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Medicaid Analytic Extract Long-Term Care (LT) Record Layout and Data Element Dictionary, 1999-2004

March 11, 2011

MATHEMATICA
Policy Research, Inc.

MEDICAID ANALYTIC EXTRACT (MAX)

RECORD LAYOUT FOR

LONG-TERM CARE RECORD (LT)

MEDICAID ANALYTIC EXTRACT RECORD LAYOUT (1999-2004)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
****	MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD	REC	241	1	241
***	ELIGIBILITY GROUP	GROUP	73	1	73
1.	MSIS IDENTIFICATION NUMBER	CHAR	20	1	20
2.	STATE ABBREVIATION CODE	CHAR	2	21	22
3.	ELIGIBLE SOCIAL SECURITY NUMBER - FROM MSIS	CHAR	9	23	31
4.	MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS	CHAR	12	32	43
5.	ELIGIBLE BIRTH DATE	NUM	8	44	51
6.	ELIGIBLE SEX CODE	CHAR	1	52	52
7.	ELIGIBLE RACE/ETHNICITY CODE	CHAR	1	53	53
8.	STATE SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	54	59
9.	STATE SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	60	65
10.	MAX UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	66	67
11.	MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	68	69
***	CROSSOVER GROUP	GROUP	4	70	73
12.	ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL OLD VALUES	NUM	1	70	70
13.	ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED	NUM	1	71	71
14.	ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NEW VALUES	NUM	2	72	73
***	UTILIZATION SUMMARY REGION	REGION	168	74	241
**	SERVICE GROUP	GROUP	17	74	90
15.	MSIS TYPE OF SERVICE CODE	NUM	2	74	75
16.	MSIS TYPE OF PROGRAM CODE	NUM	1	76	76
17.	MAX TYPE OF SERVICE CODE	NUM	2	77	78
18.	BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	79	90
**	CLAIMS AND PAYMENT GROUP	GROUP	72	91	162
19.	TYPE OF CLAIM CODE	NUM	1	91	91
20.	ADJUSTMENT CODE	NUM	1	92	92
21.	MANAGED CARE TYPE OF PLAN CODE	NUM	2	93	94
22.	MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	95	106
23.	MEDICAID PAYMENT AMOUNT	NUM*	8	107	114
24.	THIRD PARTY PAYMENT AMOUNT	NUM*	8	115	122
25.	PAYMENT DATE	NUM	8	123	130
26.	CHARGE AMOUNT	NUM*	8	131	138
27.	PREPAID PLAN SERVICE VALUE	NUM*	8	139	146
28.	MEDICARE COINSURANCE PAYMENT AMOUNT	NUM*	8	147	154

DATA ELEMENTS WITH TYPE NUM* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

MEDICAID ANALYTIC EXTRACT RECORD LAYOUT (1999-2004)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
29.	MEDICARE DEDUCTIBLE PAYMENT AMOUNT	NUM*	8	155	162
**	LONG TERM CARE GROUP	GROUP	79	163	241
30.	LONG TERM CARE ADMISSION DATE	NUM	8	163	170
31.	SERVICE BEGINNING DATE	NUM	8	171	178
32.	ENDING DATE OF SERVICE	NUM	8	179	186
*	DIAGNOSIS CODE GROUP (OCCURS 5 TIMES)	GROUP	30	187	216
33.	FIRST DIAGNOSIS CODE	CHAR	6	187	192
34.	MENTAL HOSPITAL FOR THE AGED DAY COUNT	NUM*	3	217	219
35.	INPATIENT PSYCHIATRIC FACILITY (AGE < 21) DAY COUNT	NUM*	3	220	222
36.	INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED DAY COUNT	NUM*	3	223	225
37.	NURSING FACILITY DAY COUNT	NUM*	3	226	228
38.	LONG TERM CARE LEAVE DAY COUNT	NUM*	3	229	231
39.	PATIENT STATUS CODE	NUM	2	232	233
40.	PATIENT LIABILITY AMOUNT	NUM*	8	234	241

DATA ELEMENTS WITH TYPE NUM* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

MEDICAID ANALYTIC EXTRACT (MAX)

DATA ELEMENT DICTIONARY FOR

LONG-TERM CARE RECORD (LT)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: ****

ELEMENT NAME: **MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD**

SAS VARIABLE: NONE

TYPE: REC LENGTH: 241 BEG: 1 END: 241

DESCRIPTION: MEDICAID ANALYTIC EXTRACT (MAX) 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).

MSIS RECORDS WITH TYPE OF CLAIM = 4 AND/OR THOSE WITH THE FIRST CHARACTER OF THE ELIGIBLE IDENTIFICATION NUMBER HAVING VALUE "&" - AMPERSAND (SERVICE TRACKING CLAIMS) ARE EXCLUDED FROM ALL MAX FILES.

FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "MAX TYPE OF SERVICE" (DATA ELEMENT #17).

USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **ELIGIBILITY GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 73 BEG: 1 END: 73

DESCRIPTION: ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING ELIGIBLE IDENTIFICATION NUMBER).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 1.

ELEMENT NAME: **MSIS IDENTIFICATION NUMBER**

SAS VARIABLE: MSIS_ID

TYPE: CHAR LENGTH: 20 BEG: 1 END: 20

DESCRIPTION: UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).

SOURCE: MSIS ELIGIBILITY FILES: 'MSIS-IDENTIFICATION-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 2.

ELEMENT NAME: **STATE ABBREVIATION CODE**

SAS VARIABLE: STATE_CD

TYPE: CHAR LENGTH: 2 BEG: 21 END: 22

DESCRIPTION: 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
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.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 3.

ELEMENT NAME: **ELIGIBLE SOCIAL SECURITY NUMBER - FROM MSIS**

SAS VARIABLE: EL_SSN

TYPE: CHAR LENGTH: 9 BEG: 23 END: 31

DESCRIPTION: SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.

USER NOTE: NOT AVAILABLE FOR SOME NEW YORK ELIGIBLES IN 1999.

SOURCE: MSIS ELIGIBILITY FILES: 'SOCIAL-SECURITY-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 4.

ELEMENT NAME: **MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS**

SAS VARIABLE: MDCD_HIC_NUM

TYPE: CHAR LENGTH: 12 BEG: 32 END: 43

DESCRIPTION: THE ELIGIBLE'S HEALTH INSURANCE CLAIM (HIC) NUMBER. THIS NUMBER IS APPLICABLE ONLY TO MEDICAID ELIGIBLES WHO ARE ALSO ELIGIBLE FOR MEDICARE AND IS ASSIGNED TO AN ELIGIBLE BY THE MEDICARE PROGRAM.

USER NOTE: AN ELIGIBLE'S HIC NUMBER MAY CHANGE AS HIS/HER ENROLLMENT MEDICARE ELIGIBILITY STATUS CHANGES. THE ACCURACY OF REPORTING OF HIC NUMBERS IN MEDICAID ELIGIBILITY DATA IS UNKNOWN. THIS MSIS DATA ELEMENT IS AVAILABLE BEGINNING IN 10/98.

SOURCE: MSIS ELIGIBILITY FILES: 'HIC-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 5.

ELEMENT NAME: **ELIGIBLE BIRTH DATE**

SAS VARIABLE: EL_DOB

TYPE: NUM LENGTH: 8 BEG: 44 END: 51

DESCRIPTION: BIRTH DATE OF THE MEDICAID ELIGIBLE.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS ELIGIBILITY FILES: 'DATE-OF-BIRTH'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 6.

ELEMENT NAME: **ELIGIBLE SEX CODE**

SAS VARIABLE: EL_SEX_CD

TYPE: CHAR LENGTH: 1 BEG: 52 END: 52

DESCRIPTION: GENDER OF THE MEDICAID ELIGIBLE.

CODES:
M = FEMALE
F = MALE
U = UNKNOWN/ERROR

USER NOTE: THESE CODES CHANGE TO F, M AND U IN THE 1999 MSIS DATA.

SOURCE: MSIS ELIGIBILITY FILES: 'SEX-CODE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 7.

ELEMENT NAME: **ELIGIBLE RACE/ETHNICITY CODE**

SAS VARIABLE: EL_RACE_ETHNCY_CD

TYPE: CHAR LENGTH: 1 BEG: 53 END: 53

DESCRIPTION: RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.

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 AND ONE OR MORE RACES (NEW CODE BEGINNING 10/98)
8 = MORE THAN ONE RACE (NEW CODE BEGINNING 10/98)
9 = UNKNOWN

USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED 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.

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-ETHNICITY-CODE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 8.

ELEMENT NAME: **STATE SPECIFIC ELIGIBILITY CODE - MOST RECENT**

SAS VARIABLE: EL_SS_ELGBLTY_CD_LTST

TYPE: CHAR LENGTH: 6 BEG: 54 END: 59

DESCRIPTION: STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION.

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 MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX 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 MAX PERSON SUMMARY FILE. THEREFORE, THIS CODE MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE THE STATE SPECIFIC ELIGIBILITY CODE FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE MSIS STATE SPECIFIC 'ELIGIBILITY GROUP' FROM THE MAX 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 MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 9.

ELEMENT NAME: **STATE SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE**

SAS VARIABLE: EL_SS_ELGBLTY_CD_MO

TYPE: CHAR LENGTH: 6 BEG: 60 END: 65

DESCRIPTION: STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - FOR THE MONTH OF SERVICE.

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 MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX 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 MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE STATE SPECIFIC 'ELIGIBILITY GROUP' FROM THE MAX 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.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 10.

