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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$	RICFMT			C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
					12,511		A	RIC A - HCFA RECORD SUMMARY
					0		N	RIC N - HCFA RECORD SUMMARY
FILEYR	2	2	\$	YRFMT			C	YY REFERENCE YEAR OF RECORD
					12,511		C7	1996 COST AND USE FILE
BASEID	4	8	\$	BSIDFMT			C	UNIQUE IDENTIFICATION NUMBER
					12,511			BASEIDS
H_DOB	12	8	\$	DTE8FMT			C	LEGAL DATE OF BIRTH
					0			MISSING
					12,511			DATE AS YYYYMMDD
H_DOD	20	8	\$	DTE8FMT			C	DATE OF DEATH (LAST DAY OF DEATH MONTH)
					11,795			MISSING
					716			DATE AS YYYYMMDD
H_DODSRC	28	2	\$	SRCFMT			C	SOURCE OF DEATH INFORMATION
					11,795			NO DATE OF DEATH
					0		01	FROM MEDICARE BILL
					0		03	CLERICAL ENTRY
					0		05	BILL AND CLERICAL
					361		10	PROVEN MBR
					44		11	PROVEN MBR AND BILL
					256		20	UNPROVEN MBR
					53		21	UNPROVEN MBR AND BILL
					0		23	UNPROVEN MBR AND CLERICAL
					2		25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	30	1	\$	SEXFMT			C	SEX CODE
					0			UNKNOWN
					5,433		1	MALE
					7,078		2	FEMALE
H_RACE	31	1	\$	RACEFMT			C	RACE CODE
					0			UNKNOWN
					58		0	UNKNOWN
					10,549		1	WHITE
					1,326		2	BLACK
					153		3	OTHER
					95		4	ASIAN
					318		5	HISPANIC
					12		6	N AMERICAN NATIVE
H_AGE	32	3	A	AGEFMT			N	SSA LEGAL AGE
					0		.	UNKNOWN
					12,511		0-999	AGE IN YEARS
D_STRAT	35	1	\$	AGEFMT			C	MCBS SAMPLE STRATUM
					0			UNKNOWN
					991		1	0-44
					1,030		2	45-64
					1,991		3	65-69
					2,315		4	70-74
					2,032		5	75-79
					2,034		6	80-84
					2,118		7	85 +

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_ENT01	36	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
					380		A	PART A MEDICARE ONLY
					101		B	PART B MEDICARE ONLY
					11,695		C	PART A AND B MEDICARE
					335		N	NO MEDICARE ENTITLEMENT
H_ENT02	37	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
					385		A	PART A MEDICARE ONLY
					102		B	PART B MEDICARE ONLY
					11,645		C	PART A AND B MEDICARE
					379		N	NO MEDICARE ENTITLEMENT
H_ENT03	38	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
					388		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,617		C	PART A AND B MEDICARE
					402		N	NO MEDICARE ENTITLEMENT
H_ENT04	39	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
					396		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,566		C	PART A AND B MEDICARE
					445		N	NO MEDICARE ENTITLEMENT
H_ENT05	40	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
					396		A	PART A MEDICARE ONLY
					103		B	PART B MEDICARE ONLY
					11,527		C	PART A AND B MEDICARE
					485		N	NO MEDICARE ENTITLEMENT
H_ENT06	41	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
					398		A	PART A MEDICARE ONLY
					103		B	PART B MEDICARE ONLY
					11,506		C	PART A AND B MEDICARE
					504		N	NO MEDICARE ENTITLEMENT
H_ENT07	42	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
					382		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,492		C	PART A AND B MEDICARE
					533		N	NO MEDICARE ENTITLEMENT
H_ENT08	43	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					382		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,457		C	PART A AND B MEDICARE
					568		N	NO MEDICARE ENTITLEMENT
H_ENT09	44	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					385		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,423		C	PART A AND B MEDICARE
