

10/10/07  
ACCESS  
1991

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 1  
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	1					C RECORD IDENTIFICATION CODE
FILEYR	2	2					C YY REFERENCE YEAR OF RECORD
BASEID	4	8	\$BSIDFMT				C UNIQUE SP IDENTIFICATION NUMBER
				12,677			LOW-HIGH BASEID Count
H_BLANK	12	1					C FOR FUTURE USE
H_DOB	13	8					C DATE OF BIRTH
H_DOD	21	6					C DATE OF DEATH
H_SEX	27	1	\$SEXFMT				C SEX CODE
				3			UNKNOWN
				5,413			1 MALE
				7,261			2 FEMALE
H_RACE	28	1	\$RACEFMT				C RACE CODE
				3			NOT SHOWN
				351			0 UNKNOWN
				10,654			1 WHITE
				1,312			2 BLACK
				357			3 NON-WHITE OTHER
H_AGE	29	3					N AGE AS OF JULY 1, 1991
H_STRAT	32	1	\$AGEFMT				C AGE GROUP
				3			INAPPLICABLE
				1,103			1 0-44
				1,104			2 45-64
				2,487			3 65-69
				2,107			4 70-74
				2,113			5 75-79
				2,005			6 80-84
				1,755			7 85 +
D_STRAT	33	1	\$AGEFMT				C MCBS SAMPLE STRATUM
				3			INAPPLICABLE
				1,056			1 0-44
				1,098			2 45-64
				2,103			3 65-69
				2,083			4 70-74
				2,094			5 75-79
				2,122			6 80-84
				2,118			7 85 +
H_PTABEG	34	6					C PART A ENTITLEMENT START DATE
H_PTAEND	40	6					C PART A ENTITLEMENT END DATE

10/10/07  
ACCESS  
1991

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 2  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PTBBEG	46	6					C PART B ENTITLEMENT START DATE
H_PTEND	52	6					C PART B ENTITLEMENT END DATE
H_MEDSTA	58	2	\$MSCFMT				C MEDICARE STATUS CODE AS OF JULY 1 1991
				3			INAPPLICABLE
				10,461			10 AGED, NO ESRD
				16			11 AGED, ESRD
				2,133			20 DISABLED, NO ESRD
				13			21 DISABLED, ESRD
				51			31 ESRD ONLY
H_LAF	60	2	\$LAFFMT				C STATUS OF SSA BENEFIT CHECK (LAF) JULY 1
				3			INAPPLICABLE
				0			AD CURRENT PAY - ADJUSTED FOR DUAL ENTITLEM
				0			A9 CURRENT PAY - MISCELLANEOUS ADJUSTMENT
				12,209			C CURRENT PAYMENT STATUS
				19			D2 DEFERRED BECAUSE OF RETIREMENT TEST
				1			D3 DEFERRED BECAUSE OF D2 FOR PRIMARY
				8			D6 DEFERRED TO RECOVER OVERPAYMENT
				1			D9 DEFERRED - MISCELLANEOUS REASON
				0			N NOT IN PAY STATUS
				0			RN CURRENT PAY - PART B REINSTATED
				0			S SUSPENDED - DEFERRED RETIREMENT
				3			SD SUSPENDED - OTHER
				0			SF SUSPENDED - FAILS TO MEET RESIDENCE REQU
				20			SH SUSPENDED - GOVERNMENT PENSION
				3			SP SUSPENDED - PUBLIC ASSISTANCE
				2			S0 SUSPENDED - CONTINUING DISABILITY INVEST
				64			S2 SUSPENDED - FAILS RETIREMENT TEST
				6			S3 SUSPENDED - PRIMARY ACCOUNT S2
				1			S6 SUSPENDED - CHECK RETURNED FOR ADDRESS
				17			S7 SUSPENDED - VOCATIONAL REHAB REFUSAL
				1			S8 SUSPENDED - PAYEE NOT DETERMINED
				2			S9 SUSPENDED - MISCELLANEOUS REASON
				0			T0 TERMINATED - BENEFITS PAID BY ANOTHER AG
				9			T1 TERMINATED - DEATH OF BENEFICIARY
				0			T2 TERMINATED - DEATH OF PRIMARY
				0			T3 TERMINATED - DIVORCE, MARRIAGE, REMARRIA
				3			T5 TERMINATED - ENTITLED ON ANOTHER ACCT
				0			T8 TERMINATED - RECOVERY FROM DISABILITY
				0			T9 TERMINATED - MISCELLANEOUS
				305			U ACTIVE UNINSURED STATUS (NO SSA CHECK)
				0			X1 TERMINATED - DEATH OF INSURED
				0			X5 TERMINATED - ENTITLED TO ANOTHER BENEFIT
				0			X7 TERMINATION OF UNINSURED
H_RESST	62	2					C SSA STATE CODE OF RESIDENCE AS OF JULY 1
H_RESCTY	64	3					C SSA COUNTY CODE OF RES. AS OF JULY 1 199
H_ZIP	67	5					C POSTAL ZIPCODE OF RESIDENCE AS OF JULY
H_CENSUS	72	2					C CENSUS REGION OF RESIDENCE AS OF JULY 1
H_HS1BEG	74	6					C BEGINNING DATE OF LATEST HOSPICE PERIOD
H_HS1END	80	6					C ENDING DATE OF LATEST HOSPIC PERIOD
H_HS2BEG	86	6					C BEGINNING DATE OF 2ND HOSPICE PERIOD

