

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD	REC	997	1	997	STATE MEDICAID RESEARCH FILES (SMRF) PERSONAL SUMMARY RECORD PROVIDES PERSON LEVEL INFORMATION WHICH INCLUDES SUMMARIZATIONS OF ELIGIBILITY AND PAID CLAIMS (UTILIZATION) DATA BY CALENDAR YEAR AND DATE OF SERVICE. THE FILE CONTAIN A RECORD FOR EACH UNIQUE PERSON (ELIGIBLE IDENTIFICATION NUMBER). THERE ARE A SUBSTANTIAL NUMBER ELIGIBLES WHO HAVE NO UTILIZATION IN A CALENDAR YEAR. FOR THESE INDIVIDUALS, CLAIMS-BASED DATA ELEMENTS ARE BLANK. THERE ARE ALSO A SMALL NUMBER OF ELIGIBLE PERSONS FOR WHOM THERE IS UTILIZATION, BUT NO CORRESPONDING ELIGIBILITY DATA IN MSIS. THESE PERSONS ARE IDENTIFIED BY THE DATA ELEMENT "MISSING ELIGIBILITY DATA SWITCH".
**** ELIGIBLE SUMMARY REGION	REGION	297	1	297	SUMMARIZED INFORMATION FROM MSIS ELIGIBILITY FILES.
1. ELIGIBLE IDENTIFICATION NUMBER	CHAR	20	1	20	UNIQUE IDENTIFICATION NUMBER USED TO IDENTIFY A MEDICAID ELIGIBLE IN THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS). SOURCE: MSIS ELIGIBILITY FILES
2. STATE ABBREVIATION CODE	CHAR	2	21	22	U. S. POSTAL SERVICE 2-CHARACTER ABBREVIATION FOR THE STATE MEDICAID AGENCY SUBMITTING THE DATA. CODES: AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS AS = AMERICAN SAMOA CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DISTRICT OF COLUMBIA FL = FLORIDA GA = GEORGIA GU = GUAM HI = HAWAII ID = IDAHO IL = ILLINOIS