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY CODE - MOST RECENT**

SAS VARIABLE: EL_MAX_ELGBLTY_CD_LTST

TYPE: CHAR LENGTH: 2 BEG: 66 END: 67

DESCRIPTION: MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION.

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MN
22 = BLIND/DISABLED, MN
24 = CHILD, MN (FORMERLY AFDC CHILD, MN)
25 = ADULT, MN (FORMERLY AFDC ADULT, MN)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS "MAINTENANCE ASSISTANCE STATUS" (MAS) IS IN POSITION #1 AND "BASIS OF ELIGIBILITY" (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AFDC PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE IS EXTRACTED FROM 'MAX UNIFORM ELIGIBILITY CODE - MOST RECENT' IN THE MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 11.

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE**

SAS VARIABLE: EL_MAX_ELGBLTY_CD_MO

TYPE: CHAR LENGTH: 2 BEG: 68 END: 69

DESCRIPTION: MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE.

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MN
22 = BLIND/DISABLED, MN
24 = CHILD, MN (FORMERLY AFDC CHILD, MN)
25 = ADULT, MN (FORMERLY AFDC ADULT, MN)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS "MAINTENANCE ASSISTANCE STATUS" (MAS) IS POSITION #1 AND "BASIS OF ELIGIBILITY" (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 SMRF FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AFDC PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF "MONTHLY MAX UNIFORM ELIGIBILITY GROUP" IN THE MAX 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.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **CROSSOVER GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 4 BEG: 70 END: 73

DESCRIPTION: INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 12.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL OLD VALUES**

SAS VARIABLE: EL_MDCR_XOVR

TYPE: NUM LENGTH: 1 BEG: 70 END: 70

DESCRIPTION: INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL ELIGIBILITY OR MEDICARE CODE)

CODES:
0 = NO CROSSOVER
1 = IN MSIS, THE DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON IS COVERED BY MEDICARE)
2 = IN MSIS, MEDICARE DEDUCTIBLE OR COINSURANCE WAS PAID BY MEDICAID ON AT LEAST ONE (INPATIENT HOSPITAL) CLAIM DURING THE YEAR.
3 = IN MSIS, BOTH 1 AND 2 APPLY
4 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND NEITHER 1 NOR 2 APPLY.
5 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 1 APPLIES.
6 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 2 APPLIES.
7 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND BOTH 1 AND 2 APPLY.
9 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

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. USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD.

SOURCE: THIS DATA ELEMENT IS TAKEN FROM THE MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 13.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED**

SAS VARIABLE: EL_MDCR_XOVR_CLM_BSD_CD

TYPE: NUM LENGTH: 1 BEG: 71 END: 71

DESCRIPTION: INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.

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: MSIS DATA ELEMENTS: 'MEDICARE-DEDUCTIBLE-PAYMENT' AND 'MEDICARE-COINSURANCE-PAYMENT'. IF EITHER THE MEDICARE DEDUCTIBLE OR THE MEDICARE COINSURANCE AMOUNT IS > $0, THE CODE =1, OTHERWISE THE CODE = 0.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 14.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NEW VALUES**

SAS VARIABLE: EL_MDCR_ANN_XOVR_99

TYPE: NUM LENGTH: 2 BEG: 72 END: 73

DESCRIPTION: INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY), ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH.

CODES:
00 = IN MSIS, ELIGIBLE IS NOT A MEDICARE BENEFICIARY
01 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB ONLY
02 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QMB AND FULL MEDICAID COVERAGE
03 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB ONLY
04 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-SLMB AND FULL MEDICAID COVERAGE
05 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QDWI
06 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (1)
07 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-QUALIFYING INDIVIDUALS (2)
08 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-OTHER DUAL ELIGIBLES
09 = IN MSIS, ELIGIBLE IS ENTITLED TO MEDICARE-DUAL ELIGIBILITY CATEGORY UNKNOWN
50 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODES 01-09 DO NOT APPLY
51 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 01 APPLIES
52 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 02 APPLIES
53 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 03 APPLIES
54 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 04 APPLIES
55 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 05 APPLIES
56 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 06 APPLIES
57 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 07 APPLIES
58 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 08 APPLIES
59 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 09 APPLIES
99 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD. PRIOR TO IN 10/98, MSIS DID NOT CAPTURE AS MUCH DETAIL ON DUAL ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS AND THE NEED FOR SOME USERS TO HAVE CONTINUITY WITH PAST DEFINITIONS, THE OLD VALUES APPEAR AS DATA ELEMENT #12 IN THIS FILE.

SOURCE: THIS DATA ELEMENT IS TAKEN FROM THE MAX PERSON SUMMARY FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **UTILIZATION SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 168 BEG: 74 END: 241

DESCRIPTION: DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 17 BEG: 74 END: 90

DESCRIPTION: DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 15.

ELEMENT NAME: **MSIS TYPE OF SERVICE CODE**

SAS VARIABLE: MSIS_TOS

TYPE: NUM LENGTH: 2 BEG: 74 END: 75

DESCRIPTION: CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE.

