

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT	16,315			C Unique SP Identification Number LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT	16,315			C Date of birth Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT	16,158 157			C Date of death Missing Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT	16,158 0 0 0 89 10 48 10 0 0			C Source of date of death No date of death 01 From Medicare bill 03 Clerical entry 05 Bill and clerical entry 10 Proven Medicare Benefits record 11 Proven Medicare Benefits record & bills 20 Unproven Medicare Benefits record 21 Unproven Mcare Benefits record & bills 23 Unproven Mcare Benefits rec & clerical 25 Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT	7,218 9,097			C Sex code 1 Male 2 Female
H_RACE	31	1	\$RACEFMT	33 13,789 1,697 160 165 412 59			C Race code 0 Unknown 1 White 2 Black 3 Other 4 Asian 5 Hispanic 6 North American Native
H_AGE	32	3	AGEFMT	16,315			N SP age based on CMS date of birth Age in years

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,305			1 0-44
				1,412			2 45-64
				2,684			3 65-69
				2,904			4 70-74
				2,810			5 75-79
				2,707			6 80-84
				2,493			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				574			A Part A Medicare only
				142			B Part B Medicare only
				15,597			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				573			A Part A Medicare only
				141			B Part B Medicare only
				15,599			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				566			A Part A Medicare only
				141			B Part B Medicare only
				15,606			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				563			A Part A Medicare only
				141			B Part B Medicare only
				15,609			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				558			A Part A Medicare only
				140			B Part B Medicare only
				15,615			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				561			A Part A Medicare only
				140			B Part B Medicare only
				15,612			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				522			A Part A Medicare only
				138			B Part B Medicare only
				15,653			C Parts A and B Medicare
				2			N No Medicare entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	43	1	\$ENTFMT				C Medicare entitlement code for Aug
				514			A Part A Medicare only
				138			B Part B Medicare only
				15,661			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sep
				511			A Part A Medicare only
				138			B Part B Medicare only
				15,663			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				508			A Part A Medicare only
				138			B Part B Medicare only
				15,657			C Parts A and B Medicare
				12			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				507			A Part A Medicare only
				138			B Part B Medicare only
				15,645			C Parts A and B Medicare
				25			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				505			A Part A Medicare only
				137			B Part B Medicare only
				15,594			C Parts A and B Medicare
				79			N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT				C Medicare entitlement start date
				2			Missing
				16,313			Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C Medicare entitlement end date
				16,307			Missing
				8			Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C Medicare status code as of 12/31
				1			Unknown
				13,529			10 Aged, no ESRD
				48			11 Aged, ESRD
				2,650			20 Disabled, no ESRD
				44			21 Disabled, ESRD
				43			31 ESRD only

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	66	2	\$LAFMT				C Status of SSA check (LAF) as of 12/31
				2			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				15,657			C Current payment status
				0			DW Deferred-Workers' Compensation
				1			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				5			D6 DEF-recover overpayment
				3			D9 DEF-miscellaneous reason
				0			J Advanced filing-current pay
				0			L2 Advanced filing-worked inside U S
				0			L3 Advanced filing-insured worked in U S
				0			N Not in pay status
				0			PB Delayed-benefit due but not paid
