

MEDICAID ANALYTIC EXTRACT DRUG RECORD (1999 AND LATER YEARS) - 08/06/07 VERSION

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** MEDICAID ANALYTIC EXTRACT DRUG RECORD	REC	319	1	319	<p>THE MEDICAID ANALYTIC EXTRACT (MAX) DRUG RECORD PROVIDES INFORMATION ON DRUGS AND OTHER SERVICES PROVIDED BY A PHARMACY FOR EACH RECIPIENT. ALL RECORDS THAT CONTAIN NATIONAL DRUG CODES (NDCs) ARE INCLUDED IN THIS FILE. NDCs INCLUDE CODES FOR PRESCRIPTION AND OVER-THE-COUNTER DRUGS, AS WELL AS DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES. RECORDS WITH NDCs THAT REPRESENT DRUGS ARE MAPPED INTO MAX TYPE OF SERVICE = 16 (PRESCRIBED DRUGS). USING THE HIERARCHICAL INGREDIENT CODE LIST (HICL), RECORDS WITH NDCs THAT REPRESENT DME AND SUPPLIES ARE MAPPED INTO MAX TYPE OF SERVICE = 19 (OTHER SERVICES).</p> <p>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.</p> <p>USERS SHOULD NOTE THAT ANY SERVICE PROVIDED BY A PHARMACY OR SERVICES THAT CONTAIN A NATIONAL DRUG CODE (NDC) ARE REPORTED IN THE MAX DRUG FILE. FOR THIS REASON, DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES BILLED BY PHARMACY PROVIDERS (AND CONTAINING NDCs) ARE INCLUDED IN THE MAX DRUG FILE. IN CONTRAST, DME AND SUPPLIES BILLED BY OTHER TYPES OF PROVIDERS (AND CONTAINING HCPCS OR OTHER STATE-SPECIFIC PROCEDURE CODES) ARE INCLUDED IN THE MAX OTHER SERVICES FILE.</p> <p>USERS SHOULD NOTE THAT INJECTABLE ITEMS, WHICH PATIENTS MAY RECEIVE FROM OTHER TYPES OF PROVIDERS (E.G. PHYSICIANS AND CLINICS), ARE IDENTIFIED USING PROCEDURE (SERVICE) CODE. RECORDS FOR ANY OF THESE SERVICES THAT CONTAIN PROCEDURE (SERVICE) CODES, AND NO NDC, ARE REPORTED IN THE MAX OTHER SERVICES FILE. THEREFORE, DME AND SUPPLIES BILLED BY NON-PHARMACY PROVIDERS ARE REPORTED IN THE MAX OTHER SERVICES FILE.</p> <p>VACCINES AND CERTAIN OTHER DRUGS (SUCH AS HUMAN GROWTH HORMONE) MAY BE FOUND IN ONE OR BOTH OF THE DRUG AND THE OTHER SERVICES FILES. IN SOME INSTANCES, A PHARMACY MAY SUBMIT A CLAIM FOR A VACCINE AND THE BILL WILL CONTAIN AN NDC. IN THIS CASE, THE RECORD WILL BE REPORTED IN THE DRUG FILE. IN OTHER INSTANCES, A PHYSICIAN (OR OTHER TYPE OF PROVIDER) MAY SUBMIT A CLAIM (VACCINE ONLY OR VACCINE AND ITS ADMINISTRATION). IN THIS CASE, THE RECORD WILL BE REPORTED IN THE OTHER SERVICES FILE.</p> <p>THE APPROACH DESCRIBED ABOVE TO SEPARATE RECORDS BETWEEN THE MAX DRUG AND THE OTHER SERVICES FILE ABOVE IS CONSISTENT WITH MSIS INSTRUCTIONS TO STATES BEGINNING IN FISCAL 1999. HOWEVER, IT IS DIFFERENT THAN THE APPROACH USED FOR 1992 THROUGH 1995. SEE THE "STATE MEDICAID RESEARCH FILES DRUG RECORD (1996-98)" FOR ADDITIONAL DETAILS.</p>

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<p>TO THE EXTENT POSSIBLE, INTERIM AND ADJUSTMENT CLAIMS ARE COMBINED SO THAT EACH RECORD IN THIS FILE REPRESENTS A DISTINCT SERVICE. THESE RECORDS REPRESENT ALL MEDICAID-COVERED SERVICES FOR THE ELIGIBLE. HOWEVER, THEY MAY NOT INCLUDE ALL SERVICES OR COMPLETE INFORMATION ON MEDICAID COVERED SERVICES WHEN THE ELIGIBLE HAS OTHER HEALTH INSURANCE COVERAGE (E.G. MEDICARE AND/OR PRIVATE COVERAGE).</p> <p>FOR A COMPLETE LIST OF TYPES OF SERVICE THAT ARE CONTAINED IN THIS FILE, SEE "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>				

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*** 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

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		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

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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>

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

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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>

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		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>

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				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

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		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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*** 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.