10/10/07  
ACCESS  
1991

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 3  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HS2END	92	6					C ENDING DATE OF 2ND HOSPICE PERIOD
H_HS3BEG	98	6					C BEGINNING DATE OF 3RD HOSPICE PERIOD
H_HS3END	104	6					C ENDING DATE OF 3RD HOSPICE PERIOD
H_HS4BEG	110	6					C BEGINNING DATE OF 4TH HOSPICE PERIOD
H_HS4END	116	6					C ENDING DATE OF 4TH HOSPICE PERIOD
H_ESRBEG	122	6					C BEGINNING DATE OF ESRD PERIOD
H_ESREND	128	6					C ENDING DATE OF ESRD PERIOD
H_GHPSW	134	1					C 1= SOME GROUP HEALTH PARTICIPATION IN 19
H_PLTP1	135	2	\$PLNFMT				C GHP PLAN TYPE JAN 1991
				3			INAPPLICABLE
				189			1 HCPP
				6			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				37			18 UMW PLAN
				35			2 COST HMO
				7			5 OLD RISK HMO
				341			6 RISK HMO
				12,056			2 NO
H_PLTP2	137	2	\$PLNFMT				C GHP PLAN TYPE FEB 1991
				3			INAPPLICABLE
				188			1 HCPP
				6			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				37			18 UMW PLAN
				36			2 COST HMO
				7			5 OLD RISK HMO
				343			6 RISK HMO
				12,054			2 NO
H_PLTP3	139	2	\$PLNFMT				C GHP PLAN TYPE MAR 1991
				3			INAPPLICABLE
				186			1 HCPP
				6			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				36			2 COST HMO
				7			5 OLD RISK HMO
				346			6 RISK HMO
				12,052			2 NO

