to a relatively small group of children and adults (as part of the Bay Health Program in Mobile County). However, the 1115 program was terminated effective 10/1/99.
				CHIP code	Alabama reported its M-CHIP children, but did not report any of its S-CHIP children.
				County Code	AL assigns some foster care children county code 100.
				Date of Death	AL DOD data are incomplete.
				FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in Alabama than in 1998.
				Length of Enrollment	In a distribution showing length of enrollment by months for 1999, there is a disproportionate number of enrollees with 3, 6, and 9 months of enrollment, suggesting that the enrollment data may not be reliable for month to month analysis. In addition, 67% of enrollees were enrolled all 12 months in 1999, a higher proportion than in most states.
				Managed Care	<p>Although disparities exist between CMS and MSIS Medicaid managed care counts, Alabama asserts that the MSIS counts are more accurate.</p> <p>In October 1999, AL terminated its Bay Health Plan in Mobile County, causing a decline in HMO enrollment of about 40,000 eligibles. The remaining HMO, United Medicare Complete, only enrolls dual eligibles.</p>

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AL	PSF	Eligibility		Managed Care	More than 300,000 eligibles received PLAN TYPE 08 each month. These persons were enrolled in what Alabama refers to as its "PHP Network." This is not a comprehensive managed care plan. Rather, the PHP Network provides only inpatient care for persons who do not have Medicare Part A coverage.
				Private Insurance	In June 1999, the number of individual with state financed private insurance (code 3) drops considerably. In addition, the number of individuals with third party financed private insurance is erratic from month to month for parts of 1999 and may not be reliable.
				Race/ethnicity	Race/ethnicity data are reported as unknown for about 4% of enrollees.
				Restricted Benefits	The number of individuals with various codes related to restricted benefits is erratic from month to month for parts of 1999 and may not be reliable.
				SSN	In Alabama, 4,151 SSNs have duplicate records; this represents 1.3% of records in CY99. The majority of these records are for children.
				Uniform Eligibility Group	From 1998 to 1999, mapping changes related to age sorts caused a different distribution of children and adults across uniform groups 14/15 and 34/35. In addition, eligibles previously mapped to uniform groups 34/35 were mapped to 54/55 for the 1115 program. However, AL terminated its 1115 program in October, 1999.

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AR	Claims	All		Adjustments	Some claims may not have been adjusted properly due to the way adjustments were submitted to MSIS.
		IP		Diagnosis	The state only reports up to 2 diagnosis codes.
				DRG	AR does not use DRGs.
				Family Planning	There are not claims with a Program Type of Family Planning.
		LT		Patient Liability	The state does not report Patient Liability on LT claims.
				Type of Service	There are not claims with a type of service of Mental Hospital Aged.
		OT		OPD	OPD claims do not have UB-92 codes.
	PSF	Eligibility		1115 Waiver	Arkansas has an 1115 Waiver program and began reporting many of its poverty-related children into uniform group 54 in 1999. The adults in uniform group 55 only qualify for family planning benefits.
				CHIP Code	Arkansas reported its M-CHIP eligibles in MSIS. However, its M-CHIP program covers only eligibles ages 17 and 18. In 1999, the state did not have an S-SCHIP program.
				Dual Elig Code	AR reported 29,438 duals in 1999 who were not found in the EDB files.
				Health Insurance	Less than 1 percent of eligibles had private health insurance. This is much lower than expected, but the state has confirmed that these data are correct.

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AR	PSF	Eligibility		Managed Care	Managed care enrollment was undercounted for Arkansas in MSIS 1999. Arkansas only reported PCCM enrollment for ARKids, a subset of PCCM enrollees. In addition, the state did not report enrollment into MSIS for its transportation PHP.
				Restricted Benefits	Adults in uniform group 55 should have been assigned restricted benefits code 5 (other) since they only qualify for family planning benefits.
				SSN	In Arkansas, 571 SSNs have duplicate records; this represented 0.2% of records in CY99.
				TANF	Arkansas did not report TANF data into MSIS in 1999.
				Uniform Eligibility Group	In the 1996-1998 SMRF data, enrollees were classified as children or adults using an age sort. This approach was not used for 1999 MAX data. This resulted in a slight shift in the number of children and adults from December, 1998 to January, 1999. In addition, this change resulted in a higher proportion of adults in 1999 who were <20 years of age. Roughly 4 percent of the eligibles across the aged uniform groups (11, 21, 31 and 41) were younger than age 65. Researchers may want to remap these individuals to uniform groups 12, 22, 32 and 42.

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AZ	Claims	All		Managed Care	Since most people are enrolled in managed care plans, FFS distributions are not always as expected.
			XO	FFS Claim Count	There are very few crossover FFS claims. This is because most dual eligibles are enrolled in managed care.
		IP		Program Type	There aren't any claims with a program type of family planning due to the characteristics of the special populations in FFS.
				UB-92 Revenue Codes/I.H.S.	About 1/4 of the claims are missing UB-92 revenue codes as they are I.H.S. claims.
		LT		IP/Psych and Aged/MH	There are no IP/Psych or Aged/MH claims for FFS Non-Crossover
				TPL	There aren't any claims with TPL due to the small FFS population and the percent of claims with patient liability is lower than expected.
				Type of Service	The files include mostly claims with a type of service of NF and only a few ICF/MR (depending on the quarter).
		OT		Amount Charged	The amount charged is mostly missing.
				Capitation Claims	AZ sometimes makes multiple capitation payments per person/month/plan to cover different plan services.
				OPD Claims	Because the Medicaid Amount Paid is only available on the header portion of the UB-92 claim and not associated with each line item, AZ submits the line item claims with \$0 Medicaid Amount Paid and a summary claim without the service detail, but with the total Medicaid Paid. During MAX processing, the line item claims with \$0 paid are dropped.

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AZ	Claims	OT		Program Type	There aren't any FQHC claims because AZ doesn't have a FQHC program.
				Waiver/Program Type	There aren't any FFS or encounter claims with a Program Type of Waiver Services. AZ says that waiver services are being provided as part of managed care.
		RX		Claims counts and amounts paid	AZ had problems with their RX claims processing resulting in substantial changes in claims counts and amounts paid. It is expected this will be corrected in 7/02.
				Prescribing Physician ID/TPL	The prescribing physician ID and TPL amount are always missing.
				Quantity	Quantity is always 0.
				TPL Amount	TPL amount is always missing.
	PSF	Eligibility		CHIP Code	Arizona is not reporting their S-CHIP into MSIS. The state does not have an M-CHIP program. State groups 325 and 327 are for S-CHIP parents (100-200% FPL). These groups are mapped to uniform eligibility group 55.
				Dual Elig Code	Only 90% of aged enrollees were identified to be EDB duals, a lower proportion than most states. In addition, the dual eligible codes on MSIS claims data were not found to be reliable, when files were linked to the EDB.
				Family Planning	AZ extends family planning only benefits to some persons in group 960. However, the state has not been assigning restricted benefits code 5 to these individuals.
				Foster Care	AZ under-reported foster care enrollment from January through March 1999.
				Health Insurance	Arizona indicated that private health insurance enrollment was under-reported until October 1999.

State	File Type	Record	X-over	Measure	Issue
AZ	PSF	Eligibility		Managed Care	<p>AZ did not report enrollment in Behavioral Health Plans in 1999. According to CMS data, there were about 25,000 BHP enrollees in AZ in June, 1999. However, there may be BHP capitation claims in MSIS.</p> <p>In AZ, about 47% of EDB duals are enrolled in HMO/HIOs and 53% of EDB duals are enrolled in PHP only or PHP/PCCM only, higher proportions than most states.</p> <p>In AZ, Plan Type 08 is used primarily to cover new eligibles who have not yet selected a managed care plan.</p>
				Missing Elig Data	<p>Just over 2% of persons in the AZ MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.</p>
				Plan Type	<p>In Arizona, Plan Type 08 is used primarily to cover new eligibles who have not yet selected a managed care plan.</p>
				Restricted Benefits	<p>AZ extends family planning only benefits to some persons in uniform group 55 (state specific code 960). However, they were not assigned restricted benefits code 5.</p>
				SSN	<p>In Arizona, 5,174 SSNs have duplicate records: this represents 1.7% of records in CY99. The vast majority (87%) of records with duplicate SSNs involved infants and children under age 6.</p>

State	File Type	Record	X-over	Measure	Issue
CA	All	All		Presumptive Eligibility	There are about 500,000 people in the CY 1999 MSIS files who have claims, but no EL record. These are mostly presumptively eligible pregnant women. If they are later deemed to be eligible for Medicaid, they are assigned a new Medicaid ID that does not link back to the Temp ID.
	Claims	IP		Diagnosis	Maximum of 2 diagnosis codes.
				DRG	CA does not use DRG's for reimbursement, but rather a negotiated daily rate amount.
				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 (psych) and LA Waiver facilities.
				Procedure Codes	The state only captures a maximum of 2 procedures in its claims processing system.
				UB-92 Codes	Claims for Short/Doyle and LA Waiver facilities are not billed on the UB-92 forms and so are missing the UB-92 Revenue Codes
		LT		Diagnosis	The state only reports a maximum of 2 diagnosis codes on LT claims.
				Patient Liability	The percent of claims with patient liability is lower than expected.
		OT		OPD	OPD claims have service codes and not UB-92 Revenue Codes.
				Waiver	There is a low percentage of waiver claims in the file. The state reports that is correct.
		RX		NDC	The NDC field is 12 byte '8' filled for crossover drug claims as the NDC is unknown on those claims.

State	File Type	Record	X-over	Measure	Issue
CA	PSF	Eligibility		1115 Waiver	California introduced a very large 1115 Waiver program (FPACT) in December 1999, which extended family planning benefits (only) to working age women. Enrollment immediately exceeded 1 million persons.
				CHIP Code	California reports its M-CHIP enrollees, but not its S-CHIP population. Additionally, some M-CHIP enrollees in state-specific eligibility groups 7C, 8N, and 8T are correctly mapped to uniform eligibility group 44. These children are undocumented aliens eligible for emergency services only.
				Date of Death	California did not report any date of death data.
				Dual Elig Code	In CA, only 88% of persons over 64 years of age were EDB duals, a lower proportion than in most states.
				FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM management care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in CA than in 1998.
				Managed Care	<p>California reports many more dental PHP enrollees in MSIS than are reported in CMS counts. As it turns out, a small portion of California's dental enrollees are enrolled in "true blue" dental PHPs. These are the persons that appear in the CMS data. The remaining 4 million enrollees participate in a hybrid FFS/PHP dental plan. The CMS data do not count these plans as PHPs, but MSIS does.</p> <p>In CA, about 85% of the EDB duals were enrolled in PHPs, a higher proportion than most states.</p>

State	File Type	Record	X-over	Measure	Issue
CA	PSF	Eligibility		Missing Elig Data	About 7% of persons in the CA MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with 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.
				Race/ethnicity	In 1999, 9% of eligibles were coded as 'unknown.'
				Restricted Benefits	The 1 million FPACT eligibles are only eligible for family planning benefits (restricted benefits code 5-other).
				SSN	Roughly one quarter of eligibles have 8-filled SSNs each quarter. This results in part from the fact that SSNs are not reported for the 1 million persons who are 1115 FPACT Waiver eligibles. In addition, SSNs are often not available for unborns, newborns, undocumented aliens and immigrants.
				Uniform Eligibility Group	From 1998 to 1999, CA changed its 1931 rules, causing persons in state specific groups 32,33,3G, 3H, 3L, 3M and 4G to be mapped to uniform groups 14/15 instead of 24/25. In addition, the 1931 changes caused CA to report into uniform groups 14/15 persons who were previously mapped to 16/17.

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CO	Claims	Adjustments		Copay	Some positive credits and negative debits due to the co-pay is deducted from line items.
		IP		DRGs	State recodes HCFA DRGs into state DRGs
		OT		Amount Paid	There are several clms with amount paid = \$99,999. This is a valid amount, not improperly '9' filled field. This occurs when the total amount paid is greater than 99,999, so multiple claims are generated.
				HCPCS and CPT codes	In December 2003, Colorado's fiscal agent reported that the state has been "redefining" national HCPCS and CPT codes to meet its own needs for many years. Requested copy of redefined codes, as yet not received.
				Lab/Xray	Lab/X-ray claims have dx codes as that is how they receive them from providers.
				Medicaid Paid	More claims than expected with \$0 because of the way cost sharing is applied
				Private Insurance	CO purchases private health insurance for some enrollees. The premium payments are reported with Type of Claim = 2, Type of Service = 19.
		RX		Duplicates	There appear to be duplicate RX claims.
				NDC	Compound drugs are coded in the NDC field as 'COMPOUND'.
	PSF	Eligibility		CHIP Code	Colorado's S-CHIP program is not reported in the MSIS data. Colorado does not have an M-CHIP program.
				Date of Death	The state does not report dates of death for any eligibles.

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CO	PSF	Eligibility		FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in Colorado than in 1998.
				Managed Care	About 13% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 70% were enrolled in PHPs or PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.
				Missing Elig Data	About 2% of persons in the CO MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Race/ethnicity	In 1999, 9% of eligibles have an “unknown” race ethnicity code.
				SSN	In Colorado, 9.8% of SSNs, or 35,047 records, are 9-filled in CY1999. 57 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	Each month, <100 persons were mapped to the invalid uniform group combinations of 19, 39, or 49. The transition from 1998 to 1999 by uniform eligibility group is complicated for a couple of reasons. First, Colorado did not report reliable uniform group information until October 1998. Second, two mapping errors were corrected in the 1999 data that were not corrected in the October-December period of 1998. Some enrollees with full Medicaid benefits were incorrectly reported to uniform group 32 in October-December 1998. These were moved to group 42 beginning in January 1999. In addition, beginning in April 1999, undocumented aliens who only qualified for emergency services were moved from uniform groups 14-15 to 44-45 (when the state began reporting immigrant status code information in byte 4 of the state specific eligibility code).

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CT	Claims	IP		Chronic Hosp.	Chronic disease hospital claims are in IP files. This impacts UB-92, patient status codes and LOS. These facilities are not generally billed on a UB-92 form.
				DRG/DRG Grouper	The DRG and DRG grouper are missing as not used for reimbursement
				Patient Status	The Patient Status % for "Home" is low, but is high for "Transferred" for FFS Non-Crossover
		IP/LT/OT	XO	Type of Service	All crossover claims (IP/LT/OT) are in the OT file for FFY 1999. CT corrected the problem beginning with FFY 2001.
		LT		Admission Date	The admission date is always missing.
		OT		HH Claims	The % of HH claims is high because the state is able to submit line item services instead of just a summary bill.
				Place of Service	% with office place of service lower than expected because it is not reported on HH claims and there are a large number of those claims.
				Service Codes	There are a few state specific codes that have more than one definition, but the state service code indicator is the same.
		RX		Date Prescribed	Date prescribed missing
	PSF	Eligibility		CHIP Code	Connecticut is not able to identify M-CHIP eligibles. Currently, M-CHIP children belong to certain state specific groups that also include non-CHIP children. As a result, these state-specific groups are coded as 9 (CHIP status unknown) for the CHIP indicator. The state does not report its S-CHIP eligibles either.
				Date of Death	CT did not submit DOD data

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CT	PSF			Foster Care	More than 9 percent of Foster Care children are older than age 20. This proportion is higher than expected.
				Length of Enrollment	CT had 66% of eligibles with 12 months of enrollment, a higher proportion than most states.
				SSI	CT is a 209(b) state and only reports 56 percent of the SSI population in uniform groups 11-12. Part of the problem is that the state does not report disabled children who qualify for Medicaid in uniform group 12.
				SSN	In each quarter of 1999, a few Social Security numbers are "0-filled" or "8-filled." They should be "9-filled" if unknown. Also, 1,673 SSNs have duplicate records; this represents 0.8% of records in CY99. The majority of these records are for children.
				TANF	Connecticut cannot identify its TANF population. The field is 9-filled for all eligibles.

