MATHEMATICA Policy Research

REPORT

Medicaid Analytic Extract Long-Term Care (LT) Record Layout and Description 2014

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Submitted to:

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CHANGES TO THE MAX 2014 LT FILE

No Changes

MEDICAID ANALYTIC EXTRACT (MAX)

RECORD LAYOUT FOR

LONG-TERM CARE RECORD (LT)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
****	MEDICAID ANALYTIC EXTRACT LONG-TERM CARE RECORD	REC	281	1	281
***	MEDICAID ELIGIBILITY REGION	REGION	79	1	79
1.	MSIS IDENTIFICATION NUMBER	CHAR	20	1	20
2.	STATE ABBREVIATION CODE	CHAR	2	21	22
3.	SOCIAL SECURITY NUMBER - FROM MSIS	CHAR	9	23	31
4.	MEDICARE HEALTH INSURANCE CLAIM (HIC) NUMBER - FROM MSIS	CHAR	12	32	43
5.	BIRTH DATE	NUM	8	44	51
6.	SEX CODE	CHAR	1	52	52
7.	RACE/ETHNICITY CODE	CHAR	1	53	53
8.	RACE - WHITE	CHAR	1	54	54
9.	RACE - BLACK/AFRICAN AMERICAN	CHAR	1	55	55
10.	RACE - AMERICAN INDIAN/ALASKA NATIVE	CHAR	1	56	56
11.	RACE - ASIAN	CHAR	1	57	57
12.	RACE - NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	CHAR	1	58	58
13.	ETHNICITY - HISPANIC OR LATINO	CHAR	1	59	59
14.	STATE-SPECIFIC ELIGIBILITY CODE - MOST RECENT	CHAR	6	60	65
15.	STATE-SPECIFIC ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	6	66	71
16.	MAX UNIFORM ELIGIBILITY CODE - MOST RECENT	CHAR	2	72	73
17.	MAX UNIFORM ELIGIBILITY CODE - FOR MONTH OF SERVICE	CHAR	2	74	75
18.	MISSING ELIGIBILITY DATA	CHAR	1	76	76
19.	MEDICARE DUAL CODE - CLAIM-BASED	NUM	1	77	77
20.	MEDICARE DUAL CODE - ANNUAL	CHAR	2	78	79
***	UTILIZATION AND PAYMENT SUMMARY REGION	REGION	202	80	281
**	SERVICE GROUP	GROUP	41	80	120
21.	MSIS TYPE OF SERVICE CODE	NUM	2	80	81
22.	MSIS TYPE OF PROGRAM CODE	NUM	1	82	82
23.	MAX TYPE OF SERVICE CODE	NUM	2	83	84
24.	BILLING PROVIDER IDENTIFICATION NUMBER	CHAR	12	85	96
25.	NATIONAL PROVIDER IDENTIFIER	CHAR	12	97	108
26.	PROVIDER TAXONOMY	CHAR	12	109	120
**	CLAIMS AND PAYMENT GROUP	GROUP	72	121	192
27.	TYPE OF CLAIM CODE	CHAR	1	121	121
28.	ADJUSTMENT CODE	NUM	1	122	122

DATA ELEMENTS WITH TYPE NUM* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER:	ELEMENT NAME:	TYPE:	LENGTH:	BEG:	END:
29.	MANAGED CARE TYPE OF PLAN CODE	NUM	2	123	124
30.	MANAGED CARE PLAN IDENTIFICATION NUMBER	CHAR	12	125	136
31.	MEDICAID PAYMENT AMOUNT	NUM*	8	137	144
32.	THIRD PARTY PAYMENT AMOUNT	NUM*	8	145	152
33.	PAYMENT DATE	NUM	8	153	160
34.	CHARGE AMOUNT	NUM*	8	161	168
35.	PREPAID PLAN SERVICE VALUE	NUM*	8	169	176
36.	MEDICARE COINSURANCE PAYMENT AMOUNT	NUM*	8	177	184
37.	MEDICARE DEDUCTIBLE PAYMENT AMOUNT	NUM*	8	185	192
**	INSTITUTIONAL LONG-TERM CARE GROUP	GROUP	89	193	281
38.	INSTITUTIONAL LONG-TERM CARE ADMISSION DATE	NUM	8	193	200
39.	SERVICE BEGINNING DATE	NUM	8	201	208
40.	ENDING DATE OF SERVICE	NUM	8	209	216
*	DIAGNOSIS CODE GROUP (OCCURS 5 TIMES)	GROUP	40	217	256
41.	DIAGNOSIS CODE - FIRST DIAGNOSIS	CHAR	7	217	223
42.	DIAGNOSIS CODE FLAG - FIRST DIAGNOSIS	CHAR	1	224	224
43.	MENTAL HOSPITAL FOR THE AGED DAY COUNT	NUM*	3	257	259
44.	INPATIENT PSYCHIATRIC FACILITY (AGE < 21) DAY COUNT	NUM*	3	260	262
45.	INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES DAY COUNT	NUM*	3	263	265
46.	NURSING FACILITY DAY COUNT	NUM*	3	266	268
47.	LONG-TERM CARE LEAVE DAY COUNT	NUM*	3	269	271
48.	PATIENT STATUS CODE	NUM	2	272	273
49.	PATIENT LIABILITY AMOUNT	NUM*	8	274	281

DATA ELEMENTS WITH TYPE NUM* ARE IN ZONED DECIMAL (ZD) FORMAT FOR SAS USERS.

