

**State Medicaid Research Files (SMRF) - 1995 and earlier
Person Summary File (PS)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<i>SMRF Person Summary Record</i>	997		1-997
	<i>Eligible Summary Region</i>	297		1-297
1	MSIS Identificaion Number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Date of Birth	8	Num	32-39
5	Sex	1	Num	40-40
6	Race/Ethnicity	1	Num	41-41
7	State Specific Eligibility group	4	Char	42-45
8	SMRF Eligibility group	2	Num	46-47
9	Maintenance Assistance Status (MAS)	1	Num	48-48
10	Basis of Eligibility (BOE)	1	Num	49-49
11	Crossover Indicator	1	Num	50-50
12	Sex/Race	1	Num	51-51
13	Date of Death	8	Num	52-59
14	Death Switch	1	Num	60-60
15	Age group	1	Num	61-61
16	Temporary ID Code	1	Char	62-62
17	Temporary ID	20	Char	63-82
18	Missing Eligibility Switch	1	Char	83-83
19	Prior Year Eligibility Used Switch	1	Char	84-84
20	Prior Year Demographics Used Switch	1	Char	85-85
21	County of Residence	3	Char	86-88
22	Zip Code of Residence	9	Num	89-97
23	Year	2	Num	98-99
24	Eligible Months	2	Num	100-101
25	Eligible Private Insurance Months	2	Num	102-103
26	Eligible Prepaid Plan Months	2	Num	104-105
	<i>Monthly Eligibility Groups</i>	144		106-273
	<i>12 observations each (excluding data element #33)</i>			
27	MAS Group (1 char ea.)	12	Num	106-117
28	BOE Group (1 char ea.)	12	Num	118-129
29	State Specific Eligibility Gp (4 char ea.)	48	Char	130-177
30	SMRF Eligibility Group (2 char ea.)	24	Num	178-201
31	Private Insurance Group (1 char ea.)	12	Num	202-213
32	Prepaid Plan Group (3 char ea.)	36	Num	214-249
33	Case Number (Not monthly)	12	Char	250-261
34	Mult Eligibility Group (1 char ea.ch)	12	Num	262-273
35	First Enrollment Date	4	Num	274-277
36	Filler	20	Char	278-297

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Person Summary File (PS) (Continued)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
	<i>Claims Summary Region</i>	<i>720</i>		<i>298-997</i>
37	Recipient Switch	1	Num	298-298
38	Inpatient Hospital Stay Count	2	Pack	299-300
39	Inpatinet Hospital Length of Stay	2	Pack	301-302
40	LT Covered Days	2	Pac	303-304
41	Claim Count	3	Pack	305-307
42	Medicaid Payment Amount	5	Pack	308-312
43	Charge Amount	5	Pack	313-317
44	TPL Amount	5	Pack	318-322
45	Filler	2	Char	323-324
	<i>Special Study Group</i>	<i>47</i>		<i>325-371</i>
46	Delivery Code	1	Num	325-325
47	Delivery Payment Amount	4	Pack	326-329
48	AIDS Claim Count	3	Pack	330-332
49	AIDS Payment Amount	4	Pack	333-336
50	Substance Abuse Claim Count	3	Pack	337-339
51	Substance Abuse Payment Amount	4	Pack	340-343
52	Mental Health Claim Count	3	Pack	344-346
53	Mental Health Payment Amount	4	Pack	347-350
54	ESRD Claim Count	3	Pack	351-353
55	ESRD Payment Amount	4	Pack	354-357
56	TB Claim Count	3	Pack	358-360
57	TB Payment Amount	4	Pack	361-364
58	Diabetes Claim Count	3	Pack	365-367
59	Diabetes Payment Amount	4	Pack	368-371
	<i>Type of Coverage (TOC) Group</i>	<i>98</i>		<i>372-469</i>
	<i>7 Repeating Segments, by TOC</i>			
60	TOC Switch (1st Segment)	1	Num	372-372
61	TOC Claims Count (1st Segment)	3	Pack	373-375
62	TOC Payment Amount (1st Segment)	5	Pack	376-380
63	TOC Charges (1st Segment)	5	Pack	381-385
	<i>Type of Service (TOS) Group</i>	<i>528</i>		<i>470-997</i>
	<i>24 Repeating Segments, by SMRF TOS</i>			
64	Recipient Indicator (1st Segment)	1	Num	470-470
65	Claims Count (1st Segment)	3	Pack	471-473
66	Payment Amount (1st Segment)	5	Pack	474-478
67	Charges (1st Segment)	5	Pack	479-483
68	Quantity (1st Segment)	3	Pack	484-486
69	Third Party Pmt Amount (1st Segment)	5	Pack	487-491