

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 1
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

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.

| | | | | | | | |
|----------|----|---|-----------|--------|--|--|---|
| RIC | 1 | 2 | | | | | C Record Identification Code |
| VERSION | 3 | 1 | | | | | C Version Number |
| BASEID | 4 | 8 | \$BSIDFMT | | | | C Unique SP Identification Number |
| | | | | 12,864 | | | LOW-HIGH BASEID Count |
| H_DOB | 12 | 8 | \$DTE8FMT | | | | C Date of birth (YYYYMMDD) |
| | | | | 12,864 | | | Date as YYYYMMDD |
| H_DOD | 20 | 8 | \$DTE8FMT | | | | C Date of death (YYYYMMDD) |
| | | | | 12,181 | | | Missing |
| | | | | 683 | | | Date as YYYYMMDD |
| H_DODSRC | 28 | 2 | \$SRCFMT | | | | C Source of date of death |
| | | | | 12,181 | | | No date of death |
| | | | | 0 | | | 01 From Medicare bill |
| | | | | 0 | | | 03 Clerical entry |
| | | | | 0 | | | 05 Bill and clerical entry |
| | | | | 389 | | | 10 Proven Medicare Benefits record |
| | | | | 55 | | | 11 Proven Medicare Benefits record & bills |
| | | | | 209 | | | 20 Unproven Medicare Benefits record |
| | | | | 30 | | | 21 Unproven Mcare Benefits record & bills |
| | | | | 0 | | | 23 Unproven Mcare Benefits rec & clerical |
| | | | | 0 | | | 25 Unproven Mcare Benefits rec, bill & cler |
| H_SEX | 30 | 1 | \$SEXFMT | | | | C Gender code |
| | | | | 5,670 | | | 1 Male |
| | | | | 7,194 | | | 2 Female |
| H_RACE | 31 | 1 | \$RACEFMT | | | | C Race code |
| | | | | 34 | | | 0 Unknown |
| | | | | 10,843 | | | 1 White |
| | | | | 1,408 | | | 2 Black |
| | | | | 114 | | | 3 Other |
| | | | | 118 | | | 4 Asian |
| | | | | 312 | | | 5 Hispanic |
| | | | | 35 | | | 6 North American Native |
| H_AGE | 32 | 3 | | | | | N SP age based on CMS date of birth |
| D_STRAT | 35 | 1 | \$AGEFMT | | | | C MCBS Sample age stratum |
| | | | | 1,015 | | | 1 0-44 |
| | | | | 1,168 | | | 2 45-64 |
| | | | | 2,117 | | | 3 65-69 |
| | | | | 2,428 | | | 4 70-74 |
| | | | | 2,056 | | | 5 75-79 |
| | | | | 2,056 | | | 6 80-84 |
| | | | | 2,024 | | | 7 85 + |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 2
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|----------|-----------|----------|----------|-------------------------------------|
| H_ENT01 | 36 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Jan |
| | | | | 421 | | | A Part A Medicare only |
| | | | | 124 | | | B Part B Medicare only |
| | | | | 11,978 | | | C Parts A and B Medicare |
| | | | | 341 | | | N No Medicare entitlement |
| H_ENT02 | 37 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Feb |
| | | | | 419 | | | A Part A Medicare only |
| | | | | 123 | | | B Part B Medicare only |
| | | | | 11,942 | | | C Parts A and B Medicare |
| | | | | 380 | | | N No Medicare entitlement |
| H_ENT03 | 38 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Mar |
| | | | | 423 | | | A Part A Medicare only |
| | | | | 120 | | | B Part B Medicare only |
| | | | | 11,923 | | | C Parts A and B Medicare |
| | | | | 398 | | | N No Medicare entitlement |
| H_ENT04 | 39 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Apr |
| | | | | 420 | | | A Part A Medicare only |
| | | | | 118 | | | B Part B Medicare only |
| | | | | 11,890 | | | C Parts A and B Medicare |
| | | | | 436 | | | N No Medicare entitlement |
| H_ENT05 | 40 | 1 | \$ENTFMT | | | | C Medicare entitlement code for May |
| | | | | 423 | | | A Part A Medicare only |
| | | | | 117 | | | B Part B Medicare only |