					599		N	NO MEDICARE ENTITLEMENT
H_ENT10	45	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					386		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,405		C	PART A AND B MEDICARE
					616		N	NO MEDICARE ENTITLEMENT
H_ENT11	46	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					394		A	PART A MEDICARE ONLY
					105		B	PART B MEDICARE ONLY
					11,373		C	PART A AND B MEDICARE
					639		N	NO MEDICARE ENTITLEMENT
H_ENT12	47	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					396		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,344		C	PART A AND B MEDICARE
					667		N	NO MEDICARE ENTITLEMENT
H_DOE	48	8	\$DTE8FMT				C	ENTITLEMENT START DATE
					0			MISSING
					12,511			DATE AS YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C	ENTITLEMENT END DATE
					12,472			MISSING
					39			DATE AS YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					1			UNKNOWN
					10,450		10	AGED, NO ESRD
					37		11	AGED, ESRD
					1,948		20	DISABLED, NO ESRD
					36		21	DISABLED, ESRD
					39		31	ESRD ONLY
H_LAF	66	2	\$LAFFMT				C	STATUS OF SSA BENEFIT CHECK (LAF) DEC 31
					15			UNKNOWN
					0		AD	CUR PAY-ADJ FOR DUAL ENTITLEMENT
					0		AF	TRANSFER TO ANOTHER PC OR DIO
					0		A9	CUR PAY-MISCELLANEOUS ADJUSTMENT
					11,360		C	CURRENT PAYMENT STATUS
					0		DW	DEFERRED-WORKERS COMP
					29		D2	DEF-RETIREMENT TEST
					2		D3	DEF-D2 FOR PRIMARY
					3		D6	DEF-RECOVER OVERPAYMENT
					3		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		RN	CUR PAY-PART B REINSTATED
					0		S	SUSP-DEFERRED RETIREMENT
					4		SD	SUSP-OTHER
					0		SF	SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
					25		SH	SUSP-GOVERNMENT PENSION
					2		SP	SUSP-PUBLIC ASSISTANCE
					2		S0	SUSP-CONTINUING DISABILITY INVESTIG
					34		S2	SUSP-FAILS RETIREMENT TEST
					1		S3	SUSP-PRIMARY ACCOUNT S2
					4		S6	SUSP-CHECK RETURNED FOR ADDRESS
					30		S7	SUSP-VOCATIONAL REHAB REFUSAL
					2		S8	SUSP-PAYEE NOT DETERMINED
					3		S9	SUSP-MISCELLANEOUS REASON

Variable	Col	Len	Fmt	Name	Frequency	Ques	#	Ty	Label
					0			TR	TERM-CLAIM WITHDRAWN
					0			T0	TERM-BENEFITS PAID BY ANOTHER AGENCY
					677			T1	TERM-DEATH OF BENEFICIARY
					0			T2	TERM-DEATH OF PRIMARY
					1			T3	TERM-DIVORCE, MARRIAGE, REMARRIAGE
					0			T5	TERM-ENTITLED ON ANOTHER ACCT
					7			T8	TERM-RECOVERY FROM DISABILITY
					0			T9	TERM-MISCELLANEOUS
					279			U	ACTIVE UNINSURED STATUS (NO SSA CHECK)
					0			XR	TERMINATED -
					17			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_RESST	68	2	\$STFMT					C	SSA STATE CODE OF RESIDENCE AS OF DEC 31
					12				UNKNOWN
					331			01	AL
					0			02	AK
					103			03	AZ
					93			04	AR
					1,107			05	CA
					261			06	CO
					90			07	CT
					1			08	DE
					45			09	DC
					641			10	FL
					572			11	GA
					0			12	HI
					95			13	ID
					533			14	IL
					327			15	IN
					316			16	IA
					171			17	KS
					163			18	KY
					114			19	LA
					149			20	ME
					159			21	MD
					129			22	MA
					411			23	MI
					151			24	MN
					107			25	MS
					176			26	MO
					2			27	MT
					2			28	NE
					148			29	NV
					1			30	NH
					576			31	NJ
					84			32	NM
					826			33	NY
					12			34	NC
					62			35	ND

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					517		36	OH
					248		37	OK
					5		38	OR
					625		39	PA
					206		40	PR
					1		41	RI
					438		42	SC
					0		43	SD
					84		44	TN
					855		45	TX