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				IN = INDIANA
				IA = IOWA
				KS = KANSAS
				KY = KENTUCKY
				LA = LOUISIANA
				ME = MAINE
				MD = MARYLAND
				MA = MASSACHUSETTS
				MI = MICHIGAN
				MN = MINNESOTA
				MS = MISSISSIPPI
				MO = MISSOURI
				MT = MONTANA
				NE = NEBRASKA
				NV = NEVADA
				NH = NEW HAMPSHIRE
				NJ = NEW JERSEY
				NM = NEW MEXICO
				NY = NEW YORK
				NC = NORTH CAROLINA
				ND = NORTH DAKOTA
				OH = OHIO
				OK = OKLAHOMA
				OR = OREGON
				PA = PENNSYLVANIA
				PR = PUERTO RICO
				RI = RHODE ISLAND
				SC = SOUTH CAROLINA
				SD = SOUTH DAKOTA
				TN = TENNESSEE
				TX = TEXAS
				UT = UTAH
				VT = VERMONT
				VI = VIRGIN ISLANDS
				VA = VIRGINIA
				WA = WASHINGTON
				WV = WEST VIRGINIA
				WI = WISCONSIN
				WY = WYOMING
				SOURCE: MSIS ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
3. ELIGIBLE SOCIAL SECURITY NUMBER	CHAR	9	23	31	SOCIAL SECURITY NUMBER OF THE MEDICAID ELIGIBLE. SOURCE: MSIS ELIGIBILITY FILES LIMITATIONS: NOT AVAILABLE FOR WASHINGTON. FOR IOWA, AVAILABLE FOR DUAL ENROLLEES ONLY. SOURCE: MSIS ELIGIBILITY FILES
4. ELIGIBLE BIRTH DATE	NUM	8	32	39	BIRTH DATE OF THE MEDICAID ELIGIBLE. 8 DIGITS EDIT-RULES: YYYYMMDD SOURCE: MSIS ELIGIBILITY FILES
5. ELIGIBLE SEX CODE	NUM	1	40	40	GENDER OF THE MEDICAID ELIGIBLE. 1 DIGIT CODES: 1 = FEMALE 2 = MALE 9 = UNKNOWN/ERROR SOURCE: MSIS ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
6. ELIGIBLE RACE/ETHNICITY CODE	NUM	1	41	41	<p>RACE/ETHNICITY OF THE MEDICAID ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = WHITE, NOT OF HISPANIC ORIGIN</p> <p>2 = BLACK, NOT OF HISPANIC ORIGIN</p> <p>3 = AMERICAN INDIAN OR ALASKAN NATIVE</p> <p>4 = ASIAN OR PACIFIC ISLANDER</p> <p>5 = HISPANIC</p> <p>9 = UNKNOWN</p> <p>USER NOTE: THE METHODS OF COLLECTING INFORMATION ON RACE AND ETHNICITY DIFFER SUBSTANTIALLY ACROSS STATES AND TIME PERIODS.</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
7. STATE SPECIFIC ELIGIBILITY CODE	CHAR	4	42	45	<p>STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED.</p> <p>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES.</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY FROM THE MSIS ELIGIBILITY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH. IT HAS NOT BEEN RECODED FROM THE MSIS ELIGIBILITY FILE.</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
8. SMRF UNIFORM ELIGIBILITY CODE	NUM	2	46	47	<p>STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE.</p> <p>2 DIGITS</p> <p>CODES:</p> <p>0 = NOT ELIGIBLE</p> <p>1 = AGED, CASH</p> <p>2 = BLIND/DISABLED, CASH</p> <p>3 = AFDC CHILD, CASH</p> <p>4 = AFDC-U CHILD, CASH</p> <p>5 = AFDC ADULT, CASH</p> <p>6 = AFDC-U ADULT, CASH</p> <p>7 = AGED, MN</p> <p>8 = BLIND/DISABLED, MN</p> <p>9 = AFDC CHILD, MN</p> <p>10 = AFDC ADULT, MN</p> <p>11 = RIBICOFF CHILD, MN</p> <p>12 = AGED, POVERTY</p> <p>13 = BLIND/DISABLED, POVERTY</p> <p>14 = CHILD, POVERTY</p> <p>15 = ADULT, POVERTY</p> <p>16 = OTHER AGED</p> <p>17 = OTHER BLIND/DISABLED</p> <p>18 = FOSTER CARE CHILD</p> <p>19 = OTHER CHILD</p> <p>20 = OTHER ADULT</p> <p>30 = RMA REFUGE/OTHER FEDERAL</p> <p>31 = STATE FUNDING ONLY</p> <p>99 = UNKNOWN ELIGIBILITY</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF SMRF UNIFORM ELIGIBILITY GROUP AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH.</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
9. MAINTENANCE ASSISTANCE STATUS (MAS) CODE	NUM	1	48	48	<p>ANNUAL MAINTENANCE ASSISTANCE STATUS CLASSIFICATION OF AN ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID</p> <p>1 = CATEGORICALLY NEEDY, RECEIVING FEDERAL CASH ASSISTANCE</p> <p>2 = CATEGORICALLY NEEDY, NOT RECEIVING FEDERAL CASH ASSISTANCE</p> <p>3 = MEDICALLY NEEDY (MN)</p> <p>4 = OTHER COVERAGE GROUPS CREATED BY LEGISLATION EFFECTIVE PRIOR TO 1988</p> <p>5 = COVERAGE GROUPS CREATED BY THE MCCA OF 1988 AND LATER LEGISLATION</p> <p>9 = STATUS IS UNKNOWN</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF MSIS MAINTENANCE ASSISTANCE STATUS (MAS) AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH.</p>
10. BASIS OF ELIGIBILITY (BOE) CODE	NUM	1	49	49	<p>ANNUAL BASIS OF ELIGIBILITY CLASSIFICATION OF AN ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES (SEE SECTION 2700, APPENDIX C OF THE STATE MEDICAID MANUAL FOR EXPANDED DEFINITIONS OF VALUES BELOW):</p> <p>0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID AT ANY TIME DURING THE MONTH</p> <p>1 = AGED INDIVIDUAL</p> <p>2 = BLIND INDIVIDUAL</p> <p>3 = DISABLED INDIVIDUAL</p> <p>4 = CHILDREN</p> <p>5 = CARETAKER RELATIVE AND PREGNANT WOMAN</p> <p>6 = OTHER TITLE XIX ELIGIBLES</p> <p>9 = ELIGIBILITY STATUS UNKNOWN</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF MSIS BASIS OF ELIGIBILITY (BOE) AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH.</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
11. ELIGIBLE MEDICARE CROSSOVER CODE	NUM	1	50	50	INDICATES THAT THE ELIGIBLE IS OR HAS BEEN COVERED BY MEDICARE. 1 DIGIT CODES: 0 = NO CROSSOVER 1 = DUAL ELIGIBILITY FLAG HAS A VALUE OF 1 (MEANING THAT THE PERSON WAS COVERED BY MEDICARE AT SOME TIME DURING THE YEAR) 2 = MEDICARE DEDUCTIBLE OR COINSURANCE PAID BY MEDICAID ON AT LEAST ONE CLAIM DURING THE YEAR FOR THIS PERSON 3 = BOTH 1 AND 2 APPLY SOURCE: (1) FOR VALUE = 1: THE DUAL ELIGIBILITY FLAG IS OBTAINED FROM THE MSIS ELIGIBILITY FILES. THERE IS ONE OBSERVATION IN EACH MSIS QUARTERLY ELIGIBILITY FILE. SO, THE SMRF "ELIGIBLE MEDICARE CROSSOVER CODE" IS SET VALUE = 1 IF ANY OF THE FOUR QUARTERLY MSIS DUAL ELIGIBILITY FLAGS IS SET VALUE = 1. (2) FOR VALUE = 2: EACH OF THE FOUR SMRF CLAIMS FILES (INPATIENT, LONG TERM CARE, DRUG AND OTHER) CONTAINS A DATA ELEMENT "RECIPIENT MEDICARE CROSSOVER CODE" IN EACH RECORD. FOR EACH CLAIMS FILE, THE "RECIPIENT MEDICARE CROSSOVER CODE" IS SET VALUE = 2 IF MEDICARE DEDUCTIBLE OR COINSURANCE AMOUNTS WERE PAID BY MEDICAID FOR AT LEAST ONE CLAIM IN THAT FILE TYPE FOR THE PERSON. SO, THE SMRF "ELIGIBLE MEDICARE CROSSOVER CODE" IS SET VALUE = 2 IF "RECIPIENT MEDICARE CROSSOVER CODE" WAS SET VALUE = 2 IN ANY OF THE FOUR FILE TYPES. SOURCE: MSIS ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
12. ELIGIBLE SEX-RACE CODE	NUM	1	51	51	<p>GENDER AND RACE OF THE MEDICAID ELIGIBLE.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>1 = WHITE, MALE 2 = WHITE, FEMALE 3 = NON-WHITE, MALE 4 = NON-WHITE, FEMALE 5 = RACE UNKNOWN, MALE 6 = RACE UNKNOWN, FEMALE 7 = SEX UNKNOWN, WHITE 8 = SEX UNKNOWN, NON-WHITE 9 = SEX AND RACE UNKNOWN</p> <p>SOURCE: RECODED FROM MSIS ELIGIBILITY FILES. CROSSWALK: MSIS RACE=1 MAPS TO WHITE, MSIS RACE=2,3,4,5,6,7 AND 8 MAPS TO NON-WHITE, MSIS RACE=9 MAPS TO UNKNOWN. MSIS SEX=2 OR M MAPS TO MALE. MSIS SEX=1 OR F MAPS TO FEMALE. MSIS SEX=9 OR U MAPS TO UNKNOWN.</p>
13. ELIGIBLE DEATH DATE	NUM	8	52	59	<p>DEATH DATE OF THE MEDICAID ELIGIBLE.</p> <p>8 DIGITS</p> <p>EDIT-RULES: YYYYMMDD</p> <p>USER NOTE: THIS DATA ELEMENT SHOULD BE USED WITH CAUTION SINCE THERE MAY BE UNDERREPORTING OF DEATHS IN THE MSIS ELIGIBILITY FILES.</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
14. ELIGIBLE DEATH SWITCH	NUM	1	60	60	<p>INDICATES IF THE ELIGIBLE DEATH DATE FIELD (DATA ELEMENT #13) IS PRESENT.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO DATE OF DEATH 1 = INDIVIDUAL HAS DIED, DATE OF DEATH IS PRESENT 9 = UNKNOWN</p> <p>SOURCE: CREATED AT HCFA FROM MSIS ELIGIBILITY FILES</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
15. ELIGIBLE AGE GROUP CODE	NUM	1	61	61	AGE GROUP OF THE MEDICAID ELIGIBLE. 1 DIGIT CODES: 0 = UNDER 1 1 = AGES 1 TO 5 2 = AGES 6 TO 14 3 = AGES 15 TO 20 4 = AGES 21 TO 44 5 = AGES 45 TO 64 6 = AGES 65 TO 74 7 = AGES 75 TO 84 8 = AGES 85 AND OVER 9 = UNKNOWN/ERROR SOURCE: RECODED FROM MSIS ELIGIBILITY FILE USING ELIGIBLE BIRTH DATE (DATA ELEMENT #4) AND DECEMBER 31 OF THE FILE YEAR TO CALCULATE AGE GROUP.
16. ELIGIBLE TEMPORARY IDENTIFICATION CODE	CHAR	1	62	62	TEMPORARY PERSONAL IDENTIFICATION NUMBER ASSIGNED BY THE STATE TO AN ELIGIBLE PENDING ASSIGNMENT OF A PERMANENT IDENTIFICATION NUMBER. CODES: 0 = NO TEMPORARY ID. 1 = RECORD CONTAINS A TEMPORARY ID. 9 = UNKNOWN SOURCE: MSIS ELIGIBILITY FILES
17. ELIGIBLE TEMPORARY IDENTIFICATION NUMBER	CHAR	20	63	82	TEMPORARY PERSONAL IDENTIFICATION NUMBER ASSIGNED BY THE STATE TO AN ELIGIBLE PENDING ASSIGNMENT OF A PERMANENT IDENTIFICATION NUMBER. THIS DATA ELEMENT IS ONLY USED BY STATES THAT USE THE SOCIAL SECURITY NUMBER AS THE PERSONAL IDENTIFIER FOR MEDICAID REPORTING. <i>USER NOTE: IF THERE IS NO TEMPORARY IDENTIFICATION NUMBER, THIS DATA ELEMENT SHOULD BE BLANK-FILLED.</i> SOURCE: MSIS ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
18. MISSING ELIGIBILITY DATA SWITCH	CHAR	1	83	83	<p>INDICATES NO ELIGIBILITY DATA WERE FOUND FOR THIS CALENDAR YEAR.</p> <p>CODES: SPACE = ELIGIBILITY DATA WERE FOUND 1 = NO ELIGIBILITY DATA WERE FOUND</p> <p>SOURCE: CODED AT HCFA USING MSIS ELIGIBILITY FILES</p>
19. PRIOR YEAR ELIGIBILITY DATA USED SWITCH	CHAR	1	84	84	<p>INDICATES THAT THE ELIGIBILITY DATA IN THIS RECORD ARE FROM THE PRIOR YEAR.</p> <p>CODES: SPACE = PRIOR YEAR ELIGIBILITY DATA WERE NOT USED 1 = PRIOR YEAR ELIGIBILITY DATA WERE USED</p> <p>SOURCE: CODED AT HCFA USING MSIS ELIGIBILITY FILES</p>
20. PRIOR YEAR DEMOGRAPHIC DATA USED SWITCH	CHAR	1	85	85	<p>INDICATES THAT THE DEMOGRAPHIC DATA IN THIS RECORD ARE FROM THE PRIOR YEAR.</p> <p>CODES: SPACE = PRIOR YEAR DEMOGRAPHIC DATA WERE NOT USED 1 = PRIOR YEAR DEMOGRAPHIC DATA WERE USED</p> <p>SOURCE: CODED AT HCFA USING MSIS ELIGIBILITY FILES</p>
21. ELIGIBLE RESIDENCE COUNTY CODE	CHAR	3	86	88	<p>FEDERAL INFORMATION PROCESSING STANDARD (FIPS) CODE INDICATING THE ELIGIBLE'S COUNTY OF RESIDENCE.</p> <p>CODES: FIPS NUMERIC COUNTY CODES 000 = ELIGIBLE RESIDES OUT OF STATE 999 = UNKNOWN/ERROR</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF ELIGIBLE RESIDENCE COUNTY CODE FROM THE MSIS ELIGIBILITY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH.</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
22. ELIGIBLE RESIDENCE ZIP CODE	NUM	9	89	97	<p>UNITED STATES POSTAL ZIP CODE OF THE MEDICAID ELIGIBLE'S RESIDENCE.</p> <p>9 DIGITS</p> <p>SOURCE: THIS CODE WAS DERIVED BY USING MONTHLY OBSERVATIONS OF ELIGIBLE RESIDENCE ZIP CODE FROM THE MSIS ELIGIBILITY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9-FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARD IN TIME MONTH BY MONTH.</p>
23. SMRF YEAR DATE	NUM	2	98	99	<p>CALENDAR YEAR COVERED BY THE SMRF PERSONAL SUMMARY RECORD.</p> <p>2 DIGITS</p> <p>EDIT-RULES: YY</p> <p>USER NOTE: THIS DATA ELEMENT WAS CHANGED TO 4 CHARACTERS IN 1996</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
24. ELIGIBLE MONTHS COUNT	NUM	2	100	101	<p>TOTAL NUMBER OF MONTHS THE INDIVIDUAL WAS ELIGIBLE FOR MEDICAID DURING THE CALENDAR YEAR.</p> <p>2 DIGITS</p> <p>SOURCE: CODED AT HCFA USING MSIS ELIGIBILITY FILES</p>
25. ELIGIBLE PRIVATE INSURANCE MONTHS COUNT	NUM	2	102	103	<p>TOTAL NUMBER OF MONTHS THE MEDICAID ELIGIBLE HAD PRIVATE INSURANCE COVERAGE DURING THE CALENDAR YEAR.</p> <p>2 DIGITS</p> <p>USER NOTE: THIS IS A NUMBER FROM 0 TO 12. IT IS GIVEN VALUE>0 BASED ON THE NUMBER OF MONTHS WITH VALUE = 2 (ELIGIBLE HAD PRIVATE HEALTH INSURANCE COVERAGE PURCHASED BY A THIRD PARTY), 3 (ELIGIBLE HAD PRIVATE HEALTH INSURANCE COVERAGE PURCHASED BY THE STATE) OR 4 (BOTH 2 AND 3 APPLY) IN THE MSIS DATA ELEMENT "HEALTH INSURANCE"</p> <p>SOURCE: CODED USING MSIS ELIGIBILITY FILES</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
26. ELIGIBLE PRE-PAID PLAN MONTHS COUNT	NUM	2	104	105	<p>TOTAL NUMBER OF MONTHS THE MEDICAID ELIGIBLE WAS ENROLLED IN AN HMO OR OTHER PRE-PAID PLAN DURING THE CALENDAR YEAR.</p> <p>2 DIGITS</p> <p>SOURCE: USER NOTE: THIS IS A NUMBER FROM 0 TO 12. IT IS GIVEN VALUE>0 BASED ON THE NUMBER OF MONTHS WITH VALUE = 100 (ELIGIBLE WAS ENROLLED IN A PRIVATE HMO WITH COVERAGE PURCHASED BY THE STATE), 200 (ELIGIBLE WAS ENROLLED IN A PREPAID PLAN WITH COVERAGE PURCHASED BY THE STATE), 500 (ELIGIBLE WAS ENROLLED IN AN OTHER CAPITATION PLAN WITH COVERAGE PURCHASED BY THE STATE), 600 (ELIGIBLE WAS ENROLLED IN A PRIVATE HMO WITH COVERAGE PURCHASED BY A THIRD PARTY), 700 (ELIGIBLE WAS ENROLLED IN A PREPAID HEALTH PLAN WITH COVERAGE PURCHASED BY A THIRD PARTY) OR 800 (ELIGIBLE WAS ENROLLED IN AN OTHER CAPITATION PLAN WITH COVERAGE PURCHASED BY A THIRD PARTY) IN THE MSIS DATA ELEMENT "HMO ENROLLMENT".</p>
**** MONTHLY MAS GROUP STATUS (MAS) CODE	GROUP	12	106	117	<p>MONTHLY MAINTENANCE ASSISTANCE STATUS CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.</p> <p>JANUARY (POSITION 106) FEBRUARY (POSITION 107) MARCH (POSITION 108) APRIL (POSITION 109) MAY (POSITION 110) JUNE (POSITION 111) JULY (POSITION 112) AUGUST (POSITION 113) SEPTEMBER (POSITION 114) OCTOBER (POSITION 115) NOVEMBER (POSITION 116) DECEMBER (POSITION 117)</p>