| | | | | 11,857 | | | C Parts A and B Medicare |
| | | | | 467 | | | N No Medicare entitlement |
| H_ENT06 | 41 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Jun |
| | | | | 423 | | | A Part A Medicare only |
| | | | | 116 | | | B Part B Medicare only |
| | | | | 11,831 | | | C Parts A and B Medicare |
| | | | | 494 | | | N No Medicare entitlement |
| H_ENT07 | 42 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Jul |
| | | | | 402 | | | A Part A Medicare only |
| | | | | 115 | | | B Part B Medicare only |
| | | | | 11,823 | | | C Parts A and B Medicare |
| | | | | 524 | | | N No Medicare entitlement |
| H_ENT08 | 43 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Aug |
| | | | | 401 | | | A Part A Medicare only |
| | | | | 116 | | | B Part B Medicare only |
| | | | | 11,809 | | | C Parts A and B Medicare |
| | | | | 538 | | | N No Medicare entitlement |
| H_ENT09 | 44 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Sep |
| | | | | 407 | | | A Part A Medicare only |
| | | | | 116 | | | B Part B Medicare only |
| | | | | 11,788 | | | C Parts A and B Medicare |
| | | | | 553 | | | N No Medicare entitlement |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 3
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------|----------|----------|--|
| H_ENT10 | 45 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Oct |
| | | | | 411 | | | A Part A Medicare only |
| | | | | 114 | | | B Part B Medicare only |
| | | | | 11,775 | | | C Parts A and B Medicare |
| | | | | 564 | | | N No Medicare entitlement |
| H_ENT11 | 46 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Nov |
| | | | | 413 | | | A Part A Medicare only |
| | | | | 113 | | | B Part B Medicare only |
| | | | | 11,751 | | | C Parts A and B Medicare |
| | | | | 587 | | | N No Medicare entitlement |
| H_ENT12 | 47 | 1 | \$ENTFMT | | | | C Medicare entitlement code for Dec |
| | | | | 412 | | | A Part A Medicare only |
| | | | | 112 | | | B Part B Medicare only |
| | | | | 11,710 | | | C Parts A and B Medicare |
| | | | | 630 | | | N No Medicare entitlement |
| H_DOE | 48 | 8 | \$DTE8FMT | | | | C Medicare entitlement start date |
| | | | | 12,864 | | | Date as YYYYMMDD |
| H_DOT | 56 | 8 | \$DTE8FMT | | | | C Medicare entitlement end date |
| | | | | 12,825 | | | Missing |
| | | | | 39 | | | Date as YYYYMMDD |
| H_MEDSTA | 64 | 2 | \$MSCFMT | | | | C Medicare status code as of 12/31 |
| | | | | 10,621 | | | 10 Aged, no ESRD |
| | | | | 51 | | | 11 Aged, ESRD |
| | | | | 2,123 | | | 20 Disabled, no ESRD |
| | | | | 36 | | | 21 Disabled, ESRD |
| | | | | 33 | | | 31 ESRD only |
| H_LAF | 66 | 2 | \$LAFFMT | | | | C Status of SSA check (LAF) as of 12/31 |
| | | | | 6 | | | Unknown |
| | | | | 0 | | | AD Cur pay-adj for dual entitlement |
| | | | | 0 | | | AF Transfer to another PC or dio |
| | | | | 0 | | | A9 Cur pay-miscellaneous adjustment |
| | | | | 11,801 | | | C Current payment status |
| | | | | 0 | | | DW Deferred-Workers' Compensation |
| | | | | 0 | | | D2 DEF-retirement test |
| | | | | 0 | | | D3 DEF-D2 for primary |
| | | | | 4 | | | D6 DEF-recover overpayment |
| | | | | 1 | | | 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 |
| | | | | 0 | | | S SUSP-deferred retirement |
| | | | | 1 | | | SD SUSP-other |
| | | | | 0 | | | SF SUSP-fails to meet residence requirment |
| | | | | 58 | | | SH SUSP-government pension |
| | | | | 0 | | | SP SUSP-public assistance |
| | | | | 0 | | | SW SUSP-Workers' Compensation |

