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COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification (Analytic)

RIC: A2
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	1	\$RICFMT	13,106 0			C RIC CODE FOR ADMIN IDENTIFICATION RECORD A RIC A - HCFA RECORD SUMMARY N RIC N - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT	13,106			C YY REFERENCE YEAR OF RECORD 99 1999 COST AND USE FILE
BASEID	4	8	\$BSIDFMT	13,106			C UNIQUE IDENTIFICATION NUMBER BASEIDS
H_DOB	12	8	\$DTE8FMT	0 13,106			C LEGAL DATE OF BIRTH MISSING DATE AS YYYYMMDD
H_DOD	20	8	\$DTE8FMT	12,380 726			C DATE OF DEATH (LAST DAY OF DEATH MONTH) MISSING DATE AS YYYYMMDD
H_DODSRC	28	2	\$SRCFMT	12,380 1 0 0 422 37 228 37 0 1			C SOURCE OF DEATH INFORMATION NO DATE OF DEATH 01 FROM MEDICARE BILL 03 CLERICAL ENTRY 05 BILL AND CLERICAL 10 PROVEN MBR 11 PROVEN MBR AND BILL 20 UNPROVEN MBR 21 UNPROVEN MBR AND BILL 23 UNPROVEN MBR AND CLERICAL 25 UNPROVEN MBR, BILL AND CLERICAL
H_SEX	30	1	\$SEXFMT	0 5,689 7,417			C SEX CODE UNKNOWN 1 MALE 2 FEMALE
H_RACE	31	1	\$RACEFMT	0 35 11,074 1,395 104 114 356 28			C RACE CODE UNKNOWN 0 UNKNOWN 1 WHITE 2 BLACK 3 OTHER 4 ASIAN 5 HISPANIC 6 N AMERICAN NATIVE
H_AGE	32	3	AGEFMT				N SSA LEGAL AGE 0-999 AGE IN YEARS

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D_STRAT	35	1	\$AGEFMT				C MCBS SAMPLE STRATUM
				0			UNKNOWN
				940			1 0-44
				1,127			2 45-64
				2,187			3 65-69
				2,561			4 70-74
				2,177			5 75-79
				2,039			6 80-84
				2,075			7 85 +
H_ENT01	36	1	\$ENTFMT				C JAN MEDICARE ENTITLEMENT
				430			A PART A MEDICARE ONLY
				116			B PART B MEDICARE ONLY
				12,243			C PART A AND B MEDICARE
				317			N NO MEDICARE ENTITLEMENT
H_ENT02	37	1	\$ENTFMT				C FEB MEDICARE ENTITLEMENT
				433			A PART A MEDICARE ONLY
				117			B PART B MEDICARE ONLY
				12,175			C PART A AND B MEDICARE
				381			N NO MEDICARE ENTITLEMENT
H_ENT03	38	1	\$ENTFMT				C MAR MEDICARE ENTITLEMENT
				432			A PART A MEDICARE ONLY
				112			B PART B MEDICARE ONLY
				12,137			C PART A AND B MEDICARE
				425			N NO MEDICARE ENTITLEMENT
H_ENT04	39	1	\$ENTFMT				C APR MEDICARE ENTITLEMENT
				436			A PART A MEDICARE ONLY
				112			B PART B MEDICARE ONLY
				12,099			C PART A AND B MEDICARE
				459			N NO MEDICARE ENTITLEMENT
H_ENT05	40	1	\$ENTFMT				C MAY MEDICARE ENTITLEMENT
				440			A PART A MEDICARE ONLY
				113			B PART B MEDICARE ONLY
				12,073			C PART A AND B MEDICARE
				480			N NO MEDICARE ENTITLEMENT
H_ENT06	41	1	\$ENTFMT				C JUN MEDICARE ENTITLEMENT
				441			A PART A MEDICARE ONLY
				112			B PART B MEDICARE ONLY
				12,036			C PART A AND B MEDICARE
				517			N NO MEDICARE ENTITLEMENT
H_ENT07	42	1	\$ENTFMT				C JUL MEDICARE ENTITLEMENT
				413			A PART A MEDICARE ONLY
				116			B PART B MEDICARE ONLY
				12,043			C PART A AND B MEDICARE
				534			N NO MEDICARE ENTITLEMENT

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	43	1	\$ENTFMT				C AUG MEDICARE ENTITLEMENT
				412			A PART A MEDICARE ONLY
				112			B PART B MEDICARE ONLY
				12,022			C PART A AND B MEDICARE
