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COST&USE  
1998

MEDICARE CURRENT BENEFICIARY SURVEY  
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

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RECORD TYPE: A2

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
RIC	1	1	\$RICFMT		13,024		C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
					0		A	RIC A - HCFA RECORD SUMMARY
							N	RIC N - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT		13,024		C	YY REFERENCE YEAR OF RECORD
							98	1998 COST AND USE FILE
BASEID	4	8	\$BSIDFMT		13,024		C	UNIQUE IDENTIFICATION NUMBER
								BASEIDS
H_DOB	12	8	\$DTE8FMT		0		C	LEGAL DATE OF BIRTH
					13,024			MISSING
								DATE AS YYYYMMDD
H_DOD	20	8	\$DTE8FMT		12,326		C	DATE OF DEATH (LAST DAY OF DEATH MONTH)
					698			MISSING
								DATE AS YYYYMMDD
H_DODSRC	28	2	\$SRCFMT		12,326		C	SOURCE OF DEATH INFORMATION
					0			NO DATE OF DEATH
					0		01	FROM MEDICARE BILL
					0		03	CLERICAL ENTRY
					0		05	BILL AND CLERICAL
					382		10	PROVEN MBR
					32		11	PROVEN MBR AND BILL
					245		20	UNPROVEN MBR
					38		21	UNPROVEN MBR AND BILL
					1		23	UNPROVEN MBR AND CLERICAL
					0		25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	30	1	\$SEXFMT		0		C	SEX CODE
					5,628			UNKNOWN
					7,396		1	MALE
							2	FEMALE
H_RACE	31	1	\$RACEFMT		0		C	RACE CODE
					57			UNKNOWN
					10,925		0	UNKNOWN
					1,384		1	WHITE
					193		2	BLACK
					107		3	OTHER
					340		4	ASIAN
					18		5	HISPANIC
							6	N AMERICAN NATIVE
H_AGE	32	3	AGEFMT		0		N	SSA LEGAL AGE
					13,024		.	UNKNOWN
							0-999	AGE IN YEARS

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
D_STRAT	35	1	\$AGEFMT				C	MCBS SAMPLE STRATUM
					0			UNKNOWN
					975		1	0-44
					1,100		2	45-64
					2,183		3	65-69
					2,430		4	70-74
					2,123		5	75-79
					2,058		6	80-84
					2,155		7	85 +
H_ENT01	36	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
					431		A	PART A MEDICARE ONLY
					125		B	PART B MEDICARE ONLY
					12,165		C	PART A AND B MEDICARE
					303		N	NO MEDICARE ENTITLEMENT
H_ENT02	37	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
					427		A	PART A MEDICARE ONLY
					124		B	PART B MEDICARE ONLY
					12,122		C	PART A AND B MEDICARE
					351		N	NO MEDICARE ENTITLEMENT
H_ENT03	38	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
					426		A	PART A MEDICARE ONLY
					124		B	PART B MEDICARE ONLY
					12,083		C	PART A AND B MEDICARE
					391		N	NO MEDICARE ENTITLEMENT
H_ENT04	39	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
					432		A	PART A MEDICARE ONLY
					124		B	PART B MEDICARE ONLY
					12,056		C	PART A AND B MEDICARE
					412		N	NO MEDICARE ENTITLEMENT
H_ENT05	40	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
					437		A	PART A MEDICARE ONLY
					124		B	PART B MEDICARE ONLY
					12,020		C	PART A AND B MEDICARE
					443		N	NO MEDICARE ENTITLEMENT
H_ENT06	41	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
					438		A	PART A MEDICARE ONLY
					123		B	PART B MEDICARE ONLY
					11,995		C	PART A AND B MEDICARE
					468		N	NO MEDICARE ENTITLEMENT
H_ENT07	42	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
					425		A	PART A MEDICARE ONLY
					122		B	PART B MEDICARE ONLY
					11,980		C	PART A AND B MEDICARE
					497		N	NO MEDICARE ENTITLEMENT

