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**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

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Version: 1

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.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,486			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth (YYYYMMDD)
				12,486			Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT				C Date of death (YYYYMMDD)
				11,807			Missing
				679			Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT				C Source of date of death
				11,807			No date of death
				0			01 From Medicare bill
				0			03 Clerical entry
				0			05 Bill and clerical entry
				392			10 Proven Medicare Benefits record
				54			11 Proven Medicare Benefits record & bills
				195			20 Unproven Medicare Benefits record
				37			21 Unproven Mcare Benefits record & bills
				1			23 Unproven Mcare Benefits rec & clerical
				0			25 Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT				C Gender code
				5,547			1 Male
				6,939			2 Female
H_RACE	31	1	\$RACEFMT				C Race code
				23			0 Unknown
				10,535			1 White
				1,288			2 Black
				134			3 Other
				129			4 Asian
				327			5 Hispanic
				50			6 North American Native
H_AGE	32	3					N SP age based on CMS date of birth
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,000			1 0-44
				1,100			2 45-64
				2,189			3 65-69
				2,139			4 70-74
				2,021			5 75-79
				2,000			6 80-84
				2,037			7 85 +

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H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				392			A Part A Medicare only
				102			B Part B Medicare only
				11,640			C Parts A and B Medicare
				352			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				396			A Part A Medicare only
				102			B Part B Medicare only
				11,590			C Parts A and B Medicare
				398			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				400			A Part A Medicare only
				104			B Part B Medicare only
				11,562			C Parts A and B Medicare
				420			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				405			A Part A Medicare only
				103			B Part B Medicare only
				11,540			C Parts A and B Medicare
				438			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				412			A Part A Medicare only
				103			B Part B Medicare only
				11,512			C Parts A and B Medicare
				459			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				413			A Part A Medicare only
				102			B Part B Medicare only
				11,498			C Parts A and B Medicare
				473			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				389			A Part A Medicare only
				102			B Part B Medicare only
				11,509			C Parts A and B Medicare
				486			N No Medicare entitlement
H_ENT08	43	1	\$ENTFMT				C Medicare entitlement code for Aug
				391			A Part A Medicare only
				100			B Part B Medicare only
				11,473			C Parts A and B Medicare
				522			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sep
				393			A Part A Medicare only
				100			B Part B Medicare only
				11,449			C Parts A and B Medicare
				544			N No Medicare entitlement

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				397			A Part A Medicare only
				98			B Part B Medicare only
				11,423			C Parts A and B Medicare
				568			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				398			A Part A Medicare only
				97			B Part B Medicare only
				11,392			C Parts A and B Medicare
				599			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				399			A Part A Medicare only
				96			B Part B Medicare only
				11,364			C Parts A and B Medicare
				627			N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT				C Medicare entitlement start date
				12,486			Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C Medicare entitlement end date
				12,460			Missing
				26			Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C Medicare status code as of 12/31
				7			Unknown
				10,319			10 Aged, no ESRD
				52			11 Aged, ESRD
				2,043			20 Disabled, no ESRD
				38			21 Disabled, ESRD
				27			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 check (LAF) as of 12/31
				15			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				11,426			C Current payment status
				0			DW Deferred-Workers' Compensation
				2			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				5			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			PB Delayed-benefit due but not paid
				0			R Cur pay-Part B reinstated
				0			RN Cur pay-Part B reinstated
				1			S SUSP-deferred retirement
				1			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				50			SH SUSP-government pension
				1			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
				2			S6 SUSP-check returned for address
				17			S7 SUSP-vocational rehab refusal
				0			S8 SUSP-payee not determined
				7			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
				637			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
				1			T6 TERM-child no longer student, disabled
				0			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				285			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				20			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				11			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
				401			01 Alabama
				0			02 Alaska
				206			03 Arizona
				108			04 Arkansas
				1,007			05 California
				162			06 Colorado
				153			07 Connecticut
				2			08 Delaware
				21			09 Washington, DC
				827			10 Florida
				418			11 Georgia
				0			12 Hawaii
				35			13 Idaho
				458			14 Illinois
				112			15 Indiana
				168			16 Iowa
				151			17 Kansas
				209			18 Kentucky
				114			19 Louisiana
				47			20 Maine
				153			21 Maryland
				204			22 Massachusetts
				548			23 Michigan
				205			24 Minnesota
				33			25 Mississippi
				288			26 Missouri
				0			27 Montana
				81			28 Nebraska
				219			29 Nevada
				3			30 New Hampshire
				407			31 New Jersey
				213			32 New Mexico
				792			33 New York
				473			34 North Carolina
				20			35 North Dakota
				584			36 Ohio
				146			37 Oklahoma
				4			38 Oregon
				632			39 Pennsylvania
				218			40 Puerto Rico
				0			41 Rhode Island
				212			42 South Carolina
				1			43 South Dakota
				246			44 Tennessee
				788			45 Texas
				4			46 Utah
				2			47 Vermont
				0			48 Virgin Islands
				259			49 Virginia
				505			50 Washington
				137			51 West Virginia
				388			52 Wisconsin
				111			53 Wyoming
				11			Unknown
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				11			Unknown
				12,475			County code

