

12/30/04  
 ACCESS  
 2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Administrative Identification

RIC: A  
 Page: 1  
 Version: 2

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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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	16,003			C Unique SP Identification Number LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT	16,003			C Date of birth Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT	15,825 178			C Date of death Missing Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT	15,825 1 0 0 103 11 51 12 0 0			C Source of date of death No date of death 01 From Medicare bill 03 Clerical entry 05 Bill and clerical entry 10 Proven Medicare Benefits record 11 Proven Medicare Benefits record & bills 20 Unproven Medicare Benefits record 21 Unproven Mcare Benefits record & bills 23 Unproven Mcare Benefits rec & clerical 25 Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT	7,091 8,912			C Sex code 1 Male 2 Female
H_RACE	31	1	\$RACEFMT	31 13,560 1,599 172 176 395 70			C Race code 0 Unknown 1 White 2 Black 3 Other 4 Asian 5 Hispanic 6 North American Native
H_AGE	32	3	AGEFMT	16,003			N SP age based on CMS date of birth Age in years

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,305			1 0-44
				1,364			2 45-64
				2,709			3 65-69
				2,758			4 70-74
				2,749			5 75-79
				2,647			6 80-84
				2,471			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				540			A Part A Medicare only
				145			B Part B Medicare only
				15,317			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				537			A Part A Medicare only
				145			B Part B Medicare only
				15,320			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				538			A Part A Medicare only
				145			B Part B Medicare only
				15,319			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				538			A Part A Medicare only
				145			B Part B Medicare only
				15,320			C Parts A and B Medicare
				0			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				540			A Part A Medicare only
				145			B Part B Medicare only
				15,318			C Parts A and B Medicare
				0			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				535			A Part A Medicare only
				144			B Part B Medicare only
				15,324			C Parts A and B Medicare
				0			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				504			A Part A Medicare only
				142			B Part B Medicare only
				15,357			C Parts A and B Medicare
				0			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
				502			A Part A Medicare only
				142			B Part B Medicare only
				15,359			C Parts A and B Medicare
				0			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sep
				500			A Part A Medicare only
				142			B Part B Medicare only
				15,360			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				499			A Part A Medicare only
				141			B Part B Medicare only
				15,356			C Parts A and B Medicare
				7			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				497			A Part A Medicare only
				140			B Part B Medicare only
				15,327			C Parts A and B Medicare
				39			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				496			A Part A Medicare only
				138			B Part B Medicare only
				15,271			C Parts A and B Medicare
				98			N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT				C Medicare entitlement start date
				16,003			Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C Medicare entitlement end date
				15,997			Missing
				6			Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C Medicare status code as of 12/31
				3			Unknown
				13,253			10 Aged, no ESRD
				56			11 Aged, ESRD
				2,611			20 Disabled, no ESRD
				51			21 Disabled, ESRD
				29			31 ESRD only

12/30/04  
 ACCESS  
 2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Administrative Identification

RIC: A  
 Page: 4  
 Version: 2

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
				1			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				15,353			C Current payment status
				1			DW Deferred-Workers' Compensation
				0			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				6			D6 DEF-recover overpayment
				0			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
				2			S SUSP-deferred retirement
				1			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				62			SH SUSP-government pension
				2			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				3			S0 SUSP-continuing disability investig
				0			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				4			S6 SUSP-check returned for address
				21			S7 SUSP-vocational rehab refusal
				0			S8 SUSP-payee not determined
				8			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
				151			T1 TERM-death of beneficiary
				0			T2 TERM-death of primary
				1			T3 TERM-divorce, marriage, remarriage
				0			T4 TERM-dependent child attained age 18
				0			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				1			T8 TERM-recovery from disability
				1			T9 TERM-miscellaneous
				380			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				2			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				3			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

12/30/04  
 ACCESS  
 2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Administrative Identification