				0			R Cur pay-Part B reinstated
				0			RN Cur pay-Part B reinstated
				1			S SUSP-deferred retirement
				1			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				74			SH SUSP-government pension
				1			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				3			S0 SUSP-continuing disability investig
				0			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				6			S6 SUSP-check returned for address
				28			S7 SUSP-vocational rehab refusal
				3			S8 SUSP-payee not determined
				9			S9 SUSP-miscellaneous reason
				0			TA TERM-prior to entitlement
				0			TJ TERM-prior to entlmt, not stop debit
				0			TR TERM-claim withdrawn
				0			T0 TERM-benefits paid by another agency
				126			T1 TERM-death of beneficiary
				0			T2 TERM-death of primary
				1			T3 TERM-divorce, marriage, remarriage
				0			T4 TERM-dependent child attained age 18
				1			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				1			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				384			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				3			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				5			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	68	2	\$STFMT				C SSA State code of residence as of 12/31
				506			01 Alabama
				0			02 Alaska
				234			03 Arizona
				120			04 Arkansas
				1,353			05 California
				244			06 Colorado
				201			07 Connecticut
				1			08 Delaware
				34			09 Washington, DC
				1,070			10 Florida
				598			11 Georgia
				1			12 Hawaii
				71			13 Idaho
				589			14 Illinois
				205			15 Indiana
				253			16 Iowa
				193			17 Kansas
				270			18 Kentucky
				146			19 Louisiana
				89			20 Maine
				198			21 Maryland
				261			22 Massachusetts
				668			23 Michigan
				258			24 Minnesota
				56			25 Mississippi
				339			26 Missouri
				1			27 Montana
				80			28 Nebraska
				259			29 Nevada
				2			30 New Hampshire
				594			31 New Jersey
				243			32 New Mexico
				1,057			33 New York
				469			34 North Carolina
				40			35 North Dakota
				750			36 Ohio
				211			37 Oklahoma
				3			38 Oregon
				844			39 Pennsylvania
				278			40 Puerto Rico
				1			41 Rhode Island
				343			42 South Carolina
				1			43 South Dakota
				266			44 Tennessee
				1,036			45 Texas
				3			46 Utah
				0			47 Vermont
				0			48 Virgin Islands
				416			49 Virginia
				659			50 Washington
				165			51 West Virginia
				508			52 Wisconsin
				128			53 Wyoming
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				16,315			County code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT	16,315			C Postal zip code of residence as of 12/31 ZIP Code
H_CENSUS	78	2	\$CENFMT	5 0 554 2,495 2,720 1,164 3,289 1,098 1,513 1,183 2,016 278			C Census Region of residence as of 12/31 Missing ** Unknown 01 New England 02 Middle Atlantic 03 East North Central 04 West North Central 05 South Atlantic 06 East South Central 07 West South Central 08 Mountain 09 Pacific 10 Puerto Rico
H_METRO	80	1	\$METFMT	4,374 5 11,936			C Metro status N Non-metro area U Unknown Y Metro area
H_HSBEG1	81	8	\$DTE8FMT	16,105 210			C Beginning date of latest hospice period Missing Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT	16,105 210			C Ending date of latest hospice period Missing Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT	16,239 76			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT	16,239 76			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT	16,269 46			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT	16,269 46			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT	16,282 33			C Beginning date of 4th hospice period Missing Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT	16,282 33			C Ending date of 4th hospice period  Missing Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT	16,152 163			C Beginning date of ESRD period  Missing Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT	16,258 57			C Ending date of ESRD period  Missing Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW	13,992 2,323			C Some group health participation in year  0 No enrollment 1 Some enrollment
