Consistency of Payment Amounts on Fee-for-Service Claim Headers and Claim Lines in 2016

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TAF data quality brief—Expenditures
This analysis focused on 48 states and the District of Columbia. Arkansas and Puerto Rico were excluded from the 2016 TAF RIF. Mississippi was excluded from the analysis of all claims files due to low volume of claims. Missouri was excluded from the analyses of the OT and LT files, and Montana was excluded from the analysis of the LT file due to low volume of claims.

Key Findings

- States report Medicaid payments for a covered service both on claim headers and on claim lines. This brief identifies how often the payment amounts captured in these two places are inconsistent and provides recommendations on how to identify which payment amount to use.
- Most states had consistent payment amounts on the vast majority of fee-for-service claims in the RX and OT claims files (44 and 40 states, respectively). We have a high level of concern about the proportion of claims with inconsistent payment amounts in the RX and OT files for only 2 states, as shown in Tables 1 and 2.
- Fewer states had consistent payment amounts on the vast majority of fee-for-service claims in the LT and IP files (26 and 21 states, respectively). We have a high level of concern about the proportion of claims with inconsistent payment amounts in the LT and IP files for 8 and 18 states, respectively, as shown in Tables 3 and 4.
- In 2 states (California and Montana), the fee-for-service claims in the IP file were unusable because the states' files had many claims with inconsistent payment amounts and the states did not specify whether claims were paid at the header or line level.

Background

The T-MSIS Analytic Files (TAF) for inpatient (IP), long-term care (LT), other services (OT), and pharmacy (RX) claims are structured to capture one header record and one or more line records per claim.[1] Header-level records capture data that apply to the entire claim. Line-level records capture data about the specific goods or services provided to a Medicaid or Children's

[1] A header record summarizes the services provided that are captured on the claim lines, which provide details on each service covered by the claim. The TAF production algorithm includes final action claim headers and all their associated line records. The TAF algorithm only includes T-MSIS claim lines that can be linked to a T-MSIS claim header. In some cases, T-MSIS claim lines cannot be linked to a T-MSIS claim header. These claim lines are excluded from the TAF.

Health Insurance Program beneficiary as part of the overall service, and are summarized in the header record. In all four claims files, payments made by the Medicaid agency are captured at both the header and line level. On fee-for-service (FFS) claims, the total Medicaid payment amount on the header record represents the full payment that the Medicaid agency made for the entire claim; the Medicaid payment amount on the line-level records represents the portion of the payment associated with each particular service recorded within the claim.[2] Although payment amounts are reported on header and line records, states specify whether claims were processed and paid at either the header or the line level by using the payment-level indicator.

States vary in their approaches to Medicaid payment policy (Medicaid and CHIP Payment and Access Commission [MACPAC] 2011), including whether claims for different types of services are paid at the header or line level, but the sum of the Medicaid payment amounts on the line-level records should always equal the claim's total Medicaid payment amount on the header record. Consistent payment amounts on claim headers and lines allow TAF users the maximum flexibility in tabulating and analyzing payment amounts within the claims files.[3] In this brief, we compare the consistency of Medicaid payments reported at the header and line levels within each claims file and recommend actions TAF users could take when the payment amounts on a claim are inconsistent.

Methods

Using the 2016 TAF,[4] we examined FFS claims[5] from the four TAF claims files (IP, LT, OT, and RX). We only included claim headers that had a positive total Medicaid payment amount[6]

[2] We omitted encounter records from this analysis because they are submitted by providers to non-state entities (for example, health plans). Therefore, the Medicaid payment information on encounter records does not represent the same type of payment information that is on FFS claims. The Medicaid payment amount on encounter claims represents payments made by managed care entities to facilities and providers and does not represent a Medicaid or Children's Health Insurance Program payment by the state (as it does on FFS claims). State payments for managed care services are reported in capitation claims, which represent the per member, per month premium payment from state Medicaid agencies to managed care entities.

[3] Certain data elements (for example, billing provider type) are available only on header records, whereas other data elements (such as servicing provider type) are available only on line records. If header- and line-level payment data are not consistent, TAF users who wish to examine spending by using data elements available only at the header level may need to aggregate line-level payments up to the header level before conducting the analysis. Alternatively, TAF users who wish to examine spending by using data elements available only at the line level may need to develop a method for disaggregating header-level payments across the lines within a claim. When payment amounts are consistent across header and line records, TAF users can rely on whichever payment variable is more convenient.

