

## **MAX Data 1999-2011**

### **MAX Data for 1999–2004**

The file layouts for MAX 1999–2004 are exactly the same.

After production was completed for MAX 2004, we reprocessed the following files:

- In Tennessee’s MAX data, we determined there was a substantial shortfall of records in the IP file. It was possible to correct this shortfall by reprocessing the Tennessee IP file. It was also necessary to reprocess the PS file because some data elements in the PS file are summary statistics about inpatient hospital utilization and expenditures. The IP file was reprocessed on November 5, 2008 and the PS file was reprocessed on November 7, 2008.
- In Arizona’s MAX data, we identified a problem with the Medicaid identification numbers (MSIS ID) provided to CMS. The data for all MAX files (IP, LT, OT, RX, and PS) were reprocessed on February 26, 2009.

Users that received these files prior to the indicated dates may want to request copies of the reprocessed files.

### **MAX Data for 2005**

We were unable to process the following state with the requisite seven quarters of MSIS data:

- Maine was unable to accurately report its IP, LT, and OT claims because it did not have a fully functional MMIS. Consequently, the state’s MAX 2005 files only include the PS and RX files. Summary statistics that would normally appear in the PS file for IP, LT, and OT services were not populated.

We made the following revisions to the PS file:

- Added a variable that gauges the validity of the Social Security numbers (SSNs)
- Added the SSN obtained from the Medicare enrollment database (EDB)
- Added new race and ethnicity variables
- Added monthly dual Medicare and Medicaid enrollment
- Added monthly waiver enrollment information (waiver identification number and waiver type) for up to three waivers per month
- Added annual enrollment in Section 1915(c) waivers using a national, uniform classification

- Added expenditure variables for each of the 21 Community-Based Long-Term Care categories
- Removed the quarterly and annual dual Medicare and Medicaid enrollment flags that used an old (pre-1999) definition

We made the following revisions to the claims files:

- Added new race and ethnicity variables
- Added an indicator variable for whether the claim linked to an enrollment record and the person was enrolled in Medicaid or CHIP for at least one month
- Added National Provider Identifier (but it was set to missing for all records; the data became available beginning in 2009)
- Added Provider Taxonomy (but it was set to missing for all records; the data became available beginning in 2009)
- Increased the length of the diagnosis and procedure codes
- Removed the annual dual Medicare and Medicaid enrollment flags that used an old (pre-1999) definition

In the OT file, we also:

- Added a new Community-Based Long-Term Care Flag

In the RX file, we also:

- Removed the claims-based Medicare Crossover Flag

Please see the MAX 2005 data dictionaries for more information about these and other minor revisions.

### **MAX Data for 2006**

We were unable to process the following state with the requisite seven quarters of MSIS data:

- Maine was unable to accurately report its IP, LT, and OT claims because it did not have a fully functional MMIS. Consequently, the state's MAX 2006 files only include the PS and RX files. Summary statistics that would normally appear in the PS file for IP, LT, and OT services were not populated.

We made the following revisions to the PS file:

- Added more values to the monthly and quarterly Medicare Dual Codes
- Added more values to the monthly Restricted Benefits Flag
- Added a new value to the monthly and annual Waiver Type
- Added new values to the Recipient Indicator

We made the following revisions to the RX file:

- Removed the Medicare Coinsurance Payment Amount
- Removed the Medicare Deductible Payment Amount

Please see the MAX 2006 data dictionaries for more information about these and other minor revisions.

### **MAX Data for 2007**

We were unable to process the following state with the requisite seven quarters of MSIS data:

- Maine was unable to accurately report its IP, LT, and OT claims because it did not have a fully functional MMIS. Consequently, the state's MAX 2007 files only include the PS and RX files. Summary statistics that would normally appear in the PS file for IP, LT, and OT services were not populated.

We made the following revisions to the PS file:

- Deleted the quarterly Medicare Dual Code

We made the following revisions to the RX file:

- Removed the Hierarchical Ingredient Code List
- Removed the American Hospital Formulary System Class Code
- Replaced the Specific Therapeutic Class Code with the Hierarchical Specific Therapeutic Class Code (a new variable)
- Replaced the Smart Key with these four variables:
  - o Clinical Formulation Identification Number
  - o Ingredient List Identifier

- o Hierarchical Specific Therapeutic Class Code Sequence Number
- o Filler

Please see the MAX 2007 data dictionaries for more information about these and other minor revisions.