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NAME	TYPE	POSITIONS			CONTENTS
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27. MAINTENANCE ASSISTANCE STATUS (MAS) CODE	NUM	1	106	106	MAINTENANCE ASSISTANCE STATUS FOR THE ELIGIBLE AND FOR THE MONTH. 1 DIGIT CODES: 0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID 1 = CATEGORICALLY NEEDY, RECEIVING FEDERAL CASH ASSISTANCE 2 = CATEGORICALLY NEEDY, NOT RECEIVING FEDERAL CASH ASSISTANCE 3 = MEDICALLY NEEDY 4 = OTHER COVERAGE GROUPS CREATED BY LEGISLATION EFFECTIVE PRIOR TO 1988 5 = COVERAGE GROUPS CREATED BY THE MCCA OF 1988 AND LATER LEGISLATION 9 = STATUS IS UNKNOWN USER NOTE: SEE DATA ELEMENT #9 FOR ANNUAL MAS. SOURCE: MSIS ELIGIBILITY FILES
**** MONTHLY BOE GROUP	GROUP	12	118	129	MONTHLY BASIS OF ELIGIBILITY CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY. JANUARY (POSITION 118) FEBRUARY (POSITION 119) MARCH (POSITION 120) APRIL (POSITION 121) MAY (POSITION 122) JUNE (POSITION 123) JULY (POSITION 124) AUGUST (POSITION 125) SEPTEMBER (POSITION 126) OCTOBER (POSITION 127) NOVEMBER (POSITION 128) DECEMBER (POSITION 129)

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
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28. BASIS OF ELIGIBILITY (BOE) CODE	NUM	1	118	118	<p>MAINTENANCE BASIS OF ELIGIBILITY FOR THE ELIGIBLE AND FOR THE MONTH.</p> <p>1 DIGIT</p> <p>CODES: SEE SECTION 2700, APPENDIX C OF THE STATE MEDICAID MANUAL FOR EXPANDED DEFINITIONS OF VALUES BELOW:</p> <p>0 = INDIVIDUAL WAS NOT ELIGIBLE FOR MEDICAID AT ANY TIME DURING THE MONTH</p> <p>1 = AGED INDIVIDUAL</p> <p>2 = BLIND INDIVIDUAL</p> <p>3 = DISABLED INDIVIDUAL</p> <p>4 = CHILDREN</p> <p>5 = CARETAKER RELATIVE AND PREGNANT WOMAN</p> <p>6 = OTHER TITLE XIX ELIGIBLES</p> <p>9 = ELIGIBILITY STATUS UNKNOWN</p> <p>USER NOTE: SEE DATA ELEMENT #10 FOR ANNUAL BOE.</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
**** MONTHLY STATE SPECIFIC ELIGIBILITY GROUP	GROUP	48	130	177	<p>STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION UNDER WHICH THE MEDICAID ELIGIBLE IS COVERED FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.</p> <p>JANUARY (POSITIONS 130-133)</p> <p>FEBRUARY (POSITIONS 134-137)</p> <p>MARCH (POSITIONS 138-141)</p> <p>APRIL (POSITIONS 142-145)</p> <p>MAY (POSITIONS 146-149)</p> <p>JUNE (POSITIONS 150-153)</p> <p>JULY (POSITIONS 154-157)</p> <p>AUGUST (POSITIONS 158-161)</p> <p>SEPTEMBER (POSITIONS 162-165)</p> <p>OCTOBER (POSITIONS 166-169)</p> <p>NOVEMBER (POSITIONS 170-173)</p> <p>DECEMBER (POSITIONS 174-177)</p>