03/22/04

Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY

Administrative Identification

RIC: A

Page: 4

Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|---------|-----------|----------|----------|---|
| | | | | | | | ----- |
| | | | | 1 | | | S0 SUSP-continuing disability investig |
| | | | | 0 | | | S2 SUSP-fails retirement test |
| | | | | 0 | | | S3 SUSP-primary account S2 |
| | | | | 2 | | | S6 SUSP-check returned for address |
| | | | | 24 | | | S7 SUSP-vocational rehab refusal |
| | | | | 1 | | | S8 SUSP-payee not determined |
| | | | | 7 | | | 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 |
| | | | | 628 | | | T1 TERM-death of beneficiary |
| | | | | 0 | | | T2 TERM-death of primary |
| | | | | 0 | | | T3 TERM-divorce, marriage, remarriage |
| | | | | 0 | | | T4 TERM-dependent child attained age 18 |
| | | | | 0 | | | T5 TERM-entitled on another account |
| | | | | 0 | | | T6 TERM-child no longer student, disabled |
| | | | | 7 | | | T8 TERM-recovery from disability |
| | | | | 0 | | | T9 TERM-miscellaneous |
| | | | | 283 | | | U Active uninsured status (no SSA check) |
| | | | | 0 | | | XF Transfer to another PC or DIO |
| | | | | 0 | | | XR Terminated - |
| | | | | 25 | | | X1 TERM-death of insured |
| | | | | 0 | | | X5 TERM-entitled to another benefit |
| | | | | 15 | | | X7 TERM of uninsured |
| | | | | 0 | | | X9 TERM miscellaneous |
| | | | | 0 | | | ZZ Erroneous entitlement |
| H_RESST | 68 | 2 | \$STFMT | | | | C SSA State code of residence as of 12/31 |
| | | | | 355 | | | 01 Alabama |
| | | | | 0 | | | 02 Alaska |
| | | | | 116 | | | 03 Arizona |
| | | | | 88 | | | 04 Arkansas |
| | | | | 1,122 | | | 05 California |
| | | | | 293 | | | 06 Colorado |
| | | | | 116 | | | 07 Connecticut |
| | | | | 1 | | | 08 Delaware |
| | | | | 37 | | | 09 Washington, DC |
| | | | | 728 | | | 10 Florida |
| | | | | 593 | | | 11 Georgia |
| | | | | 1 | | | 12 Hawaii |
| | | | | 101 | | | 13 Idaho |
| | | | | 481 | | | 14 Illinois |
| | | | | 282 | | | 15 Indiana |
| | | | | 298 | | | 16 Iowa |
| | | | | 157 | | | 17 Kansas |
| | | | | 197 | | | 18 Kentucky |
| | | | | 117 | | | 19 Louisiana |
| | | | | 148 | | | 20 Maine |
| | | | | 159 | | | 21 Maryland |
| | | | | 166 | | | 22 Massachusetts |
| | | | | 378 | | | 23 Michigan |
| | | | | 161 | | | 24 Minnesota |
| | | | | 100 | | | 25 Mississippi |
| | | | | 172 | | | 26 Missouri |
| | | | | 0 | | | 27 Montana |
| | | | | 10 | | | 28 Nebraska |
| | | | | 155 | | | 29 Nevada |
| | | | | 1 | | | 30 New Hampshire |
| | | | | 610 | | | 31 New Jersey |
| | | | | 130 | | | 32 New Mexico |
| | | | | 817 | | | 33 New York |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 5
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------|----------|----------|--|
| | | | | 54 | | | 34 North Carolina |
| | | | | 65 | | | 35 North Dakota |
| | | | | 508 | | | 36 Ohio |
| | | | | 237 | | | 37 Oklahoma |
| | | | | 4 | | | 38 Oregon |
| | | | | 656 | | | 39 Pennsylvania |
| | | | | 198 | | | 40 Puerto Rico |
| | | | | 1 | | | 41 Rhode Island |
| | | | | 436 | | | 42 South Carolina |
| | | | | 0 | | | 43 South Dakota |
| | | | | 108 | | | 44 Tennessee |
| | | | | 856 | | | 45 Texas |
| | | | | 6 | | | 46 Utah |
| | | | | 0 | | | 47 Vermont |
| | | | | 0 | | | 48 Virgin Islands |
| | | | | 500 | | | 49 Virginia |
| | | | | 550 | | | 50 Washington |
| | | | | 114 | | | 51 West Virginia |
| | | | | 413 | | | 52 Wisconsin |
| | | | | 65 | | | 53 Wyoming |
| | | | | 3 | | | Unknown |
| H_RESCTY | 70 | 3 | \$CTYFMT | | | | C SSA county code of residence as of 12/31 |
| | | | | 3 | | | Unknown |
| | | | | 12,861 | | | County code |
| H_ZIP | 73 | 5 | \$ZIPFMT | | | | C Postal zip code of residence as of 12/31 |
| | | | | 3 | | | Unknown |
| | | | | 12,861 | | | ZIP Code |
| H_CENSUS | 78 | 2 | \$CENFMT | | | | C Census Region of residence as of 12/31 |
| | | | | 432 | | | 01 New England |
| | | | | 2,083 | | | 02 Middle Atlantic |
| | | | | 2,062 | | | 03 East North Central |
| | | | | 863 | | | 04 West North Central |
