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MEDICARE CURRENT BENEFICIARY SURVEY
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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
				16,119			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth
				16,119			Date as YYYYMMDD
H_DOD	20	6	\$DTE8FMT				C Date of death
				15,966			Missing
				153			Date as YYYYMMDD
H_DODSRC	26	2	\$SRCFMT				C Source of date of death
				15,966			No date of death
				2			01 From Medicare bill
				0			03 Clerical entry
				0			05 Bill and clerical entry
				83			10 Proven Medicare Benefits record
				6			11 Proven Medicare Benefits record & bills
				58			20 Unproven Medicare Benefits record
				4			21 Unproven Mcare Benefits record & bills
				0			23 Unproven Mcare Benefits rec & clerical
				0			25 Unproven Mcare Benefits rec, bill & cler
H_SEX	28	1	\$SEXFMT				C Sex code
				7,005			1 Male
				9,114			2 Female
H_RACE	29	1	\$RACEFMT				C Race code
				112			0 Unknown
				13,684			1 White
				1,806			2 Black
				201			3 Other
				64			4 Asian
				241			5 Hispanic
				11			6 North American Native
H_AGE	30	3	AGEFMT				N SP age based on CMS date of birth
				16,119			Age in years

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D_STRAT	33	1	\$AGEFMT				C MCBS Sample age stratum
				1,251			1 0-44
				1,458			2 45-64
				2,737			3 65-69
				2,686			4 70-74
				2,648			5 75-79
				2,696			6 80-84
				2,643			7 85 +
H_ENT01	34	1	\$ENTFMT				C Medicare entitlement code for Jan
				6			Missing
				482			A Part A Medicare only
				140			B Part B Medicare only
				15,490			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT02	35	1	\$ENTFMT				C Medicare entitlement code for Feb
				6			Missing
				481			A Part A Medicare only
				139			B Part B Medicare only
				15,492			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT03	36	1	\$ENTFMT				C Medicare entitlement code for Mar
				6			Missing
				481			A Part A Medicare only
				138			B Part B Medicare only
				15,493			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT04	37	1	\$ENTFMT				C Medicare entitlement code for Apr
				6			Missing
				479			A Part A Medicare only
				138			B Part B Medicare only
				15,495			C Parts A and B Medicare
				1			N No Medicare entitlement
H_ENT05	38	1	\$ENTFMT				C Medicare entitlement code for May
				6			Missing
				478			A Part A Medicare only
				138			B Part B Medicare only
				15,497			C Parts A and B Medicare
				0			N No Medicare entitlement
H_ENT06	39	1	\$ENTFMT				C Medicare entitlement code for Jun
				6			Missing
				475			A Part A Medicare only
				138			B Part B Medicare only
				15,500			C Parts A and B Medicare
				0			N No Medicare entitlement

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H_ENT07	40	1	\$ENTFMT				C Medicare entitlement code for Jul
				6			Missing
				449			A Part A Medicare only
				137			B Part B Medicare only
				15,527			C Parts A and B Medicare
				0			N No Medicare entitlement
H_ENT08	41	1	\$ENTFMT				C Medicare entitlement code for Aug
				6			Missing
				451			A Part A Medicare only
				136			B Part B Medicare only
				15,526			C Parts A and B Medicare
				0			N No Medicare entitlement
H_ENT09	42	1	\$ENTFMT				C Medicare entitlement code for Sep
				6			Missing
				448			A Part A Medicare only
				136			B Part B Medicare only
				15,527			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT10	43	1	\$ENTFMT				C Medicare entitlement code for Oct
				6			Missing
				445			A Part A Medicare only
				135			B Part B Medicare only
				15,527			C Parts A and B Medicare
				6			N No Medicare entitlement
H_ENT11	44	1	\$ENTFMT				C Medicare entitlement code for Nov
				6			Missing
				443			A Part A Medicare only
				132			B Part B Medicare only
				15,503			C Parts A and B Medicare
				35			N No Medicare entitlement
H_ENT12	45	1	\$ENTFMT				C Medicare entitlement code for Dec
				6			Missing
				435			A Part A Medicare only
				126			B Part B Medicare only
				15,461			C Parts A and B Medicare
				91			N No Medicare entitlement
H_DOE	46	6	\$DTE8FMT				C Medicare entitlement start date
				6			Missing
				16,113			Date as YYYYMMDD
H_DOT	52	6	\$DTE8FMT				C Medicare entitlement end date
				16,103			Missing
				16			Date as YYYYMMDD