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NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
29. STATE SPECIFIC ELIGIBILITY CODE	CHAR	4	130	133	<p>STATE SPECIFIC ELIGIBILITY CODE CLASSIFICATION FOR THE MEDICAID ELIGIBLE AND FOR THE MONTH.</p> <p><i>USER NOTES: THESE SOURCE CODES ARE GENERALLY NOT APPLICABLE FOR MOST RESEARCH ACTIVITIES. THE DATA ELEMENT CHANGES OVER TIME, VARIES ACROSS STATES IN TERMS OF THE LEVEL AND TYPE OF ELIGIBILITY DESCRIBED, REQUIRE A DETAILED KNOWLEDGE OF MEDICAID ELIGIBILITY AND REQUIRE AN UNDERSTANDING OF THE IDIOSYNCRASIES OF INDIVIDUAL STATE ELIGIBILITY SYSTEMS. THESE CODES HAVE BEEN MAPPED INTO SMRF UNIFORM ELIGIBILITY CODES. THEREFORE, MOST USERS WILL WANT TO USE SMRF UNIFORM ELIGIBILITY CODES.</i></p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>
**** MONTHLY SMRF UNIFORM ELIGIBILITY GROUP	GROUP	24	178	201	<p>STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.</p> <p>JANUARY (POSITIONS 178-179) FEBRUARY (POSITIONS 180-181) MARCH (POSITIONS 182-183) APRIL (POSITIONS 184-185) MAY (POSITIONS 186-187) JUNE (POSITIONS 188-189) JULY (POSITIONS 190-191) AUGUST (POSITIONS 192-193) SEPTEMBER (POSITIONS 194-195) OCTOBER (POSITIONS 196-197) NOVEMBER (POSITIONS 198-199) DECEMBER (POSITIONS 200-201)</p>

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NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
30. SMRF UNIFORM ELIGIBILITY CODE	NUM	2	178	179	<p>STATE MEDICAID RESEARCH FILES (SMRF) UNIFORM ELIGIBILITY CODE FOR THE MEDICAID ELIGIBLE AND FOR THE MONTH.</p> <p>2 DIGITS</p> <p>CODES:</p> <p>0 = NOT ELIGIBLE</p> <p>1 = AGED, CASH</p> <p>2 = BLIND/DISABLED, CASH</p> <p>3 = AFDC CHILD, CASH</p> <p>4 = AFDC-U CHILD, CASH</p> <p>5 = AFDC ADULT, CASH</p> <p>6 = AFDC-U ADULT, CASH</p> <p>7 = AGED, MEDICALLY NEEDY (MN)</p> <p>8 = BLIND/DISABLED, MN</p> <p>9 = AFDC CHILD, MN</p> <p>10 = AFDC ADULT, MN</p> <p>11 = RIBICOFF CHILD, MN</p> <p>12 = AGED, POVERTY</p> <p>13 = BLIND/DISABLED, POVERTY</p> <p>14 = CHILD, POVERTY</p> <p>15 = ADULT, POVERTY</p> <p>16 = OTHER AGED</p> <p>17 = OTHER BLIND/DISABLED</p> <p>18 = FOSTER CARE CHILD</p> <p>19 = OTHER CHILD</p> <p>20 = OTHER ADULT</p> <p>30 = RMA REFUGE/OTHER FEDERAL</p> <p>31 = STATE FUNDING ONLY</p> <p>99 = UNKNOWN ELIGIBILITY</p> <p>SOURCE: CODED AT HCFA BY USING MONTHLY OBSERVATIONS OF STATE SPECIFIC ELIGIBILITY (AND OTHER ELIGIBILITY DATA ELEMENTS) FROM THE MSIS ELIGIBILITY FILE AND SELECTING THE FIRST MEANINGFUL CODE (NOT 0- OR 9 -FILLED) BEGINNING WITH DECEMBER AND MOVING BACKWARDS IN TIME MONTH BY MONTH.</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
***** MONTHLY ELIGIBLE PRIVATE INSURANCE GROUP	GROUP	12	202	213	INDICATES WHICH MONTHS THE MEDICAID ELIGIBLE HAD PRIVATE INSURANCE COVERAGE FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY. JANUARY (POSITION 202) FEBRUARY (POSITION 203) MARCH (POSITION 204) APRIL (POSITION 205) MAY (POSITION 206) JUNE (POSITION 207) JULY (POSITION 208) AUGUST (POSITION 209) SEPTEMBER (POSITION 210) OCTOBER (POSITION 211) NOVEMBER (POSITION 212) DECEMBER (POSITION 213)
31. ELIGIBLE PRIVATE INSURANCE CODE	NUM	1	202	202	CODE INDICATING IF THE ELIGIBLE HAD PRIVATE INSURANCE DURING THE MONTH. 1 DIGIT CODES: 0 = NOT ELIGIBLE FOR MEDICAID 1 = NO PRIVATE INSURANCE COVERAGE 2 = PRIVATE INSURANCE PURCHASED BY THIRD PARTY 3 = PRIVATE INSURANCE PURCHASED BY STATE 4 = BOTH 2 AND 3 APPLY 9 = INVALID OR MISSING DATA SOURCE: MSIS ELIGIBILITY FILES

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

	NAME	TYPE	LENGTH	POSITIONS		CONTENTS
				BEG	END	
****	MONTHLY ELIGIBLE PRE-PAID PLAN GROUP	GROUP	36	214	249	<p>INDICATES WHICH MONTHS THE MEDICAID ELIGIBLE WAS ENROLLED IN AN HMO OTHER PREPAID PLAN FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY.</p> <p>JANUARY (POSITIONS 214-216) FEBRUARY (POSITIONS 217-219) MARCH (POSITIONS 220-222) APRIL (POSITIONS 223-225) MAY (POSITIONS 226-228) JUNE (POSITIONS 229-231) JULY (POSITIONS 232-234) AUGUST (POSITIONS 235-237) SEPTEMBER (POSITIONS 238-240) OCTOBER (POSITIONS 241-243) NOVEMBER (POSITIONS 244-246) DECEMBER (POSITIONS 247-249)</p>
32.	ELIGIBLE PRE-PAID PLAN CODE	NUM	3	214	216	<p>CODE INDICATING WHETHER AN ELIGIBLE WAS ENROLLED IN AN HMO OR OTHER PREPAID HEALTH PLAN DURING THE MONTH. FOR THE PURPOSE OF THIS DATA ELEMENT, AN HMO OR PREPAID HEALTH PLAN (PHP) IS DEFINED AS A LICENSED PROVIDER OF MEDICAL CARE THAT DELIVERS SERVICES BASED ON PREMIUM PAYMENTS.</p> <p>3 DIGITS CODES: 000 = NOT ELIGIBLE FOR MEDICAID 001 = ELIGIBLE WAS NOT ENROLLED IN A PRIVATE HMO, PHP OR OTHER CAPITATION PLAN 100 = ELIGIBLE WAS ENROLLED IN A PRIVATE HMO WITH COVERAGE PURCHASED BY THE STATE 200 = ELIGIBLE WAS ENROLLED IN A PREPAID HEALTH PLAN WITH COVERAGE PURCHASED BY THE STATE 500 = ELIGIBLE WAS ENROLLED IN AN OTHER CAPITATION PLAN WITH COVERAGE PURCHASED BY THE STATE 600 = ELIGIBLE WAS ENROLLED IN A PRIVATE HMO WITH COVERAGE PURCHASED BY A THIRD-PARTY 700 = ELIGIBLE WAS ENROLLED IN A PREPAID HEALTH PLAN WITH COVERAGE PURCHASED BY A THIRD-PARTY 800 = ELIGIBLE WAS ENROLLED IN AN OTHER CAPITATION PLAN WITH COVERAGE PURCHASED BY A THIRD-PARTY 999 = STATE HAD ONLY INVALID OR MISSING INFORMATION</p> <p>SOURCE: MSIS ELIGIBILITY FILES</p>

