

	NAME	TYPE	POSITIONS			CONTENTS
			LENGTH	BEG	END	
****	STATE MEDICAID RESEARCH LONG TERM CARE SERVICES RECORD	REC	177	1	177	<p>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).</p> <p>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).</p> <p>FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "SMRF TYPE OF SERVICE" (DATA ELEMENT #32).</p> <p>USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.</p>
****	ELIGIBILITY GROUP		50	1	50	<p>ELIGIBILITY INFORMATION ADDED TO UTILIZATION RECORDS, FROM MSIS ELIGIBILITY FILES (USING ELIGIBLE IDENTIFICATION NUMBER).</p>
	1. ELIGIBLE IDENTIFICATION NUMBER	CHAR	20	1	20	<p>UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).</p> <p><i>USER NOTE: ELIGIBLE IDENTIFICATION NUMBERS MAY BE SCRAMBLED IN SOME STATE, SUCH AS GEORGIA, MICHIGAN AND WASHINGTON, TO PROTECT THE IDENTITY OF MEDICAID ELIGIBLES.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
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 = DIST 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					

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
					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
3. ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	23	31	SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.  <i>USER NOTE: NOT AVAILABLE FOR WASHINGTON AND ONLY AVAILABLE ON CROSSOVER CLAIMS FOR IOWA.</i>  SOURCE: MSIS ELIGIBILITY FILES
4. ELIGIBLE BIRTH DATE	NUM	8	32	39	BIRTH DATE OF THE MEDICAID ELIGIBLE.  8 DIGITS  EDIT-RULES: YYYYMMDD  SOURCE: MSIS ELIGIBILITY FILES

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
5. ELIGIBLE SEX CODE	NUM	1	40	40	GENDER OF THE MEDICAID ELIGIBLE.  1 DIGIT  CODES: 1 = FEMALE 2 = MALE 9 = UNKNOWN/ERROR  SOURCE: MSIS ELIGIBILITY FILES
6. ELIGIBLE RACE/ETHNICITY CODE	NUM	1	41	41	RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.  1 DIGIT  CODES: 1 = WHITE, NOT OF HISPANIC ORIGIN 2 = BLACK, NOT OF HISPANIC ORIGIN 3 = AMERICAN INDIAN OR ALASKAN NATIVE 4 = ASIAN OR PACIFIC ISLANDER 5 = HISPANIC 9 = UNKNOWN  USER NOTE: THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.  SOURCE: MSIS ELIGIBILITY FILES

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
7. STATE SPECIFIC ELIGIBILITY CODE	CHAR	4	42	45	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED.
<p>USER NOTE: 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. USERS SHOULD ALSO NOTE THAT THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) 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 MONTHLY ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE.</p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>					

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
8. SMRF UNIFORM ELIGIBILITY CODE	NUM	2	46	47	STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE.  2 DIGITS  CODES: 0 = NOT ELIGIBLE 1 = AGED, CASH 2 = BLIND/DISABLED, CASH 3 = AFDC CHILD, CASH 4 = AFDC-U CHILD, CASH 5 = AFDC ADULT, CASH 6 = AFDC-U ADULT, CASH 7 = AGED, MN 8 = BLIND/DISABLED, MN 9 = AFDC CHILD, MN 10 = AFDC ADULT, MN 11 = RIBICOFF CHILD, MN 12 = AGED, POVERTY 13 = BLIND/DISABLED, POVERTY 14 = CHILD, POVERTY 15 = ADULT, POVERTY 16 = OTHER AGED 17 = OTHER BLIND/DISABLED 18 = FOSTER CARE CHILD 19 = OTHER CHILD 20 = OTHER ADULT 30 = RMA REFUGE/OTHER FEDERAL 31 = STATE FUNDING ONLY 99 = UNKNOWN ELIGIBILITY  USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) 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 MONTHLY ELIGIBILITY FROM THE SMRF PERSON SUMMARY FILE.  SOURCE: SMRF PERSON SUMMARY FILE

