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**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification - Analytic

RIC: A2  
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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	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,383			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth
				12,383			Date as YYYYMMDD
H_DOD	20	6	\$DTE8FMT				C Date of death
				11,811			Missing
				572			Date as YYYYMMDD
H_SEX	26	1	\$SEXFMT				C Sex code
				5,358			1 Male
				7,025			2 Female
H_RACE	27	1	\$RACEFMT				C Race code
				355			0 Unknown
				10,351			1 White
				1,306			2 Black
				371			3 Other
				0			4 Asian
				0			5 Hispanic
				0			6 North American Native
H_AGE	28	3	AGEFMT				N SP age based on CMS date of birth
				12,383			Age in years
D_STRAT	31	1	\$AGEFMT				C MCBS Sample age stratum
				1,040			1 0-44
				1,160			2 45-64
				2,531			3 65-69
				1,947			4 70-74
				2,048			5 75-79
				1,995			6 80-84
				1,662			7 85 +
H_PTABEG	32	6					C Part A entitlement start date
H_PTAEND	38	6					C Part A entitlement end date
H_PTBEG	44	6					C Part B entitlement start date
H_PTBEND	50	6					C Part B entitlement end date

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H_MEDSTA	56	2	\$MSCFMT				C Medicare status code as of 12/31
				15			Unknown
				10,247			10 Aged, no ESRD
				16			11 Aged, ESRD
				2,051			20 Disabled, no ESRD
				20			21 Disabled, ESRD
				34			31 ESRD only
H_LAF	58	2	\$LAFFMT				C Status of SSA check (LAF) as of 12/31
				21			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				11,954			C Current payment status
				0			DW Deferred-Workers' Compensation
				28			D2 DEF-retirement test
				2			D3 DEF-D2 for primary
				9			D6 DEF-recover overpayment
				1			D9 DEF-miscellaneous reason
				0			J Advanced filing-current pay
				1			L2 Advanced filing-worked inside U S
				1			L3 Advanced filing-insured worked in U S
				0			N Not in pay status
				0			PB Delayed-benefit due but not paid
				0			R Cur pay-Part B reinstated
				0			RN Cur pay-Part B reinstated
				0			S SUSP-deferred retirement
				3			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				17			SH SUSP-government pension
				3			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				3			S0 SUSP-continuing disability investig
				35			S2 SUSP-fails retirement test
				3			S3 SUSP-primary account S2
				3			S6 SUSP-check returned for address
				11			S7 SUSP-vocational rehab refusal
				1			S8 SUSP-payee not determined
				1			S9 SUSP-miscellaneous reason
				0			TA TERM-prior to entitlement
				0			TJ TERM-prior to entlmt, not stop debit
				1			TR TERM-claim withdrawn
				0			T0 TERM-benefits paid by another agency
				0			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
				2			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				0			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				281			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				0			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				2			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

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H_RESST	60	2	\$STFMT				C SSA State code of residence as of 12/31
				377			01 Alabama
				0			02 Alaska
				105			03 Arizona
				107			04 Arkansas
				1,094			05 California
				222			06 Colorado
				96			07 Connecticut
				1			08 Delaware
				63			09 Washington, DC
				647			10 Florida
				588			11 Georgia
				0			12 Hawaii
				79			13 Idaho
				433			14 Illinois
				321			15 Indiana
				244			16 Iowa
				165			17 Kansas
				169			18 Kentucky
				116			19 Louisiana
				135			20 Maine
				160			21 Maryland
				149			22 Massachusetts
				407			23 Michigan
				146			24 Minnesota
				106			25 Mississippi
				171			26 Missouri
				0			27 Montana
				1			28 Nebraska
				122			29 Nevada
				1			30 New Hampshire
				635			31 New Jersey
				113			32 New Mexico
				897			33 New York
				6			34 North Carolina
				61			35 North Dakota
				519			36 Ohio
				234			37 Oklahoma
				5			38 Oregon
				665			39 Pennsylvania
				193			40 Puerto Rico
				2			41 Rhode Island
				458			42 South Carolina
				0			43 South Dakota
				67			44 Tennessee
				789			45 Texas
				3			46 Utah
				1			47 Vermont
				0			48 Virgin Islands
				456			49 Virginia
				432			50 Washington
				126			51 West Virginia
				422			52 Wisconsin
				52			53 Wyoming
				22			Unknown
H_RESCTY	62	3	\$CTYFMT				C SSA county code of residence as of 12/31
				22			Unknown
				12,361			County code