CODES:
01 = INPATIENT HOSPITAL
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
07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER
08 = PHYSICIANS
09 = DENTAL
10 = OTHER PRACTITIONERS
11 = OUTPATIENT HOSPITAL
12 = CLINIC
13 = HOME HEALTH
15 = LAB AND X-RAY
16 = PRESCRIBED DRUGS
19 = OTHER SERVICES
20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS
21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
24 = STERILIZATIONS
25 = ABORTIONS
26 = TRANSPORTATION SERVICES
30 = PERSONAL CARE SERVICES
31 = TARGETED CASE MANAGEMENT
33 = REHABILITATION SERVICES
34 = PT, OT, SPEECH, HEARING SERVICES
35 = HOSPICE BENEFITS
36 = NURSE MIDWIFE SERVICES
37 = NURSE PRACTITIONER SERVICES
38 = PRIVATE DUTY NURSING
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
99 = UNKNOWN

USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:
TOS = 01 INPATIENT HOSPITAL
24 STERILIZATIONS
25 ABORTIONS
39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27,28, 29, 32 AND 40.
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'. A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 16.

ELEMENT NAME: **MSIS TYPE OF PROGRAM CODE**

SAS VARIABLE: MSIS_TOP

TYPE: NUM LENGTH: 1 BEG: 76 END: 76

DESCRIPTION: CODE INDICATING THE SPECIAL MEDICAID PROGRAM UNDER WHICH THE SERVICE WAS PROVIDED.

CODES:
0 = NO SPECIAL PROGRAM
1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
2 = FAMILY PLANNING
3 = RURAL HEALTH CLINIC
4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)
5 = INDIAN HEALTH SERVICES
6 = HOME AND COMMUNITY BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER
7 = HOME AND COMMUNITY BASED CARE WAIVER SERVICES
9 = UNKNOWN

USER NOTE: UNDER EPSDT REQUIREMENTS, STATES MUST PROVIDE HEALTH SCREENING, VISION, HEARING AND DENTAL SERVICES TO CHILDREN UNDER THE AGE OF 21. THESE SERVICES MUST BE PROVIDED AT INTERVALS TO MEET RECOGNIZED STANDARDS OF MEDICAL AND DENTAL PRACTICE AND OTHER INTERVALS TO DETERMINE IF PHYSICAL OR MENTAL ILLNESSES OR CONDITIONS EXIST. STATES MUST ALSO PROVIDE ANY SERVICE NEEDED TO TREAT AN ILLNESS OR CONDITION IDENTIFIED BY A SCREEN (TO THE EXTENT THAT IS A SERVICE THAT IS PERMITTED UNDER MEDICAID LAW), REGARDLESS OF WHETHER THE SERVICE IS OTHERWISE INCLUDED UNDER THE STATE MEDICAID PLAN. ALTHOUGH EPSDT MAY BE VIEWED AS A PROGRAM BY SOME, IT CAN BE MORE ACCURATELY DESCRIBED AS A GROUP OF SERVICES, WITH A STRONG EMPHASIS ON PREVENTIVE CARE. HOWEVER, THERE IS NO STANDARD DEFINITION OF EPSDT SERVICES AND THERE ARE NO STANDARD REPORTING REQUIREMENTS FOR EPSDT
SERVICES IN MEDICAID DATA SYSTEMS. THEREFORE, THERE IS SUBSTANTIAL VARIATION IN REPORTING FOR EPSDT ACROSS STATES. FOR THESE REASONS, USE OF TYPE OF PROGRAM = 1 (EPSDT) IS UNRELIABLE FOR CROSS-STATE COMPARISONS OR DEVELOPMENT OF NATIONAL STATISTICS. EXTREME CAUTION SHOULD BE EXERCISED IN ATTRIBUTING MEANING TO THIS CODE VALUE.

SOURCE: MSIS CLAIMS FILE: 'PROGRAM-TYPE'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 17.

ELEMENT NAME: **MAX TYPE OF SERVICE CODE**

SAS VARIABLE: MAX_TOS

TYPE: NUM LENGTH: 2 BEG: 77 END: 78

DESCRIPTION: CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) TYPE OF SERVICE FOR THIS RECORD.