10/10/07  
ACCESS  
1991

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 4  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP4	141	2	\$PLNFMT				C GHP PLAN TYPE APR 1991
				3			INAPPLICABLE
				187			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				34			2 COST HMO
				7			5 OLD RISK HMO
				348			6 RISK HMO
				12,050			2 NO
H_PLTP5	143	2	\$PLNFMT				C GHP PLAN TYPE MAY 1991
				3			INAPPLICABLE
				182			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				33			2 COST HMO
				7			5 OLD RISK HMO
				349			6 RISK HMO
				12,055			2 NO
H_PLTP6	145	2	\$PLNFMT				C GHP PLAN TYPE JUN 1991
				3			INAPPLICABLE
				178			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				34			2 COST HMO
				7			5 OLD RISK HMO
				350			6 RISK HMO
				12,057			2 NO
H_PLTP7	147	2	\$PLNFMT				C GHP PLAN TYPE JUL 1991
				3			INAPPLICABLE
				179			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				34			2 COST HMO
				7			5 OLD RISK HMO
				357			6 RISK HMO
				12,049			2 NO
H_PLTP8	149	2	\$PLNFMT				C GHP PLAN TYPE AUG 1991
				3			INAPPLICABLE
				177			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				34			2 COST HMO
				7			5 OLD RISK HMO
				360			6 RISK HMO
				12,048			2 NO

10/10/07  
ACCESS  
1991

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 5  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP9	151	2	\$PLNFMT				C GHP PLAN TYPE SEP 1991
				3			INAPPLICABLE
				176			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				35			2 COST HMO
				7			5 OLD RISK HMO
				363			6 RISK HMO
				12,045			2 NO
H_PLTP10	153	2	\$PLNFMT				C GHP PLAN TYPE OCT 1991
				3			INAPPLICABLE
				173			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				35			2 COST HMO
				7			5 OLD RISK HMO
				363			6 RISK HMO
				12,048			2 NO
H_PLTP11	155	2	\$PLNFMT				C GHP PLAN TYPE NOV 1991
				3			INAPPLICABLE
				171			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				33			2 COST HMO
				8			5 OLD RISK HMO
				370			6 RISK HMO
				12,044			2 NO
H_PLTP12	157	2	\$PLNFMT				C GHP PLAN TYPE DEC 1991
				3			INAPPLICABLE
				171			1 HCPP
				7			12 DEMO RISK HMO
				3			17 PACE DEMO PLAN
				38			18 UMW PLAN
				31			2 COST HMO
				8			5 OLD RISK HMO
				375			6 RISK HMO
				12,041			2 NO
H_MCSW	159	1					C 1= SOME MEDICAID ELIGIBILITY FOR 1991
H_MCDE1	160	1					C MEDICAID ELIGIBILITY FOR JAN 1991
H_MCDE2	161	1					C MEDICAID ELIGIBILITY FOR FEB 1991
H_MCDE3	162	1					C MEDICAID ELIGIBILITY FOR MAR 1991
H_MCDE4	163	1					C MEDICAID ELIGIBILITY FOR APR 1991
H_MCDE5	164	1					C MEDICAID ELIGIBILITY FOR MAY 1991
H_MCDE6	165	1					C MEDICAID ELIGIBILITY FOR JUN 1991