MEDICAID ANALYTIC EXTRACT (MAX)

DATA ELEMENT DICTIONARY FOR

LONG-TERM CARE RECORD (LT)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: ****

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

SAS VARIABLE: NONE

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

DESCRIPTION:

MEDICAID ANALYTIC EXTRACT (MAX) LONG-TERM CARE SERVICES RECORD PROVIDES INFORMATION ON SERVICES PROVIDED IN LONG-TERM CARE INSTITUTIONS FOR EACH RECIPIENT. THESE SERVICES INCLUDE NURSING FACILITY SERVICES, INTERMEDIATE CARE FACILITY SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES, PSYCHIATRIC HOSPITALS, AND INDEPENDENT (FREE-STANDING) PSYCHIATRIC WINGS OF ACUTE CARE HOSPITALS. THE RECORDS IN THIS FILE ARE TYPICALLY WEEKLY OR MONTHLY LONG-TERM CARE CLAIMS.

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

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

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

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

BEGINNING IN MAX 2009, WHEN AVAILABLE AND MEANINGFUL, THE INTERNAL CONTROL NUMBER (ICN) WAS USED TO RECONCILE ORIGINAL AND ADJUSTMENT CLAIMS.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: ***

ELEMENT NAME: **MEDICAID ELIGIBILITY REGION**

SAS VARIABLE: NONE

TYPE: REGION LENGTH: 79 BEG: 1 END: 79

DESCRIPTION:

FIELDS CONTAINING ELIGIBILITY INFORMATION ADDED TO EACH SERVICE RECORD, FROM MSIS ELIGIBILITY FILES (USING 'MSIS-IDENTIFICATION-NUMBER').

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 1.

ELEMENT NAME: **MSIS IDENTIFICATION NUMBER**

SAS VARIABLE: MSIS_ID

TYPE: CHAR LENGTH: 20 BEG: 1 END: 20

DESCRIPTION:

UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS).

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 2.

ELEMENT NAME: **STATE ABBREVIATION CODE**

SAS VARIABLE: STATE_CD

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

DESCRIPTION:

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

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

SOURCE: MSIS FILE NAME.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 3.

ELEMENT NAME: **SOCIAL SECURITY NUMBER - FROM MSIS**

SAS VARIABLE: EL_SSN

TYPE: CHAR LENGTH: 9 BEG: 23 END: 31

DESCRIPTION:

SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE.

USER NOTE: NOT AVAILABLE FOR SOME NEW YORK ELIGIBLES IN 1999.

SOURCE: MSIS ELIGIBILITY FILES: 'SOCIAL-SECURITY-NUMBER'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 4.

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

SAS VARIABLE: MDCD_HIC_NUM

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

DESCRIPTION:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 5.

ELEMENT NAME: **BIRTH DATE**

SAS VARIABLE: EL_DOB

TYPE: NUM LENGTH: 8 BEG: 44 END: 51

DESCRIPTION:

BIRTH DATE OF THE MEDICAID ELIGIBLE.

EDIT-RULES: YYYYMMDD

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 6.

ELEMENT NAME: **SEX CODE**

SAS VARIABLE: EL_SEX_CD

TYPE: CHAR LENGTH: 1 BEG: 52 END: 52

DESCRIPTION:

CODE INDICATING THE GENDER OF THE MEDICAID ELIGIBLE.

CODES:
F = FEMALE
M = MALE
U = UNKNOWN/ERROR

USER NOTE: THESE CODES ARE 1 (FEMALE), 2 (MALE) AND 9 (UNKNOWN) IN THE 1996-98 MSIS DATA.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 7.

ELEMENT NAME: **RACE/ETHNICITY CODE**

SAS VARIABLE: EL_RACE_ETHNCY_CD

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

DESCRIPTION:

CODE INDICATING THE RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 8.

ELEMENT NAME: **RACE - WHITE**

SAS VARIABLE: RACE_CODE_1

TYPE: CHAR LENGTH: 1 BEG: 54 END: 54

DESCRIPTION:

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

CODES:
0 = NON-WHITE OR RACE UNKNOWN
1 = WHITE

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

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 9.

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

SAS VARIABLE: RACE_CODE_2

TYPE: CHAR LENGTH: 1 BEG: 55 END: 55

DESCRIPTION:

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

CODES:
0 = NON-BLACK/AFRICAN AMERICAN OR RACE UNKNOWN
1 = BLACK OR AFRICAN AMERICAN

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

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 10.

ELEMENT NAME: **RACE - AMERICAN INDIAN/ALASKA NATIVE**

SAS VARIABLE: RACE_CODE_3

TYPE: CHAR LENGTH: 1 BEG: 56 END: 56

DESCRIPTION:

CODE INDICATING IF THE ELIGIBLE HAS INDICATED A RACE OF AMERICAN INDIAN/ALASKA NATIVE.

CODES:
0 = NON-AMERICAN INDIAN/ALASKA NATIVE OR RACE UNKNOWN
1 = AMERICAN INDIAN/ALASKA NATIVE

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

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 11.