| | | | | 2,621 | | | 05 South Atlantic |
| | | | | 760 | | | 06 East South Central |
| | | | | 1,298 | | | 07 West South Central |
| | | | | 866 | | | 08 Mountain |
| | | | | 1,677 | | | 09 Pacific |
| | | | | 198 | | | 10 Puerto Rico |
| | | | | 4 | | | Unknown |
| H_METRO | 80 | 1 | \$METFMT | | | | C Metro status |
| | | | | 3,632 | | | N Non-metro area |
| | | | | 4 | | | U Unknown |
| | | | | 9,228 | | | Y Metro area |
| H_HSBEG1 | 81 | 8 | \$DTE8FMT | | | | C Beginning date of latest hospice period |
| | | | | 12,393 | | | Missing |
| | | | | 471 | | | Date as YYYYMMDD |
| H_HSEND1 | 89 | 8 | \$DTE8FMT | | | | C Ending date of latest hospice period |
| | | | | 12,393 | | | Missing |
| | | | | 471 | | | Date as YYYYMMDD |
| H_HSBEG2 | 97 | 8 | \$DTE8FMT | | | | C Beginning date of 2nd hospice period |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 6
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------------------------|----------|----------|---|
| | | | | 12,740 124 | | | Missing Date as YYYYMMDD |
| H_HSEND2 | 105 | 8 | \$DTE8FMT | | | | C Ending date of 2nd hospice period |
| | | | | 12,740 124 | | | Missing Date as YYYYMMDD |
| H_HSBEG3 | 113 | 8 | \$DTE8FMT | | | | C Beginning date of 3rd hospice period |
| | | | | 12,797 67 | | | Missing Date as YYYYMMDD |
| H_HSEND3 | 121 | 8 | \$DTE8FMT | | | | C Ending date of 3rd hospice period |
| | | | | 12,797 67 | | | Missing Date as YYYYMMDD |
| H_HSBEG4 | 129 | 8 | \$DTE8FMT | | | | C Beginning date of 4th hospice period |
| | | | | 12,816 48 | | | Missing Date as YYYYMMDD |
| H_HSEND4 | 137 | 8 | \$DTE8FMT | | | | C Ending date of 4th hospice period |
| | | | | 12,816 48 | | | Missing Date as YYYYMMDD |
| H_ESRBEG | 145 | 8 | \$DTE8FMT | | | | C Beginning date of ESRD period |
| | | | | 12,704 160 | | | Missing Date as YYYYMMDD |
| H_ESREND | 153 | 8 | \$DTE8FMT | | | | C Ending date of ESRD period |
| | | | | 12,784 80 | | | Missing Date as YYYYMMDD |
| H_GHPSW | 161 | 1 | \$GHPSW | | | | C Some group health participation in year |
| | | | | 10,840 2,024 | | | 0 No enrollment 1 Some enrollment |
| H_PLTP01 | 162 | 2 | \$PLNFMT | | | | C GHP plan type for Jan |
| | | | | 10,960 34 80 1,790 | | | No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO |
| H_PLAN01 | 164 | 5 | \$GHPFMT | | | | C GHP contract number for Jan |
| | | | | 10,960 1,904 | | | N Unknown, or no plan Plan Identifier |
| H_PLPY01 | 169 | 4 | | | | | N Medicare capitation payment for Jan |
| H_PLTP02 | 173 | 2 | \$PLNFMT | | | | C GHP plan type for Feb |
| | | | | 10,958 34 79 | | | No enrollment for month 01 Health care prepayment plan 02 Cost HMO |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 7
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|----------|-----------|----------|----------|---------------------------------------|
| | | | | 1,793 | | | 06 Risk HMO |
| H_PLAN02 | 175 | 5 | \$GHPFMT | | | | C GHP contract number for Feb |
| | | | | 10,958 | | | N Unknown, or no plan |
| | | | | 1,906 | | | Plan Identifier |
| H_PLPY02 | 180 | 4 | | | | | N Medicare capitation payment for Feb |
| H_PLTP03 | 184 | 2 | \$PLNFMT | | | | C GHP plan type for Mar |
| | | | | 10,962 | | | No enrollment for month |
| | | | | 34 | | | 01 Health care prepayment plan |
| | | | | 79 | | | 02 Cost HMO |
| | | | | 1,789 | | | 06 Risk HMO |
| H_PLAN03 | 186 | 5 | \$GHPFMT | | | | C GHP contract number for Mar |
| | | | | 10,962 | | | N Unknown, or no plan |
| | | | | 1,902 | | | Plan Identifier |
| H_PLPY03 | 191 | 4 | | | | | N Medicare capitation payment for Mar |
| H_PLTP04 | 195 | 2 | \$PLNFMT | | | | C GHP plan type for Apr |
| | | | | 10,974 | | | No enrollment for month |
| | | | | 34 | | | 01 Health care prepayment plan |
| | | | | 78 | | | 02 Cost HMO |
| | | | | 1,778 | | | 06 Risk HMO |
| H_PLAN04 | 197 | 5 | \$GHPFMT | | | | C GHP contract number for Apr |
| | | | | 10,974 | | | N Unknown, or no plan |
| | | | | 1,890 | | | Plan Identifier |
| H_PLPY04 | 202 | 4 | | | | | N Medicare capitation payment for Apr |
| H_PLTP05 | 206 | 2 | \$PLNFMT | | | | C GHP plan type for May |