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_ENT08	43	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					423		A	PART A MEDICARE ONLY
					123		B	PART B MEDICARE ONLY
					11,954		C	PART A AND B MEDICARE
					524		N	NO MEDICARE ENTITLEMENT
H_ENT09	44	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					425		A	PART A MEDICARE ONLY
					120		B	PART B MEDICARE ONLY
					11,923		C	PART A AND B MEDICARE
					556		N	NO MEDICARE ENTITLEMENT
H_ENT10	45	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT
					421		A	PART A MEDICARE ONLY
					118		B	PART B MEDICARE ONLY
					11,899		C	PART A AND B MEDICARE
					586		N	NO MEDICARE ENTITLEMENT
H_ENT11	46	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					424		A	PART A MEDICARE ONLY
					119		B	PART B MEDICARE ONLY
					11,859		C	PART A AND B MEDICARE
					622		N	NO MEDICARE ENTITLEMENT
H_ENT12	47	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					424		A	PART A MEDICARE ONLY
					119		B	PART B MEDICARE ONLY
					11,817		C	PART A AND B MEDICARE
					664		N	NO MEDICARE ENTITLEMENT
H_DOE	48	8	\$DTE8FMT				C	ENTITLEMENT START DATE
					3			MISSING
					13,021			DATE AS YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C	ENTITLEMENT END DATE
					12,978			MISSING
					46			DATE AS YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					1			UNKNOWN
					10,910		10	AGED, NO ESRD
					41		11	AGED, ESRD
					2,002		20	DISABLED, NO ESRD
					32		21	DISABLED, ESRD
					38		31	ESRD ONLY

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_LAF	66	2	\$LAF	FMT			C	STATUS OF SSA BENEFIT CHECK (LAF) DEC 31
					10			UNKNOWN
					0		AD	CUR PAY-ADJ FOR DUAL ENTITLEMENT
					0		AF	TRANSFER TO ANOTHER PC OR DIO
					0		A9	CUR PAY-MISCELLANEOUS ADJUSTMENT
					11,845		C	CURRENT PAYMENT STATUS
					0		DW	DEFERRED-WORKERS COMP
					30		D2	DEF-RETIREMENT TEST
					1		D3	DEF-D2 FOR PRIMARY
					5		D6	DEF-RECOVER OVERPAYMENT
					0		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
					0		S	SUSP-DEFERRED RETIREMENT
					2		SD	SUSP-OTHER
					0		SF	SUSP-FAILS TO MEET RESIDENCE REQUIRMENT
					32		SH	SUSP-GOVERNMENT PENSION
					3		SP	SUSP-PUBLIC ASSISTANCE
					0		S0	SUSP-CONTINUING DISABILITY INVESTIG
					39		S2	SUSP-FAILS RETIREMENT TEST
					1		S3	SUSP-PRIMARY ACCOUNT S2
					6		S6	SUSP-CHECK RETURNED FOR ADDRESS
					35		S7	SUSP-VOCATIONAL REHAB REFUSAL
					2		S8	SUSP-PAYEE NOT DETERMINED
					4		S9	SUSP-MISCELLANEOUS REASON
					0		TR	TERM-CLAIM WITHDRAWN
					0		T0	TERM-BENEFITS PAID BY ANOTHER AGENCY
					660		T1	TERM-DEATH OF BENEFICIARY
					0		T2	TERM-DEATH OF PRIMARY
					2		T3	TERM-DIVORCE, MARRIAGE, REMARRIAGE
					0		T5	TERM-ENTITLED ON ANOTHER ACCT
					2		T8	TERM-RECOVERY FROM DISABILITY
					0		T9	TERM-MISCELLANEOUS
					310		U	ACTIVE UNINSURED STATUS (NO SSA CHECK)
					0		XR	TERMINATED -
					16		X1	TERM-DEATH OF INSURED
					0		X5	TERM-ENTITLED TO ANOTHER BENEFIT
					19		X7	TERM OF UNINSURED
					0		X9	TERM MISCELLANEOUS
					0		ZZ	ERRONEOUS ENTITLEMENT

