

03/22/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
 Facility Events

RIC: FAE
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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

1,333 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
				27			1 Hospital
				862			2 Nursing home
				11			3 Retirement home
				139			4 Domiciliary/personal care facility
				10			5 Mental health facility
				49			6 Inst for mentally retarded/devel disab
				0			7 Mental health center
				81			8 Life care/continuing care
				133			9 Assisted living facility
				8			10 Rehabilitation facility
				13			91 Other place, specify

BEGSTAT	50	1	\$BEGSTAT				C Status at the beginning of the stay
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	3		- Don't know
968			0 Continuing SP

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				124			1 First time SP from home
				117			2 First time SP from hosp
				61			3 First time SP from nursing home
				9			5 2nd stay 30-day split (in hosp)
				4			6 2nd stay 30-day split (disch)
				43			7 First time SP from other facility
				4			9 Unknown reason
ENDSTAT	51	1	\$ENDSTAT				C Status at the end of the stay
				3			- Don't know
				887			0 SP is still a resident
				42			1 SP was discharged home
				73			2 SP was discharged to a hospital
				85			3 SP was discharged to another facility
				216			4 SP died in the facility
				12			5 Stay split by 30-day hosp
				5			6 Stay split by 30-day disch
				0			7 SP was discharged to another facility
				10			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
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

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DIETFLG	211	2	YES2FMT	286 1,047			N Type of health professional: dietitian 1 Yes 2 No
OPTHLFLG	213	2	YES2FMT	109 1,224			N Type of physician: ophthalmologist 1 Yes 2 No
OPTOMFLG	215	2	YES2FMT	88 1,245			N Type of health professional: optometrist 1 Yes 2 No
PODIAFLG	217	2	YES2FMT	758 575			N Type of health professional: podiatrist 1 Yes 2 No
EDHABFLG	219	2	YES2FMT	2 293 1,038			N Received educational/habitational svcs. -8 Don't know 1 Yes 2 No
HABFLG	221	2	YES2FMT	3 273 1,057			N Received habitational services -8 Don't know 1 Yes 2 No
EDUCFLG	223	2	YES2FMT	3 174 1,156			N Received educational services -8 Don't know 1 Yes 2 No
AMBUSERV	225	2	YES2FMT	420 913			N Used ambulance service 1 Yes 2 No
BEDPADS	227	2	YES2FMT	780 553			N Received bed pads 1 Yes 2 No
CATHETER	229	2	YES2FMT	186 1,147			N Received catheter or catheter supplies 1 Yes 2 No
CATHIRRI	231	2	YES2FMT	172 1,161			N Catheterization and irrigation 1 Yes 2 No
CHNGBAND	233	2	YES2FMT	563 770			N Apply or change dressing 1 Yes 2 No

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CLOTHDPR	235	2	YES2FMT				N Received cloth diapers
				147			1 Yes
				1,186			2 No
COMMODE	237	2	YES2FMT				N Received bedside commode
				103			1 Yes
				1,230			2 No
DIABSUPP	239	2	YES2FMT				N Used diabetic supplies
				209			1 Yes
				1,124			2 No
DIAPRSUP	241	2	YES2FMT				N Used disposable diapers
				807			1 Yes
				526			2 No
EQUIPSUP	243	2	YES2FMT				N Used equipment or supplies
				12			1 Yes
				1,321			2 No
EYEGGLASS	245	2	YES2FMT				N Used eyeglasses
				156			1 Yes
				1,177			2 No
FEEDSERV	247	2	YES2FMT				N Received feeding services
				414			1 Yes
				919			2 No
FEEDSUPP	249	2	YES2FMT				N Received feeding supplies
				96			1 Yes
				1,237			2 No
GERCHAIR	251	2	YES2FMT				N Received geri-chair
				130			1 Yes
				1,203			2 No
GTUBESUP	253	2	YES2FMT				N Received gastrointestinal tube & suppl.
				81			1 Yes
				1,252			2 No
GTUBEUSE	255	2	YES2FMT				N Received gastrointestinal tube services
				81			1 Yes
				1,252			2 No
HEARAID	257	2	YES2FMT				N Used hearing aid
				42			1 Yes
				1,291			2 No
HOSPBED	259	2	YES2FMT				N Received hospital bed
				324			1 Yes

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				1,009			2 No
HOTPACKS	261	2	YES2FMT				N Received hot pack & hot pack services
				66			1 Yes
				1,267			2 No
INCNCARE	263	2	YES2FMT				N Received incontinence care
				838			1 Yes
				495			2 No
INJECTION	265	2	YES2FMT				N Received injections
				475			1 Yes
				858			2 No
IVSUPP	267	2	YES2FMT				N Received IV therapy supplies
				61			1 Yes
				1,272			2 No
IVUSE	269	2	YES2FMT				N Received IV therapy services
				71			1 Yes
				1,262			2 No
MATTRESS	271	2	YES2FMT				N Received special mattress
				433			1 Yes
				900			2 No
NEBULIZR	273	2	YES2FMT				N Received nebulizer
				115			1 Yes
				1,218			2 No
ORTHITEM	275	2	YES2FMT				N Used orthopedic items
				200			1 Yes
				1,133			2 No
OSTOMSUP	277	2	YES2FMT				N Used ostomy supplies
				36			1 Yes
				1,297			2 No
OXYGEN	279	2	YES2FMT				N Used oxygen
				272			1 Yes
				1,061			2 No
PACEMCHK	281	2	YES2FMT				N Pacemaker check/monitoring services
				36			1 Yes
				1,297			2 No
PROSTHES	283	2	YES2FMT				N Used prosthesis
				11			1 Yes
				1,322			2 No
RESTRAIN	285	2	YES2FMT				N Received restraints

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				245			1 Yes
				1,088			2 No
SKINSERV	287	2	YES2FMT				N Rec'd skin ulcer prevention/care svcs.
				720			1 Yes
				613			2 No
SUCTSERV	289	2	YES2FMT				N Received respiratory tract suctioning
				69			1 Yes
				1,264			2 No
SUCTSUPP	291	2	YES2FMT				N Received suction machine and supplies
				57			1 Yes
				1,276			2 No
TEDHOSE	293	2	YES2FMT				N Received support (ted) hose and supplies
				138			1 Yes
				1,195			2 No
TUBEFEED	295	2	YES2FMT				N Received tube feeding
				88			1 Yes
				1,245			2 No
TURNPOS	299	2	YES2FMT				N Received turning and positioning
				684			1 Yes
				649			2 No
WHEEWALK	301	2	YES2FMT				N Received wheel chair or walker
				528			1 Yes
				805			2 No