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

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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.

|          |    |   |           |        |  |  |                                     |
|----------|----|---|-----------|--------|--|--|-------------------------------------|
| 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_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         |
|          |     |     |          | 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                   |

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| 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                                |

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| H_ZIP    | 65  | 5   | \$ZIPFMT  | 12,863  |          |          | C Postal zip code of residence as of 12/31<br>ZIP Code   |
| H_CENSUS | 70  | 2   | \$CENFMT  | 8<br>390<br>2,209<br>2,167<br>837<br>2,678<br>745<br>1,286<br>750<br>1,571<br>222 |          |          | C Census Region of residence as of 12/31<br>** Unknown<br>01 New England<br>02 Middle Atlantic<br>03 East North Central<br>04 West North Central<br>05 South Atlantic<br>06 East South Central<br>07 West South Central<br>08 Mountain<br>09 Pacific<br>10 Puerto Rico |
| H_METRO  | 72  | 1   | \$METFMT  | 3,488<br>0<br>9,375   |          |          | C Metro status<br>N Non-metro area<br>U Unknown<br>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<br>89  |          |          | C Beginning date of ESRD period<br>Missing<br>Date as YYYYMMDD   |
| H_ESREND | 127 | 6   | \$DTE8FMT | 12,862<br>1   |          |          | C Ending date of ESRD period<br>Missing<br>Date as YYYYMMDD  |
| H_GHPSW  | 133 | 1   | \$GHPSW   | 12,010<br>853   |          |          | C Some group health participation in year<br>0 No enrollment<br>1 Some enrollment  |

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| 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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| 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 |

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|----------|-----|-----|----------|-----------|----------|----------|--|
| 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           |



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| 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  |           |          |          | C One or more outpatient visits in CY       |
|          |     |     |           | 6,075     |          |          | 0 No utilization this type                  |
|          |     |     |           | 6,788     |          |          | 1 Some utilization this type                |
| H_PBSW   | 328 | 1   | \$UTLFMT  |           |          |          | C One or more Part B claims in CY           |
|          |     |     |           | 1,900     |          |          | 0 No utilization this type                  |
|          |     |     |           | 10,963    |          |          | 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 |           |          |          | C Discharge date of latest inpatient stay   |
|          |     |     |           | 10,528    |          |          | Missing                                     |
|          |     |     |           | 2,335     |          |          | Date as YYYYMMDD                            |
| H_LATDRG | 347 | 3   | \$DRGFMT  |           |          |          | C DRG code for latest inpatient stay        |
|          |     |     |           | 10,528    |          |          | Unknown, or no discharge                    |
|          |     |     |           | 2,335     |          |          | DRG   |
| H_DISDES | 350 | 2   | \$STATUS  |           |          |          | C Discharge dest for latest inpatient stay  |
|          |     |     |           | 10,528    |          |          | Missing                                     |
|          |     |     |           | 1,608     |          |          | 01 Discharged to home/self care             |
|          |     |     |           | 11        |          |          | 02 Discharged to other short-term hospital  |
|          |     |     |           | 281       |          |          | 03 Discharged to skilled nursing facility   |
|          |     |     |           | 79        |          |          | 04 Discharged to intermediate care facility |
|          |     |     |           | 75        |          |          | 05 Disch to another type of institution     |
|          |     |     |           | 220       |          |          | 06 Discharged to home care of organized HMO |
|          |     |     |           | 6         |          |          | 07 Left against medical advice/stopped care |
|          |     |     |           | 2         |          |          | 08 Disch home under care of IV therapy prov |
|          |     |     |           | 53        |          |          | 20 Expired (did not recover Christian Sci)  |
|          |     |     |           | 0         |          |          | 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)  |
|          |     |     |           | 0         |          |          | 50 Hospice - home (eff. 96)                 |
|          |     |     |           | 0         |          |          | 51 Hospice - medical facility (eff. 96)     |
|          |     |     |           | 0         |          |          | 61 Disch w/i facility to swing-bed SNF (99) |
|          |     |     |           | 0         |          |          | 71 Disch to other facility for O/P svcs(99) |
|          |     |     |           | 0         |          |          | 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                                  |