RIC: A  
 Page: 5  
 Version: 2

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
				525			01 Alabama
				0			02 Alaska
				270			03 Arizona
				129			04 Arkansas
				1,275			05 California
				181			06 Colorado
				204			07 Connecticut
				2			08 Delaware
				27			09 Washington, DC
				1,149			10 Florida
				521			11 Georgia
				1			12 Hawaii
				34			13 Idaho
				579			14 Illinois
				124			15 Indiana
				197			16 Iowa
				180			17 Kansas
				271			18 Kentucky
				146			19 Louisiana
				47			20 Maine
				197			21 Maryland
				288			22 Massachusetts
				749			23 Michigan
				266			24 Minnesota
				31			25 Mississippi
				383			26 Missouri
				0			27 Montana
				113			28 Nebraska
				283			29 Nevada
				2			30 New Hampshire
				534			31 New Jersey
				277			32 New Mexico
				1,039			33 New York
				623			34 North Carolina
				19			35 North Dakota
				757			36 Ohio
				178			37 Oklahoma
				3			38 Oregon
				816			39 Pennsylvania
				279			40 Puerto Rico
				0			41 Rhode Island
				246			42 South Carolina
				1			43 South Dakota
				331			44 Tennessee
				1,000			45 Texas
				4			46 Utah
				1			47 Vermont
				0			48 Virgin Islands
				297			49 Virginia
				630			50 Washington
				176			51 West Virginia
				484			52 Wisconsin
				134			53 Wyoming
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				16,003			County code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT	16,003			C Postal zip code of residence as of 12/31 ZIP Code
H_CENSUS	78	2	\$CENFMT	0			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
				542			
				2,389			
				2,693			
				1,159			
				3,238			
				1,158			
				1,453			
				1,183			
				1,909			
				279			
H_METRO	80	1	\$METFMT	4,218			C Metro status N Non-metro area U Unknown Y Metro area
				0			
				11,785			
H_HSBEG1	81	8	\$DTE8FMT	15,739			C Beginning date of latest hospice period Missing Date as YYYYMMDD
				264			
H_HSEND1	89	8	\$DTE8FMT	15,739			C Ending date of latest hospice period Missing Date as YYYYMMDD
				264			
H_HSBEG2	97	8	\$DTE8FMT	15,919			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
				84			
H_HSEND2	105	8	\$DTE8FMT	15,919			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
				84			
H_HSBEG3	113	8	\$DTE8FMT	15,945			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
				58			
H_HSEND3	121	8	\$DTE8FMT	15,945			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
				58			
H_HSBEG4	129	8	\$DTE8FMT	15,961			C Beginning date of 4th hospice period Missing Date as YYYYMMDD
				42			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT	15,961			C Ending date of 4th hospice period Missing Date as YYYYMMDD
				42			
H_ESRBEG	145	8	\$DTE8FMT	15,835			C Beginning date of ESRD period Missing Date as YYYYMMDD
				168			
H_ESREND	153	8	\$DTE8FMT	15,951			C Ending date of ESRD period Missing Date as YYYYMMDD
				52			
H_GHPSW	161	1	\$GHPSW	13,860			C Some group health participation in year 0 No enrollment 1 Some enrollment
				2,143			
H_PARTLC	162	1	\$PARTC	14,138			C GHP - partial county switch 0 Not a partial county plan 1 Partial county plan by ZIP
				1,865			
H_PLTP01	163	2	\$PLNFMT	13,974			C GHP plan type for Jan No enrollment 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
				54			
				102			
				1,873			
H_PLAN01	165	5	\$GHPFMT	13,974			C GHP contract number for Jan N Unknown, or no plan Plan Identifier
				2,029			
H_PLPY01	170	5					N Medicare capitation payment for Jan
H_PNUM01	175	3					N Number of GHPs in bene area in Jan
H_RPNM01	178	3					N Number of risk plans in bene area in Jan
H_PLTP02	181	2	\$PLNFMT	13,962			C GHP plan type for Feb No enrollment 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
				54			
				103			
				1,884			
H_PLAN02	183	5	\$GHPFMT	13,962			C GHP contract number for Feb N Unknown, or no plan Plan Identifier
				2,041			
H_PLPY02	188	5					N Medicare capitation payment for Feb
H_PNUM02	193	3					N Number of GHPs in bene area in Feb
H_RPNM02	196	3					N Number of risk plans in bene area in Feb

