

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
**** MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD	REC	241	1	241	<p>MEDICAID ANALYTIC EXTRACT (MAX) LONG TERM CARE SERVICES RECORD PROVIDES INFORMATION ON SERVICES PROVIDED IN LONG TERM CARE INSTITUTIONS FOR EACH RECIPIENT. THESE SERVICES INCLUDE NURSING FACILITY SERVICES AND INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED. THE RECORDS IN THIS FILE ARE TYPICALLY WEEKLY OR MONTHLY LONG TERM CARE CLAIMS. HOWEVER, FOR SOME STATES, THERE MAY BE SEPARATE RECORDS FOR ANCILLARY SERVICES IN (SUCH AS PHYSICAL THERAPY).</p> <p>THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL LONG TERM CARE SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).</p> <p>MSIS RECORDS WITH TYPE OF CLAIM = 4 AND/OR THOSE WITH THE FIRST CHARACTER OF THE ELIGIBLE IDENTIFICATION NUMBER HAVING VALUE "&amp;" - 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.</p> <p>FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "MAX TYPE OF SERVICE" (DATA ELEMENT #17).</p> <p>USERS SHOULD REFER TO THE "MSIS TECHNICAL SPECIFICATIONS AND DATA DICTIONARY" FOR A COMPLETE LIST OF MSIS DATA EDIT SPECIFICATIONS.</p>

## MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
*** ELIGIBILITY GROUP	GROUP	73	1	73	ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING ELIGIBLE IDENTIFICATION NUMBER).
1. MSIS IDENTIFICATION NUMBER	CHAR	20	1	20	UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).  SOURCE: MSIS ELIGIBILITY FILES: "MSIS-IDENTIFICATION-NUMBER"
2. STATE ABBREVIATION CODE	CHAR	2	21	22	U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA.  CODES: AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS AS = AMERICAN SAMOA CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DISTRICT OF COLUMBIA FL = FLORIDA GA = GEORGIA GU = GUAM HI = HAWAII ID = IDAHO IL = ILLINOIS IN = INDIANA IA = IOWA KS = KANSAS KY = KENTUCKY LA = LOUISIANA ME = MAINE MD = MARYLAND MA = MASSACHUSETTS MI = MICHIGAN MN = MINNESOTA MS = MISSISSIPPI MO = MISSOURI MT = MONTANA

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				NE = NEBRASKA
				NV = NEVADA
				NH = NEW HAMPSHIRE
				NJ = NEW JERSEY
				NM = NEW MEXICO
				NY = NEW YORK
				NC = NORTH CAROLINA
				ND = NORTH DAKOTA
				OH = OHIO
				OK = OKLAHOMA
				OR = OREGON
				PA = PENNSYLVANIA
				PR = PUERTO RICO
				RI = RHODE ISLAND
				SC = SOUTH CAROLINA
				SD = SOUTH DAKOTA
				TN = TENNESSEE
				TX = TEXAS
				UT = UTAH
				VT = VERMONT
				VI = VIRGIN ISLANDS
				VA = VIRGINIA
				WA = WASHINGTON
				WV = WEST VIRGINIA
				WI = WISCONSIN
				WY = WYOMING

SOURCE: MSIS ELIGIBILITY FILES

## MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
3. ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	23	31	<p>SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.</p> <p><i>USER NOTE: NOT AVAILABLE FOR SOME NEW YORK ELIGIBLES IN 1999.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES: "SOCIAL-SECURITY-NUMBER".</p>
4. MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER	CHAR	12	32	43	<p>THE ELIGIBLE'S HEALTH INSURANCE CLAIM (HIC) NUMBER. THIS NUMBER IS APPLICABLE ONLY TO MEDICAID ELIGIBLES WHO ARE ALSO ELIGIBLE FOR MEDICARE AND IS ASSIGNED TO AN ELIGIBLE BY THE MEDICARE PROGRAM.</p> <p><i>USER NOTE: AN ELIGIBLE'S HIC NUMBER MAY CHANGE AS HIS/HER ENROLLMENT MEDICARE ELIGIBILITY STATUS CHANGES. THE ACCURACY OF REPORTING OF HIC NUMBERS IN MEDICAID ELIGIBILITY DATA IS UNKNOWN. THIS MSIS DATA ELEMENT IS AVAILABLE BEGINNING IN 10/98.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES: "HIC-NUMBER"</p>
5. ELIGIBLE BIRTH DATE	NUM	8	44	51	<p>BIRTH DATE OF THE MEDICAID ELIGIBLE.</p> <p>8 DIGITS</p> <p>EDIT-RULES: YYYYMMDD</p> <p>SOURCE: MSIS ELIGIBILITY FILES: "DATE-OF-BIRTH". MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).</p>
6. ELIGIBLE SEX CODE	CHAR	1	52	52	<p>GENDER OF THE MEDICAID ELIGIBLE.</p> <p>1 CHARACTER</p> <p>CODES:</p> <p>M = FEMALE</p> <p>F = MALE</p> <p>U = UNKNOWN/ERROR</p> <p><i>USER NOTE: THESE CODES CHANGE TO F, M AND U IN THE 1999 MSIS DATA.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES: "SEX-CODE"</p>

