

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
			0	N	RIC N - 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

Variable Col Len Fmt Name Frequency Ques # Ty Label

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

Variable Col Len Fmt Name Frequency Ques # Ty Label

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 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	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

Variable Col Len Fmt Name Frequency Ques # Ty Label

H\_RESST 64 2 \$STFMT C SSA STATE CODE OF RESIDENCE AS OF DEC 31

7	UNKNOWN
328	01 AL
0	02 AK
97	03 AZ
85	04 AR
1,052	05 CA
261	06 CO
78	07 CT
3	08 DE
45	09 DC
618	10 FL
564	11 GA
0	12 HI
82	13 ID
483	14 IL
314	15 IN
285	16 IA
171	17 KS
150	18 KY
112	19 LA
130	20 ME
150	21 MD
135	22 MA
387	23 MI
137	24 MN
101	25 MS
186	26 MO
1	27 MT
2	28 NE
130	29 NV
3	30 NH
572	31 NJ
90	32 NM
813	33 NY
8	34 NC
55	35 ND
499	36 OH
225	37 OK
8	38 OR
579	39 PA
176	40 PR
1	41 RI
435	42 SC
1	43 SD
75	44 TN
773	45 TX
1	46 UT
0	47 VT
0	48 VI
467	49 VA
418	50 WA
104	51 WV
423	52 WI
64	53 WY
0	54-99 UNKNOWN

H\_RESCTY 66 3 \$CTYFMT C SSA COUNTY CODE OF RES. AS OF DEC 31

7	UNKNOWN
11,877	000-999 COUNTY CODE

Variable Col Len Fmt Name Frequency Ques # Ty Label  
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H\_ZIP 69 5 \$ZIPFMT C POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31

7 UNKNOWN  
 11,877 00000-99999 ZIP CODE

H\_CENSUS 74 2 \$CENFMT C CENSUS REGION OF RESIDENCE AS OF DEC 31

7 UNKNOWN  
 0 \*\* UNKNOWN  
 347 01 NEW ENGLAND  
 1,964 02 MIDDLE ATLANTIC  
 2,106 03 EAST NORTH CENTRAL  
 837 04 WEST NORTH CENTRAL  
 2,394 05 SOUTH ATLANTIC  
 654 06 EAST SOUTH CENTRAL  
 1,195 07 WEST SOUTH CENTRAL  
 726 08 MOUNTAIN  
 1,478 09 PACIFIC  
 176 10 PUERTO RICO

H\_METRO 76 1 \$METFMT C METRO STATUS

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

H\_HSBEG1 77 6 \$DTE6FMT C BEGINNING DATE OF LATEST HOSPICE PERIOD

11,625 MISSING  
 259 000000-999999 DATE AS YYMMDD

H\_HSEND1 83 6 \$DTE6FMT C ENDING DATE OF LATEST HOSPICE PERIOD

11,625 MISSING  
 259 000000-999999 DATE AS YYMMDD

H\_HSBEG2 89 6 \$DTE6FMT C BEGINNING DATE OF 2ND HOSPICE PERIOD

11,836 MISSING  
 48 000000-999999 DATE AS YYMMDD

H\_HSEND2 95 6 \$DTE6FMT C ENDING DATE OF 2ND HOSPICE PERIOD

11,836 MISSING  
 48 000000-999999 DATE AS YYMMDD

H\_HSBEG3 101 6 \$DTE6FMT C BEGINNING DATE OF 3RD HOSPICE PERIOD

11,863 MISSING  
 21 000000-999999 DATE AS YYMMDD

H\_HSEND3 107 6 \$DTE6FMT C ENDING DATE OF 3RD HOSPICE PERIOD

11,863 MISSING  
 21 000000-999999 DATE AS YYMMDD

H\_HSBEG4 113 6 \$DTE6FMT C BEGINNING DATE OF 4TH HOSPICE PERIOD

11,868 MISSING  
 16 000000-999999 DATE AS YYMMDD

Variable Col Len Fmt Name Frequency Ques # Ty Label  
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H\_HSEND4 119 6 \$DTE6FMT C ENDING DATE OF 4TH HOSPICE PERIOD

