

02/28/98
COST&USE
1995

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A -----
EVENT RIC A

Page: 1
Record Type: A
CODEBOOK

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|-------|--|
| RIC | 1 | 1 | \$RICFMT | | 12,096 | | C | RIC CODE FOR ADMIN IDENTIFICATION RECORD |
| | | | | | | | A | RIC A - HCFA RECORD SUMMARY |
| FILEYR | 2 | 2 | \$YRFMT | | 12,096 | | C | YY REFERENCE YEAR OF RECORD |
| | | | | | | | C5 | 1995 COST AND USE FILE |
| BASEID | 4 | 8 | \$BSIDFMT | | 12,096 | | C | UNIQUE IDENTIFICATION NUMBER |
| | | | | | | | | BASEIDS |
| H_DOB | 12 | 8 | \$DTE8FMT | | 0 | | C | LEGAL DATE OF BIRTH |
| | | | | | 12,096 | | | MISSING DATE AS YYYYMMDD |
| H_DOD | 20 | 8 | \$DTE8FMT | | 11,409 | | C | DATE OF DEATH (LAST DAY OF DEATH MONTH) |
| | | | | | 687 | | | MISSING DATE AS YYYYMMDD |
| H_DODSRC | 28 | 2 | \$SRCFMT | | 11,409 | | C | SOURCE OF DEATH INFORMATION |
| | | | | | 0 | | | NO DATE OF DEATH |
| | | | | | 0 | | 01 | FROM MEDICARE BILL |
| | | | | | 0 | | 03 | CLERICAL ENTRY |
| | | | | | 359 | | 05 | BILL AND CLERICAL |
| | | | | | 24 | | 10 | PROVEN MBR |
| | | | | | 275 | | 11 | PROVEN MBR AND BILL |
| | | | | | 27 | | 20 | UNPROVEN MBR |
| | | | | | 1 | | 21 | UNPROVEN MBR AND BILL |
| | | | | | 1 | | 23 | UNPROVEN MBR AND CLERICAL |
| | | | | | | | 25 | UNPROVEN MBR, BILL AND CLERICAL |
| H_SEX | 30 | 1 | \$SEXFMT | | 0 | | C | SEX CODE |
| | | | | | 5,337 | | | UNKNOWN |
| | | | | | 6,759 | | 1 | MALE |
| | | | | | | | 2 | FEMALE |
| H_RACE | 31 | 1 | \$RACEFMT | | 0 | | C | RACE CODE |
| | | | | | 108 | | | UNKNOWN |
| | | | | | 10,212 | | 0 | UNKNOWN |
| | | | | | 1,336 | | 1 | WHITE |
| | | | | | 209 | | 2 | BLACK |
| | | | | | 42 | | 3 | OTHER |
| | | | | | 183 | | 4 | ASIAN |
| | | | | | 6 | | 5 | HISPANIC |
| | | | | | | | 6 | N AMERICAN NATIVE |
| H_AGE | 32 | 3 | AGEFMT | | 0 | | N | AGE |
| | | | | | 12,096 | | . | UNKNOWN |
| | | | | | | | 0-999 | AGE IN YEARS |

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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|--------|-----------|--------|----|--------------------------|
| D_STRAT | 35 | 1 | \$AGEFMT | | | | C | MCBS SAMPLE STRATUM |
| | | | | 0 | | | | UNKNOWN |
| | | | | 954 | | | 1 | 0-44 |
| | | | | 1,143 | | | 2 | 45-64 |
| | | | | 2,234 | | | 3 | 65-69 |
| | | | | 1,870 | | | 4 | 70-74 |
| | | | | 1,808 | | | 5 | 75-79 |
| | | | | 1,935 | | | 6 | 80-84 |
| | | | | 2,152 | | | 7 | 85 + |
| H_ENT01 | 36 | 1 | \$ENTFMT | | | | C | JAN MEDICARE ENTITLEMENT |
| | | | | 358 | | | A | PART A MEDICARE ONLY |
| | | | | 95 | | | B | PART B MEDICARE ONLY |
| | | | | 11,272 | | | C | PART A AND B MEDICARE |
| | | | | 371 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT02 | 37 | 1 | \$ENTFMT | | | | C | FEB MEDICARE ENTITLEMENT |
| | | | | 365 | | | A | PART A MEDICARE ONLY |
| | | | | 95 | | | B | PART B MEDICARE ONLY |
| | | | | 11,232 | | | C | PART A AND B MEDICARE |
| | | | | 404 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT03 | 38 | 1 | \$ENTFMT | | | | C | MAR MEDICARE ENTITLEMENT |
| | | | | 365 | | | A | PART A MEDICARE ONLY |
| | | | | 94 | | | B | PART B MEDICARE ONLY |
| | | | | 11,201 | | | C | PART A AND B MEDICARE |
| | | | | 436 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT04 | 39 | 1 | \$ENTFMT | | | | C | APR MEDICARE ENTITLEMENT |
| | | | | 367 | | | A | PART A MEDICARE ONLY |
| | | | | 93 | | | B | PART B MEDICARE ONLY |
| | | | | 11,146 | | | C | PART A AND B MEDICARE |
| | | | | 490 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT05 | 40 | 1 | \$ENTFMT | | | | C | MAY MEDICARE ENTITLEMENT |
| | | | | 372 | | | A | PART A MEDICARE ONLY |
| | | | | 91 | | | B | PART B MEDICARE ONLY |
| | | | | 11,114 | | | C | PART A AND B MEDICARE |
| | | | | 519 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT06 | 41 | 1 | \$ENTFMT | | | | C | JUN MEDICARE ENTITLEMENT |
| | | | | 379 | | | A | PART A MEDICARE ONLY |
| | | | | 91 | | | B | PART B MEDICARE ONLY |
| | | | | 11,099 | | | C | PART A AND B MEDICARE |
| | | | | 527 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT07 | 42 | 1 | \$ENTFMT | | | | C | JUL MEDICARE ENTITLEMENT |
| | | | | 356 | | | A | PART A MEDICARE ONLY |
| | | | | 91 | | | B | PART B MEDICARE ONLY |
| | | | | 11,105 | | | C | PART A AND B MEDICARE |
| | | | | 544 | | | N | NO MEDICARE ENTITLEMENT |

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|----------|-----|-----|-----------|------|-----------|---------------|----|-----------------------------------|
| H_ENT08 | 43 | 1 | \$ENTFMT | | | | C | AUG MEDICARE ENTITLEMENT |
| | | | | | 351 | | A | PART A MEDICARE ONLY |
| | | | | | 93 | | B | PART B MEDICARE ONLY |
| | | | | | 11,091 | | C | PART A AND B MEDICARE |
| | | | | | 561 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT09 | 44 | 1 | \$ENTFMT | | | | C | SEP MEDICARE ENTITLEMENT |
| | | | | | 358 | | A | PART A MEDICARE ONLY |
| | | | | | 91 | | B | PART B MEDICARE ONLY |
| | | | | | 11,064 | | C | PART A AND B MEDICARE |
| | | | | | 583 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT10 | 45 | 1 | \$ENTFMT | | | | C | OCT MEDICARE ENTITLEMENT |
| | | | | | 359 | | A | PART A MEDICARE ONLY |
| | | | | | 91 | | B | PART B MEDICARE ONLY |
| | | | | | 11,037 | | C | PART A AND B MEDICARE |
| | | | | | 609 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT11 | 46 | 1 | \$ENTFMT | | | | C | NOV MEDICARE ENTITLEMENT |
| | | | | | 360 | | A | PART A MEDICARE ONLY |
| | | | | | 91 | | B | PART B MEDICARE ONLY |
| | | | | | 11,027 | | C | PART A AND B MEDICARE |
| | | | | | 618 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT12 | 47 | 1 | \$ENTFMT | | | | C | DEC MEDICARE ENTITLEMENT |
| | | | | | 364 | | A | PART A MEDICARE ONLY |
| | | | | | 90 | | B | PART B MEDICARE ONLY |
| | | | | | 10,997 | | C | PART A AND B MEDICARE |
| | | | | | 645 | | N | NO MEDICARE ENTITLEMENT |
| H_D0E | 48 | 6 | \$DTE6FMT | | | | C | ENTITLEMENT START DATE |
| | | | | | 0 | | | MISSING |
| | | | | | 12,096 | 000000-999999 | | DATE AS YYMMDD |
| H_D0T | 54 | 6 | \$DTE6FMT | | | | C | ENTITLEMENT END DATE |
| | | | | | 12,045 | | | MISSING |
| | | | | | 51 | 000000-999999 | | DATE AS YYMMDD |
| H_MEDSTA | 60 | 2 | \$MSCFMT | | | | C | MEDICARE STATUS CODE AS OF DEC 31 |
| | | | | | 0 | | | UNKNOWN |
| | | | | | 9,964 | | 10 | AGED, NO ESRD |
| | | | | | 36 | | 11 | AGED, ESRD |
| | | | | | 2,024 | | 20 | DISABLED, NO ESRD |
| | | | | | 40 | | 21 | DISABLED, ESRD |
| | | | | | 32 | | 31 | ESRD ONLY |

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Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

H_LAF 62 2 \$LAFFMT

C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31

| | |
|--------|---|
| 9 | UNKNOWN |
| 0 | AD CUR PAY-ADJ FOR DUAL ENTITLEMENT |
| 0 | AF TRANSFER TO ANOTHER PC OR DIO |
| 0 | A9 CUR PAY-MISCELLANEOUS ADJUSTMENT |
| 11,032 | C CURRENT PAYMENT STATUS |
| 0 | DW DEFERRED-WORKERS COMP |
| 18 | D2 DEF-RETIREMENT TEST |
| 0 | D3 DEF-D2 FOR PRIMARY |
| 2 | D6 DEF-RECOVER OVERPAYMENT |
| 2 | D9 DEF-MISCELLANEOUS REASON |
| 0 | J ADVANCE 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 | RN CUR PAY-PART B REINSTATED |
| 1 | S SUSP-DEFERRED RETIREMENT |
| 4 | SD SUSP-OTHER |
| 0 | SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT |
| 20 | SH SUSP-GOVERNMENT PENSION |
| 1 | SP SUSP-PUBLIC ASSISTANCE |
| 1 | S0 SUSP-CONTINUING DISABILITY INVESTIG |
| 39 | S2 SUSP-FAILS RETIREMENT TEST |
| 3 | S3 SUSP-PRIMARY ACCOUNT S2 |
| 3 | S6 SUSP-CHECK RETURNED FOR ADDRESS |
| 23 | S7 SUSP-VOCATIONAL REHAB REFUSAL |
| 1 | S8 SUSP-PAYEE NOT DETERMINED |
| 5 | S9 SUSP-MISCELLANEOUS REASON |
| 0 | TR TERM-CLAIM WITHDRAWN |
| 0 | T0 TERM-BENEFITS PAID BY ANOTHER AGENCY |
| 637 | T1 TERM-DEATH OF BENEFICIARY |
| 0 | T2 TERM-DEATH OF PRIMARY |
| 0 | T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE |
| 0 | T5 TERM-ENTITLED ON ANOTHER ACCT |
| 5 | T8 TERM-RECOVERY FROM DISABILITY |
| 0 | T9 TERM-MISCELLANEOUS |
| 254 | U ACTIVE UNINSURED STATUS (NO SSA CHECK) |
| 0 | XR TERMINATED - |
| 21 | X1 TERM-DEATH OF INSURED |
| 0 | X5 TERM-ENTITLED TO ANOTHER BENEFIT |
| 15 | X7 TERM OF UNINSURED |
| 0 | X9 TERM MISCELLANEOUS |
| 0 | ZZ ERRONEOUS ENTITLEMENT |

H_METRO 64 1 \$METFMT

C METRO STATUS

| | |
|-------|------------------|
| 3,343 | N NON-METRO AREA |
| 6 | U UNKNOWN |
| 8,747 | Y METRO AREA |

H_GHPSW 65 1 \$GHPSW

C 1= SOME GROUP HEALTH PARTICIPATION IN CY

| | |
|--------|-------------------|
| 10,941 | 0 NO ENROLLMENT |
| 1,155 | 1 SOME ENROLLMENT |

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|----------|-----|-----|----------|------|-----------|--------|----|-----------------------------|
| H_PLTP01 | 66 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE JAN |
| | | | | | 11,168 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 175 | | 01 | HCPP |
| | | | | | 25 | | 02 | COST HMO |
| | | | | | 728 | | 06 | RISK HMO |
| H_PLPY01 | 68 | 4 | | | | | N | MEDICARE PERCAP PAYMENT JAN |
| H_PLTP02 | 72 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE FEB |
| | | | | | 11,167 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 173 | | 01 | HCPP |
| | | | | | 24 | | 02 | COST HMO |
| | | | | | 732 | | 06 | RISK HMO |
| H_PLPY02 | 74 | 4 | | | | | N | MEDICARE PERCAP PAYMENT FEB |
| H_PLTP03 | 78 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE MAR |
| | | | | | 11,155 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 170 | | 01 | HCPP |
| | | | | | 24 | | 02 | COST HMO |
| | | | | | 747 | | 06 | RISK HMO |
| H_PLPY03 | 80 | 4 | | | | | N | MEDICARE PERCAP PAYMENT MAR |
| H_PLTP04 | 84 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE APR |
| | | | | | 11,131 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 169 | | 01 | HCPP |
| | | | | | 22 | | 02 | COST HMO |
| | | | | | 774 | | 06 | RISK HMO |
| H_PLPY04 | 86 | 4 | | | | | N | MEDICARE PERCAP PAYMENT APR |
| H_PLTP05 | 90 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE MAY |
| | | | | | 11,123 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 166 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 787 | | 06 | RISK HMO |
| H_PLPY05 | 92 | 4 | | | | | N | MEDICARE PERCAP PAYMENT MAY |
| H_PLTP06 | 96 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE JUN |
| | | | | | 11,110 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 166 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 800 | | 06 | RISK HMO |
| H_PLPY06 | 98 | 4 | | | | | N | MEDICARE PERCAP PAYMENT JUN |
| H_PLTP07 | 102 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE JUL |
| | | | | | 11,091 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 161 | | 01 | HCPP |
| | | | | | 22 | | 02 | COST HMO |
| | | | | | 822 | | 06 | RISK HMO |

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|----------|-----|-----|-----------|------|-----------|--------|----|------------------------------------|
| H_PLPY07 | 104 | 4 | | | | | N | MEDICARE PERCAP PAYMENT JUL |
| H_PLTP08 | 108 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE AUG |
| | | | | | 11,076 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 160 | | 01 | HCPP |
| | | | | | 22 | | 02 | COST HMO |
| | | | | | 838 | | 06 | RISK HMO |
| H_PLPY08 | 110 | 4 | | | | | N | MEDICARE PERCAP PAYMENT AUG |
| H_PLTP09 | 114 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE SEP |
| | | | | | 11,068 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 160 | | 01 | HCPP |
| | | | | | 21 | | 02 | COST HMO |
| | | | | | 847 | | 06 | RISK HMO |
| H_PLPY09 | 116 | 4 | | | | | N | MEDICARE PERCAP PAYMENT SEP |
| H_PLTP10 | 120 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE OCT |
| | | | | | 11,055 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 158 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 863 | | 06 | RISK HMO |
| H_PLPY10 | 122 | 4 | | | | | N | MEDICARE PERCAP PAYMENT OCT |
| H_PLTP11 | 126 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE NOV |
| | | | | | 11,043 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 157 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 876 | | 06 | RISK HMO |
| H_PLPY11 | 128 | 4 | | | | | N | MEDICARE PERCAP PAYMENT NOV |
| H_PLTP12 | 132 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE DEC |
| | | | | | 11,035 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 154 | | 01 | HCPP |
| | | | | | 19 | | 02 | COST HMO |
| | | | | | 888 | | 06 | RISK HMO |
| H_PLPY12 | 134 | 4 | | | | | N | MEDICARE PERCAP PAYMENT DEC |
| H_MCSW | 138 | 1 | \$SWFMT | | | | C | Y=SOME MEDICAID ELIGIBILITY FOR CY |
| | | | | | 9,744 | | N | NO PARTICIPATION |
| | | | | | 2,352 | | Y | SOME PARTICIPATION |
| H_MCDE01 | 139 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR JAN |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 884 | | B | STATE PART B BUY-IN |
| | | | | | 35 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,936 | | N | NO BUY-IN THIS MONTH |

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|----------|-----|-----|-----------|------|-----------|--------|----|--------------------------------|
| | | | | | 1,128 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 66 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE02 | 140 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR FEB |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 883 | | B | STATE PART B BUY-IN |
| | | | | | 34 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,940 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,126 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 66 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE03 | 141 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR MAR |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 883 | | B | STATE PART B BUY-IN |
| | | | | | 33 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,947 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,115 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 71 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE04 | 142 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR APR |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 880 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,955 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,110 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 73 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE05 | 143 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR MAY |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 869 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,967 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,105 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 77 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE06 | 144 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR JUN |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 868 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |

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| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,960 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,109 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 81 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE07 | 145 | 1 | \$MDCCFMT | | | | C | MEDICAID ELIGIBILITY FOR JUL |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 870 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,963 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,102 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 83 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE08 | 146 | 1 | \$MDCCFMT | | | | C | MEDICAID ELIGIBILITY FOR AUG |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 871 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,964 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,097 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 86 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE09 | 147 | 1 | \$MDCCFMT | | | | C | MEDICAID ELIGIBILITY FOR SEP |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 864 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,968 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,096 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 90 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE10 | 148 | 1 | \$MDCCFMT | | | | C | MEDICAID ELIGIBILITY FOR OCT |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 863 | | B | STATE PART B BUY-IN |
| | | | | | 32 | | C | STATE PART A AND B BUY-IN |
| | | | | | 46 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,973 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,090 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 92 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE11 | 149 | 1 | \$MDCCFMT | | | | C | MEDICAID ELIGIBILITY FOR NOV |
| | | | | | 0 | | A | STATE PART A BUY-IN |

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MEDICARE CURRENT BENEFICIARY SURVEY
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Page: 9
CODEBOOK Record Type: A

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|--------------------------------------|
| | | | | | 866 | | B | STATE PART B BUY-IN |
| | | | | | 32 | | C | STATE PART A AND B BUY-IN |
| | | | | | 46 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,977 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,082 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 93 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE12 | 150 | 1 | \$MCDCFMT | | 0 | | C | MEDICAID ELIGIBILITY FOR DEC |
| | | | | | 827 | | A | STATE PART A BUY-IN |
| | | | | | 31 | | B | STATE PART B BUY-IN |
| | | | | | 43 | | C | STATE PART A AND B BUY-IN |
| | | | | | 0 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 10,048 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 1,060 | | N | NO BUY-IN THIS MONTH |
| | | | | | 87 | | Q | STATE PART B QMB BUY-IN |
| | | | | | | | S | STATE PART B SLMB BUY-IN |
| H_HOSSW | 151 | 1 | \$UTLFMT | | 12,001 | | C | 1 = ONE OR MORE HOSPICE BILLS IN CY |
| | | | | | 95 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | | | 1 | SOME UTILIZATION THIS TYPE |
| H_INPSW | 152 | 1 | \$UTLFMT | | 9,593 | | C | 1 = ONE OR MORE INP DISCHARGES IN CY |
| | | | | | 2,503 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | | | 1 | SOME UTILIZATION THIS TYPE |
| H_SNFSW | 153 | 1 | \$UTLFMT | | 11,661 | | C | 1 = ONE OR MORE SNF ADMISSIONS IN CY |
| | | | | | 435 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | | | 1 | SOME UTILIZATION THIS TYPE |
| H_HHASW | 154 | 1 | \$UTLFMT | | 10,883 | | C | 1 = ONE OR MORE HHA VISITS IN CY |
| | | | | | 1,213 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | | | 1 | SOME UTILIZATION THIS TYPE |
| H_OUTSW | 155 | 1 | \$UTLFMT | | 5,348 | | C | 1 = ONE OR MORE OUTPT VISITS IN CY |
| | | | | | 6,748 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | | | 1 | SOME UTILIZATION THIS TYPE |
| H_PBSW | 156 | 1 | \$UTLFMT | | 1,853 | | C | 1 = ONE OR MORE PART B CLAIMS IN CY |
| | | | | | 10,243 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | | | 1 | SOME UTILIZATION THIS TYPE |
| H_PTARMB | 157 | 6 | | | | | N | \$\$\$\$\$\$ TOTAL PART A REIMB CY |
| H_PTBRMB | 163 | 6 | | | | | N | \$\$\$\$\$\$ TOTAL PART B REIMB CY |

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Record Type: A

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|-----------|--------|---------|--|
| H_LATDCH | 169 | 6 | | | | | C | DISCHARGE DATE OF LATEST INP STAY |
| H_LATDRG | 175 | 3 | \$DRGFMT | | | | C | DRG CODE FOR LATEST INP STAY |
| | | | | | 9,676 | | | UNKNOWN, OR NO DISCHARGE |
| | | | | | 2,420 | | 000-999 | DRG |
| H_DISDES | 178 | 2 | \$DSTFMT | | | | C | DISCHARGE DESTINATION FOR LAST STAY |
| | | | | | 9,676 | | | NO DISCHARGE |
| | | | | | 1,413 | | 01 | DISCHARGE TO HOME |
| | | | | | 20 | | 02 | TRANSFER-TO HOSP |
| | | | | | 347 | | 03 | TRANSFER-TO SNF |
| | | | | | 76 | | 04 | TRANSFER-TO ICF |
| | | | | | 92 | | 05 | TRANSFER-OTHER |
| | | | | | 223 | | 06 | TRANSFER TO HHA |
| | | | | | 8 | | 07 | LEFT AGAINST MEDICAL ADVICE |
| | | | | | 0 | | 08 | HOME IV DRUG |
| | | | | | 0 | | 09 | ADMIT/READMIT |
| | | | | | 0 | | 10-19 | TRANSFER-ST CODES |
| | | | | | 241 | | 20 | EXPIRED |
| | | | | | 0 | | 21-29 | EXPIRED-ST CODES |
| | | | | | 0 | | 30 | STILL PATIENT |
| | | | | | 0 | | 31-39 | STILL PATIENT, ST |
| | | | | | 0 | | 40 | EXPIRED AT HOME |
| | | | | | 0 | | 41 | DIED IN FACILITY |
| | | | | | 0 | | 42 | DIED, PLACE UNK |
| | | | | | 0 | | 43-99 | NOT USED |
| H_INPSTY | 180 | 2 | | | | | N | NO. OF INPAT STAYS FOR CY |
| H_INPDAY | 182 | 3 | | | | | N | NO. OF INPAT COVRD DAYS FOR CY |
| H_INPCHG | 185 | 6 | | | | | N | \$\$\$\$\$\$\$ INPAT CHARGES FOR CY |
| H_INPCCH | 191 | 6 | | | | | N | \$\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY |
| H_INPRMB | 197 | 6 | | | | | N | \$\$\$\$\$\$\$ INPAT REIMB FOR CY |
| H_INPCDY | 203 | 2 | | | | | N | INPAT COINSURANCE DAYS USED IN CY |
| H_INPCAM | 205 | 5 | | | | | N | \$\$\$\$\$\$\$ TOTAL INP COINS AMT CY |
| H_SNFSTY | 210 | 2 | | | | | N | TOTAL SNF STAYS IN CY |
| H_SNFDAY | 212 | 3 | | | | | N | TOTAL SNF COVERED DAYS IN CY |
| H_SNFCHG | 215 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY |
| H_SNFCCH | 221 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY |

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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| H_SNFRMB | 227 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL SNF REIMB IN CY |
| H_SNFCDY | 233 | 3 | | | | | N | TOTAL SNF COINS DAYS IN CY |
| H_SNFCAM | 236 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL SNF COINS AMT CY |
| H_HHAVST | 242 | 4 | | | | | N | TOTAL HHA VISITS IN CY |
| H_HHACCH | 246 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL HHA COV CHGS CY |
| H_HHACHO | 252 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY |
| H_HHARMB | 258 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT HHA REIMB IN CY |
| H_HSDAYS | 264 | 3 | | | | | N | TOTAL COVRD HOSPICE DAYS CY |
| H_HSTCHG | 267 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT HOSPICE CHGS CY |
| H_HSREIM | 273 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT HOSPICE REIMB CY |
| H_OUTBIL | 279 | 3 | | | | | N | TOTAL OUTPT BILLS IN CY |
| H_OUTCHG | 282 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY |
| H_OUTRMB | 288 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL OUTPT REIMB CY |
| H_PMTCLM | 294 | 4 | | | | | N | TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY |
| H_PMTLIN | 298 | 4 | | | | | N | TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY |
| H_PMTSCH | 302 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT SUBMITTED CHGS CY |
| H_PMTACH | 308 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT ALLOWED CHGS CY |
| H_PMTRMB | 314 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT PHYS REIMB CY |
| H_PMTVST | 320 | 3 | | | | | N | TOTAL OFFICE VISITS IN CY |
| H_PMTCHO | 323 | 6 | | | | | N | TOTAL OFFICE VISIT CHARGES IN CY |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|-------|--|
| RIC | 1 | 1 | \$RICFMT | | 12,096 | 0 | C | RIC CODE FOR ADMIN IDENTIFICATION RECORD |
| | | | | | | | A | RIC A - HCFA RECORD SUMMARY |
| | | | | | | | N | RIC N - HCFA RECORD SUMMARY |
| FILEYR | 2 | 2 | \$YRFMT | | 12,096 | | C | YY REFERENCE YEAR OF RECORD |
| | | | | | | | C5 | 1995 COST AND USE FILE |
| BASEID | 4 | 8 | \$BSIDFMT | | 12,096 | | C | UNIQUE IDENTIFICATION NUMBER |
| | | | | | | | | BASEIDS |
| H_DOB | 12 | 8 | \$DTE8FMT | | | 0 | C | LEGAL DATE OF BIRTH |
| | | | | | | 12,096 | | MISSING DATE AS YYYYMMDD |
| H_DOD | 20 | 8 | \$DTE8FMT | | | | C | DATE OF DEATH (LAST DAY OF DEATH MONTH) |
| | | | | | | 11,409 | | MISSING |
| | | | | | | 687 | | DATE AS YYYYMMDD |
| H_DODSRC | 28 | 2 | \$SRCFMT | | | | C | SOURCE OF DEATH INFORMATION |
| | | | | | | 11,409 | | NO DATE OF DEATH |
| | | | | | | 0 | 01 | FROM MEDICARE BILL |
| | | | | | | 0 | 03 | CLERICAL ENTRY |
| | | | | | | 0 | 05 | BILL AND CLERICAL |
| | | | | | | 359 | 10 | PROVEN MBR |
| | | | | | | 24 | 11 | PROVEN MBR AND BILL |
| | | | | | | 275 | 20 | UNPROVEN MBR |
| | | | | | | 27 | 21 | UNPROVEN MBR AND BILL |
| | | | | | | 1 | 23 | UNPROVEN MBR AND CLERICAL |
| | | | | | | 1 | 25 | UNPROVEN MBR, BILL AND CLERICAL |
| H_SEX | 30 | 1 | \$SEXFMT | | | | C | SEX CODE |
| | | | | | | 0 | | UNKNOWN |
| | | | | | | 5,337 | 1 | MALE |
| | | | | | | 6,759 | 2 | FEMALE |
| H_RACE | 31 | 1 | \$RACEFMT | | | | C | RACE CODE |
| | | | | | | 0 | | UNKNOWN |
| | | | | | | 108 | 0 | UNKNOWN |
| | | | | | | 10,212 | 1 | WHITE |
| | | | | | | 1,336 | 2 | BLACK |
| | | | | | | 209 | 3 | OTHER |
| | | | | | | 42 | 4 | ASIAN |
| | | | | | | 183 | 5 | HISPANIC |
| | | | | | | 6 | 6 | N AMERICAN NATIVE |
| H_AGE | 32 | 3 | AGEFMT | | | | N | AGE |
| | | | | | | 0 | . | UNKNOWN |
| | | | | | | 12,096 | 0-999 | AGE IN YEARS |

