

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
SERVICE SUMMARY

PAGE: 188
RECORD TYPE: SS

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
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RIC	1	2					C	RIC CODE FOR TYPE OF SERV SUMMARY RECORD
FILEYR	3	2					C	YY REFERENCE YEAR OF RECORD
BASEID	5	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTTYPE	13	2	\$EVNTTYP				C	TYPE OF EVENT
					13,024		DU	DENTAL
					13,024		FA	FACILITY
					13,024		HH	HOME HEALTH
					13,024		HP	HOSPICE
					13,024		IP	INPATIENT
					13,024		IU	INSTITUTIONAL UTILIZATION
					13,024		MP	MEDICAL PROVIDER
					13,024		OP	OUTPATIENT
					13,024		PM	PRESCRIBED MEDICINE
AAMTTOT	15	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF TOTAL EXPENDITURES
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCARE	25	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICARE
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCAID	35	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICAID
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOM	45	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MCARE HMO
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOP	55	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV HMO
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTVA	65	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF VA
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVE	75	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVI	85	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS INDV
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVU	95	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTOOP	105	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF OOP
					117,216			AMOUNT AS \$\$\$\$\$\$.CC
AAMTDISC	115	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABILITY
					117,216			AMOUNT AS \$\$\$\$\$\$.CC

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AAMTOTH	125	10	MONYFMT		117,216		N	TOS LEVEL: ADJ SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC
AEVENTS	135	4					N	TOS LEVEL: ADJ COUNT OF EVENTS
SAMTTOT	139	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF TOTAL EXPENDITURES AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	149	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF MEDICARE AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	159	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF MEDICAID AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	169	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF MCARE HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	179	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF PRIV HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	189	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	199	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF PRV INS EMPLOYER AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	209	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF PRIV INS INDV AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	219	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF PRV INS UNKNOWN AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	229	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF OOP AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	239	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF UNCOLLECTED LIABILITY AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	249	10	MONYFMT		117,216		N	TOS LEVEL: SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	259	4					N	TOS LEVEL: COUNT OF EVENTS