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STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS BEG END	CONTENTS
33. ELIGIBLE STATE CASE NUMBER	CHAR	12	250 261	MEDICAID STATE CASE NUMBER. SOURCE: TAPE-TO-TAPE ELIGIBILITY FILES FOR TAPE-TO-TAPE STATES ONLY. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.
**** MONTHLY MULTIPLE ELIGIBILITY GROUP	GROUP	12	262 273	INDICATES CONCURRENT ENROLLMENT IN MULTIPLE ELIGIBILITY GROUPS (IN A SINGLE MONTH) FROM JANUARY THROUGH DECEMBER. THE EXAMPLE IS FOR JANUARY. JANUARY (POSITION 262) FEBRUARY (POSITION 263) MARCH (POSITION 264) APRIL (POSITION 265) MAY (POSITION 266) JUNE (POSITION 267) JULY (POSITION 268) AUGUST (POSITION 269) SEPTEMBER (POSITION 270) OCTOBER (POSITION 271) NOVEMBER (POSITION 272) DECEMBER (POSITION 273)
34. MULTIPLE ELIGIBILITY GROUP CODE	NUM	1	262 262	CODE INDICATING IF INDIVIDUAL IS ENROLLED IN MULTIPLE ELIGIBILITY GROUPS. 1 DIGIT CODES: 0 = NO OVERLAP 1 = POVERTY RELATED AGED 2 = POVERTY RELATED DISABLED 3 = POVERTY RELATED CHILD 4 = POVERTY RELATED ADULT 9 = NOT ENROLLED OR UNMAPPED SOURCE: TAPE-TO-TAPE ELIGIBILITY FILES FOR TAPE-TO-TAPE STATES. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
35. FIRST MEDICAID ENROLLMENT DATE	NUM	4	274	277	<p>DATE THE ELIGIBLE WAS FIRST ENROLLED IN MEDICAID.</p> <p>4 DIGITS</p> <p>EDIT-RULES: YYMM</p> <p>SOURCE: TAPE-TO-TAPE ELIGIBILITY FILES FOR TAPE-TO-TAPE STATES ONLY. THIS DATA ELEMENT WILL BE BLANK FOR OTHER STATES.</p>
36. FILLER	CHAR	20	278	297	
**** RECIPIENT CLAIMS SUMMARY GROUP	GROUP	27	298	324	<p>SUMMARIZED UTILIZATION AND PAYMENT DATA (INCLUDING PREMIUM PAYMENTS) FOR THE RECIPIENT FOR THE CALENDAR YEAR FROM MSIS CLAIMS FILES. UNLESS OTHERWISE NOTED, THESE DATA ELEMENTS EXCLUDE ENCOUNTER RECORDS (TYPE OF CLAIM = 3) AND SERVICE TRACKING CLAIMS (TYPE OF CLAIM = 4) AND INCLUDE ALL OTHER TYPES OF CLAIMS. THIS MEANS THAT AMOUNTS FROM INDIVIDUAL CLAIMS ARE ADDED TO COUNTS EVEN IF THOSE AMOUNTS ARE ZERO OR NEGATIVE. THE EFFECT OF THIS DECISION IS TO CAPTURE MEDICAID PAID AMOUNTS IN THE PAYMENT SUMMARIES, REGARDLESS OF WHETHER MEDICAID PAID THE FULL BILL OR WHETHER THERE WERE OTHER PAYMENTS WHICH REDUCED THE MEDICAID PAYMENT (E.G. THIRD PARTY COVERAGE, OUT-OF-POCKET AND/OR SPEND DOWN AMOUNTS, MEDICARE PART A OR PART B PAYMENTS, ETC.).</p>
37. RECIPIENT SWITCH	NUM	1	298	298	<p>SWITCH INDICATING IF THE ELIGIBLE WAS A RECIPIENT OF ANY MEDICAID PAID SERVICE DURING THE CALENDAR YEAR.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO MEDICAID PAYMENT FOR THIS ELIGIBLE</p> <p>1 = ELIGIBLE HAD A POSITIVE MEDICAID PAYMENT AMOUNT FOR AT LEAST ONE TYPE OF SERVICE</p> <p>SOURCE: CODED AT HCFA USING MSIS CLAIMS FILES</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
38. RECIPIENT TOTAL INPATIENT STAY COUNT	PACK	2	299	300	<p>TOTAL NUMBER OF INPATIENT HOSPITAL STAYS, FOR THE CALENDAR YEAR.</p> <p>2 DIGITS SIGNED</p> <p>SOURCE: CREATED USING MSIS INPATIENT HOSPITAL CLAIMS (TOS = 1).</p>
39. RECIPIENT TOTAL INPATIENT LENGTH OF STAY (LOS) IN DAYS	PACK	2	301	302	<p>TOTAL LENGTH OF STAY, IN DAYS, FOR INPATIENT HOSPITAL STAYS FOR THE CALENDAR YEAR.</p> <p>2 DIGITS SIGNED</p> <p>SOURCE: CREATED USING THE NUMBER OF DAYS FROM THE ADMISSION DATE TO THE LAST DATE OF SERVICE (+1 DAY IF THEY OCCUR ON THE SAME DAY) FROM MSIS CLAIMS FOR TOS = 1 (INPATIENT HOSPITAL). IF EITHER ADMISSION DATE OR ENDING DATE OF SERVICE ARE "BAD", LOS IS ZERO-FILLED. LOS IS CALCULATED FOR STAYS WHERE THE ELIGIBLE IS A CROSSOVER ENROLLEE.</p>
40. RECIPIENT LONG TERM CARE COVERED DAY COUNT	PACK	2	303	304	<p>TOTAL NUMBER OF MEDICAID COVERED DAYS FOR THE RECIPIENT IN A LONG TERM CARE FACILITY (NOT A HOSPITAL), (EXCLUDING LEAVE DAYS) FOR THE CALENDAR YEAR.</p> <p>2 DIGITS SIGNED</p> <p>SOURCE: CREATED BY SUMMING THE COVERED DAY COUNTS FROM RECORDS WITH TYPE OF SERVICE:</p> <p>TOS = 2 MENTAL HOSPITAL FOR THE AGED, = 3 SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (IF ANY), = 4 INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21, = 5 INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED, AND = 7 NURSING FACILITY SERVICES - ALL OTHER</p> <p>THE TOTAL IS EDITED TO BE <= 365 DAYS.</p>
41. RECIPIENT TOTAL MEDICAID CLAIM COUNT	PACK	3	305	307	<p>RECIPIENT'S TOTAL NUMBER OF CLAIMS FOR THE CALENDAR YEAR.</p> <p>5 DIGITS SIGNED</p> <p>SOURCE: MSIS CLAIMS FILES.</p>

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STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
42. RECIPIENT TOTAL MEDICAID PAYMENT AMOUNT	PACK	5	308	312	TOTAL AMOUNT OF MONEY PAID BY MEDICAID FOR THE RECIPIENT DURING THE CALENDAR YEAR. 8 DIGITS SIGNED SOURCE: MSIS CLAIMS FILES.
43. RECIPIENT TOTAL MEDICAID CHARGE AMOUNT	PACK	5	313	317	TOTAL AMOUNT OF CHARGES BY PROVIDERS TO MEDICAID FOR THE RECIPIENT DURING THE CALENDAR YEAR. 8 DIGITS SIGNED SOURCE: MSIS CLAIMS FILES.
44. RECIPIENT TOTAL THIRD PARTY PAYMENT AMOUNT	PACK	5	318	322	TOTAL NON-MEDICAID PAYMENTS FOR SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR. 8 DIGITS SIGNED <i>USER NOTE: THERE MAY BE SUBSTANTIAL VARIATION IN THE REPORTING OF THIRD PARTY LIABILITY (TPL) AMOUNTS ACROSS STATES. THIS IS BECAUSE STATES USE DIFFERENT METHODS OF COLLECTING TPL PAYMENTS. SOME STATES MAY REQUIRE PROVIDERS TO THOROUGHLY PURSUE COLLECTION OF TPL PAYMENTS BEFORE CLAIMS ARE ADJUDICATED FOR MEDICAID PAYMENT. OTHER STATES MAY DESIRE TO PAY PROVIDERS PROMPTLY AND THEN RECOVER TPL PAYMENTS FROM OTHER PAYERS. FOR THESE REASONS, THE EXTENT TO WHICH TPL COLLECTIONS ARE ACCURATELY REPORTED IN MSIS IS UNKNOWN.</i> SOURCE: MSIS CLAIMS FILES.
45. FILLER	CHAR	2	323	324	