					1		46	UT
					1		47	VT
					0		48	VI
					481		49	VA
					479		50	WA
					97		51	WV
					438		52	WI
					63		53	WY
					2		54-99	UNKNOWN
H_RESCTY	70	3	\$CTYFMT				C	SSA COUNTY CODE OF RES. AS OF DEC 31
					12			UNKNOWN
					12,499		000-999	COUNTY CODE
H_ZIP	73	5	\$ZIPFMT				C	POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31
					12			UNKNOWN
					12,499		00000-99999	ZIP CODE
H_CENSUS	78	2	\$CENFMT				C	CENSUS REGION OF RESIDENCE AS OF DEC 31
					12			UNKNOWN
					2		**	UNKNOWN
					371		01	NEW ENGLAND
					2,027		02	MIDDLE ATLANTIC
					2,226		03	EAST NORTH CENTRAL
					878		04	WEST NORTH CENTRAL
					2,446		05	SOUTH ATLANTIC
					685		06	EAST SOUTH CENTRAL
					1,310		07	WEST SOUTH CENTRAL
					757		08	MOUNTAIN
					1,591		09	PACIFIC
					206		10	PUERTO RICO
H_METRO	80	1	\$METFMT				C	METRO STATUS
					3,579		N	NON-METRO AREA
					12		U	UNKNOWN
					8,920		Y	METRO AREA
H_HSBEG1	81	8	\$DTE8FMT				C	BEGINNING DATE OF LATEST HOSPICE PERIOD
					12,196			MISSING
					315			DATE AS YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT				C	ENDING DATE OF LATEST HOSPICE PERIOD

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					12,196 315			MISSING DATE AS YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT				C	BEGINNING DATE OF 2ND HOSPICE PERIOD
					12,463 48			MISSING DATE AS YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT				C	ENDING DATE OF 2ND HOSPICE PERIOD
					12,463 48			MISSING DATE AS YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT				C	BEGINNING DATE OF 3RD HOSPICE PERIOD
					12,488 23			MISSING DATE AS YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT				C	ENDING DATE OF 3RD HOSPICE PERIOD
					12,488 23			MISSING DATE AS YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT				C	BEGINNING DATE OF 4TH HOSPICE PERIOD
					12,498 13			MISSING DATE AS YYYYMMDD
H_HSEND4	137	8	\$DTE8FMT				C	ENDING DATE OF 4TH HOSPICE PERIOD
					12,498 13			MISSING DATE AS YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT				C	BEGINNING DATE OF ESRD PERIOD
					12,369 142			MISSING DATE AS YYYYMMDD
H_ESREND	153	8	\$DTE8FMT				C	ENDING DATE OF ESRD PERIOD
					12,441 70			MISSING DATE AS YYYYMMDD
H_GHPSW	161	1	\$GHPSW				C	1= SOME GROUP HEALTH PARTICIPATION IN CY
					10,681 1,830		0	NO ENROLLMENT
							1	SOME ENROLLMENT
H_PLTP01	162	2	\$PLNFMT				C	GHP PLAN TYPE JAN
					11,048 103 58 1,302			NO ENROLLMENT FOR MONTH
							01	HCPP
							02	COST HMO
							06	RISK HMO
H_PLAN01	164	5	\$GHPFMT				C	GHP CONTRACT NUMBER JAN
					1,429 11,048 34	H0000-H9999		PLAN IDENTIFIER
						N		UNKNOWN, OR NO PLAN
						90091		PLAN IDENTIFIER
H_PLPY01	169	4					N	MEDICARE PERCAP PAYMENT JAN
H_PLTP02	173	2	\$PLNFMT				C	GHP PLAN TYPE FEB
					11,031			NO ENROLLMENT FOR MONTH

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					101		01	HCPP
					58		02	COST HMO
					1,321		06	RISK HMO
H_PLAN02	175	5	\$GHPFMT				C	GHP CONTRACT NUMBER FEB
					1,446	H0000-H9999		PLAN IDENTIFIER
					11,031	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY02	180	4					N	MEDICARE PERCAP PAYMENT FEB
H_PLTP03	184	2	\$PLNFMT				C	GHP PLAN TYPE MAR
					11,003			NO ENROLLMENT FOR MONTH
					101		01	HCPP
					58		02	COST HMO
					1,349		06	RISK HMO
H_PLAN03	186	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAR
					1,474	H0000-H9999		PLAN IDENTIFIER
