|  |  | POSITIONS | |
| NAME | TYPE | LENGTH BEG END | CONTENTS |
| -------------------------- | ---- | ------ --------- | ------------------------------------------------------------ |

**** STATE MEDICAID RESEARCH FILES INPATIENT RECORD — REC, LENGTH 219, BEG 1, END 219

STATE MEDICAID RESEARCH FILES (SMRF) INPATIENT RECORD PROVIDES INFORMATION ON INPATIENT HOSPITAL STAYS FOR EACH RECIPIENT.  INTERIM CLAIM RECORDS ARE COMBINED INTO A HOSPITAL STAY RECORD IF THEY HAVE THE SAME MSIS ELIGIBLE IDENTIFICATION NUMBER (DATA ELEMENT #1), THE SAME PROVIDER IDENTIFICATION NUMBER (DATA ELEMENT #19) AND ARE FOR CONTIGUOUS OR OVERLAPPING PERIODS OF TIME.  CLAIMS ARE DEFINED TO BE CONTIGUOUS IF THE ENDING DATE OF SERVICE ON A PREVIOUS CLAIM IS THE SAME DAY OR THE DAY BEFORE THE BEGINNING DATE OF SERVICE FOR THE NEXT CLAIM.  HOWEVER, CONTIGUOUS CLAIMS ARE NOT COMBINED INTO THE SAME STAY IF THE "PATIENT STATUS CODE" (DATA ELEMENT #43) INDICATES THAT THE PATIENT WAS DISCHARGED AND WAS ADMITTED AGAIN ON THE SAME DAY (OR THE NEXT DAY).

IT IS POSSIBLE THAT SOME PATIENTS ARE ACTUALLY DISCHARGED (AND SOMETIMES READMITTED) BUT THEIR RECORDS DO NOT INDICATE A STATUS OF DISCHARGED BECAUSE THE RECORDS ARE EITHER CODED INCORRECTLY OR SIMPLY MISSING THE STATUS OF DISCHARGED.  IN THESE INSTANCES, SEPARATE CONTIGUOUS STAYS MAY BE COMBINED INCORRECTLY.

SEPARATE HOSPITAL STAY RECORDS ARE CREATED FOR SETS OF INTERIM CLAIMS FOR MOTHERS AND INFANTS WHO USE THE SAME MSIS ELIGIBLE IDENTIFICATION NUMBER, BUT HAVE SEPARATE CLAIMS. IN CONTRAST, SOME STAYS FOR THE MOTHER'S DELIVERY AND INFANT'S NEWBORN WILL BE COMBINED.  THIS IS BECAUSE THE PROVIDER HAS SUBMITTED CLAIMS WHICH INCLUDE SERVICES FOR THE MOTHER AND INFANT SO THAT IT IS NOT POSSIBLE TO GENERATE SEPARATE STAY RECORDS.

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                                 POSITIONS
            NAME              TYPE  LENGTH BEG  END                              CONTENTS
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                                                      THERE ARE CIRCUMSTANCES WHERE SEPARATE STAY RECORDS MAY BE CREATED FOR THE
                                                      SAME HOSPITAL STAY:

                                                      (1)  IF THERE ARE MULTIPLE INTERIM CLAIMS WITH THE SAME ADMISSION DATE,
                                                           BUT ONE OF THE INTERIM CLAIMS DURING THE SAY IS MISSING, SEPARATE
                                                           STAY RECORDS WILL BE CREATED.  THIS IS BECAUSE THERE IS A GAP OF
                                                           ONE OR MORE DAYS BETWEEN THE ENDING DATE OF SERVICE ON ONE RECORD AND
                                                           THE BEGINNING DATE OF SERVICE ON ANOTHER.

                                                      (2)  SOMETIMES, A HOSPITAL WILL SUBMIT A BILL FOR THE "CROSSOVER" PORTION
                                                           OF A STAY USING THEIR MEDICARE PROVIDER IDENTIFIER AND WILL SUBMIT A
                                                           SECOND BILL FOR THE "NON-CROSSOVER" PORTION OF THE SAME STAY USING
                                                           THEIR MEDICAID PROVIDER IDENTIFIER.  IN THIS SITUATION, SEPARATE
                                                           STAY RECORDS ARE CREATED, BECAUSE THE RECORDS HAVE DIFFERENT
                                                           PROVIDER IDENTIFIERS.

                                                      (3)  IF A HOSPITAL SUBMITS SEPARATE BILLS FROM DIFFERENT COST CENTERS IN
                                                           THE HOSPITAL (E.G. ANCILLARY VERSUS ACCOMMODATION SERVICES), USING
                                                           DIFFERENT PROVIDER IDENTIFIERS FOR THE COST CENTERS, SEPARATE STAY
                                                           RECORDS ARE CREATED.

