

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: ****

ELEMENT NAME: **MEDICAID ANALYTIC EXTRACT (MAX) PERSON SUMMARY RECORD**

SAS VARIABLE: NONE

TYPE: REC LENGTH: 2895 BEG: 1 END: 2895

DESCRIPTION: THE MEDICAID ANALYTIC EXTRACT (MAX) PERSON SUMMARY FILE CONTAINS A RECORD FOR EACH UNIQUE PERSON, BASED ON MSIS IDENTIFICATION NUMBER. MEDICAID ENROLLEES ARE INCLUDED REGARDLESS OF THEIR LENGTH OF ENROLLMENT DURING THE YEAR. THE FILE ALSO INCLUDES RECORDS FOR PERSONS WHO WERE ENROLLED IN A TITLE XXI STATE CHILD HEALTH INSURANCE PROGRAM (SCHIP). IF THE PERSON WAS ENROLLED IN A MEDICAID-EXPANSION SCHIP PROGRAM (M-SCHIP), THERE WILL BE MEDICAID ENROLLMENT DURING THE YEAR. M-SCHIP ENROLLMENT WILL BE INDICATED (SEE 'ELIGIBLE STATE CHILD HEALTH INSURANCE PROGRAM (SCHIP) CODE', VALUE = 2). FOR PERSONS ENROLLED IN NON-MEDICAID STAND-ALONE (SEPARATE) SCHIP PROGRAMS (S-SCHIP) ONLY, REPORTING IN MSIS IS OPTIONAL FOR STATES. FOR S-SCHIP ENROLLEES, THERE WILL BE NO MEDICAID ENROLLMENT. S-SCHIP ENROLLMENT WILL BE INDICATED (SEE 'ELIGIBLE STATE CHILD HEALTH INSURANCE PROGRAM (SCHIP) CODE', VALUE = 3). THERE MAY BE NO UTILIZATION OR PAYMENT RECORDS FOR S-SCHIP ENROLLEES.

THE PERSON SUMMARY RECORD INCLUDES A SUMMARIZATION OF ELIGIBILITY, UTILIZATION AND MEDICAID PAYMENTS FOR EACH PERSON IDENTIFIED IN THE FILE. THERE ARE ROUGHLY 20 PERCENT OF ENROLLEES WHO DO NOT USE ANY SERVICES DURING A YEAR. FOR THESE INDIVIDUALS, SERVICE-BASED AND PAYMENT-BASED DATA ELEMENTS ARE BLANK. THERE ARE ALSO A SMALL NUMBER OF ENROLLED PERSONS FOR WHOM THERE ARE SERVICES AND PAYMENTS REPORTED IN MSIS, BUT NO ENROLLMENT DATA WERE REPORTED FOR THE PERSON. THESE PERSONS ARE IDENTIFIED BY THE DATA ELEMENT 'MISSING MEDICAID ELIGIBILITY DATA SWITCH'.

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. IN ADDITION, MSIS RECORDS WITH TYPE OF CLAIM = 5 (SUPPLEMENTAL PAYMENT) ARE EXCLUDED FROM MAX IP AND LT FILES. DATA FOR THESE CLAIMS ARE EXCLUDED FROM DATA ELEMENTS IN THE PERSON SUMMARY FILE.

LINK TO THE MEDICARE ENROLLMENT DATA BASE (EDB) PROCESS:
RECORDS FROM THIS FILE HAVE BEEN LINKED TO THE MEDICARE ENROLLMENT DATA BASE (EDB) TO BETTER IDENTIFY MEDICAID ENROLLEES WHO ARE ALSO ENROLLED IN MEDICARE (SO CALLED DUAL OR CROSSOVER ENROLLEES). THE PROCESS FOR LINKING A MAX RECORD TO AN EDB RECORD OCCURS IN THREE PASSES, AS FOLLOWS:

PASS 1 - THERE IS AN ATTEMPT TO LINK MAX SSN TO AN SSN IN THE EDB. IF THE MAX SSN LINKS TO AN EDB SSN, GENDER MATCHES AND DATE OF BIRTH MATCHES ON AT LEAST TWO OF THREE ELEMENTS (DAY, MONTH AND YEAR), A LINK IS ESTABLISHED. DATA USERS SHOULD NOTE THAT THIS IS A CHANGE FROM PRIOR YEARS.

PASS 2 - FOR ALL UNMATCHED MAX SSNs FROM PASS 1, THERE IS AN ATTEMPT TO LINK THESE SSNs TO A CLAIM ACCOUNT NUMBER (CAN) FROM THE HEALTH INSURANCE CLAIM (HIC) DATA ELEMENT ON THE MEDICARE EDB. IF THE MAX SSN LINKS TO AN EDB CAN, GENDER MATCHES AND DATE OF BIRTH MATCHES ON AT LEAST TWO OF THREE ELEMENTS (DAY, MONTH AND YEAR), A LINK IS ESTABLISHED. THIS IS DONE BECAUSE SOME ELIGIBLES INCORRECTLY USE THE CAN FROM AN ACCOUNT ON WHICH THEY RECEIVE AUXILIARY BENEFITS (AS A SPOUSE, WIDOW, CHILD, ETC) AS THEIR OWN SSN. THE CHECK ON GENDER AND DATE OF BIRTH ASSURES A CORRECT MATCH IS MADE.

PASS 3 - FOR ALL UNMATCHED MAX RECORDS FROM PASSES 1 AND 2, THERE IS AN ATTEMPT TO LINK MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBERS REPORTED TO MEDICAID TO HIC NUMBERS IN THE MEDICARE EDB. IF THE MAX HIC LINKS TO AN EDB HIC, GENDER MATCHES AND DATE OF BIRTH MATCHES ON AT LEAST TWO OF THREE ELEMENTS (DAY, MONTH AND YEAR), A LINK IS ESTABLISHED.

FOR LINKED RECORDS, SELECTED EDB DATA ELEMENTS ARE ADDED TO THE MAX FILES:

ELIGIBLE MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER

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

PERSONAL SUMMARY RECORD - PS

MEDICARE RACE/ETHNICITY
MEDICARE LANGUAGE CODE
ELIGIBLE MEDICARE DEATH DATE
ELIGIBLE MEDICARE DEATH DAY SWITCH
ELIGIBLE MEDICARE BENEFICIARY MONTHS COUNT
MEDICARE ORIGINAL ENTITLEMENT REASON CODE
ELIGIBLE MEDICARE BENEFICIARY - MONTHLY

IN ADDITION, ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NOW HAS ADDITIONAL CODE VALUES TO REFLECT THE MAX/EDB LINK.

MAX TYPE OF SERVICE CHANGES FOR 1999:

THE LIST OF MAX TYPES OF SERVICE (TOS) HAVE BEEN EXPANDED FOR 1999 TO INCLUDE:

51 = DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES (INCLUDES EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE), AND
54 = ADULT DAY CARE

THESE TYPES OF SERVICE HAVE BEEN ADDED TO THE EXISTING LIST AND ARE NOW REPORTED FOR THE FOLLOWING DATA ELEMENTS:

RECIPIENT INDICATOR - TYPE OF SERVICE,
RECIPIENT FEE-FOR-SERVICE CLAIM COUNT - TYPE OF SERVICE,
RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT - TYPE OF SERVICE,
RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT - TYPE OF SERVICE,
RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT - TYPE OF SERVICE, AND
RECIPIENT ENCOUNTER RECORD COUNT - TYPE OF SERVICE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: ***

ELEMENT NAME: **ELIGIBLE SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 1175 BEG: 1 END: 1175

DESCRIPTION: SUMMARIZED INFORMATION FROM MSIS AND MEDICARE ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **ELIGIBLE IDENTIFYING DATA ELEMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 81 BEG: 1 END: 81

DESCRIPTION: DATA ELEMENTS USED TO IDENTIFY A MEDICAID ELIGIBLE.

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

PERSONAL SUMMARY RECORD - PS

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

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

PERSONAL SUMMARY RECORD - PS

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

SOURCE: MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 3.

ELEMENT NAME: **MAX YEAR DATE**

SAS VARIABLE: MAX_YR_DT

TYPE: NUM LENGTH: 4 BEG: 23 END: 26

DESCRIPTION: CALENDAR YEAR COVERED BY THE MAX PERSONAL SUMMARY FILE.

EDIT-RULES: YYYY

USER NOTE: THIS DATA ELEMENT WAS CHANGED TO 4 CHARACTERS IN 1996.

SOURCE: MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 5.

ELEMENT NAME: **SSN HIGH GROUP TEST - FROM MSIS**

SAS VARIABLE: HGT_FLAG

TYPE: CHAR LENGTH: 1 BEG: 36 END: 36

DESCRIPTION: CODE INDICATING RESULTS OF VALIDITY TESTS TO THE ELIGIBLE SOCIAL SECURITY NUMBER FROM MSIS.

SSN PATTERN FOLLOWS THE FORM AAA-GG-SSSS.

0 = NO MSIS SSN (PERSON WITH MAX ELIGIBILITY INFORMATION)*

1 = MSIS SSN PASSED HIGH GROUP TEST

2 = MSIS SSN FAILED HIGH GROUP TEST DUE TO INVALID AAA

3 = MSIS SSN FAILED HIGH GROUP TEST DUE TO GG = 00

4 = MSIS SSN FAILED HIGH GROUP TEST DUE TO SSSS = 0000

5 = MSIS SSN FAILED HIGH GROUP TEST DUE TO GG NOT YET ISSUED

6 = MSIS SSN FAILED HIGH GROUP TEST DUE TO RR WITH INVALID DOB

9 = PERSON WITH NO ELIGIBILITY INFORMATION (CLAIMS ONLY)

*SSNS = SPACES, 0-FILL, 8-FILL, OR 9-FILL WILL RECEIVE HGT_FLAG = 0.

SOCIAL SECURITY NUMBERS PREFIXED WITH RR BELONG TO RAILROAD RETIREES. THE WEBSITE THAT DESCRIBES WHEN THE RAILROAD RETIREMENT NUMBERS WERE DISCONTINUED IS ([HTTP://WWW.SOCIALSECURITY.GOV/EMPLOYER/STATEWEB.HTM](http://www.socialsecurity.gov/employer/stateweb.htm)). THE BOTTOM OF THIS WEBPAGE SAYS: ** 700-728 ISSUANCE OF THESE NUMBERS TO RAILROAD EMPLOYEES WAS DISCONTINUED JULY 1, 1963.

USER NOTE: THE HIGH GROUP TEST EVALUATES THE VALIDITY OF EACH COMPONENT OF AN SSN BASED ON INFORMATION RELEASED FROM THE SOCIAL SECURITY ADMINISTRATION.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **ELIGIBLE DEMOGRAPHIC DATA ELEMENT GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 45 BEG: 82 END: 126

DESCRIPTION: FIELDS CONTAINING DEMOGRAPHIC DATA FOR THE ELIGIBLE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 11.

ELEMENT NAME: **ELIGIBLE BIRTH DATE**

SAS VARIABLE: EL_DOB

TYPE: NUM LENGTH: 8 BEG: 82 END: 89

DESCRIPTION: BIRTH DATE OF THE MEDICAID ELIGIBLE.

EDIT-RULES: YYYYMMDD

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

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 12.

ELEMENT NAME: **ELIGIBLE AGE GROUP CODE**

SAS VARIABLE: EL_AGE_GRP_CD

TYPE: NUM LENGTH: 1 BEG: 90 END: 90

DESCRIPTION: CODE INDICATING AGE GROUP OF THE MEDICAID ELIGIBLE.

CODES:

- 0 = UNDER 1 YEAR
- 1 = AGES 1 TO 5 YEARS
- 2 = AGES 6 TO 14 YEARS
- 3 = AGES 15 TO 20 YEARS
- 4 = AGES 21 TO 44 YEARS
- 5 = AGES 45 TO 64 YEARS
- 6 = AGES 65 TO 74 YEARS
- 7 = AGES 75 TO 84 YEARS
- 8 = AGES 85 AND OVER
- 9 = UNKNOWN/ERROR

SOURCE: RECODED FROM MSIS ELIGIBILITY FILE USING 'ELIGIBLE BIRTH DATE' AND DECEMBER 31 OF THE FILE YEAR TO CALCULATE AGE GROUP.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 14.

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

SAS VARIABLE: EL_RACE_ETHNCY_CD

TYPE: CHAR LENGTH: 1 BEG: 92 END: 92

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

CODES:

- 1 = WHITE (WAS "WHITE, NOT OF HISPANIC ORIGIN" THROUGH 9/98)
- 2 = BLACK OR AFRICAN AMERICAN (WAS "BLACK, NOT OF HISPANIC ORIGIN" THROUGH 9/98)
- 3 = AMERICAN INDIAN OR ALASKAN NATIVE
- 4 = ASIAN (WAS "ASIAN OR PACIFIC ISLANDER" THROUGH 9/98)
- 5 = HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE (WAS "HISPANIC" THOROUGH 9/98)
- 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):

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 15.

ELEMENT NAME: **ELIGIBLE RACE - WHITE**

SAS VARIABLE: RACE_CODE_1

TYPE: CHAR LENGTH: 1 BEG: 93 END: 93

DESCRIPTION: A CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF WHITE.

CODES:

0 = NON-WHITE OR RACE UNKNOWN

1 = WHITE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-1'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 16.

ELEMENT NAME: **ELIGIBLE RACE - BLACK/AFRICAN AMERICAN**

SAS VARIABLE: RACE_CODE_2

TYPE: CHAR LENGTH: 1 BEG: 94 END: 94

DESCRIPTION: A CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF BLACK OR AFRICAN/AMERICAN.