					11,003	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY03	191	4					N	MEDICARE PERCAP PAYMENT MAR
H_PLTP04	195	2	\$PLNFMT				C	GHP PLAN TYPE APR
					10,998			NO ENROLLMENT FOR MONTH
					99		01	HCPP
					58		02	COST HMO
					1,356		06	RISK HMO
H_PLAN04	197	5	\$GHPFMT				C	GHP CONTRACT NUMBER APR
					1,479	H0000-H9999		PLAN IDENTIFIER
					10,998	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY04	202	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	206	2	\$PLNFMT				C	GHP PLAN TYPE MAY
					10,964			NO ENROLLMENT FOR MONTH
					99		01	HCPP
					56		02	COST HMO
					1,392		06	RISK HMO
H_PLAN05	208	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAY
					1,513	H0000-H9999		PLAN IDENTIFIER
					10,964	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY05	213	4					N	MEDICARE PERCAP PAYMENT MAY
H_PLTP06	217	2	\$PLNFMT				C	GHP PLAN TYPE JUN
					10,932			NO ENROLLMENT FOR MONTH
					99		01	HCPP
					56		02	COST HMO
					1,424		06	RISK HMO
H_PLAN06	219	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUN

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					1,545	H0000-H9999		PLAN IDENTIFIER
					10,932	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY06	224	4					N	MEDICARE PERCAP PAYMENT JUN
H_PLTP07	228	2	\$PLNFMT				C	GHP PLAN TYPE JUL
					10,897			NO ENROLLMENT FOR MONTH
					97	01		HCPP
					56	02		COST HMO
					1,461	06		RISK HMO
H_PLAN07	230	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUL
					1,580	H0000-H9999		PLAN IDENTIFIER
					10,897	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY07	235	4					N	MEDICARE PERCAP PAYMENT JUL
H_PLTP08	239	2	\$PLNFMT				C	GHP PLAN TYPE AUG
					10,877			NO ENROLLMENT FOR MONTH
					98	01		HCPP
					56	02		COST HMO
					1,480	06		RISK HMO
H_PLAN08	241	5	\$GHPFMT				C	GHP CONTRACT NUMBER AUG
					1,600	H0000-H9999		PLAN IDENTIFIER
					10,877	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY08	246	4					N	MEDICARE PERCAP PAYMENT AUG
H_PLTP09	250	2	\$PLNFMT				C	GHP PLAN TYPE SEP
					10,858			NO ENROLLMENT FOR MONTH
					97	01		HCPP
					56	02		COST HMO
					1,500	06		RISK HMO
H_PLAN09	252	5	\$GHPFMT				C	GHP CONTRACT NUMBER SEP
					1,620	H0000-H9999		PLAN IDENTIFIER
					10,858	N		UNKNOWN, OR NO PLAN
					33	90091		PLAN IDENTIFIER
H_PLPY09	257	4					N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	261	2	\$PLNFMT				C	GHP PLAN TYPE OCT
					10,835			NO ENROLLMENT FOR MONTH
					97	01		HCPP
					55	02		COST HMO
					1,524	06		RISK HMO
H_PLAN10	263	5	\$GHPFMT				C	GHP CONTRACT NUMBER OCT
					1,643	H0000-H9999		PLAN IDENTIFIER
					10,835	N		UNKNOWN, OR NO PLAN
					33	90091		PLAN IDENTIFIER
H_PLPY10	268	4					N	MEDICARE PERCAP PAYMENT OCT

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H_PLTP11	272	2	\$PLNFM				C	GHP PLAN TYPE NOV
					10,812			NO ENROLLMENT FOR MONTH
					97		01	HCPP
					54		02	COST HMO
					1,548		06	RISK HMO
H_PLAN11	274	5	\$GHPFMT				C	GHP CONTRACT NUMBER NOV
					1,666	H0000-H9999		PLAN IDENTIFIER
					10,812	N		UNKNOWN, OR NO PLAN
					33	90091		PLAN IDENTIFIER
H_PLPY11	279	4					N	MEDICARE PERCAP PAYMENT NOV
H_PLTP12	283	2	\$PLNFM				C	GHP PLAN TYPE DEC
					10,792			NO ENROLLMENT FOR MONTH
					97		01	HCPP
					53		02	COST HMO
					1,569		06	RISK HMO
H_PLAN12	285	5	\$GHPFMT				C	GHP CONTRACT NUMBER DEC
					1,686	H0000-H9999		PLAN IDENTIFIER
					10,792	N		UNKNOWN, OR NO PLAN
					33	90091		PLAN IDENTIFIER
