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MEDICARE CURRENT BENEFICIARY SURVEY
 Administrative Identification - Analytic

RIC: A2
 Page: 1
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Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				17,936			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth
				17,936			Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT				C Date of death
				17,767			Missing
				169			Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT				C Source of date of death
				17,767			No date of death
				1			01 From Medicare bill
				0			03 Clerical entry
				0			05 Bill and clerical entry
				99			10 Proven Medicare Benefits record
				5			11 Proven Medicare Benefits record & bills
				56			20 Unproven Medicare Benefits record
				8			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
				7,812			1 Male
				10,124			2 Female
H_RACE	31	1	\$RACEFMT				C Race code
				68			0 Unknown
				15,059			1 White
				1,877			2 Black
				308			3 Other
				144			4 Asian
				450			5 Hispanic
				30			6 North American Native
H_AGE	32	3	AGEFMT				N SP age based on CMS date of birth
				17,936			0-999 Age in years

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,296			1 0-44
				1,507			2 45-64
				2,981			3 65-69
				3,490			4 70-74
				3,170			5 75-79
				2,897			6 80-84
				2,595			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				607			A Part A Medicare only
				152			B Part B Medicare only
				17,173			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				606			A Part A Medicare only
				152			B Part B Medicare only
				17,174			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				601			A Part A Medicare only
				153			B Part B Medicare only
				17,177			C Parts A and B Medicare
				5			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				600			A Part A Medicare only
				153			B Part B Medicare only
				17,179			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				597			A Part A Medicare only
				153			B Part B Medicare only
				17,181			C Parts A and B Medicare
				5			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				593			A Part A Medicare only
				152			B Part B Medicare only
				17,186			C Parts A and B Medicare
				5			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				551			A Part A Medicare only
				152			B Part B Medicare only
				17,228			C Parts A and B Medicare
				5			N No Medicare entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	43	1	\$ENTFMT				C Medicare entitlement code for Aug
				548			A Part A Medicare only
				151			B Part B Medicare only
				17,232			C Parts A and B Medicare
				5			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sepr
				540			A Part A Medicare only
				152			B Part B Medicare only
				17,238			C Parts A and B Medicare
				6			N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				537			A Part A Medicare only
				152			B Part B Medicare only
				17,228			C Parts A and B Medicare
				19			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				533			A Part A Medicare only
				151			B Part B Medicare only
				17,206			C Parts A and B Medicare
				46			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				531			A Part A Medicare only
				150			B Part B Medicare only
				17,159			C Parts A and B Medicare
				96			N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT				C Medicare entitlement start date
				4			Missing
				17,932			Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C Medicare entitlement end date
				17,922			Missing
				14			Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C Medicare status code as of 12/31
				2			Unknown
				15,084			10 Aged, no ESRD
				37			11 Aged, ESRD
				2,745			20 Disabled, no ESRD
				32			21 Disabled, ESRD
				36			31 ESRD only