ELEMENT NAME: **RACE - ASIAN**

SAS VARIABLE: RACE_CODE_4

TYPE: CHAR LENGTH: 1 BEG: 57 END: 57

DESCRIPTION:

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

CODES:
0 = NON-ASIAN OR RACE UNKNOWN
1 = ASIAN

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

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 12.

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

SAS VARIABLE: RACE_CODE_5

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

DESCRIPTION:

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

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

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

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 13.

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

SAS VARIABLE: ETHNICITY_CODE

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

DESCRIPTION:

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

CODES:
0 = NON-HISPANIC OR LATINO
1 = HISPANIC OR LATINO
9 = ETHNICITY UNKNOWN

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

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 14.

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

SAS VARIABLE: EL_SS_ELGBLTY_CD_LTST

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

DESCRIPTION:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 15.

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

SAS VARIABLE: EL_SS_ELGBLTY_CD_MO

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

DESCRIPTION:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 16.

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

SAS VARIABLE: EL_MAX_ELGBLTY_CD_LTST

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

DESCRIPTION:

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

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MEDICALLY NEEDY
22 = BLIND/DISABLED, MEDICALLY NEEDY
24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)
25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 17.

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

SAS VARIABLE: EL_MAX_ELGBLTY_CD_MO

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

DESCRIPTION:

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

CODES:
00 = NOT ELIGIBLE
11 = AGED, CASH
12 = BLIND/DISABLED, CASH
14 = CHILD (NOT CHILD OF UNEMPLOYED ADULT, NOT FOSTER CARE CHILD), ELIGIBLE UNDER SECTION 1931 OF THE ACT
15 = ADULT (NOT BASED ON UNEMPLOYMENT STATUS), ELIGIBLE UNDER SECTION 1931 OF THE ACT
16 = CHILD OF UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
17 = UNEMPLOYED ADULT, ELIGIBLE UNDER SECTION 1931 OF THE ACT
21 = AGED, MEDICALLY NEEDY
22 = BLIND/DISABLED, MEDICALLY NEEDY
24 = CHILD, MEDICALLY NEEDY (FORMERLY AFDC CHILD, MEDICALLY NEEDY)
25 = ADULT, MEDICALLY NEEDY (FORMERLY AFDC ADULT, MEDICALLY NEEDY)
31 = AGED, POVERTY
32 = BLIND/DISABLED, POVERTY
34 = CHILD, POVERTY (INCLUDES MEDICAID EXPANSION CHIP CHILDREN)
35 = ADULT, POVERTY
3A = INDIVIDUAL COVERED UNDER THE BREAST AND CERVICAL CANCER PREVENTION ACT OF 2000, POVERTY
41 = OTHER AGED
42 = OTHER BLIND/DISABLED
44 = OTHER CHILD
45 = OTHER ADULT
48 = FOSTER CARE CHILD
51 = AGED, SECTION 1115 DEMONSTRATION EXPANSION
52 = BLIND/DISABLED, SECTION 1115 DEMONSTRATION EXPANSION
54 = CHILD, SECTION 1115 DEMONSTRATION EXPANSION
55 = ADULT, SECTION 1115 DEMONSTRATION EXPANSION
99 = UNKNOWN ELIGIBILITY

USER NOTE: MSIS 'MAINTENANCE-ASSISTANCE-STATUS' (MAS) IS POSITION #1 AND 'BASIS-OF-ELIGIBILITY' (BOE) IS IN POSITION #2. CODING IS THE SAME AS IN 1996-98 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 AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM, GROUPS 14-17 WERE AFDC CASH RECIPIENTS.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 18.

ELEMENT NAME: **MISSING ELIGIBILITY DATA**

SAS VARIABLE: MSNG_ELG_DATA

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

DESCRIPTION:

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

CODES:
BLANK = MEDICAID ENROLLMENT MONTHS WERE FOUND.
1 = NEITHER MEDICAID ENROLLMENT MONTHS NOR S-CHIP (CHIP CODE = 3) ENROLLMENT MONTHS WERE FOUND.
2 = S-CHIP ENROLLMENT MONTHS (CHIP CODE = 3) WERE FOUND, BUT NO MEDICAID ENROLLMENT MONTHS WERE FOUND.

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

SOURCE: RECODED USING MSIS ELIGIBILITY AND CLAIMS FILES.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 19.

ELEMENT NAME: **MEDICARE DUAL CODE - CLAIM-BASED**

SAS VARIABLE: EL_MDCR_XOVR_CLM_BSD_CD

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

DESCRIPTION:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 20.

ELEMENT NAME: **MEDICARE DUAL CODE - ANNUAL**

SAS VARIABLE: EL_MDCR_DUAL_ANN

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

DESCRIPTION:

CODE INDICATING THAT THE ELIGIBLE IS COVERED BY MEDICARE (KNOWN AS DUAL OR MEDICARE ELIGIBILITY), ACCORDING TO MEDICAID (MSIS), MEDICARE (EDB) OR BOTH IN THE CALENDAR YEAR.

