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**MEDICARE CURRENT BENEFICIARY SURVEY**  
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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
				18,330			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth
				18,330			Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT				C Date of death
				18,153			Missing
				177			Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT				C Source of date of death
				18,153			No date of death
				0			01 From Medicare bill
				0			03 Clerical entry
				0			05 Bill and clerical entry
				96			10 Proven Medicare Benefits record
				12			11 Proven Medicare Benefits record & bills
				54			20 Unproven Medicare Benefits record
				15			21 Unproven Mcare Benefits record & bills
				0			23 Unproven Mcare Benefits rec & clerical
				0			25 Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT				C Sex code
				7,911			1 Male
				10,419			2 Female
H_RACE	31	1	\$RACEFMT				C Race code
				73			0 Unknown
				15,531			1 White
				1,903			2 Black
				185			3 Other
				151			4 Asian
				464			5 Hispanic
				23			6 North American Native
H_AGE	32	3	AGEFMT				N SP age based on CMS date of birth
				18,330			Age in years

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D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,349			1 0-44
				1,457			2 45-64
				3,130			3 65-69
				3,427			4 70-74
				3,150			5 75-79
				3,039			6 80-84
				2,778			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				561			A Part A Medicare only
				147			B Part B Medicare only
				17,619			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				559			A Part A Medicare only
				147			B Part B Medicare only
				17,621			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				562			A Part A Medicare only
				147			B Part B Medicare only
				17,618			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				560			A Part A Medicare only
				146			B Part B Medicare only
				17,621			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				553			A Part A Medicare only
				145			B Part B Medicare only
				17,629			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				553			A Part A Medicare only
				145			B Part B Medicare only
				17,629			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				526			A Part A Medicare only
				144			B Part B Medicare only
				17,657			C Parts A and B Medicare
				3			N No Medicare entitlement

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H_ENT08	43	1	\$ENTFMT				C Medicare entitlement code for Aug
				522			A Part A Medicare only
				143			B Part B Medicare only
				17,662			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sep
				520			A Part A Medicare only
				143			B Part B Medicare only
				17,664			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				517			A Part A Medicare only
				143			B Part B Medicare only
				17,661			C Parts A and B Medicare
				9			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				518			A Part A Medicare only
				143			B Part B Medicare only
				17,624			C Parts A and B Medicare
				45			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				516			A Part A Medicare only
				142			B Part B Medicare only
				17,573			C Parts A and B Medicare
				99			N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT				C Medicare entitlement start date
				3			Missing
				18,327			Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C Medicare entitlement end date
				18,321			Missing
				9			Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C Medicare status code as of 12/31
				15,481			10 Aged, no ESRD
				33			11 Aged, ESRD
				2,718			20 Disabled, no ESRD
				51			21 Disabled, ESRD
				47			31 ESRD only

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H_LAF	66	2	\$LAFFMT				C Status of SSA check (LAF) as of 12/31
				3			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				17,612			C Current payment status
				0			DW Deferred-Workers' Compensation
				29			D2 DEF-retirement test
				3			D3 DEF-D2 for primary
				6			D6 DEF-recover overpayment
				2			D9 DEF-miscellaneous reason
				1			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
				41			SH SUSP-government pension
				3			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				2			S0 SUSP-continuing disability investig
				39			S2 SUSP-fails retirement test
				2			S3 SUSP-primary account S2
				6			S6 SUSP-check returned for address
				42			S7 SUSP-vocational rehab refusal
				3			S8 SUSP-payee not determined
				4			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
				141			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
				3			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				380			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				1			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				3			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	68	2	\$STFMT				C SSA State code of residence as of 12/31
				434			01 Alabama
				0			02 Alaska
				1,052			03 Arizona
				125			04 Arkansas
				1,566			05 California
				342			06 Colorado
				125			07 Connecticut
				0			08 Delaware
				60			09 Washington, DC
				913			10 Florida
				750			11 Georgia
				0			12 Hawaii
				120			13 Idaho
				720			14 Illinois
				419			15 Indiana
				402			16 Iowa
				216			17 Kansas
				208			18 Kentucky
				159			19 Louisiana
				195			20 Maine
				211			21 Maryland
				179			22 Massachusetts
				521			23 Michigan
				197			24 Minnesota
				136			25 Mississippi
				232			26 Missouri
				1			27 Montana
				3			28 Nebraska
				207			29 Nevada
				1			30 New Hampshire
				909			31 New Jersey
				130			32 New Mexico
				1,112			33 New York
				12			34 North Carolina
				84			35 North Dakota
				690			36 Ohio
				323			37 Oklahoma
				4			38 Oregon
				1,469			39 Pennsylvania
				255			40 Puerto Rico
				1			41 Rhode Island
				561			42 South Carolina
				0			43 South Dakota
				110			44 Tennessee
				1,108			45 Texas
				2			46 Utah
				1			47 Vermont
				0			48 Virgin Islands
				629			49 Virginia
				652			50 Washington
				129			51 West Virginia
				577			52 Wisconsin
				76			53 Wyoming
				2			Unknown
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				18,330			County code