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
7. ELIGIBLE RACE/ETHNICITY CODE	CHAR	1	53	53	<p>RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = WHITE, NOT OF HISPANIC ORIGIN (CHANGED TO "WHITE" BEGINNING 10/98)</p> <p>2 = BLACK, NOT OF HISPANIC ORIGIN (CHANGED TO "BLACK OR AFRICAN AMERICAN" BEGINNING 10/98)</p> <p>3 = AMERICAN INDIAN OR ALASKAN NATIVE</p> <p>4 = ASIAN OR PACIFIC ISLANDER (CHANGED TO "ASIAN" BEGINNING 10/98)</p> <p>5 = HISPANIC (CHANGED TO "HISPANIC OR LATINO - NO RACE INFORMATION AVAILABLE" BEGINNING 10/98)</p> <p>6 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NEW CODE BEGINNING 10/98)</p> <p>7 = HISPANIC OR LATINO <u>AND</u> ONE OR MORE RACES (NEW CODE BEGINNING 10/98)</p> <p>8 = MORE THAN ONE RACE (NEW CODE BEGINNING 10/98)</p> <p>9 = UNKNOWN</p> <p>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.</p> <p>SOURCE: MSIS ELIGIBILITY FILES: "RACE-ETHNICITY-CODE"</p>

## MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
8. STATE SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	54	59	STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - MOST RECENT OBSERVATION.
<p>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98 THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE. THEREFORE, THIS CODE MAY NOT MATCH THE ELIGIBILITY GROUP IN WHICH THE PERSON WAS ENROLLED IN THE MONTH THE SERVICE WAS DELIVERED. FOR THIS REASON, SOME USERS MAY WANT TO USE THE STATE SPECIFIC ELIGIBILITY CODE FROM THE MAX PERSON SUMMARY FILE.</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE MSIS STATE SPECIFIC "ELIGIBILITY GROUP" FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE MAX PERSON SUMMARY FILE.</p>					

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
9. STATE SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	60	65	<p>STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED - FOR THE MONTH OF SERVICE.</p> <p>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRACIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO MAX UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE MAX UNIFORM ELIGIBILITY CODES. THROUGH 9/98, THIS DATA ELEMENT WAS 4 CHARACTERS IN LENGTH AND IS LEFT-JUSTIFIED AND BLANK FILLED (TWO RIGHT POSITIONS). BEGINNING IN 10/98, IT IS 6 CHARACTERS IN LENGTH. THIS CODE VALUE (FOR ENDING MONTH OF SERVICE) IS APPENDED TO EACH RECORD FOR THE ELIGIBLE PERSON, FROM THE MAX PERSON SUMMARY FILE.</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF THE STATE SPECIFIC "ELIGIBILITY GROUP" FROM THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.</p>
10. MAX UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	66	67	<p>MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - MOST RECENT OBSERVATION</p> <p>CODES:</p> <p>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  16 = CHILD OF UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT  15 = ADULT (NOT BASED ON UNEmployment STATUS), 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</p>

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY 41 = OTHER AGED 42 = OTHER BLIND/DISABLED 48 = FOSTER CARE CHILD 44 = OTHER CHILD 45 = OTHER ADULT 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  <i>USER NOTE: MSIS "MAINTENANCE ASSISTANCE STATUS" (MAS) IS IN POSITION #1 AND "BASIS OF ELIGIBILITY" (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 MAX FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AFDC PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.</i>  SOURCE: THIS CODE IS EXTRACTED FROM "MAX UNIFORM ELIGIBILITY CODE - MOST RECENT" IN THE MAX PERSON SUMMARY FILE.
11.MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	68 69	MEDICAID ANALYTIC EXTRACT (MAX) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE - FOR THE MONTH OF SERVICE.  CODES: 00 = NOT ELIGIBLE 11 = AGED, CASH 12 = BLIND/DISABLED, CASH 14 = CHILD (NOT CHILD OF UNEmployed ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT 16 = CHILD OF UNEmployed ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT 15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), 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

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				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
				48 = FOSTER CARE CHILD
				44 = OTHER CHILD
				45 = OTHER ADULT
				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
				<i>USER NOTE: MSIS "MAINTENANCE ASSISTANCE STATUS" (MAS) IS POSITION #1 AND "BASIS OF ELIGIBILITY" (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 SMRF FILES, EXCEPT THAT VALUES 51-55 ARE ADDED FOR 1999 AND VALUE 3A IS ADDED FOR 2000. THERE MAY BE SMALL NUMBERS OF RECORDS WITH INCONSISTENT VALUES BECAUSE MSIS HAS NO MAS/BOE CONSISTENCY CHECKS. PRIOR TO THE END OF THE AFDC PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.</i>
				<i>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF "MONTHLY MAX UNIFORM ELIGIBILITY GROUP" IN THE MAX PERSON SUMMARY FILE AND SELECTING THE MONTHLY VALUE WHICH CORRESPONDS TO THE ENDING MONTH FOR THIS SERVICE. IT IS BLANK FILLED IF NO ELIGIBILITY IS RECORDED FOR THAT MONTH.</i>