H_PARTLC	162	1	\$PARTC	14,551 1,764			C GHP - partial county switch  0 Not a partial county plan 1 Partial county plan by ZIP
H_PLTP01	163	2	\$PLNFMT	14,099 58 100 2,058			C GHP plan type for Jan  No enrollment 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN01	165	5	\$GHPFMT	14,099 2,216			C GHP contract number for Jan  N Unknown, or no plan Plan Identifier
H_PLPY01	170	4					N Medicare capitation payment for Jan
H_PNUM01	174	3					N Number of GHPs in bene area in Jan
H_RPNM01	177	3					N Number of risk plans in bene area in Jan
H_PLTP02	180	2	\$PLNFMT	14,102 57 100 2,056			C GHP plan type for Feb  No enrollment 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN02	182	5	\$GHPFMT	14,102 2,213			C GHP contract number for Feb  N Unknown, or no plan Plan Identifier
H_PLPY02	187	4					N Medicare capitation payment for Feb
H_PNUM02	191	3					N Number of GHPs in bene area in Feb
H_RPNM02	194	3					N Number of risk plans in bene area in Feb

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP03	197	2	\$PLNFMT				C GHP plan type for Mar
				14,109			No enrollment
				57			01 Health care prepayment plan
				101			02 Cost HMO
				2,048			06 Risk HMO
H_PLAN03	199	5	\$GHPFMT				C GHP contract number for Mar
				14,109			N Unknown, or no plan
				2,206			Plan Identifier
H_PLPY03	204	4					N Medicare capitation payment for Mar
H_PNUM03	208	3					N Number of GHPs in bene area in Mar
H_RPNM03	211	3					N Number of risk plans in bene area in Mar
H_PLTP04	214	2	\$PLNFMT				C GHP plan type for Apr
				14,107			No enrollment
				57			01 Health care prepayment plan
				101			02 Cost HMO
				2,050			06 Risk HMO
H_PLAN04	216	5	\$GHPFMT				C GHP contract number for Apr
				14,107			N Unknown, or no plan
				2,208			Plan Identifier
H_PLPY04	221	4					N Medicare capitation payment for Apr
H_PNUM04	225	3					N Number of GHPs in bene area in Apr
H_RPNM04	228	3					N Number of risk plans in bene area in Apr
H_PLTP05	231	2	\$PLNFMT				C GHP plan type for May
				14,107			No enrollment
				57			01 Health care prepayment plan
				101			02 Cost HMO
				2,050			06 Risk HMO
H_PLAN05	233	5	\$GHPFMT				C GHP contract number for May
				14,107			N Unknown, or no plan
				2,208			Plan Identifier
H_PLPY05	238	4					N Medicare capitation payment for May
H_PNUM05	242	3					N Number of GHPs in bene area in May
H_RPNM05	245	3					N Number of risk plans in bene area in May
H_PLTP06	248	2	\$PLNFMT				C GHP plan type for Jun
				14,116			No enrollment
				57			01 Health care prepayment plan
				100			02 Cost HMO
				2,042			06 Risk HMO

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLAN06	250	5	\$GHPFMT				C GHP contract number for Jun
				14,116			N Unknown, or no plan
				2,199			Plan Identifier
H_PLPY06	255	4					N Medicare capitation payment for Jun
H_PNUM06	259	3					N Number of GHPs in bene area in Jun
H_RPNM06	262	3					N Number of risk plans in bene area in Jun
H_PLTP07	265	2	\$PLNFMT				C GHP plan type for Jul
				14,127			No enrollment
				57			01 Health care prepayment plan
				100			02 Cost HMO
				2,031			06 Risk HMO
H_PLAN07	267	5	\$GHPFMT				C GHP contract number for Jul
				14,127			N Unknown, or no plan
				2,188			Plan Identifier
H_PLPY07	272	4					N Medicare capitation payment for Jul
H_PNUM07	276	3					N Number of GHPs in bene area in Jul
H_RPNM07	279	3					N Number of risk plans in bene area in Jul
H_PLTP08	282	2	\$PLNFMT				C GHP plan type for Aug
				14,133			No enrollment
				57			01 Health care prepayment plan
				100			02 Cost HMO
				2,025			06 Risk HMO
H_PLAN08	284	5	\$GHPFMT				C GHP contract number for Aug
				14,133			N Unknown, or no plan
				2,182			Plan Identifier
H_PLPY08	289	4					N Medicare capitation payment for Aug
H_PNUM08	293	3					N Number of GHPs in bene area in Aug
H_RPNM08	296	3					N Number of risk plans in bene area in Aug
H_PLTP09	299	2	\$PLNFMT				C GHP plan type for Sep
				14,138			No enrollment
				58			01 Health care prepayment plan
				100			02 Cost HMO
				2,019			06 Risk HMO
