Download Number HC022865

Download Name	Hospital Allocation Methodology Report Download to MH Authorities

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Purpose	Provides detailed year to date data that can be manipulated electronically by the local center to match local data and allows analysis to understand hospital charges and manage funds.

Distribution	MHAs through VPS

XPTR Reference	Not Applicable

Frequency	Bi-monthly – matches Report Number HC022855

Notes	You must have programming support to use this download.

Fields   The table lists the fields, values/formats, and field lengths.

Field	Value/Format	Length
LOCAL MH AUTHORITY	Three-digit MH Authority component code.	3
MH FACILITY CODE	Three-digit state mental health facility code, contracted private hospital code (630, 633, 646, 648 and 649) or community psychiatric hospital code (100, 150, 280 and 470)	3
MHA CASE NUMBER	10-digit local case number (with leading zeros) for the consumer at the Mental Health Authority.	10
STATEWIDE CARE ID	CARE ID.	10
ADMISSION DATE	Date of admission (YYYYMMDD).	8
DISCHARGE DATE	Date of discharge (YYYYMMDD). If not discharged, **99991231**.	8
ASSIGNMENT EFFECTIVE DATE	Campus assignment effective date (YYYYMMDD).	8
ASSIGNMENT END DATE	Campus assignment end date (YYYYMMDD). If assignment is still open on report end date, **99991231**.	8
LOCATION CODE	Campus ward/dorm location code.	4
ASSIGNMENT CODE	Assign Code (**ADM** for admission; **RR** for residential assignment; **RET** for return from an absence; **AHN** for Absent-Community Hospitalization Without Insurance).	3
ASSIGNMENT STATUS	Must be "RES" *or* "ABSENT".	6

Fields, continued

Field	Value/Format	Length
COUNTY OF RESIDENCE	Three-digit Texas county code.	3
COUNTY BEGIN DATE	County Res begin date within the assignment (YYYYMMDD).	8
COUNTY END DATE	County Res end date within the assignment (YYYYMMDD). If no end date, **99991231**.	8
BEDDAY EXCEPTION REASON CODE*	Two-digit MH Bedday Exception Code. (Blank if no Bedday Exception.)	2
HOS BEDDAY RATE INDEX (NOT USED FY13)	**A/Blank** - Adult Acute **S** - Adult Subacute **C** - Child/Adolescent **R** – Residential Rehabilitation	1
RATE BEGIN DATE	Begin date the rate will apply (YYYYMMDD).	8
RATE END DATE	Date the rate stopped applying (YYYYMMDD); will not apply on the end date.	8
# BEDDAY(S) OR LOS	Number of day(s) the rate in HOS BEDDAY RATE INDEX applies (from Rate Begin Date to Rate End Date). End Date is not counted.	3
DRE INDICATOR	Value = **1** indicates the admission for the assignment is a reassignment from Program 1 on the discharge date or the date after.	1
BEDDAY EXCEPTION INDICATOR	Value = **1** indicates for the hospital stay (from ADM date to discharge date, or to reporting period end date) that at least 1 bedday exception exists.	1
ADM FUNDING SOURCE* (NOT USED FY13)	Value = **G/E**, indicates an admission. **G** = 1 count to #adm w/admission charge; **E** = 1 count to #adm w/o admission charge. **Blank** – indicates the record is not counted to the # ADM count. For an admission, if bedday exception reason code = blank, 9, 10, 11 ,12, 15, then ADM funding source = **G**; if bedday exception reason code = 04, 05, 13, 16, 17, then ADM funding source = **E**. <u>Note</u>: To be counted as an admission, the following conditions must be met: 1. Assignment Code = ADM 2. Rate Eff Date = Assignment Effective Date 3. The assignment is not a reassignment from the previous MH facility (DRE Indicator = blank).	1

*NorthSTAR exceptions: The NorthSTAR trust fund is billed for all patients with Medicaid THSTEPS who are from the NorthSTAR region. This only applies to NorthSTAR patients.

Terrell State Hospital cannot bill for patients from the NorthSTAR region for Independent Child. This means that the NorthSTAR trust fund is billed. However, all other SMHF can bill Medicaid for Independent Child for patients from NorthSTAR. This means that NorthSTAR's trust fund is not billed.

Fields, continued

Field	Value/Format	Length
REPORT BEGIN DATE	Report period Begin Date (YYYYMMDD).	8
REPORT END DATE	Report period End Date (YYYYMMDD).	8
DATE OF DOWNLOAD	Date the download ran (YYYYMMDD).	8
HOSPITAL SERVICE DISTRICT	Three-digit state hospital code indicating the specific state mental health facility's service district determined by the client's county of residence.	3
LAST NAME	Person's last name.	16
FIRST NAME	Person's first name.	11
LAST COMMIT TYPE	Type of commitment for current or discharge commitment.	2