

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: \*\*\*\*

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

SAS VARIABLE: NONE

TYPE: REC LENGTH: 281 BEG: 1 END: 281

DESCRIPTION: MEDICAID ANALYTIC EXTRACT (MAX) LONG TERM CARE SERVICES RECORD PROVIDES INFORMATION ON SERVICES PROVIDED IN LONG TERM CARE INSTITUTIONS FOR EACH RECIPIENT. THESE SERVICES INCLUDE NURSING FACILITY SERVICES AND INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED. THE RECORDS IN THIS FILE ARE TYPICALLY WEEKLY OR MONTHLY LONG TERM CARE CLAIMS. HOWEVER, FOR SOME STATES, THERE MAY BE SEPARATE RECORDS FOR ANCILLARY SERVICES IN (SUCH AS PHYSICAL THERAPY).

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

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

FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE 'MAX TYPE OF SERVICE CODE'.

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **ELIGIBILITY GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 79 BEG: 1 END: 79

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



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 2.

ELEMENT NAME: **STATE ABBREVIATION CODE**

SAS VARIABLE: STATE\_CD

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

DESCRIPTION: U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.

CODES:

AL = ALABAMA  
AK = ALASKA  
AZ = ARIZONA  
AR = ARKANSAS  
AS = AMERICAN SAMOA  
CA = CALIFORNIA  
CO = COLORADO  
CT = CONNECTICUT  
DE = DELAWARE  
DC = DISTRICT OF COLUMBIA  
FL = FLORIDA  
GA = GEORGIA  
GU = GUAM  
HI = HAWAII  
ID = IDAHO  
IL = ILLINOIS  
IN = INDIANA  
IA = IOWA  
KS = KANSAS  
KY = KENTUCKY  
LA = LOUISIANA  
ME = MAINE  
MD = MARYLAND  
MA = MASSACHUSETTS  
MI = MICHIGAN  
MN = MINNESOTA  
MS = MISSISSIPPI  
MO = MISSOURI  
MT = MONTANA  
NE = NEBRASKA  
NV = NEVADA  
NH = NEW HAMPSHIRE  
NJ = NEW JERSEY  
NM = NEW MEXICO  
NY = NEW YORK  
NC = NORTH CAROLINA  
ND = NORTH DAKOTA  
OH = OHIO  
OK = OKLAHOMA  
OR = OREGON  
PA = PENNSYLVANIA  
PR = PUERTO RICO  
RI = RHODE ISLAND  
SC = SOUTH CAROLINA  
SD = SOUTH DAKOTA  
TN = TENNESSEE  
TX = TEXAS  
UT = UTAH  
VT = VERMONT

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

VI = VIRGIN ISLANDS  
VA = VIRGINIA  
WA = WASHINGTON  
WV = WEST VIRGINIA  
WI = WISCONSIN  
WY = WYOMING

SOURCE: MSIS ELIGIBILITY FILES.



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 4.

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

SAS VARIABLE: MDCD\_HIC\_NUM

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

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

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

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





**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 7.

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

SAS VARIABLE: EL\_RACE\_ETHNCY\_CD

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

DESCRIPTION: CODE INDICATING THE RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.

CODES:

- 1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98)
- 2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98)
- 3 = AMERICAN INDIAN OR ALASKAN NATIVE
- 4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98)
- 5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98)
- 6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98)
- 7 = HISPANIC OR LATINO AND ONE OR MORE RACES (NEW CODE BEGINNING 10/98)
- 8 = MORE THAN ONE RACE (NEW CODE BEGINNING 10/98)
- 9 = UNKNOWN

USER NOTE: SINCE SPECIFICATIONS FOR CODE VALUES = 7 AND 8 WERE NOT ISSUED UNTIL MAY 2000, THESE CODE VALUES MAY NOT APPEAR. THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.

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









**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 12.

ELEMENT NAME: **ELIGIBLE RACE - NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER**

SAS VARIABLE: RACE\_CODE\_5

TYPE: CHAR LENGTH: 1 BEG: 58 END: 58

DESCRIPTION: CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER.

CODES:

0 = NON-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OR RACE UNKNOWN

1 = NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-5'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 13.