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13. ELIGIBLE MEDICARE CROSSOVER CODE - CLAIM-BASED	NUM	1	71	71	<p>INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE WHEN THIS SERVICE WAS RENDERED.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE 1 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON THIS SERVICE</p> <p>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.</p>
14. ELIGIBLE MEDICARE CROSSOVER CODE - ANNUAL NEW VALUES	NUM	2	72	73	<p>INDICATES THAT THE ELIGIBLE WAS COVERED BY MEDICARE (KNOWN AS CROSSOVER, DUAL OR MEDICARE ELIGIBILITY, ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH.</p> <p>2 CHARACTERS</p> <p>CODES:</p> <p>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</p>

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				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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*** 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

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		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 DRUG 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 DRUG 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 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 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 DRUG 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 DRUG 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 DRUG 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 DRUG 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:</p> <p>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><i>USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.</i></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><i>USER NOTE: THIS DATA ELEMENT IS 8-FILLED FOR NON-ENCOUNTER RECORDS.</i></p> <p>SOURCE: MSIS CLAIMS FILE: "PLAN-ID-NUMBER"</p>

MEDICAID ANALYTIC EXTRACT DRUG 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 > \$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 > \$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 < \$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 < \$0.</p> <p>WHERE THE MEDICAID PAYMENT AMOUNT IS SET < \$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 DRUG 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 < \$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 DRUG 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 NOTE ABOVE USING THE MSIS CLAIMS FILE: "AMOUNT-CHARGED".

MEDICAID ANALYTIC EXTRACT DRUG 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 > \$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 >= \$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 DRUG RECORD (1999 AND LATER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
** PRESCRIPTION DRUG GROUP		157	163	319	
30. PRESCRIBING PHYSICIAN IDENTIFICATION NUMBER	CHAR	12	163	174	<p>THE UNIQUE IDENTIFICATION NUMBER ASSIGNED TO A PROVIDER, BY THE STATE, WHICH IDENTIFIES THE PHYSICIAN OR OTHER PROVIDER PRESCRIBING THE DRUG, DEVICE OR SUPPLY.</p> <p>USER NOTE: FOR PHYSICIANS, THIS SHOULD BE THE INDIVIDUAL PROVIDER'S IDENTIFICATION NUMBER, NOT THE IDENTIFICATION NUMBER FOR A GROUP PRACTICE. IF THE PROVIDER'S IDENTIFICATION NUMBER IS NOT AVAILABLE, BUT THE PROVIDER'S DRUG ENFORCEMENT AGENCY (DEA) IDENTIFIER IS AVAILABLE, THIS DATA ELEMENT SHOULD CONTAIN THE PROVIDER'S DEA IDENTIFIER. THIS DATA ELEMENT SHOULD BE 9-FILLED IF UNKNOWN. THIS DATA ELEMENT IS NOT INCLUDED ON STANDARD CLAIMS FORMS. THEREFORE, IT MAY BE MISSING FOR SOME RECORDS. USERS SHOULD EXAMINE FREQUENCY DATA TO DETERMINE THE EXTENT OF NON-REPORTING.</p> <p>SOURCE: MSIS CLAIMS FILE: "PRESCRIBING-PHYSICIAN-ID-NUMBER".</p>
31. PRESCRIBED DATE	NUM	8	175	182	<p>DATE THE DRUG, DEVICE OR SUPPLY WAS PRESCRIBED BY THE PHSYCIAN OR OTHER PRACTITIONER.</p> <p>8 DIGITS</p> <p>EDIT RULES: YYYYMMDD</p> <p>USER NOTE: THIS DATA ELEMENT SHOULD NOT BE CONFUSED WITH THE PRESCRIPTION FILLED DATE. THIS DATA ELEMENT IS NOT INCLUDED ON STANDARD CLAIMS FORMS. THEREFORE, IT MAY BE MISSING FOR MANY RECORDS. USERS SHOULD EXAMINE FREQUENCY DATA TO DETERMINE THE EXTENT OF NON-REPORTING.</p> <p>SOURCE: MSIS CLAIMS FILE: "DATE-PRESCRIBED". MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).</p>