                                                      FOR ALL CLAIMS IN A COMBINED SET: (1) MEDICAID PAYMENTS AND COVERED DAYS
                                                      ARE SUMMED, (2) ALL DIAGNOSIS AND PROCEDURE CODES ARE PICKED UP FROM THE
                                                      INTERIM CLAIMS, AND (3) DEMOGRAPHIC INFORMATION AND THE DATE OF PAYMENT
                                                      ARE TAKEN FROM THE LAST CLAIM IN THE SET.

                                                      THE FILE FOR A GIVEN YEAR CONTAINS STAY RECORDS WHERE THE LAST DATE OF
                                                      SERVICE IS IN THAT YEAR (EVEN IF THE STAY BEGAN IN A PREVIOUS YEAR).

                                                      THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE.
                                                      HOWEVER, THEY MAY NOT INCLUDE ALL INPATIENT HOSPITAL CARE OR COMPLETE
                                                      INFORMATION ON MEDICAID COVERED SERVICES HOSPITAL CARE WHEN THE ELIGIBLE
                                                      HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE
                                                      COVERAGE).

                                                      FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE,
                                                      SEE "SMRF TYPE OF SERVICE" (DATA ELEMENT #16).

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

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                                                 POSITIONS
                  NAME                 TYPE  LENGTH BEG  END                             CONTENTS
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   ***  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         CHAR     20    1   20   UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID
       NUMBER                                                  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
```

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                                         POSITIONS
              NAME                TYPE  LENGTH BEG  END                                    CONTENTS
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                                                          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
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                                      POSITIONS
            NAME              TYPE  LENGTH BEG  END                             CONTENTS
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3. ELIGIBLE TEMPORARY         CHAR    20    23   42   TEMPORARY PERSONAL IDENTIFICATION NUMBER ASSIGNED BY THE STATE
   IDENTIFICATION NUMBER                              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.

                                                      EDIT-RULES:  AS NEGOTIATED WITH EACH STATE.  IF THERE IS NO TEMPORARY
                                                      IDENTIFICATION NUMBER, THIS DATA ELEMENT SHOULD BE BLANK-FILLED.

                                                      SOURCE:  MSIS ELIGIBILITY FILES


4. ELIGIBLE SOCIAL SECURITY   CHAR     9    43   51   SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.
   NUMBER
                                                      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).

                                                      SOURCE:  MSIS ELIGIBILITY FILES


5. ELIGIBLE BIRTH DATE        NUM      8    52   59   BIRTH DATE OF THE MEDICAID ELIGIBLE.

                                                      8 DIGITS
                                                      EDIT-RULES:  YYYYMMDD

                                                      SOURCE:  MSIS ELIGIBILITY FILES


6. ELIGIBLE SEX CODE          NUM      1    60   60   GENDER OF THE MEDICAID ELIGIBLE.

                                                      1 DIGIT
                                                      CODES:
                                                      1 = FEMALE
                                                      2 = MALE
                                                      9 = UNKNOWN/ERROR

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

                                                      SOURCE:  MSIS ELIGIBILITY FILES
```

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                                            POSITIONS
             NAME                TYPE  LENGTH BEG   END                          CONTENTS
   --------------------------    ----  ------ ---------  ----------------------------------------------------------

   7. ELIGIBLE RACE/ETHNICITY    NUM      1    61    61   RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.
      CODE
                                                         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 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 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.*

SOURCE:  MSIS ELIGIBILITY FILES

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                                             POSITIONS
              NAME              TYPE  LENGTH BEG   END                          CONTENTS
   --------------------------   ----  ------ ---------   ------------------------------------------------------------

   8. STATE SPECIFIC ELIGIBILITY  CHAR    6    62    67   STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER
      CODE - MOST RECENT                                  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, REQUIRES A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRES AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS.  THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES.  THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES.  THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS).  BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH.  THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE.*

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.

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                                          POSITIONS
            NAME                TYPE  LENGTH BEG  END                             CONTENTS
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9. STATE SPECIFIC ELIGIBILITY   CHAR      6    68   73   STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE
   CODE - FOR MONTH OF SERVICE                           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 IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS.  THESE CODES
                                                         HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES.  THEREFORE, MOST
                                                         USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES.  THROUGH 9/98, THIS
                                                         DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK
                                                         FILLED (TWO RIGHT POSITIONS).  BEGINNING IN 10/98, IT IS 6 CHARACTERS IN
                                                         LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH
                                                         RECORD FOR THE ELIGIBLE PERSON, FROM THE SMRF PERSON SUMMARY FILE.