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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|--------|-----------|--------|----|--------------------------|
| D_STRAT | 35 | 1 | \$AGEFMT | | | | C | MCBS SAMPLE STRATUM |
| | | | | 0 | | | | UNKNOWN |
| | | | | 954 | | | 1 | 0-44 |
| | | | | 1,143 | | | 2 | 45-64 |
| | | | | 2,234 | | | 3 | 65-69 |
| | | | | 1,870 | | | 4 | 70-74 |
| | | | | 1,808 | | | 5 | 75-79 |
| | | | | 1,935 | | | 6 | 80-84 |
| | | | | 2,152 | | | 7 | 85 + |
| H_ENT01 | 36 | 1 | \$ENTFMT | | | | C | JAN MEDICARE ENTITLEMENT |
| | | | | 358 | | | A | PART A MEDICARE ONLY |
| | | | | 95 | | | B | PART B MEDICARE ONLY |
| | | | | 11,272 | | | C | PART A AND B MEDICARE |
| | | | | 371 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT02 | 37 | 1 | \$ENTFMT | | | | C | FEB MEDICARE ENTITLEMENT |
| | | | | 365 | | | A | PART A MEDICARE ONLY |
| | | | | 95 | | | B | PART B MEDICARE ONLY |
| | | | | 11,232 | | | C | PART A AND B MEDICARE |
| | | | | 404 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT03 | 38 | 1 | \$ENTFMT | | | | C | MAR MEDICARE ENTITLEMENT |
| | | | | 365 | | | A | PART A MEDICARE ONLY |
| | | | | 94 | | | B | PART B MEDICARE ONLY |
| | | | | 11,201 | | | C | PART A AND B MEDICARE |
| | | | | 436 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT04 | 39 | 1 | \$ENTFMT | | | | C | APR MEDICARE ENTITLEMENT |
| | | | | 367 | | | A | PART A MEDICARE ONLY |
| | | | | 93 | | | B | PART B MEDICARE ONLY |
| | | | | 11,146 | | | C | PART A AND B MEDICARE |
| | | | | 490 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT05 | 40 | 1 | \$ENTFMT | | | | C | MAY MEDICARE ENTITLEMENT |
| | | | | 372 | | | A | PART A MEDICARE ONLY |
| | | | | 91 | | | B | PART B MEDICARE ONLY |
| | | | | 11,114 | | | C | PART A AND B MEDICARE |
| | | | | 519 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT06 | 41 | 1 | \$ENTFMT | | | | C | JUN MEDICARE ENTITLEMENT |
| | | | | 379 | | | A | PART A MEDICARE ONLY |
| | | | | 91 | | | B | PART B MEDICARE ONLY |
| | | | | 11,099 | | | C | PART A AND B MEDICARE |
| | | | | 527 | | | N | NO MEDICARE ENTITLEMENT |
| H_ENT07 | 42 | 1 | \$ENTFMT | | | | C | JUL MEDICARE ENTITLEMENT |
| | | | | 356 | | | A | PART A MEDICARE ONLY |
| | | | | 91 | | | B | PART B MEDICARE ONLY |
| | | | | 11,105 | | | C | PART A AND B MEDICARE |
| | | | | 544 | | | N | NO MEDICARE ENTITLEMENT |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|---------------|----|-----------------------------------|
| H_ENT08 | 43 | 1 | \$ENTFMT | | | | C | AUG MEDICARE ENTITLEMENT |
| | | | | | 351 | | A | PART A MEDICARE ONLY |
| | | | | | 93 | | B | PART B MEDICARE ONLY |
| | | | | | 11,091 | | C | PART A AND B MEDICARE |
| | | | | | 561 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT09 | 44 | 1 | \$ENTFMT | | | | C | SEP MEDICARE ENTITLEMENT |
| | | | | | 358 | | A | PART A MEDICARE ONLY |
| | | | | | 91 | | B | PART B MEDICARE ONLY |
| | | | | | 11,064 | | C | PART A AND B MEDICARE |
| | | | | | 583 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT10 | 45 | 1 | \$ENTFMT | | | | C | OCT MEDICARE ENTITLEMENT |
| | | | | | 359 | | A | PART A MEDICARE ONLY |
| | | | | | 91 | | B | PART B MEDICARE ONLY |
| | | | | | 11,037 | | C | PART A AND B MEDICARE |
| | | | | | 609 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT11 | 46 | 1 | \$ENTFMT | | | | C | NOV MEDICARE ENTITLEMENT |
| | | | | | 360 | | A | PART A MEDICARE ONLY |
| | | | | | 91 | | B | PART B MEDICARE ONLY |
| | | | | | 11,027 | | C | PART A AND B MEDICARE |
| | | | | | 618 | | N | NO MEDICARE ENTITLEMENT |
| H_ENT12 | 47 | 1 | \$ENTFMT | | | | C | DEC MEDICARE ENTITLEMENT |
| | | | | | 364 | | A | PART A MEDICARE ONLY |
| | | | | | 90 | | B | PART B MEDICARE ONLY |
| | | | | | 10,997 | | C | PART A AND B MEDICARE |
| | | | | | 645 | | N | NO MEDICARE ENTITLEMENT |
| H_D0E | 48 | 6 | \$DTE6FMT | | | | C | ENTITLEMENT START DATE |
| | | | | | 0 | | | MISSING |
| | | | | | 12,096 | 000000-999999 | | DATE AS YYMMDD |
| H_D0T | 54 | 6 | \$DTE6FMT | | | | C | ENTITLEMENT END DATE |
| | | | | | 12,045 | | | MISSING |
| | | | | | 51 | 000000-999999 | | DATE AS YYMMDD |
| H_MEDSTA | 60 | 2 | \$MSCFMT | | | | C | MEDICARE STATUS CODE AS OF DEC 31 |
| | | | | | 0 | | | UNKNOWN |
| | | | | | 9,964 | | 10 | AGED, NO ESRD |
| | | | | | 36 | | 11 | AGED, ESRD |
| | | | | | 2,024 | | 20 | DISABLED, NO ESRD |
| | | | | | 40 | | 21 | DISABLED, ESRD |
| | | | | | 32 | | 31 | ESRD ONLY |

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Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

H_LAF 62 2 \$LAFFMT

C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31

| | |
|--------|---|
| 9 | UNKNOWN |
| 0 | AD CUR PAY-ADJ FOR DUAL ENTITLEMENT |
| 0 | AF TRANSFER TO ANOTHER PC OR DIO |
| 0 | A9 CUR PAY-MISCELLANEOUS ADJUSTMENT |
| 11,032 | C CURRENT PAYMENT STATUS |
| 0 | DW DEFERRED-WORKERS COMP |
| 18 | D2 DEF-RETIREMENT TEST |
| 0 | D3 DEF-D2 FOR PRIMARY |
| 2 | 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 | RN CUR PAY-PART B REINSTATED |
| 1 | S SUSP-DEFERRED RETIREMENT |
| 4 | SD SUSP-OTHER |
| 0 | SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT |
| 20 | SH SUSP-GOVERNMENT PENSION |
| 1 | SP SUSP-PUBLIC ASSISTANCE |
| 1 | S0 SUSP-CONTINUING DISABILITY INVESTIG |
| 39 | S2 SUSP-FAILS RETIREMENT TEST |
| 3 | S3 SUSP-PRIMARY ACCOUNT S2 |
| 3 | S6 SUSP-CHECK RETURNED FOR ADDRESS |
| 23 | S7 SUSP-VOCATIONAL REHAB REFUSAL |
| 1 | S8 SUSP-PAYEE NOT DETERMINED |
| 5 | S9 SUSP-MISCELLANEOUS REASON |
| 0 | TR TERM-CLAIM WITHDRAWN |
| 0 | T0 TERM-BENEFITS PAID BY ANOTHER AGENCY |
| 637 | T1 TERM-DEATH OF BENEFICIARY |
| 0 | T2 TERM-DEATH OF PRIMARY |
| 0 | T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE |
| 0 | T5 TERM-ENTITLED ON ANOTHER ACCT |
| 5 | T8 TERM-RECOVERY FROM DISABILITY |
| 0 | T9 TERM-MISCELLANEOUS |
| 254 | U ACTIVE UNINSURED STATUS (NO SSA CHECK) |
| 0 | XR TERMINATED - |
| 21 | X1 TERM-DEATH OF INSURED |
| 0 | X5 TERM-ENTITLED TO ANOTHER BENEFIT |
| 15 | X7 TERM OF UNINSURED |
| 0 | X9 TERM MISCELLANEOUS |
| 0 | ZZ ERRONEOUS ENTITLEMENT |

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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

H_RESST 64 2 \$STFMT

C SSA STATE CODE OF RESIDENCE AS OF DEC 31

| | |
|-------|---------|
| 6 | UNKNOWN |
| 363 | 01 AL |
| 0 | 02 AK |
| 96 | 03 AZ |
| 105 | 04 AR |
| 1,055 | 05 CA |
| 232 | 06 CO |
| 83 | 07 CT |
| 2 | 08 DE |
| 57 | 09 DC |
| 665 | 10 FL |
| 577 | 11 GA |
| 0 | 12 HI |
| 87 | 13 ID |
| 460 | 14 IL |
| 291 | 15 IN |
| 264 | 16 IA |
| 160 | 17 KS |
| 143 | 18 KY |
| 117 | 19 LA |
| 129 | 20 ME |
| 152 | 21 MD |
| 141 | 22 MA |
| 390 | 23 MI |
| 147 | 24 MN |
| 104 | 25 MS |
| 171 | 26 MO |
| 0 | 27 MT |
| 2 | 28 NE |
| 116 | 29 NV |
| 4 | 30 NH |
| 586 | 31 NJ |
| 88 | 32 NM |
| 832 | 33 NY |
| 11 | 34 NC |
| 55 | 35 ND |
| 495 | 36 OH |
| 223 | 37 OK |
| 10 | 38 OR |
| 605 | 39 PA |
| 265 | 40 PR |
| 3 | 41 RI |
| 451 | 42 SC |
| 1 | 43 SD |
| 67 | 44 TN |
| 793 | 45 TX |
| 2 | 46 UT |
| 2 | 47 VT |
| 0 | 48 VI |
| 474 | 49 VA |
| 407 | 50 WA |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|---------------|--|
| | | | | | 117 | | 51 | WV |
| | | | | | 435 | | 52 | WI |
| | | | | | 55 | | 53 | WY |
| | | | | | 0 | | 54-99 | UNKNOWN |
| H_RESCTY | 66 | 3 | \$CTYFMT | | | | C | SSA COUNTY CODE OF RES. AS OF DEC 31 |
| | | | | | 6 | | | UNKNOWN |
| | | | | | 12,090 | | 000-999 | COUNTY CODE |
| H_ZIP | 69 | 5 | \$ZIPFMT | | | | C | POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31 |
| | | | | | 6 | | | UNKNOWN |
| | | | | | 12,090 | | 00000-99999 | ZIP CODE |
| H_CENSUS | 74 | 2 | \$CENFMT | | | | C | CENSUS REGION OF RESIDENCE AS OF DEC 31 |
| | | | | | 6 | | | UNKNOWN |
| | | | | | 0 | | ** | UNKNOWN |
| | | | | | 362 | | 01 | NEW ENGLAND |
| | | | | | 2,023 | | 02 | MIDDLE ATLANTIC |
| | | | | | 2,071 | | 03 | EAST NORTH CENTRAL |
| | | | | | 800 | | 04 | WEST NORTH CENTRAL |
| | | | | | 2,506 | | 05 | SOUTH ATLANTIC |
| | | | | | 677 | | 06 | EAST SOUTH CENTRAL |
| | | | | | 1,238 | | 07 | WEST SOUTH CENTRAL |
| | | | | | 676 | | 08 | MOUNTAIN |
| | | | | | 1,472 | | 09 | PACIFIC |
| | | | | | 265 | | 10 | PUERTO RICO |
| H_METRO | 76 | 1 | \$METFMT | | | | C | METRO STATUS |
| | | | | | 3,343 | | N | NON-METRO AREA |
| | | | | | 6 | | U | UNKNOWN |
| | | | | | 8,747 | | Y | METRO AREA |
| H_HSBEG1 | 77 | 6 | \$DTE6FMT | | | | C | BEGINNING DATE OF LATEST HOSPICE PERIOD |
| | | | | | 11,887 | | | MISSING |
| | | | | | 209 | | 000000-999999 | DATE AS YYMMDD |
| H_HSEND1 | 83 | 6 | \$DTE6FMT | | | | C | ENDING DATE OF LATEST HOSPICE PERIOD |
| | | | | | 11,887 | | | MISSING |
| | | | | | 209 | | 000000-999999 | DATE AS YYMMDD |
| H_HSBEG2 | 89 | 6 | \$DTE6FMT | | | | C | BEGINNING DATE OF 2ND HOSPICE PERIOD |
| | | | | | 12,038 | | | MISSING |
| | | | | | 58 | | 000000-999999 | DATE AS YYMMDD |
| H_HSEND2 | 95 | 6 | \$DTE6FMT | | | | C | ENDING DATE OF 2ND HOSPICE PERIOD |
| | | | | | 12,038 | | | MISSING |
| | | | | | 58 | | 000000-999999 | DATE AS YYMMDD |
| H_HSBEG3 | 101 | 6 | \$DTE6FMT | | | | C | BEGINNING DATE OF 3RD HOSPICE PERIOD |
| | | | | | 12,065 | | | MISSING |
| | | | | | 31 | | 000000-999999 | DATE AS YYMMDD |

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|----------|-----|-----|-----------|------|-----------|---------------|----|--|
| H_HSEND3 | 107 | 6 | \$DTE6FMT | | | | C | ENDING DATE OF 3RD HOSPICE PERIOD |
| | | | | | 12,065 | | | MISSING |
| | | | | | 31 | 000000-999999 | | DATE AS YYMMDD |
| H_HSBEG4 | 113 | 6 | \$DTE6FMT | | | | C | BEGINNING DATE OF 4TH HOSPICE PERIOD |
| | | | | | 12,070 | | | MISSING |
| | | | | | 26 | 000000-999999 | | DATE AS YYMMDD |
| H_HSEND4 | 119 | 6 | \$DTE6FMT | | | | C | ENDING DATE OF 4TH HOSPICE PERIOD |
| | | | | | 12,070 | | | MISSING |
| | | | | | 26 | 000000-999999 | | DATE AS YYMMDD |
| H_ESRBEG | 125 | 6 | \$DTE6FMT | | | | C | BEGINNING DATE OF ESRD PERIOD |
| | | | | | 11,979 | | | MISSING |
| | | | | | 117 | 000000-999999 | | DATE AS YYMMDD |
| H_ESREND | 131 | 6 | \$DTE6FMT | | | | C | ENDING DATE OF ESRD PERIOD |
| | | | | | 12,028 | | | MISSING |
| | | | | | 68 | 000000-999999 | | DATE AS YYMMDD |
| H_GHPSW | 137 | 1 | \$GHPSW | | | | C | 1= SOME GROUP HEALTH PARTICIPATION IN CY |
| | | | | | 10,941 | | 0 | NO ENROLLMENT |
| | | | | | 1,155 | | 1 | SOME ENROLLMENT |
| H_PLTP01 | 138 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE JAN |
| | | | | | 11,168 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 175 | | 01 | HCPP |
| | | | | | 25 | | 02 | COST HMO |
| | | | | | 728 | | 06 | RISK HMO |
| H_PLAN01 | 140 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER JAN |
| | | | | | 901 | H0000-H9999 | | PLAN IDENTIFIER |
| | | | | | 11,168 | N | | UNKNOWN, OR NO PLAN |
| | | | | | 27 | 90091 | | PLAN IDENTIFIER |
| H_PLPY01 | 145 | 4 | | | | | N | MEDICARE PERCAP PAYMENT JAN |
| H_PLTP02 | 149 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE FEB |
| | | | | | 11,167 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 173 | | 01 | HCPP |
| | | | | | 24 | | 02 | COST HMO |
| | | | | | 732 | | 06 | RISK HMO |
| H_PLAN02 | 151 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER FEB |
| | | | | | 902 | H0000-H9999 | | PLAN IDENTIFIER |
| | | | | | 11,167 | N | | UNKNOWN, OR NO PLAN |
| | | | | | 27 | 90091 | | PLAN IDENTIFIER |
| H_PLPY02 | 156 | 4 | | | | | N | MEDICARE PERCAP PAYMENT FEB |

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|----------|-----|-----|----------|------|-----------|--------|-------------|-----------------------------|
| H_PLTP03 | 160 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE MAR |
| | | | | | 11,155 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 170 | | 01 | HCPP |
| | | | | | 24 | | 02 | COST HMO |
| | | | | | 747 | | 06 | RISK HMO |
| H_PLAN03 | 162 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER MAR |
| | | | | | 914 | | H0000-H9999 | PLAN IDENTIFIER |
| | | | | | 11,155 | | N | UNKNOWN, OR NO PLAN |
| | | | | | 27 | | 90091 | PLAN IDENTIFIER |
| H_PLPY03 | 167 | 4 | | | | | N | MEDICARE PERCAP PAYMENT MAR |
| H_PLTP04 | 171 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE APR |
| | | | | | 11,131 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 169 | | 01 | HCPP |
| | | | | | 22 | | 02 | COST HMO |
| | | | | | 774 | | 06 | RISK HMO |
| H_PLAN04 | 173 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER APR |
| | | | | | 939 | | H0000-H9999 | PLAN IDENTIFIER |
| | | | | | 11,131 | | N | UNKNOWN, OR NO PLAN |
| | | | | | 26 | | 90091 | PLAN IDENTIFIER |
| H_PLPY04 | 178 | 4 | | | | | N | MEDICARE PERCAP PAYMENT APR |
| H_PLTP05 | 182 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE MAY |
| | | | | | 11,123 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 166 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 787 | | 06 | RISK HMO |
| H_PLAN05 | 184 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER MAY |
| | | | | | 947 | | H0000-H9999 | PLAN IDENTIFIER |
| | | | | | 11,123 | | N | UNKNOWN, OR NO PLAN |
| | | | | | 26 | | 90091 | PLAN IDENTIFIER |
| H_PLPY05 | 189 | 4 | | | | | N | MEDICARE PERCAP PAYMENT MAY |
| H_PLTP06 | 193 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE JUN |
| | | | | | 11,110 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 166 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 800 | | 06 | RISK HMO |
| H_PLAN06 | 195 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER JUN |
| | | | | | 960 | | H0000-H9999 | PLAN IDENTIFIER |
| | | | | | 11,110 | | N | UNKNOWN, OR NO PLAN |
| | | | | | 26 | | 90091 | PLAN IDENTIFIER |
| H_PLPY06 | 200 | 4 | | | | | N | MEDICARE PERCAP PAYMENT JUN |

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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|-----------|-------------|----|-----------------------------|
| H_PLTP07 | 204 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE JUL |
| | | | | | 11,091 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 161 | | 01 | HCPP |
| | | | | | 22 | | 02 | COST HMO |
| | | | | | 822 | | 06 | RISK HMO |
| H_PLAN07 | 206 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER JUL |
| | | | | | 979 | H0000-H9999 | | PLAN IDENTIFIER |
| | | | | | 11,091 | N | | UNKNOWN, OR NO PLAN |
| | | | | | 26 | 90091 | | PLAN IDENTIFIER |
| H_PLPY07 | 211 | 4 | | | | | N | MEDICARE PERCAP PAYMENT JUL |
| H_PLTP08 | 215 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE AUG |
| | | | | | 11,076 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 160 | | 01 | HCPP |
| | | | | | 22 | | 02 | COST HMO |
| | | | | | 838 | | 06 | RISK HMO |
| H_PLAN08 | 217 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER AUG |
| | | | | | 994 | H0000-H9999 | | PLAN IDENTIFIER |
| | | | | | 11,076 | N | | UNKNOWN, OR NO PLAN |
| | | | | | 26 | 90091 | | PLAN IDENTIFIER |
| H_PLPY08 | 222 | 4 | | | | | N | MEDICARE PERCAP PAYMENT AUG |
| H_PLTP09 | 226 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE SEP |
| | | | | | 11,068 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 160 | | 01 | HCPP |
| | | | | | 21 | | 02 | COST HMO |
| | | | | | 847 | | 06 | RISK HMO |
| H_PLAN09 | 228 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER SEP |
| | | | | | 1,002 | H0000-H9999 | | PLAN IDENTIFIER |
| | | | | | 11,068 | N | | UNKNOWN, OR NO PLAN |
| | | | | | 26 | 90091 | | PLAN IDENTIFIER |
| H_PLPY09 | 233 | 4 | | | | | N | MEDICARE PERCAP PAYMENT SEP |
| H_PLTP10 | 237 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE OCT |
| | | | | | 11,055 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 158 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 863 | | 06 | RISK HMO |
| H_PLAN10 | 239 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER OCT |
| | | | | | 1,015 | H0000-H9999 | | PLAN IDENTIFIER |
| | | | | | 11,055 | N | | UNKNOWN, OR NO PLAN |
| | | | | | 26 | 90091 | | PLAN IDENTIFIER |
| H_PLPY10 | 244 | 4 | | | | | N | MEDICARE PERCAP PAYMENT OCT |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|-------------|------------------------------------|
| H_PLTP11 | 248 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE NOV |
| | | | | | 11,043 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 157 | | 01 | HCPP |
| | | | | | 20 | | 02 | COST HMO |
| | | | | | 876 | | 06 | RISK HMO |
| H_PLAN11 | 250 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER NOV |
| | | | | | 1,028 | | H0000-H9999 | PLAN IDENTIFIER |
| | | | | | 11,043 | | N | UNKNOWN, OR NO PLAN |
| | | | | | 25 | | 90091 | PLAN IDENTIFIER |
| H_PLPY11 | 255 | 4 | | | | | N | MEDICARE PERCAP PAYMENT NOV |
| H_PLTP12 | 259 | 2 | \$PLNFMT | | | | C | GHP PLAN TYPE DEC |
| | | | | | 11,035 | | | NO ENROLLMENT FOR MONTH |
| | | | | | 154 | | 01 | HCPP |
| | | | | | 19 | | 02 | COST HMO |
| | | | | | 888 | | 06 | RISK HMO |
| H_PLAN12 | 261 | 5 | \$GHPFMT | | | | C | GHP CONTRACT NUMBER DEC |
| | | | | | 1,036 | | H0000-H9999 | PLAN IDENTIFIER |
| | | | | | 11,035 | | N | UNKNOWN, OR NO PLAN |
| | | | | | 25 | | 90091 | PLAN IDENTIFIER |
| H_PLPY12 | 266 | 4 | | | | | N | MEDICARE PERCAP PAYMENT DEC |
| H_MCSW | 270 | 1 | \$SWFMT | | | | C | Y=SOME MEDICAID ELIGIBILITY FOR CY |
| | | | | | 9,744 | | N | NO PARTICIPATION |
| | | | | | 2,352 | | Y | SOME PARTICIPATION |
| H_MCDE01 | 271 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR JAN |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 884 | | B | STATE PART B BUY-IN |
| | | | | | 35 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,936 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,128 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 66 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE02 | 272 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR FEB |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 883 | | B | STATE PART B BUY-IN |
| | | | | | 34 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,939 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,127 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 66 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE03 | 273 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR MAR |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|--------------------------------|
| | | | | | | | | |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 883 | | B | STATE PART B BUY-IN |
| | | | | | 33 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,947 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,115 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 71 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE04 | 274 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR APR |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 880 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,955 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,110 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 73 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE05 | 275 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR MAY |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 869 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,967 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,105 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 77 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE06 | 276 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR JUN |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 868 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,960 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,109 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 81 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE07 | 277 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR JUL |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 870 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,963 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,102 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 83 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE08 | 278 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR AUG |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 871 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,964 | | N | NO BUY-IN THIS MONTH |

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|----------|-----|-----|-----------|------|-----------|--------|---------|--------------------------------|
| | | | | | 1,097 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 86 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE09 | 279 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR SEP |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 864 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 47 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,968 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,096 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 90 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE10 | 280 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR OCT |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 863 | | B | STATE PART B BUY-IN |
| | | | | | 32 | | C | STATE PART A AND B BUY-IN |
| | | | | | 46 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,973 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,090 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 92 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE11 | 281 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR NOV |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 866 | | B | STATE PART B BUY-IN |
| | | | | | 32 | | C | STATE PART A AND B BUY-IN |
| | | | | | 46 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 9,977 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,082 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 93 | | S | STATE PART B SLMB BUY-IN |
| H_MCDE12 | 282 | 1 | \$MCDCFMT | | | | C | MEDICAID ELIGIBILITY FOR DEC |
| | | | | | 0 | | A | STATE PART A BUY-IN |
| | | | | | 827 | | B | STATE PART B BUY-IN |
| | | | | | 31 | | C | STATE PART A AND B BUY-IN |
| | | | | | 43 | | D | STATE PART A AND B QMB BUY-IN |
| | | | | | 0 | | E | STATE PART A AND B SLMB BUY-IN |
| | | | | | 10,048 | | N | NO BUY-IN THIS MONTH |
| | | | | | 1,060 | | Q | STATE PART B QMB BUY-IN |
| | | | | | 87 | | S | STATE PART B SLMB BUY-IN |
| H_MACY01 | 283 | 3 | \$MACYFMT | | | | C | BUY-IN AGENCY FOR JAN |
| | | | | | 9,936 | | N | UNKNOWN, OR NO BUY-IN |
| | | | | | 0 | | S00-S99 | STATE AGENCY CODE |
| | | | | | 2,160 | | 000-999 | STATE AGENCY CODE |

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|----------|-----|-----|-----------|------|---------------------|--------|------------------------------|--|
| H_MACY02 | 286 | 3 | \$MACYFMT | | 9,939 0 2,157 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR FEB UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY03 | 289 | 3 | \$MACYFMT | | 9,946 0 2,150 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR MAR UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY04 | 292 | 3 | \$MACYFMT | | 9,955 0 2,141 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR APR UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY05 | 295 | 3 | \$MACYFMT | | 9,966 0 2,130 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR MAY UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY06 | 298 | 3 | \$MACYFMT | | 9,959 0 2,137 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR JUN UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY07 | 301 | 3 | \$MACYFMT | | 9,963 0 2,133 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR JUL UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY08 | 304 | 3 | \$MACYFMT | | 9,963 0 2,133 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR AUG UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY09 | 307 | 3 | \$MACYFMT | | 9,966 0 2,130 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR SEP UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY10 | 310 | 3 | \$MACYFMT | | 9,972 0 2,124 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR OCT UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY11 | 313 | 3 | \$MACYFMT | | 9,976 0 2,120 | | C N S00-S99 000-999 | BUY-IN AGENCY FOR NOV UNKNOWN, OR NO BUY-IN STATE AGENCY CODE STATE AGENCY CODE |
| H_MACY12 | 316 | 3 | \$MACYFMT | | | | C | BUY-IN AGENCY FOR DEC |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 -----
EVENT RIC A2

Page: 25
CODEBOOK Record Type: A2

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|---------------|---------|--|
| | | | | | 10,048 | | N | UNKNOWN, OR NO BUY-IN |
| | | | | | 0 | | S00-S99 | STATE AGENCY CODE |
| | | | | | 2,048 | | 000-999 | STATE AGENCY CODE |
| H_HOSSW | 319 | 1 | \$UTLFMT | | | | C | 1 = ONE OR MORE HOSPICE BILLS IN CY |
| | | | | | 12,001 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | 95 | | 1 | SOME UTILIZATION THIS TYPE |
| H_INPSW | 320 | 1 | \$UTLFMT | | | | C | 1 = ONE OR MORE INP DISCHARGES IN CY |
| | | | | | 9,593 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | 2,503 | | 1 | SOME UTILIZATION THIS TYPE |
| H_SNFSW | 321 | 1 | \$UTLFMT | | | | C | 1 = ONE OR MORE SNF ADMISSIONS IN CY |
| | | | | | 11,661 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | 435 | | 1 | SOME UTILIZATION THIS TYPE |
| H_HHASW | 322 | 1 | \$UTLFMT | | | | C | 1 = ONE OR MORE HHA VISITS IN CY |
| | | | | | 10,883 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | 1,213 | | 1 | SOME UTILIZATION THIS TYPE |
| H_OUTSW | 323 | 1 | \$UTLFMT | | | | C | 1 = ONE OR MORE OUTPT VISITS IN CY |
| | | | | | 5,348 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | 6,748 | | 1 | SOME UTILIZATION THIS TYPE |
| H_PBSW | 324 | 1 | \$UTLFMT | | | | C | 1 = ONE OR MORE PART B CLAIMS IN CY |
| | | | | | 1,853 | | 0 | NO UTILIZATION THIS TYPE |
| | | | | | 10,243 | | 1 | SOME UTILIZATION THIS TYPE |
| H_PTARMB | 325 | 6 | | | | | N | \$\$\$\$\$\$ TOTAL PART A REIMB CY |
| H_PTBRMB | 331 | 6 | | | | | N | \$\$\$\$\$\$ TOTAL PART B REIMB CY |
| H_PTAPRM | 337 | 8 | | | | | N | \$\$\$\$\$.CC TOTAL BENE PAID PART A IN CY |
| H_PTBPRM | 345 | 8 | | | | | N | \$\$\$\$\$.CC TOTAL BENE PAID PART B IN CY |
| H_LATDCH | 353 | 6 | \$DTE6FMT | | | | C | DISCHARGE DATE OF LATEST INP STAY |
| | | | | | 9,676 | | | MISSING |
| | | | | | 2,420 | 000000-999999 | | DATE AS YYMMDD |
| H_LATDRG | 359 | 3 | \$DRGFMT | | | | C | DRG CODE FOR LATEST INP STAY |
| | | | | | 9,676 | | | UNKNOWN, OR NO DISCHARGE |
| | | | | | 2,420 | 000-999 | | DRG |
| H_DISDES | 362 | 2 | \$DSTFMT | | | | C | DISCHARGE DESTINATION FOR LAST STAY |
| | | | | | 9,676 | | | NO DISCHARGE |
| | | | | | 1,413 | | 01 | DISCHARGE TO HOME |
| | | | | | 20 | | 02 | TRANSFER-TO HOSP |
| | | | | | 347 | | 03 | TRANSFER-TO SNF |
| | | | | | 76 | | 04 | TRANSFER-TO ICF |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 -----
EVENT RIC A2

Page: 26
CODEBOOK Record Type: A2

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|-------|--|
| | | | | | 92 | | 05 | TRANSFER-OTHER |
| | | | | | 223 | | 06 | TRANSFER TO HHA |
| | | | | | 8 | | 07 | LAMA |
| | | | | | 0 | | 08 | HOME IV DRUG |
| | | | | | 0 | | 09 | ADMIT/READMIT |
| | | | | | 0 | | 10-19 | TRANSFER-ST CODES |
| | | | | | 241 | | 20 | EXPIRED |
| | | | | | 0 | | 20-29 | EXPIRED-ST CODES |
| | | | | | 0 | | 30 | STILL PATIENT |
| | | | | | 0 | | 31-39 | STILL PATIENT, ST |
| | | | | | 0 | | 40 | EXPIRED AT HOME |
| | | | | | 0 | | 41 | DIED IN FACILITY |
| | | | | | 0 | | 42 | DIED, PLACE UNK |
| | | | | | 0 | | 43-99 | NOT USED |
| H_INPSTY | 364 | 2 | | | | | N | NO. OF INPAT STAYS FOR CY |
| H_INPDAY | 366 | 3 | | | | | N | NO. OF INPAT COVRD DAYS FOR CY |
| H_INPCHG | 369 | 6 | | | | | N | \$\$\$\$\$\$\$ INPAT CHARGES FOR CY |
| H_INPCCH | 375 | 6 | | | | | N | \$\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY |
| H_INPRMB | 381 | 6 | | | | | N | \$\$\$\$\$\$\$ INPAT REIMB FOR CY |
| H_INPCDY | 387 | 2 | | | | | N | INPAT COVRD DAYS USED IN CY |
| H_INPCAM | 389 | 5 | | | | | N | \$\$\$\$\$ TOTAL INP COINS AMT CY |
| H_SNFSTY | 394 | 2 | | | | | N | TOTAL SNF STAYS IN CY |
| H_SNFDAY | 396 | 3 | | | | | N | TOTAL SNF COVERED DAYS IN CY |
| H_SNFCCH | 399 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY |
| H_SNFCCH | 405 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY |
| H_SNFRMB | 411 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL SNF REIMB IN CY |
| H_SNFCDY | 417 | 3 | | | | | N | TOTAL SNF COINS DAYS IN CY |
| H_SNFCAM | 420 | 6 | | | | | N | \$\$\$\$\$ TOTAL SNF COINS AMT CY |
| H_HHAVST | 426 | 4 | | | | | N | TOTAL HHA VISITS IN CY |
| H_HHACCH | 430 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL HHA COV CHGS CY |
| H_HHACHO | 436 | 6 | | | | | N | \$\$\$\$\$ TOT HHA OTHER COV CHGS CY |
| H_HHARMB | 442 | 6 | | | | | N | \$\$\$\$\$ TOT HHA REIMB IN CY |
| H_HSDAYS | 448 | 3 | | | | | N | TOTAL COVRD HOSPICE DAYS CY |
| H_HSTCHG | 451 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT HOSPICE CHGS CY |
| H_HSREIM | 457 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT HOSPICE REIMB CY |
| H_OUTBIL | 463 | 3 | | | | | N | TOTAL OUTPT BILLS IN CY |
| H_OUTCHG | 466 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY |
| H_OUTRMB | 472 | 6 | | | | | N | \$\$\$\$\$\$\$ TOTAL OUTPT REIMB CY |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 -----
EVENT RIC A2

