

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE
EVENT RIC FAE

Page: 133
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
					42		1	HOSPITAL
					974		2	NURSING HOME
					6		3	RETIREMENT HOME
					86		4	DOMI/PER CARE FAC
					16		5	MENTAL HLTH FACILITY
					47		6	INST FOR MR/DEV DISA
					0		7	MENTAL HLTH CNTR
					113		8	LIFE CARE/CONT CARE
					62		9	ASSISTED LIVING FAC
					4		10	REHAB FACILITY
					7		91	OTHER PLACE (SPEC)
BEGSTAT	50	1	\$BEGSTAT				C	STATUS AT BEGINNING OF STAY
					2		-	DON'T KNOW
					1,023		0	CONTINUING SP
					148		1	FIRST TIME SP FROM HOME
					101		2	FIRST TIME SP FROM HOSP
					56		3	FIRST TIME SP FROM NH
					9		5	2ND STAY 30-DAY SPLIT (IN HOSP)
					7		6	2ND STAY 30-DAY SPLIT (DISCH)
					11		7	FIRST TIME SP FROM OTH FAC
					0		9	
ENDSTAT	51	1	\$ENDSTAT				C	STATUS AT END OF STAY

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE
EVENT RIC FAE

Page: 134
Record Type: FAE

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					1		-	DON'T KNOW
					918		0	SP STILL A RESIDENT
					38		1	SP WAS DISCHARGED HOME
					58		2	SP WAS DISCHARGED TO HOSP
					56		3	SP WAS DISCHARGED TO OTH FAC
					255		4	SP DIED IN FAC
					13		5	STAY SPLIT BY 30-DAY HOSP
					7		6	STAY SPLIT BY 30-DAY DISCH
					11		7	SP WAS DISCHARGED TO OTH FAC
					0		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
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
					284		1	YES
					1,073		2	NO
OPHLFLG	213	2	MOSTFMT				N	TYPE OF MD: OPHTHALMOLOGIST
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-7	REFUSED
					110		1	YES
					1,247		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
					101		1	YES
					1,256		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
					741		1	YES
					616		2	NO
EDHABFLG	219	2	MOSTFMT				N	RECEIVED EDUC./HABILITATIONAL SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					7		-8	DON'T KNOW
					0		-7	REFUSED
					320		1	YES
					1,030		2	NO
HABFLG	221	2	MOSTFMT				N	RECEIVED HABILITATIONAL SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					7		-8	DON'T KNOW
					0		-7	REFUSED
					311		1	YES
					1,039		2	NO
EDUCFLG	223	2	MOSTFMT				N	RECEIVED EDUCATIONAL SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					7		-8	DON'T KNOW
					0		-7	REFUSED
					202		1	YES
					1,148		2	NO
AMBUSERV	225	2	MOSTFMT				N	USED AMBULANCE SERVICE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					394		1	YES
					963		2	NO
BEDPADS	227	2	MOSTFMT				N	RECEIVED BEDPEDS
					0		.	INAPPLICABLE

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE
EVENT RIC FAE

Page: 136
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					295		1	YES
					1,062		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
					129		1	YES
					1,228		2	NO
CATHIRRI	231	2	MOSTFMT				N	CATHETERIZATION AND IRRIGATION
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					69		1	YES
					1,288		2	NO
CHNGBAND	233	2	MOSTFMT				N	APPLY/CHANGE DRESSINGS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					160		1	YES
					1,197		2	NO
CLOTHDPR	235	2	MOSTFMT				N	RECEIVED CLOTH DIAPERS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					115		1	YES
					1,242		2	NO
COMMODE	237	2	MOSTFMT				N	RECEIVED BEDSIDE COMMODE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					45		1	YES
					1,312		2	NO
DIABSUPP	239	2	MOSTFMT				N	USED DIABETIC SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					170		1	YES
					1,187		2	NO
DIAPRSUP	241	2	MOSTFMT				N	USED DISPOSABLE DIAPERS

