

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

PAGE: 3
RECORD TYPE: A

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
RIC	1	1	\$RICFMT		13,024		C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
							A	RIC A - 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	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	\$LAFFMT				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	ADVANCE FILING-CURRENT PAY
				0			L2	ADVANCED FILING-WORKED INSIDE U S
				0			L3	ADVANCED FILING-INSURED WORKED IN U S
				0			N	NOT IN PAY STATUS
				0			RN	CUR PAY-PART B REINSTATED
				0			S	SUSP-DEFERRED RETIREMENT
				2			SD	SUSP-OTHER
				0			SF	SUSP-FAILS TO MEET RESIDENCE REQUIRMT
				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
H_METRO	68	1	\$METFMT				C	METRO STATUS
					3,693		N	NON-METRO AREA
					9		U	UNKNOWN
					9,322		Y	METRO AREA
H_GHPSW	69	1	\$GHPSW				C	1= SOME GROUP HEALTH PARTICIPATION IN CY
					10,822		0	NO ENROLLMENT
					2,202		1	SOME ENROLLMENT
H_PLTP01	70	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_PLPY01	72	4					N	MEDICARE PERCAP PAYMENT JAN

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_PLTP02	76	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_PLPY02	78	4					N	MEDICARE PERCAP PAYMENT FEB
H_PLTP03	82	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_PLPY03	84	4					N	MEDICARE PERCAP PAYMENT MAR
H_PLTP04	88	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_PLPY04	90	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	94	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_PLPY05	96	4					N	MEDICARE PERCAP PAYMENT MAY
H_PLTP06	100	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_PLPY06	102	4					N	MEDICARE PERCAP PAYMENT JUN
H_PLTP07	106	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_PLPY07	108	4					N	MEDICARE PERCAP PAYMENT JUL
H_PLTP08	112	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_PLPY08	114	4					N	MEDICARE PERCAP PAYMENT AUG

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
H_PLTP09	118	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_PLPY09	120	4					N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	124	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_PLPY10	126	4					N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	130	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_PLPY11	132	4					N	MEDICARE PERCAP PAYMENT NOV
H_PLTP12	136	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_PLPY12	138	4					N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	142	1	\$SWFMT				C	Y=SOME MEDICAID ELIGIBILITY FOR CY
					10,637		N	NO PARTICIPATION
					2,387		Y	SOME PARTICIPATION
H_MCDE01	143	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	144	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

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	---	-----
H_MCDE03	145	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	146	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
H_MCDE05	147	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	148	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	149	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

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-----	---	---	---	-----	-----	-----	--	-----
H_MCDE08	150	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	151	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
H_MCDE10	152	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	153	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	154	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_HOSSW	155	1	\$UTLTFMT				C	1 = ONE OR MORE HOSPICE BILLS IN CY
					12,871		0	NO UTILIZATION THIS TYPE
					153		1	SOME UTILIZATION THIS TYPE

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H_INPSW	156	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	157	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	158	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
H_OUTSW	159	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	160	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	161	6					N	\$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	167	6					N	\$\$\$\$\$\$ TOTAL PART B REIMB CY
H_LATDCH	173	8	\$DTE8FMT				C	DISCHARGE DATE OF LATEST INP STAY
					10,689			MISSING
					2,335			DATE AS YYYYMMDD
H_LATDRG	181	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					10,689			UNKNOWN, OR NO DISCHARGE
					2,335	000-999		DRG
H_DISDES	184	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	LEFT AGAINST MEDICAL ADVICE
					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

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MEDICARE CURRENT BENEFICIARY SURVEY
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

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RECORD TYPE: A

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
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H_INPSTY	186	2					N	NO. OF INPAT STAYS FOR CY
H_INPDAY	188	3					N	NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	191	6					N	\$\$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	197	6					N	\$\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	203	6					N	\$\$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPCDY	209	2					N	INPAT COINSURANCE DAYS USED IN CY
H_INPCAM	211	5					N	\$\$\$\$\$\$\$ TOTAL INP COINS AMT CY
H_SNFSTY	216	2					N	TOTAL SNF STAYS IN CY
H_SNFDAY	218	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	221	6					N	\$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	227	6					N	\$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
H_SNFRMB	233	6					N	\$\$\$\$\$\$\$ TOTAL SNF REIMB IN CY
H_SNFCDY	239	3					N	TOTAL SNF COINS DAYS IN CY
H_SNFCAM	242	6					N	\$\$\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	248	4					N	TOTAL HHA VISITS IN CY
H_HHACCH	252	6					N	\$\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	258	6					N	\$\$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMA	264	6					N	\$\$\$\$\$\$\$ TOT PART A HHA REIMB IN CY
H_HHARMB	270	6					N	\$\$\$\$\$\$\$ TOT PART B HHA REIMB IN CY
H_HSDAYS	276	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	279	6					N	\$\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	285	6					N	\$\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	291	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	294	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	300	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	306	4					N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	310	4					N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	314	6					N	\$\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	320	6					N	\$\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	326	6					N	\$\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	332	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	335	6					N	TOTAL OFFICE VISIT CHARGES IN CY

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
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H_DMECLM	341	4					N	TOTAL DURABLE MED EQUIP CLAIMS IN CY
H_DMELIN	345	4					N	TOTAL DME LINE ITEMS CY
H_DMESCH	349	6					N	\$\$\$\$\$\$\$ TOT SUBMITTED DME CHGS IN CY
H_DMEACH	355	6					N	\$\$\$\$\$\$\$ TOT ALLOWED DME CHGS IN CY
H_DMERMB	361	6					N	\$\$\$\$\$\$\$ TOT DME REIMB IN CY