

# **State Medicaid Research Files (SMRF) - 1996-98** **Inpatient Hospital Record (IP)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<b><i>SMRF Inpatient Hospital Record (IP)</i></b>	<b><i>219</i></b>		<b><i>1-219</i></b>
***	<b><i>Eligibility Region</i></b>	<b><i>81</i></b>		<b><i>1-81</i></b>
**	<b><i>Medicaid Eligibility Group</i></b>	<b><i>77</i></b>		<b><i>1-77</i></b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Temporary identification number	20	Char	23-42
4	Social Security Number (SSN)	9	Char	43-51
5	Birth date	8	Num	52-59
6	Sex	1	Num	60-60
7	Race/ethnicity	1	Num	61-61
8	State specific eligibility group - most recent	6	Char	62-67
9	State specific eligibility gp - month of service	6	Char	68-73
10	SMRF eligibility group - most recent	2	Num	74-75
11	SMRF eligibility group - month of service	2	Char	76-77
**	<b><i>Crossover (Medicare) Eligibility Group</i></b>	<b><i>4</i></b>		<b><i>78-81</i></b>
12	Crossover code (from claims & eligibility)	1	Num	78-78
13	Crossover code (from claims only)	1	Num	79-79
14	Crossover code (new in FFY 1999)	2	Num	80-81
***	<b><i>Utilization and Payment Summary Region</i></b>	<b><i>138</i></b>		<b><i>82-219</i></b>
**	<b><i>Service Group</i></b>	<b><i>17</i></b>		<b><i>82-98</i></b>
15	MSIS Type of Service (TOS)	2	Num	82-83
16	SMRF Type of Service (TOS)	2	Num	84-85
17	Place of service	1	Num	86-86
18	Provider identification nNumber	12	Char	87-98
**	<b><i>Claims and Payment Group</i></b>	<b><i>42</i></b>		<b><i>99-140</i></b>
19	Type of claim	1	Num	99-99
20	Type of coverage	1	Num	100-100
21	Medicaid payment amount	8	Num	101-108
22	Third party payment amount	8	Num	109-116
23	Payment/adjudication date	8	Num	117-124
24	Charge amount	8	Num	125-132
25	Prepaid plan value	8	Num	133-140
**	<b><i>Inpatient Hospital Group</i></b>	<b><i>79</i></b>		<b><i>141-219</i></b>
26	Admission date	8	Num	141-148
27	Beginning date of service	8	Num	149-156
28	Ending date of service	8	Num	157-164
29	Primary diagnosis code	5	Char	165-169
30	Second diagnosis code	5	Char	170-174

**State Medicaid Research Files (SMRF) - 1996-98**  
**Inpatient Hospital Record (IP)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
31	Procedure code system	2	Num	175-176
32	Principle procedure	7	Char	177-183
33	Secondary procedure	7	Char	184-190
34	Principle procedure date	8	Num	191-198
35	Delivery code	1	Num	199-199
36	Medicaid covered inpatient days	3	Num	200-202
37	Discharge status	1	Num	203-203
38	Ancillary charge amount	8	Num	204-211
39	Accommodation charge amount	8	Num	212-219