                                                          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.
```

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

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

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                                           POSITIONS
                NAME                TYPE  LENGTH BEG  END                          CONTENTS
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 **    CROSSOVER (MEDICARE)         GROUP    4    78   81    INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS
       ELIGIBILITY GROUP                                     (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).

   12. ELIGIBLE MEDICARE            NUM      1    78   78    INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE
       CROSSOVER CODE                                        (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
```

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                                       POSITIONS
             NAME                 TYPE  LENGTH BEG  END                              CONTENTS
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*ONCE THIS MAPPING IS COMPLETED, VALUE = 0 IS CHANGED TO VALUE = 2  AND
VALUE = 1 IS CHANGED TO VALUE = 3 IF THERE WAS MEDICARE DEDUCTIBLE OR
COINSURANCE PAID BY MEDICAID FOR THIS SERVICE.*

SOURCE:  THE DUAL ELIGIBILITY FLAG IS OBTAINED FROM SMRF PERSON SUMMARY
RECORDS AND DEDUCTIBLE OR COINSURANCE PAID AMOUNTS ARE OBTAINED FROM
MSIS CLAIMS DATA.

13. ELIGIBLE MEDICARE          NUM     1     79   79   INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS
    CROSSOVER CODE – CLAIM-BASED                       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.

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                                                POSITIONS
                NAME                TYPE  LENGTH BEG  END                              CONTENTS
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 14. ELIGIBLE MEDICARE CROSSOVER   NUM     2      80  81   INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE AND THE TYPE OF
     CODE - NEW                                           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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                                        POSITIONS
                   NAME           TYPE  LENGTH BEG  END                          CONTENTS
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  ***   UTILIZATION AND PAYMENT       REGION 101   82  219  DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.
        SUMMARY REGION


  **    SERVICE GROUP                 GROUP   17   82   98  DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE
                                                            AND PROVIDER IDENTIFICATION.


    15. MSIS TYPE OF SERVICE          NUM      2   82   83  CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM
        CODE                                                (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)
```

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                              POSITIONS
            NAME          TYPE LENGTH BEG  END                              CONTENTS
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```

**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: FROM 1/96 THROUGH 9/98, THE ONLY MSIS TYPES OF SERVICE THAT
APPEAR IN THIS FILE ARE TOS=01 (INPATIENT HOSPITAL) AND TOS=14 (FAMILY
PLANNING).  FROM 10/98 THROUGH 12/98, THE ONLY MSIS TYPES OF SERVICE
THAT APPEAR IN THIS FILE ARE TOS=01 (INPATIENT HOSPITAL), TOS=24
(STERILIZATIONS), TOS=25 (ABORTIONS) AND TOS=39 (RELIGIOUS NON-MEDICAL
HEALTH CARE INSTITUTIONS).  BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT;
FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS
(FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED,
ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED
CARE WAIVER SERVICES USING A NEW DATA ELEMENT, "PROGRAM TYPE".*

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

SOURCE: MSIS CLAIMS FILE

```
                                      POSITIONS
              NAME             TYPE  LENGTH BEG  END                          CONTENTS
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 16. SMRF TYPE OF SERVICE CODE  NUM     2    84   85  CODE INDICATING THE STATE MEDICAID RESEARCH FILES (SMRF)
                                                     TYPE OF SERVICE FOR THIS RECORD.

                                                     2 DIGITS

                                                     CODES  (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD):
                                                     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
                                                     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
                                                     15  LAB AND X-RAY
                                                     16  PRESCRIBED DRUGS
                                                     17  EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
                                                     18  RURAL HEALTH SERVICES
                                                     19  OTHER SERVICES
                                                     20  PREMIUM PAYMENT
                                                     21  DME AND SUPPLIES
                                                     22  CASE MANAGEMENT SERVICES
                                                     23  TRANSPORTATION
                                                     99  UNKNOWN

                                                     USER NOTE: THE ONLY SMRF TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:
                                                     TOS = 01 (INPATIENT HOSPITAL)
                                                           14 (FAMILY PLANNING)
```

```
                              POSITIONS
            NAME           TYPE  LENGTH BEG   END                            CONTENTS
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```