				560			N NO MEDICARE ENTITLEMENT
H_ENT09	44	1	\$ENTFMT				C SEP MEDICARE ENTITLEMENT
				406			A PART A MEDICARE ONLY
				112			B PART B MEDICARE ONLY
				11,996			C PART A AND B MEDICARE
				592			N NO MEDICARE ENTITLEMENT
H_ENT10	45	1	\$ENTFMT				C OCT MEDICARE ENTITLEMENT
				405			A PART A MEDICARE ONLY
				110			B PART B MEDICARE ONLY
				11,974			C PART A AND B MEDICARE
				617			N NO MEDICARE ENTITLEMENT
H_ENT11	46	1	\$ENTFMT				C NOV MEDICARE ENTITLEMENT
				408			A PART A MEDICARE ONLY
				109			B PART B MEDICARE ONLY
				11,936			C PART A AND B MEDICARE
				653			N NO MEDICARE ENTITLEMENT
H_ENT12	47	1	\$ENTFMT				C DEC MEDICARE ENTITLEMENT
				408			A PART A MEDICARE ONLY
				106			B PART B MEDICARE ONLY
				11,910			C PART A AND B MEDICARE
				682			N NO MEDICARE ENTITLEMENT
H_DOE	48	8	\$DTE8FMT				C ENTITLEMENT START DATE
				0			MISSING
				13,106			DATE AS YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C ENTITLEMENT END DATE
				13,061			MISSING
				45			DATE AS YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C MEDICARE STATUS CODE AS OF DEC 31
				1			UNKNOWN
				10,994			10 AGED, NO ESRD
				43			11 AGED, ESRD
				2,012			20 DISABLED, NO ESRD
				27			21 DISABLED, ESRD
				29			31 ESRD ONLY

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	66	2	\$LAFFMT				C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31
				7			UNKNOWN
				0			AD CUR PAY-ADJ FOR DUAL ENTITLEMENT
				0			AF TRANSFER TO ANOTHER PC OR DIO
				0			A9 CUR PAY-MISCELLANEOUS ADJUSTMENT
				11,948			C CURRENT PAYMENT STATUS
				1			DW DEFERRED-WORKERS COMP
				25			D2 DEF-RETIREMENT TEST
				2			D3 DEF-D2 FOR PRIMARY
				2			D6 DEF-RECOVER OVERPAYMENT
				1			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
				1			SD SUSP-OTHER
				0			SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
				40			SH SUSP-GOVERNMENT PENSION
				1			SP SUSP-PUBLIC ASSISTANCE
				4			S0 SUSP-CONTINUING DISABILITY INVESTIG
				34			S2 SUSP-FAILS RETIREMENT TEST
				1			S3 SUSP-PRIMARY ACCOUNT S2
				8			S6 SUSP-CHECK RETURNED FOR ADDRESS
				25			S7 SUSP-VOCATIONAL REHAB REFUSAL
				0			S8 SUSP-PAYEE NOT DETERMINED
				5			S9 SUSP-MISCELLANEOUS REASON
				0			TR TERM-CLAIM WITHDRAWN
				0			T0 TERM-BENEFITS PAID BY ANOTHER AGENCY
				671			T1 TERM-DEATH OF BENEFICIARY
				0			T2 TERM-DEATH OF PRIMARY
				2			T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE
				0			T5 TERM-ENTITLED ON ANOTHER ACCT
				5			T8 TERM-RECOVERY FROM DISABILITY
				0			T9 TERM-MISCELLANEOUS
				280			U ACTIVE UNINSURED STATUS (NO SSA CHECK)
				0			XR TERMINATED -
				24			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	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	68	2	\$STFMT				C SSA STATE CODE OF RESIDENCE AS OF DEC 31
				2			UNKNOWN
				350			01 AL
				0			02 AK
				116			03 AZ
				101			04 AR
				1,180			05 CA
				276			06 CO
				102			07 CT
				1			08 DE
				51			09 DC
				705			10 FL
				593			11 GA
				2			12 HI
				98			13 ID
				557			14 IL
				316			15 IN
				312			16 IA
