

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
**** STATE MEDICAID RESEARCH FILES INPATIENT RECORD	REC	219	1 219	<p>STATE MEDICAID RESEARCH FILES (SMRF) INPATIENT RECORD PROVIDES INFORMATION ON INPATIENT HOSPITAL STAYS FOR EACH RECIPIENT. INTERIM CLAIM RECORDS ARE COMBINED INTO A HOSPITAL STAY RECORD IF THEY HAVE THE SAME MSIS ELIGIBLE IDENTIFICATION NUMBER (DATA ELEMENT #1), THE SAME PROVIDER IDENTIFICATION NUMBER (DATA ELEMENT #19) AND ARE FOR CONTIGUOUS OR OVERLAPPING PERIODS OF TIME. CLAIMS ARE DEFINED TO BE CONTIGUOUS IF THE ENDING DATE OF SERVICE ON A PREVIOUS CLAIM IS THE SAME DAY OR THE DAY BEFORE THE BEGINNING DATE OF SERVICE FOR THE NEXT CLAIM. HOWEVER, CONTIGUOUS CLAIMS ARE NOT COMBINED INTO THE SAME STAY IF THE "PATIENT STATUS CODE" (DATA ELEMENT #43) INDICATES THAT THE PATIENT WAS DISCHARGED AND WAS ADMITTED AGAIN ON THE SAME DAY (OR THE NEXT DAY).</p> <p>IT IS POSSIBLE THAT SOME PATIENTS ARE ACTUALLY DISCHARGED (AND SOMETIMES READMITTED) BUT THEIR RECORDS DO NOT INDICATE A STATUS OF DISCHARGED BECAUSE THE RECORDS ARE EITHER CODED INCORRECTLY OR SIMPLY MISSING THE STATUS OF DISCHARGED. IN THESE INSTANCES, SEPARATE CONTIGUOUS STAYS MAY BE COMBINED INCORRECTLY.</p> <p>SEPARATE HOSPITAL STAY RECORDS ARE CREATED FOR SETS OF INTERIM CLAIMS FOR MOTHERS AND INFANTS WHO USE THE SAME MSIS ELIGIBLE IDENTIFICATION NUMBER, BUT HAVE SEPARATE CLAIMS. IN CONTRAST, SOME STAYS FOR THE MOTHER'S DELIVERY AND INFANT'S NEWBORN WILL BE COMBINED. THIS IS BECAUSE THE PROVIDER HAS SUBMITTED CLAIMS WHICH INCLUDE SERVICES FOR THE MOTHER AND INFANT SO THAT IT IS NOT POSSIBLE TO GENERATE SEPARATE STAY RECORDS.</p>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
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THERE ARE CIRCUMSTANCES WHERE SEPARATE STAY RECORDS MAY BE CREATED FOR THE SAME HOSPITAL STAY:					
(1) IF THERE ARE MULTIPLE INTERIM CLAIMS WITH THE SAME ADMISSION DATE, BUT ONE OF THE INTERIM CLAIMS DURING THE SAY IS MISSING, SEPARATE STAY RECORDS WILL BE CREATED. THIS IS BECAUSE THERE IS A GAP OF ONE OR MORE DAYS BETWEEN THE ENDING DATE OF SERVICE ON ONE RECORD AND THE BEGINNING DATE OF SERVICE ON ANOTHER.					
(2) SOMETIMES, A HOSPITAL WILL SUBMIT A BILL FOR THE "CROSSOVER" PORTION OF A STAY USING THEIR MEDICARE PROVIDER IDENTIFIER AND WILL SUBMIT A SECOND BILL FOR THE "NON-CROSSOVER" PORTION OF THE SAME STAY USING THEIR MEDICAID PROVIDER IDENTIFIER. IN THIS SITUATION, SEPARATE STAY RECORDS ARE CREATED, BECAUSE THE RECORDS HAVE DIFFERENT PROVIDER IDENTIFIERS.					
(3) IF A HOSPITAL SUBMITS SEPARATE BILLS FROM DIFFERENT COST CENTERS IN THE HOSPITAL (E.G. ANCILLARY VERSUS ACCOMMODATION SERVICES), USING DIFFERENT PROVIDER IDENTIFIERS FOR THE COST CENTERS, SEPARATE STAY RECORDS ARE CREATED.					
FOR ALL CLAIMS IN A COMBINED SET: (1) MEDICAID PAYMENTS AND COVERED DAYS ARE SUMMED, (2) ALL DIAGNOSIS AND PROCEDURE CODES ARE PICKED UP FROM THE INTERIM CLAIMS, AND (3) DEMOGRAPHIC INFORMATION AND THE DATE OF PAYMENT ARE TAKEN FROM THE LAST CLAIM IN THE SET.					
THE FILE FOR A GIVEN YEAR CONTAINS STAY RECORDS WHERE THE LAST DATE OF SERVICE IS IN THAT YEAR (EVEN IF THE STAY BEGAN IN A PREVIOUS YEAR).					
THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL INPATIENT HOSPITAL CARE OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES HOSPITAL CARE WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).					
FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "SMRF TYPE OF SERVICE" (DATA ELEMENT #16).					
USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.					

