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			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_PTBEND	50	6					C Part B entitlement end date

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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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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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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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
                            12,863                         Unknown

H_RESCTY  62  3   $CTYFMT                               C SSA county code of residence as of 12/31

                            12,863                         Unknown
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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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H_ZIP      65  5   $ZIPFMT                                C Postal zip code of residence as of 12/31

                              12,863                         Unknown

H_CENSUS   70  2   $CENFMT                                C Census Region of residence as of 12/31

                                   8                       ** Unknown
                                 390                       01 New England
                               2,209                       02 Middle Atlantic
                               2,167                       03 East North Central
                                 837                       04 West North Central
                               2,678                       05 South Atlantic
                                 745                       06 East South Central
                               1,286                       07 West South Central
                                 750                       08 Mountain
                               1,571                       09 Pacific
                                 222                       10 Puerto Rico

H_METRO    72  1   $METFMT                                C Metro status

                               3,488                       N Non-metro area
                                   0                       U Unknown
                               9,375                       Y Metro area

H_HS1BEG   73  6   $DTE8FMT                               C Beginning date of 1st hospice period

                              12,774                         Missing
                                  89                         Date as YYYYMMDD

H_HS1END   79  6   $DTE8FMT                               C Ending date of 1st hospice period

                              12,774                         Missing
                                  89                         Date as YYYYMMDD

H_HS2BEG   85  6   $DTE8FMT                               C Beginning date of 2nd hospice period

                              12,836                         Missing
                                  27                         Date as YYYYMMDD

H_HS2END   91  6   $DTE8FMT                               C Ending date of 2nd hospice period

                              12,836                         Missing
                                  27                         Date as YYYYMMDD

H_HS3BEG   97  6   $DTE8FMT                               C Beginning date of 3rd hospice period

                              12,849                         Missing
                                  14                         Date as YYYYMMDD

H_HS3END   103 6   $DTE8FMT                               C Ending date of 3rd hospice period

                              12,849                         Missing
                                  14                         Date as YYYYMMDD

H_HS4BEG   109 6   $DTE8FMT                               C Beginning date of 4th hospice period

                              12,850                         Missing
                                  13                         Date as YYYYMMDD
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_HS4END  115  6  $DTE8FMT                              C Ending date of 4th hospice period

                            12,850                        Missing
                                13                        Date as YYYYMMDD

H_ESRBEG  121  6  $DTE8FMT                              C Beginning date of ESRD period

                            12,774                        Missing
                                89                        Date as YYYYMMDD

H_ESREND  127  6  $DTE8FMT                              C Ending date of ESRD period

                            12,862                        Missing
                                 1                        Date as YYYYMMDD

H_GHPSW   133  1  $GHPSW                                C Some group health participation in year

                            12,010                        0 No enrollment
                               853                        1 Some enrollment

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_PLPY01  136  4                                        N Medicare capitation payment for Jan

H_PLTP02  140  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_PLPY02  142  4                                        N Medicare capitation payment for Feb

H_PLTP03  146  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_PLPY03  148  4                                        N Medicare capitation payment for Mar
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PLTP04  152  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_PLPY04  154  4                                         N Medicare capitation payment for Apr

H_PLTP05  158  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_PLPY05  160  4                                         N Medicare capitation payment for May

H_PLTP06  164  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_PLPY06  166  4                                         N Medicare capitation payment for Jun

H_PLTP07  170  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_PLPY07  172  4                                         N Medicare capitation payment for Jul
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PLTP08 176 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_PLPY08 178 4   N Medicare capitation payment for Aug

H_PLTP09 182 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_PLPY09 184 4   N Medicare capitation payment for Sep

H_PLTP10 188 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_PLPY10 190 4   N Medicare capitation payment for Oct

H_PLTP11 194 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_PLPY11 196 4   N Medicare capitation payment for Nov

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PLTP12  200  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_PLPY12  202  4                                         N Medicare capitation payment for Dec

H_MCSW    206  1  $SWFMT                                 C Some Medicaid eligibility for the year

                            10,653                       N No participation
                             2,210                       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

                            12,839                       0 No utilization this type
                                24                       1 Some utilization this type

H_INPSW   224  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   225  1  $UTLFMT                                C One or more SNF admissions in CY

                            12,586                       0 No utilization this type
                               277                       1 Some utilization this type
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_HHASW   226  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

H_OUTSW   227  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    228  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  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                              C Discharge date of latest inpatient stay

                            10,528                        Missing
                             2,335                        Date as YYYYMMDD

H_LATDRG  247  3  $DRGFMT                               C DRG code for latest inpatient stay

                            10,528                        Unknown, or no discharge
                             2,335                        DRG

H_DISDES  250  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  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 ($)
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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Variable	Col	Len	Variable Type & Label
H_INPRMB	272	6	N Inpatient reimbursement for CY ($)
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_PTBDED	415	4	C Not used