[4] This analysis used the TAF data that were released as TAF Research Identifiable Files (RIFs). During the transformation into RIFs, some TAF data elements were suppressed, changed, or renamed. For more details on the difference between the pre-RIF and RIF versions of the TAF data, including a crosswalk of variable names, see TAF DQ Brief #9010, "Production of the TAF Research Identifiable Files (RIFs)."

[5] Claim type code (CLM_TYPE_CD) was used to determine which records to include and exclude. FFS records (claim type 1 or A) were retained in the analysis. We excluded records with all other claim type values, including capitation payments, managed care encounters, service tracking claims, and supplemental payments.

[6] Nearly all FFS claims should have a positive total Medicaid payment amount because the TAF only includes non-void, non-denied final action claims that incorporate adjustments made to payments. Although the TAF

and at least one non-denied claim line.[7] We tabulated the number of claim headers that met these criteria in each state and the proportion of claim headers in which the header payment (TOT_MDCD_PD_AMT) equaled the sum of the line-level payments (MDCD_PD_AMT) among non-denied lines. We considered a state to have "highly consistent" data within a file if 95 percent or more of the claim headers had a total payment amount that equaled the sum of payments on the associated line records. States with highly consistent data present a low data quality concern. We considered a state to have "highly inconsistent" data within a file if less than 5 percent of the claims had a header payment that equaled the sum of line payments. States with highly inconsistent data present a high data quality concern. Nearly all states fell into the "highly consistent" or "highly inconsistent" groups; however, we classified a small number of states with consistent payment amounts on 5 to 95 percent of records as the "mixed-consistency" group.[8] States in this group present a medium data quality concern.

For any claims whose header payment did not equal the sum of line-level payments, we assessed the possible reasons for the difference. In addition, we examined the indicator that states use to report whether payment is made at the header or the line level (PYMT_LVL_IND), to determine whether header- or line-level records are more likely to be accurate when a claim's payment amounts are inconsistent across header and line records. We considered a state's data to be unusable if more than 5 percent of claims had inconsistent header- and line-level payments and the state had a nontrivial proportion of claims with unknown payment level.

Findings

Results varied by file and by state. In general, states fell into either the highly consistent or highly inconsistent groups. Most states had consistent payment amounts on more than 95 percent of claims in the RX and OT files (44 and 40 states, respectively); whereas, fewer states had consistent payment amounts on more than 95 percent of claims in the LT and IP claims files (26 and 21 states, respectively). The high level of consistency in RX and OT files means that TAF users can use FFS payment data at either the header or line level in most states.

On claims where the payment amounts are not consistent—a situation that occurs more often in the LT and IP files—TAF users should rely on contextual information (that is, the payment-level indicator or state Medicaid reimbursement policy) to determine whether the header or the line records are more likely to reflect accurate payments. Because it is difficult to know whether

does include claims with unexpected payment amounts, the vast majority of FFS claims have positive payment amounts (see TAF DQ Brief #6011, "Claims Records with Zero, Missing, or Negative Medicaid Payment Amounts in 2016").

[7] More than 90 percent of claim headers in each claims file have at least one non-denied claim line. The proportion of total claim headers with at least one non-denied claim line and a positive payment value ranges from 84 percent (in the IP file) to 97 percent (in the RX file). For more information on the number of lines per headers, see TAF DQ Brief #5111, "Volume of Claims in 2016, by File".

[8] These percentages were calculated by dividing (1) the number of claim headers that had a total payment amount that equaled the sum of associated line item payments by (2) the total number of claim headers with at least one non-denied claim line.

the inconsistency is due to misreporting by the state or due to missing line records, TAF users may want to conduct additional sensitivity analyses to understand how the payment level impacts study results. These types of analyses may be particularly important when the header- and line-level payment amounts are inconsistent and the payment-level indicator is missing.

Pharmacy claims

Across all states included in the analysis, more than 90 percent of RX records had a total Medicaid payment amount on the claim header that equaled the sum of the Medicaid payments reported on each line within the claim (Table 1). The level of payment consistency within states was also uniformly high: 44 states were in the highly consistent group, and only 2 states (Pennsylvania and Virginia) were in the highly inconsistent group. Two other states (Georgia and Utah) were classified in the mixed-consistency group (that is, more than 5 percent but less than 95 percent of the claims in their RX files had a header payment that equaled the sum of line payments).[9]

Both states in the highly inconsistent group (Pennsylvania and Virginia) had a positive total Medicaid payment amount on the claim header and zero or missing payment amounts on all claim lines. In the two mixed-consistency states (Georgia and Utah), we did not identify any clear payment patterns. In addition, the header and (non-zero) line-level Medicaid payments were substantially different from each other, suggesting that the discrepancies were not the result of minor rounding errors.