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_RESST	68	2	\$STFMT				C	SSA STATE CODE OF RESIDENCE AS OF DEC 31
				9				UNKNOWN
				338			01	AL
				1			02	AK
				114			03	AZ
				102			04	AR
				1,159			05	CA
				274			06	CO
				100			07	CT
				1			08	DE
				45			09	DC
				693			10	FL
				592			11	GA
				1			12	HI
				104			13	ID
				569			14	IL
				317			15	IN
				320			16	IA
				169			17	KS
				171			18	KY
				116			19	LA
				155			20	ME
				169			21	MD
				142			22	MA
				414			23	MI
				146			24	MN
				109			25	MS
				174			26	MO
				1			27	MT
				2			28	NE
				155			29	NV
				1			30	NH
				584			31	NJ
				93			32	NM
				864			33	NY
				13			34	NC
				70			35	ND
				545			36	OH
				274			37	OK
				8			38	OR
				660			39	PA
				209			40	PR
				1			41	RI
				439			42	SC
				0			43	SD
				89			44	TN
				877			45	TX
				2			46	UT
				0			47	VT
				0			48	VI
				505			49	VA
				501			50	WA
				97			51	WV
				467			52	WI
				60			53	WY
				3			54-99	UNKNOWN
H_RESCTY	70	3	\$CTYFMT				C	SSA COUNTY CODE OF RES. AS OF DEC 31
				9				UNKNOWN
				13,015			000-999	COUNTY CODE

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_ZIP	73	5	\$ZIPFMT		9 13,015	00000-99999	C	POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31  UNKNOWN ZIP CODE
H_CENSUS	78	2	\$CENFMT		9 3 399 2,108 2,312 881 2,554 707 1,369 803 1,670 209		C	CENSUS REGION OF RESIDENCE AS OF DEC 31  UNKNOWN ** 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		3,693 9 9,322		C	METRO STATUS  N NON-METRO AREA U UNKNOWN Y METRO AREA
H_HSBEG1	81	8	\$DTE8FMT		12,675 349		C	BEGINNING DATE OF LATEST HOSPICE PERIOD  MISSING DATE AS YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT		12,675 349		C	ENDING DATE OF LATEST HOSPICE PERIOD  MISSING DATE AS YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT		12,958 66		C	BEGINNING DATE OF 2ND HOSPICE PERIOD  MISSING DATE AS YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT		12,958 66		C	ENDING DATE OF 2ND HOSPICE PERIOD  MISSING DATE AS YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT		12,995 29		C	BEGINNING DATE OF 3RD HOSPICE PERIOD  MISSING DATE AS YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT		12,995 29		C	ENDING DATE OF 3RD HOSPICE PERIOD  MISSING DATE AS YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT		13,006 18		C	BEGINNING DATE OF 4TH HOSPICE PERIOD  MISSING DATE AS YYYYMMDD