Page: 27
CODEBOOK Record Type: A2

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|------|------|------|-------|-----------|--------|----|--|
| ----- | ---- | ---- | ---- | ----- | ----- | ----- | -- | ----- |
| H_PMTCLM | 478 | 4 | | | | | N | TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY |
| H_PMTLIN | 482 | 4 | | | | | N | TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY |
| H_PMTSCH | 486 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT SUBMITTED CHGS CY |
| H_PMTACH | 492 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT ALLOWED CHGS CY |
| H_PMTRMB | 498 | 6 | | | | | N | \$\$\$\$\$\$\$ TOT PHYS REIMB CY |
| H_PMTVST | 504 | 3 | | | | | N | TOTAL OFFICE VISITS IN CY |
| H_PMTCHO | 507 | 6 | | | | | N | TOTAL OFFICE VISIT CHARGES IN CY |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 1 -----
SURVEY IDENTIFICATION RECORD

Page: 28
Record Type: 1

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|---|
| RIC | 1 | 1 | | | | | C | |
| FILEYR | 2 | 2 | | | | | C | |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| D_DOB | 12 | 6 | | | | | C | |
| ROSTSEX | 18 | 2 | SEXFMT | | | | N | SEX OF HOUSEHOLD MEMBER |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 5,325 | | 1 | MALE |
| | | | | | 6,771 | | 2 | FEMALE |
| D_AFEVER | 20 | 2 | HELPMFT | | | | N | SP EVER SERVE IN ARMED FORCES? |
| | | | | | 2 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 66 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2,670 | | 1 | YES |
| | | | | | 9,358 | | 2 | NO |
| D_AFVIET | 22 | 2 | NECFMT | | | | N | SP SERVED IN AF DURING VIETNAM ERA? |
| | | | | | 9,426 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 15 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |
| | | | | | 234 | | 1 | INDICATED |
| | | | | | 2,418 | | 2 | NOT INDICATED |
| D_AFKORE | 24 | 2 | NECFMT | | | | N | SP SERVED IN AF DURING KOREAN CONFLICT? |
| | | | | | 9,426 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 15 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |
| | | | | | 587 | | 1 | INDICATED |
| | | | | | 2,065 | | 2 | NOT INDICATED |
| D_AFWWII | 26 | 2 | NECFMT | | | | N | SP SERVED IN AF DURING WORLD WAR II? |
| | | | | | 9,426 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 15 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |
| | | | | | 1,975 | | 1 | INDICATED |
| | | | | | 677 | | 2 | NOT INDICATED |
| D_AFWWI | 28 | 2 | NECFMT | | | | N | SP SERVED IN AF DURING WORLD WAR I? |
| | | | | | 9,426 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 15 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |
| | | | | | 22 | | 1 | INDICATED |
| | | | | | 2,630 | | 2 | NOT INDICATED |

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RECORD IDENTIFICATION CODE 1 -----
SURVEY IDENTIFICATION RECORD

Page: 29
Record Type: 1

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|--|-----|-----|---------|------|-----------|--------|-------|---|
| D_AFPEAC | 30 | 2 | NECFMT | | | | N | SP SERVED IN AF DURING PEACE TIME? |
| | | | | | 9,426 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 15 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |
| | | | | | 242 | | 1 | INDICATED |
| | | | | | 2,410 | | 2 | NOT INDICATED |
| D_NGEVER | 32 | 2 | HELPMFT | | | | N | SP EVER ACTIVE NATL GUARD/RESERVE? |
| | | | | | 2 | | . | INAPPLICABLE |
| | | | | | 6 | | -9 | NOT ASCERTAINED |
| | | | | | 88 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |
| | | | | | 625 | | 1 | YES |
| | | | | | 11,373 | | 2 | NO |
| INAPPLICABLE WHEN SAMPLE PERSON IS UNDER 17 YEARS OF AGE | | | | | | | | |
| D_NGALL | 34 | 2 | HELPMFT | | | | N | ALL ACTIVE DUTY RELATED TO NATL GUARD? |
| | | | | | 11,471 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 194 | | 1 | YES |
| | | | | | 428 | | 2 | NO |
| D_NGDSBL | 36 | 2 | HELPMFT | | | | N | SP HAVE ANY DISABILITY FROM AF SERVICE? |
| | | | | | 9,346 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 14 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |
| | | | | | 378 | | 1 | YES |
| | | | | | 2,355 | | 2 | NO |
| D_VARATE | 38 | 3 | VARFMT | | | | N | CURRENT VA DISABILITY RATING OF SP |
| | | | | | 11,718 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 60 | | -8 | DONT KNOW |
| | | | | | 5 | | -7 | REFUSED |
| | | | | | 312 | | 0-100 | DISABILITY RATING |
| D_RACE | 41 | 2 | HISFMT | | | | N | RACE OF SP |
| | | | | | 1 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 8 | | -8 | DONT KNOW |
| | | | | | 8 | | -7 | REFUSED |
| | | | | | 115 | | 1 | AMERICAN INDIAN |
| | | | | | 143 | | 2 | ASIAN/PACIF ISL |
| | | | | | 1,347 | | 3 | BLACK/AFRI AMER |
| | | | | | 10,275 | | 4 | WHITE |
| | | | | | 199 | | 91 | OTHER |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 1 -----
SURVEY IDENTIFICATION RECORD

Page: 30
CODEBOOK Record Type: 1

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|------|--------------------------------|
| D_ETHNIC | 43 | 2 | HELPMFT | | | | N | SP OF HISPANIC ANCESTRY |
| | | | | | 1 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 34 | | -8 | DONT KNOW |
| | | | | | 4 | | -7 | REFUSED |
| | | | | | 787 | | 1 | YES |
| | | | | | 11,269 | | 2 | NO |
| SPCHNLNM | 45 | 2 | CHILFMT | IN14 | | | N | # OF CHILDREN LIVING |
| | | | | | 757 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 8 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 11,331 | | 0-25 | NUMBER OF CHILDS |
| SPHIGRAD | 47 | 2 | HIGHFMT | D13 | | | N | HIGHEST SCHOOL GRADE COMPLETED |
| | | | | | 1 | | . | INAPPLICABLE |
| | | | | | 33 | | -9 | NOT ASCERTAINED |
| | | | | | 362 | | -8 | DONT KNOW |
| | | | | | 16 | | -7 | REFUSED |
| | | | | | 330 | | 1 | 1ST GRADE OR LESS |
| | | | | | 131 | | 2 | 2ND GRADE |
| | | | | | 205 | | 3 | 3RD GRADE |
| | | | | | 249 | | 4 | 4TH GRADE |
| | | | | | 225 | | 5 | 5TH GRADE |
| | | | | | 366 | | 6 | 6TH GRADE |
| | | | | | 433 | | 7 | 7TH GRADE |
| | | | | | 1,296 | | 8 | 8TH GRADE |
| | | | | | 612 | | 9 | 1ST YR HIGH SCH |
| | | | | | 733 | | 10 | 2ND YR HIGH SCH |
| | | | | | 623 | | 11 | 3RD YR HIGH SCH |
| | | | | | 3,644 | | 12 | 4TH YR HIGH SCH |
| | | | | | 520 | | 13 | 1 YR COLLEGE |
| | | | | | 777 | | 14 | 2 YRS COLLEGE |
| | | | | | 254 | | 15 | 3 YRS COLLEGE |
| | | | | | 697 | | 16 | 4 YRS COLLEGE |
| | | | | | 145 | | 17 | 5 YRS COLLEGE |
| | | | | | 444 | | 18 | 6 OR MORE COLL |
| SPMARSTA | 49 | 2 | MARFMT | IN13 | | | N | MARITAL STATUS OF SP |
| | | | | | 2 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 13 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 5,847 | | 1 | MARRIED |
| | | | | | 3,810 | | 2 | WIDOWED |
| | | | | | 947 | | 3 | DIVORCED |
| | | | | | 196 | | 4 | SEPARATED |
| | | | | | 1,280 | | 5 | NEVER MARRIED |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| INCOME | 51 | 3 | INCFMT | N | INCOME RANGE OF SP |
|--------|----|---|--------|-----|--------------------|
| | | | 0 | . | NOT REPORTED |
| | | | 0 | -25 | UNDER \$25,000 |
| | | | 0 | -8 | NOT REPORTED |
| | | | 0 | -7 | NOT REPORTED |
| | | | 714 | 1 | \$5,000 OR LESS |
| | | | 3,880 | 2 | \$5,001-\$10,000 |
| | | | 2,191 | 3 | \$10,001-\$15,000 |
| | | | 1,509 | 4 | \$15,001-\$20,000 |
| | | | 1,189 | 5 | \$20,001-\$25,000 |
| | | | 767 | 6 | \$25,001-\$30,000 |
| | | | 446 | 7 | \$30,001-\$35,000 |
| | | | 395 | 8 | \$35,001-\$40,000 |
| | | | 215 | 9 | \$40,001-\$45,000 |
| | | | 232 | 10 | \$45,001-\$50,000 |
| | | | 558 | 11 | \$50,001 OR MORE |

| INCOME_C | 54 | 8 | | N | ACTUAL INCOME OF SP |
|----------|----|---|----------|----|-------------------------|
| D_DIVCUR | 62 | 2 | \$IVIFMT | C | CURRENT CENSUS DIVISION |
| | | | 2 | UN | UNKNOWN |
| | | | 0 | 00 | UNKNOWN |
| | | | 359 | 01 | NEW ENGLAND |
| | | | 2,027 | 02 | MIDDLE ATLANTIC |
| | | | 2,078 | 03 | EAST NORTH CENTRAL |
| | | | 805 | 04 | WEST NORTH CENTRAL |
| | | | 2,502 | 05 | SOUTH ATLANTIC |
| | | | 679 | 06 | EAST SOUTH CENTRAL |
| | | | 1,235 | 07 | WEST SOUTH CENTRAL |
| | | | 674 | 08 | MOUNTAIN |
| | | | 1,468 | 09 | PACIFIC |
| | | | 267 | 10 | PUERTO RICO |

INAPPLICABLE ONLY TO ADDRESSES IN US OR PR

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS & FUNCTIONING RECORD

Page: 32
CODEBOOK Record Type: 2

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|------------------------------------|
| RIC | 1 | 1 | | | | | C | SURVEY HEALTH STATUS & FUNC RECORD |
| FILEYR | 2 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| GENHELTH | 13 | 2 | GENHFMT | | HS2 | | N | GENERAL HEALTH OF SP |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 17 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,695 | | 1 | EXCELLENT |
| | | | | | 2,831 | | 2 | VERY GOOD |
| | | | | | 3,573 | | 3 | GOOD |
| | | | | | 2,679 | | 4 | FAIR |
| | | | | | 1,299 | | 5 | POOR |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|----|---|---------|--|-------|--|----|---|
| HELMTACT | 15 | 2 | HELLFMT | | HS3 | | N | HEALTH LIMIT SOCIAL LIFE IN PAST MONTH? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 4 | | -9 | NOT ASCERTAINED |
| | | | | | 5 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 7,013 | | 1 | NONE OF THE TIME |
| | | | | | 2,580 | | 2 | SOME OF THE TIME |
| | | | | | 1,427 | | 3 | MOST OF THE TIME |
| | | | | | 1,067 | | 4 | ALL OF THE TIME |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|--------|----|---|---------|--|--------|--|----|------------------------------------|
| ECHELP | 17 | 2 | BLNDFMT | | S3 | | N | SP WEAR EYEGLASSES/CONTACT LENSES? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 5 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 10,096 | | 1 | YES |
| | | | | | 1,866 | | 2 | NO |
| | | | | | 126 | | 3 | BLIND |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|---------|----|---|---------|--|-------|--|----|--------------------------|
| ECTROUB | 19 | 2 | LOOKFMT | | HS4 | | N | DESCRIPTION OF SP VISION |
| | | | | | 129 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 62 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 6,613 | | 1 | NO TROUBLE |
| | | | | | 3,950 | | 2 | LITTLE TROUBLE |
| | | | | | 1,341 | | 3 | LOT OF TROUBLE |

INAPPLICABLE WHEN SP VISUALLY IMPAIRED, OR ECHHELP NOT ANSWERED

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|---------|----|---|----------|-----|-------|--|----|--------------------------------------|
| ECCATOP | 21 | 2 | CNDITFMT | HS5 | | | N | SP EVER HAD OPERATION FOR CATARACTS? |
| | | | | | 74 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 33 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2,123 | | 1 | YES |
| | | | | | 9,863 | | 2 | NO |

| | | | | | | | | |
|--------|----|---|---------|-----|--------|--|----|---------------------|
| HCHelp | 23 | 2 | DEAFFMT | HS6 | | | N | SP USE HEARING AID? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 5 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,253 | | 1 | YES |
| | | | | | 10,794 | | 2 | NO |
| | | | | | 42 | | 3 | DEAF |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|---------|----|---|---------|-----|-------|--|----|---------------------------|
| HCTROUB | 25 | 2 | LOOKFMT | HS7 | | | N | DESCRIPTION OF SP HEARING |
| | | | | | 45 | | . | INAPPLICABLE |
| | | | | | 4 | | -9 | NOT ASCERTAINED |
| | | | | | 25 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 6,933 | | 1 | NO TROUBLE |
| | | | | | 4,040 | | 2 | LITTLE TROUBLE |
| | | | | | 1,049 | | 3 | LOT OF TROUBLE |

INAPPLICABLE WHEN SP CANNOT HEAR, OR HCHelp NOT ANSWERED

| | | | | | | | | |
|---------|----|---|----------|-----|--------|--|----|--|
| DCTROUB | 27 | 2 | CNDITFMT | HS8 | | | N | SP HAVE DIFFICULTY EATING SOLID FOODS? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 7 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 1,775 | | 1 | YES |
| | | | | | 10,302 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|----|---|---------|-----|--------|--|-----|--------------------|
| HEIGHTFT | 29 | 2 | HEITFMT | HS9 | | | N | HEIGHT OF SP--FEET |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 40 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 12,055 | | 3-7 | HEIGHT IN FEET |

THIS VARIABLE IS ALWAYS APPLICABLE

**MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS & FUNCTIONING RECORD**

CODEBOOK Record Type: 2

Ty Label

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
0-11 INCH PORTION-HGHT

THIS VARIABLE IS ALWAYS APPLICABLE

| | |
|-------|-----------------|
| . | INAPPLICABLE |
| -9 | NOT ASCERTAINED |
| -8 | DONT KNOW |
| -7 | REFUSED |
| 0-50 | 0-50 POUNDS |
| 1-100 | 51-100 POUNDS |
| 1-150 | 101-150 POUNDS |
| 1-200 | 151-200 POUNDS |
| 1-250 | 201-250 POUNDS |
| 1-300 | 251-300 POUNDS |
| 1-350 | 301-350 POUNDS |
| 1-400 | 351-400 POUNDS |
| 1-450 | 401-450 POUNDS |
| 1-500 | 451-500 POUNDS |
| 1-999 | OVER 500 POUNDS |

THIS VARIABLE IS ALWAYS APPLICABLE

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 -7 REFUSED
 1 YES
 2 NO

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 -7 REFUSED
 1 YES
 2 NO

INAPPLICABLE: MAMMOGRM= .

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES

**MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS & FUNCTIONING RECORD**

CODEBOOK Record Type: 2

Ty Label

2 NO

N SP HAVE FLU SHOT FOR LAST WINTER?

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 YES

2 NO

N SP EVER HAVE SHOT FOR PNEUMONIA?

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 YES

2 NO

N SP EVER SMOKED CIGARETTES/CIGARS?

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 YES

2 NO

N SP SMOKE NOW?

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 YES

2 NO

N SP HAVE DIFFICULTY STOOPING/KNEELING?

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 NO DIFFICULTY

2 LITTLE DIFFCULTY

3 SOME DIFFICULTY

4 LOT OF DIFFCULTY

5 UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

02/28/98
COST&USE
1995

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS & FUNCTIONING RECORD

Page: 36
CODEBOOK Record Type: 2

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|---------|----|---|---------|-------|--|--|----|------------------------------------|
| DIFLIFT | 52 | 2 | DIFYFMT | HS19 | | | N | SP HAVE DIFFICULTY LIFTING 10 LBS? |
| | | | | 0 | | | . | INAPPLICABLE |
| | | | | 2 | | | -9 | NOT ASCERTAINED |
| | | | | 19 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 6,364 | | | 1 | NO DIFFICULTY |
| | | | | 1,539 | | | 2 | LITTLE DIFFCULTY |
| | | | | 1,115 | | | 3 | SOME DIFFICULTY |
| | | | | 1,084 | | | 4 | LOT OF DIFFCULTY |
| | | | | 1,973 | | | 5 | UNABLE TO DO IT |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|----|---|---------|-------|--|--|----|--|
| DIFREACH | 54 | 2 | DIFYFMT | HS20 | | | N | SP HAVE DIFFICULTY REACHING OVER HEAD? |
| | | | | 0 | | | . | INAPPLICABLE |
| | | | | 3 | | | -9 | NOT ASCERTAINED |
| | | | | 12 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 7,774 | | | 1 | NO DIFFICULTY |
| | | | | 1,575 | | | 2 | LITTLE DIFFCULTY |
| | | | | 1,170 | | | 3 | SOME DIFFICULTY |
| | | | | 890 | | | 4 | LOT OF DIFFCULTY |
| | | | | 672 | | | 5 | UNABLE TO DO IT |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|----|---|---------|-------|--|--|----|-----------------------------|
| DIFWRITE | 56 | 2 | DIFYFMT | HS21 | | | N | SP HAVE DIFFICULTY WRITING? |
| | | | | 0 | | | . | INAPPLICABLE |
| | | | | 2 | | | -9 | NOT ASCERTAINED |
| | | | | 8 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 8,020 | | | 1 | NO DIFFICULTY |
| | | | | 1,747 | | | 2 | LITTLE DIFFCULTY |
| | | | | 1,143 | | | 3 | SOME DIFFICULTY |
| | | | | 784 | | | 4 | LOT OF DIFFCULTY |
| | | | | 392 | | | 5 | UNABLE TO DO IT |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|---------|----|---|---------|-------|--|--|----|--|
| DIFWALK | 58 | 2 | DIFYFMT | HS22 | | | N | SP HAVE DIFFICULTY WALKING 2-3 BLOCKS? |
| | | | | 0 | | | . | INAPPLICABLE |
| | | | | 2 | | | -9 | NOT ASCERTAINED |
| | | | | 19 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 5,628 | | | 1 | NO DIFFICULTY |
| | | | | 1,262 | | | 2 | LITTLE DIFFCULTY |
| | | | | 1,120 | | | 3 | SOME DIFFICULTY |
| | | | | 1,296 | | | 4 | LOT OF DIFFCULTY |
| | | | | 2,769 | | | 5 | UNABLE TO DO IT |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
| ----- | | | | | | | | |

THIS VARIABLE IS ALWAYS APPLICABLE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|---|
| OCARTERY | 60 | 2 | CNDITFMT | HS23A | | | N | SP EVER TOLD HAD HARDENING OF ARTERIES? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 12 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,876 | | 1 | YES |
| | | | | | 10,208 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|--------------------------------|
| OCHBP | 62 | 2 | CNDITFMT | HS23B | | | N | SP EVER TOLD HAD HYPERTENSION? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 6,408 | | 1 | YES |
| | | | | | 5,685 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|---|
| OCMYOCAR | 64 | 2 | CNDITFMT | HS23C | | | N | SP EVER TOLD HAD MYOCARDIAL INFARCTION? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,918 | | 1 | YES |
| | | | | | 10,177 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|---------------------------------------|
| OCCHD | 66 | 2 | CNDITFMT | HS23D | | | N | SP EVER TOLD HAD ANGINA PECTORIS/CHD? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 13 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2,099 | | 1 | YES |
| | | | | | 9,984 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|--|
| OCOTHART | 68 | 2 | CNDITFMT | HS23E | | | N | SP EVER TOLD HAD OTHER HEART CONDITIONS? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 8 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 3,756 | | 1 | YES |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|--|--|--|--|--|-------|--|---|----|
| | | | | | 8,332 | | 2 | NO |
|--|--|--|--|--|-------|--|---|----|

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|----|---|----------|-------|--------|--|----|--|
| OCSTROKE | 70 | 2 | CNDITFMT | HS23F | | | N | SP EVER TOLD HAD STROKE/BRAIN HEMORRHAGE |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,713 | | 1 | YES |
| | | | | | 10,381 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|---------|----|---|----------|-------|--------|--|----|-------------------------------|
| OCCSKIN | 72 | 2 | CNDITFMT | HS23G | | | N | SP EVER TOLD HAD SKIN CANCER? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,894 | | 1 | YES |
| | | | | | 10,202 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|----|---|----------|-------|-------|--|----|--------------------------------------|
| OCCANCER | 74 | 2 | CNDITFMT | HS23H | | | N | SP EVER TOLD HAD OTHER CANCER/TUMOR? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2,255 | | 1 | YES |
| | | | | | 9,838 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|---------|----|---|----------|-------|-------|--|----|-------------------------------|
| OCCLUNG | 76 | 2 | CNDITFMT | HS23I | | | N | PART OF BODY HAD CANCER--LUNG |
| | | | | | 9,841 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 97 | | 1 | YES |
| | | | | | 2,154 | | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| | | | | | | | | |
|----------|----|---|----------|-------|-------|--|----|--------------------------------------|
| OCCCOLON | 78 | 2 | CNDITFMT | HS23I | | | N | PART OF BODY HAD CANCER--COLON/BOWEL |
| | | | | | 9,841 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|-------|----|---------|
| 0 | -7 | REFUSED |
| 303 | 1 | YES |
| 1,948 | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| OCCBREST | 80 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--BREAST |
|----------|----|-----------------|----------|-------|---|---------------------------------|
| 9,841 | . | INAPPLICABLE | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | |
| 2 | -8 | DONT KNOW | | | | |
| 0 | -7 | REFUSED | | | | |
| 503 | 1 | YES | | | | |
| 1,748 | 2 | NO | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| OCCUTER | 82 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--UTERUS |
|---------|----|-----------------|----------|-------|---|---------------------------------|
| 9,841 | . | INAPPLICABLE | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | |
| 2 | -8 | DONT KNOW | | | | |
| 0 | -7 | REFUSED | | | | |
| 240 | 1 | YES | | | | |
| 2,011 | 2 | NO | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| OCCPROST | 84 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--PROSTATE |
|----------|----|-----------------|----------|-------|---|-----------------------------------|
| 9,841 | . | INAPPLICABLE | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | |
| 2 | -8 | DONT KNOW | | | | |
| 0 | -7 | REFUSED | | | | |
| 346 | 1 | YES | | | | |
| 1,905 | 2 | NO | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| OCCBLAD | 86 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--BLADDER |
|---------|----|-----------------|----------|-------|---|----------------------------------|
| 9,841 | . | INAPPLICABLE | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | |
| 2 | -8 | DONT KNOW | | | | |
| 0 | -7 | REFUSED | | | | |
| 104 | 1 | YES | | | | |
| 2,147 | 2 | NO | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| OCCOVARY | 88 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--OVARY |
|----------|----|--------------|----------|-------|---|--------------------------------|
| 9,841 | . | INAPPLICABLE | | | | |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-----------------|
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 102 | | 1 | YES |
| | | | | | 2,149 | | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| | | | | | | |
|---------|----|---|----------|-------|----|----------------------------------|
| OCCSTOM | 90 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--STOMACH |
| | | | | 9,841 | . | INAPPLICABLE |
| | | | | 2 | -9 | NOT ASCERTAINED |
| | | | | 2 | -8 | DONT KNOW |
| | | | | 0 | -7 | REFUSED |
| | | | | 98 | 1 | YES |
| | | | | 2,153 | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| | | | | | | |
|----------|----|---|----------|-------|----|---------------------------------|
| OCCCERVX | 92 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--CERVIX |
| | | | | 9,841 | . | INAPPLICABLE |
| | | | | 2 | -9 | NOT ASCERTAINED |
| | | | | 2 | -8 | DONT KNOW |
| | | | | 0 | -7 | REFUSED |
| | | | | 68 | 1 | YES |
| | | | | 2,183 | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| | | | | | | |
|----------|----|---|----------|-------|----|--------------------------------|
| OCCOTHER | 94 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--OTHER |
| | | | | 9,841 | . | INAPPLICABLE |
| | | | | 2 | -9 | NOT ASCERTAINED |
| | | | | 2 | -8 | DONT KNOW |
| | | | | 0 | -7 | REFUSED |
| | | | | 592 | 1 | YES |
| | | | | 1,659 | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| | | | | | | |
|----------|----|---|----------|-------|----|---------------------------------|
| OCCKIDNY | 96 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--KIDNEY |
| | | | | 9,841 | . | INAPPLICABLE |
| | | | | 3 | -9 | NOT ASCERTAINED |
| | | | | 1 | -8 | DONT KNOW |
| | | | | 0 | -7 | REFUSED |
| | | | | 46 | 1 | YES |
| | | | | 2,205 | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| | | | | | | |
|----------|----|---|----------|-------|---|--------------------------------|
| OCCBRAIN | 98 | 2 | CNDITFMT | HS23I | N | PART OF BODY HAD CANCER--BRAIN |
|----------|----|---|----------|-------|---|--------------------------------|

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|-------|----|-----------------|
| 9,841 | . | INAPPLICABLE |
| 2 | -9 | NOT ASCERTAINED |
| 1 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 39 | 1 | YES |
| 2,213 | 2 | NO |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----------------|----------|-------|-----------|--------|----|---------------------------------|
| OCCTHROA | 100 | 2 | CNDITFMT | HS23I | | | N | PART OF BODY HAD CANCER--THROAT |
| 9,841 | . | INAPPLICABLE | | | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | | | |
| 1 | -8 | DONT KNOW | | | | | | |
| 0 | -7 | REFUSED | | | | | | |
| 49 | 1 | YES | | | | | | |
| 2,203 | 2 | NO | | | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----------------|----------|-------|-----------|--------|----|-------------------------------|
| OCCBACK | 102 | 2 | CNDITFMT | HS23I | | | N | PART OF BODY HAD CANCER--BACK |
| 9,841 | . | INAPPLICABLE | | | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | | | |
| 1 | -8 | DONT KNOW | | | | | | |
| 0 | -7 | REFUSED | | | | | | |
| 51 | 1 | YES | | | | | | |
| 2,201 | 2 | NO | | | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----------------|----------|-------|-----------|--------|----|-------------------------------|
| OCCHEAD | 104 | 2 | CNDITFMT | HS23I | | | N | PART OF BODY HAD CANCER--HEAD |
| 9,841 | . | INAPPLICABLE | | | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | | | |
| 1 | -8 | DONT KNOW | | | | | | |
| 0 | -7 | REFUSED | | | | | | |
| 52 | 1 | YES | | | | | | |
| 2,200 | 2 | NO | | | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----------------|----------|-------|-----------|--------|----|---------------------------------------|
| OCCFONEC | 106 | 2 | CNDITFMT | HS23I | | | N | PART OF BODY HAD CANCER-FEMALE ORGANS |
| 9,841 | . | INAPPLICABLE | | | | | | |
| 2 | -9 | NOT ASCERTAINED | | | | | | |
| 1 | -8 | DONT KNOW | | | | | | |
| 0 | -7 | REFUSED | | | | | | |
| 37 | 1 | YES | | | | | | |
| 2,215 | 2 | NO | | | | | | |

INAPPLICABLE: OCCANCER= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|----------|-----|---|----------|-------|--------|--|----|----------------------------|
| OCDIABTS | 108 | 2 | CNDITFMT | HS23J | | | N | SP EVER TOLD HAD DIABETES? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2,080 | | 1 | YES |
| | | | | | 10,012 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|-----|---|----------|-------|--------|--|----|--|
| OCARTHRH | 110 | 2 | CNDITFMT | HS23K | | | N | SP EVER TOLD HAD RHEUMATOID ARTHRITIS? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 8 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,768 | | 1 | YES |
| | | | | | 10,320 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|--------|-----|---|----------|-------|-------|--|----|-----------------------------|
| OCARTH | 112 | 2 | CNDITFMT | HS23L | | | N | SP EVER TOLD HAD ARTHRITIS? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 9 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 6,679 | | 1 | YES |
| | | | | | 5,408 | | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|--------|-----|---|----------|-------|-------|--|----|--|
| OCAARM | 114 | 2 | CNDITFMT | HS23M | | | N | PART OF BODY HAD ARTHRITIS-ARMS/HANDS? |
| | | | | | 5,417 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 6 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 3,868 | | 1 | YES |
| | | | | | 2,802 | | 2 | NO |