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MEDICAID ANALYTIC EXTRACT DRUG RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
32. PRESCRIPTION FILLED DATE	NUM	8	183 190	DATE THE PRESCRIPTION WAS FILLED BY THE PHARMACY OR OTHER PROVIDER. 8 DIGITS EDIT-RULES: YYYYMMDD USER NOTES: THIS DATA ELEMENT SHOULD NOT BE CONFUSED WITH THE PRESCRIBED DATE. SOURCE: MSIS CLAIMS FILE: "PRESCRIPTION-FILL-DATE". MSIS DATES WITH 8- OR 9-FILL VALUES ARE CHANGED TO 0-FILL (ZERO-FILL).
33. NEW OR REFILL INDICATOR	NUM	2	191 192	INDICATOR SHOWING WHETHER THE PRESCRIPTION BEING FILLED WAS A NEW PRESCRIPTION OR A REFILL. IF IT WAS A REFILL, THE INDICATOR WILL IDENTIFY HOW MANY TIMES IT WAS REFILLED. 2 DIGITS CODES: 00 = NEW PRESCRIPTION 01-98 = NUMBER OF THE REFILL 99 = UNKNOWN USER NOTE: SINCE THIS DATA ELEMENT MAY BE MISSING FOR SOME RECORDS, USERS EXAMINE FREQUENCY DATA TO DETERMINE THE EXTENT OF NON-REPORTING. IN ADDITION, THERE MAY BE INFORMATION TO IDENTIFY THIS PRESCRIPTION AS A REFILL, BUT THE NUMBER OF THE REFILL MAY NOT BE KNOWN. IN THESE INSTANCES VALUE = 01 MAY BE A DEFAULT WHEN THE NUMBER OF THE REFILL IS UNKNOWN. FREQUENCY DATA WILL SHOW WHETHER CODE VALUES > 1 ARE BEING USED FOR DATA FROM A GIVEN STATE. SOURCE: MSIS CLAIMS FILE: "NEW-REFILL-INDICATOR".
34. NATIONAL DRUG CODE (NDC)	CHAR	12	193 204	NATIONAL DRUG CODE (NDC) FOR THIS SERVICE USER NOTE: THE 11-CHARACTER NDC CODE SHOULD BE LEFT JUSTIFIED AND BLANK-FILLED TO THE RIGHT. HOWEVER, USERS SHOULD CHECK THE 12-CHARACTER DATA ELEMENT FOR EACH STATE SINCE THERE ARE INSTANCES WHERE IT MAY BE RIGHT-JUSTIFIED OR CONTAIN AN IMBEDDED "0". SOURCE: MSIS CLAIMS FILE: "NATIONAL-DRUG-CODE".

MEDICAID ANALYTIC EXTRACT DRUG RECORD (1999 AND LATER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
35. QUANTITY OF SERVICE	NUM	5	205	209	<p>THE NUMBER OF UNITS OF SERVICE RECEIVED BY THE ELIGIBLE.</p> <p>5 DIGITS</p> <p>USER NOTES: FOR 1/96 THROUGH 9/98, THIS DATA ELEMENT IS 4 CHARACTERS IN LENGTH AND IS RIGHT JUSTIFIED. FOR 10/98 THROUGH 12/98 IT IS 5 CHARACTERS IN LENGTH. PRIOR TO 10/97, MSIS INSTRUCTIONS WERE TO CODE THIS DATA ELEMENT WITH VALUE = 1 FOR PRESCRIPTION DRUG CLAIMS. BEGINNING IN 10/97, MSIS INSTRUCTIONS WERE TO CODE THIS DATA ELEMENT WITH THE NUMBER OF UNITS OF A PRESCRIPTION/REFILL THAT WERE FILLED. THE INSTRUCTIONS ALSO STATE, "...USE THE MEDICAID DRUG REBATE DEFINITION OF A UNIT, WHICH IS THE SMALLEST UNIT BY WHICH THE DRUG IS NORMALLY MEASURED; E.G. TABLET, CAPSULE, MILLILITER, ETC. FOR DRUGS NOT IDENTIFIABLE OR DISPENSED BY A NORMAL UNIT, E.G. POWDER-FILED VIALS, USE 1 AS THE NUMBER OF UNITS." UNDER THE NEW DEFINITION (BEGINNING 10/98), ONE PRESCRIPTION FOR 100 250-MILLIGRAM TABLETS RESULTS IN QUANTITY = 100. NOTE THAT PRIOR TO 10/98, ONE PRESCRIPTION FOR 100 TABLETS RESULTED IN QUANTITY = 1. THIS DATA ELEMENT IS NOT APPLICABLE FOR CLAIMS WITH MSIS TYPE OF SERVICE = 19 (OTHER SERVICES) WHICH INCLUDES DME AND SUPPLIES.</p> <p>SOURCE: MSIS CLAIMS FILE: "QUANTITY-OF-SERVICE".</p>
36. DAYS SUPPLY	NUM	3	210	212	<p>THE NUMBER OF DAYS SUPPLY DISPENSED.</p> <p>3 DIGITS</p> <p>SOURCE: MSIS CLAIMS FILE: "DAYS-SUPPLY".</p>