*STAYS WITH MSIS TYPES OF SERVICE ARE MAPPED TO SMRF TYPE OF SERVICE CODES, AS FOLLOWS:*

*TO      FROM*
*SMRF    MSIS FY98 AND LATER*
*CODE    CODE (TYPE-OF-SERVICE)*

*01  =  01  INPATIENT HOSPITAL*
*01  =  24  STERILIZATIONS*
*01  =  25  ABORTIONS*
*01  =  39  CHRISTIAN SCIENCE PRACTITIONERS (CHANGED TO "RELIGIOUS NON-*
*            MEDICAL HEALTH CARE INSTITUTIONS" BEGINNING 10/98)*
*14  =  14  FAMILY PLANNING*

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

*BEGINNING IN 10/98, FAMILY PLANNING SERVICES WERE IDENTIFIED USING A NEW MSIS DATA ELEMENT, CALLED "PROGRAM TYPE". THEREFORE, FOR 10/98 THROUGH 12/98, THERE IS AN ADDITIONAL STEP IN THE MAPPING PROCESS. IF MSIS PROGRAM TYPE = 2 (FAMILY PLANNING), THEN SMRF TYPE OF SERVICE IS GIVEN VALUE = 14 (FAMILY PLANNING). FOR THESE RECORDS, USERS WILL STILL BE ABLE TO OBTAIN ADDITIONAL INFORMATION ON TYPE OF SERVICE BY USING MSIS TYPE OF SERVICE.*

*SOURCE: MSIS CLAIMS FILE.*

```
                                        POSITIONS
                 NAME              TYPE  LENGTH BEG  END                          CONTENTS
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       17. PLACE OF SERVICE CODE    NUM     1    86   86   CODE INDICATING THE PLACE WHERE THE SERVICE WAS PERFORMED.

                                                          1 DIGIT

                                                          CODES:
                                                          1 = OFFICE
                                                          2 = PATIENT'S HOME
                                                          3 = INPATIENT HOSPITAL
                                                          4 = NURSING HOME
                                                          5 = OUTPATIENT HOSPITAL / EMERGENCY ROOM / CLINIC
                                                              (EXCLUDES EMERGENCY ROOM FROM 10/98 TO 12/98)
                                                          6 = OTHER
                                                          7 = EMERGENCY ROOM (FROM 10/98 TO 12/98, ONLY)
                                                          8 = NOT APPLICABLE
                                                          9 = UNKNOWN

                                                          USER NOTE: BEGINNING IN 10/98, MSIS DID NOT COLLECT PLACE OF SERVICE FOR
                                                          INPATIENT HOSPITAL CLAIMS.  FOR INPATIENT HOSPITAL RECORDS FROM 10/98
                                                          THROUGH 12/98, PLACE OF SERVICE IS CODED WITH VALUE = 3 (INPATIENT
                                                          HOSPITAL).

                                                          SOURCE:  MSIS CLAIMS FILE
```

```
                                        POSITIONS
                    NAME            TYPE  LENGTH BEG  END                        CONTENTS
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    18.  PROVIDER IDENTIFICATION    CHAR    12    87   98   STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER
         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
```

```
                                          POSITIONS
               NAME              TYPE  LENGTH BEG  END                          CONTENTS
    -------------------------    ----  ------ ---------    ------------------------------------------------------------

    20. TYPE OF COVERAGE CODE    NUM      1   100  100    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.

                                                          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.

                                                          SOURCE:  MSIS CLAIMS FILE
```

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                                              POSITIONS
              NAME                TYPE  LENGTH BEG  END                              CONTENTS
     --------------------------   ----  ------ --------   --------------------------------------------------------
```

21. MEDICAID PAYMENT AMOUNT     NUM      8    101  108   TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE

                                                         8 DIGITS (DISPLAY SIGNED NUMERIC)

                                                         *USER NOTES: PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.*

                                                         *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*

                                                         *(1) THROUGH 9/97 –*
                                                         *    MSIS TYPE OF SERVICE (TOS) = 20 (PREMIUM PAYMENTS), OR*

                                                         *(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).*

                                                         SOURCE: CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE

22. THIRD PARTY PAYMENT AMOUNT   NUM      8    109  116   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.

                                                         8 DIGITS (DISPLAY SIGNED NUMERIC)

                                                         *USER NOTE:  PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" 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.*

                                                         SOURCE:  MSIS CLAIMS FILE

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                                             POSITIONS
             NAME                TYPE  LENGTH BEG  END                          CONTENTS
      --------------------------  ----  ------ --------  ---------------------------------------------------------------
```

23. PAYMENT DATE                 NUM      8    117  124   DATE ON WHICH THE PAYMENT WAS ADJUDICATED BY THE STATE.

                                                          8 DIGITS

                                                          EDIT-RULES:  YYYYMMDD

                                                          *USER NOTE:  THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING
                                                          IN 1996.*