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H_ZIP	65	5	\$ZIPFMT				C Postal zip code of residence as of 12/31
				21			Unknown
				12,362			ZIP Code
H_CENSUS	70	2	\$CENFMT				C Census Region of residence as of 12/31
				21			Missing
				1			** Unknown
				384			01 New England
				2,197			02 Middle Atlantic
				2,102			03 East North Central
				788			04 West North Central
				2,505			05 South Atlantic
				719			06 East South Central
				1,246			07 West South Central
				696			08 Mountain
				1,531			09 Pacific
				193			10 Puerto Rico
H_METRO	72	1	\$METFMT				C Metro status
				3,347			N Non-metro area
				37			U Unknown
				8,999			Y Metro area
H_HS1BEG	73	6					C Beginning date of 1st hospice period
H_HS1END	79	6					C Ending date of 1st hospice period
H_HS2BEG	85	6					C Beginning date of 2nd hospice period
H_HS2END	91	6					C Ending date of 2nd hospice period
H_HS3BEG	97	6					C Beginning date of 3rd hospice period
H_HS3END	103	6					C Ending date of 3rd hospice period
H_HS4BEG	109	6					C Beginning date of 4th hospice period
H_HS4END	115	6					C Ending date of 4th hospice period
H_ESRBEG	121	6	\$DTE8FMT				C Beginning date of ESRD period
				12,329			Missing
				54			Date as YYYYMMDD
H_ESREND	127	6	\$DTE8FMT				C Ending date of ESRD period
				12,383			Missing
H_GHPSW	133	1	\$GHPSW				C Some group health participation in year
				11,747			0 No enrollment
				636			1 Some enrollment

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP01	134	2	\$PLNFMT				C GHP plan type for Jan
				11,821			No enrollment
				165			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				362			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN01	136	5	\$GHPFMT				C GHP contract number for Jan
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY01	141	4					N Medicare capitation payment for Jan
H_PLTP02	145	2	\$PLNFMT				C GHP plan type for Feb
				11,816			No enrollment
				166			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				366			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN02	147	5	\$GHPFMT				C GHP contract number for Feb
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY02	152	4					N Medicare capitation payment for Feb
H_PLTP03	156	2	\$PLNFMT				C GHP plan type for Mar
				11,812			No enrollment
				167			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				369			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN03	158	5	\$GHPFMT				C GHP contract number for Mar
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY03	163	4					N Medicare capitation payment for Mar

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP04	167	2	\$PLNFMT				C GHP plan type for Apr
				11,804			No enrollment
				167			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				377			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN04	169	5	\$GHPFMT				C GHP contract number for Apr
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY04	174	4					N Medicare capitation payment for Apr
H_PLTP05	178	2	\$PLNFMT				C GHP plan type for May
				11,798			No enrollment
				169			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				381			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN05	180	5	\$GHPFMT				C GHP contract number for May
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY05	185	4					N Medicare capitation payment for May
H_PLTP06	189	2	\$PLNFMT				C GHP plan type for Jun
				11,796			No enrollment
				169			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				383			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN06	191	5	\$GHPFMT				C GHP contract number for Jun
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY06	196	4					N Medicare capitation payment for Jun