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
37. NATIONAL DRUG CODE FORMAT INDICATOR	CHAR	1	213	213	<p>THIS DATA ELEMENT IS USED TO IDENTIFY THE ORIGINAL 10- OR 11- CHARACTER FORMAT OF THE NATIONAL DRUG CODE (NDC) AND THE TYPE OF CODE, SUCH AS NDC, UNIVERSAL PRODUCT CODE - (UPC) OR HEALTH RELATED ITEM (HRI). NDCs AND HRIs ARE 10- OR 11-DIGIT CODES USED TO IDENTIFY DRUG PRODUCTS. NON-PRESCRIPTION DRUG PRODUCTS MAY ALSO HAVE SEPARATE UPCs. IN GENERAL, THE 11-DIGIT NDC IS STRUCTURED AS FOLLOWS:</p> <ul style="list-style-type: none"> - LABELER CODE - 5 NUMERIC CHARACTERS - PRODUCT CODE - 4 CHARACTERS (CAN BE ALPHANUMERIC) - PACKAGE CODE - 2 CHARACTERS (CAN BE ALPHANUMERIC) <p>THE FIRST 4 OR 5 DIGITS (LABELER CODE) OF THE NDC OR HRI (DEPENDING ON FORMAT) ARE ASSIGNED BY THE FOOD AND DRUG ADMINISTRATION TO IDENTIFY THE MANUFACTURER. THE LAST 5 OR 6 CHARACTERS ARE ASSIGNED BY THE MANUFACTURERS TO IDENTIFY THEIR PRODUCT AND PACKAGING DESIGNATIONS. IF A COMPANY IS ASSIGNED A 4-DIGIT LABELER CODE, THEY USE A 4-4-2 FORMAT FOR THEIR DRUG PRODUCTS. THOSE ASSIGNED A 5-DIGIT LABELER CODE USE EITHER A 5-3-2, 5-4-1 OR 5-4-2 FORMAT.</p> <p>CODE:</p> <p>PRESCRIPTION DRUGS:</p> <p>0 = FORMAT 5-4-2 (99999-9999-99) CONVERTS TO 99999-9999-99 NDC 1 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-9999-99 NDC 2 = FORMAT 5-3-2 (99999-999-99) CONVERTS TO 99999-0999-99 NDC 3 = FORMAT 5-4-1 (99999-9999-9) CONVERTS TO 99999-9999-09 NDC</p> <p>PRODUCTS:</p> <p>4 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-0999-99 UPC 5 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-09 UPC 6 = FORMAT 5-5 (99999-99999) CONVERTS TO 99999-9999-90 UPC</p> <p>HEALTH RELATED ITEMS:</p> <p>7 = FORMAT 4-4-2 (9999-9999-99) CONVERTS TO 09999-999999 HRI</p> <p>USER NOTE: THIS IS FIRST DATA BANK, NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "NDCFI".</p> <p>SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.</p>