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
*** ELIGIBILITY REGION	GROUP	81	1	81	MEDICAID AND CROSSOVER (MEDICARE) ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY AND CLAIMS FILES (USING ELIGIBLE IDENTIFICATION NUMBER).
** MEDICAID ELIGIBILITY GROUP	GROUP	77	1	77	MEDICAID ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES.
1. ELIGIBLE IDENTIFICATION NUMBER	CHAR	20	1	20	UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).  SOURCE: MSIS ELIGIBILITY FILES
2. STATE ABBREVIATION CODE	CHAR	2	21	22	U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.  CODES: AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS AS = AMERICAN SAMOA CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DISTRICT OF COLUMBIA FL = FLORIDA GA = GEORGIA GU = GUAM HI = HAWAII ID = IDAHO IL = ILLINOIS IN = INDIANA IA = IOWA KS = KANSAS KY = KENTUCKY LA = LOUISIANA ME = MAINE MD = MARYLAND MA = MASSACHUSETTS

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
-----					
					MI = MICHIGAN
					MN = MINNESOTA
					MS = MISSISSIPPI
					MO = MISSOURI
					MT = MONTANA
					NE = NEBRASKA
					NV = NEVADA
					NH = NEW HAMPSHIRE
					NJ = NEW JERSEY
					NM = NEW MEXICO
					NY = NEW YORK
					NC = NORTH CAROLINA
					ND = NORTH DAKOTA
					OH = OHIO
					OK = OKLAHOMA
					OR = OREGON
					PA = PENNSYLVANIA
					PR = PUERTO RICO
					RI = RHODE ISLAND
					SC = SOUTH CAROLINA
					SD = SOUTH DAKOTA
					TN = TENNESSEE
					TX = TEXAS
					UT = UTAH
					VT = VERMONT
					VI = VIRGIN ISLANDS
					VA = VIRGINIA
					WA = WASHINGTON
					WV = WEST VIRGINIA
					WI = WISCONSIN
					WY = WYOMING
					SOURCE: MSIS ELIGIBILITY FILES

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
3. ELIGIBLE TEMPORARY IDENTIFICATION NUMBER	CHAR	20	23	42	<p>TEMPORARY PERSONAL IDENTIFICATION NUMBER ASSIGNED BY THE STATE TO AN ELIGIBLE PENDING ASSIGNMENT OF A PERMANENT IDENTIFICATION NUMBER. THIS DATA ELEMENT IS ONLY USED BY STATES THAT USE THE SOCIAL SECURITY NUMBER AS THE PERSONAL IDENTIFIER FOR MEDICAID REPORTING.</p> <p>EDIT-RULES: AS NEGOTIATED WITH EACH STATE. IF THERE IS NO TEMPORARY IDENTIFICATION NUMBER, THIS DATA ELEMENT SHOULD BE BLANK-FILLED.</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
4. ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	43	51	<p>SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.</p> <p><i>USER NOTE: NOT AVAILABLE FOR WASHINGTON. FOR IOWA, AVAILABLE FOR DUAL ENROLLEES ONLY THROUGH 6/96 AND THEN ALL ENROLLEES BEGINNING 7/96 (88% OF ENROLLEES HAD SSNs IN THE 1996 IOWA DATA).</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
5. ELIGIBLE BIRTH DATE	NUM	8	52	59	<p>BIRTH DATE OF THE MEDICAID ELIGIBLE.</p> <p>8 DIGITS</p> <p>EDIT-RULES: YYYYMMDD</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
6. ELIGIBLE SEX CODE	NUM	1	60	60	<p>GENDER OF THE MEDICAID ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = FEMALE</p> <p>2 = MALE</p> <p>9 = UNKNOWN/ERROR</p> <p><i>USER NOTE: THESE CODES CHANGE TO F, M AND U IN THE 1999 MSIS DATA.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
7. ELIGIBLE RACE/ETHNICITY CODE	NUM	1	61	61	RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.  1 DIGIT  CODES: 1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98) 2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98) 3 = AMERICAN INDIAN OR ALASKAN NATIVE 4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98) 5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98) 6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98) 7 = HISPANIC OR LATINO <u>AND</u> ONE OR MORE RACES (NEW CODE BEGINNING 10/98) 8 = MORE THAN ONE RACE (NEW CODE BEGINNING 10/98) 9 = UNKNOWN  <i>USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED BY HCFA UNTIL MAY 2000, THESE CODE VALUES MAY NOT APPEAR. THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.</i>  SOURCE: MSIS ELIGIBILITY FILES

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
8. STATE SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	62	67	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION.  <i>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE.</i>  <i>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE SMRF PERSON SUMMARY FILE.</i>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
9. STATE SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	68	73	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - FOR THE MONTH OF SERVICE.  <i>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE.</i>  <i>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE MSIS PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.</i>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
10. SMRF UNIFORM ELIGIBILITY CODE - MOST RECENT	NUM	2	74	75	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION

2 DIGITS

## CODES:

00 = NOT ELIGIBLE  
 11 = AGED, CASH  
 12 = BLIND/DISABLED, CASH  
 14 = AFDC CHILD, CASH  
 16 = AFDC-U CHILD, CASH  
 15 = AFDC ADULT, CASH  
 17 = AFDC-U ADULT, CASH  
 21 = AGED, MEDICALLY NEEDY (MN)  
 22 = BLIND/DISABLED, MN  
 24 = AFDC CHILD, MN  
 25 = AFDC ADULT, MN  
 31 = AGED, POVERTY  
 32 = BLIND/DISABLED, POVERTY  
 34 = CHILD, POVERTY  
 35 = ADULT, POVERTY  
 41 = OTHER AGED  
 42 = OTHER BLIND/DISABLED  
 48 = FOSTER CARE CHILD  
 44 = OTHER CHILD  
 45 = OTHER ADULT  
 99 = UNKNOWN ELIGIBILITY

USER NOTE: THIS CODE LIST IS NEARLY THE SAME AS THE LIST FOR THE 1999  
 SMRF FILE, EXCEPT THAT CODES ARE ADDED FOR 1999 TO IDENTIFY SECTION 1115  
 DEMONSTRATION EXPANSION ELIGIBLES. FOR 1999, IT IS NOT NECESSARY TO MAP  
 SMRF UNIFORM ELIGIBILITY INTO THESE CODES. CHANGES IN THE 1999 MSIS  
 SPECIFICATIONS TO STATES RESULTED IN MSIS MAINTENANCE ASSISTANCE STATUS  
 (MAS) AND BASIS OF ELIGIBILITY (BOE) CODES THAT DIRECTLY CORRESPOND.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE  
 SPECIFIC ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE (FOR ALL GROUPS  
 INCLUDING 1115 DEMONSTRATION EXPANSION ELIGIBLES) AND SELECTING THE FIRST  
 MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING  
 BACKWARDS IN TIME MONTH BY MONTH, THEN MAPPING THAT STATE SPECIFIC CODE  
 INTO ONE OF THE CODES ABOVE. IT HAS NOT BEEN RECODED FROM THE SMRF PERSON  
 SUMMARY FILE.