12/30/04  
 ACCESS  
 2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Administrative Identification

RIC: A  
 Page: 8  
 Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP03	199	2	\$PLNFMT				C GHP plan type for Mar
				13,961			No enrollment
				54			01 Health care prepayment plan
				103			02 Cost HMO
				1,885			06 Risk HMO
H_PLAN03	201	5	\$GHPFMT				C GHP contract number for Mar
				13,961			N Unknown, or no plan
				2,042			Plan Identifier
H_PLPY03	206	5					N Medicare capitation payment for Mar
H_PNUM03	211	3					N Number of GHPs in bene area in Mar
H_RPNM03	214	3					N Number of risk plans in bene area in Mar
H_PLTP04	217	2	\$PLNFMT				C GHP plan type for Apr
				13,963			No enrollment
				54			01 Health care prepayment plan
				103			02 Cost HMO
				1,883			06 Risk HMO
H_PLAN04	219	5	\$GHPFMT				C GHP contract number for Apr
				13,963			N Unknown, or no plan
				2,040			Plan Identifier
H_PLPY04	224	5					N Medicare capitation payment for Apr
H_PNUM04	229	3					N Number of GHPs in bene area in Apr
H_RPNM04	232	3					N Number of risk plans in bene area in Apr
H_PLTP05	235	2	\$PLNFMT				C GHP plan type for May
				13,962			No enrollment
				54			01 Health care prepayment plan
				103			02 Cost HMO
				1,884			06 Risk HMO
H_PLAN05	237	5	\$GHPFMT				C GHP contract number for May
				13,962			N Unknown, or no plan
				2,041			Plan Identifier
H_PLPY05	242	5					N Medicare capitation payment for May
H_PNUM05	247	3					N Number of GHPs in bene area in May
H_RPNM05	250	3					N Number of risk plans in bene area in May
H_PLTP06	253	2	\$PLNFMT				C GHP plan type for Jun
				13,960			No enrollment
				54			01 Health care prepayment plan
				102			02 Cost HMO
				1,887			06 Risk HMO

12/30/04  
 ACCESS  
 2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Administrative Identification

RIC: A  
 Page: 9  
 Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLAN06	255	5	\$GHPFMT				C GHP contract number for Jun
				13,960			N Unknown, or no plan
				2,043			Plan Identifier
H_PLPY06	260	5					N Medicare capitation payment for Jun
H_PNUM06	265	3					N Number of GHPs in bene area in Jun
H_RPNM06	268	3					N Number of risk plans in bene area in Jun
H_PLTP07	271	2	\$PLNFMT				C GHP plan type for Jul
				13,957			No enrollment
				57			01 Health care prepayment plan
				102			02 Cost HMO
				1,887			06 Risk HMO
H_PLAN07	273	5	\$GHPFMT				C GHP contract number for Jul
				13,957			N Unknown, or no plan
				2,046			Plan Identifier
H_PLPY07	278	5					N Medicare capitation payment for Jul
H_PNUM07	283	3					N Number of GHPs in bene area in Jul
H_RPNM07	286	3					N Number of risk plans in bene area in Jul
H_PLTP08	289	2	\$PLNFMT				C GHP plan type for Aug
				13,952			No enrollment
				57			01 Health care prepayment plan
				102			02 Cost HMO
				1,892			06 Risk HMO
H_PLAN08	291	5	\$GHPFMT				C GHP contract number for Aug
				13,952			N Unknown, or no plan
				2,051			Plan Identifier
H_PLPY08	296	5					N Medicare capitation payment for Aug
H_PNUM08	301	3					N Number of GHPs in bene area in Aug
H_RPNM08	304	3					N Number of risk plans in bene area in Aug
H_PLTP09	307	2	\$PLNFMT				C GHP plan type for Sep
				13,947			No enrollment
				57			01 Health care prepayment plan
				103			02 Cost HMO
				1,896			06 Risk HMO
H_PLAN09	309	5	\$GHPFMT				C GHP contract number for Sep
				13,947			N Unknown, or no plan
				2,056			Plan Identifier
H_PLPY09	314	5					N Medicare capitation payment for Sep
H_PNUM09	319	3					N Number of GHPs in bene area in Sep