				166			17 KS
				176			18 KY
				119			19 LA
				146			20 ME
				171			21 MD
				143			22 MA
				387			23 MI
				139			24 MN
				112			25 MS
				171			26 MO
				0			27 MT
				1			28 NE
				169			29 NV
				0			30 NH
				604			31 NJ
				111			32 NM
				867			33 NY
				10			34 NC
				72			35 ND
				533			36 OH
				270			37 OK
				7			38 OR
				675			39 PA
				198			40 PR
				0			41 RI
				456			42 SC
				0			43 SD
				103			44 TN
				881			45 TX
				3			46 UT
				0			47 VT
				0			48 VI
				517			49 VA
				535			50 WA
				101			51 WV
				439			52 WI
				60			53 WY
				2			54-99 UNKNOWN
H_RESCTY	70	3	\$CTYFMT				C SSA COUNTY CODE OF RES. AS OF DEC 31
				2			UNKNOWN
				13,104			000-999 COUNTY CODE

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT				C POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31
				2			UNKNOWN
				13,104		00000-99999	ZIP CODE
H_CENSUS	78	2	\$CENFMT				C CENSUS REGION OF RESIDENCE AS OF DEC 31
				2			UNKNOWN
				2			** UNKNOWN
				391			01 NEW ENGLAND
				2,146			02 MIDDLE ATLANTIC
				2,232			03 EAST NORTH CENTRAL
				861			04 WEST NORTH CENTRAL
				2,605			05 SOUTH ATLANTIC
				741			06 EAST SOUTH CENTRAL
				1,371			07 WEST SOUTH CENTRAL
				833			08 MOUNTAIN
				1,724			09 PACIFIC
				198			10 PUERTO RICO
H_METRO	80	1	\$METFMT				C METRO STATUS
				3,671			N NON-METRO AREA
				2			U UNKNOWN
				9,433			Y METRO AREA
H_HSBEG1	81	8	\$DTE8FMT				C BEGINNING DATE OF LATEST HOSPICE PERIOD
				12,730			MISSING
				376			DATE AS YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT				C ENDING DATE OF LATEST HOSPIC PERIOD
				12,730			MISSING
				376			DATE AS YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT				C BEGINNING DATE OF 2ND HOSPICE PERIOD
				13,030			MISSING
				76			DATE AS YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT				C ENDING DATE OF 2ND HOSPICE PERIOD
				13,030			MISSING
				76			DATE AS YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT				C BEGINNING DATE OF 3RD HOSPICE PERIOD
				13,068			MISSING
				38			DATE AS YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT				C ENDING DATE OF 3RD HOSPICE PERIOD
				13,068			MISSING
				38			DATE AS YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT				C BEGINNING DATE OF 4TH HOSPICE PERIOD
				13,079			MISSING
				27			DATE AS YYYYMMDD

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT				C ENDING DATE OF 4TH HOSPICE PERIOD
				13,079			MISSING
				27			DATE AS YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT				C BEGINNING DATE OF ESRD PERIOD
				12,967			MISSING
				139			DATE AS YYYYMMDD
H_ESREND	153	8	\$DTE8FMT				C ENDING DATE OF ESRD PERIOD
				13,029			MISSING
				77			DATE AS YYYYMMDD
H_GHPSW	161	1	\$GHPSW				C 1= SOME GROUP HEALTH PARTICIPATION IN CY
				10,779			0 NO ENROLLMENT
				2,327			1 SOME ENROLLMENT
H_PLTP01	162	2	\$PLNFMT				C GHP PLAN TYPE JAN
				10,990			NO ENROLLMENT FOR MONTH
				46			01 HCPP
				81			02 COST HMO
				1,989			06 RISK HMO
H_PLAN01	164	5	\$GHPFMT				C GHP CONTRACT NUMBER JAN
				2,088			H0000-H9999 PLAN IDENTIFIER