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
11.SMRF UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	76	77	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE.

## CODES:

00 = NOT ELIGIBLE  
 11 = AGED, CASH  
 12 = BLIND/DISABLED, CASH  
 14 = AFDC CHILD, CASH  
 16 = AFDC-U CHILD, CASH  
 15 = AFDC ADULT, CASH  
 17 = AFDC-U ADULT, CASH  
 21 = AGED, MEDICALLY NEEDY (MN)  
 22 = BLIND/DISABLED, MN  
 24 = AFDC CHILD, MN  
 25 = AFDC ADULT, MN  
 31 = AGED, POVERTY  
 32 = BLIND/DISABLED, POVERTY  
 34 = CHILD, POVERTY  
 35 = ADULT, POVERTY  
 41 = OTHER AGED  
 42 = OTHER BLIND/DISABLED  
 48 = FOSTER CARE CHILD  
 44 = OTHER CHILD  
 45 = OTHER ADULT  
 99 = UNKNOWN ELIGIBILITY

USER NOTE: THIS CODE LIST IS NEARLY THE SAME AS THE LIST FOR THE 1999  
 SMRF FILE, EXCEPT THAT CODES ARE ADDED FOR 1999 TO IDENTIFY SECTION 1115  
 DEMONSTRATION EXPANSION ELIGIBLES. FOR 1999, IT IS NOT NECESSARY TO MAP  
 SMRF UNIFORM ELIGIBILITY INTO THESE CODES. CHANGES IN THE 1999 MSIS  
 SPECIFICATIONS TO STATES RESULTED IN MSIS MAINTENANCE ASSISTANCE STATUS  
 (MAS) AND BASIS OF ELIGIBILITY (BOE) CODES THAT DIRECTLY CORRESPOND.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE  
 SPECIFIC ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE (FOR ALL GROUPS  
 INCLUDING 1115 DEMONSTRATION EXPANSION ELIGIBLES) AND SELECTING THE  
 MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE, THEN  
 MAPPING THAT STATE SPECIFIC CODE INTO ONE OF THE CODES ABOVE. IT IS BLANK  
 FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH. IT HAS NOT BEEN  
 RECODED FROM THE SMRF PERSON SUMMARY FILE.

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

	NAME	TYPE	POSITIONS			CONTENTS
			LENGTH	BEG	END	
**	CROSSOVER (MEDICARE) ELIGIBILITY GROUP	GROUP	4	78	81	INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).
12.	ELIGIBLE MEDICARE CROSSOVER CODE	NUM	1	78	78	INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL ELIGIBILITY OR MEDICARE CODE)

1 DIGIT

CODES:

0 = NO CROSSOVER

1 = DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON WAS  
COVERED BY MEDICARE AT SOME TIME DURING THE YEAR)

2 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID FOR THIS SERVICE.

3 = BOTH 1 AND 2 APPLY

9 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN AND THERE IS NO MEDICARE  
DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID FOR THIS SERVICE

USER NOTE: BEGINNING IN 10/98, MSIS CAPTURES GREATER DETAIL ON DUAL  
ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS,  
THE EXPANDED DETAIL APPEARS AS DATA ELEMENT #14 IN THIS FILE. TO PROVIDE  
CONSISTENCY WITH EARLIER CODES FOR OTHER DATA USERS, THESE 2 CHARACTER  
CODES, AVAILABLE ONLY FOR 10/98 THROUGH 12/98, HAVE BEEN MAPPED INTO THE  
CODES LISTED ABOVE, AS FOLLOWS:

TO FROM  
SMRF MSIS FY99  
CODE CODE (DUAL-ELIGIBLE-FLAG)

0 = 00 ELIGIBLE IS NOT A MEDICARE BENEFICIARY.

1 = 01 ELIGIBLE IS ENTITLED TO MEDICARE - QMB ONLY

1 = 02 ELIGIBLE IS ENTITLED TO MEDICARE - QMB AND FULL MEDICAID COVERAGE

1 = 03 ELIGIBLE IS ENTITLED TO MEDICARE - SLMB ONLY

1 = 04 ELIGIBLE IS ENTITLED TO MEDICARE - SLMB AND FULL MEDICAID COVERAGE

1 = 05 ELIGIBLE IS ENTITLED TO MEDICARE - QDWI

1 = 06 ELIGIBLE IS ENTITLED TO MEDICARE - QUALIFYING INDIVIDUAL (1)

1 = 07 ELIGIBLE IS ENTITLED TO MEDICARE - QUALIFYING INDIVIDUAL (2)

1 = 08 ELIGIBLE IS ENTITLED TO MEDICARE - OTHER DUAL ELIGIBLE

1 = 09 ELIGIBLE IS ENTITLED TO MEDICARE - DUAL ELIGIBILITY CATEGORY UNK.