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	66	2	\$LAFMT				C Status of SSA check (LAF) as of 12/31
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				17,208			C Current payment status
				1			DW Deferred-Workers' Compensation
				31			D2 DEF-retirement test
				3			D3 DEF-D2 for primary
				4			D6 DEF-recover overpayment
				3			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			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
				2			SD SUSP-other
				0			SF SUSP-fails to meet residence requirement
				63			SH SUSP-government pension
				1			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				4			S0 SUSP-continuing disability investig
				42			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				7			S6 SUSP-check returned for address
				38			S7 SUSP-vocational rehab refusal
				0			S8 SUSP-payee not determined
				2			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
				134			T1 TERM-death of beneficiary
				0			T2 TERM-death of primary
				1			T3 TERM-divorce, marriage, remarriage
				1			T4 TERM-dependent child attained age 18
				0			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				2			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				377			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				3			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				9			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
				472			01 Alabama
				0			02 Alaska
				179			03 Arizona
				130			04 Arkansas
				1,810			05 California
				403			06 Colorado
				144			07 Connecticut
				1			08 Delaware
				64			09 Washington, DC
				1,016			10 Florida
				762			11 Georgia
				1			12 Hawaii
				129			13 Idaho
				739			14 Illinois
				423			15 Indiana
				391			16 Iowa
				211			17 Kansas
				223			18 Kentucky
				186			19 Louisiana
				186			20 Maine
				229			21 Maryland
				227			22 Massachusetts
				514			23 Michigan
				197			24 Minnesota
				134			25 Mississippi
				245			26 Missouri
				0			27 Montana
				1			28 Nebraska
				258			29 Nevada
				0			30 New Hampshire
				836			31 New Jersey
				168			32 New Mexico
				1,172			33 New York
				11			34 North Carolina
				89			35 North Dakota
				749			36 Ohio
				328			37 Oklahoma
				8			38 Oregon
				977			39 Pennsylvania
				247			40 Puerto Rico
				1			41 Rhode Island
				574			42 South Carolina
				0			43 South Dakota
				125			44 Tennessee
				1,178			45 Texas
				2			46 Utah
				1			47 Vermont
				0			48 Virgin Islands
				653			49 Virginia
				752			50 Washington
				140			51 West Virginia
				561			52 Wisconsin
				87			53 Wyoming
				2			54-99 Unknown
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				17,936			000-999 County code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT	17,936		00000-99999	C Postal zip code of residence as of 12/31 ZIP Code
H_CENSUS	78	2	\$CENFMT	2 559 2,985 2,986 1,134 3,450 954 1,822 1,226 2,571 247			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	4,720 0 13,216			C Metro status N Non-metro area U Unknown Y Metro area
H_HSBEG1	81	8	\$DTE8FMT	17,792 144			C Beginning date of 1st hospice period Missing Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT	17,792 144			C Ending date of 1st hospice period Missing Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT	17,877 59			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT	17,877 59			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT	17,903 33			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT	17,903 33			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT	17,916 20			C Beginning date of 4th hospice period Missing Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT	17,916			C Ending date of 4th hospice period Missing Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT	17,798			C Beginning date of ESRD period Missing Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT	17,882			C Ending date of ESRD period Missing Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW	13,810			C Some group health participation in year 0 No enrollment 1 Some enrollment
H_PARTLC	162	1	\$PARTC	17,728			C GHP - partial county switch 0 Not a partial county plan 1 Partial county plan by ZIP
H_PLTP01	163	2	\$PLNFMT	14,037			C GHP plan type for Jan No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN01	165	5	\$GHPFMT	3,847			C GHP contract number for Jan H0000-H9999 Plan Identifier N Unknown, or no plan 90091 Plan Identifier
H_PLPY01	170	4		14,037			N Medicare capitation payment for Jan
H_PNUM01	174	3		94			N Number of GHPs in bene area for Jan
H_RPNM01	177	3		137			N Number of risk plans in bene area in Jan
H_PLTP02	180	2	\$PLNFMT	14,019			C GHP plan type for Feb No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN02	182	5	\$GHPFMT	3,865			C GHP contract number for Feb H0000-H9999 Plan Identifier N Unknown, or no plan 90091 Plan Identifier
H_PLPY02	187	4		14,019			N Medicare capitation payment for Feb
H_PNUM02	191	3		52			N Number of GHPs in bene area for Feb