INAPPLICABLE: OCARTH= 2,-7,-8,-9

| | | | | | | | | |
|---------|-----|---|----------|-------|-------|--|----|--|
| OCAFEET | 116 | 2 | CNDITFMT | HS23M | | | N | PART OF BODY HAD ARTHRITIS-KNEES/FEET? |
| | | | | | 5,417 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 6 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 3,985 | | 1 | YES |
| | | | | | 2,685 | | 2 | NO |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

INAPPLICABLE: OCARTH= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|----------------------------------|
| OCABACK | 118 | 2 | CNDITFMT | HS23M | | | N | PART OF BODY HAD ARTHRITIS-BACK? |
| | | | | | 5,417 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 6 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2,072 | | 1 | YES |
| | | | | | 4,598 | | 2 | NO |

INAPPLICABLE: OCARTH= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|----------------------------------|
| OCANECK | 120 | 2 | CNDITFMT | HS23M | | | N | PART OF BODY HAD ARTHRITIS-NECK? |
| | | | | | 5,417 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 5 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 674 | | 1 | YES |
| | | | | | 6,000 | | 2 | NO |

INAPPLICABLE: OCARTH= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|---|
| OCAALOVR | 122 | 2 | CNDITFMT | HS23M | | | N | PART BODY HAD ARTHRITIS-ALL OVER/JOINT? |
| | | | | | 5,417 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 5 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 884 | | 1 | YES |
| | | | | | 5,790 | | 2 | NO |

INAPPLICABLE: OCARTH= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|-----------------------------------|
| OCAOTHER | 124 | 2 | CNDITFMT | HS23M | | | N | PART OF BODY HAD ARTHRITIS-OTHER? |
| | | | | | 5,417 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 6 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 81 | | 1 | YES |
| | | | | | 6,590 | | 2 | NO |

INAPPLICABLE: OCARTH= 2,-7,-8,-9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------|----|--------------------------------------|
| OCMENTAL | 126 | 2 | CNDITFMT | HS23N | | | N | SP EVER TOLD HAD MENTAL RETARDATION? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 9 | | -8 | DONT KNOW |
| | | | | | 2 | | -7 | REFUSED |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|------------------------------------|-----|-----|----------|-------|-----------|--------|----|--------------------------------------|
| | | | | | 481 | | 1 | YES |
| | | | | | 11,604 | | 2 | NO |
| THIS VARIABLE IS ALWAYS APPLICABLE | | | | | | | | |
| OCALZHMR | 128 | 2 | CNDITFMT | HS230 | | | N | SP EVER TOLD HAD ALZHEIMERS DISEASE? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 796 | | 1 | YES |
| | | | | | 11,300 | | 2 | NO |
| THIS VARIABLE IS ALWAYS APPLICABLE | | | | | | | | |
| OCPSYCH | 130 | 2 | CNDITFMT | HS23P | | | N | SP EVER TOLD HAD MENTAL DISORDER? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,422 | | 1 | YES |
| | | | | | 10,671 | | 2 | NO |
| THIS VARIABLE IS ALWAYS APPLICABLE | | | | | | | | |
| OCOSTEOP | 132 | 2 | CNDITFMT | HS23Q | | | N | SP EVER TOLD HAD OSTEOPOROSIS? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,395 | | 1 | YES |
| | | | | | 10,698 | | 2 | NO |
| THIS VARIABLE IS ALWAYS APPLICABLE | | | | | | | | |
| OCBRKHIP | 134 | 2 | CNDITFMT | HS23R | | | N | SP EVER TOLD HAD BROKEN HIP? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 790 | | 1 | YES |
| | | | | | 11,305 | | 2 | NO |
| THIS VARIABLE IS ALWAYS APPLICABLE | | | | | | | | |
| OCPARKIN | 136 | 2 | CNDITFMT | HS23S | | | N | SP EVER TOLD HAD PARKINSONS DISEASE? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|--------|----|-----------|
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 209 | 1 | YES |
| 11,885 | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| OCMPHYS | 138 | 2 | CNDITFMT | HS23T | N | SP EVER TOLD HAD EMPHYSEMA, ASTHMA, COPD? |
|---------|-----|---|----------|-------|---|---|
|---------|-----|---|----------|-------|---|---|

| | | |
|--------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,840 | 1 | YES |
| 10,256 | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| OCPPARAL | 140 | 2 | CNDITFMT | HS23U | N | SP EVER TOLD HAD PARTIAL PARALYSIS? |
|----------|-----|---|----------|-------|---|-------------------------------------|
|----------|-----|---|----------|-------|---|-------------------------------------|

| | | |
|--------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 1 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,067 | 1 | YES |
| 11,028 | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| OCAMPUTE | 142 | 2 | CNDITFMT | HS23V | N | SP EVER TOLD HAD LOSS ARM OR LEG? |
|----------|-----|---|----------|-------|---|-----------------------------------|
|----------|-----|---|----------|-------|---|-----------------------------------|

| | | |
|--------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 1 | -7 | REFUSED |
| 154 | 1 | YES |
| 11,941 | 2 | NO |

THIS VARIABLE IS ALWAYS APPLICABLE

| EMCAUSC1 | 144 | 2 | CAUSFMT | HS25 | N | 1ST CAUSE OF MEDICARE ELIGIBILITY |
|----------|-----|---|---------|------|---|-----------------------------------|
|----------|-----|---|---------|------|---|-----------------------------------|

| | | |
|--------|----|--------------------|
| 10,025 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 11 | -8 | DONT KNOW |
| 1 | -7 | REFUSED |
| 155 | 1 | BACK/SPINE/DISC |
| 57 | 2 | SEVERE EYESIGHT |
| 15 | 3 | SEVERE HEARING |
| 44 | 4 | KIDNEY/RENAL |
| 35 | 5 | SEIZURE DISORDER |
| 40 | 6 | CAR/BIKE/TRAIN ACC |
| 19 | 7 | MS |

02/28/98
COST&USE
1995

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS & FUNCTIONING RECORD

Page: 46
CODEBOOK Record Type: 2

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-----------------------|
| | | | | | | | | |
| | | | | | 5 | | 8 | MD |
| | | | | | 10 | | 9 | CEREBRAL PALSY |
| | | | | | 11 | | 10 | BROKEN BONES |
| | | | | | 24 | | 11 | HARDEN ARTERIES |
| | | | | | 90 | | 12 | HIGH BLOOD PRESSURE |
| | | | | | 68 | | 13 | MYCARDICAL INFARCTION |
| | | | | | 36 | | 14 | ANGINA PECTORIS |
| | | | | | 36 | | 15 | OTHER HEART CONDITION |
| | | | | | 75 | | 16 | STROKE |
| | | | | | 3 | | 17 | SKIN CANCER |
| | | | | | 49 | | 18 | CANCER/TUMOR |
| | | | | | 36 | | 19 | DIABETES |
| | | | | | 65 | | 20 | RHEUMATOID ARTHRITIS |
| | | | | | 78 | | 21 | ARTHRITIS |
| | | | | | 306 | | 22 | MENTAL RETARDATION |
| | | | | | 1 | | 23 | ALZHEIMERS DISEASE |
| | | | | | 371 | | 24 | MENTAL DISORDER |
| | | | | | 6 | | 25 | OSTEOPOROSIS |
| | | | | | 14 | | 26 | BROKEN HIP |
| | | | | | 3 | | 27 | PARKINSONS DISEASE |
| | | | | | 35 | | 28 | EMPHYSEMA, ASTHMA |
| | | | | | 74 | | 29 | PARTIAL PARALYSIS |
| | | | | | 11 | | 30 | LOSS OF LIMB |
| | | | | | 287 | | 91 | OTHER |

| EMCAUSC2 | 146 | 2 | CAUSFMT | HS25 | N | 2ND CAUSE OF MEDICARE ELIGIBILITY |
|----------|-----|---|---------|--------|----|-----------------------------------|
| | | | | | | |
| | | | | 11,749 | . | INAPPLICABLE |
| | | | | 0 | -9 | NOT ASCERTAINED |
| | | | | 0 | -8 | DONT KNOW |
| | | | | 0 | -7 | REFUSED |
| | | | | 13 | 1 | BACK/SPINE/DISC |
| | | | | 1 | 2 | SEVERE EYESIGHT |
| | | | | 4 | 3 | SEVERE HEARING |
| | | | | 2 | 4 | KIDNEY/RENAL |
| | | | | 0 | 5 | SEIZURE DISORDER |
| | | | | 3 | 6 | CAR/BIKE/TRAIN ACC |
| | | | | 0 | 7 | MS |
| | | | | 0 | 8 | MD |
| | | | | 1 | 9 | CEREBRAL PALSY |
| | | | | 4 | 10 | BROKEN BONES |
| | | | | 0 | 11 | HARDEN ARTERIES |
| | | | | 12 | 12 | HIGH BLOOD PRESSURE |
| | | | | 17 | 13 | MYCARDICAL INFARCTION |
| | | | | 29 | 14 | ANGINA PECTORIS |
| | | | | 29 | 15 | OTHER HEART CONDITION |
| | | | | 14 | 16 | STROKE |
| | | | | 3 | 17 | SKIN CANCER |
| | | | | 8 | 18 | CANCER/TUMOR |
| | | | | 18 | 19 | DIABETES |
| | | | | 5 | 20 | RHEUMATOID ARTHRITIS |
| | | | | 25 | 21 | ARTHRITIS |
| | | | | 14 | 22 | MENTAL RETARDATION |
| | | | | 1 | 23 | ALZHEIMERS DISEASE |
| | | | | 70 | 24 | MENTAL DISORDER |
| | | | | 6 | 25 | OSTEOPOROSIS |
| | | | | 2 | 26 | BROKEN HIP |
| | | | | 2 | 27 | PARKINSONS DISEASE |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|---------|-----|---|---------|-------|--------|--|----|-----------------------------|
| | | | | | 16 | | 28 | EMPHYSEMA,ASTHMA |
| | | | | | 26 | | 29 | PARTIAL PARALYSIS |
| | | | | | 3 | | 30 | LOSS OF LIMB |
| | | | | | 19 | | 91 | OTHER |
| PRBTELE | 148 | 2 | MUSTFMT | HS27A | | | N | ANY DIFFICULTY USING PHONE? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,187 | | 1 | YES |
| | | | | | 10,122 | | 2 | NO |
| | | | | | 781 | | 3 | DOESNT DO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|---------|-----|---|---------|-------|-------|--|----|---------------------------------------|
| PRBLHWK | 150 | 2 | MUSTFMT | HS27B | | | N | ANY DIFFICULTY DOING LIGHT HOUSEWORK? |
| | | | | | 1,145 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,090 | | 1 | YES |
| | | | | | 8,635 | | 2 | NO |
| | | | | | 1,223 | | 3 | DOESNT DO |

INAPPLICABLE: IADLRESP>01

| | | | | | | | | |
|---------|-----|---|---------|-------|-------|--|----|---------------------------------------|
| PRBHHWK | 152 | 2 | MUSTFMT | HS27C | | | N | ANY DIFFICULTY DOING HEAVY HOUSEWORK? |
| | | | | | 1,145 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2,504 | | 1 | YES |
| | | | | | 5,762 | | 2 | NO |
| | | | | | 2,681 | | 3 | DOESNT DO |

INAPPLICABLE: IADLRESP>01

| | | | | | | | | |
|---------|-----|---|---------|-------|-------|--|----|------------------------------|
| PRBMEAL | 154 | 2 | MUSTFMT | HS27D | | | N | ANY DIFFICULTY MAKING MEALS? |
| | | | | | 1,145 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 895 | | 1 | YES |
| | | | | | 8,649 | | 2 | NO |
| | | | | | 1,403 | | 3 | DOESNT DO |

INAPPLICABLE: IADLRESP>01

| | | | | | | | | |
|---------|-----|---|---------|-------|-------|--|----|--------------------------|
| PRBSHOP | 156 | 2 | MUSTFMT | HS27E | | | N | ANY DIFFICULTY SHOPPING? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,870 | | 1 | YES |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|--|--|--|--|--|-------|--|---|-----------|
| | | | | | 8,520 | | 2 | NO |
| | | | | | 1,703 | | 3 | DOESNT DO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|---------|-----|---|---------|-------|-------|--|----|--------------------------------|
| PRBBILS | 158 | 2 | MUSTFMT | HS27F | | | N | ANY DIFFICULTY MANAGING MONEY? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,173 | | 1 | YES |
| | | | | | 9,344 | | 2 | NO |
| | | | | | 1,574 | | 3 | DOESNT DO |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | | | |
|----------|-----|---|----------|-------|--------|--|----|-------------------------------|
| DONTTELE | 160 | 2 | CNDITFMT | HS28A | | | N | HEALTH REASON DONT USE PHONE? |
| | | | | | 11,315 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 601 | | 1 | YES |
| | | | | | 180 | | 2 | NO |

INAPPLICABLE: PRBTELE=1,2,-7,-8,-9

| | | | | | | | | |
|----------|-----|---|----------|-------|--------|--|----|--|
| DONTLHWK | 162 | 2 | CNDITFMT | HS28B | | | N | HEALTH REASON DONT DO LIGHT HOUSEWORK? |
| | | | | | 10,873 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 747 | | 1 | YES |
| | | | | | 475 | | 2 | NO |

INAPPLICABLE: PRBLHWK= .,1,2,-7,-8,-9

| | | | | | | | | |
|----------|-----|---|----------|-------|-------|--|----|--|
| DONTHHWK | 164 | 2 | CNDITFMT | HS28C | | | N | HEALTH REASON DONT DO HEAVY HOUSEWORK? |
| | | | | | 9,415 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,745 | | 1 | YES |
| | | | | | 934 | | 2 | NO |

INAPPLICABLE: PRBHHWK= .,1,2,-7,-8,-9

| | | | | | | | | |
|----------|-----|---|----------|-------|--------|--|----|--------------------------------|
| DONTMEAL | 166 | 2 | CNDITFMT | HS28D | | | N | HEALTH REASON DONT MAKE MEALS? |
| | | | | | 10,693 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 668 | | 1 | YES |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|--|--|--|--|--|-----|--|---|----|
| | | | | | 735 | | 2 | NO |
|--|--|--|--|--|-----|--|---|----|

INAPPLICABLE: PRBMEAL= .,1,2,-7,-8,-9

| | | | | | | | | |
|----------|-----|---|----------|-------|--|--|---|---------------------------------|
| DONTSHOP | 168 | 2 | CNDITFMT | HS28E | | | N | HEALTH REASON DONT DO SHOPPING? |
|----------|-----|---|----------|-------|--|--|---|---------------------------------|

| | | | | | | | | |
|--|--|--|--|--|--------|--|----|-----------------|
| | | | | | 10,393 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,460 | | 1 | YES |
| | | | | | 243 | | 2 | NO |

INAPPLICABLE: PRBSHOP=1,2,-7,-8,-9

| | | | | | | | | |
|----------|-----|---|----------|-------|--|--|---|----------------------------------|
| DONTBILS | 170 | 2 | CNDITFMT | HS28F | | | N | HEALTH REASON DONT MANAGE MONEY? |
|----------|-----|---|----------|-------|--|--|---|----------------------------------|

| | | | | | | | | |
|--|--|--|--|--|--------|--|----|-----------------|
| | | | | | 10,522 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,241 | | 1 | YES |
| | | | | | 333 | | 2 | NO |

INAPPLICABLE: PRBBILS=1,2,-7,-8,-9

| | | | | | | | | |
|---------|-----|---|----------|-------|--|--|---|--------------------------|
| HELPTLE | 172 | 2 | CNDITFMT | HS29A | | | N | RECEIVE HELP WITH PHONE? |
|---------|-----|---|----------|-------|--|--|---|--------------------------|

| | | | | | | | | |
|--|--|--|--|--|--------|--|----|-----------------|
| | | | | | 10,308 | | . | INAPPLICABLE |
| | | | | | 15 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,020 | | 1 | YES |
| | | | | | 752 | | 2 | NO |

INAPP: NO PROBLEM TELPHONING, OR PROBLEM NOT HEALTH-RELATED

| | | | | | | | | |
|----------|-----|---|----------|-------|--|--|---|------------------------------------|
| HELPLHWK | 174 | 2 | CNDITFMT | HS29B | | | N | RECEIVE HELP WITH LIGHT HOUSEWORK? |
|----------|-----|---|----------|-------|--|--|---|------------------------------------|

| | | | | | | | | |
|--|--|--|--|--|--------|--|----|-----------------|
| | | | | | 10,259 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,540 | | 1 | YES |
| | | | | | 297 | | 2 | NO |

INAPP: NO PROBLEM WITH LIGHT HSWRK, OR PROB NOT HEALTH-RELATED

| | | | | | | | | |
|----------|-----|---|----------|-------|--|--|---|------------------------------------|
| HELPHHWK | 176 | 2 | CNDITFMT | HS29C | | | N | RECEIVE HELP WITH HEAVY HOUSEWORK? |
|----------|-----|---|----------|-------|--|--|---|------------------------------------|

| | | | | | | | | |
|--|--|--|--|--|-------|--|----|-----------------|
| | | | | | 7,847 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DONT KNOW |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|-------|----|---------|
| 0 | -7 | REFUSED |
| 3,334 | 1 | YES |
| 913 | 2 | NO |

INAPP: NO PROBLEM WITH HEAVY HSWRK, OR PROB NOT HEALTH-RELATED

HELPMOAL 178 2 CNDITFMT HS29D N RECEIVE HELP MAKING MEALS?

| | | |
|--------|----|-----------------|
| 10,533 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,325 | 1 | YES |
| 238 | 2 | NO |

INAPP: NO PROBLEM MAKING MEALS, OR PROBLEM NOT HEALTH-RELATED

HELPSHOP 180 2 CNDITFMT HS29E N RECEIVE HELP WITH SHOPPING?

| | | |
|-------|----|-----------------|
| 8,766 | . | INAPPLICABLE |
| 19 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 3,046 | 1 | YES |
| 265 | 2 | NO |

INAPP: NO PROBLEM SHOPPING, OR PROBLEM NOT HEALTH-RELATED

HELPBILS 182 2 CNDITFMT HS29F N RECEIVE HELP MANAGING MONEY?

| | | |
|-------|----|-----------------|
| 9,682 | . | INAPPLICABLE |
| 17 | -9 | NOT ASCERTAINED |
| 2 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 2,263 | 1 | YES |
| 132 | 2 | NO |

INAPP: NO PROBLEM MANAGING MONEY OR PROBLEM NOT HEALTH-RELATED

HPPDBATH 184 2 BEDAFMT HS31A N ANY DIFFICULTY BATHING/SHOWERING?

| | | |
|-------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 2 | -9 | NOT ASCERTAINED |
| 1 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 2,499 | 1 | YES |
| 9,384 | 2 | NO |
| 210 | 3 | BEDRIDDEN, ETC |

THIS VARIABLE IS ALWAYS APPLICABLE

HPPDDRES 186 2 BEDAFMT HS31B N ANY DIFFICULTY DRESSING?

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|--------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 3 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,835 | 1 | YES |
| 10,089 | 2 | NO |
| 169 | 3 | BEDRIDDEN,ETC |

THIS VARIABLE IS ALWAYS APPLICABLE.

| HPPDEAT | 188 | 2 | BEDAFMT | HS31C | N | ANY DIFFICULTY EATING? |
|---------|-----|---|---------|-------|---|------------------------|
|---------|-----|---|---------|-------|---|------------------------|

| | | |
|--------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 4 | -9 | NOT ASCERTAINED |
| 1 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 827 | 1 | YES |
| 11,175 | 2 | NO |
| 89 | 3 | BEDRIDDEN,ETC |

THIS VARIABLE IS ALWAYS APPLICABLE

| HPPDCHAR | 190 | 2 | BEDAFMT | HS31D | N | ANY DIFFICULTY GETTING IN/OUT OF CHAIRS? |
|----------|-----|---|---------|-------|---|--|
|----------|-----|---|---------|-------|---|--|

| | | |
|-------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 3 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 2,432 | 1 | YES |
| 9,483 | 2 | NO |
| 178 | 3 | BEDRIDDEN,ETC |

THIS VARIABLE IS ALWAYS APPLICABLE.

| HPPDWALK | 192 | 2 | BEDAFMT | HS31E | N | ANY DIFFICULTY WALKING? |
|----------|-----|---|---------|-------|---|-------------------------|
|----------|-----|---|---------|-------|---|-------------------------|

| | | |
|-------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 3 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 3,496 | 1 | YES |
| 8,128 | 2 | NO |
| 469 | 3 | BEDRIDDEN,ETC |

THIS VARIABLE IS ALWAYS APPLICABLE.

| HPPDTOIL | 194 | 2 | BEDAFMT | HS31F | N | ANY DIFFICULTY USING THE TOILET? |
|----------|-----|---|---------|-------|---|----------------------------------|
|----------|-----|---|---------|-------|---|----------------------------------|

| | | |
|--------|----|-----------------|
| 0 | . | INAPPLICABLE |
| 3 | -9 | NOT ASCERTAINED |
| 2 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,381 | 1 | YES |
| 10,504 | 2 | NO |
| 206 | 3 | BEDRIDDEN,ETC |

THIS VARIABLE IS ALWAYS APPLICABLE.

**MEDICARE CURRENT BENEFICIARY SURVEY
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HEALTH STATUS & FUNCTIONING RECORD**

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Ty Label

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

N B/C HEALTH PROBLEM - SP DOESNT DRESS

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

N B/C HEALTH PROBLEM - SP DOESNT EAT

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

N B/C HLTH PROB - SP DOESNT GET OUT OF BED

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

N B/C HEALTH PROBLEM - SP DOESNT WALK

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

INAPPLICABLE: HPPDWALK=1,2,-7,-8,-9

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|----------|-----|---|----------|-------|--------|--|----|--|
| DONTTOIL | 206 | 2 | CNDITFMT | HS32F | | | N | B/C HLTH PROBLEM - SP DOESNT USE TOILET? |
| | | | | | 11,890 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 202 | | 1 | YES |
| | | | | | 2 | | 2 | NO |

INAPPLICABLE: HPPDTOIL=1,2,-7,-8,-9

| | | | | | | | | |
|----------|-----|---|----------|-------|-------|--|----|---------------------------------|
| HELPBATH | 208 | 2 | CNDITFMT | HS32A | | | N | RECEIVE HELP BATHING/SHOWERING? |
| | | | | | 9,392 | | . | INAPPLICABLE |
| | | | | | 3 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,990 | | 1 | YES |
| | | | | | 710 | | 2 | NO |

INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED

| | | | | | | | | |
|----------|-----|---|----------|-------|--------|--|----|------------------------|
| HELPDRES | 210 | 2 | CNDITFMT | HS32B | | | N | RECEIVE HELP DRESSING? |
| | | | | | 10,094 | | . | INAPPLICABLE |
| | | | | | 4 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,625 | | 1 | YES |
| | | | | | 373 | | 2 | NO |

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

| | | | | | | | | |
|---------|-----|---|----------|-------|--------|--|----|----------------------|
| HELPEAT | 212 | 2 | CNDITFMT | HS32C | | | N | RECEIVE HELP EATING? |
| | | | | | 11,181 | | . | INAPPLICABLE |
| | | | | | 4 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 657 | | 1 | YES |
| | | | | | 254 | | 2 | NO |

INAPPLICABLE: NO PROBLEM EATING OR PROBLEM NOT HEALTH-RELATED

| | | | | | | | | |
|---------|-----|---|----------|-------|-------|--|----|--|
| HELPCAR | 214 | 2 | CNDITFMT | HS32D | | | N | RECEIVE HELP GETTING IN/OUT OF CHAIRS? |
| | | | | | 9,489 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,241 | | 1 | YES |
| | | | | | 1,364 | | 2 | NO |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

INAPP: NO PROB. GETTING OUT OF CHAIR OR PROB NOT HEALTH-RELATED

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|-----------------------|-----------------|-------|
| HELPWALK | 216 | 2 | CNDITFMT | HS32E | N | RECEIVE HELP WALKING? | | |
| | | | | | 8,139 | . | INAPPLICABLE | |
| | | | | | 19 | -9 | NOT ASCERTAINED | |
| | | | | | 0 | -8 | DONT KNOW | |
| | | | | | 0 | -7 | REFUSED | |
| | | | | | 1,196 | 1 | YES | |
| | | | | | 2,742 | 2 | NO | |

INAPPLICABLE: NO PROBLEM WALKING OR PROBLEM NOT HEALTH-RELATED

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--------------------------------|-----------------|-------|
| HELPTOIL | 218 | 2 | CNDITFMT | HS32F | N | RECEIVE HELP USING THE TOILET? | | |
| | | | | | 10,513 | . | INAPPLICABLE | |
| | | | | | 15 | -9 | NOT ASCERTAINED | |
| | | | | | 2 | -8 | DONT KNOW | |
| | | | | | 0 | -7 | REFUSED | |
| | | | | | 969 | 1 | YES | |
| | | | | | 597 | 2 | NO | |

INAPPLICABLE: NO PROBLEM TOILETING OR PROB. NOT HEALTH-RELATED

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|--|-----------------|-------|
| PCHKBATH | 220 | 2 | CNDITFMT | HS33A | N | PERSON NEARBY WHILE BATHING/SHOWERING? | | |
| | | | | | 11,382 | . | INAPPLICABLE | |
| | | | | | 4 | -9 | NOT ASCERTAINED | |
| | | | | | 0 | -8 | DONT KNOW | |
| | | | | | 0 | -7 | REFUSED | |
| | | | | | 139 | 1 | YES | |
| | | | | | 571 | 2 | NO | |

INAPPLICABLE: HELPBATH= .,1

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|-------------------------------|-----------------|-------|
| PCHKDRES | 222 | 2 | CNDITFMT | HS33B | N | PERSON NEARBY WHILE DRESSING? | | |
| | | | | | 11,719 | . | INAPPLICABLE | |
| | | | | | 3 | -9 | NOT ASCERTAINED | |
| | | | | | 0 | -8 | DONT KNOW | |
| | | | | | 0 | -7 | REFUSED | |
| | | | | | 47 | 1 | YES | |
| | | | | | 327 | 2 | NO | |

INAPPLICABLE: HELPDRES= .,1

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|-------|-----------|-----------------------------|-----------------|-------|
| PCKHEAT | 224 | 2 | CNDITFMT | HS33C | N | PERSON NEARBY WHILE EATING? | | |
| | | | | | 11,837 | . | INAPPLICABLE | |
| | | | | | 5 | -9 | NOT ASCERTAINED | |
| | | | | | 0 | -8 | DONT KNOW | |
| | | | | | 0 | -7 | REFUSED | |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|--|-----|-----|----------|-------|-----------|--------|----|---|
| | | | | | 66 | | 1 | YES |
| | | | | | 188 | | 2 | NO |
| INAPPLICABLE: HELPEAT= .,1 | | | | | | | | |
| PCHKCHAR | 226 | 2 | CNDITFMT | HS33D | | | N | PERSON NEARBY WHILE GETS IN/OUT CHAIRS? |
| | | | | | 10,730 | | . | INAPPLICABLE |
| | | | | | 4 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 177 | | 1 | YES |
| | | | | | 1,185 | | 2 | NO |
| INAPPLICABLE: HELPCHAR= .,1 | | | | | | | | |
| PCHKWALK | 228 | 2 | CNDITFMT | HS33E | | | N | PERSON NEARBY WHILE WALKING? |
| | | | | | 9,335 | | . | INAPPLICABLE |
| | | | | | 35 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 331 | | 1 | YES |
| | | | | | 2,394 | | 2 | NO |
| INAPPLICABLE: HELPWALK= .,1 | | | | | | | | |
| PCHKTOIL | 230 | 2 | CNDITFMT | HS33F | | | N | PERSON NEARBY WHILE USING TOILET? |
| | | | | | 11,482 | | . | INAPPLICABLE |
| | | | | | 22 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 101 | | 1 | YES |
| | | | | | 491 | | 2 | NO |
| INAPPLICABLE: HELPTOIL= .,1 | | | | | | | | |
| | | | | | | | | |
| EQUIPBATH | 232 | 2 | CNDITFMT | HS34A | | | N | USE EQUIPMENT TO HELP BATH/SHOWER? |
| | | | | | 9,392 | | . | INAPPLICABLE |
| | | | | | 6 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,424 | | 1 | YES |
| | | | | | 1,273 | | 2 | NO |
| INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED | | | | | | | | |
| EQUIPDRES | 234 | 2 | CNDITFMT | HS34B | | | N | USE EQUIPMENT TO HELP DRESS? |
| | | | | | 10,094 | | . | INAPPLICABLE |
| | | | | | 8 | | -9 | NOT ASCERTAINED |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|-------|----|-----------|
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 169 | 1 | YES |
| 1,825 | 2 | NO |

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

| EQIPEAT | 236 | 2 | CNDITFMT | HS34C | N | USE EQUIPMENT TO HELP EAT? |
|---------|-----|---|----------|-------|---|----------------------------|
|---------|-----|---|----------|-------|---|----------------------------|

| | | |
|--------|----|-----------------|
| 11,181 | . | INAPPLICABLE |
| 8 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 173 | 1 | YES |
| 734 | 2 | NO |

INAPPLICABLE: NO PROBLEM EATING OR PROBLEM NOT HEALTH-RELATED

| EQIPCHAR | 238 | 2 | CNDITFMT | HS34D | N | USE EQUIPMENT TO HELP GET IN/OUT CHAIRS? |
|----------|-----|---|----------|-------|---|--|
|----------|-----|---|----------|-------|---|--|

| | | |
|-------|----|-----------------|
| 9,489 | . | INAPPLICABLE |
| 6 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,148 | 1 | YES |
| 1,453 | 2 | NO |

INAPP: NO PROB. GETTING OUT OF CHAIR OR PROB NOT HEALTH-RELATED

| EQIPWALK | 240 | 2 | CNDITFMT | HS34E | N | USE EQUIPMENT TO HELP WALK? |
|----------|-----|---|----------|-------|---|-----------------------------|
|----------|-----|---|----------|-------|---|-----------------------------|

| | | |
|-------|----|-----------------|
| 8,139 | . | INAPPLICABLE |
| 31 | -9 | NOT ASCERTAINED |
| 1 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 2,355 | 1 | YES |
| 1,570 | 2 | NO |