                                                          SOURCE:  MSIS CLAIMS FILE

24. CHARGE AMOUNT                NUM      8    125  132   TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.

                                                          8 DIGITS (DISPLAY SIGNED NUMERIC)

                                                          *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.*

                                                          SOURCE:  MSIS CLAIMS FILE

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                                         POSITIONS
           NAME                 TYPE  LENGTH BEG  END                              CONTENTS
    -------------------------   ----  ------ ---------  -----------------------------------------------------------
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25. PREPAID PLAN SERVICE VALUE   NUM     8    133  140   DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

                                                         8 DIGITS (DISPLAY SIGNED NUMERIC)

                                                         *USER NOTES: FOR RECORDS IN WHICH TYPE OF CLAIM HAS VALUE=3 DUMMY OR*
                                                         *ENCOUNTER RECORD) THE MSIS VALUE OF "MEDICAID AMOUNT PAID" HAS BEEN MOVED*
                                                         *TO DATA ELEMENT #25 (PREPAID PLAN SERVICE VALUE)AND MEDICAID PAYMENT*
                                                         *AMOUNT HAS BEEN RESET TO VALUE = $0.  THIS IS BECAUSE MEDICAID PAYMENT FOR*
                                                         *THESE RECORDS IS ALREADY CAPTURED IN RECORDS CONTAINING MSIS TOS = 20*
                                                         *(PREMIUM PAYMENTS), THROUGH 9/97 AND IN TOS = 20 (CAPITATED PAYMENTS TO*
                                                         *HMO OR HIO PLAN), TOS=21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS –*
                                                         *PHPs) OR TOS=22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT*
                                                         *–PCCMs), BEGINNING 10/97.  DEPENDING ON THE PROVIDER AND TYPE OF PREPAID*
                                                         *PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS.*
                                                         *FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A*
                                                         *PROVIDER'S CHARGE TO THE PLAN.  IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A*
                                                         *MEASURE OF RESOURCES USED.  FOR THIS REASON, EXTREME CAUTION SHOULD BE*
                                                         *EXERCISED WHEN USING THIS DATA ELEMENT BEGINNING IN 10/98, MSIS EDIT*
                                                         *SPECIFICATIONS STATE THAT MEDICAID AMOUNT PAID MUST BE $0 FOR ENCOUNTER*
                                                         *RECORDS.*

                                                         SOURCE:  CODED AT HCFA AS NOTED ABOVE USING MSIS CLAIMS FILE

**   INPATIENT HOSPITAL GROUP     GROUP    79   141  219   ADDITIONAL CLAIMS DATA ELEMENTS SPECIFIC TO INPATIENT HOSPITAL SERVICES.

26. ADMISSION DATE               NUM     8    141  148   DATE WHICH THE RECIPIENT WAS ADMITTED FOR THIS INPATIENT STAY.

                                                         8 DIGITS

                                                         EDIT-RULES:  YYYYMMDD

                                                         *USER NOTE:  THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING*
                                                         *IN 1996.*

                                                         SOURCE:  MSIS CLAIMS FILE

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                                      POSITIONS
            NAME                 TYPE  LENGTH BEG  END                              CONTENTS
   -------------------------     ----  ------ ---------  --------------------------------------------------------------

   27. SERVICE BEGINNING DATE    NUM      8   149  156   BEGINNING DATE OF SERVICE FOR THIS CLAIM.

                                                         8 DIGITS
                                                         EDIT-RULES:  YYYYMMDD

                                                         USER NOTE:  THIS DATE MAY OR MAY NOT BE THE ADMISSION DATE.  THIS DATA
                                                         ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING IN 1996.

                                                         SOURCE:  MSIS CLAIMS FILE

   28. ENDING DATE OF SERVICE    NUM      8   157  164   THE DATE RECORDED HERE IS THE LATEST DATE OF SERVICE FOR ANY CLAIM RELATED
                                                         TO THIS HOSPITAL STAY.  THIS DATE MAY OR MAY NOT BE THE DISCHARGE DATE.

                                                         8 DIGITS
                                                         EDIT-RULES:  YYYYMMDD

                                                         USER NOTES: THIS DATA ELEMENT IS BEST USED TOGETHER WITH DATA ELEMENT #37,
                                                         DISCHARGE STATUS CODE.  THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS
                                                         BEGINNING IN 1996.