CODES:
01 = INPATIENT HOSPITAL
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
07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER
08 = PHYSICIANS
09 = DENTAL
10 = OTHER PRACTITIONERS
11 = OUTPATIENT HOSPITAL
12 = CLINIC
13 = HOME HEALTH
15 = LAB AND X-RAY
16 = PRESCRIBED DRUGS
19 = OTHER SERVICES
20 = CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS
21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
24 = STERILIZATIONS
25 = ABORTIONS
26 = TRANSPORTATION SERVICES
30 = PERSONAL CARE SERVICES
31 = TARGETED CASE MANAGEMENT
33 = REHABILITATION SERVICES
34 = PT, OT, SPEECH, HEARING SERVICES
35 = HOSPICE BENEFITS
36 = NURSE MIDWIFE SERVICES
37 = NURSE PRACTITIONER SERVICES
38 = PRIVATE DUTY NURSING
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
54 = ADULT DAY CARE
99 = UNKNOWN

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. 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'. A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

THE FOLLOWING TYPES OF SERVICE ARE DEFINED IN THE MAX PROCESS USING STATE PROCEDURE (SERVICE) CODES:
51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
54 = ADULT DAY CARE
SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE' EXCEPT FOR CODE VALUES 51-54 AS NOTED ABOVE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 18.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR_ID_NMBR

TYPE: CHAR LENGTH: 12 BEG: 79 END: 90

DESCRIPTION: STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.

SOURCE: MSIS CLAIMS FILE: 'PROVIDER-ID-NUMBER-BILLING'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 91 END: 162

DESCRIPTION: DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 19.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE_CLM_CD

TYPE: NUM LENGTH: 1 BEG: 91 END: 91

DESCRIPTION: CODE INDICATING THE TYPE OF CLAIM.

CODES:
1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.
2 = CAPITATED PAYMENT.
3 = ENOUNTER (A.K.A. "DUMMY") RECORD 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 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT).
9 = UNKNOWN

USER NOTE: VOIDED CLAIMS ARE NOT RETAINED IN MAX AS $0 PAID CLAIMS.

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-CLAIM'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 20.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST_CD

TYPE: NUM LENGTH: 1 BEG: 92 END: 92

DESCRIPTION: CODE INDICATING IF THE CLAIMS FOR THIS SERVICE WERE ONLY ORIGINAL SUBMISSIONS, INCLUDED ADJUSTMENTS OF ANY TYOE OR IF ONE OR MORE ORIGINAL SUBMISSIONS WAS MISSING.

CODES:

0 = NO ADJUSTMENT OF CLAIMS WAS REQUIRED, SINCE ALL CLAIMS FOR THIS RECORD WERE ORIGINAL CLAIMS (ALL CLAIMS FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR'). IN THIS CASE, ORIGINAL CLAIMS WERE COMBINED FOR THIS RECORD.

1 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS, BY COMBINING ORIGINAL AND ADJUSTMENT CLAIMS FOR THIS RECORD. THIS MEANS THAT THERE WAS AT LEAST ONE ORIGINAL CLAIM AND AT LEAST ONE ADJUSTMENT CLAIM IN THE SET OF CLAIMS FOR THIS RECORD (AT LEAST ONE CLAIM FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR' AND AT LEAST ONE CLAIM FOR THIS RECORD HAD A VALUE OTHER THAN 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR').

2 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS NOT POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS (NONE OF THE CLAIMS FOR THIS RECORD HAD A VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR').

SOURCE: RECODED USING THE MSIS CLAIMS FILES DATA ELEMENT: 'ADJUSTMENT-INDICATOR'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 21.

ELEMENT NAME: **MANAGED CARE TYPE OF PLAN CODE**

SAS VARIABLE: PHP_TYPE

TYPE: NUM LENGTH: 2 BEG: 93 END: 94

DESCRIPTION: CODE INDICATING THE TYPE OF MANAGED CARE PLAN, IF ANY, UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.

CODES:
00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH.
01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO).
02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH.
03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH.
04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH.
05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH.
06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH.
07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH.
08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH.
66 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE IS NO REPORT OF MANAGED CARE ENROLLMENT IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.
77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE PLAN IDENTIFICATION NUMBER (DATA ELEMENT #22) AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.
88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD.
99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.

USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.

SOURCE: MSIS ELIGIBILITY FILE, BY MATCHING THE ELIGIBLE'S MSIS 'PLAN-ID-NUMBER' FROM THE CLAIM(S) TO THE ELIGIBLE'S ELIGIBILITY RECORD FOR THE MONTH OF THE ENCOUNTER RECORD. SEE DATA ELEMENT #22.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 22.

ELEMENT NAME: **MANAGED CARE PLAN IDENTIFICATION NUMBER**

SAS VARIABLE: PHP_ID

TYPE: CHAR LENGTH: 12 BEG: 95 END: 106

DESCRIPTION: A UNIQUE IDENTIFIER WHICH REPRESENTS THE HEALTH PLAN UNDER WHICH THE NON- FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.

USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.

SOURCE: MSIS CLAIMS FILE: 'PLAN-ID-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 23.