# **State Medicaid Research Files (SMRF) - 1996-98** **Prescription Drug Record (RX)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<b>SMRF Drug Record (RX)</b>	<b>271</b>		<b>1-271</b>
***	<b>Eligibility Region</b>	<b>81</b>		<b>1-81</b>
**	<b>Medicaid Eligibility Group</b>	<b>77</b>		<b>1-77</b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Temporary identification number	20	Char	23-42
4	Social Security Number (SSN)	9	Char	43-51
5	Birth date	8	Num	52-59
6	Sex	1	Num	60-60
7	Race/ethnicity	1	Num	61-61
8	State specific eligibility group - most recent	6	Char	62-67
9	State specific eligibility gp - month of service	6	Char	68-73
10	SMRF eligibility group - most recent	2	Num	74-75
11	SMRF eligibility group - month of service	2	Char	76-77
**	<b>Crossover (Medicare) Eligibility Group</b>	<b>4</b>		<b>78-81</b>
12	Crossover code (from claims & eligibility)	1	Num	78-78
13	Crossover code (from claims only)	1	Num	79-79
14	Crossover code (new in FFY 1999)	2	Num	80-81
***	<b>Utilization and Payment Summary Region</b>	<b>190</b>		<b>82-271</b>
**	<b>Service Group</b>	<b>17</b>		<b>82-98</b>
15	MSIS Type of Service (TOS)	2	Num	82-83
16	SMRF Type of Service (TOS)	2	Num	84-85
17	Place of service	1	Num	86-86
18	Provider identification Number	12	Char	87-98
**	<b>Claims and Payment Group</b>	<b>42</b>		<b>99-140</b>
19	Type of claim	1	Num	99-99
20	Type of coverage	1	Num	100-100
21	Medicaid payment amount	8	Num	101-108
22	Third party payment amount	8	Num	109-116
23	Payment/adjudication date	8	Num	117-124
24	Charge amount	8	Num	125-132
25	Prepaid plan value	8	Num	133-140
**	<b>Prescription Drug Group</b>	<b>131</b>		<b>141-271</b>
26	Prescription fill date	8	Num	141-148
27	National Drug Code (NDC)	12	Char	149-160
28	Quantity of service	5	Num	161-165
29	NDC Format (Proprietary)	1	Char	166-166
30	Drug Class (Proprietary)	1	Char	167-167
31	Generic Indicator (Proprietary)	1	Char	168-168
32	HICL (Proprietary)	54	Char	169-222
33	Therapeutic Class - Specific (Proprietary)	3	Char	223-225
34	Therapeutic Class - Generic (Proprietary)	2	Char	226-227

**State Medicaid Research Files (SMRF) - 1996-98**  
**Prescription Drug Record (RX)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
35	Amer. Hospital Formulary code (Proprietary)	6	Char	228-233
36	Smart Key (Proprietary)	24	Char	234-257
37	Medispan code (Proprietary)	14	Char	258-271

# **State Medicaid Research Files (SMRF) - 1996-98** **Other Services Drug Record (OT)**

<i>Data Element</i>	<i>Description</i>	<i>+</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<b><i>SMRF Other Services Record (OT)</i></b>		<b><i>177</i></b>		<b><i>1-177</i></b>
***	<b><i>Eligibility Region</i></b>		<b><i>81</i></b>		<b><i>1-81</i></b>
**	<b><i>Medicaid Eligibility Group</i></b>		<b><i>77</i></b>		<b><i>1-77</i></b>
1	MSIS identification number		20	Char	1-20
2	State		2	Char	21-22
3	Temporary identification number		20	Char	23-42
4	Social Security Number (SSN)		9	Char	43-51
5	Birth date		8	Num	52-59
6	Sex		1	Num	60-60
7	Race/ethnicity		1	Num	61-61
8	State specific eligibility group - most recent		6	Char	62-67
9	State specific eligibility gp - month of service		6	Char	68-73
10	SMRF eligibility group - most recent		2	Num	74-75
11	SMRF eligibility group - month of service		2	Char	76-77
**	<b><i>Crossover (Medicare) Eligibility Group</i></b>		<b><i>4</i></b>		<b><i>78-81</i></b>
12	Crossover code (from claims & eligibility)		1	Num	78-78
13	Crossover code (from claims only)		1	Num	79-79
14	Crossover code (new in FFY 1999)		2	Num	80-81
***	<b><i>Utilization and Payment Summary Region</i></b>		<b><i>96</i></b>		<b><i>82-177</i></b>
**	<b><i>Service Group</i></b>		<b><i>17</i></b>		<b><i>82-98</i></b>
15	MSIS Type of Service (TOS)		2	Num	82-83
16	SMRF Type of Service (TOS)		2	Num	84-85
17	Place of service		1	Num	86-86
18	Provider identification nNumber		12	Char	87-98
**	<b><i>Claims and Payment Group</i></b>		<b><i>42</i></b>		<b><i>99-140</i></b>
19	Type of claim		1	Num	99-99
20	Type of coverage		1	Num	100-100
21	Medicaid payment amount		8	Num	101-108
22	Third party payment amount		8	Num	109-116
23	Payment/adjudication date		8	Num	117-124
24	Charge amount		8	Num	125-132
25	Prepaid plan value		8	Num	133-140
**	<b><i>Other Services Group</i></b>		<b><i>37</i></b>		<b><i>141-177</i></b>
26	Beginning date of service		8	Num	141-148
27	Ending date of service		8	Num	149-156
28	Procedure (service) coding system		2	Num	157-158
29	Procedure (service) code		7	Char	159-165
30	Procedure (service) code modifier	2		Char	166-167
31	Primary diagnosis code		5	Char	168-172
32	Quantity of service		5	Num	173-177

