

Variable Col Len Fmt Name Frequency Ques # Ty Label

RIC	1	1	\$RICFMT	C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
			11,884	A	RIC A - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT	C	YY REFERENCE YEAR OF RECORD
			11,884	C6	1996 COST AND USE FILE
BASEID	4	8	\$BSIDFMT	C	UNIQUE IDENTIFICATION NUMBER
			11,884		BASEIDS
H_DOB	12	8	\$DTE8FMT	C	LEGAL DATE OF BIRTH
			0		MISSING
			11,884		DATE AS YYYYMMDD
H_DOD	20	8	\$DTE8FMT	C	DATE OF DEATH (LAST DAY OF DEATH MONTH)
			11,148		MISSING
			736		DATE AS YYYYMMDD
H_DODSRC	28	2	\$SRCFMT	C	SOURCE OF DEATH INFORMATION
			11,148		NO DATE OF DEATH
			0	01	FROM MEDICARE BILL
			0	03	CLERICAL ENTRY
			0	05	BILL AND CLERICAL
			376	10	PROVEN MBR
			45	11	PROVEN MBR AND BILL
			268	20	UNPROVEN MBR
			41	21	UNPROVEN MBR AND BILL
			3	23	UNPROVEN MBR AND CLERICAL
			3	25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	30	1	\$SEXFMT	C	SEX CODE
			0		UNKNOWN
			5,189	1	MALE
			6,695	2	FEMALE
H_RACE	31	1	\$RACEFMT	C	RACE CODE
			0		UNKNOWN
			51	0	UNKNOWN
			9,999	1	WHITE
			1,309	2	BLACK
			133	3	OTHER
			99	4	ASIAN
			283	5	HISPANIC
			10	6	N AMERICAN NATIVE
H_AGE	32	3	AGEFMT	N	AGE
			0	.	UNKNOWN
			11,884		0-999 AGE IN YEARS

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D_STRAT 35 1 \$AGEFMT C MCBS SAMPLE STRATUM