| | | | | 10,997 | | | No enrollment for month |
| | | | | 34 | | | 01 Health care prepayment plan |
| | | | | 77 | | | 02 Cost HMO |
| | | | | 1,756 | | | 06 Risk HMO |
| H_PLAN05 | 208 | 5 | \$GHPFMT | | | | C GHP contract number for May |
| | | | | 10,997 | | | N Unknown, or no plan |
| | | | | 1,867 | | | Plan Identifier |
| H_PLPY05 | 213 | 4 | | | | | N Medicare capitation payment for May |
| H_PLTP06 | 217 | 2 | \$PLNFMT | | | | C GHP plan type for Jun |
| | | | | 11,003 | | | No enrollment for month |
| | | | | 34 | | | 01 Health care prepayment plan |
| | | | | 77 | | | 02 Cost HMO |
| | | | | 1,750 | | | 06 Risk HMO |
| H_PLAN06 | 219 | 5 | \$GHPFMT | | | | C GHP contract number for Jun |
| | | | | 11,003 | | | N Unknown, or no plan |
| | | | | 1,861 | | | Plan Identifier |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 8
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|----------|-----------|----------|----------|---------------------------------------|
| H_PLPY06 | 224 | 4 | | | | | N Medicare capitation payment for Jun |
| H_PLTP07 | 228 | 2 | \$PLNFMT | | | | C GHP plan type for Jul |
| | | | | 11,004 | | | No enrollment for month |
| | | | | 33 | | | 01 Health care prepayment plan |
| | | | | 77 | | | 02 Cost HMO |
| | | | | 1,750 | | | 06 Risk HMO |
| H_PLAN07 | 230 | 5 | \$GHPFMT | | | | C GHP contract number for Jul |
| | | | | 11,004 | | | N Unknown, or no plan |
| | | | | 1,860 | | | Plan Identifier |
| H_PLPY07 | 235 | 4 | | | | | N Medicare capitation payment for Jul |
| H_PLTP08 | 239 | 2 | \$PLNFMT | | | | C GHP plan type for Aug |
| | | | | 11,006 | | | No enrollment for month |
| | | | | 34 | | | 01 Health care prepayment plan |
| | | | | 77 | | | 02 Cost HMO |
| | | | | 1,747 | | | 06 Risk HMO |
| H_PLAN08 | 241 | 5 | \$GHPFMT | | | | C GHP contract number for Aug |
| | | | | 11,006 | | | N Unknown, or no plan |
| | | | | 1,858 | | | Plan Identifier |
| H_PLPY08 | 246 | 4 | | | | | N Medicare capitation payment for Aug |
| H_PLTP09 | 250 | 2 | \$PLNFMT | | | | C GHP plan type for Sep |
| | | | | 11,012 | | | No enrollment for month |
| | | | | 35 | | | 01 Health care prepayment plan |
| | | | | 77 | | | 02 Cost HMO |
| | | | | 1,740 | | | 06 Risk HMO |
| H_PLAN09 | 252 | 5 | \$GHPFMT | | | | C GHP contract number for Sep |
| | | | | 11,012 | | | N Unknown, or no plan |
| | | | | 1,852 | | | Plan Identifier |
| H_PLPY09 | 257 | 4 | | | | | N Medicare capitation payment for Sep |
| H_PLTP10 | 261 | 2 | \$PLNFMT | | | | C GHP plan type for Oct |
| | | | | 11,028 | | | No enrollment for month |
| | | | | 35 | | | 01 Health care prepayment plan |
| | | | | 76 | | | 02 Cost HMO |
| | | | | 1,725 | | | 06 Risk HMO |
| H_PLAN10 | 263 | 5 | \$GHPFMT | | | | C GHP contract number for Oct |
| | | | | 11,028 | | | N Unknown, or no plan |
| | | | | 1,836 | | | Plan Identifier |
| H_PLPY10 | 268 | 4 | | | | | N Medicare capitation payment for Oct |
| H_PLTP11 | 272 | 2 | \$PLNFMT | | | | C GHP plan type for Nov |
| | | | | 11,040 | | | No enrollment for month |
| | | | | 35 | | | 01 Health care prepayment plan |
| | | | | 75 | | | 02 Cost HMO |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 9
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------|----------|----------|--|
| | | | | 1,714 | | | 06 Risk HMO |
| H_PLAN11 | 274 | 5 | \$GHPFMT | | | | C GHP contract number for Nov |
| | | | | 11,040 | | | N Unknown, or no plan |
| | | | | 1,824 | | | Plan Identifier |
| H_PLPY11 | 279 | 4 | | | | | N Medicare capitation payment for Nov |
| H_PLTP12 | 283 | 2 | \$PLNFMT | | | | C GHP plan type for Dec |
| | | | | 11,061 | | | No enrollment for month |
| | | | | 35 | | | 01 Health care prepayment plan |
| | | | | 74 | | | 02 Cost HMO |
| | | | | 1,694 | | | 06 Risk HMO |
| H_PLAN12 | 285 | 5 | \$GHPFMT | | | | C GHP contract number for Dec |
| | | | | 11,061 | | | N Unknown, or no plan |
| | | | | 1,803 | | | Plan Identifier |
| H_PLPY12 | 290 | 4 | | | | | N Medicare capitation payment for Dec |