9 = 99 ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
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						ONCE THIS MAPPING IS COMPLETED, VALUE = 0 IS CHANGED TO VALUE = 2 AND VALUE = 1 IS CHANGED TO VALUE = 3 IF THERE WAS MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID FOR THIS SERVICE.
						SOURCE: THE DUAL ELIGIBILITY FLAG IS OBTAINED FROM SMRF PERSON SUMMARY RECORDS AND DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.
13. ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED	NUM	1	79	79		INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.
						1 DIGIT
						CODES: 0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE 1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE
						SOURCE: DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
14. ELIGIBLE MEDICARE CROSSOVER CODE - NEW	NUM	2	80 81	INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE AND THE TYPE OF DUAL (MEDICAID AND MEDICARE) ELIGIBILITY FOR THE QUARTER OF THE ENDING DATE OF SERVICE.  2 DIGITS  CODES: 00 = ELIGIBLE IS NOT A MEDICARE BENEFICIARY. 01 = ELIGIBLE IS ENTITLED TO MEDICARE - QMB ONLY 02 = ELIGIBLE IS ENTITLED TO MEDICARE - QMB AND FULL MEDICAID COVERAGE 03 = ELIGIBLE IS ENTITLED TO MEDICARE - SLMB ONLY 04 = ELIGIBLE IS ENTITLED TO MEDICARE - SLMB AND FULL MEDICAID COVERAGE 05 = ELIGIBLE IS ENTITLED TO MEDICARE - QDWI 06 = ELIGIBLE IS ENTITLED TO MEDICARE - QUALIFYING INDIVIDUALS (1) 07 = ELIGIBLE IS ENTITLED TO MEDICARE - QUALIFYING INDIVIDUALS (2) 08 = ELIGIBLE IS ENTITLED TO MEDICARE - OTHER DUAL ELIGIBLE 09 = ELIGIBLE IS ENTITLED TO MEDICARE - DUAL ELIGIBILITY CATEGORY UNKNOWN 99 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: THIS DATA ELEMENT CORRESPONDS TO DATA ELEMENT #12. THERE IS ONE OBSERVATION IN MSIS FOR THE MONTHS 10/98 THROUGH 12/98. IT IS BLANK-FILLED FOR RECORDS WITH SERVICE DATES FROM 1/96 THROUGH 9/98. SEE THE DATA DICTIONARY FOR THE SMRF PERSON SUMMARY FILE (DATA ELEMENT #20 - ELIGIBLE MEDICARE CROSSOVER CODE - NEW) FOR MORE DETAIL.

SOURCE: MSIS ELIGIBILITY FILE

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## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

	NAME	TYPE	POSITIONS		CONTENTS
			LENGTH	BEG END	
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	101	82 219	DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.
**	SERVICE GROUP	GROUP	17	82 98	DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.
15.	MSIS TYPE OF SERVICE CODE	NUM	2	82 83	CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE.

2 DIGITS

CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD):

**01 INPATIENT HOSPITAL**

02 MENTAL HOSPITAL SERVICES FOR THE AGED

03 SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (OBSOLETE BEFORE 1996, BUT NOT REMOVED FROM MSIS SPECIFICATIONS UNTIL 10/98)

04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21

05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED

06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990)

07 NURSING FACILITY SERVICES (NFS) - ALL OTHER

08 PHYSICIANS

09 DENTAL

10 OTHER PRACTITIONERS

11 OUTPATIENT HOSPITAL

12 CLINIC

13 HOME HEALTH

**14 FAMILY PLANNING (OBSOLETE BEGINNING 10/98)**

15 LAB AND X-RAY

16 PRESCRIBED DRUGS

17 EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) (OBSOLETE BEGINNING 10/98)

18 RURAL HEALTH SERVICES (OBSOLETE BEGINNING 10/98)

19 OTHER SERVICES

20 PREMIUM PAYMENT (CHANGED TO "CAPITATED PAYMENTS TO HMO OR HIO PLAN" BEGINNING IN 10/97)

NEW CODES BEGINNING 10/97:

21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPS

22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM

23 FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SERVICES (OBSOLETE BEGINNING 10/98)

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				<b>24 STERILIZATIONS</b> <b>25 ABORTIONS</b> 26 TRANSPORTATION SERVICES 30 PERSONAL CARE SERVICES 31 TARGETED CASE MANAGEMENT 32 HOME AND COMMUNITY BASED CARE (OBSOLETE BEGINNING 10/98) 33 REHABILITATION SERVICES 34 PT, OT, SPEECH, HEARING SERVICES 35 HOSPICE BENEFITS 36 NURSE MIDWIFE 37 NURSE PRACTITIONER SERVICES 38 PRIVATE DUTY NURSING <b>39 CHRISTIAN SCIENCE PRACTITIONERS (CHANGED TO "RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS" BEGINNING 10/98)</b> 40 HOME AND COMMUNITY BASED WAIVERS (OBSOLETE BEGINNING 10/98) 99 UNKNOWN  <p>USER NOTE: FROM 1/96 THROUGH 9/98, THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE TOS=01 (INPATIENT HOSPITAL) AND TOS=14 (FAMILY PLANNING). FROM 10/98 THROUGH 12/98, THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE TOS=01 (INPATIENT HOSPITAL), TOS=24 (STERILIZATIONS), TOS=25 (ABORTIONS) AND TOS=39 (RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS). BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, "PROGRAM TYPE".</p> <p>FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
16. SMRF TYPE OF SERVICE CODE	NUM	2	84	85	CODE INDICATING THE STATE MEDICAID RESEARCH FILES (SMRF) TYPE OF SERVICE FOR THIS RECORD.  2 DIGITS  CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD): <b>01 INPATIENT HOSPITAL</b> 02 MENTAL HOSPITAL SERVICES FOR THE AGED 04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED 06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990) 07 NURSING FACILITY SERVICES (NFS) - ALL OTHER 08 PHYSICIANS 09 DENTAL 10 OTHER PRACTITIONERS 11 OUTPATIENT HOSPITAL 12 CLINIC 13 HOME HEALTH <b>14 FAMILY PLANNING</b> 15 LAB AND X-RAY 16 PRESCRIBED DRUGS 17 EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) 18 RURAL HEALTH SERVICES 19 OTHER SERVICES 20 PREMIUM PAYMENT 21 DME AND SUPPLIES 22 CASE MANAGEMENT SERVICES 23 TRANSPORTATION 99 UNKNOWN  USER NOTE: THE ONLY SMRF TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE: TOS = 01 (INPATIENT HOSPITAL) 14 (FAMILY PLANNING)

