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**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Administrative Identification - Analytic

RIC: A2  
 Page: 1  
 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
				12,863			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth
				12,863			Date as YYYYMMDD
H_DOD	20	6	\$DTE8FMT				C Date of death
				12,110			Missing
				753			Date as YYYYMMDD
H_SEX	26	1	\$SEXFMT				C Sex code
				5,584			1 Male
				7,279			2 Female
H_RACE	27	1	\$RACEFMT				C Race code
				99			0 Unknown
				10,932			1 White
				1,442			2 Black
				155			3 Other
				54			4 Asian
				172			5 Hispanic
				9			6 North American Native
H_AGE	28	3	AGEFMT				N SP age based on CMS date of birth
				12,863			Age in years
D_STRAT	31	1	\$AGEFMT				C MCBS Sample age stratum
				1,008			1 0-44
				1,145			2 45-64
				2,459			3 65-69
				1,982			4 70-74
				2,137			5 75-79
				2,223			6 80-84
				1,909			7 85 +
H_PTABEG	32	6					C Part A entitlement start date
H_PTAEND	38	6					C Part A entitlement end date
H_PTBBEG	44	6					C Part B entitlement start date
H_PTEND	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
				10,683			10 Aged, no ESRD
				23			11 Aged, ESRD
				2,092			20 Disabled, no ESRD
				28			21 Disabled, ESRD
				37			31 ESRD only
H_LAF	58	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
				12,328			C Current payment status
				0			DW Deferred-Workers' Compensation
				19			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				5			D6 DEF-recover overpayment
				0			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
				3			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				18			SH SUSP-government pension
				4			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				3			S0 SUSP-continuing disability investig
				38			S2 SUSP-fails retirement test
				2			S3 SUSP-primary account S2
				4			S6 SUSP-check returned for address
				16			S7 SUSP-vocational rehab refusal
				1			S8 SUSP-payee not determined
				3			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
				109			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
				1			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				1			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				295			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				4			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				1			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				1			ZZ Erroneous entitlement

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
				399			01 Alabama
				0			02 Alaska
				110			03 Arizona
				108			04 Arkansas
				1,163			05 California
				232			06 Colorado
				103			07 Connecticut
				3			08 Delaware
				61			09 Washington, DC
				722			10 Florida
				623			11 Georgia
				0			12 Hawaii
				82			13 Idaho
				462			14 Illinois
				317			15 Indiana
				262			16 Iowa
				167			17 Kansas
				163			18 Kentucky
				133			19 Louisiana
				130			20 Maine
				161			21 Maryland
				151			22 Massachusetts
				400			23 Michigan
				156			24 Minnesota
				118			25 Mississippi
				180			26 Missouri
				0			27 Montana
				2			28 Nebraska
				135			29 Nevada
				2			30 New Hampshire
				625			31 New Jersey
				113			32 New Mexico
				896			33 New York
				7			34 North Carolina
				69			35 North Dakota
				547			36 Ohio
				233			37 Oklahoma
				5			38 Oregon
				689			39 Pennsylvania
				222			40 Puerto Rico
				2			41 Rhode Island
				483			42 South Carolina
				1			43 South Dakota
				64			44 Tennessee
				812			45 Texas
				4			46 Utah
				1			47 Vermont
				0			48 Virgin Islands
				500			49 Virginia
				421			50 Washington
				126			51 West Virginia
				443			52 Wisconsin
				55			53 Wyoming
H_RESCTY	62	3	\$CTYFMT				C SSA county code of residence as of 12/31
				12,863			County code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	65	5	\$ZIPFMT	12,863			C Postal zip code of residence as of 12/31 ZIP Code
H_CENSUS	70	2	\$CENFMT	8 390 2,209 2,167 837 2,678 745 1,286 750 1,571 222			C Census Region of residence as of 12/31 ** 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	3,488 0 9,375			C Metro status N Non-metro area U Unknown Y Metro area
H_HS1BEG	73	6					C Beginning date of 1st hospice period
H_HS1END	79	6					C Ending date of 1st hospice period
H_HS2BEG	85	6					C Beginning date of 2nd hospice period
H_HS2END	91	6					C Ending date of 2nd hospice period
H_HS3BEG	97	6					C Beginning date of 3rd hospice period
H_HS3END	103	6					C Ending date of 3rd hospice period
H_HS4BEG	109	6					C Beginning date of 4th hospice period
H_HS4END	115	6					C Ending date of 4th hospice period
H_ESRBEG	121	6	\$DTE8FMT	12,774 89			C Beginning date of ESRD period Missing Date as YYYYMMDD
H_ESREND	127	6	\$DTE8FMT	12,862 1			C Ending date of ESRD period Missing Date as YYYYMMDD
H_GHPSW	133	1	\$GHPSW	12,010 853			C Some group health participation in year 0 No enrollment 1 Some enrollment