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H_ZIP	73	5	\$ZIPFMT	18,330			C Postal zip code of residence as of 12/31 ZIP Code
H_CENSUS	78	2	\$CENFMT	2 502 3,490 2,927 1,134 3,265 888 1,715 1,930 2,222 255			C Census Region of residence as of 12/31 ** Unknown 01 New England 02 Middle Atlantic 03 East North Central 04 West North Central 05 South Atlantic 06 East South Central 07 West South Central 08 Mountain 09 Pacific 10 Puerto Rico
H_METRO	80	1	\$METFMT	4,610 0 13,720			C Metro status N Non-metro area U Unknown Y Metro area
H_HSBEG1	81	8	\$DTE8FMT	18,201 129			C Beginning date of latest hospice period Missing Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT	18,201 129			C Ending date of latest hospice period Missing Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT	18,292 38			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT	18,292 38			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT	18,317 13			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT	18,317 13			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT	18,322 8			C Beginning date of 4th hospice period Missing Date as YYYYMMDD

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H_HSEND4	137	8	\$DTE8FMT	18,322 8			C Ending date of 4th hospice period  Missing Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT	18,178 152			C Beginning date of ESRD period  Missing Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT	18,278 52			C Ending date of ESRD period  Missing Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW	14,459 3,871			C Some group health participation in year  0 No enrollment 1 Some enrollment
H_PARTLC	162	1	\$PARTC	18,029 301			C GHP - partial county switch  0 Not a partial county plan 1 Partial county plan by ZIP
H_PLTP01	163	2	\$PLNFMT	14,958 195 27 3,150			C GHP plan type for Jan  No enrollment 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN01	165	5	\$GHPFMT	14,958 3,372			C GHP contract number for Jan  N Unknown, or no plan Plan Identifier
H_PLPY01	170	4					N Medicare capitation payment for Jan
H_PNUM01	174	3					N Number of GHPs in bene area in Jan
H_RPNM01	177	3					N Number of risk plans in bene area in Jan
H_PLTP02	180	2	\$PLNFMT	14,927 195 27 3,181			C GHP plan type for Feb  No enrollment 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN02	182	5	\$GHPFMT	14,927 3,403			C GHP contract number for Feb  N Unknown, or no plan Plan Identifier
H_PLPY02	187	4					N Medicare capitation payment for Feb
H_PNUM02	191	3					N Number of GHPs in bene area in Feb
H_RPNM02	194	3					N Number of risk plans in bene area in Feb

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H_PLTP03	197	2	\$PLNFMT				C GHP plan type for Mar
				14,889			No enrollment
				195			01 Health care prepayment plan
				27			02 Cost HMO
				3,219			06 Risk HMO
H_PLAN03	199	5	\$GHPFMT				C GHP contract number for Mar
				14,889			N Unknown, or no plan
				3,441			Plan Identifier
H_PLPY03	204	4					N Medicare capitation payment for Mar
H_PNUM03	208	3					N Number of GHPs in bene area in Mar
H_RPNM03	211	3					N Number of risk plans in bene area in Mar
H_PLTP04	214	2	\$PLNFMT				C GHP plan type for Apr
				14,864			No enrollment
				195			01 Health care prepayment plan
				27			02 Cost HMO
				3,244			06 Risk HMO
H_PLAN04	216	5	\$GHPFMT				C GHP contract number for Apr
				14,864			N Unknown, or no plan
				3,466			Plan Identifier
H_PLPY04	221	4					N Medicare capitation payment for Apr
H_PNUM04	225	3					N Number of GHPs in bene area in Apr
H_RPNM04	228	3					N Number of risk plans in bene area in Apr
H_PLTP05	231	2	\$PLNFMT				C GHP plan type for May
				14,813			No enrollment
				194			01 Health care prepayment plan
				27			02 Cost HMO
				3,296			06 Risk HMO
H_PLAN05	233	5	\$GHPFMT				C GHP contract number for May
				14,813			N Unknown, or no plan
				3,517			Plan Identifier
H_PLPY05	238	4					N Medicare capitation payment for May
H_PNUM05	242	3					N Number of GHPs in bene area in May
H_RPNM05	245	3					N Number of risk plans in bene area in May
H_PLTP06	248	2	\$PLNFMT				C GHP plan type for Jun
				14,765			No enrollment
				194			01 Health care prepayment plan
				27			02 Cost HMO
				3,344			06 Risk HMO



