

03/13/07
Cost & Use
2004

MEDICARE CURRENT BENEFICIARY SURVEY
 Facility Events

RIC: FAE
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 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Facility Events file contains data about all facility events of the MCBS population, whether community or facility interviews. There is one record for each stay that occurred, at least partly, during the calendar year. The cost and use data contained in the file is limited to the current calendar year.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number

1,163 LOW-HIGH BASEID Count

STAYNUM	14	1					N Stay number for the year
REFBEGYY	15	2					C Reference beginning date year
REFBEGMM	17	2					C Reference beginning date month
REFBEGDD	19	2					C Reference beginning date day
REFENDYY	21	2					C Reference ending date year
REFENDMM	23	2					C Reference ending date month
REFENDDD	25	2					C Reference ending date day
ADMISYY	27	2					C Admission date year
ADMISMM	29	2					C Admission date month
ADMISDD	31	2					C Admission date day
DISCHYY	33	2					C Permanent discharge date year
DISCHMM	35	2					C Permanent discharge date month
DISCHDD	37	2					C Permanent discharge date day
STAYDAYS	39	3					N Number of days in the stay
FACILID	42	6					C Facility ID

Note: Randomly-assigned number

FACDESC	48	2	FACFMT				N Facility description
				13			1 Hospital
				734			2 Nursing home
				6			3 Retirement home
				112			4 Domiciliary/personal care facility
				4			5 Mental health facility
				23			6 Inst for mentally retarded/devel disab
				0			7 Mental health center
				81			8 Life care/continuing care
				142			9 Assisted living facility
				10			10 Rehabilitation facility
				38			91 Other place, specify

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BEGSTAT	50	1	\$BEGSTAT				C Status at the beginning of the stay
				4			- Don't know
				835			0 Continuing SP
				134			1 First time SP from home
				93			2 First time SP from hosp
				43			3 First time SP from nursing home
				4			5 2nd stay 30-day split (in hosp)
				9			6 2nd stay 30-day split (disch)
				37			7 First time SP from other facility
				4			9 Unknown reason
ENDSTAT	51	1	\$ENDSTAT				C Status at the end of the stay
				5			- Don't know
				766			0 SP is still a resident
				32			1 SP was discharged home
				68			2 SP was discharged to a hospital
				59			3 SP was discharged to another facility
				213			4 SP died in the facility
				7			5 Stay split by 30-day hosp
				6			6 Stay split by 30-day disch
				0			7 SP was discharged to another facility
				7			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
AMTVVA	79	9					N Amount paid by Veterans Administration
AMTPRVU	88	9					N Amt paid by priv ins (unknown purchased)
AMTOOP	97	9					N Amount paid out-of-pocket (OOP)
AMTOTH	106	9					N Amount paid by other payor(s)
ANCITOT	115	9					N Ancillary total payment
ANCICARE	124	9					N Ancillary amount paid by Medicare
ANCICAID	133	9					N Ancillary amount paid by Medicaid
ANCIVA	142	9					N Ancillary amount paid by Veterans Adm.
ANCIPRVU	151	9					N Ancillary amount paid by private ins.
ANCIOOP	160	9					N Ancillary amount paid by person/family
ANCIOTH	169	9					N Ancillary amount paid by other sources
TOTCARE	178	9					N Amount paid by Medicare for all services
TOTALL	187	9					N Total amt paid (incl. Medicare payments)
DENTNUM	196	3					N Number of dental visits
EMNUM	199	3					N Number of emergency room visits

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OPNUM	202	3					N Number of clinic/outpatient visits
MDNUM	205	3					N Number of medical doctor visits
MHNUMVIS	208	3					N # of mental health professional visits
DIETFLG	211	2	YES2FMT				N Type of health professional: dietician
				478			1 Yes
				685			2 No
OPHLFLG	213	2	YES2FMT				N Type of physician: ophthalmologist
				122			1 Yes
				1,041			2 No
OPTOMFLG	215	2	YES2FMT				N Type of health professional: optometrist
				99			1 Yes
				1,064			2 No
PODIAFLG	217	2	YES2FMT				N Type of health professional: podiatrist
				665			1 Yes
				498			2 No
EDHABFLG	219	2	YES2FMT				N Received educational/habitational svcs.
				8			-8 Don't know
				241			1 Yes
				914			2 No
HABFLG	221	2	YES2FMT				N Received habitational services
				8			-8 Don't know
				225			1 Yes
				930			2 No
EDUCFLG	223	2	YES2FMT				N Received educational services
				9			-8 Don't know
				167			1 Yes
				987			2 No
AMBUSERV	225	2	YES2FMT				N Used ambulance service
				391			1 Yes
				772			2 No
BEDPADS	227	2	YES2FMT				N Received bed pads
				659			1 Yes
				504			2 No
CATHETER	229	2	YES2FMT				N Received catheter or catheter supplies
				144			1 Yes
				1,019			2 No

