

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Using Real-time Prescription and Insurance Claims Data to Support
the HIV Care Continuum

Attachment 3

Virginia Medicaid data abstraction

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Virginia Medicaid data abstraction

1. MSIS Identification Number
2. Indicator for AIMS Enrollee
3. Indicator for Provider Intervention
4. Indicator for Patient Intervention
5. Year Date
6. FFS Indicator
7. Medicaid Managed Care Organization (MCO)
8. MCO Program Name
9. Recipient First Name*
10. Recipient Last Name*
11. Recipient Social Security Number*
12. Recipient Street Address*
13. Recipient Residence Zip Code*
14. Recipient Residence County Code*
15. Recipient Birth Date*, ** (only month and year will be sent to CDC)
16. Recipient Sex Code*, **
17. Recipient Race*, **
18. Recipient Ethnicity*, **
19. Recipient Date of Death*, ** (only month and year will be sent to CDC)
20. Recipient Date(s) of Enrollment **
21. Recipient Date(s) of Disenrollment **
22. Recipient Eligibility Code - Most Recent **
23. Recipient Months of Eligibility - Annual **
24. Recipient Third-Party Insurance Months Count - Annual **
25. Recipient Third-Party Insurance Name **
26. Recipient Third-Party Insurance Type **
27. Recipient Third-Party Insurance Begin Date **
28. Recipient Third-Party Insurance End Date **
29. Medicare Dual Code - Annual **
30. Medicare Beneficiary Months Count - Annual **
31. Eligible Dual Eligibility **
32. Eligible CMCP Months Count **
33. Type of Claim Code **
34. Procedure (Service) Code **
35. Procedure (Service) Coding System Code **
36. Procedure (Service) Begin Date **
37. Procedure (Service) End Date **
38. Type of Service Code **
39. Primary Diagnosis Code **
40. Secondary Diagnosis Code **
41. Other Diagnosis Codes **
42. Place of Service Code **
43. Prescription Prescribed Date **

44. National Drug Code **
45. New or Refill Indicator **
46. Mail-Order Indicator **
47. Prescription Fill Date **
48. Quantity of Service **
49. Days Supply **
50. Prescribing Provider National Provider Identifier (NPI)
51. Prescribing Provider Specialty Code **
52. Prescribing Provider Address
53. Prescribing Provider Zip Code
54. Prescribing Provider County
55. Prescribing Provider Telephone Number
56. Prescribing Provider Specialty Code
57. Medicaid Member Count per Prescribing Provider
58. Medicaid Member with HIV Count per Prescribing Provider
59. Medicaid Member Claim Count per Prescribing Provider
60. Health Care Facility Name - Prescribing Provider
61. Health Care Facility Address - Prescribing Provider
62. Health Care Facility Zip Code - Prescribing Provider
63. Health Care Facility County - Prescribing Provider
64. Health Care Facility Telephone Number - Prescribing Provider
65. Servicing Provider National Provider Identifier (NPI)
66. Servicing Provider Specialty Code
67. Servicing Provider Address
68. Servicing Provider Zip Code
69. Servicing Provider County
70. Servicing Provider Telephone Number
71. Servicing Provider Specialty Code **
72. Medicaid Member Count per Servicing Provider
73. Medicaid Member with HIV Count per Servicing Provider
74. Medicaid Member Claim Count per Servicing Provider
75. Health Care Facility Name - Servicing Provider
76. Health Care Facility Address - Servicing Provider
77. Health Care Facility Zip Code - Servicing Provider
78. Health Care Facility County - Servicing Provider
79. Health Care Facility Telephone Number - Servicing Provider
80. Inpatient Admission Begin Date **
81. Inpatient Admission End Date **
82. Discharge Status Code **
83. Diagnosis Related Group (DRG) Code **
84. Viral load lab test results **

* indicates data variables that we be used to match individuals within the Medicaid database and Virginia Care Marker databases

** indicates data variables that will be sent to CDC