INAPPLICABLE: NO PROBLEM WALKING OR PROBLEM NOT HEALTH-RELATED

| EQIPTOIL | 242 | 2 | CNDITFMT | HS34F | N | USE EQUIPMENT TO HELP USE TOILET? |
|----------|-----|---|----------|-------|---|-----------------------------------|
|----------|-----|---|----------|-------|---|-----------------------------------|

| | | |
|--------|----|-----------------|
| 10,513 | . | INAPPLICABLE |
| 22 | -9 | NOT ASCERTAINED |
| 2 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 893 | 1 | YES |
| 666 | 2 | NO |

INAPPLICABLE: NO PROBLEM TOILETING OR PROB. NOT HEALTH-RELATED

| D_ADLHNM | 244 | 2 | HELPRFMT | N | NUMBER OF HELPERS |
|----------|-----|---|----------|---|-------------------|
|----------|-----|---|----------|---|-------------------|

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS & FUNCTIONING RECORD

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CODEBOOK Record Type: 2

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-----------------|
| | | | | | | | | |
| | | | | | 6,003 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 4,510 | | 1 | 1 HELPER |
| | | | | | 1,150 | | 2 | 2 HELPERS |
| | | | | | 292 | | 3 | 3 HELPERS |
| | | | | | 96 | | 4 | 4 HELPERS |
| | | | | | 30 | | 5 | 5 HELPERS |
| | | | | | 7 | | 6 | 6 HELPERS |
| | | | | | 3 | | 7 | 7 HELPERS |
| | | | | | 2 | | 8 | 8 HELPERS |
| | | | | | 1 | | 9 | 9 HELPERS |
| | | | | | 1 | | 10 | 10 HELPERS |
| | | | | | 0 | | 11 | 11 HELPERS |
| | | | | | 0 | | 12 | 12 HELPERS |
| | | | | | 0 | | 13 | 13 HELPERS |
| | | | | | 0 | | 14 | 14 HELPERS |
| | | | | | 0 | | 15 | 15 HELPERS |
| | | | | | 1 | | 16 | 16 HELPERS |

D_ADHLRL 246 2 RELFMT

N PRIMARY HELPERS RELATIONSHIP

| | | |
|--------|----|-----------------|
| 11,877 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1 | -5 | NEVER ASK AGN |
| 0 | 1 | SAMPLE PERSON |
| 35 | 2 | SPOUSE |
| 17 | 3 | SON |
| 50 | 4 | DAUGHTER |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|---------------------|
| | | | | | | | | |
| | | | | | 1 | | 5 | BROTHER |
| | | | | | 7 | | 6 | SISTER |
| | | | | | 1 | | 7 | FATHER |
| | | | | | 10 | | 8 | MOTHER |
| | | | | | 3 | | 9 | SON-IN-LAW |
| | | | | | 9 | | 10 | DAUGHTER-IN-LAW |
| | | | | | 1 | | 11 | GRANDSON |
| | | | | | 5 | | 12 | GRANDDAUGHTER |
| | | | | | 0 | | 13 | NEPHEW |
| | | | | | 2 | | 14 | NIECE |
| | | | | | 1 | | 50 | PARTNER/ROOMATE |
| | | | | | 10 | | 51 | FRIEND/NEIGHBOR |
| | | | | | 0 | | 52 | BOARDER |
| | | | | | 19 | | 53 | NURSE/NURSES AIDE |
| | | | | | 0 | | 54 | LEGAL/FINAN OFFICER |
| | | | | | 2 | | 55 | GUARDIAN |
| | | | | | 7 | | 91 | OTHER RELATIVE |
| | | | | | 38 | | 92 | OTHER NON-RELATIVE |

APPLICABLE ONLY WHEN A PRIMARY HELPER WAS DESIGNATED

D_ADLHDB 248 6 C DOB HELPER HELPS MOST

APPLICABLE ONLY WHEN A PRIMARY HELPER WAS DESIGNATED

| | | | | | | |
|----------|-----|---|--------|-------|----|--|
| LOSTURIN | 254 | 2 | URIFMT | HS37 | N | HOW OFTEN SP LOST URINE LAST 12 MONTHS |
| | | | | 0 | . | INAPPLICABLE |
| | | | | 6 | -9 | NOT ASCERTAINED |
| | | | | 72 | -8 | DONT KNOW |
| | | | | 3 | -7 | REFUSED |
| | | | | 1,455 | 1 | > ONCE A WEEK |
| | | | | 334 | 2 | ABT ONCE/WEEK |
| | | | | 255 | 3 | 2-3 TIMES/MONTH |
| | | | | 221 | 4 | ONCE A MONTH |
| | | | | 214 | 5 | EVERY 2-3 MONTH |
| | | | | 388 | 6 | 1-2 TIMES/YEAR |
| | | | | 8,960 | 7 | NOT AT ALL |
| | | | | 188 | 8 | DIALYSIS,CATHER |

THIS VARIABLE IS ALWAYS APPLICABLE

| | | | | | | |
|----------|-----|---|----------|--------|----|--|
| PLACEPAR | 256 | 2 | MOSTFMT | | N | PARTICULAR PLACE USUALLY GO FOR MED CARE |
| | | | | 732 | . | INAPPLICABLE |
| | | | | 3 | -9 | NOT ASCERTAINED |
| | | | | 10 | -8 | DONT KNOW |
| | | | | 0 | -7 | REFUSED |
| | | | | 10,503 | 1 | YES |
| | | | | 848 | 2 | NO |
| PLACEKND | 258 | 2 | PLACEFMT | | N | KIND OF PLACE USUALLY GO FOR MED CARE |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS & FUNCTIONING RECORD

Page: 59
CODEBOOK Record Type: 2

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------------------|
| | | | | | 1,593 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 7,985 | | 1 | DR OFF/GRP PRAC |
| | | | | | 934 | | 2 | DOCTORS CLINIC |
| | | | | | 583 | | 3 | HMO |
| | | | | | 143 | | 4 | NEIGH/FAM HTH CTR |
| | | | | | 0 | | 5 | FREEST SURGI CTR |
| | | | | | 24 | | 6 | RURAL HLTH CLINIC |
| | | | | | 12 | | 7 | COMPANY CLINIC |
| | | | | | 70 | | 8 | OTHER CLINIC |
| | | | | | 14 | | 9 | WALK-IN URGT CTR |
| | | | | | 58 | | 10 | AT HOME |
| | | | | | 64 | | 11 | HOSPITAL ER |
| | | | | | 366 | | 12 | HOSP OUTPAT DEPT |
| | | | | | 217 | | 13 | VA FACILITY |
| | | | | | 0 | | 14 | MENTAL HLTH CTR |
| | | | | | 33 | | 91 | OTHER SPECIFY |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

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Record Type: 4

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|-------------------------------------|
| RIC | 1 | 1 | | | | | C | |
| FILEYR | 2 | 2 | | | | | C | |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| D_CARE1 | 12 | 1 | \$CAREFMT | | | | C | JAN MEDICARE COVERAGE |
| | | | | | 371 | | 0 | NO COVERAGE |
| | | | | | 358 | | 1 | PART A |
| | | | | | 95 | | 2 | PART B |
| | | | | | 11,272 | | 3 | PARTS A & B |
| D_CAID1 | 13 | 1 | \$CAIDFMT | | | | C | JAN MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,527 | | 0 | NO COVERAGE |
| | | | | | 409 | | 1 | SURVEY INFORMATION |
| | | | | | 164 | | 2 | HCFA RECORDS |
| | | | | | 1,996 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI1 | 14 | 1 | \$PHIFMT | | | | C | JAN PRIVATE HEALTH INSURANCE |
| | | | | | 5,427 | | 0 | NO COVERAGE |
| | | | | | 2,885 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,185 | | 2 | SELF PURCHASED |
| | | | | | 422 | | 3 | BOTH |
| | | | | | 177 | | 4 | UNKNOWN |
| D_HMO1 | 15 | 1 | \$HMOFMT | | | | C | JAN HMO COVERAGE |
| | | | | | 10,691 | | 0 | NO COVERAGE |
| | | | | | 459 | | 1 | PRIVATE |
| | | | | | 895 | | 2 | MEDICARE |
| | | | | | 51 | | 3 | BOTH |
| D_OTH1 | 16 | 1 | | | | | C | # OF OTHER JAN PLANS |
| D_CARE2 | 17 | 1 | \$CAREFMT | | | | C | FEB MEDICARE COVERAGE |
| | | | | | 404 | | 0 | NO COVERAGE |
| | | | | | 365 | | 1 | PART A |
| | | | | | 95 | | 2 | PART B |
| | | | | | 11,232 | | 3 | PARTS A & B |
| D_CAID2 | 18 | 1 | \$CAIDFMT | | | | C | FEB MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,526 | | 0 | NO COVERAGE |
| | | | | | 414 | | 1 | SURVEY INFORMATION |
| | | | | | 171 | | 2 | HCFA RECORDS |
| | | | | | 1,985 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI2 | 19 | 1 | \$PHIFMT | | | | C | FEB PRIVATE HEALTH INSURANCE |
| | | | | | 5,435 | | 0 | NO COVERAGE |
| | | | | | 2,882 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,172 | | 2 | SELF PURCHASED |
| | | | | | 420 | | 3 | BOTH |
| | | | | | 187 | | 4 | UNKNOWN |

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MEDICARE CURRENT BENEFICIARY SURVEY
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HEALTH INSURANCE RECORD

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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|-------------------------------------|
| D_HMO2 | 20 | 1 | \$HMOFMT | | | | C | FEB HMO COVERAGE |
| | | | | | 10,687 | | 0 | NO COVERAGE |
| | | | | | 457 | | 1 | PRIVATE |
| | | | | | 899 | | 2 | MEDICARE |
| | | | | | 53 | | 3 | BOTH |
| D_OTH2 | 21 | 1 | | | | | C | # OF OTHER FEB PLANS |
| D_CARE3 | 22 | 1 | \$CAREFMT | | | | C | MAR MEDICARE COVERAGE |
| | | | | | 436 | | 0 | NO COVERAGE |
| | | | | | 365 | | 1 | PART A |
| | | | | | 94 | | 2 | PART B |
| | | | | | 11,201 | | 3 | PARTS A & B |
| D_CAID3 | 23 | 1 | \$CAIDFMT | | | | C | MAR MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,535 | | 0 | NO COVERAGE |
| | | | | | 412 | | 1 | SURVEY INFORMATION |
| | | | | | 168 | | 2 | HCFA RECORDS |
| | | | | | 1,981 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI3 | 24 | 1 | \$PHIFMT | | | | C | MAR PRIVATE HEALTH INSURANCE |
| | | | | | 5,445 | | 0 | NO COVERAGE |
| | | | | | 2,868 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,166 | | 2 | SELF PURCHASED |
| | | | | | 423 | | 3 | BOTH |
| | | | | | 194 | | 4 | UNKNOWN |
| D_HMO3 | 25 | 1 | \$HMOFMT | | | | C | MAR HMO COVERAGE |
| | | | | | 10,681 | | 0 | NO COVERAGE |
| | | | | | 455 | | 1 | PRIVATE |
| | | | | | 907 | | 2 | MEDICARE |
| | | | | | 53 | | 3 | BOTH |
| D_OTH3 | 26 | 1 | | | | | C | # OF OTHER MAR PLANS |
| D_CARE4 | 27 | 1 | \$CAREFMT | | | | C | APR MEDICARE COVERAGE |
| | | | | | 490 | | 0 | NO COVERAGE |
| | | | | | 367 | | 1 | PART A |
| | | | | | 93 | | 2 | PART B |
| | | | | | 11,146 | | 3 | PARTS A & B |
| D_CAID4 | 28 | 1 | \$CAIDFMT | | | | C | APR MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,552 | | 0 | NO COVERAGE |
| | | | | | 403 | | 1 | SURVEY INFORMATION |
| | | | | | 172 | | 2 | HCFA RECORDS |
| | | | | | 1,969 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI4 | 29 | 1 | \$PHIFMT | | | | C | APR PRIVATE HEALTH INSURANCE |
| | | | | | 5,493 | | 0 | NO COVERAGE |
| | | | | | 2,853 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,138 | | 2 | SELF PURCHASED |

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MEDICARE CURRENT BENEFICIARY SURVEY
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HEALTH INSURANCE RECORD

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|-------------------------------------|
| | | | | | 420 | | 3 | BOTH |
| | | | | | 192 | | 4 | UNKNOWN |
| D_HMO4 | 30 | 1 | \$HMOFMT | | | | C | APR HMO COVERAGE |
| | | | | | 10,658 | | 0 | NO COVERAGE |
| | | | | | 457 | | 1 | PRIVATE |
| | | | | | 926 | | 2 | MEDICARE |
| | | | | | 55 | | 3 | BOTH |
| D_OTH4 | 31 | 1 | | | | | C | # OF OTHER APR PLANS |
| D_CARE5 | 32 | 1 | \$CAREFMT | | | | C | MAY MEDICARE COVERAGE |
| | | | | | 519 | | 0 | NO COVERAGE |
| | | | | | 372 | | 1 | PART A |
| | | | | | 91 | | 2 | PART B |
| | | | | | 11,114 | | 3 | PARTS A & B |
| D_CAID5 | 33 | 1 | \$CAIDFMT | | | | C | MAY MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,561 | | 0 | NO COVERAGE |
| | | | | | 406 | | 1 | SURVEY INFORMATION |
| | | | | | 169 | | 2 | HCFA RECORDS |
| | | | | | 1,960 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI5 | 34 | 1 | \$PHIFMT | | | | C | MAY PRIVATE HEALTH INSURANCE |
| | | | | | 5,509 | | 0 | NO COVERAGE |
| | | | | | 2,852 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,117 | | 2 | SELF PURCHASED |
| | | | | | 422 | | 3 | BOTH |
| | | | | | 196 | | 4 | UNKNOWN |
| D_HMO5 | 35 | 1 | \$HMOFMT | | | | C | MAY HMO COVERAGE |
| | | | | | 10,652 | | 0 | NO COVERAGE |
| | | | | | 458 | | 1 | PRIVATE |
| | | | | | 926 | | 2 | MEDICARE |
| | | | | | 60 | | 3 | BOTH |
| D_OTH5 | 36 | 1 | | | | | C | # OF OTHER MAY PLANS |
| D_CARE6 | 37 | 1 | \$CAREFMT | | | | C | JUN MEDICARE COVERAGE |
| | | | | | 527 | | 0 | NO COVERAGE |
| | | | | | 379 | | 1 | PART A |
| | | | | | 91 | | 2 | PART B |
| | | | | | 11,099 | | 3 | PARTS A & B |
| D_CAID6 | 38 | 1 | \$CAIDFMT | | | | C | JUN MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,554 | | 0 | NO COVERAGE |
| | | | | | 406 | | 1 | SURVEY INFORMATION |
| | | | | | 179 | | 2 | HCFA RECORDS |
| | | | | | 1,957 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI6 | 39 | 1 | \$PHIFMT | | | | C | JUN PRIVATE HEALTH INSURANCE |
| | | | | | 5,491 | | 0 | NO COVERAGE |

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HEALTH INSURANCE RECORD

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|-------------------------------------|
| | | | | | 2,842 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,108 | | 2 | SELF PURCHASED |
| | | | | | 427 | | 3 | BOTH |
| | | | | | 228 | | 4 | UNKNOWN |
| D_HM06 | 40 | 1 | \$HMOFMT | | | | C | JUN HMO COVERAGE |
| | | | | | 10,629 | | 0 | NO COVERAGE |
| | | | | | 468 | | 1 | PRIVATE |
| | | | | | 938 | | 2 | MEDICARE |
| | | | | | 61 | | 3 | BOTH |
| D_OTH6 | 41 | 1 | | | | | C | # OF OTHER JUN PLANS |
| D_CARE7 | 42 | 1 | \$CAREFMT | | | | C | JUL MEDICARE COVERAGE |
| | | | | | 544 | | 0 | NO COVERAGE |
| | | | | | 356 | | 1 | PART A |
| | | | | | 91 | | 2 | PART B |
| | | | | | 11,105 | | 3 | PARTS A & B |
| D_CAID7 | 43 | 1 | \$CAIDFMT | | | | C | JUL MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,553 | | 0 | NO COVERAGE |
| | | | | | 410 | | 1 | SURVEY INFORMATION |
| | | | | | 183 | | 2 | HCFA RECORDS |
| | | | | | 1,950 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI7 | 44 | 1 | \$PHIFMT | | | | C | JUL PRIVATE HEALTH INSURANCE |
| | | | | | 5,486 | | 0 | NO COVERAGE |
| | | | | | 2,830 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,097 | | 2 | SELF PURCHASED |
| | | | | | 425 | | 3 | BOTH |
| | | | | | 258 | | 4 | UNKNOWN |
| D_HM07 | 45 | 1 | \$HMOFMT | | | | C | JUL HMO COVERAGE |
| | | | | | 10,603 | | 0 | NO COVERAGE |
| | | | | | 475 | | 1 | PRIVATE |
| | | | | | 961 | | 2 | MEDICARE |
| | | | | | 57 | | 3 | BOTH |
| D_OTH7 | 46 | 1 | | | | | C | # OF OTHER JUL PLANS |
| D_CARE8 | 47 | 1 | \$CAREFMT | | | | C | AUG MEDICARE COVERAGE |
| | | | | | 561 | | 0 | NO COVERAGE |
| | | | | | 351 | | 1 | PART A |
| | | | | | 93 | | 2 | PART B |
| | | | | | 11,091 | | 3 | PARTS A & B |
| D_CAID8 | 48 | 1 | \$CAIDFMT | | | | C | AUG MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,555 | | 0 | NO COVERAGE |
| | | | | | 409 | | 1 | SURVEY INFORMATION |
| | | | | | 184 | | 2 | HCFA RECORDS |
| | | | | | 1,948 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI8 | 49 | 1 | \$PHIFMT | | | | C | AUG PRIVATE HEALTH INSURANCE |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|-------------------------------------|
| | | | | | 5,507 | | 0 | NO COVERAGE |
| | | | | | 2,825 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,076 | | 2 | SELF PURCHASED |
| | | | | | 425 | | 3 | BOTH |
| | | | | | 263 | | 4 | UNKNOWN |
| D_HM08 | 50 | 1 | \$HMOFMT | | | | C | AUG HMO COVERAGE |
| | | | | | 10,599 | | 0 | NO COVERAGE |
| | | | | | 475 | | 1 | PRIVATE |
| | | | | | 969 | | 2 | MEDICARE |
| | | | | | 53 | | 3 | BOTH |
| D_OTH8 | 51 | 1 | | | | | C | # OF OTHER AUG PLANS |
| D_CARE9 | 52 | 1 | \$CAREFMT | | | | C | SEP MEDICARE COVERAGE |
| | | | | | 583 | | 0 | NO COVERAGE |
| | | | | | 358 | | 1 | PART A |
| | | | | | 91 | | 2 | PART B |
| | | | | | 11,064 | | 3 | PARTS A & B |
| D_CAID9 | 53 | 1 | \$CAIDFMT | | | | C | SEP MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,556 | | 0 | NO COVERAGE |
| | | | | | 412 | | 1 | SURVEY INFORMATION |
| | | | | | 186 | | 2 | HCFA RECORDS |
| | | | | | 1,942 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI9 | 54 | 1 | \$PHIFMT | | | | C | SEP PRIVATE HEALTH INSURANCE |
| | | | | | 5,518 | | 0 | NO COVERAGE |
| | | | | | 2,816 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,070 | | 2 | SELF PURCHASED |
| | | | | | 424 | | 3 | BOTH |
| | | | | | 268 | | 4 | UNKNOWN |
| D_HM09 | 55 | 1 | \$HMOFMT | | | | C | SEP HMO COVERAGE |
| | | | | | 10,587 | | 0 | NO COVERAGE |
| | | | | | 480 | | 1 | PRIVATE |
| | | | | | 976 | | 2 | MEDICARE |
| | | | | | 53 | | 3 | BOTH |
| D_OTH9 | 56 | 1 | | | | | C | # OF OTHER SEP PLANS |
| D_CARE10 | 57 | 1 | \$CAREFMT | | | | C | OCT MEDICARE COVERAGE |
| | | | | | 609 | | 0 | NO COVERAGE |
| | | | | | 359 | | 1 | PART A |
| | | | | | 91 | | 2 | PART B |
| | | | | | 11,037 | | 3 | PARTS A & B |
| D_CAID10 | 58 | 1 | \$CAIDFMT | | | | C | OCT MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,557 | | 0 | NO COVERAGE |
| | | | | | 416 | | 1 | SURVEY INFORMATION |
| | | | | | 193 | | 2 | HCFA RECORDS |
| | | | | | 1,930 | | 3 | BOTH SURVEY AND HCFA RECORDS |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|-------------------------------------|
| D_PHI10 | 59 | 1 | \$PHIFMT | | | | C | OCT PRIVATE HEALTH INSURANCE |
| | | | | | 5,554 | | 0 | NO COVERAGE |
| | | | | | 2,790 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,054 | | 2 | SELF PURCHASED |
| | | | | | 424 | | 3 | BOTH |
| | | | | | 274 | | 4 | UNKNOWN |
| D_HMO10 | 60 | 1 | \$HMOFMT | | | | C | OCT HMO COVERAGE |
| | | | | | 10,582 | | 0 | NO COVERAGE |
| | | | | | 478 | | 1 | PRIVATE |
| | | | | | 985 | | 2 | MEDICARE |
| | | | | | 51 | | 3 | BOTH |
| D_OTH10 | 61 | 1 | | | | | C | # OF OTHER OCT PLANS |
| D_CARE11 | 62 | 1 | \$CAREFMT | | | | C | NOV MEDICARE COVERAGE |
| | | | | | 618 | | 0 | NO COVERAGE |
| | | | | | 360 | | 1 | PART A |
| | | | | | 91 | | 2 | PART B |
| | | | | | 11,027 | | 3 | PARTS A & B |
| D_CAID11 | 63 | 1 | \$CAIDFMT | | | | C | NOV MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,564 | | 0 | NO COVERAGE |
| | | | | | 413 | | 1 | SURVEY INFORMATION |
| | | | | | 212 | | 2 | HCFA RECORDS |
| | | | | | 1,907 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI11 | 64 | 1 | \$PHIFMT | | | | C | NOV PRIVATE HEALTH INSURANCE |
| | | | | | 5,655 | | 0 | NO COVERAGE |
| | | | | | 2,759 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,027 | | 2 | SELF PURCHASED |
| | | | | | 419 | | 3 | BOTH |
| | | | | | 236 | | 4 | UNKNOWN |
| D_HMO11 | 65 | 1 | \$HMOFMT | | | | C | NOV HMO COVERAGE |
| | | | | | 10,566 | | 0 | NO COVERAGE |
| | | | | | 489 | | 1 | PRIVATE |
| | | | | | 983 | | 2 | MEDICARE |
| | | | | | 58 | | 3 | BOTH |
| D_OTH11 | 66 | 1 | | | | | C | # OF OTHER NOV PLANS |
| D_CARE12 | 67 | 1 | \$CAREFMT | | | | C | DEC MEDICARE COVERAGE |
| | | | | | 645 | | 0 | NO COVERAGE |
| | | | | | 364 | | 1 | PART A |
| | | | | | 90 | | 2 | PART B |
| | | | | | 10,997 | | 3 | PARTS A & B |
| D_CAID12 | 68 | 1 | \$CAIDFMT | | | | C | DEC MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,585 | | 0 | NO COVERAGE |
| | | | | | 463 | | 1 | SURVEY INFORMATION |

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HEALTH INSURANCE RECORD

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Record Type: 4

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|--------------|--|
| | | | | | 232 | | 2 | HCFA RECORDS |
| | | | | | 1,816 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI12 | 69 | 1 | \$PHIFMT | | | | C | DEC PRIVATE HEALTH INSURANCE |
| | | | | | 5,805 | | 0 | NO COVERAGE |
| | | | | | 2,731 | | 1 | EMPLOYER SPONSORED |
| | | | | | 2,980 | | 2 | SELF PURCHASED |
| | | | | | 416 | | 3 | BOTH |
| | | | | | 164 | | 4 | UNKNOWN |
| D_HMO12 | 70 | 1 | \$HMOFMT | | | | C | DEC HMO COVERAGE |
| | | | | | 10,583 | | 0 | NO COVERAGE |
| | | | | | 476 | | 1 | PRIVATE |
| | | | | | 981 | | 2 | MEDICARE |
| | | | | | 56 | | 3 | BOTH |
| D_OTH12 | 71 | 1 | | | | | C | # OF OTHER DEC PLANS |
| D_CARE | 72 | 1 | \$CAREFMT | | | | C | ANNUAL MEDICARE COVERAGE |
| | | | | | 4 | | 0 | NO COVERAGE |
| | | | | | 354 | | 1 | PART A |
| | | | | | 99 | | 2 | PART B |
| | | | | | 11,639 | | 3 | PARTS A & B |
| D_CAID | 73 | 1 | \$CAIDFMT | | | | C | ANNUAL MEDICAID COVERAGE OBTAINED FROM |
| | | | | | 9,222 | | 0 | NO COVERAGE |
| | | | | | 522 | | 1 | SURVEY INFORMATION |
| | | | | | 179 | | 2 | HCFA RECORDS |
| | | | | | 2,173 | | 3 | BOTH SURVEY AND HCFA RECORDS |
| D_PHI | 74 | 1 | \$PHIFMT | | | | C | ANNUAL PRIVATE HEALTH INSURANCE |
| | | | | | 5,044 | | 0 | NO COVERAGE |
| | | | | | 2,920 | | 1 | EMPLOYER SPONSORED |
| | | | | | 3,265 | | 2 | SELF PURCHASED |
| | | | | | 508 | | 3 | BOTH |
| | | | | | 359 | | 4 | UNKNOWN |
| D_HMO | 75 | 1 | \$HMOFMT | | | | C | ANNUAL HMO COVERAGE |
| | | | | | 10,403 | | 0 | NO COVERAGE |
| | | | | | 540 | | 1 | PRIVATE |
| | | | | | 1,061 | | 2 | MEDICARE |
| | | | | | 92 | | 3 | BOTH |
| D_OTH | 76 | 1 | | | | | C | # OF OTHER ANNUAL PLANS |
| TOT_PREM | 77 | 8 | PREMFMT | | | | N | TOTAL HEALTH INSURANCE PREMIUMS |
| | | | | | 4,224 | | . | NOT APPLICABLE |
| | | | | | 1,862 | | 0-100 | \$100 OR LESS |
| | | | | | 1,155 | | 100.01-500 | \$101-\$500 |
| | | | | | 2,657 | | 500.01-1000 | \$501-\$1000 |
| | | | | | 1,414 | | 1000.01-1500 | \$1001-\$1500 |
| | | | | | 448 | | 1500.01-2000 | \$1501-\$2000 |
| | | | | | 182 | | 2000.01-2500 | \$2001-\$2500 |

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MEDICARE CURRENT BENEFICIARY SURVEY
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HELTH INSURANCE RECORD

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Record Type: 4

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|----|--------------|---------------|
| 79 | 2500.01-3000 | \$2501-\$3000 |
| 34 | 3000.01-3500 | \$3001-\$3500 |
| 18 | 3500.01-4000 | \$3501-\$4000 |
| 9 | 4000.01-4500 | \$4001-\$4500 |
| 5 | 4500.01-5000 | \$4501-\$5000 |
| 9 | | OVER \$5000 |

D_TYPPL1 85 2 PLANFMT N TYPE OF PLAN - PLAN 1

| | | |
|-------|---|----------------------------|
| 3,796 | . | INAPPLICABLE |
| 3,252 | 1 | PRIVATE EMPLOYER SPONSORED |
| 3,427 | 2 | PRIVATE SELF PURCHASED |
| 221 | 3 | PRIVATE UNKNOWN |
| 503 | 4 | PRIVATE HMO |
| 897 | 5 | MEDICARE HMO |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_BEGPL1 87 6 DTE6FMT N PLAN 1 BEGIN DATE

| | | |
|-------|----------|----------------|
| 3,796 | . | INAPPLICABLE |
| 8,300 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL1 93 6 DTE6FMT N PLAN 1 END DATE

| | | |
|-------|----------|----------------|
| 3,796 | . | INAPPLICABLE |
| 8,300 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL1 99 2 RELFMT N PLAN 1 POLICY HOLDER

| | | |
|-------|----|-----------------|
| 4,175 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 1 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 0 | -5 | NEVER ASK AGN |
| 6,623 | 1 | SAMPLE PERSON |
| 1,221 | 2 | SPOUSE |
| 7 | 3 | SON |
| 10 | 4 | DAUGHTER |
| 2 | 5 | BROTHER |
| 1 | 6 | SISTER |
| 29 | 7 | FATHER |
| 22 | 8 | MOTHER |
| 1 | 9 | SON-IN-LAW |
| 1 | 10 | DAUGHTER-IN-LAW |
| 0 | 11 | GRANDSON |
| 0 | 12 | GRANDDAUGHTER |
| 0 | 13 | NEPHEW |
| 0 | 14 | NIECE |
| 0 | 50 | PARTNER/ROOMATE |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|---|----|---------------------|
| 1 | 51 | FRIEND/NEIGHBOR |
| 0 | 52 | BOARDER |
| 0 | 53 | NURSE/NURSES AIDE |
| 0 | 54 | LEGAL/FINAN OFFICER |
| 0 | 55 | GUARDIAN |
| 0 | 91 | OTHER RELATIVE |
| 2 | 92 | OTHER NON-RELATIVE |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVNM1 101 2 NMFMT N # OF PEOPLE COVERED BY PLAN 1

| | | |
|-------|----|-----------------|
| 4,172 | . | INAPPLICABLE |
| 6 | -9 | NOT ASCERTAINED |
| 13 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 4,766 | 1 | 1 |
| 2,976 | 2 | 2 |
| 105 | 3 | 3 |
| 45 | 4 | 4 |
| 8 | 5 | 5 |
| 0 | 6 | 6 |
| 2 | 7 | 7 |
| 3 | 8 | 8 |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVRX1 103 2 RXFMT N PLAN 1 PRESCRIPTION DRUG COVERAGE

| | | |
|-------|----|----------------------|
| 4,080 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 4,036 | 1 | PLAN COVERS DRUGS |
| 3,980 | 2 | DOES NOT COVER DRUGS |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVNH1 105 2 NHFMT N PLAN 1 NURSING HOME COVERAGE

| | | |
|-------|----|-------------------|
| 4,172 | . | INAPPLICABLE |
| 6 | -9 | NOT ASCERTAINED |
| 1,897 | -8 | DONT KNOW |
| 2 | -7 | REFUSED |
| 1,337 | 1 | PLAN COVERS NH |
| 4,682 | 2 | DOES NOT COVER NH |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PAYSP1 107 2 INSFMT N DOES INSURED PAY A PREMIUM FOR PLAN 1

| | | |
|-------|----|-----------------|
| 4,172 | . | INAPPLICABLE |
| 5 | -9 | NOT ASCERTAINED |
| 121 | -8 | DONT KNOW |
| 1 | -7 | REFUSED |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|-------|---|-----|
| 5,946 | 1 | YES |
| 1,851 | 2 | NO |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ANAMT1 109 8 PREMFMT N ANNUAL PREMIUM FOR PLAN 1

| | | |
|-------|--------------|----------------|
| 6,866 | . | NOT APPLICABLE |
| 200 | 0-100 | \$100 OR LESS |
| 1,022 | 100.01-500 | \$101-\$500 |
| 1,742 | 500.01-1000 | \$501-\$1000 |
| 1,300 | 1000.01-1500 | \$1001-\$1500 |
| 504 | 1500.01-2000 | \$1501-\$2000 |
| 242 | 2000.01-2500 | \$2001-\$2500 |
| 111 | 2500.01-3000 | \$2501-\$3000 |
| 39 | 3000.01-3500 | \$3001-\$3500 |
| 31 | 3500.01-4000 | \$3501-\$4000 |
| 16 | 4000.01-4500 | \$4001-\$4500 |
| 5 | 4500.01-5000 | \$4501-\$5000 |
| 18 | | OVER \$5000 |