Medicaid agencies can pay for pharmacy products and services at the header or line level. According to the TAF payment-level indicator, 57 percent of RX claims were paid at the header level in 2016 (Table 1).[10] However, the high level of consistency between the RX claim header- and line-level payments overall means TAF users can use either payment field for all but the four states (Georgia, Pennsylvania, Utah, and Virginia) in the mixed or highly inconsistent groups. The information in the payment-level indicator suggests that TAF users should use the payment amounts from the header record in these states.

Other services claims

Across all states in the analysis, more than 90 percent of records in the OT file had a total Medicaid payment amount on the claim header that equaled the sum of the Medicaid payments reported on each line within the claim (Table 2). As with the RX file, most states had a high proportion of claims with consistent payment amounts across header- and line-level data: 40 states were in the highly consistent group, and none of the states fell into the highly inconsistent group. Eight states were classified in the mixed-consistency group, with more than

[9] Because Hawaii did not report any FFS claims in the 2016 RX file and because Mississippi had an inadequate volume of claim lines in the 2016 RX file, we omitted them from the RX counts.

[10] According to the TAF payment-level indicator, 27 states paid all RX claims at the header level and 18 states paid all or nearly all RX claims at the line level. The predominant payment level was unclear for 3 states (California, Florida, and Montana) because the payment-level indicator was not populated in the states' RX claims.

5 percent but less than 95 percent of the claims in their OT files having consistent payment amounts.[11]

Among those eight mixed-consistency states, two states (Virginia and Washington) showed a clear pattern among the claims with inconsistent payment amounts: positive payment amounts on claim headers and zero or missing payment amounts in the line-level payment fields. In Florida, we observed a different but still clear pattern: one or more line-level records with a payment amount equal to the header payment. In the other five states in this group, we did not identify any clear payment patterns; we also observed substantial differences between the header- and (nonzero) line-level Medicaid payments in all of these states, except Michigan and Utah.[12]

Medicaid agencies can pay OT claims at either the header or line level. According to the TAF payment-level indicator, 62 percent of OT claims were paid at the line level in 2016 (Table 2).[13] However, the high level of consistency between OT claim header- and line-level payments overall should give TAF users confidence about using either payment field in all but the eight states where more than 5 percent of OT claims have inconsistent payment amounts.

Long-term care claims

The consistency of payment amounts in the LT file varied greatly between states: 26 states fell into the highly consistent group, 8 states fell into the highly inconsistent group, and 13 states fell into the mixed-consistency group[14] (Table 3). Because the states with the largest Medicaid programs are all in the highly consistent group, 85 percent of LT records on a national level have consistent header- and line-level payment amounts.

Among the eight states in the highly inconsistent group, we found a positive total Medicaid payment amount on the LT claim header and zero or missing payment amounts on more than 99 percent of the claim lines.

In 4 of the 13 states in the mixed-consistency group (Alabama, Hawaii, New Mexico, and South Carolina), we observed a clear pattern on those claims with inconsistent payment amounts: a positive total Medicaid payment amount on the claim header paired with zero or missing payment amounts in the line-level payment fields. In West Virginia, we observed a different but still clear pattern: one or more line-level records with a payment amount equal to the header payment. In the remaining 8 states, we did not identify any clear payment patterns;

[11] The eight states are Florida, Idaho, Maryland, Michigan, Ohio, Utah, Virginia, and Washington.

[12] In Michigan and Utah, approximately 84 and 78 percent of OT claims, respectively, had inconsistent payment information. However, nearly all of these claims' inconsistent payments were off by less than 10 percent.

[13] According to the TAF payment-level indicator, 36 states paid over half of their OT claims at the line level, 10 states paid over half of their OT claims at the header level, and 1 state paid half of its OT claims at the line level and half at the header level. The predominant payment level was unclear for 2 states (California and Montana) because the payment-level indicator was not populated in the states' OT claims.

[14] The 13 states are Alabama, District of Columbia, Hawaii, Illinois, Maryland, Michigan, Nebraska, Nevada, New Mexico, South Carolina, Tennessee, West Virginia, and Wyoming.

we also observed substantial differences between the header- and line-level Medicaid payments in all of these states, except Michigan.[15]

Medicaid agencies often pay for long-term care services at the claim header level. According to the TAF payment-level indicator, 70 percent of LT claims were paid at the header level in 2016 (Table 3).[16] In states classified into the highly inconsistent group, virtually all LT claims were paid at the header level. One reason for inconsistent payment amounts in those claims might be that long-term care facilities' payment structures do not easily translate to claim lines. For example, nursing facilities' payment policies usually involve per diem rates, as well as adjustments that reflect residents' medical acuity, the facility's peer group, and the burden of certain conditions that are expensive to treat (MACPAC 2016). The common LT claims pattern we observed—of positive payments on claim headers and zero or missing payments on claim lines—suggests that some states do not successfully disaggregate payments to long-term care facilities across the lines of the claim.