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT				C Postal zip code of residence as of 12/31
				11			Unknown
				12,475			ZIP Code
H_CENSUS	78	2	\$CENFMT				C Census Region of residence as of 12/31
				409			01 New England
				1,831			02 Middle Atlantic
				2,090			03 East North Central
				914			04 West North Central
				2,502			05 South Atlantic
				889			06 East South Central
				1,156			07 West South Central
				950			08 Mountain
				1,516			09 Pacific
				218			10 Puerto Rico
				11			Unknown
H_METRO	80	1	\$METFMT				C Metro status
				3,363			N Non-metro area
				11			U Unknown
				9,112			Y Metro area
H_HSBEG1	81	8	\$DTE8FMT				C Beginning date of latest hospice period
				11,974			Missing
				512			Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT				C Ending date of latest hospice period
				11,974			Missing
				512			Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT				C Beginning date of 2nd hospice period
				12,340			Missing
				146			Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT				C Ending date of 2nd hospice period
				12,340			Missing
				146			Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT				C Beginning date of 3rd hospice period
				12,399			Missing
				87			Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT				C Ending date of 3rd hospice period
				12,399			Missing
				87			Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT				C Beginning date of 4th hospice period
				12,423			Missing
				63			Date as YYYYMMDD

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H_HSEND4	137	8	\$DTE8FMT				C Ending date of 4th hospice period
				12,423			Missing
				63			Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT				C Beginning date of ESRD period
				12,321			Missing
				165			Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT				C Ending date of ESRD period
				12,413			Missing
				73			Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW				C Some group health participation in year
				10,854			0 No enrollment
				1,632			1 Some enrollment
H_PARTLC	162	1					C GHP - partial county switch
H_PLTP01	163	2	\$PLNFMT				C GHP plan type for Jan
				10,964			No enrollment for month
				45			01 Health care prepayment plan
				76			02 Cost HMO
				1,401			06 Risk HMO
H_PLAN01	165	5	\$GHPPFMT				C GHP contract number for Jan
				10,964			N Unknown, or no plan
				1,522			Plan Identifier
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				C GHP plan type for Feb
				10,958			No enrollment for month
				44			01 Health care prepayment plan
				75			02 Cost HMO
				1,409			06 Risk HMO
H_PLAN02	183	5	\$GHPPFMT				C GHP contract number for Feb
				10,958			N Unknown, or no plan
				1,528			Plan Identifier
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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP03	199	2	\$PLNFMT				C GHP plan type for Mar
				10,964			No enrollment for month
				43			01 Health care prepayment plan
				73			02 Cost HMO
				1,406			06 Risk HMO
H_PLAN03	201	5	\$GHPFMT				C GHP contract number for Mar
				10,964			N Unknown, or no plan
				1,522			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
				10,969			No enrollment for month
				43			01 Health care prepayment plan
				73			02 Cost HMO
				1,401			06 Risk HMO
H_PLAN04	219	5	\$GHPFMT				C GHP contract number for Apr
				10,969			N Unknown, or no plan
				1,517			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
				10,973			No enrollment for month
				43			01 Health care prepayment plan
				73			02 Cost HMO
				1,397			06 Risk HMO
H_PLAN05	237	5	\$GHPFMT				C GHP contract number for May
				10,973			N Unknown, or no plan
				1,513			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
				10,976			No enrollment for month
				43			01 Health care prepayment plan
				73			02 Cost HMO
				1,394			06 Risk HMO

