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 1992

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Administrative Identification

RIC: A  
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 Version: 2

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,383			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth
				12,383			Date as YYYYMMDD
H_DOD	20	6	\$DTE8FMT				C Date of death
				11,811			Missing
				572			Date as YYYYMMDD
H_SEX	26	1	\$SEXFMT				C Sex code
				5,358			1 Male
				7,025			2 Female
H_RACE	27	1	\$RACEFMT				C Race code
				355			0 Unknown
				10,351			1 White
				1,306			2 Black
				371			3 Other
				0			4 Asian
				0			5 Hispanic
				0			6 North American Native
H_AGE	28	3	AGEFMT				N SP age based on CMS date of birth
				12,383			Age in years
D_STRAT	31	1	\$AGEFMT				C MCBS Sample age stratum
				1,040			1 0-44
				1,160			2 45-64
				2,531			3 65-69
				1,947			4 70-74
				2,048			5 75-79
				1,995			6 80-84
				1,662			7 85 +
H_PTABEG	32	6					C Part A entitlement start date
H_PTAEND	38	6					C Part A entitlement end date
H_PTBEG	44	6					C Part B entitlement start date
H_PTBEND	50	6					C Part B entitlement end date

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H_MEDSTA	56	2	\$MSCFMT				C Medicare status code as of 12/31
				15			Unknown
				10,247			10 Aged, no ESRD
				16			11 Aged, ESRD
				2,051			20 Disabled, no ESRD
				20			21 Disabled, ESRD
				34			31 ESRD only
H_LAF	58	2	\$LAFFMT				C Status of SSA check (LAF) as of 12/31
				21			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				11,954			C Current payment status
				0			DW Deferred-Workers' Compensation
				28			D2 DEF-retirement test
				2			D3 DEF-D2 for primary
				9			D6 DEF-recover overpayment
				1			D9 DEF-miscellaneous reason
				0			J Advanced filing-current pay
				1			L2 Advanced filing-worked inside U S
				1			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
				3			SD SUSP-other
				0			SF SUSP-fails to meet residence requirement
				17			SH SUSP-government pension
				3			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				3			S0 SUSP-continuing disability investig
				35			S2 SUSP-fails retirement test
				3			S3 SUSP-primary account S2
				3			S6 SUSP-check returned for address
				11			S7 SUSP-vocational rehab refusal
				1			S8 SUSP-payee not determined
				1			S9 SUSP-miscellaneous reason
				0			TA TERM-prior to entitlement
				0			TJ TERM-prior to entlmt, not stop debit
				1			TR TERM-claim withdrawn
				0			T0 TERM-benefits paid by another agency
				0			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
				2			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				0			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				281			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				0			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				2			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	60	2	\$STFMT				C SSA State code of residence as of 12/31
				0			01 Alabama
				0			02 Alaska
				0			03 Arizona
				0			04 Arkansas
				0			05 California
				0			06 Colorado
				0			07 Connecticut
				0			08 Delaware
				0			09 Washington, DC
				0			10 Florida
				0			11 Georgia
				0			12 Hawaii
				0			13 Idaho
				0			14 Illinois
				0			15 Indiana
				0			16 Iowa
				0			17 Kansas
				0			18 Kentucky
				0			19 Louisiana
				0			20 Maine
				0			21 Maryland
				0			22 Massachusetts
				0			23 Michigan
				0			24 Minnesota
				0			25 Mississippi
				0			26 Missouri
				0			27 Montana
				0			28 Nebraska
				0			29 Nevada
				0			30 New Hampshire
				0			31 New Jersey
				0			32 New Mexico
				0			33 New York
				0			34 North Carolina
				0			35 North Dakota
				0			36 Ohio
				0			37 Oklahoma
				0			38 Oregon
				0			39 Pennsylvania
				0			40 Puerto Rico
				0			41 Rhode Island
				0			42 South Carolina
				0			43 South Dakota
				0			44 Tennessee
				0			45 Texas
				0			46 Utah
				0			47 Vermont
				0			48 Virgin Islands
				0			49 Virginia
				0			50 Washington
				0			51 West Virginia
				0			52 Wisconsin
				0			53 Wyoming
				12,383			Unknown
H_RESCTY	62	3	\$CTYFMT				C SSA county code of residence as of 12/31
							Unknown
				12,383			

