

06/05/08  
Cost & Use  
2005

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Facility Events

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Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Facility Events file contains data about all facility events of the MCBS population, whether community or facility interviews. There is one record for each stay that occurred, at least partly, during the calendar year. The cost and use data contained in the file is limited to the current calendar year.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number

1,174

LOW-HIGH BASEID Count

STAYNUM	14	1					N Stay number for the year
REFBEGYY	15	2					C Reference beginning date year
REFBEGMM	17	2					C Reference beginning date month
REFBEGDD	19	2					C Reference beginning date day
REFENDYY	21	2					C Reference ending date year
REFENDMM	23	2					C Reference ending date month
REFENDDD	25	2					C Reference ending date day
ADMISYY	27	2					C Admission date year
ADMISMM	29	2					C Admission date month
ADMISDD	31	2					C Admission date day
DISCHYY	33	2					C Permanent discharge date year
DISCHMM	35	2					C Permanent discharge date month
DISCHDD	37	2					C Permanent discharge date day
STAYDAYS	39	3					N Number of days in the stay
FACILID	42	6					C Facility ID

Note: Randomly-assigned number

FACDESC	48	2	FACFMT				N Facility description
				23			1 Hospital
				717			2 Nursing home
				12			3 Retirement home
				97			4 Domiciliary/personal care facility
				3			5 Mental health facility
				31			6 Inst for mentally retarded/devel disab
				0			7 Mental health center
				85			8 Life care/continuing care
				152			9 Assisted living facility
				11			10 Rehabilitation facility
				43			91 Other place, specify

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BEGSTAT	50	1	\$BEGSTAT				C Status at the beginning of the stay
				4			- Don't know
				822			0 Continuing SP
				125			1 First time SP from home
				114			2 First time SP from hosp
				41			3 First time SP from nursing home
				8			5 2nd stay 30-day split (in hosp)
				5			6 2nd stay 30-day split (disch)
				54			7 First time SP from other facility
				1			9 Unknown reason
ENDSTAT	51	1	\$ENDSTAT				C Status at the end of the stay
				5			- Don't know
				754			0 SP is still a resident
				43			1 SP was discharged home
				65			2 SP was discharged to hospital
				39			3 SP was discharged to nursing home
				212			4 SP died in the facility
				8			5 Stay split by 30-day hosp
				3			6 Stay split by 30-day disch
				40			7 SP was discharged to other facility
				5			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 Administration
AMTPRVU	88	9					N Amt paid by priv ins (unknown purchased)
AMTOOP	97	9					N Amount paid out-of-pocket (OOP)
AMTOTH	106	9					N Amount paid by other payor(s)
ANCITOT	115	9					N Ancillary total payment
ANCICARE	124	9					N Ancillary amount paid by Medicare
ANCICAID	133	9					N Ancillary amount paid by Medicaid
ANCIVA	142	9					N Ancillary amount paid by Veterans Adm.
ANCIPRVU	151	9					N Ancillary amount paid by private ins.
ANCIOOP	160	9					N Ancillary amount paid by person/family
ANCIOTH	169	9					N Ancillary amount paid by other sources
TOTCARE	178	9					N Amount paid by Medicare for all services
TOTALL	187	9					N Total amt paid (incl. Medicare payments)
DENTNUM	196	3					N Number of dental visits
EMNUM	199	3					N Number of emergency room visits

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OPNUM	202	3					N Number of clinic/outpatient visits
MDNUM	205	3					N Number of medical doctor visits
MHNUMVIS	208	3					N # of mental health professional visits
DIETFLG	211	2	YES2FMT				N Type of health professional: dietitian
				499			1 Yes
				675			2 No
OPTHLFLG	213	2	YES2FMT				N Type of physician: ophthalmologist
				103			1 Yes
				1,071			2 No
OPTOMFLG	215	2	YES2FMT				N Type of health professional: optometrist
				111			1 Yes
				1,063			2 No
PODIAFLG	217	2	YES2FMT				N Type of health professional: podiatrist
				637			1 Yes
				537			2 No
EDHABFLG	219	2	YES2FMT				N Received educational/habitational svcs.
				3			-8 Don't know
				1			-7 Refused
				241			1 Yes
				929			2 No
HABFLG	221	2	YES2FMT				N Received habitational services
				3			-8 Don't know
				1			-7 Refused
				225			1 Yes
				945			2 No
EDUCFLG	223	2	YES2FMT				N Received educational services
				3			-8 Don't know
				1			-7 Refused
				158			1 Yes
				1,012			2 No
AMBUSERV	225	2	YES2FMT				N Used ambulance service
				419			1 Yes
				755			2 No
BEDPADS	227	2	YES2FMT				N Received bed pads
				674			1 Yes
				500			2 No
CATHETER	229	2	YES2FMT				N Received catheter or catheter supplies
				148			1 Yes
				1,026			2 No