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP01	134	2	\$PLNFMT				C GHP plan type for Jan
				12,120			No enrollment
				216			01 Health care prepayment plan
				19			02 Cost HMO
				5			05 Old Risk HMO
				492			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN01	136	5	\$GHPFMT				C GHP contract number for Jan
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY01	141	4					N Medicare capitation payment for Jan
H_PLTP02	144	2	\$PLNFMT				C GHP plan type for Feb
				12,113			No enrollment
				216			01 Health care prepayment plan
				18			02 Cost HMO
				5			05 Old Risk HMO
				500			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN02	146	5	\$GHPFMT				C GHP contract number for Feb
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY02	151	4					N Medicare capitation payment for Feb
H_PLTP03	155	2	\$PLNFMT				C GHP plan type for Mar
				12,102			No enrollment
				216			01 Health care prepayment plan
				18			02 Cost HMO
				5			05 Old Risk HMO
				510			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN03	157	5	\$GHPFMT				C GHP contract number for Mar
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY03	163	4					N Medicare capitation payment for Mar

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H_PLTP04	167	2	\$PLNFMT				C GHP plan type for Apr
				12,094			No enrollment
				216			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				519			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN04	169	5	\$GHPFMT				C GHP contract number for Apr
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY04	174	4					N Medicare capitation payment for Apr
H_PLTP05	178	2	\$PLNFMT				C GHP plan type for May
				12,092			No enrollment
				216			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				521			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN05	180	5	\$GHPFMT				C GHP contract number for May
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY05	185	4					N Medicare capitation payment for May
H_PLTP06	189	2	\$PLNFMT				C GHP plan type for Jun
				12,089			No enrollment
				216			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				524			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN06	191	5	\$GHPFMT				C GHP contract number for Jun
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY06	196	4					N Medicare capitation payment for Jun

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP07	200	2	\$PLNFMT				C GHP plan type for Jul
				12,080			No enrollment
				218			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				531			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN07	202	5	\$GHPFMT				C GHP contract number for Jul
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY07	207	4					N Medicare capitation payment for Jul
H_PLTP08	211	2	\$PLNFMT				C GHP plan type for Aug
				12,073			No enrollment
				218			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				538			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN08	213	5	\$GHPFMT				C GHP contract number for Aug
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY08	218	4					N Medicare capitation payment for Aug
H_PLTP09	222	2	\$PLNFMT				C GHP plan type for Sep
				12,060			No enrollment
				217			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				552			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN09	224	5	\$GHPFMT				C GHP contract number for Sep
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY09	229	4					N Medicare capitation payment for Sep

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP10	233	2	\$PLNFMT				C GHP plan type for Oct
				12,052			No enrollment
				217			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				560			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN10	235	5	\$GHPFMT				C GHP contract number for Oct
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY10	240	4					N Medicare capitation payment for Oct
H_PLTP11	244	2	\$PLNFMT				C GHP plan type for Nov
				12,046			No enrollment
				215			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				568			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN11	246	5	\$GHPFMT				C GHP contract number for Nov
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY11	251	4					N Medicare capitation payment for Nov
H_PLTP12	255	2	\$PLNFMT				C GHP plan type for Dec
				12,040			No enrollment
				215			01 Health care prepayment plan
				17			02 Cost HMO
				5			05 Old Risk HMO
				574			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN12	257	5	\$GHPFMT				C GHP contract number for Dec
				0			N Unknown, or no plan
				12,863			Plan Identifier
H_PLPY12	262	4					N Medicare capitation payment for Dec
H_MCSW	266	1	\$SWFMT				C Some Medicaid eligibility for the year
				10,653			N No participation
				2,210			Y Some participation
H_MCLACY	267	3					C Latest Medicaid State agency