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H_PLAN06	250	5	\$GHPFMT				C GHP contract number for Jun
				14,765			N Unknown, or no plan
				3,565			Plan Identifier
H_PLPY06	255	4					N Medicare capitation payment for Jun
H_PNUM06	259	3					N Number of GHPs in bene area in Jun
H_RPNM06	262	3					N Number of risk plans in bene area in Jun
H_PLTP07	265	2	\$PLNFMT				C GHP plan type for Jul
				14,722			No enrollment
				194			01 Health care prepayment plan
				28			02 Cost HMO
				3,386			06 Risk HMO
H_PLAN07	267	5	\$GHPFMT				C GHP contract number for Jul
				14,722			N Unknown, or no plan
				3,608			Plan Identifier
H_PLPY07	272	4					N Medicare capitation payment for Jul
H_PNUM07	276	3					N Number of GHPs in bene area in Jul
H_RPNM07	279	3					N Number of risk plans in bene area in Jul
H_PLTP08	282	2	\$PLNFMT				C GHP plan type for Aug
				14,679			No enrollment
				195			01 Health care prepayment plan
				28			02 Cost HMO
				3,428			06 Risk HMO
H_PLAN08	284	5	\$GHPFMT				C GHP contract number for Aug
				14,679			N Unknown, or no plan
				3,651			Plan Identifier
H_PLPY08	289	4					N Medicare capitation payment for Aug
H_PNUM08	293	3					N Number of GHPs in bene area in Aug
H_RPNM08	296	3					N Number of risk plans in bene area in Aug
H_PLTP09	299	2	\$PLNFMT				C GHP plan type for Sep
				14,645			No enrollment
				195			01 Health care prepayment plan
				29			02 Cost HMO
				3,461			06 Risk HMO
H_PLAN09	301	5	\$GHPFMT				C GHP contract number for Sep
				14,645			N Unknown, or no plan
				3,685			Plan Identifier
H_PLPY09	306	4					N Medicare capitation payment for Sep

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H_PNUM09	310	3					N Number of GHPs in bene area in Sep
H_RPNM09	313	3					N Number of risk plans in bene area in Sep
H_PLTP10	316	2	\$PLNFMT				C GHP plan type for Oct
				14,616			No enrollment
				194			01 Health care prepayment plan
				29			02 Cost HMO
				3,491			06 Risk HMO
H_PLAN10	318	5	\$GHPFMT				C GHP contract number for Oct
				14,616			N Unknown, or no plan
				3,714			Plan Identifier
H_PLPY10	323	4					N Medicare capitation payment for Oct
H_PNUM10	327	3					N Number of GHPs in bene area in Oct
H_RPNM10	330	3					N Number of risk plans in bene area in Oct
H_PLTP11	333	2	\$PLNFMT				C GHP plan type for Nov
				14,593			No enrollment
				193			01 Health care prepayment plan
				30			02 Cost HMO
				3,514			06 Risk HMO
H_PLAN11	335	5	\$GHPFMT				C GHP contract number for Nov
				14,593			N Unknown, or no plan
				3,737			Plan Identifier
H_PLPY11	340	4					N Medicare capitation payment for Nov
H_PNUM11	344	3					N Number of GHPs in bene area in Nov
H_RPNM11	347	3					N Number of risk plans in bene area in Nov
H_PLTP12	350	2	\$PLNFMT				C GHP plan type for Dec
				14,571			No enrollment
				192			01 Health care prepayment plan
				29			02 Cost HMO
				3,538			06 Risk HMO
H_PLAN12	352	5	\$GHPFMT				C GHP contract number for Dec
				14,571			N Unknown, or no plan
				3,759			Plan Identifier
H_PLPY12	357	4					N Medicare capitation payment for Dec
H_PNUM12	361	3					N Number of GHPs in bene area in Dec
H_RPNM12	364	3					N Number of risk plans in bene area in Dec