				10,990			N UNKNOWN, OR NO PLAN
				28			90091 PLAN IDENTIFIER
H_PLPY01	169	4					N MEDICARE PERCAP PAYMENT JAN
H_PLTP02	173	2	\$PLNFMT				C GHP PLAN TYPE FEB
				10,976			NO ENROLLMENT FOR MONTH
				47			01 HCPP
				81			02 COST HMO
				2,002			06 RISK HMO
H_PLAN02	175	5	\$GHPFMT				C GHP CONTRACT NUMBER FEB
				2,102			H0000-H9999 PLAN IDENTIFIER
				10,976			N UNKNOWN, OR NO PLAN
				28			90091 PLAN IDENTIFIER
H_PLPY02	180	4					N MEDICARE PERCAP PAYMENT FEB
H_PLTP03	184	2	\$PLNFMT				C GHP PLAN TYPE MAR
				10,974			NO ENROLLMENT FOR MONTH
				47			01 HCPP
				80			02 COST HMO
				2,005			06 RISK HMO
H_PLAN03	186	5	\$GHPFMT				C GHP CONTRACT NUMBER MAR
				2,104			H0000-H9999 PLAN IDENTIFIER
				10,974			N UNKNOWN, OR NO PLAN
				28			90091 PLAN IDENTIFIER

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLPY03	191	4					N MEDICARE PERCAP PAYMENT MAR
H_PLTP04	195	2	\$PLNFMT				C GHP PLAN TYPE APR
				10,971			NO ENROLLMENT FOR MONTH
				47			01 HCPP
				74			02 COST HMO
				2,014			06 RISK HMO
H_PLAN04	197	5	\$GHPFMT				C GHP CONTRACT NUMBER APR
				2,107			
				10,971	H0000-H9999		PLAN IDENTIFIER
				28			N UNKNOWN, OR NO PLAN
					90091		PLAN IDENTIFIER
H_PLPY04	202	4					N MEDICARE PERCAP PAYMENT APR
H_PLTP05	206	2	\$PLNFMT				C GHP PLAN TYPE MAY
				10,961			NO ENROLLMENT FOR MONTH
				46			01 HCPP
				74			02 COST HMO
				2,025			06 RISK HMO
H_PLAN05	208	5	\$GHPFMT				C GHP CONTRACT NUMBER MAY
				2,118			
				10,961	H0000-H9999		PLAN IDENTIFIER
				27			N UNKNOWN, OR NO PLAN
					90091		PLAN IDENTIFIER
H_PLPY05	213	4					N MEDICARE PERCAP PAYMENT MAY
H_PLTP06	217	2	\$PLNFMT				C GHP PLAN TYPE JUN
				10,956			NO ENROLLMENT FOR MONTH
				46			01 HCPP
				73			02 COST HMO
				2,031			06 RISK HMO
H_PLAN06	219	5	\$GHPFMT				C GHP CONTRACT NUMBER JUN
				2,123			
				10,956	H0000-H9999		PLAN IDENTIFIER
				27			N UNKNOWN, OR NO PLAN
					90091		PLAN IDENTIFIER
H_PLPY06	224	4					N MEDICARE PERCAP PAYMENT JUN
H_PLTP07	228	2	\$PLNFMT				C GHP PLAN TYPE JUL
				10,947			NO ENROLLMENT FOR MONTH
				44			01 HCPP
				73			02 COST HMO
				2,042			06 RISK HMO
H_PLAN07	230	5	\$GHPFMT				C GHP CONTRACT NUMBER JUL
				2,134			
				10,947	H0000-H9999		PLAN IDENTIFIER
				25			N UNKNOWN, OR NO PLAN
					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
				10,946			NO ENROLLMENT FOR MONTH
				44			01 HCPP
				72			02 COST HMO
				2,044			06 RISK HMO
H_PLAN08	241	5	\$GHPFMT				C GHP CONTRACT NUMBER AUG
				2,135		H0000-H9999	PLAN IDENTIFIER
				10,946			N UNKNOWN, OR NO PLAN
				25		90091	PLAN IDENTIFIER
H_PLPY08	246	4					N MEDICARE PERCAP PAYMENT AUG
H_PLTP09	250	2	\$PLNFMT				C GHP PLAN TYPE SEP
				10,939			NO ENROLLMENT FOR MONTH
				44			01 HCPP
				72			02 COST HMO
				2,051			06 RISK HMO
H_PLAN09	252	5	\$GHPFMT				C GHP CONTRACT NUMBER SEP
				2,142		H0000-H9999	PLAN IDENTIFIER
				10,939			N UNKNOWN, OR NO PLAN
				25		90091	PLAN IDENTIFIER
H_PLPY09	257	4					N MEDICARE PERCAP PAYMENT SEP
H_PLTP10	261	2	\$PLNFMT				C GHP PLAN TYPE OCT