H_PLAN09	301	5	\$GHPFMT				C GHP contract number for Sep
				14,138			N Unknown, or no plan
				2,177			Plan Identifier
H_PLPY09	306	4					N Medicare capitation payment for Sep
H_PNUM09	310	3					N Number of GHPs in bene area in Sep

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RPNM09	313	3					N Number of risk plans in bene area in Sep
H_PLTP10	316	2	\$PLNFMT				C GHP plan type for Oct
				14,137			No enrollment
				58			01 Health care prepayment plan
				100			02 Cost HMO
				2,020			06 Risk HMO
H_PLAN10	318	5	\$GHPFMT				C GHP contract number for Oct
				14,137			N Unknown, or no plan
				2,178			Plan Identifier
H_PLPY10	323	4					N Medicare capitation payment for Oct
H_PNUM10	327	3					N Number of GHPs in bene area in Oct
H_RPNM10	330	3					N Number of risk plans in bene area in Oct
H_PLTP11	333	2	\$PLNFMT				C GHP plan type for Nov
				14,166			No enrollment
				58			01 Health care prepayment plan
				98			02 Cost HMO
				1,993			06 Risk HMO
H_PLAN11	335	5	\$GHPFMT				C GHP contract number for Nov
				14,166			N Unknown, or no plan
				2,149			Plan Identifier
H_PLPY11	340	4					N Medicare capitation payment for Nov
H_PNUM11	344	3					N Number of GHPs in bene area in Nov
H_RPNM11	347	3					N Number of risk plans in bene area in Nov
H_PLTP12	350	2	\$PLNFMT				C GHP plan type for Dec
				14,161			No enrollment
				58			01 Health care prepayment plan
				97			02 Cost HMO
				1,999			06 Risk HMO
H_PLAN12	352	5	\$GHPFMT				C GHP contract number for Dec
				14,161			N Unknown, or no plan
				2,154			Plan Identifier
H_PLPY12	357	4					N Medicare capitation payment for Dec
H_PNUM12	361	3					N Number of GHPs in bene area in Dec
H_RPNM12	364	3					N Number of risk plans in bene area in Dec
H_MCSW	367	1	\$SWFMT				C Some Medicaid eligibility for the year
				13,217			N No participation
				3,098			Y Some participation

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H_MCDE01	368	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				1,250			B State Part B buy-in
				45			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,467			N No buy-in this month
				1,244			Q State Part B QMB buy-in
				234			S State Part B SLMB buy-in
H_MCDE02	369	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,247			B State Part B buy-in
				46			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,464			N No buy-in this month
				1,246			Q State Part B QMB buy-in
				237			S State Part B SLMB buy-in
H_MCDE03	370	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,251			B State Part B buy-in
				46			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,443			N No buy-in this month
				1,260			Q State Part B QMB buy-in
				240			S State Part B SLMB buy-in
H_MCDE04	371	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,260			B State Part B buy-in
				46			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,423			N No buy-in this month
				1,264			Q State Part B QMB buy-in
				247			S State Part B SLMB buy-in
H_MCDE05	372	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,267			B State Part B buy-in
				46			C State Part A and B buy-in
				74			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,404			N No buy-in this month
				1,269			Q State Part B QMB buy-in
				253			S State Part B SLMB buy-in

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H_MCDE06	373	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				1,274			B State Part B buy-in
				46			C State Part A and B buy-in
				74			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,393			N No buy-in this month
				1,271			Q State Part B QMB buy-in
				255			S State Part B SLMB buy-in
H_MCDE07	374	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				1,282			B State Part B buy-in
				46			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,377			N No buy-in this month
				1,279			Q State Part B QMB buy-in
				254			S State Part B SLMB buy-in
H_MCDE08	375	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				1,294			B State Part B buy-in