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_HSEND4	137	8	\$DTE8FMT				C	ENDING DATE OF 4TH HOSPICE PERIOD
					13,006			MISSING
					18			DATE AS YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT				C	BEGINNING DATE OF ESRD PERIOD
					12,867			MISSING
					157			DATE AS YYYYMMDD
H_ESREND	153	8	\$DTE8FMT				C	ENDING DATE OF ESRD PERIOD
					12,941			MISSING
					83			DATE AS YYYYMMDD
H_GHPSW	161	1	\$GHPSW				C	1= SOME GROUP HEALTH PARTICIPATION IN CY
					10,822		0	NO ENROLLMENT
					2,202		1	SOME ENROLLMENT
H_PLTP01	162	2	\$PLNFMT				C	GHP PLAN TYPE JAN
					11,117			NO ENROLLMENT FOR MONTH
					97		01	HCPP
					52		02	COST HMO
					1,758		06	RISK HMO
H_PLAN01	164	5	\$GHPFMT				C	GHP CONTRACT NUMBER JAN
					1,872	H0000-H9999		PLAN IDENTIFIER
					11,117	N		UNKNOWN, OR NO PLAN
					35	90091		PLAN IDENTIFIER
H_PLPY01	169	4					N	MEDICARE PERCAP PAYMENT JAN
H_PLTP02	173	2	\$PLNFMT				C	GHP PLAN TYPE FEB
					11,095			NO ENROLLMENT FOR MONTH
					98		01	HCPP
					51		02	COST HMO
					1,780		06	RISK HMO
H_PLAN02	175	5	\$GHPFMT				C	GHP CONTRACT NUMBER FEB
					1,894	H0000-H9999		PLAN IDENTIFIER
					11,095	N		UNKNOWN, OR NO PLAN
					35	90091		PLAN IDENTIFIER
H_PLPY02	180	4					N	MEDICARE PERCAP PAYMENT FEB
H_PLTP03	184	2	\$PLNFMT				C	GHP PLAN TYPE MAR
					11,076			NO ENROLLMENT FOR MONTH
					98		01	HCPP
					51		02	COST HMO
					1,799		06	RISK HMO
H_PLAN03	186	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAR
					1,913	H0000-H9999		PLAN IDENTIFIER
					11,076	N		UNKNOWN, OR NO PLAN
					35	90091		PLAN IDENTIFIER
H_PLPY03	191	4					N	MEDICARE PERCAP PAYMENT MAR

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
H_PLTP04	195	2	\$PLNFMT				C	GHP PLAN TYPE APR
					11,045			NO ENROLLMENT FOR MONTH
					95		01	HCPP
					50		02	COST HMO
					1,834		06	RISK HMO
H_PLAN04	197	5	\$GHPFMT				C	GHP CONTRACT NUMBER APR
					1,944	H0000-H9999		PLAN IDENTIFIER
					11,045	N		UNKNOWN, OR NO PLAN
					35	90091		PLAN IDENTIFIER
H_PLPY04	202	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	206	2	\$PLNFMT				C	GHP PLAN TYPE MAY
					11,030			NO ENROLLMENT FOR MONTH
					92		01	HCPP
					51		02	COST HMO
					1,851		06	RISK HMO
H_PLAN05	208	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAY
					1,960	H0000-H9999		PLAN IDENTIFIER
					11,030	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
					11,022			NO ENROLLMENT FOR MONTH
					81		01	HCPP
					60		02	COST HMO
					1,861		06	RISK HMO
H_PLAN06	219	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUN
					1,968	H0000-H9999		PLAN IDENTIFIER
					11,022	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
					11,001			NO ENROLLMENT FOR MONTH
					81		01	HCPP
					57		02	COST HMO
					1,885		06	RISK HMO
H_PLAN07	230	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUL
					1,989	H0000-H9999		PLAN IDENTIFIER
					11,001	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY07	235	4					N	MEDICARE PERCAP PAYMENT JUL