| H_MCSW | 294 | 1 | \$SWFMT | | | | C Some Medicaid eligibility for the year |
| | | | | 10,385 | | | N No participation |
| | | | | 2,479 | | | Y Some participation |
| H_MCDE01 | 295 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Jan |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 934 | | | B State Part B buy-in |
| | | | | 39 | | | C State Part A and B buy-in |
| | | | | 53 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,596 | | | N No buy-in this month |
| | | | | 1,041 | | | Q State Part B QMB buy-in |
| | | | | 198 | | | S State Part B SLMB buy-in |
| H_MCDE02 | 296 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Feb |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 929 | | | B State Part B buy-in |
| | | | | 38 | | | C State Part A and B buy-in |
| | | | | 52 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,596 | | | N No buy-in this month |
| | | | | 1,044 | | | Q State Part B QMB buy-in |
| | | | | 202 | | | S State Part B SLMB buy-in |
| H_MCDE03 | 297 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Mar |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 928 | | | B State Part B buy-in |
| | | | | 39 | | | C State Part A and B buy-in |
| | | | | 52 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,598 | | | N No buy-in this month |
| | | | | 1,044 | | | Q State Part B QMB buy-in |
| | | | | 200 | | | S State Part B SLMB buy-in |
| H_MCDE04 | 298 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Apr |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 10
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------|----------|----------|----------------------------------|
| | | | | | | | |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 933 | | | B State Part B buy-in |
| | | | | 40 | | | C State Part A and B buy-in |
| | | | | 53 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,598 | | | N No buy-in this month |
| | | | | 1,039 | | | Q State Part B QMB buy-in |
| | | | | 198 | | | S State Part B SLMB buy-in |
| H_MCDE05 | 299 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for May |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 934 | | | B State Part B buy-in |
| | | | | 41 | | | C State Part A and B buy-in |
| | | | | 52 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,602 | | | N No buy-in this month |
| | | | | 1,035 | | | Q State Part B QMB buy-in |
| | | | | 197 | | | S State Part B SLMB buy-in |
| H_MCDE06 | 300 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Jun |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 938 | | | B State Part B buy-in |
| | | | | 41 | | | C State Part A and B buy-in |
| | | | | 51 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,605 | | | N No buy-in this month |
| | | | | 1,031 | | | Q State Part B QMB buy-in |
| | | | | 195 | | | S State Part B SLMB buy-in |
| H_MCDE07 | 301 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Jul |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 928 | | | B State Part B buy-in |
| | | | | 41 | | | C State Part A and B buy-in |
| | | | | 51 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,613 | | | N No buy-in this month |
| | | | | 1,029 | | | Q State Part B QMB buy-in |
| | | | | 199 | | | S State Part B SLMB buy-in |
| H_MCDE08 | 302 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Aug |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 932 | | | B State Part B buy-in |
| | | | | 40 | | | C State Part A and B buy-in |
| | | | | 51 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,610 | | | N No buy-in this month |
| | | | | 1,035 | | | Q State Part B QMB buy-in |
| | | | | 193 | | | S State Part B SLMB buy-in |
| H_MCDE09 | 303 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Sep |
| | | | | 1 | | | A State Part A buy-in |
| | | | | 931 | | | B State Part B buy-in |
| | | | | 39 | | | C State Part A and B buy-in |
| | | | | 49 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,618 | | | N No buy-in this month |
| | | | | 1,032 | | | Q State Part B QMB buy-in |
| | | | | 191 | | | S State Part B SLMB buy-in |