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MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
*** CROSSOVER GROUP	GROUP	4	70	73	INFORMATION FROM MSIS ELIGIBILITY AND CLAIMS FILES ON CROSSOVER STATUS (DUAL ELIGIBILITY FOR MEDICAID AND MEDICARE).
12. ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL OLD VALUES	NUM	1	70	70	INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL ELIGIBILITY OR MEDICARE CODE)  1 DIGIT  CODES:  0 = NO CROSSOVER 1 = IN MSIS, THE DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON IS COVERED BY MEDICARE) 2 = IN MSIS, MEDICARE DEDUCTIBLE OR COINSURANCE WAS PAID BY MEDICAID ON AT LEAST ONE (INPATIENT HOSPITAL) CLAIM DURING THE YEAR. 3 = IN MSIS, BOTH 1 AND 2 APPLY 4 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND NEITHER 1 NOR 2 APPLY. 5 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 1 APPLIES. 6 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND 2 APPLIES. 7 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE, AND BOTH 1 AND 2 APPLY. 9 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN  <i>USER NOTE: BEGINNING IN 10/98, MSIS CAPTURES GREATER DETAIL ON DUAL ELIGIBILITY. GIVEN THE IMPORTANCE OF CROSSOVER STATUS FOR SOME DATA USERS, THE EXPANDED DETAIL APPEARS AS DATA ELEMENT #14 IN THIS FILE. USERS SHOULD NOTE THAT THIS IS AN ANNUAL OBSERVATION OF MEDICARE CROSSOVER STATUS WHICH MAY OR MAY NOT CORRESPOND TO ACTUAL CROSSOVER STATUS FOR THE DATE(S) OF SERVICE IN THIS RECORD.</i>  SOURCE: THIS DATA ELEMENT IS TAKEN FROM THE MAX PERSON SUMMARY FILE.

## MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
13. ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED	NUM	1	71	71	INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.  1 DIGIT  CODES: 0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE 1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE  SOURCE: MSIS DATA ELEMENTS: "MEDICARE-DEDUCTIBLE-PAYMENT" AND "MEDICARE-COINSURANCE-PAYMENT". IF EITHER THE MEDICARE DEDUCTIBLE OR THE MEDICARE COINSURANCE AMOUNT IS > \$0, THE CODE =1, OTHERWISE THE CODE = 0.
14. ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NEW VALUES	NUM	2	72	73	INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY, ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH.  2 CHARACTERS  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

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				54 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 04 APPLIES
				55 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 05 APPLIES
				56 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 06 APPLIES
				57 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 07 APPLIES
				58 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 08 APPLIES
				59 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 09 APPLIES
				99 = ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

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

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

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MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
*** UTILIZATION SUMMARY REGION	REGION	680	74	753	DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.
** SERVICE GROUP	GROUP	17	74	90	DETAILED INFORMATION ON THE TYPE OF SERVICE, PLACE OF SERVICE AND PROVIDER IDENTIFICATION.
15. MSIS TYPE OF SERVICE CODE	NUM	2	74	75	CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE.

2 DIGITS

CODES (TYPES OF SERVICE THAT APPLY TO THIS FILE TYPE ARE IN BOLD):

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

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
<p>USER NOTE: THE ONLY MSIS TYPES OF SERVICE THAT APPEAR IN THIS FILE ARE:</p> <p>TOS = 01 INPATIENT HOSPITAL</p> <p>24 STERILIZATIONS</p> <p>25 ABORTIONS</p> <p>39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION3</p> <p>USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, "PROGRAM TYPE". A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998.</p> <p>SOURCE: MSIS CLAIMS FILE: "TYPE-OF-SERVICE"</p>				

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MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
16. MSIS TYPE OF PROGRAM CODE	NUM	1	76	76	CODE INDICATING THE SPECIAL MEDICAID PROGRAM UNDER WHICH THE SERVICE WAS PROVIDED.  1 DIGIT  CODES: 0 = NO SPECIAL PROGRAM 1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) 2 = FAMILY PLANNING 3 = RURAL HEALTH CLINIC 4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) 5 = INDIAN HEALTH SERVICES 6 = HOME AND COMMUNITY BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER 7 = HOME AND COMMUNITY BASED CARE WAIVER SERVICES 9 = UNKNOWN

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

SOURCE: MSIS CLAIMS FILE: "PROGRAM-TYPE"

