

	NAME	TYPE	LENGTH	POSITIONS		CONTENTS
				BEG	END	
****	STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD	REC	185	1	185	STATE MEDICAID RESEARCH FILES (SMRF) LONG TERM CARE SERVICES RECORD PROVIDES INFORMATION ON SERVICES PROVIDED IN LONG TERM CARE INSTITUTIONS FOR EACH RECIPIENT. THESE SERVICES INCLUDE NURSING FACILITY SERVICES AND INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED. THE RECORDS IN THIS FILE ARE TYPICALLY WEEKLY OR MONTHLY LONG TERM CARE CLAIMS. HOWEVER, FOR SOME STATES, THERE MAY BE SEPARATE RECORDS FOR ANCILLARY SERVICES IN (SUCH AS PHYSICAL THERAPY). THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL LONG TERM CARE SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES 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 LONG TERM CARE 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 LONG TERM CARE RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	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 LONG TERM CARE 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 LONG TERM CARE 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 LONG TERM CARE 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 IDIOSYNCRACIES 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 LONG TERM CARE 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 IDIOSYNCRACIES 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 LONG TERM CARE 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 LONG TERM CARE 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 LONG TERM CARE 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 LONG TERM CARE RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
<hr/>				
<i>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.</i>				
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 LONG TERM CARE 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 LONG TERM CARE RECORD (1996-98)

	NAME	TYPE	LENGTH	POSITIONS		CONTENTS
				BEG	END	
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	104	82	185	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 LONG TERM CARE RECORD (1996-98)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				24 STERILIZATIONS
				25 ABORTIONS
				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
				39 CHRISTIAN SCIENCE PRACTITIONERS (CHANGED TO "RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS" BEGINNING 10/98)
				40 HOME AND COMMUNITY BASED WAIVERS (OBSOLETE BEGINNING 10/98)
				99 UNKNOWN

USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:

TOS = 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

07 NURSING FACILITY SERVICES (NFS) - ALL OTHER

FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN
REPORTING ACROSS STATES.

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".

SOURCE: MSIS CLAIMS FILE

STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1996-98)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
16. SMRF TYPE OF SERVICE CODE	NUM	2	84	85	<p>CODE INDICATING THE STATE MEDICAID RESEARCH FILES (SMRF) TYPE OF SERVICE FOR THIS RECORD.</p> <p>2 DIGITS</p> <p>CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD):</p> <p>01 INPATIENT HOSPITAL</p> <p>02 MENTAL HOSPITAL SERVICES FOR THE AGED</p> <p>04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</p> <p>05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</p> <p>06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990)</p> <p>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</p> <p>08 PHYSICIANS</p> <p>09 DENTAL</p> <p>10 OTHER PRACTITIONERS</p> <p>11 OUTPATIENT HOSPITAL</p> <p>12 CLINIC</p> <p>13 HOME HEALTH</p> <p>14 FAMILY PLANNING</p> <p>15 LAB AND X-RAY</p> <p>16 PRESCRIBED DRUGS</p> <p>17 EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)</p> <p>18 RURAL HEALTH SERVICES</p> <p>19 OTHER SERVICES</p> <p>20 PREMIUM PAYMENT</p> <p>21 DME AND SUPPLIES</p> <p>22 CASE MANAGEMENT SERVICES</p> <p>23 TRANSPORTATION</p> <p>99 UNKNOWN</p> <p>USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE</p> <p>TOS = 02 MENTAL HOSPITAL SERVICES FOR THE AGED</p> <p>04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</p> <p>05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</p> <p>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</p> <p>MSIS TOS=3 SKILLED NURSING FACILITY/ INTERMEDIATE CARE FACILITY SERVICES FOR THE AGED IS RECODED AS SMRF TOS=7 (NURSING FACILITY SERVICES - ALL OTHER).</p> <p>FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN</p>

STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS

REPORTING ACROSS STATES.				
SOURCE: MSIS CLAIMS FILE				
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				
LONG TERM CARE CLAIMS. FOR LONG TERM CARE RECORDS FROM 10/98 THROUGH				
12/98, PLACE OF SERVICE IS CODED WITH VALUE = 9 (UNKNOWN).				
SOURCE: MSIS CLAIMS FILE				

STATE MEDICAID RESEARCH FILES LONG TERM CARE 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). RECODRDS 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

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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>

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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>THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE < \$0 FOR FEE-FOR-SERVICE RECORDS. THIS COULD OCCUR IF THE PATIENT LIABILITY EXCEEDED THE MEDICAID COVERED AMOUNT FOR THE NUMBER OF DAYS THE PERSON RESIDED IN THE FACILITY.</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>

STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1996-98)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
					<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>
23. PAYMENT DATE	NUM	8	117	124	<p>DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE.</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>
24. CHARGE AMOUNT	NUM	8	125	132	<p>TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER 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. 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.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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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

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STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1996-98)

	NAME	TYPE	LENGTH	POSITIONS		CONTENTS
				BEG	END	
**	LONG TERM CARE GROUP	GROUP	45	141	185	ADDITIONAL CLAIMS DATA ELEMENTS SPECIFIC TO LONG TERM CARE SERVICES.
26.	LONG TERM CARE ADMISSION DATE	NUM	8	141	148	<p>DATE WHICH THE RECIPIENT WAS ADMITTED TO THE LONG TERM CARE FACILITY OR UNIT.</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. USERS SHOULD NOTE THAT REPORTING IS NOT CONSISTENT AMONG ALL LONG TERM CARE FACILITIES FOR THIS DATA ELEMENT. IN SOME INSTANCES THIS MAY BE THE DATE OF ADMISSION FOR THE CURRENT STAY. IN OTHERS, IT MAY BE THE ORIGINAL DATE OF ADMISSION TO THE FACILITY EVEN IF THERE WERE ONE OR MORE INTERIM DISCHARGES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
27.	SERVICE BEGINNING DATE	NUM	8	149	156	<p>THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.</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>
28.	ENDING DATE OF SERVICE	NUM	8	157	164	<p>THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.</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>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
29. PRIMARY DIAGNOSIS CODE	CHAR	5	165	169	<p>ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD, WHICH IS NORMALLY THE ADMITTING DIAGNOSIS.</p> <p>EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT</p> <p>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.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
30. MENTAL HOSPITAL FOR THE AGED DAY COUNT	NUM	3	170	172	<p>TOTAL NUMBER OF DAYS OF MENTAL HOSPITAL SERVICES FOR THE AGED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED</p> <p>EDIT-RULES: VALUE <= 998</p> <p>USER NOTE: ITS VALUE IS >= 0 FOR TOS = 2 (MENTAL HOSPITAL SERVICES FOR THE AGED). ITS VALUE IS = 0 FOR OTHER TYPES OF SERVICE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
31. INPATIENT PSYCHIATRIC FACILITY (AGE < 21) DAY COUNT	NUM	3	173	175	<p>TOTAL NUMBER OF DAYS OF INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED</p> <p>EDIT-RULES: VALUE <= 998</p> <p>USER NOTE: ITS VALUE IS >= 0 FOR TOS = 4 (INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21). ITS VALUE IS = 0 FOR OTHER TYPES OF SERVICE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
32. INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED DAY COUNT	NUM	3	176	178	<p>TOTAL NUMBER OF DAYS OF INTERMEDIATE CARE FOR THE MENTALLY RETARDED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS</p> <p>EDIT-RULES: VALUE <= 998</p> <p>USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "INTERMEDIATE CARE DAY COUNT". ITS VALUE IS >= 0 FOR TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR THE MENTALLY RETARDED). ITS VALUE IS = 0 FOR OTHER TYPES OF SERVICE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
33. NURSING FACILITY DAY COUNT	NUM	3	179	181	<p>TOTAL NUMBER OF DAYS OF NURSING FACILITY CARE INCLUDED IN THIS RECORD THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS</p> <p>EDIT-RULES: VALUE <= 998</p> <p>USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "SKILLED CARE DAY COUNT". ITS VALUE IS >= 0 TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). ITS VALUE IS = 0 FOR OTHER TYPES OF SERVICE.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
34. LONG TERM CARE LEAVE DAY COUNT	NUM	3	182	184	<p>TOTAL NUMBER OF DAYS, DURING THE PERIOD COVERED BY MEDICAID, ON WHICH THE ELIGIBLE DID NOT RESIDE IN THE LONG TERM CARE FACILITY.</p> <p>3 DIGITS</p> <p>EDIT-RULES: VALUE <= 998</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
35. DISCHARGE STATUS CODE	NUM	1	185 185	<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> <p>TO FROM</p> <p>SMRF MSIS FY99</p> <p>CODE CODE (PATIENT-STATUS)</p> <p>1 = 30 STILL A PATIENT</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>3 = 09 ADMITTED AS AN INPATIENT TO THIS 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>

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NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
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<i>6 = 05 DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION</i>				
<i>6 = 07 LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE</i>				
<i>6 = 51 HOSPICE - MEDICAL FACILITY</i>				
<i>9 = 99 UNKNOWN</i>				
 <i>THE MAPPING OF THESE CODES FOR LONG TERM CARE SERVICES, FROM 10/98 TO 12/98, IS IDENTICAL TO THE MAPPING FOR INPATIENT HOSPITAL 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).</i>				
 SOURCE: MSIS CLAIMS FILE				