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP07	200	2	\$PLNFMT				C GHP plan type for Jul
				11,785			No enrollment
				170			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				393			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN07	202	5	\$GHPFMT				C GHP contract number for Jul
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY07	207	4					N Medicare capitation payment for Jul
H_PLTP08	211	2	\$PLNFMT				C GHP plan type for Aug
				11,781			No enrollment
				169			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				398			06 Risk HMO
				7			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN08	213	5	\$GHPFMT				C GHP contract number for Aug
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY08	218	4					N Medicare capitation payment for Aug
H_PLTP09	222	2	\$PLNFMT				C GHP plan type for Sep
				11,776			No enrollment
				170			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				403			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN09	224	5	\$GHPFMT				C GHP contract number for Sep
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY09	229	4					N Medicare capitation payment for Sep

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP10	233	2	\$PLNFMT				C GHP plan type for Oct
				11,773			No enrollment
				172			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				404			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN10	235	5	\$GHPFMT				C GHP contract number for Oct
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY10	240	4					N Medicare capitation payment for Oct
H_PLTP11	244	2	\$PLNFMT				C GHP plan type for Nov
				11,778			No enrollment
				174			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				397			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN11	246	5	\$GHPFMT				C GHP contract number for Nov
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY11	251	4					N Medicare capitation payment for Nov
H_PLTP12	255	2	\$PLNFMT				C GHP plan type for Dec
				11,780			No enrollment
				176			01 Health care prepayment plan
				24			02 Cost HMO
				4			05 Old Risk HMO
				393			06 Risk HMO
				6			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN12	257	5	\$GHPFMT				C GHP contract number for Dec
				0			N Unknown, or no plan
				12,383			Plan Identifier
H_PLPY12	262	4					N Medicare capitation payment for Dec
H_MCSW	266	1	\$SWFMT				C Some Medicaid eligibility for the year
				10,330			N No participation
				2,053			Y Some participation
H_MCLACY	267	3					C Latest Medicaid State agency



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H_MCLAB	270	1					C Latest Part A or B buy-in status
H_MCLBEG	271	4					C Latest period beg for Medicaid buy-in
H_MCLXCD	275	2					C Latest Medicaid buy-in code
H_MCLEND	277	4					C Latest period ending for Medicaid buy-in
H_MC1ACY	281	3					C Earliest Medicaid State agency
H_MC1AB	284	1					C Earliest Part A or B buy-in status
H_MC1XCD	285	2					C Earliest Medicaid buy-in code
H_MC1BEG	287	4					C Medicaid earliest buy-in date
H_MCDE01	291	3					C Medicaid eligibility for Jan
H_MCDE02	294	3					C Medicaid eligibility for Feb
H_MCDE03	297	3					C Medicaid eligibility for Mar
H_MCDE04	300	3					C Medicaid eligibility for Apr
H_MCDE05	303	3					C Medicaid eligibility for May
H_MCDE06	306	3					C Medicaid eligibility for Jun
H_MCDE07	309	3					C Medicaid eligibility for Jul
H_MCDE08	312	3					C Medicaid eligibility for Aug
H_MCDE09	315	3					C Medicaid eligibility for Sep
H_MCDE10	318	3					C Medicaid eligibility for Oct
H_MCDE11	321	3					C Medicaid eligibility for Nov
H_MCDE12	324	3					C Medicaid eligibility for Dec
H_HOSSW	327	1	\$UTLFMT				C One or more hospice bills in CY
				12,361			0 No utilization this type
				22			1 Some utilization this type
H_INPSW	328	1	\$UTLFMT				C One or more inpatient discharges in CY
				10,223			0 No utilization this type
				2,160			1 Some utilization this type
H_SNFSW	329	1	\$UTLFMT				C One or more SNF admissions in CY
				12,183			0 No utilization this type
				200			1 Some utilization this type
H_HHASW	330	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				11,521			0 No utilization this type
				862			1 Some utilization this type