0	UNKNOWN
955	1 0-44
1,037	2 45-64
2,173	3 65-69
1,887	4 70-74
1,762	5 75-79
1,952	6 80-84
2,118	7 85 +

H_ENT01 36 1 \$ENTFMT C JAN MEDICARE ENTITLEMENT

364	A PART A MEDICARE ONLY
103	B PART B MEDICARE ONLY
11,067	C PART A AND B MEDICARE
350	N NO MEDICARE ENTITLEMENT

H_ENT02 37 1 \$ENTFMT C FEB MEDICARE ENTITLEMENT

361	A PART A MEDICARE ONLY
103	B PART B MEDICARE ONLY
11,023	C PART A AND B MEDICARE
397	N NO MEDICARE ENTITLEMENT

H_ENT03 38 1 \$ENTFMT C MAR MEDICARE ENTITLEMENT

362	A PART A MEDICARE ONLY
102	B PART B MEDICARE ONLY
10,986	C PART A AND B MEDICARE
434	N NO MEDICARE ENTITLEMENT

H_ENT04 39 1 \$ENTFMT C APR MEDICARE ENTITLEMENT

367	A PART A MEDICARE ONLY
103	B PART B MEDICARE ONLY
10,939	C PART A AND B MEDICARE
475	N NO MEDICARE ENTITLEMENT

H_ENT05 40 1 \$ENTFMT C MAY MEDICARE ENTITLEMENT

374	A PART A MEDICARE ONLY
103	B PART B MEDICARE ONLY
10,910	C PART A AND B MEDICARE
497	N NO MEDICARE ENTITLEMENT

H_ENT06 41 1 \$ENTFMT C JUN MEDICARE ENTITLEMENT

378	A PART A MEDICARE ONLY
102	B PART B MEDICARE ONLY
10,888	C PART A AND B MEDICARE
516	N NO MEDICARE ENTITLEMENT

H_ENT07 42 1 \$ENTFMT C JUL MEDICARE ENTITLEMENT

359	A PART A MEDICARE ONLY
101	B PART B MEDICARE ONLY
10,886	C PART A AND B MEDICARE
538	N NO MEDICARE ENTITLEMENT

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H_ENT08	43	1	\$ENTFMT		C	AUG MEDICARE ENTITLEMENT
	363				A	PART A MEDICARE ONLY
	99				B	PART B MEDICARE ONLY
	10,859				C	PART A AND B MEDICARE
	563				N	NO MEDICARE ENTITLEMENT
H_ENT09	44	1	\$ENTFMT		C	SEP MEDICARE ENTITLEMENT
	364				A	PART A MEDICARE ONLY
	98				B	PART B MEDICARE ONLY
	10,835				C	PART A AND B MEDICARE
	587				N	NO MEDICARE ENTITLEMENT
H_ENT10	45	1	\$ENTFMT		C	OCT MEDICARE ENTITLEMENT
	367				A	PART A MEDICARE ONLY
	97				B	PART B MEDICARE ONLY
	10,822				C	PART A AND B MEDICARE
	598				N	NO MEDICARE ENTITLEMENT
H_ENT11	46	1	\$ENTFMT		C	NOV MEDICARE ENTITLEMENT
	364				A	PART A MEDICARE ONLY
	97				B	PART B MEDICARE ONLY
	10,792				C	PART A AND B MEDICARE
	631				N	NO MEDICARE ENTITLEMENT
H_ENT12	47	1	\$ENTFMT		C	DEC MEDICARE ENTITLEMENT
	362				A	PART A MEDICARE ONLY
	97				B	PART B MEDICARE ONLY
	10,764				C	PART A AND B MEDICARE
	661				N	NO MEDICARE ENTITLEMENT
H_DOE	48	6	\$DTE6FMT		C	ENTITLEMENT START DATE
	0					MISSING
	11,884					000000-999999 DATE AS YYMMDD
H_DOT	54	6	\$DTE6FMT		C	ENTITLEMENT END DATE
	11,831					MISSING
	53					000000-999999 DATE AS YYMMDD
H_MEDSTA	60	2	\$MSCFMT		C	MEDICARE STATUS CODE AS OF DEC 31
	0					UNKNOWN
	9,864				10	AGED, NO ESRD
	24				11	AGED, ESRD
	1,922				20	DISABLED, NO ESRD
	43				21	DISABLED, ESRD
	31				31	ESRD ONLY

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H_LAF 62 2 \$LAFFMT C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31

33	UNKNOWN
0	AD CUR PAY-ADJ FOR DUAL ENTITLEMENT
0	AF TRANSFER TO ANOTHER PC OR DIO
0	A9 CUR PAY-MISCELLANEOUS ADJUSTMENT
10,730	C CURRENT PAYMENT STATUS
0	DW DEFERRED-WORKERS COMP
30	D2 DEF-RETIREMENT TEST
1	D3 DEF-D2 FOR PRIMARY
1	D6 DEF-RECOVER OVERPAYMENT
1	D9 DEF-MISCELLANEOUS REASON
0	J ADVANCE 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	RN CUR PAY-PART B REINSTATED
2	S SUSP-DEFERRED RETIREMENT
4	SD SUSP-OTHER
0	SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
24	SH SUSP-GOVERNMENT PENSION
2	SP SUSP-PUBLIC ASSISTANCE
0	S0 SUSP-CONTINUING DISABILITY INVESTIG
35	S2 SUSP-FAILS RETIREMENT TEST
1	S3 SUSP-PRIMARY ACCOUNT S2
3	S6 SUSP-CHECK RETURNED FOR ADDRESS
34	S7 SUSP-VOCATIONAL REHAB REFUSAL
1	S8 SUSP-PAYEE NOT DETERMINED
4	S9 SUSP-MISCELLANEOUS REASON
0	TR TERM-CLAIM WITHDRAWN
0	T0 TERM-BENEFITS PAID BY ANOTHER AGENCY
678	T1 TERM-DEATH OF BENEFICIARY
0	T2 TERM-DEATH OF PRIMARY
1	T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE
0	T5 TERM-ENTITLED ON ANOTHER ACCT
2	T8 TERM-RECOVERY FROM DISABILITY
1	T9 TERM-MISCELLANEOUS
271	U ACTIVE UNINSURED STATUS (NO SSA CHECK)
0	XR TERMINATED -
15	X1 TERM-DEATH OF INSURED
0	X5 TERM-ENTITLED TO ANOTHER BENEFIT
10	X7 TERM OF UNINSURED
0	X9 TERM MISCELLANEOUS
0	ZZ ERRONEOUS ENTITLEMENT

