



Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,290			1 0-44
				1,397			2 45-64
				3,263			3 65-69
				3,164			4 70-74
				3,003			5 75-79
				2,994			6 80-84
				2,683			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				514			A Part A Medicare only
				155			B Part B Medicare only
				17,124			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				509			A Part A Medicare only
				154			B Part B Medicare only
				17,130			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				505			A Part A Medicare only
				154			B Part B Medicare only
				17,134			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				503			A Part A Medicare only
				153			B Part B Medicare only
				17,137			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				503			A Part A Medicare only
				153			B Part B Medicare only
				17,137			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				502			A Part A Medicare only
				151			B Part B Medicare only
				17,140			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				471			A Part A Medicare only
				146			B Part B Medicare only
				17,176			C Parts A and B Medicare
				1			N No Medicare entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	43	1	\$ENTFMT				C Medicare entitlement code for Aug
				469			A Part A Medicare only
				145			B Part B Medicare only
				17,179			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sep
				469			A Part A Medicare only
				145			B Part B Medicare only
				17,178			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				468			A Part A Medicare only
				144			B Part B Medicare only
				17,177			C Parts A and B Medicare
				5			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				464			A Part A Medicare only
				144			B Part B Medicare only
				17,146			C Parts A and B Medicare
				40			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				462			A Part A Medicare only
				144			B Part B Medicare only
				17,104			C Parts A and B Medicare
				84			N No Medicare entitlement
H_DOE	48	6	\$DTE8FMT				C Medicare entitlement start date
				17,794			Date as YYYYMMDD
H_DOT	54	6	\$DTE8FMT				C Medicare entitlement end date
				17,756			Missing
				38			Date as YYYYMMDD
H_MEDSTA	60	2	\$MSCFMT				C Medicare status code as of 12/31
				15,070			10 Aged, no ESRD
				30			11 Aged, ESRD
				2,613			20 Disabled, no ESRD
				38			21 Disabled, ESRD
				43			31 ESRD only

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	62	2	\$LAFMT				C Status of SSA check (LAF) as of 12/31
				2			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				17,041			C Current payment status
				0			DW Deferred-Workers' Compensation
				36			D2 DEF-retirement test
				2			D3 DEF-D2 for primary
				2			D6 DEF-recover overpayment
				2			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
				3			S SUSP-deferred retirement
				4			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				36			SH SUSP-government pension
				3			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				1			S0 SUSP-continuing disability investig
				37			S2 SUSP-fails retirement test
				1			S3 SUSP-primary account S2
				5			S6 SUSP-check returned for address
				53			S7 SUSP-vocational rehab refusal
				2			S8 SUSP-payee not determined
				5			S9 SUSP-miscellaneous reason
				0			TA TERM-prior to entitlement
				0			TJ TERM-prior to entlmt, not stop debit
				0			TR TERM-claim withdrawn
				0			T0 TERM-benefits paid by another agency
				140			T1 TERM-death of beneficiary
				0			T2 TERM-death of primary
				1			T3 TERM-divorce, marriage, remarriage
				0			T4 TERM-dependent child attained age 18
				0			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				1			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				414			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				2			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				1			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement
H_METRO	64	1	\$METFMT				C Metro status
				4,412			N Non-metro area
				0			U Unknown
				13,382			Y Metro area

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_GHPSW	65	1	\$GHPSW				C Some group health participation in year
				13,983			0 No enrollment
				3,811			1 Some enrollment
H_PLTP01	66	2	\$PLNFMT				C GHP plan type for Jan
				14,392			No enrollment
				212			01 Health care prepayment plan
				26			02 Cost HMO
				3,164			06 Risk HMO
H_PLPY01	68	4					N Medicare capitation payment for Jan
H_PLTP02	72	2	\$PLNFMT				C GHP plan type for Feb
				14,379			No enrollment
				213			01 Health care prepayment plan
				21			02 Cost HMO
				3,181			06 Risk HMO
H_PLPY02	74	4					N Medicare capitation payment for Feb
H_PLTP03	78	2	\$PLNFMT				C GHP plan type for Mar
				14,349			No enrollment
				208			01 Health care prepayment plan
				21			02 Cost HMO
				3,216			06 Risk HMO
H_PLPY03	80	4					N Medicare capitation payment for Mar
H_PLTP04	84	2	\$PLNFMT				C GHP plan type for Apr
				14,323			No enrollment
				206			01 Health care prepayment plan
				22			02 Cost HMO
				3,243			06 Risk HMO
H_PLPY04	86	4					N Medicare capitation payment for Apr
H_PLTP05	90	2	\$PLNFMT				C GHP plan type for May
				14,275			No enrollment
				199			01 Health care prepayment plan
				27			02 Cost HMO
				3,293			06 Risk HMO
H_PLPY05	92	4					N Medicare capitation payment for May
H_PLTP06	96	2	\$PLNFMT				C GHP plan type for Jun
				14,256			No enrollment
				193			01 Health care prepayment plan
				31			02 Cost HMO
				3,314			06 Risk HMO
H_PLPY06	98	4					N Medicare capitation payment for Jun