Inpatient claims

Across all states included in the analysis, only 62 percent of IP records had consistent header- and line-level payment amounts (Table 4). The proportion of claims with consistent payment amounts varied considerably from one state to the next: 21 states fell into the highly consistent group, 18 states fell into the highly inconsistent group, and 8 states fell into the mixed-consistency group.[17] Two states (California and Montana) were classified as unusable because more than 5 percent of the claims in their IP files were not consistent, and they were missing payment-level information on a substantial portion of claims.

For 17 of the 18 states in the highly inconsistent group, we observed a clear pattern on the majority of the inconsistent claims: a positive total Medicaid payment amount on the claim header and zero or missing payment amounts on the claim lines. For the remaining state in this group (Kansas), we did not identify any clear payment patterns and the header- and (nonzero) line-level Medicaid payments varied substantially from each other.

In five of the eight states in the mixed-consistency group (Florida, Hawaii, Maryland, North Dakota, and Washington), we observed a clear pattern on the majority of inconsistent claims: a positive payment on the claim header and zero or missing payment values on the claim lines. In the three other states in this group (Idaho, Nevada, and Utah), we did not identify any clear payment patterns and the header- and (nonzero) line-level Medicaid payments varied substantially from each other.

[15] In Michigan, approximately 90 percent of LT claims had inconsistent payment information. However, nearly all of these claims' inconsistent payments were off by less than 10 percent.

[16] According to the TAF payment-level indicator, 31 states paid more than 50 percent of their LT claims at the header level and 15 states paid more than 50 percent of their LT claims at the line level. The predominant payment level was unclear for 1 state (California) because the payment-level indicator was not populated in the states' LT claims.

[17] The eight states are Florida, Hawaii, Idaho, Maryland, Nevada, North Dakota, Utah, and Washington.

According to the TAF payment-level indicator, 81 percent of IP claims were paid at the header level in 2016 (Table 4).[18] Among states in the highly inconsistent group, virtually all claims were reported as being paid at the header level. When IP claims are paid at the header level, payments at the line level may be challenging for states to report. Most Medicaid agencies have adopted fixed payment policies based on diagnosis-related groups for inpatient services; these are standardized payments designed to cover all services provided during an inpatient stay (MACPAC 2018). The pattern we observed on IP claims—of positive payments on claim headers and zero or missing payments on claim lines—suggests that many states do not successfully disaggregate institutional inpatient payments across the lines of the claim.

[18] According to the TAF payment-level indicator, 42 states paid more than 50 percent of their IP claims at the header level and 5 states paid more than 50 percent of their IP claims at the line level. The predominant payment level was unclear for 2 states (California and Montana) because the payment-level indicator was not populated in the states' IP claims.

Table 1. Payment consistency and payment level of FFS RX claims, 2016

State	Total # FFS RX claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
All states (*n* = 48)	212,875,980	92.4	57.1	33.1	9.8
Highly consistent group (*n* = 44 states)—low data quality concern					
Alabama	7,708,943	100.0	100.0	0.0	0.0
Alaska	1,177,060	100.0	100.0	0.0	0.0
Arizona	116,138	100.0	0.0	100.0	0.0
California	16,471,420	100.0	0.0	0.0	100.0
Colorado	8,287,194	100.0	0.0	100.0	0.0
Delaware	109,393	100.0	0.0	100.0	0.0
District of Columbia	1,107,827	100.0	0.0	100.0	0.0
Florida	2,477,017	100.0	0.0	0.0	100.0
Idaho	2,198,746	100.0	0.0	100.0	0.0
Iowa	2,160,287	100.0	0.0	100.0	0.0
Kansas	17,363	100.0	100.0	0.0	0.0
Kentucky	1,513,637	100.0	100.0	0.0	0.0
Louisiana	241,564	100.0	0.0	100.0	0.0
Maine	2,625,866	100.0	0.0	100.0	0.0
Maryland	4,220,734	100.0	100.0	0.0	0.0
Michigan	6,979,961	100.0	1.9	98.1	0.0
Montana	1,872,178	100.0	0.0	0.0	100.0
Nevada	2,753,436	100.0	100.0	0.0	0.0
New Hampshire	120,417	100.0	100.0	0.0	0.0
New Mexico	454,434	100.0	0.0	100.0	0.0
New York	11,348,914	100.0	100.0	0.0	0.0
Oregon	2,616,045	100.0	100.0	0.0	0.0
Rhode Island	202,657	100.0	0.0	100.0	0.0
South Carolina	1,203,928	100.0	100.0	0.0	0.0
South Dakota	830,900	100.0	100.0	0.0	0.0
Tennessee	14,207,108	100.0	100.0	0.0	0.0
Texas	3,637,641	100.0	100.0	0.0	0.0
Vermont	2,130,661	100.0	0.0	100.0	0.0
West Virginia	3,723,200	100.0	0.0	100.0	0.0
Wisconsin	12,608,270	100.0	0.0	100.0	0.0
Wyoming	519,424	100.0	0.0	100.0	0.0
Massachusetts	7,794,770	100.0	0.0	100.0	0.0
Oklahoma	6,020,524	100.0	100.0	0.0	0.0
Minnesota	2,922,919	100.0	100.0	0.0	0.0

