

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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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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

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 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
				1			SD SUSP-OTHER
				0			SF SUSP-FAILS TO MEET RESIDENCE REQUIREMNT
				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
H_METRO	68	1	\$METFMT				C METRO STATUS
				3,671			N NON-METRO AREA
				2			U UNKNOWN
				9,433			Y METRO AREA
H_GHPSW	69	1	\$GHPSW				C 1= SOME GROUP HEALTH PARTICIPATION IN CY
				10,779			0 NO ENROLLMENT
				2,327			1 SOME ENROLLMENT
H_PLTP01	70	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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLPY01	72	4					N MEDICARE PERCAP PAYMENT JAN
H_PLTP02	76	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_PLPY02	78	4					N MEDICARE PERCAP PAYMENT FEB
H_PLTP03	82	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_PLPY03	84	4					N MEDICARE PERCAP PAYMENT MAR
H_PLTP04	88	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_PLPY04	90	4					N MEDICARE PERCAP PAYMENT APR
H_PLTP05	94	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_PLPY05	96	4					N MEDICARE PERCAP PAYMENT MAY
H_PLTP06	100	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_PLPY06	102	4					N MEDICARE PERCAP PAYMENT JUN
H_PLTP07	106	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_PLPY07	108	4					N MEDICARE PERCAP PAYMENT JUL
H_PLTP08	112	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

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H_PLPY08	114	4					N MEDICARE PERCAP PAYMENT AUG
H_PLTP09	118	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_PLPY09	120	4					N MEDICARE PERCAP PAYMENT SEP
H_PLTP10	124	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_PLPY10	126	4					N MEDICARE PERCAP PAYMENT OCT
H_PLTP11	130	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_PLPY11	132	4					N MEDICARE PERCAP PAYMENT NOV
H_PLTP12	136	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_PLPY12	138	4					N MEDICARE PERCAP PAYMENT DEC
H_MCSW	142	1	\$SWFMT				C Y=SOME MEDICAID ELIGIBILITY FOR CY
				10,684			N NO PARTICIPATION
				2,422			Y SOME PARTICIPATION
H_MCDE01	143	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

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H_MCDE02	144	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	145	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	146	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
H_MCDE05	147	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	148	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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE07	149	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	150	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	151	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
H_MCDE10	152	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	153	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

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H_MCDE12	154	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_HOSSW	155	1	\$UTLFMT				C 1 = ONE OR MORE HOSPICE BILLS IN CY
				12,929			0 NO UTILIZATION THIS TYPE
				177			1 SOME UTILIZATION THIS TYPE
H_INPSW	156	1	\$UTLFMT				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	157	1	\$UTLFMT				C 1 = ONE OR MORE SNF ADMISSIONS IN CY
				12,563			0 NO UTILIZATION THIS TYPE
				543			1 SOME UTILIZATION THIS TYPE
H_HHASW	158	1	\$UTLFMT				C 1 = ONE OR MORE HHA VISITS IN CY
				12,125			0 NO UTILIZATION THIS TYPE
				981			1 SOME UTILIZATION THIS TYPE
H_OUTSW	159	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	160	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	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
				12,725			MISSING
				381			DATE AS YYYYMMDD
H_LATDRG	181	3	\$DRGFMT				C DRG CODE FOR LATEST INP STAY
				12,725			UNKNOWN, OR NO DISCHARGE
				381			000-999 DRG

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H_DISDES	184	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 LEFT AGAINST MEDICAL ADVICE
				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	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_SNFCCH	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

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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
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