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP07	102	2	\$PLNFMT				C GHP plan type for Jul
				14,237			No enrollment
				191			01 Health care prepayment plan
				31			02 Cost HMO
				3,335			06 Risk HMO
H_PLPY07	104	4					N Medicare capitation payment for Jul
H_PLTP08	108	2	\$PLNFMT				C GHP plan type for Aug
				14,207			No enrollment
				189			01 Health care prepayment plan
				31			02 Cost HMO
				3,367			06 Risk HMO
H_PLPY08	110	4					N Medicare capitation payment for Aug
H_PLTP09	114	2	\$PLNFMT				C GHP plan type for Sep
				14,175			No enrollment
				187			01 Health care prepayment plan
				31			02 Cost HMO
				3,401			06 Risk HMO
H_PLPY09	116	4					N Medicare capitation payment for Sep
H_PLTP10	120	2	\$PLNFMT				C GHP plan type for Oct
				14,159			No enrollment
				187			01 Health care prepayment plan
				29			02 Cost HMO
				3,419			06 Risk HMO
H_PLPY10	122	4					N Medicare capitation payment for Oct
H_PLTP11	126	2	\$PLNFMT				C GHP plan type for Nov
				14,145			No enrollment
				185			01 Health care prepayment plan
				28			02 Cost HMO
				3,436			06 Risk HMO
H_PLPY11	128	4					N Medicare capitation payment for Nov
H_PLTP12	132	2	\$PLNFMT				C GHP plan type for Dec
				14,121			No enrollment
				184			01 Health care prepayment plan
				28			02 Cost HMO
				3,461			06 Risk HMO
H_PLPY12	134	4					N Medicare capitation payment for Dec
H_MCSW	138	1	\$SWFMT				C Some Medicaid eligibility for the year
				14,780			N No participation
				3,014			Y Some participation