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-----	---	---	---	-----	-----	-----	---	-----
H_PLTP08	239	2	\$PLNFMT				C	GHP PLAN TYPE AUG
					10,987			NO ENROLLMENT FOR MONTH
					79		01	HCPP
					56		02	COST HMO
					1,902		06	RISK HMO
H_PLAN08	241	5	\$GHPFMT				C	GHP CONTRACT NUMBER AUG
					2,003	H0000-H9999		PLAN IDENTIFIER
					10,987	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
					10,977			NO ENROLLMENT FOR MONTH
					79		01	HCPP
					55		02	COST HMO
					1,913		06	RISK HMO
H_PLAN09	252	5	\$GHPFMT				C	GHP CONTRACT NUMBER SEP
					2,013	H0000-H9999		PLAN IDENTIFIER
					10,977	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY09	257	4					N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	261	2	\$PLNFMT				C	GHP PLAN TYPE OCT
					10,977			NO ENROLLMENT FOR MONTH
					79		01	HCPP
					54		02	COST HMO
					1,914		06	RISK HMO
H_PLAN10	263	5	\$GHPFMT				C	GHP CONTRACT NUMBER OCT
					2,013	H0000-H9999		PLAN IDENTIFIER
					10,977	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY10	268	4					N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	272	2	\$PLNFMT				C	GHP PLAN TYPE NOV
					10,963			NO ENROLLMENT FOR MONTH
					74		01	HCPP
					56		02	COST HMO
					1,931		06	RISK HMO
H_PLAN11	274	5	\$GHPFMT				C	GHP CONTRACT NUMBER NOV
					2,027	H0000-H9999		PLAN IDENTIFIER
					10,963	N		UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY11	279	4					N	MEDICARE PERCAP PAYMENT NOV

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H_PLTP12	283	2	\$PLNFMT				C	GHP PLAN TYPE DEC
					10,963			NO ENROLLMENT FOR MONTH
					72		01	HCPP
					56		02	COST HMO
					1,933		06	RISK HMO
H_PLAN12	285	5	\$GHPFMT				C	GHP CONTRACT NUMBER DEC
					2,027	H0000-H9999		PLAN IDENTIFIER
					10,963		N	UNKNOWN, OR NO PLAN
					34	90091		PLAN IDENTIFIER
H_PLPY12	290	4					N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	294	1	\$SWFMT				C	Y=SOME MEDICAID ELIGIBILITY FOR CY
					10,637		N	NO PARTICIPATION
					2,387		Y	SOME PARTICIPATION
H_MCDE01	295	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JAN
					0		A	STATE PART A BUY-IN
					910		B	STATE PART B BUY-IN
					35		C	STATE PART A AND B BUY-IN
					66		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,832		N	NO BUY-IN THIS MONTH
					1,057		Q	STATE PART B QMB BUY-IN
					122		S	STATE PART B SLMB BUY-IN
H_MCDE02	296	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR FEB
					0		A	STATE PART A BUY-IN
					917		B	STATE PART B BUY-IN
					35		C	STATE PART A AND B BUY-IN
					67		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,831		N	NO BUY-IN THIS MONTH
					1,049		Q	STATE PART B QMB BUY-IN
					123		S	STATE PART B SLMB BUY-IN
H_MCDE03	297	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAR
					0		A	STATE PART A BUY-IN
					919		B	STATE PART B BUY-IN
					35		C	STATE PART A AND B BUY-IN
					66		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,827		N	NO BUY-IN THIS MONTH
					1,050		Q	STATE PART B QMB BUY-IN
					125		S	STATE PART B SLMB BUY-IN
H_MCDE04	298	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR APR
					0		A	STATE PART A BUY-IN
					912		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					65		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,834		N	NO BUY-IN THIS MONTH
					1,044		Q	STATE PART B QMB BUY-IN
					131		S	STATE PART B SLMB BUY-IN

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H_MCDE05	299	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAY
					0		A	STATE PART A BUY-IN
					912		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					65		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,832		N	NO BUY-IN THIS MONTH
					1,045		Q	STATE PART B QMB BUY-IN
					132		S	STATE PART B SLMB BUY-IN
H_MCDE06	300	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUN
					0		A	STATE PART A BUY-IN
					915		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					65		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,838		N	NO BUY-IN THIS MONTH
					1,038		Q	STATE PART B QMB BUY-IN
					130		S	STATE PART B SLMB BUY-IN
H_MCDE07	301	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUL
					0		A	STATE PART A BUY-IN
					906		B	STATE PART B BUY-IN
					36		C	STATE PART A AND B BUY-IN
					65		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,848		N	NO BUY-IN THIS MONTH
					1,034		Q	STATE PART B QMB BUY-IN
					133		S	STATE PART B SLMB BUY-IN
H_MCDE08	302	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR AUG
					0		A	STATE PART A BUY-IN
					907		B	STATE PART B BUY-IN
					37		C	STATE PART A AND B BUY-IN
					64		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,848		N	NO BUY-IN THIS MONTH
					1,034		Q	STATE PART B QMB BUY-IN
					132		S	STATE PART B SLMB BUY-IN
H_MCDE09	303	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR SEP
					0		A	STATE PART A BUY-IN
					897		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					64		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,858		N	NO BUY-IN THIS MONTH
					1,030		Q	STATE PART B QMB BUY-IN
					135		S	STATE PART B SLMB BUY-IN