State	File Type	Record	X-over	Measure	Issue		
DC	Claims	All		TPL	TPL missing on all claims, except a very few in the RX file		
				IP	Discharge Status	There is a higher percent than expected with a discharge status of 'still a patient'	
				DRG	DRG's are not included on about 35% of the claims		
				Length of Stay	The average length of stay is about 8 days which is higher than expected. The state confirms it is correct.		
				UB-92 Revenue Codes	About 9% of the claims don't have UB-92 accomodation codes due to partial bills for hospitalizations.		
				XO		Number of Claims	There is a higher than expected percentage of crossover claims.
				LT		Diagnosis Code	Most LT claims have a diagnosis code of 799.9 until Q4 2002 when they are converted to 'unknown'.
				OT		Dental Claims	There are very few dental claims in the OT file. The state confirms that is correct.
					Program Type/FQHC	There aren't any claims with a Program Type of FQHC.	
					Type of Service	All claims with a type of service of OPD have service codes instead of UB-92 revenue codes as they bill using the HCFA 1500.	
					Waiver	There are very few waiver claims as DC just started its waiver programs in 1999. The percent increases in 2000.	
				RX		Family Planning	There aren't any claims with a program type of family planning.

State	File Type	Record	X-over	Measure	Issue
DC	Claims	RX		Prescribed Date	The date prescribed is always missing.
	PSF	Eligibility		CHIP Code	DC is reporting its M-CHIP data. DC does not have an S-CHIP program. MSIS M-CHIP counts are considerably higher (60% more) than those reported by DC in the CMS reporting system for CHIP.
				Dual Elig Code	DC is not able to assign a specific dual eligibility code to 60 - 65% of its dual population. Instead, these eligibles are assigned dual code value 9 (in the 2nd byte of the new annual crossover value). Also, D.C. does not include the following groups of duals in its MSIS data: SLMB only, QI, QII, QWDL. Information on these eligibles was not retained in the District's MMIS in 1999. Since D.C. provides full Medicaid benefits to 100% FPL for the aged and disabled, there are not any QMB only eligibles. The District of Columbia extends full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL). As a result, some persons are reported into the disabled poverty-related group who are not dual eligibles. In DC, only 81% of persons greater than 64 years of age and 30% of disabled persons were EDB duals, lower proportions than most states.
				Health Insurance	DC reports a lower than expected proportion of eligibles with private health insurance (<2%).
				Length of Enrollment	DC had 68% of eligibles enrolled all 12 months of the year, a higher proportion than most states.
				SSI	Relative to the number of aged and disabled SSI recipients, DC reported 25%-30% more eligibles under uniform groups 11 and 12. This suggests they were covering some aged and disabled under Medicaid as SSI recipients who no longer received SSI benefits.

State	File Type	Record Eligibility	X-over	Measure	Issue
DC	PSF			SSN	About 3% of eligibles do not have valid SSNs. In DC, 95 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.

State	File Type	Record	X-over	Measure	Issue
DE	Claims	IP		Bundled Claims	The state pays for bundled services for Services for Children, Youth and their Families (DSCYF) that includes inpatient care. These claims do not have UB-92 revenue codes, patient status or admission date. The number of these bundled claims nearly doubled between Q1 and Q2 1999.
				DRGs	DRGs are not included as they aren't used for reimbursements.
				Patient Status	There were no claims with a Patient Status of 'Still a Patient' until 2002.
				Program Type	There aren't any claims with Program Type of Family Planning.
		LT		Covered Days/TOS	There are not any covered days on claims with a type of service of 04.
				TPL	TPL is missing on all claims.
		OT		PCCM	There aren't any PCCM capitation claims because PCCM providers are paid on the basis of services provided, not a captiated rate.
				Place of Service	Place of service is missing
				Program Type	The files do not contain any claims with a Program Type of FQHC.
				Type of Service	Claims with a TOS of Transportation make up between 26-40% of all services. Starting with FFY Q1 2003, there will be a transportation managed care program.
		RX		Compound Drugs	Compound drugs are all reported as COMPOUND
				Date Prescribed/Refill Indicator	Date prescribed & refill indicator are missing

State	File Type	Record	X-over	Measure	Issue
DE	PSF	Eligibility		1115 Waiver	Delaware's 1115 Waiver program extends full Medicaid benefits to adults with income to 100% FPL. It also extends family planning benefits (only) for 24 months to women leaving Medicaid.
				CHIP Code	Delaware's S-CHIP program is not being reported into MSIS. DE does not have an M-CHIP program.
				Dual Elig Code	In DE, QI-1s and QI-2s are reported as SLMBs (dual code 3 in the 2nd byte of the new annual crossover value).
				Restricted Benefits	Persons with restricted benefits code 5 (other) only qualify for family planning benefits.
				SSN	In DE, 11 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	Effective 1/99, the state started using a new classification approach for eligibility. In the new classification approach, all 1931 eligibles were correctly reported into uniform groups 14/15 (some had been reported in uniform groups 44/45 in 1998). However, transitional assistance eligibles were also reported into uniform groups 14/15 effective 1/99 (instead of uniform 44/45), even though they are not 1931 eligibles. In addition, the state expanded its interpretation of 1931 eligibility rules beginning in 1999. As a result, the number of children and adults reported into uniform groups 34 and 35 declined during the year, while the numbers in groups 14 and 15 appeared to grow by a commensurate amount. Over time, as a result of the 1931 expansion, there are an increasing number of eligibles in groups 14-15 who are not TANF eligibles. Due to state coding constraints, not all eligibles in 1619(b) and foster care could be separately identified and mapped to the correct uniform eligibility groups.

State	File Type	Record	X-over	Measure	Issue
FL	All	All		MSIS ID	The MSIS ID consists of the SSN with a check digit in the 10th position. It turns out that the check digit was calculated differently on some claims. In MAX, the 10th position was dropped from both the claims and eligibility records in order to link the files.
	Claims	IP		DRG	FL does not report DRG's into MSIS.
		LT		Missing info	The Patient Status, Diagnosis and Admission Date are missing on most claims.
				Service Type	FL does not submit any claims with a Type of Service of IP Psychiatric Services for under 21.
	PSF	Eligibility		CHIP Code	Florida reports enrollment in its M-CHIP and S-CHIP programs. The enrollment reported in its S-CHIP program, however, is incomplete and only for a subset of eligibles ages 1-5 who transferred out of Medicaid.
				Dual Elig Code	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Florida extends full Medicaid benefits to the aged and disabled with income below 90% FPL.
				Managed Care	Florida generally codes enrollees in its MediPass plan to Plan Type 07 (PCCM). However, enrollees with mental health MediPass providers are coded to Plan Tye 03 (BHP). Although MSIS reports approximately 11,000 fewer enrollees in Plan Type 03 than CMS reports in its PHP count for 6/99, the state maintains that the MSIS figure is accurate.
				Missing Elig Data	Just over 10% of persons in the FL MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files. Most of the persons without any Medicaid enrollment were refugees. In addition, this group may have included a few hundred children with enrollment in the state's separate CHIP program (CHIP code 3).

State	File Type	Record Eligibility	X-over	Measure	Issue
FL	PSF			Race/ethnicity	In 1999, 9% of eligibles were coded as 'unknown.'
				Restricted Benefits	Most persons with restricted benefits code 5 (other) only qualify for family planning benefits. In addition, some persons qualifying through the medically needy provisions are also assigned code 5 (other).
				SSN	In Florida, 1,118 SSNs have duplicate records; this represents 0.8% of records in CY99. The majority of these records are for adults.
				TANF	Florida cannot identify TANF recipients. All eligibles receive TANF = 9, indicating that their TANF status is unknown.
				Uniform Eligibility Group	<p>The state provides full Medicaid benefits for the aged and disabled up to 90% FPL.</p> <p>Enrollment in uniform group 31 declines noticeably in October 1999 due to a reduction in state specific group SLMBA. The state acknowledges this decline, but is unable to explain it.</p> <p>Effective 1/99, enrollment in the state's 1115 program was reported in uniform groups 54 and 55. The 1115 program provides family planning only benefits to persons in state specific group FP. Prior to 1999, persons in the FP group were mapped to uniform groups 34 and 35.</p> <p>Effective 1/99, mapping criteria for uniform groups 21, 31 and 41 were changed so that persons over age 64 who were considered to be disabled were mapped to uniform groups 22, 32 and 42. This caused a decline in enrollment for groups 21, 31 and 41. Prior to 1/99, persons over age 64 in the following state specific groups were mapped to uniform groups 21, 31 and 41: NS D, MH MD, MI ID, MI SD, MW AD, MI MD, MM SD, QMBD, SLMBD, and SLMBDN.</p>

State	File Type	Record	X-over	Measure	Issue
GA	Claims	All		Adjustments	GA did not correctly report adjustments in their MSIS files making it very difficult to properly adjust some of the claims.
		IP		DRG	DRG's were reported in the MSIS files, but they were submitted as character fields instead of numeric. For that reason, during the Validates editing process they were converted to 0's. This problem was corrected in FFY Q3 2003 MSIS files.
		LT		Diagnosis	Diagnosis codes are missing on all claims.
				Leave Days	Very few claims have leave days.
				Service Type	GA does not provide Aged MH or IP Psych < 21 services.
				TPL and Liability	There is no reported TPL and the percent of claims with patient liability is lower than expected.
		OT		Transportation	There are very few claims with a type of service of transportation due to the transportation managed care program.
		RX		Family Planning	There are no family planning claims in the RX file.
				NDC	The NDC code is missing on a few void claims in 1999-2000 making those claims difficult to adjust properly. That field is either blank or 11 byte 9 filled (instead of 12 byte).
	PSF	Eligibility		CHIP Code	Georgia administers an S-CHIP program. However, S-CHIP enrollees were not reported in MSIS until October, 1999. In addition, the number of S-CHIP enrollees was considerably below the level of S-CHIP enrollment reported in the CMS SEDS system. The state does not have an M-CHIP program.

State	File Type	Record	X-over	Measure	Issue
GA	PSF	Eligibility		County Code	Beginning in September, 1999, GA reported an unlikely increase in enrollment in county code 009. The state has acknowledged that the code was incorrectly assigned for numerous records.
				Dual Elig Code	Georgia coded the vast majority of its dual eligible population with dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicaid eligibility is unknown.
				Managed Care	Managed care is under-reported in MSIS 1999 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 800,000 individuals were enrolled in NET each month during 1999, according to CMS managed care data. In addition, the CMS managed care report included about 2000 individuals in a Mental Health BHP that was not reported in MSIS because it is a 1915c waiver program.
				Missing Elig Data	More than 6% of persons in the GA MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Race/ethnicity	In 1999, 8% of eligibles were coded as 'unknown.'
				SSN	In GA, 341 SSNs have duplicate records; this represents 0.4% of records in CY99. The majority of these records are for children. The state reports that this is caused by outside agencies providing data to MSIS.
				TANF	Georgia 9-fills the TANF field.
				Uniform Eligibility Group	Roughly 2.5% of the eligibles across the aged uniform groups (11, 21, 31, and 41) were younger than age 65. Researchers may want to remap these individuals to uniform groups 12, 22, 32, and 42.

State	File Type	Record	X-over	Measure	Issue
GA	PSF	Eligibility		Uniform Eligibility Group	<p>In 1999, almost half of Medicaid adults were in uniform group 35 (poverty related pregnant women).</p> <p>In 1999, GA data continued to show some quarterly 'seam effect' problems where 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.</p>

State	File Type	Record	X-over	Measure	Issue
HI	Claims	All		Adjustments	The 1999-2001 files contain very few adjustment claims and they are all voids with \$0 paid. The files that AZ received from HI were supposedly mostly adjusted. They believe that the \$0 paid voids, actually had a negative amount paid that wasn't allowed in their system, so they were converted to \$0. For this reason, it isn't possible to create correctly adjusted claims. The 2002 files have negative amounts paid on void claims, but the resubmittal claims still have \$0 paid. This was fixed starting with the 2003 files.
				All	The 1999 HI MSIS files were created from old legacy files that were missing several key MSIS data elements.
				MSIS Files	AZ is creating the HI MSIS files. They took over what HMSA had in their legacy files for 1999-2002 and there are many problems/missing information in those files. Starting with 2000, AZ took over the MMIS processing as well and they expect all these problems to be fixed.
		IP		Covered Days	Covered days are not reported in the 1999 files.
				DRGs	There are no DRGs in the IP file
				Long Stay Hospitals	1999-2002: It appears that there may be some claims from long stay hospitals in the IP file as about 15% of the claims have a status of 'still a patient' and they are missing UB-92 ancillary codes. Also the average number of days stay is 9 which is higher than expected.
				UB-92 Ancillary Codes	The % Claims with UB-92 Ancillary codes is low for FFS Non-Crossover claims.
			XO	Crossover Claims	Very few of the IP claims in the 1999-2001 files are flagged as crossovers. The state believes they are in the file, but just not identified. The coinsurance and deductible amounts are carried as separate line items. HI expects to fix this starting with the 2002 or 2003 files.

State	File Type	Record	X-over	Measure	Issue
HI	Claims	IP/OT		TPL	There are very few claims with a TPL amount and it is always \$0 or negative in 1999.
		LT		Charge	The Charge is always missing in the 1999 files.
				Covered Days	No covered days are reported in the 1999 files.
				Leave Days	1999-2001: Leave days are not reported.
				Type of Service	There are no IP Psych <21 (TOS 4) and Aged/MH claims for FFS Non Crossover
			XO	Crossover Claims	There are no crossover claims.
		OT		Charge	The Charge is always missing in the 1999 files.
				CPT-4/Procedure Codes	Some of the CPT-4 codes have an invalid length of 7 in 1999.
				OPD Claims	Because the Medicaid Amount Paid is only available on the header portion of the UB-92 claim and not associated with each line item, AZ submits the line item claims with \$0 Medicaid Amount Paid and a summary claim without the service detail, but with the total Medicaid Paid. During MAX processing, the line item claims with \$0 paid are dropped.
				Program Type/FQHC	Very few of the 1999-2001 claims have a program type of FQHC, however, HI does have FQHC's.
				Quantity	The quantity is always missing in the 1999 files. This will be fixed in the 2000 files.

State	File Type	Record	X-over	Measure	Issue
HI	Claims	OT		Service Code	The most frequent Service Code in the OT file is Z9020 (taxes). The taxes are carried as separate line items on HI claims. These claims will be included in the 1999 files, but should be ignored except for reporting expenditures. This will be fixed in the 2000 files.
				Type of Service	There aren't any claims with a Type of Service of HH in 1999.
				Waivers	The 1999-2002 files do not include waiver claims as they are processed by a different state agency and weren't provided to AZ as input into those files. Claims with a Program Type of Waiver start occurring in the 2003 files.
	PSF	Eligibility		CHIP Code	Hawaii has an M-CHIP program, but no S-CHIP program. The M-CHIP program did not begin enrollment until January 2000 and didn't appear in MSIS until July 2000.
				Dual Elig Code	<p>Roughly 89% percent of aged eligibles are reported as being duals in 1999, a lower proportion than most states.</p> <p>The dual eligible codes on MSIS claims data were not found to be reliable when files were linked to the EDB.</p> <p>Roughly 50 percent of dual eligibles in Hawaii were assigned dual codes 8 or 9 (in the 2nd byte of the new annual crossover value), a higher than expected proportion.</p> <p>The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.</p>
				Length of Enrollment	HI had 63% of eligibles with 12 months of enrollment, a higher proportion than most states.
				Managed Care	Although MSIS managed care data were not consistent with the CMS managed care report, Hawaii asserts that the MSIS numbers are accurate.