ELEMENT NAME: **ELIGIBLE ETHNICITY - HISPANIC OR LATINO**

SAS VARIABLE: ETHNICITY\_CODE

TYPE: CHAR LENGTH: 1 BEG: 59 END: 59

DESCRIPTION: CODE INDICATING IF THE ELIGIBLE HAS INDICATED AN ETHNICITY OF HISPANIC OR LATINO.

CODES:

0 = NON-HISPANIC OR LATINO

1 = HISPANIC OR LATINO

9 = ETHNICITY UNKOWN

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 14.

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

SAS VARIABLE: EL\_SS\_ELGBLTY\_CD\_LTST

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

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

USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE. THEREFORE, THIS CODE MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE THE STATE SPECIFIC ELIGIBILITY CODE FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE MSIS STATE SPECIFIC "ELIGIBILITY GROUP" FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE MAX PERSON SUMMARY FILE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 15.

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

SAS VARIABLE: EL\_SS\_ELGBLTY\_CD\_MO

TYPE: CHAR LENGTH: 6 BEG: 66 END: 71

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

USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE.

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE STATE SPECIFIC "ELIGIBILITY GROUP" FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 16.

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

SAS VARIABLE: EL\_MAX\_ELGBLTY\_CD\_LTST

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

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

CODES:

00 = NOT ELIGIBLE

11 = AGED, CASH

12 = BLIND/DISABLED, CASH

14 = CHILD (NOT CHILD OF UNEmployed ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT

15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT

16 = CHILD OF UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT 17 = UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

21 = AGED, MN

22 = BLIND/DISABLED, MN

24 = CHILD, MN (FORMERLY AFDC CHILD, MN)

25 = ADULT, MN (FORMERLY AFDC ADULT, MN)

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP CHILDREN)

35 = ADULT, POVERTY

3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY

41 = OTHER AGED

42 = OTHER BLIND/DISABLED

44 = OTHER CHILD

45 = OTHER ADULT

48 = FOSTER CARE CHILD

51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION

52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION

54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION

55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION

99 = UNKNOWN ELIGIBILITY

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

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 17.

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

SAS VARIABLE: EL\_MAX\_ELGLBLY\_CD\_MO

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

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

CODES:

00 = NOT ELIGIBLE

11 = AGED, CASH

12 = BLIND/DISABLED, CASH

14 = CHILD (NOT CHILD OF UNEmployed ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT

15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT

16 = CHILD OF UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

17 = UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT

21 = AGED, MN

22 = BLIND/DISABLED, MN

24 = CHILD, MN (FORMERLY AFDC CHILD, MN)

25 = ADULT, MN (FORMERLY AFDC ADULT, MN)

31 = AGED, POVERTY

32 = BLIND/DISABLED, POVERTY

34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION SCHIP CHILDREN)

35 = ADULT, POVERTY

3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY

41 = OTHER AGED

42 = OTHER BLIND/DISABLED

44 = OTHER CHILD

45 = OTHER ADULT

48 = FOSTER CARE CHILD

51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION

52 = DISABLED, SECTION 1115 DEMONSTRATION EXPANSION

54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION

55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION

99 = UNKNOWN ELIGIBILITY

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

SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF 'MONTHLY MAX UNIFORM ELIGIBILITY GROUP' IN THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 18.

ELEMENT NAME: **MISSING ELIGIBILITY DATA**

SAS VARIABLE: MSNG\_ELG\_DATA

TYPE: CHAR LENGTH: 1 BEG: 76 END: 76

DESCRIPTION: CODE INDICATING A PERSON FOR WHOM NO MONTHS OF ENROLLMENT IN MEDICAID WERE FOUND.

CODES:

BLANK = MEDICAID ENROLLMENT MONTHS WERE FOUND

1 = NEITHER MEDICAID ENROLLMENT MONTHS NOR S-SCHIP (SCHIP CODE = 3) ENROLLMENT MONTHS WERE FOUND

2 = S-SCHIP ENROLLMENT MONTHS (SCHIP CODE = 3) WERE FOUND, BUT NO MEDICAID ENROLLMENT MONTHS WERE FOUND

USER NOTES: MONTHS OF MEDICAID ENROLLMENT ARE DEFINED AS MONTHS WITH MSIS MASBOE VALUES 11-17, 21-25, 31-35, 3A, 41-45, 48 OR 51-55. CHILDREN WITH S-SCHIP ONLY ENROLLMENT (SCHIP CODE = 3) ARE INCLUDED BECAUSE THEY DO NOT HAVE ANY MONTHS OF MEDICAID ENROLLMENT.