				46			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,354			N No buy-in this month
				1,285			Q State Part B QMB buy-in
				259			S State Part B SLMB buy-in
H_MCDE09	376	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				1,296			B State Part B buy-in
				44			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,337			N No buy-in this month
				1,296			Q State Part B QMB buy-in
				264			S State Part B SLMB buy-in
H_MCDE10	377	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				1,302			B State Part B buy-in
				43			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,327			N No buy-in this month
				1,296			Q State Part B QMB buy-in
				270			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE11	378	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				1,308			B State Part B buy-in
				43			C State Part A and B buy-in
				74			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,317			N No buy-in this month
				1,302			Q State Part B QMB buy-in
				269			S State Part B SLMB buy-in
H_MCDE12	379	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				1,265			B State Part B buy-in
				40			C State Part A and B buy-in
				71			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				13,389			N No buy-in this month
				1,281			Q State Part B QMB buy-in
				267			S State Part B SLMB buy-in
H_MACY01	380	3	\$MACYFMT				C Buy-in agency for Jan
				13,467			N Unknown, or no buy-in
				2,848			State Agency code
H_MACY02	383	3	\$MACYFMT				C Buy-in agency for Feb
				13,464			N Unknown, or no buy-in
				2,851			State Agency code
H_MACY03	386	3	\$MACYFMT				C Buy-in agency for Mar
				13,443			N Unknown, or no buy-in
				2,872			State Agency code
H_MACY04	389	3	\$MACYFMT				C Buy-in agency for Apr
				13,423			N Unknown, or no buy-in
				2,892			State Agency code
H_MACY05	392	3	\$MACYFMT				C Buy-in agency for May
				13,404			N Unknown, or no buy-in
				2,911			State Agency code
H_MACY06	395	3	\$MACYFMT				C Buy-in agency for Jun
				13,393			N Unknown, or no buy-in
				2,922			State Agency code
H_MACY07	398	3	\$MACYFMT				C Buy-in agency for Jul
				13,377			N Unknown, or no buy-in
				2,938			State Agency code
H_MACY08	401	3	\$MACYFMT				C Buy-in agency for Aug
				13,354			N Unknown, or no buy-in
				2,961			State Agency code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MACY09	404	3	\$MACYFMT				C Buy-in agency for Sep
				13,337			N Unknown, or no buy-in
				2,978			State Agency code
H_MACY10	407	3	\$MACYFMT				C Buy-in agency for Oct
				13,327			N Unknown, or no buy-in
				2,988			State Agency code
H_MACY11	410	3	\$MACYFMT				C Buy-in agency for Nov
				13,317			N Unknown, or no buy-in
				2,998			State Agency code
H_MACY12	413	3	\$MACYFMT				C Buy-in agency for Dec
				13,389			N Unknown, or no buy-in
				2,926			State Agency code
H_HOSSW	416	1	\$UTLFMT				C One or more hospice bills in CY
				16,200			0 No utilization this type
				115			1 Some utilization this type
H_INPSW	417	1	\$UTLFMT				C One or more inpatient discharges in CY
				13,287			0 No utilization this type
				3,028			1 Some utilization this type
H_SNFSW	418	1	\$UTLFMT				C One or more SNF admissions in CY
				15,694			0 No utilization this type
				621			1 Some utilization this type
H_HHASW	419	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				15,263			0 No utilization this type
				1,052			1 Some utilization this type
H_OUTSW	420	1	\$UTLFMT				C One or more outpatient visits in CY
				6,442			0 No utilization this type
				9,873			1 Some utilization this type
H_PBSW	421	1	\$UTLFMT				C One or more Part B claims in CY
				2,977			0 No utilization this type
				13,338			1 Some utilization this type
H_PTARMB	422	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	428	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	434	8	\$DTE8FMT				C Discharge date of latest inpatient stay
				13,287			Missing
				3,028			Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LATDRG	442	3	\$DRGFMT				C DRG code for latest inpatient stay
				13,287			Unknown, or no discharge
				3,028			DRG