                                                         SOURCE:  MSIS CLAIMS FILE

   29. PRIMARY DIAGNOSIS CODE     CHAR     5   165  169   PRIMARY OR PRINCIPAL ICD-9-CM DIAGNOSIS FOR THIS RECORD.

                                                         EDIT-RULES:  LEFT JUSTIFIED, NO DECIMAL POINT

                                                         USER NOTE:  USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS
                                                         AS IT WAS REPORTED BY EACH STATE.  IT MAY CONTAIN EITHER BLANK-PADDING
                                                         OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.

                                                         SOURCE:  MSIS CLAIMS FILE

   30. SECOND DIAGNOSIS CODE      CHAR     5   170  174   SECOND ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.

                                                         EDIT-RULES:  LEFT JUSTIFIED, NO DECIMAL POINT.

                                                         USER NOTE:  USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS
                                                         AS IT WAS REPORTED BY EACH STATE.  IT MAY CONTAIN EITHER BLANK-PADDING
                                                         OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.

                                                         SOURCE:  MSIS CLAIMS FILE
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                                             POSITIONS
              NAME                   TYPE  LENGTH BEG  END                              CONTENTS
    ---------------------------      ----  ------ ---------    --------------------------------------------------------------
    31. PROCEDURE CODING SYSTEM      NUM      2   175  176   CODE SPECIFYING THE PROCEDURE CODING SYSTEM USED FOR THE PRINCIPAL
        CODE                                                 AND SECONDARY PROCEDURES.

                                                             2 DIGITS

                                                             CODES:
                                                             01    = CPT-4 (HCPCS LEVEL 1)
                                                             02    = ICD-9-CM
                                                             06    = HCPCS (HCPCS LEVELS 2 AND 3)
                                                             07    = ICD-10 (FUTURE USE)
                                                             10-87 = OTHER SYSTEMS
                                                             88    = NOT APPLICABLE
                                                             99    = UNKNOWN

                                                             USER NOTES:  THIS DATA ELEMENT SHOULD BE USED WITH DATA ELEMENTS
                                                             #32 AND #33.  USERS SHOULD MAKE SURE THE CODE VALUE IN THIS DATA
                                                             ELEMENT ACCURATELY REFLECTS THE CODING SCHEME IN USE.  THE FOLLOWING CODE
                                                             VALUES ARE OBSOLETE:  03 = CRVS 74, 04 = CRVS 69 AND 05 = CRVS 64.

                                                             SOURCE:  MSIS CLAIMS FILE

    32. PRINCIPAL PROCEDURE CODE     CHAR     7   177  183   PRINCIPAL PROCEDURE PERFORMED FOR DEFINITIVE TREATMENT
                                                             (RATHER THAN DIAGNOSTIC OR EXPLORATORY PURPOSES).  IT IS RELATED
                                                             TO EITHER THE DIAGNOSIS OR TO COMPLICATIONS.  SEE DATA ELEMENT
                                                             #31 PROCEDURE CODING SYSTEM CODE.

                                                             SOURCE:  MSIS CLAIMS FILE

    33. SECONDARY PROCEDURE CODE     CHAR     7   184  190   SECOND MOST SIGNIFICANT PROCEDURE PERFORMED, OTHER THAN THE
                                                             PRINCIPAL PROCEDURE. SEE DATA ELEMENT #31 PROCEDURE CODING SYSTEM
                                                             CODE.

                                                             SOURCE:  MSIS CLAIMS FILE
    34. PRINCIPAL PROCEDURE DATE     NUM      8   191  198   DATE ON WHICH THE PRINCIPAL PROCEDURE, IF ANY, WAS PERFORMED.

                                                             8 DIGITS
                                                             EDIT-RULES: YYYYMMDD

                                                             USER NOTE:  THIS DATA ELEMENT WAS CHANGED FROM 6 TO 8 DIGITS BEGINNING
                                                             IN 1996.

                                                             SOURCE:  MSIS CLAIMS FILE
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                                       POSITIONS
            NAME                TYPE  LENGTH BEG  END                              CONTENTS
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35. RECIPIENT DELIVERY CODE      NUM      1   199  199  CODE INDICATING WHETHER THIS IS A DELIVERY STAY.