CODES:

0 = NON-BLACK/AFRICAN-AMERICAN OR RACE UNKNOWN

1 = BLACK OR AFRICAN/AMERICAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-2'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 17.

ELEMENT NAME: **ELIGIBLE RACE - AMERICAN INDIAN/ALASKAN NATIVE**

SAS VARIABLE: RACE_CODE_3

TYPE: CHAR LENGTH: 1 BEG: 95 END: 95

DESCRIPTION: A CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF AMERICAN INDIAN/ALASKAN NATIVE.

CODES:

0 = NON-AMERICAN INDIAN/ALASKAN NATIVE OR RACE UNKNOWN

1 = AMERICAN INDIAN/ALASKAN NATIVE

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-3'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 18.

ELEMENT NAME: **ELIGIBLE RACE - ASIAN**

SAS VARIABLE: RACE_CODE_4

TYPE: CHAR LENGTH: 1 BEG: 96 END: 96

DESCRIPTION: A CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF ASIAN.

CODES:

0 = NON-ASIAN OR RACE UNKNOWN

1 = ASIAN

SOURCE: MSIS ELIGIBILITY FILES: 'RACE-CODE-4'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 20.

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

SAS VARIABLE: ETHNICITY_CODE

TYPE: CHAR LENGTH: 1 BEG: 98 END: 98

DESCRIPTION: A 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):

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 21.

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

SAS VARIABLE: MDCR_RACE_ETHNCY_CD

TYPE: NUM LENGTH: 1 BEG: 99 END: 99

DESCRIPTION: RACE/ETHNICITY OF THE MEDICARE ELIGIBLE.

CODES:

0 = UNKNOWN

1 = WHITE

2 = BLACK

3 = OTHER

4 = ASIAN

5 = HISPANIC

6 = NORTH AMERICAN NATIVE

SOURCE: MEDICARE ENROLLMENT DATA BASE (EDB), BENEFICIARY RACE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 22.

ELEMENT NAME: **MEDICARE LANGUAGE CODE**

SAS VARIABLE: MDCR_LANG_CD

TYPE: CHAR LENGTH: 1 BEG: 100 END: 100

DESCRIPTION: CODE INDICATING THE LANGUAGE SSA USES FOR BENEFICIARY NOTICES.

CODES:

C = CHINESE

D = GERMAN

E = ENGLISH

F = FRENCH

G = GREEK

I = ITALIAN

J = JAPANESE

N = NORWEGIAN

P = POLISH

R = RUSSIAN

S = SPANISH

V = SWEDISH

W = SERBO-CROATIAN

BLANK = UNKNOWN, PRESUME ENGLISH

SOURCE: MEDICARE ENROLLMENT DATA BASE (EDB), BENEFICIARY SSA LANGUAGE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 23.

ELEMENT NAME: **ELIGIBLE SEX-RACE CODE**

SAS VARIABLE: EL_SEX_RACE_CD

TYPE: NUM LENGTH: 1 BEG: 101 END: 101

DESCRIPTION: CODE INDICATING THE GENDER AND RACE OF THE MEDICAID ELIGIBLE.

CODES:

- 1 = WHITE, MALE
- 2 = WHITE, FEMALE
- 3 = NON-WHITE, MALE
- 4 = NON-WHITE, FEMALE
- 5 = RACE UNKNOWN, MALE
- 6 = RACE UNKNOWN, FEMALE
- 7 = SEX UNKNOWN, WHITE
- 8 = SEX UNKNOWN, NON-WHITE
- 9 = SEX AND RACE UNKNOWN

USER NOTE: THESE CODE VALUES ARE BASED ON MSIS RACE AND ETHNICITY CODING PRIOR TO THE ADDITION OF EXPANDED RACE ('RACE-CODE-1' TO 'RACE-CODE-5') AND ETHNICITY ('ETHNICITY-CODE') REPORTING IN MSIS BEGINNING IN FISCAL 2005.

SOURCE: RECODED FROM MSIS ELIGIBILITY FILES. CROSSWALK: MSIS RACE=1 MAPS TO WHITE, MSIS RACE=2,3,4,5,6,7 AND 8 MAPS TO NON-WHITE, MSIS RACE=9 MAPS TO UNKNOWN. MSIS SEX=2 OR M MAPS TO MALE. MSIS SEX=1 OR F MAPS TO FEMALE. MSIS SEX=9 MAPS TO UNKNOWN.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 24.

ELEMENT NAME: **ELIGIBLE MEDICAID DEATH DATE**

SAS VARIABLE: EL_DOD

TYPE: NUM LENGTH: 8 BEG: 102 END: 109

DESCRIPTION: DEATH DATE OF THE MEDICAID ELIGIBLE.

EDIT-RULES: YYYYMMDD

USER NOTE: THIS DATA ELEMENT SHOULD BE USED WITH CAUTION SINCE THERE MAY BE UNDERREPORTING OF DEATHS IN THE MSIS ELIGIBILITY FILES.

SOURCE: MSIS ELIGIBILITY FILES: 'DATE-OF-DEATH'. 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):

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 25.

ELEMENT NAME: **ELIGIBLE MEDICARE DEATH DATE**

SAS VARIABLE: MDCR_DOD

TYPE: NUM LENGTH: 8 BEG: 110 END: 117

DESCRIPTION: DEATH DATE OF THE MEDICARE BENEFICIARY.

EDIT-RULES YYYYMMDD

USER NOTE: THIS DATE OF DEATH HAS BEEN ADDED TO THE MAX FILE BECAUSE THE ELIGIBLE MEDICAID DEATH DATE MAY BE UNDERREPORTED OR UNRELIABLE. THIS ELIGIBLE MEDICARE DATE OF DEATH DATA ELEMENT MAY CONTAIN ONLY A VALID YEAR AND MONTH. IN THESE CASES, THE PERSON'S DAY OF DEATH IS SET TO THE END OF THE MONTH. IT IS POSSIBLE TO DETERMINE WHETHER THE DAY OF DEATH IS ACTUALLY THE END OF THE MONTH OR THE DAY OF DEATH WAS NOT VALID (AND WAS SET TO THE END OF THE MONTH) BY CHECKING THE ELIGIBLE MEDICARE DEATH DAY SWITCH. IF THE ELIGIBLE SOCIAL SECURITY NUMBER REPORTED BY MEDICAID IS NOT FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) OR IS INVALID, THE ELIGIBLE MEDICARE DEATH DATE WILL BE 8-FILLED.

SOURCE: MEDICARE ENROLLMENT DATA BASE (EDB), BENEFICIARY DEATH DATE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 26.

ELEMENT NAME: **ELIGIBLE MEDICARE DEATH DAY SWITCH**

SAS VARIABLE: MDCR_DEATH_DAY_SW

TYPE: CHAR LENGTH: 1 BEG: 118 END: 118

DESCRIPTION: INDICATES WHETHER THE MEDICARE BENEFICIARY'S EXACT DAY OF DEATH HAS BEEN VERIFIED.

CODES:

N = DAY OF DEATH WAS NOT VERIFIED

Y = DAY OF DEATH WAS VERIFIED

USER NOTE: THIS DATA ELEMENT SHOULD BE USED WITH 'ELIGIBLE MEDICARE DEATH DATE'. IF THE 'ELIGIBLE SOCIAL SECURITY NUMBER' REPORTED BY MEDICAID IS NOT FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) OR IS INVALID, THE SWITCH WILL BE BLANK-FILLED.

SOURCE: MEDICARE ENROLLMENT DATA BASE (EDB), VERIFY BENEFICIARY DEATH DAY SWITCH.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 27.

ELEMENT NAME: **ELIGIBLE RESIDENCE COUNTY CODE**

SAS VARIABLE: EL_RSDNC_CNTY_CD_LTST

TYPE: CHAR LENGTH: 3 BEG: 119 END: 121

DESCRIPTION: FEDERAL INFORMATION PROCESSING STANDARD (FIPS) CODE INDICATING THE ELIGIBLE'S COUNTY OF RESIDENCE.

CODES:
FIPS NUMERIC COUNTY CODES, OR
000 = ELIGIBLE RESIDES OUT OF STATE
999 = UNKNOWN/ERROR

SOURCE: THIS CODE WAS DERIVED BY USING QUARTERLY OBSERVATIONS OF ELIGIBLE RESIDENCE 'COUNTY-CODE' FROM THE MSIS ELIGIBILITY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH THE OCTOBER TO DECEMBER QUARTER AND MOVING BACKWARDS IN TIME QUARTER BY QUARTER.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 28.

ELEMENT NAME: **ELIGIBLE RESIDENCE ZIP CODE**

SAS VARIABLE: EL_RSDNC_ZIP_CD_LTST

TYPE: NUM LENGTH: 5 BEG: 122 END: 126

DESCRIPTION: UNITED STATES POSTAL ZIP CODE OF THE MEDICAID ELIGIBLE'S RESIDENCE.

USER NOTE: MSIS VALIDATION ACTIVITIES WILL ACCEPT ZERO-FILLED RECORDS, SO FOR MAX, IF THE MSIS RECORD IS EITHER ZERO-FILLED OR BLANK-FILLED, THE MAX VALUE SHOULD BE RECODED AS 9-FILLED ('99999').

SOURCE: THIS CODE WAS DERIVED BY USING QUARTERLY OBSERVATIONS OF ELIGIBLE RESIDENCE "ZIP-CODE" FROM THE MSIS ELIGIBILITY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH OCTOBER TO DECEMBER QUARTER AND MOVING BACKWARDS IN TIME QUARTER BY QUARTER.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **ANNUAL ELIGIBLE MEDICAID AND OTHER HEALTH INSURANCE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 13 BEG: 127 END: 139

DESCRIPTION: FIELDS CONTAINING MEDICAID AND OTHER HEALTH INSURANCE ELIGIBILITY DATA FOR THE ELIGIBLE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 29.

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

SAS VARIABLE: EL_SS_ELGBLTY_CD_LTST

TYPE: CHAR LENGTH: 6 BEG: 127 END: 132

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 VALUES CHANGE OVER TIME, VARY 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, 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 CLAIM 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 STATE SPECIFIC ELIGIBILITY ('ELIGIBILITY GROUP') FROM THE MSIS ELIGIBILITY 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 MSIS ELIGIBILITY FILE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 30.

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

SAS VARIABLE: EL_MAX_ELGBLTY_CD_LTST

TYPE: CHAR LENGTH: 2 BEG: 133 END: 134

DESCRIPTION: STATE MEDICAID RESEARCH FILES (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 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: RECODED USING 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) AND 'BASIS-OF-ELIGIBILITY' (BOE) FROM MSIS ELIGIBILITY FILES. THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF MAX UNIFORM ELIGIBILITY GROUP AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 31.

ELEMENT NAME: **MISSING MEDICAID ELIGIBILITY DATA SWITCH**

SAS VARIABLE: MSNG_ELG_DATA

TYPE: CHAR LENGTH: 1 BEG: 135 END: 135

DESCRIPTION: INDICATES PERSON FOR 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 FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 32.

ELEMENT NAME: **ELIGIBLE MONTHS COUNT**

SAS VARIABLE: EL_ELGLTY_MO_CNT

TYPE: NUM LENGTH: 2 BEG: 136 END: 137

DESCRIPTION: TOTAL NUMBER OF MONTHS THE INDIVIDUAL WAS ELIGIBLE FOR MEDICAID DURING THE CALENDAR YEAR.

USER NOTE: THIS IS A NUMBER FROM 0 TO 12. IT IS GIVEN VALUE > 0 BASED ON THE NUMBER OF MONTHS WITH MSIS MAS/BOE VALUES 11-17, 21-25,31-35, 3A, 41-45, 48 OR 51-55. IF THERE ARE NO MONTHS WITH THESE MAS/BOE VALUES, IT IS CODED WITH VALUE = 0. IF THERE IS NO ELIGIBILITY RECORD, IT IS CODED WITH VALUE = 99 (UNKNOWN). NOTE THAT INDIVIDUALS ENROLLED ONLY IN S-SCHIP (STAND-ALONE NON-MEDICAID SCHIP PROGRAMS, SCHIP CODE = 3) WILL HAVE VALUE = 0 AND ARE NOT CONSIDERED TO HAVE ANY MONTHS OF MEDICAID ENROLLMENT.

SOURCE: RECODED USING MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 33.

ELEMENT NAME: **ELIGIBLE PRIVATE INSURANCE MONTHS COUNT**

SAS VARIABLE: EL_PRVT_INSRNC_MO_CNT

TYPE: NUM LENGTH: 2 BEG: 138 END: 139

DESCRIPTION: TOTAL NUMBER OF MONTHS THE MEDICAID ELIGIBLE HAD PRIVATE INSURANCE COVERAGE DURING THE CALENDAR YEAR.

USER NOTE: THIS IS A NUMBER FROM 0 TO 12. IT IS GIVEN VALUE > 0 BASED ON THE NUMBER OF MONTHS WITH VALUE = 2 (ELIGIBLE HAD PRIVATE HEALTH INSURANCE COVERAGE PURCHASED BY A THIRD PARTY), 3 (ELIGIBLE HAD PRIVATE HEALTH INSURANCE COVERAGE PURCHASED BY THE STATE) OR 4 (BOTH 2 AND 3 APPLY) IN THE MSIS DATA ELEMENT "HEALTH-INSURANCE".