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
<hr/>				
<p>STAYS WITH MSIS TYPES OF SERVICE ARE MAPPED TO SMRF TYPE OF SERVICE CODES, AS FOLLOWS:</p>				
<p>TO FROM SMRF MSIS FY98 AND LATER CODE CODE (TYPE-OF-SERVICE)</p>				
<p>01 = 01 INPATIENT HOSPITAL 01 = 24 STERILIZATIONS 01 = 25 ABORTIONS 01 = 39 CHRISTIAN SCIENCE PRACTITIONERS (CHANGED TO "RELIGIOUS NON- MEDICAL HEALTH CARE INSTITUTIONS" BEGINNING 10/98) 14 = 14 FAMILY PLANNING</p>				
<p>FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.</p>				
<p>BEGINNING IN 10/98, FAMILY PLANNING SERVICES WERE IDENTIFIED USING A NEW MSIS DATA ELEMENT, CALLED "PROGRAM TYPE". THEREFORE, FOR 10/98 THROUGH 12/98, THERE IS AN ADDITIONAL STEP IN THE MAPPING PROCESS. IF MSIS PROGRAM TYPE = 2 (FAMILY PLANNING), THEN SMRF TYPE OF SERVICE IS GIVEN VALUE = 14 (FAMILY PLANNING). FOR THESE RECORDS, USERS WILL STILL BE ABLE TO OBTAIN ADDITIONAL INFORMATION ON TYPE OF SERVICE BY USING MSIS TYPE OF SERVICE.</p>				
<p>SOURCE: MSIS CLAIMS FILE.</p>				

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
17. PLACE OF SERVICE CODE	NUM	1	86 86	CODE INDICATING THE PLACE WHERE THE SERVICE WAS PERFORMED.  1 DIGIT  CODES: 1 = OFFICE 2 = PATIENT'S HOME 3 = INPATIENT HOSPITAL 4 = NURSING HOME 5 = OUTPATIENT HOSPITAL / EMERGENCY ROOM / CLINIC (EXCLUDES EMERGENCY ROOM FROM 10/98 TO 12/98) 6 = OTHER 7 = EMERGENCY ROOM (FROM 10/98 TO 12/98, ONLY) 8 = NOT APPLICABLE 9 = UNKNOWN  USER NOTE: BEGINNING IN 10/98, MSIS DID NOT COLLECT PLACE OF SERVICE FOR INPATIENT HOSPITAL CLAIMS. FOR INPATIENT HOSPITAL RECORDS FROM 10/98 THROUGH 12/98, PLACE OF SERVICE IS CODED WITH VALUE = 3 (INPATIENT HOSPITAL).  SOURCE: MSIS CLAIMS FILE

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
18. PROVIDER IDENTIFICATION NUMBER	CHAR	12	87	98	STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.  12 DIGITS  SOURCE: MSIS CLAIMS FILE
** CLAIMS AND PAYMENT GROUP	GROUP	42	99	140	DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.
19. TYPE OF CLAIM CODE	NUM	1	99	99	CODE INDICATING THE TYPE OF CLAIM.  1 DIGIT  CODES: 1 = A CURRENT CLAIM FOR MEDICAL SERVICES OR PREMIUM PAYMENT. 2 = UNAPPLIED ADJUSTMENT TO A PREVIOUSLY PAID OR ADJUSTED CLAIM, OR AN ADJUSTMENT TO A PREMIUM PAYMENT. 3 = DUMMY CLAIM THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN. 4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT. 5 = AN ADJUSTED CLAIM 9 = UNKNOWN  USER NOTE: THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS #16 (SMRF TYPE OF SERVICE CODE) AND #20 (TYPE OF COVERAGE). RECORDS WITH A CODE VALUE = 1 OR 2 AND SMRF TYPE OF SERVICE = 20 ARE PREMIUM PAYMENTS. RECORDS WITH A CODE VALUE = 3 AND/OR TYPE OF COVERAGE = 3, 4, 5 OR 6 ARE ENCOUNTER RECORDS FOR SOME TYPE OF PREPAID PLAN.  RECORDS WITH A CODE VALUE=4 ARE INCLUDED IN MSIS, BUT SHOULD NOT APPEAR IN THE SMRF FILES. RECORDS WITH A CODE VALUE=2 (ADJUSTMENTS) MAY APPEAR IN THE SMRF FILES WHEN IT IS NOT POSSIBLE TO COMBINE ALL CLAIMS FOR A SINGLE HEALTH EVENT.  VOIDED CLAIMS ARE NOT RETAINED IN SMRF AS \$0 PAID CLAIMS.  SOURCE: MSIS CLAIMS FILE