### **MAX Data for 2008**

We were unable to process the following states with the requisite seven quarters of MSIS data:

- Maine was unable to accurately report its IP, LT, and OT claims because it did not have a fully functional MMIS. Consequently, the state's MAX 2008 files only include the PS and RX files. Summary statistics that would normally appear in the PS file for IP, LT, and OT services were not populated.
- Massachusetts was unable to accurately report its claims because it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY 2009. Consequently, some claims representing services provided in CY 2008 will be missing and some claims may not be fully adjusted.
- Utah was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY 2009. Consequently, some claims representing services provided in CY 2008 will be missing and some claims may not be fully adjusted.
- Wisconsin was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY 2009. Consequently, some claims representing services provided in CY 2008 will be missing and some claims may not be fully adjusted.

We made the following revision to the PS file:

- Added a new value to the monthly Restricted Benefits Flag

Please see the MAX 2008 data dictionaries for more information about these and other minor revisions.

After production was completed for MAX 2008, we reprocessed the following file:

- In North Carolina's PS file, a researcher noticed two undocumented values in the monthly dual codes (EL\_MDCR\_DUAL\_MO\_x, where x = 1–12). The undocumented values were "5 " (5

space) and " " (space space). We researched the issue and determined that the correct values should be "50" and "00", respectively. The annual dual code (EL\_MDCR\_DUAL\_ANN), the validation tables, and the claims files (which use the annual dual code) are unaffected by the error. We regret the inconvenience this may have on the user community, but the good news is that you can easily fix the error yourself, by recoding "5 " (5 space) to "50" (5 zero) and recoding " " (space space) to "00" (zero zero). We fixed the error in the PS file on August 27, 2013.

Users that received the file prior to the indicated date will need to fix it themselves or request a copy of the corrected file.

### **MAX Data for 2009**

We were unable to process the following states with the requisite seven quarters of MSIS data:

- Idaho was unable to accurately report its claims following the implementation of a new MMIS. As a result, the state's MAX 2009 files only contain IP, LT, and RX claims reported to MSIS through Q2 FY 2010 and OT claims reported to MSIS through Q1 FY 2010. Consequently, some claims representing services provided in CY 2009 will be missing and some claims may not be fully adjusted.
- Maine was unable to accurately report its IP, LT, and OT claims because it did not have a fully functional MMIS. Consequently, the state's MAX 2008 files only include the PS and RX files. Summary statistics that would normally appear in the PS file for IP, LT, and OT services were not populated.

We made the following revisions to the PS file:

- Added new values to the monthly and annual Medicare Dual Codes

We made the following revisions to the claims file:

- Added new values to the annual Medicare Dual Code
- Began populating National Provider Identifier
- Began populating Provider Taxonomy

In the IP and LT file, we also:

- Added new values to Patient Status Code

In the OT file, we also:

- Added new values to Place of Service

Please see the MAX 2009 data dictionaries for more information about these and other minor revisions.

### **MAX Data for 2010 and 2011**

Errors were found in the labels for selected line items in the MAX Validation Tables for 2010 and 2011. However, the data cells were correct and consistent with prior years. The errors in these labels have been corrected in the tables now posted on the [MAX Validation Reports/Tables](#) page. The errors in previous tables for 2010 and 2011 are as follows:

- (1) The label “# of Stays with > \$1 Million Paid” appeared in Row #22 in all of the worksheets. This label, from the ‘IP All Stays’ worksheet, was copied to all of these worksheets in error. The correct labels vary across the list of worksheets.
- (2) Row # 18 in ‘LT All Claim’ tab said “% FFS Claims - Average Medicaid Paid, Adjusted Claims (Include \$0)”. It should be “FFS Claims - Average Medicaid Paid, Adjusted Claims (Include \$0)”.
- (3) Rows # 33 through #43 in ‘PS Enrolled \$’ tab was missing “Average Medicaid Paid per...” text at the start of the label. Without the appropriate label, it was unclear if these rows were counting enrollees or the Average amount paid.’

### **MAX Data for 2010**

We made the following revisions to the PS file:

- Added expenditure variables for each of the 18 HCBS taxonomy categories

We made the following revisions to the OT file:

- Added HCBS taxonomy code

Please see the MAX 2010 data dictionaries for more information about these and other minor revisions.

## **MAX Data for 2011**

We made the following revisions to the PS file:

- Expanded the PREMIUM PAYMENT GROUP (data element numbers 104-106) to include an occurrence for TOS = 23, Capitated Payments to Private Health Insurance (PHI). The group now occurs four times, for TOS 20, 21, 22 and 23.
- Added one new variable for Encounter Record Count for HCBS (Data Element 107).
- Replaced the HGT\_FLAG (Data Element 5) with FILLER because the high group test is no longer applicable (SSNs are now randomized).
- Description for RBF= W updated (Data Element 55).
- The total record length is now 3058.

We made the following revisions to the OT file:

- Added TOS value = 23 to MSIS Type of Service (Data Element 21) and MAX Type of Service (Data Element 23).

Please see the MAX 2011 data dictionaries for more information about these and other minor revisions.