

**State Medicaid Research Files (SMRF) - 1995 and earlier
Inpatient Hospital Record (IP)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
**** SMRF Inpatient Hospital Record (IP)		190		1-190
	<i>Eligibility Group</i>	50		1-50
1	MSIS Identification Number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Birth Date	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 code	1	Num	50-50
	<i>Utilization Group</i>	39		51-89
12	Place of Service	1	Num	51-51
13	Type of Claim	1	Num	52-52
14	Type of Coverage	1	Num	53-53
15	MSIS Type of Service	2	Num	54-55
16	Procedure Coding System	2	Num	56-57
17	Beginning Date of Service	6	Num	58-63
18	Charge Amount	4	Bin	64-67
19	TPL Payment Amount	6	Num	68-73
20	Medicaid Payment Amount	4	Bin	74-77
21	Provider ID	12	Num	78-89
	<i>Inpatient Hospital Group</i>	101		90-190
22	Ancillary Amount	4	Bin	90-93
23	Accommodation Amount	4	Bin	94-97
24	2nd Diagnosis	5	Char	98-102
25	Principal Procedure	6	Char	103-108
26	2nd Procedure	6	Char	109-114
27	Discharge Status	1	Num	115-115
28	Payment Date	6	Num	116-121
29	Principal Procedure Modifier	2	Char	122-123
30	Primary Diagnosis	4	Char	124-128
31	Ending Date of Service	6	Num	129-134

**State Medicaid Research Files (SMRF) - 1995 and earlier
Inpatient Hospital Record (IP) (Continued)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
32	SMRF Type of Service	2	Num	135-136
33	Medicaid Cov IP Days	2	Bin	137-138
34	2nd Procedure Modifier	2	Char	139-140
35	Provider Type (Tape-to-Tape)	3	Num	141-143
36	Payment Amount Code (Tape-to-Tape)	1	Char	144-144
37	Type of Service Code (Tape-to-Tape)	2	Num	145-146
38	Local Use (Tape-to-Tape)	10	Char	147-156
39	Admission Date	6	Num	157-162
40	Principal Procedure Date	6	Num	163-168
41	Stay Missing Charge Switch	1	Num	169-169
42	Delivery Code	1	Num	170-170
43	Filler	20	Char	171-190

**State Medicaid Research Files (SMRF) - 1995 and earlier
Prescription Drug Record (RX)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<i>SMRF Drug Record (RX)</i>	<i>198</i>		<i>1-198</i>
	<i>Eligibility Group</i>	<i>50</i>		<i>1-50</i>
1	MSIS Identification Number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Birth Date	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 code	1	Num	50-50
	<i>Utilization Group</i>	<i>39</i>		<i>51-89</i>
12	Place of Service	1	Num	51-51
13	Type of Claim	1	Num	52-52
14	Type of Coverage	1	Num	53-53
15	MSIS Type of Service	2	Num	54-55
16	Procedure Coding System	2	Num	56-57
17	Beginning Date of Service	6	Num	58-63
18	Charge Amount	4	Bin	64-67
19	TPL Payment Amount	6	Num	68-73
20	Medicaid Payment Amount	4	Bin	74-77
21	Provider ID	12	Num	78-89
	<i>Prescription Drug Group</i>	<i>109</i>		<i>90-198</i>
22	National Drug Code Switch	1	Num	90-90
23	Drug Code	12	Char	91-102
24	Procedure (Service) Code	6	Char	103-108
25	HICL (Proprietary)	7	Char	109-115
26	Payment Date	6	Num	116-121
27	Prov Type (Tape-to-Tape)	3	Num	122-124
28	Payment Code (Tape-to-Tape)	1	Char	125-125
29	Type of Service (Tape-to-Tape)	2	Num	126-127
30	Local Use (Tape-to-Tape)	10	Char	128-137
31	Quantity (Tape-to-Tape)	6	Num	138-143
32	Provider ID (Tape-to-Tape)	11	Num	144-154
33	Filler	20	Char	155-174
34-45	Error Flag Group	24	Bin	175-198