State	File Type	Record	X-over	Measure	Issue
HI	PSF	Eligibility		Managed Care	Each month in 1999, 100-400 eligibles with Plan Type 88 (Not Applicable) receive valid Plan IDs. Persons with Plan Type 88 should receive Plan ID 888888888888.
				Missing Elig Data	Just over 2% of persons in the HI MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Race/ethnicity	About 22 percent of enrollees were reported to be "unknown" for the race/ethnicity code.
				SSI	Hawaii extends full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL). As a result, the disabled poverty-related group included both dual eligibles and persons who were not dual eligibles.
				SSN	In HI, 315 SSNs have duplicate records; this represents 0.3% of records in CY99. The majority of these records are for children.
				TANF	Hawaii 9-fills the TANF field for all eligibles.
				Uniform Eligibility Group	In September 1999, enrollment drops by about 8,000 in uniform group 14 and rises by the same amount in uniform group 34. According to the state, this is a correction of earlier reporting problems. Hawaii is a so-called 209(b) state, meaning that it uses more restrictive eligibility criteria for Medicaid than the SSI program uses. However, it appears that the vast majority of SSI recipients are enrolled in Medicaid, when enrollment in uniform groups 11-12 is compared to SSI administrative data.

State	File Type	Record	X-over	Measure	Issue		
IA	Claims	IP		Average Paid	Although the total number of FFS non-crossover IP claims didn't change from 1998 to 1999, the average amount paid increased about 60%. The state has no explanation.		
				Family Planning	There are no family planning services in the IP file because they are billed separately on HCFA 1500 forms.		
				XO		Average Paid	The number of FFS crossover claims dropped from 27,792 in 1998 to 9,969 in 1999 and the average Medicaid Amount Paid increased by more than 300%. The state has no explanation.
					LT	Diagnosis	The diagnosis code is missing on most claims.
						Leave Days	There are no leave days in the file.
					OT	Type of Service	There aren't any claims with a type of service of PCS and hospice.
			PSF	Claims		Average Paid by TOS	The average amount paid for OPD, Clinic and HH users increased significantly.
				Eligibility		CHIP Code	Iowa reported its M-CHIP children in MSIS. The state did not report its S-CHIP children, however.
						FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in Iowa than in 1998.
						Health Insurance	Roughly 17% of Iowa's Medicaid population was reported to have private health insurance, a higher than expected proportion.

State	File Type	Record	X-over	Measure	Issue
IA	PSF	Eligibility		Managed Care	In Iowa, 28% of the EDB dual population were enrolled in PHPs or PHPs and PCCMs, a higher proportion than most states.
				SSN	436 SSNs have duplicate records. The majority of these SSNs are for children.
				TANF	Monthly TANF enrollment in IA exceeded counts from TANF administrative data by about one-third and are not considered to be reliable.
				Uniform Eligibility Group	Two changes in eligibility mapping occurred beginning in 1999. First, in 1996-98, children in state specific groups 372, 374 and 377 were mistakenly mapped to uniform group 48, making the count of foster care children higher than it should have been during this period. This error is corrected in the 1999 MAX data by moving these children to uniform group 44 instead. Second, in 1999 IA began to separately report children and adults into the uniform groups 16 and 17 (AFDC-U) who were previously included in 14/15.

State ID	File Type	Record	X-over	Measure	Issue
	All	All		MSIS ID	There was a change in the assignment of MSIS ID Numbers just prior to 1999, so the ID numbers in the previous files will not link to the the post-1998 files.
	Claims	IP		DRGs	There are no DRGs in the FFS Non Crossover claims
		LT		Family Planning	There are no claims for family planning for FFS Non Crossover
				TOS/ICF MR	Almost 20% of the claims have a type of service of ICF/MR which is much highTX s ??
	PSF	Eligibility		CHIP Code	Idaho reports its M-CHIP enrollment. The state does not have an S-CHIP program. The state M-CHIP counts are not consistent with SEDS, but the state asserts the MSIS data are more reliable.
				Date of Death	ID did not submit Date of Death data in 1999.
				Health Insurance	Idaho reports that 28 percent of eligibles have private insurance. This proportion is much higher than in other states.
				Managed Care	In ID, 22% of EDB duals were enrolled in PCCMs, a higher proportion than most states. The state does not have any capitated managed care. They do have PCCMs, however.
				MSIS ID	The state changed their MSIS IDs starting with FFY 1999.
				SSN	25 SSNs have duplicate records. This represents 0.0% of records in CY99.
				TANF	Idaho 9-fills the TANF flag for all eligibles.

State ID	File Type PSF	Record Eligibility	X-over	Measure	Issue
				Uniform Eligibility Group	<p>In 1999, the number of eligibles in uniform groups 11 and 12 was roughly 70% of the number of SSI recipients reported by the SSA. Some difference may result because SSI recipients in Idaho have to apply separately for Medicaid.</p> <p>Beginning in 1999, about 10,000 enrollees in state specific group 54 were moved from uniform group 42 to 12.</p>

State	File Type	Record	X-over	Measure	Issue
IL	Claims	IP		Debit Claims	The IP files have a large number of debit claims that do not link to original claims. They appear to be replacements without the original and void claims. These claims are missing some key information such as UB-92 and diagnosis codes. It turns out that the state specific adjustment rules were not correct. They were revised starting with the 2000 files.
				UB-92 Revenue Codes	There are some claims without UB-92 Revenue Codes or procedures because there are so many debit claims and those claims do not have that information.
		LT		Discharges	Discharge Status is missing on all claims.
				Inpatient Psych	Up until FFY MSIS Q3 2001, IL incorrectly reported claims for Inpatient Psych. Under age 21 with a TOS of NF.
				TPL	TPL is always missing.
			XO	Claim Count	There are only 2 crossover LT claims.
		OT		Capitation Claims	It was not possible to properly adjust the capitation claims because the dates on the original and adjustment claims did not match.
				Dental Claims	There are very few dental claims in the 1999 files due to confusion with the dental provider.
		RX		Adjustments	The RX claims could not be properly adjusted because the adjustment claims do not include the NDC. Therefore, some claims that were actually voided appear in the MAX 1999 files. The RX files did not have any adjustment claims.
				NDC	?? ?? ? ?

State	File Type	Record	X-over	Measure	Issue
IL	PSF	Eligibility		CHIP Code	IL reported both M-CHIP and S-CHIP enrollment in MSIS.
				Dual Elig Code	In IL, only 87% of persons >64 years were EDB duals, a lower proportion than most states.
				Managed Care	IL reported enrollment in plan type 08 (other). These plans consist of Primary Health Providers and Managed Care Community Networks (MCCN), and they provide different services than comprehensive plans. Enrollment in plan type 08 declined in October when the Country Care Total Health Plan dropped out of Medicaid. These plans appear to be reported as HMOs (not PHPs) in the CMS managed care data.
				SSN	Roughly 3.4% (58,540) of IL's eligibles had 9-filled SSNs. In addition, 17,329 SSNs had duplicate records; this represents about 2.0% of records in CY 1999. SSNs can be assigned to more than one record in IL due to the state's system of assigning Medicaid identification numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled into Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication problems can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.
				Uniform Eligibility Group	IL uses more restrictive rules to determine Medicaid eligibility for SSI recipients, under the 209(b) provisions. In addition, the state is not able to report all SSI recipients into uniform groups 11 and 12; SSI recipients are reported into other uniform groups as well. As a result, the number of persons reported into uniform groups 11-12 was considerably less than the number of SSI recipients.

State	File Type	Record	X-over	Measure	Issue
IN	Claims	IP		Program Type/Family Planning	There aren't any claims with a program type of family planning.
	PSF	Eligibility		UB-92 Ancillary Codes	The percent of claims without ancillary UB-92 revenue codes has been increasing over time. It was 2% in Q1 2000 to 7% in Q4 2000 to 9% in Q4 2002.
				CHIP Code	IN reports its M-CHIP children in MSIS. The state implemented its S-CHIP program in January 2000.
				Dual Elig Code	IN assigned dual code 8 (in the 2nd byte of the new annual crossover value) to about 24% (23,000) of its dual population. IN explained that these persons have Medicare Part B, but don't fall into one of the other dual categories.
				Health Insurance	Roughly 13% of Indiana's Medicaid population was reported to have private health insurance, a higher than expected proportion.
				Managed Care	From 1998 to 1999, the number of enrollees in non-PCCM managed care increased by 34%.
				SSN	In Indiana, 2.1% of SSNs, or 14,883 records, are 9-filled in CY1999. 439 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
				Uniform Eligibility Group	During June-December 1999, about 500 people were incorrectly mapped to uniform groups 01 and 04. IN is a so-called 209(b) state. This explains why the total number of SSI eligibles reported into uniform groups 11 & 12 is lower than the number reported by SSA. IN reports the SSI disabled over age 64 into uniform group 11.

State	File Type	Record	X-over	Measure	Issue	
KS	Claims	All		Adjustments	The state indicated that there may be originals and then resubmittals without voids. However, it doesn't appear to be that way from the DQ tables.	
				XO	Medicaid Amount Paid	There are some claims where the Medicaid Coinsurance/Deductible amounts are not put in the Medicaid Amount Paid field.
				LT	Covered Days	If the state does not pay for all covered days on claim, the covered days field is not corrected on the claim, only the payment is changed for the approved number of covered days.
		OT	Medicaid Amount Paid	There is a higher % of claims with \$0 Medicaid Amount Paid, due to the application of spend down.		
			Patient share payments	The expected % of claims with patient share payments is lower than expected, but the state verifies that it is correct.		
			Capitation Claims	HMO capitation claims are under reported in 1999.		
			Local DX Codes	KS uses some local diagnosis codes.		
			UB-92/OPD	The state system does not carry UB-92 codes on OPD claims, but all OPD claims have service codes.		
			PSF	Eligibility	CHIP Code	Kansas is not reporting their S-CHIP children. The state does not have an M-CHIP program.
					Dual Elig Code	Kansas uses the MSIS dual code 8 (in the 2nd byte of the new annual crossover value) for persons whose income and resources are too high to qualify for QMB plus, or SLMB plus, but who still receive full Medicaid benefits.
		Foster Care			Foster care is under-reported in uniform eligibility group 48.	

State	File Type	Record Eligibility	X-over	Measure	Issue
KS	PSF			Managed Care	Kansas overreported managed care enrollment in 1999. Both the HMO and PCCM enrollment numbers are about 25 percent greater than the comparable counts in the CMS managed care reports. In addition, about 48% of the EDB duals were enrolled in PCCMs, a higher proportion than reported by most other states.
				SSN	38 SSNs have duplicate records. This represents 0.0% of records in CY99.
				TANF	Kansas did not fully identify all TANF recipients until May 1999.
				Uniform Eligibility Group	From 12/98 through 4/99, Kansas had problems distinguishing between children in uniform eligibility groups 14 and 34. The state reports that this was related to implementation of their S-SCHIP program (they were trying to make sure children leaving welfare would not be inappropriately terminated from Medicaid). As a result, some children (about 12,000 by 4/99) were mapped to uniform eligibility group 34 who should have been mapped to uniform eligibility group 14. This problem was corrected effective 5/99.

State	File Type	Record	X-over	Measure	Issue		
KY	Claims	IP		DRG	KY did not report DRG's in the MSIS files.		
				LT			
				Leave Days	The state does not pay for leave days.		
				OT			
				Capitation	The 1999 files do not include individual PCCM capitation claims.		
				Dental Codes	Dental codes flagged as state specific. They can be converted into HPCPS codes by replacing leading 0 with D		
				Family Planning	There are no FP claims.		
				Service Codes	There are many claims without service codes as state uses UB-92 for HH, hospice, and OPD.		
				PSF	Eligibility	CHIP Code	KY reported M-CHIP enrollment throughout 1999. Beginning in July, the state also reported S-CHIP data.
				Dual Elig Code		In 1999, Kentucky's dual eligibility codes from MSIS were incorrect and should not be used. The state was over-reporting the number of disabled and children who were dually eligible. KY reported 68,345 duals in 1999 who were not found in the EDB files.	
Managed Care	The "other" managed care plan type in Kentucky was a special capitation plan for transportation benefits. Enrollment in this plan almost doubled in April 1999. Another large increase occurred in July 1999.						
					About 18% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 53% were enrolled in PHPs and PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.		

State	File Type	Record	X-over	Measure	Issue
KY	PSF	Eligibility		Missing Elig Data	Just over 1% of persons in the KY MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Race/ethnicity	Race was reported as unknown for about 4% of eligibles.
				SSN	About 3% of eligibles did not have valid SSNs.
				Uniform Eligibility Group	Kentucky's data show a gradual decrease in enrollment from January through September, and then an increase in October (cause unknown).

State	File Type	Record	X-over	Measure	Issue
LA	Claims	IP		DRGs	The file does not contain DRGs.
				Procedure Code	The principal procedure code date is missing. In the 1999 files Procedure Code 2 has '88' added to the end of the field. LA will fix in future.
			XO	Crossover Claims	There is a large % of crossover claims. The state verifies that this is correct.
		LT		Admission Date	The admission date is missing on most records.
				Diagnosis Codes	The diagnosis codes are missing on most claims.
		OT		Service Code Flag	About 10% of the Q199-Q499 claims have a service code flag of 10, but a service code value of '0'.
	PSF	Eligibility		CHIP Code	LA reports its M-CHIP children in MSIS. The state does not have a S-CHIP program. The M-CHIP data differed greatly from the numbers in SEDS until FY2001, but the state assured us that MSIS data were more reliable.
				Dual Elig Code	Louisiana's MMIS system did not include the following dual eligibility groups in 1999: SLMB, QI1, QI2, QDWI. In LA, about 26% of the disabled were reported to be EDB duals, a lower proportion than most states.
				Managed Care	Managed care in Louisiana was undercounted in 1999 MSIS. Louisiana did not identify any PCCM enrollees in MSIS data in 1999; however, the state has indicated that about 44,000 Medicaid enrollees participated in a hybrid PCCM plan each month.

State	File Type	Record	X-over	Measure	Issue
LA	PSF	Eligibility		Missing Elig Data	Over 5% of persons in the LA MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Race/ethnicity	Race is reported as unknown for about 7% of enrollees.
				Restricted Benefits	LA assigns the "other" restricted benefits flag (code 5) to about 5,000 enrollees/month. Most of these individuals are in the medically needy uniform group, while a few are in the poverty-related adult group. Since many in the poverty-related adult group are reported to have restrictions related to their pregnancy status (restricted benefits code 4), those in the "other" (code 5) group may have restrictions related to substance abuse.
				SSN	LA did not have any duplicate SSNs in its MAX 99 file.
				Uniform Eligibility Group	Most low-income infants are reported in uniform group 44 instead of 34, because the state deems these newborns are covered until age 1.

State	File Type	Record	X-over	Measure	Issue
MA	Claims	All		Capitation Payments	Capitation payments to plans are made quarterly, not monthly. Even so, there appears to still be somewhat of a shortfall as there are fewer capitation claims than quarterly enrollment in managed care.
		IP	XO	Crossover Claims/Adjustments	There is a large percentage of crossover claims and very few adjustments - mostly voids.
		LT		Diagnosis Codes/Leave Days	There are very few diagnosis codes and no leave days on the files.
		OT		Capitation	PCCM payments are only made if there is actually a PCCM visit.
				Place of Service	30 percent of the original, non-crossover claims do not have a Place of Service. Most of these claims are outpatient hospital department claims (TOS = '11') or Lab and X-ray claims (TOS = '15')
				Program Type	There aren't any FQHC claims even though the state has an FQHC program.
				Program Type/EPSTD	Most services to children under age 21 have a Program Type of EPSTD.
	PSF	Eligibility		1115 Waiver	Massachusetts operates an 1115 waiver program for the disabled, children, and adults.
				CHIP Code	Massachusetts reports children in both its M-CHIP and S-CHIP programs. MSIS data on both programs do not exactly track the SEDS data. The state insists that the MSIS data are more reliable.
				Dual Elig Code	More than 70 percent of the persons identified by the state in MSIS data as dual eligibles were assigned dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the records are for duals, but their dual group (e.g., QMB, SLMB, etc) cannot be determined.