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H_PLAN06	255	5	\$GHPFMT				C GHP contract number for Jun
				10,976			N Unknown, or no plan
				1,510			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
				10,983			No enrollment for month
				45			01 Health care prepayment plan
				73			02 Cost HMO
				1,385			06 Risk HMO
H_PLAN07	273	5	\$GHPFMT				C GHP contract number for Jul
				10,983			N Unknown, or no plan
				1,503			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
				10,985			No enrollment for month
				45			01 Health care prepayment plan
				73			02 Cost HMO
				1,383			06 Risk HMO
H_PLAN08	291	5	\$GHPFMT				C GHP contract number for Aug
				10,985			N Unknown, or no plan
				1,501			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
				10,980			No enrollment for month
				44			01 Health care prepayment plan
				73			02 Cost HMO
				1,389			06 Risk HMO
H_PLAN09	309	5	\$GHPFMT				C GHP contract number for Sep
				10,980			N Unknown, or no plan
				1,506			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

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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
				10,972			No enrollment for month
				44			01 Health care prepayment plan
				74			02 Cost HMO
				1,396			06 Risk HMO
H_PLAN10	327	5	\$GHPFMT				C GHP contract number for Oct
				10,972			N Unknown, or no plan
				1,514			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
				10,971			No enrollment for month
				43			01 Health care prepayment plan
				73			02 Cost HMO
				1,399			06 Risk HMO
H_PLAN11	345	5	\$GHPFMT				C GHP contract number for Nov
				10,971			N Unknown, or no plan
				1,515			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
				10,975			No enrollment for month
				43			01 Health care prepayment plan
				74			02 Cost HMO
				1,394			06 Risk HMO
H_PLAN12	363	5	\$GHPFMT				C GHP contract number for Dec
				10,975			N Unknown, or no plan
				1,511			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
				9,985			N No participation
				2,501			Y Some participation

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H_MCDE01	380	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				927			B State Part B buy-in
				31			C State Part A and B buy-in
				54			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,204			N No buy-in this month
				1,043			Q State Part B QMB buy-in
				225			S State Part B SLMB buy-in
H_MCDE02	381	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				919			B State Part B buy-in
				30			C State Part A and B buy-in
				53			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,214			N No buy-in this month
				1,040			Q State Part B QMB buy-in
				228			S State Part B SLMB buy-in
H_MCDE03	382	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				916			B State Part B buy-in
				31			C State Part A and B buy-in
				53			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,216			N No buy-in this month
				1,039			Q State Part B QMB buy-in
				229			S State Part B SLMB buy-in
H_MCDE04	383	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				916			B State Part B buy-in
				30			C State Part A and B buy-in
				53			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,214			N No buy-in this month
				1,040			Q State Part B QMB buy-in
				231			S State Part B SLMB buy-in
H_MCDE05	384	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				923			B State Part B buy-in
				30			C State Part A and B buy-in
				53			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,204			N No buy-in this month
				1,039			Q State Part B QMB buy-in
				235			S State Part B SLMB buy-in