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
46. RECIPIENT DELIVERY CODE	NUM	1	325	325	<p>CODE INDICATING WHETHER THIS IS A DELIVERY RECORD, AND IF SO, WHETHER DELIVERY CLAIMS WERE FOR THE MOTHER, NEW-BORN OR BOTH.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = NO DELIVERY DURING THE YEAR</p> <p>1 = MATERNAL, SHARES ID WITH NEONATE</p> <p>2 = MATERNAL, DIFFERENT ID FROM NEONATE</p> <p>3 = NEONATE, DIFFERENT ID FROM MATERNAL</p> <p>4 = COMBINED MATERNAL/NEONATE CLAIMS</p> <p>5 = DELIVERY, BUT CAN NOT CLASSIFY</p> <p>SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS FROM THE INPATIENT HOSPITAL FILE ONLY, SINCE ONLY A SMALL PERCENTAGE OF DELIVERIES OCCUR IN OTHER PLACES OF SERVICE.</p>
47. RECIPIENT DELIVERY PAYMENT AMOUNT	PACK	4	326	329	<p>MEDICAID PAYMENTS FOR DELIVERY SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR.</p> <p>7 DIGITS SIGNED</p> <p>SOURCE: FOR DELIVERIES IDENTIFIED IN DATA ELEMENT #46.</p>
**** SPECIAL STUDY DATA GROUP	GROUP	42	330	371	<p>SUMMARIZED SPECIAL STUDY DATA PERTAINING TO THE ELIGIBLE FOR THE CALENDAR YEAR. THESE INDICATORS WERE DEVELOPED USING SELECTED DIAGNOSIS CODES FOR EACH CONDITION OR ILLNESS. IN MOST CASES THEY ARE VERY NARROWLY DEFINED, EXCEPT IN THE CASE OF AIDS WHERE THE LIST OF DIAGNOSIS CODES MAY PROVIDE RESULT IN TOO BROAD A DEFINITION. USERS SHOULD DETERMINE IF THESE CODE SETS ARE APPROPRIATE TO THEIR NEED.</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	

THE ICD-9-CM CODE SETS USED FOR THESE DEFINITIONS ARE AS FOLLOWS:					
AIDS AND AIDS RELATED CONDITIONS:					
CLAIMS WITH ANY OF THE FOLLOWING DIAGNOSIS CODES: 042, 042.0, 042.1, 042.2, 042.9, 043, 043.0, 043.1, 043.2, 043.3, 043.9, 044, 044.0, 044.9, 136.3, 176, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9, 279, 279.00-279.06, 279.09, 279.1, 279.10-279.13, 279.19, 279.2-279.4, 279.8-279.9 AND 795.8.					
SUBSTANCE ABUSE:					
CLAIMS WITH ANY OF THE FOLLOWING DIAGNOSIS CODES: 291-292.9, 303-303.93, 304-305.93, 357.5 AND 648.3-648.34.					
MENTAL HEALTH:					
CLAIMS WITH ANY OF THE FOLLOWING DIAGNOSIS CODES: 290-290.9, 293-302.9, 306-316 AND E950-E959. CLAIMS WITH A DIAGNOSIS OF MENTAL RETARDATION ARE EXCLUDED. CLAIMS WITH DIAGNOSIS CODES BEGINNING WITH "V" ARE EXCLUDED BECAUSE THEY DO NOT INCLUDE ACTIVE TREATMENT OF MENTAL DISEASE.					
END STAGE RENAL DISEASE:					
CLAIMS WITH ANY OF THE FOLLOWING DIAGNOSIS CODES: 582-582.9, 583-583.9, 585 AND 586.					
TUBERCULOSIS:					
CLAIMS WITH ANY OF THE FOLLOWING DIAGNOSIS CODES: 010-018.9. THIS CATEGORY EXCLUDES CLAIMS FOR PERSONS EXPOSED TO, BUT NOT DIAGNOSED WITH TUBERCULOSIS.					
DIABETES MELLITUS:					
CLAIMS WITH ANY OF THE FOLLOWING DIAGNOSIS CODES: 250-250.93. THIS EXCLUDES PREGNANCY RELATED DIABETES.					

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STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
48. RECIPIENT AIDS CLAIM COUNT	PACK	3	330	332	CLAIMS FOR THE RECIPIENT RELATING TO ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) SERVICES DURING THE CALENDAR YEAR 5 DIGITS SIGNED SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS.
49. RECIPIENT AIDS PAYMENT AMOUNT	PACK	4	333	336	MEDICAID PAYMENTS FOR ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR. 7 DIGITS SIGNED SOURCE: FOR RECIPIENTS IDENTIFIED IN DATA ELEMENT #48.
50. RECIPIENT SUBSTANCE ABUSE CLAIM COUNT	PACK	3	337	339	CLAIMS FOR THE RECIPIENT RELATING TO SUBSTANCE ABUSE SERVICE DURING THE CALENDAR YEAR. 5 DIGITS SIGNED SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS.
51. RECIPIENT SUBSTANCE ABUSE PAYMENT AMOUNT	PACK	4	340	343	MEDICAID PAYMENTS FOR SUBSTANCE ABUSE SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR. 7 DIGITS SIGNED SOURCE: FOR RECIPIENTS IDENTIFIED IN DATA ELEMENT #50
52. RECIPIENT MENTAL HEALTH CLAIM COUNT	PACK	3	344	346	CLAIMS FOR THE RECIPIENT RELATING TO MENTAL HEALTH SERVICES DURING THE CALENDAR YEAR. 5 DIGITS SIGNED SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS.
53. RECIPIENT MENTAL HEALTH PAYMENT AMOUNT	PACK	4	347	350	MEDICAID PAYMENTS FOR MENTAL HEALTH SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR. 7 DIGITS SIGNED SOURCE: FOR RECIPIENTS IDENTIFIED IN DATA ELEMENT #52

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
54. RECIPIENT ESRD CLAIM COUNT	PACK	3	351	353	CLAIMS FOR THE RECIPIENT RELATING TO END STAGE RENAL DISEASE SERVICES DURING THE CALENDAR YEAR. 5 DIGITS SIGNED SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS.
55. RECIPIENT ESRD PAYMENT AMOUNT	PACK	4	354	357	MEDICAID PAYMENTS FOR END STAGE RENAL DISEASE SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR. 7 DIGITS SIGNED SOURCE: FOR RECIPIENTS IDENTIFIED IN DATA ELEMENT #54
56. RECIPIENT TB CLAIM COUNT	PACK	3	358	360	CLAIMS FOR THE RECIPIENT RELATING TO TUBERCULOSIS SERVICES DURING THE CALENDAR YEAR. 5 DIGITS SIGNED SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS.
57. RECIPIENT TB PAYMENT AMOUNT	PACK	4	361	364	MEDICAID PAYMENTS FOR TUBERCULOSIS SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR. 7 DIGITS SIGNED SOURCE: FOR RECIPIENTS IDENTIFIED IN DATA ELEMENT #56
58. RECIPIENT DIABETES CLAIM COUNT	PACK	3	365	367	CLAIMS FOR THE RECIPIENT RELATING TO DIABETES SERVICES DURING THE CALENDAR YEAR. 5 DIGITS SIGNED SOURCE: CREATED USING MSIS CLAIMS DATA ELEMENTS.
59. RECIPIENT DIABETES PAYMENT AMOUNT	PACK	4	368	371	MEDICAID PAYMENTS FOR DIABETES SERVICES FOR THE RECIPIENT DURING THE CALENDAR YEAR. 7 DIGITS SIGNED SOURCE: FOR RECIPIENTS IDENTIFIED IN DATA ELEMENT #58

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STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