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL1 117 2 INSFMT N IS PLAN 1 AN HMO

| | | |
|-------|----|-----------------|
| 4,061 | . | INAPPLICABLE |
| 13 | -9 | NOT ASCERTAINED |
| 99 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,400 | 1 | YES |
| 6,523 | 2 | NO |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_MHMO1 119 5 C PLAN 1 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP1 124 2 OBTFMT N HOW DID INSURED GET PLAN 1

| | | |
|-------|----|------------------|
| 4,224 | . | INAPPLICABLE |
| 6 | -9 | NOT ASCERTAINED |
| 68 | -8 | DONT KNOW |
| 3 | -7 | REFUSED |
| 3,827 | 1 | DIRECTLY |
| 475 | 2 | CURRENT EMPLOYER |
| 2,546 | 3 | FORMER EMPLOYER |
| 92 | 4 | UNION |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 70
Record Type: 4

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------------------------------------|
| | | | | | 41 | | 5 | FAMILY BUSINESS |
| | | | | | 306 | | 6 | AARP |
| | | | | | 377 | | 7 | DECEASED SPOUSES FORMER EMPLOYER |
| | | | | | 19 | | 8 | DECEASED SPOUSES FORMER UNION |
| | | | | | 39 | | 9 | FRATERNAL/PROFESSIONAL ORGANIZATION |
| | | | | | 73 | | 91 | SOME OTHER WAY |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_INDUS1 126 2 \$INDUFMT

C PLAN 1 INDUSTRY CODE

| | |
|-------|--|
| 8,222 | INAPPLICABLE |
| 0 | -1 INAPPLICABLE |
| 0 | -7 REFUSED |
| 1 | -8 DK |
| 10 | -9 NOT ASCERTAINED |
| 5 | A AGRICULTURE, FORESTRY, AND FISHING |
| 22 | B MINING |
| 30 | C CONSTRUCTION |
| 36 | D MANUFACTURING |
| 10 | E TRANSPORTATION AND PUBLIC UTILITIES |
| 2 | F WHOLESALE TRADE |
| 22 | G RETAIL TRADE |
| 12 | H FINANCE, INSURANCE, AND REAL ESTATE |
| 4 | I SERVICES |
| 127 | J PUBLIC ADMINISTRATION |
| 1 | K NONCLASSIFIABLE ESTABLISHMENTS |
| 8 | 01 AGRICULTURAL PRODUCTION - CROPS |
| 4 | 02 AGRICULTURAL PRODUCTION - LIVESTOCK |
| 7 | 07 AGRICULTURAL SERVICES |
| 2 | 08 FORESTRY |
| 0 | 09 FISHING, HUNTING, AND TRAPPING |
| 9 | 10 METAL MINING |
| 32 | 12 COAL MINING |
| 41 | 13 OIL AND GAS EXTRACTION |
| 4 | 14 NONMETALLIC MINERALS. EXCEPT FUELS |
| 9 | 15 GENERAL BUILDING CONTRACTORS |
| 6 | 16 HEAVY CONSTRUCTION, EX. BUILDING |
| 35 | 17 SPECIAL TRADE CONTRACTORS |
| 82 | 20 FOOD AND KINDRED PRODUCTS |
| 1 | 21 TOBACCO PRODUCTS |
| 29 | 22 TEXTILE MILL PRODUCTS |
| 42 | 23 APPAREL AND OTHER TEXTILE PRODUCTS |
| 8 | 24 LUMBER AND WOOD PRODUCTS |
| 17 | 25 FURNITURE AND FIXTURES |
| 21 | 26 PAPER AND ALLIED PRODUCTS |
| 29 | 27 PRINTING AND PUBLISHING |
| 80 | 28 CHEMICALS AND ALLIED PRODUCTS |
| 42 | 29 PETROLEUM AND COAL PRODUCTS |
| 19 | 30 RUBBER AND MISC. PLASTICS PRODUCTS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 71
Record Type: 4

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| | | | | | 4 | | 31 | LEATHER AND LEATHER PRODUCTS |
| | | | | | 28 | | 32 | STONE, CLAY, AND GLASS PRODUCTS |
| | | | | | 138 | | 33 | PRIMARY METAL INDUSTRIES |
| | | | | | 83 | | 34 | FABRICATED METAL PRODUCTS |
| | | | | | 82 | | 35 | INDUSTRIAL MACHINERY AND EQUIPMENT |
| | | | | | 75 | | 36 | ELECTRONIC & OTHER ELECTRIC EQUIPMENT |
| | | | | | 269 | | 37 | TRANSPORTATION EQUIPMENT |
| | | | | | 24 | | 38 | INSTRUMENTS AND RELATED PRODUCTS |
| | | | | | 12 | | 39 | MISCELLANEOUS MANUFACTURING INDUSTRIES |
| | | | | | 63 | | 40 | RAILROAD TRANSPORTATION |
| | | | | | 14 | | 41 | LOCAL AND INTERURBAN PASSENGER TRANSIT |
| | | | | | 14 | | 42 | TRUCKING AND WAREHOUSING |
| | | | | | 129 | | 43 | U.S. POSTAL SERVICE |
| | | | | | 10 | | 44 | WATER TRANSPORTATION |
| | | | | | 11 | | 45 | TRANSPORTATION BY AIR |
| | | | | | 0 | | 46 | PIPELINES, EXCEPT NATURAL GAS |
| | | | | | 5 | | 47 | TRANSPORTATION SERVICES |
| | | | | | 122 | | 48 | COMMUNICATIONS |
| | | | | | 97 | | 49 | ELECTRIC, GAS, AND SANITARY SERVICES |
| | | | | | 15 | | 50 | WHOLESALE TRADE - DURABLE GOODS |
| | | | | | 12 | | 51 | WHOLESALE TRADE - NONDURABLE GOODS |
| | | | | | 6 | | 52 | BUILDING MATERIALS & GARDEN SUPPLIES |
| | | | | | 32 | | 53 | GENERAL MERCHANDISE STORES |
| | | | | | 32 | | 54 | FOOD STORES |
| | | | | | 19 | | 55 | AUTOMOTIVE DEALERS & SERVICE STATIONS |
| | | | | | 9 | | 56 | APPAREL AND ACCESSORY STORES |
| | | | | | 9 | | 57 | FURNITURE AND HOMEFURNISHINGS STORES |
| | | | | | 17 | | 58 | EATING AND DRINKING PLACES |
| | | | | | 24 | | 59 | MISCELLANEOUS RETAIL |
| | | | | | 66 | | 60 | DEPOSITORY INSTITUTIONS |
| | | | | | 1 | | 61 | NONDEPOSITORY INSTITUTIONS |
| | | | | | 6 | | 62 | SECURITY AND COMMODITY BROKERS |
| | | | | | 74 | | 63 | INSURANCE CARRIERS |
| | | | | | 11 | | 64 | INSURANCE AGENTS, BROKERS & SERVICES |
| | | | | | 14 | | 65 | REAL ESTATE |
| | | | | | 3 | | 67 | HOLDING AND OTHER INVESTMENT OFFICES |
| | | | | | 10 | | 70 | HOTELS AND OTHER LODGING PLACES |
| | | | | | 7 | | 72 | PERSONAL SERVICES |
| | | | | | 26 | | 73 | BUSINESS SERVICES |
| | | | | | 13 | | 75 | AUTO REPAIR, SERVICES, AND PARKING |
| | | | | | 13 | | 76 | MISCELLANEOUS REPAIR SERVICES |
| | | | | | 8 | | 78 | MOTION PICTURES |
| | | | | | 9 | | 79 | AMUSEMENT & RECREATION SERVICES |
| | | | | | 166 | | 80 | HEALTH SERVICES |
| | | | | | 10 | | 81 | LEGAL SERVICES |
| | | | | | 461 | | 82 | EDUCATIONAL SERVICES |
| | | | | | 13 | | 83 | SOCIAL SERVICES |
| | | | | | 0 | | 84 | MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS |
| | | | | | 66 | | 86 | MEMBERSHIP ORGANIZATIONS |
| | | | | | 25 | | 87 | ENGINEERING & MANAGEMENT SERVICES |
| | | | | | 1 | | 88 | PRIVATE HOUSEHOLDS |
| | | | | | 2 | | 89 | SERVICES, NEC |
| | | | | | 224 | | 91 | EXECUTIVE, LEGISLATIVE, AND GENERAL |
| | | | | | 80 | | 92 | JUSTICE, PUBLIC ORDER, AND SAFETY |
| | | | | | 14 | | 93 | FINANCE, TAXATION, & MONETARY POLICY |
| | | | | | 54 | | 94 | ADMINISTRATION OF HUMAN RESOURCES |
| | | | | | 35 | | 95 | ENVIRONMENTAL QUALITY AND HOUSING |
| | | | | | 51 | | 96 | ADMINISTRATION OF ECONOMIC PROGRAMS |
| | | | | | 138 | | 97 | NATIONAL SECURITY AND INST. AFFAIRS |
| | | | | | 109 | | 99 | NONCLASSIFIABLE ESTABLISHMENTS |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS

| D_TYPPL2 | 128 | 2 | PLANFMT | N | TYPE OF PLAN - PLAN 2 |
|----------|-----|---|---------|---|----------------------------|
| | | | 9,343 | . | INAPPLICABLE |
| | | | 1,127 | 1 | PRIVATE EMPLOYER SPONSORED |
| | | | 1,088 | 2 | PRIVATE SELF PURCHASED |
| | | | 110 | 3 | PRIVATE UNKNOWN |
| | | | 156 | 4 | PRIVATE HMO |
| | | | 272 | 5 | MEDICARE HMO |

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

| D_BEGPL2 | 130 | 6 | DTE6FMT | N | PLAN 2 BEGIN DATE |
|----------|-----|---|---------|----------|-------------------|
| | | | 9,343 | . | INAPPLICABLE |
| | | | 2,753 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

| D_ENDPL2 | 136 | 6 | DTE6FMT | N | PLAN 2 END DATE |
|----------|-----|---|---------|----------|-----------------|
| | | | 9,343 | . | INAPPLICABLE |
| | | | 2,753 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

| D_PHREL2 | 142 | 2 | REL FMT | N | PLAN 2 POLICY HOLDER |
|----------|-----|---|---------|----|----------------------|
| | | | 9,606 | . | INAPPLICABLE |
| | | | 0 | -9 | NOT ASCERTAINED |
| | | | 0 | -8 | DONT KNOW |
| | | | 0 | -7 | REFUSED |
| | | | 0 | -5 | NEVER ASK AGN |
| | | | 2,072 | 1 | SAMPLE PERSON |
| | | | 393 | 2 | SPOUSE |
| | | | 3 | 3 | SON |
| | | | 2 | 4 | DAUGHTER |
| | | | 0 | 5 | BROTHER |
| | | | 0 | 6 | SISTER |
| | | | 14 | 7 | FATHER |
| | | | 4 | 8 | MOTHER |
| | | | 0 | 9 | SON-IN-LAW |
| | | | 1 | 10 | DAUGHTER-IN-LAW |
| | | | 0 | 11 | GRANDSON |
| | | | 0 | 12 | GRANDDAUGHTER |
| | | | 0 | 13 | NEPHEW |
| | | | 0 | 14 | NIECE |
| | | | 0 | 50 | PARTNER/ROOMATE |
| | | | 0 | 51 | FRIEND/NEIGHBOR |
| | | | 0 | 52 | BOARDER |
| | | | 0 | 53 | NURSE/NURSES AIDE |
| | | | 0 | 54 | LEGAL/FINAN OFFICER |
| | | | 0 | 55 | GUARDIAN |
| | | | 0 | 91 | OTHER RELATIVE |
| | | | 1 | 92 | OTHER NON-RELATIVE |

Page: 73
Record Type: 4

Ty Label

N # OF PEOPLE COVERED BY PLAN 2

| | | |
|-------|----|-----------------|
| 9,606 | . | INAPPLICABLE |
| 4 | -9 | NOT ASCERTAINED |
| 9 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,444 | 1 | 1 |
| 976 | 2 | 2 |
| 42 | 3 | 3 |
| 12 | 4 | 4 |
| 3 | 5 | 5 |
| 0 | 6 | 6 |
| 0 | 7 | 7 |
| 0 | 8 | 8 |

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

N PLAN 2 PRESCRIPTION DRUG COVERAGE

| | | |
|-------|----|----------------------|
| 9,503 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 1,180 | 1 | PLAN COVERS DRUGS |
| 1,413 | 2 | DOES NOT COVER DRUGS |

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

N PLAN 2 NURSING HOME COVERAGE

| | | |
|-------|----|-------------------|
| 9,606 | . | INAPPLICABLE |
| 4 | -9 | NOT ASCERTAINED |
| 474 | -8 | DONT KNOW |
| 1 | -7 | REFUSED |
| 462 | 1 | PLAN COVERS NH |
| 1,549 | 2 | DOES NOT COVER NH |

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

N DOES INSURED PAY A PREMIUM FOR PLAN 2

| | | |
|-------|----|-----------------|
| 9,606 | . | INAPPLICABLE |
| 4 | -9 | NOT ASCERTAINED |
| 52 | -8 | DONT KNOW |
| 2 | -7 | REFUSED |
| 1,667 | 1 | YES |
| 765 | 2 | NO |

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

***N* ANNUAL PREMIUM FOR PLAN 2**

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|--------|--------------|--|--|----------------|--|--|--|--|
| 10,677 | . | | | NOT APPLICABLE | | | | |
| 181 | 0-100 | | | \$100 OR LESS | | | | |
| 528 | 100.01-500 | | | \$101-\$500 | | | | |
| 439 | 500.01-1000 | | | \$501-\$1000 | | | | |
| 145 | 1000.01-1500 | | | \$1001-\$1500 | | | | |
| 63 | 1500.01-2000 | | | \$1501-\$2000 | | | | |
| 34 | 2000.01-2500 | | | \$2001-\$2500 | | | | |
| 13 | 2500.01-3000 | | | \$2501-\$3000 | | | | |
| 10 | 3000.01-3500 | | | \$3001-\$3500 | | | | |
| 4 | 3500.01-4000 | | | \$3501-\$4000 | | | | |
| 0 | 4000.01-4500 | | | \$4001-\$4500 | | | | |
| 1 | 4500.01-5000 | | | \$4501-\$5000 | | | | |
| 1 | | | | OVER \$5000 | | | | |

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL2 160 2 INSFMT N IS PLAN 2 AN HMO

| | | | | |
|-------|----|--|--|-----------------|
| 9,525 | . | | | INAPPLICABLE |
| 11 | -9 | | | NOT ASCERTAINED |
| 36 | -8 | | | DONT KNOW |
| 0 | -7 | | | REFUSED |
| 428 | 1 | | | YES |
| 2,096 | 2 | | | NO |

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_MHMO2 162 5 C PLAN 2 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP2 167 2 OBTFMT N HOW DID INSURED GET PLAN 2

| | | | | |
|-------|----|--|--|-------------------------------------|
| 9,606 | . | | | INAPPLICABLE |
| 0 | -9 | | | NOT ASCERTAINED |
| 31 | -8 | | | DONT KNOW |
| 1 | -7 | | | REFUSED |
| 1,193 | 1 | | | DIRECTLY |
| 169 | 2 | | | CURRENT EMPLOYER |
| 815 | 3 | | | FORMER EMPLOYER |
| 44 | 4 | | | UNION |
| 13 | 5 | | | FAMILY BUSINESS |
| 81 | 6 | | | AARP |
| 109 | 7 | | | DECEASED SPOUSES FORMER EMPLOYER |
| 5 | 8 | | | DECEASED SPOUSES FORMER UNION |
| 11 | 9 | | | FRATERNAL/PROFESSIONAL ORGANIZATION |
| 18 | 91 | | | SOME OTHER WAY |

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_INDUS2 169 2 \$INDUFMT C PLAN 2 INDUSTRY CODE

| | | | | |
|--------|----|--|--|------------------------------------|
| 10,858 | | | | INAPPLICABLE |
| 0 | -1 | | | INAPPLICABLE |
| 0 | -7 | | | REFUSED |
| 0 | -8 | | | DK |
| 1 | -9 | | | NOT ASCERTAINED |
| 1 | A | | | AGRICULTURE, FORESTRY, AND FISHING |
| 6 | B | | | MINING |
| 4 | C | | | CONSTRUCTION |

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COST&USE
1995

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 75
Record Type: 4

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| | | | | | 19 | | D | MANUFACTURING |
| | | | | | 1 | | E | TRANSPORTATION AND PUBLIC UTILITIES |
| | | | | | 2 | | F | WHOLESALE TRADE |
| | | | | | 5 | | G | RETAIL TRADE |
| | | | | | 8 | | H | FINANCE, INSURANCE, AND REAL ESTATE |
| | | | | | 1 | | I | SERVICES |
| | | | | | 48 | | J | PUBLIC ADMINISTRATION |
| | | | | | 1 | | K | NONCLASSIFIABLE ESTABLISHMENTS |
| | | | | | 1 | | 01 | AGRICULTURAL PRODUCTION - CROPS |
| | | | | | 1 | | 02 | AGRICULTURAL PRODUCTION - LIVESTOCK |
| | | | | | 1 | | 07 | AGRICULTURAL SERVICES |
| | | | | | 0 | | 08 | FORESTRY |
| | | | | | 0 | | 09 | FISHING, HUNTING, AND TRAPPING |
| | | | | | 5 | | 10 | METAL MINING |
| | | | | | 3 | | 12 | COAL MINING |
| | | | | | 16 | | 13 | OIL AND GAS EXTRACTION |
| | | | | | 1 | | 14 | NONMETALLIC MINERALS. EXCEPT FUELS |
| | | | | | 2 | | 15 | GENERAL BUILDING CONTRACTORS |
| | | | | | 0 | | 16 | HEAVY CONSTRUCTION, EX. BUILDING |
| | | | | | 19 | | 17 | SPECIAL TRADE CONTRACTORS |
| | | | | | 26 | | 20 | FOOD AND KINDRED PRODUCTS |
| | | | | | 0 | | 21 | TOBACCO PRODUCTS |
| | | | | | 7 | | 22 | TEXTILE MILL PRODUCTS |
| | | | | | 17 | | 23 | APPAREL AND OTHER TEXTILE PRODUCTS |
| | | | | | 3 | | 24 | LUMBER AND WOOD PRODUCTS |
| | | | | | 2 | | 25 | FURNITURE AND FIXTURES |
| | | | | | 9 | | 26 | PAPER AND ALLIED PRODUCTS |
| | | | | | 7 | | 27 | PRINTING AND PUBLISHING |
| | | | | | 30 | | 28 | CHEMICALS AND ALLIED PRODUCTS |
| | | | | | 13 | | 29 | PETROLEUM AND COAL PRODUCTS |
| | | | | | 8 | | 30 | RUBBER AND MISC. PLASTICS PRODUCTS |
| | | | | | 3 | | 31 | LEATHER AND LEATHER PRODUCTS |
| | | | | | 12 | | 32 | STONE, CLAY, AND GLASS PRODUCTS |
| | | | | | 49 | | 33 | PRIMARY METAL INDUSTRIES |
| | | | | | 20 | | 34 | FABRICATED METAL PRODUCTS |
| | | | | | 21 | | 35 | INDUSTRIAL MACHINERY AND EQUIPMENT |
| | | | | | 40 | | 36 | ELECTRONIC & OTHER ELECTRIC EQUIPMENT |
| | | | | | 85 | | 37 | TRANSPORTATION EQUIPMENT |
| | | | | | 9 | | 38 | INSTRUMENTS AND RELATED PRODUCTS |
| | | | | | 2 | | 39 | MISCELLANEOUS MANUFACTURING INDUSTRIES |
| | | | | | 23 | | 40 | RAILROAD TRANSPORTATION |
| | | | | | 5 | | 41 | LOCAL AND INTERURBAN PASSENGER TRANSIT |
| | | | | | 3 | | 42 | TRUCKING AND WAREHOUSING |
| | | | | | 21 | | 43 | U.S. POSTAL SERVICE |
| | | | | | 3 | | 44 | WATER TRANSPORTATION |
| | | | | | 7 | | 45 | TRANSPORTATION BY AIR |
| | | | | | 0 | | 46 | PIPELINES, EXCEPT NATURAL GAS |
| | | | | | 0 | | 47 | TRANSPORTATION SERVICES |
| | | | | | 62 | | 48 | COMMUNICATIONS |
| | | | | | 26 | | 49 | ELECTRIC, GAS, AND SANITARY SERVICES |
| | | | | | 4 | | 50 | WHOLESALE TRADE - DURABLE GOODS |
| | | | | | 7 | | 51 | WHOLESALE TRADE - NONDURABLE GOODS |
| | | | | | 2 | | 52 | BUILDING MATERIALS & GARDEN SUPPLIES |
| | | | | | 14 | | 53 | GENERAL MERCHANDISE STORES |
| | | | | | 13 | | 54 | FOOD STORES |
| | | | | | 5 | | 55 | AUTOMOTIVE DEALERS & SERVICE STATIONS |
| | | | | | 6 | | 56 | APPAREL AND ACCESSORY STORES |
| | | | | | 2 | | 57 | FURNITURE AND HOMEFURNISHINGS STORES |
| | | | | | 3 | | 58 | EATING AND DRINKING PLACES |
| | | | | | 3 | | 59 | MISCELLANEOUS RETAIL |
| | | | | | 21 | | 60 | DEPOSITORY INSTITUTIONS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 76
Record Type: 4

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| | | | | | 1 | | 61 | NONDEPOSITORY INSTITUTIONS |
| | | | | | 1 | | 62 | SECURITY AND COMMODITY BROKERS |
| | | | | | 21 | | 63 | INSURANCE CARRIERS |
| | | | | | 1 | | 64 | INSURANCE AGENTS, BROKERS & SERVICES |
| | | | | | 4 | | 65 | REAL ESTATE |
| | | | | | 0 | | 67 | HOLDING AND OTHER INVESTMENT OFFICES |
| | | | | | 3 | | 70 | HOTELS AND OTHER LODGING PLACES |
| | | | | | 1 | | 72 | PERSONAL SERVICES |
| | | | | | 8 | | 73 | BUSINESS SERVICES |
| | | | | | 1 | | 75 | AUTO REPAIR, SERVICES, AND PARKING |
| | | | | | 3 | | 76 | MISCELLANEOUS REPAIR SERVICES |
| | | | | | 2 | | 78 | MOTION PICTURES |
| | | | | | 3 | | 79 | AMUSEMENT & RECREATION SERVICES |
| | | | | | 53 | | 80 | HEALTH SERVICES |
| | | | | | 6 | | 81 | LEGAL SERVICES |
| | | | | | 173 | | 82 | EDUCATIONAL SERVICES |
| | | | | | 1 | | 83 | SOCIAL SERVICES |
| | | | | | 0 | | 84 | MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS |
| | | | | | 24 | | 86 | MEMBERSHIP ORGANIZATIONS |
| | | | | | 7 | | 87 | ENGINEERING & MANAGEMENT SERVICES |
| | | | | | 0 | | 88 | PRIVATE HOUSEHOLDS |
| | | | | | 0 | | 89 | SERVICES, NEC |
| | | | | | 52 | | 91 | EXECUTIVE, LEGISLATIVE, AND GENERAL |
| | | | | | 26 | | 92 | JUSTICE, PUBLIC ORDER, AND SAFETY |
| | | | | | 3 | | 93 | FINANCE, TAXATION, & MONETARY POLICY |
| | | | | | 12 | | 94 | ADMINISTRATION OF HUMAN RESOURCES |
| | | | | | 10 | | 95 | ENVIRONMENTAL QUALITY AND HOUSING |
| | | | | | 12 | | 96 | ADMINISTRATION OF ECONOMIC PROGRAMS |
| | | | | | 33 | | 97 | NATIONAL SECURITY AND INST. AFFAIRS |
| | | | | | 38 | | 99 | NONCLASSIFIABLE ESTABLISHMENTS |

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS
D_TYPPL3 171 2 PLANFMT N TYPE OF PLAN - PLAN 3

| | | |
|--------|---|----------------------------|
| 11,349 | . | INAPPLICABLE |
| 343 | 1 | PRIVATE EMPLOYER SPONSORED |
| 244 | 2 | PRIVATE SELF PURCHASED |
| 33 | 3 | PRIVATE UNKNOWN |
| 44 | 4 | PRIVATE HMO |
| 83 | 5 | MEDICARE HMO |

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_BEGPL3 173 6 DTE6FMT N PLAN 3 BEGIN DATE

| | | |
|--------|----------|----------------|
| 11,349 | . | INAPPLICABLE |
| 747 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL3 179 6 DTE6FMT N PLAN 3 END DATE

| | | |
|--------|----------|----------------|
| 11,349 | . | INAPPLICABLE |
| 747 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL3 185 2 RELFMT N PLAN 3 POLICY HOLDER

| | | |
|--------|----|-----------------|
| 11,458 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|---------------------|
| | | | | | | | | |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -5 | NEVER ASK AGN |
| | | | | | 521 | | 1 | SAMPLE PERSON |
| | | | | | 114 | | 2 | SPOUSE |
| | | | | | 1 | | 3 | SON |
| | | | | | 0 | | 4 | DAUGHTER |
| | | | | | 0 | | 5 | BROTHER |
| | | | | | 0 | | 6 | SISTER |
| | | | | | 2 | | 7 | FATHER |
| | | | | | 0 | | 8 | MOTHER |
| | | | | | 0 | | 9 | SON-IN-LAW |
| | | | | | 0 | | 10 | DAUGHTER-IN-LAW |
| | | | | | 0 | | 11 | GRANDSON |
| | | | | | 0 | | 12 | GRANDDAUGHTER |
| | | | | | 0 | | 13 | NEPHEW |
| | | | | | 0 | | 14 | NIECE |
| | | | | | 0 | | 50 | PARTNER/ROOMATE |
| | | | | | 0 | | 51 | FRIEND/NEIGHBOR |
| | | | | | 0 | | 52 | BOARDER |
| | | | | | 0 | | 53 | NURSE/NURSES AIDE |
| | | | | | 0 | | 54 | LEGAL/FINAN OFFICER |
| | | | | | 0 | | 55 | GUARDIAN |
| | | | | | 0 | | 91 | OTHER RELATIVE |
| | | | | | 0 | | 92 | OTHER NON-RELATIVE |

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

| | | | | | |
|----------|-----|---|-------|----|-------------------------------|
| D_COVNM3 | 187 | 2 | NMFMT | N | # OF PEOPLE COVERED BY PLAN 3 |
| | | | | | |
| | | | | | 11,458 |
| | | | | . | INAPPLICABLE |
| | | | | -9 | NOT ASCERTAINED |
| | | | | -8 | DONT KNOW |
| | | | | -7 | REFUSED |
| | | | | 1 | 1 |
| | | | | 2 | 2 |
| | | | | 3 | 3 |
| | | | | 4 | 4 |
| | | | | 5 | 5 |
| | | | | 6 | 6 |
| | | | | 7 | 7 |
| | | | | 8 | 8 |

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

| | | | | | |
|----------|-----|---|-------|----|-----------------------------------|
| D_COVRX3 | 189 | 2 | RXFMT | N | PLAN 3 PRESCRIPTION DRUG COVERAGE |
| | | | | | |
| | | | | | 11,405 |
| | | | | . | INAPPLICABLE |
| | | | | -9 | NOT ASCERTAINED |
| | | | | -8 | DONT KNOW |
| | | | | -7 | REFUSED |
| | | | | 1 | PLAN COVERS DRUGS |
| | | | | 2 | DOES NOT COVER DRUGS |

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|----------|-----|---|-------|--------|--|--|----|------------------------------|
| D_COVNH3 | 191 | 2 | NHFMT | | | | N | PLAN 3 NURSING HOME COVERAGE |
| | | | | 11,458 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 86 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 108 | | | 1 | PLAN COVERS NH |
| | | | | 444 | | | 2 | DOES NOT COVER NH |