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
10 = IN MSIS, S-CHIP ELIGIBLE IS ENTITLED TO MEDICARE
50 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODES 01-09 DO NOT APPLY
51 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 01 APPLIES
52 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 02 APPLIES
53 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 03 APPLIES
54 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 04 APPLIES
55 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 05 APPLIES
56 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 06 APPLIES
57 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 07 APPLIES
58 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 08 APPLIES
59 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE ELIGIBLE AND CODE 09 APPLIES
60 = A RECORD WAS FOUND IN THE MEDICARE ENROLLMENT DATA BASE (EDB) FOR THE S-CHIP ELIGIBLE AND CODE 10 APPLIES
99 = IN MSIS, ELIGIBLE'S MEDICARE STATUS IS UNKNOWN

USER NOTE: THE ANNUAL DUAL CODE IS EQUAL TO THE LATEST (MOST RECENT) QUARTERLY DUAL CODE > '00' (BEGINNING WITH THE LAST QUARTER AND MOVING BACKWARDS IN TIME QUARTER BY QUARTER). IF NONE OF THE QUARTERS HAVE DUAL CODE > '00', THE ANNUAL DUAL CODE IS SET TO '00'. IF THE PERSON IS ELIGIBLE FOR MEDICAID AND ENROLLED IN THE MEDICARE EDB IN AT LEAST ONE MONTH OF THE YEAR, A '5' IS MOVED TO THE FIRST POSITION (I.E. VALUES 50-59). IF THE PERSON HAS CLAIMS BUT NO ELIGIBILITY RECORD, THE ANNUAL DUAL CODE IS SET TO '99'.

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

NOTE: IN MAX 2005, THIS VARIABLE WAS MODIFIED FROM TYPE NUMERIC TO CHARACTER.

NOTE: IN MAX 2009, VALUES '10' AND '60' WERE ADDED TO THE FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: ***

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

SAS VARIABLE: NONE

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

DESCRIPTION:

DETAILED INFORMATION FROM MSIS CLAIMS ON THE SERVICE PROVIDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **SERVICE GROUP**

SAS VARIABLE: NONE

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

DESCRIPTION:

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 21.

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

SAS VARIABLE: MSIS_TOS

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

DESCRIPTION:

CODE INDICATING THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) TYPE OF SERVICE. EXPECTED MSIS TYPES OF SERVICE FOR THIS FILE ARE:
02 = MENTAL HOSPITAL SERVICES FOR THE AGED
04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21
05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES
07 = NURSING FACILITY SERVICES (NFS) - ALL OTHER

COMPLETE MSIS TYPE OF SERVICE CODES LIST:
01 = INPATIENT HOSPITAL
02 = MENTAL HOSPITAL SERVICES FOR THE AGED
04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21
05 = INTERMEDIATE CARE FACILITY (ICF) FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES
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, HIO, OR PACE PLANS
21 = CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs
22 = CAPITATED PAYMENTS FOR PRIMARY CARE CASE MANAGEMENT - PCCM
23 = CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI
24 = STERILIZATIONS
25 = ABORTIONS
26 = TRANSPORTATION SERVICES
30 = PERSONAL CARE SERVICES
31 = TARGETED CASE MANAGEMENT
33 = REHABILITATION SERVICES
34 = PT, OT, SPEECH, HEARING SERVICES
35 = HOSPICE BENEFITS
36 = NURSE MIDWIFE SERVICES
37 = NURSE PRACTITIONER SERVICES
38 = PRIVATE DUTY NURSING
39 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS
99 = UNKNOWN

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

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

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 22.

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

SAS VARIABLE: MSIS_TOP

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

DESCRIPTION:

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

CODES:
0 = NO SPECIAL PROGRAM
1 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
2 = FAMILY PLANNING
3 = RURAL HEALTH CLINIC
4 = FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)
5 = INDIAN HEALTH SERVICES
6 = HOME AND COMMUNITY-BASED CARE FOR DISABLED ELDERLY AND INDIVIDUALS AGE 65 AND OLDER
7 = HOME AND COMMUNITY-BASED CARE WAIVER SERVICES
9 = UNKNOWN

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 23.

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

SAS VARIABLE: MAX_TOS

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

DESCRIPTION:

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

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

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

BEGINNING IN 10/98, MSIS IDENTIFIED EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (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:
51 = DURABLE MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING EMERGENCY RESPONSE SYSTEMS AND HOME MODIFICATIONS)
52 = RESIDENTIAL CARE (DEFINITION CHANGED FOR 2003 AND LATER YEARS - ADDITIONAL INFORMATION IS AVAILABLE ON REQUEST)
53 = PSYCHIATRIC SERVICES (EXCLUDING ADULT DAY CARE)
54 = ADULT DAY CARE

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- VALUE 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 24.

ELEMENT NAME: **BILLING PROVIDER IDENTIFICATION NUMBER**

SAS VARIABLE: PRVDR_ID_NMBR

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

DESCRIPTION:

STATE ASSIGNED UNIQUE IDENTIFICATION NUMBER FOR THE BILLING PROVIDER.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 25.

ELEMENT NAME: **NATIONAL PROVIDER IDENTIFIER**

SAS VARIABLE: NPI

TYPE: CHAR LENGTH: 12 BEG: 97 END: 108

DESCRIPTION:

NATIONAL PROVIDER IDENTIFIER OF THE INSTITUTION BILLING/CARING FOR THE BENEFICIARY.