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
20. TYPE OF COVERAGE CODE	NUM	1	100 100	<p>CODE INDICATING WHETHER PAYMENTS WERE MADE UNDER FEE-FOR-SERVICE OR A PRE-PAYMENT SYSTEM.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = STANDARD MEDICAID FEE-FOR-SERVICE CLAIM OR ADJUSTMENT.</p> <p>3 = SERVICE PROVIDED UNDER PRIVATE HEALTH. INSURANCE PROGRAM OR PREMIUM PAYMENT.</p> <p>4 = SERVICE PROVIDED UNDER QUALIFIED HMO OR PREMIUM PAYMENT.</p> <p>5 = SERVICE PROVIDED UNDER PROVISIONAL HMO OR PREMIUM PAYMENT.</p> <p>6 = SERVICE PROVIDED UNDER OTHER CAPITATION PLAN OR PREMIUM PAYMENT.</p> <p>9 = UNKNOWN COVERAGE STATUS.</p> <p>USER NOTE: THIS DATA ELEMENT IS BLANK FILLED FROM 10/98 TO 12/98 BECAUSE THIS DATA ELEMENT IS NOT CAPTURED IN MSIS. ENCOUNTER RECORDS (FOR PREPAID PLANS) CAN BE IDENTIFIED FOR THESE MONTHS USING DATA ELEMENT #19 - TYPE OF CLAIM WITH A CODE VALUE = 3. BEGINNING IN 1999 SMRF, A DATA ELEMENT LIKE THIS WILL BE GENERATED BY OBTAINING PLAN ID FROM A CLAIM, MATCHING TO THE ELIGIBILITY RECORD FOR THAT PERSON TO OBTAIN PLAN TYPE AND THEN CAPTURING THAT PLAN TYPE IN THE CLAIM RECORD.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
21. MEDICAID PAYMENT AMOUNT	NUM	8	101	108	<p>TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC)</p> <p>USER NOTES: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.</p> <p>FOR RECORDS IN WHICH TYPE OF CLAIM HAS VALUE=3 (DUMMY OR ENCOUNTER RECORD), THE MSIS VALUE IN THIS DATA ELEMENT HAS BEEN MOVED TO DATA ELEMENT #25 (PREPAID PLAN SERVICE VALUE) AND MEDICAID PAYMENT AMOUNT HAS BEEN RESET TO VALUE = \$0. THIS IS BECAUSE MEDICAID PAYMENT FOR THESE RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS CONTAINING EITHER</p> <p>(1) THROUGH 9/97 - MSIS TYPE OF SERVICE (TOS) = 20 (PREMIUM PAYMENTS), OR</p> <p>(2) BEGINNING 10/97 - MSIS TOS = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN), MSIS TOS = 21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR MSIS TOS = 22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs).</p> <p>SOURCE: CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE</p>
22. THIRD PARTY PAYMENT AMOUNT	NUM	8	109	116	<p>TOTAL AMOUNT OF MONEY PAID BY A THIRD PARTY (I.E. ALL SOURCES OTHER THAN MEDICAID, MEDICARE AND THE ELIGIBLE'S PERSONAL FUNDS) FOR THIS SERVICE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC)</p> <p>USER NOTE: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.</p> <p>THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
23. PAYMENT DATE	NUM	8	117 124	DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE.  8 DIGITS  EDIT-RULES: YYYYMMDD  <i>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i>  SOURCE: MSIS CLAIMS FILE
24. CHARGE AMOUNT	NUM	8	125 132	TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.  8 DIGITS (DISPLAY SIGNED NUMERIC)  <i>USER NOTE: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT. PRIOR TO 10/98, INSTRUCTIONS TO STATES WERE NOT PRECISE ON HOW THIS DATA ELEMENT WAS TO BE REPORTED FOR ENCOUNTER RECORDS. BEGINNING IN 10/98, STATES WERE INSTRUCTED TO REPORT THIS DATA ELEMENT IN ONE OF THREE WAYS FOR ENCOUNTER RECORDS: (1) SET VALUE = \$0, OR (2) SET VALUE TO BE THE AMOUNT PAID BY THE PLAN TO THE PROVIDER OR (3) SET VALUE TO BE THE ESTIMATED COST OF THE SERVICE.</i>  SOURCE: MSIS CLAIMS FILE

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
25. PREPAID PLAN SERVICE VALUE	NUM	8	133	140	DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.  8 DIGITS (DISPLAY SIGNED NUMERIC)  USER NOTES: FOR RECORDS IN WHICH TYPE OF CLAIM HAS VALUE=3 DUMMY OR ENCOUNTER RECORD) THE MSIS VALUE OF "MEDICAID AMOUNT PAID" HAS BEEN MOVED TO DATA ELEMENT #25 (PREPAID PLAN SERVICE VALUE) AND MEDICAID PAYMENT AMOUNT HAS BEEN RESET TO VALUE = \$0. THIS IS BECAUSE MEDICAID PAYMENT FOR THESE RECORDS IS ALREADY CAPTURED IN RECORDS CONTAINING MSIS TOS = 20 (PREMIUM PAYMENTS), THROUGH 9/97 AND IN TOS = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN), TOS=21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR TOS=22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT -PCCMs), BEGINNING 10/97. DEPENDING ON THE PROVIDER AND TYPE OF PREPAID PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS. FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A PROVIDER'S CHARGE TO THE PLAN. IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A MEASURE OF RESOURCES USED. FOR THIS REASON, EXTREME CAUTION SHOULD BE EXERCISED WHEN USING THIS DATA ELEMENT BEGINNING IN 10/98, MSIS EDIT SPECIFICATIONS STATE THAT MEDICAID AMOUNT PAID MUST BE \$0 FOR ENCOUNTER RECORDS.  SOURCE: CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE
** INPATIENT HOSPITAL GROUP	GROUP	79	141	219	ADDITIONAL CLAIMS DATA ELEMENTS SPECIFIC TO INPATIENT HOSPITAL SERVICES.
26. ADMISSION DATE	NUM	8	141	148	DATE WHICH THE RECIPIENT WAS ADMITTED FOR THIS INPATIENT STAY.  8 DIGITS  EDIT-RULES: YYYYMMDD  USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.  SOURCE: MSIS CLAIMS FILE

