

DECISION SUPPORT 2000+DRAFT PERSON DATA SET 5-9-01

DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
Person ID	Unique ID	National unique ID codes have not yet been developed/adopted. Until this is done, use social security number.	HIPAA Implementation Guide 834, Pg. 71	See NOTE 1 See NOTE 2 Enter ID number	
Gender	Male Female Unknown	Gender of enrollee	HIPAA Implementation Guide 834, Pg. 71	Select One	
Race	White Black, African Am., or Negro American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Guamanian or chamorro Samoan Other Pacific Islander Some Other Race	Race of enrollee	US Census Q.6	Mark one or more races to indicate what this person considers himself/herself to be Does not include write-ins for name of enrolled or principal tribe, other Asian, and other race	
Ethnicity	Not Spanish/Hispanic/Latino Mexican, Mexican American, Chicano Puerto Rican Cuban Other Spanish/Hispanic/Latino	Ethnicity of enrollee	US Census Q.5	Mark one Does not include write-ins for other Spanish/Hispanic/Latino	
Date of Birth	mm/dd/yyyy	Date of birth of enrollee	US Census Q.4	Enter date of birth	
Living Arrangement	Private residence without support Private residence receiving support Foster home	Individual lives in a house, apartment, trailer, hotel, dorm, barrack, Single Room Occupancy (SRO) and does not require routine or planned support to maintain his/her independence in the living situation. Individual lives in a private residence [as above] and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living and/or managesymptoms. Support services are delivered in the person's home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home. Individual resides in a Foster Home. A Foster Home is a home licensed by a County Department to provide foster care. This includes Therapeutic Foster Care Facilities.	16 State Performance Indicator study Indicator 012 Living Situation	Select One	

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	24-Hour Residential Care	Individual resides in a residential care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Crisis Residential, Residential Treatment, or Rehabilitation Center, or Residential Care/Treatment Facility.			
	Institutional Setting	Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Institute of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital.			
	Jail/Correctional Facility	Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.			
	Homeless/Shelter	A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is: A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, B) an institution that provides a temporary residence for individuals intended to be institutionalized, or C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).			
	Other				
	Unknown	Information on an individual's residence is not available.			
Employment Status	1 Employed-At Work 2 Employed-Absent 3 Unemployed-On Layoff 4 Unemployed-Looking 5 Retired - Not in Labor Force 6 Disabled - Not in Labor Force 7 Other - Not in Labor Force	Employed includes work for pay/profit, unpaid work in family business/farm, unpaid work Reasons for absence includes slack work/business conditions, waiting for a new job to begin, vacation/personal days, own illness/injury/medical problems, child care problems, other family/personal obligation, maternity/paternity leave, labor dispute, weather affected job, school/training, civic/military duty Looking for work includes contacting employer, looking at ads directly/interview, attending job training, contacting public employment agency programs/courses, contacting private employment agency, contacting friends or relatives, contacting school/university employment center, sending out resumes/filling out applications, placing or answering ads	Dept of Labor's Current Population Survey	Select one from 1-7 and one from 1a,b	
	1a Employed full time 1b Employed part time	Specifies categories 1,2. Full time is 35 or more hours per week. Specifies categories 1,2. Part time is less than 35 hours per week	Additional		
Total Income	\$XXX,XXX	Person's total income in past year from all sources	US Census Q32	Insert total annual income	

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Sources of Income	Employment	Wages, salary, commissions, bonuses, or tips from all jobs	US Census Q31	Check all that apply (Does not include write-ins)	
	Self Employment	From own nonfarm businesses or farm businesses, including proprietorships and partnerships			
	Interest and other	Interest, dividends, net rental income, royalty income, or income from estates and trusts			
	Social Security	Program which provides monthly benefits to retired and disabled workers, their dependents and survivors			
	Railroad Retirement	The Railroad Retirement System provides retirement, disability and survivor annuities to workers whose employment was connected with the railroad industry for at least 10 years			
	Social Security Disability (SSDI)	Disabled individuals are those unable to engage in any substantial gainful activity by reason of medically determined physical or mental impairment expected to result in death or that has lasted, or can be expected to last, for a continuous period of at least 12 months.			
	Supplemental Security Income (SSI)	Means-tested, federally administered, income assistance program authorized by title XVI of the Social Security Act. Provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to needy aged, blind and disabled persons.			
	Any public assistance or welfare payments	Payments from state or local welfare office			
	Retirement, survivor or disability pensions	Do not include social security			
	Other	Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, alimony, etc.			
None					
Legal Guardian or Conservatorship	Parent(s)	The custody/guardianship or conservatorship status of enrollee	FN11	Select one	
	Other relative(s)		Client eligibility		
	Non-relative(s)		Item #9		
	Independent/emancipated minor				
	State agency				
Not applicable					
Place of Residence	XXXXX-XXXX	Zipcode		Insert 9 digit zip code if possible	