Table 1 (*continued*)

State	Total # FFS RX claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
North Dakota	578,603	100.0	100.0	0.0	0.0
Washington	2,414,640	100.0	0.2	99.8	0.0
Missouri	14,187,789	99.9	100.0	0.0	0.0
Connecticut	9,634,559	99.8	100.0	0.0	0.0
Nebraska	2,697,685	99.5	100.0	0.0	0.0
New Jersey	594,243	99.5	100.0	0.0	0.0
Illinois	7,709,389	99.3	100.0	0.0	0.0
Ohio	5,306,053	99.3	100.0	0.0	0.0
Indiana	6,053,768	99.2	100.0	0.0	0.0
North Carolina	11,762,952	98.7	0.0	100.0	0.0
Mixed-consistency group (*n* = 2 states)—medium data quality concern					
Georgia	7,672,145	11.6	100.0	0.0	0.0
Utah	1,513,591	7.2	100.0	0.0	0.0
Highly inconsistent group (*n* = 2 states)—high data quality concern					
Pennsylvania	3,064,928	0.0	100.0	0.0	0.0
Virginia	2,082,324	0.0	100.0	0.0	0.0
Not included in analysis (*n* = 2 states)					
Hawaii	0	—-	—-	—-	—-
Mississippi	DQ	DQ	DQ	DQ	DQ

Source: 2016 TAF as of August 2019.

Note: We only included claim headers with a positive payment value and at least one non-denied claim line.

We considered header- and line-level payments to be “highly consistent” within a file if 95 percent or more of the claims had a header payment that equaled the sum of line payments, to have “mixed consistency” within a file if between 5 and 95 percent of the claims had a header payment that equaled the sum of line payments, and to be “highly inconsistent” if less than 5 percent of the claims had a header payment that equaled the sum of line payments.

Mississippi’s data are not shown because the state has an unusably low number of claim lines in the 2016 RX file (see TAF DQ Brief #5111, “Volume of Claims in 2016, by File”).

DQ = Not reported because of concerns about the low volume of claim lines in the RX file.

