



Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,385			1 0-44
				1,354			2 45-64
				2,646			3 65-69
				2,633			4 70-74
				2,649			5 75-79
				2,635			6 80-84
				2,467			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				599			A Part A Medicare only
				85			B Part B Medicare only
				15,082			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				591			A Part A Medicare only
				84			B Part B Medicare only
				15,091			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				585			A Part A Medicare only
				84			B Part B Medicare only
				15,097			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				585			A Part A Medicare only
				84			B Part B Medicare only
				15,097			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				581			A Part A Medicare only
				82			B Part B Medicare only
				15,102			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				579			A Part A Medicare only
				82			B Part B Medicare only
				15,104			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				552			A Part A Medicare only
				82			B Part B Medicare only
				15,131			C Parts A and B Medicare
				4			N No Medicare entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	43	1	\$ENTFMT	550 82 15,133 4			C Medicare entitlement code for Aug A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT	547 82 15,135 5			C Medicare entitlement code for Sep A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT	548 81 15,127 13			C Medicare entitlement code for Oct A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT	544 80 15,100 45			C Medicare entitlement code for Nov A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT	544 80 15,044 101			C Medicare entitlement code for Dec A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT	3 15,766			C Medicare entitlement start date Missing Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT	15,757 12			C Medicare entitlement end date Missing Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT	11 12,942 60 2,680 58 18			C Medicare status code as of 12/31 Unknown 10 Aged, no ESRD 11 Aged, ESRD 20 Disabled, no ESRD 21 Disabled, ESRD 31 ESRD only

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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
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				15,135			C Current payment status
				1			DW Deferred-Workers' Compensation
				1			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				4			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
				1			R Cur pay-Part B reinstated
				0			RN Cur pay-Part B reinstated
				0			S SUSP-deferred retirement
				1			SD SUSP-other
				0			SF SUSP-fails to meet residence requirement
				64			SH SUSP-government pension
				2			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				1			S0 SUSP-continuing disability investig
				0			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				6			S6 SUSP-check returned for address
				31			S7 SUSP-vocational rehab refusal
				1			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
				133			T1 TERM-death of beneficiary
				0			T2 TERM-death of primary
				0			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
				2			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				372			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				3			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