03/22/04

**Cost & Use
2001****MEDICARE CURRENT BENEFICIARY SURVEY**

Administrative Identification

RIC: A

Page: 11

Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------|----------|----------|----------------------------------|
| H_MCDE10 | 304 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Oct |
| | | | | 1 | | | A State Part A buy-in |
| | | | | 943 | | | B State Part B buy-in |
| | | | | 39 | | | C State Part A and B buy-in |
| | | | | 48 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,618 | | | N No buy-in this month |
| | | | | 1,022 | | | Q State Part B QMB buy-in |
| | | | | 190 | | | S State Part B SLMB buy-in |
| H_MCDE11 | 305 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Nov |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 936 | | | B State Part B buy-in |
| | | | | 40 | | | C State Part A and B buy-in |
| | | | | 48 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,629 | | | N No buy-in this month |
| | | | | 1,016 | | | Q State Part B QMB buy-in |
| | | | | 192 | | | S State Part B SLMB buy-in |
| H_MCDE12 | 306 | 1 | \$MCDCFMT | | | | C Medicaid eligibility for Dec |
| | | | | 0 | | | A State Part A buy-in |
| | | | | 913 | | | B State Part B buy-in |
| | | | | 40 | | | C State Part A and B buy-in |
| | | | | 45 | | | D State Part A and B QMB buy-in |
| | | | | 3 | | | E State Part A and B SLMB buy-in |
| | | | | 10,676 | | | N No buy-in this month |
| | | | | 1,001 | | | Q State Part B QMB buy-in |
| | | | | 186 | | | S State Part B SLMB buy-in |
| H_MACY01 | 307 | 3 | \$MACYFMT | | | | C Buy-in agency for Jan |
| | | | | 10,596 | | | N Unknown, or no buy-in |
| | | | | 2,268 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY02 | 310 | 3 | \$MACYFMT | | | | C Buy-in agency for Feb |
| | | | | 10,596 | | | N Unknown, or no buy-in |
| | | | | 2,268 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY03 | 313 | 3 | \$MACYFMT | | | | C Buy-in agency for Mar |
| | | | | 10,598 | | | N Unknown, or no buy-in |
| | | | | 2,266 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY04 | 316 | 3 | \$MACYFMT | | | | C Buy-in agency for Apr |
| | | | | 10,598 | | | N Unknown, or no buy-in |
| | | | | 2,266 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY05 | 319 | 3 | \$MACYFMT | | | | C Buy-in agency for May |
| | | | | 10,602 | | | N Unknown, or no buy-in |
| | | | | 2,262 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 12
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------|----------|----------|--|
| H_MACY06 | 322 | 3 | \$MACYFMT | | | | C Buy-in agency for Jun |
| | | | | 10,605 | | | N Unknown, or no buy-in |
| | | | | 2,259 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY07 | 325 | 3 | \$MACYFMT | | | | C Buy-in agency for Jul |
| | | | | 10,613 | | | N Unknown, or no buy-in |
| | | | | 2,251 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY08 | 328 | 3 | \$MACYFMT | | | | C Buy-in agency for Aug |
| | | | | 10,610 | | | N Unknown, or no buy-in |
| | | | | 2,254 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY09 | 331 | 3 | \$MACYFMT | | | | C Buy-in agency for Sep |
| | | | | 10,618 | | | N Unknown, or no buy-in |
| | | | | 2,246 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY10 | 334 | 3 | \$MACYFMT | | | | C Buy-in agency for Oct |
| | | | | 10,618 | | | N Unknown, or no buy-in |
| | | | | 2,246 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY11 | 337 | 3 | \$MACYFMT | | | | C Buy-in agency for Nov |
| | | | | 10,629 | | | N Unknown, or no buy-in |
| | | | | 2,235 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_MACY12 | 340 | 3 | \$MACYFMT | | | | C Buy-in agency for Dec |
| | | | | 10,676 | | | N Unknown, or no buy-in |
| | | | | 2,188 | | | S00-S99 State Agency code |
| | | | | 0 | | | 000-999 State Agency code |
| H_HOSSW | 343 | 1 | \$UTLFMT | | | | C One or more hospice bills in CY |
| | | | | 12,648 | | | 0 No utilization this type |
| | | | | 216 | | | 1 Some utilization this type |
| H_INPSW | 344 | 1 | \$UTLFMT | | | | C One or more inpatient discharges in CY |
| | | | | 10,445 | | | 0 No utilization this type |
| | | | | 2,419 | | | 1 Some utilization this type |
| H_SNFSW | 345 | 1 | \$UTLFMT | | | | C One or more SNF admissions in CY |
| | | | | 12,275 | | | 0 No utilization this type |
| | | | | 589 | | | 1 Some utilization this type |
| H_HHASW | 346 | 1 | \$UTLFMT | | | | C 1 = one or more HHA visits in CY |
| | | | | 12,047 | | | 0 No utilization this type |
| | | | | 817 | | | 1 Some utilization this type |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 13
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|-----------|-----------|----------|----------|--|
| H_OUTSW | 347 | 1 | \$UTLFMT | | | | C One or more outpatient visits in CY |
| | | | | 5,365 | | | 0 No utilization this type |
| | | | | 7,499 | | | 1 Some utilization this type |
| H_PBSW | 348 | 1 | \$UTLFMT | | | | C One or more Part B claims in CY |
| | | | | 2,513 | | | 0 No utilization this type |
| | | | | 10,351 | | | 1 Some utilization this type |
| H_PTARMB | 349 | 6 | | | | | N Total Part A reimbursement in CY (\$) |
| H_PTBRMB | 355 | 6 | | | | | N Total Part B reimbursement in CY (\$) |
| H_PTAPRM | 361 | 8 | | | | | N Total Pt. A premium SP paid in CY (\$.CC) |
| H_PTBPRM | 369 | 8 | | | | | N Total Pt. B premium SP paid in CY (\$.CC) |
| H_LATDCH | 377 | 8 | \$DTE8FMT | | | | C Discharge date of latest inpatient stay |
| | | | | 10,445 | | | Missing |
| | | | | 2,419 | | | Date as YYYYMMDD |
| H_LATDRG | 385 | 3 | \$DRGFMT | | | | C DRG code for latest inpatient stay |
| | | | | 10,445 | | | Unknown, or no discharge |
| | | | | 2,419 | | | DRG |
| H_DISDES | 388 | 2 | \$STATUS | | | | C Discharge dest for latest inpatient stay |
| | | | | 10,445 | | | Missing |
| | | | | 1,417 | | | 01 Discharged to home/self care |
| | | | | 17 | | | 02 Discharged to other short-term hospital |
| | | | | 389 | | | 03 Discharged to skilled nursing facility |
| | | | | 84 | | | 04 Discharged to intermediate care facility |
| | | | | 42 | | | 05 Disch to another type of institution |
| | | | | 224 | | | 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 |
| | | | | 199 | | | 20 Expired (did not recover Christian Sci) |
| | | | | 16 | | | 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) |
| | | | | 5 | | | 50 Hospice - home (eff. 10/96) |
| | | | | 11 | | | 51 Hospice - medical facility (eff. 10/96) |
| | | | | 3 | | | 61 Disch w/i facility to swing-bed SNF (99) |
| | | | | 0 | | | 71 Disch to other facility for O/P svcs (99) |
| | | | | 1 | | | 72 Disch to this facility for O/P svcs (99) |
| H_INPSTY | 390 | 2 | | | | | N No. of inpatient stays for CY |
| H_INPDAY | 392 | 3 | | | | | N No. of inpatient covered days for CY |
| H_INPCHG | 395 | 6 | | | | | N Inpatient charges for CY (\$) |
| H_INPCCH | 401 | 6 | | | | | N Inpatient covered charges for CY (\$) |
| H_INPRMB | 407 | 6 | | | | | N Inpatient reimbursement for CY (\$) |
| H_INPCDY | 413 | 2 | | | | | N Inpatient covered days used in CY |
| H_INPCAM | 415 | 5 | | | | | N Total inpatient coinsurance amt CY (\$) |