Table 2. Payment consistency and payment level of FFS OT claims, 2016

State	Total # FFS OT claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
All states (*n* = 48)	710,894,306	92.5	22.8	61.5	15.7
Highly consistent group (*n* = 40 states)—low data quality concern					
Alaska	4,047,276	100.0	0.0	100.0	0.0
Arizona	3,604,700	100.0	40.7	59.3	0.0
Delaware	874,523	100.0	4.9	95.1	0.0
Georgia	13,830,264	100.0	0.0	100.0	0.0
Hawaii	497,740	100.0	0.3	99.7	0.0
Illinois	39,556,910	100.0	0.9	99.1	0.0
Kentucky	6,723,445	100.0	3.5	96.5	0.0
Louisiana	5,401,324	100.0	5.4	94.6	0.0
Massachusetts	36,232,575	100.0	13.5	86.5	0.0
North Dakota	1,152,867	100.0	0.0	100.0	0.0
Oregon	2,969,684	100.0	100.0	0.0	0.0
New York	73,881,353	100.0	65.9	34.1	0.0
New Mexico	2,273,228	100.0	0.0	100.0	0.0
Wyoming	1,475,485	100.0	2.5	97.5	0.0
Kansas	681,470	100.0	0.0	100.0	0.0
Texas	41,647,791	100.0	52.1	47.9	0.0
South Dakota	3,015,270	100.0	100.0	0.0	0.0
Maine	8,071,206	100.0	0.0	100.0	0.0
California	107,499,513	100.0	0.0	0.0	100.0
North Carolina	29,132,301	100.0	1.3	98.7	0.0
Iowa	4,672,068	100.0	3.5	96.5	0.0
Indiana	11,098,023	100.0	0.0	100.0	0.0
District of Columbia	2,558,208	100.0	100.0	0.0	0.0
Alabama	14,831,812	99.9	9.5	90.5	0.0
Oklahoma	17,447,829	99.9	11.6	88.3	0.1
Minnesota	13,020,272	99.9	0.1	99.9	0.0
Colorado	16,318,518	99.9	0.1	99.9	0.0
West Virginia	5,371,502	99.8	0.3	99.7	0.0
Pennsylvania	17,989,765	99.8	0.2	99.8	0.0
Nevada	8,382,131	99.8	100.0	0.0	0.0
New Jersey	13,938,767	99.7	100.0	0.0	0.0
Vermont	3,414,146	98.9	24.1	75.9	0.0
Nebraska	2,120,113	98.8	8.4	91.6	0.0
Wisconsin	11,450,749	98.6	1.4	98.6	0.0

Table 2 (*continued*)

State	Total # FFS OT claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
Montana	3,759,480	98.4	0.0	0.0	100.0
Connecticut	22,298,608	98.2	2.0	98.0	0.0
New Hampshire	3,487,513	98.0	2.0	98.0	0.0
Tennessee	9,855,183	97.1	50.0	50.0	0.0
Rhode Island	2,500,408	97.1	5.1	94.9	0.0
South Carolina	11,670,174	96.3	3.7	96.3	0.0
Mixed-consistency group (*n* = 8 states)—medium data quality concern					
Washington	6,842,603	93.7	6.3	93.7	0.0
Virginia	9,129,118	92.8	100.0	0.0	0.0
Maryland	28,420,840	90.6	100.0	0.0	0.0
Idaho	4,834,344	87.9	0.0	100.0	0.0
Florida	9,639,068	62.7	2.9	97.1	0.0
Ohio	46,912,638	25.5	1.2	98.8	0.0
Utah	1,363,278	22.4	100.0	0.0	0.0
Michigan	6,398,400	15.8	2.0	98.0	0.0
Not included in analysis (*n* = 2 states)					
Mississippi	DQ	DQ	DQ	DQ	DQ
Missouri	DQ	DQ	DQ	DQ	DQ

Source: 2016 TAF as of August 2019.

Note: We only included claim headers with a positive payment value and at least one non-denied claim line.

We considered header- and line-level payments to be "highly consistent" within a file if 95 percent or more of the claims had a header payment that equaled the sum of line payments, to have "mixed consistency" within a file if between 5 and 95 percent of the claims had a header payment that equaled the sum of line payments, and to be "highly inconsistent" if less than 5 percent of the claims had a header payment that equaled the sum of line payments.

Data for Missouri and Mississippi are not shown because these states had an unusably low number of claim lines in the 2016 OT file (see TAF DQ Brief #5111, "Volume of Claims in 2016, by File").

DQ = Not reported because of concerns about the low volume of claim lines in the OT file.