H_PLPY12	290	4					N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	294	1	\$SWFMT				C	Y=SOME MEDICAID ELIGIBILITY FOR CY
					10,153		N	NO PARTICIPATION
					2,358		Y	SOME PARTICIPATION
H_MCDE01	295	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JAN
					0		A	STATE PART A BUY-IN
					900		B	STATE PART B BUY-IN
					37		C	STATE PART A AND B BUY-IN
					56		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,341		N	NO BUY-IN THIS MONTH
					1,051		Q	STATE PART B QMB BUY-IN
					125		S	STATE PART B SLMB BUY-IN
H_MCDE02	296	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR FEB
					0		A	STATE PART A BUY-IN
					898		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					56		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,342		N	NO BUY-IN THIS MONTH
					1,051		Q	STATE PART B QMB BUY-IN
					127		S	STATE PART B SLMB BUY-IN
H_MCDE03	297	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAR
					0		A	STATE PART A BUY-IN
					906		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					56		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,338		N	NO BUY-IN THIS MONTH
					1,045		Q	STATE PART B QMB BUY-IN

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					129		S	STATE PART B SLMB BUY-IN
H_MCDE04	298	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR APR
					897		A	STATE PART A BUY-IN
					36		B	STATE PART B BUY-IN
					56		C	STATE PART A AND B BUY-IN
					1		D	STATE PART A AND B QMB BUY-IN
					10,345		E	STATE PART A AND B SLMB BUY-IN
					1,046		N	NO BUY-IN THIS MONTH
					130		Q	STATE PART B QMB BUY-IN
H_MCDE05	299	1	\$MCDCFMT				S	STATE PART B SLMB BUY-IN
					0		C	MEDICAID ELIGIBILITY FOR MAY
					900		A	STATE PART A BUY-IN
					37		B	STATE PART B BUY-IN
					56		C	STATE PART A AND B BUY-IN
					1		D	STATE PART A AND B QMB BUY-IN
					10,348		E	STATE PART A AND B SLMB BUY-IN
					1,036		N	NO BUY-IN THIS MONTH
					133		Q	STATE PART B QMB BUY-IN
							S	STATE PART B SLMB BUY-IN
H_MCDE06	300	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUN
					0		A	STATE PART A BUY-IN
					894		B	STATE PART B BUY-IN
					37		C	STATE PART A AND B BUY-IN
					57		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,357		N	NO BUY-IN THIS MONTH
					1,033		Q	STATE PART B QMB BUY-IN
					131		S	STATE PART B SLMB BUY-IN
H_MCDE07	301	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUL
					0		A	STATE PART A BUY-IN
					894		B	STATE PART B BUY-IN
					37		C	STATE PART A AND B BUY-IN
					58		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,364		N	NO BUY-IN THIS MONTH
					1,025		Q	STATE PART B QMB BUY-IN
					131		S	STATE PART B SLMB BUY-IN
H_MCDE08	302	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR AUG
					0		A	STATE PART A BUY-IN
					891		B	STATE PART B BUY-IN
					37		C	STATE PART A AND B BUY-IN
					58		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,376		N	NO BUY-IN THIS MONTH
					1,019		Q	STATE PART B QMB BUY-IN
					128		S	STATE PART B SLMB BUY-IN
H_MCDE09	303	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR SEP
					0		A	STATE PART A BUY-IN
					890		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					58		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,391		N	NO BUY-IN THIS MONTH
					1,008		Q	STATE PART B QMB BUY-IN
					126		S	STATE PART B SLMB BUY-IN
H_MCDE10	304	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR OCT