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
9. MAINTENANCE ASSISTANCE STATUS (MAS) CODE	NUM	1	48 48	MAINTENANCE ASSISTANCE STATUS CLASSIFICATION OF AN ELIGIBLE.  1 DIGIT  CODES: 0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID 1 = CATEGORICALLY NEEDY, RECEIVING FEDERAL CASH ASSISTANCE 2 = CATEGORICALLY NEEDY, NOT RECEIVING FEDERAL CASH ASSISTANCE 3 = MEDICALLY NEEDY 4 = OTHER COVERAGE GROUPS CREATED BY LEGISLATION EFFECTIVE PRIOR TO 1988 5 = COVERAGE GROUPS CREATED BY THE MCCA OF 1988 AND LATER LEGISLATION 9 = STATUS IS UNKNOWN  <i>USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE MAS GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE MONTHLY MAS GROUP FROM THE SMRF PERSON SUMMARY FILE. BEGINNING WITH 1996 SMRF FILES, THIS DATA ELEMENT WILL NO LONGER BE USED. COMPARABLE INFORMATION WILL BE CAPTURED IN THE "SMRF UNIFORM ELIGIBILITY CODE".</i>  SOURCE: SMRF PERSON SUMMARY FILE

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
10. BASIS OF ELIGIBILITY (BOE) CODE	NUM	1	49 49	<p>BASIS OF ELIGIBILITY FOR THE ELIGIBLE OR RECIPIENT TO BE ENROLLED IN MEDICAID AND RECEIVE BENEFITS.</p> <p>1 DIGIT</p> <p>CODES: SEE SECTION 2700, APPENDIX C OF THE STATE MEDICAID MANUAL FOR EXPANDED DEFINITIONS OF VALUES BELOW:</p> <p>0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID AT ANY TIME DURING THE MONTH 1 = AGED INDIVIDUAL 2 = BLIND INDIVIDUAL 3 = DISABLED INDIVIDUAL 4 = CHILDREN 5 = CARETAKER RELATIVE AND PREGNANT WOMAN 6 = OTHER TITLE XIX ELIGIBLES 9 = ELIGIBILITY STATUS UNKNOWN</p> <p>USER NOTE: THIS ANNUAL CODE IS APPENDED TO EACH CLAIM FOR THE ELIGIBLE PERSON. THEREFORE, THIS CODE (IN THE CLAIMS RECORDS) MAY NOT MATCH THE BOE GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE MONTHLY BOE GROUP FROM THE SMRF PERSON SUMMARY FILE. BEGINNING WITH 1996 SMRF FILES, THIS DATA ELEMENT WILL NO LONGER BE USED. COMPARABLE INFORMATION WILL BE CAPTURED IN THE "SMRF UNIFORM ELIGIBILITY CODE".</p> <p>SOURCE: SMRF PERSON SUMMARY FILE</p>



## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
11. RECIPIENT MEDICARE CROSSOVER CODE	NUM	1	50	50	INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE  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 ON AT LEAST ONE CLAIM IN THIS FILE TYPE (E.G. OTHER SERVICES) FOR THIS PERSON 3 = BOTH 1 AND 2 APPLY  <i>USER NOTE: THE DUAL ELIGIBILITY FLAG, FROM THE SMRF PERSON SUMMARY FILE, IS AN ANNUAL OBSERVATION WHICH MAY NOT MATCH THE DUAL ELIGIBILITY FLAG FOR THE MONTH THE SERVICE WAS DELIVERED.</i>  SOURCE: THE DUAL ELIGIBILITY FLAG IS OBTAINED FROM SMRF PERSON SUMMARY FILE AND DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM MSIS CLAIMS DATA.
**** CLAIMS GROUP		39	51	89	CLAIMS DATA ELEMENTS FROM MSIS CLAIMS FILE (APPLICABLE TO ALL FILE TYPES).
12. PLACE OF SERVICE CODE	NUM	1	51	51	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 6 = OTHER 8 = NOT APPLICABLE 9 = UNKNOWN  SOURCE: MSIS CLAIMS FILE

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
13. TYPE OF CLAIM CODE	NUM	1	52	52	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  SOURCE: MSIS CLAIMS FILE
14. TYPE OF COVERAGE CODE	NUM	1	53	53	CODE INDICATING WHETHER PAYMENTS WERE MADE UNDER FEE-FOR-SERVICE OR A PRE-PAYMENT SYSTEM.  1 DIGIT  CODES: 1 = STANDARD MEDICAID FEE-FOR-SERVICE CLAIM OR ADJUSTMENT. 3 = SERVICE PROVIDED UNDER PRIVATE HEALTH INSURANCE PROGRAM OR PREMIUM PAYMENT. 4 = SERVICE PROVIDED UNDER QUALIFIED HMO OR PREMIUM PAYMENT. 5 = SERVICE PROVIDED UNDER PROVISIONAL HMO OR PREMIUM PAYMENT. 6 = SERVICE PROVIDED UNDER OTHER CAPITATION PLAN OR PREMIUM PAYMENT. 9 = UNKNOWN COVERAGE STATUS.  SOURCE: MSIS CLAIMS FILE