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H_MEDSTA	58	2	\$MSCFMT				C Medicare status code as of 12/31
				13,369			10 Aged, no ESRD
				36			11 Aged, ESRD
				2,635			20 Disabled, no ESRD
				46			21 Disabled, ESRD
				33			31 ESRD only
H_LAF	60	2	\$LAFFMT				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
				15,485			C Current payment status
				0			DW Deferred-Workers' Compensation
				25			D2 DEF-retirement test
				1			D3 DEF-D2 for primary
				8			D6 DEF-recover overpayment
				2			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
				3			S SUSP-deferred retirement
				5			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				25			SH SUSP-government pension
				1			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				4			S0 SUSP-continuing disability investig
				32			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				1			S6 SUSP-check returned for address
				26			S7 SUSP-vocational rehab refusal
				4			S8 SUSP-payee not determined
				3			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
				120			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
				1			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				0			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				356			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				5			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				9			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				1			ZZ Erroneous entitlement

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	62	2	\$STFMT				C SSA State code of residence as of 12/31
				486			01 Alabama
				0			02 Alaska
				141			03 Arizona
				134			04 Arkansas
				1,428			05 California
				304			06 Colorado
				121			07 Connecticut
				3			08 Delaware
				72			09 Washington, DC
				910			10 Florida
				785			11 Georgia
				0			12 Hawaii
				108			13 Idaho
				587			14 Illinois
				409			15 Indiana
				344			16 Iowa
				207			17 Kansas
				204			18 Kentucky
				159			19 Louisiana
				168			20 Maine
				204			21 Maryland
				186			22 Massachusetts
				504			23 Michigan
				193			24 Minnesota
				144			25 Mississippi
				239			26 Missouri
				1			27 Montana
				2			28 Nebraska
				148			29 Nevada
				4			30 New Hampshire
				790			31 New Jersey
				133			32 New Mexico
				1,101			33 New York
				12			34 North Carolina
				81			35 North Dakota
				670			36 Ohio
				285			37 Oklahoma
				8			38 Oregon
				836			39 Pennsylvania
				327			40 Puerto Rico
				4			41 Rhode Island
				596			42 South Carolina
				1			43 South Dakota
				82			44 Tennessee
				1,029			45 Texas
				5			46 Utah
				2			47 Vermont
				0			48 Virgin Islands
				624			49 Virginia
				539			50 Washington
				158			51 West Virginia
				566			52 Wisconsin
				75			53 Wyoming
H_RESCTY	64	3	\$CTYFMT				C SSA county code of residence as of 12/31
				16,119			County code

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	67	5	\$ZIPFMT	16,119			C Postal zip code of residence as of 12/31 ZIP Code
H_CENSUS	72	2	\$CENFMT	0 485 2,727 2,736 1,067 3,364 916 1,607 915 1,975 327			C Census Region of residence as of 12/31 ** 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	74	1	\$METFMT	4,359 0 11,760			C Metro status N Non-metro area U Unknown Y Metro area
H_HSBEG1	75	6	\$DTE8FMT	16,031 88			C Beginning date of latest hospice period Missing Date as YYYYMMDD
H_HSEND1	81	6	\$DTE8FMT	16,031 88			C Ending date of latest hospice period Missing Date as YYYYMMDD
H_HSBEG2	87	6	\$DTE8FMT	16,088 31			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
H_HSEND2	93	6	\$DTE8FMT	16,088 31			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
H_HSBEG3	99	6	\$DTE8FMT	16,100 19			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
H_HSEND3	105	6	\$DTE8FMT	16,100 19			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
H_HSBEG4	111	6	\$DTE8FMT	16,101 18			C Beginning date of 4th hospice period Missing Date as YYYYMMDD