SOURCE: RECODED USING MSIS ELIGIBILITY AND CLAIMS FILES.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **CROSSOVER GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 4 BEG: 77 END: 79

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 19.

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

SAS VARIABLE: EL\_MDCR\_XOVR\_CLM\_BSD\_CD

TYPE: NUM LENGTH: 1 BEG: 77 END: 77

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

**CODES:**

0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE

1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 20.

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

SAS VARIABLE: EL\_MDCR\_ANN\_XOVR\_99

TYPE: CHAR LENGTH: 2 BEG: 78 END: 79

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

**CODES:**

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

USER NOTE: USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD. PRIOR TO IN 10/98, MSIS DID NOT CAPTURE AS MUCH DETAIL ON DUAL ELIGIBILITY.

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: \*\*\*

ELEMENT NAME: **UTILIZATION AND PAYMENT SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 202 BEG: 80 END: 281

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 41 BEG: 80 END: 120

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 21.

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

SAS VARIABLE: MSIS\_TOS

TYPE: NUM LENGTH: 2 BEG: 80 END: 81

DESCRIPTION: CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. EXPECTED MSIS TYPES OF SERVICE FOR THIS FILE ARE:

02 MENTAL HOSPITAL SERVICES FOR THE AGED  
04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21  
05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED  
07 NURSING FACILITY SERVICES (NFS) - ALL OTHER

COMPLETE MSIS TYPE OF SERVICE CODES LIST:

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

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27,28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, "PROGRAM TYPE". A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 22.

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

SAS VARIABLE: MSIS\_TOP

TYPE: NUM LENGTH: 1 BEG: 82 END: 82

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

CODES:

0 = NO SPECIAL PROGRAM

1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)

2 = FAMILY PLANNING

3 = RURAL HEALTH CLINIC

4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

5 = INDIAN HEALTH SERVICES

6 = HOME AND COMMUNITY BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER

7 = HOME AND COMMUNITY BASED CARE WAIVER SERVICES

9 = UNKNOWN

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

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 23.

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

SAS VARIABLE: MAX\_TOS

TYPE: NUM LENGTH: 2 BEG: 83 END: 84

DESCRIPTION: CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) TYPE OF SERVICE FOR THIS RECORD. EXPECTED MAX TYPES OF SERVICE FOR THIS FILE ARE:  
02 MENTAL HOSPITAL SERVICES FOR THE AGED  
04 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21  
05 INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED  
07 NURSING FACILITY SERVICES (NFS) - ALL OTHER

COMPLETE MAX TYPE OF SERVICE CODES LIST:

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

USER NOTE: THE FOLLOWING CODES ARE INVALID:

03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40.

BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, 'PROGRAM TYPE'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.

THE FOLLOWING TYPES OF SERVICE ARE DEFINED IN THE MAX PROCESS USING STATE PROCEDURE (SERVICE) CODES:

51 DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)

52 RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)

53 PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)

54 ADULT DAY CARE

SOURCE: MSIS CLAIMS FILE: 'TYPE-OF-SERVICE' EXCEPT FOR CODE VALUES 51-54 AS NOTED ABOVE.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 24.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR\_ID\_NMBR

TYPE: CHAR LENGTH: 12 BEG: 85 END: 96

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

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





**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: \*\*

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 72 BEG: 121 END: 192

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 27.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE\_CLM\_CD

TYPE: NUM LENGTH: 1 BEG: 121 END: 121

DESCRIPTION: CODE INDICATING THE TYPE OF CLAIM.

CODES:

1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.

2 = CAPITATED PAYMENT.

3 = ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.

4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT.

5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT).