	NAME	TYPE	LENGTH	BEG	END	POSITIONS	CONTENTS
	-----	----	-----	----	----	-----	-----
****	TYPE OF COVERAGE DATA	GROUP	98	372	469		SEVEN OCCURRENCES; ONE FOR EACH OF THE SEVEN TYPES OF COVERAGES, AS FOLLOWS: 01 = MEDICAID FEE-FOR-SERVICE 02 = N/A 03 = PRIVATE HEALTH INSURANCE 04 = QUALIFIED HMO 05 = PROVISIONAL HMO 06 = OTHER CAPITATION PLANS 07 = UNKNOWN/ERROR
****	TYPE OF COVERAGE TABLE GROUP	GROUP	14	372	385		THE EXAMPLES (DATA ELEMENTS #60-63) ARE FOR VALUE = 01 (MEDICAID FEE-FOR-SERVICE).
60.	RECIPIENT TYPE OF COVERAGE SWITCH	NUM	1	372	372		INDICATES WHETHER PAYMENTS WERE MADE FOR A RECIPIENT UNDER A SPECIFIED TYPE OF COVERAGE. 1 DIGIT CODES: 0 = THERE WERE NO POSITIVE PAYMENT AMOUNTS MADE FOR THE RECIPIENT UNDER THIS TYPE OF COVERAGE. 1 = THERE WERE POSITIVE PAYMENT AMOUNTS MADE FOR THE RECIPIENT UNDER THIS TYPE OF COVERAGE. SOURCE: MSIS CLAIMS FILES

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS			CONTENTS
		LENGTH	BEG	END	
61. RECIPIENT TYPE OF COVERAGE CLAIM COUNT	PACK	3	373	375	NUMBER OF CLAIMS FOR THE RECIPIENT FOR THIS TYPE OF COVERAGE. 5 DIGITS SIGNED SOURCE: MSIS CLAIMS FILES
62. RECIPIENT TYPE OF COVERAGE PAYMENT AMOUNT	PACK	5	376	380	MEDICAID PAYMENTS FOR THE RECIPIENT UNDER THIS TYPE OF COVERAGE DURING THE CALENDAR YEAR. 8 DIGITS SIGNED SOURCE: MSIS CLAIMS FILES
63. RECIPIENT TYPE OF COVERAGE CHARGE AMOUNT	PACK	5	381	385	TOTAL AMOUNT OF CHARGES UNDER THIS TYPE OF COVERAGE FOR THE RECIPIENT DURING THE CALENDAR YEAR. 8 DIGITS SIGNED SOURCE: MSIS CLAIMS FILES

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** TYPE OF SERVICE DATA	GROUP	528	470	997	<p>TWENTY FOUR (24) OCCURRENCES; ONE FOR EACH OF THE SMRF TYPES OF SERVICE, AS FOLLOWS:</p> <p>01 = INPATIENT HOSPITAL (POSITIONS 470 TO 491) RECIPIENT INDICATOR (POSITION 470) RECIPIENT CLAIM COUNT (POSITIONS 471 TO 473) RECIPIENT PAYMENT AMOUNT (POSITIONS 474 TO 478) RECIPIENT CHARGE AMOUNT (POSITIONS 479 TO 483) RECIPIENT QUANTITY (POSITIONS 484 TO 486) RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 487 TO 491)</p> <p>02 = MENTAL HOSPITAL SERVICES FOR THE AGED (POSITIONS 492 TO 513) RECIPIENT INDICATOR (POSITION 492) RECIPIENT CLAIM COUNT (POSITIONS 493 TO 495) RECIPIENT PAYMENT AMOUNT (POSITIONS 496 TO 500) RECIPIENT CHARGE AMOUNT (POSITIONS 501 TO 505) RECIPIENT QUANTITY (POSITIONS 506 TO 508) RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 509 TO 513)</p> <p>03 = SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (POSITIONS 514 TO 535) RECIPIENT INDICATOR (POSITION 514) RECIPIENT CLAIM COUNT (POSITIONS 515 TO 517) RECIPIENT PAYMENT AMOUNT (POSITIONS 518 TO 522) RECIPIENT CHARGE AMOUNT (POSITIONS 523 TO 527) RECIPIENT QUANTITY (POSITIONS 528 TO 530) RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 531 TO 535)</p> <p>04 = INPATIENT PSYCHIATRIC FACILITY FOR INDIVIDUALS UNDER THE AGE OF 21 (POSITIONS 536 TO 557) RECIPIENT INDICATOR (POSITION 536) RECIPIENT CLAIM COUNT (POSITIONS 537 TO 539) RECIPIENT PAYMENT AMOUNT (POSITIONS 540 TO 544) RECIPIENT CHARGE AMOUNT (POSITIONS 545 TO 549) RECIPIENT QUANTITY (POSITIONS 550 TO 552) RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 553 TO 557)</p> <p>05 = INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (POSITIONS 558 TO 579) RECIPIENT INDICATOR (POSITION 558) RECIPIENT CLAIM COUNT (POSITIONS 559 TO 561) RECIPIENT PAYMENT AMOUNT (POSITIONS 562 TO 566) RECIPIENT CHARGE AMOUNT (POSITIONS 567 TO 571) RECIPIENT QUANTITY (POSITIONS 572 TO 574) RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 575 TO 579)</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				06 = ICF ALL OTHER (POSITIONS 580 TO 601)
				RECIPIENT INDICATOR (POSITION 580)
				RECIPIENT CLAIM COUNT (POSITIONS 581 TO 583)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 584 TO 588)
				RECIPIENT CHARGE AMOUNT (POSITIONS 589 TO 593)
				RECIPIENT QUANTITY (POSITIONS 594 TO 596)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 597 TO 601)
				07 = NURSING FACILITY SERVICES - ALL OTHER (POSITIONS 602 TO 623)
				RECIPIENT INDICATOR (POSITION 602)
				RECIPIENT CLAIM COUNT (POSITIONS 603 TO 605)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 606 TO 610)
				RECIPIENT CHARGE AMOUNT (POSITIONS 611 TO 615)
				RECIPIENT QUANTITY (POSITIONS 616 TO 618)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 619 TO 623)
				08 = PHYSICIANS (POSITIONS 624 TO 645)
				RECIPIENT INDICATOR (POSITION 624)
				RECIPIENT CLAIM COUNT (POSITIONS 625 TO 627)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 628 TO 632)
				RECIPIENT CHARGE AMOUNT (POSITIONS 633 TO 637)
				RECIPIENT QUANTITY (POSITIONS 638 TO 640)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 641 TO 645)
				09 = DENTAL (POSITIONS 646 TO 667)
				RECIPIENT INDICATOR (POSITION 646)
				RECIPIENT CLAIM COUNT (POSITIONS 647 TO 649)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 650 TO 654)
				RECIPIENT CHARGE AMOUNT (POSITIONS 655 TO 659)
				RECIPIENT QUANTITY (POSITIONS 660 TO 662)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 663 TO 667)
				10 = OTHER PRACTITIONERS (POSITIONS 668 TO 689)
				RECIPIENT INDICATOR (POSITION 668)
				RECIPIENT CLAIM COUNT (POSITIONS 669 TO 671)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 672 TO 676)
				RECIPIENT CHARGE AMOUNT (POSITIONS 677 TO 681)
				RECIPIENT QUANTITY (POSITIONS 682 TO 684)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 685 TO 689)

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				11 = OUTPATIENT HOSPITAL (POSITIONS 690 TO 711)
				RECIPIENT INDICATOR (POSITION 690)
				RECIPIENT CLAIM COUNT (POSITIONS 691 TO 693)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 694 TO 698)
				RECIPIENT CHARGE AMOUNT (POSITIONS 699 TO 703)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 704 TO 706)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 707 TO 711)
				12 = CLINIC (POSITIONS 712 TO 733)
				RECIPIENT INDICATOR (POSITION 712)
				RECIPIENT CLAIM COUNT (POSITIONS 713 TO 715)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 716 TO 720)
				RECIPIENT CHARGE AMOUNT (POSITIONS 721 TO 725)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 726 TO 728)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 729 TO 733)
				13 = HOME HEALTH (POSITIONS 734 TO 755)
				RECIPIENT INDICATOR (POSITION 734)
				RECIPIENT CLAIM COUNT (POSITIONS 735 TO 737)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 738 TO 742)
				RECIPIENT CHARGE AMOUNT (POSITIONS 743 TO 747)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 748 TO 750)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 751 TO 755)
				14 = FAMILY PLANNING (POSITIONS 756 TO 777)
				RECIPIENT INDICATOR (POSITION 756)
				RECIPIENT CLAIM COUNT (POSITIONS 757 TO 759)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 760 TO 764)
				RECIPIENT CHARGE AMOUNT (POSITIONS 765 TO 769)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 770 TO 772)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 773 TO 777)
				15 = LAB AND X-RAY (POSITIONS 778 TO 799)
				RECIPIENT INDICATOR (POSITION 778)
				RECIPIENT CLAIM COUNT (POSITIONS 779 TO 781)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 782 TO 786)
				RECIPIENT CHARGE AMOUNT (POSITIONS 787 TO 791)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 792 TO 794)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 795 TO 799)

