CMS 2010 Basic Stand Alone (BSA) Hospice Beneficiary Public Use File (PUF)

Data Dictionary and Codebook

This is a beneficiary-level file in which the beneficiaries with identical information (i.e., same values for all variables of the PUF) are presented together in one record. The frequencies below are weighted by the **BENE_CNT** variable. See the General Documentation for an overview of file contents, data source, information about exclusions, and analytic utility.

BENE_SEX_IDENT_CD

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	22,782	40.008
2	Female	34,161	59.992

Note: Percentages may not add up to 100% due to rounding.

BENE_AGE_CAT_CD

This categorical variable is based on the beneficiary's age at end of the reference year (2010). In the event the beneficiary died during the reference year, the age at the date of death is used.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Under 65	2,965	5.207
2	65 - 69	3,944	6.926
3	70 - 74	5,175	9.088
4	75 - 79	7,407	13.008
5	80 - 84	10,815	18.993
6	85 - 89	12,620	22.163
7	90 and older	14,017	24.616

Note: Percentages may not add up to 100% due to rounding.

HOSPC_DECEASED_CD

This is a dichotomous variable to indicate whether the beneficiary was deceased at discharge from Hospice care or not. It is created using the NCH_BENE_DSCHRG_IND_CD in the Hospice claims file. A HOSPC_DECEASED_CD value of 0 implies that the beneficiary was discharged alive sometime in 2010 or was still in Hospice care at the end of 2010. Beneficiaries discharged alive but who died afterwards are not coded as deceased.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	Not deceased at discharge or still patient at the end of 2010	16,776	29.461
1	Deceased at discharge	40,167	70.539

Note: Percentages may not add up to 100% due to rounding.

HOSPC_DX_CD

HOSPC_DX_CD is a categorical variable describing the patient's terminal diagnosis. It is created using the ICD-9 CM primary diagnosis code at admission (ICD9_DGNS_CD1) in the Medicare Hospice claims file. If a beneficiary had more than one Hospice admission in 2010, the ICD-9 CM primary diagnosis code on the first admission is used. The ICD-9 CM primary diagnosis codes are grouped into terminal diagnoses based on the 2010 CMS Hospice Report. Refer to the General Documentation for more information on the link between the ICD-9 primary diagnosis codes and terminal diagnosis codes. This variable provides the most common 5 terminal diagnoses and all other diagnoses are grouped under a sixth value.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Non-Alzheimer's Dementia	6,081	10.679
2	Debility, unspecified	6,462	11.348
3	Lung Cancer	4,673	8.206
4	Congestive Heart Failure (CHF)	4,330	7.604
5	Non-infectious Respiratory Disease	3,677	6.457
6	Other	31,720	55.705

Note: Percentages may not add up to 100% due to rounding.

HOSPC _CANCER_CD

This dichotomous variable contains a flag for whether the patient's terminal diagnosis is cancer or not. As in HOSPC_DX_CD, it is created using the ICD-9 CM primary diagnosis code at admission (ICD9_DGNS_CD1) in the Medicare Hospice claims file. If a beneficiary had more than one Hospice admission in 2010, the ICD-9 CM primary diagnosis code on the first admission is used. ICD-9 CM primary diagnosis codes between 150xx and 239xx are defined as a cancer diagnosis (or HOSPC_CANCER_CD equals 1).

Variable Value	Formatted Value	Frequency	Frequency (%)
0	Non-Cancer	40,184	70.569
1	Cancer	16,759	29.431

Note: Percentages may not add up to 100% due to rounding.

HOSPC_DAYS_CD

This categorical variable is based on the number of calendar days the beneficiary received Hospice care. The total number of days is categorized into four groups: 7 days, 8-30 days, 31-90 days, 91-180 days, and 181 or more days. The total number of days is calculated by adding up days of service using CLM_FROM_DT and the CLM_THRU_DT variables. The CLM_FROM_DT variable is the first day on the billing statement covering services rendered to the beneficiary (a.k.a. 'Statement Covers From Date'). The CLM_THRU_DT variable is the last day on the billing statement covering services rendered to the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	1 - 7 days	15,511	27.240
2	8 - 30 days	15,169	26.639
3	31 - 90 days	11,731	20.601
4	91 - 180 days	6,853	12.035
5	181 or more days	7,679	13.485

Note: Percentages may not add up to 100% due to rounding.

HOSPC_PMT_AMT

This variable contains total payments made by Medicare for the Hospice claims of the beneficiary. The values are provided after rounding. Refer to Table 3 in the General Documentation for rounding rules. The payment amount that is used in the calculation is the

sum of all the payments made from the Medicare trust fund for the services covered for the beneficiary (CLM_PMT_AMT) in the Medicare Hospice claims file.

Variable Value[(1)] ($)	Frequency	Frequency (%)
0	77	0.135
250	2,513	4.413
500	2,768	4.861
750	2,736	4.805
1,000	5,481	9.625
2,000	6,083	10.683
3,000	4,369	7.673
4,000	3,415	5.997
5,000	2,599	4.564
6,000	2,240	3.934
7,000	1,867	3.279
8,000	1,644	2.887
9,000	1,385	2.432
10,000	3,397	5.966
15,000	4,097	7.195
20,000	2,664	4.678
25,000	5,020	8.816
50,000	4,438	7.794
75,000	150	0.263

Note: Percentages may not add up to 100% due to rounding.

(1) Note that a payment amount between $0 and $124.99 is rounded to $0 according to the rounding rules. Hence, the corresponding value for $250 in the PUF is a value between $125 and $374.99 in the initial 5% sample file.

BENE_CNT

This variable contains the number of beneficaries that share the same characteristics (i.e., all remaining variables of the PUF: gender, age category, indicator for whether or not deceased, terminal diagnosis, indicator for whether or not terminal diagnosis is cancer, days of covered services, and payment amount) in the PUF. The sum of this variable (56,943) is the total number of beneficiaries in the PUF.