H_DISDES	445	2	\$STATUS				C Discharge dest for latest inpatient stay
				13,287			Missing
				2,014			01 Discharged to home/self care
				11			02 Discharged to other short-term hospital
				450			03 Discharged to skilled nursing facility
				66			04 Discharged to intermediate care facility
				48			05 Disch to another type of institution
				314			06 Discharged to home care of organized HMO
				9			07 Left against medical advice/stopped care
				2			08 Disch home under care of IV therapy prov
				46			20 Expired (did not recover Christian Sci)
				12			30 Still patient
				0			40 Expired at home (hospice claims only)
				0			41 Expired in hospital, SNF, ICF or hospice
				0			42 Expired in unknown place (hospice only)
				4			50 Hospice - home (eff. 10/96)
				5			51 Hospice - medical facility (eff. 10/96)
				14			61 Disch w/i facility to swing-bed SNF (99)
				6			71 Disch to other facility for O/P svcs(99)
				14			72 Disch to this facility for O/P svcs (99)
				13			Other destination
H_INPSTY	447	2					N No. of inpatient stays for CY
H_INPDAY	449	3					N No. of inpatient covered days for CY
H_INPCHG	452	6					N Inpatient charges for CY (\$)
H_INPCCH	458	6					N Inpatient covered charges for CY (\$)
H_INPRMB	464	6					N Inpatient reimbursement for CY (\$)
H_INPCDY	470	2					N Inpatient coinsurance days used in CY
H_INPCAM	472	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	477	2					N Total SNF stays in CY
H_SNFDAY	479	3					N Total SNF covered days in CY
H_SNFCHG	482	6					N Total SNF charges in CY (\$)
H_SNFCCH	488	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	494	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	500	3					N Total SNF coinsurance days in CY
H_SNFCAM	503	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	509	4					N Total HHA visits in CY
H_HHACCH	513	6					N Total HHA covered charges in CY (\$)
H_HHACHO	519	6					N Total HHA other covered charges CY (\$)

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HHRMBA	525	6					N Total HHA reimbursement in CY (\$), Pt. A  Notes: Prior to 2000 this was included in H_HHARMB. First available in 2000
H_HHRMBB	531	6					N Total HHA reimbursement in CY (\$), Pt. B  Notes: Prior to 2000 this was included in H_HHARMB. First available in 2000
H_HSDAYS	537	3					N Total covered hospice days in CY
H_HSTCHG	540	6					N Total hospice charges CY (\$)
H_HSREIM	546	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	552	3					N Total outpatient bills in CY
H_OUTCHG	555	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	561	6					N Total outpatient reimbursement CY (\$)
H_PHYCLM	567	4					N Total physician claims in CY  Notes: Prior to 2000 this was included in H_PMTCLM. First available in 2000
H_PHYLIN	571	4					N Total physician line items in CY  Notes: Prior to 2000 this was included in H_PMTLIN. First available in 2000
H_PHYSCH	575	6					N Total physician submitted charges (\$)  Notes: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_PHYACH	581	6					N Total physician allowed charges (\$)  Notes: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_PHYRMB	587	6					N Total physician reimbursement (\$)  Notes: Prior to 2000 this was included in H_PMTRMB. First available in 2000
H_PMTVST	593	3					N Total office visits in CY
H_PMTCHO	596	6					N Total office visit charges in CY (\$)
H_DMECLM	602	4					N Total DME supplier claims in CY  Notes: Prior to 2000 this was included in H_PMTCLM. First available in 2000
H_DMELIN	606	4					N Total DME supplier line items in CY  Notes: Prior to 2000 this was included in H_PMTLIN. First available in 2000

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_DMESCH	610	6					N Total DME supplier submitted charges (\$)  Notes: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_DMEACH	616	6					N Total DME supplier allowed charges (\$)  Notes: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_DMERMB	622	6					N Total DME supplier reimbursement (\$)  Notes: Prior to 2000 this was included in H_PMTRMB. First available in 2000