SOURCE: RECODED USING MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER GROUP - ANNUAL AND QUARTERLY**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 10 BEG: 140 END: 149

DESCRIPTION: FIELDS INDICATING WHETHER THE ELIGIBLE IS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY) AND THE TYPE OF MEDICARE ELIGIBILITY. THE CODES IN THIS GROUP ARE BASED ON THE NEW MSIS CODES BEGINNING IN FISCAL YEAR 1999.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 34.

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

SAS VARIABLE: EL_MDCR_ANN_XOVR_99

TYPE: CHAR LENGTH: 2 BEG: 140 END: 141

DESCRIPTION: CODE INDICATING THAT THE ELIGIBLE IS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY), ACCORDING TO MEDICAID (MSIS), MEDICARE NEW VALUES (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
- 98 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 99 APPLIES
- 99 = IN MSIS, ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: THIS DATA ELEMENT IS TAKEN DIRECTLY FROM THE MSIS DATA ELEMENT 'DUAL-ELIGIBLE-FLAG'. IF THERE IS NO ELIGIBLE RECORD FOR THE ENROLLEE, IT IS BLANK-FILLED.

SOURCE: CODES 01-09 ARE DERIVED FROM MSIS ELIGIBILITY FILES. IN MSIS, THERE ARE FOUR QUARTERLY OBSERVATIONS OF THE DUAL ELIGIBILITY FLAG. THIS ANNUAL VALUE OF THE DUAL ELIGIBILITY FLAG WAS DERIVED BY USING THE QUARTERLY OBSERVATIONS AND SELECTING THE FIRST MEANINGFUL CODE BEGINNING WITH THE OCTOBER TO DECEMBER QUARTER AND MOVING BACKWARDS IN TIME QUARTER BY QUARTER. MEDICARE INFORMATION FOR CODES 50-59 IS OBTAINED FROM THE MEDICARE ENROLLMENT DATA BASE (EDB).

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 36.

ELEMENT NAME: **ELIGIBLE MEDICARE BENEFICIARY MONTHS COUNT**

SAS VARIABLE: EL_MDCR_BEN_MO_CNT

TYPE: NUM LENGTH: 2 BEG: 150 END: 151

DESCRIPTION: TOTAL NUMBER OF MONTHS THE MEDICAID ELIGIBLE WAS A MEDICARE BENEFICIARY ACCORDING TO MEDICARE (EDB).

USER NOTE: THIS IS A NUMBER FROM 0 TO 12. IF THE 'ELIGIBLE SOCIAL SECURITY NUMBER' REPORTED BY MEDICAID IS NOT FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) OR IS INVALID, THIS COUNT WILL HAVE VALUE = 0.

SOURCE: MEDICARE ENROLLMENT DATA BASE (EDB), CALCULATED USING BENEFICIARY PART A ENTITLEMENT START AND TERMINATION DATES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 37.

ELEMENT NAME: **MEDICARE ORIGINAL ENTITLEMENT REASON CODE**

SAS VARIABLE: MDCR_ORIG_REAS_CD

TYPE: NUM LENGTH: 1 BEG: 152 END: 152

DESCRIPTION: THE ORIGINAL REASON THE PERSON WAS ENTITLED TO MEDICARE BENEFITS.

CODES:

0 = ENTITLED DUE TO AGE

1 = ENTITLED DUE TO DISABILITY

2 = ENTITLED DUE TO END STAGE RENAL DISEASE (ESRD)

3 = ENTITLED DUE TO DISABILITY AND CURRENT ESRD

8 = NOT APPLICABLE (NOT ENTITLED TO MEDICARE)

9 = NO ATTEMPT WAS MADE TO MATCH THE RECORD FOR THIS PERSON TO THE EDB, BECAUSE THERE WAS NO SSN REPORTED BY MEDICAID (E.G. PERSONS FOR WHOM THERE WERE MEDICAID CLAIMS BUT NO MEDICAID ELIGIBILITY DATA).

SOURCE: MEDICARE ENROLLMENT DATA BASE (EDB) FOR VALUES = 0 TO 3. IF NO MEDICARE RECORD WAS FOUND, THE DEFAULT VALUE = 8. IF NO MATCH WAS ATTEMPTED, THE DEFAULT VALUE = 9.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 38.

ELEMENT NAME: **ELIGIBLE MEDICARE CROSSOVER CODE - FIRST MONTH**

SAS VARIABLE: EL_MDCR_XOVR_MO_1

TYPE: CHAR LENGTH: 2 BEG: 153 END: 154

DESCRIPTION: CODE INDICATING MONTHLY MEDICARE CROSSOVER (DUAL) ELIGIBILITY.

USER NOTE: THIS DATA ELEMENT IS 9-FILLED IN THE 2005 MAX FILE. MONTHLY MEDICARE ENROLLMENT WILL NOT BE AVAILABLE UNTIL CALENDAR YEAR 2006.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 39.

ELEMENT NAME: **STATE SPECIFIC ELIGIBILITY CODE - FIRST MONTH**

SAS VARIABLE: SS_ELG_CD_MO_1

TYPE: CHAR LENGTH: 6 BEG: 177 END: 182

DESCRIPTION: STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION FOR THE MEDICAID ELIGIBLE AND FOR THE MONTH.

USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT USEFUL FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT VALUES CHANGE OVER TIME, VARY 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, 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 MSIS ELIGIBILITY FILES.

SOURCE: MSIS ELIGIBILITY FILES: 'ELIGIBILITY-GROUP'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY GROUP - MONTHLY (OCCURS 12 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 24 BEG: 249 END: 272

DESCRIPTION: MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.

JANUARY (POSITIONS 249 TO 250)
FEBRUARY (POSITIONS 251 TO 252)
MARCH (POSITIONS 253 TO 254)
APRIL (POSITIONS 255 TO 256)
MAY (POSITIONS 257 TO 258)
JUNE (POSITIONS 259 TO 260)
JULY (POSITIONS 261 TO 262)
AUGUST (POSITIONS 263 TO 264)
SEPTEMBER (POSITIONS 265 TO 266)
OCTOBER (POSITIONS 267 TO 268)
NOVEMBER (POSITIONS 269 TO 270)
DECEMBER (POSITIONS 271 TO 272)

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 40.

ELEMENT NAME: **MAX UNIFORM ELIGIBILITY CODE - FIRST MONTH**

SAS VARIABLE: MAX_ELG_CD_MO_1

TYPE: CHAR LENGTH: 2 BEG: 249 END: 250

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

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 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: RECODED USING MAINTENANCE ASSISTANCE STATUS (MAS) AND BASIS OF ELIGIBILITY (BOE) FROM MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **ELIGIBLE PRIVATE INSURANCE GROUP - MONTHLY (OCCURS 12 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 12 BEG: 273 END: 284

DESCRIPTION: CODE INDICATING WHICH MONTHS THE MEDICAID ELIGIBLE HAD PRIVATE INSURANCE COVERAGE FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.

JANUARY (POSITION 273)
FEBRUARY (POSITION 274)
MARCH (POSITION 275)
APRIL (POSITION 276)
MAY (POSITION 277)
JUNE (POSITION 278)
JULY (POSITION 279)
AUGUST (POSITION 280)
SEPTEMBER (POSITION 281)
OCTOBER (POSITION 282)
NOVEMBER (POSITION 283)
DECEMBER (POSITION 284)

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 41.

ELEMENT NAME: **ELIGIBLE PRIVATE INSURANCE CODE - FIRST MONTH**

SAS VARIABLE: EL_PVT_INS_CD_1

TYPE: NUM LENGTH: 1 BEG: 273 END: 273

DESCRIPTION: CODE INDICATING IF THE ELIGIBLE HAD PRIVATE INSURANCE DURING THE MONTH.

CODES:

0 = NOT ELIGIBLE FOR MEDICAID

1 = NO PRIVATE INSURANCE COVERAGE

2 = PRIVATE INSURANCE PURCHASED BY THIRD PARTY

3 = PRIVATE INSURANCE PURCHASED BY STATE

4 = EITHER (1) BOTH 2 AND 3 APPLY OR (2) 2 AND 3 APPLY AND FUNDING SOURCE UNKNOWN

9 = INVALID OR MISSING DATA

SOURCE: MSIS ELIGIBILITY FILES: 'HEALTH-INSURANCE'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 42.

ELEMENT NAME: **ELIGIBLE MEDICARE BENEFICIARY CODE - FIRST MONTH**

SAS VARIABLE: EL_MDCR_BEN_MO_1

TYPE: NUM LENGTH: 1 BEG: 285 END: 285

DESCRIPTION: CODE INDICATING WHETHER THE MEDICAID ELIGIBLE WAS COVERED BY MEDICARE DURING THE MONTH (BASED ON FINDING A BENEFICIARY RECORD FOR THE ELIGIBLE ON THE MEDICARE ENROLLMENT DATA BASE FOR THE MONTH).

CODES:

0 = THERE WAS NO RECORD OF ELIGIBILITY FOR THE MONTH FOUND ON THE MEDICARE ENROLLMENT DATA BASE.

1 = THERE WAS A RECORD OF ELIGIBILITY FOR THE MONTH FOUND ON THE MEDICARE ENROLLMENT DATA BASE, FOR MEDICARE PART A (HOSPITAL INSURANCE).

2 = THERE WAS A RECORD OF ELIGIBILITY FOR THE MONTH FOUND ON THE MEDICARE ENROLLMENT DATA BASE, FOR MEDICARE PART B (SUPPLEMENTARY MEDICAL INSURANCE).

3 = THERE WAS A RECORD OF ELIGIBILITY FOR THE MONTH FOUND ON THE MEDICARE ENROLLMENT DATA BASE, FOR BOTH MEDICARE PART A AND PART B (BOTH HOSPITAL AND SUPPLEMENTARY MEDICAL INSURANCE).

USER NOTE: IF THE 'ELIGIBLE SOCIAL SECURITY NUMBER' REPORTED BY MEDICAID IS NOT FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) OR IS INVALID, THIS DATA ELEMENT WILL HAVE VALUE = 0.

SOURCE: MEDICARE ENROLLMENT DATA BASE (EDB), CALCULATED USING BENEFICIARY ENTITLEMENT START AND TERMINATION DATES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 43.

ELEMENT NAME: **ELIGIBLE PRE-PAID PLAN MONTHS COUNT - FIRST PLAN TYPE**

SAS VARIABLE: EL_PPH_PLN_MO_CNT_CMCP

TYPE: NUM LENGTH: 2 BEG: 297 END: 298

DESCRIPTION: TOTAL NUMBER OF MONTHS THE MEDICAID ELIGIBLE WAS ENROLLED IN THE PARTICULAR TYPE OF PLAN DURING THE CALENDAR YEAR.

USER NOTE: THIS IS A NUMBER FROM 0 TO 12. IT IS GIVEN VALUE > 0 BASED ON THE NUMBER OF MONTHS THE ELIGIBLE IS ENROLLED IN THIS TYPE OF PLAN. SINCE MSIS CAPTURES INFORMATION ON ENROLLMENT IN UP TO FOUR TYPES OF PLANS EACH MONTH, THE TOTAL NUMBER OF MONTHS ACROSS ALL TYPES OF PLANS MAY EXCEED 12. THE NUMBER OF MONTHS COUNTED HERE WILL BE VALUE = 0 FOR ANY OF THE 'ELIGIBLE PRE-PAID PLAN TYPE CODES' THAT CONTAIN A CODE VALUE = 99 (ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN THIS MONTH).

SOURCE: CREATED USING MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **ELIGIBLE PRE-PAID PLAN GROUP - MONTHLY (OCCURS 12 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 672 BEG: 311 END: 982

DESCRIPTION: INDICATES WHICH MONTHS THE MEDICAID ELIGIBLE WAS ENROLLED IN AN HMO OR OTHER PRE-PAID PLAN FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.

JANUARY (POSITIONS 311 TO 366)

ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 311 TO 312)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 313 TO 324)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 325 TO 326)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 327 TO 338)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 339 TO 340)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 341 TO 352)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 353 TO 354)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 355 TO 366)

FEBRUARY (POSITIONS 367 TO 422)

ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 367 TO 368)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 369 TO 380)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 381 TO 382)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 383 TO 394)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 395 TO 396)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 397 TO 408)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 409 TO 410)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 411 TO 422)

MARCH (POSITIONS 423 TO 478)

ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 423 TO 424)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 425 TO 436)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 437 TO 438)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 439 TO 450)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 451 TO 452)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 453 TO 464)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 465 TO 466)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 467 TO 478)

APRIL (POSITIONS 479 TO 534)

ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 479 TO 480)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 481 TO 492)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 493 TO 494)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 495 TO 506)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 507 TO 508)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 509 TO 520)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 521 TO 522)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 523 TO 534)

MAY (POSITIONS 535 TO 590)

ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 535 TO 536)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 537 TO 548)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 549 TO 550)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 551 TO 562)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 563 TO 564)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 565 TO 576)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 577 TO 578)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 579 TO 590)

JUNE (POSITIONS 591 TO 646)

ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 591 TO 592)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 593 TO 604)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 605 TO 606)

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

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ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 607 TO 618)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 619 TO 620)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 621 TO 632)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 633 TO 634)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 635 TO 646)
JULY (POSITIONS 647 TO 702)
ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 647 TO 648)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 649 TO 660)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 661 TO 662)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 663 TO 674)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 675 TO 676)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 677 TO 688)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 689 TO 690)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 691 TO 702)
AUGUST (POSITIONS 703 TO 758)
ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 703 TO 704)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 705 TO 716)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 717 TO 718)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 719 TO 730)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 731 TO 732)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 733 TO 744)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 745 TO 746)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 747 TO 758)
SEPTEMBER (POSITIONS 759 TO 814)
ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 759 TO 760)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 761 TO 772)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 773 TO 774)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 775 TO 786)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 787 TO 788)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 789 TO 800)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 801 TO 802)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 803 TO 814)
OCTOBER (POSITIONS 815 TO 870)
ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 815 TO 816)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 817 TO 828)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 829 TO 830)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 831 TO 842)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 843 TO 844)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 845 TO 856)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 857 TO 858)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 859 TO 870)
NOVEMBER (POSITIONS 871 TO 926)
ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 871 TO 872)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 873 TO 884)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 885 TO 886)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 887 TO 898)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 899 TO 900)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 901 TO 912)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 913 TO 914)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 915 TO 926)
DECEMBER (POSITIONS 927 TO 982)
ELIGIBLE PRE-PAID PLAN TYPE-1 CODE (POSITIONS 927 TO 928)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-1 (POSITIONS 929 TO 940)
ELIGIBLE PRE-PAID PLAN TYPE-2 CODE (POSITIONS 941 TO 942)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-2 (POSITIONS 943 TO 954)
ELIGIBLE PRE-PAID PLAN TYPE-3 CODE (POSITIONS 955 TO 956)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-3 (POSITIONS 957 TO 968)
ELIGIBLE PRE-PAID PLAN TYPE-4 CODE (POSITIONS 969 TO 970)
ELIGIBLE PRE-PAID PLAN IDENTIFIER-4 (POSITIONS 971 TO 982)

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 44.

