

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Event

RIC: FAE
Page: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	3					C RIC CODE FOR FACILITY EVENT RECORD
FILEYR	4	2					C YY REFERENCE YEAR OF RECORD
BASEID	6	8					C UNIQUE IDENTIFICATION NUMBER
STAYNUM	14	1					N STAY NUMBER FOR THE YEAR
REFBEGYY	15	2					N REF DATE BEGIN YEAR
REFBEGMM	17	2					N REF DATE BEGIN MONTH
REFBEGDD	19	2					N REF DATE BEGIN DAY
REFENDYY	21	2					N REF DATE END YEAR
REFENDMM	23	2					N REF DATE END MONTH
REFENDDD	25	2					N REF DATE END DAY
ADMISYY	27	2					N ADMISSION DATE YEAR
ADMISMM	29	2					N ADMISSION DATE MONTH
ADMISDD	31	2					N ADMISSION DATE DAY
DISCHYY	33	2					N PERMANENT DISCH DATE YEAR
DISCHMM	35	2					N PERMANENT DISCH DATE MONTH
DISCHDD	37	2					N PERMANENT DISCH DATE DAY
STAYDAYS	39	3					N NUMBER OF DAYS IN STAY
FACILID	42	6					C FACILITY ID + PSU NUMBER
NOTE: VARIABLE IS APPLICABLE ONLY TO FACILITY INTERVIEWS							
FACDESC	48	2	FACFMT				N FACILITY DESCRIPTION
				37			1 HOSPITAL
				891			2 NURSING HOME
				12			3 RETIREMENT HOME
				115			4 DOMI/PER CARE FAC
				17			5 MENTAL HLTH FACILITY
				47			6 INST FOR MR/DEV DISA
				0			7 MENTAL HLTH CNTR
				93			8 LIFE CARE/CONT CARE
				116			9 ASSISTED LIVING FAC
				5			10 REHAB FACILITY
				3			91 OTHER PLACE (SPEC)
BEGSTAT	50	1	\$BEGSTAT				C STATUS AT BEGINNING OF STAY
				1			- DON'T KNOW
				952			0 CONTINUING SP
				131			1 FIRST TIME SP FROM HOME
				128			2 FIRST TIME SP FROM HOSP
				54			3 FIRST TIME SP FROM NH
				5			5 2ND STAY 30-DAY SPLIT (IN HOSP)
				4			6 2ND STAY 30-DAY SPLIT (DISCH)
				58			7 FIRST TIME SP FROM OTH FAC
				3			9 UNKNOWN REASON

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Event

RIC: FAE
Page: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
ENDSTAT	51	1	\$ENDSTAT				C STATUS AT END OF STAY
				2			- DON'T KNOW
				924			0 SP STILL A RESIDENT
				41			1 SP WAS DISCHARGED HOME
				63			2 SP WAS DISCHARGED TO HOSP
				35			3 SP WAS DISCHARGED TO OTH FAC
				225			4 SP DIED IN FAC
				5			5 STAY SPLIT BY 30-DAY HOSP
				2			6 STAY SPLIT BY 30-DAY DISCH
				33			7 SP WAS DISCHARGED TO OTH FAC
				6			9 UNKNOWN REASON FOR END OF STAY
AMTTOT	52	9					N TOTAL PAYMENT
AMTCARE	61	9					N AMOUNT PAID BY MEDICARE
AMTCAID	70	9					N AMOUNT PAID BY MEDICAID
AMTVA	79	9					N AMOUNT PAID BY VETERANS ADM
AMTPRVU	88	9					N AMOUNT PAID BY PRIV INS (UNKNOWN)
AMTOOP	97	9					N AMOUNT PAID BY PERSON/FAMILY
AMTOTH	106	9					N AMOUNT PAID BY OTHER SOURCES
ANCITOT	115	9					N ANCILLARY TOTAL PAYMENT
ANCICARE	124	9					N ANCILLARY AMT PAID BY MEDICARE
ANCICAID	133	9					N ANCILLARY AMT PAID BY MEDICAID
ANCIVA	142	9					N ANCILLARY AMT PAID BY VETERANS ADM
ANCIPRVU	151	9					N ANCILLARY AMT PAID BY PRIV INS
ANCIOOP	160	9					N ANCILLARY AMT PAID BY PERSON/FAMILY
ANCIOTH	169	9					N ANCILLARY AMT PAID BY OTHER SOURCES
TOTCARE	178	9					N AMT PAID BY MEDICARE FOR ALL SERVICES
TOTALL	187	9					N AMT ALL TOTAL (INC. MCARE SERVICES)
DENTNUM	196	3					N NUMBER OF DENTAL VISITS
EMNUM	199	3					N NUMBER OF EMERGENCY ROOM VISITS
OPNUM	202	3					N NUMBER OF CLINIC/OUTPATIENT VISITS
MDNUM	205	3					N NUMBER OF MEDICAL DOCTOR VISITS
MHNUMVIS	208	3					N NUMBER OF MENTAL HEALTH PROFESS. VISITS
MHNUMVIS	208	3					N NUMBER OF MENTAL HEALTH PROFESS. VISITS
DIETFLG	211	2	MOSTFMT				N TYPE OF HP: DIETICIAN
				390			1 YES
				946			2 NO