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DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
Health Status	Excellent Very Good Good Fair Poor Don't know/not sure Refused	Would you say that in general your health is: excellent, very good, good, fair, poor, don't know/not sure, refused	BRFSS Q. 1		
Date	dd/mm/yyyy	Date data are entered (initial or update)	HIPAA Implementation Guide 834, Pg. 34		

NOTE 1 : This is essentially a Person rather than an Enrollment data set. It contains demographic data on the person and health status at the time the data are collected (recorded in the Date category). Using the unique Person ID, the enrollment data set can be linked to all other data sets. Enrollment data on Plan(s) by name and ID with enrollment/disenrollment dates and disenrollment reasons will be contained either in the financial data set or in another data set specifically for those data.

NOTE 2 : Separate records are created for the enrollee and all dependents.

DECISION SUPPORT 2000+ DRAFT ENCOUNTER DATA SET 5-9-01

DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
Person ID	Unique ID	National unique ID codes have not yet been developed/adopted. Until this is done, use social security number.	TBD		
Health Plan ID(s)	Unique ID(s)	The entity that is responsible for paying the claim for this encounter. Could be a commercial insurer, MBHCO, Medicaid, Medicare, county, etc. If multiple plans contribute to payment for the encounter, all are recorded. Plan enrollment data (see note to Enrollment data set) are in core financial/other data set. The client ID(s) assigned by the Plan(s) are in the additional data set.	HIPAA <i>To be determined</i>	Indicate all that apply in order of expected payment.	
Provider ID	Unique ID	Code that identifies the provider rendering the service. National codes are under development (National Provider File). Until then, use the unique ID assigned by the payor/plan or UPIN #.	HIPAA Implementation Guide 834, Pg. 142 <i>To be confirmed</i>		
Facility ID	Unique ID	Use Federal Tax No. (EIN)	HCFA		
Facility Type	Agencies Ambulatory Health Care Facilities Hospital Units Hospitals Laboratories Managed Care Organizations Nursing and Custodial Care Facilities Residential Treatment Facilities Suppliers Transportation Services	Health Care Provider Taxonomy Codes <i>NOTE</i> : These Facility Type Codes will link to the DS2000+ Organizational Data Set because the DS2000+ organizational codes will be mapped onto the HIPAA Health Care Provider Taxonomy Codes so that a precise correspondence is achieved.	HIPAA Implementation Guide 837, Pg. 159 <i>To be confirmed</i> For Health Care Provider Taxonomy Codes see www.wpc-edi.com/taxonomy/Codes.html	Select One	
Provider Type	Counselors by subtype Marriage & Family Therapist Neuropsychologist Psychoanalyst by subtype Psychologist by subtype Social worker by subtype Nursing service related providers by subtype Physician assistants and advanced practice nursing providers by type/subtype Physician/osteopath by subtype Pharmacy service providers Specialist/technologist Other service providers by subtype	Health Care Provider Taxonomy Codes The Health Care Provider Taxonomy is structured to give information on the type of provider specialty and training and education requirements. This taxonomy needs to be further developed to include a wider range of providers in behavioral health such as peer counselors, mental health paraprofessionals, case managers, activity therapists, rehabilitation and vocational counselors, social workers, patients' rights advocates, etc. <i>NOTE</i> : These Provider Specialty Codes will link to the DS2000+ Human Resources Data Set because the DS2000+ human resource codes will be mapped onto the HIPAA Health Care Provider Taxonomy Codes so that a precise correspondence is achieved.	HIPAA TBD For Health Care Provider Taxonomy Codes see www.wpc-edi.com/taxonomy/Codes.html	Select One	
Date of service	mm/dd/yyyy	Date service is delivered to recipient.			