ELEMENT NAME: **MEDICAID PAYMENT AMOUNT**

SAS VARIABLE: MDCD_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 107 END: 114

DESCRIPTION: TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS = $0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET MEDICAID PAYMENT AMOUNT = $0 FOR RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTERS). IN MAX, WE AGAIN SET MEDICAID PAYMENT AMOUNT = $0 FOR ENCOUNTERS, TO ELIMINATE THE POSSIBILITY OF AMOUNTS > $0 APPEARING, IN ERROR. MEDICAID AMOUNT PAID IS SET VALUE = $0 BECAUSE MEDICAID PAYMENT FOR THESE ENCOUNTER RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS (WITH AMOUNTS > $0). THE PREMIUM PAYMENT RECORDS CONTAIN EITHER MSIS TYPE OF SERVICE = 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).

THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE < $0 FOR FEE-FOR-SERVICE RECORDS. THIS SHOULD OCCUR ONLY ON CLINIC, PHYSICIAN OR OUTPATIENT DEPARTMENT BILLS FOR SELECTED STATES. THIS SITUATION HAS OCCURRED IN SEVERAL STATES, BUT HAS NOT BEEN A SIGNIFICANT ISSUE EXCEPT IN MONTANA WHERE OVER 8 PERCENT OF MSIS ORIGINAL OTHER SERVICES CLAIMS HAD A MEDICAID PAYMENT AMOUNT < $0.

WHERE THE MEDICAID PAYMENT AMOUNT IS SET < $0 IN A MAX RECORD, THE PROVIDER BILLS USUALLY CONSIST OF A SUMMARY AND ONE OR MORE LINE ITEMS. THE SUMMARY CONTAINS INFORMATION ABOUT MEDICAID PAYMENT AMOUNT AND OTHER PAYMENTS, E.G. PAYMENTS BY OTHER INSURERS, KNOWN AS THIRD PARTY LIABILITY (TPL). THE SUMMARY DOES NOT INCLUDE DETAIL ON THE ACTUAL SERVICES PROVIDED. THAT DETAIL IS FOUND IN THE LINE ITEMS, BUT THE LINE ITEMS DO NOT INCLUDE THE ACTUAL MEDICAID PAYMENT AMOUNT. FOR THESE REASONS, STATES ARE INSTRUCTED TO SUBMIT BOTH THE SUMMARY AND THE LINE ITEMS IN MSIS SO THAT WE WILL HAVE THE MOST COMPLETE RECORD POSSIBLE OF SERVICES AND PAYMENTS. FOR THE SAME REASON, BOTH TYPES OF RECORDS ARE ALSO CAPTURED IN MAX.

THE INDIVIDUAL LINE ITEMS CONTAIN AN "ALLOWED PAYMENT AMOUNT", AN AMOUNT THAT HAS NOT BEEN REDUCED BY PAYMENTS FROM OTHER INSURERS (TPL) OR OUT-OF-POCKET PAYMENTS BY THE ELIGIBLE (PATIENT SHARE AMOUNTS). IF BOTH ALLOWED AND ACTUAL PAYMENTS ARE RETAINED, SUMS OF PAYMENT AMOUNTS ACROSS THE SUMMARY AND LINE ITEMS WILL OVERSTATE ACTUAL MEDICAID PAYMENTS. FURTHERMORE, THERE IS NO WAY TO APPORTION OR DISTRIBUTE THE ACTUAL MEDICAID PAYMENT AMOUNT FROM THE SUMMARY TO THE INDIVIDUAL LIME ITEMS. SO, THE DECISION WAS MADE TO RETAIN THE ALLOWED PAYMENT AMOUNTS IN THE LINE ITEMS, RETAIN THE TPL AMOUNT IN THE SUMMARY AND ADJUST MEDICAID PAYMENT (IN THE SUMMARY) SO THAT THE SUM ACROSS ALL RECORDS (SUMMARY AND LINE ITEMS) IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT. BECAUSE OF THIS, MEDICAID PAYMENT AMOUNT MAY BE ADJUSTED TO AN AMOUNT < $0 SO THAT THE SUM OF ALL PAYMENT AMOUNTS LESS TPL IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE: 'MEDICAID-AMOUNT-PAID'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 24.

ELEMENT NAME: **THIRD PARTY PAYMENT AMOUNT**

SAS VARIABLE: TP_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 115 END: 122

DESCRIPTION: 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.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: 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.

SOURCE: MSIS CLAIMS FILE: 'OTHER-THIRD-PARTY-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 25.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT_DT

TYPE: NUM LENGTH: 8 BEG: 123 END: 130

DESCRIPTION: DATE ON WHICH THE CLAIM OR ENCOUNTER RECORD WAS ADJUDICATED BY THE STATE.

EDIT-RULES: YYYYMMDD

USER NOTE: FOR FEE-FOR-SERVICE CLAIMS THIS IS THE DATE THE CLAIM WAS ADJUDICATED FOR PAYMENT.

SOURCE: MSIS CLAIMS FILE: 'DATE-OF-PAYMENT-ADJUDICATION'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 26.

