

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

6/10/2002 17:16

Data Element	Description	#Char	Type	Position
	****SMRF Person Summary Record (PS)	1059		1-1059
	*** Eligible Summary Region	291		1-291
	** Eligible Identifying Group	78		1-78
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
	** Eligible Demographic Group	37		79-115
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
	** Annual Eligibility Group	20		116-135
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
	** Monthly Eligibility Groups	156		136-291
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

6/10/2002 17:16

Data Element	Description	#Char	Type	Position
	*** Recipient Claims Summary Region	768		292-1059
32	Recipient indicator	1	Num	292-292
	** Inpatient Hospital (IP) Summary - FFS	18		293-310
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
	** Long Term Care (LT) Summary - FFS	15		311-325
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
	** Claims Payment Summary - FFS	29		326-354
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
	** Delivery Summary - FFS	1		355-355
48	Delivery code	1	Num	355-355
	** Type of Service Summary - FFS	660		356-1015
	<i>22 Repeating Segments,</i>			
	<i>by SMRF Type of Service</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
	** Encounter Records Summary	20		1016-1035
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
	** Validation Data Elements (Monthly)	24		1036-1059
58	Maintenance Assistance Status (MAS) (12x1)	12	Num	1036-1047
59	Basis of Eligibility (BOE) (12x1)	12	Num	1048-1059