**State Medicaid Research Files (SMRF) - 1996-98  
Long Term Care Record (LT)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<b>SMRF Long Term Care Record (LT)</b>	<b>185</b>		<b>1-185</b>
***	<b>Eligibility Region</b>	<b>81</b>		<b>1-81</b>
**	<b>Medicaid Eligibility Group</b>	<b>77</b>		<b>1-77</b>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Temporary identification number	20	Char	23-42
4	Social Security Number (SSN)	9	Char	43-51
5	Birth date	8	Num	52-59
6	Sex	1	Num	60-60
7	Race/ethnicity	1	Num	61-61
8	State specific eligibility group - most recent	6	Char	62-67
9	State specific eligibility gp - month of service	6	Char	68-73
10	SMRF eligibility group - most recent	2	Num	74-75
11	SMRF eligibility group - month of service	2	Char	76-77
**	<b>Crossover (Medicare) Eligibility Group</b>	<b>4</b>		<b>78-81</b>
12	Crossover code (from claims & eligibility)	1	Num	78-78
13	Crossover code (from claims only)	1	Num	79-79
14	Crossover code (new in FFY 1999)	2	Num	80-81
***	<b>Utilization and Payment Summary Region</b>	<b>104</b>		<b>82-185</b>
**	<b>Service Group</b>	<b>17</b>		<b>82-98</b>
15	MSIS Type of Service (TOS)	2	Num	82-83
16	SMRF Type of Service (TOS)	2	Num	84-85
17	Place of service	1	Num	86-86
18	Provider identification Number	12	Char	87-98
**	<b>Claims and Payment Group</b>	<b>42</b>		<b>99-140</b>
19	Type of claim	1	Num	99-99
20	Type of coverage	1	Num	100-100
21	Medicaid payment amount	8	Num	101-108
22	Third party payment amount	8	Num	109-116
23	Payment/adjudication date	8	Num	117-124
24	Charge amount	8	Num	125-132
25	Prepaid plan value	8	Num	133-140
**	<b>Long Term Care Group</b>	<b>45</b>		<b>141-185</b>
26	Long term care admission date	8	Num	141-148
27	Beginning date of service	8	Num	149-156
28	Ending date of service	8	Num	157-164
29	Primary diagnosis code	5	Char	165-169
30	Mental hospital for the aged days	3	Num	170-172
31	Inpatient Psychiatric (age < 21) days	3	Num	173-175
32	ICF-MR days	3	Num	176-178
33	Nursing facility days	3	Num	179-181
34	Leave days	3	Num	182-184
35	Discharge status	1	Num	185-185