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H_MCSW	367	1	\$SWFMT				C Some Medicaid eligibility for the year
				15,305			N No participation
				3,025			Y Some participation
H_MCDE01	368	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				1,159			B State Part B buy-in
				51			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,505			N No buy-in this month
				1,391			Q State Part B QMB buy-in
				149			S State Part B SLMB buy-in
H_MCDE02	369	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,171			B State Part B buy-in
				51			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,486			N No buy-in this month
				1,394			Q State Part B QMB buy-in
				153			S State Part B SLMB buy-in
H_MCDE03	370	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,180			B State Part B buy-in
				51			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,469			N No buy-in this month
				1,395			Q State Part B QMB buy-in
				160			S State Part B SLMB buy-in
H_MCDE04	371	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,182			B State Part B buy-in
				51			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,458			N No buy-in this month
				1,400			Q State Part B QMB buy-in
				164			S State Part B SLMB buy-in
H_MCDE05	372	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,186			B State Part B buy-in
				52			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,449			N No buy-in this month
				1,400			Q State Part B QMB buy-in
				168			S State Part B SLMB buy-in

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H_MCDE06	373	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				1,187			B State Part B buy-in
				52			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,447			N No buy-in this month
				1,403			Q State Part B QMB buy-in
				166			S State Part B SLMB buy-in
H_MCDE07	374	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				1,190			B State Part B buy-in
				52			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,443			N No buy-in this month
				1,404			Q State Part B QMB buy-in
				165			S State Part B SLMB buy-in
H_MCDE08	375	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				1,195			B State Part B buy-in
				52			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,440			N No buy-in this month
				1,401			Q State Part B QMB buy-in
				165			S State Part B SLMB buy-in
H_MCDE09	376	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				1,201			B State Part B buy-in
				52			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,435			N No buy-in this month
				1,400			Q State Part B QMB buy-in
				165			S State Part B SLMB buy-in
H_MCDE10	377	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				1,212			B State Part B buy-in
				52			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,422			N No buy-in this month
				1,403			Q State Part B QMB buy-in
				165			S State Part B SLMB buy-in

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H_MCDE11	378	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				1,214			B State Part B buy-in
				53			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,428			N No buy-in this month
				1,397			Q State Part B QMB buy-in
				162			S State Part B SLMB buy-in
H_MCDE12	379	1	\$MCDCFMT				C Medicaid eligibility for Dec
				1			A State Part A buy-in
				1,188			B State Part B buy-in
				53			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				15,479			N No buy-in this month
				1,377			Q State Part B QMB buy-in
				159			S State Part B SLMB buy-in
H_MACY01	380	3	\$MACYFMT				C Buy-in agency for Jan
				15,505			N Unknown, or no buy-in
				2,825			State Agency code
H_MACY02	383	3	\$MACYFMT				C Buy-in agency for Feb
				15,486			N Unknown, or no buy-in
				2,844			State Agency code
H_MACY03	386	3	\$MACYFMT				C Buy-in agency for Mar
				15,469			N Unknown, or no buy-in
				2,861			State Agency code
H_MACY04	389	3	\$MACYFMT				C Buy-in agency for Apr
				15,458			N Unknown, or no buy-in
				2,872			State Agency code
H_MACY05	392	3	\$MACYFMT				C Buy-in agency for May
				15,449			N Unknown, or no buy-in
				2,881			State Agency code
H_MACY06	395	3	\$MACYFMT				C Buy-in agency for Jun
				15,447			N Unknown, or no buy-in
				2,883			State Agency code
H_MACY07	398	3	\$MACYFMT				C Buy-in agency for Jul
				15,443			N Unknown, or no buy-in
				2,887			State Agency code
H_MACY08	401	3	\$MACYFMT				C Buy-in agency for Aug
				15,440			N Unknown, or no buy-in
				2,890			State Agency code

