

TABLE 21. Service Categories Used to Adjust FY 2011 Medicaid Benefit Spending in MSIS to Match CMS-64 Totals

Service Category	MSIS Service Types ¹	CMS-64 Service Types
Hospital	<ul style="list-style-type: none"> ▶ Inpatient hospital ▶ Outpatient hospital 	<ul style="list-style-type: none"> ▶ Inpatient hospital non-DSH ▶ Inpatient hospital non-DSH supplemental payments ▶ Inpatient hospital GME payments ▶ Outpatient hospital non-DSH ▶ Outpatient hospital non-DSH supplemental payments ▶ Emergency services for aliens² ▶ Emergency hospital services ▶ Critical access hospitals
Non-hospital acute care	<ul style="list-style-type: none"> ▶ Physician ▶ Dental ▶ Nurse midwife ▶ Nurse practitioner ▶ Other practitioner ▶ Non-hospital outpatient clinic ▶ Lab and X-ray ▶ Sterilizations ▶ Abortions ▶ Hospice ▶ Targeted case management ▶ Physical, occupational, speech, and hearing therapy ▶ Non-emergency transportation ▶ Private duty nursing ▶ Rehabilitative services ▶ Other care, excluding HCBS waiver 	<ul style="list-style-type: none"> ▶ Physician ▶ Physician services supplemental payments ▶ Dental ▶ Nurse midwife ▶ Nurse practitioner ▶ Other practitioner ▶ Other practitioner supplemental payments ▶ Non-hospital clinic ▶ Rural health clinic ▶ Federally qualified health center ▶ Lab and X-ray ▶ Sterilizations ▶ Abortions ▶ Hospice ▶ Targeted case management ▶ Statewide case management ▶ Physical therapy ▶ Occupational therapy ▶ Services for speech, hearing, and language ▶ Non-emergency transportation ▶ Private duty nursing ▶ Rehabilitative services (non-school-based) ▶ School-based services ▶ EPSDT screenings ▶ Diagnostic screening and preventive services ▶ Prosthetic devices, dentures, eyeglasses ▶ Freestanding birth center ▶ Health home with chronic conditions ▶ Tobacco cessation for pregnant women ▶ Care not otherwise categorized
Drugs	<ul style="list-style-type: none"> ▶ Drugs (gross spending) 	<ul style="list-style-type: none"> ▶ Drugs (gross spending) ▶ Drug rebates

TABLE 21, Continued

Service Category	MSIS Service Types ¹	CMS-64 Service Types
Managed care and premium assistance	<ul style="list-style-type: none"> ▶ HMO (i.e., comprehensive risk-based managed care; includes PACE) ▶ PHP ▶ PCCM 	<ul style="list-style-type: none"> ▶ MCO (i.e., comprehensive risk-based managed care) ▶ MCO drug rebates ▶ PACE ▶ PAHP ▶ PIHP ▶ PCCM ▶ Premium assistance for private coverage
LTSS non-institutional	<ul style="list-style-type: none"> ▶ Home health ▶ Personal care ▶ HCBS waiver 	<ul style="list-style-type: none"> ▶ Home health ▶ Personal care ▶ Personal care – 1915(j) ▶ HCBS waiver ▶ HCBS – 1915(i) ▶ HCBS – 1915(j)
LTSS institutional	<ul style="list-style-type: none"> ▶ Nursing facility ▶ ICF/ID ▶ Inpatient psychiatric for individuals under age 21 ▶ Mental health facility for individuals age 65 and older 	<ul style="list-style-type: none"> ▶ Nursing facility ▶ Nursing facility supplemental payments ▶ ICF/ID ▶ ICF/ID supplemental payments ▶ Mental health facility for under age 21 or age 65+ non-DSH
Medicare^{3,4}		<ul style="list-style-type: none"> ▶ Medicare Part A and Part B premiums ▶ Medicare coinsurance and deductibles for QMBs

Notes: DSH is disproportionate share hospital; EPSDT is Early and Periodic Screening, Diagnostic, and Treatment; GME is graduate medical education; HCBS is home and community-based services; HMO is health maintenance organization; ICF/ID is intermediate care facility for persons with intellectual disabilities; LTSS is long-term services and supports; MCO is managed care organization; MSIS is Medicaid Statistical Information System; PACE is Program of All-inclusive Care for the Elderly; PAHP is prepaid ambulatory health plan; PIHP is prepaid inpatient health plan; PHP is prepaid health plan, either a PAHP or a PIHP; PCCM is primary care case management; QMB is qualified Medicare beneficiary.

Service categories and types reflect fee-for-service spending unless noted otherwise. Service types with identical names in MSIS and CMS-64 data may still be reported differently in the two sources due to differences in the instructions given to states; amounts for those that appear only in the CMS-64 (e.g., drug rebates) are distributed across Medicaid enrollees with MSIS spending in the relevant service categories (e.g., drugs).

- 1 Claims in MSIS include both a service type (such as inpatient hospital, physician, personal care, etc.) and a program type (including HCBS waiver). When adjusting MSIS data to match CMS-64 totals, we count all claims with an HCBS waiver program type as HCBS waiver, regardless of their specific service type. Among claims with an HCBS waiver program type, the most common service types are other, home health, rehabilitation, and personal care.
- 2 Emergency services for aliens are reported under individual service types throughout MSIS, but primarily inpatient and outpatient hospital. As a result, we include this CMS-64 amount in the hospital category.
- 3 Medicare premiums are not reported in MSIS. We distribute CMS-64 amounts proportionately across dually eligible enrollees in MSIS for each state.
- 4 Medicare coinsurance and deductibles are reported under individual service types throughout MSIS. We distribute the CMS-64 amount for QMBs across CMS-64 spending in the hospital, non-hospital acute, and institutional LTSS categories prior to calculating state-level adjustment factors, based on the distribution of Medicare cost sharing for hospital, Part B, and skilled nursing facility services among QMBs in 2009 Medicare data. See MedPAC and MACPAC, *Data book: Beneficiaries dually eligible for Medicare and Medicaid*, Table 4 (2013). http://www.macpac.gov/publications/Duals_DataBook_2013-12.pdf.

Sources: MACPAC analysis of Medicaid Statistical Information System (MSIS) data and CMS-64 Financial Management Report (FMR) net expenditure data.