ELEMENT NAME: **ELIGIBLE PRE-PAID PLAN TYPE-1 CODE - FIRST MONTH**

SAS VARIABLE: EL_PHP_TYPE_1_1

TYPE: NUM LENGTH: 2 BEG: 311 END: 312

DESCRIPTION: CODE INDICATING THE TYPE OF THE FIRST OF UP TO FOUR MANAGED CARE PLAN TYPES IN WHICH THE ELIGIBLE WAS ENROLLED DURING THE CALENDAR MONTH.

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) PLAN THIS MONTH.

07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT (PCCM) PLAN THIS MONTH.

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

88 = NOT APPLICABLE, INDIVIDUAL IS ELIGIBLE FOR MEDICAID, BUT NOT ENROLLED IN A MANAGED CARE PLAN THIS MONTH.

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

SOURCE: MSIS ELIGIBILITY FILES: 'PLAN-TYPE-1'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 46.

ELEMENT NAME: **ELIGIBLE PRE-PAID PLAN TYPE-2 CODE - FIRST MONTH**

SAS VARIABLE: EL_PHP_TYPE_2_1

TYPE: NUM LENGTH: 2 BEG: 325 END: 326

DESCRIPTION: CODE INDICATING THE TYPE OF THE SECOND OF UP TO FOUR MANAGED CARE PLAN TYPES IN WHICH THE ELIGIBLE WAS ENROLLED DURING THE CALENDAR MONTH.

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) PLAN THIS MONTH.

07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT (PCCM) PLAN THIS MONTH.

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

88 = NOT APPLICABLE, INDIVIDUAL IS ELIGIBLE FOR MEDICAID, BUT NOT ENROLLED IN A NAMED CARE PLAN THIS MONTH.

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

SOURCE: MSIS ELIGIBILITY FILES: 'PLAN-TYPE-2'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 48.

ELEMENT NAME: **ELIGIBLE PRE-PAID PLAN TYPE-3 CODE - FIRST MONTH**

SAS VARIABLE: EL_PHP_TYPE_3_1

TYPE: NUM LENGTH: 2 BEG: 339 END: 340

DESCRIPTION: CODE INDICATING THE TYPE OF THE THIRD OF UP TO FOUR MANAGED CARE PLAN TYPES IN WHICH THE ELIGIBLE WAS ENROLLED DURING THE CALENDAR MONTH.

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) PLAN THIS MONTH.

07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT (PCCM) PLAN THIS MONTH.

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

88 = NOT APPLICABLE, INDIVIDUAL IS ELIGIBLE FOR MEDICAID, BUT NOT ENROLLED IN A MANAGED CARE PLAN THIS MONTH.

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

SOURCE: MSIS ELIGIBILITY FILES: 'PLAN-TYPE-3'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 50.

ELEMENT NAME: **ELIGIBLE PRE-PAID PLAN TYPE-4 CODE - FIRST MONTH**

SAS VARIABLE: EL_PHP_TYPE_4_1

TYPE: NUM LENGTH: 2 BEG: 353 END: 354

DESCRIPTION: CODE INDICATING THE TYPE OF THE FOURTH OF UP TO FOUR MANAGED CARE PLAN TYPES IN WHICH THE ELIGIBLE WAS ENROLLED DURING THE CALENDAR MONTH.

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) PLAN THIS MONTH.

07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT (PCCM) PLAN THIS MONTH.

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

88 = NOT APPLICABLE, INDIVIDUAL IS ELIGIBLE FOR MEDICAID, BUT NOT ENROLLED IN A MANAGED CARE PLAN THIS MONTH.

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

SOURCE: MSIS ELIGIBILITY FILES: 'PLAN-TYPE-4'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 52.

ELEMENT NAME: **MEDICAID MANAGED CARE COMBINATIONS - FIRST MONTH**

SAS VARIABLE: MC_COMBO_MO_1

TYPE: NUM LENGTH: 2 BEG: 983 END: 984

DESCRIPTION: CODE INDICATING THE TYPES OF MANAGED CARE THE ELIGIBLE WAS ENROLLED IN FOR THE MONTH.

CODES:

- 00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH
- 01 = COMPREHENSIVE PLAN ONLY
- 02 = DENTAL PLAN ONLY
- 03 = BEHAVIORAL PLAN ONLY
- 04 = PRIMARY CARE CASE MANAGEMENT (PCCM) PLAN ONLY
- 05 = OTHER MANAGED CARE PLAN ONLY
- 06 = COMPREHENSIVE PLAN AND DENTAL PLAN
- 07 = COMPREHENSIVE PLAN AND BEHAVIORAL PLAN
- 08 = COMPREHENSIVE PLAN AND OTHER MANAGED CARE PLAN
- 09 = COMPREHENSIVE PLAN, DENTAL PLAN AND BEHAVIORAL PLAN
- 10 = PRIMARY CARE CASE MANAGEMENT (PCCM) AND DENTAL PLAN
- 11 = PRIMARY CARE CASE MANAGEMENT (PCCM) AND BEHAVIORAL PLAN
- 12 = PRIMARY CARE CASE MANAGEMENT (PCCM) AND OTHER MANAGED CARE PLAN
- 13 = PRIMARY CARE CASE MANAGEMENT (PCCM), DENTAL PLAN AND BEHAVIORAL PLAN
- 14 = DENTAL PLAN AND BEHAVIORAL PLAN
- 15 = OTHER COMBINATIONS
- 16 = FEE FOR SERVICE (NO MANAGED CARE PLAN REPORTED)
- 99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN THIS MONTH

THE FOLLOWING IS HOW MSIS DATA ELEMENTS PLAN-TYPE-1 TO PLAN-TYPE-4 ARE MAPPED INTO THE CODE VALUES FOR THIS DATA ELEMENT:

- | MAX | MSIS |
|------|--|
| CODE | CODE |
| 00 | = 00 IN ALL FOUR PLAN TYPES THIS MONTH - PERSON WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH |
| 01 | = 01 ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO), AND NO OTHER TYPE OF PLAN |
| 02 | = 02 ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH, AND NO OTHER TYPE OF PLAN |
| 03 | = 03 ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH, AND NO OTHER TYPE OF PLAN |
| 04 | = 07 ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH, AND NO OTHER TYPE OF PLAN |
| 05 | = 04 ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH, OR |
| 05 | = 05 ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH, OR |
| 05 | = 06 ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH, OR |
| 05 | = 08 ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH, OR (ONE OR MORE OF THE MSIS CODES 04, 05, 06, 08 THIS MONTH) |
| 06 | = 01 AND 02 |
| 07 | = 01 AND 03 |
| 08 | = 01 AND (ONE OR MORE OF THE MSIS CODES 04, 05, 06, 08 THIS MONTH) |
| 09 | = 01 AND 02 AND 03 |
| 10 | = 07 AND 02 |
| 11 | = 07 AND 03 |
| 12 | = 07 AND (ONE OR MORE OF THE MSIS CODES 04, 05, 06, 08 THIS MONTH) |
| 13 | = 07 AND 02 AND 03 |
| 14 | = 02 AND 03 |
| 15 | = ALL OTHER COMBINATIONS OF MANAGED CARE PLAN CODES THIS MONTH (INCLUDING 99 AND ONE |

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

PERSONAL SUMMARY RECORD - PS

OR MORE OTHER MSIS CODES)

- 16 = 88 IN ALL FOUR MSIS PLAN TYPES THIS MONTH - PERSON WAS ELIGIBLE THIS MONTH BUT NOT ENROLLED IN MANAGED CARE
- 99 = 99 IN ALL FOUR MSIS PLAN TYPES THIS MONTH - ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN THIS MONTH

SOURCE: CREATED FROM MSIS ELIGIBILITY FILES USING 'PLAN-TYPE-1 TO -4'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **DAYS OF ELIGIBILITY GROUP - MONTHLY (OCCURS 12 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 24 BEG: 1007 END: 1030

DESCRIPTION: INDICATES THE NUMBER OF DAYS THE MEDICAID ELIGIBLE WAS ENROLLED IN MEDICAID FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.

JANUARY (POSITION 1007-1008)
FEBRUARY (POSITION 1009-1010)
MARCH (POSITION 1011-1012)
APRIL (POSITION 1013-1014)
MAY (POSITION 1015-1016)
JUNE (POSITION 1017-1018)
JULY (POSITION 1019-1020)
AUGUST (POSITION 1021-1022)
SEPTEMBER (POSITION 1023-1024)
OCTOBER (POSITION 1025-1026)
NOVEMBER (POSITION 1027-1028)
DECEMBER (POSITION 1029-1030)

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 53.

ELEMENT NAME: **DAYS OF ELIGIBILITY - FIRST MONTH**

SAS VARIABLE: EL_DAYS_EL_CNT_1

TYPE: NUM LENGTH: 2 BEG: 1007 END: 1008

DESCRIPTION: THE NUMBER OF DAYS THE ELIGIBLE WAS ENROLLED IN MEDICAID DURING THE MONTH.

SOURCE: MSIS ELIGIBILITY FILES: 'DAYS-OF-ELIGIBILITY'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **ELIGIBLE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) CASH FLAG GROUP - MONTHLY
(OCCURS 12 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 12 BEG: 1031 END: 1042

DESCRIPTION: INDICATES WHETHER THE ELIGIBLE RECEIVED TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS TANF CASH FLAG GROUP FOR JANUARY.

JANUARY (POSITION 1031)
FEBRUARY (POSITION 1032)
MARCH (POSITION 1033)
APRIL (POSITION 1034)
MAY (POSITION 1035)
JUNE (POSITION 1036)
JULY (POSITION 1037)
AUGUST (POSITION 1038)
SEPTEMBER (POSITION 1039)
OCTOBER (POSITION 1040)
NOVEMBER (POSITION 1041)
DECEMBER (POSITION 1042)

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 54.

ELEMENT NAME: **ELIGIBLE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) CASH FLAG - FIRST MONTH**

SAS VARIABLE: EL_TANF_CASH_FLG_1

TYPE: NUM LENGTH: 1 BEG: 1031 END: 1031

DESCRIPTION: CODE INDICATING WHETHER THE ELIGIBLE RECEIVED TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS DURING THE MONTH.

CODES:

0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID AT ANY TIME DURING THE MONTH.

1 = INDIVIDUAL DID NOT RECEIVE TANF BENEFITS DURING THE MONTH.

2 = INDIVIDUAL DID RECEIVE TANF BENEFITS DURING THE MONTH (STATES SHOULD ONLY USE THIS VALUE IF THEY CAN ACCURATELY SEPARATE ELIGIBLES RECEIVING TANF BENEFITS FROM OTHER SECTION 1931 ELIGIBLES REPORTED INTO MAS VALUE = 1.

9 = INDIVIDUAL'S TANF STATUS IS UNKNOWN.

USER NOTE: AVAILABILITY OF THIS DATA ELEMENT VARIES FROM STATE TO STATE.

SOURCE: MSIS ELIGIBILITY FILES: 'TANF-CASH-FLAG'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 55.

ELEMENT NAME: **ELIGIBLE RESTRICTED BENEFITS FLAG - FIRST MONTH**

SAS VARIABLE: EL_RSTRCT_BNFT_FLG_1

TYPE: CHAR LENGTH: 1 BEG: 1043 END: 1043

DESCRIPTION: CODE INDICATING THE SCOPE OF MEDICAID BENEFITS TO WHICH AN ELIGIBLE IS ENTITLED FOR THE RESPECTIVE MONTH.

CODES:

0 = INDIVIDUAL IS NOT ELIGIBLE FOR MEDICAID DURING THE MONTH.

1 = INDIVIDUAL IS ELIGIBLE FOR MEDICAID DURING THE MONTH AND IS ENTITLED TO THE FULL SCOPE OF MEDICAID BENEFITS.