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				16 = PRESCRIBED DRUGS (POSITIONS 800 TO 821)
				RECIPIENT INDICATOR (POSITION 800)
				RECIPIENT CLAIM COUNT (POSITIONS 801 TO 803)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 804 TO 808)
				RECIPIENT CHARGE AMOUNT (POSITIONS 809 TO 813)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 814 TO 816)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 817 TO 821)
				17 = EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
				(POSITIONS 822 TO 843)
				RECIPIENT INDICATOR (POSITION 822)
				RECIPIENT CLAIM COUNT (POSITIONS 823 TO 825)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 826 TO 830)
				RECIPIENT CHARGE AMOUNT (POSITIONS 831 TO 835)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 836 TO 838)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 839 TO 843)
				18 = RURAL HEALTH SERVICES (POSITIONS 844 TO 865)
				RECIPIENT INDICATOR (POSITION 844)
				RECIPIENT CLAIM COUNT (POSITIONS 845 TO 847)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 848 TO 852)
				RECIPIENT CHARGE AMOUNT (POSITIONS 853 TO 857)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 858 TO 860)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 861 TO 865)
				19 = OTHER SERVICES (POSITIONS 866 TO 887)
				RECIPIENT INDICATOR (POSITION 866)
				RECIPIENT CLAIM COUNT (POSITIONS 867 TO 869)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 870 TO 874)
				RECIPIENT CHARGE AMOUNT (POSITIONS 875 TO 879)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 880 TO 882)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 883 TO 887)
				20 = PREMIUM PAYMENT ([POSITIONS 888 TO 909)
				RECIPIENT INDICATOR (POSITION 888)
				RECIPIENT CLAIM COUNT (POSITIONS 889 TO 891)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 892 TO 896)
				RECIPIENT CHARGE AMOUNT (POSITIONS 897 TO 901)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 902 TO 904)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 905 TO 909)

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	POSITIONS		CONTENTS
		LENGTH	BEG END	
				21 = DME AND SUPPLIES (POSITIONS 910 TO 931)
				RECIPIENT INDICATOR (POSITION 910)
				RECIPIENT CLAIM COUNT (POSITIONS 911 TO 913)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 914 TO 918)
				RECIPIENT CHARGE AMOUNT (POSITIONS 919 TO 923)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 924 TO 926)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 927 TO 931)
				22 = CASE MANAGEMENT SERVICES (POSITIONS 932 TO 953)
				RECIPIENT INDICATOR (POSITION 932)
				RECIPIENT CLAIM COUNT (POSITIONS 933 TO 935)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 936 TO 940)
				RECIPIENT CHARGE AMOUNT (POSITIONS 941 TO 945)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 946 TO 948)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 949 TO 953)
				23 = TRANSPORTATION (POSITIONS 954 TO 975)
				RECIPIENT INDICATOR (POSITION 954)
				RECIPIENT CLAIM COUNT (POSITIONS 955 TO 957)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 958 TO 962)
				RECIPIENT CHARGE AMOUNT (POSITIONS 963 TO 967)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 968 TO 970)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 971 TO 975)
				99 = UNKNOWN (POSITIONS 976 TO 997)
				RECIPIENT INDICATOR (POSITION 976)
				RECIPIENT CLAIM COUNT (POSITIONS 977 TO 979)
				RECIPIENT PAYMENT AMOUNT (POSITIONS 980 TO 984)
				RECIPIENT CHARGE AMOUNT (POSITIONS 985 TO 989)
				RECIPIENT QUANTITY AMOUNT (POSITIONS 990 TO 992)
				RECIPIENT THIRD PARTY PAYMENT AMOUNT (POSITIONS 993 TO 997)

USER NOTE: FOR TYPE OF SERVICE = 17 (EPSDT), THERE IS SUBSTANTIAL VARIATION IN REPORTING ACROSS STATES.

THE FOLLOWING TYPES OF SERVICE ARE OBSOLETE:

TOS = 03 SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED (OBSOLETE BEFORE 1996, BUT NOT REMOVED FROM MSIS SPECIFICATIONS UNTIL 10/98)

06 INTERMEDIATE CARE FACILITY (ICF) -ALL OTHER (OBSOLETE AFTER 1990).

DUE TO POSSIBLE INCONSISTENCIES IN REPORTING, THERE MAY BE DATA FOR THESE TYPES OF SERVICES.

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** TYPE OF SERVICE TABLE GROUP	GROUP	22	470	491	THE EXAMPLES (DATA ELEMENTS #64-69) ARE FOR VALUE = 01 (INPATIENT HOSPITAL).
64. RECIPIENT TYPE OF SERVICE INDICATOR	NUM	1	470	470	<p>INDICATOR TO SHOW IF PAYMENTS WERE MADE FOR A RECIPIENT FOR THE SPECIFIED TYPE OF SERVICE DURING THE CALENDAR YEAR.</p> <p>1 DIGIT</p> <p>CODES:</p> <p>0 = THERE WERE NO POSITIVE PAYMENT AMOUNTS MADE FOR THE RECIPIENT FOR THIS TYPE OF SERVICE</p> <p>1 = THERE WERE POSITIVE PAYMENT AMOUNTS MADE FOR THE RECIPIENT FOR THIS TYPE OF SERVICE</p> <p>SOURCE: CREATED USING MSIS CLAIMS FILES.</p>
65. RECIPIENT TYPE OF SERVICE CLAIM COUNT	PACK	3	471	473	<p>TOTAL NUMBER OF CLAIMS FOR THE RECIPIENT FOR THE SPECIFIED TYPE OF SERVICE.</p> <p>5 DIGITS SIGNED</p> <p>SOURCE: MSIS CLAIMS FILES</p>
66. RECIPIENT TYPE OF SERVICE PAYMENT AMOUNT	PACK	5	474	478	<p>TOTAL MEDICAID PAYMENTS FOR THIS TYPE OF SERVICE FOR THE RECIPIENT DURING THE CALENDAR YEAR.</p> <p>8 DIGITS SIGNED</p> <p>SOURCE: MSIS CLAIMS FILES</p>
67. RECIPIENT TYPE OF SERVICE CHARGE AMOUNT	PACK	5	479	483	<p>TOTAL AMOUNT OF CHARGES FOR THIS TYPE OF SERVICE FOR THE RECIPIENT DURING THE CALENDAR YEAR.</p> <p>8 DIGITS SIGNED</p> <p>SOURCE: MSIS CLAIMS FILES</p>

STATE MEDICAID RESEARCH FILES PERSONAL SUMMARY RECORD (1995 AND EARLIER YEARS)

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
-----	---	-----	BEG	END	-----
68. RECIPIENT TYPE OF SERVICE QUANTITY	PACK	3	484	486	TOTAL NUMBER OF VISITS, DAYS, OR PRESCRIPTIONS FOR THIS TYPE OF SERVICE FOR THE RECIPIENT DURING THE CALENDAR YEAR. 5 DIGITS SIGNED <i>USER NOTE: QUANTITY IS EXPRESSED IN DIFFERENT TYPES OF UNITS FOR DIFFERENT TYPES OF SERVICES AND MAY VARY ACROSS STATES AND OVER TIME. THEREFORE, USERS MAY NEED TO EXAMINE INDIVIDUAL CLAIMS (OR TYPES OF CLAIMS) TO DETERMINE THE MEANING OF QUANTITY AMOUNTS.</i> SOURCE: MSIS CLAIMS FILES
69. RECIPIENT TYPE OF SERVICE THIRD PARTY PAYMENT AMOUNT	PACK	5	487	491	TOTAL NON-MEDICAID PAYMENTS FOR THIS TYPE OF SERVICE FOR THE RECIPIENT DURING THE CALENDAR YEAR. 8 DIGITS SIGNED SOURCE: MSIS CLAIMS FILES