H_METRO 64 1 \$METFMT C METRO STATUS

3,356	N NON-METRO AREA
7	U UNKNOWN
8,521	Y METRO AREA

H_GHPSW 65 1 \$GHPSW C 1= SOME GROUP HEALTH PARTICIPATION IN CY

10,509	0 NO ENROLLMENT
1,375	1 SOME ENROLLMENT

H_PLTP01 66 2 \$PLNFMT C GHP PLAN TYPE JAN

10,785	NO ENROLLMENT FOR MONTH
149	01 HCPP
15	02 COST HMO
935	06 RISK HMO

Variable Col Len Fmt Name Frequency Ques # Ty Label

H_PLPY01 68 4 N MEDICARE PERCAP PAYMENT JAN

H_PLTP02 72 2 \$PLNFMT C GHP PLAN TYPE FEB

10,778 NO ENROLLMENT FOR MONTH
 150 01 HCPP
 13 02 COST HMO
 943 06 RISK HMO

H_PLPY02 74 4 N MEDICARE PERCAP PAYMENT FEB

H_PLTP03 78 2 \$PLNFMT C GHP PLAN TYPE MAR

10,768 NO ENROLLMENT FOR MONTH
 146 01 HCPP
 12 02 COST HMO
 958 06 RISK HMO

H_PLPY03 80 4 N MEDICARE PERCAP PAYMENT MAR

H_PLTP04 84 2 \$PLNFMT C GHP PLAN TYPE APR

10,749 NO ENROLLMENT FOR MONTH
 143 01 HCPP
 12 02 COST HMO
 980 06 RISK HMO

H_PLPY04 86 4 N MEDICARE PERCAP PAYMENT APR

H_PLTP05 90 2 \$PLNFMT C GHP PLAN TYPE MAY

10,709 NO ENROLLMENT FOR MONTH
 138 01 HCPP
 16 02 COST HMO
 1,021 06 RISK HMO

H_PLPY05 92 4 N MEDICARE PERCAP PAYMENT MAY

H_PLTP06 96 2 \$PLNFMT C GHP PLAN TYPE JUN

10,693 NO ENROLLMENT FOR MONTH
 133 01 HCPP
 19 02 COST HMO
 1,039 06 RISK HMO

H_PLPY06 98 4 N MEDICARE PERCAP PAYMENT JUN

H_PLTP07 102 2 \$PLNFMT C GHP PLAN TYPE JUL

10,689 NO ENROLLMENT FOR MONTH
 129 01 HCPP
 19 02 COST HMO
 1,047 06 RISK HMO

H_PLPY07 104 4 N MEDICARE PERCAP PAYMENT JUL

H_PLTP08 108 2 \$PLNFMT C GHP PLAN TYPE AUG

10,669 NO ENROLLMENT FOR MONTH
 126 01 HCPP
 19 02 COST HMO
 1,070 06 RISK HMO

Variable Col Len Fmt Name Frequency Ques # Ty Label

H_PLPY08	110	4		N	MEDICARE PERCAP PAYMENT AUG
H_PLTP09	114	2	\$PLNFMT	C	GHP PLAN TYPE SEP
	10,646				NO ENROLLMENT FOR MONTH
	123			01	HCPP
	19			02	COST HMO
	1,096			06	RISK HMO
H_PLPY09	116	4		N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	120	2	\$PLNFMT	C	GHP PLAN TYPE OCT
	10,634				NO ENROLLMENT FOR MONTH
	123			01	HCPP
	17			02	COST HMO
	1,110			06	RISK HMO
H_PLPY10	122	4		N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	126	2	\$PLNFMT	C	GHP PLAN TYPE NOV
	10,623				NO ENROLLMENT FOR MONTH
	122			01	HCPP
	16			02	COST HMO
	1,123			06	RISK HMO
H_PLPY11	128	4		N	MEDICARE PERCAP PAYMENT NOV
H_PLTP12	132	2	\$PLNFMT	C	GHP PLAN TYPE DEC
	10,605				NO ENROLLMENT FOR MONTH
	122			01	HCPP
	16			02	COST HMO
	1,141			06	RISK HMO
H_PLPY12	134	4		N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	138	1	\$SWFMT	C	Y=SOME MEDICAID ELIGIBILITY FOR CY
	9,596			N	NO PARTICIPATION
	2,288			Y	SOME PARTICIPATION
H_MCDE01	139	1	\$MDCDFMT	C	MEDICAID ELIGIBILITY FOR JAN
	0			A	STATE PART A BUY-IN
	872			B	STATE PART B BUY-IN
	42			C	STATE PART A AND B BUY-IN
	55			D	STATE PART A AND B QMB BUY-IN
	0			E	STATE PART A AND B SLMB BUY-IN
	9,770			N	NO BUY-IN THIS MONTH
	1,054			Q	STATE PART B QMB BUY-IN
	91			S	STATE PART B SLMB BUY-IN