SOURCE: MSIS CLAIMS FILE: 'NATIONAL-PROVIDER-ID'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 26.

ELEMENT NAME: **PROVIDER TAXONOMY**

SAS VARIABLE: TAXONOMY

TYPE: CHAR LENGTH: 12 BEG: 109 END: 120

DESCRIPTION:

A NATIONAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)-COMPLIANT CODE THAT DESCRIBES THE PROVIDER SPECIALTY OR INSTITUTION TYPE OF THE INSTITUTION BILLING/CARING FOR THE BENEFICIARY.

SOURCE: MSIS CLAIMS FILE: 'PROVIDER-TAXONOMY'.

NOTE: IN MAX 2005, THIS VARIABLE WAS ADDED TO THE FILE.

NOTE: IN MAX 2005-2008, THIS VARIABLE WAS 9-FILLED.

NOTE: IN MAX 2009, THIS VARIABLE WAS NO LONGER 9-FILLED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **CLAIMS AND PAYMENT GROUP**

SAS VARIABLE: NONE

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

DESCRIPTION:

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 27.

ELEMENT NAME: **TYPE OF CLAIM CODE**

SAS VARIABLE: TYPE_CLM_CD

TYPE: CHAR LENGTH: 1 BEG: 121 END: 121

DESCRIPTION:

CODE INDICATING THE TYPE OF CLAIM.

CODES:
1 = A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.
2 = CAPITATED PAYMENT.
3 = ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.
4 = A 'SERVICE TRACKING CLAIM' THAT DOCUMENTS SERVICES RECEIVED BY AN INDIVIDUAL PATIENT, WHEN THE STATE ACCEPTS A LUMP SUM BILL FROM A PROVIDER THAT COVERED SIMILAR SERVICES DELIVERED TO MORE THAN ONE PATIENT, SUCH AS GROUP SCREENING FOR EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT).
5 = SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FEDERALLY QUALIFIED HEALTH CENTER (FQHC) ADDITIONAL REIMBURSEMENT).
9 = UNKNOWN.
A = S-CHIP CLAIM: A CURRENT FEE-FOR-SERVICE CLAIM FOR MEDICAL SERVICES.
B = S-CHIP CLAIM: CAPITATED PAYMENT.
C = S-CHIP CLAIM: ENCOUNTER (A.K.A. "DUMMY") RECORD THAT SIMULATES A BILL FOR A SERVICE RENDERED TO A PATIENT COVERED UNDER SOME FORM OF CAPITATION PLAN.
D = S-CHIP CLAIM: 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.
E = S-CHIP CLAIM: SUPPLEMENTAL PAYMENT (ABOVE CAPITATION FEE OR ABOVE NEGOTIATED RATE) (E.G. FQHC ADDITIONAL REIMBURSEMENT).

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 28.

ELEMENT NAME: **ADJUSTMENT CODE**

SAS VARIABLE: ADJUST_CD

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

DESCRIPTION:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 29.

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

SAS VARIABLE: PHP_TYPE

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

DESCRIPTION:

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

CODES:
00 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID THIS MONTH.
01 = ELIGIBLE IS ENROLLED IN A MEDICAL OR COMPREHENSIVE MANAGED CARE PLAN THIS MONTH (E.G. HMO).
02 = ELIGIBLE IS ENROLLED IN A DENTAL MANAGED CARE PLAN THIS MONTH.
03 = ELIGIBLE IS ENROLLED IN A BEHAVIORAL MANAGED CARE PLAN THIS MONTH.
04 = ELIGIBLE IS ENROLLED IN A PRENATAL/DELIVERY MANAGED CARE PLAN THIS MONTH.
05 = ELIGIBLE IS ENROLLED IN A LONG-TERM CARE MANAGED CARE PLAN THIS MONTH.
06 = ELIGIBLE IS ENROLLED IN A PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THIS MONTH.
07 = ELIGIBLE IS ENROLLED IN A PRIMARY CARE CASE MANAGEMENT MANAGED CARE PLAN THIS MONTH.
08 = ELIGIBLE IS ENROLLED IN AN OTHER MANAGED CARE PLAN THIS MONTH.
77 = THIS RECORD IS AN ENCOUNTER RECORD, BUT THERE WAS NO MATCH BETWEEN THE 'MANAGED CARE PLAN IDENTIFICATION NUMBER' AND THE PLAN IDENTIFIERS IN THE ELIGIBILITY RECORD FOR THIS PERSON.

88 = NOT APPLICABLE, THIS RECORD IS NOT AN ENCOUNTER RECORD OR THIS RECORD'S PLAN ID IS 8-FILLED.
99 = ELIGIBLE'S MANAGED CARE PLAN STATUS IS UNKNOWN.

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

IN MAX 2010, VALUE 66 WAS DELETED.

IN MAX 2010, WE REVISED THE ALGORITHM TO LOOK FOR THE CLAIM'S PLAN ID IN ALL FOUR PLANS IN ALL 12 MONTHS OF ELIGIBILITY RATHER THAN LOOK ONLY IN THE SERVICE END MONTH.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 30.