2 = INDIVIDUAL IS ELIGIBLE FOR MEDICAID DURING THE MONTH BUT ONLY ENTITLED TO RESTRICTED BENEFITS BASED ON ALIEN STATUS (INCLUDING ILLEGAL ENTRANTS AND LEGAL ENTRANTS DURING THE 5-YEAR WAITING PERIOD).

3 = INDIVIDUAL IS ELIGIBLE FOR MEDICAID DURING THE MONTH BUT ONLY ENTITLED TO RESTRICTED BENEFITS BASED ON MEDICAID DUAL ELIGIBILITY STATUS (E.G. QMB ONLY OR SLMB ONLY).

4 = INDIVIDUAL IS ELIGIBLE FOR MEDICAID DURING THE MONTH BUT ONLY ENTITLED TO RESTRICTED BENEFITS FOR PREGNANCY-RELATED SERVICES.

5 = INDIVIDUAL IS ELIGIBLE FOR MEDICAID DURING THE MONTH BUT ONLY ENTITLED TO RESTRICTED BENEFITS FOR REASONS OTHER THAN ALIEN, DUAL ELIGIBILITY OR PREGNANCY-RELATED STATUS (E.G. RESTRICTED BENEFITS BASED UPON SUBSTANCE ABUSE, MEDICALLY NEEDY OR OTHER CRITERIA).

6 = INDIVIDUAL IS ELIGIBLE FOR MEDICAID, BUT ONLY ENTITLED TO RECEIVE FAMILY PLANNING SERVICES (BEGINNING IN 2001)

9 = INDIVIDUAL'S BENEFIT RESTRICTIONS ARE UNKNOWN.

X = INDIVIDUAL IS ELIGIBLE FOR MEDICAID DURING THE MONTH BUT ONLY ENTITLED TO RECEIVE PRESCRIPTION DRUG BENEFITS (BEGINNING IN 2003)

Y = INDIVIDUAL IS ELIGIBLE FOR MEDICAID AND MEDICARE DURING THE MONTH BUT ONLY ENTITLED TO RECEIVE PRESCRIPTION DRUG BENEFITS AND RESTRICTED BENEFITS BASED ON MEDICAID DUAL ELIGIBILITY STATUS (E.G. QMB ONLY, SLMB ONLY, OR QDWI OR QI). (BEGINNING IN 2003)

Z = INDIVIDUAL IS ELIGIBLE FOR MEDICAID AND MEDICARE DURING THE MONTH BUT ONLY ENTITLED TO RECEIVE PRESCRIPTION DRUG BENEFITS. THE EDB LINK FOUND THAT THE INDIVIDUAL WAS ALSO ELIGIBLE FOR MEDICARE, BUT THE MEDICAID PROGRAM WAS NOT PAYING RESTRICTED BENEFITS BASED ON MEDICAID DUAL ELIGIBILITY STATUS (E.G. QMB ONLY, SLMB ONLY, QDWI OR QI). (BEGINNING IN 2003)

USER NOTES: X IS ASSIGNED WHEN WE FIND A MONTHLY PHARMACY PLUS STATE SPECIFIC ELIGIBILITY CODE AND MONTHLY ELIGIBLE MEDICARE BENEFICIARY CODE VALUE = 0. Y IS ASSIGNED WHEN WE FIND A MONTHLY PHARMACY PLUS STATE SPECIFIC ELIGIBILITY CODE AND MONTHLY ELIGIBLE MEDICARE BENEFICIARY CODE VALUE = 1, 2, OR 3 AND ANNUAL MEDICARE CROSSOVER CODE NEW VALUE = 51, 53 OR 56. Z IS ASSIGNED WHEN WE FIND A MONTHLY PHARMACY PLUS STATE SPECIFIC ELIGIBILITY CODE AND MONTHLY ELIGIBLE BENEFICIARY CODE VALUE = 1, 2, OR 3 AND ANNUAL MEDICARE CROSSOVER CODE IS NOT = 51, 53, OR 56.

SOURCE: MSIS ELIGIBILITY FILES: 'RESTRICTED-BENEFITS-FLAG'.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: STATE CHILD HEALTH INSURANCE PROGRAM (SCHIP) CODE GROUP - MONTHLY (OCCURS 12 TIMES)

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 12 BEG: 1055 END: 1066

DESCRIPTION: INDICATES WHETHER THE INDIVIDUAL WAS ELIGIBLE FOR THE CHILD HEALTH INSURANCE PROGRAM (SCHIP) FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS CODE GROUP FOR JANUARY.

JANUARY (POSITION 1055)
FEBRUARY (POSITION 1056)
MARCH (POSITION 1057)
APRIL (POSITION 1058)
MAY (POSITION 1059)
JUNE (POSITION 1060)
JULY (POSITION 1061)
AUGUST (POSITION 1062)
SEPTEMBER (POSITION 1063)
OCTOBER (POSITION 1064)
NOVEMBER (POSITION 1065)
DECEMBER (POSITION 1066)

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 56.

ELEMENT NAME: **STATE CHILD HEALTH INSURANCE PROGRAM (SCHIP) CODE - FIRST MONTH**

SAS VARIABLE: EL_CHIP_FLAG_1

TYPE: NUM LENGTH: 1 BEG: 1055 END: 1055

DESCRIPTION: CODE INDICATING WHETHER THE INDIVIDUAL WAS ELIGIBLE FOR THE CHILD HEALTH INSURANCE PROGRAM (SCHIP) IN THE RESPECTIVE MONTH.

CODES:

0 = INDIVIDUAL WAS NOT A MEDICAID ELIGIBLE AND NOT ELIGIBLE FOR SCHIP DURING THE MONTH.

1 = INDIVIDUAL WAS A MEDICAID ELIGIBLE, BUT WAS NOT INCLUDED IN EITHER A MEDICAID EXPANSION SCHIP OR A SEPARATE TITLE XXI CHIP PROGRAM DURING THE MONTH.

2 = INDIVIDUAL WAS ENROLLED IN THE MEDICAID EXPANSION SCHIP PROGRAM (M-SCHIP) AND SUBJECT TO ENHANCED FEDERAL MATCHING FUNDS DURING THE MONTH.

3 = INDIVIDUAL WAS NOT A MEDICAID ELIGIBLE, BUT WAS INCLUDED IN A NON-MEDICAID EXPANSION TITLE XXI SCHIP PROGRAM DURING THE MONTH (S-SCHIP). REPORTING OF MSIS ELIGIBILITY RECORDS FOR THESE NON-MEDICAID SCHIP INDIVIDUALS IS OPTIONAL FOR STATES.

9 = SCHIP STATUS IS UNKNOWN

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

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **MEDICAID WAIVER GROUP - MONTHLY (OCCURS 12 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 108 BEG: 1067 END: 1174

DESCRIPTION: THE MONTHLY MEDICAID WAIVER GROUP FIELD IS A SET OF DATA ELEMENTS CONSISTING OF THREE WAIVER TYPE CODES, AND THREE WAIVER ID FIELDS, OCCURRING 12 TIMES. THE EXAMPLE IS FOR JANUARY.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 57.

ELEMENT NAME: **MAX WAIVER TYPE CODE - 1 - FIRST MONTH**

SAS VARIABLE: MAX_WAIVER_TYPE_1_MO_1

TYPE: CHAR LENGTH: 1 BEG: 1067 END: 1067

DESCRIPTION: CODE INDICATING WAIVER TYPE.

BLANK = INDIVIDUAL'S WAIVER ENROLLMENT IS UNKNOWN (PERSON WITH MISSING ELIGIBILITY INFORMATION)

0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH

1 = ENROLLED IN SECTION 1115 WAIVER THIS MONTH

2 = ENROLLED IN SECTION 1915(B) WAIVER THIS MONTH

4 = ENROLLED IN COMBINED SECTION 1915(B)(C) WAIVER THIS MONTH

5 = ENROLLED IN SECTION 1115 HIFA (HEALTH INSURANCE AND FLEXIBILITY AND ACCOUNTABILITY) WAIVER THIS MONTH

6 = SECTION 1115 PHARMACY WAIVER COVERAGE THIS MONTH

7 = ENROLLED IN OTHER TYPE OF WAIVER THIS MONTH

8 = NOT APPLICABLE (NOT ENROLLED IN A WAIVER THIS MONTH)

9 = ENROLLED IN UNKNOWN TYPE OF WAIVER THIS MONTH

A = ENROLLED IN SECTION 1115 DISASTER-RELATED WAIVER THAT ALLOWS FOR COVERAGE RELATED TO A HURRICANE OR OTHER DISASTER THIS MONTH

F = ENROLLED IN SECTION 1115 FAMILY PLANNING-ONLY WAIVER THIS MONTH

G = ENROLLED IN SECTION 1915(C) WAIVER FOR AGED AND DISABLED (A/D) THIS MONTH

H = ENROLLED IN SECTION 1915(C) WAIVER FOR AGED THIS MONTH

I = ENROLLED IN SECTION 1915(C) WAIVER FOR PHYSICALLY DISABLED (PD) THIS MONTH

J = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH BRAIN INJURIES (BI) THIS MONTH

K = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH HIV/AIDS THIS MONTH

L = ENROLLED IN SECTION 1915(C) WAIVER FOR MENTALLY RETARDED/DEVELOPMENTALLY DISABLED/ (MR/DD) THIS MONTH

M = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH MENTAL ILLNESS/SERIOUS EMOTIONAL DISTURBANCE (MI/SED) THIS MONTH

N = ENROLLED IN SECTION 1915(C) WAIVER FOR TECHNOLOGY DEPENDENT/MEDICALLY FRAGILE THIS MONTH

O = ENROLLED IN SECTION 1915(C) WAIVER FOR UNSPECIFIED OR UNKNOWN POPULATIONS

USER NOTE: MAX WAIVER TYPE CODES DIFFER FROM MSIS WAIVER TYPE CODES IN THAT MSIS WAIVER TYPE CODE VALUE = 3 DOES NOT APPEAR IN THE MAX CODES. THE MSIS DEFINITION FOR WAIVER TYPE CODE VALUE = 3 IS "THE ASSOCIATED WAIVER-ID-NUMBER IS FOR A 1915(C) WAIVER THIS MONTH. MAY ALSO BE CALLED 2176, HOME AND COMMUNITY BASED CARE, HCBS, HCB, AND WILL OFTEN MENTION SPECIFIC POPULATIONS SUCH AS MR/DD, AGED, DISABLED/PHYSICALLY DISABLED, AGED/DISABLED, AIDS/ARC, MENTAL HEALTH, TBI/HEAD INJURY, SPECIAL CARE CHILDREN/TECHNOLOGY DEPENDENT CHILDREN". FOR MAX WAIVER TYPE CODE, MSIS WAIVER TYPE CODE VALUE = 3 HAS BEEN EXPANDED INTO THE GROUP OF CODE VALUES = G THROUGH O.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 58.

ELEMENT NAME: **WAIVER ID - 1 - FIRST MONTH**

SAS VARIABLE: MAX_WAIVER_ID_1_MO_1

TYPE: CHAR LENGTH: 2 BEG: 1068 END: 1069

DESCRIPTION: IDENTIFIER SUBMITTED BY THE STATE IN ITS MSIS EL FILE.

USER NOTE: THIS DATA ELEMENT IS 0-FILLED FOR INDIVIDUALS NOT ELIGIBLE FOR MEDICAID DURING THE MONTH, 8-FILLED FOR INDIVIDUALS ENROLLED IN MEDICAID BUT NOT ENROLLED IN A WAIVER DURING THE MONTH, AND 9-FILLED FOR INDIVIDUALS WITH UNKNOWN WAIVER ENROLLMENT DURING THE MONTH.

SOURCE: MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 59.

ELEMENT NAME: **MAX WAIVER TYPE CODE - 2 - FIRST MONTH**

SAS VARIABLE: MAX_WAIVER_TYPE_2_MO_1

TYPE: CHAR LENGTH: 1 BEG: 1070 END: 1070

DESCRIPTION: CODE INDICATING WAIVER TYPE.