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H_HSEND4	117	6	\$DTE8FMT				C Ending date of 4th hospice period
				16,101			Missing
				18			Date as YYYYMMDD
H_ESRBEG	123	6	\$DTE8FMT				C Beginning date of ESRD period
				16,119			Missing
H_ESREND	129	6	\$DTE8FMT				C Ending date of ESRD period
				16,119			Missing
H_GHPSW	135	1	\$GHPSW				C Some group health participation in year
				14,866			0 No enrollment
				1,253			1 Some enrollment
H_PLTP01	136	2	\$PLNFMT				C GHP plan type for Jan
				15,045			No enrollment
				288			01 Health care prepayment plan
				24			02 Cost HMO
				6			05 Old Risk HMO
				743			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN01	138	5	\$GHPFMT				C GHP contract number for Jan
				15,045			N Unknown, or no plan
				1,074			Plan Identifier
H_PLPY01	143	4					N Medicare capitation payment for Jan
H_PLTP02	147	2	\$PLNFMT				C GHP plan type for Feb
				15,043			No enrollment
				285			01 Health care prepayment plan
				24			02 Cost HMO
				6			05 Old Risk HMO
				748			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN02	149	5	\$GHPFMT				C GHP contract number for Feb
				15,043			N Unknown, or no plan
				1,076			Plan Identifier
H_PLPY02	154	4					N Medicare capitation payment for Feb

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H_PLTP03	158	2	\$PLNFMT				C GHP plan type for Mar
				15,027			No enrollment
				282			01 Health care prepayment plan
				25			02 Cost HMO
				6			05 Old Risk HMO
				766			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN03	160	5	\$GHPFMT				C GHP contract number for Mar
				15,027			N Unknown, or no plan
				1,092			Plan Identifier
H_PLPY03	165	4					N Medicare capitation payment for Mar
H_PLTP04	169	2	\$PLNFMT				C GHP plan type for Apr
				15,024			No enrollment
				280			01 Health care prepayment plan
				25			02 Cost HMO
				6			05 Old Risk HMO
				771			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN04	171	5	\$GHPFMT				C GHP contract number for Apr
				15,024			N Unknown, or no plan
				1,095			Plan Identifier
H_PLPY04	176	4					N Medicare capitation payment for Apr
H_PLTP05	180	2	\$PLNFMT				C GHP plan type for May
				15,017			No enrollment
				279			01 Health care prepayment plan
				26			02 Cost HMO
				6			05 Old Risk HMO
				778			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN05	182	5	\$GHPFMT				C GHP contract number for May
				15,017			N Unknown, or no plan
				1,102			Plan Identifier
H_PLPY05	187	4					N Medicare capitation payment for May

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP06	191	2	\$PLNFMT				C GHP plan type for Jun
				15,001			No enrollment
				279			01 Health care prepayment plan
				26			02 Cost HMO
				6			05 Old Risk HMO
				793			06 Risk HMO
				14			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN06	193	5	\$GHPFMT				C GHP contract number for Jun
				15,001			N Unknown, or no plan
				1,118			Plan Identifier
H_PLPY06	198	4					N Medicare capitation payment for Jun
H_PLTP07	202	2	\$PLNFMT				C GHP plan type for Jul
				14,987			No enrollment
				275			01 Health care prepayment plan
				25			02 Cost HMO
				6			05 Old Risk HMO
				813			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN07	204	5	\$GHPFMT				C GHP contract number for Jul
				14,987			N Unknown, or no plan
				1,132			Plan Identifier
H_PLPY07	209	4					N Medicare capitation payment for Jul
H_PLTP08	213	2	\$PLNFMT				C GHP plan type for Aug
				14,981			No enrollment
				266			01 Health care prepayment plan
				25			02 Cost HMO
				6			05 Old Risk HMO
				828			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN08	215	5	\$GHPFMT				C GHP contract number for Aug
				14,981			N Unknown, or no plan
				1,138			Plan Identifier
H_PLPY08	220	4					N Medicare capitation payment for Aug