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 14
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|--|-----|-----|--------|-----------|----------|----------|---|
| H_SNFSTY | 420 | 2 | | | | | N Total SNF stays in CY |
| H_SNFDAY | 422 | 3 | | | | | N Total SNF covered days in CY |
| H_SNFCHG | 425 | 6 | | | | | N Total SNF charges in CY (\$) |
| H_SNFCCH | 431 | 6 | | | | | N Total SNF covered charges in CY (\$) |
| H_SNFRMB | 437 | 6 | | | | | N Total SNF reimbursement in CY (\$) |
| H_SNFCDY | 443 | 3 | | | | | N Total SNF coinsurance days in CY |
| H_SNFCAM | 446 | 6 | | | | | N Total SNF coinsurance amount in CY (\$) |
| H_HHAVST | 452 | 4 | | | | | N Total HHA visits in CY |
| H_HHACCH | 456 | 6 | | | | | N Total HHA covered charges in CY (\$) |
| H_HHACHO | 462 | 6 | | | | | N Total HHA other covered charges CY (\$) |
| H_HHRMBA | 468 | 6 | | | | | N Total HHA reimbursement in CY (\$), Pt. A |
| Notes: Prior to 1998 this was included in H_HHARMB. First available in 1998 | | | | | | | |
| H_HHRMBB | 474 | 6 | | | | | N Total HHA reimbursement in CY (\$), Pt. B |
| Notes: Prior to 1998 this was included in H_HHARMB. First available in 1998 | | | | | | | |
| H_HSDAYS | 480 | 3 | | | | | N Total covered hospice days in CY |
| H_HSTCHG | 483 | 6 | | | | | N Total hospice charges CY (\$) |
| H_HSREIM | 489 | 6 | | | | | N Total hospice reimbursement in CY (\$) |
| H_OUTBIL | 495 | 3 | | | | | N Total outpatient bills in CY |
| H_OUTCHG | 498 | 6 | | | | | N Total outpatient covered charges CY (\$) |
| H_OUTRMB | 504 | 6 | | | | | N Total outpatient reimbursement CY (\$) |
| H_PMTCLM | 510 | 4 | | | | | N Total physician/supplier claims in CY |
| H_PMTLIN | 514 | 4 | | | | | N Total phys./supplier line items in CY |
| H_PMTSCH | 518 | 6 | | | | | N Total submitted phys/supplier charge (\$) |
| H_PMTACH | 524 | 6 | | | | | N Total allowed phys/supplier charges (\$) |
| H_PMTRMB | 530 | 6 | | | | | N Total phys/supplier reimbursement (\$) |
| H_PMTVST | 536 | 3 | | | | | N Total office visits in CY |
| H_PMTCHO | 539 | 6 | | | | | N Total office visit charges in CY (\$) |
| H_DMECLM | 545 | 4 | | | | | N Total DME supplier claims in CY |
| Notes: Prior to 1998 this was included in H_PMTCLM. First available in 1998 | | | | | | | |
| H_DMELIN | 549 | 4 | | | | | N Total DME supplier line items in CY |

03/22/04

**Cost & Use
2001**

MEDICARE CURRENT BENEFICIARY SURVEY

Administrative Identification

RIC: A

Page: 15

Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

Notes: Prior to 1998 this was included in H_PMTLIN.
First available in 1998

| | | | | | | | |
|----------|-----|---|--|--|--|--|---|
| H_DMESCH | 553 | 6 | | | | | N Total DME supplier submitted charges (\$) |
|----------|-----|---|--|--|--|--|---|

Notes: Prior to 1998 this was included in H_PMTSCH.
First available in 1998

| | | | | | | | |
|----------|-----|---|--|--|--|--|---|
| H_DMEACH | 559 | 6 | | | | | N Total DME supplier allowed charges (\$) |
|----------|-----|---|--|--|--|--|---|

Notes: Prior to 1998 this was included in H_PMTACH.
First available in 1998

| | | | | | | | |
|----------|-----|---|--|--|--|--|---|
| H_DMERMB | 565 | 6 | | | | | N Total DME supplier reimbursement (\$) |
|----------|-----|---|--|--|--|--|---|

Notes: Prior to 1998 this was included in H_PMTRMB.
First available in 1998