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_OUTSW	331	1	\$UTLFMT				C One or more outpatient visits in CY
				6,243			0 No utilization this type
				6,140			1 Some utilization this type
H_PBSW	332	1	\$UTLFMT				C One or more Part B claims in CY
				2,286			0 No utilization this type
				10,097			1 Some utilization this type
H_PTARMB	333	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	339	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	345	6	\$DTE8FMT				C Discharge date of latest inpatient stay
				10,298			Missing
				2,085			Date as YYYYMMDD
H_LATDRG	351	3	\$DRGFMT				C DRG code for latest inpatient stay
				10,298			Unknown, or no discharge
				2,085			DRG
H_DISDES	354	2	\$STATUS				C Discharge dest for latest inpatient stay
				10,298			Missing
				1,469			01 Discharged to home/self care
				18			02 Discharged to other short-term hospital
				211			03 Discharged to skilled nursing facility
				74			04 Discharged to intermediate care facility
				62			05 Disch to another type of institution
				206			06 Discharged to home care of organized HMO
				8			07 Left against medical advice/stopped care
				0			08 Disch home under care of IV therapy prov
				37			20 Expired (did not recover Christian Sci)
				0			30 Still patient
				0			40 Expired at home (hospice claims only)
				0			41 Expired in hospital, SNF, ICF or hospice
				0			42 Expired in unknown place (hospice only)
				0			50 Hospice - home (eff. 96)
				0			51 Hospice - medical facility (eff. 96)
				0			61 Disch w/i facility to swing-bed SNF (99)
				0			71 Disch to other facility for O/P svcs(99)
				0			72 Disch to this facility for O/P svcs (99)
H_LATLOS	356	3					C Not used
H_INPSTY	359	2					N No. of inpatient stays for CY
H_INPDAY	361	3					N No. of inpatient covered days for CY
H_INPCHG	364	6					N Inpatient charges for CY (\$)
H_INPCCH	370	6					N Inpatient covered charges for CY (\$)
H_INPRMB	376	6					N Inpatient reimbursement for CY (\$)
H_INPDED	382	4					C Inpatient deductible to be met in CY (\$)
H_INPCDY	386	2					N Inpatient coinsurance days used in CY

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H_INPCAM	388	5					N Total inpatient coinsurance amt CY (\$)
H_PSYDAY	393	3					C Lifetime psychiatric days remaining
H_LRDAY	396	3					C Lifetime reserve days remaining
H_BLDED	399	2					C Blood deductible to be met in CY (\$)
H_SNFSTY	401	2					N Total SNF stays in CY
H_SNFDAY	403	3					N Total SNF covered days in CY
H_SNFCHG	406	6					N Total SNF charges in CY (\$)
H_SNFCCH	412	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	418	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	424	3					N Total SNF coinsurance days in CY
H_SNFCAM	427	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	433	3					N Total HHA visits in CY
H_HHACCH	436	6					N Total HHA covered charges in CY (\$)
H_HHACHO	442	6					N Total HHA other covered charges CY (\$)
H_HHARMB	448	6					N Total HHA reimbursement in CY (\$)
H_HSDAYS	454	3					N Total covered hospice days in CY
H_HSTCHG	457	6					N Total hospice charges CY (\$)
H_HSREIM	463	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	469	3					N Total outpatient bills in CY
H_OUTCHG	472	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	478	6					N Total outpatient reimbursement CY (\$)
H_PMTCLM	484	4					N Total physician/supplier claims in CY
H_PMTLIN	488	4					N Total physician/supplier lin items in CY
H_PMTTCH	492	6					N Total submitted phys/supplier charge (\$)
H_PMTCHG	498	6					N Total allowed phys/supplier charges (\$)
H_PMTRMB	504	6					N Total phys/supplier reimbursement (\$)
H_PMTVST	510	3					N Total office visits in CY
H_PMTCHO	513	6					N Total office visit charges in CY (\$)
H_PTBEDED	519	4					C Not used