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
				569			01 Alabama
				1			02 Alaska
				308			03 Arizona
				144			04 Arkansas
				1,153			05 California
				141			06 Colorado
				215			07 Connecticut
				2			08 Delaware
				14			09 Washington, DC
				1,236			10 Florida
				469			11 Georgia
				0			12 Hawaii
				0			13 Idaho
				519			14 Illinois
				52			15 Indiana
				145			16 Iowa
				158			17 Kansas
				294			18 Kentucky
				147			19 Louisiana
				0			20 Maine
				200			21 Maryland
				278			22 Massachusetts
				836			23 Michigan
				233			24 Minnesota
				1			25 Mississippi
				421			26 Missouri
				1			27 Montana
				145			28 Nebraska
				335			29 Nevada
				1			30 New Hampshire
				439			31 New Jersey
				288			32 New Mexico
				1,089			33 New York
				777			34 North Carolina
				0			35 North Dakota
				800			36 Ohio
				151			37 Oklahoma
				1			38 Oregon
				854			39 Pennsylvania
				280			40 Puerto Rico
				0			41 Rhode Island
				142			42 South Carolina
				0			43 South Dakota
				414			44 Tennessee
				947			45 Texas
				3			46 Utah
				0			47 Vermont
				0			48 Virgin Islands
				170			49 Virginia
				607			50 Washington
				222			51 West Virginia
				429			52 Wisconsin
				138			53 Wyoming
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				15,769			County code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT	15,769			C Postal zip code of residence as of 12/31 ZIP Code
H_CENSUS	78	2	\$CENFMT	1			C Census Region of residence as of 12/31 Missing ** 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
H_METRO	80	1	\$METFMT	4,132			C Metro status N Non-metro area U Unknown Y Metro area
H_HSBEG1	81	8	\$DTE8FMT	15,470			C Beginning date of latest hospice period Missing Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT	15,470			C Ending date of latest hospice period Missing Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT	15,664			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT	15,664			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT	15,695			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT	15,695			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT	15,708			C Beginning date of 4th hospice period Missing Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT	15,708			C Ending date of 4th hospice period Missing Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT	15,583			C Beginning date of ESRD period Missing Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT	15,706			C Ending date of ESRD period Missing Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW	13,675			C Some group health participation in year 0 No enrollment 1 Some enrollment
H_PARTLC	162	1	\$PARTC	13,332			C GHP - partial county switch 0 Not a partial county plan 1 Partial county plan by ZIP
H_PLTP01	163	2	\$PLNFMT	13,742			C GHP plan type for Jan No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP
H_PLAN01	165	5	\$GHPFMT	13,742			C GHP contract number for Jan N Unknown, or no plan 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	13,730			C GHP plan type for Feb No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLAN02	183	5	\$GHPFMT				C GHP contract number for Feb
				13,730			N Unknown, or no plan
				2,039			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
H_PLTP03	199	2	\$PLNFMT				C GHP plan type for Mar
				13,723			No enrollment
				46			01 Health care prepayment plan
				74			02 Cost HMO
				0			05 Old Risk HMO
				1,926			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN03	201	5	\$GHPFMT				C GHP contract number for Mar
				13,723			N Unknown, or no plan
				2,046			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
				13,712			No enrollment
				46			01 Health care prepayment plan
				73			02 Cost HMO
				0			05 Old Risk HMO
				1,938			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN04	219	5	\$GHPFMT				C GHP contract number for Apr
				13,712			N Unknown, or no plan
				2,057			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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP05	235	2	\$PLNFMT				C GHP plan type for May
				13,719			No enrollment
				46			01 Health care prepayment plan
				73			02 Cost HMO
				0			05 Old Risk HMO
				1,931			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN05	237	5	\$GHPFMT				C GHP contract number for May
				13,719			N Unknown, or no plan
				2,050			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
				13,724			No enrollment
				46			01 Health care prepayment plan
				74			02 Cost HMO
				0			05 Old Risk HMO
				1,925			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN06	255	5	\$GHPFMT				C GHP contract number for Jun
				13,724			N Unknown, or no plan
				2,045			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
				13,734			No enrollment
				46			01 Health care prepayment plan
				73			02 Cost HMO
				0			05 Old Risk HMO
				1,916			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN07	273	5	\$GHPFMT				C GHP contract number for Jul
				13,734			N Unknown, or no plan
				2,035			Plan Identifier
H_PLPY07	278	5					N Medicare capitation payment for Jul