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H_PLTP09	224	2	\$PLNFMT				C GHP plan type for Sep
				14,965			No enrollment
				265			01 Health care prepayment plan
				25			02 Cost HMO
				6			05 Old Risk HMO
				845			06 Risk HMO
				13			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN09	226	5	\$GHPFMT				C GHP contract number for Sep
				14,965			N Unknown, or no plan
				1,154			Plan Identifier
H_PLPY09	231	4					N Medicare capitation payment for Sep
H_PLTP10	235	2	\$PLNFMT				C GHP plan type for Oct
				14,953			No enrollment
				255			01 Health care prepayment plan
				25			02 Cost HMO
				6			05 Old Risk HMO
				868			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN10	237	5	\$GHPFMT				C GHP contract number for Oct
				14,953			N Unknown, or no plan
				1,166			Plan Identifier
H_PLPY10	242	4					N Medicare capitation payment for Oct
H_PLTP11	246	2	\$PLNFMT				C GHP plan type for Nov
				14,946			No enrollment
				250			01 Health care prepayment plan
				25			02 Cost HMO
				6			05 Old Risk HMO
				880			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN11	248	5	\$GHPFMT				C GHP contract number for Nov
				14,946			N Unknown, or no plan
				1,173			Plan Identifier
H_PLPY11	253	4					N Medicare capitation payment for Nov

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H_PLTP12	257	2	\$PLNFMT				C GHP plan type for Dec
				14,941			No enrollment
				244			01 Health care prepayment plan
				24			02 Cost HMO
				6			05 Old Risk HMO
				892			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLAN12	259	5	\$GHPFMT				C GHP contract number for Dec
				14,941			N Unknown, or no plan
				1,178			Plan Identifier
H_PLPY12	264	4					N Medicare capitation payment for Dec
H_MCSW	268	1	\$SWFMT				C Some Medicaid eligibility for the year
				13,165			N No participation
				2,954			Y Some participation
H_MCDE01	269	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				2,627			B State Part B buy-in
				117			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,375			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE02	270	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				2,643			B State Part B buy-in
				117			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,359			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE03	271	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				2,646			B State Part B buy-in
				117			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,356			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in

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H_MCDE04	272	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				2,654			B State Part B buy-in
				117			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,348			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE05	273	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				2,670			B State Part B buy-in
				116			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,333			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE06	274	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				2,685			B State Part B buy-in
				116			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,318			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE07	275	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				2,710			B State Part B buy-in
				117			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,292			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE08	276	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				2,722			B State Part B buy-in
				118			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,279			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in

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H_MCDE09	277	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				2,742			B State Part B buy-in
				118			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,259			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE10	278	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				2,747			B State Part B buy-in
				117			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,255			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE11	279	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				2,739			B State Part B buy-in
				117			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,263			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MCDE12	280	1	\$MCDCFMT				C Medicaid eligibility for Dec
				1			A State Part A buy-in
				2,694			B State Part B buy-in
				115			C State Part A and B buy-in
				0			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				13,309			N No buy-in this month
				0			Q State Part B QMB buy-in
				0			S State Part B SLMB buy-in
H_MACY01	281	3	\$MACYFMT				C Buy-in agency for Jan
				13,375			N Unknown, or no buy-in
				2,744			State Agency code
H_MACY02	284	3	\$MACYFMT				C Buy-in agency for Feb
				13,359			N Unknown, or no buy-in
				2,760			State Agency code
H_MACY03	287	3	\$MACYFMT				C Buy-in agency for Mar
				13,356			N Unknown, or no buy-in
				2,763			State Agency code

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H_MACY04	290	3	\$MACYFMT				C Buy-in agency for Apr
				13,348			N Unknown, or no buy-in
				2,771			State Agency code
H_MACY05	293	3	\$MACYFMT				C Buy-in agency for May
				13,333			N Unknown, or no buy-in
				2,786			State Agency code
H_MACY06	296	3	\$MACYFMT				C Buy-in agency for Jun
				13,318			N Unknown, or no buy-in
				2,801			State Agency code
H_MACY07	299	3	\$MACYFMT				C Buy-in agency for Jul
				13,292			N Unknown, or no buy-in
				2,827			State Agency code
H_MACY08	302	3	\$MACYFMT				C Buy-in agency for Aug
				13,279			N Unknown, or no buy-in
				2,840			State Agency code
H_MACY09	305	3	\$MACYFMT				C Buy-in agency for Sep
				13,259			N Unknown, or no buy-in
				2,860			State Agency code
H_MACY10	308	3	\$MACYFMT				C Buy-in agency for Oct
				13,255			N Unknown, or no buy-in
				2,864			State Agency code
H_MACY11	311	3	\$MACYFMT				C Buy-in agency for Nov
				13,263			N Unknown, or no buy-in
				2,856			State Agency code
H_MACY12	314	3	\$MACYFMT				C Buy-in agency for Dec
				13,309			N Unknown, or no buy-in
				2,810			State Agency code
H_HOSSW	317	1	\$UTLFMT				C One or more hospice bills in CY
				16,064			0 No utilization this type
				55			1 Some utilization this type
H_INPSW	318	1	\$UTLFMT				C One or more inpatient discharges in CY
				13,100			0 No utilization this type
				3,019			1 Some utilization this type
H_SNFSW	319	1	\$UTLFMT				C One or more SNF admissions in CY
				15,666			0 No utilization this type
				453			1 Some utilization this type