				10,943			NO ENROLLMENT FOR MONTH
				43			01 HCPP
				71			02 COST HMO
				2,049			06 RISK HMO
H_PLAN10	263	5	\$GHPFMT				C GHP CONTRACT NUMBER OCT
				2,138		H0000-H9999	PLAN IDENTIFIER
				10,943			N UNKNOWN, OR NO PLAN
				25		90091	PLAN IDENTIFIER
H_PLPY10	268	4					N MEDICARE PERCAP PAYMENT OCT
H_PLTP11	272	2	\$PLNFMT				C GHP PLAN TYPE NOV
				10,957			NO ENROLLMENT FOR MONTH
				42			01 HCPP
				70			02 COST HMO
				2,037			06 RISK HMO
H_PLAN11	274	5	\$GHPFMT				C GHP CONTRACT NUMBER NOV
				2,125		H0000-H9999	PLAN IDENTIFIER
				10,957			N UNKNOWN, OR NO PLAN
				24		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
				10,966			NO ENROLLMENT FOR MONTH
				42			01 HCPP
				70			02 COST HMO
				2,028			06 RISK HMO
H_PLAN12	285	5	\$GHPFMT				C GHP CONTRACT NUMBER DEC
				2,116		H0000-H9999	PLAN IDENTIFIER
				10,966			N UNKNOWN, OR NO PLAN
				24		90091	PLAN IDENTIFIER
H_PLPY12	290	4					N MEDICARE PERCAP PAYMENT DEC
H_MCSW	294	1	\$SWFMT				C Y=SOME MEDICAID ELIGIBILITY FOR CY
				10,684			N NO PARTICIPATION
				2,422			Y SOME PARTICIPATION
H_MCDE01	295	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR JAN
				0			A STATE PART A BUY-IN
				893			B STATE PART B BUY-IN
				40			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
				10,907			N NO BUY-IN THIS MONTH
				1,051			Q STATE PART B QMB BUY-IN
				156			S STATE PART B SLMB BUY-IN
H_MCDE02	296	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR FEB
				0			A STATE PART A BUY-IN
				887			B STATE PART B BUY-IN
				40			C STATE PART A AND B BUY-IN
				56			D STATE PART A AND B QMB BUY-IN
				2			E STATE PART A AND B SLMB BUY-IN
				10,913			N NO BUY-IN THIS MONTH
				1,049			Q STATE PART B QMB BUY-IN
				159			S STATE PART B SLMB BUY-IN
H_MCDE03	297	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR MAR
				0			A STATE PART A BUY-IN
				895			B STATE PART B BUY-IN
				40			C STATE PART A AND B BUY-IN
				56			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,906			N NO BUY-IN THIS MONTH
				1,042			Q STATE PART B QMB BUY-IN
				164			S STATE PART B SLMB BUY-IN
H_MCDE04	298	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR APR
				0			A STATE PART A BUY-IN
				897			B STATE PART B BUY-IN
				39			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,908			N NO BUY-IN THIS MONTH
				1,040			Q STATE PART B QMB BUY-IN
				164			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
				898			B STATE PART B BUY-IN
				38			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,908			N NO BUY-IN THIS MONTH
				1,036			Q STATE PART B QMB BUY-IN
				168			S STATE PART B SLMB BUY-IN
H_MCDE06	300	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR JUN
				0			A STATE PART A BUY-IN
				890			B STATE PART B BUY-IN
				38			C STATE PART A AND B BUY-IN
				56			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,925			N NO BUY-IN THIS MONTH
				1,026			Q STATE PART B QMB BUY-IN
				168			S STATE PART B SLMB BUY-IN
H_MCDE07	301	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR JUL
				0			A STATE PART A BUY-IN