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CATHIRRI	231	2	YES2FMT				N Catheterization and irrigation
				149			1 Yes
				1,025			2 No
CHNGBAND	233	2	YES2FMT				N Apply or change dressing
				448			1 Yes
				726			2 No
CLOTHDPR	235	2	YES2FMT				N Received cloth diapers
				84			1 Yes
				1,090			2 No
COMMODE	237	2	YES2FMT				N Received bedside commode
				82			1 Yes
				1,092			2 No
DIABSUPP	239	2	YES2FMT				N Used diabetic supplies
				249			1 Yes
				925			2 No
DIAPRSUP	241	2	YES2FMT				N Used disposable diapers
				764			1 Yes
				410			2 No
EQUIPSUP	243	2	YES2FMT				N Used equipment or supplies
				14			1 Yes
				1,160			2 No
EYEGLASS	245	2	YES2FMT				N Used eyeglasses
				219			1 Yes
				955			2 No
FEEDSERV	247	2	YES2FMT				N Received feeding services
				332			1 Yes
				842			2 No
FEEDSUPP	249	2	YES2FMT				N Received feeding supplies
				56			1 Yes
				1,118			2 No
GERCHAIR	251	2	YES2FMT				N Received geri-chair
				99			1 Yes
				1,075			2 No
GTUBESUP	253	2	YES2FMT				N Received gastrointestinal tube & suppl.
				53			1 Yes
				1,121			2 No

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GTUBEUSE	255	2	YES2FMT				N Received gastrointestinal tube servivces
				55			1 Yes
				1,119			2 No
HEARAID	257	2	YES2FMT				N Used hearing aid
				48			1 Yes
				1,126			2 No
HOSPBED	259	2	YES2FMT				N Received hospital bed
				362			1 Yes
				812			2 No
HOTPACKS	261	2	YES2FMT				N Received hot pack & hot pack services
				33			1 Yes
				1,141			2 No
INCNCARE	263	2	YES2FMT				N Received incontinence care
				758			1 Yes
				416			2 No
INJECTION	265	2	YES2FMT				N Received injections
				383			1 Yes
				791			2 No
IVSUPP	267	2	YES2FMT				N Received IV therapy supplies
				48			1 Yes
				1,126			2 No
IVUSE	269	2	YES2FMT				N Received IV therapy services
				59			1 Yes
				1,115			2 No
MATTRESS	271	2	YES2FMT				N Received special mattress
				429			1 Yes
				745			2 No
NEBULIZR	273	2	YES2FMT				N Received nebulizer
				140			1 Yes
				1,034			2 No
ORTHITEM	275	2	YES2FMT				N Used orthopedic items
				163			1 Yes
				1,011			2 No
OSTOMSUP	277	2	YES2FMT				N Used ostomy supplies
				41			1 Yes
				1,133			2 No

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OXYGEN	279	2	YES2FMT				N Used oxygen
				268			1 Yes
				906			2 No
PACEMCHK	281	2	YES2FMT				N Pacemaker check/monitoring services
				61			1 Yes
				1,113			2 No
PROSTHES	283	2	YES2FMT				N Used prosthesis
				10			1 Yes
				1,164			2 No
RESTRAIN	285	2	YES2FMT				N Received restraints
				143			1 Yes
				1,031			2 No
SKINSERV	287	2	YES2FMT				N Rec'd skin ulcer prevention/care svcs.
				680			1 Yes
				494			2 No
SUCTSERV	289	2	YES2FMT				N Received respiratory tract suctioning
				44			1 Yes
				1,130			2 No
SUCTSUPP	291	2	YES2FMT				N Received suction machine and supplies
				30			1 Yes
				1,144			2 No
TEDHOSE	293	2	YES2FMT				N Received support (ted) hose and supplies
				128			1 Yes
				1,046			2 No
TUBEFEED	295	2	YES2FMT				N Received tube feeding
				71			1 Yes
				1,103			2 No
TURNPOS	299	2	YES2FMT				N Received turning and positioning
				578			1 Yes
				596			2 No
WHEEWALK	301	2	YES2FMT				N Received wheel chair or walker
				521			1 Yes
				653			2 No