ELEMENT NAME: **CHARGE AMOUNT**

SAS VARIABLE: CHRG_AMT

TYPE: NUM* LENGTH: 8 BEG: 131 END: 138

DESCRIPTION: TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THIS PAYMENT AMOUNT IS = $0 FOR ENCOUNTER RECORDS. IN MSIS, FOR TYPE OF CLAIM = 3 (ENCOUNTERS), STATES ARE INSTRUCTED TO REPORT PAYMENT AMOUNTS BY A PLAN TO A PROVIDER IN THE 'AMOUNT CHARGED' DATA ELEMENT. HOWEVER, SUCH PAYMENTS ARE NOT ACTUAL PROVIDER CHARGES. THEREFORE, IN MAX FOR TYPE OF CLAIM = 3 (ENCOUNTERS), THE MSIS VALUE OF 'AMOUNT CHARGED' HAS BEEN MOVED TO DATA ELEMENT #27 (PREPAID PLAN SERVICE VALUE) AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = $0. AS A RESULT, MAX CHARGE AMOUNT WILL HAVE VALUE = $0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE >= $0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).

SOURCE: RECODED AS NOTED ABOVE USING THE MSIS CLAIMS FILE: 'AMOUNT-CHARGED'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 27.

ELEMENT NAME: **PREPAID PLAN SERVICE VALUE**

SAS VARIABLE: PHP_VAL

TYPE: NUM* LENGTH: 8 BEG: 139 END: 146

DESCRIPTION: DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS > $0 ONLY FOR ENCOUNTER RECORDS. WHILE THIS PAYMENT AMOUNT COULD HAVE VALUE = $0 FOR SOME ENCOUNTER RECORDS, IT WILL ALWAYS HAVE VALUE = $0 FOR OTHER TYPES OF RECORDS. FOR RECORDS IN WHICH TYPE OF CLAIM = 3 (ENCOUNTER), THE MSIS VALUE OF 'AMOUNT CHARGED' HAS BEEN MOVED TO DATA ELEMENT #27 (PREPAID PLAN SERVICE VALUE) AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = $0. SEE DATA ELEMENT #24 (MEDICAID PAYMENT AMOUNT) AND DATA ELEMENT #26 CHARGE AMOUNT FOR ADDITIONAL INFORMATION. AS A RESULT, MAX PREPAID PLAN SERVICE VALUE WILL HAVE VALUE >= $0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE = $0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE). 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.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 28.

ELEMENT NAME: **MEDICARE COINSURANCE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_COINSUR_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 147 END: 154

DESCRIPTION: THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE COINSURANCE LIABILITY.

(SAS USERS: ZONED DECIMAL - ZD8)

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-COINSURANCE-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 29.

ELEMENT NAME: **MEDICARE DEDUCTIBLE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_DED_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 155 END: 162

DESCRIPTION: THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE DEDUCTIBLE LIABILITY.

(SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THIS DATA ELEMENT IS NOT APPLICABLE FOR THE FOLLOWING MAX TYPES OF SERVICE: TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR THE MENTALLY RETARDED) OR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). THEREFORE, THIS DATA ELEMENT WILL BE 0-FILLED FOR THESE TYPES OF SERVICE.

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-DEDUCTIBLE-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **LONG TERM CARE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 79 BEG: 163 END: 241

DESCRIPTION:

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 30.

ELEMENT NAME: **LONG TERM CARE ADMISSION DATE**

SAS VARIABLE: ADMSN_DT

TYPE: NUM LENGTH: 8 BEG: 163 END: 170

DESCRIPTION: DATE WHICH THE RECIPIENT WAS ADMITTED TO THE LONG TERM CARE FACILITY OR UNIT.

EDIT-RULES: YYYYMMDD

USER NOTE: 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.

SOURCE: MSIS CLAIMS FILE: 'ADMISSION-DATE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 31.

ELEMENT NAME: **SERVICE BEGINNING DATE**

SAS VARIABLE: SRVC_BGN_DT

TYPE: NUM LENGTH: 8 BEG: 171 END: 178

DESCRIPTION: THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS CLAIMS FILE: 'BEGINNING-DATE-OF-SERVICE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 32.

ELEMENT NAME: **ENDING DATE OF SERVICE**

SAS VARIABLE: SRVC_END_DT

TYPE: NUM LENGTH: 8 BEG: 179 END: 186

DESCRIPTION: THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.

EDIT-RULES: YYYYMMDD

SOURCE: MSIS CLAIMS FILE: 'ENDING-DATE-OF-SERVICE'. MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: *

ELEMENT NAME: **DIAGNOSIS CODE GROUP (OCCURS 5 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 30 BEG: 187 END: 216

DESCRIPTION: ICD-9-CM DIAGNOSES FOR THIS RECORD. THERE ARE FIVE OCCURRENCES FOR DATA ELEMENTS #33. THE EXAMPLE BELOW IS FOR THE FIRST DIAGNOSIS.