12/30/04  
ACCESS  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 10  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RPNM09	322	3					N Number of risk plans in bene area in Sep
H_PLTP10	325	2	\$PLNFMT				C GHP plan type for Oct
				13,941			No enrollment
				57			01 Health care prepayment plan
				103			02 Cost HMO
				1,902			06 Risk HMO
H_PLAN10	327	5	\$GHPFMT				C GHP contract number for Oct
				13,941			N Unknown, or no plan
				2,062			Plan Identifier
H_PLPY10	332	5					N Medicare capitation payment for Oct
H_PNUM10	337	3					N Number of GHPs in bene area in Oct
H_RPNM10	340	3					N Number of risk plans in bene area in Oct
H_PLTP11	343	2	\$PLNFMT				C GHP plan type for Nov
				13,944			No enrollment
				57			01 Health care prepayment plan
				99			02 Cost HMO
				1,903			06 Risk HMO
H_PLAN11	345	5	\$GHPFMT				C GHP contract number for Nov
				13,944			N Unknown, or no plan
				2,059			Plan Identifier
H_PLPY11	350	5					N Medicare capitation payment for Nov
H_PNUM11	355	3					N Number of GHPs in bene area in Nov
H_RPNM11	358	3					N Number of risk plans in bene area in Nov
H_PLTP12	361	2	\$PLNFMT				C GHP plan type for Dec
				13,956			No enrollment
				57			01 Health care prepayment plan
				99			02 Cost HMO
				1,891			06 Risk HMO
H_PLAN12	363	5	\$GHPFMT				C GHP contract number for Dec
				13,956			N Unknown, or no plan
				2,047			Plan Identifier
H_PLPY12	368	5					N Medicare capitation payment for Dec
H_PNUM12	373	3					N Number of GHPs in bene area in Dec
H_RPNM12	376	3					N Number of risk plans in bene area in Dec
H_MCSW	379	1	\$SWFMT				C Some Medicaid eligibility for the year
				12,882			N No participation
				3,121			Y Some participation