CODES:

BLANK = INDIVIDUAL'S WAIVER ENROLLMENT IS UNKNOWN (PERSON WITH MISSING ELIGIBILITY INFORMATION)

0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH

1 = ENROLLED IN SECTION 1115 WAIVER THIS MONTH

2 = ENROLLED IN SECTION 1915(B) WAIVER THIS MONTH

4 = ENROLLED IN COMBINED SECTION 1915(B)(C) WAIVER THIS MONTH

5 = ENROLLED IN SECTION 1115 HIFA (HEALTH INSURANCE AND FLEXIBILITY AND ACCOUNTABILITY) WAIVER THIS MONTH

6 = SECTION 1115 PHARMACY WAIVER COVERAGE THIS MONTH

7 = ENROLLED IN OTHER TYPE OF WAIVER THIS MONTH

8 = NOT APPLICABLE (NOT ENROLLED IN A WAIVER THIS MONTH)

9 = ENROLLED IN UNKNOWN TYPE OF WAIVER THIS MONTH

A = ENROLLED IN SECTION 1115 DISASTER-RELATED WAIVER THAT ALLOWS FOR COVERAGE RELATED TO A HURRICANE OR OTHER DISASTER THIS MONTH

F = ENROLLED IN SECTION 1115 FAMILY PLANNING-ONLY WAIVER THIS MONTH

G = ENROLLED IN SECTION 1915(C) WAIVER FOR AGED AND DISABLED (A/D) THIS MONTH

H = ENROLLED IN SECTION 1915(C) WAIVER FOR AGED THIS MONTH

I = ENROLLED IN SECTION 1915(C) WAIVER FOR PHYSICALLY DISABLED (PD) THIS MONTH

J = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH BRAIN INJURIES (BI) THIS MONTH

K = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH HIV/AIDS THIS MONTH

L = ENROLLED IN SECTION 1915(C) WAIVER FOR MENTALLY RETARDED/DEVELOPMENTALLY DISABLED/ (MR/DD) THIS MONTH

M = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH MENTAL ILLNESS/SERIOUS EMOTIONAL DISTURBANCE (MI/SED) THIS MONTH

N = ENROLLED IN SECTION 1915(C) WAIVER FOR TECHNOLOGY DEPENDENT/MEDICALLY FRAGILE THIS MONTH

O = ENROLLED IN SECTION 1915(C) WAIVER FOR UNSPECIFIED OR UNKNOWN POPULATIONS

USER NOTE: MAX WAIVER TYPE CODES DIFFER FROM MSIS WAIVER TYPE CODES IN THAT MSIS WAIVER TYPE CODE VALUE = 3 DOES NOT APPEAR IN THE MAX CODES. THE MSIS DEFINITION FOR WAIVER TYPE CODE VALUE = 3 IS "THE ASSOCIATED WAIVER-ID-NUMBER IS FOR A 1915(C) WAIVER THIS MONTH. MAY ALSO BE CALLED 2176, HOME AND COMMUNITY BASED CARE, HCBS, HCB, AND WILL OFTEN MENTION SPECIFIC POPULATIONS SUCH AS MR/DD, AGED, DISABLED/PHYSICALLY DISABLED, AGED/DISABLED, AIDS/ARC, MENTAL HEALTH, TBI/HEAD INJURY, SPECIAL CARE CHILDREN/TECHNOLOGY DEPENDENT CHILDREN". FOR MAX WAIVER TYPE CODE, MSIS WAIVER TYPE CODE VALUE = 3 HAS BEEN EXPANDED INTO THE GROUP OF CODE VALUES = G THROUGH O.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 60.

ELEMENT NAME: **WAIVER ID - 2 - FIRST MONTH**

SAS VARIABLE: MAX_WAIVER_ID_2_MO_1

TYPE: CHAR LENGTH: 2 BEG: 1071 END: 1072

DESCRIPTION: IDENTIFIER SUBMITTED BY THE STATE IN ITS MSIS EL FILE.

USER NOTE: THIS DATA ELEMENT IS 0-FILLED FOR INDIVIDUALS NOT ELIGIBLE FOR MEDICAID DURING THE MONTH, 8-FILLED FOR INDIVIDUALS ENROLLED IN MEDICAID BUT NOT ENROLLED IN A WAIVER DURING THE MONTH, AND 9-FILLED FOR INDIVIDUALS WITH UNKNOWN WAIVER ENROLLMENT DURING THE MONTH.

SOURCE: MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 61.

ELEMENT NAME: **MAX WAIVER TYPE CODE - 3 - FIRST MONTH**

SAS VARIABLE: MAX_WAIVER_TYPE_3_MO_1

TYPE: CHAR LENGTH: 1 BEG: 1073 END: 1073

DESCRIPTION: CODE INDICATING WAIVER TYPE.

CODES:

BLANK = INDIVIDUAL'S WAIVER ENROLLMENT IS UNKNOWN (PERSON WITH MISSING ELIGIBILITY INFORMATION)

0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH

1 = ENROLLED IN SECTION 1115 WAIVER THIS MONTH

2 = ENROLLED IN SECTION 1915(B) WAIVER THIS MONTH

4 = ENROLLED IN COMBINED SECTION 1915(B)(C) WAIVER THIS MONTH

5 = ENROLLED IN SECTION 1115 HIFA (HEALTH INSURANCE AND FLEXIBILITY AND ACCOUNTABILITY) WAIVER THIS MONTH

6 = SECTION 1115 PHARMACY WAIVER COVERAGE THIS MONTH

7 = ENROLLED IN OTHER TYPE OF WAIVER THIS MONTH

8 = NOT APPLICABLE (NOT ENROLLED IN A WAIVER THIS MONTH)

9 = ENROLLED IN UNKNOWN TYPE OF WAIVER THIS MONTH

A = ENROLLED IN SECTION 1115 DISASTER-RELATED WAIVER THAT ALLOWS FOR COVERAGE RELATED TO A HURRICANE OR OTHER DISASTER THIS MONTH

F = ENROLLED IN SECTION 1115 FAMILY PLANNING-ONLY WAIVER THIS MONTH

G = ENROLLED IN SECTION 1915(C) WAIVER FOR AGED AND DISABLED (A/D) THIS MONTH

H = ENROLLED IN SECTION 1915(C) WAIVER FOR AGED THIS MONTH

I = ENROLLED IN SECTION 1915(C) WAIVER FOR PHYSICALLY DISABLED (PD) THIS MONTH

J = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH BRAIN INJURIES (BI) THIS MONTH

K = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH HIV/AIDS THIS MONTH

L = ENROLLED IN SECTION 1915(C) WAIVER FOR MENTALLY RETARDED/DEVELOPMENTALLY DISABLED/ (MR/DD) THIS MONTH

M = ENROLLED IN SECTION 1915(C) WAIVER FOR PEOPLE WITH MENTAL ILLNESS/SERIOUS EMOTIONAL DISTURBANCE (MI/SED) THIS MONTH

N = ENROLLED IN SECTION 1915(C) WAIVER FOR TECHNOLOGY DEPENDENT/MEDICALLY FRAGILE THIS MONTH

O = ENROLLED IN SECTION 1915(C) WAIVER FOR UNSPECIFIED OR UNKNOWN POPULATIONS

USER NOTE: MAX WAIVER TYPE CODES DIFFER FROM MSIS WAIVER TYPE CODES IN THAT MSIS WAIVER TYPE CODE VALUE = 3 DOES NOT APPEAR IN THE MAX CODES. THE MSIS DEFINITION FOR WAIVER TYPE CODE VALUE = 3 IS "THE ASSOCIATED WAIVER-ID-NUMBER IS FOR A 1915(C) WAIVER THIS MONTH. MAY ALSO BE CALLED 2176, HOME AND COMMUNITY BASED CARE, HCBS, HCB, AND WILL OFTEN MENTION SPECIFIC POPULATIONS SUCH AS MR/DD, AGED, DISABLED/PHYSICALLY DISABLED, AGED/DISABLED, AIDS/ARC, MENTAL HEALTH, TBI/HEAD INJURY, SPECIAL CARE CHILDREN/TECHNOLOGY DEPENDENT CHILDREN". FOR MAX WAIVER TYPE CODE, MSIS WAIVER TYPE CODE VALUE = 3 HAS BEEN EXPANDED INTO THE GROUP OF CODE VALUES = G THROUGH O.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 62.

ELEMENT NAME: **WAIVER ID - 3 - FIRST MONTH**

SAS VARIABLE: MAX_WAIVER_ID_3_MO_1

TYPE: CHAR LENGTH: 2 BEG: 1074 END: 1075

DESCRIPTION: IDENTIFIER SUBMITTED BY THE STATE IN ITS MSIS EL FILE.

USER NOTE: THIS DATA ELEMENT IS 0-FILLED FOR INDIVIDUALS NOT ELIGIBLE FOR MEDICAID DURING THE MONTH, 8-FILLED FOR INDIVIDUALS ENROLLED IN MEDICAID BUT NOT ENROLLED IN A WAIVER DURING THE MONTH, AND 9-FILLED FOR INDIVIDUALS WITH UNKNOWN WAIVER ENROLLMENT DURING THE MONTH.

SOURCE: MSIS ELIGIBILITY FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 63.

ELEMENT NAME: **ANNUAL 1915C MAX WAIVER TYPE - MOST RECENT**

SAS VARIABLE: MAX_1915C_WAIVER_TYPE_LTST

TYPE: CHAR LENGTH: 1 BEG: 1175 END: 1175

DESCRIPTION: CODE CONTAINS THE TARGET POPULATION FOR THE ENROLLEES'S MOST RECENT SECTION 1915(C) WAIVER. THE TARGET POPULATION CODES ARE DERIVED FROM THE STATES' WAIVER IDS.

CODES:

- BLANK = INDIVIDUAL'S WAIVER ENROLLMENT IS UNKNOWN (PERSON WITH MISSING ELIGIBILITY INFORMATION)
- G = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF AGED AND DISABLED
- H = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF AGED
- I = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF PHYSICALLY DISABLED
- J = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF BRAIN INJURED
- K = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF HIV/AIDS
- L = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF MR/DD
- M = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF MENTALLY ILL/SEVERELY EMOTIONALLY DISTURBED
- N = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF TECHNOLOGY-DEPENDENT/MEDICALLY FRAGILE
- O = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF OTHER OR UNKNOWN
- 0 = INDIVIDUAL WAS NEVER ENROLLED IN A 1915(C) WAIVER DURING THE YEAR

USER NOTE: THESE CODE VALUES ARE DERIVED FROM MAX WAIVER TYPE CODE VALUES G THROUGH O. THE ANNUAL VALUE IS DETERMINED USING THE THREE MONTHLY WAIVER TYPE CODE VALUES FOR EACH OF THE 12 MONTHS OF THE YEAR. IF AN INDIVIDUAL WAS ENROLLED IN MORE THAN ONE 1915(C) WAIVER DURING THE MOST RECENT MONTH WITH ANY 1915(C) ENROLLMENT, THE HIERARCHY FOR THIS CODE IS AS FOLLOWS, WITH THE EARLIEST WAIVER TYPE LISTED HERE AS THE ONE THAT WILL BE CAPTURED:

- L = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF MR/DD
- M = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF MENTALLY ILL/SEVERELY EMOTIONALLY DISTURBED
- J = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF BRAIN INJURED
- K = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF HIV/AIDS
- N = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF TECHNOLOGY-DEPENDENT/MEDICALLY FRAGILE
- G = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF AGED AND DISABLED
- I = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF PHYSICALLY DISABLED
- H = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF AGED
- O = INDIVIDUAL WAS ENROLLED IN A 1915(C) WAIVER WITH A TARGET POPULATION OF OTHER OR UNKNOWN

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: ***

ELEMENT NAME: **RECIPIENT CLAIMS SUMMARY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 1720 BEG: 1176 END: 2895

DESCRIPTION: SUMMARIZED UTILIZATION AND PAYMENT DATA (INCLUDING PREMIUM PAYMENTS) FOR THE RECIPIENT FOR THE CALENDAR YEAR FROM MSIS CLAIMS FILES. UNLESS OTHERWISE NOTED, THESE DATA ELEMENTS EXCLUDE ENCOUNTER RECORDS ('TYPE OF CLAIM' = 3) AND SERVICE TRACKING CLAIMS ('TYPE OF CLAIM' = 4) AND INCLUDE ALL OTHER TYPES OF CLAIMS. SEE THE DATA DICTIONARY FOR THE CLAIMS FILES FOR A DEFINITION OF 'TYPE OF CLAIM'. THIS MEANS THAT AMOUNTS FROM INDIVIDUAL CLAIMS ARE ADDED TO COUNTS EVEN IF THOSE AMOUNTS ARE ZERO (OR NEGATIVE AS MAY BE THE CASE WITH UNAPPLIED ADJUSTMENTS - 'TYPE OF CLAIM' = 2). THE EFFECT OF THIS DECISION IS TO CAPTURE MEDICAID PAID AMOUNTS IN THE PAYMENT SUMMARIES, REGARDLESS OF WHETHER MEDICAID PAID THE FULL BILL OR WHETHER THERE WERE OTHER PAYMENTS WHICH REDUCED THE MEDICAID PAYMENT (E.G. THIRD PARTY COVERAGE, OUT-OF-POCKET AND/OR SPEND DOWN AMOUNTS, MEDICARE PART A OR PART B PAYMENTS, ETC.).

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 64.

ELEMENT NAME: **RECIPIENT INDICATOR**

SAS VARIABLE: RCPNT_IND

TYPE: CHAR LENGTH: 1 BEG: 1176 END: 1176

DESCRIPTION: CODE INDICATING IF AND HOW THE ELIGIBLE RECEIVED A MEDICAID SERVICE DURING THE CALENDAR YEAR AND WHETHER THOSE SERVICES WERE RECEIVED UNDER A FEE-FOR-SERVICE OR PRE-PAID PLAN.

CODES:

0 = THE ELIGIBLE PERSON DID NOT RECEIVED ANY SERVICES

1 = THE ELIGIBLE PERSON HAD ONLY FEE-FOR-SERVICE CLAIMS (INCLUDING CLAIMS WITH \$0 PAID AMOUNTS) FOR TYPES OF SERVICE = 1-19, 23-54 AND 99.

2 = THE ELIGIBLE PERSON HAD ONLY PREMIUM PAYMENT CLAIMS (PRE-PAID PLAN) FOR TYPES OF SERVICE = 20-22.

3 = THE ELIGIBLE PERSON HAD ONLY ENCOUNTER RECORDS (PRE-PAID PLAN) FOR TYPES OF SERVICE = 1-19, 23-54, 99.