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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
				922			B State Part B buy-in
				30			C State Part A and B buy-in
				54			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,200			N No buy-in this month
				1,045			Q State Part B QMB buy-in
				233			S State Part B SLMB buy-in
H_MCDE07	386	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				921			B State Part B buy-in
				28			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
				10,203			N No buy-in this month
				1,040			Q State Part B QMB buy-in
				236			S State Part B SLMB buy-in
H_MCDE08	387	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				914			B State Part B buy-in
				29			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
				10,204			N No buy-in this month
				1,042			Q State Part B QMB buy-in
				238			S State Part B SLMB buy-in
H_MCDE09	388	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				912			B State Part B buy-in
				29			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
				10,211			N No buy-in this month
				1,035			Q State Part B QMB buy-in
				241			S State Part B SLMB buy-in
H_MCDE10	389	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				912			B State Part B buy-in
				30			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
				10,212			N No buy-in this month
				1,036			Q State Part B QMB buy-in
				238			S State Part B SLMB buy-in

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H_MCDE11	390	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				907			B State Part B buy-in
				30			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
				10,215			N No buy-in this month
				1,038			Q State Part B QMB buy-in
				238			S State Part B SLMB buy-in
H_MCDE12	391	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				893			B State Part B buy-in
				30			C State Part A and B buy-in
				55			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,245			N No buy-in this month
				1,026			Q State Part B QMB buy-in
				235			S State Part B SLMB buy-in
H_MACY01	392	3	\$MACYFMT				C Buy-in agency for Jan
				10,204			N Unknown, or no buy-in
				2,282			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY02	395	3	\$MACYFMT				C Buy-in agency for Feb
				10,214			N Unknown, or no buy-in
				2,272			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY03	398	3	\$MACYFMT				C Buy-in agency for Mar
				10,216			N Unknown, or no buy-in
				2,270			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY04	401	3	\$MACYFMT				C Buy-in agency for Apr
				10,214			N Unknown, or no buy-in
				2,272			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY05	404	3	\$MACYFMT				C Buy-in agency for May
				10,204			N Unknown, or no buy-in
				2,282			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY06	407	3	\$MACYFMT				C Buy-in agency for Jun
				10,200			N Unknown, or no buy-in
				2,286			S00-S99 State Agency code
				0			000-999 State Agency code

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H_MACY07	410	3	\$MACYFMT				C Buy-in agency for Jul
				10,203			N Unknown, or no buy-in
				2,283			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY08	413	3	\$MACYFMT				C Buy-in agency for Aug
				10,204			N Unknown, or no buy-in
				2,282			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY09	416	3	\$MACYFMT				C Buy-in agency for Sep
				10,211			N Unknown, or no buy-in
				2,275			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY10	419	3	\$MACYFMT				C Buy-in agency for Oct
				10,212			N Unknown, or no buy-in
				2,274			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY11	422	3	\$MACYFMT				C Buy-in agency for Nov
				10,215			N Unknown, or no buy-in
				2,271			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY12	425	3	\$MACYFMT				C Buy-in agency for Dec
				10,245			N Unknown, or no buy-in
				2,241			S00-S99 State Agency code
				0			000-999 State Agency code
H_HOSSW	428	1	\$UTLFMT				C One or more hospice bills in CY
				12,242			0 No utilization this type
				244			1 Some utilization this type
H_INPSW	429	1	\$UTLFMT				C One or more inpatient discharges in CY
				9,999			0 No utilization this type
				2,487			1 Some utilization this type
H_SNFSW	430	1	\$UTLFMT				C One or more SNF admissions in CY
				11,887			0 No utilization this type
				599			1 Some utilization this type
H_HHASW	431	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				11,594			0 No utilization this type
				892			1 Some utilization this type
H_OUTSW	432	1	\$UTLFMT				C One or more outpatient visits in CY
				4,898			0 No utilization this type
				7,588			1 Some utilization this type