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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
				13,737			No enrollment
				46			01 Health care prepayment plan
				73			02 Cost HMO
				0			05 Old Risk HMO
				1,913			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN08	291	5	\$GHPFMT				C GHP contract number for Aug
				13,737			N Unknown, or no plan
				2,032			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
				13,743			No enrollment
				46			01 Health care prepayment plan
				73			02 Cost HMO
				0			05 Old Risk HMO
				1,907			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN09	309	5	\$GHPFMT				C GHP contract number for Sep
				13,743			N Unknown, or no plan
				2,026			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
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
				13,755			No enrollment
				46			01 Health care prepayment plan
				72			02 Cost HMO
				0			05 Old Risk HMO
				1,896			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLAN10	327	5	\$GHPFMT				C GHP contract number for Oct
				13,755			N Unknown, or no plan
				2,014			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
				13,758			No enrollment
				46			01 Health care prepayment plan
				72			02 Cost HMO
				0			05 Old Risk HMO
				1,893			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN11	345	5	\$GHPFMT				C GHP contract number for Nov
				13,758			N Unknown, or no plan
				2,011			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
				13,769			No enrollment
				45			01 Health care prepayment plan
				71			02 Cost HMO
				0			05 Old Risk HMO
				1,884			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN12	363	5	\$GHPFMT				C GHP contract number for Dec
				13,769			N Unknown, or no plan
				2,000			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
				12,538			N No participation
				3,231			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
				1,245			B State Part B buy-in
				39			C State Part A and B buy-in
				115			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,722			N No buy-in this month
				1,325			Q State Part B QMB buy-in
				323			S State Part B SLMB buy-in
H_MCDE02	381	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,251			B State Part B buy-in
				39			C State Part A and B buy-in
				115			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,715			N No buy-in this month
				1,325			Q State Part B QMB buy-in
				324			S State Part B SLMB buy-in
H_MCDE03	382	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,260			B State Part B buy-in
				40			C State Part A and B buy-in
				115			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,700			N No buy-in this month
				1,326			Q State Part B QMB buy-in
				328			S State Part B SLMB buy-in
H_MCDE04	383	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,263			B State Part B buy-in
				40			C State Part A and B buy-in
				115			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,692			N No buy-in this month
				1,334			Q State Part B QMB buy-in
				325			S State Part B SLMB buy-in
H_MCDE05	384	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,271			B State Part B buy-in
				41			C State Part A and B buy-in
				116			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,683			N No buy-in this month
				1,334			Q State Part B QMB buy-in
				324			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
				1			A State Part A buy-in
				1,273			B State Part B buy-in
				40			C State Part A and B buy-in
				116			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,677			N No buy-in this month
				1,338			Q State Part B QMB buy-in
				324			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
				40			C State Part A and B buy-in
				116			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,667			N No buy-in this month
				1,338			Q State Part B QMB buy-in
				329			S State Part B SLMB buy-in
H_MCDE08	387	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				1,284			B State Part B buy-in
				40			C State Part A and B buy-in
				116			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,653			N No buy-in this month
				1,346			Q State Part B QMB buy-in
				330			S State Part B SLMB buy-in
H_MCDE09	388	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				1,282			B State Part B buy-in
				40			C State Part A and B buy-in
				116			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,652			N No buy-in this month
				1,352			Q State Part B QMB buy-in
				327			S State Part B SLMB buy-in
H_MCDE10	389	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				1,290			B State Part B buy-in
				43			C State Part A and B buy-in
				114			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,646			N No buy-in this month
				1,351			Q State Part B QMB buy-in
				325			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
				42			C State Part A and B buy-in
				114			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,646			N No buy-in this month
				1,354			Q State Part B QMB buy-in
				324			S State Part B SLMB buy-in
H_MCDE12	391	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				1,278			B State Part B buy-in
				42			C State Part A and B buy-in
				114			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,677			N No buy-in this month
				1,339			Q State Part B QMB buy-in
				319			S State Part B SLMB buy-in
H_MACY01	392	3	\$MACYFMT				C Buy-in agency for Jan
				12,722			N Unknown, or no buy-in
				3,047			State Agency code
H_MACY02	395	3	\$MACYFMT				C Buy-in agency for Feb
				12,715			N Unknown, or no buy-in
				3,054			State Agency code
H_MACY03	398	3	\$MACYFMT				C Buy-in agency for Mar
				12,700			N Unknown, or no buy-in
				3,069			State Agency code
H_MACY04	401	3	\$MACYFMT				C Buy-in agency for Apr
				12,692			N Unknown, or no buy-in
				3,077			State Agency code
H_MACY05	404	3	\$MACYFMT				C Buy-in agency for May
				12,683			N Unknown, or no buy-in
				3,086			State Agency code
H_MACY06	407	3	\$MACYFMT				C Buy-in agency for Jun
				12,677			N Unknown, or no buy-in
				3,092			State Agency code
H_MACY07	410	3	\$MACYFMT				C Buy-in agency for Jul
				12,667			N Unknown, or no buy-in
				3,102			State Agency code
H_MACY08	413	3	\$MACYFMT				C Buy-in agency for Aug
				12,653			N Unknown, or no buy-in
				3,116			State Agency code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MACY09	416	3	\$MACYFMT	12,652 3,117			C Buy-in agency for Sep N Unknown, or no buy-in State Agency code
H_MACY10	419	3	\$MACYFMT	12,646 3,123			C Buy-in agency for Oct N Unknown, or no buy-in State Agency code
H_MACY11	422	3	\$MACYFMT	12,646 3,123			C Buy-in agency for Nov N Unknown, or no buy-in State Agency code
H_MACY12	425	3	\$MACYFMT	12,677 3,092			C Buy-in agency for Dec N Unknown, or no buy-in State Agency code
H_HOSSW	428	1	\$UTLFMT	15,609 160			C One or more hospice bills in CY 0 No utilization this type 1 Some utilization this type
H_INPSW	429	1	\$UTLFMT	12,857 2,912			C One or more inpatient discharges in CY 0 No utilization this type 1 Some utilization this type
H_SNFSW	430	1	\$UTLFMT	15,093 676			C One or more SNF admissions in CY 0 No utilization this type 1 Some utilization this type
H_HHASW	431	1	\$UTLFMT	14,560 1,209			C 1 = one or more HHA visits in CY 0 No utilization this type 1 Some utilization this type
H_OUTSW	432	1	\$UTLFMT	6,131 9,638			C One or more outpatient visits in CY 0 No utilization this type 1 Some utilization this type
H_PBSW	433	1	\$UTLFMT	2,843 12,926			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_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)