11,868 MISSING  
 16 000000-999999 DATE AS YYMMDD

H\_ESRBEG 125 6 \$DTE6FMT C BEGINNING DATE OF ESRD PERIOD

11,761 MISSING  
 123 000000-999999 DATE AS YYMMDD

H\_ESREND 131 6 \$DTE6FMT C ENDING DATE OF ESRD PERIOD

11,824 MISSING  
 60 000000-999999 DATE AS YYMMDD

H\_GHPSW 137 1 \$GHPSW C 1= SOME GROUP HEALTH PARTICIPATION IN CY

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

H\_PLTP01 138 2 \$PLNFMT C GHP PLAN TYPE JAN

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

H\_PLAN01 140 5 \$GHPFMT C GHP CONTRACT NUMBER JAN

1,065 H0000-H9999 PLAN IDENTIFIER  
 10,785 N UNKNOWN, OR NO PLAN  
 34 90091 PLAN IDENTIFIER

H\_PLPY01 145 4 N MEDICARE PERCAP PAYMENT JAN

H\_PLTP02 149 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\_PLAN02 151 5 \$GHPFMT C GHP CONTRACT NUMBER FEB

1,072 H0000-H9999 PLAN IDENTIFIER  
 10,778 N UNKNOWN, OR NO PLAN  
 34 90091 PLAN IDENTIFIER

H\_PLPY02 156 4 N MEDICARE PERCAP PAYMENT FEB

H\_PLTP03 160 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\_PLAN03 162 5 \$GHPFMT C GHP CONTRACT NUMBER MAR

1,082 H0000-H9999 PLAN IDENTIFIER  
 10,768 N UNKNOWN, OR NO PLAN  
 34 90091 PLAN IDENTIFIER

Variable Col Len Fmt Name Frequency Ques # Ty Label

H\_PLPY03 167 4 N MEDICARE PERCAP PAYMENT MAR

H\_PLTP04 171 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\_PLAN04 173 5 \$GHPFMT C GHP CONTRACT NUMBER APR

1,102 H0000-H9999 PLAN IDENTIFIER  
 10,749 N UNKNOWN, OR NO PLAN  
 33 90091 PLAN IDENTIFIER

H\_PLPY04 178 4 N MEDICARE PERCAP PAYMENT APR

H\_PLTP05 182 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\_PLAN05 184 5 \$GHPFMT C GHP CONTRACT NUMBER MAY

1,142 H0000-H9999 PLAN IDENTIFIER  
 10,709 N UNKNOWN, OR NO PLAN  
 33 90091 PLAN IDENTIFIER

H\_PLPY05 189 4 N MEDICARE PERCAP PAYMENT MAY

H\_PLTP06 193 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\_PLAN06 195 5 \$GHPFMT C GHP CONTRACT NUMBER JUN

1,158 H0000-H9999 PLAN IDENTIFIER  
 10,693 N UNKNOWN, OR NO PLAN  
 33 90091 PLAN IDENTIFIER

H\_PLPY06 200 4 N MEDICARE PERCAP PAYMENT JUN

H\_PLTP07 204 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\_PLAN07 206 5 \$GHPFMT C GHP CONTRACT NUMBER JUL

1,162 H0000-H9999 PLAN IDENTIFIER  
 10,689 N UNKNOWN, OR NO PLAN  
 33 90091 PLAN IDENTIFIER

H\_PLPY07 211 4 N MEDICARE PERCAP PAYMENT JUL



Variable Col Len Fmt Name Frequency Ques # Ty Label

H_PLTP08	215	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
H_PLAN08	217	5	\$GHPFMT		C	GHP CONTRACT NUMBER AUG
	1,182					H0000-H9999 PLAN IDENTIFIER
	10,669					N UNKNOWN, OR NO PLAN
	33					90091 PLAN IDENTIFIER
H_PLPY08	222	4			N	MEDICARE PERCAP PAYMENT AUG
H_PLTP09	226	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_PLAN09	228	5	\$GHPFMT		C	GHP CONTRACT NUMBER SEP
	1,205					H0000-H9999 PLAN IDENTIFIER
	10,646					N UNKNOWN, OR NO PLAN
	33					90091 PLAN IDENTIFIER
H_PLPY09	233	4			N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	237	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_PLAN10	239	5	\$GHPFMT		C	GHP CONTRACT NUMBER OCT
	1,217					H0000-H9999 PLAN IDENTIFIER
	10,634					N UNKNOWN, OR NO PLAN
	33					90091 PLAN IDENTIFIER
H_PLPY10	244	4			N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	248	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_PLAN11	250	5	\$GHPFMT		C	GHP CONTRACT NUMBER NOV
	1,228					H0000-H9999 PLAN IDENTIFIER
	10,623					N UNKNOWN, OR NO PLAN
	33					90091 PLAN IDENTIFIER
H_PLPY11	255	4			N	MEDICARE PERCAP PAYMENT NOV

Variable Col Len Fmt Name Frequency Ques # Ty Label

H\_PLTP12 259 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\_PLAN12 261 5 \$GHPFMT C GHP CONTRACT NUMBER DEC

1,246 H0000-H9999 PLAN IDENTIFIER  
 10,605 N UNKNOWN, OR NO PLAN  
 33 90091 PLAN IDENTIFIER

H\_PLPY12 266 4 N MEDICARE PERCAP PAYMENT DEC

H\_MCSW 270 1 \$SWFMT C Y=SOME MEDICAID ELIGIBILITY FOR CY

9,596 N NO PARTICIPATION  
 2,288 Y SOME PARTICIPATION

H\_MCDE01 271 1 \$MCDCFMT 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

H\_MCDE02 272 1 \$MCDCFMT 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 273 1 \$MCDCFMT 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 274 1 \$MCDCFMT 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