Table 3. Payment consistency and payment level of FFS LT claims, 2016

State	Total # FFS LT claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
All states (*n* = 47)	21,043,189	85.4	69.6	15.7	14.6
Highly consistent group (*n* = 26 states)—low data quality concern					
Alaska	14,649	100.0	12.5	87.5	0.0
Connecticut	278,880	100.0	17.0	83.0	0.0
Delaware	1,776	100.0	55.0	45.0	0.0
Georgia	1,023,616	100.0	0.0	100.0	0.0
Indiana	797,757	100.0	99.9	0.1	0.0
Kentucky	248,104	100.0	0.5	99.5	0.0
Louisiana	190,477	100.0	100.0	0.0	0.0
Maine	58,604	100.0	0.0	100.0	0.0
New Hampshire	65,973	100.0	4.7	95.3	0.0
New York	7575928	100.0	100.0	0.0	0.0
North Carolina	777,442	100.0	99.7	0.3	0.0
South Dakota	44,962	100.0	100.0	0.0	0.0
Utah	126,830	100.0	100.0	0.0	0.0
Vermont	40,690	100.0	100.0	0.0	0.0
Wisconsin	70,943	100.0	0.0	100.0	0.0
Texas	513,660	100.0	100.0	0.0	0.0
Oklahoma	636,687	100.0	100.0	0.0	0.0
Iowa	55,357	100.0	100.0	0.0	0.0
Kansas	16,050	99.9	100.0	0.0	0.0
Minnesota	194,566	99.7	97.5	2.5	0.0
California	3,077,722	99.6	0.0	0.0	100.0
North Dakota	41,744	99.5	0.5	99.5	0.0
Rhode Island	38,302	99.5	0.5	99.5	0.0
Washington	303,952	97.9	2.1	97.9	0.0
Ohio	417,948	97.3	0.6	99.4	0.0
Idaho	25,515	97.3	0.0	100.0	0.0
Mixed-consistency group (*n* = 13 states)—medium data quality concern					
Illinois	526,442	94.6	100.0	0.0	0.0
South Carolina	157,044	93.7	100.0	0.0	0.0
New Mexico	11,022	92.1	9.6	90.4	0.0
Alabama	288,266	90.3	9.8	90.2	0.0
Nebraska	104,886	86.0	100.0	0.0	0.0
Nevada	72,474	60.2	100.0	0.0	0.0
Hawaii	951	56.2	100.0	0.0	0.0

Table 3 (*continued*)

State	Total # FFS LT claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
Wyoming	29,243	41.8	100.0	0.0	0.0
District of Columbia	86,254	36.8	100.0	0.0	0.0
Maryland	212,988	28.9	100.0	0.0	0.0
Tennessee	14,759	26.5	100.0	0.0	0.0
West Virginia	109,418	12.2	100.0	0.0	0.0
Michigan	343,273	9.7	0.0	100.0	0.0
Highly inconsistent payment group (*n* = 8 states)—high data quality concern					
Colorado	311,391	2.8	97.2	2.8	0.0
Arizona	17,399	0.0	100.0	0.0	0.0
Florida	151,588	0.0	100.0	0.0	0.0
Massachusetts	403738	0.0	100.0	0.0	0.0
New Jersey	365,550	0.0	100.0	0.0	0.0
Oregon	68,212	0.0	100.0	0.0	0.0
Pennsylvania	713,193	0.0	100.0	0.0	0.0
Virginia	257,024	0.0	100.0	0.0	0.0
Not included in analysis (*n* = 3 states)					
Mississippi	DQ	DQ	DQ	DQ	DQ
Missouri	DQ	DQ	DQ	DQ	DQ
Montana	DQ	DQ	DQ	DQ	DQ

Source: 2016 TAF as of August 2019.

Note: We only included claim headers with a positive payment value and at least one non-denied claim line.

We considered header- and line-level payments to be "highly consistent" within a file if 95 percent or more of the claims had a header payment that equaled the sum of line payments, to have "mixed consistency" within a file if between 5 and 95 percent of the claims had a header payment that equaled the sum of line payments, and to be "highly inconsistent" if less than 5 percent of the claims had a header payment that equaled the sum of line payments.

Data for Mississippi, Missouri, and Montana are not shown because these states had an unusably low number of claim lines in the 2016 LT file (see TAF DQ Brief #5111, "Volume of Claims in 2016, by File").

DQ = Not reported because of concerns about the low volume of claim lines in the LT file.

Table 4. Payment consistency and payment level of FFS IP claims, 2016

State	Total # FFS IP claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
All states (*n* = 49)	4,566,396	62.3	80.8	8.3	11.0
Highly consistent payment group (*n* = 21 states)—low data quality concern					
Alabama	160,377	100.0	100.0	0.0	0.0
Delaware	6,122	100.0	84.5	15.5	0.0
Georgia	146,435	100.0	99.6	0.4	0.0
Illinois	156,092	100.0	100.0	0.0	0.0
Kentucky	21,369	100.0	99.1	0.9	0.0
Louisiana	16,771	100.0	100.0	0.0	0.0
Maine	18,715	100.0	0.0	100.0	0.0
New Hampshire	7,108	100.0	100.0	0.0	0.0
New York	805,677	100.0	100.0	0.0	0.0
South Dakota	21,197	100.0	100.0	0.0	0.0
Texas	235,640	100.0	100.0	0.0	0.0
Vermont	19,308	100.0	100.0	0.0	0.0
Wisconsin	73,881	100.0	0.0	100.0	0.0
Connecticut	151,391	100.0	33.5	66.5	0.0
Missouri	116,226	100.0	100.0	0.0	0.0
Iowa	38,221	100.0	100.0	0.0	0.0
Indiana	71,138	100.0	100.0	0.0	0.0
West Virginia	23,449	99.7	100.0	0.0	0.0
Oklahoma	141,657	99.5	99.5	0.0	0.5
North Carolina	219,467	99.3	100.0	0.0	0.0
Nebraska	6,215	95.9	100.0	0.0	0.0
Mixed-consistency group (*n* = 8 states)—medium data quality concern					
Nevada	39,820	91.5	100.0	0.0	0.0
Utah	19,787	88.1	100.0	0.0	0.0
Florida	197,174	64.5	30.8	69.2	0.0
Idaho	29,101	62.0	0.0	100.0	0.0
Maryland	109,072	61.0	100.0	0.0	0.0
Hawaii	492	29.9	100.0	0.0	0.0
Washington	53,581	22.8	77.2	22.8	0.0
North Dakota	10,401	19.8	80.2	19.8	0.0
Highly inconsistent group (*n* = 18 states)—high data quality concern					
District of Columbia	23,528	3.8	100.0	0.0	0.0
Ohio	88,901	2.4	97.6	2.4	0.0
New Mexico	12,902	1.7	100.0	0.0	0.0