**State Medicaid Research Files (SMRF) - 1995 and earlier
Other Services Record (OT)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<i>SMRF Other Services Record (OT)</i>	<i>208</i>		<i>1-208</i>
	<i>Eligibility Group</i>	<i>50</i>		<i>1-50</i>
1	MSIS Identification Number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Birth Date	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 code	1	Num	50-50
	<i>Utilization Group</i>	<i>39</i>		<i>51-89</i>
12	Place of Service	1	Num	51-51
13	Type of Claim	1	Num	52-52
14	Type of Coverage	1	Num	53-53
15	MSIS Type of Service	2	Num	54-55
16	Procedure Coding System	2	Num	56-57
17	Beginning Date of Service	6	Num	58-63
18	Charge Amount	4	Bin	64-67
19	TPL Payment Amount	6	Num	68-73
20	Medicaid Payment Amount	4	Bin	74-77
21	Provider ID	12	Num	78-89
	<i>Other Services Group</i>	<i>119</i>		<i>90-208</i>
22	Filler	1	Char	90-90
23	Drug Code	12	Char	91-102
24	Procedure (Service) Code	6	Char	103-108
25	HICL (Proprietary)	7	Char	109-115
26	Payment Date	6	Num	116-121
27	Procedure (Service) Modifier	2	Char	122-123
28	Primary Diagnosis	5	Char	124-128
29	Ending Date of Service	6	Num	129-134
30	SMRF Type of Service	2	Num	135-136
31	Quantity	4	Num	137-140
32	Provider Type (Tape-to-Tape)	3	Num	141-143
33	Payment Code (Tape-to-Tape)	1	Char	144-144
34	Type of Service (Tape-to-Tape)	2	Num	145-146

**State Medicaid Research Files (SMRF) - 1995 and earlier
Other Services Record (OT) (Continued)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
35	Local Use (Tape-to-Tape)	10	Char	147-156
36	Filler	20	Char	157-176
37-52	Error Flag Group	32	Bin	177-208

**State Medicaid Research Files (SMRF) - 1995 and earlier
Long Term Care Record (LT)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
****	<i>SMRF Long Term Care Record (LT)</i>	<i>177</i>		<i>1-177</i>
	<i>Eligibility Group</i>	<i>50</i>		<i>1-50</i>
1	MSIS Identification Number	20	Char	1-20
2	State	2	Char	21-22
3	Social Security Number (SSN)	9	Char	23-31
4	Birth Date	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 code	1	Num	50-50
	<i>Utilization Group</i>	<i>39</i>		<i>51-89</i>
12	Place of Service	1	Num	51-51
13	Type of Claim	1	Num	52-52
14	Type of Coverage	1	Num	53-53
15	MSIS Type of Service	2	Num	54-55
16	Filler	2	Char	56-57
17	Beginning Date of Service	6	Num	58-63
18	Charge Amount	4	Bin	64-67
19	TPL Payment Amount	6	Num	68-73
20	Medicaid Payment Amount	4	Bin	74-77
21	Provider ID	12	Num	78-89
	<i>Long Term Care Group</i>	<i>88</i>		<i>90-177</i>
22	Intermediate Care Days	3	Num	90-92
23	LT Leave Days	3	Num	93-95
24	Nursing Facility Days	3	Num	96-98
25	Admission Date	6	Num	99-104
26	Filler	10	Char	105-114
27	Discharge Status	1	Num	115-115
28	Payment Date	6	Num	116-121
29	Filler	2	Char	122-123
30	Primary Diagnosis	5	Char	124-128
31	Ending Date of Service	6	Num	129-134
32	SMRF Type of Service	2	Num	135-136
33	Medicaid Cov LT Care Days	2	Bin	137-138

**State Medicaid Research Files (SMRF) - 1995 and earlier
Long Term Care Record (LT) (Continued)**

<i>Data Element</i>	<i>Description</i>	<i>#Char</i>	<i>Type</i>	<i>Position</i>
34	Filler	2	Char	139-140
35	Provider Type (Tape-to-Tape)	3	Num	141-143
36	Payment Code (Tape-to-Tape)	1	Char	144-144
37	Type of Service (Tape-to-Tape)	2	Num	145-146
38	Local Use (Tape-to-Tape)	10	Char	147-156
39	Missing Charge Switch	1	Num	157-157
40	Filler	20	Char	158-177

**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

**State Medicaid Research Files (SMRF) - 1995 and earlier
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	Inpatient 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