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

SAS VARIABLE: PHP_ID

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

DESCRIPTION:

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

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 31.

ELEMENT NAME: **MEDICAID PAYMENT AMOUNT**

SAS VARIABLE: MDCD_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 137 END: 144

DESCRIPTION:

TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THIS SERVICE.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

USER NOTES: THIS PAYMENT AMOUNT IS = $0 FOR ENCOUNTER RECORDS. IN MSIS, STATES ARE INSTRUCTED TO SET 'MEDICAID-AMOUNT-PAID' = $0 FOR RECORDS WITH 'TYPE-OF-CLAIM-CODE' = 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 CODE' = 20 (CAPITATED PAYMENTS TO HMO, HIO, OR PACE PLANS), TOS = 21 (CAPITATED PAYMENTS TO PREPAID HEALTH PLANS - PHPs), TOS = 22 (CAPITATED PAYMENT FOR PRIMARY CARE CASE MANAGEMENT - PCCMs), OR TOS = 23 (CAPITATED PAYMENTS TO PRIVATE HEALTH INSURANCE - PHI).

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.

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.

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'.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE: 'MEDICAID-AMOUNT-PAID'.

NOTE: IN MAX 2008, A TYPOGRAPHICAL ERROR WAS CORRECTED -- TYPE OF SERVICE = 20 NOW INCLUDES PACE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 32.

ELEMENT NAME: **THIRD PARTY PAYMENT AMOUNT**

SAS VARIABLE: TP_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 145 END: 152

DESCRIPTION:

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.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

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.

SOURCE: MSIS CLAIMS FILE: 'OTHER-THIRD-PARTY-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 33.

ELEMENT NAME: **PAYMENT DATE**

SAS VARIABLE: PYMT_DT

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

DESCRIPTION:

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

EDIT-RULES: YYYYMMDD

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 34.

ELEMENT NAME: **CHARGE AMOUNT**

SAS VARIABLE: CHRG_AMT

TYPE: NUM* LENGTH: 8 BEG: 161 END: 168

DESCRIPTION:

TOTAL AMOUNT OF CHARGES SUBMITTED BY THE PROVIDER FOR THIS SERVICE.

(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 CODE' = 3 (ENCOUNTERS), THE MSIS VALUE OF 'AMOUNT-CHARGED' HAS BEEN MOVED TO '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 CODE' = 3 (ENCOUNTER) AND VALUE >= $0 FOR OTHER TYPE OF CLAIM VALUES, INCLUDING VALUE = 1 (FEE-FOR-SERVICE).

NOTE: DURING MAX 1999-2011, THE CHARGE AMOUNT ON ENCOUNTER RECORDS WAS NOT MOVED TO THE PREPAID PLAN SERVICE VALUE AND THE CHARGE AMOUNT WAS NOT RECODED TO ZERO.

SOURCE: RECODED AS NOTED ABOVE USING THE MSIS CLAIMS FILE: 'AMOUNT-CHARGED'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 35.

ELEMENT NAME: **PREPAID PLAN SERVICE VALUE**

SAS VARIABLE: PHP_VAL

TYPE: NUM* LENGTH: 8 BEG: 169 END: 176

DESCRIPTION:

DOLLAR VALUE PLACED ON THE SERVICE BY THE PROVIDER.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

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 #35 (PREPAID PLAN SERVICE VALUE) AND MAX CHARGE AMOUNT HAS BEEN RESET TO VALUE = $0. SEE 'MEDICAID PAYMENT AMOUNT' AND 'CHARGE AMOUNT' FOR ADDITIONAL INFORMATION. AS A RESULT, MAX 'PREPAID PLAN SERVICE VALUE' WILL HAVE VALUE >= $0 FOR ALL RECORDS WITH 'TYPE OF CLAIM CODE' = 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.

NOTE: DURING MAX 1999-2011, WHEN THE MEDICAID PAYMENT AMOUNT (NOT THE CHARGE AMOUNT) ON ENCOUNTER RECORDS WAS GREATER THAN ZERO, THE MEDICAID PAYMENT AMOUNT WAS MOVED TO THE PREPAID PLAN SERVICE VALUE AND THE MEDICAID PAYMENT AMOUNT WAS RECODED TO ZERO.

SOURCE: RECODED AS NOTED ABOVE USING MSIS CLAIMS FILE.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 36.

ELEMENT NAME: **MEDICARE COINSURANCE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_COINSUR_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 177 END: 184

DESCRIPTION:

THE AMOUNT PAID BY MEDICAID FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE COINSURANCE LIABILITY.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-COINSURANCE-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 37.

ELEMENT NAME: **MEDICARE DEDUCTIBLE PAYMENT AMOUNT**

SAS VARIABLE: MDCR_DED_PYMT_AMT

TYPE: NUM* LENGTH: 8 BEG: 185 END: 192

DESCRIPTION:

THE AMOUNT PAID BY MEDICAID FOR THIS SERVICE, TOWARD THE RECIPIENT'S MEDICARE DEDUCTIBLE LIABILITY.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD8)

USER NOTE: THIS DATA ELEMENT IS NOT APPLICABLE FOR THE FOLLOWING MAX TYPES OF SERVICE: TOS = 5 (INTERMEDIATE CARE FACILITY - ICF - FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES) OR TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER). THEREFORE, THIS DATA ELEMENT WILL BE 0-FILLED FOR THESE TYPES OF SERVICE.