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H_ZIP	65	5	\$ZIPFMT	12,383			C Postal zip code of residence as of 12/31 Unknown
H_CENSUS	70	2	\$CENFMT	21 1 384 2,197 2,102 788 2,505 719 1,246 696 1,531 193			C Census Region of residence as of 12/31 Missing ** Unknown 01 New England 02 Middle Atlantic 03 East North Central 04 West North Central 05 South Atlantic 06 East South Central 07 West South Central 08 Mountain 09 Pacific 10 Puerto Rico
H_METRO	72	1	\$METFMT	3,347 37 8,999			C Metro status N Non-metro area U Unknown Y Metro area
H_HS1BEG	73	6	\$DTE8FMT	12,319 64			C Beginning date of 1st hospice period Missing Date as YYYYMMDD
H_HS1END	79	6	\$DTE8FMT	12,319 64			C Ending date of 1st hospice period Missing Date as YYYYMMDD
H_HS2BEG	85	6	\$DTE8FMT	12,366 17			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
H_HS2END	91	6	\$DTE8FMT	12,366 17			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
H_HS3BEG	97	6	\$DTE8FMT	12,374 9			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
H_HS3END	103	6	\$DTE8FMT	12,374 9			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
H_HS4BEG	109	6	\$DTE8FMT	12,378 5			C Beginning date of 4th hospice period Missing Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HS4END	115	6	\$DTE8FMT	12,378			C Ending date of 4th hospice period Missing Date as YYYYMMDD
H_ESRBEG	121	6	\$DTE8FMT	12,329			C Beginning date of ESRD period Missing Date as YYYYMMDD
H_ESREND	127	6	\$DTE8FMT	12,383			C Ending date of ESRD period Missing
H_GHPSW	133	1	\$GHPSW	11,747			C Some group health participation in year 0 No enrollment 1 Some enrollment
H_PLTP01	134	2	\$PLNFMT	11,821			C GHP plan type for Jan No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP
H_PLPY01	136	4					N Medicare capitation payment for Jan
H_PLTP02	140	2	\$PLNFMT	11,816			C GHP plan type for Feb No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP
H_PLPY02	142	4					N Medicare capitation payment for Feb
H_PLTP03	146	2	\$PLNFMT	11,812			C GHP plan type for Mar No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP
H_PLPY03	148	4					N Medicare capitation payment for Mar

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP04	152	2	\$PLNFMT				C GHP plan type for Apr
				11,804			No enrollment
				167			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				377			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY04	154	4					N Medicare capitation payment for Apr
H_PLTP05	158	2	\$PLNFMT				C GHP plan type for May
				11,798			No enrollment
				169			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				381			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY05	160	4					N Medicare capitation payment for May
H_PLTP06	164	2	\$PLNFMT				C GHP plan type for Jun
				11,796			No enrollment
				169			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				383			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY06	166	4					N Medicare capitation payment for Jun
H_PLTP07	170	2	\$PLNFMT				C GHP plan type for Jul
				11,785			No enrollment
				170			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				393			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY07	172	4					N Medicare capitation payment for Jul

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP08	176	2	\$PLNFMT				C GHP plan type for Aug
				11,781			No enrollment
				169			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				398			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY08	178	4					N Medicare capitation payment for Aug
H_PLTP09	182	2	\$PLNFMT				C GHP plan type for Sep
				11,776			No enrollment
				170			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				403			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY09	184	4					N Medicare capitation payment for Sep
H_PLTP10	188	2	\$PLNFMT				C GHP plan type for Oct
				11,773			No enrollment
				172			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				404			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY10	190	4					N Medicare capitation payment for Oct
H_PLTP11	194	2	\$PLNFMT				C GHP plan type for Nov
				11,778			No enrollment
				174			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				397			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY11	196	4					N Medicare capitation payment for Nov

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP12	200	2	\$PLNFMT				C GHP plan type for Dec
				11,780			No enrollment
				176			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				393			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY12	202	4					N Medicare capitation payment for Dec
H_MCSW	206	1	\$SWFMT				C Some Medicaid eligibility for the year
				10,330			N No participation
				2,053			Y Some participation
H_MC1BEG	207	4					C Medicaid earliest buy-in date
H_MCDE01	211	1					C Medicaid eligibility for Jan
H_MCDE02	212	1					C Medicaid eligibility for Feb
H_MCDE03	213	1					C Medicaid eligibility for Mar
H_MCDE04	214	1					C Medicaid eligibility for Apr
H_MCDE05	215	1					C Medicaid eligibility for May
H_MCDE06	216	1					C Medicaid eligibility for Jun
H_MCDE07	217	1					C Medicaid eligibility for Jul
H_MCDE08	218	1					C Medicaid eligibility for Aug
H_MCDE09	219	1					C Medicaid eligibility for Sep
H_MCDE10	220	1					C Medicaid eligibility for Oct
H_MCDE11	221	1					C Medicaid eligibility for Nov
H_MCDE12	222	1					C Medicaid eligibility for Dec
H_HOSSW	223	1	\$UTLFMT				C One or more hospice bills in CY
				12,361			0 No utilization this type
				22			1 Some utilization this type
H_INPSW	224	1	\$UTLFMT				C One or more inpatient discharges in CY
				10,223			0 No utilization this type
				2,160			1 Some utilization this type
H_SNFSW	225	1	\$UTLFMT				C One or more SNF admissions in CY
				12,183			0 No utilization this type
				200			1 Some utilization this type