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|--------|--------|--|--|----|---------------------------------------|
| D_PAYSP3 | 193 | 2 | INSFMT | | | | N | DOES INSURED PAY A PREMIUM FOR PLAN 3 |
| | | | | 11,458 | | | . | INAPPLICABLE |
| | | | | 1 | | | -9 | NOT ASCERTAINED |
| | | | | 15 | | | -8 | DONT KNOW |
| | | | | 1 | | | -7 | REFUSED |
| | | | | 356 | | | 1 | YES |
| | | | | 265 | | | 2 | NO |

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|---------|--------|--|--------------|---|---------------------------|
| D_ANAMT3 | 195 | 8 | PREMFMT | | | | N | ANNUAL PREMIUM FOR PLAN 3 |
| | | | | 11,798 | | | . | NOT APPLICABLE |
| | | | | 66 | | 0-100 | | \$100 OR LESS |
| | | | | 125 | | 100.01-500 | | \$101-\$500 |
| | | | | 68 | | 500.01-1000 | | \$501-\$1000 |
| | | | | 27 | | 1000.01-1500 | | \$1001-\$1500 |
| | | | | 9 | | 1500.01-2000 | | \$1501-\$2000 |
| | | | | 2 | | 2000.01-2500 | | \$2001-\$2500 |
| | | | | 1 | | 2500.01-3000 | | \$2501-\$3000 |
| | | | | 0 | | 3000.01-3500 | | \$3001-\$3500 |
| | | | | 0 | | 3500.01-4000 | | \$3501-\$4000 |
| | | | | 0 | | 4000.01-4500 | | \$4001-\$4500 |
| | | | | 0 | | 4500.01-5000 | | \$4501-\$5000 |
| | | | | 0 | | | | OVER \$5000 |

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

| | | | | | | | | |
|----------|-----|---|--------|--------|--|--|----|------------------|
| D_HMOPL3 | 203 | 2 | INSFMT | | | | N | IS PLAN 3 AN HMO |
| | | | | 11,418 | | | . | INAPPLICABLE |
| | | | | 3 | | | -9 | NOT ASCERTAINED |
| | | | | 11 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 127 | | | 1 | YES |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

537 2 NO

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

| | | | | | | | | |
|---------|-----|---|--|--|--|--|---|--------------------------|
| D_MHMO3 | 205 | 5 | | | | | C | PLAN 3 MEDICARE HMO CODE |
|---------|-----|---|--|--|--|--|---|--------------------------|

INAPPLICABLE: NO MEDICARE HMO POLICY

| | | | | | | | | |
|----------|-----|---|-----|----|--|--|---|----------------------------|
| D_OBTNP3 | 210 | 2 | OBT | FM | | | N | HOW DID INSURED GET PLAN 3 |
|----------|-----|---|-----|----|--|--|---|----------------------------|

| | | |
|--------|----|-------------------------------------|
| 11,457 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 10 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 271 | 1 | DIRECTLY |
| 38 | 2 | CURRENT EMPLOYER |
| 254 | 3 | FORMER EMPLOYER |
| 18 | 4 | UNION |
| 3 | 5 | FAMILY BUSINESS |
| 10 | 6 | AARP |
| 23 | 7 | DECEASED SPOUSES FORMER EMPLOYER |
| 3 | 8 | DECEASED SPOUSES FORMER UNION |
| 2 | 9 | FRATERNAL/PROFESSIONAL ORGANIZATION |
| 7 | 91 | SOME OTHER WAY |

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|--------|----|--|--|---|----------------------|
| D_INDUS3 | 212 | 2 | \$INDU | FM | | | C | PLAN 3 INDUSTRY CODE |
|----------|-----|---|--------|----|--|--|---|----------------------|

| | | |
|--------|----|-------------------------------------|
| 11,732 | | INAPPLICABLE |
| 0 | -1 | INAPPLICABLE |
| 0 | -7 | REFUSED |
| 0 | -8 | DK |
| 1 | -9 | NOT ASCERTAINED |
| 0 | A | AGRICULTURE, FORESTRY, AND FISHING |
| 1 | B | MINING |
| 0 | C | CONSTRUCTION |
| 2 | D | MANUFACTURING |
| 2 | E | TRANSPORTATION AND PUBLIC UTILITIES |
| 0 | F | WHOLESALE TRADE |
| 1 | G | RETAIL TRADE |
| 1 | H | FINANCE, INSURANCE, AND REAL ESTATE |
| 0 | I | SERVICES |
| 17 | J | PUBLIC ADMINISTRATION |
| 0 | K | NONCLASSIFIABLE ESTABLISHMENTS |
| 0 | 01 | AGRICULTURAL PRODUCTION - CROPS |
| 0 | 02 | AGRICULTURAL PRODUCTION - LIVESTOCK |
| 1 | 07 | AGRICULTURAL SERVICES |
| 0 | 08 | FORESTRY |
| 0 | 09 | FISHING, HUNTING, AND TRAPPING |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 80
Record Type: 4

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| | | | | | 0 | | 10 | METAL MINING |
| | | | | | 1 | | 12 | COAL MINING |
| | | | | | 5 | | 13 | OIL AND GAS EXTRACTION |
| | | | | | 1 | | 14 | NONMETALLIC MINERALS. EXCEPT FUELS |
| | | | | | 0 | | 15 | GENERAL BUILDING CONTRACTORS |
| | | | | | 0 | | 16 | HEAVY CONSTRUCTION, EX. BUILDING |
| | | | | | 3 | | 17 | SPECIAL TRADE CONTRACTORS |
| | | | | | 6 | | 20 | FOOD AND KINDRED PRODUCTS |
| | | | | | 0 | | 21 | TOBACCO PRODUCTS |
| | | | | | 0 | | 22 | TEXTILE MILL PRODUCTS |
| | | | | | 2 | | 23 | APPAREL AND OTHER TEXTILE PRODUCTS |
| | | | | | 0 | | 24 | LUMBER AND WOOD PRODUCTS |
| | | | | | 0 | | 25 | FURNITURE AND FIXTURES |
| | | | | | 4 | | 26 | PAPER AND ALLIED PRODUCTS |
| | | | | | 0 | | 27 | PRINTING AND PUBLISHING |
| | | | | | 9 | | 28 | CHEMICALS AND ALLIED PRODUCTS |
| | | | | | 0 | | 29 | PETROLEUM AND COAL PRODUCTS |
| | | | | | 1 | | 30 | RUBBER AND MISC. PLASTICS PRODUCTS |
| | | | | | 1 | | 31 | LEATHER AND LEATHER PRODUCTS |
| | | | | | 7 | | 32 | STONE, CLAY, AND GLASS PRODUCTS |
| | | | | | 12 | | 33 | PRIMARY METAL INDUSTRIES |
| | | | | | 5 | | 34 | FABRICATED METAL PRODUCTS |
| | | | | | 6 | | 35 | INDUSTRIAL MACHINERY AND EQUIPMENT |
| | | | | | 12 | | 36 | ELECTRONIC & OTHER ELECTRIC EQUIPMENT |
| | | | | | 44 | | 37 | TRANSPORTATION EQUIPMENT |
| | | | | | 3 | | 38 | INSTRUMENTS AND RELATED PRODUCTS |
| | | | | | 0 | | 39 | MISCELLANEOUS MANUFACTURING INDUSTRIES |
| | | | | | 1 | | 40 | RAILROAD TRANSPORTATION |
| | | | | | 1 | | 41 | LOCAL AND INTERURBAN PASSENGER TRANSIT |
| | | | | | 1 | | 42 | TRUCKING AND WAREHOUSING |
| | | | | | 6 | | 43 | U.S. POSTAL SERVICE |
| | | | | | 0 | | 44 | WATER TRANSPORTATION |
| | | | | | 3 | | 45 | TRANSPORTATION BY AIR |
| | | | | | 0 | | 46 | PIPELINES, EXCEPT NATURAL GAS |
| | | | | | 0 | | 47 | TRANSPORTATION SERVICES |
| | | | | | 27 | | 48 | COMMUNICATIONS |
| | | | | | 10 | | 49 | ELECTRIC, GAS, AND SANITARY SERVICES |
| | | | | | 1 | | 50 | WHOLESALE TRADE - DURABLE GOODS |
| | | | | | 0 | | 51 | WHOLESALE TRADE - NONDURABLE GOODS |
| | | | | | 1 | | 52 | BUILDING MATERIALS & GARDEN SUPPLIES |
| | | | | | 5 | | 53 | GENERAL MERCHANDISE STORES |
| | | | | | 3 | | 54 | FOOD STORES |
| | | | | | 1 | | 55 | AUTOMOTIVE DEALERS & SERVICE STATIONS |
| | | | | | 0 | | 56 | APPAREL AND ACCESSORY STORES |
| | | | | | 0 | | 57 | FURNITURE AND HOMEFURNISHINGS STORES |
| | | | | | 0 | | 58 | EATING AND DRINKING PLACES |
| | | | | | 1 | | 59 | MISCELLANEOUS RETAIL |
| | | | | | 5 | | 60 | DEPOSITORY INSTITUTIONS |
| | | | | | 0 | | 61 | NONDEPOSITORY INSTITUTIONS |
| | | | | | 0 | | 62 | SECURITY AND COMMODITY BROKERS |
| | | | | | 8 | | 63 | INSURANCE CARRIERS |
| | | | | | 0 | | 64 | INSURANCE AGENTS, BROKERS & SERVICES |
| | | | | | 2 | | 65 | REAL ESTATE |
| | | | | | 0 | | 67 | HOLDING AND OTHER INVESTMENT OFFICES |
| | | | | | 0 | | 70 | HOTELS AND OTHER LODGING PLACES |
| | | | | | 0 | | 72 | PERSONAL SERVICES |
| | | | | | 1 | | 73 | BUSINESS SERVICES |
| | | | | | 1 | | 75 | AUTO REPAIR, SERVICES, AND PARKING |
| | | | | | 0 | | 76 | MISCELLANEOUS REPAIR SERVICES |
| | | | | | 0 | | 78 | MOTION PICTURES |
| | | | | | 1 | | 79 | AMUSEMENT & RECREATION SERVICES |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| | | | | | | | | |
| | | | | | 16 | | 80 | HEALTH SERVICES |
| | | | | | 3 | | 81 | LEGAL SERVICES |
| | | | | | 61 | | 82 | EDUCATIONAL SERVICES |
| | | | | | 2 | | 83 | SOCIAL SERVICES |
| | | | | | 0 | | 84 | MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS |
| | | | | | 4 | | 86 | MEMBERSHIP ORGANIZATIONS |
| | | | | | 2 | | 87 | ENGINEERING & MANAGEMENT SERVICES |
| | | | | | 0 | | 88 | PRIVATE HOUSEHOLDS |
| | | | | | 0 | | 89 | SERVICES, NEC |
| | | | | | 11 | | 91 | EXECUTIVE, LEGISLATIVE, AND GENERAL |
| | | | | | 13 | | 92 | JUSTICE, PUBLIC ORDER, AND SAFETY |
| | | | | | 2 | | 93 | FINANCE, TAXATION, & MONETARY POLICY |
| | | | | | 4 | | 94 | ADMINISTRATION OF HUMAN RESOURCES |
| | | | | | 0 | | 95 | ENVIRONMENTAL QUALITY AND HOUSING |
| | | | | | 4 | | 96 | ADMINISTRATION OF ECONOMIC PROGRAMS |
| | | | | | 4 | | 97 | NATIONAL SECURITY AND INST. AFFAIRS |
| | | | | | 11 | | 99 | NONCLASSIFIABLE ESTABLISHMENTS |

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS

| | | | | | |
|----------|-----|---|---------|---|----------------------------|
| D_TYPPL4 | 214 | 2 | PLANFMT | N | TYPE OF PLAN - PLAN 4 |
| | | | | | |
| | | | 11,890 | . | INAPPLICABLE |
| | | | 110 | 1 | PRIVATE EMPLOYER SPONSORED |
| | | | 68 | 2 | PRIVATE SELF PURCHASED |
| | | | 2 | 3 | PRIVATE UNKNOWN |
| | | | 15 | 4 | PRIVATE HMO |
| | | | 11 | 5 | MEDICARE HMO |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

| | | | | | |
|----------|-----|---|---------|----------|-------------------|
| D_BEGPL4 | 216 | 6 | DTE6FMT | N | PLAN 4 BEGIN DATE |
| | | | | | |
| | | | 11,890 | . | INAPPLICABLE |
| | | | 206 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

| | | | | | |
|----------|-----|---|---------|----------|-----------------|
| D_ENDPL4 | 222 | 6 | DTE6FMT | N | PLAN 4 END DATE |
| | | | | | |
| | | | 11,890 | . | INAPPLICABLE |
| | | | 206 | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

| | | | | | |
|----------|-----|---|--------|----|----------------------|
| D_PHREL4 | 228 | 2 | RELFMT | N | PLAN 4 POLICY HOLDER |
| | | | | | |
| | | | 11,909 | . | INAPPLICABLE |
| | | | 0 | -9 | NOT ASCERTAINED |
| | | | 0 | -8 | DONT KNOW |
| | | | 0 | -7 | REFUSED |
| | | | 0 | -5 | NEVER ASK AGN |
| | | | 149 | 1 | SAMPLE PERSON |
| | | | 38 | 2 | SPOUSE |
| | | | 0 | 3 | SON |
| | | | 0 | 4 | DAUGHTER |
| | | | 0 | 5 | BROTHER |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|---------------------|
| | | | | | | | | |
| | | | | | 0 | | 6 | SISTER |
| | | | | | 0 | | 7 | FATHER |
| | | | | | 0 | | 8 | MOTHER |
| | | | | | 0 | | 9 | SON-IN-LAW |
| | | | | | 0 | | 10 | DAUGHTER-IN-LAW |
| | | | | | 0 | | 11 | GRANDSON |
| | | | | | 0 | | 12 | GRANDDAUGHTER |
| | | | | | 0 | | 13 | NEPHEW |
| | | | | | 0 | | 14 | NIECE |
| | | | | | 0 | | 50 | PARTNER/ROOMATE |
| | | | | | 0 | | 51 | FRIEND/NEIGHBOR |
| | | | | | 0 | | 52 | BOARDER |
| | | | | | 0 | | 53 | NURSE/NURSES AIDE |
| | | | | | 0 | | 54 | LEGAL/FINAN OFFICER |
| | | | | | 0 | | 55 | GUARDIAN |
| | | | | | 0 | | 91 | OTHER RELATIVE |
| | | | | | 0 | | 92 | OTHER NON-RELATIVE |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|------|--------|--|--|----|-------------------------------|
| D_COVNM4 | 230 | 2 | NMFM | | | | N | # OF PEOPLE COVERED BY PLAN 4 |
| | | | | 11,909 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 2 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 95 | | | 1 | 1 |
| | | | | 86 | | | 2 | 2 |
| | | | | 3 | | | 3 | 3 |
| | | | | 1 | | | 4 | 4 |
| | | | | 0 | | | 5 | 5 |
| | | | | 0 | | | 6 | 6 |
| | | | | 0 | | | 7 | 7 |
| | | | | 0 | | | 8 | 8 |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|-------|--------|--|--|----|-----------------------------------|
| D_COVRX4 | 232 | 2 | RXFMT | | | | N | PLAN 4 PRESCRIPTION DRUG COVERAGE |
| | | | | 11,894 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 86 | | | 1 | PLAN COVERS DRUGS |
| | | | | 116 | | | 2 | DOES NOT COVER DRUGS |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|-------|--------|--|--|----|------------------------------|
| D_COVNH4 | 234 | 2 | NHFMT | | | | N | PLAN 4 NURSING HOME COVERAGE |
| | | | | 11,909 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 21 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|-----|---|-------------------|
| 19 | 1 | PLAN COVERS NH |
| 147 | 2 | DOES NOT COVER NH |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_PAYSP4 236 2 INSFMT N DOES INSURED PAY A PREMIUM FOR PLAN 4

| | | |
|--------|----|-----------------|
| 11,909 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 8 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 86 | 1 | YES |
| 93 | 2 | NO |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_ANAMT4 238 8 PREMFM N ANNUAL PREMIUM FOR PLAN 4

| | | |
|--------|--------------|----------------|
| 12,029 | . | NOT APPLICABLE |
| 20 | 0-100 | \$100 OR LESS |
| 23 | 100.01-500 | \$101-\$500 |
| 17 | 500.01-1000 | \$501-\$1000 |
| 3 | 1000.01-1500 | \$1001-\$1500 |
| 1 | 1500.01-2000 | \$1501-\$2000 |
| 2 | 2000.01-2500 | \$2001-\$2500 |
| 0 | 2500.01-3000 | \$2501-\$3000 |
| 0 | 3000.01-3500 | \$3001-\$3500 |
| 0 | 3500.01-4000 | \$3501-\$4000 |
| 0 | 4000.01-4500 | \$4001-\$4500 |
| 1 | 4500.01-5000 | \$4501-\$5000 |
| 0 | | OVER \$5000 |

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL4 246 2 INSFMT N IS PLAN 4 AN HMO

| | | |
|--------|----|-----------------|
| 11,901 | . | INAPPLICABLE |
| 1 | -9 | NOT ASCERTAINED |
| 3 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 26 | 1 | YES |
| 165 | 2 | NO |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_MHMO4 248 5 C PLAN 4 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP4 253 2 OBTFM N HOW DID INSURED GET PLAN 4

| | | |
|--------|----|------------------|
| 11,907 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 5 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 70 | 1 | DIRECTLY |
| 14 | 2 | CURRENT EMPLOYER |
| 75 | 3 | FORMER EMPLOYER |
| 9 | 4 | UNION |
| 0 | 5 | FAMILY BUSINESS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 84
Record Type: 4

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

| | | |
|---|----|-------------------------------------|
| 3 | 6 | AARP |
| 7 | 7 | DECEASED SPOUSES FORMER EMPLOYER |
| 0 | 8 | DECEASED SPOUSES FORMER UNION |
| 2 | 9 | FRATERNAL/PROFESSIONAL ORGANIZATION |
| 4 | 91 | SOME OTHER WAY |

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_INDUS4 255 2 \$INDUFMT

C PLAN 4 INDUSTRY CODE

| | | |
|--------|----|--|
| 11,982 | | INAPPLICABLE |
| 0 | -1 | INAPPLICABLE |
| 0 | -7 | REFUSED |
| 0 | -8 | DK |
| 0 | -9 | NOT ASCERTAINED |
| 0 | A | AGRICULTURE, FORESTRY, AND FISHING |
| 1 | B | MINING |
| 0 | C | CONSTRUCTION |
| 0 | D | MANUFACTURING |
| 1 | E | TRANSPORTATION AND PUBLIC UTILITIES |
| 0 | F | WHOLESALE TRADE |
| 0 | G | RETAIL TRADE |
| 0 | H | FINANCE, INSURANCE, AND REAL ESTATE |
| 0 | I | SERVICES |
| 2 | J | PUBLIC ADMINISTRATION |
| 0 | K | NONCLASSIFIABLE ESTABLISHMENTS |
| 0 | 01 | AGRICULTURAL PRODUCTION - CROPS |
| 0 | 02 | AGRICULTURAL PRODUCTION - LIVESTOCK |
| 1 | 07 | AGRICULTURAL SERVICES |
| 0 | 08 | FORESTRY |
| 0 | 09 | FISHING, HUNTING, AND TRAPPING |
| 0 | 10 | METAL MINING |
| 0 | 12 | COAL MINING |
| 0 | 13 | OIL AND GAS EXTRACTION |
| 1 | 14 | NONMETALLIC MINERALS. EXCEPT FUELS |
| 0 | 15 | GENERAL BUILDING CONTRACTORS |
| 0 | 16 | HEAVY CONSTRUCTION, EX. BUILDING |
| 0 | 17 | SPECIAL TRADE CONTRACTORS |
| 0 | 20 | FOOD AND KINDRED PRODUCTS |
| 0 | 21 | TOBACCO PRODUCTS |
| 0 | 22 | TEXTILE MILL PRODUCTS |
| 1 | 23 | APPAREL AND OTHER TEXTILE PRODUCTS |
| 0 | 24 | LUMBER AND WOOD PRODUCTS |
| 0 | 25 | FURNITURE AND FIXTURES |
| 2 | 26 | PAPER AND ALLIED PRODUCTS |
| 1 | 27 | PRINTING AND PUBLISHING |
| 2 | 28 | CHEMICALS AND ALLIED PRODUCTS |
| 1 | 29 | PETROLEUM AND COAL PRODUCTS |
| 1 | 30 | RUBBER AND MISC. PLASTICS PRODUCTS |
| 0 | 31 | LEATHER AND LEATHER PRODUCTS |
| 1 | 32 | STONE, CLAY, AND GLASS PRODUCTS |
| 2 | 33 | PRIMARY METAL INDUSTRIES |
| 0 | 34 | FABRICATED METAL PRODUCTS |
| 1 | 35 | INDUSTRIAL MACHINERY AND EQUIPMENT |
| 3 | 36 | ELECTRONIC & OTHER ELECTRIC EQUIPMENT |
| 20 | 37 | TRANSPORTATION EQUIPMENT |
| 0 | 38 | INSTRUMENTS AND RELATED PRODUCTS |
| 0 | 39 | MISCELLANEOUS MANUFACTURING INDUSTRIES |
| 1 | 40 | RAILROAD TRANSPORTATION |
| 0 | 41 | LOCAL AND INTERURBAN PASSENGER TRANSIT |
| 0 | 42 | TRUCKING AND WAREHOUSING |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 85
Record Type: 4

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|---|-----|-----|---------|-------------------------|-----------|--------|----|--|
| | | | | | | | | |
| | | | | | 4 | | 43 | U.S. POSTAL SERVICE |
| | | | | | 0 | | 44 | WATER TRANSPORTATION |
| | | | | | 0 | | 45 | TRANSPORTATION BY AIR |
| | | | | | 0 | | 46 | PIPELINES, EXCEPT NATURAL GAS |
| | | | | | 0 | | 47 | TRANSPORTATION SERVICES |
| | | | | | 14 | | 48 | COMMUNICATIONS |
| | | | | | 6 | | 49 | ELECTRIC, GAS, AND SANITARY SERVICES |
| | | | | | 0 | | 50 | WHOLESALE TRADE - DURABLE GOODS |
| | | | | | 0 | | 51 | WHOLESALE TRADE - NONDURABLE GOODS |
| | | | | | 0 | | 52 | BUILDING MATERIALS & GARDEN SUPPLIES |
| | | | | | 1 | | 53 | GENERAL MERCHANDISE STORES |
| | | | | | 1 | | 54 | FOOD STORES |
| | | | | | 2 | | 55 | AUTOMOTIVE DEALERS & SERVICE STATIONS |
| | | | | | 0 | | 56 | APPAREL AND ACCESSORY STORES |
| | | | | | 0 | | 57 | FURNITURE AND HOMEFURNISHINGS STORES |
| | | | | | 0 | | 58 | EATING AND DRINKING PLACES |
| | | | | | 0 | | 59 | MISCELLANEOUS RETAIL |
| | | | | | 0 | | 60 | DEPOSITORY INSTITUTIONS |
| | | | | | 0 | | 61 | NONDEPOSITORY INSTITUTIONS |
| | | | | | 0 | | 62 | SECURITY AND COMMODITY BROKERS |
| | | | | | 0 | | 63 | INSURANCE CARRIERS |
| | | | | | 1 | | 64 | INSURANCE AGENTS, BROKERS & SERVICES |
| | | | | | 1 | | 65 | REAL ESTATE |
| | | | | | 0 | | 67 | HOLDING AND OTHER INVESTMENT OFFICES |
| | | | | | 0 | | 70 | HOTELS AND OTHER LODGING PLACES |
| | | | | | 0 | | 72 | PERSONAL SERVICES |
| | | | | | 0 | | 73 | BUSINESS SERVICES |
| | | | | | 0 | | 75 | AUTO REPAIR, SERVICES, AND PARKING |
| | | | | | 0 | | 76 | MISCELLANEOUS REPAIR SERVICES |
| | | | | | 0 | | 78 | MOTION PICTURES |
| | | | | | 0 | | 79 | AMUSEMENT & RECREATION SERVICES |
| | | | | | 6 | | 80 | HEALTH SERVICES |
| | | | | | 0 | | 81 | LEGAL SERVICES |
| | | | | | 20 | | 82 | EDUCATIONAL SERVICES |
| | | | | | 0 | | 83 | SOCIAL SERVICES |
| | | | | | 0 | | 84 | MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS |
| | | | | | 2 | | 86 | MEMBERSHIP ORGANIZATIONS |
| | | | | | 0 | | 87 | ENGINEERING & MANAGEMENT SERVICES |
| | | | | | 0 | | 88 | PRIVATE HOUSEHOLDS |
| | | | | | 0 | | 89 | SERVICES, NEC |
| | | | | | 6 | | 91 | EXECUTIVE, LEGISLATIVE, AND GENERAL |
| | | | | | 4 | | 92 | JUSTICE, PUBLIC ORDER, AND SAFETY |
| | | | | | 0 | | 93 | FINANCE, TAXATION, & MONETARY POLICY |
| | | | | | 1 | | 94 | ADMINISTRATION OF HUMAN RESOURCES |
| | | | | | 0 | | 95 | ENVIRONMENTAL QUALITY AND HOUSING |
| | | | | | 0 | | 96 | ADMINISTRATION OF ECONOMIC PROGRAMS |
| | | | | | 0 | | 97 | NATIONAL SECURITY AND INST. AFFAIRS |
| | | | | | 3 | | 99 | NONCLASSIFIABLE ESTABLISHMENTS |
| INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS | | | | | | | | |
| D_TYPPL5 | 257 | 2 | PLANFMT | N TYPE OF PLAN - PLAN 5 | | | | |
| | | | | | 12,039 | | . | INAPPLICABLE |
| | | | | | 32 | | 1 | PRIVATE EMPLOYER SPONSORED |
| | | | | | 14 | | 2 | PRIVATE SELF PURCHASED |
| | | | | | 4 | | 3 | PRIVATE UNKNOWN |
| | | | | | 1 | | 4 | PRIVATE HMO |
| | | | | | 6 | | 5 | MEDICARE HMO |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|----------|-----|---|---------|--------|--|--|----------|-------------------|
| D_BEGPL5 | 259 | 6 | DTE6FMT | | | | N | PLAN 5 BEGIN DATE |
| | | | | 12,039 | | | . | INAPPLICABLE |
| | | | | 57 | | | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|---------|--------|--|--|----------|-----------------|
| D_ENDPL5 | 265 | 6 | DTE6FMT | | | | N | PLAN 5 END DATE |
| | | | | 12,039 | | | . | INAPPLICABLE |
| | | | | 57 | | | 0-999999 | DATE AS YYMMDD |

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|--------|--------|--|--|----|----------------------|
| D_PHREL5 | 271 | 2 | RELFMT | | | | N | PLAN 5 POLICY HOLDER |
| | | | | 12,049 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 0 | | | -5 | NEVER ASK AGN |
| | | | | 39 | | | 1 | SAMPLE PERSON |
| | | | | 8 | | | 2 | SPOUSE |
| | | | | 0 | | | 3 | SON |
| | | | | 0 | | | 4 | DAUGHTER |
| | | | | 0 | | | 5 | BROTHER |
| | | | | 0 | | | 6 | SISTER |
| | | | | 0 | | | 7 | FATHER |
| | | | | 0 | | | 8 | MOTHER |
| | | | | 0 | | | 9 | SON-IN-LAW |
| | | | | 0 | | | 10 | DAUGHTER-IN-LAW |
| | | | | 0 | | | 11 | GRANDSON |
| | | | | 0 | | | 12 | GRANDDAUGHTER |
| | | | | 0 | | | 13 | NEPHEW |
| | | | | 0 | | | 14 | NIECE |
| | | | | 0 | | | 50 | PARTNER/ROOMATE |
| | | | | 0 | | | 51 | FRIEND/NEIGHBOR |
| | | | | 0 | | | 52 | BOARDER |
| | | | | 0 | | | 53 | NURSE/NURSES AIDE |
| | | | | 0 | | | 54 | LEGAL/FINAN OFFICER |
| | | | | 0 | | | 55 | GUARDIAN |
| | | | | 0 | | | 91 | OTHER RELATIVE |
| | | | | 0 | | | 92 | OTHER NON-RELATIVE |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

| | | | | | | | | |
|----------|-----|---|-------|--------|--|--|----|-------------------------------|
| D_COVNM5 | 273 | 2 | NMFMT | | | | N | # OF PEOPLE COVERED BY PLAN 5 |
| | | | | 12,049 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 29 | | | 1 | 1 |
| | | | | 16 | | | 2 | 2 |
| | | | | 2 | | | 3 | 3 |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|---|---|---|
| 0 | 4 | 4 |
| 0 | 5 | 5 |
| 0 | 6 | 6 |
| 0 | 7 | 7 |
| 0 | 8 | 8 |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_COVRX5 275 2 RXFMT N PLAN 5 PRESCRIPTION DRUG COVERAGE

| | | |
|--------|----|----------------------|
| 12,046 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 19 | 1 | PLAN COVERS DRUGS |
| 31 | 2 | DOES NOT COVER DRUGS |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_COVNH5 277 2 NHFMT N PLAN 5 NURSING HOME COVERAGE

| | | |
|--------|----|-------------------|
| 12,049 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 6 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 5 | 1 | PLAN COVERS NH |
| 36 | 2 | DOES NOT COVER NH |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_PAYSP5 279 2 INSFMT N DOES INSURED PAY A PREMIUM FOR PLAN 5

| | | |
|--------|----|-----------------|
| 12,049 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 22 | 1 | YES |
| 25 | 2 | NO |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_ANAMT5 281 8 PREMFMT N ANNUAL PREMIUM FOR PLAN 5

| | | |
|--------|--------------|----------------|
| 12,079 | . | NOT APPLICABLE |
| 4 | 0-100 | \$100 OR LESS |
| 7 | 100.01-500 | \$101-\$500 |
| 3 | 500.01-1000 | \$501-\$1000 |
| 0 | 1000.01-1500 | \$1001-\$1500 |