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H_RPNM02	194	3					N Number of risk plans in bene area in Feb
H_PLTP03	197	2	\$PLNFMT				C GHP plan type for Mar
				14,007			No enrollment for month
				94			01 Health care prepayment plan
				135			02 Cost HMO
				3,700			06 Risk HMO
H_PLAN03	199	5	\$GHPFMT				C GHP contract number for Mar
				3,877			H0000-H9999 Plan Identifier
				14,007			N Unknown, or no plan
				52			90091 Plan Identifier
H_PLPY03	204	4					N Medicare capitation payment for Mar
H_PNUM03	208	3					N Number of GHPs in bene area for 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
				14,005			No enrollment for month
				94			01 Health care prepayment plan
				123			02 Cost HMO
				3,714			06 Risk HMO
H_PLAN04	216	5	\$GHPFMT				C GHP contract number for Apr
				3,879			H0000-H9999 Plan Identifier
				14,005			N Unknown, or no plan
				52			90091 Plan Identifier
H_PLPY04	221	4					N Medicare capitation payment for Apr
H_PNUM04	225	3					N Number of GHPs in bene area for 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
				13,988			No enrollment for month
				94			01 Health care prepayment plan
				123			02 Cost HMO
				3,731			06 Risk HMO
H_PLAN05	233	5	\$GHPFMT				C GHP contract number for May
				3,896			H0000-H9999 Plan Identifier
				13,988			N Unknown, or no plan
				52			90091 Plan Identifier
H_PLPY05	238	4					N Medicare capitation payment for May
H_PNUM05	242	3					N Number of GHPs in bene area for May
H_RPNM05	245	3					N Number of risk plans in bene area in May

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP06	248	2	\$PLNFMT				C GHP plan type for Jun
				13,969			No enrollment for month
				94			01 Health care prepayment plan
				122			02 Cost HMO
				3,751			06 Risk HMO
H_PLAN06	250	5	\$GHPFMT				C GHP contract number for Jun
				3,915		H0000-H9999	Plan Identifier
				13,969			N Unknown, or no plan
				52		90091	Plan Identifier
H_PLPY06	255	4					N Medicare capitation payment for Jun
H_PNUM06	259	3					N Number of GHPs in bene area for 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
				13,954			No enrollment for month
				94			01 Health care prepayment plan
				122			02 Cost HMO
				3,766			06 Risk HMO
H_PLAN07	267	5	\$GHPFMT				C GHP contract number for Jul
				3,930		H0000-H9999	Plan Identifier
				13,954			N Unknown, or no plan
				52		90091	Plan Identifier
H_PLPY07	272	4					N Medicare capitation payment for Jul
H_PNUM07	276	3					N Number of GHPs in bene area for 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
				13,948			No enrollment for month
				94			01 Health care prepayment plan
				121			02 Cost HMO
				3,773			06 Risk HMO
H_PLAN08	284	5	\$GHPFMT				C GHP contract number for Aug
				3,936		H0000-H9999	Plan Identifier
				13,948			N Unknown, or no plan
				52		90091	Plan Identifier
H_PLPY08	289	4					N Medicare capitation payment for Aug
H_PNUM08	293	3					N Number of GHPs in bene area for Aug
H_RPNM08	296	3					N Number of risk plans in bene area in Aug

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP09	299	2	\$PLNFMT				C GHP plan type for Sep
				13,941			No enrollment for month
				94			01 Health care prepayment plan
				120			02 Cost HMO
				3,781			06 Risk HMO
H_PLAN09	301	5	\$GHPFMT				C GHP contract number for Sep
				3,943		H0000-H9999	Plan Identifier
				13,941			N Unknown, or no plan
				52		90091	Plan Identifier
H_PLPY09	306	4					N Medicare capitation payment for Sep
H_PNUM09	310	3					N Number of GHPs in bene area for 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
				13,933			No enrollment for month
				93			01 Health care prepayment plan
				120			02 Cost HMO
				3,790			06 Risk HMO
H_PLAN10	318	5	\$GHPFMT				C GHP contract number for Oct
				3,952		H0000-H9999	Plan Identifier
				13,933			N Unknown, or no plan
				51		90091	Plan Identifier
H_PLPY10	323	4					N Medicare capitation payment for Oct
H_PNUM10	327	3					N Number of GHPs in bene area for 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
				13,942			No enrollment for month
				92			01 Health care prepayment plan
				119			02 Cost HMO
				3,783			06 Risk HMO
H_PLAN11	335	5	\$GHPFMT				C GHP contract number for Nov
				3,944		H0000-H9999	Plan Identifier
				13,942			N Unknown, or no plan
				50		90091	Plan Identifier
H_PLPY11	340	4					N Medicare capitation payment for Nov
H_PNUM11	344	3					N Number of GHPs in bene area for Nov
H_RPNM11	347	3					N Number of risk plans in bene area in Nov