Variable Col Len Fmt Name Frequency Ques # Ty Label

H\_MCDE05 275 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 276 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

H\_MCDE07 277 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 278 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 279 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

Variable Col Len Fmt Name Frequency Ques # Ty Label

H\_MCDE10 280 1 \$MCD CFMT 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 281 1 \$MCD CFMT 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

H\_MCDE12 282 1 \$MCD CFMT 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\_MACY01 283 3 \$MACY FMT C BUY-IN AGENCY FOR JAN

9,770 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,114 000-999 STATE AGENCY CODE

H\_MACY02 286 3 \$MACY FMT C BUY-IN AGENCY FOR FEB

9,775 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,109 000-999 STATE AGENCY CODE

H\_MACY03 289 3 \$MACY FMT C BUY-IN AGENCY FOR MAR

9,771 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,113 000-999 STATE AGENCY CODE

H\_MACY04 292 3 \$MACY FMT C BUY-IN AGENCY FOR APR

9,777 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,107 000-999 STATE AGENCY CODE

H\_MACY05 295 3 \$MACY FMT C BUY-IN AGENCY FOR MAY

9,787 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,097 000-999 STATE AGENCY CODE

Variable Col Len Fmt Name Frequency Ques # Ty Label  
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H\_MACY06 298 3 \$MACYFMT C BUY-IN AGENCY FOR JUN

9,792 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,092 000-999 STATE AGENCY CODE

H\_MACY07 301 3 \$MACYFMT C BUY-IN AGENCY FOR JUL

9,802 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,082 000-999 STATE AGENCY CODE

H\_MACY08 304 3 \$MACYFMT C BUY-IN AGENCY FOR AUG

9,808 N UNKNOWN, OR NO BUY-IN  
 1 S00-S99 STATE AGENCY CODE  
 2,075 000-999 STATE AGENCY CODE

H\_MACY09 307 3 \$MACYFMT C BUY-IN AGENCY FOR SEP

9,813 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,071 000-999 STATE AGENCY CODE

H\_MACY10 310 3 \$MACYFMT C BUY-IN AGENCY FOR OCT

9,819 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,065 000-999 STATE AGENCY CODE

H\_MACY11 313 3 \$MACYFMT C BUY-IN AGENCY FOR NOV

9,820 N UNKNOWN, OR NO BUY-IN  
 1 S00-S99 STATE AGENCY CODE  
 2,063 000-999 STATE AGENCY CODE

H\_MACY12 316 3 \$MACYFMT C BUY-IN AGENCY FOR DEC

9,870 N UNKNOWN, OR NO BUY-IN  
 0 S00-S99 STATE AGENCY CODE  
 2,014 000-999 STATE AGENCY CODE

H\_HOSSW 319 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 320 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 321 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 322 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

Variable Col Len Fmt Name Frequency Ques # Ty Label

H_OUTSW	323	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	324	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	325	6			N \$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	331	6			N \$\$\$\$\$\$ TOTAL PART B REIMB CY
H_PTAPRM	337	8			N \$\$\$\$\$.CC TOT BENE PAID PART A PREMIUM
H_PTBRPM	345	8			N \$\$\$\$\$.CC TOT BENE PAID PART B PREMIUM
H_LATDCH	353	6	\$DTE6FMT		C DISCHARGE DATE OF LATEST INP STAY
	9,555				MISSING
	2,329				000000-999999 DATE AS YYMMDD
H_LATDRG	359	3	\$DRGFMT		C DRG CODE FOR LATEST INP STAY
	9,555				UNKNOWN, OR NO DISCHARGE
	2,329				000-999 DRG
H_DISDES	362	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 LAMA
	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	364	2			N NO. OF INPAT STAYS FOR CY
H_INPDAY	366	3			N NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	369	6			N \$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	375	6			N \$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	381	6			N \$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPCDY	387	2			N INPAT COVRD DAYS USED IN CY
H_INPCAM	389	5			N \$\$\$\$\$\$ TOTAL INP COINS AMT CY

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_SNFSTY	394	2					N	TOTAL SNF STAYS IN CY
H_SNFDAY	396	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	399	6					N	\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	405	6					N	\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
H_SNFRMB	411	6					N	\$\$\$\$\$\$ TOTAL SNF REIMB IN CY
H_SNFCDY	417	3					N	TOTAL SNF COINS DAYS IN CY
H_SNFCAM	420	6					N	\$\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	426	4					N	TOTAL HHA VISITS IN CY
H_HHACCH	430	6					N	\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	436	6					N	\$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMB	442	6					N	\$\$\$\$\$\$ TOT HHA REIMB IN CY
H_HSDAYS	448	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	451	6					N	\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	457	6					N	\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	463	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	466	6					N	\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	472	6					N	\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	478	4					N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	482	4					N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	486	6					N	\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	492	6					N	\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	498	6					N	\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	504	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	507	6					N	TOTAL OFFICE VISIT CHARGES IN CY