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Event

RIC: FAE
Page: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
OPTHLFLG	213	2	MOSTFMT				N TYPE OF MD: OPHTHALMOLOGIST
				103			1 YES
				1,233			2 NO
OPTOMFLG	215	2	MOSTFMT				N TYPE OF HP: OPTOMETRIST
				86			1 YES
				1,250			2 NO
PODIAFLG	217	2	MOSTFMT				N TYPE OF HP: PODIATRIST
				768			1 YES
				568			2 NO
EDHABFLG	219	2	MOSTFMT				N RECEIVED EDUC./HABILITATIONAL SERVICES
				1			-9 NOT ASCERTAINED
				4			-8 DON'T KNOW
				328			1 YES
				1,003			2 NO
HABFLG	221	2	MOSTFMT				N RECEIVED HABILITATIONAL SERVICES
				1			-9 NOT ASCERTAINED
				4			-8 DON'T KNOW
				310			1 YES
				1,021			2 NO
EDUCFLG	223	2	MOSTFMT				N RECEIVED EDUCATIONAL SERVICES
				1			-9 NOT ASCERTAINED
				4			-8 DON'T KNOW
				189			1 YES
				1,142			2 NO
AMBUSERV	225	2	MOSTFMT				N USED AMBULANCE SERVICE
				391			1 YES
				945			2 NO
BEDPADS	227	2	MOSTFMT				N RECEIVED BEDPEDS
				733			1 YES
				603			2 NO
CATHETER	229	2	MOSTFMT				N RECEIVED CATHETER/CATHETER SUPPLIES
				208			1 YES
				1,128			2 NO
CATHIRRI	231	2	MOSTFMT				N CATHETERIZATION AND IRRIGATION
				199			1 YES
				1,137			2 NO
CHNGBAND	233	2	MOSTFMT				N APPLY/CHANGE DRESSINGS
				518			1 YES
				818			2 NO

