

03/01/01  
COST&USE  
1998

MEDICARE CURRENT BENEFICIARY SURVEY  
EVENT RIC FAE

PAGE: 153  
RECORD TYPE: FAE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
RIC	1	3					C	RIC CODE FOR FACILITY EVENT RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
STAYNUM	14	1					N	STAY NUMBER FOR THE YEAR
REFBEGYY	15	2					N	REF DATE BEGIN YEAR
REFBEGMM	17	2					N	REF DATE BEGIN MONTH
REFBEGDD	19	2					N	REF DATE BEGIN DAY
REFENDYY	21	2					N	REF DATE END YEAR
REFENDMM	23	2					N	REF DATE END MONTH
REFENDDD	25	2					N	REF DATE END DAY
ADMISYY	27	2					N	ADMISSION DATE YEAR
ADMISMM	29	2					N	ADMISSION DATE MONTH
ADMISDD	31	2					N	ADMISSION DATE DAY
DISCHYY	33	2					N	PERMANENT DISCH DATE YEAR
DISCHMM	35	2					N	PERMANENT DISCH DATE MONTH
DISCHDD	37	2					N	PERMANENT DISCH DATE DAY
STAYDAYS	39	3					N	NUMBER OF DAYS IN STAY
FACILID	42	6					C	FACILITY ID + PSU NUMBER
FACDESC	48	2	FACFMT				N	FACILITY DESCRIPTION
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					31		1	HOSPITAL
					957		2	NURSING HOME
					11		3	RETIREMENT HOME
					96		4	DOMI/PER CARE FAC
					18		5	MENTAL HLTH FACILITY
					37		6	INST FOR MR/DEV DISA
					0		7	MENTAL HLTH CNTR
					121		8	LIFE CARE/CONT CARE
					89		9	ASSISTED LIVING FAC
					3		10	REHAB FACILITY
					3		91	OTHER PLACE (SPEC)

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BEGSTAT	50	1		\$BEGSTAT			C	STATUS AT BEGINNING OF STAY
					0		-	DON'T KNOW
					981		0	CONTINUING SP
					161		1	FIRST TIME SP FROM HOME
					123		2	FIRST TIME SP FROM HOSP
					51		3	FIRST TIME SP FROM NH
					7		5	2ND STAY 30-DAY SPLIT (IN HOSP)
					3		6	2ND STAY 30-DAY SPLIT (DISCH)
					39		7	FIRST TIME SP FROM OTH FAC
					1		9	UNKNOWN REASON
ENDSTAT	51	1		\$ENDSTAT				STATUS AT END OF STAY
					1		-	DON'T KNOW
					937		0	SP STILL A RESIDENT
					33		1	SP WAS DISCHARGED HOME
					62		2	SP WAS DISCHARGED TO HOSP
					41		3	SP WAS DISCHARGED TO OTH FAC
					245		4	SP DIED IN FAC
					6		5	STAY SPLIT BY 30-DAY HOSP
					6		6	STAY SPLIT BY 30-DAY DISCH
					32		7	SP WAS DISCHARGED TO OTH FAC
					3		9	UNKNOWN REASON FOR END OF STAY
AMTTOT	52	9					N	TOTAL PAYMENT
AMTCARE	61	9					N	AMOUNT PAID BY MEDICARE
AMTCAID	70	9					N	AMOUNT PAID BY MEDICAID
AMTVA	79	9					N	AMOUNT PAID BY VETERANS ADM
AMTPRVU	88	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN)
AMTOOP	97	9					N	AMOUNT PAID BY PERSON/FAMILY
AMTOTH	106	9					N	AMOUNT PAID BY OTHER SOURCES
ANCITOT	115	9					N	ANCILLARY TOTAL PAYMENT
ANCICARE	124	9					N	ANCILLARY AMT PAID BY MEDICARE
ANCICAID	133	9					N	ANCILLARY AMT PAID BY MEDICAID
ANCIVA	142	9					N	ANCILLARY AMT PAID BY VETERANS ADM
ANCIPRVU	151	9					N	ANCILLARY AMT PAID BY PRIV INS
ANCIOOP	160	9					N	ANCILLARY AMT PAID BY PERSON/FAMILY
ANCIOTH	169	9					N	ANCILLARY AMT PAID BY OTHER SOURCES
TOTCARE	178	9					N	AMT PAID BY MEDICARE FOR ALL SERVICES
TOTALL	187	9					N	AMT ALL TOTAL (INC. MCARE SERVICES)
DENTNUM	196	3					N	NUMBER OF DENTAL VISITS
EMNUM	199	3					N	NUMBER OF EMERGENCY ROOM VISITS
OPNUM	202	3					N	NUMBER OF CLINIC/OUTPATIENT VISITS
MDNUM	205	3					N	NUMBER OF MEDICAL DOCTOR VISITS