SOURCE: MSIS CLAIMS FILE: 'MEDICARE-DEDUCTIBLE-PAYMENT'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: **

ELEMENT NAME: **INSTITUTIONAL LONG-TERM CARE GROUP**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 89 BEG: 193 END: 281

DESCRIPTION:

FIELDS CONTAINING INFORMATION ABOUT THE INSTITUTIONAL LONG-TERM CARE, INCLUDING THE DATES OF SERVICE, DIAGNOSIS CODES, MEDICAID-COVERED DAYS, PATIENT STATUS, AND PATIENT LIABILITY AMOUNT.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 38.

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

SAS VARIABLE: ADMSN_DT

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

DESCRIPTION:

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

EDIT-RULES: YYYYMMDD

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

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 39.

ELEMENT NAME: **SERVICE BEGINNING DATE**

SAS VARIABLE: SRVC_BGN_DT

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

DESCRIPTION:

THE BEGINNING DATE OF SERVICE FOR THIS CLAIM.

EDIT-RULES: YYYYMMDD

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 40.

ELEMENT NAME: **ENDING DATE OF SERVICE**

SAS VARIABLE: SRVC_END_DT

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

DESCRIPTION:

THE LAST DATE OF SERVICE COVERED BY THIS CLAIM.

EDIT-RULES: YYYYMMDD

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: *

ELEMENT NAME: **DIAGNOSIS CODE GROUP (OCCURS 5 TIMES)**

SAS VARIABLE: NONE

TYPE: GROUP LENGTH: 40 BEG: 217 END: 256

DESCRIPTION:

DIAGNOSES FOR THIS RECORD. THERE ARE FIVE OCCURRENCES OF DIAGNOSIS CODE AND DIAGNOSIS CODE FLAG. THE EXAMPLE IS FOR THE FIRST DIAGNOSIS CODE.

FIRST DIAGNOSIS CODE (POSITIONS 217 TO 223)
FIRST DIAGNOSIS CODE FLAG (POSITIONS 224 TO 224)
SECOND DIAGNOSIS CODE (POSITIONS 225 TO 231)
SECOND DIAGNOSIS CODE FLAG (POSITIONS 232 TO 232)
THIRD DIAGNOSIS CODE (POSITIONS 233 TO 239)
THIRD DIAGNOSIS CODE FLAG (POSITIONS 240 TO 240)
FOURTH DIAGNOSIS CODE (POSITIONS 241 TO 247)
FOURTH DIAGNOSIS CODE FLAG (POSITIONS 248 TO 248)
FIFTH DIAGNOSIS CODE (POSITIONS 249 TO 255)
FIFTH DIAGNOSIS CODE FLAG (POSITIONS 256 TO 256)

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 41.

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

SAS VARIABLE: DIAG_CD_1

TYPE: CHAR LENGTH: 7 BEG: 217 END: 223

DESCRIPTION:

FIRST DIAGNOSIS CODE FOR THIS RECORD.

EDIT-RULES: LEFT JUSTIFIED, NO DECIMAL POINT

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

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

NOTE: IN MAX 2005, THE LENGTH OF THIS VARIABLE WAS CHANGED FROM 6 TO 8.

NOTE: IN MAX 2012, THE LENGTH OF THIS DATA ELEMENT CHANGED FROM 8 TO 7.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 42.

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

SAS VARIABLE: DIAG_CD_FLG_1

TYPE: CHAR LENGTH: 1 BEG: 224 END: 224

DESCRIPTION:

FIRST DIAGNOSIS CODE FLAG FOR THIS RECORD.

CODES:
0 = ICD-10
9 = ICD-9
BLANK = MISSING

SOURCE: MSIS CLAIMS FILE: 'DIAGNOSIS-CODE-FLAG-1'.

NOTE: SOME STATES BEGAN REPORTING THIS DATA ELEMENT IN 2013. BY OCTOBER 2014, ALL STATES ARE SUPPOSED TO REPORT IT.

NOTE: IN MAX 2012, THIS DATA ELEMENT WAS ADDED.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 43.

ELEMENT NAME: **MENTAL HOSPITAL FOR THE AGED DAY COUNT**

SAS VARIABLE: MDCD_CVRD_MENTL_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 257 END: 259

DESCRIPTION:

TOTAL NUMBER OF DAYS OF MENTAL HOSPITAL SERVICES FOR THE AGED THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0.

USER NOTE: FOR TOS = 2 (MENTAL HOSPITAL SERVICES FOR THE AGED), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 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 < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 2), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'MEDICAID-COVERED-INPATIENT-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 44.

ELEMENT NAME: **INPATIENT PSYCHIATRIC FACILITY (AGE < 21) DAY COUNT**

SAS VARIABLE: MDCD_CVRD_PSYCH_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 260 END: 262

DESCRIPTION:

TOTAL NUMBER OF DAYS OF INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0.

USER NOTE: FOR TOS = 4 (INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER THE AGE OF 21), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 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 < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 4), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'MEDICAID-COVERED-INPATIENT-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 45.