Variable Col Len Fmt Name Frequency Ques # Ty Label

H_MCDE02 140 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR FEB

0 A STATE PART A BUY-IN
 875 B STATE PART B BUY-IN
 42 C STATE PART A AND B BUY-IN
 55 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,775 N NO BUY-IN THIS MONTH
 1,043 Q STATE PART B QMB BUY-IN
 94 S STATE PART B SLMB BUY-IN

H_MCDE03 141 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR MAR

0 A STATE PART A BUY-IN
 873 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 56 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,771 N NO BUY-IN THIS MONTH
 1,047 Q STATE PART B QMB BUY-IN
 96 S STATE PART B SLMB BUY-IN

H_MCDE04 142 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR APR

0 A STATE PART A BUY-IN
 865 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 56 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,777 N NO BUY-IN THIS MONTH
 1,045 Q STATE PART B QMB BUY-IN
 100 S STATE PART B SLMB BUY-IN

H_MCDE05 143 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR MAY

0 A STATE PART A BUY-IN
 868 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 56 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,787 N NO BUY-IN THIS MONTH
 1,031 Q STATE PART B QMB BUY-IN
 101 S STATE PART B SLMB BUY-IN

H_MCDE06 144 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR JUN

0 A STATE PART A BUY-IN
 862 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 56 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,792 N NO BUY-IN THIS MONTH
 1,033 Q STATE PART B QMB BUY-IN
 100 S STATE PART B SLMB BUY-IN

Variable Col Len Fmt Name Frequency Ques # Ty Label

H_MCDE07 145 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR JUL

0 A STATE PART A BUY-IN
 866 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 58 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,802 N NO BUY-IN THIS MONTH
 1,014 Q STATE PART B QMB BUY-IN
 103 S STATE PART B SLMB BUY-IN

H_MCDE08 146 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR AUG

1 A STATE PART A BUY-IN
 858 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 56 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,808 N NO BUY-IN THIS MONTH
 1,017 Q STATE PART B QMB BUY-IN
 103 S STATE PART B SLMB BUY-IN

H_MCDE09 147 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR SEP

0 A STATE PART A BUY-IN
 857 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 58 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,813 N NO BUY-IN THIS MONTH
 1,014 Q STATE PART B QMB BUY-IN
 101 S STATE PART B SLMB BUY-IN

H_MCDE10 148 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR OCT

0 A STATE PART A BUY-IN
 855 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 58 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,819 N NO BUY-IN THIS MONTH
 1,008 Q STATE PART B QMB BUY-IN
 103 S STATE PART B SLMB BUY-IN

H_MCDE11 149 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR NOV

1 A STATE PART A BUY-IN
 853 B STATE PART B BUY-IN
 41 C STATE PART A AND B BUY-IN
 57 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,820 N NO BUY-IN THIS MONTH
 1,007 Q STATE PART B QMB BUY-IN
 105 S STATE PART B SLMB BUY-IN

Variable Col Len Fmt Name Frequency Ques # Ty Label

H_MCDE12 150 1 \$MDCDFMT C MEDICAID ELIGIBILITY FOR DEC

0 A STATE PART A BUY-IN
 827 B STATE PART B BUY-IN
 40 C STATE PART A AND B BUY-IN
 56 D STATE PART A AND B QMB BUY-IN
 0 E STATE PART A AND B SLMB BUY-IN
 9,870 N NO BUY-IN THIS MONTH
 988 Q STATE PART B QMB BUY-IN
 103 S STATE PART B SLMB BUY-IN