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
17. MAX TYPE OF SERVICE CODE	NUM	2	77	78	CODE INDICATING THE MEDICAID ANALYTIC EXTRACT (MAX) TYPE OF SERVICE FOR THIS RECORD.
					2 DIGITS
					CODES (TYPES OF SERVICE IN THIS FILE TYPE ARE IN BOLD):
					01 INPATIENT HOSPITAL
					02 <b>MENTAL HOSPITAL SERVICES FOR THE AGED</b>
					04 <b>INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21</b>
					05 <b>INTERMEDIATE CARE FACILITY (ICF) FOR THE MENTALLY RETARDED</b>
					07 <b>NURSING FACILITY SERVICES (NFS) - ALL OTHER</b>
					08 PHYSICIANS
					09 DENTAL
					10 OTHER PRACTITIONERS
					11 OUTPATIENT HOSPITAL
					12 CLINIC
					13 HOME HEALTH
					15 LAB AND X-RAY
					16 PRESCRIBED DRUGS
					19 OTHER SERVICES
					20 CAPITATED PAYMENTS TO HMO OR HIO PLAN
					21 CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
					22 CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
					24 STERILIZATIONS
					25 ABORTIONS
					26 TRANSPORTATION SERVICES
					30 PERSONAL CARE SERVICES
					31 TARGETED CASE MANAGEMENT
					33 REHABILITATION SERVICES
					34 PT, OT, SPEECH, HEARING SERVICES
					35 HOSPICE BENEFITS
					36 NURSE MIDWIFE SERVICES
					37 NURSE PRACTITIONER SERVICES
					38 PRIVATE DUTY NURSING
					39 RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
					51 DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
					52 RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
					53 PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
					54 ADULT DAY CARE
					99 UNKNOWN

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
<p>USER NOTE: THE FOLLOWING CODES ARE INVALID: 03, 06, 14, 17, 18, 23, 27, 28, 29, 32 AND 40. BEGINNING IN 10/98, MSIS IDENTIFIED EPSDT; FAMILY PLANNING; RURAL HEALTH CLINIC; FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs); INDIAN HEALTH; HOME AND COMMUNITY BASED CARE FOR DISABLED, ELDERLY AND INDIVIDUALS AGE 65 AND OLDER; AND HOME AND COMMUNITY BASED CARE WAIVER SERVICES USING A NEW DATA ELEMENT, "PROGRAM TYPE". A SUBSTANTIAL NUMBER OF NEW MSIS TYPE OF SERVICE CODES WERE ADDED IN FISCAL YEAR 1998. THE FOLLOWING TYPES OF SERVICE ARE DEFINED IN THE MAX PROCESS USING STATE PROCEDURE (SERVICE) CODES:</p> <p>51 DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)</p> <p>52 RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)</p> <p>53 PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)</p> <p>54 ADULT DAY CARE</p> <p>SOURCE: MSIS CLAIMS FILE: "TYPE-OF-SERVICE" EXCEPT FOR CODE VALUES 51-54 AS NOTED ABOVE.</p>				

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MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
18. BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	79	90	STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.  12 CHARACTERS  SOURCE: MSIS CLAIMS FILE: "PROVIDER-ID-NUMBER-BILLING"
** CLAIMS AND PAYMENT GROUP	GROUP	72	91	162	DETAILED DATA FROM MSIS CLAIMS ON TYPE OF CLAIM, TYPE OF COVERAGE, PAYMENTS AND CHARGES FROM MSIS CLAIMS.
19. TYPE OF CLAIM CODE	NUM	1	91	91	CODE INDICATING THE TYPE OF CLAIM.  1 DIGIT  CODES: 1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES. 2 = CAPITATED PAYMENT. 3 = ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN. 4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EPSDT. 5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT). 9 = UNKNOWN  USER NOTE: VOIDED CLAIMS ARE NOT RETAINED IN MAX AS \$0 PAID CLAIMS.  SOURCE: MSIS CLAIMS FILE: "TYPE-OF-CLAIM"

## MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
20. ADJUSTMENT CODE	NUM	1	92	92	<p>CODE INDICATING IF THE CLAIMS FOR THIS SERVICE WERE ONLY ORIGINAL SUBMISSIONS, INCLUDED ADJUSTMENTS OF ANY TYPE OR IF ONE OR MORE ORIGINAL SUBMISSIONS WAS MISSING.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO ADJUSTMENT OF CLAIMS WAS REQUIRED, SINCE ALL CLAIMS FOR THIS RECORD WERE ORIGINAL CLAIMS (ALL CLAIMS FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR"). IN THIS CASE, ORIGINAL CLAIMS WERE COMBINED FOR THIS RECORD.</p> <p>1 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS, BY COMBINING ORIGINAL AND ADJUSTMENT CLAIMS FOR THIS RECORD. THIS MEANS THAT THERE WAS AT LEAST ONE ORIGINAL CLAIM AND AT LEAST ONE ADJUSTMENT CLAIM IN THE SET OF CLAIMS FOR THIS RECORD (AT LEAST ONE CLAIM FOR THIS RECORD HAD VALUE = 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR" AND AT LEAST ONE CLAIM FOR THIS RECORD HAD A VALUE OTHER THAN 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR").</p> <p>2 = THIS RECORD REPRESENTS A CLAIMS SET WHERE IT WAS NOT POSSIBLE TO CORRECTLY COMPLETE THE ADJUSTMENT PROCESS (NONE OF THE CLAIMS FOR THIS RECORD HAD A VALUE = 0 IN THE MSIS DATA ELEMENT "ADJUSTMENT INDICATOR").</p> <p>SOURCE: RECODED USING THE MSIS CLAIMS FILES DATA ELEMENT: "ADJUSTMENT-INDICATOR".</p>