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HHASW	226	1	\$UTLFMT	11,521 862			C 1 = one or more HHA visits in CY 0 No utilization this type 1 Some utilization this type
H_OUTSW	227	1	\$UTLFMT	6,243 6,140			C One or more outpatient visits in CY 0 No utilization this type 1 Some utilization this type
H_PBSW	228	1	\$UTLFMT	2,286 10,097			C One or more Part B claims in CY 0 No utilization this type 1 Some utilization this type
H_PTARMB	229	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	235	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	241	6	\$DTE8FMT	10,298 2,085			C Discharge date of latest inpatient stay Missing Date as YYYYMMDD
H_LATDRG	247	3	\$DRGFMT	10,298 2,085			C DRG code for latest inpatient stay Unknown, or no discharge DRG
H_DISDES	250	2	\$STATUS	10,298 1,469 18 211 74 62 206 8 0 37 0 0 0 0 0 0 0 0 0 0 0 0 0			C Discharge dest for latest inpatient stay Missing 01 Discharged to home/self care 02 Discharged to other short-term hospital 03 Discharged to skilled nursing facility 04 Discharged to intermediate care facility 05 Disch to another type of institution 06 Discharged to home care of organized HMO 07 Left against medical advice/stopped care 08 Disch home under care of IV therapy prov 20 Expired (did not recover Christian Sci) 30 Still patient 40 Expired at home (hospice claims only) 41 Expired in hospital, SNF, ICF or hospice 42 Expired in unknown place (hospice only) 50 Hospice - home (eff. 96) 51 Hospice - medical facility (eff. 96) 61 Disch w/i facility to swing-bed SNF (99) 71 Disch to other facility for O/P svcs(99) 72 Disch to this facility for O/P svcs (99)
H_LATLOS	252	3					C Not used
H_INPSTY	255	2					N No. of inpatient stays for CY
H_INPDAY	257	3					N No. of inpatient covered days for CY
H_INPCHG	260	6					N Inpatient charges for CY (\$)
H_INPCCH	266	6					N Inpatient covered charges for CY (\$)

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H_INPRMB	272	6					N Inpatient reimbursement for CY (\$)
H_INPDED	278	4					C Inpatient deductible to be met in CY (\$)
H_INPCDY	282	2					N Inpatient coinsurance days used in CY
H_INPCAM	284	5					N Total inpatient coinsurance amt CY (\$)
H_PSYDAY	289	3					N Lifetime psychiatric days remaining
H_LRDAY	292	3					N Lifetime reserve days remaining
H_BLDED	295	2					N Blood deductible to be met in CY (\$)
H_SNFSTY	297	2					N Total SNF stays in CY
H_SNFDAY	299	3					N Total SNF covered days in CY
H_SNFCHG	302	6					N Total SNF charges in CY (\$)
H_SNFCCH	308	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	314	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	320	3					N Total SNF coinsurance days in CY
H_SNFCAM	323	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	329	3					N Total HHA visits in CY
H_HHACCH	332	6					N Total HHA covered charges in CY (\$)
H_HHACHO	338	6					N Total HHA other covered charges CY (\$)
H_HHARMB	344	6					N Total HHA reimbursement in CY (\$)
H_HSDAYS	350	3					N Total covered hospice days in CY
H_HSTCHG	353	6					N Total hospice charges CY (\$)
H_HSREIM	359	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	365	3					N Total outpatient bills in CY
H_OUTCHG	368	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	374	6					N Total outpatient reimbursement CY (\$)
H_PMTCLM	380	4					N Total physician/supplier claims in CY
H_PMTLIN	384	4					N Total phys./supplier line items in CY
H_PMTTCH	388	6					N Total submitted phys/supplier charge (\$)
H_PMTCHG	394	6					N Total allowed phys/supplier charges (\$)
H_PMTRMB	400	6					N Total phys/supplier reimbursement (\$)
H_PMTVST	406	3					N Total office visits in CY
H_PMTCHO	409	6					N Total office visit charges in CY (\$)
H_PTBEDED	415	4					C Not used