State	File Type	Record	X-over	Measure	Issue
MA	PSF	Eligibility		Dual Elig Code	Massachusetts reports very few eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state provides full Medicaid benefits to all aged up to 100% FPL. Also, because Massachusetts provides full Medicaid benefits to all disabled up to 133% FPL in its 1115 Waiver program, the state reports very few disabled with dual codes 1 or 3 (also in the 2nd byte of the new annual crossover value).
				Foster Care	Massachusetts underreports foster care children in MSIS data.
				Length of Enrollment	MA had 70% of eligibles with 12 months of enrollment, a higher proportion than most states.
				Race/ethnicity	More than 20 percent of eligibles are coded with an unknown race.
				Restricted Benefits	MA does not extend full Medicaid benefits to all its expansion groups. Those with some restrictions are assigned restricted benefits code 5. It is unclear what these benefit restrictions include.
				SSI	Enrollment in uniform eligibility group 11 is about 2/3 of the SSI aged enrollment reported in SSA administrative data.
				SSN	In Massachusetts, 422 SSNs have duplicate records; this represents 0.1% of records in CY99.
				TANF	The number of monthly TANF recipients reported in MSIS is considerably higher than the number reported in ACF administrative data on TANF for the same period.

State	File Type	Record	X-over	Measure	Issue
MD	Claims	All		Enrollment/HealthChoice	Nearly two-thirds of the Medicaid recipients are enrolled in the HealthChoice Program. The remaining one-third tend to be either sicker (many institutionalized) or covered by Medicare. As a result, the distribution of Maryland's FFS claims may seem quite different from the distribution for other states.
		IP		DRG	Maryland does not use DRGs for reimbursement..
				FFS Hospital Costs	Because nearly two-thirds of Medicaid recipients are enrolled in managed care, the fee-for-service hospital costs tend to be higher than for other states with less Medicaid managed care. See above comment about types of enrollees included in FFS.
				UB-92 Ancillary Codes	A higher than expected percentage of original, non-crossover FFS claims do not have ancillary codes. This higher percentage is due to a higher percentage of per diem hospitals that remain for the sicker population. These hospitals only receive a room and board charge.
		LT		Diagnosis Codes	Most LT claims do not have diagnosis codes.
				Leave Days	MD does not report leave days.
				Patient Status	No one has a patient status code of 'died'.
			XO	Crossover Claims	There are no crossover claims
		OT		Type of Service	The distribution of claims, by Type of Service, is unusual due to the high percentage of individuals enrolled in managed care. Most of the original, non-crossover FFS claims are for Home Health, Physical/Occupational Therapy or Rehabilitation.
		RX		Family Planning	There are no Family Planning claims.

State	File Type	Record	X-over	Measure	Issue
MD	PSF	Eligibility		CHIP Code	Maryland reports its M-CHIP eligibles in 1999. Its S-CHIP program did not begin until the Spring of 2000.
				County Code	Eligibles with County Code = 510 are residents of the city of Baltimore.
				Dual Elig Code	In MD, only 86% of persons over 64 years of age were identified as EDB duals, a lower proportion than most states.
				Managed Care	Some persons in HMOs/HIOs have the PLAN ID field 9-filled.
				Restricted Benefits	Persons with restricted benefits code 5 (other) only qualify for family planning benefits.
				SSI	Maryland reports about 15% more SSI recipients (uniform eligibility groups 11-12) than expected each month, based on a comparison to SSI administrative data.
				SSN	32,834 persons have the SSN field 9-filled (4.8% of the population). 27 SSNs have duplicate records; this represents 0.2% of records in CY99. The majority of these records are for children.
				Uniform Eligibility Group	In November and December 1999, Maryland enrolled approximately 55,000 individuals whose Medicaid benefits had been improperly terminated in 1997 (during the implementation of welfare reform), resulting in a major increase in uniform groups 44/45.

State	File Type	Record	X-over	Measure	Issue
ME	Claims	All		Adjustments	There are very few adjustment claims on the files. Maine has indicated that the number of adjustment claims is accurate.
		IP		DRG	ME did not report DRG's in the MSIS files.
				Family Planning	Family Planning program type was not reported in 1999.
			NXO	Accommodation Code	Approximately 10 percent of the original, non-crossover FFS claims do not have an accommodation code. This percentage is higher than expected. However, because Maine prepays hospitals, the Revenue code is not used to reimburse hospitals, and therefore it would not be unusual to have a higher percentage of claims without accommodation codes than expected.
		LT		Leave Days	The state doesn't report leave days.
		OT		Payment	Maine creates a summary bill on outpatient department claims with separate line items. Each line item should be included as a separate claim without the TPL, and then an additional claim should be included that has only the TPL amount. The TPL amount would be a negative dollar value matching the positive value in the Other Third Party Payment field. As a result, there are original and resubmittal claims with a negative Medicaid Amount Paid.
				PCCM Caps	ME did not start submitting PCCM capitation payments until FFY 2000 Q1.
			RX	Adjustment Claims	There are no adjustment claims on the file. Maine has indicated that this is OK, because drug claims are Point of Service.
	PSF	Eligibility		CHIP Code	Maine has both M-CHIP and S-CHIP programs, and both are reported into MSIS.
				Date of Death	The DOD is 8-filled for all eligibles.

State	File Type	Record	X-over	Measure	Issue
ME	PSF	Eligibility		Dual Elig Code	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value) in Maine. Maine extends full Medicaid benefits to the aged and disabled with income <100% FPL.
				Managed Care	During 1999, comprehensive managed care enrollment declined and PCCM enrollment increased. This shift happened as the state phased out its managed care contract with Aetna and shifted enrollees to PCCMs. Probably as a result of this transition, the MAX managed care counts are not completely consistent with CMS managed care data for June 1999.
				Missing Elig Data	About 2% of persons in the ME MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				SSN	Roughly 2.5 percent (about 5,197) of Maine's eligibles had 9-filled SSNs; most of these eligibles are babies. Also, 16 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL, which explains why some persons in uniform group 32 are not dual eligibles. Also, in 1999, some age mapping problems that occurred in the 1996-98 data were corrected.

State	File Type	Record	X-over	Measure	Issue
MI	Claims	All		TPL	TPL is missing on all claims.
		OT		Capitation	The BHO capitation payments are reported as lump sum payments in the 1999-2002 OT files. The state started submitting individual BHO capitation payments in 2003.
				Place of Service	The Place of Service of ER is not reported in the 1999-2000 MSIS files.
				Service Codes	There are not any service codes or UB-92 revenue codes on OPD claims.
	PSF	Eligibility		CHIP Code	Michigan reports its M-CHIP enrollment. It does not report its S-CHIP enrollment, however.
				Date of Death	All dates of death are "8-filled".
				Dual Elig Code	Roughly half of Michigan's dual eligibles are reported with dual code 9; also, few eligibles are assigned dual code 1, since the state provides full Medicaid benefits to the aged and disabled with incomes less than 105% FPL. (These dual codes are assigned to the 2nd byte of the new annual crossover value.)
				Managed Care	In MI, about 25% of the EDB duals were enrolled in HMOs/HIOs, a higher proportion than occurred in most states. Michigan did not report enrollees in BHP managed care plans until October 1999 (which is not consistent with CMS MC data showing BHP enrollment in June 1999). PCCM enrollment phased out in April 1999.
				Missing Elig Data	Just over 2% of persons in the MI MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Race/ethnicity	About 5% of eligibles were reported with an "unknown" race code.

State	File Type	Record	X-over	Measure	Issue
MI	PSF	Eligibility		SSN	In Michigan, 524 SSNs do not have unique records; this represents 0.1% of records in CY99. The majority of these records are for children.
				TANF	Michigan is unable to provide TANF flags for its Medicaid population.
				Uniform Eligibility Group	Michigan has a higher than expected number of enrollees younger than age 16 in uniform groups 15, 25, 35 and 45. This is likely tied to the fact that the state mapped its state-specific eligibility groups directly to the uniform groups, rather than using any sort of age sort. Researchers might want to remap enrollees under age 16 to uniform groups 14, 24, 34 and 44. The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.

State	File Type	Record	X-over	Measure	Issue
MN	Claims	IP		Family Planning	There aren't any family planning claims. The state said none meet the definition. The professional component is billed in the OT file.
				Patient Status	There was a large increase in the percentage of Patient Status=Transferred from 1998-1999 (5% to 20%) for FFS Non Crossover claims
			XO	% Crossover Claims	There is a larger than normal percentage of crossover claims (31%)
		IP/LT		Chemical Dependency Claims	Starting in Q3 2001 the state moved their chemical dependency claims from IP to LT.
		LT		Diagnosis Codes	The diagnosis code is '00000' on most claims.
				ICF/MR claims	The percent of ICF/MR claims is greater than expected.
				ICF/MR days	The ICF/MR days are missing on many ICF/MR claims.
		OT		Lab Claims	The percent of lab claims is lower than expected.
				Provider Specialty Code	The provider specialty code is missing on most claims.
	PSF	Eligibility		CHIP Code	Minnesota reports its very small M-CHIP program that covers only infants with income from 275 - 280% FPL. The state did not have an S-CHIP program in 1999.
				Managed Care	In MN, about 35% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states. From 1998 to 1999, the number of adults enrolled in non-PCCM managed care increased by 38%.

State	File Type	Record	X-over	Measure	Issue
MN	PSF	Eligibility		Restricted Benefits	Persons assigned restricted benefits code 5 only qualify for "access" services, since their eligibility has not yet been fully established.
				TANF	Eligibles reported as TANF recipients in Minnesota's data are actually recipients of the Minnesota Family Income Program. For their Medicaid population, this is nearly equivalent of the TANF code and is of greater interest to the state (from a data feedback perspective).
				Uniform Eligibility Group	<p>In 1999, the assignment of enrollees to uniform eligibility groups was only reliable in Minnesota for the uniform groups 11-15 and 54-55. Enrollees assigned to other uniform group were not reliable, except to the extent that individuals were identified as aged, disabled, children (including foster care), or adults. As an example, "children" at a general level were appropriately identified, but the sorting of children by medically needy, poverty-related, or other status had many errors. In 2002, the state discovered a longstanding MSIS coding mistake related to income -- and income is a critical variable to the assignment of individuals across uniform groups. Researchers should not use the uniform group designations 21-25, 31-35 and 41-48, except to identify the individuals as aged, disabled, children, or adults. In addition, the enrollment data for MN have some quarterly "seam effect" problems. Enrollment tends to be 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 noticeable drop in enrollment for the beginning month of the next quarter.</p> <p>Minnesota reports almost all of its poverty-related children and adults into uniform groups 54 and 55 as a part of its MinnesotaCare 1115 Waiver Program.</p>

State	File Type	Record	X-over	Measure	Issue
MO	Claims	IP		Diagnosis Codes	One of most frequent diagnosis code - Y85 is not a valid ICD-9 code
				DRG	The state does not report DRG's.
				Patient Status	The % of claims with a patient status code of 'still a patient' is higher than expected.
		LT		Admission Date	The admission date is missing
		OT		Service Codes	The OPD claims have service codes instead of UB-92 revenue codes.
				Service Codes/UB-92/OPD	OPD claims have service codes rather than UB-92 revenue codes.
				Service Type	About 1/3 of the claims have a type of service of 'other services'. The state says these are mostly for homemaker chores.
				Servicing ID	The Servicing ID is mostly missing
				Type of Service	There aren't any claims with a type of service of sterilization or abortion.
					33% of clms have service type 19. The states says those are mostly claims for homemaker chores
		RX		NDC	Compound drugs are coded as 'compound' in the NDC field.
				Refill	The refill indicator is missing on all claims
	PSF	Eligibility		1115 Waiver	In February 1999, Missouri began full implementation of an 1115 program for adults. Children were already covered under the 1115 program.

State	File Type	Record	X-over	Measure	Issue
MO	PSF	Eligibility		CHIP Code	Missouri is reporting M-CHIP eligibles into MSIS. The state does not have an S-CHIP program.
				County Code	Eligibles with County Code = 510 are residents of the city of St. Louis.
				Dual Elig Code	Roughly half of the dual population are assigned dual code 8 (in the 2nd byte of the new annual crossover value). According to the state, these are eligibles who might qualify under QMB or SLMB rules, but pay for their own Part B premiums as a part of their spend down. The state also indicated that dual eligibles have to apply for QMB/SLMB coverage.
				Managed Care	Missouri undercounted its HMO managed care enrollment until October 1999.
				Restricted Benefits	Persons with restricted benefits code 5 (other) only qualify for family planning benefits. In addition, some presumptively eligible pregnant women are assigned restricted benefits code 4.
				SSN	About 5% of SSNs are 9-filled. 20 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	Missouri reported a larger than expected number of persons younger than age 65 in uniform group 31. Researchers may want to remap eligibles in state-specific eligibility groups AALN00, BBLN00, and CCLN00 who are younger than age 65 to uniform group 32. MO is a so-called 209(b) state. This explains why the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by Social Security Administration.

State	File Type	Record	X-over	Measure	Issue
MO	PSF	Eligibility		Uniform Eligibility Group	<p>Three mapping changes occurred in 1999 MAX. In 1996-98, foster-care children in state-specific eligibility group 37KF (about 3-4,000 children/month) were erroneously mapped to uniform group 34. They were correctly mapped to uniform group 48 in 1999 MAX, causing an increase in foster-care enrollment. In addition, children in state-specific group 60RM (11-13,000 children/month) were erroneously mapped to uniform group 34 in 1996-98. They were correctly mapped to uniform group 44 in 1999, causing an increase in enrollment in this group. Finally, in 1999, many children in MO's 1115 demonstration were shifted from uniform group 34 to 54.</p>

Missouri does not provide medically needy coverage.

State	File Type	Record	X-over	Measure	Issue
MS	Claims	IP		Adjustments	The IP file has a high number of adjustment claims in Q1. The State has confirmed that this is accurate.
		OT		Capitation Claims	The MS HMO program ended 10/99, however, there are some lagged capitation claims and around 8,000 HMO enrollees listed in the Q1 and Q2 2000 EL files.
				PCCM	There are no PCCM claims in the 1999 files. The state starting including these claims in the FFY 2000 files.
				UB-92 Revenue Codes	The state has put revenue codes into the service code field on about 25,000 original non-crossover claims in Q1 1999.
	PSF	Eligibility		CHIP Code	Mississippi's state-specific eligibility group "91" encompasses M-CHIP children, non-CHIP poverty-related children and poverty-related pregnant women. The state cannot accurately determine which individuals in state group "91" are M-CHIP children, however. MS has an S-CHIP program, but it is not reported into MSIS.
				Dual Elig Code	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since the state provides full Medicaid benefits to the aged and disabled with income less than 100% FPL. MS reported 215,581 dual eligibles in 1999 who were not found in the EDB file.
				Managed Care	In November 1999, Mississippi stopped reporting any eligibles with comprehensive managed care.
				Race/ethnicity	In 1999, 5.5% of eligibles were coded as "unknown".
				SSN	Roughly 4.8 percent (about 26,500) of Mississippi's eligibles had 9-filled SSNs. Most of these eligibles are "K Babies" (state-specific eligibility group "KK") or newborns who have yet to receive SSNs. Also, 8 SSNs have duplicate records. This represents 0.0% of records in CY99.

