

Medicaid Analytic eXtract Files (MAX formerly SMRF) - 1999 and later
 Person Summary File (PS) - With Medicare EDB Elements

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Data Element	Description	#Char	Type	Position
	****MAX Person Summary Record (PS)	2573		1-2573
	*** Eligible Summary Region	1052		1-1052
	** Eligible Identifying Group	70		1-70
1	MSIS identification number	20	Char	1-20
2	State	2	Char	21-22
3	Year	4	Num	23-26
4	Social Security Number (SSN)	9	Char	27-35
5	Case number	12	Char	36-47
6	Medicare HIC number (From Medicaid)	12	Char	48-59
7	Medicare HIC number (From Medicare EDB)	11	Char	60-70
	** Eligible Demographic Group	48		71-118
8	Date of birth	8	Num	71-78
9	Age group	1	Num	79-79
10	Sex	1	Char	80-80
11	Race/ethnicity (<i>Positions 82-86 blank</i>)	6	Num	81-86
12	Race/ethnicity (From Medicare EDB)	1	Num	87-87
13	Medicare language code (From Medicare EDB)	1	Char	88-88
14	Sex/race	1	Num	89-89
15	Date of death	8	Num	90-97
16	Date of death (From Medicare EDB)	8	Num	98-105
17	Day of death verified (From Medicare EDB)	1	Char	106-106
18	County of residence	3	Char	107-109
19	Zip code of residence (<i>Positions 115-118 blank</i>)	9	Num	110-118
	** Annual Eligibility Group	13		119-131
20	State specific eligibility - most recent	6	Char	119-124
21	SMRF eligibility - most recent	2	Num	125-126
22	Missing eligibility data	1	Char	127-127
23	Eligible months	2	Num	128-129
24	Private insurance months	2	Num	130-131
	** Medicare Crossover (Dual) Eligibility (old format)	5		132-136
25	Crossover code (Annual)	1	Num	132-132
	* Quarterly Crossover (Dual) Eligibility (old format)	4		133-136
26	Quarterly crossover code (1st segment - Quarter 1)	1	Num	133
	** Medicare Crossover (Dual) Eligibility (new format)	10		137-146
27	Crossover code (Annual)	2	Char	137-138
	* Quarterly Crossover (Dual) Eligibility (new format)	8		139-146
28	Quarterly crossover code (1st segment - Quarter 1)	2	Char	139-140
29	Medicare beneficiary months (From Medicare EDB)	2	Num	147-148
30	Future use	12		149-160
31	Medicare original entitlement reason (From Medicare EDB)	1	Num	161-161
32	Future use	1		162-162

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Data Element	Description	#Char	Type	Position
	** Monthly State Specific Eligibility	72		163-234
33	State specific eligibility group (1st segment - January)	6	Char	163-168
	** Monthly SMRF Eligibility	24		235-258
34	SMRF eligibility group (1st segment - January)	2	Num	235-236
	** Monthly Private Health Insurance	12		259-270
35	Private health insurance group (1st segment - January)	12	Num	259-259
	** Monthly Medicare Beneficiary (From Medicare EDB)	12		271-282
36	Medicare beneficiary (1st segment - January)	1	Num	271-271
	** Prepaid Plan Months Group	14		283-296
	<i>7 repeating segments, by type of prepaid plan</i>			
37	Prepaid plan months (1st segment - comprehensive plans)	2	Num	283-284
	** Monthly Prepaid Plan Enrollment	672		297-968
38	Prepaid plan type-1 (1st segment - January)	2	Num	297-298
39	Prepaid plan identifier-1 (1st segment - January)	12	Char	299-310
40	Prepaid plan type-2 (1st segment - January)	2	Num	311-312
41	Prepaid plan identifier-2 (1st segment - January)	12	Char	313-324
42	Prepaid plan type-3 (1st segment - January)	2	Num	325-326
43	Prepaid plan identifier-3 (1st segment - January)	12	Char	327-338
44	Prepaid plan type-4 (1st segment - January)	2	Num	339-340
45	Prepaid plan identifier-4 (1st segment - January)	12	Char	341-352
	** Monthly Managed Care Combinations Group	24		969-992
46	Managed care combinations (1st segment - January)	2	Num	969-970
	** Monthly Days of Eligibility Group	24		993-1016
47	Days of eligibility (1st segment - January)	2	Num	993-994
	** Monthly TANF Cash Eligibility Group	12		1017-1028
48	TANF cash eligibility (1st segment - January)	1	Num	1017-1017
	** Monthly Restricted Benefits Group	12		1029-1040
49	Restricted benefits (1st segment - January)	1	Num	1029-1029
	** Monthly SCHIP Eligibility Group	12		1041-1052
50	SCHIP eligibility (1st segment - January)	1	Num	1041-1041
	*** Recipient Claims Summary Region	1520		1053-2573
51	Recipient indicator	1	Char	1053-1053
	** Inpatient Hospital (IP) Summary	18		1054-1071
52	IP discharges	3	Num*	1054-1056
53	IP stays	3	Num*	1057-1059
54	Length of Stay (LOS) - for discharges	3	Num*	1060-1062
55	Length of Stay (LOS) - for stays	3	Num*	1063-1065
56	Covered days - for discharges	3	Num*	1066-1068
57	Covered days - for stays	3	Num*	1069-1071