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H_PBSW	433	1	\$UTLFMT				C One or more Part B claims in CY
				2,170			0 No utilization this type
				10,316			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_PTAPRM	448	8					N Total Pt. A premium SP paid in CY (\$.CC)
H_PTBPRM	456	8					N Total Pt. B premium SP paid in CY (\$.CC)
H_LATDCH	464	8	\$DTE8FMT				C Discharge date of latest inpatient stay
				9,999			Missing
				2,487			Date as YYYYMMDD
H_LATDRG	472	3	\$DRGFMT				C DRG code for latest inpatient stay
				9,999			Unknown, or no discharge
				2,487			DRG
H_DISDES	475	2	\$STATUS				C Discharge dest for latest inpatient stay
				9,999			Missing
				1,431			01 Discharged to home/self care
				12			02 Discharged to other short-term hospital
				402			03 Discharged to skilled nursing facility
				43			04 Discharged to intermediate care facility
				30			05 Disch to another type of institution
				267			06 Discharged to home care of organized HMO
				5			07 Left against medical advice/stopped care
				0			08 Disch home under care of IV therapy prov
				209			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)
				15			50 Hospice - home (eff. 10/96)
				22			51 Hospice - medical facility (eff. 10/96)
				21			61 Disch w/i facility to swing-bed SNF (99)
				2			71 Disch to other facility for O/P svcs(99)
				7			72 Disch to this facility for O/P svcs (99)
				12			Other destination
H_INPSTY	477	2					N No. of inpatient stays for CY
H_INPDAY	479	3					N No. of inpatient covered days for CY
H_INPCHG	482	7					N Inpatient charges for CY (\$)
H_INPCCH	489	7					N Inpatient covered charges for CY (\$)
H_INPRMB	496	7					N Inpatient reimbursement for CY (\$)
H_INPCDY	503	2					N Inpatient covered days used in CY
H_INPCAM	505	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	510	2					N Total SNF stays in CY

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_SNFDAY	512	3					N Total SNF covered days in CY
H_SNFCHG	515	7					N Total SNF charges in CY (\$)
H_SNFCCH	522	7					N Total SNF covered charges in CY (\$)
H_SNFRMB	529	7					N Total SNF reimbursement in CY (\$)
H_SNFCDY	536	3					N Total SNF coinsurance days in CY
H_SNFCAM	539	7					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	546	5					N Total HHA visits in CY
H_HHACCH	551	7					N Total HHA covered charges in CY (\$)
H_HHACHO	558	7					N Total HHA other covered charges CY (\$)
H_HHRMBA	565	7					N Total HHA reimbursement in CY (\$), Pt. A
							Notes: Prior to 1998 this was included in H_HHARMB. First available in 1998
H_HHRMBB	572	7					N Total HHA reimbursement in CY (\$), Pt. B
							Notes: Prior to 1998 this was included in H_HHARMB. First available in 1998
H_HSDAYS	579	3					N Total covered hospice days in CY
H_HSTCHG	582	7					N Total hospice charges CY (\$)
H_HSREIM	589	7					N Total hospice reimbursement in CY (\$)
H_OUTBIL	596	3					N Total outpatient bills in CY
H_OUTCHG	599	7					N Total outpatient covered charges CY (\$)
H_OUTRMB	606	7					N Total outpatient reimbursement CY (\$)
H_PMTCLM	613	4					N Total physician/supplier claims in CY
H_PMTLIN	617	4					N Total phys./supplier line items in CY
H_PMTSCH	621	7					N Total submitted phys/supplier charge (\$)
H_PMTACH	628	7					N Total allowed phys/supplier charges (\$)
H_PMTRMB	635	7					N Total phys/supplier reimbursement (\$)
H_PMTVST	642	3					N Total office visits in CY
H_PMTCHO	645	7					N Total office visit charges in CY (\$)
H_DMECLM	652	4					N Total DME supplier claims in CY
							Notes: Prior to 1998 this was included in H_PMTCLM. First available in 1998

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H_DMELIN	656	4					N Total DME supplier line items in CY
							Notes: Prior to 1998 this was included in H_PMTLIN. First available in 1998
H_DMESCH	660	7					N Total DME supplier submitted charges (\$)
							Notes: Prior to 1998 this was included in H_PMTSCH. First available in 1998
H_DMEACH	667	7					N Total DME supplier allowed charges (\$)
							Notes: Prior to 1998 this was included in H_PMTACH. First available in 1998
H_DMERMB	674	7					N Total DME supplier reimbursement (\$)
							Notes: Prior to 1998 this was included in H_PMTRMB. First available in 1998