FIRST DIAGNOSIS (POSITIONS 187 TO 192)
SECOND DIAGNOSIS (POSITIONS 193 TO 198)
THIRD DIAGNOSIS (POSITIONS 199 TO 204)
FOURTH DIAGNOSIS (POSITIONS 205 TO 210)
FIFTH DIAGNOSIS (POSITIONS 211 TO 216)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 33.

ELEMENT NAME: **FIRST DIAGNOSIS CODE**

SAS VARIABLE: DIAG_CD_1

TYPE: CHAR LENGTH: 6 BEG: 187 END: 192

DESCRIPTION: THE FIRST 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: 'DIAGNOSIS-CODE-1 (PRINCIPAL)'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 34.

ELEMENT NAME: **MENTAL HOSPITAL FOR THE AGED DAY COUNT**

SAS VARIABLE: MDCD_CVRD_MENTL_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 217 END: 219

DESCRIPTION: TOTAL NUMBER OF DAYS OF MENTAL HOSPITAL SERVICES FOR THE AGED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0

USER NOTE: FOR TOS = 2 (MENTAL HOSPITAL SERVICES FOR THE AGED), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 2), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'MEDICAID-COVERED-INPATIENT-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 35.

ELEMENT NAME: **INPATIENT PSYCHIATRIC FACILITY (AGE < 21) DAY COUNT**

SAS VARIABLE: MDCD_CVRD_PSYCH_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 220 END: 222

DESCRIPTION: TOTAL NUMBER OF DAYS OF INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0

USER NOTE: FOR TOS = 4 (INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER THE AGE OF 21), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 4), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'MEDICAID-COVERED-INPATIENT-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 36.

ELEMENT NAME: **INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED DAY COUNT**

SAS VARIABLE: INTRMDT_FAC_MR_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 223 END: 225

DESCRIPTION: TOTAL NUMBER OF DAYS OF INTERMEDIATE CARE FOR THE MENTALLY RETARDED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0

USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS 'INTERMEDIATE CARE DAY COUNT'. FOR TOS = 5 (INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED - ICF-MR), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'ICF-MR-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 37.

ELEMENT NAME: **NURSING FACILITY DAY COUNT**

SAS VARIABLE: NRSNG_FAC_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 226 END: 228

DESCRIPTION: TOTAL NUMBER OF DAYS OF NURSING FACILITY CARE INCLUDED IN THIS RECORD THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0

USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS 'SKILLED CARE DAY COUNT'. FOR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 7), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'NURSING-FACILITY-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 38.

ELEMENT NAME: **LONG TERM CARE LEAVE DAY COUNT**

SAS VARIABLE: LT_CARE_LVE_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 229 END: 231

DESCRIPTION: TOTAL NUMBER OF DAYS, DURING THE PERIOD COVERED BY MEDICAID, ON WHICH THE ELIGIBLE DID NOT RESIDE IN THE LONG TERM CARE FACILITY.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0

USER NOTE: FOR TOS = 5 (INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED - ICR-MR) AND TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS VALUE MAY BE < 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE < 0. WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5 OR 7), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'LEAVE-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 39.

ELEMENT NAME: **PATIENT STATUS CODE**

SAS VARIABLE: PATIENT_STATUS_CD

TYPE: NUM LENGTH: 2 BEG: 232 END: 233

DESCRIPTION: CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.

CODES:
01 = DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)
02 = DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL
03 = DISCHARGED/TRANSFERRED TO NF
04 = DISCHARGED/TRANSFERRED TO ICF
05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION
06 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION
07 = LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
08 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER
09 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL
20 = EXPIRED (OR DID NOT RECOVER - CHRISTIAN SCIENCE) PATIENT
30 = STILL A PATIENT OR DISCHARGED AND EXPECTED TO RETURN FOR OUTPATIENT SERVICE
40 = EXPIRED AT HOME (HOSPICE CLAIMS ONLY)
41 = EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE-STANDING HOSPICE (HOSPICE CLAIMS ONLY)
42 = EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY) 50 = HOSPICE - HOME
51 = HOSPICE - MEDICAL FACILITY
99 = UNKNOWN

SOURCE: MSIS CLAIMS FILE: 'PATIENT-STATUS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (1999-2004)

LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 40.

ELEMENT NAME: **PATIENT LIABILITY AMOUNT**

SAS VARIABLE: PATIENT_LIB_AMT

TYPE: NUM* LENGTH: 8 BEG: 234 END: 241

DESCRIPTION: THE TOTAL AMOUNT THAT AN ELIGIBLE IS REQUIRED TO SPEND OUT OF THEIR OWN FUNDS, TOWARD THE COST OF THEIR CARE, BEFORE MEDICAID PAYMENTS ARE MADE.

(DISPLAY SIGNED NUMERIC) (SAS USERS:ZONED DECIMAL - ZD8)

SOURCE: MSIS CLAIMS FILE: 'PATIENT-LIABILITY'.