4 = THE ELIGIBLE PERSON HAD FEE-FOR-SERVICE AND PREMIUM PAYMENT CLAIMS, BUT NO ENCOUNTER RECORDS

5 = THE ELIGIBLE PERSON HAD PREMIUM PAYMENT CLAIMS AND ENCOUNTER RECORDS, BUT NO FEE-FOR-SERVICE CLAIMS

6 = THE ELIGIBLE PERSON HAD FEE-FOR-SERVICE CLAIMD AND ENCOUNTER RECORDS, BUT NO PREMIUM PAYMENT CLAIMS

7 = THE ELIGIBLE PERSON HAD FEE-FOR-SERVICE CLAIMS, PREMIUM PAYMENT CLAIMS AND ENCOUNTER RECORDS

USER NOTE: SEE 'TYPE OF SERVICE RECIPIENT INDICATOR' WHICH IS SIMILAR TO 'RECIPIENT INDICATOR'. THE FIELD 'TYPE OF SERVICE RECIPIENT INDICATOR' IS DIFFERENT. IT IS CREATED BY TYPE OF SERVICE, FOR EACH OF THE LISTED TYPES OF SERVICES AND IT DOES NOT INCLUDE CODE VALUES FOR PREMIUM PAYMENTS.

SOURCE MSIS FILES CONTAIN RECORDS WITH MEDICAID PAYMENT AMOUNT = \$0 IF THE SERVICE WAS COVERED, BUT FULL PAYMENT WAS MADE BY ANOTHER PAYER (E.G. THIRD PARTY LIABILITY). THERE ARE ALSO INSTANCES OF CLAIMS WITH MEDICAID PAID AMOUNT < \$0. THE RECIPIENT INDICATOR IS SET VALUE >= 1 IF THE BENEFICIARY HAS AT LEAST ONE CLAIM OF ANY TYPE, REGARDLESS OF THE VALUE OF MEDICAID AMOUNT PAID (< \$0, = \$0 OR > \$0).

SOURCE: CREATED USING MSIS CLAIMS FILES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **INSTITUTIONAL LONG TERM CARE UTILIZATION SUMMARY GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 15 BEG: 1195 END: 1209

DESCRIPTION: FIELDS CONTAINING DAY COUNTS FOR SELECTED TYPES OF LONG TERM CARE SERVICES.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **CLAIMS PAYMENT SUMMARY GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 60 BEG: 1210 END: 1269

DESCRIPTION: THE DATA ELEMENTS IN THIS GROUP SUMMARIZE CLAIMS COUNTS AND PAYMENT AMOUNTS.

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

PERSONAL SUMMARY RECORD - PS

NUMBER OF LONG TERM CARE RECORDS (POSITIONS 1391 TO 1393)
PAYMENTS FOR LONG TERM CARE SERVICES (POSITIONS 1394 TO 1401)
NUMBER OF OTHER SERVICE RECORDS (POSITIONS 1402 TO 1404)
PAYMENTS FOR OTHER SERVICES (POSITIONS 1405 TO 1412)
NUMBER OF PRESCRIPTION DRUG RECORDS (POSITIONS 1413 TO 1415)
PAYMENTS FOR PRESCRIPTION DRUGS (POSITIONS 1416 TO 1423)
NUMBER OF TOTAL RECORDS (POSITIONS 1424 TO 1426)
TOTAL PAYMENTS (POSITIONS 1427 TO 1434)
PROGRAM TYPE 5 - INDIAN HEALTH SERVICES (POSITIONS 1435 TO 1489)
NUMBER OF INPATIENT HOSPITAL RECORDS (POSITIONS 1435 TO 1437)
PAYMENTS FOR INPATIENT HOSPITAL SERVICES (POSITIONS 1438 TO 1445)
NUMBER OF LONG TERM CARE RECORDS (POSITIONS 1446 TO 1448)
PAYMENTS FOR LONG TERM CARE SERVICES (POSITIONS 1449 TO 1456)
NUMBER OF OTHER SERVICE RECORDS (POSITIONS 1457 TO 1459)
PAYMENTS FOR OTHER SERVICES (POSITIONS 1460 TO 1467)
NUMBER OF PRESCRIPTION DRUG RECORDS (POSITIONS 1468 TO 1470)
PAYMENTS FOR PRESCRIPTION DRUGS (POSITIONS 1471 TO 1478)
NUMBER OF TOTAL RECORDS (POSITIONS 1479 TO 1481)
TOTAL PAYMENTS (POSITIONS 1482 TO 1489)
PROGRAM TYPE 6 - HOME AND COMMUNITY BASE CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65
AND OLDER (POSITIONS 1490 TO 1544)
NUMBER OF INPATIENT HOSPITAL RECORDS (POSITIONS 1490 TO 1492)
PAYMENTS FOR INPATIENT HOSPITAL SERVICES (POSITIONS 1493 TO 1500)
NUMBER OF LONG TERM CARE RECORDS (POSITIONS 1501 TO 1503)
PAYMENTS FOR LONG TERM CARE SERVICES (POSITIONS 1504 TO 1511)
NUMBER OF OTHER SERVICE RECORDS (POSITIONS 1512 TO 1514)
PAYMENTS FOR OTHER SERVICES (POSITIONS 1515 TO 1522)
NUMBER OF PRESCRIPTION DRUG RECORDS (POSITIONS 1523 TO 1525)
PAYMENTS FOR PRESCRIPTION DRUGS (POSITIONS 1526 TO 1533)
NUMBER OF TOTAL RECORDS (POSITIONS 1534 TO 1536)
TOTAL PAYMENTS (POSITIONS 1537 TO 1544)
PROGRAM TYPE 7 - HOME AND COMMUNITY BASED CARE WAIVER SERVICES (POSITIONS 1545 TO 1599)
NUMBER OF INPATIENT HOSPITAL RECORDS (POSITIONS 1545 TO 1547)
PAYMENTS FOR INPATIENT HOSPITAL SERVICES (POSITIONS 1548 TO 1555)
NUMBER OF LONG TERM CARE RECORDS (POSITIONS 1556 TO 1558)
PAYMENTS FOR LONG TERM CARE SERVICES (POSITIONS 1559 TO 1566)
NUMBER OF OTHER SERVICE RECORDS (POSITIONS 1567 TO 1569)
PAYMENTS FOR OTHER SERVICES (POSITIONS 1570 TO 1577)
NUMBER OF PRESCRIPTION DRUG RECORDS (POSITIONS 1578 TO 1580)
PAYMENTS FOR PRESCRIPTION DRUGS (POSITIONS 1581 TO 1588)
NUMBER OF TOTAL RECORDS (POSITIONS 1589 TO 1591)
TOTAL PAYMENTS (POSITIONS 1592 TO 1599)

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 85.

ELEMENT NAME: **INPATIENT HOSPITAL RECORDS - FIRST TYPE OF PROGRAM**

SAS VARIABLE: IP_HOSP_REC_FP

TYPE: NUM LENGTH: 3 BEG: 1270 END: 1272

DESCRIPTION: NUMBER OF INPATIENT HOSPITAL RECORDS CONTAINING MSIS PROGRAM TYPE = 2 (FAMILY PLANNING).

SOURCE: CREATED USING THE MSIS INPATIENT HOSPITAL CLAIMS FILE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 87.

ELEMENT NAME: **INSTITUTIONAL LONG TERM CARE RECORDS - FIRST TYPE OF PROGRAM**

SAS VARIABLE: LT_REC_CNT_FP

TYPE: NUM LENGTH: 3 BEG: 1281 END: 1283

DESCRIPTION: NUMBER OF LONG TERM CARE RECORDS CONTAINING MSIS PROGRAM TYPE = 2 (FAMILY PLANNING).

SOURCE: CREATED USING THE MSIS LONG TERM CARE CLAIMS FILE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 89.

ELEMENT NAME: **OTHER SERVICE RECORDS - FIRST TYPE OF PROGRAM**

SAS VARIABLE: OT_REC_CNT_FP

TYPE: NUM LENGTH: 3 BEG: 1292 END: 1294

DESCRIPTION: NUMBER OF OTHER SERVICE RECORDS CONTAINING MSIS PROGRAM TYPE = 2 (FAMILY PLANNING).

SOURCE: CREATED USING THE MSIS OTHER SERVICE CLAIMS FILE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 91.

ELEMENT NAME: **PRESCRIPTION DRUG RECORDS - FIRST TYPE OF PROGRAM**

SAS VARIABLE: RX_REC_CNT_FP

TYPE: NUM LENGTH: 3 BEG: 1303 END: 1305

DESCRIPTION: NUMBER OF PRESCRIPTION DRUG RECORDS CONTAINING MSIS PROGRAM TYPE = 2 (FAMILY PLANNING).

SOURCE: CREATED USING THE MSIS PRESCRIPTION DRUG CLAIMS FILE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 93.

ELEMENT NAME: **TOTAL RECORDS - FIRST TYPE OF PROGRAM**

SAS VARIABLE: TOT_REC_CNT_FP

TYPE: NUM LENGTH: 3 BEG: 1314 END: 1316

DESCRIPTION: TOTAL NUMBER OF RECORDS CONTAINING MSIS PROGRAM TYPE =2 (FAMILY PLANNING)

SOURCE: CREATED USING ALL OF THE MSIS CLAIMS FILES, ALTHOUGH FAMILY PLANNING SERVICES PROVIDED TO A PERSON RECEIVING LONG-TERM CARE SERVICES WILL APPEAR IN THE "OTHER SERVICES" FILE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 95.

ELEMENT NAME: **RECIPIENT DELIVERY CODE**

SAS VARIABLE: RCPNT_DLVRY_CD

TYPE: NUM LENGTH: 1 BEG: 1600 END: 1600

DESCRIPTION: CODE INDICATING WHETHER OR NOT THE ELIGIBLE HAD AT LEAST ONE INPATIENT HOSPITAL STAY IN THE YEAR WITH A MATERNAL DELIVERY DIAGNOSIS CODE.

CODES:

0 = NO MAX INPATIENT STAY DURING THE YEAR WITH A MATERNAL DELIVERY OR NEWBORN DELIVERY DIAGNOSIS CODE.

1 = AT LEAST ONE MAX INPATIENT STAY DURING THE YEAR WITH A MATERNAL DELIVERY OR NEWBORN DELIVERY DIAGNOSIS CODE.

USER NOTES: DIAGNOSIS CODES 650, 640.0-676.9 (WITH A 5TH DIGIT OF '1' OR '2') OR V27.1-V27.9 ON MAX IP CLAIMS ARE USED TO IDENTIFY MATERNAL DELIVERIES. DIAGNOSIS CODES V30.-V39. (PLUS A 4TH POSITION VALUE OF '0' AND ANY VALUE IN THE 5TH POSITION) ARE USED TO IDENTIFY NEWBORN DELIVERY CLAIMS. SOME INPATIENT HOSPITAL DELIVERY CLAIMS ARE FOR THE MOTHER ONLY, SOME FOR THE INFANT SEPARATELY AND SOME ARE COMBINED MOTHER/INFANT CLAIMS. INPATIENT HOSPITAL PROCEDURE CODES WERE NOT USED AS THEY ARE NOT AS RELIABLE AS DIAGNOSIS CODES (SOMETIMES THEY ARE USED FOR FALSE LABOR OR OTHER NON-DELIVERY PRE-NATAL CONDITIONS). ONLY A VERY SMALL PERCENTAGE OF DELIVERIES OCCUR IN PLACES OF SERVICE OTHER THAN THE INPATIENT HOSPITAL. THE DELIVERY INDICATOR OCCASIONALLY WAS SET INCORRECTLY IN THE MAX 1999-2004

PS FILES DUE TO A SOFTWARE BUG DISCOVERED DURING THE 2005 MAX PROCESSING. THE DELIVERY INDICATOR IN THE MAX IP FILES CAN BE USED TO PROPERLY IDENTIFY EITHER MATERNAL AND/OR NEWBORN DELIVERIES. NEW DELIVERY INDICATOR RULES ARE PLANNED FOR THE MAX 2006 FILES, INCLUDING AN UPDATE OF THE LIST OF DELIVERY DIAGNOSIS CODES.

IN THE 1992-95 SMRF FILES THERE WAS ALSO A FIELD CONTAINING A SUMMARY OF THE MEDICAID AMOUNT PAID FOR ALL DELIVERY CLAIMS. THAT DATA ELEMENT HAS BEEN ELIMINATED IN LATER MAX FILES SINCE IT MAY MISREPRESENT DELIVERY EXPENDITURES FOR A NUMBER OF REASONS, INCLUDING:

- BOTH THE NEWBORN AND MOTHER'S EXPENDITURES ARE INCLUDED ON COMBINED OTHER/NEWBORN CLAIMS.
- ONLY THE MOTHER'S EXPENDITURES ARE INCLUDED WHEN THERE ARE SEPARATE CLAIMS FOR MOTHERS AND NEWBORNS.
- THERE ARE SOMETIMES MULTIPLE INPATIENT HOSPITAL DELIVERY CLAIMS FOR ONE DELIVERY (E.G. FALSE LABOR OR COMPLICATIONS AFTER DELIVERY) DUE TO MISCODING ON THE CLAIMS. IN THESE INSTANCES, ALL OF THESE EXPENDITURES ARE INCLUDED.

SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS FROM THE INPATIENT HOSPITAL FILE ONLY, SINCE ONLY A SMALL PERCENTAGE OF DELIVERIES OCCUR IN OTHER PLACES OF SERVICE.