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
21. MANAGED CARE TYPE OF PLAN CODE	NUM	2	93	94	<p>CODE INDICATING THE TYPE OF MANAGED CARE PLAN, IF ANY, UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.</p> <p>1 DIGIT CODES: 00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH. 01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO). 02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH. 03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH. 04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH. 05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH. 06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH. 07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH. 08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH. 66 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE IS NO REPORT OF MANAGED CARE ENROLLMENT IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH. 77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE PLAN IDENTIFICATION NUMBER (DATA ELEMENT #22) AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON IN THIS MONTH. 88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD. 99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.</p> <p>USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.</p> <p>SOURCE: MSIS ELIGIBILITY FILE, BY MATCHING THE ELIGIBLE'S MSIS "PLAN-ID-NUMBER" FROM THE CLAIM(S) TO THE ELIGIBLE'S ELIGIBILITY RECORD FOR THE MONTH OF THE ENCOUNTER RECORD. SEE DATA ELEMENT #22.</p>
22. MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	95	106	<p>A UNIQUE IDENTIFIER WHICH REPRESENTS THE HEALTH PLAN UNDER WHICH THE NON-FEE-FOR-SERVICE ENCOUNTER WAS PROVIDED.</p> <p>12 CHARACTERS</p> <p>USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.</p> <p>SOURCE: MSIS CLAIMS FILE: "PLAN-ID-NUMBER"</p>

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
23. MEDICAID PAYMENT AMOUNT	NUM	8	107	114	<p>TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTES: THIS PAYMENT AMOUNT IS = \$0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET MEDICAID PAYMENT AMOUNT = \$0 FOR RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTERS). IN MAX, WE AGAIN SET MEDICAID PAYMENT AMOUNT = \$0 FOR ENCOUNTERS, TO ELIMINATE THE POSSIBILITY OF AMOUNTS &gt; \$0 APPEARING, IN ERROR. MEDICAID AMOUNT PAID IS SET VALUE = \$0 BECAUSE MEDICAID PAYMENT FOR THESE ENCOUNTER RECORDS IS ALREADY CAPTURED IN PREMIUM PAYMENT RECORDS (WITH AMOUNTS &gt; \$0). THE PREMIUM PAYMENT RECORDS CONTAIN EITHER MSIS TYPE OF SERVICE = 20 (CAPITATED PAYMENTS TO HMO OR HIO PLAN), TOS=21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs) OR TOS=22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs).</p> <p>THERE ARE INSTANCES WHERE THIS PAYMENT AMOUNT MAY BE SET VALUE &lt; \$0 FOR FEE-FOR-SERVICE RECORDS. THIS SHOULD OCCUR ONLY ON CLINIC, PHYSICIAN OR OUTPATIENT DEPARTMENT BILLS FOR SELECTED STATES. THIS SITUATION HAS OCCURRED IN SEVERAL STATES, BUT HAS NOT BEEN A SIGNIFICANT ISSUE EXCEPT IN MONTANA WHERE OVER 8 PERCENT OF MSIS ORIGINAL OTHER SERVICES CLAIMS HAD A MEDICAID PAYMENT AMOUNT &lt; \$0.</p> <p>WHERE THE MEDICAID PAYMENT AMOUNT IS SET &lt; \$0 IN A MAX RECORD, THE PROVIDER BILLS USUALLY CONSIST OF A SUMMARY AND ONE OR MORE LINE ITEMS. THE SUMMARY CONTAINS INFORMATION ABOUT MEDICAID PAYMENT AMOUNT AND OTHER PAYMENTS, E.G. PAYMENTS BY OTHER INSURERS, KNOWN AS THIRD PARTY LIABILITY (TPL). THE SUMMARY DOES NOT INCLUDE DETAIL ON THE ACTUAL SERVICES PROVIDED. THAT DETAIL IS FOUND IN THE LINE ITEMS, BUT THE LINE ITEMS DO NOT INCLUDE THE ACTUAL MEDICAID PAYMENT AMOUNT. FOR THESE REASONS, STATES ARE INSTRUCTED TO SUBMIT BOTH THE SUMMARY AND THE LINE ITEMS IN MSIS SO THAT WE WILL HAVE THE MOST COMPLETE RECORD POSSIBLE OF SERVICES AND PAYMENTS. FOR THE SAME REASON, BOTH TYPES OF RECORDS ARE ALSO CAPTURED IN MAX.</p>

MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				<p>THE INDIVIDUAL LINE ITEMS CONTAIN AN "ALLOWED PAYMENT AMOUNT", AN AMOUNT THAT HAS NOT BEEN REDUCED BY PAYMENTS FROM OTHER INSURERS (TPL) OR OUT-OF-POCKET PAYMENTS BY THE ELIGIBLE (PATIENT SHARE AMOUNTS). IF BOTH ALLOWED AND ACTUAL PAYMENTS ARE RETAINED, SUMS OF PAYMENT AMOUNTS ACROSS THE SUMMARY AND LINE ITEMS WILL OVERSTATE ACTUAL MEDICAID PAYMENTS. FURTHERMORE, THERE IS NO WAY TO APPORTION OR DISTRIBUTE THE ACTUAL MEDICAID PAYMENT AMOUNT FROM THE SUMMARY TO THE INDIVIDUAL LIME ITEMS. SO, THE DECISION WAS MADE TO RETAIN THE ALLOWED PAYMENT AMOUNTS IN THE LINE ITEMS, RETAIN THE TPL AMOUNT IN THE SUMMARY AND ADJUST MEDICAID PAYMENT (IN THE SUMMARY) SO THAT THE SUM ACROSS ALL RECORDS (SUMMARY AND LINE ITEMS) IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT. BECAUSE OF THIS, MEDICAID PAYMENT AMOUNT MAY BE ADJUSTED TO AN AMOUNT &lt; \$0 SO THAT THE SUM OF ALL PAYMENT AMOUNTS LESS TPL IS EQUAL TO THE ACTUAL MEDICAID PAYMENT AMOUNT.</p> <p>SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE: "MEDICAID -AMOUNT-PAID".</p>
24. THIRD PARTY PAYMENT AMOUNT	NUM	8	115 122	<p>TOTAL AMOUNT OF MONEY PAID BY A THIRD PARTY (I.E. ALL SOURCES OTHER THAN MEDICAID, MEDICARE AND THE ELIGIBLE'S PERSONAL FUNDS) FOR THIS SERVICE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTE: THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.</p> <p>SOURCE: MSIS CLAIMS FILE: "OTHER-THIRD-PARTY-PAYMENT"</p>

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MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
25. PAYMENT DATE	NUM	8	123	130	DATE ON WHICH THE CLAIM OR ENCOUNTER RECORD WAS ADJUDICATED BY THE STATE.  8 DIGITS  EDIT-RULES: YYYYMMDD  USER NOTE: FOR FEE-FOR-SERVICE CLAIMS THIS IS THE DATE THE CLAIM WAS ADJUDICATED FOR PAYMENT.  SOURCE: MSIS CLAIMS FILE: "DATE-OF-PAYMENT-ADJUDICATION". MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).
26. CHARGE AMOUNT	NUM	8	131	138	TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.  8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)  USER NOTE: THIS PAYMENT AMOUNT IS = \$0 FOR ENCOUNTER RECORDS. IN MSIS, FOR TYPE OF CLAIM = 3 (ENCOUNTERS), STATES ARE INSTRUCTED TO REPORT PAYMENT AMOUNTS BY A PLAN TO A PROVIDER IN THE "AMOUNT CHARGED" DATA ELEMENT. HOWEVER, SUCH PAYMENTS ARE NOT ACTUAL PROVIDER CHARGES. THEREFORE, IN MAX FOR TYPE OF CLAIM = 3 (ENCOUNTERS), THE MSIS VALUE OF "AMOUNT CHARGED" HAS BEEN MOVED TO DATA ELEMENT #27 (PREPAID PLAN SERVICE VALUE) AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = \$0. AS A RESULT, MAX CHARGE AMOUNT WILL HAVE VALUE = \$0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE >= \$0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).  SOURCE: RECODED AS NOTED ABOVE USING THE MSIS CLAIMS FILE: "AMOUNT-CHARGED".

## MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
27. PREPAID PLAN SERVICE VALUE	NUM	8	139	146	<p>DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTES: THIS PAYMENT AMOUNT IS &gt; \$0 ONLY FOR ENCOUNTER RECORDS. WHILE THIS PAYMENT AMOUNT COULD HAVE VALUE = \$0 FOR SOME ENCOUNTER RECORDS, IT WILL ALWAYS HAVE VALUE = \$0 FOR OTHER TYPES OF RECORDS. FOR RECORDS IN WHICH TYPE OF CLAIM = 3 (ENCOUNTER), THE MSIS VALUE OF "AMOUNT CHARGED" HAS BEEN MOVED TO DATA ELEMENT #27 (PREPAID PLAN SERVICE VALUE) AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = \$0. SEE DATA ELEMENT #24 (MEDICAID PAYMENT AMOUNT) AND DATA ELEMENT #26 CHARGE AMOUNT FOR ADDITIONAL INFORMATION. AS A RESULT, MAX PREPAID PLAN SERVICE VALUE WILL HAVE VALUE &gt;= \$0 FOR ALL RECORDS WITH TYPE OF CLAIM = 3 (ENCOUNTER) AND VALUE = \$0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE). DEPENDING ON THE PROVIDER AND TYPE OF PREPAID PLAN, THE DOLLAR AMOUNTS IN THIS DATA ELEMENT MAY HAVE DIFFERENT MEANINGS. FOR EXAMPLE, IN AN INDEPENDENT PRACTICE PLAN THE AMOUNT MAY BE A PROVIDER'S CHARGE TO THE PLAN. IN A STAFF MODEL PLAN, THE AMOUNT MAY BE A MEASURE OF RESOURCES USED. FOR THIS REASON, EXTREME CAUTION SHOULD BE EXERCISED WHEN USING THIS DATA ELEMENT.</p> <p>SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE</p>
28. MEDICARE COINSURANCE PAYMENT AMOUNT	NUM	8	147	154	<p>THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE COINSURANCE LIABILITY.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>SOURCE: MSIS CLAIMS FILE: "MEDICARE-COINSURANCE-PAYMENT".</p>
29. MEDICARE DEDUCTIBLE PAYMENT AMOUNT	NUM	8	155	162	<p>THE AMOUNT PAID BY MEDICAID, FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE DEDUCTIBLE LIABILITY.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>USER NOTE: THIS DATA ELEMENT IS NOT APPLICABLE FOR THE FOLLOWING MAX TYPES OF SERVICE: TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR THE MENTALLY RETARDED) OR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). THEREFORE, THIS DATA ELEMENT WILL BE 0-FILLED FOR THESE TYPES OF SERVICE.</p> <p>SOURCE: MSIS CLAIMS FILE: "MEDICARE-DEDUCTIBLE-PAYMENT".</p>

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MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	-----	-----	BEG	END	-----
** LONG TERM CARE GROUP	GROUP	79	163	241	
30. LONG TERM CARE ADMISSION DATE	NUM	8	163	170	DATE WHICH THE RECIPIENT WAS ADMITTED TO THE LONG TERM CARE FACILITY OR UNIT.  8 DIGITS  EDIT-RULES: YYYYMMDD  <i>USER NOTE: USERS SHOULD NOTE THAT REPORTING IS NOT CONSISTENT AMONG ALL LONG TERM CARE FACILITIES FOR THIS DATA ELEMENT. IN SOME INSTANCES THIS MAY BE THE DATE OF ADMISSION FOR THE CURRENT STAY. IN OTHERS, IT MAY BE THE ORIGINAL DATE OF ADMISSION TO THE FACILITY EVEN IF THERE WERE ONE OR MORE INTERIM DISCHARGES.</i>  SOURCE: MSIS CLAIMS FILE: "ADMISSION-DATE". MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).
31. SERVICE BEGINNING DATE	NUM	8	171	178	THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.  8 DIGITS  EDIT-RULES: YYYYMMDD  SOURCE: MSIS CLAIMS FILE: "BEGINNING-DATE-OF-SERVICE". MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).
32. ENDING DATE OF SERVICE	NUM	8	179	186	THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.  8 DIGITS  EDIT-RULES: YYYYMMDD  SOURCE: MSIS CLAIMS FILE: "ENDING-DATE-OF-SERVICE". MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).

## MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
* DIAGNOSIS CODE GROUP	GROUP	30	187 216	<p>ICD-9-CM DIAGNOSES FOR THIS RECORD. THERE ARE FIVE OCCURRENCES FOR DATA ELEMENTS #33. THE EXAMPLE BELOW IS FOR THE FIRST DIAGNOSIS.</p> <p>FIRST DIAGNOSIS (POSITIONS 187 TO 192)  SECOND DIAGNOSIS (POSITIONS 193 TO 198)  THIRD DIAGNOSIS (POSITIONS 199 TO 204)  FOURTH DIAGNOSIS (POSITIONS 205 TO 210)  FIFTH DIAGNOSIS (POSITIONS 211 TO 216)</p>
33. FIRST DIAGNOSIS CODE	CHAR	6	187 192	<p>THE FIRST ICD-9-CM DIAGNOSIS CODE FOR THIS RECORD.</p> <p>EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT</p> <p>USER NOTE: USERS SHOULD EXERCISE CAUTION SINCE THIS DATA ELEMENT IS AS IT WAS REPORTED BY EACH STATE. IT MAY CONTAIN EITHER BLANK-PADDING OR ZERO-PADDING TO THE RIGHT FOR 3- OR 4-CHARACTER ICD-9-CM CODES.</p> <p>SOURCE: MSIS CLAIMS FILE: "DIAGNOSIS-CODE-1 (PRINCIPAL)".</p>
34. MENTAL HOSPITAL FOR THE AGED DAY COUNT	NUM	3	217 219	<p>TOTAL NUMBER OF DAYS OF MENTAL HOSPITAL SERVICES FOR THE AGED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p>USER NOTE: FOR TOS = 2 (MENTAL HOSPITAL SERVICES FOR THE AGED), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 2), VALUE = 0.</p> <p>SOURCE: MSIS CLAIMS FILE: "MEDICAID-COVERED-INPATIENT-DAYS".</p>

## MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
35. INPATIENT PSYCHIATRIC FACILITY (AGE < 21) DAY COUNT	NUM	3	220 222	<p>TOTAL NUMBER OF DAYS OF INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p>USER NOTE: FOR TOS = 4 (INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER THE AGE OF 21), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 4), VALUE = 0.</p> <p>SOURCE: MSIS CLAIMS FILE: "MEDICAID-COVERED-INPATIENT-DAYS".</p>
36. INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED DAY COUNT	NUM	3	223 225	<p>TOTAL NUMBER OF DAYS OF INTERMEDIATE CARE FOR THE MENTALLY RETARDED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p>USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "INTERMEDIATE CARE DAY COUNT". FOR TOS = 5 (INTERMEDIATE CRE FACILITY FOR THE MENTALLY RETARDED - ICF-MR), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5), VALUE = 0.</p> <p>SOURCE: MSIS CLAIMS FILE: "ICF-MR-DAYS".</p>

MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
37. NURSING FACILITY DAY COUNT	NUM	3	226	228	<p>TOTAL NUMBER OF DAYS OF NURSING FACILITY CARE INCLUDED IN THIS RECORD THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p>USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS "SKILLED CARE DAY COUNT". FOR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 7), VALUE = 0.</p> <p>SOURCE: MSIS CLAIMS FILE: "NURSING-FACILITY-DAYS".</p>
38. LONG TERM CARE LEAVE DAY COUNT	NUM	3	229	231	<p>TOTAL NUMBER OF DAYS, DURING THE PERIOD COVERED BY MEDICAID, ON WHICH THE ELIGIBLE DID NOT RESIDE IN THE LONG TERM CARE FACILITY.</p> <p>3 DIGITS SIGNED (SAS USERS: ZONED DECIMAL - ZD3)</p> <p>EDIT-RULES: MAX VALUE IS EDITED TO VALUE &lt;= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0</p> <p>USER NOTE: FOR TOS = 5 (INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED - ICR-MR) AND TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER), VALUE IS USUALLY &gt;= 0. FOR A SMALL NUMBER OF CLAIMS VALUE MAY BE &lt; 0. THIS IS BECAUSE SOME LONG-TERM CARE SERVICES ARE PAID PROSPECTIVELY (E.G. AT THE BEGINNING OF A MONTH) AND MSIS ADJUSTMENT RECORDS MAY HAVE VALUE &lt; 0. WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE &lt; 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5 OR 7), VALUE = 0.</p> <p>SOURCE: MSIS CLAIMS FILE: "LEAVE-DAYS".</p>

## MEDICAID ANALYTIC EXTRACT LONG TERM CARE RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
39. PATIENT STATUS CODE	NUM	2	232 233	<p>CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.</p> <p>2 DIGITS</p> <p>CODES:</p> <p>01 = DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)</p> <p>02 = DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL</p> <p>03 = DISCHARGED/TRANSFERRED TO NF</p> <p>04 = DISCHARGED/TRANSFERRED TO ICF</p> <p>05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION</p> <p>06 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION</p> <p>07 = LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE</p> <p>08 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER</p> <p>09 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL</p> <p>20 = EXPIRED (OR DID NOT RECOVER - CHRISTIAN SCIENCE) PATIENT</p> <p>30 = STILL A PATIENT OR DISCHARGED AND EXPECTED TO RETURN FOR OUTPATIENT SERVICE</p> <p>40 = EXPIRED AT HOME (HOSPICE CLAIMS ONLY)</p> <p>41 = EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE-STANDING HOSPICE (HOSPICE CLAIMS ONLY)</p> <p>42 = EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)</p> <p>50 = HOSPICE - HOME</p> <p>51 = HOSPICE - MEDICAL FACILITY</p> <p>99 = UNKNOWN</p> <p>SOURCE: MSIS CLAIMS FILE: "PATIENT-STATUS".</p>
40. PATIENT LIABILITY AMOUNT	NUM	8	234 241	<p>THE TOTAL AMOUNT THAT AN ELIGIBLE IS REQUIRED TO SPEND OUT OF THEIR OWN FUNDS, TOWARD THE COST OF THEIR CARE, BEFORE MEDICAID PAYMENTS ARE MADE.</p> <p>8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)</p> <p>SOURCE: MSIS CLAIMS FILE: "PATIENT-LIABILITY".</p>