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE01	380	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				1,238			B State Part B buy-in
				33			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,100			N No buy-in this month
				1,287			Q State Part B QMB buy-in
				269			S State Part B SLMB buy-in
H_MCDE02	381	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,241			B State Part B buy-in
				33			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,093			N No buy-in this month
				1,288			Q State Part B QMB buy-in
				272			S State Part B SLMB buy-in
H_MCDE03	382	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,245			B State Part B buy-in
				34			C State Part A and B buy-in
				74			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,078			N No buy-in this month
				1,295			Q State Part B QMB buy-in
				274			S State Part B SLMB buy-in
H_MCDE04	383	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,252			B State Part B buy-in
				34			C State Part A and B buy-in
				74			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,060			N No buy-in this month
				1,298			Q State Part B QMB buy-in
				282			S State Part B SLMB buy-in
H_MCDE05	384	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,264			B State Part B buy-in
				34			C State Part A and B buy-in
				74			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,034			N No buy-in this month
				1,305			Q State Part B QMB buy-in
				289			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE06	385	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				1,273			B State Part B buy-in
				34			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,016			N No buy-in this month
				1,313			Q State Part B QMB buy-in
				289			S State Part B SLMB buy-in
H_MCDE07	386	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				1,279			B State Part B buy-in
				34			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,004			N No buy-in this month
				1,312			Q State Part B QMB buy-in
				294			S State Part B SLMB buy-in
H_MCDE08	387	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				1,276			B State Part B buy-in
				34			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				12,996			N No buy-in this month
				1,320			Q State Part B QMB buy-in
				297			S State Part B SLMB buy-in
H_MCDE09	388	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				1,287			B State Part B buy-in
				34			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				12,984			N No buy-in this month
				1,318			Q State Part B QMB buy-in
				300			S State Part B SLMB buy-in
H_MCDE10	389	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				1,295			B State Part B buy-in
				35			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				12,977			N No buy-in this month
				1,316			Q State Part B QMB buy-in
				300			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE11	390	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				1,289			B State Part B buy-in
				35			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				12,980			N No buy-in this month
				1,319			Q State Part B QMB buy-in
				300			S State Part B SLMB buy-in
H_MCDE12	391	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				1,271			B State Part B buy-in
				35			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				3			E State Part A and B SLMB buy-in
				13,010			N No buy-in this month
				1,311			Q State Part B QMB buy-in
				297			S State Part B SLMB buy-in
H_MACY01	392	3	\$MACYFMT				C Buy-in agency for Jan
				13,100			N Unknown, or no buy-in
				2,903			State Agency code
H_MACY02	395	3	\$MACYFMT				C Buy-in agency for Feb
				13,093			N Unknown, or no buy-in
				2,910			State Agency code
H_MACY03	398	3	\$MACYFMT				C Buy-in agency for Mar
				13,078			N Unknown, or no buy-in
				2,925			State Agency code
H_MACY04	401	3	\$MACYFMT				C Buy-in agency for Apr
				13,060			N Unknown, or no buy-in
				2,943			State Agency code
H_MACY05	404	3	\$MACYFMT				C Buy-in agency for May
				13,034			N Unknown, or no buy-in
				2,969			State Agency code
H_MACY06	407	3	\$MACYFMT				C Buy-in agency for Jun
				13,016			N Unknown, or no buy-in
				2,987			State Agency code
H_MACY07	410	3	\$MACYFMT				C Buy-in agency for Jul
				13,004			N Unknown, or no buy-in
				2,999			State Agency code
H_MACY08	413	3	\$MACYFMT				C Buy-in agency for Aug
				12,996			N Unknown, or no buy-in
				3,007			State Agency code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MACY09	416	3	\$MACYFMT	12,984 3,019			C Buy-in agency for Sep N Unknown, or no buy-in State Agency code
H_MACY10	419	3	\$MACYFMT	12,977 3,026			C Buy-in agency for Oct N Unknown, or no buy-in State Agency code
H_MACY11	422	3	\$MACYFMT	12,980 3,023			C Buy-in agency for Nov N Unknown, or no buy-in State Agency code
H_MACY12	425	3	\$MACYFMT	13,010 2,993			C Buy-in agency for Dec N Unknown, or no buy-in State Agency code
H_HOSSW	428	1	\$UTLFMT	15,862 141			C One or more hospice bills in CY 0 No utilization this type 1 Some utilization this type
H_INPSW	429	1	\$UTLFMT	13,036 2,967			C One or more inpatient discharges in CY 0 No utilization this type 1 Some utilization this type
H_SNFSW	430	1	\$UTLFMT	15,385 618			C One or more SNF admissions in CY 0 No utilization this type 1 Some utilization this type
H_HHASW	431	1	\$UTLFMT	14,892 1,111			C 1 = one or more HHA visits in CY 0 No utilization this type 1 Some utilization this type
H_OUTSW	432	1	\$UTLFMT	6,204 9,799			C One or more outpatient visits in CY 0 No utilization this type 1 Some utilization this type
H_PBSW	433	1	\$UTLFMT	2,761 13,242			C One or more Part B claims in CY 0 No utilization this type 1 Some utilization this type
H_PTARMB	434	7					N Total Part A reimbursement in CY (\$)
H_PTBRMB	441	7					N Total Part B reimbursement in CY (\$)
H_LATDCH	448	8	\$DTE8FMT	13,036 2,967			C Discharge date of latest inpatient stay Missing Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LATDRG	456	3	\$DRGFMT				C DRG code for latest inpatient stay
				13,036			Unknown, or no discharge
				2,967			DRG
H_DISDES	459	2	\$STATUS				C Discharge dest for latest inpatient stay
				13,036			Missing
				1,905			01 Discharged to home/self care
				11			02 Discharged to other short-term hospital
				451			03 Discharged to skilled nursing facility
				56			04 Discharged to intermediate care facility
				31			05 Disch to another type of institution
				360			06 Discharged to home care of organized HMO
				13			07 Left against medical advice/stopped care
				0			08 Disch home under care of IV therapy prov
				60			20 Expired (did not recover Christian Sci)
				9			30 Still patient
				0			40 Expired at home (hospice claims only)
				0			41 Expired in hospital, SNF, ICF or hospice
				0			42 Expired in unknown place (hospice only)
				8			50 Hospice - home (eff. 10/96)
				8			51 Hospice - medical facility (eff. 10/96)
				25			61 Disch w/i facility to swing-bed SNF (99)
				2			71 Disch to other facility for O/P svcs(99)
				9			72 Disch to this facility for O/P svcs (99)
				19			Other destination
H_INPSTY	461	2					N No. of inpatient stays for CY
H_INPDAY	463	3					N No. of inpatient covered days for CY
H_INPCHG	466	7					N Inpatient charges for CY (\$)
H_INPCCH	473	7					N Inpatient covered charges for CY (\$)
H_INPRMB	480	7					N Inpatient reimbursement for CY (\$)
H_INPCDY	487	2					N Inpatient coinsurance days used in CY
H_INPCAM	489	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	494	2					N Total SNF stays in CY
H_SNFDAY	496	3					N Total SNF covered days in CY
H_SNFCHG	499	7					N Total SNF charges in CY (\$)
H_SNFCCH	506	7					N Total SNF covered charges in CY (\$)
H_SNFRMB	513	7					N Total SNF reimbursement in CY (\$)
H_SNFCDY	520	3					N Total SNF coinsurance days in CY
H_SNFCAM	523	7					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	530	4					N Total HHA visits in CY
H_HHACCH	534	7					N Total HHA covered charges in CY (\$)
H_HHACHO	541	7					N Total HHA other covered charges CY (\$)

