

CMS 2008 Basic Stand Alone (BSA) Hospice Beneficiary Public Use File (PUF)

Data Dictionary and Codebook

This is a beneficiary-level file with the following variables. See the General Documentation for an overview of file contents, data source, information about exclusions, and analytic utility.

HOSPC_BENE_ID

This field contains a cryptographic beneficiary ID. As this is a beneficiary-level file, each row on the file has a unique value for HOSPC_BENE_ID. HOSPC_BENE_ID cannot be used to link to any other data files released by CMS or other sources.

BENE_SEX_IDENT_CD

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	19,910	39.597
2	Female	30,371	60.403

Note: Percentages may not add up to 100% due to rounding.

BENE_AGE_CAT_CD

This categorical variable is based on the beneficiary's age at end of the reference year (2008). In the event the beneficiary died during the reference year, the age at the date of death is used.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Under 65	2,351	4.676
2	65 - 69	3,420	6.802
3	70 - 74	4,658	9.264
4	75 - 79	7,109	14.139
5	80 - 84	10,017	19.922
6	85 - 89	10,892	21.662
7	90 and older	11,834	23.536

Note: Percentages may not add up to 100% due to rounding.

HOSPC_DECEASED_CD

This is a dichotomous variable to indicate whether the beneficiary was deceased at discharge from Hospice care or not. It is created using the NCH_BENE_DSCHRG_IND_CD in the Hospice claims file. A HOSPC_DECEASED_CD value of 0 implies that the beneficiary was discharged alive sometime in 2008 or was still in Hospice care at the end of 2008. Beneficiaries discharged alive but who died afterwards are not coded as deceased.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	Not deceased at discharge or still patient at the end of 2008	14,790	29.415
1	Deceased at discharge	35,491	70.585

Note: Percentages may not add up to 100% due to rounding.

HOSPC_DX_CD

HOSPC_DX_CD is a categorical variable describing the patient's terminal diagnosis. It is created using the ICD-9 CM primary diagnosis code at admission (ICD9_DGNS_CD_1) in the Medicare Hospice claims file. If a beneficiary had more than one Hospice admission in 2008, the ICD-9 CM primary diagnosis code on the first admission is used. The ICD-9 CM primary diagnosis codes are grouped into terminal diagnoses based on the 2008 CMS Hospice Report. Refer to the General Documentation for more information on the link between the ICD-9 primary diagnosis codes and terminal diagnosis codes. This variable provides the most common 5 terminal diagnoses and all other diagnoses are grouped under a sixth value.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Non-Alzheimer's Dementia	4,875	9.696
2	Debility, unspecified	4,725	9.397
3	Lung Cancer	4,547	9.043
4	Congestive Heart Failure (CHF)	4,070	8.095
5	Non-infectious Respiratory Disease	3,297	6.557
6	Other	28,767	57.212

Note: Percentages may not add up to 100% due to rounding.

HOSPC_CANCER_CD

This dichotomous variable contains a flag for whether the patient's terminal diagnosis is cancer or not. As in HOSPC_DX_CD, it is created using the ICD-9 CM primary diagnosis code at admission (ICD9_DGNS_CD_1) in the Medicare Hospice claims file. If a beneficiary had more than one Hospice admission in 2008, the ICD-9 CM primary diagnosis code on the first admission is used. ICD-9 CM primary diagnosis codes between 150xx and 239xx are defined as a cancer diagnosis (or HOSPC_CANCER_CD equals 1).

Variable Value	Formatted Value	Frequency	Frequency (%)
0	Non-Cancer	34,648	68.909
1	Cancer	15,633	31.091

Note: Percentages may not add up to 100% due to rounding.

HOSPC_DAYS_CD

This categorical variable is based on the number of calendar days the beneficiary received Hospice care. The total number of days is categorized into four groups: 7 days, 8-30 days, 31-90 days, 91-180 days, and 181 or more days. The total number of days is calculated by adding up days of service using CLM_FROM_DT and the CLM_THRU_DT variables. The CLM_FROM_DT variable is the first day on the billing statement covering services rendered to the beneficiary (a.k.a. 'Statement Covers From Date'). The CLM_THRU_DT variable is the last day on the billing statement covering services rendered to the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	1 - 7 days	13,998	27.840
2	8 - 30 days	13,397	26.644
3	31 - 90 days	10,087	20.061
4	91 - 180 days	5,952	11.837
5	181 or more days	6,847	13.617

Note: Percentages may not add up to 100% due to rounding.

HOSPC_PMT_AMT

This variable contains total payments made by Medicare for the Hospice claims of the beneficiary. The values are provided after rounding. Refer to Table 3 in the General Documentation for rounding rules. The payment amount that is used in the calculation is the sum of all the payments made from the Medicare trust fund for the services covered for the beneficiary (CLM_PMT_AMT) in the Medicare Hospice claims file.

Variable Value ⁽¹⁾ (\$)	Frequency	Frequency (%)
0	64	0.127
250	2,461	4.894
500	2,778	5.525
750	2,348	4.670
1,000	5,164	10.270
2,000	5,653	11.243
3,000	3,946	7.848
4,000	2,838	5.644
5,000	2,267	4.509
6,000	1,852	3.683
7,000	1,669	3.319
8,000	1,354	2.693
9,000	1,231	2.448
10,000	2,995	5.957
15,000	3,316	6.595
20,000	2,245	4.465
25,000	4,216	8.385
50,000	3,847	7.651
75,000	37	0.074

Note: Percentages may not add up to 100% due to rounding.

(1) Note that a payment amount between \$0 and \$124.99 is rounded to \$0 according to the rounding rules. Hence, the corresponding value for \$250 in the PUF is a value between \$125 and \$374.99 in the initial 5% sample file.