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## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	BEG	END	CONTENTS
27. SERVICE BEGINNING DATE	NUM	8	149	156	BEGINNING DATE OF SERVICE FOR THIS CLAIM.  8 DIGITS EDIT-RULES: YYYYMMDD  <i>USER NOTE: THIS DATE MAY OR MAY NOT BE THE ADMISSION DATE. THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i>  SOURCE: MSIS CLAIMS FILE
28. ENDING DATE OF SERVICE	NUM	8	157	164	THE DATE RECORDED HERE IS THE LATEST DATE OF SERVICE FOR ANY CLAIM RELATED TO THIS HOSPITAL STAY. THIS DATE MAY OR MAY NOT BE THE DISCHARGE DATE.  8 DIGITS EDIT-RULES: YYYYMMDD  <i>USER NOTES: THIS DATA ELEMENT IS BEST USED TOGETHER WITH DATA ELEMENT #37, DISCHARGE STATUS CODE. THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i>  SOURCE: MSIS CLAIMS FILE
29. PRIMARY DIAGNOSIS CODE	CHAR	5	165	169	PRIMARY OR PRINCIPAL ICD-9-CM DIAGNOSIS FOR THIS RECORD.  EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT  USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.  SOURCE: MSIS CLAIMS FILE
30. SECOND DIAGNOSIS CODE	CHAR	5	170	174	SECOND ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.  EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT.  USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.  SOURCE: MSIS CLAIMS FILE

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
31. PROCEDURE CODING SYSTEM CODE	NUM	2	175	176	<p>CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL AND SECONDARY PROCEDURES.</p> <p>2 DIGITS</p> <p>CODES:</p> <p>01 = CPT-4 (HCPCS LEVEL 1)</p> <p>02 = ICD-9-CM</p> <p>06 = HCPCS (HCPCS LEVELS 2 AND 3)</p> <p>07 = ICD-10 (FUTURE USE)</p> <p>10-87 = OTHER SYSTEMS</p> <p>88 = NOT APPLICABLE</p> <p>99 = UNKNOWN</p> <p>USER NOTES: THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS #32 AND #33. USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE. THE FOLLOWING CODE VALUES ARE OBSOLETE: 03 = CRVS 74, 04 = CRVS 69 AND 05 = CRVS 64.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
32. PRINCIPAL PROCEDURE CODE	CHAR	7	177	183	<p>PRINCIPAL PROCEDURE PERFORMED FOR DEFINITIVE TREATMENT (RATHER THAN DIAGNOSTIC OR EXPLORATORY PURPOSES). IT IS RELATED TO EITHER THE DIAGNOSIS OR TO COMPLICATIONS. SEE DATA ELEMENT #31 PROCEDURE CODING SYSTEM CODE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
33. SECONDARY PROCEDURE CODE	CHAR	7	184	190	<p>SECOND MOST SIGNIFICANT PROCEDURE PERFORMED, OTHER THAN THE PRINCIPAL PROCEDURE. SEE DATA ELEMENT #31 PROCEDURE CODING SYSTEM CODE.</p>
34. PRINCIPAL PROCEDURE DATE	NUM	8	191	198	<p>SOURCE: MSIS CLAIMS FILE</p> <p>DATE ON WHICH THE PRINCIPAL PROCEDURE, IF ANY, WAS PERFORMED.</p> <p>8 DIGITS</p> <p>EDIT-RULES: YYYYMMDD</p> <p>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
35. RECIPIENT DELIVERY CODE	NUM	1	199	199	<p>CODE INDICATING WHETHER THIS IS A DELIVERY STAY.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NOT A DELIVERY STAY</p> <p>1 = MATERNAL DELIVERY STAY</p> <p>2 = NEWBORN DELIVERY STAY</p> <p>USER NOTE: CODE VALUE = 1 IS ASSIGNED IF ANY OF THE CLAIMS FOR THIS STAY HAVE A MATERNAL DELIVERY CODE. CODE VALUE = 2 IS ASSIGNED FOR SEPARATE NEWBORN DELIVERY CLAIMS THAT ARE KNOWN TO CONTAIN THE MOTHER'S MEDICAID IDENTIFIER. IF THERE ARE CLAIMS IDENTIFIED AS MATERNAL DELIVERIES AND NEWBORN DELIVERIES IN THE SAME CLAIMS "SET", TWO SEPARATE ADJUSTED STAY RECORDS ARE CREATED - ONE FOR THE MOTHER AND ONE FOR THE NEWBORN. THE DATE OF BIRTH ON THE NEWBORN DELIVERY CLAIM MUST BE WITHIN THE YEAR OF THE FILE. IF THERE ARE ONLY RECORDS FOR A NEWBORN DELIVERY, THE ADJUSTED STAY RECORD IS REPORTED AS VALUE = 0 (NOT A DELIVERY STAY).</p> <p>USERS ARE WARNED THAT COUNTING THE NUMBER OF DELIVERY STAYS MAY RESULT IN AN OVERCOUNT OF THE ACTUAL NUMBER OF DELIVERIES. THIS IS BECAUSE THERE MAY BE MORE THAN ONE STAY RECORD FOR THE SAME MATERNAL DELIVERY (E.G. STAYS FOR FALSE LABOR AND/OR STAYS FOR DELIVERY-RELATED COMPLICATIONS). THIS CAN OCCUR WHEN MATERNAL STAYS THAT DO NOT RESULT IN A DELIVERY ARE CODED INCORRECTLY. SIMILARLY, COUNTS OF NEWBORN DELIVERY STAYS MAY UNDERCOUNT ACTUAL DELIVERIES (OR CHILDREN BORN UNDER MEDICAID) SINCE CODING OF NEWBORN DELIVERIES MAY BE REPORTED FOR PROCESSING PURPOSES ONLY.</p> <p>FINALLY, THE METHOD OF CODING THIS DATA ELEMENT IS BASED ON THE PREDOMINANT METHOD OF REPORTING DELIVERIES IN EACH STATE. THEREFORE, CODING MAY BE INCORRECT FOR CLAIMS THAT HAVE BEEN SUBMITTED ACCORDING TO OTHER REPORTING METHODS.</p> <p>SOURCE: CODED AT HCFA FROM MSIS CLAIMS RECORDS.</p>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
36. MEDICAID COVERED INPATIENT DAYS	NUM	3	200 202	<p>NUMBER OF INPATIENT DAYS COVERED BY MEDICAID ON THIS INPATIENT STAY, INCLUDING NEWBORN DAYS.</p> <p>3 DIGITS (DISPLAY SIGNED NUMERIC)</p> <p>USER NOTE: FOR STATES THAT REIMBURSE HOSPITALS USING DIAGNOSIS RELATED GROUPS (DRGs) OR SELECTIVE CONTRACTING, USERS SHOULD DISREGARD THE VALUES IN THIS DATA ELEMENT. IN THESE CASES, MEDICAID COVERED INPATIENT DAYS ARE ACTUALLY THE LENGTH OF STAY = THE NUMBER OF DAYS FROM ADMISSION TO DISCHARGE (+1 IF THE PERSON WAS ADMITTED AND DISCHARGED ON THE SAME DAY).</p> <p>SOURCE: MSIS CLAIMS FILE</p>
37. DISCHARGE STATUS CODE	NUM	1	203 203	<p>CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = STILL A PATIENT</p> <p>2 = TRANSFERRED TO HOME</p> <p>3 = TRANSFERRED TO ACUTE CARE FACILITY</p> <p>4 = TRANSFERRED TO LONG TERM CARE FACILITY</p> <p>5 = DIED</p> <p>6 = OTHER DISCHARGE</p> <p>9 = UNKNOWN</p> <p>USER NOTE: THE LIST OF POSSIBLE CODE VALUES FOR A NEWLY NAMED MSIS DATA ELEMENT, PATIENT STATUS, WAS AN EXPANSION OF THE CODE VALUES FOR THE EARLIER DATA ELEMENT, DISCHARGE STATUS, BEGINNING IN 10/98. THESE CODES HAVE BEEN MAPPED INTO THE CODES LISTED ABOVE FOR 10/98 THROUGH 12/98, AS FOLLOWS:</p>