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_MCDE10	304	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR OCT
					0		A	STATE PART A BUY-IN
					889		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					63		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,857		N	NO BUY-IN THIS MONTH
					1,034		Q	STATE PART B QMB BUY-IN
					139		S	STATE PART B SLMB BUY-IN
H_MCDE11	305	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR NOV
					0		A	STATE PART A BUY-IN
					883		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					63		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,864		N	NO BUY-IN THIS MONTH
					1,033		Q	STATE PART B QMB BUY-IN
					139		S	STATE PART B SLMB BUY-IN
H_MCDE12	306	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR DEC
					0		A	STATE PART A BUY-IN
					859		B	STATE PART B BUY-IN
					39		C	STATE PART A AND B BUY-IN
					60		D	STATE PART A AND B QMB BUY-IN
					2		E	STATE PART A AND B SLMB BUY-IN
					10,914		N	NO BUY-IN THIS MONTH
					1,017		Q	STATE PART B QMB BUY-IN
					133		S	STATE PART B SLMB BUY-IN
H_MACY01	307	3	\$MACYFMT				C	BUY-IN AGENCY FOR JAN
					10,832		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,192		000-999	STATE AGENCY CODE
H_MACY02	310	3	\$MACYFMT				C	BUY-IN AGENCY FOR FEB
					10,831		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,193		000-999	STATE AGENCY CODE
H_MACY03	313	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAR
					10,827		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,197		000-999	STATE AGENCY CODE
H_MACY04	316	3	\$MACYFMT				C	BUY-IN AGENCY FOR APR
					10,834		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,190		000-999	STATE AGENCY CODE
H_MACY05	319	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAY
					10,832		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,192		000-999	STATE AGENCY CODE

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
H_MACY06	322	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUN
				10,838			N	UNKNOWN, OR NO BUY-IN
				0			S00-S99	STATE AGENCY CODE
				2,186			000-999	STATE AGENCY CODE
H_MACY07	325	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUL
				10,848			N	UNKNOWN, OR NO BUY-IN
				0			S00-S99	STATE AGENCY CODE
				2,176			000-999	STATE AGENCY CODE
H_MACY08	328	3	\$MACYFMT				C	BUY-IN AGENCY FOR AUG
				10,848			N	UNKNOWN, OR NO BUY-IN
				0			S00-S99	STATE AGENCY CODE
				2,176			000-999	STATE AGENCY CODE
H_MACY09	331	3	\$MACYFMT				C	BUY-IN AGENCY FOR SEP
				10,857			N	UNKNOWN, OR NO BUY-IN
				0			S00-S99	STATE AGENCY CODE
				2,167			000-999	STATE AGENCY CODE
H_MACY10	334	3	\$MACYFMT				C	BUY-IN AGENCY FOR OCT
				10,857			N	UNKNOWN, OR NO BUY-IN
				0			S00-S99	STATE AGENCY CODE
				2,167			000-999	STATE AGENCY CODE
H_MACY11	337	3	\$MACYFMT				C	BUY-IN AGENCY FOR NOV
				10,864			N	UNKNOWN, OR NO BUY-IN
				0			S00-S99	STATE AGENCY CODE
				2,160			000-999	STATE AGENCY CODE
H_MACY12	340	3	\$MACYFMT				C	BUY-IN AGENCY FOR DEC
				10,914			N	UNKNOWN, OR NO BUY-IN
				0			S00-S99	STATE AGENCY CODE
				2,110			000-999	STATE AGENCY CODE
H_HOSSW	343	1	\$UTLFMT				C	1 = ONE OR MORE HOSPICE BILLS IN CY
				12,871			0	NO UTILIZATION THIS TYPE
				153			1	SOME UTILIZATION THIS TYPE
H_INPSW	344	1	\$UTLFMT				C	1 = ONE OR MORE INP DISCHARGES IN CY
				10,538			0	NO UTILIZATION THIS TYPE
				2,486			1	SOME UTILIZATION THIS TYPE
H_SNFSW	345	1	\$UTLFMT				C	1 = ONE OR MORE SNF ADMISSIONS IN CY
				12,489			0	NO UTILIZATION THIS TYPE
				535			1	SOME UTILIZATION THIS TYPE
H_HHASW	346	1	\$UTLFMT				C	1 = ONE OR MORE HHA VISITS IN CY
				11,883			0	NO UTILIZATION THIS TYPE
				1,141			1	SOME UTILIZATION THIS TYPE