				895			B STATE PART B BUY-IN
				38			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,928			N NO BUY-IN THIS MONTH
				1,020			Q STATE PART B QMB BUY-IN
				167			S STATE PART B SLMB BUY-IN
H_MCDE08	302	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR AUG
				0			A STATE PART A BUY-IN
				897			B STATE PART B BUY-IN
				38			C STATE PART A AND B BUY-IN
				56			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,925			N NO BUY-IN THIS MONTH
				1,021			Q STATE PART B QMB BUY-IN
				166			S STATE PART B SLMB BUY-IN
H_MCDE09	303	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR SEP
				0			A STATE PART A BUY-IN
				900			B STATE PART B BUY-IN
				39			C STATE PART A AND B BUY-IN
				56			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,923			N NO BUY-IN THIS MONTH
				1,021			Q STATE PART B QMB BUY-IN
				164			S STATE PART B SLMB BUY-IN

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE10	304	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR OCT
				0			A STATE PART A BUY-IN
				907			B STATE PART B BUY-IN
				39			C STATE PART A AND B BUY-IN
				56			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,915			N NO BUY-IN THIS MONTH
				1,019			Q STATE PART B QMB BUY-IN
				167			S STATE PART B SLMB BUY-IN
H_MCDE11	305	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR NOV
				0			A STATE PART A BUY-IN
				904			B STATE PART B BUY-IN
				40			C STATE PART A AND B BUY-IN
				56			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,911			N NO BUY-IN THIS MONTH
				1,022			Q STATE PART B QMB BUY-IN
				170			S STATE PART B SLMB BUY-IN
H_MCDE12	306	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR DEC
				1			A STATE PART A BUY-IN
				895			B STATE PART B BUY-IN
				37			C STATE PART A AND B BUY-IN
				49			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,944			N NO BUY-IN THIS MONTH
				1,011			Q STATE PART B QMB BUY-IN
				166			S STATE PART B SLMB BUY-IN
H_MACY01	307	3	\$MACYFMT				C BUY-IN AGENCY FOR JAN
				10,907			N UNKNOWN, OR NO BUY-IN
				0		S00-S99	STATE AGENCY CODE
				2,199		000-999	STATE AGENCY CODE
H_MACY02	310	3	\$MACYFMT				C BUY-IN AGENCY FOR FEB
				10,913			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
				10,906			N UNKNOWN, OR NO BUY-IN
				0		S00-S99	STATE AGENCY CODE
				2,200		000-999	STATE AGENCY CODE
H_MACY04	316	3	\$MACYFMT				C BUY-IN AGENCY FOR APR
				10,908			N UNKNOWN, OR NO BUY-IN
				0		S00-S99	STATE AGENCY CODE
				2,198		000-999	STATE AGENCY CODE
H_MACY05	319	3	\$MACYFMT				C BUY-IN AGENCY FOR MAY
				10,908			N UNKNOWN, OR NO BUY-IN
				0		S00-S99	STATE AGENCY CODE
				2,198		000-999	STATE AGENCY CODE

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MACY06	322	3	\$MACYFMT				C BUY-IN AGENCY FOR JUN
				10,925			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,181			000-999 STATE AGENCY CODE
H_MACY07	325	3	\$MACYFMT				C BUY-IN AGENCY FOR JUL
				10,928			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,178			000-999 STATE AGENCY CODE
H_MACY08	328	3	\$MACYFMT				C BUY-IN AGENCY FOR AUG
