

03/13/07  
**Cost & Use**  
**2004**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Person Summary

**RIC: PS**  
 Page: 1  
 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Person Summary file summarizes utilization and expenditure data (1) in total by type of service and (2) in total by payer. Note that there are two sets of payment/expenditure variables, such as SAMTTOT and PAMTTOT. The series of variables beginning with S are payments during periods covered by interviews. Those beginning with P are payments during periods covered by interviews plus estimated payments for periods not covered by interviews, if any. There is one record for each person in the sample.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,079			LOW-HIGH BASEID Count
PAMTDU	13	10	MONYFMT				N Adj. sum for dental events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTHH	23	10	MONYFMT				N Adj. sum for home health agency events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTHP	33	10	MONYFMT				N Adj. sum for hospice events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTIP	43	10	MONYFMT				N Adj. sum for inpatient events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTIU	53	10	MONYFMT				N Adj. sum for institutional events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTMP	63	10	MONYFMT				N Adj. sum for medical provider events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTOP	73	10	MONYFMT				N Adj. sum for outpatient events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTPM	83	10	MONYFMT				N Adj. sum for prescribed medicine events
				12,079			Amount as \$\$\$\$\$\$.CC
PAMTFA	93	10	MONYFMT				N Adj. sum for facility events
				12,079			Amount as \$\$\$\$\$\$.CC
DUAEVNTS	103	4	EVNTNUM				N Adj. number of dental events
				12,079			0-9999 Survey-reported event
HHAEVNTS	107	4	EVNTNUM				N Adj. number of home health agency events
				12,079			0-9999 Survey-reported event

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HPAEVNTS	111	4	EVNTNUM	12,079			N Adj. number of hospice events 0-9999 Survey-reported event
IPAEVNTS	115	4	EVNTNUM	12,079			N Adj. number of inpatient events 0-9999 Survey-reported event
IUAEVNTS	119	4	EVNTNUM	12,079			N Adj. number of institutional events 0-9999 Survey-reported event
MPAEVNTS	123	4	EVNTNUM	12,079			N Adj. number of medical provider events 0-9999 Survey-reported event
OPAEVNTS	127	4	EVNTNUM	12,079			N Adj. number of outpatient events 0-9999 Survey-reported event
PMAEVNTS	131	4	EVNTNUM	12,079			N Adj. number of prescribed medicine event 0-9999 Survey-reported event
FAAEVNTS	135	4	EVNTNUM	12,079			N Adj. number of facility events 0-9999 Survey-reported event
PAMTTOT	139	10	MONYFMT	12,079			N Adj. sum: total payments, all sources Amount as \$\$\$\$\$\$.CC
PAMTCAID	149	10	MONYFMT	12,079			N Adj. sum: Medicaid payments Amount as \$\$\$\$\$\$.CC
PAMTCARE	159	10	MONYFMT	12,079			N Adj. sum: Medicare payments Amount as \$\$\$\$\$\$.CC
PAMTDISC	169	10	MONYFMT	12,079			N Adj. sum: uncollected liability Amount as \$\$\$\$\$\$.CC
PAMTHMOM	179	10	MONYFMT	12,079			N Adj. sum: Medicare HMO payments Amount as \$\$\$\$\$\$.CC
PAMTHMOP	189	10	MONYFMT	12,079			N Adj. sum: private HMO payments Amount as \$\$\$\$\$\$.CC
PAMTOOP	199	10	MONYFMT	12,079			N Adj. sum: out-of-pocket payments Amount as \$\$\$\$\$\$.CC
PAMTOTH	209	10	MONYFMT	12,079			N Adj. sum: other payments Amount as \$\$\$\$\$\$.CC

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PAMTPRVE	219	10	MONYFMT				N Adj. sum: empl.-sponsored ins. payments Amount as \$\$\$\$\$\$.CC
				12,079			
PAMTPRVI	229	10	MONYFMT				N Adj. sum: indiv-purch inspayments Amount as \$\$\$\$\$\$.CC
				12,079			
PAMTPRVU	239	10	MONYFMT				N Adj. sum: unknown priv ins payments Amount as \$\$\$\$\$\$.CC
				12,079			
PAMTVA	249	10	MONYFMT				N Adj. sum: VA payments Amount as \$\$\$\$\$\$.CC
				12,079			
PEVENTS	259	4	EVNTNUM				N Adj. count of events 0-9999 Survey-reported event
				12,079			
SAMTTOT	263	10	MONYFMT				N Unadj.sum: total payments, all sources Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTCAID	273	10	MONYFMT				N Unadj. sum: Medicaid payments Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTCARE	283	10	MONYFMT				N Unadj. sum: Medicare payments Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTDISC	293	10	MONYFMT				N Unadj. sum: uncollected liability Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTHMOM	303	10	MONYFMT				N Unadj. sum: Medicare HMO payments Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTHMOP	313	10	MONYFMT				N Unadj. sum: private HMO payments Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTOOP	323	10	MONYFMT				N Unadj. sum: out-of-pocket payments Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTOTH	333	10	MONYFMT				N Unadj. sum: other payments Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTPRVE	343	10	MONYFMT				N Unadj. sum: empl.-sponsored ins payments Amount as \$\$\$\$\$\$.CC
				12,079			
SAMTPRVI	353	10	MONYFMT				N Unadj. sum: indiv-purch ins. payments Amount as \$\$\$\$\$\$.CC
				12,079			

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SAMTPRVU	363	10	MONYFMT				N Unadj. sum: unknown priv ins. payments
				12,079			Amount as \$\$\$\$\$\$.CC
SAMTVA	373	10	MONYFMT				N Unadj. sum: VA payments
				12,079			Amount as \$\$\$\$\$\$.CC
SEVENTS	383	4	EVNTNUM				N Unadj. count of events
				12,079			0-9999 Survey-reported event