

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Frederick W. Puddester
Chairman

Kevin J. Sexton
Vice Chairman

Joseph R. Antos, Ph.D.

George H. Bone, M.D.

C. James Lowthers

Herbert S. Wong, Ph.D.



Robert Murray
Executive Director

Stephen Ports
Principal Deputy Director
Policy & Operations

Gerard J. Schmith
Deputy Director
Hospital Rate Setting

HEALTH SERVICES COST REVIEW COMMISSION

4160 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215

Phone: 410-764-2605 · Fax: 410-358-6217

Toll Free: 1-888-287-3229

www.hsrcr.state.md.us

MEMORANDUM

TO: Chief Financial Officers

FROM: Oscar Ibarra, Chief, Program Administration and Information Management

DATE: March 9, 2011

RE: Final Refinements to Inpatient and Outpatient Datasets

The purpose of this action is the **addition of the Medicaid ID Number to the Outpatient data and adding the Medicaid ID and Patient Account Number to the Inpatient Dataset. This also covers enlarging the Ambulance Run Number for both data sets.** These new data elements will enhance the Commission's ability to reconcile Medicaid Expansion data.

The effective date for the collection of these data elements is July 1, 2011. Therefore, these data elements will be included with the first quarter 2012 Inpatient and Outpatient Data Set submission to the Commission. **It is strongly recommended that hospitals begin to incorporate these new elements into their inpatient and outpatient data prior to the July 1 date, as Averted Bad Debt will be reconciled using these variables and the data needs to be accurate and complete.**

Specifically, the changes to Record Type 1 of the Outpatient data set and Record Type 1 and 4 of the Inpatient data set are outlined below:

For Outpatient Type 1 record:

<u>Position</u>	<u>Length</u>	<u>Data Item Description</u>
282 - 292	11	Medicaid ID Number
293 - 408	116	Filler (blank filled)
409 - 419	11	Ambulance Run Number
420 - 541	122	Filler (blank filled)

For Inpatient Type 1 record:

<u>Position</u>	<u>Length</u>	<u>Data Item Description</u>
243 - 250	8	Filler (blank filled)

For Inpatient Type 4 record:

<u>Position</u>	<u>Length</u>	<u>Data Item Description</u>
175 - 185	11	Medicaid ID Number
186 - 203	18	Patient Account Number
204 - 214	11	Ambulance Run Number
215 - 250	36	Filler (blank filled)

Other Information:

- Patient Account Number for inpatient should be left justified (as it is in Outpatient dataset) and should only contain numeric characters.
- Ambulance Run Numbers for both datasets should follow current rules as applicable. For Outpatient this field is only being enlarged. For Inpatient, this field is being moved from Record Type 1 to Record Type 4, and is also being enlarged.
- Medicaid ID Number field for both datasets will be alphanumeric (can contain letters and numbers) and left justified. The default values for Medicaid ID Number are as follows:
 - Use all 7's for N/A (for all non-Medicaid patients only)
 - Use all 9's for unknown (for Medicaid patients only)
- If either the Expected Primary Payer or Secondary Payer is Medicaid (02) or Medicaid HMO (14), an error will be produced if there is no Medicaid ID Number entered or if the number entered are all 7's, 9's or zeros.
- If both the Expected Primary Payer and also Secondary Payer are NOT Medicaid (02) or Medicaid HMO (14), an error will be produced if the Medicaid ID Number is not all 7's.

Attached to this memo is an electronic version of the regulation, including all amendments made during the past fiscal year. If you have any questions regarding this change, please contact me at 410-764-2566.