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LATDCH	464	8	\$DTE8FMT	12,857 2,912			C Discharge date of latest inpatient stay  Missing Date as YYYYMMDD
H_LATDRG	472	3	\$DRGFMT	12,857 2,912			C DRG code for latest inpatient stay  Unknown, or no discharge DRG
H_DISDES	475	2	\$STATUS	12,857 1,744 14 521 41 18 440 13 2 41 4 0 0 0 16 11 25 0 0 22			C Discharge dest for latest inpatient stay  Missing 01 Discharged to home/self care 02 Discharged to other short-term hospital 03 Discharged to skilled nursing facility 04 Discharged to intermediate care facility 05 Disch to another type of institution 06 Discharged to home care of organized HMO 07 Left against medical advice/stopped care 08 Disch home under care of IV therapy prov 20 Expired (did not recover Christian Sci) 30 Still patient 40 Expired at home (hospice claims only) 41 Expired in hospital, SNF, ICF or hospice 42 Expired in unknown place (hospice only) 50 Hospice - home (eff. 96) 51 Hospice - medical facility (eff. 96) 61 Disch w/i facility to swing-bed SNF (99) 71 Disch to other facility for O/P svcs(99) 72 Disch to this facility for O/P svcs (99) 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 coinsurance days used in CY
H_INPCAM	505	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	510	2					N Total SNF stays in CY
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 (\$)

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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 2000 this was included in H_HHARMB. First available in 2000
H_HHRMBB	572	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	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_PHYCLM	613	4					N Total physician claims in CY
							Notes: Prior to 2000 this was included in H_PMTCLM. First available in 2000
H_PHYLIN	617	4					N Total physician line items in CY
							Notes: Prior to 2000 this was included in H_PMTLIN. First available in 2000
H_PHYSCH	621	7					N Total physician submitted charges (\$)
							Notes: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_PHYACH	628	7					N Total physician allowed charges (\$)
							Notes: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_PHYRMB	635	7					N Total physician reimbursement (\$)
							Notes: Prior to 2000 this was included in H_PMTRMB. First available in 2000
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 2000 this was included in H_PMTCLM. First available in 2000

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_DMELIN	656	4					N Total DME supplier line items in CY  Notes: Prior to 2000 this was included in H_PMTLIN. First available in 2000
H_DMESCH	660	7					N Total DME supplier submitted charges (\$)  Notes: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_DMEACH	667	7					N Total DME supplier allowed charges (\$)  Notes: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_DMERMB	674	7					N Total DME supplier reimbursement (\$)  Notes: Prior to 2000 this was included in H_PMTRMB. First available in 2000