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
15. MSIS TYPE OF SERVICE CODE	NUM	2	54	55	<p>A CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE.</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 <b>MENTAL HOSPITAL SERVICES FOR THE AGED</b></p> <p>03 <b>SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (OBSOLETE BEFORE 1996, BUT NOT REMOVED FROM MSIS SPECIFICATIONS UNTIL 10/98)</b></p> <p>04 <b>INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</b></p> <p>05 <b>INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</b></p> <p>06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990)</p> <p>07 <b>NURSING FACILITY SERVICES (NFS) - ALL OTHER</b></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 (OBSOLETE BEGINNING 10/98)</p> <p>15 LAB AND X-RAY</p> <p>16 PRESCRIBED DRUGS</p> <p>17 EPSDT (OBSOLETE BEGINNING 10/98)</p> <p>18 RURAL HEALTH SERVICES (OBSOLETE BEGINNING 10/98)</p> <p>19 OTHER SERVICES</p> <p>20 PREMIUM PAYMENT (CHANGED TO "CAPITATED PAYMENTS TO HMO OR HIO PLAN" BEGINNING 10/97)</p> <p>99 UNKNOWN</p> <p>USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:</p> <p>02 MENTAL HOSPITAL SERVICES FOR THE AGED</p> <p>03 SNF/ICF MENTAL HEALTH 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>FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.</p> <p>SOURCE: MSIS CLAIMS FILE</p>

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## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
16. FILLER	NUM	2	56	57	
17. SERVICE BEGINNING DATE	NUM	6	58	63	BEGINNING DATE OF SERVICE FOR THIS CLAIM.  6 DIGITS EDIT-RULES: YYMMDD  <i>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</i>  SOURCE: MSIS CLAIMS FILE
18. CHARGE AMOUNT	BIN	4	64	67	TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.  8 DIGITS SIGNED  <i>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT. PRIOR TO 10/98, INSTRUCTIONS TO STATES WERE NOT PRECISE ON HOW THIS DATA ELEMENT WAS TO BE REPORTED FOR ENCOUNTER RECORDS. FOR MOST STATES, THERE SHOULD NOT BE LARGE NUMBERS OF ENCOUNTER RECORDS IN 1995 AND EARLIER YEARS.</i>  SOURCE: MSIS CLAIMS FILE
19. THIRD PARTY PAYMENT AMOUNT	NUM	6	68	73	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.  6 DIGITS SIGNED  <i>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT. 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.</i>  SOURCE: MSIS CLAIMS FILE

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## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	BEG	END	CONTENTS
20. MEDICAID PAYMENT AMOUNT	BIN	4	74	77	TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.  8 DIGITS SIGNED  <i>USER NOTE: BEGINNING IN 1996, THIS DATA ELEMENT WAS STORED AS 8 DIGITS IN "DISPLAY SIGNED NUMERIC" FORMAT.</i>  <i>USER NOTES: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.</i>  <i>THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE &lt; \$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.</i>  SOURCE: MSIS CLAIMS FILE
21. PROVIDER IDENTIFICATION NUMBER	NUM	12	78	89	STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE PROVIDER.  12 DIGITS  <i>USER NOTE: THIS PROVIDER IS USUALLY THE BILLING PROVIDER.</i>  SOURCE: MSIS CLAIMS FILE
**** LONG TERM CARE GROUP		88	90	177	
22. INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED DAY COUNT	NUM	3	90	92	TOTAL NUMBER OF DAYS OF INTERMEDIATE CARE FOR THE MENTALLY RETARDED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.  3 DIGIT  <i>USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "INTERMEDIATE CARE DAY COUNT". ITS VALUE IS &gt;= 0 FOR TOS = 5 (INTERMEDIATE CARE FACILITY -ICF - FOR THE MENTALLY RETARDED). ITS VALUE IS = 0 FOR OTHER TYPES OF SERVICE.</i>  SOURCE: MSIS CLAIMS FILE

STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)						
NAME	TYPE	LENGTH	POSITIONS BEG END		CONTENTS	
23. LONG TERM CARE LEAVE DAY COUNT	NUM	3	93	95	TOTAL NUMBER OF DAYS DURING THE PERIOD COVERED BY THE RECORD THAT THE RECIPIENT WAS NOT IN A LONG TERM CARE FACILITY.	
					3 DIGITS	
					SOURCE: MSIS CLAIMS FILE	
24. NURSING FACILITY DAY COUNT	NUM	3	96	98	TOTAL NUMBER OF DAYS OF NURSING FACILITY CARE INCLUDED IN THIS RECORD THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.	
					3 DIGITS	
					USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "SKILLED CARE DAY COUNT". ITS VALUE IS >=0 FOR TOS = 3 (SNF / ICF MENTAL HEALTH SERVICES FOR THE AGED) AND TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). ITS VALUE IS = 0 FOR OTHER TYPES OF SERVICE.	
					SOURCE: MSIS CLAIMS FILE	
25. LONG TERM CARE ADMISSION DATE	NUM	6	99	104	DATE WHICH THE RECIPIENT WAS ADMITTED TO THE LONG TERM CARE FACILITY OR UNIT.	
					6 DIGITS	
					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.	
					EDIT-RULES: YYNMDD	
					SOURCE: MSIS CLAIMS FILE	
26. FILLER	CHAR	10	105	114		

## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
27. DISCHARGE STATUS CODE	NUM	1	115	115	<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 LTC FACILITY</p> <p>5 = DIED</p> <p>6 = OTHER DISCHARGE</p> <p>9 = UNKNOWN</p> <p>SOURCE: MSIS CLAIMS FILE</p>
28. PAYMENT DATE	NUM	6	116	121	<p>DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE.</p> <p>6 DIGITS</p> <p>EDIT-RULES: YYMMDD</p> <p>USER NOTE: THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.</p> <p>SOURCE: MSIS CLAIMS FILE</p>
29. FILLER	CHAR	2	122	123	
30. PRIMARY DIAGNOSIS CODE	CHAR	5	124	128	<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>SOURCE: MSIS CLAIMS FILE</p>
31. ENDING DATE OF SERVICE	NUM	6	129	134	<p>THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.</p> <p>6 DIGITS</p> <p>EDIT-RULES: YYMMDD</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 LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
32. SMRF TYPE OF SERVICE CODE	NUM	2	135	136	<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><b>02 MENTAL HOSPITAL SERVICES FOR THE AGED</b></p> <p><b>03 SNF / ICF MENTAL HEALTH SERVICES FOR THE AGED (OBSOLETE BEFORE 1996, BUT NOT REMOVED FROM MSIS SPECIFICATIONS UNTIL 10/98)</b></p> <p><b>04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</b></p> <p><b>05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</b></p> <p>06 INTERMEDIATE CARE FACILITY (ICF) - ALL OTHER (OBSOLETE AFTER 1990)</p> <p><b>07 NURSING FACILITY SERVICES (NFS) - ALL OTHER</b></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 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>03 SNF / ICF MENTAL HEALTH 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>



## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.
				SOURCE: MSIS CLAIMS FILE
33. MEDICAID COVERED LONG TERM CARE DAYS	BIN	2	137 138	NUMBER OF LONG TERM CARE DAYS COVERED BY MEDICAID ON THIS RECORD, EXCLUDING LEAVE DAYS.  4 DIGITS SIGNED  USER NOTE: ITS VALUE IS >= 0 FOR TOS = 2 (MENTAL HOSPITAL SERVICES FOR THE AGED) AND TOS = 4 (INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21). ITS VALUE IS = 0 FOR OTHER TYPES OF SERVICE.  SOURCE: MSIS CLAIMS FILE
34. FILLER	CHAR	2	139 140	
35. TAPE-TO-TAPE PROVIDER TYPE CODE	NUM	3	141 143	3 DIGITS  SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
36. TAPE-TO-TAPE PAYMENT AMOUNT CODE	CHAR	1	144 144	SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
37. TAPE-TO-TAPE TYPE OF SERVICE CODE	NUM	2	145 146	2 DIGITS  SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
38. TAPE-TO-TAPE LOCAL USE TEXT	CHAR	10	147 156	SOURCE: FROM TAPE-TO-TAPE DATA FOR MI, CA, GA, AND TN. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.

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## STATE MEDICAID RESEARCH FILES LONG TERM CARE RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
39. SERVICE MISSING CHARGE SWITCH	NUM	1	157 157	SWITCH INDICATING WHETHER THE CHARGE AMOUNTS FROM INDIVIDUAL CLAIMS FOR THE SERVICE HAD ANY MISSING VALUES.  1 DIGIT  CODES: 0 = ALL OF THE CLAIMS COMBINED INTO THIS SERVICE RECORD HAD NO MISSING VALUES IN THE CHARGE AMOUNT DATA ELEMENT. 1 = AT LEAST ONE OF THE CLAIMS COMBINED INTO THIS SERVICE RECORD HAD A MISSING VALUE IN THE CHARGE AMOUNT DATA ELEMENT.  SOURCE: MSIS CLAIMS FILE
40. FILLER	CHAR	20	158 177	