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE01	139	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				1,106			B State Part B buy-in
				53			C State Part A and B buy-in
				91			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,977			N No buy-in this month
				1,454			Q State Part B QMB buy-in
				113			S State Part B SLMB buy-in
H_MCDE02	140	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,110			B State Part B buy-in
				54			C State Part A and B buy-in
				91			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,960			N No buy-in this month
				1,460			Q State Part B QMB buy-in
				119			S State Part B SLMB buy-in
H_MCDE03	141	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,118			B State Part B buy-in
				54			C State Part A and B buy-in
				91			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,941			N No buy-in this month
				1,469			Q State Part B QMB buy-in
				121			S State Part B SLMB buy-in
H_MCDE04	142	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,121			B State Part B buy-in
				55			C State Part A and B buy-in
				91			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,920			N No buy-in this month
				1,481			Q State Part B QMB buy-in
				126			S State Part B SLMB buy-in
H_MCDE05	143	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,129			B State Part B buy-in
				55			C State Part A and B buy-in
				91			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,914			N No buy-in this month
				1,475			Q State Part B QMB buy-in
				130			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE06	144	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				1,134			B State Part B buy-in
				56			C State Part A and B buy-in
				92			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,904			N No buy-in this month
				1,474			Q State Part B QMB buy-in
				134			S State Part B SLMB buy-in
H_MCDE07	145	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				1,140			B State Part B buy-in
				56			C State Part A and B buy-in
				96			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,896			N No buy-in this month
				1,468			Q State Part B QMB buy-in
				138			S State Part B SLMB buy-in
H_MCDE08	146	1	\$MCDCFMT				C Medicaid eligibility for Aug
				1			A State Part A buy-in
				1,141			B State Part B buy-in
				57			C State Part A and B buy-in
				94			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,888			N No buy-in this month
				1,473			Q State Part B QMB buy-in
				140			S State Part B SLMB buy-in
H_MCDE09	147	1	\$MCDCFMT				C Medicaid eligibility for Sep
				1			A State Part A buy-in
				1,145			B State Part B buy-in
				57			C State Part A and B buy-in
				95			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,882			N No buy-in this month
				1,476			Q State Part B QMB buy-in
				138			S State Part B SLMB buy-in
H_MCDE10	148	1	\$MCDCFMT				C Medicaid eligibility for Oct
				2			A State Part A buy-in
				1,150			B State Part B buy-in
				57			C State Part A and B buy-in
				95			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,875			N No buy-in this month
				1,476			Q State Part B QMB buy-in
				139			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE11	149	1	\$MCDCFMT				C Medicaid eligibility for Nov
				3			A State Part A buy-in
				1,152			B State Part B buy-in
				57			C State Part A and B buy-in
				94			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,870			N No buy-in this month
				1,475			Q State Part B QMB buy-in
				143			S State Part B SLMB buy-in
H_MCDE12	150	1	\$MCDCFMT				C Medicaid eligibility for Dec
				1			A State Part A buy-in
				1,127			B State Part B buy-in
				56			C State Part A and B buy-in
				93			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				14,929			N No buy-in this month
				1,449			Q State Part B QMB buy-in
				139			S State Part B SLMB buy-in
H_HOSSW	151	1	\$UTLFMT				C One or more hospice bills in CY
				17,736			0 No utilization this type
				58			1 Some utilization this type
H_INPSW	152	1	\$UTLFMT				C One or more inpatient discharges in CY
				14,716			0 No utilization this type
				3,078			1 Some utilization this type
H_SNFSW	153	1	\$UTLFMT				C One or more SNF admissions in CY
				17,248			0 No utilization this type
				546			1 Some utilization this type
H_HHASW	154	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				16,217			0 No utilization this type
				1,577			1 Some utilization this type
H_OUTSW	155	1	\$UTLFMT				C One or more outpatient visits in CY
				8,801			0 No utilization this type
				8,993			1 Some utilization this type
H_PBSW	156	1	\$UTLFMT				C One or more Part B claims in CY
				4,238			0 No utilization this type
				13,556			1 Some utilization this type
H_PTARMB	157	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	163	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	169	6	\$DTE8FMT				C Discharge date of latest inpatient stay
				14,843			Missing
				2,951			Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LATDRG	175	3	\$DRGFMT				C DRG code for latest inpatient stay
				14,843			Unknown, or no discharge
				2,951			DRG
H_DISDES	178	2	\$STATUS				C Discharge dest for latest inpatient stay
				14,843			Missing
				1,925			01 Discharged to home/self care
				26			02 Discharged to other short-term hospital
				453			03 Discharged to skilled nursing facility
				82			04 Discharged to intermediate care facility
				112			05 Disch to another type of institution
				288			06 Discharged to home care of organized HMO
				14			07 Left against medical advice/stopped care
				1			08 Disch home under care of IV therapy prov
				50			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. 10/96)
				0			51 Hospice - medical facility (eff. 10/96)
				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_INPSTY	180	2					N No. of inpatient stays for CY
H_INPDAY	182	3					N No. of inpatient covered days for CY
H_INPCHG	185	6					N Inpatient charges for CY (\$)
H_INPCCH	191	6					N Inpatient covered charges for CY (\$)
H_INPRMB	197	6					N Inpatient reimbursement for CY (\$)
H_INPCDY	203	2					N Inpatient coinsurance days used in CY
H_INPCAM	205	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	210	2					N Total SNF stays in CY
H_SNFDAY	212	3					N Total SNF covered days in CY
H_SNFCHG	215	6					N Total SNF charges in CY (\$)
H_SNFCCH	221	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	227	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	233	3					N Total SNF coinsurance days in CY
H_SNFCAM	236	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	242	4					N Total HHA visits in CY
H_HHACCH	246	6					N Total HHA covered charges in CY (\$)
H_HHACHO	252	6					N Total HHA other covered charges CY (\$)
H_HHARMB	258	6					N Total HHA reimbursement in CY (\$)

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSDAYS	264	3					N Total covered hospice days in CY
H_HSTCHG	267	6					N Total hospice charges CY (\$)
H_HSREIM	273	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	279	3					N Total outpatient bills in CY
H_OUTCHG	282	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	288	6					N Total outpatient reimbursement CY (\$)
H_PMTCLM	294	4					N Total physician/supplier claims in CY
H_PMTLIN	298	4					N Total phys./supplier line items in CY
H_PMTSCH	302	6					N Total submitted phys/supplier charge (\$)
H_PMTACH	308	6					N Total allowed phys/supplier charges (\$)
H_PMTRMB	314	6					N Total phys/supplier reimbursement (\$)
H_PMTVST	320	3					N Total office visits in CY
H_PMTCHO	323	6					N Total office visit charges in CY (\$)