**State Medicaid Research Files (SMRF) - 1996-98**  
**Person Summary File (PS) - With Medicare EDB Elements**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<i>SMRF Person Summary Record (PS)</i>	<i>1059</i>		<i>1-1059</i>
***	<i>Eligible Summary Region</i>	<i>291</i>		<i>1-291</i>
**	<i>Eligible Identifying Group</i>	<i>78</i>		<i>1-78</i>
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Year	4	Num	23-26
4	Temporary identification number	20	Char	27-46
5	Social Security Number (SSN)	9	Char	47-55
6	Case number	12	Char	56-67
7	Medicare HIC number (EDB)	11	Char	68-78
**	<i>Eligible Demographic Group</i>	<i>37</i>		<i>79-115</i>
8	Date of birth	8	Num	79-86
9	Age group	1	Num	87-87
10	Sex	1	Num	88-88
11	Race/ethnicity	1	Num	89-89
12	Sex/race	1	Num	90-90
13	Date of death	8	Num	91-98
14	Medicare Date of death (EDB)	8	Num	99-106
15	Medicare Death day switch (EDB)	1	Char	107-107
16	County of residence	3	Char	108-110
17	Zip code of residence	5	Num	111-115
**	<i>Annual Eligibility Group</i>	<i>20</i>		<i>116-135</i>
18	State specific eligibility - most recent	6	Char	116-121
19	SMRF eligibility - most recent	2	Num	122-123
20	Missing eligibility data	1	Char	124-124
21	Eligible months	2	Num	125-126
22	Private insurance months	2	Num	127-128
23	Crossover code (Old Format) (From claims, eligibility & EDB)	1	Num	129-129
24	Crossover code (New Format)	2	Char	130-131
25	Medicare beneficiary months (EDB)	2	Num	132-133
26	Prepaid plan months	2	Num	134-135
**	<i>Monthly Eligibility Groups</i>	<i>156</i>		<i>136-291</i>
27	State specific eligibility group (12x6)	72	Char	136-207
28	SMRF eligibility group (12x2)	24	Num	208-231
29	Private health insurance group (12x1)	12	Num	232-243
30	Medicare beneficiary (EDB)(12x1)	12	Num	244-255
31	Prepaid plan group (12x3)	36	Num	256-291

**State Medicaid Research Files (SMRF) - 1996-98**  
**Person Summary File (PS) - With Medicare EDB Elements**

<i><b>Data Element</b></i>	<i><b>Description</b></i>	<i><b>#Char</b></i>	<i><b>Type</b></i>	<i><b>Position</b></i>
***	<i><b>Recipient Claims Summary Region</b></i>	<i><b>768</b></i>		<i><b>292-1059</b></i>
32	Recipient indicator	1	Num	292-292
**	<i><b>Inpatient Hospital (IP) Summary - FFS</b></i>	<i><b>18</b></i>		<i><b>293-310</b></i>
33	IP discharges	3	Num	293-295
34	IP stays	3	Num	296-298
35	Length of Stay (LOS) - for discharges	3	Num	299-301
36	Length of Stay (LOS) - for stays	3	Num	302-304
37	Covered days - for discharges	3	Num	305-307
38	Covered days - for stays	3	Num	308-310
**	<i><b>Long Term Care (LT) Summary - FFS</b></i>	<i><b>15</b></i>		<i><b>311-325</b></i>
39	Mental hospital covered days	3	Num	311-313
40	Inpatient psych (age < 21) covered days	3	Num	314-316
41	ICF/MR covered days	3	Num	317-319
42	Nursing facility covered days	3	Num	320-322
43	Total LT covered days	3	Num	323-325
**	<i><b>Claims Payment Summary - FFS</b></i>	<i><b>29</b></i>		<i><b>326-354</b></i>
44	Claim count	5	Num	326-330
45	Medicaid payment amount	8	Num	331-338
46	Charge amount	8	Num	339-346
47	Third party payment amount	8	Num	347-354
**	<i><b>Delivery Summary - FFS</b></i>	<i><b>1</b></i>		<i><b>355-355</b></i>
48	Delivery code	1	Num	355-355
**	<i><b>Type of Service Summary - FFS</b></i>	<i><b>660</b></i>		<i><b>356-1015</b></i>
	<i><b>22 Repeating Segments, by SMRF Type of Service</b></i>			
49	Recipient indicator (1st Segment)	1	Num	356-356
50	Claim count (1st Segment)	5	Num	357-361
51	Medicaid payment amount (1st Segment)	8	Num	362-369
52	Charge amount (1st Segment)	8	Num	370-377
53	Third party payment amount (1st Segment)	8	Num	378-385
**	<i><b>Encounter Records Summary</b></i>	<i><b>20</b></i>		<i><b>1016-1035</b></i>
54	Inpatient hospital (IP) records count	5	Num	1016-1020
55	Long term care (LT) records count	5	Num	1021-1025
56	Other services (OT) records count	5	Num	1026-1030
57	Drug (RX) records count	5	Num	1031-1035
**	<i><b>Validation Data Elements (Monthly)</b></i>	<i><b>24</b></i>		<i><b>1036-1059</b></i>
58	Maintenance Assistance Status (MAS) (12x1)	12	Num	1036-1047
59	Basis of Eligibility (BOE) (12x1)	12	Num	1048-1059