                                                        1 DIGIT

                                                        CODES:
                                                        0  = NOT A DELIVERY STAY
                                                        1  = MATERNAL DELIVERY STAY
                                                        2  = NEWBORN DELIVERY STAY

                                                        USER NOTE:  CODE VALUE = 1 IS ASSIGNED IF ANY OF THE CLAIMS FOR THIS
                                                        STAY HAVE A MATERNAL DELIVERY CODE.  CODE VALUE = 2 IS ASSIGNED FOR
                                                        SEPARATE NEWBORN DELIVERY CLAIMS THAT ARE KNOWN TO CONTAIN THE MOTHER'S
                                                        MEDICAID IDENTIFIER.  IF THERE ARE CLAIMS IDENTIFIED AS MATERNAL
                                                        DELIVERIES AND NEWBORN DELIVERIES IN THE SAME CLAIMS "SET", TWO SEPARATE
                                                        ADJUSTED STAY RECORDS ARE CREATED – ONE FOR THE MOTHER AND ONE FOR THE
                                                        NEWBORN.  THE DATE OF BIRTH ON THE NEWBORN DELIVERY CLAIM MUST BE WITHIN
                                                        THE YEAR OF THE FILE.  IF THERE ARE ONLY RECORDS FOR A NEWBORN DELIVERY,
                                                        THE ADJUSTED STAY RECORD IS REPORTED AS VALUE = 0 (NOT A DELIVERY STAY).

                                                        USERS ARE WARNED THAT COUNTING THE NUMBER OF DELIVERY STAYS MAY RESULT IN
                                                        AN OVERCOUNT OF THE ACTUAL NUMBER OF DELIVERIES.  THIS IS BECAUSE THERE
                                                        MAY BE MORE THAN ONE STAY RECORD FOR THE SAME MATERNAL DELIVERY (E.G.
                                                        STAYS FOR FALSE LABOR AND/OR STAYS FOR DELIVERY-RELATED COMPLICATIONS).
                                                        THIS CAN OCCUR WHEN MATERNAL STAYS THAT DO NOT RESULT IN A DELIVERY ARE
                                                        CODED INCORRECTLY.  SIMILARLY, COUNTS OF NEWBORN DELIVERY STAYS MAY
                                                        UNDERCOUNT ACTUAL DELIVERIES (OR CHILDREN BORN UNDER MEDICAID) SINCE
                                                        CODING OF NEWBORN DELIVERIES MAY BE REPORTED FOR PROCESSING PURPOSES ONLY.

                                                        FINALLY, THE METHOD OF CODING THIS DATA ELEMENT IS BASED ON THE
                                                        PREDOMINANT METHOD OF REPORTING DELIVERIES IN EACH STATE.  THEREFORE,
                                                        CODING  MAY BE INCORRECT FOR CLAIMS THAT HAVE BEEN SUBMITTED ACCORDING TO
                                                        OTHER REPORTING METHODS.

                                                        SOURCE:  CODED AT HCFA FROM MSIS CLAIMS RECORDS.

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                                          POSITIONS
              NAME              TYPE  LENGTH BEG   END                                 CONTENTS
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36. MEDICAID COVERED INPATIENT   NUM      3   200  202   NUMBER OF INPATIENT DAYS COVERED BY MEDICAID ON THIS INPATIENT STAY,
    DAYS                                                 INCLUDING NEWBORN DAYS.

                                                         3 DIGITS (DISPLAY SIGNED NUMERIC)

                                                         *USER NOTE:  FOR STATES THAT REIMBURSE HOSPITALS USING DIAGNOSIS
                                                         RELATED GROUPS (DRGs) OR SELECTIVE CONTRACTING, USERS SHOULD
                                                         DISREGARD THE VALUES IN THIS DATA ELEMENT.  IN THESE CASES, MEDICAID
                                                         COVERED INPATIENT DAYS ARE ACTUALLY THE LENGTH OF STAY = THE NUMBER OF
                                                         DAYS FROM ADMISSION TO DISCHARGE (+1 IF THE PERSON WAS ADMITTED AND
                                                         DISCHARGED ON THE SAME DAY).*

                                                         SOURCE:  MSIS CLAIMS FILE

37. DISCHARGE STATUS CODE         NUM      1   203  203   CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.

                                                         1 DIGIT

                                                         CODES:
                                                         1 = STILL A PATIENT
                                                         2 = TRANSFERRED TO HOME
                                                         3 = TRANSFERRED TO ACUTE CARE FACILITY
                                                         4 = TRANSFERRED TO LONG TERM CARE FACILITY
                                                         5 = DIED
                                                         6 = OTHER DISCHARGE
                                                         9 = UNKNOWN

                                                         *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:*

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                                  POSITIONS
              NAME              TYPE  LENGTH BEG  END                        CONTENTS
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```

                                                 *TO    FROM*
                                                 *SMRF MSIS FY99*
                                                 *CODE CODE (PATIENT-STATUS)*