State	File Type	Record	X-over	Measure	Issue
MS	PSF	Eligibility		Uniform Eligibility Group	<p>Some shift in enrollment between children and adults in uniform groups 14/15 and 34/35 occurred from 1998 to 1999 due to a change in the age sort.</p> <p>MS provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.</p> <p>In 1999, just over half of Medicaid adults were in uniform group 35 (poverty-related pregnant women) due to declines in AFDC/1931 enrollment (uniform group 15).</p>

State	File Type	Record	X-over	Measure	Issue
MT	Claims	IP		DRGs	The DRGs appear to be CMS DRGs, but they are state specific. According to the state, "We initially believed that "MT" was appropriate because we expand the 3 digit HCFA grouper into a 5 digit version for Montana to indicate patient age and facility size. Our concern is that the HG followed by the 5 digit DRG will result in another data validity edit."
				Program Type	There are no claims with a Program Type of Family Planning. According to the state, "The Montana MMIS does not specifically mark claims as family planning based on the face of the claim. Family Planning services have to be identified using procedure codes."
		LT		Patient Status	1999-2001 files: Patient Status is not available on most claims even though it was submitted on 1998 MSIS files. Montana claims that only a few facilities ever report anything in the field, and that when something is reported it is almost always "unknown."
				TPL	On all original claims, the Other Third Party Payment amount is almost always \$0. This is OK according to the state, who notes that "The Nursing Home TAD claim form does not contain a field specifically for TPL (third party liability). This amount has been included in the personal resource amount."
				Type of Service	There are no claims with a Type of Service of '02' (Aged Mental Health Hospital) or '04' (Child Inpatient Psych.) in the Q1-3 1999 files. 1999-2001 files: State reports that mental health services are entirely state-funded and therefore not included in MSIS.
			XO	Crossover Claims	There are no crossover claims on the file. The state does not process long term facility claims as crossovers.
		OT		Lab Claims	The percent of lab claims is lower than expected.
				PCCM	There is a significant shortfall of PCCM capitation claims

State	File Type	Record	X-over	Measure	Issue
MT	PSF	Eligibility		CHIP Code	Montana begins reporting its S-CHIP data in October, 1999. However, the MSIS S-CHIP count are not consistent with SEDS data. The state does not have an M-CHIP program.
				FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, any persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result many more individuals were counted as FFS in 1999 in MT than in 1998.
				Health Insurance	More than 13 percent of Montana's Medicaid population is enrolled in a private health insurance plan, higher than expected proportion.
				Managed Care	<p>Enrollees with restricted benefits are assigned "88" (not applicable) in Plan Type 1 and "07" (PCCM) in Plan Type 2.</p> <p>MSIS and CMS data are generally consistent on managed care enrollment in HMOs and PCCMs. However, the June 1999 CMS data show 70,000 persons in PHPs. According to state officials, this was an error. No PHP enrollment is shown in MSIS.</p> <p>From 1998 to 1999, the number of non-PCCM managed care enrollees changed significantly. The 1999 data are reliable, while there were problems in 1996-98 SMRF managed care data for MT.</p>
				Restricted Benefits	Montana's welfare reform program, called "FAIM," extends reduced Medicaid benefits to some adult eligibles. People with these restricted benefits are assigned code 5 (other).
				SSN	MT did not report any duplicate SSNs.
				TANF	Montana 9-fills the TANF field.

State	File Type	Record	X-over	Measure	Issue
NC	Claims	All		Adjustments	There are very few adjustments as the state does most of their adjustments as cost settlements.
		IP		DRG	Some HCFA DRG's were recoded by the state to state defined codes (801-805, 810).
		LT		Procedure Codes	The procedure code field sometimes contains '8888' instead of '88888'.
		OT		ICF/MR	There is a somewhat higher than expected percentage of ICF/MR claims, but the state confirms this is correct.
				Capitation Claims	It appears that NC submitted their BHO capitation payments claims with a type of service 20 (HMO Cap) instead of 21 (PHP cap). These claims can be properly identified using the Plan ID.
				Place of Service	The place of service is missing or has invalid codes on most claims in 1999. The percent with valid codes has increased somewhat over time. About 60% of the OT claims have valid codes in the 2002 files.
				Service Code Indicator	All claims with service codes have a Service Code Indicator of 6 (HCPCS), but about 40% of the codes are CPT-4 and should have in indicator of 1.
		RX		NDC	The file contains some non-standard state defined NDC's. They start with 'OA'.
	PSF	Eligibility		CHIP Code	NC has opted to report its S-CHIP group. The state does not have an M-CHIP program.
				Dual Elig Code	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since North Carolina extended full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL), effective 1/99.

State	File Type	Record	X-over	Measure	Issue
NC	PSF	Eligibility		Managed Care	Effective 7/99, North Carolina terminated its 1915(b) Carolina Alternatives BHP contract. The capitation claims for this contract may be reported as HMO (not BHP) claims in MAX data. This plan was reported in CMS managed care data as a PHP.
				Race/ethnicity	The race code is reported as "unknown" for about 6% of NC enrollees.
				Restricted Benefits	<p>The women in uniform eligibility group 35 who receive RBF = 2 (restricted benefits on the basis of alien status) are aliens who receive coverage for emergency services, including labor and delivery.</p> <p>Persons with restricted benefits code 5 (other) are generally medically needy enrollees.</p>
				SSN	30,292 persons have the SSN field 9-filled (2.4% of the population). 117 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	<p>Roughly 800 eligibles each month are mapped to uniform group 49 for most of 1999. These persons appear to be refugees who do not qualify for benefits under Title XIX and should not be counted as Medicaid eligibles.</p> <p>Effective 11/1/99, North Carolina expanded its 1931 eligibility rules to cover eligibility for 12 months after termination of TANF benefits. These enrollees would otherwise have received transitional Medicaid (uniform groups 44-45). As a result, enrollment increased in uniform groups 14-15, while it fell in groups 44-45.</p> <p>Effective 1/1/99, NC extended full Medicaid benefits to aged and disabled, up to 100% FPL. This caused some enrollment to shift from uniform groups 21/22 to 31/32.</p> <p>Effective 11/1/99, North Carolina eliminated their AFDC-U coverage (uniform groups 16-17).</p>

State	File Type	Record	X-over	Measure	Issue
ND	Claims	IP		CPT-4 Indicator	The percent of FFS Non Crossover claims with Procedures that have a CPT-4 Indicator dropped from 55% in 1998 to 0% in 1999.
				UB-92 Codes	About 6 percent of the claims do not have ancillary codes. This is because MH and rehabilitation claims are billed using the comprehensive UB-92 code that includes accommodations and ancillary services.
		LT		Diagnosis Codes	Nearly all of the claims do not have diagnosis codes.
		OT		Capitation	There are about 2,000 people enrolled in an HMO but there aren't any original HMO capitation claims, only adjustment claims.
	PSF	Eligibility		CHIP Code	North Dakota reports its M-CHIP children. The state also has an S-CHIP program, but S-CHIP data were not reported to MSIS until October 1999.
				Dual Elig Code	The vast majority of dual eligibles are assigned dual code 9 (in the 2nd byte of the new annual crossover value), since ND cannot correctly identify the dual groups to which they belong.
				Health Insurance	North Dakota reports that about 20% of its eligibles have private insurance, a higher than expected proportion.
				Missing Elig Data	6.5% of persons in the ND MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				SSN	One SSN had a duplicate record in 1999.
				TANF	ND reports fewer TANF recipients than are reported in ACF data; state officials cannot explain why the counts differ.

State	File Type	Record Eligibility	X-over	Measure	Issue
ND	PSF			Uniform Eligibility Group	Because North Dakota is a 209(b) state, they report a somewhat lower proportion of SSI recipients in uniform eligibility groups 11 and 12 than usually expected.

State	File Type	Record	X-over	Measure	Issue
NE	Claims	OT		Service Tracking	In the 1999 and 2000 files, NE include a lump sum claims for most of their waiver, transportation, and targeted case management claims. Most of these claims are processed outside of Nebraska's MMIS.
		RX		Days Supply/Date Prescribed/New Refill Indicator	The following data elements are not available: Days Supply, Date Prescribed, and New Refill Indicator.
	PSF	Eligibility		CHIP Code	Nebraska reports its M-CHIP children. The state does not have an S-CHIP program.
				Date of Birth	The coding of unborn children in NE complicates MSIS records for infants <1 year and pregnant women. NE considers that an unborn child can qualify for Medicaid, but not the pregnant mother, unless she otherwise qualifies. Unborn children in NE are assigned MSIS IDs, along with a 9-filled SSN, "U" sex and a 9-filled or expected DOB. Once the child is born, the DOB, sex and SSN fields are updated. Unless otherwise eligible, the mother of the unborn child is not reported to MSIS. The prenatal and delivery charges are assigned to the child, if the mother is not otherwise eligible. Thus, some unborn children will also have mothers in the MSIS file, while others will not. Making it even more complicated, some unborn children are reported to child uniform groups 14, 16, 34, and 44 but most are reported to the adult uniform group 35 (they can also be in 15, 25 and 45). Unborn children can also have (expected) DOBs that are later than the enrollment month.
				Private Insurance	Nebraska had a major drop in the number of people reported to have private health insurance from June to December, 1999.
				Sex	See Unborn Child note.
				SSN	7 SSNs have duplicate records.

State	File Type	Record	X-over	Measure	Issue
NE	PSF	Eligibility		Unborn Children	Pregnant women who are only eligible for Medicaid as a result of their unborn child are not entered into the MSIS system. Instead, an MSIS ID is assigned to the unborn child. The unborn child's SSN is 9-filled and the sex is Unknown. The DOB is the expected date of birth.
				Uniform Eligibility Group	See DOB note above regarding uniform group coding for unborn children. Although all SSI recipients would qualify for Medicaid, NE requires them to separately apply for Medicaid coverage.

State	File Type	Record	X-over	Measure	Issue
NH	Claims	LT		Admission Date	The admission date is missing on most claims as that information is not collected on the NH claim form.
		OT		Diagnosis Code/Clinic Claims	About a quarter of the clinic claims do not contain a diagnosis code.
	PSF	Eligibility		CHIP Code	New Hampshire operates both M-CHIP and S-CHIP programs, but it only reported its M-CHIP eligibles in MSIS.
				Dual Elig Code	New Hampshire is not including dual eligibles in the SLMB only, QI-1, QI-2, and QDWI groups in its MSIS data. Therefore, Medicaid eligibles are under-reported. In addition, dual eligibles in uniform groups 31-32 should have been assigned dual code 1 (in the 2nd byte of the new annual crossover value) in January through March 1999.
				Managed Care	Managed care is probably undercounted during 1999. New Hampshire is reporting comprehensive managed care (Plan Type 01) enrollment of 2,172 in its June 1999 MSIS data. The CMS data for the same time period indicate that enrollment was more than double that -- 5,872. The state believes it may only have reported HMO enrollment for family heads.
				SSN	50 SSNs have duplicate records; this represents 0.1% of records in CY99.
				TANF	All persons in uniform groups 14-17 were reported to be TANF eligibles. It is unclear whether any persons other than TANF recipients qualified for Medicaid under 1931 rules.
				Uniform Eligibility Group	New Hampshire is a 209(b) state, explaining in part why the number of eligibles reported in uniform groups 11 and 12 was lower than the number receiving SSI, according to the SSA.

State	File Type	Record	X-over	Measure	Issue
NJ	Claims	LT		IP Psych Hospitals	The claims from 5-6 inpatient psych hospitals were inadvertently left out of the files prior to FFY 2002. This was fixed starting with Q1 2003. The state doesn't know how long those claims were omitted.
	PSF	Eligibility		CHIP Code	NJ reports both M-CHIP and S-CHIP enrollees in MSIS.
				Dual Elig Code	New Jersey does not report any eligibles with dual eligibility code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits for all aged/disabled up to 100% FPL.
				Managed Care	In the 1999 files, 1,000-10,000 persons/month were assigned Plan Type value 08 (Other). This is an undercount. The correct number is about 30,000/month. Plan type 08 is used for residents of long term care facilities, who received capitated pharmaceutical coverage. Due to reporting problems, these data cannot be corrected for the 1999 files. The HMO enrollment data (plan type 01) appear to be reliable.
				Missing Elig Data	Just over 1% of persons in the NJ MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Plan ID	Plans IDs were not reported for the capitated pharmaceutical coverage in plan type 08.
				Race/ethnicity	New Jersey reports 11 percent of its eligibles with an unknown race.
				Restricted Benefits	Persons with restricted benefits flag 5 (other) are generally in waivers and do not qualify for full Medicaid benefits
				SSN	In New Jersey, 9.7% of SSNs, or 87,455 records, are 9-filled in CY1999. 12 SSNs have duplicate records; this represents 0.0% of records in CY99. The majority of these records are for children.

State	File Type	Record	X-over	Measure	Issue
NJ	PSF	Eligibility		Uniform Eligibility Group	NJ provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.

State	File Type	Record	X-over	Measure	Issue	
NM	Claims	IP		Discharge Status	There is a higher than expected percent of records when a Discharge Status of 'still a patient.'	
				DRGs	Approximately one-quarter of the claims do not have DRGs. These include Indian Health Service (IHS) inpatient per diem claims.	
				Duals	There are many more crossover claims than non-crossover claims, because dually eligible recipients are not in managed care, and virtually all other recipients are.	
				Family Planning	There are no family planning claims.	
				UB-92 Ancillary Codes	Approximately one-quarter of the original, non-crossover claims do not have ancillary codes. These include Indian Health Service (IHS) inpatient per diem claims.	
			LT		Diagnosis Codes	The diagnosis code is missing on nearly all claims.
			OT		Place of Service	New Mexico does not currently have a separate Place of Service code for ER. For a UB-92 invoice, any line item with a rev code of 450, 451, or 452 would be considered an emergency room place of service. The State does not have the information needed to capture ER place of service on their physician/clinic claims.
			RX		Drug Groupers	The percent of drug claims with HICL, Medispan, AHFS, GTC, GC3, and Smart Key are all on the low side indicating that some claims may have not contained valid NDC's.
			PSF	Eligibility	CHIP Code	NM implemented an 1115 waiver in March, 1999 for its M-CHIP program. The state does not have an S-CHIP program. M-CHIP enrollment data in MSIS are not consistent with SEDS, but the state believes the MSIS data are more reliable.

State	File Type	Record	X-over	Measure	Issue
NM	PSF	Eligibility		Dual Elig Code	New Mexico does not use the dual codes 3-7. Persons in these dual eligibility groups are reported with the dual code 9. (These dual codes are assigned to the 2nd byte of the new annual crossover value.)
				Missing Elig Data	About 10% of persons in the NM MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Race/ethnicity	In 1999, 3% of eligibles were coded as "unknown."
				Restricted Benefits	Persons (in state group 29) with restricted benefits code 5 only qualify for family planning benefits.
				TANF	TANF enrollment in MSIS data is lower than reported in TANF administrative data, indicating it may not be reliable.

State	File Type	Record	X-over	Measure	Issue
NV	Claims	IP		Diagnosis Codes	The diagnosis code fields 2-9 are blank, because the state does not collect this information in its existing system.
				DRGs	The DRG code is always missing as they don't use DRG's for hospital reimbursement.
				Revenue Codes	There are no revenue codes on the file, because the state's system does not capture the revenue codes.
				State defined codes	The state puts state-defined codes in the IP procedure code field that just report the type of hospital stay - like medical/surgical 1 -5 days stay.
		IP, LT, OT		Diagnosis Codes	In 1999 the diagnosis codes are padded with zeros. All diagnosis codes are five digit codes, as a result. This was fixed for the most part starting with Q1 2000.
		LT			Diagnosis codes are missing on most claims in 1999, but are reported for the most part starting with the 2000 files.
				Leave Days	The files do not include leave days.
				Medicaid IP Covered Days	Medicaid IP Covered Days are missing.
				Type of Service	There are very few claims with a type of service 02 (MH for Aged) or 04 (IP Psych. < 21).
		OT		Diagnosis Codes	About 14% of claims expected to have diagnosis codes, are missing them.
				Physician Claims	Only 4 percent of the original claims are physician claims (this is a low percentage).