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	---	-----
MHNUMVIS	208	3					N	NUMBER OF MENTAL HEALTH PROFESS. VISITS
MHNUMVIS	208	3					N	NUMBER OF MENTAL HEALTH PROFESS. VISITS
DIETFLG	211	2	MOSTFMT				N	TYPE OF HP: DIETICIAN
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					369		1	YES
					997		2	NO
OPTHLFLG	213	2	MOSTFMT				N	TYPE OF MD: OPHTHALMOLOGIST
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					109		1	YES
					1,257		2	NO
OPTOMFLG	215	2	MOSTFMT				N	TYPE OF HP: OPTOMETRIST
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					92		1	YES
					1,274		2	NO
PODIAFLG	217	2	MOSTFMT				N	TYPE OF HP: PODIATRIST
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					788		1	YES
					578		2	NO
EDHABFLG	219	2	MOSTFMT				N	RECEIVED EDUC./HABILITATIONAL SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					4		-8	DON'T KNOW
					1		-7	REFUSED
					342		1	YES
					1,019		2	NO
HABFLG	221	2	MOSTFMT				N	RECEIVED HABILITATIONAL SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					4		-8	DON'T KNOW
					1		-7	REFUSED
					324		1	YES
					1,037		2	NO

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
EDUCFLG	223	2	MOSTFMT				N	RECEIVED EDUCATIONAL SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					5		-8	DON'T KNOW
					1		-7	REFUSED
					192		1	YES
					1,168		2	NO
AMBUSERV	225	2	MOSTFMT				N	USED AMBULANCE SERVICE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					404		1	YES
					962		2	NO
BEDPADS	227	2	MOSTFMT				N	RECEIVED BEDPEDS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					663		1	YES
					703		2	NO
CATHETER	229	2	MOSTFMT				N	RECEIVED CATHETER/CATHETER SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					166		1	YES
					1,200		2	NO
CATHIRRI	231	2	MOSTFMT				N	CATHETERIZATION AND IRRIGATION
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					163		1	YES
					1,203		2	NO
CHNGBAND	233	2	MOSTFMT				N	APPLY/CHANGE DRESSINGS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					458		1	YES
					908		2	NO
CLOTHDPR	235	2	MOSTFMT				N	RECEIVED CLOTH DIAPERS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					221		1	YES
					1,145		2	NO

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
COMMODE	237	2	MOSTFMT				N	RECEIVED BEDSIDE COMMUNE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					108		1	YES
					1,258		2	NO
DIABSUPP	239	2	MOSTFMT				N	USED DIABETIC SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					206		1	YES
					1,160		2	NO
DIAPRSUP	241	2	MOSTFMT				N	USED DISPOSABLE DIAPERS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					751		1	YES
					615		2	NO
EQUIPSUP	243	2	MOSTFMT				N	USED EQUIPMENT OR SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					8		1	YES
					1,358		2	NO
EYEGLASS	245	2	MOSTFMT				N	USED EYEGLASSES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					127		1	YES
					1,239		2	NO
FEEDSERV	247	2	MOSTFMT				N	FEEDING SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					344		1	YES
					1,022		2	NO
FEEDSUPP	249	2	MOSTFMT				N	RECEIVED FEEDING SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					129		1	YES
					1,237		2	NO