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H_HHASW	320	1	\$UTLFMT	14,657 1,462			C 1 = one or more HHA visits in CY 0 No utilization this type 1 Some utilization this type
H_OUTSW	321	1	\$UTLFMT	7,337 8,782			C One or more outpatient visits in CY 0 No utilization this type 1 Some utilization this type
H_PBSW	322	1	\$UTLFMT	2,381 13,738			C One or more Part B claims in CY 0 No utilization this type 1 Some utilization this type
H_PTARMB	323	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	329	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	335	6	\$DTE8FMT	13,197 2,922			C Discharge date of latest inpatient stay Missing Date as YYYYMMDD
H_LATDRG	341	3	\$DRGFMT	13,197 2,922			C DRG code for latest inpatient stay Unknown, or no discharge DRG
H_DISDES	344	2	\$STATUS	13,197 1,961 23 413 74 108 278 17 0 48 0 0 0 0 0 0 0 0 0 0 0			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. 10/96) 51 Hospice - medical facility (eff. 10/96) 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)
H_LATLOS	346	3					C Not used
H_INPSTY	349	2					N No. of inpatient stays for CY
H_INPDAY	351	3					N No. of inpatient covered days for CY
H_INPCHG	354	6					N Inpatient charges for CY (\$)
H_INPCCH	360	6					N Inpatient covered charges for CY (\$)

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_INPRMB	366	6					N Inpatient reimbursement for CY (\$)
H_INPDED	372	4					C Inpatient deductible to be met in CY (\$)
H_INPCDY	376	2					N Inpatient coinsurance days used in CY
H_INPCAM	378	5					N Total inpatient coinsurance amt CY (\$)
H_PSYDAY	383	3					C Lifetime psychiatric days remaining
H_LRDAY	386	3					C Lifetime reserve days remaining
H_BLDED	389	2					C Blood deductible to be met in CY (\$)
H_SNFSTY	391	2					N Total SNF stays in CY
H_SNFDAY	393	3					N Total SNF covered days in CY
H_SNFCHG	396	6					N Total SNF charges in CY (\$)
H_SNFCCH	402	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	408	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	414	3					N Total SNF coinsurance days in CY
H_SNFCAM	417	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	423	3					N Total HHA visits in CY
H_HHACCH	426	6					N Total HHA covered charges in CY (\$)
H_HHACHO	432	6					N Total HHA other covered charges CY (\$)
H_HHARMB	438	6					N Total HHA reimbursement in CY (\$)
H_HSDAYS	444	3					N Total covered hospice days in CY
H_HSTCHG	447	6					N Total hospice charges CY (\$)
H_HSREIM	453	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	459	3					N Total outpatient bills in CY
H_OUTCHG	462	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	468	6					N Total outpatient reimbursement CY (\$)
H_PMTCLM	474	4					N Total physician/supplier claims in CY
H_PMTLIN	478	4					N Total physician/supplier lin items in CY
H_PMTSCH	482	6					N Total submitted charges in CY (\$)
H_PMTACH	488	6					N Total allowed charges in CY (\$)
H_PMTRMB	494	6					N Total physician reimbursement CY (\$)
H_PMTVST	500	3					N Total office visits in CY
H_PMTCHO	503	6					N Total office visit charges in CY (\$)
H_PTBDDED	509	4					C Not used