Table 4 (*continued*)

State	Total # FFS IP claim headers	% of claim headers with consistent payments	% of claim headers paid at header level	% of claim headers paid at line level	% of claim headers with unknown payment level
Kansas	4,900	1.6	100.0	0.0	0.0
Michigan	86,610	1.4	100.0	0.0	0.0
Colorado	98,963	0.0	100.0	0.0	0.0
Arizona	38,100	0.0	100.0	0.0	0.0
Alaska	23,744	0.0	100.0	0.0	0.0
Massachusetts	92,036	0.0	100.0	0.0	0.0
Minnesota	53,449	0.0	100.0	0.0	0.0
New Jersey	85992	0.0	100.0	0.0	0.0
Oregon	25,900	0.0	100.0	0.0	0.0
Pennsylvania	92,272	0.0	100.0	0.0	0.0
Rhode Island	12,206	0.0	100.0	0.0	0.0
South Carolina	51,970	0.0	100.0	0.0	0.0
Tennessee	3,904	0.0	100.0	0.0	0.0
Virginia	206,496	0.0	100.0	0.0	0.0
Wyoming	11,234	0.0	100.0	0.0	0.0
Unusable group (*n* = 2 states)					
California	495,574	21.9	0.0	0.0	100.0
Montana	4,651	0.0	0.0	0.0	100.0
Not included in analysis (*n* = 1 state)					
Mississippi	DQ	DQ	DQ	DQ	DQ

Source: 2016 TAF as of August 2019.

Note: We only included claim headers with a positive payment value and at least one non-denied claim line.

We considered header- and line-level payments to be "highly consistent" within a file if 95 percent or more of the claims had a header payment that equaled the sum of line payments, to have "mixed consistency" within a file if between 5 and 95 percent of the claims had a header payment that equaled the sum of line payments, and "highly inconsistent" if less than 5 percent of the claims had a header payment that equaled the sum of line payments. We considered a state to have unusable data if more than 5 percent of header- and line-level payments were inconsistent, and the state had a nontrivial proportion of claim headers with unknown payment level.

Mississippi's data are not shown because the state had an unusably low number of header and line records in its 2016 IP file (see TAF DQ Brief #5111, "Volume of Claims in 2016, by File").

DQ = Not reported because of concerns about the low volume of claims in the IP file.

References

Medicaid and CHIP Payment and Access Commission (MACPAC). "Chapter 5: Examining Medicaid Payment Policy." Report to the Congress on Medicaid and CHIP. Washington, DC: MACPAC, March 2011, pp. 153–182. Available at https://www.macpac.gov/wp-content/uploads/2015/01/Examining_Medicaid_Payment_Policy.pdf. Accessed April 25, 2019.

Medicaid and CHIP Payment and Access Commission (MACPAC). "Medicaid Inpatient Hospital Services Fee-for-Service Payment Policy." Issue brief. Washington, DC: MACPAC, December 2018. Available at https://www.macpac.gov/wp-content/uploads/2016/03/Medicaid-Inpatient-Hospital-Services-Fee-for-Service-Payment-Policy.pdf. Accessed April 25, 2019.

David Baugh[1], Cara Stepanczuk[1], Linda Nguyen[1], Kimberly Proctor[2], and Jessie Parker[2]. "Consistency of Payment Amounts on Fee-for-Service Claim Headers and Claim Lines in 2016." TAF DQ Brief #6061. Baltimore, MD: CMS, 2019.

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