State	File Type	Record	X-over	Measure	Issue		
NV	Claims	OT		Place of Service	Place of service is missing, or no appropriate MSIS code exists, on about 20 percent of the original claims.		
				Provider ID Servicing Number/Provider Specialty	The Provider ID Servicing Number and Provider Specialty codes are missing.		
				Revenue Codes	There are no revenue codes on outpatient hospital department claims. These claims do have service codes, however.		
				Type of Service	About 40% percent of the original claims are for Lab/X-ray services (this is a high percentage).		
			RX		NDC	Compound drugs have a code of 'COMPOUND' in the NDC field.	
					New Refill Indicator	The new refill indicator field is missing.	
			PSF	Eligibility		CHIP Code	Nevada does not report its S-CHIP enrollment. The state does not have an M-CHIP program.
						County Code	Nevada reports eligibles with County Code = 510. These are residents of Carson City. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "025."
						Dual Elig Code	The following dual eligibility groups are not included on Nevada's MSIS file: QDWI (5), QI-1 (6), or QI-2 (7).
						Managed Care	NV reported all HMO enrollees into one managed care Plan ID in MSIS. CMS managed care data show three managed care plans in Nevada.

State	File Type	Record	X-over	Measure	Issue
NV	PSF	Eligibility		Missing Elig Data	Just over 10% of persons in the NV MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				SSN	In NV, there are no duplicate SSNs in 1999.
				Uniform Eligibility Group	<p>Although all SSI recipients would qualify for Medicaid, Nevada requires them to apply separately for Medicaid coverage.</p> <p>In 1999, there are between 5-30 persons each month with invalid uniform eligibility group codes.</p>

State	File Type	Record	X-over	Measure	Issue
NY	Claims	IP		DRGs	New York uses a DRG reimbursement methodology, except for certain psychiatric and rehabilitative services which New York pays under a per diem system.
				Service Tracking	The large number of supplemental payments are Lombardi payments. The Lombardi program provides case management - and some other services - to the non-institutional LT population. In Q3 1999 these claims are reported as service tracking claims. NY is going to resubmit their OT file to report these as supplemental payments.
		IP/OT		UB-92 Claim Form	The NYS 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. The state has its own rate codes that is included as an attachment with its application. Therefore, there are no UB-92 Revenue Codes on the IP or OT file (Outpatient Hospital Department claims).
		LT		Admission Year/Diagnosis Codes	The admission year and diagnosis codes are not available on these claims.
				Diagnosis Codes	Only a small percent of LT claims have a diagnosis code.
		OT		Capitation Payment Claims	NY was unable to submit PHP (BHO) capitation payment claims in 1999/2000 and the number of PCCM capitation claims was under-reported. NY continues to have a mis-match between the number of person months of enrollment in various types of managed care and the number of capitation claims.
				FQHC	The state does not have FQHC claims in the 1999-2000 files and in 2001 are under-reported.
				Local Codes	71 percent of the claims have local codes. Most of these are state specific rate codes.
		RX		NDC	In the first half of CY 1999, the NDC field has leading zeros when it contains a HCPCS code.

State	File Type	Record	X-over	Measure	Issue
NY	PSF	Eligibility		1115 Waiver	NY has an 1115 demonstration extending full Medicaid benefits to childless adults.
				CHIP Code	New York reports its M-CHIP eligibles, but does not report its S-CHIP eligibles.
				County Code	County code 066 was used for the NYC boroughs
				Date of Birth	A date of birth was not assigned for over 111,000 enrollees. Most, but not all, of these enrollees were reported to child eligibility groups. The state believes that most, if not all, of the enrollees who do not have dates of birth are unborn children. The state assigns Medicaid ID numbers to unborn children to make sure they are eligible for services at birth.
				Dual Elig Code	<p>New York has significant problems identifying its QMB only (Dual code 1) or SLMB only (Dual code 3) populations. The state identifies only about 1,000 QMB onlies and does not identify any SLMB onlies. (These dual codes are assigned to the 2nd byte of the new annual crossover value.)</p> <p>New York codes 64% of its dual eligible population with dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicare eligibility is unknown.</p> <p>In NY, only 86% of persons over 64 years of age were EDB duals, a lower proportion than most states.</p>
				Length of Enrollment	NY had 63% of eligibles with 12 months of enrollment, a higher proportion than most states.
				Managed Care	During 1999, there were major shifts in the number of eligibles with comprehensive managed care plans and PCCMs. In addition, MSIS managed care data are not consistent with CMS managed care data with regard to PCCM and BHP enrollment. The state claims that the MSIS data are correct.

State	File Type	Record	X-over	Measure	Issue
NY	PSF	Eligibility		Race/ethnicity	More than 21 percent of eligibles in New York have an unknown race code.
				Restricted Benefits	Most of the enrollees with "other" restricted benefits (code 5) are in the medically needy groups.
				Sex	Sex was reported as "unknown" for over 82,000 enrollees. These are probably in the unborn groups.
				SSN	45,021 SSNs have duplicate records; this represents 2.7% of records in CY99. The state has not been able to explain why this occurred.
				Uniform Eligibility Group	<p>NY reporting to the uniform eligibility groups does not follow the patterns of other states. The number of poverty-related children and adults mapped to uniform groups 34 and 35 is lower than expected, while the number of eligibles in uniform groups 24 and 25 is higher than expected. No one is being reported into uniform groups 31-32 or 45.</p> <p>About 2% of the persons assigned to the aged uniform groups, 11, 21, 31 and 41 were younger than age 65. In addition, 7% of persons assigned to the child uniform groups (14, 16, 24, 34, 48 and 54) were older than age 20. Researchers may want to remap these individuals to other groups.</p>

State	File Type	Record	X-over	Measure	Issue
OH	Claims	LT		Admission Date	Admission date is missing
				Diagnosis Codes	Diagnosis codes are missing
				Leave Days	Leave days are missing
				Patient Status	Patient status is missing
		RX		Days supply	Days supply is missing
				New Refill Indicator	The new refill indicator is missing
				TPL	TPL is missing
	PSF	Eligibility		CHIP Code	OH has an M-CHIP program, but no S-CHIP program. Ohio is somewhat unusual in that some M-CHIP children are reported into uniform group 12. Since Ohio is a 209(b) state, some disabled children do not qualify for Medicaid through the SSI-related provisions. However, they are able to qualify for CHIP coverage.
				Dual Elig Code	OH is only able to code two values for dual eligibles: 1 (QMB only) and 9 (eligible is entitled to Medicare, but reason for Medicaid eligibility is unknown). (These dual codes are assigned to the 2nd byte of the new annual crossover value.)
				Restricted Benefits	OH has a sizeable group of eligibles (about 3000) in uniform groups 11-12 with restricted benefits related to Medicare (code 53), which seems odd. This may be related to the state's 209(b) coverage.

State	File Type	Record Eligibility	X-over	Measure	Issue
OH	PSF			SSN	About 2.6% of SSNs, or 36,083 records, are 9-filled. 13,434 SSNs have duplicate records; this represents 1.9% of records in CY99. Part of the SSN duplication occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSN; researchers may want to combine these records.
				TANF	The TANF flag for OH has some limitations. Ohio is only able to update this data element quarterly, not monthly.
				Uniform Eligibility Group	OH is a 209(b) state. As such, the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by the Social Security Administration. Each month, <50 persons are reported to the invalid uniform group combination of 49.

State	File Type	Record	X-over	Measure	Issue
OK	All	All		MSIS ID	Starting with Q3 2003, OK began using new MSIS ID Numbers. The state submitted a crosswalk that was used to convert the 'old' MSIS IDs in MAX99 to the 'new' ones.
	Claims	IP		DRGs	There aren't any DRG's as the state does not use them for reimbursement.
				UB-92	A higher than expected percent of claims do not have UB-92 codes. This is because claims for the I.H.S. and residential treatment centers are not billed on a UB-92. However, the Program Type of I.H.S. appears to be under-reported in the IP file. Some residential treatment centers may be incorrectly reported in the IP file.
		LT		Diagnosis Code	Most claims do not have a diagnosis code until Q2 2003.
				Patient Status	The patient status is missing on most claims until Q2 2003.
		OT		Capitation Claims	PCCM is covered under PHP plans for most people, so what appears to be a shortfall of PCCM capitation claims is in reality not.
				Diagnosis Codes	Some of the diagnosis codes may have an extra zero or two because this field is not edited by the state.
	PSF	Eligibility		CHIP Code	Oklahoma reports its M-CHIP children in MSIS. The state does not have an S-CHIP program.
				Dual Elig Code	In 1999, close to 25,000 persons were identified as dual eligibles in MSIS whose Medicare eligibility was not confirmed in the EDB link.
					Oklahoma does not report any QDWIs, QI-1s, or QI-2s in its 1999 MSIS data. This information is maintained on a separate file not reported into MSIS.

State	File Type	Record	X-over	Measure	Issue
OK	PSF	Eligibility		Foster Care	Foster care children are under-reported in Oklahoma MSIS data during 1999, because the state was unable to identify foster care children on Medicaid qualifying under the Title IV-E provisions.
				Managed Care	The “other” managed care plan type in Oklahoma is a hybrid PCCM in which the capitation fee to physicians also covers a limited number of common office procedures and lab work.
				Restricted Benefits	Most medically needy enrollees have restricted benefits code 5 (other).
				SSN	In Oklahoma, 8190 SSNs have duplicate records; this represents 3.1% of records in CY99. The majority of these records are for children.
				TANF	Oklahoma 9-fills the TANF field.
				Uniform Eligibility Group	Oklahoma is a 209(b) state, using more restrictive rules for Medicaid than SSI. Oklahoma's enrollment in uniform groups 14-15 and 44-45 fluctuated greatly during the last 6 months of 1999. This may have been caused by difficulties with TANF delinking.

State	File Type	Record	X-over	Measure	Issue		
OR	Claims	All		FFS Services	Because so many people are enrolled in managed care, the distribution of FFS services is sometimes unusual.		
				IP	DRGs	There are 9 state specific DRG's that aren't flagged as state codes.	
					Patient Status	There aren't any claims with a patient status of 'still a patient'	
				LT	Patient Liability/TPL	The patient liability field contains both TPL and patient liability. This can't be corrected until the whole system is revised	
				OT	XO	Crossover Claims	There are no claims identified as crossovers.
						Dental Claims	There is a low percentage of dental claims as most people are enrolled in dental managed care.
						Program Type	There aren't any FQHC claims, even though the state has an FQHC program.
						State Service Codes/Service Code Flag	There are some claims with invalid 2-byte state codes, with service code flag = 10.
				PSF	Eligibility		Type of Service
			CHIP Code			Oregon reports its S-CHIP data in MSIS. The state does not have an M-CHIP program.	
			Health Insurance			Each month, a couple of thousand people ineligible for Medicaid received a Health Insurance Flag of "1" or "4". All persons who are ineligible each month should have a health insurance code value of "0".	

State	File Type	Record	X-over	Measure	Issue
OR	PSF	Eligibility		Length of Enrollment	OR had less than 39% of eligibles with 12 months of enrollment, a lower proportion than most states.
				Managed Care	Some disparity exists between the June 1999 CMS and MSIS managed care enrollment numbers. It appears as if there was an error in the data reported to CMS. The MSIS numbers are consistent with data from the state's website in FY99.
				Missing Elig Data	Just under 3% of persons in the OR MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Restricted Benefits	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
				SSN	1,916 SSNs have duplicate records; this represents 0.7% of records in CY99.
				Uniform Eligibility Group	A small group of individuals in 1999 were incorrectly mapped to uniform group 99.

State	File Type	Record	X-over	Measure	Issue
PA	Claims	IP		UB-92 Claim Forms	Some IP claims are billed on non-UB92 claim forms and therefore don't contain UB-92 revenue codes.
				Admission Date	The Admission Date is missing on about 1/3 of the claims.
				Charge	The Charge is missing on most claims.
		OT		Patient Status	Patient status is missing on most claims as it isn't available in the state system.
				EPSDT	The diagnosis code on some EPSDT screens is coded as 'EPSDT'.
				PCCM	There aren't any individual PCCM claims. They are currently being submitted as gross adjustments. They plan to start submitting them in Q1 2003.
	PSF	Eligibility		Waiver	There are not any claims identified as waivers in the 1999-2003 files, but the state believes they are in the file without the appropriate Program Type.
				Charge	The Charge is missing on many claims.
				CHIP Code	Pennsylvania has an S-CHIP program, but no M-CHIP program. The state does not report its S-CHIP enrollment in MSIS.
			Dual Elig Code	The MSIS dual eligibilty code is 9-filled for 1999.	
			EDB Duals	About 27% of disabled persons in PA were linked to the EDB file, a lower proportion than most states.	
			Managed Care	In PA, about 39% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.	

State	File Type	Record	X-over	Measure	Issue
PA	PSF	Eligibility		Managed Care	Managed care was under-reported by PA in 1999. No PCCM enrollment was included in 1999 MSIS data, even though CMS managed care data suggest that 150,000 enrollees/month were in PCCM programs. In addition, during 1999, managed behavioral health plans were being phased in by county across the state. The HMO/HIO data appear more reliable although there is a large enrollment increase in July 1999.
				Private Insurance	PA reports 16-18% of eligibles with private health insurance, a higher than expected proportion. PA officials have confirmed that they over-counted private insurance coverage in 1999.
				Restricted Benefits	Pennsylvania's restricted benefits data are unreliable in 1999.
				SSN	4 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	Effective 1/99, the following state groups were not counted as Medicaid enrollees: D 00, PD00, PD29, PS95 (if over age 20), TD00, and TD55 (these groups were erroneously counted as enrollees in SMRF 1996-98). In addition, mapping criteria were changed for the following state groups: TJ68, D 50, PJ66 and PS95 (under age 21). As a result, counts by uniform eligibility group declined from 1998 to 1999, and there were some shifts across uniform eligibility groups. Nevertheless, enrollment was still overcounted in PA in 1999. PA officials have indicated that about 40,000 persons in state specific eligibility group PS16 reported to uniform eligibility group 35 were not Medicaid enrollees in 1999 and were reported to MSIS by mistake. Unfortunately, the persons reported in error cannot be separately identified.
					The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.

State	File Type	Record	X-over	Measure	Issue
PA	PSF	Eligibility		Uniform Eligibility Group	In November and December of 1998, there was an increase in enrollment of about 37,000 persons in uniform groups 14-15. This change reflected the fact that Pennsylvania had to reinstate some people who improperly were terminated from Medicaid because they no longer received welfare. Enrollment in uniform groups 14-15 began to return to the original levels by April 1999. PA began reporting into uniform groups 16-17 in July 1999.