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
GERCHAIR	251	2	MOSTFMT				N	RECEIVED GERI CHAIR
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					133		1	YES
					1,233		2	NO
GTUBESUP	253	2	MOSTFMT				N	RECEIVED GTUBE AND SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					111		1	YES
					1,255		2	NO
GTUBEUSE	255	2	MOSTFMT				N	GTUBE USE AND CARE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					110		1	YES
					1,256		2	NO
HEARAID	257	2	MOSTFMT				N	USED HEARING AID
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					52		1	YES
					1,314		2	NO
HOSPBED	259	2	MOSTFMT				N	RECEIVED HOSPITAL BED
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					285		1	YES
					1,081		2	NO
HOTPACKS	261	2	MOSTFMT				N	APPLYING/MONITORING HOTPACKS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					54		1	YES
					1,312		2	NO
INCNCARE	263	2	MOSTFMT				N	INCONTINENCE CARE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					746		1	YES
					620		2	NO

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
INJECTION	265	2	MOSTFMT				N	RECEIVED INJECTIONS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					508		1	YES
					858		2	NO
IVSUPP	267	2	MOSTFMT				N	RECEIVED IV SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					63		1	YES
					1,303		2	NO
IVUSE	269	2	MOSTFMT				N	IV USE AND CARE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					63		1	YES
					1,303		2	NO
MATTRESS	271	2	MOSTFMT				N	RECEIVED SPECIAL MATTRESS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					445		1	YES
					921		2	NO
NEBULIZR	273	2	MOSTFMT				N	RECEIVED NEBULIZER
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					96		1	YES
					1,270		2	NO
ORTHITEM	275	2	MOSTFMT				N	USED ORTHOPEDIC ITEMS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					181		1	YES
					1,185		2	NO
OSTOMSUP	277	2	MOSTFMT				N	USED OSTOMY SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					40		1	YES
					1,326		2	NO

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
OXYGEN	279	2	MOSTFMT				N	USED OXYGEN
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					239		1	YES
					1,127		2	NO
PACEMCHK	281	2	MOSTFMT				N	PACEMAKER CHECK
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					29		1	YES
					1,337		2	NO
PROSTHES	283	2	MOSTFMT				N	USED PROSTHESIS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					14		1	YES
					1,352		2	NO
RESTRAIN	285	2	MOSTFMT				N	RECEIVED RESTRAINTS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					361		1	YES
					1,005		2	NO
SKINSERV	287	2	MOSTFMT				N	SKIN TREATMENTS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					678		1	YES
					688		2	NO
SUCTSERV	289	2	MOSTFMT				N	SUCTIONING
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					59		1	YES
					1,307		2	NO
SUCTSUPP	291	2	MOSTFMT				N	RECEIVED SUCTION MACHINE AND SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					58		1	YES
					1,308		2	NO



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-----	---	---	---	-----	-----	-----	---	-----
TEDHOSE	293	2	MOSTFMT				N	RECEIVED TED HOSE AND SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					127		1	YES
					1,239		2	NO
TUBEFEED	295	2	MOSTFMT				N	RECEIVED TUBE FEEDING
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					138		1	YES
					1,228		2	NO
TUBEFEED	297	2	MOSTFMT				N	RECEIVED TUBE FEEDING
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					138		1	YES
					1,228		2	NO
TURNPOS	299	2	MOSTFMT				N	RECEIVED TURNING AND POSITIONING
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					694		1	YES
					672		2	NO
WHEEWALK	301	2	MOSTFMT				N	RECEIVED WHEELCHAIR/WALKER
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					492		1	YES
					874		2	NO