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HHRMBA	548	7					N Total HHA reimbursement in CY (\$), Pt. A  Notes: Prior to 2000 this was included in H_HHARMB. First available in 2000
H_HHRMBB	555	7					N Total HHA reimbursement in CY (\$), Pt. B  Notes: Prior to 2000 this was included in H_HHARMB. First available in 2000
H_HSDAYS	562	3					N Total covered hospice days in CY
H_HSTCHG	565	7					N Total hospice charges CY (\$)
H_HSREIM	572	7					N Total hospice reimbursement in CY (\$)
H_OUTBIL	579	3					N Total outpatient bills in CY
H_OUTCHG	582	7					N Total outpatient covered charges CY (\$)
H_OUTRMB	589	7					N Total outpatient reimbursement CY (\$)
H_PHYCLM	596	4					N Total physician claims in CY  Notes: Prior to 2000 this was included in H_PMTCLM. First available in 2000
H_PHYLIN	600	4					N Total physician line items in CY  Notes: Prior to 2000 this was included in H_PMTLIN. First available in 2000
H_PHYSCH	604	7					N Total physician submitted charges (\$)  Notes: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_PHYACH	611	7					N Total physician allowed charges (\$)  Notes: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_PHYRMB	618	7					N Total physician reimbursement (\$)  Notes: Prior to 2000 this was included in H_PMTRMB. First available in 2000
H_PMTVST	625	3					N Total office visits in CY
H_PMTCHO	628	7					N Total office visit charges in CY (\$)
H_DMECLM	635	4					N Total DME supplier claims in CY  Notes: Prior to 2000 this was included in H_PMTCLM. First available in 2000
H_DMELIN	639	4					N Total DME supplier line items in CY  Notes: Prior to 2000 this was included in H_PMTLIN. First available in 2000

12/30/04  
ACCESS  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 17  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_DMESCH	643	7					N Total DME supplier submitted charges (\$)  Notes: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_DMEACH	650	7					N Total DME supplier allowed charges (\$)  Notes: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_DMERMB	657	7					N Total DME supplier reimbursement (\$)  Notes: Prior to 2000 this was included in H_PMTRMB. First available in 2000