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					0		A	STATE PART A BUY-IN
					898		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					58		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,382		N	NO BUY-IN THIS MONTH
					1,007		Q	STATE PART B QMB BUY-IN
					128		S	STATE PART B SLMB BUY-IN
H_MCDE11	305	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR NOV
					0		A	STATE PART A BUY-IN
					896		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					57		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,396		N	NO BUY-IN THIS MONTH
					1,000		Q	STATE PART B QMB BUY-IN
					124		S	STATE PART B SLMB BUY-IN
H_MCDE12	306	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR DEC
					0		A	STATE PART A BUY-IN
					878		B	STATE PART B BUY-IN
					35		C	STATE PART A AND B BUY-IN
					55		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,438		N	NO BUY-IN THIS MONTH
					983		Q	STATE PART B QMB BUY-IN
					120		S	STATE PART B SLMB BUY-IN
H_MACY01	307	3	\$MACYFMT				C	BUY-IN AGENCY FOR JAN
					10,341		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,170		000-999	STATE AGENCY CODE
H_MACY02	310	3	\$MACYFMT				C	BUY-IN AGENCY FOR FEB
					10,342		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,169		000-999	STATE AGENCY CODE
H_MACY03	313	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAR
					10,338		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,173		000-999	STATE AGENCY CODE
H_MACY04	316	3	\$MACYFMT				C	BUY-IN AGENCY FOR APR
					10,345		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,166		000-999	STATE AGENCY CODE
H_MACY05	319	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAY
					10,348		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,163		000-999	STATE AGENCY CODE
H_MACY06	322	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUN
					10,357		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,154		000-999	STATE AGENCY CODE

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H_MACY07	325	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUL
					10,364		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,147		000-999	STATE AGENCY CODE
H_MACY08	328	3	\$MACYFMT				C	BUY-IN AGENCY FOR AUG
					10,375		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,136		000-999	STATE AGENCY CODE
H_MACY09	331	3	\$MACYFMT				C	BUY-IN AGENCY FOR SEP
					10,390		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,121		000-999	STATE AGENCY CODE
H_MACY10	334	3	\$MACYFMT				C	BUY-IN AGENCY FOR OCT
					10,381		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,130		000-999	STATE AGENCY CODE
H_MACY11	337	3	\$MACYFMT				C	BUY-IN AGENCY FOR NOV
					10,395		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,116		000-999	STATE AGENCY CODE
H_MACY12	340	3	\$MACYFMT				C	BUY-IN AGENCY FOR DEC
					10,437		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,074		000-999	STATE AGENCY CODE
H_HOSSW	343	1	\$UTLFFMT				C	1 = ONE OR MORE HOSPICE BILLS IN CY
					12,351		0	NO UTILIZATION THIS TYPE
					160		1	SOME UTILIZATION THIS TYPE
H_INPSW	344	1	\$UTLFFMT				C	1 = ONE OR MORE INP DISCHARGES IN CY
					9,961		0	NO UTILIZATION THIS TYPE
					2,550		1	SOME UTILIZATION THIS TYPE
H_SNFSW	345	1	\$UTLFFMT				C	1 = ONE OR MORE SNF ADMISSIONS IN CY
					11,966		0	NO UTILIZATION THIS TYPE
					545		1	SOME UTILIZATION THIS TYPE
H_HHASW	346	1	\$UTLFFMT				C	1 = ONE OR MORE HHA VISITS IN CY