                                                  *1 = 30 STILL A PATIENT*
                                                  *1 = 09 ADMITTED AS AN INPATIENT TO THIS HOSPITAL*
                                                  *2 = 01 DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)*
                                                  *2 = 06 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH*
                                                  *        SERVICE ORGANIZATION*
                                                  *2 = 08 DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG*
                                                  *        THERAPY PROVIDER*
                                                  *2 = 50 HOSPICE – HOME*
                                                  *3 = 02 DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL*
                                                  *4 = 03 DISCHARGED/TRANSFERRED TO NF*
                                                  *4 = 04 DISCHARGED/TRANSFERRED TO ICF*
                                                  *5 = 20 EXPIRED (OR DID NOT RECOVER – CHRISTIAN SCIENCE) PATIENT*
                                                  *5 = 40 EXPIRED AT HOME (HOSPICE CLAIMS ONLY)*
                                                  *5 = 41 EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE-*
                                                  *        STANDING HOSPICE (HOSPICE CLAIMS ONLY)*
                                                  *5 = 42 EXPIRED – PLACE UNKNOWN (HOSPICE CLAIMS ONLY)*
                                                  *6 = 05 DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING*
                                                  *        DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER*
                                                  *        INSTITUTION*
                                                  *6 = 07 LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE*
                                                  *6 = 51 HOSPICE – MEDICAL FACILITY*
                                                  *9 = 99 UNKNOWN*

                                                 *THE MAPPING OF THESE CODES FOR INPATIENT SERVICES, FROM 10/98 TO*
                                                 *12/98, IS IDENTICAL TO THE MAPPING FOR LONG TERM CARE SERVICES WITH*
                                                 *ONE EXCEPTION.  FOR LONG TERM CARE SERVICES, VALUE = 09 (ADMITTED AS AN*
                                                 *INPATIENT TO THIS HOSPITAL) IS MAPPED TO SMRF VALUE = 3 (TRANSFERRED TO*
                                                 *AN ACUTE CARE FACILITY).  FOR INPATIENT HOSPITAL SERVICES, VALUE = 09*
                                                 *(ADMITTED AS AN INPATIENT TO THIS HOSPITAL) IS MAPPED TO SMRF VALUE = 1*
                                                 *(STILL A PATIENT).*

                                                 SOURCE:  MSIS CLAIMS FILE

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                                          POSITIONS
            NAME                 TYPE  LENGTH BEG  END                         CONTENTS
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38. ANCILLARY CHARGE AMOUNT     NUM      8    204  211   TOTAL AMOUNT CHARGED FOR INPATIENT SERVICES OTHER THAN ROOM AND BOARD.

                                                        8 DIGITS (DISPLAY SIGNED NUMERIC)

                                                        *USER NOTE:  PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.*
                                                        *BEGINNING IN 10/98, THE VALUE FOR THIS DATA ELEMENT IS THE SUM OF CHARGES*
                                                        *FOR ALL MSIS UB REVENUE CHARGE DATA ELEMENTS WHERE THE CORRESPONDING UB*
                                                        *REVENUE CODE VALUE IS "22X" OR HIGHER.  FILES FOR SOME STATES MAY*
                                                        *INCORRECTLY CONTAIN RECORDS FOR LONG-TERM AND STATE-OWNED HOSPITALS.*
                                                        *SINCE THESE FACILITIES DO NOT USE UB-92 BILLING FORMS, ANCILLARY CHARGE*
                                                        *AMOUNT WILL BE VALUE =$0 FOR THESE FACILITIES.*

                                                        SOURCE:  MSIS CLAIMS FILE

39. ACCOMMODATION CHARGE AMOUNT  NUM      8    212  219   TOTAL AMOUNT CHARGED FOR INPATIENT ROOM AND BOARD.

                                                        8 DIGITS (DISPLAY SIGNED NUMERIC)

                                                        *USER NOTE:  PRIOR TO 1996, THIS DATA ELEMENT WAS STORED IN "COMP" FORMAT.*
                                                        *BEGINNING IN 10/98, THE VALUE FOR THIS DATA ELEMENT IS THE SUM OF CHARGES*
                                                        *FOR ALL MSIS UB REVENUE CHARGE DATA ELEMENTS WHERE THE CORRESPONDING UB*
                                                        *REVENUE CODE VALUE IS BETWEEN "10X" AND "21X" (INCLUSIVE).  FILES FOR SOME*
                                                        *STATES MAY INCORRECTLY CONTAIN RECORDS FOR LONG-TERM AND STATE-OWNED*
                                                        *HOSPITALS.  SINCE THESE FACILITIES DO NOT USE UB-92 BILLING FORMS,*
                                                        *ACCOMMODATION CHARGE AMOUNT WILL BE VALUE =$0 FOR THESE FACILITIES.*

                                                        SOURCE:  MSIS CLAIMS FILE