ELEMENT NAME: **INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES DAY COUNT**

SAS VARIABLE: INTRMDT_FAC_MR_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 263 END: 265

DESCRIPTION:

TOTAL NUMBER OF DAYS OF INTERMEDIATE CARE FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998. IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0. IF MEDICARE CROSSOVER CLAIM, RECODE VALUE TO 0.

USER NOTE: THIS DATA ELEMENT WAS PREVIOUSLY KNOWN AS 'INTERMEDIATE CARE DAY COUNT'. FOR TOS = 5 (INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES - ICF-IID), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 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 < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'ICF-MR-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 46.

ELEMENT NAME: **NURSING FACILITY DAY COUNT**

SAS VARIABLE: NRSNG_FAC_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 266 END: 268

DESCRIPTION:

TOTAL NUMBER OF DAYS OF NURSING FACILITY CARE INCLUDED IN THIS RECORD THAT WAS PAID FOR IN WHOLE OR IN PART BY MEDICAID.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998. IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0. IF MEDICARE CROSSOVER CLAIM, RECODE VALUE TO 0.

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 >= 0. FOR A SMALL NUMBER OF CLAIMS, VALUE MAY BE < 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 < 0, WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 7), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'NURSING-FACILITY-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 47.

ELEMENT NAME: **LONG-TERM CARE LEAVE DAY COUNT**

SAS VARIABLE: LT_CARE_LVE_DAY_CNT

TYPE: NUM* LENGTH: 3 BEG: 269 END: 271

DESCRIPTION:

TOTAL NUMBER OF DAYS, DURING THE PERIOD COVERED BY MEDICAID, ON WHICH THE ELIGIBLE DID NOT RESIDE IN THE LONG-TERM CARE FACILITY.

(DISPLAY SIGNED NUMERIC) (SAS USERS: ZONED DECIMAL - ZD3)

EDIT-RULES: MAX VALUE IS EDITED TO VALUE <= 998, IF MSIS VALUE = 99999 OR 88888, MSIS VALUE IS RESET TO VALUE = 0.

USER NOTE: FOR TOS = 5 (INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABLITIES - ICF-IID) AND TOS = 7 (NURSING FACILITY SERVICES - NFS - ALL OTHER), VALUE IS USUALLY >= 0. FOR A SMALL NUMBER OF CLAIMS VALUE MAY BE < 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 < 0. WHICH CAN PRODUCE A FINAL RESULT AFTER ADJUSTMENT WITH VALUE < 0. FOR OTHER TYPES OF SERVICE (TOS NOT = 5 OR 7), VALUE = 0.

SOURCE: MSIS CLAIMS FILE: 'LEAVE-DAYS'.

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 48.

ELEMENT NAME: **PATIENT STATUS CODE**

SAS VARIABLE: PATIENT_STATUS_CD

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

DESCRIPTION:

CODE INDICATING THE RECIPIENT'S DISCHARGE STATUS.

CODES:
01 = DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)
02 = DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL
03 = DISCHARGED/TRANSFERRED TO NF
04 = DISCHARGED/TRANSFERRED TO ICF
05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION
06 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORGANIZATION
07 = LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
08 = DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV DRUG THERAPY PROVIDER
09 = ADMITTED AS AN INPATIENT TO THIS HOSPITAL
20 = EXPIRED
30 = STILL A PATIENT OR DISCHARGED AND EXPECTED TO RETURN FOR OUTPATIENT SERVICE
40 = EXPIRED AT HOME (HOSPICE CLAIMS ONLY)
41 = EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE-STANDING HOSPICE (HOSPICE CLAIMS ONLY)
42 = EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)
43 = DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL
50 = HOSPICE - HOME
51 = HOSPICE - MEDICAL FACILITY
61 = DISCHARGED TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED
62 = DISCHARGED/TRANSFERRED TO ANOTHER REHAB FACILITY/REHAB UNIT OF A HOSPITAL
63 = DISCHARGED/TRANSFERRED TO A LONG-TERM CARE HOSPITAL
65 = DISCHARGED/TRANSFERRED TO A PSYCH HOSPITAL/PSYCH UNIT OF A HOSPITAL
66 = DISCHARGED TO CRITICAL ACCESS HOSPITAL
71 = DISCHARGED/TRANSFERRED TO ANOTHER INSTITUTION FOR OUTPATIENT SERVICES
72 = DISCHARGED/TRANSFERRED TO THIS INSTITUTION FOR OUTPATIENT SERVICES
99 = UNKNOWN

NOTE: IN MAX 2009, VALUES 43, 61, 62, 63, 65, 66, 71 AND 72 WERE ADDED TO THE FILE.

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

MEDICAID ANALYTIC EXTRACT DATA ELEMENT DICTIONARY (2014)
LONG-TERM CARE (LT) RECORD

ELEMENT NUMBER: 49.

ELEMENT NAME: **PATIENT LIABILITY AMOUNT**

SAS VARIABLE: PATIENT_LIB_AMT

TYPE: NUM* LENGTH: 8 BEG: 274 END: 281

DESCRIPTION:

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.
8 DIGITS (DISPLAY SIGNED NUMERIC) (SAS USERS:ZONED DECIMAL - ZD8)

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

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