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

PERSONAL SUMMARY RECORD - PS

- RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 1755 TO 1762)
- RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 1763 TO 1770)
- RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 1771 TO 1775)
- 08 = PHYSICIANS (POSITIONS 1776 TO 1810)
 - RECIPIENT INDICATOR (POSITION 1776)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 1777 TO 1781)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 1782 TO 1789)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 1790 TO 1797)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 1798 TO 1805)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 1806 TO 1810)
- 09 = DENTAL (POSITIONS 1811 TO 1845)
 - RECIPIENT INDICATOR (POSITION 1811)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 1812 TO 1816)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 1817 TO 1824)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 1825 TO 1832)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 1833 TO 1840)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 1841 TO 1845)
- 10 = OTHER PRACTITIONERS (POSITIONS 1846 TO 1880)
 - RECIPIENT INDICATOR (POSITION 1846)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 1847 TO 1851)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 1852 TO 1859)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 1860 TO 1867)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 1868 TO 1875)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 1876 TO 1880)
- 11 = OUTPATIENT HOSPITAL (POSITIONS 1881 TO 1915)
 - RECIPIENT INDICATOR (POSITION 1881)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 1882 TO 1886)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 1887 TO 1894)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 1895 TO 1902)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 1903 TO 1910)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 1911 TO 1915)
- 12 = CLINIC (POSITIONS 1916 TO 1950)
 - RECIPIENT INDICATOR (POSITION 1916)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 1917 TO 1921)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 1922 TO 1929)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 1930 TO 1937)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 1938 TO 1945)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 1946 TO 1950)
- 13 = HOME HEALTH (POSITIONS 1951 TO 1985)
 - RECIPIENT INDICATOR (POSITION 1951)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 1952 TO 1956)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 1957 TO 1964)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 1965 TO 1972)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 1973 TO 1980)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 1981 TO 1985)
- 15 = LAB AND X-RAY (POSITIONS 1986 TO 2020)
 - RECIPIENT INDICATOR (POSITION 1986)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 1987 TO 1991)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 1992 TO 1999)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2000 TO 2007)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2008 TO 2015)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2016 TO 2020)
- 16 = DRUG (POSITIONS 2021 TO 2055)
 - RECIPIENT INDICATOR (POSITION 2021)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2022 TO 2026)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2027 TO 2034)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2035 TO 2042)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2043 TO 2050)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2051 TO 2055)
- 19 = OTHER SERVICES (POSITIONS 2056 TO 2090)

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

PERSONAL SUMMARY RECORD - PS

- RECIPIENT INDICATOR (POSITION 2056)
- RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2057 TO 2061)
- RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2062 TO 2069)
- RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2070 TO 2077)
- RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2078 TO 2085)
- RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2086 TO 2090)
- 24 = STERILIZATIONS (POSITIONS 2091 TO 2125)
 - RECIPIENT INDICATOR (POSITION 2091)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2092 TO 2096)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2097 TO 2104)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2105 TO 2112)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2113 TO 2120)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2121 TO 2125)
- 25 = ABORTIONS (POSITIONS 2126 TO 2160)
 - RECIPIENT INDICATOR (POSITION 2126)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2127 TO 2131)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2132 TO 2139)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2140 TO 2147)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2148 TO 2155)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2156 TO 2160)
- 26 = TRANSPORTATION SERVICES (POSITIONS 2161 TO 2195)
 - RECIPIENT INDICATOR (POSITION 2161)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2162 TO 2166)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2167 TO 2174)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2175 TO 2182)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2183 TO 2190)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2191 TO 2195)
- 30 = PERSONAL CARE SERVICES (POSITIONS 2196 TO 2230)
 - RECIPIENT INDICATOR (POSITION 2196)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2197 TO 2201)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2202 TO 2209)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2210 TO 2217)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2218 TO 2225)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2226 TO 2230)
- 31 = TARGETED CASE MANAGEMENT (POSITIONS 2231 TO 2265)
 - RECIPIENT INDICATOR (POSITION 2231)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2232 TO 2236)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2237 TO 2244)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2245 TO 2252)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2253 TO 2260)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2261 TO 2265)
- 33 = REHABILITATION SERVICES (POSITIONS 2266 TO 2300)
 - RECIPIENT INDICATOR (POSITION 2266)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2267 TO 2271)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2272 TO 2279)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2280 TO 2287)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2288 TO 2295)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2296 TO 2300)
- 34 = PT, OT, SPEECH, HEARING SERVICES (POSITIONS 2301 TO 2335)
 - RECIPIENT INDICATOR (POSITION 2301)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2302 TO 2306)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2307 TO 2314)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2315 TO 2322)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2323 TO 2330)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2331 TO 2335)
- 35 = HOSPICE BENEFITS (POSITIONS 2336 TO 2370)
 - RECIPIENT INDICATOR (POSITION 2336)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2337 TO 2341)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2342 TO 2349)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2350 TO 2357)

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

PERSONAL SUMMARY RECORD - PS

- RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2358 TO 2365)
- RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2366 TO 2370)
- 36 = NURSE MIDWIFE SERVICES (POSITIONS 2371 TO 2405)
 - RECIPIENT INDICATOR (POSITION 2371)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2372 TO 2376)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2377 TO 2384)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2385 TO 2392)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2393 TO 2400)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2401 TO 2405)
- 37 = NURSE PRACTITIONER SERVICES (POSITIONS 2406 TO 2440)
 - RECIPIENT INDICATOR (POSITION 2406)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2407 TO 2411)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2412 TO 2419)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2420 TO 2427)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2428 TO 2435)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2436 TO 2440)
- 38 = PRIVATE DUTY NURSING (POSITIONS 2441 TO 2475)
 - RECIPIENT INDICATOR (POSITION 2441)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2442 TO 2446)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2447 TO 2454)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2455 TO 2462)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2463 TO 2470)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2470 TO 2475)
- 39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS (POSITIONS 2476 TO 2510)
 - RECIPIENT INDICATOR (POSITION 2476)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2477 TO 2481)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2482 TO 2489)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2490 TO 2497)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2498 TO 2505)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2506 TO 2510)
- 51 = DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES
(INCLUDES EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS) (POSITIONS 2511 TO 2545)
 - RECIPIENT INDICATOR (POSITION 2511)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2512 TO 2516)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2517 TO 2524)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2525 TO 2532)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2533 TO 2540)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2540 TO 2545)
- 52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION
IS AVAILABLE ON REQUEST) (POSITIONS 2546 TO 2580)
 - RECIPIENT INDICATOR (POSITION 2546)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2547 TO 2551)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2552 TO 2559)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2560 TO 2567)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2568 TO 2575)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2576 TO 2580)
- 53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE) (POSITIONS 2581 TO 2615)
 - RECIPIENT INDICATOR (POSITION 2581)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2582 TO 2586)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2587 TO 2594)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2595 TO 2602)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2603 TO 2610)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2611 TO 2615)
- 54 = ADULT DAY CARE (POSITIONS 2616 TO 2650)
 - RECIPIENT INDICATOR (POSITION 2616)
 - RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2617 TO 2621)
 - RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2622 TO 2629)
 - RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2630 TO 2637)
 - RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2638 TO 2645)
 - RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2646 TO 2650)

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

PERSONAL SUMMARY RECORD - PS

99 = UNKNOWN (POSITIONS 2651 TO 2685)
RECIPIENT INDICATOR (POSITION 2651)
RECIPIENT FEE-FOR-SERVICE CLAIM COUNT (POSITIONS 2652 TO 2656)
RECIPIENT FEE-FOR-SERVICE MEDICAID PAYMENT AMOUNT (POSITIONS 2657 TO 2664)
RECIPIENT FEE-FOR-SERVICE CHARGE AMOUNT (POSITIONS 2665 TO 2672)
RECIPIENT FEE-FOR-SERVICE THIRD PARTY PAYMENT AMOUNT (POSITIONS 2637 TO 2680)
RECIPIENT ENCOUNTER RECORD COUNT (POSITIONS 2681 TO 2685)

USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40-50. 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.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: *

ELEMENT NAME: **TYPE OF SERVICE TABLE**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 35 BEG: 1601 END: 1635

DESCRIPTION: OCCURS: 31 TIMES, ONCE FOR EACH MAX TYPE OF SERVICE LISTED ABOVE. THE EXAMPLE ELEMENTS ARE ARE FOR THE FIRST TYPE OF SERVICE, TOS = 1 (INPATIENT HOSPITAL).

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 96.

ELEMENT NAME: **RECIPIENT INDICATOR - FIRST MAX TOS**

SAS VARIABLE: FEE_FOR_SRVC_IND_01

TYPE: CHAR LENGTH: 1 BEG: 1601 END: 1601

DESCRIPTION: INDICATOR TO SHOW IF AND HOW THE ELIGIBLE RECEIVED A MEDICAID SERVICE (UNDER FEE-FOR-SERVICE) DURING THE CALENDAR YEAR, FOR THIS TYPE OF SERVICE. THIS DATA ELEMENT IS REPORTED FOR ALL TYPES OF SERVICE, EXCEPT TOS = 20, 21 AND 22.

0 = THE ELIGIBLE PERSON DID NOT RECEIVED ANY SERVICES

1 = THE ELIGIBLE PERSON HAD ONLY FEE-FOR-SERVICE CLAIMS (INCLUDING CLAIMS WITH \$0 PAID AMOUNTS)

2 = THE ELIGIBLE PERSON HAD ONLY ENCOUNTER RECORDS (PRE-PAID PLAN)

3 = THE ELIGIBLE PERSON HAD BOTH FEE-FOR-SERVICE CLAIMS AND ENCOUNTER RECORDS

USER NOTE: SEE 'RECIPIENT INDICATOR' WHICH IS SIMILAR TO 'TYPE OF SERVICE RECIPIENT INDICATOR'. THIS ELEMENT IS DIFFERENT IN THAT IT IS CREATED BY TYPE OF SERVICE, FOR EACH OF THE LISTED TYPES OF SERVICES AND IT DOES NOT INCLUDE CODE VALUES FOR PREMIUM PAYMENTS. SOURCE MSIS FILES CONTAIN RECORDS WITH MEDICAID PAYMENT AMOUNT = \$0 IF THE SERVICE WAS COVERED, BUT FULL PAYMENT WAS MADE BY ANOTHER PAYER (E.G. THIRD PARTY LIABILITY). THERE ARE ALSO INSTANCES OF CLAIMS WITH MEDICAID PAYED AMOUNT < \$0. THE RECIPIENT INDICATOR IS SET VALUE >= 1 IF THE BENEFICIARY HAS AT LEAST ONE CLAIM FOR THIS TYPE OF SERVICE, REGARDLESS OF THE VALUE OF MEDICAID AMOUNT PAID (< \$0, = \$0 OR > \$0).

SOURCE: CREATED FOR EACH OF 31 MAX TYPES OF SERVICE, USING MSIS CLAIMS FILES, AS NOTED ABOVE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 101.

ELEMENT NAME: **RECIPIENT ENCOUNTER RECORD COUNT - FIRST MAX TOS**

SAS VARIABLE: ENCTR_REC_CNT_01

TYPE: NUM LENGTH: 5 BEG: 1631 END: 1635

DESCRIPTION: TOTAL NUMBER OF ENCOUNTER RECORDS (TYPE OF CLAIM = 3), RELATED TO CARE PROVIDED BY A CAPITATED (PREPAID) PLAN FOR THE RECIPIENT DURING THE CALENDAR YEAR FOR THIS TYPE OF SERVICE. THIS DATA ELEMENT IS REPORTED FOR ALL TYPES OF SERVICE EXCEPT TOS = 20, 21 AND 22.

USER NOTE: THIS DATA ELEMENT IS THE ONLY EXCEPTION TO THE RULE OF EXCLUDING ENCOUNTER RECORDS FROM SUMMARY COUNTS. THE RULE IS DISCUSSED AT THE BEGINNING OF THE "RECIPIENT CLAIMS SUMMARY REGION".

SOURCE: CREATED FOR EACH OF 31 MAX TYPES OF SERVICE, USING MSIS CLAIMS FILES, AS NOTED ABOVE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: **

ELEMENT NAME: **MEDICAID COMMUNITY-BASED LONG-TERM CARE (CLTC) PAYMENT SUMMARY GROUP - CLTC
(OCCURS 21 TIMES BY CLTC INDICATOR FLAG)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 168 BEG: 2686 END: 2853

DESCRIPTION: FIELDS CONTAINING INFORMATION RELATED TO COMMUNITY-BASED LONG-TERM CARE CLAIMS EXPERIENCE.

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: *

ELEMENT NAME: **PREMIUM PAYMENT TABLE**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 14 BEG: 2854 END: 2867

DESCRIPTION: OCCURS: 3 TIMES, ONCE FOR EACH TYPE OF SERVICE LISTED ABOVE. THE EXAMPLE ELEMENTS ARE FOR TOS = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN).

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

PERSONAL SUMMARY RECORD - PS

ELEMENT NUMBER: 103.

ELEMENT NAME: **PREMIUM PAYMENT INDICATOR - FIRST TYPE OF PREMIUM**

SAS VARIABLE: PREM_PYMT_IND_HMO

TYPE: NUM LENGTH: 1 BEG: 2854 END: 2854

DESCRIPTION: INDICATOR TO SHOW IF ANY PREMIUM PAYMENTS WERE MADE TO A CAPITATED (PREPAID) PLAN FOR THIS ELIGIBLE DURING THE CALENDAR YEAR. THIS DATA ELEMENT IS REPORTED ONLY FOR TOS = 20, 21 AND 22.

0 = NO PREMIUM PAYMENTS WERE MADE FOR THIS ELIGIBLE BY MEDICAID

1 = PREMIUM PAYMENTS WERE MADE FOR THIS ELIGIBLE BY MEDICAID

SOURCE: CREATED FOR EACH OF THE 3 MAX TYPES OF SERVICE FOR PREMIUM PAYMENTS, USING MSIS CLAIMS FILES, AS NOTED ABOVE.