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					675		1	YES
					682		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
					1,349		2	NO
EYEGGLASS	245	2	MOSTFMT				N	USED EYEGLASSES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					91		1	YES
					1,266		2	NO
FEEDSERV	247	2	MOSTFMT				N	FEEDING SERVICES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					126		1	YES
					1,231		2	NO
FEEDSUPP	249	2	MOSTFMT				N	RECEIVED FEEDING SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					80		1	YES
					1,277		2	NO
GERCHAIR	251	2	MOSTFMT				N	RECEIVED GERI CHAIR
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					70		1	YES
					1,287		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
					75		1	YES
					1,282		2	NO
GTUBEUSE	255	2	MOSTFMT				N	GTUBE USE AND CARE

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE
EVENT RIC FAE

Page: 138
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					32		1	YES
					1,325		2	NO
HEARAID	257	2	MOSTFMT				N	USED HEARING AID
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					41		1	YES
					1,316		2	NO
HOSPBED	259	2	MOSTFMT				N	RECEIVED HOSPITAL BED
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					129		1	YES
					1,228		2	NO
HOTPACKS	261	2	MOSTFMT				N	APPLYING/MONITORING HOTPACKS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					9		1	YES
					1,348		2	NO
INCNCARE	263	2	MOSTFMT				N	INCONTINENCE CARE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					235		1	YES
					1,122		2	NO
INJECTION	265	2	MOSTFMT				N	RECEIVED INJECTIONS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					510		1	YES
					847		2	NO
IVSUPP	267	2	MOSTFMT				N	RECEIVED IV SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					49		1	YES
					1,308		2	NO

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE
EVENT RIC FAE

Page: 139
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IVUSE	269	2	MOSTFMT				N	IV USE AND CARE
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					22		1	YES
					1,335		2	NO
MATTRESS	271	2	MOSTFMT				N	RECEIVED SPECIAL MATTRESS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					256		1	YES
					1,101		2	NO
NEBULIZR	273	2	MOSTFMT				N	Received nebulizer
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					56		1	YES
					1,301		2	NO
ORTHITEM	275	2	MOSTFMT				N	USED ORTHOPEDIC ITEMS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					199		1	YES
					1,158		2	NO
OSTOMSUP	277	2	MOSTFMT				N	USED OSTOMY SUPPLIES
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					46		1	YES
					1,311		2	NO
OXYGEN	279	2	MOSTFMT				N	USED OXYGEN
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					226		1	YES
					1,131		2	NO
PACEMCHK	281	2	MOSTFMT				N	Pacemaker check
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					15		1	YES
					1,342		2	NO

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE
EVENT RIC FAE

Page: 140
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PROSTHES	283	2	MOSTFMT				N	USED PROSTHESIS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					10		1	YES
					1,347		2	NO
RESTRAIN	285	2	MOSTFMT				N	RECEIVED RESTRAINTS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					336		1	YES
					1,021		2	NO
SKINSERV	287	2	MOSTFMT				N	Skin treatments
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					224		1	YES
					1,133		2	NO
SUCTSERV	289	2	MOSTFMT				N	Suctioning
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					21		1	YES
					1,336		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
					40		1	YES
					1,317		2	NO
TEDHOSE	293	2	MOSTFMT				N	Received ted hose and supplies
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					52		1	YES
					1,305		2	NO
TUBEFEED	295	2	MOSTFMT				N	RECEIVED TUBE FEEDING
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					118		1	YES
					1,239		2	NO

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE
EVENT RIC FAE

Page: 141
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
TUBEFEED	297	2	MOSTFMT				N	RECEIVED TUBE FEEDING
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					118		1	YES
					1,239		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
					692		1	YES
					665		2	NO
WHEEWALK	301	2	MOSTFMT				N	RECEIVED WHEELCHAIR/WALKER
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					251		1	YES
					1,106		2	NO