State	File Type	Record	X-over	Measure	Issue
RI	All	IP/LT/OT	XO	Medicaid Paid	There are some crossover claims that have extremely high Coinsurance and Total Medicaid Amount Paid values. It is an error in the input MSIS files submitted by the state. These values should be ignored.
	Claims	All		Claims Files	The 1999 claims files have serious problems that can't be fixed due to the limitation of the source files (MARS). RI will have to change their system in order to fix most of these problems.
		IP		DRGs	There are no DRGs.
				Procedure Codes	Very few procedure codes are included in the file.
				TPL	There are only a few very large TPL payments in the 1999 file. They appear to be service tracking claims.
				UB-92 Revenue Codes	There is only one UB-92 Revenue Code on each claim because that is all that is available in the source files. Most of claims have an accommodation code and a few have only an ancillary code.
			XO	Crossover Claims	There are an unusually high number of crossover claims. This may be due to incorrect reporting of Medicare Coinsurance and Deductible Payments.
		LT		Diagnosis Codes	The diagnosis code is missing on most LT claims.
				Leave Days	The file does not contain leave days.
				Type of Service	There are no claims with a Type of Service of MH Aged in 1999.
		OT			There are no claims with a Type of Service of Physical/Occupational therapy.

State	File Type	Record	X-over	Measure	Issue
RI	Claims	OT		Type of Service	About 30% of the claims in the OT file have a type of service of 'other services'.
		RX		Quantity	The quantity on most claims is 0.
				Type of Service	There aren't any claims with a type of service of Family Planning.
	PSF	Eligibility		1115 Waiver	RI operates an 1115 waiver program for children and adults. For the 1115 adults in state-specific eligibility groups 71, 73, and 74, the benefits are limited to family planning services.
				CHIP Code	Rhode Island reports its M-CHIP children. The state does not have an S-CHIP program.
				County Code	Medicaid enrollees living out of state are reported under county FIPS code 000. 89% of 1999 eligibles have valid county codes, a lower proportion than most states.
				Dual Elig Code	The vast majority of Rhode Island's dual eligible population receive the dual code 9 (in the 2nd byte of the new annual crossover value).
				Length of Enrollment	RI had 63% of eligibles with 12 months of enrollment, a higher proportion than most states.
				Managed Care	Some people with PLAN TYPE = 01 (comprehensive) are inappropriately assigned 8-filled PLAN IDs. This is caused by a problem with the program used to generate MSIS data.
				Race/ethnicity	In 1999, 16% of eligibles were coded as "unknown."

State	File Type	Record	X-over	Measure	Issue
RI	PSF	Eligibility		Restricted Benefits	Adults in state-specific eligibility groups 71, 73 and 74 with restricted benefits code 4 (pregnancy-related) only qualify for family planning benefits under an 1115 waiver. Pregnant women are also assigned restricted benefits code 4. Medically needy enrollees are generally assigned restricted benefits code 5 (other).
				SSN	9 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	Rhode Island does not report all of its 1931 eligibles into uniform eligibility groups 14 and 15. Some are currently mapped to uniform eligibility groups 44 and 45.

State	File Type	Record	X-over	Measure	Issue
SC	Claims	IP		Patient Status	There aren't any claims with a patient status of 'still a patient'
			XO	Crossover Claims	A large % of the claims are for crossovers
		IP/LT/OT		Adjustment Claims	The files do not contain any IP/LT/OT adjustment claims. SC will start submitting as soon as they make necessary system changes.
		LT		Amission Date/Leave Days/Patient Status	The Admission date, leave days and patient status are usually missing.
				Diagnosis Codes	There are only diagnosis codes on IP Pysch claims.
				Leave Days	The leave days field is '0' filled instead of '9' filled when unknown.
		OT		PCCM	The number of PCCM capitation claims are somewhat lower than expected based on the person months of enrollment in PCCM managed care.
		RX		Date Prescribed	The date prescribed is missing.
	PSF	Eligibility		CHIP Code	South Carolina reports its M-CHIP enrollment. The state does not have an S-CHIP program.
				Date of Birth	South Carolina had some problems with their date of birth variable during a few months in 1999. Some records have "9-filled" DOBs. A few other records indicate, implausibly, that the eligible was born in 2000.
				Dual Elig Code	South Carolina reports only two values for dual eligibles (in the 2nd byte of the new annual crossover value) -- 2 (QMB plus full Medicaid) and 9 (eligible is entitled to Medicare, but reason for Medicaid eligibility is unknown).

State	File Type	Record Eligibility	X-over	Measure	Issue
SC	PSF			Dual Elig Code	South Carolina does not report any eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits to all aged/disabled up to 100% FPL.
				Length of Enrollment	SC had 64% of eligibles with 12 months of enrollment, a higher proportion than most states.
				Managed Care	South Carolina's Physician's Enhanced Program (PEP) is a hybrid managed care program. In MSIS, it is coded as Plan Type 08. In other external data sources, it may be reported as PCCM.
				Race/ethnicity	About 4% of records in SC are reported as "unknown."
				Restricted Benefits	SC has a large group of enrollees in state group 3055 assigned restricted benefits code 5 (other) because they only receive family planning benefits.
				SSN	78 SSNs have duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.

State	File Type	Record	X-over	Measure	Issue
SD	Claims	IP		Claim Type	In 1999 Crippled Children's Hospitals were reported in the IP instead of LT file. As a result, the percentage of claims with a Patient Status of '30' is higher than expected. This problem will be corrected for 2000 files, as the claims will be mapped to MSIS TOS 07 and put on the LT file. These claims are identified as having a Provider Number of 021xxxx.
		LT		Covered Days/TOS	The IP covered days are mostly missing on claims with a type of service 04 (IP psych < 21)
				Diagnosis Codes	There are very few diagnosis codes on the file.
		OT		Dental	Virtually everyone is enrolled in Delta Dental managed care. In 1999 the PHP capitation claims are actually encounter claims from Delta Dental with the Medicaid Amount Paid by DD to their providers. Starting in 2000, this problem is straightened out and the file contains the true dental capitation claims with a type of service 21 (PHP).
				Type of Service	A much higher than expected percentage of OT claims have a type of service of physician.
				UB-92 Claim Form/TOS/I.H.S.	Indian Health Service (IHS) claims are billed on a UB-92, with a Type of Service of 12, Clinic. These claims have revenue codes, but do not have service codes.
	PSF	Eligibility		CHIP Code	South Dakota reports its M-CHIP children. Its S-CHIP program was not implemented until 2000.
				Dual Elig Code	South Dakota assigns the dual code 9 (in the 2nd byte of the new annual crossover value) to over 50% of their dual eligibles, because they cannot correctly identify the dual groups to which these people belong.
				Health Insurance	About 12 percent of the persons in the file are coded as receiving third party insurance. This number is higher than expected, but the state confirms that it is correct.

State	File Type	Record Eligibility	X-over	Measure	Issue
SD	PSF			Managed Care	Managed care enrollment is under-reported until 10/99, since a large proportion of Medicaid enrollees were enrolled in a dental managed care plan throughout 1999 according to state officials. In SD, about 90% of the EDB duals were enrolled in PHP only, or PHP/PCCMs only, a higher proportion than most states.
				Race/ethnicity	About 4% of records in SD are reported as "unknown."
				SSN	In South Dakota, 1,168 SSNs have duplicate records; this represents 2.5% of records in CY99. The majority of these records are for children.
				TANF	South Dakota cannot identify their TANF recipients. This field is 9-filled for all eligibles.

State	File Type	Record	X-over	Measure	Issue
TN	Claims	IP		IP Services	There are no IP FFS claims except for crossover claims.
		LT		LTC Services	LTC services are carved out of managed care so the LT file contains only FFS claims.
				Type of Service	There aren't any claims with a Type of Service 02 or 04 in the LT file. However, there are some TOS 04 encounter claims in the IP and OT file in Q1 99. The state has been asked to move them to the LT file in future submissions.
		RX		Drug Claims	Originally drug claims were included in the managed care contracts. However, in July 1996, BHO pharmacy claims were carved out and in July 2000 the pharmacy services for dual eligibles were carved out. Starting in July 2003, all pharmacy services have been carved out of managed care. The pharmacy services are processed by their Pharmacy Benefits Manager (PBM). Even though these claims are paid for on a FFS basis, they are included in the TN files as encounter claims without any Medicaid Amount Paid. The expenditures are not included in the MSIS files as service tracking claims either. TN has been asked to resubmit the 2002 Q4 and forward MSIS files to add the Medicaid Amount Paid and change the claims to FFS. This means that in the 1999-2001 files, drug expenditures are under reported.
				Fill date	The fill date was missing on all claims and so the date prescribed was used for the date of service.
				NDC	The NDC is missing on adjustment claims. The type of service is missing on most claims.
				Type of Service	Starting in 2003, the dental claims are carved out of managed care and paid on a FFS basis. This will not impact the 1999-2002 MAX files.
	PSF	Eligibility		1115 Waiver	TN has had a long-standing 1115 demonstration to extend eligibility to low-income persons (including the aged and disabled) who would not otherwise have qualified for Medicaid.

State	File Type	Record	X-over	Measure	Issue
TN	PSF	Eligibility		CHIP Code	Tennessee reports its M-CHIP children. The state does not have a S-CHIP program.
				Dual Elig Code	Roughly half of Tennessee's dual eligibles were assigned MSIS dual code 8 (in the 2nd byte of the new annual crossover value). Many of these duals qualified through the TennCare 1115 Waiver expansion. The state did not buy into Part B Medicare for these persons. About 50,261 persons were reported as duals in MSIS data who were not found in the EDB files.
				Length of Enrollment	TN had 73% of eligibles with 12 months of enrollment, a higher proportion than most states.
				Managed Care	In TN, about 98% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
				Missing Elig Data	About 4.5% of persons in the TN MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				SSN	In Tennessee, 670 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
				TANF	Tennessee under-reported the number of TANF recipients in their 1999 MSIS files.
				Uniform Eligibility Group	Tennessee reported a much higher number of eligibles in uniform eligibility groups 11 and 12 than expected, given the number of SSI recipients in the state. This may relate to a long-standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI. Enrollment in uniform groups 31-35 declined from 1998 because 1115 enrollees were reported into uniform groups 51-55 effective in 1999.
	RX	Encounter		Fill date	The 1999 encounter RX claims have the date prescribed, not the date filled.

State	File Type	Record	X-over	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.
		IP, OT		TPL	TX sometimes receives claims with erroneous TPL amounts that are so l so l so lgee sey won't fit ine seunt
		LT		Adjustmets	It was difficult to properly adjust some claims due to how they were submitted to MSIS.
				Missing Variables	Through 2000 Q4, and for all of 1999, LT files are missing the following data elements: Admission Date, Patient Liability, and TPL. The following variables are missing in the 1999 files, but are reported starting in 2000; Charge, Leave Days, Patient Liability. The state had to build the 1999 files from very incomplete old records.
				Patient Status	The percentage of claims with a Patient Status of 'still a patient' is much lower than expected.
		OT		BHO	Capitation claims from the NorthStar managed care program (BHO) are reported with a TOS of 20 (HMO) instead of TOS 21 (PHP). TX will fix this in the future.
				Diagnosis Codes	In 1999 a small percentage of claims have an invalid diagnosis code (02).
				PCCM	The PCCM \$3 fee is included with any expenditures for medical services during the visit and can not be separated because of the adjustment process. So the only PCCM capitation claims are those that are paid for case management only. The combination claims (PCCM + service) are assigned the TOS based on the medical service.
				Place of Service	The Place of Service is missing or invalid on about 15% of the claims.

State	File Type	Record	X-over	Measure	Issue
TX	Claims	OT		Service Code	Some 1999 claims have an invalid combination of an 8 filled service code flag and a service code value of 0, Some claims have other invalid service codes.
				TPL	The TPL is not on most claims because it is carried at the header level. Texas will create a 'dummy' claim with the TPL for 2000. To create these dummy claims for 1999 would delay the submission of 1999 tapes.
				Type of Service	There is a big change in the distribution of claims by type of service starting with MSIS Q3 2001 because the state changed its system and in the process reviewed how they were assigning type of service. There are very few claims with a Type of Service of "Other Practitioner" and a much higher than expected % of claims with a Type of Service of Physician.
		RX		NDC	There are a small percent of claims with an NDC code of "COMPOUND".
		Sources		State Agencies	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
	PSF	Eligibility		1115 Waiver	Texas reported persons eligible for extended Medicaid benefits as a result of a TANF 1115 waiver into eligibility group 55.
				CHIP Code	Texas reports its M-CHIP children. The state's S-CHIP program, which began in April 2000, is not reported into MSIS.
				Dual Elig Code	Texas assigns the dual eligibility code 8 (in the 2nd byte of the new annual crossover value) to about 17% of its dual eligibility population. Most are reported in uniform groups 41 and 42. Texas does not automatically buy-in to Medicare for persons in these groups. In addition, some 8s are SSI recipients in uniform groups 11 and 12 whose exact dual status was not yet determined.

State	File Type	Record Eligibility	X-over	Measure	Issue
TX	PSF			Managed Care	Texas began to report a behavioral managed care plan in July 1999.
				Restricted Benefits	Persons with restricted benefits code 5 (other) are generally long-term care recipients who are allowed to stay at home as a result of a 1929(b) waiver (community supported living arrangement).
				SSN	In Texas, 2,667 SSNs have duplicate records; this represents 0.2% of records in CY99. The majority of these records are for children.
				State-specific Eligibility Group	The state-specific eligibility group field is 8-filled for QI1s, QI2s, and QDWIs.
				TANF	The number of TANF recipients differs somewhat from the number reported by the Administration for Children and Families. The MSIS data use a later cut-off date than the ACF data.

State	File Type	Record	X-over	Measure	Issue
UT	Claims	IP		Patient Status	No one is reported as "still a patient."
		LT		Admission Date/Patient Status	The 'admission date' and 'patient status' are missing on most nursing home/institutional claims because Utah does not retain the data on the input record.
		OT		Capitation Claims	<p>There are very few capitation claims for people enrolled in HMOs in 1999 and early 2000. The HMO capitation claims were added starting in MSIS FFY Q3 2000.</p> <p>There are not any PCCM capitation claims in the OT file even though the state has a PCCM program.</p> <p>Some BHO (PHP) capitation claims do not use the MSIS ID used in the MSIS eligibility file, creating a separate PSF record.</p>
	PSF	Eligibility		Program Type	Most claims for children have a Program Type of EPSDT
				CHIP Code	Utah reported enrollment in its S-CHIP program in MSIS. The state did not have an M-CHIP program.
				Dual Elig Code	<p>Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Utah provides full Medicaid benefits up to 100% FPL for its aged and disabled recipients. Utah does not buy into Part A Medicare coverage for duals. Also, the state reported a larger-than-expected number of eligibles with dual code 8 (in the 2nd byte of the new annual crossover value).</p> <p>Only about 88% of Utah's aged enrollees were identified as dual eligibles in the EDB file, a somewhat lower than expected proportion.</p>
				Health Insurance	Utah reported about 12-16 percent of its eligibles with private health insurance, a somewhat higher than expected proportion. The state has confirmed that this proportion is correct. In addition, a small group of enrollees (<500/month) have invalid insurance codes (9).