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Event

RIC: FAE
Page: 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
CLOTHDPR	235	2	MOSTFMT				N RECEIVED CLOTH DIAPERS
				226			1 YES
				1,110			2 NO
COMMODE	237	2	MOSTFMT				N RECEIVED BEDSIDE COMMODE
				110			1 YES
				1,226			2 NO
DIABSUPP	239	2	MOSTFMT				N USED DIABETIC SUPPLIES
				205			1 YES
				1,131			2 NO
DIAPRSUP	241	2	MOSTFMT				N USED DISPOSABLE DIAPERS
				758			1 YES
				578			2 NO
EQUIPSUP	243	2	MOSTFMT				N USED EQUIPMENT OR SUPPLIES
				12			1 YES
				1,324			2 NO
EYEGGLASS	245	2	MOSTFMT				N USED EYEGLASSES
				155			1 YES
				1,181			2 NO
FEEDSERV	247	2	MOSTFMT				N FEEDING SERVICES
				415			1 YES
				921			2 NO
FEEDSUPP	249	2	MOSTFMT				N RECEIVED FEEDING SUPPLIES
				116			1 YES
				1,220			2 NO
GERCHAIR	251	2	MOSTFMT				N RECEIVED GERI CHAIR
				121			1 YES
				1,215			2 NO
GTUBESUP	253	2	MOSTFMT				N RECEIVED GTUBE AND SUPPLIES
				106			1 YES
				1,230			2 NO
GTUBEUSE	255	2	MOSTFMT				N GTUBE USE AND CARE
				108			1 YES
				1,228			2 NO
HEARAID	257	2	MOSTFMT				N USED HEARING AID
				46			1 YES
				1,290			2 NO

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Event

RIC: **FAE**
Page: 5

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
HOSPBED	259	2	MOSTFMT				N RECEIVED HOSPITAL BED
				326			1 YES
				1,010			2 NO
HOTPACKS	261	2	MOSTFMT				N APPLYING/MONITORING HOTPACKS
				56			1 YES
				1,280			2 NO
INCNCARE	263	2	MOSTFMT				N INCONTINENCE CARE
				822			1 YES
				514			2 NO
INJECTION	265	2	MOSTFMT				N RECEIVED INJECTIONS
				496			1 YES
				840			2 NO
IVSUPP	267	2	MOSTFMT				N RECEIVED IV SUPPLIES
				74			1 YES
				1,262			2 NO
IVUSE	269	2	MOSTFMT				N IV USE AND CARE
				75			1 YES
				1,261			2 NO
MATTRESS	271	2	MOSTFMT				N RECEIVED SPECIAL MATTRESS
				464			1 YES
				872			2 NO
NEBULIZR	273	2	MOSTFMT				N Received nebulizer
				97			1 YES
				1,239			2 NO
ORTHITEM	275	2	MOSTFMT				N USED ORTHOPEDIC ITEMS
				192			1 YES
				1,144			2 NO
OSTOMSUP	277	2	MOSTFMT				N USED OSTOMY SUPPLIES
				46			1 YES
				1,290			2 NO
OXYGEN	279	2	MOSTFMT				N USED OXYGEN
				246			1 YES
				1,090			2 NO
PACEMCHK	281	2	MOSTFMT				N Pacemaker check
				27			1 YES
				1,309			2 NO

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Event

RIC: FAE
Page: 6

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PROSTHES	283	2	MOSTFMT				N USED PROSTHESIS
				4			1 YES
				1,332			2 NO
RESTRAIN	285	2	MOSTFMT				N RECEIVED RESTRAINTS
				323			1 YES
				1,013			2 NO
SKINSERV	287	2	MOSTFMT				N Skin treatments
				738			1 YES
				598			2 NO
SUCTSERV	289	2	MOSTFMT				N Suctioning
				56			1 YES
				1,280			2 NO
SUCTSUPP	291	2	MOSTFMT				N Received suction machine and supplies
				55			1 YES
				1,281			2 NO
TEDHOSE	293	2	MOSTFMT				N Received ted hose and supplies
				131			1 YES
				1,205			2 NO
TUBEFEED	295	2	MOSTFMT				N RECEIVED TUBE FEEDING
				128			1 YES
				1,208			2 NO
TUBEFEED	297	2	MOSTFMT				N RECEIVED TUBE FEEDING
				128			1 YES
				1,208			2 NO
TURNPOS	299	2	MOSTFMT				N RECEIVED TURNING AND POSITIONING
				687			1 YES
				649			2 NO
WHEEWALK	301	2	MOSTFMT				N RECEIVED WHEELCHAIR/WALKER
				508			1 YES
				828			2 NO