10/10/07  
ACCESS  
1991

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 6  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE7	166	1					C MEDICAID ELIGIBILITY FOR JUL 1991
H_MCDE8	167	1					C MEDICAID ELIGIBILITY FOR AUG 1991
H_MCDE9	168	1					C MEDICAID ELIGIBILITY FOR SEP 1991
H_MCDE10	169	1					C MEDICAID ELIGIBILITY FOR OCT 1991
H_MCDE11	170	1					C MEDICAID ELIGIBILITY FOR NOV 1991
H_MCDE12	171	1					C MEDICAID ELIGIBILITY FOR DEC 1991
H_LATDCH	172	6					C DISCHARGE DATE OF LATEST INP STAY
H_LATDRG	178	3					C DRG CODE FOR LATEST INP STAY
H_DISDES	181	2					C DISCHARGE DESTINATION FOR LAST STAY
H_INPSW	183	1					C 1 = ONE OR MORE INP DISCHARGES IN 1991
H_SNFSW	184	1					C 1 = ONE OR MORE SNF ADMISSIONS IN 1991
H_HHASW	185	1					C 1 = ONE OR MORE HHA VISITS IN 1991
H_OUTSW	186	1					C 1 = ONE OR MORE OUTPT VISITS IN 1991
H_PTARMB	187	7					N \$\$\$\$\$\$ TOTAL PART A REIMB 1991
H_PTBRMB	194	7					N \$\$\$\$\$\$ TOTAL PART B REIMB 1991
H_INPSTY	201	3					N NO. OF INPAT STAYS FOR 1991
H_INPDAY	204	3					N NO. OF INPAT COVRD DAYS FOR 1991
H_INPCHG	207	7					N \$\$\$\$\$\$ INPAT CHARGES FOR 1991
H_INPCCH	214	7					N \$\$\$\$\$\$ INPAT COVRD CHGS FOR 1991
H_INPRMB	221	7					N \$\$\$\$\$\$ INPAT REIMB FOR 1991
H_INPDED	228	7					C \$\$\$\$\$\$ INPAT DED TO BE MET 1991
H_INPCDY	235	2					N INPAT COVRD DAYS USED IN 1991
H_INPCAM	237	6					N \$\$\$\$\$\$ TOTAL INP COINS AMT 1991
H_SNFSTY	243	3					N TOTAL SNF STAYS IN 1991
H_SNFDAY	246	3					N TOTAL SNF COVERED DAYS IN 1991
H_SNFCHG	249	7					N \$\$\$\$\$\$ TOTAL SNF CHRGS IN 1991
H_SNFCCH	256	7					N \$\$\$\$\$\$ TOTAL SNF COV CHRGS 1991
H_SNFRMB	263	7					N \$\$\$\$\$\$ TOTAL SNF REIMB IN 1991
H_SNFCDY	270	2					N TOTAL SNF COINS DAYS IN 1991
H_SNFCAM	272	6					N \$\$\$\$\$\$ TOTAL SNF COINS AMT 1991
H_HHAVST	278	4					N TOTAL HHA VISITS IN 1991

10/10/07  
ACCESS  
1991

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

RIC: A  
Page: 7  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HHACCH	282	7					N \$\$\$\$\$\$ TOTAL HHA COV CHGS 1991
H_HHACHO	289	6					N \$\$\$\$\$\$ TOT HHA OTHER COV CHGS 1991
H_HHARMB	295	7					N \$\$\$\$\$\$ TOT HHA REIMB IN 1991
H_HSDAYS	302	3					N TOTAL COVRD HOSPICE DAYS 1991
H_HSTCHG	305	7					N \$\$\$\$\$\$ TOT HOSPICE CHGS 1991
H_HSREIM	312	7					N \$\$\$\$\$\$ TOT HOSPICE REIMB 1991
H_OUTBIL	319	4					N TOTAL OUTPT BILLS IN 1991
H_OUTCHG	323	7					N \$\$\$\$\$\$ TOTAL OUTPT COV CHG 1991
H_OUTRMB	330	7					N \$\$\$\$\$\$ TOTAL OUTPT REIMB 1991
H_PMTCLM	337	4					N TOTAL PHYSICIAN/SUPPLIER CLAIMS IN 1991
H_PMTLIN	341	4					N TOTAL PHYSICIAN/SUPPLIER LINE ITEMS 1991
H_PMTTCH	345	7					N \$\$\$\$\$\$ TOT PHYS CHGS 1991
H_PMTCHG	352	7					N \$\$\$\$\$\$ TOT COV PHYS CHGS 1991
H_PMTRMB	359	7					N \$\$\$\$\$\$ TOT PHYS REIMB 1991
H_PMTVST	366	4					N TOTAL OFFICE VISITS IN 1991
H_PMTCHO	370	7					N TOTAL OFFICE VISIT CHARGES IN 1991
H_PTBDDED	377	3					C 1 = PART B DED MET IN 1991
H_BLDDED	380	3					C BLOOD DED TO BE MET IN 1991
H_RESDAY	383	3					C LIFETIME RESERVE DAYS REMAINING
H_PSYDAY	386	3					C LIFETIME PSCH DAYS REMAINING