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Data Element	Description	#Char	Type	Position
	** Long Term Care (LT) Summary	15		1072-1086
58	Mental hospital covered days	3	Num*	1072-1074
59	Inpatient psych (age < 21) covered days	3	Num*	1075-1077
60	ICF/MR covered days	3	Num*	1078-1080
61	Nursing facility covered days	3	Num*	1081-1083
62	Total LT covered days	3	Num*	1084-1086
	** Claims Payment Summary	60		1087-1146
63	Total record count (sum of data elements #64-66)	5	Num*	1087-1091
64	Fee-for-service claim count	5	Num*	1092-1096
65	Premium payment claim count	5	Num*	1097-1101
66	Encounter record count	5	Num*	1102-1106
67	Total Medicaid payment amount	8	Num*	1107-1114
68	Fee-for-service Medicaid payment amount	8	Num*	1115-1122
69	Premium payment Medicaid payment amount	8	Num*	1123-1130
70	Charge amount	8	Num*	1131-1138
71	Third party payment amount	8	Num*	1139-1146
	** Program Type Summary Group	330		1147-1476
	6 repeating segments, by program type			
72	inpatient hospital records (1st segment - family planning)	3	Num	1147-1149
73	inpatient hospital payments (1st segment - family planning)	8	Num*	1150-1157
74	long term care records (1st segment - family planning)	3	Num	1158-1160
75	long term care payments (1st segment - family planning)	8	Num*	1161-1168
76	other service records (1st segment - family planning)	3	Num	1169-1171
77	other service payments (1st segment - family planning)	8	Num*	1172-1179
78	prescription drug records (1st segment - family planning)	3	Num	1180-1182
79	prescription drug payments (1st segment - family planning)	8	Num*	1183-1190
80	total records (1st segment - family planning)	3	Num	1191-1193
81	total payments (1st segment - family planning)	8	Num*	1194-1201
	** Delivery Summary	1		1477-1477
82	Delivery code	1	Num	1477-1477
	** Type of Service Summary	1085		1478-2562
	31 repeating segments, by MAX Type of Service			
83	Recipient indicator (1st segment - Inpatient hospital)	1	Char	1478-1478
84	Claim count (1st segment - Inpatient hospital)	5	Num*	1479-1483
85	Medicaid payment amount (1st segment - Inpatient hospital)	8	Num*	1484-1491
86	Charge amount (1st segment - Inpatient hospital)	8	Num*	1492-1499
87	Third party payment amount (1st segment - Inpatient hospital)	8	Num*	1500-1507
88	Encounter record count (1st segment - Inpatient hospital)	5	Num	1508-1512
	** Premium Payment Data	42		2563-2604
	3 repeating segments, one for each of the SMRF			
	Types of Service for for capitated premium payments			
89	Premium payment indicator (1st segment - HMO/HIO plans)	1	Num	2563-2563
90	Premium payment records (1st segment - HMO/HIO plans)	5	Num*	2564-2568
91	Medicaid premium payments (1st segment - HMO/HIO plans)	8	Num*	2569-2576

Data elements with type Num* are in zoned decimal (ZD) format for SAS users.