State	File Type	Record	X-over	Measure	Issue
UT	PSF	Eligibility		Length of Enrollment	Utah had 36% of eligibles enrolled all 12 months of the year, a lower proportion than most other states
				Managed Care	In Utah, about 44% of the EDB duals were enrolled in HMO/HIOs and about 45% were enrolled in PHPs during the year. These proportions were higher than occurred in most states.
				Missing Elig Data	Just over 10% of persons in the UT MAX 99 file (21,000 persons) who used services in 1999 did not have any reported months of enrollment in 1999. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
				SSN	In Utah, 3.6% of SSNs, or 7,757 records, are 9-filled in CY1999. 10 SSNs had duplicate records; this represents 0.0% of records in CY99.
				Uniform Eligibility Group	<p>The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, Utah requires SSI recipients to apply separately for Medicaid. As a result, the combined number of eligibles in uniform groups 11-12 is considerably less than the number of SSI recipients.</p> <p>Utah under-reported the number of poverty-related children in uniform group 34 in 1999 (and probably earlier years as well). These children are reported to uniform group 44 instead. This problem cannot be corrected using state specific eligibility codes.</p>

State	File Type	Record	X-over	Measure	Issue
VA	Claims	Encounter		Encounter Claims	There are encounter claims in the IP, LT and OT files beginning in Q1 1999. The RX file has encounter claims starting with Q1 2000.
		IP		DRGs	DRG codes are not currently available in the claims files as VA assigns DRG in a post payment process solely for cost settlement. The state expects to start submitting them beginning with Q2 2000.
				Medicaid Amount Paid	Over 20% of the 1999 claims have a Medicaid Amount Paid of \$0 as there is a 21 day limit for adult IP care. Expenditure after 21 days are paid as a cost settlement.
				Patient Status	The percent of claims where the person is "still a patient" is somewhat higher than expected.
		LT		Leave Days	Leave days are not carried in the state's claims files.
				Patient Liability	The percent of claims with patient liability is less than expected. This is because the providers are not always consistent about including that information on the claims.
				Patient Status	Patient status is mostly missing.
		OT		Capitation Claims	PCCM capitation claims are not included in the 1999 files.
				Program Type	A substantial percent of the state's waiver services are either not included in MSIS or not identified as waiver services.
				Servicing Provider/Billing Provider	The servicing and billing provider ID numbers are usually the same. When available they are putting the attending provider ID in the servicing field.
				Type of Service	VA did not submit claims for transportation services in the 1999-2003 files.

State	File Type	Record	X-over	Measure	Issue
VA	Claims	RX		HCPCS/Pharmacy Claims	VA does not have the capacity of using HCPCS inputs on pharmacy claims. Universal codes are used for DMEs without NDCs. Pharmacy claims without NDCs can be compounds or other unidentifiable items.
	PSF	Eligibility		CHIP Code	VA only had an S-CHIP program in 1999, and reported all of its S-CHIP eligibles into MSIS.
				County Code	Virginia assigns even numbered FIPS codes to independent cities. In addition, the state did not use standard codes for some institutionalized enrollees, for whom the FIPS code is 9-filled.
				Managed Care	During 1999, the mix of HMOs changed somewhat and overall HMO enrollment increased, while PCCM enrollment declined.
				Private Insurance	The private insurance data in Virginia is not reliable.
				SSN	18,312 SSNs had duplicate records. This occurred because VA put 3 leading 8's and then a date (usually the date of birth) in the SSN field when the SSN was unknown. This caused many records to have duplicate SSNs, plus they were incorrect. Researchers may want to 9-fill SSNs that begin with 888.
				TANF	The number of TANF recipients is about 15% higher than the Agency for Children and Families reported, and thus may not be reliable.
				Uniform Eligibility Group	Virginia is a 209(b) state. As a result, SSI recipients are required to fill out separate applications for Medicaid, and are required to meet stricter standards. Because of this, the number of persons in uniform groups 11 and 12 is less than the number reported by the SSA.

State	File Type	Record	X-over	Measure	Issue
VT	Claims	All		Adjustments	Across the four files, there are fewer than expected adjustment claims. Specifically, less than 1 percent of the claims are adjustment claims.
		IP		DRGs	The State does not use DRGs.
			XO	% Crossover Claims	About 1/2 the claims are for crossovers in 1999.
		OT		Diagnosis Codes	Through 2000, all OT claims, regardless of type of service, have something in the diagnosis code field.
				State-specific Revenue Codes	The State has State-specific Revenue Codes for Home Health and Hospice Services.
				Type of Service	About 1/3 of the 1999 claims have a Type of Service of "Other Services." In 2000 that percent started to decline.
	PSF	Eligibility		1115 Waiver	Vermont has an 1115 waiver that extends eligibility (with full benefits) to various groups of children and adults. In addition, aged and disabled dual eligibles, who ordinarily would only qualify for Medicare cost-sharing, also receive limited pharmacy benefits under the waiver.
				CHIP Code	Vermont reports its S-CHIP eligibles into MSIS. The state does not have an M-CHIP program.
				Dual Elig Code	All QMB only, SLMB only, and QI1 eligibles are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). About a third of the duals are reported to have an "unknown" dual type (code 9 in the 2nd byte of the new annual crossover value).

State	File Type	Record	X-over	Measure	Issue
VT	PSF	Eligibility		Managed Care	From 1998 to 1999, the number of non-PCCM managed care enrollees increased by 31%; however, VT may have undercounted non-PCCM managed care enrollment until 10/98.
				Race/ethnicity	About 33 percent of Vermont's Medicaid population has the race field coded as "unknown".
				Restricted Benefits	Restricted benefits flag 5 ("other") is assigned to enrollees of Vermont's 1115 demonstration, which provides aged and disabled QMB only/SLMB only dual eligibles with pharmacy benefits only.
				SSN	In VT, there are no duplicate SSNs.
				TANF	Everyone in uniform groups 14-17 receives TANF benefits. There are some 1931 eligibles on the file who do not receive TANF benefits, but those persons are mapped to uniform groups 44 and 45 in aid categories TC, T5, TR, and T8.
				Uniform Eligibility Group	<p>The children and adults reported to uniform groups 54 and 55 qualify for full Medicaid benefits.</p> <p>In SMRF 96-98, MSIS correction records caused many enrollees to have interruptions in their monthly enrollment that were incorrect. This error was fixed in MAX99 data and accounts for the increase in PYE from 1998 to 1999. Effective 1/99, enrollment in VT's 1115 program was reported to uniform groups 51, 52, 54, and 55. Prior to 1999, persons in the 1115 were reported to uniform groups 31-32 and 34-35. No eligibles are mapped to uniform groups 31 and 32, because all QMB only, SLMB only, and QI1 eligibles are reported into uniform groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate).</p>

State	File Type	Record	X-over	Measure	Issue
WA	All	All		MSIS ID	Some source claims, particularly adjustment records had extra 'S's in the MSIS ID field and thus didn't match the original claims. These had to be removed to construct the MAX files.
		OT		Service Codes	There are some duplicate service codes that have different definitions. The state did not use different Service Code Indicators so that the meanings can be differentiated. This did not impact very many claims.
	Claims	IP		Family Planning	There are no claims with a Program Type of Family Planning in the IP file as WA reports that FP IP services are always done as a secondary procedure.
		LT		Diagnosis	The LT claims do not have any diagnosis codes.
				Leave Days	The state does not pay for leave days.
				Missing Claims	The state submitted payments for IP Psych < 21 services as lump sum payments in 1999.
				Patient Status	None of the claims have a Patient Status code of 'died'.
		OT		Capitation Claims	There aren't any PCCM capitation claims, although there is some PCCM enrollment.
				Missing Claims	WA does not include individual claims processed by 6 agencies within the Dept. of Social and Health Services. These agencies are Childrens Administration, Juvenile Rehab. Administration, Mental Health, Division of Developmental Disabilities, Aging and Disabled Administration, Div of Alcohol and Substance Abuse). They were submitted as service tracking claims in the 1999 files with a TOC = 3. They are not included in the 2000 files, but will be included again as service tracking claims in the 2001 and 2002 files. Starting with 2003, WA is planning to submit them as individual claims instead of service tracking.

State	File Type	Record	X-over	Measure	Issue
WA	Claims	OT		Waiver Services	There are no individual claims for waiver services in the 1999 files.
	PSF	Eligibility		CHIP Code	Washington operates an S-CHIP program, but does not report enrollment in MSIS. The state does not have an M-CHIP program.
				Date of Death	In 1999, over 500 individuals were reported to have a DOD before 1998.
				Dual Elig Code	The number of EDB duals increased by 23% from 1998 to 1999. This high rate of increase probably occurred because WA did not submit SSNs to MSIS until October 1998. This probably prevented EDB confirmation in 1998 for some dual eligibles.
				Managed Care	<p>HMO managed care enrollment generally increased from month 1 to month 3 of each quarter and then decreased somewhat in month 1 of the next quarter. This recurring pattern of monthly HMO enrollment within a quarter seems unlikely. The state's data should not be used for analysis month-to-month HMO enrollment, although it appears to be reliable at a more general level.</p> <p>WA more than doubled its reported level of HMO enrollment from December 1998 to January 1999 (cause unknown). WA did not report any BHP enrollment in 1999. According to CMS managed care data, BHP enrollment was 1.4 million in June 1999.</p>
				Missing Elig Data	Just over 2% of persons in the WA MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				Restricted Benefits	Some dual eligibles with dual codes 01, 03, 05, 06, and 07 (QMB only, SLMB only, etc.) are incorrectly assigned restricted benefits flag 1 (for full Medicaid benefits) when they should have been assigned restricted benefits flag 3 (limited Medicaid benefits related to dual status).

State	File Type	Record	X-over	Measure	Issue
WA	PSF	Eligibility		SSN	In Washington, 5.2% of SSNs, or 47,049 records, are 9-filled in CY1999. 382 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
				Uniform Eligibility Group	In Washington, enrollment generally declined from month 1 to month 3 of each quarter and then increased somewhat in month 1 of the next quarter. This recurring pattern of monthly enrollment within a quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level. Enrollment in uniform groups 16-17 decreased abruptly in July.

State	File Type	Record	X-over	Measure	Issue
WI	All	All		MSIS ID	WI is not an SSN state, but they submit MSIS records as if they were. The MSIS ID is the SSN plus a 1 byte check digit. In order to link the EL and claims for MAX, the check digit had to be dropped and the replacement of temporary IDs with SSN's was done as if they were an SSN state.
	Claims	OT		Adjustments	The WI capitation claims could not be properly adjusted because the dates on the adjustment claims do not match those on the original claims. The result is that there are some capitation claims in the file that were actually voided.
				Capitation	<p>WI changes the date of service to match the date of payment since the 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 cap payments always being one month prior to the managed care enrollment. Also, this results in the adjustments not linking to the original claims by date of payment.</p> <p>The PHP capitation rate is very high as it is used to cover managed care services for aged and disabled beneficiaries.</p>
				Diagnosis Codes	The state system requires diagnosis codes on all claims regardless of TOS
				Plan Types	There are 2 non-comprehensive plan types that appear on the eligibility file with capitation claims with a TOS of 20. They are Plan ID 65 (PACE) and Plan ID 66 (Other managed care). WI will start reporting the capitation claims for Other Managed Care with a TOS of 21 (PHP) starting with the 2001 files.
				UB-92	UB-92 code 001 occurs on many OPD claims as the state uses it for rate reimbursement
				UB-92/ER	The Place of Service of ER is under-reported because it is only picked up using UB-92 revenue codes. The state plans system change to pick up ER for all ER services.

State	File Type	Record	X-over	Measure	Issue
WI	Claims	RX		Prior Authorization Drugs	Prior authorization drugs are coded with 11 '8's
	PSF	Eligibility		CHIP Code	WI reports its M-CHIP program enrollment. The state does not have a S-CHIP program.
				County Code	For about 30,000 eligibles, Wisconsin did not report standard FIPS codes, and this data element is 9-filled in MAX. These eligibles include those served through Relief to Needy Indian Person (RNIP) agencies, juvenile correction agencies, Division of Children and Family Services agencies, and Katie Beckett eligibles. Also, County code 078 is Menominee County.
				Health Insurance	Wisconsin reported about 18 percent of its eligibles with private health insurance, which is somewhat higher than other states report.
				Managed Care	Individuals in Plan Type 08 are enrolled in a voluntary managed care program in Milwaukee County called "The Independent Care Plan." The plan covers individuals with physical, developmental, or emotional disabilities and takes care of short-term physician-ordered nursing home stays, typically for rehabilitative purposes, with prior written approval from the enrollee's HMO.
				Race/ethnicity	In 1999, over 37% of eligibles were coded as "unknown."
				Restricted Benefits	Enrollees assigned restricted benefits code 5 (other) are eligible for TB-related services only.
				SSN	1815 SSNs have duplicate records; this represents 0.6% of records in CY99. The majority of these records are for children. 12,871 records are 9-filled; this represents 2.2% of records in CY99.
				TANF	Wisconsin is unable to identify TANF recipients.

State	File Type	Record	X-over	Measure	Issue
WI	PSF	Eligibility		Uniform Eligibility Group	During 1999, Wisconsin implemented its 1115 Badger Care program, covering M-CHIP children and adults. These M-CHIP enrollees are reported in MSIS.

State	File Type	Record	X-over	Measure	Issue
WV	Claims	IP		Program Type	There are no claims with Program Type of family planning
		LT		Diagnosis	Diagnosis codes are missing on most claims.
		OT		Type of Service	There aren't any claims with a TOS of MH Aged.
				Capitation Claims	The 1999 and 2000 files do not contain individual HMO capitation claims.
				Place of Service	The Place of Service of ER under reported in MSIS until FFY 1999 Q4.
		RX		Program Type	Family Planning may be under-reported in the 1999 files.
				TPL	TPL is missing on all claims.
	PSF	Eligibility		CHIP Code	Reporting for the WV M-CHIP program did not begin until June 1999. In 1999, the state did not have an S-CHIP program.
				Dual Elig Code	<p>WV assigned the majority of its dual eligible population to dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but reasons for Medicaid eligibility is unknown.</p> <p>Only 29% of the disabled population in WV are dual eligibles, a lower proportion than most states.</p>
				Health Insurance	From January to May 1999, no one was reported to have any private health insurance. Beginning in June 1999, between 4-5 percent of eligibles are reported as having private health insurance. In September, the private insurance data element is 9-filled for about 700 persons.

State	File Type	Record	X-over	Measure	Issue
WV	PSF	Eligibility		Managed Care	Because a managed care contract expired at the end of October 1999, managed care enrollment dropped off beginning in November 1999. In September, the managed care data element is 9-filled for about 700 persons.
				Missing Elig Data	Just over 2% of persons in the WV MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
				SSN	In West Virginia, 835 SSNs had duplicate records; this represents 0.5% of records in CY99. The majority of these records are for children.
				TANF	WV does not have a reliable TANF flag. The TANF flag is 9-filled for all eligibles in uniform groups 14-15. All other eligibles, including those in uniform groups 16-17, receive TANF flag 1, indicating that they do not receive TANF benefits.
				Uniform Eligibility Group	<p>Enrollment in uniform groups 11-12 is about 17 percent higher than the number of SSI recipients reported by SSA. This may be caused by persons receiving state supplemental SSI benefits administered by the state.</p> <p>West Virginia reported a higher than expected (roughly 5 percent) number of eligibles into the aged uniform groups who are under age 65.</p> <p>In September 1999, there is a one-month decline of 13,000 in Medicaid enrollment. Enrollment dropped across all uniform groups, but fell most dramatically in uniform group 34. In October, enrollment returned to the August level. Perhaps related to this, some unusual coding for two other data elements (private insurance and managed care) occurred only in September.</p>

State	File Type	Record	X-over	Measure	Issue
WY	Claims	IP		DRG	WY does not use DRG for reimbursement.
		LT		Admission Date	The admission date is missing.
				Diagnosis Codes	The diagnosis code is missing on most records.
				Type of Service	There aren't any claims for Type of Service 02 (MH for aged) in Q2-499.
		OT		Capitation Claims	Wyoming has no managed care and therefore no capitation claims.
	PSF	Eligibility		CHIP Code	Wyoming reports its S-CHIP eligibles into MSIS. The state does not have an M-SCHIP program.
				Dual Elig Code	Wyoming assigned dual code 9 (in the 2nd byte of the new annual crossover value) to about 35 percent of its dual population. This code indicates that the individual is entitled to Medicare but the reason for Medicaid eligibility is unknown.
				Managed Care	WY did not report any MC enrollment in 1999.
				SSN	1 SSN has duplicate records; this represents 0.0% of records in CY99.
				TANF	Wyoming's TANF data are not reliable.