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DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
Duration of services	number of minutes	Duration of the encounter in minutes			
Admission Date/Time	mm/dd/yyyy	Admission date and time for inpatient or residential services.	N/A		
Discharge Date/Time	mm/dd/yyyy	Discharge date and time for inpatient or residential services.	N/A		
Type of Service/ Procedure	CPT-4, HCPCS and ICD-9-CM Volume 3 Procedure codes	CPT-4 and HCPCS codes for physician services and other health care services. ICD-9-CM Volume 3 Procedures for reporting of inpatient procedures by hospitals. HCPCS codes for other substances, equipment, supplies, and other items used in health care services. <i>NOTE:</i> Behavioral health procedure codes are currently under development by NRI and will replace the current CPT-4 and HCPCS codes for Mental Health if adopted by HCFA.	HIPAA Implementation Guide 270, Pg. 90-5	Select One	
Service Location	0-10 11 12 13-20 21 22 23 24 25 26 27-30 31 32 33 34 35-40 41 42 43-49 50 51 52 53 54 55 56 57-59	Unassigned Office Home Unassigned Inpatient Hospital Outpatient Hospital Emergency Room - Hospital Ambulatory Surgical Center Birthing Center Military Treatment Facility Unassigned Skilled Nursing Facility Nursing Facility Custodial Care Facility Hospice Unassigned Ambulance - Land Ambulance - Air or Water Unassigned Federally Qualified Health Center Inpatient Psychiatric Facility Psychiatric Facility Partial Hospitalization Community Mental Health Center Intermediate Care Facility/Mentally Retarded Residential Substance Abuse Treatment Facility Psychiatric Residential Treatment Center Unassigned	HCFA 1500 Field 24B	Select One	

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DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
	60 61 62 63-64 65 66-70 71 72 73-79 80 81 82-98	Massachusetts Immunization Center Comprehensive Inpatient Rehabilitation Facility Comprehensive Outpatient Rehabilitation Facility Unassigned End - Stage Renal Disease Treatment Facility Unassigned State or Local Public Health Clinic Rural Health Clinic Unassigned School Independent Laboratory Unassigned			
Principal Diagnosis	ICD-9-CM diagnosis code	The principal diagnosis for the services rendered coded according to ICD-9-CM volumes 1 and 2. I <i>NOTE:</i> Codes and terms in DSM-IV are fully compatible with ICD-9-CM and ICD-10-CM	HIPAA Implementation Guide 834, Pg. 125	Record One. Include the fourth and fifth digits if applicable.	
Other Diagnosis	ICD-9-CM diagnosis code	The other diagnosis codes describe any other conditions that exist for the services rendered coded according to ICD-9-CM volumes 1 and 2. Include medical diagnoses. <i>NOTE:</i> Codes and terms in DSM-IV are fully compatible with ICD-9-CM and ICD-10-CM	HIPAA Implementation Guide 834, Pg. 125	Record up to four diagnosis include fourth and fifth digits if applicable.	
Legal Status	Voluntary Involuntary civil Involuntary criminal	Legal status at time of service.	FN 11	Select One	
Medication	Name or National Drug Code(s) Dose/frequency	Medications taken at time of visit. Use National Drug Codes (NDC) for drugs and biologics. Include medications for medical conditions.	HIPAA Implementation Guide 837, Pg. 451	Report all, including over-the-counter drugs	
Functional Status	GAF score (0-100)	Global Assessment of Functioning (GAF) Scale score			
Expected Source(s) of Payment	Medicaid Medicare CHAMPUS Veterans Administration Indian Health /Rural Health Service CMHS Block Grant Commercial insurance Employer Worker's compensation State/local government funds Self pay	The entity funding the health care coverage or benefit for this claim/encounter. If multiple entities fund the coverage or benefit for this encounter, record all. Health Plan ID (above) is applicable to some entities, but not others.	HIPAA TBD	Check all that apply.	

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DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
	None Other				
Claim ID	Unique #	Number assigned by health plan paying for the claim	Local code	Insert Number	
Total Charge	\$XX,XXX.XX	The total charge for this claim/encounter.	HIPAA TBD		
Recipient Paid	\$XX,XXX.XX	The amount paid by the consumer for the service including copays.	HIPAA TBD		
Reimburs Type	Fee for service Case rate PMPM Per diem Other	The method of reimbursement.	HIPAA TBD		
Reimburs Amount	\$XX,XXX.XX	The amount of reimbursement the provider receives from the plan.	HIPAA TBD		