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
38. DRUG CLASS	CHAR	1	214	214	CLASSIFIES THE DRUG ACCORDING TO AVAILABILITY TO THE PATIENT. CODES: O = OVER THE COUNTER (THIS VALUE IS AN ALHPA LETTER 'O') F = PRESCRIPTION REQUIRED (THIS VALUE IS AN ALPHA LETTER 'F') BLANK = UNSPECIFIED <i>USER NOTE: THIS IS FIRST DATA BANK DATA NATIONAL DRUG DATA FILE (NDDF) ELEMENT "CL".</i> SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
39. MULTI-SOURCE CODE	CHAR	1	215	215	DIFFERENTIATES SINGLE FROM MULTIPLE SOURCE DRUG PRODUCTS OR A GENERIC COPY OF THE STANDARD DRUG PRODUCT. CODES: N = SINGLE SOURCE, NO GENERICS AVAILABLE M = CONSIDERED SINGLE SOURCE, CO-LICENSED O = ORIGINAL PRODUCT, GENERICS AVAILABLE (INNOVATIVE MULTIPLE SOURCE) Y = CONSIDERED GENERICS, MULTIPLE SOURCES (NON-INNOVATIVE MULTIPLE SOURCE) <i>USER NOTE: THIS IS MEDI-SPAN MASTER DRUG DATA BASE (MDDDB) DATA ELEMENT "MULTI-SOURCE CODE" FROM POSITION 89 IN THE KEY IDENTIFER (A1) RECORD, PREVIOUSLY REFERRED TO AS THE "A089" RECORD.</i> SOURCE: PROPRIETARY DATA FROM WOLTERS KLUWER HEALTH, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
40. HIERARCHICAL INGREDIENT CODE LIST (HICL)	CHAR	54	216	269	THE HIERARCHICAL INGREDIENT CODE LIST (HICL), WHICH CONTAINS A MAXIMUM OF NINE SEQUENCED INGREDIENT CODES, HIERARCHICAL INGREDIENT CODES (HICs), EACH 6-CHARACTER HIC IDENTIFIES A SPECIFIC INGREDIENT, THERAPEUTIC CLASS, PHARMACOLOGICAL CLASS AND ORGAN SYSTEM TO WHICH THE DRUG IS TARGETED. <i>USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "HICL".</i> SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
41. THERAPEUTIC CLASS CODE, SPECIFIC	CHAR	3	270	272	SPECIFIC THERAPEUTIC CLASS CODE <i>USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "GC3".</i> SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
42. THERAPEUTIC CLASS CODE, GENERIC	CHAR	2	273	274	GENERIC THERAPEUTIC CLASS CODE <i>USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "GTC".</i> SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
43. AMERICAN HOSPITAL FORMULARY SYSTEM CODE	CHAR	6	275	280	AMERICAN HOSPITAL FORMULARY SYSTEM CLASS CODE <i>USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "AHFS".</i> SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.
44. SMART KEY	CHAR	24	281	304	THE SMART KEY IS A SERIES OF EIGHT DATA ELEMENTS WHICH CLASSIFIES ALL PRODUCTS BY GENERIC THERAPEUTIC CLASS, SPECIFIC THERAPEUTIC CLASS, HIERARCHICAL INGREDIENT CODE LIST, STRENGTH, DOSAGE FORM, ROUTE OF ADMINISTRATION, PACKAGE SIZE AND UNIT DOSE/UNIT OF USE. USERS SHOULD CONSULT FIRST DATA BANK DOCUMENTATION FOR DETAILS. <i>USER NOTE: THIS IS FIRST DATA BANK NATIONAL DRUG DATA FILE (NDDF) DATA ELEMENT "SKEY".</i> SOURCE: PROPRIETARY DATA FROM FIRST DATA BANK CORPORATION, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
45. MEDI-SPAN THERAPEUTIC CLASSIFICATION SYSTEM CODE	CHAR	14	305	318	<p>MEDI-SPAN THERAPEUTIC CLASSIFICATION SYSTEM CODE.</p> <p><i>USER NOTE: THIS IS MEDI-SPAN MASTER DRUG DATA BASE (MDDb) DATA ELEMENT "GENERIC PRODUCT INDICATOR" FROM POSITIONS 17-30 IN THE GENERIC PRODUCT (G1) RECORD, PREVIOUSLY REFERRED TO AS THE "G017" RECORD. THE MDDb PRODUCT VERSION 8, APRIL 2003 WAS USED.</i></p> <p>SOURCE: PROPRIETARY DATA OF WOLTERS KLUWER HEALTH, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.</p>
46. OVER-THE-COUNTER INDICATOR CODE	CHAR	1	319	319	<p>INDICATES WHETHER THE DRUG IS AN OVER-THE-COUNTER OR A PRESCRIBED DRUG.</p> <p>CODES: O = OVER-THE-COUNTER (SINGLE SOURCE) P = OVER-THE-COUNTER (MULTIPLE SOURCE) R = PRESCRIPTION DRUG (SINGLE SOURCE) S = PRESCRIPTION DRUG (MULTIPLE SOURCE)</p> <p><i>USER NOTE: THIS IS MEDI-SPAN DRUG DATA BASE (MDDb) DATA ELEMENT "RX-OTC INDICATOR CODE" FROM POSITION 67 IN THE Key Identifier (A1) RECORD, PREVIOUSLY REFERRED TO AS THE "A061" RECORD. THE MDDb PRODUCT VERSION8, APRIL 2003 WAS USED.</i></p> <p>SOURCE: PROPRIETARY DATA OF WOLTERS KLUWER HEALTH, FOR USE BY CMS STAFF AND CONTRACTORS. SO, THIS DATA ELEMENT SHOULD BE BLANK FOR COPIES OF THIS FILE USED BY OTHER PARTIES.</p>