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_OUTSW	347	1	\$UTLFMT				C	1 = ONE OR MORE OUTPT VISITS IN CY
					5,874		0	NO UTILIZATION THIS TYPE
					7,150		1	SOME UTILIZATION THIS TYPE
H_PBSW	348	1	\$UTLFMT				C	1 = ONE OR MORE PART B CLAIMS IN CY
					2,565		0	NO UTILIZATION THIS TYPE
					10,459		1	SOME UTILIZATION THIS TYPE
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
					10,689			MISSING
					2,335			DATE AS YYYYMMDD
H_LATDRG	385	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					10,689			UNKNOWN, OR NO DISCHARGE
					2,335		000-999	DRG
H_DISDES	388	2	\$DSTFMT				C	DISCHARGE DESTINATION FOR LAST STAY
					10,689			NO DISCHARGE
					1,313		01	DISCHARGE TO HOME
					9		02	TRANSFER-TO HOSP
					407		03	TRANSFER-TO SNF
					78		04	TRANSFER-TO ICF
					114		05	TRANSFER-OTHER
					198		06	TRANSFER TO HHA
					9		07	LAMA
					7		08	HOME IV DRUG
					0		09	ADMIT/READMIT
					0		10-19	TRANSFER-ST CODES
					198		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
					2		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

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
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H_SNFSTY	420	2					N	TOTAL SNF STAYS IN CY
H_SNFDAY	422	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	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
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_HHARMA	468	6					N	\$\$\$\$\$\$\$ TOT HHA PART A REIMB IN CY
H_HHARMB	474	6					N	\$\$\$\$\$\$\$ TOT HHA PART B REIMB IN CY
H_HSDAYS	480	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	483	6					N	\$\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	489	6					N	\$\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	495	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	498	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	504	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	510	4					N	TOTAL DURABLE MED EQUIP CLAIMS IN CY
H_PMTLIN	514	4					N	TOTAL DME LINE ITEMS IN CY
H_PMTSCH	518	6					N	\$\$\$\$\$\$\$ TOT SUBMITTED DME CHGS IN CY
H_PMTACH	524	6					N	\$\$\$\$\$\$\$ TOT ALLOWED DME CHGS IN CY
H_PMTRMB	530	6					N	\$\$\$\$\$\$\$ TOT DME REIMB IN CY
H_PMTVST	536	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	539	6					N	TOTAL OFFICE VISIT CHARGES IN CY
H_DMECLM	545	4					N	
H_DMELIN	549	4					N	
H_DMESCH	553	6					N	
H_DMEACH	559	6					N	
H_DMERMB	565	6					N	