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H_MACY09	404	3	\$MACYFMT				C Buy-in agency for Sep
				15,435			N Unknown, or no buy-in
				2,895			State Agency code
H_MACY10	407	3	\$MACYFMT				C Buy-in agency for Oct
				15,422			N Unknown, or no buy-in
				2,908			State Agency code
H_MACY11	410	3	\$MACYFMT				C Buy-in agency for Nov
				15,428			N Unknown, or no buy-in
				2,902			State Agency code
H_MACY12	413	3	\$MACYFMT				C Buy-in agency for Dec
				15,479			N Unknown, or no buy-in
				2,851			State Agency code
H_HOSSW	416	1	\$UTLFMT				C One or more hospice bills in CY
				18,256			0 No utilization this type
				74			1 Some utilization this type
H_INPSW	417	1	\$UTLFMT				C One or more inpatient discharges in CY
				15,152			0 No utilization this type
				3,178			1 Some utilization this type
H_SNFSW	418	1	\$UTLFMT				C One or more SNF admissions in CY
				17,734			0 No utilization this type
				596			1 Some utilization this type
H_HHASW	419	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				16,726			0 No utilization this type
				1,604			1 Some utilization this type
H_OUTSW	420	1	\$UTLFMT				C One or more outpatient visits in CY
				8,691			0 No utilization this type
				9,639			1 Some utilization this type
H_PBSW	421	1	\$UTLFMT				C One or more Part B claims in CY
				4,383			0 No utilization this type
				13,947			1 Some utilization this type
H_PTARMB	422	6					N Total Part A reimbursement in CY (\$)
H_PTRMB	428	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	434	8	\$DTE8FMT				C Discharge date of latest inpatient stay
				15,269			Missing
				3,061			Date as YYYYMMDD

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H_LATDRG	442	3	\$DRGFMT				C DRG code for latest inpatient stay
				15,269			Unknown, or no discharge
				3,061			DRG
H_DISDES	445	2	\$STATUS				C Discharge dest for latest inpatient stay
				15,269			Missing
				1,994			01 Discharged to home/self care
				29			02 Discharged to other short-term hospital
				497			03 Discharged to skilled nursing facility
				75			04 Discharged to intermediate care facility
				141			05 Disch to another type of institution
				258			06 Discharged to home care of organized HMO
				10			07 Left against medical advice/stopped care
				0			08 Disch home under care of IV therapy prov
				56			20 Expired (did not recover Christian Sci)
				1			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	447	2					N No. of inpatient stays for CY
H_INPDAY	449	3					N No. of inpatient covered days for CY
H_INPCHG	452	6					N Inpatient charges for CY (\$)
H_INPCCH	458	6					N Inpatient covered charges for CY (\$)
H_INPRMB	464	6					N Inpatient reimbursement for CY (\$)
H_INPCDY	470	2					N Inpatient coinsurance days used in CY
H_INPCAM	472	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	477	2					N Total SNF stays in CY
H_SNFDAY	479	3					N Total SNF covered days in CY
H_SNFCHG	482	6					N Total SNF charges in CY (\$)
H_SNFCCH	488	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	494	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	500	3					N Total SNF coinsurance days in CY
H_SNFCAM	503	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	509	4					N Total HHA visits in CY
H_HHACCH	513	6					N Total HHA covered charges in CY (\$)
H_HHACHO	519	6					N Total HHA other covered charges CY (\$)

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HHARMB	525	6					N Total HHA reimbursement in CY (\$)
H_HSDAYS	531	3					N Total covered hospice days in CY
H_HSTCHG	534	6					N Total hospice charges CY (\$)
H_HSREIM	540	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	546	3					N Total outpatient bills in CY
H_OUTCHG	549	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	555	6					N Total outpatient reimbursement CY (\$)
H_PMTCLM	561	4					N Total physician/supplier claims in CY
H_PMTLIN	565	4					N Total physician/supplier lin items in CY
H_PMTSCH	569	6					N Total submitted charges in CY (\$)
H_PMTACH	575	6					N Total allowed charges in CY (\$)
H_PMTRMB	581	6					N Total physician reimbursement CY (\$)
H_PMTVST	587	3					N Total office visits in CY
H_PMTCHO	590	6					N Total office visit charges in CY (\$)