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CATHIRRI	231	2	YES2FMT				N Catheterization and irrigation
				142			1 Yes
				1,021			2 No
CHNGBAND	233	2	YES2FMT				N Apply or change dressing
				447			1 Yes
				716			2 No
CLOTHDPR	235	2	YES2FMT				N Received cloth diapers
				64			1 Yes
				1,099			2 No
COMMODE	237	2	YES2FMT				N Received bedside commode
				107			1 Yes
				1,056			2 No
DIABSUPP	239	2	YES2FMT				N Used diabetic supplies
				237			1 Yes
				926			2 No
DIAPRSUP	241	2	YES2FMT				N Used disposable diapers
				733			1 Yes
				430			2 No
EQUIPSUP	243	2	YES2FMT				N Used equipment or supplies
				14			1 Yes
				1,149			2 No
EYEGLASS	245	2	YES2FMT				N Used eyeglasses
				194			1 Yes
				969			2 No
FEEDSERV	247	2	YES2FMT				N Received feeding services
				336			1 Yes
				827			2 No
FEEDSUPP	249	2	YES2FMT				N Received feeding supplies
				75			1 Yes
				1,088			2 No
GERCHAIR	251	2	YES2FMT				N Received geri-chair
				108			1 Yes
				1,055			2 No
GTUBESUP	253	2	YES2FMT				N Received gastrointestinal tube & suppl.
				51			1 Yes
				1,112			2 No

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GTUBEUSE	255	2	YES2FMT				N Received gastrointestinal tube servivces
				57			1 Yes
				1,106			2 No
HEARAID	257	2	YES2FMT				N Used hearing aid
				36			1 Yes
				1,127			2 No
HOSPBED	259	2	YES2FMT				N Received hospital bed
				356			1 Yes
				807			2 No
HOTPACKS	261	2	YES2FMT				N Received hot pack & hot pack services
				39			1 Yes
				1,124			2 No
INCNCARE	263	2	YES2FMT				N Received incontinence care
				737			1 Yes
				426			2 No
INJECTION	265	2	YES2FMT				N Received injections
				371			1 Yes
				792			2 No
IVSUPP	267	2	YES2FMT				N Received IV therapy supplies
				45			1 Yes
				1,118			2 No
IVUSE	269	2	YES2FMT				N Received IV therapy services
				55			1 Yes
				1,108			2 No
MATTRESS	271	2	YES2FMT				N Received special mattress
				455			1 Yes
				708			2 No
NEBULIZR	273	2	YES2FMT				N Received nebulizer
				124			1 Yes
				1,039			2 No
ORTHITEM	275	2	YES2FMT				N Used orthopedic items
				176			1 Yes
				987			2 No
OSTOMSUP	277	2	YES2FMT				N Used ostomy supplies
				28			1 Yes
				1,135			2 No

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OXYGEN	279	2	YES2FMT				N Used oxygen
				267			1 Yes
				896			2 No
PACEMCHK	281	2	YES2FMT				N Pacemaker check/monitoring services
				40			1 Yes
				1,123			2 No
PROSTHES	283	2	YES2FMT				N Used prosthesis
				7			1 Yes
				1,156			2 No
RESTRAIN	285	2	YES2FMT				N Received restraints
				158			1 Yes
				1,005			2 No
SKINSERV	287	2	YES2FMT				N Rec'd skin ulcer prevention/care svcs.
				673			1 Yes
				490			2 No
SUCTSERV	289	2	YES2FMT				N Received respiratory tract suctioning
				38			1 Yes
				1,125			2 No
SUCTSUPP	291	2	YES2FMT				N Received suction machine and supplies
				38			1 Yes
				1,125			2 No
TEDHOSE	293	2	YES2FMT				N Received support (ted) hose and supplies
				121			1 Yes
				1,042			2 No
TUBEFEED	295	2	YES2FMT				N Received tube feeding
				73			1 Yes
				1,090			2 No
TURNPOS	299	2	YES2FMT				N Received turning and positioning
				557			1 Yes
				606			2 No
WHEEWALK	301	2	YES2FMT				N Received wheel chair or walker
				515			1 Yes
				648			2 No