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCLAB	270	1					C Latest Part A or B buy-in status
H_MCLXCD	271	2					C Latest Medicaid buy-in code
H_MCLEND	273	4					N Latest period ending for Medicaid buy-in
H_MC1ACY	277	3					C Earliest Medicaid State agency
H_MC1AB	280	1					C Earliest Part A or B buy-in status
H_MC1XCD	281	2					C Earliest Medicaid buy-in code
H_MC1BEG	283	4					N Medicaid earliest buy-in date
H_MCDE01	287	3					C Medicaid eligibility for Jan
H_MCDE02	290	3					C Medicaid eligibility for Feb
H_MCDE03	293	3					C Medicaid eligibility for Mar
H_MCDE04	296	3					C Medicaid eligibility for Apr
H_MCDE05	299	3					C Medicaid eligibility for May
H_MCDE06	302	3					C Medicaid eligibility for Jun
H_MCDE07	305	3					C Medicaid eligibility for Jul
H_MCDE08	308	3					C Medicaid eligibility for Aug
H_MCDE09	311	3					C Medicaid eligibility for Sep
H_MCDE10	314	3					C Medicaid eligibility for Oct
H_MCDE11	317	3					C Medicaid eligibility for Nov
H_MCDE12	320	3					C Medicaid eligibility for Dec
H_HOSSW	323	1	\$UTLFMT				C One or more hospice bills in CY
				12,839			0 No utilization this type
				24			1 Some utilization this type
H_INPSW	324	1	\$UTLFMT				C One or more inpatient discharges in CY
				10,440			0 No utilization this type
				2,423			1 Some utilization this type
H_SNFSW	325	1	\$UTLFMT				C One or more SNF admissions in CY
				12,586			0 No utilization this type
				277			1 Some utilization this type
H_HHASW	326	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				11,803			0 No utilization this type
				1,060			1 Some utilization this type

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H_OUTSW	327	1	\$UTLFMT	6,075 6,788			C One or more outpatient visits in CY  0 No utilization this type 1 Some utilization this type
H_PBSW	328	1	\$UTLFMT	1,900 10,963			C One or more Part B claims in CY  0 No utilization this type 1 Some utilization this type
H_PTARMB	329	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	335	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	341	6	\$DTE8FMT	10,528 2,335			C Discharge date of latest inpatient stay  Missing Date as YYYYMMDD
H_LATDRG	347	3	\$DRGFMT	10,528 2,335			C DRG code for latest inpatient stay  Unknown, or no discharge DRG
H_DISDES	350	2	\$STATUS	10,528 1,608 11 281 79 75 220 6 2 53 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	352	3					C Not used
H_INPSTY	355	2					N No. of inpatient stays for CY
H_INPDAY	357	3					N No. of inpatient covered days for CY
H_INPCHG	360	6					N Inpatient charges for CY (\$)
H_INPCCH	366	6					N Inpatient covered charges for CY (\$)
H_INPRMB	372	6					N Inpatient reimbursement for CY (\$)
H_INPDED	378	4					C Inpatient deductible to be met in CY (\$)
H_INPCDY	382	2					N Inpatient coinsurance days used in CY

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H_INPCAM	384	5					N Total inpatient coinsurance amt CY (\$)
H_PSYDAY	389	3					C Lifetime psychiatric days remaining
H_LRDAY	392	3					C Lifetime reserve days remaining
H_BLDED	395	2					C Blood deductible to be met in CY (\$)
H_SNFSTY	397	2					N Total SNF stays in CY
H_SNFDAY	399	3					N Total SNF covered days in CY
H_SNFCHG	402	6					N Total SNF charges in CY (\$)
H_SNFCCH	408	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	414	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	420	3					N Total SNF coinsurance days in CY
H_SNFCAM	423	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	429	3					N Total HHA visits in CY
H_HHACCH	432	6					N Total HHA covered charges in CY (\$)
H_HHACHO	438	6					N Total HHA other covered charges CY (\$)
H_HHARMB	444	6					N Total HHA reimbursement in CY (\$)
H_HSDAYS	450	3					N Total covered hospice days in CY
H_HSTCHG	453	6					N Total hospice charges CY (\$)
H_HSREIM	459	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	465	3					N Total outpatient bills in CY
H_OUTCHG	468	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	474	6					N Total outpatient reimbursement CY (\$)
H_PMTCLM	480	4					N Total physician/supplier claims in CY
H_PMTLIN	484	4					N Total physician/supplier lin items in CY
H_PMTTCH	488	6					N Total submitted phys/supplier charge (\$)
H_PMTCHG	494	6					N Total allowed phys/supplier charges (\$)
H_PMTRMB	500	6					N Total phys/supplier reimbursement (\$)
H_PMTVST	506	3					N Total office visits in CY
H_PMTCHO	509	6					N Total office visit charges in CY (\$)
H_PTBEDED	515	4					C Not used