					11,280		0	NO UTILIZATION THIS TYPE
					1,231		1	SOME UTILIZATION THIS TYPE
H_OUTSW	347	1	\$UTLFFMT				C	1 = ONE OR MORE OUTPT VISITS IN CY
					5,446		0	NO UTILIZATION THIS TYPE
					7,065		1	SOME UTILIZATION THIS TYPE
H_PBSW	348	1	\$UTLFFMT				C	1 = ONE OR MORE PART B CLAIMS IN CY
					2,674		0	NO UTILIZATION THIS TYPE
					9,837		1	SOME UTILIZATION THIS TYPE

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H_PTARMB	349	6					N	\$\$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	355	6					N	\$\$\$\$\$\$\$ TOTAL PART B REIMB CY
H_PTAPRM	361	8					N	\$\$\$\$\$.CC TOT BENE PAID PART A PREMIUM
H_PTBPRM	369	8					N	\$\$\$\$\$.CC TOT BENE PAID PART B PREMIUM
H_LATDCH	377	8	\$DTE8FMT				C	DISCHARGE DATE OF LATEST INP STAY
					10,040			MISSING
					2,471			DATE AS YYYYMMDD
H_LATDRG	385	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					10,040			UNKNOWN, OR NO DISCHARGE
					2,471		000-999	DRG
H_DISDES	388	2	\$DSTFMT				C	DISCHARGE DESTINATION FOR LAST STAY
					10,040			NO DISCHARGE
					1,410		01	DISCHARGE TO HOME
					26		02	TRANSFER-TO HOSP
					428		03	TRANSFER-TO SNF
					76		04	TRANSFER-TO ICF
					122		05	TRANSFER-OTHER
					182		06	TRANSFER TO HHA
					9		07	LAMA
					0		08	HOME IV DRUG
					0		09	ADMIT/READMIT
					0		10-19	TRANSFER-ST CODES
					217		20	EXPIRED
					0		21-29	EXPIRED-ST CODES
					1		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	390	2					N	NO. OF INPAT STAYS FOR CY
H_INPDAY	392	3					N	NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	395	6					N	\$\$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	401	6					N	\$\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	407	6					N	\$\$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPCDY	413	2					N	INPAT COVRD DAYS USED IN CY
H_INPCAM	415	5					N	\$\$\$\$\$\$\$ TOTAL INP COINS AMT CY
H_SNFSTY	420	2					N	TOTAL SNF STAYS IN CY
H_SNFDAY	422	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCCH	425	6					N	\$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	431	6					N	\$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
H_SNFRMB	437	6					N	\$\$\$\$\$\$\$ TOTAL SNF REIMB IN CY
H_SNFCDY	443	3					N	TOTAL SNF COINS DAYS IN CY

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H_SNFCAM	446	6					N	\$\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	452	4					N	TOTAL HHA VISITS IN CY
H_HHACCH	456	6					N	\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	462	6					N	\$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMB	468	6					N	\$\$\$\$\$\$ TOT HHA REIMB IN CY
H_HSDAYS	474	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	477	6					N	\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	483	6					N	\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	489	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	492	6					N	\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	498	6					N	\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	504	4					N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	508	4					N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	512	6					N	\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	518	6					N	\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	524	6					N	\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	530	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	533	6					N	TOTAL OFFICE VISIT CHARGES IN CY