H_HOSSW 151 1 \$UTLFMT C 1 = ONE OR MORE HOSPICE BILLS IN CY

11,765 0 NO UTILIZATION THIS TYPE
 119 1 SOME UTILIZATION THIS TYPE

H_INPSW 152 1 \$UTLFMT C 1 = ONE OR MORE INP DISCHARGES IN CY

9,469 0 NO UTILIZATION THIS TYPE
 2,415 1 SOME UTILIZATION THIS TYPE

H_SNFSW 153 1 \$UTLFMT C 1 = ONE OR MORE SNF ADMISSIONS IN CY

11,409 0 NO UTILIZATION THIS TYPE
 475 1 SOME UTILIZATION THIS TYPE

H_HHASW 154 1 \$UTLFMT C 1 = ONE OR MORE HHA VISITS IN CY

10,624 0 NO UTILIZATION THIS TYPE
 1,260 1 SOME UTILIZATION THIS TYPE

H_OUTSW 155 1 \$UTLFMT C 1 = ONE OR MORE OUTPT VISITS IN CY

5,220 0 NO UTILIZATION THIS TYPE
 6,664 1 SOME UTILIZATION THIS TYPE

H_PBSW 156 1 \$UTLFMT C 1 = ONE OR MORE PART B CLAIMS IN CY

2,033 0 NO UTILIZATION THIS TYPE
 9,851 1 SOME UTILIZATION THIS TYPE

H_PTARMB 157 6 N \$\$\$\$\$\$ TOTAL PART A REIMB CY

H_PTBRMB 163 6 N \$\$\$\$\$\$ TOTAL PART B REIMB CY

H_LATDCH 169 6 C DISCHARGE DATE OF LATEST INP STAY

H_LATDRG 175 3 \$DRGFMT C DRG CODE FOR LATEST INP STAY

9,555 UNKNOWN, OR NO DISCHARGE
 2,329 000-999 DRG

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H_DISDES 178 2 \$DSTFMT C DISCHARGE DESTINATION FOR LAST STAY

9,555 NO DISCHARGE
 1,319 01 DISCHARGE TO HOME
 17 02 TRANSFER-TO HOSP
 385 03 TRANSFER-TO SNF
 80 04 TRANSFER-TO ICF
 90 05 TRANSFER-OTHER
 223 06 TRANSFER TO HHA
 4 07 LEFT AGAINST MEDICAL ADVICE
 1 08 HOME IV DRUG
 0 09 ADMIT/READMIT
 0 10-19 TRANSFER-ST CODES
 210 20 EXPIRED
 0 21-29 EXPIRED-ST CODES
 0 30 STILL PATIENT
 0 31-39 STILL PATIENT, ST
 0 40 EXPIRED AT HOME
 0 41 DIED IN FACILITY
 0 42 DIED, PLACE UNK
 0 43-99 NOT USED

H_INPSTY 180 2 N NO. OF INPAT STAYS FOR CY
 H_INPDAY 182 3 N NO. OF INPAT COVRD DAYS FOR CY
 H_INPCHG 185 6 N \$\$\$\$\$\$ INPAT CHARGES FOR CY
 H_INPCCH 191 6 N \$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
 H_INPRMB 197 6 N \$\$\$\$\$\$ INPAT REIMB FOR CY
 H_INPCDY 203 2 N INPAT COINSURANCE DAYS USED IN CY
 H_INPCAM 205 5 N \$\$\$\$\$\$ TOTAL INP COINS 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 CHRGS IN CY
 H_SNFCCH 221 6 N \$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
 H_SNFRMB 227 6 N \$\$\$\$\$\$ TOTAL SNF REIMB IN CY
 H_SNFCDY 233 3 N TOTAL SNF COINS DAYS IN CY
 H_SNFCAM 236 6 N \$\$\$\$\$\$ TOTAL SNF COINS AMT CY
 H_HHAVST 242 4 N TOTAL HHA VISITS IN CY
 H_HHACCH 246 6 N \$\$\$\$\$\$ TOTAL HHA COV CHGS CY
 H_HHACHO 252 6 N \$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
 H_HHARMB 258 6 N \$\$\$\$\$\$ TOT HHA REIMB IN CY
 H_HSDAYS 264 3 N TOTAL COVRD HOSPICE DAYS CY
 H_HSTCHG 267 6 N \$\$\$\$\$\$ TOT HOSPICE CHGS CY
 H_HSREIM 273 6 N \$\$\$\$\$\$ TOT HOSPICE REIMB CY

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H_OUTBIL	279	3		N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	282	6		N	\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	288	6		N	\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	294	4		N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	298	4		N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	302	6		N	\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	308	6		N	\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	314	6		N	\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	320	3		N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	323	6		N	TOTAL OFFICE VISIT CHARGES IN CY