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<p>TO FROM</p> <p>SMRF MSIS FY99</p> <p>CODE CODE (PATIENT-STATUS)</p> <p>1 = 30 STILL A PATIENT</p> <p>1 = 09 ADMITTED AS AN INPATIENT TO THIS HOSPITAL</p> <p>2 = 01 DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)</p> <p>2 = 06 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION</p> <p>2 = 08 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER</p> <p>2 = 50 HOSPICE - HOME</p> <p>3 = 02 DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL</p> <p>4 = 03 DISCHARGED/TRANSFERRED TO NF</p> <p>4 = 04 DISCHARGED/TRANSFERRED TO ICF</p> <p>5 = 20 EXPIRED (OR DID NOT RECOVER - CHRISTIAN SCIENCE) PATIENT</p> <p>5 = 40 EXPIRED AT HOME (HOSPICE CLAIMS ONLY)</p> <p>5 = 41 EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE-STANDING HOSPICE (HOSPICE CLAIMS ONLY)</p> <p>5 = 42 EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)</p> <p>6 = 05 DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION</p> <p>6 = 07 LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE</p> <p>6 = 51 HOSPICE - MEDICAL FACILITY</p> <p>9 = 99 UNKNOWN</p> <p>THE MAPPING OF THESE CODES FOR INPATIENT SERVICES, FROM 10/98 TO 12/98, IS IDENTICAL TO THE MAPPING FOR LONG TERM CARE SERVICES WITH ONE EXCEPTION. FOR LONG TERM CARE SERVICES, VALUE = 09 (ADMITTED AS AN INPATIENT TO THIS HOSPITAL) IS MAPPED TO SMRF VALUE = 3 (TRANSFERRED TO AN ACUTE CARE FACILITY). FOR INPATIENT HOSPITAL SERVICES, VALUE = 09 (ADMITTED AS AN INPATIENT TO THIS HOSPITAL) IS MAPPED TO SMRF VALUE = 1 (STILL A PATIENT).</p>

SOURCE: MSIS CLAIMS FILE

## STATE MEDICAID RESEARCH FILES INPATIENT RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
38. ANCILLARY CHARGE AMOUNT	NUM	8	204	211	<p>TOTAL AMOUNT CHARGED FOR INPATIENT SERVICES OTHER THAN ROOM AND BOARD.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC)</p> <p>USER NOTE: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT. BEGINNING IN 10/98, THE VALUE FOR THIS DATA ELEMENT IS THE SUM OF CHARGES FOR ALL MSIS UB REVENUE CHARGE DATA ELEMENTS WHERE THE CORRESPONDING UB REVENUE CODE VALUE IS "22X" OR HIGHER. FILES FOR SOME STATES MAY INCORRECTLY CONTAIN RECORDS FOR LONG-TERM AND STATE-OWNED HOSPITALS. SINCE THESE FACILITIES DO NOT USE UB-92 BILLING FORMS, ANCILLARY CHARGE AMOUNT WILL BE VALUE =\$0 FOR THESE FACILITIES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
39. ACCOMMODATION CHARGE AMOUNT	NUM	8	212	219	<p>TOTAL AMOUNT CHARGED FOR INPATIENT ROOM AND BOARD.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC)</p> <p>USER NOTE: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT. BEGINNING IN 10/98, THE VALUE FOR THIS DATA ELEMENT IS THE SUM OF CHARGES FOR ALL MSIS UB REVENUE CHARGE DATA ELEMENTS WHERE THE CORRESPONDING UB REVENUE CODE VALUE IS BETWEEN "10X" AND "21X" (INCLUSIVE). FILES FOR SOME STATES MAY INCORRECTLY CONTAIN RECORDS FOR LONG-TERM AND STATE-OWNED HOSPITALS. SINCE THESE FACILITIES DO NOT USE UB-92 BILLING FORMS, ACCOMMODATION CHARGE AMOUNT WILL BE VALUE =\$0 FOR THESE FACILITIES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>