9 = UNKNOWN

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

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 28.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST\_CD

TYPE: NUM LENGTH: 1 BEG: 122 END: 122

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

CODES:

- 0 = NO ADJUSTMENT OF CLAIMS WAS REQUIRED, SINCE ALL CLAIMS FOR THIS RECORD WERE ORIGINAL CLAIMS (ALL CLAIMS FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR'), IN THIS CASE, ORIGINAL CLAIMS WERE COMBINED FOR THIS RECORD.
- 1 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS, BY COMBINING ORIGINAL AND ADJUSTMENT CLAIMS FOR THIS RECORD. THIS MEANS THAT THERE WAS AT LEAST ONE ORIGINAL CLAIM AND AT LEAST ONE ADJUSTMENT CLAIM IN THE SET OF CLAIMS FOR THIS RECORD (AT LEAST ONE CLAIM FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR' AND AT LEAST ONE CLAIM FOR THIS RECORD HAD A VALUE OTHER THAN 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR').
- 2 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS NOT POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS (NONE OF THE CLAIMS FOR THIS RECORD HAD A VALUE = 0 IN THE MSIS DATA ELEMENT 'ADJUSTMENT INDICATOR').

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 29.

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

SAS VARIABLE: PHP\_TYPE

TYPE: NUM LENGTH: 2 BEG: 123 END: 124

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

**CODES:**

00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH.

01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO).

02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH.

03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH.

04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH.

05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH.

06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH.

07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH.

08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH.

66 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE IS NO REPORT OF MANAGED CARE ENROLLMENT IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.

77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE 'MANAGED CARE PLAN IDENTIFICATION NUMBER' AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH.

88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD.

99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.

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

SOURCE: MSIS ELIGIBILITY FILE, BY MATCHING THE ELIGIBLE'S MSIS "PLAN-ID-NUMBER" FROM THE CLAIM(S) TO THE ELIGIBLE'S ELIGIBILITY RECORD FOR THE MONTH OF THE ENCOUNTER RECORD. SEE 'MANAGED CARE PLAN IDENTIFICATION NUMBER'.

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 30.

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

SAS VARIABLE: PHP\_ID

TYPE: CHAR LENGTH: 12 BEG: 125 END: 136

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

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

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





**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 33.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT\_DT

TYPE: NUM LENGTH: 8 BEG: 153 END: 160

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

EDIT-RULES: YYYYMMDD

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

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











**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 38.

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

SAS VARIABLE: ADMSN\_DT

TYPE: NUM LENGTH: 8 BEG: 193 END: 200

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

EDIT-RULES: YYYYMMDD

USER NOTE: USERS SHOULD NOTE THAT REPORTING IS NOT CONSISTENT AMONG ALL LONG TERM CARE FACILITIES FOR THIS DATA ELEMENT. IN SOME INSTANCES THIS MAY BE THE DATE OF ADMISSION FOR THE CURRENT STAY. IN OTHERS, IT MAY BE THE ORIGINAL DATE OF ADMISSION TO THE FACILITY EVEN IF THERE WERE ONE OR MORE INTERIM DISCHARGES.

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 39.

ELEMENT NAME: **SERVICE BEGINNING DATE**

SAS VARIABLE: SRVC\_BGN\_DT

TYPE: NUM LENGTH: 8 BEG: 201 END: 208

DESCRIPTION: THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.

EDIT-RULES: YYYYMMDD

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

**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 40.

ELEMENT NAME: **ENDING DATE OF SERVICE**

SAS VARIABLE: SRVC\_END\_DT

TYPE: NUM LENGTH: 8 BEG: 209 END: 216

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

EDIT-RULES: YYYYMMDD

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



**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 41.

ELEMENT NAME: **DIAGNOSIS CODE - FIRST DIAGNOSIS**

SAS VARIABLE: DIAG\_CD\_1

TYPE: CHAR LENGTH: 8 BEG: 217 END: 224

DESCRIPTION: FIRST ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT

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

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-1 (PRINCIPAL)'.











**MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2005 AND LATER YEARS):**

**LONG-TERM CARE RECORD - LT**

ELEMENT NUMBER: 47.

ELEMENT NAME: **PATIENT STATUS CODE**

SAS VARIABLE: PATIENT\_STATUS\_CD

TYPE: NUM LENGTH: 2 BEG: 272 END: 273

DESCRIPTION: CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.

CODES:

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

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