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H_PLTP12	350	2	\$PLNFMT				C GHP plan type for Dec
				13,969			No enrollment for month
				92			01 Health care prepayment plan
				119			02 Cost HMO
				3,756			06 Risk HMO
H_PLAN12	352	5	\$GHPFMT				C GHP contract number for Dec
				3,917		H0000-H9999	Plan Identifier
				13,969			N Unknown, or no plan
				50		90091	Plan Identifier
H_PLPY12	357	4					N Medicare capitation payment for Dec
H_PNUM12	361	3					N Number of GHPs in bene area for Dec
H_RPNM12	364	3					N Number of risk plans in bene area in Dec
H_MCSW	367	1	\$SWFMT				C Some Medicaid eligibility for the year
				14,882			N No participation
				3,054			Y Some participation
H_MCDE01	368	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				1,135			B State Part B buy-in
				51			C State Part A and B buy-in
				81			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,112			N No buy-in this month
				1,359			Q State Part B QMB buy-in
				196			S State Part B SLMB buy-in
H_MCDE02	369	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,134			B State Part B buy-in
				51			C State Part A and B buy-in
				81			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,104			N No buy-in this month
				1,366			Q State Part B QMB buy-in
				198			S State Part B SLMB buy-in
H_MCDE03	370	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,150			B State Part B buy-in
				51			C State Part A and B buy-in
				81			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,082			N No buy-in this month
				1,368			Q State Part B QMB buy-in
				202			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE04	371	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,155			B State Part B buy-in
				50			C State Part A and B buy-in
				81			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,070			N No buy-in this month
				1,373			Q State Part B QMB buy-in
				205			S State Part B SLMB buy-in
H_MCDE05	372	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,159			B State Part B buy-in
				50			C State Part A and B buy-in
				81			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,054			N No buy-in this month
				1,377			Q State Part B QMB buy-in
				213			S State Part B SLMB buy-in
H_MCDE06	373	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				1,164			B State Part B buy-in
				50			C State Part A and B buy-in
				82			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,046			N No buy-in this month
				1,374			Q State Part B QMB buy-in
				218			S State Part B SLMB buy-in
H_MCDE07	374	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				1,172			B State Part B buy-in
				50			C State Part A and B buy-in
				82			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,032			N No buy-in this month
				1,380			Q State Part B QMB buy-in
				218			S State Part B SLMB buy-in
H_MCDE08	375	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				1,178			B State Part B buy-in
				50			C State Part A and B buy-in
				83			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,014			N No buy-in this month
				1,387			Q State Part B QMB buy-in
				222			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE09	376	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				1,184			B State Part B buy-in
				50			C State Part A and B buy-in
				83			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,008			N No buy-in this month
				1,385			Q State Part B QMB buy-in
				224			S State Part B SLMB buy-in
H_MCDE10	377	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				1,199			B State Part B buy-in
				50			C State Part A and B buy-in
				83			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				14,985			N No buy-in this month
				1,390			Q State Part B QMB buy-in
				227			S State Part B SLMB buy-in
H_MCDE11	378	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				1,201			B State Part B buy-in
				51			C State Part A and B buy-in
				82			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				14,971			N No buy-in this month
				1,398			Q State Part B QMB buy-in
				231			S State Part B SLMB buy-in
H_MCDE12	379	1	\$MCDCFMT				C Medicaid eligibility for Dec
				1			A State Part A buy-in
				1,187			B State Part B buy-in
				48			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				15,008			N No buy-in this month
				1,387			Q State Part B QMB buy-in
				228			S State Part B SLMB buy-in
H_MACY01	380	3	\$MACYFMT				C Buy-in agency for Jan
				15,112			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,824			000-999 State Agency code
H_MACY02	383	3	\$MACYFMT				C Buy-in agency for Feb
				15,104			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,832			000-999 State Agency code
H_MACY03	386	3	\$MACYFMT				C Buy-in agency for Mar
				15,082			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,854			000-999 State Agency code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MACY04	389	3	\$MACYFMT				C Buy-in agency for Apr
				15,070			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,866			000-999 State Agency code
H_MACY05	392	3	\$MACYFMT				C Buy-in agency for May
				15,054			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,882			000-999 State Agency code
H_MACY06	395	3	\$MACYFMT				C Buy-in agency for Jun
				15,046			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,890			000-999 State Agency code
H_MACY07	398	3	\$MACYFMT				C Buy-in agency for Jul
				15,032			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,904			000-999 State Agency code
H_MACY08	401	3	\$MACYFMT				C Buy-in agency for Aug
				15,014			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,922			000-999 State Agency code
H_MACY09	404	3	\$MACYFMT				C Buy-in agency for Sep
				15,008			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,928			000-999 State Agency code
H_MACY10	407	3	\$MACYFMT				C Buy-in agency for Oct
				14,985			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,951			000-999 State Agency code
H_MACY11	410	3	\$MACYFMT				C Buy-in agency for Nov
				14,971			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,965			000-999 State Agency code
H_MACY12	413	3	\$MACYFMT				C Buy-in agency for Dec
				15,008			N Unknown, or no buy-in
				1			S00-S99 State Agency code
				2,927			000-999 State Agency code
H_HOSSW	416	1	\$UTLFMT				C One or more hospice bills in CY
				17,853			0 No utilization this type
				83			1 Some utilization this type