				10,925			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,181			000-999 STATE AGENCY CODE
H_MACY09	331	3	\$MACYFMT				C BUY-IN AGENCY FOR SEP
				10,923			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,183			000-999 STATE AGENCY CODE
H_MACY10	334	3	\$MACYFMT				C BUY-IN AGENCY FOR OCT
				10,914			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,192			000-999 STATE AGENCY CODE
H_MACY11	337	3	\$MACYFMT				C BUY-IN AGENCY FOR NOV
				10,911			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,195			000-999 STATE AGENCY CODE
H_MACY12	340	3	\$MACYFMT				C BUY-IN AGENCY FOR DEC
				10,944			N UNKNOWN, OR NO BUY-IN
				1			S00-S99 STATE AGENCY CODE
				2,161			000-999 STATE AGENCY CODE
H_HOSSW	343	1	\$UTL FMT				C 1 = ONE OR MORE HOSPICE BILLS IN CY
				12,929			0 NO UTILIZATION THIS TYPE
				177			1 SOME UTILIZATION THIS TYPE
H_INPSW	344	1	\$UTL FMT				C 1 = ONE OR MORE INP DISCHARGES IN CY
				10,644			0 NO UTILIZATION THIS TYPE
				2,462			1 SOME UTILIZATION THIS TYPE
H_SNFSW	345	1	\$UTL FMT				C 1 = ONE OR MORE SNF ADMISSIONS IN CY
				12,563			0 NO UTILIZATION THIS TYPE
				543			1 SOME UTILIZATION THIS TYPE
H_HHASW	346	1	\$UTL FMT				C 1 = ONE OR MORE HHA VISITS IN CY
				12,125			0 NO UTILIZATION THIS TYPE
				981			1 SOME UTILIZATION THIS TYPE

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_OUTSW	347	1	\$UTLFMT				C 1 = ONE OR MORE OUTPT VISITS IN CY
				5,864			0 NO UTILIZATION THIS TYPE
				7,242			1 SOME UTILIZATION THIS TYPE
H_PBSW	348	1	\$UTLFMT				C 1 = ONE OR MORE PART B CLAIMS IN CY
				3,013			0 NO UTILIZATION THIS TYPE
				10,093			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
				12,725			MISSING
				381			DATE AS YYYYMMDD
H_LATDRG	385	3	\$DRGFMT				C DRG CODE FOR LATEST INP STAY
				12,725			UNKNOWN, OR NO DISCHARGE
				381		000-999	DRG
H_DISDES	388	2	\$DSTFMT				C DISCHARGE DESTINATION FOR LAST STAY
				12,725			NO DISCHARGE
				202			01 DISCHARGE TO HOME
				3			02 TRANSFER-TO HOSP
				69			03 TRANSFER-TO SNF
				11			04 TRANSFER-TO ICF
				22			05 TRANSFER-OTHER
				34			06 TRANSFER TO HHA
				0			07 LAMA
				1			08 HOME IV DRUG
				0			09 ADMIT/READMIT
				0		10-19	TRANSFER-ST CODES
				37		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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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_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 PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	514	4					N TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	518	6					N \$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	524	6					N \$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	530	6					N \$\$\$\$\$\$ TOT PHYS REIMB 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 TOTAL DURABLE MED EQUIP CLAIMS IN CY
H_DMELIN	549	4					N TOTAL DME LINE ITEMS IN CY
H_DMESCH	553	6					N \$\$\$\$\$\$ TOT SUBMITTED DME CHGS IN CY
H_DMEACH	559	6					N \$\$\$\$\$\$ TOT ALLOWED DME CHGS IN CY
H_DMERMB	565	6					N \$\$\$\$\$\$ TOT DME REIMB IN CY