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_INPSW	417	1	\$UTLFMT	15,037 2,899			C One or more inpatient discharges in CY 0 No utilization this type 1 Some utilization this type
H_SNFSW	418	1	\$UTLFMT	17,372 564			C One or more SNF admissions in CY 0 No utilization this type 1 Some utilization this type
H_HHASW	419	1	\$UTLFMT	16,770 1,166			C 1 = one or more HHA visits in CY 0 No utilization this type 1 Some utilization this type
H_OUTSW	420	1	\$UTLFMT	8,487 9,449			C One or more outpatient visits in CY 0 No utilization this type 1 Some utilization this type
H_PBSW	421	1	\$UTLFMT	4,670 13,266			C One or more Part B claims in CY 0 No utilization this type 1 Some utilization this type
H_PTARMB	422	6					N Discharge date of latest inpatient stay
H_PTBRMB	428	6					N Total Part A reimbursement CY (\$)
H_LATDCH	434	8	\$DTE8FMT	17,571 365			C Discharge date of latest inpatient stay Missing Date as YYYYMMDD
H_LATDRG	442	3	\$DRGFMT	17,571 365			C DRG code for latest hospital stay Unknown, or no discharge 000-999 DRG
H_DISDES	445	2	\$DSTFMT	17,571 233 4 60 9 19 38 1 1 0 0 0 0 0 0 0 0 0 0 0			C Discharge dest for latest inpatient stay No discharge 01 Discharged to home 02 Transferred to hospital 03 Transferred to SNF 04 Transferred to ICF 05 Transferred to Other 06 Transferred to HHA 07 LAMA 08 Home IV drug 09 Admit/readmit 10-19 Transfer-ST codes 20 Expired 21-29 Expired-ST codes 30 Still patient 31-39 Still patient, ST 40 Expired at home 41 Died in facility 42 Died, place unknown 43-99 Not used

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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 covered 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 (\$)
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 (\$)