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | |
|---|--------------|---------------|
| 0 | 1500.01-2000 | \$1501-\$2000 |
| 1 | 2000.01-2500 | \$2001-\$2500 |
| 0 | 2500.01-3000 | \$2501-\$3000 |
| 0 | 3000.01-3500 | \$3001-\$3500 |
| 0 | 3500.01-4000 | \$3501-\$4000 |
| 0 | 4000.01-4500 | \$4001-\$4500 |
| 0 | 4500.01-5000 | \$4501-\$5000 |
| 2 | | OVER \$5000 |

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL5 289 2 INSFMT N IS PLAN 5 AN HMO

| | | |
|--------|----|-----------------|
| 12,046 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 1 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 7 | 1 | YES |
| 42 | 2 | NO |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_MHM05 291 5 C PLAN 5 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTN5 296 2 OBT5MT N HOW DID INSURED GET PLAN 5

| | | |
|--------|----|-------------------------------------|
| 12,049 | . | INAPPLICABLE |
| 0 | -9 | NOT ASCERTAINED |
| 0 | -8 | DONT KNOW |
| 0 | -7 | REFUSED |
| 15 | 1 | DIRECTLY |
| 4 | 2 | CURRENT EMPLOYER |
| 23 | 3 | FORMER EMPLOYER |
| 3 | 4 | UNION |
| 0 | 5 | FAMILY BUSINESS |
| 1 | 6 | AARP |
| 1 | 7 | DECEASED SPOUSES FORMER EMPLOYER |
| 0 | 8 | DECEASED SPOUSES FORMER UNION |
| 0 | 9 | FRATERNAL/PROFESSIONAL ORGANIZATION |
| 0 | 91 | SOME OTHER WAY |

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_INDUS5 298 2 \$INDUFMT C PLAN 5 INDUSTRY CODE

| | | |
|--------|----|--------------|
| 12,065 | | INAPPLICABLE |
| 0 | -1 | INAPPLICABLE |
| 0 | -7 | REFUSED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 89
CODEBOOK Record Type: 4

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| | | | | | 0 | | -8 | DK |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | A | 0 | | | AGRICULTURE, FORESTRY, AND FISHING |
| | | | | B | 0 | | | MINING |
| | | | | C | 0 | | | CONSTRUCTION |
| | | | | D | 0 | | | MANUFACTURING |
| | | | | E | 1 | | | TRANSPORTATION AND PUBLIC UTILITIES |
| | | | | F | 0 | | | WHOLESALE TRADE |
| | | | | G | 0 | | | RETAIL TRADE |
| | | | | H | 0 | | | FINANCE, INSURANCE, AND REAL ESTATE |
| | | | | I | 0 | | | SERVICES |
| | | | | J | 0 | | | PUBLIC ADMINISTRATION |
| | | | | K | 0 | | | NONCLASSIFIABLE ESTABLISHMENTS |
| | | | | 01 | 0 | | | AGRICULTURAL PRODUCTION - CROPS |
| | | | | 02 | 0 | | | AGRICULTURAL PRODUCTION - LIVESTOCK |
| | | | | 07 | 0 | | | AGRICULTURAL SERVICES |
| | | | | 08 | 0 | | | FORESTRY |
| | | | | 09 | 0 | | | FISHING, HUNTING, AND TRAPPING |
| | | | | 10 | 0 | | | METAL MINING |
| | | | | 12 | 0 | | | COAL MINING |
| | | | | 13 | 0 | | | OIL AND GAS EXTRACTION |
| | | | | 14 | 0 | | | NONMETALLIC MINERALS. EXCEPT FUELS |
| | | | | 15 | 0 | | | GENERAL BUILDING CONTRACTORS |
| | | | | 16 | 0 | | | HEAVY CONSTRUCTION, EX. BUILDING |
| | | | | 17 | 0 | | | SPECIAL TRADE CONTRACTORS |
| | | | | 20 | 0 | | | FOOD AND KINDRED PRODUCTS |
| | | | | 21 | 0 | | | TOBACCO PRODUCTS |
| | | | | 22 | 0 | | | TEXTILE MILL PRODUCTS |
| | | | | 23 | 0 | | | APPAREL AND OTHER TEXTILE PRODUCTS |
| | | | | 24 | 0 | | | LUMBER AND WOOD PRODUCTS |
| | | | | 25 | 0 | | | FURNITURE AND FIXTURES |
| | | | | 26 | 1 | | | PAPER AND ALLIED PRODUCTS |
| | | | | 27 | 0 | | | PRINTING AND PUBLISHING |
| | | | | 28 | 0 | | | CHEMICALS AND ALLIED PRODUCTS |
| | | | | 29 | 0 | | | PETROLEUM AND COAL PRODUCTS |
| | | | | 30 | 0 | | | RUBBER AND MISC. PLASTICS PRODUCTS |
| | | | | 31 | 0 | | | LEATHER AND LEATHER PRODUCTS |
| | | | | 32 | 0 | | | STONE, CLAY, AND GLASS PRODUCTS |
| | | | | 33 | 1 | | | PRIMARY METAL INDUSTRIES |
| | | | | 34 | 0 | | | FABRICATED METAL PRODUCTS |
| | | | | 35 | 0 | | | INDUSTRIAL MACHINERY AND EQUIPMENT |
| | | | | 36 | 0 | | | ELECTRONIC & OTHER ELECTRIC EQUIPMENT |
| | | | | 37 | 2 | | | TRANSPORTATION EQUIPMENT |
| | | | | 38 | 0 | | | INSTRUMENTS AND RELATED PRODUCTS |
| | | | | 39 | 0 | | | MISCELLANEOUS MANUFACTURING INDUSTRIES |
| | | | | 40 | 0 | | | RAILROAD TRANSPORTATION |
| | | | | 41 | 0 | | | LOCAL AND INTERURBAN PASSENGER TRANSIT |
| | | | | 42 | 0 | | | TRUCKING AND WAREHOUSING |
| | | | | 43 | 0 | | | U.S. POSTAL SERVICE |
| | | | | 44 | 0 | | | WATER TRANSPORTATION |
| | | | | 45 | 0 | | | TRANSPORTATION BY AIR |
| | | | | 46 | 0 | | | PIPELINES, EXCEPT NATURAL GAS |
| | | | | 47 | 0 | | | TRANSPORTATION SERVICES |
| | | | | 48 | 7 | | | COMMUNICATIONS |
| | | | | 49 | 3 | | | ELECTRIC, GAS, AND SANITARY SERVICES |
| | | | | 50 | 0 | | | WHOLESALE TRADE - DURABLE GOODS |
| | | | | 51 | 0 | | | WHOLESALE TRADE - NONDURABLE GOODS |
| | | | | 52 | 0 | | | BUILDING MATERIALS & GARDEN SUPPLIES |
| | | | | 53 | 0 | | | GENERAL MERCHANDISE STORES |
| | | | | 54 | 1 | | | FOOD STORES |
| | | | | 55 | 1 | | | AUTOMOTIVE DEALERS & SERVICE STATIONS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 90
Record Type: 4

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|--|
| | | | | | 0 | | 56 | APPAREL AND ACCESSORY STORES |
| | | | | | 0 | | 57 | FURNITURE AND HOMEFURNISHINGS STORES |
| | | | | | 0 | | 58 | EATING AND DRINKING PLACES |
| | | | | | 0 | | 59 | MISCELLANEOUS RETAIL |
| | | | | | 1 | | 60 | DEPOSITORY INSTITUTIONS |
| | | | | | 0 | | 61 | NONDEPOSITORY INSTITUTIONS |
| | | | | | 0 | | 62 | SECURITY AND COMMODITY BROKERS |
| | | | | | 0 | | 63 | INSURANCE CARRIERS |
| | | | | | 0 | | 64 | INSURANCE AGENTS, BROKERS & SERVICES |
| | | | | | 0 | | 65 | REAL ESTATE |
| | | | | | 0 | | 67 | HOLDING AND OTHER INVESTMENT OFFICES |
| | | | | | 0 | | 70 | HOTELS AND OTHER LODGING PLACES |
| | | | | | 0 | | 72 | PERSONAL SERVICES |
| | | | | | 0 | | 73 | BUSINESS SERVICES |
| | | | | | 0 | | 75 | AUTO REPAIR, SERVICES, AND PARKING |
| | | | | | 0 | | 76 | MISCELLANEOUS REPAIR SERVICES |
| | | | | | 0 | | 78 | MOTION PICTURES |
| | | | | | 0 | | 79 | AMUSEMENT & RECREATION SERVICES |
| | | | | | 1 | | 80 | HEALTH SERVICES |
| | | | | | 0 | | 81 | LEGAL SERVICES |
| | | | | | 6 | | 82 | EDUCATIONAL SERVICES |
| | | | | | 0 | | 83 | SOCIAL SERVICES |
| | | | | | 0 | | 84 | MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS |
| | | | | | 0 | | 86 | MEMBERSHIP ORGANIZATIONS |
| | | | | | 1 | | 87 | ENGINEERING & MANAGEMENT SERVICES |
| | | | | | 0 | | 88 | PRIVATE HOUSEHOLDS |
| | | | | | 0 | | 89 | SERVICES, NEC |
| | | | | | 4 | | 91 | EXECUTIVE, LEGISLATIVE, AND GENERAL |
| | | | | | 1 | | 92 | JUSTICE, PUBLIC ORDER, AND SAFETY |
| | | | | | 0 | | 93 | FINANCE, TAXATION, & MONETARY POLICY |
| | | | | | 0 | | 94 | ADMINISTRATION OF HUMAN RESOURCES |
| | | | | | 0 | | 95 | ENVIRONMENTAL QUALITY AND HOUSING |
| | | | | | 0 | | 96 | ADMINISTRATION OF ECONOMIC PROGRAMS |
| | | | | | 0 | | 97 | NATIONAL SECURITY AND INST. AFFAIRS |
| | | | | | 0 | | 99 | NONCLASSIFIABLE ESTABLISHMENTS |

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS

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1995

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 5 -----
SURVEY ENUMERATION RECORD

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|--------|-----------|--------|----|--|
| RIC | 1 | 1 | | | | | C | |
| FILEYR | 2 | 2 | | | | | C | |
| BASEID | 4 | 8 | | | | | C | |
| D_HHTOT | 12 | 2 | | PEOPLE | | | N | TOTAL NUMBER OF PEOPLE IN HH |
| | | | | | 0 | | 0 | NO ONE |
| | | | | | 2,906 | | 1 | ONE PERSON |
| | | | | | 5,257 | | 2 | TWO PEOPLE |
| | | | | | 1,414 | | 3 | THREE PEOPLE |
| | | | | | 677 | | 4 | FOUR PEOPLE |
| | | | | | 363 | | 5 | FIVE PEOPLE |
| | | | | | 196 | | 6 | SIX PEOPLE |
| | | | | | 123 | | 7 | SEVEN PEOPLE |
| | | | | | 61 | | 8 | EIGHT PEOPLE |
| | | | | | 34 | | 9 | NINE PEOPLE |
| | | | | | 27 | | 10 | TEN PEOPLE |
| | | | | | 8 | | 11 | ELEVEN PEOPLE |
| | | | | | 7 | | 12 | TWELVE PEOPLE |
| | | | | | 6 | | 13 | THIRTEEN PEOPLE |
| | | | | | 5 | | 14 | FOURTEEN PEOPLE |
| | | | | | 3 | | 15 | FIFTEEN PEOPLE |
| | | | | | 2 | | 16 | SIXTEEN PEOPLE |
| | | | | | 1 | | 17 | SEVENTEEN PEOPLE |
| | | | | | 0 | | 18 | EIGHTEEN PEOPLE |
| | | | | | 0 | | 19 | NINETEEN PEOPLE |
| | | | | | 0 | | 20 | TWENTY PEOPLE |
| | | | | | 1 | | 21 | TWENTY-ONE PEOPLE |
| | | | | | 0 | | 22 | TWENTY-TWO PEOPLE |
| | | | | | 0 | | 23 | TWENTY-THREE PEOPLE |
| | | | | | 1 | | 24 | TWENTY-FOUR PEOPLE |
| D_HHREL | 14 | 2 | | PEOPLE | | | N | NO. IN HH RELATED TO SP (INCLUDING SP) |
| | | | | | 0 | | 0 | NO ONE |
| | | | | | 3,219 | | 1 | ONE PERSON |
| | | | | | 5,144 | | 2 | TWO PEOPLE |
| | | | | | 1,350 | | 3 | THREE PEOPLE |
| | | | | | 629 | | 4 | FOUR PEOPLE |
| | | | | | 338 | | 5 | FIVE PEOPLE |
| | | | | | 186 | | 6 | SIX PEOPLE |
| | | | | | 106 | | 7 | SEVEN PEOPLE |
| | | | | | 47 | | 8 | EIGHT PEOPLE |
| | | | | | 32 | | 9 | NINE PEOPLE |
| | | | | | 16 | | 10 | TEN PEOPLE |
| | | | | | 6 | | 11 | ELEVEN PEOPLE |
| | | | | | 6 | | 12 | TWELVE PEOPLE |
| | | | | | 4 | | 13 | THIRTEEN PEOPLE |
| | | | | | 6 | | 14 | FOURTEEN PEOPLE |
| | | | | | 1 | | 15 | FIFTEEN PEOPLE |
| | | | | | 1 | | 16 | SIXTEEN PEOPLE |
| | | | | | 1 | | 17 | SEVENTEEN PEOPLE |
| | | | | | 0 | | 18 | EIGHTEEN PEOPLE |
| | | | | | 0 | | 19 | NINETEEN PEOPLE |
| | | | | | 0 | | 20 | TWENTY PEOPLE |
| | | | | | 0 | | 21 | TWENTY-ONE PEOPLE |
| | | | | | 0 | | 22 | TWENTY-TWO PEOPLE |
| | | | | | 0 | | 23 | TWENTY-THREE PEOPLE |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|------|------|------|---------|-----------|--------|-----|--|
| ----- | ---- | ---- | ---- | ----- | ----- | ----- | --- | ----- |
| | | | | | 0 | | 24 | TWENTY-FOUR PEOPLE |
| D_HHUNRL | 16 | 2 | | PEOPLE | | | N | TOTAL NO. PEOPLE IN HH UNRELATED TO SP |
| | | | | | 10,490 | | 0 | NO ONE |
| | | | | | 446 | | 1 | ONE PERSON |
| | | | | | 75 | | 2 | TWO PEOPLE |
| | | | | | 33 | | 3 | THREE PEOPLE |
| | | | | | 24 | | 4 | FOUR PEOPLE |
| | | | | | 7 | | 5 | FIVE PEOPLE |
| | | | | | 6 | | 6 | SIX PEOPLE |
| | | | | | 2 | | 7 | SEVEN PEOPLE |
| | | | | | 1 | | 8 | EIGHT PEOPLE |
| | | | | | 4 | | 9 | NINE PEOPLE |
| | | | | | 0 | | 10 | TEN PEOPLE |
| | | | | | 0 | | 11 | ELEVEN PEOPLE |
| | | | | | 3 | | 12 | TWELVE PEOPLE |
| | | | | | 0 | | 13 | THIRTEEN PEOPLE |
| | | | | | 0 | | 14 | FOURTEEN PEOPLE |
| | | | | | 0 | | 15 | FIFTEEN PEOPLE |
| | | | | | 0 | | 16 | SIXTEEN PEOPLE |
| | | | | | 0 | | 17 | SEVENTEEN PEOPLE |
| | | | | | 0 | | 18 | EIGHTEEN PEOPLE |
| | | | | | 0 | | 19 | NINETEEN PEOPLE |
| | | | | | 0 | | 20 | TWENTY PEOPLE |
| | | | | | 0 | | 21 | TWENTY-ONE PEOPLE |
| | | | | | 1 | | 22 | TWENTY-TWO PEOPLE |
| | | | | | 0 | | 23 | TWENTY-THREE PEOPLE |
| | | | | | 0 | | 24 | TWENTY-FOUR PEOPLE |
| D_HHCOMP | 18 | 2 | | HHCDFMT | | | N | HOUSEHOLD COMPOSITION CODE |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 2,906 | | 1 | BENEFICIARY LIVES ALONE |
| | | | | | 4,186 | | 2 | SPOUSE ONLY |
| | | | | | 1,553 | | 3 | SPOUSE & OTHERS |
| | | | | | 668 | | 4 | CHILDREN ONLY |
| | | | | | 559 | | 5 | CHILDREN & OTHERS |
| | | | | | 907 | | 6 | OTHERS ONLY |
| | | | | | 313 | | 7 | NON RELATIVE |

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Ty Label

D_HHLT50 20 2 PEOPLE

N NUMBER IN HH UNDER 50 (MAY INCLUDE SP)

7,430

0 NO ONE

1,683

1 ONE PERSON

740

2 TWO PEOPLE

488

3 THREE PEOPLE

324

4 FOUR PEOPLE

196

5 FIVE PEOPLE

80

6 SIX PEOPLE

68

7 SEVEN PEOPLE

34

8 EIGHT PEOPLE

17

9 NINE PEOPLE

13

10 TEN PEOPLE

6

11 ELEVEN PEOPLE

6

12 TWELVE PEOPLE

2

13 THIRTEEN PEOPLE

2

14 FOURTEEN PEOPLE

1

15 FIFTEEN PEOPLE

1

16 SIXTEEN PEOPLE

0

17 SEVENTEEN PEOPLE

0

18 EIGHTEEN PEOPLE

1

19 NINETEEN PEOPLE

0

20 TWENTY PEOPLE

0

21 TWENTY-ONE PEOPLE

0

22 TWENTY-TWO PEOPLE

0

23 TWENTY-THREE PEOPLE

0

24 TWENTY-FOUR PEOPLE

D_HHGE50 22 2 PEOPLE

N NO. IN HH 50 AND OVER (MAY INCLUDE SP)

766

0 NO ONE

4,111

1 ONE PERSON

5,768

2 TWO PEOPLE

375

3 THREE PEOPLE

54

4 FOUR PEOPLE

14

5 FIVE PEOPLE

2

6 SIX PEOPLE

0

7 SEVEN PEOPLE

1

8 EIGHT PEOPLE

0

9 NINE PEOPLE

0

10 TEN PEOPLE

0

11 ELEVEN PEOPLE

1

12 TWELVE PEOPLE

0

13 THIRTEEN PEOPLE

0

14 FOURTEEN PEOPLE

0

15 FIFTEEN PEOPLE

0

16 SIXTEEN PEOPLE

0

17 SEVENTEEN PEOPLE

0

18 EIGHTEEN PEOPLE

0

19 NINETEEN PEOPLE

0

20 TWENTY PEOPLE

0

21 TWENTY-ONE PEOPLE

0

22 TWENTY-TWO PEOPLE

0

23 TWENTY-THREE PEOPLE

0

24 TWENTY-FOUR PEOPLE

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Variable Col Len Fmt Name Frequency Ques #

Ty Label

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|--|-----|-----|---------|------|-----------|--------|----|--|
| RIC | 1 | 1 | | | | | C | RIC CODE FOR SURVEY FACILITY ID RECORD |
| APPLICABLE ONLY TO FACILITY INTERVIEWS | | | | | | | | |
| FILEYR | 2 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| D_FACID | 12 | 6 | | | | | C | FACILITY ID |
| NHSTAT | 18 | 2 | NHSTFMT | | | | N | NURSING HOME STAT FL |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 20 | | 0 | NOT MET--NH |
| | | | | | 1,175 | | 1 | MEETS--NO PAR PROBS |
| | | | | | 124 | | 2 | MEETS--MR |
| | | | | | 46 | | 3 | MEETS--MENTALLY ILL |
| | | | | | 0 | | 4 | MEETS--DEAF OR BLIND |
| | | | | | 6 | | 5 | MEETS--PHYS HANDI |
| | | | | | 0 | | 6 | MEETS--UNWED MOMS,ETC. |
| | | | | | 7 | | 7 | MEETS--SOME OTH GROUP |
| | | | | | 0 | | 8 | MEETS--NO PART GROUP |
| | | | | | 5 | | 9 | UNABLE TO DETERMINE |
| FACOWNED | 20 | 2 | OWNFMT | | | FQ1 | N | DESCRIPTION OF OWNERSHIP OF FACILITY |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 870 | | 1 | FOR PROFIT |
| | | | | | 346 | | 2 | PRIV NON PROFIT |
| | | | | | 85 | | 3 | CITY/COUNTY GOVT |
| | | | | | 70 | | 4 | STATE GOVT |
| | | | | | 8 | | 5 | VETERANS ADMIN |
| | | | | | 3 | | 91 | OT FED AG (SPEC) |
| FACDISC | 22 | 2 | FACFMT | | | FQ2 | N | FACILITY DESCRIPTION |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 9 | | 1 | HOSPITAL |
| | | | | | 962 | | 2 | NURSING HOME |
| | | | | | 21 | | 3 | RETIREMENT HOME |
| | | | | | 47 | | 4 | DOMI/PER CARE FAC |
| | | | | | 41 | | 5 | MENTAL HLTH FACILITY |
| | | | | | 84 | | 6 | INST FOR MR/DEV DISA |
| | | | | | 6 | | 7 | MENTAL HLTH CNTR |
| | | | | | 21 | | 8 | LIFE CARE/CONT CARE |
| | | | | | 93 | | 9 | ASSISTED LIVING FAC |
| | | | | | 14 | | 10 | REHAB FACILITY |
| | | | | | 83 | | 91 | OTHER PLACE (SPEC) |

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Ty Label

FACDIOS 24 2 FACDFMT FQ20T N FACILITY DESCRIPTION--OTHER SPECIFIED

1,300

0

0

0

6

4

1

9

0

0

1

0

1

20

0

0

0

0

2

0

0

1

4

0

4

0

7

0

6

1

1

2

0

0

0

0

0

0

0

0

0

0

0

0

1

0

1

0

0

1

0

0

0

3

1

3

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 ADULT HOSTEL

2 ADULT FOSTER CARE

3 HOSPICE

4 RESIDENTIAL CARE

5 EXTENDED CARE FACILITY

6 INDEPENDENT LIVING

7 GROUP HOME--MENTAL ILL

8 SHELTER CARE

9 FAMILY CARE/FOSTER

10 NH/PERSONAL CARE FAC

11 NH/REHAB FACILITY

12 ASSISTED LIVING

13 RETIRE HOME/ASSIST LIV

14 PSYCHIATRIC HOSPITAL

15 ACLF

16 DOMICILIARY/ASSIST LIV

17 CBRF

18 GRP HOME FOR EMOT DIST

19 RESIDENTIAL CARE

20 GROUP HOME

21 PEDIATRIC LTC FACILITY

22 NH/ASSISTED LIVING

23 MENTAL HLTH/MR/DEV DIS

24 NURSING HM/ASSISTED

25 NH/RETIREMENT HME/DD

26 NH/RETIREMENT HOME

27 DOMICILIARY/ASSISTED

28 NH/PERSONAL CARE FAC

29 RESIDENTIAL HEALTH CARE

30 FAMILY CARE

31 NH/LIFE CARE FACILITY

32 NH/MEDICAL CENTER

33 ON LOK

34 CONVALESCENT HOME

35 REST HOME/PROTECT CARE

36 RESIDENTAIL SHELTER

37 INST FOR MR/DEV DIS/REST

38 REST HOME

39 NH/LIFE CARE/REHAB

40 NURSING HOME/PERS CARE

41 HOSPITAL/RETIRE HOME

42 NURSING/RETIRE/REHAB

43 NH/HOSPICE

44 NH/ASSIST LIV/REHAB

45 RESID FAC FOR DEAF

46 RETIRE HOME/PERS CARE

47 PERSONAL CARE/MENT HLTH

48 MENTAL HEALTH

49 INST FOR MR/DEV DIS

51 RETIREMENT HOME

53 NH/RETIRE/ASSIST LIV

55 MENTAL HEALTH/REHAB

56 HOSPITAL/NURSING HOME

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|-----------------------------------|-----|-----|----------|------|-----------|--------|-------|--|
| | | | | | 2 | | 58 | RETIRE/BOARD CARE |
| | | | | | 1 | | 59 | HOME/COMM BASED SERV |
| INAPPLICABLE: FACDISC Λ=91 | | | | | | | | |
| FACLONGT | 26 | 2 | MOSTFMT | | | FQ3 | N | DOES FACILITY PROVIDE LONG TERM CARE? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 1,368 | | 1 | YES |
| | | | | | 14 | | 2 | NO |
| FACLTBED | 28 | 3 | BEDFMT | | | FQ5 | N | NUMBER OF LONG TERM BEDS ONLY |
| | | | | | 15 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 4 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,349 | | 0-990 | NUMBER OF BEDS |
| | | | | | 0 | | 993 | 3 OR MORE BEDS |
| | | | | | 14 | | 996 | # BEDS > 990 |
| FACTOBED | 31 | 3 | BEDFAFMT | | | FQ6 | N | TOTAL NUMBER OF BEDS IN FACILITY |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 3 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 1,363 | | 0-995 | NUMBER OF BEDS |
| | | | | | 16 | | 996 | # BEDS > 995 |
| PROVLEVL | 34 | 2 | MOSTFMT | | | FQ7 | N | DOES FACILITY PROVIDE DIFF CARE LEVELS? |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 1 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 795 | | 1 | YES |
| | | | | | 586 | | 2 | NO |
| LEVLSKIL | 36 | 2 | MOSTFMT | | | FQ8A | N | DOES FACILITY PROVIDE SKILLED CARE? |
| | | | | | 588 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 678 | | 1 | YES |
| | | | | | 117 | | 2 | NO |
| INAPPLICABLE: PROVLEVL=2,-7,-8,-9 | | | | | | | | |
| LEVLINTR | 38 | 2 | MOSTFMT | | | FQ8B | N | DOES FACILITY PROVIDE INTERMEDIATE CARE? |
| | | | | | 588 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 634 | | 1 | YES |
| | | | | | 161 | | 2 | NO |

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Ty Label

INAPPLICABLE: PROVLEVL=2,-7,-8,-9

| LEVLOTH1 | 40 | 2 | MOSTFMT | FQ8C | N | DOES FACILITY PROV OTHER LVL OF CARE 1? |
|----------|----|---|---------|------|----|---|
| | | | | 588 | . | INAPPLICABLE |
| | | | | 0 | -9 | NOT ASCERTAINED |
| | | | | 0 | -8 | DONT KNOW |
| | | | | 0 | -7 | REFUSED |
| | | | | 353 | 1 | YES |
| | | | | 442 | 2 | NO |

INAPPLICABLE: PROVLEVL=2,-7,-8,-9

| LEVLOTS1 | 42 | 2 | LEVLOTFT | FQ8CO | N | OTHER LEVEL OF CARE 1 - SPECIFY |
|----------|----|---|----------|-------|----|---------------------------------|
| | | | | 1,030 | . | INAPPLICABLE |
| | | | | 0 | -9 | NOT ASCERTAINED |
| | | | | 0 | -8 | DK |
| | | | | 0 | -7 | REFUSED |
| | | | | 8 | 1 | LIGHT |
| | | | | 10 | 2 | HEAVY |
| | | | | 20 | 3 | CUSTODIAL |
| | | | | 16 | 4 | ALZHEIMERS |
| | | | | 9 | 5 | MINIMUM |
| | | | | 1 | 6 | MODERATE |
| | | | | 0 | 7 | MAXIMUM |
| | | | | 3 | 8 | SPECIALIZED CARE |
| | | | | 34 | 9 | INTENSIVE |
| | | | | 1 | 10 | HEAVY INTENSIVE CARE |
| | | | | 0 | 11 | EXTENSIVE CARE |
| | | | | 0 | 12 | RETARDED |
| | | | | 0 | 13 | RETARDED/EXTRA CARE |
| | | | | 20 | 14 | PERSONAL CARE/TOTAL |
| | | | | 0 | 15 | BEHAVIORAL |
| | | | | 2 | 16 | DEVELOPMENTALLY DISABLED |
| | | | | 0 | 17 | MENTALLY ILL & HOMELESS |
| | | | | 0 | 18 | COMPLEX CARE ISNF |
| | | | | 0 | 19 | CLOSELY MONITORED |
| | | | | 2 | 20 | ADL ASSISTANCE |
| | | | | 0 | 21 | PROFOUND MENTAL RETARDATION |
| | | | | 0 | 22 | MILD MENTAL RETARDATION |
| | | | | 0 | 23 | SEVERE MENTAL RETARDATION |
| | | | | 1 | 24 | SPECIALIZED DEMENTIA |
| | | | | 0 | 34 | RESPIRE |
| | | | | 0 | 38 | PSYCHIATRIC REHAB |
| | | | | 0 | 46 | LONG TERM PSYCHIATRIC |
| | | | | 0 | 47 | DEPENDENT |
| | | | | 0 | 56 | OUTPATIENT |
| | | | | 0 | 57 | INDEPENDENT LIVING |
| | | | | 0 | 61 | RETIREMENT |
| | | | | 180 | 95 | NOT SPECIFIC |
| | | | | 46 | 96 | STATE SPECIFIC |

INAPPLICABLE: LEVLOTH1=-1,2,-7,-8,-9

| LEVLOTH2 | 44 | 2 | MOSTFMT | FQ8D | N | DOES FACILITY PROV OTHER LVL OF CARE 2? |
|----------|----|---|---------|------|---|---|
|----------|----|---|---------|------|---|---|

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Ty Label

588

. INAPPLICABLE

0

-9 NOT ASCERTAINED

0

-8 DONT KNOW

0

-7 REFUSED

61

1 YES

734

2 NO

INAPPLICABLE: PROVLEVL=-1,2,-7,-8,-9
LEVLOTS2 46 2 LEVL0TFT FQ8D0

N OTHER LEVEL OF CARE 2 - SPECIFY

1,322

. INAPPLICABLE

0

-9 NOT ASCERTAINED

0

-8 DK

0

-7 REFUSED

0

1 LIGHT

5

2 HEAVY

1

3 CUSTODIAL

10

4 ALZHEIMERS

0

5 MINIMUM

13

6 MODERATE

0

7 MAXIMUM

2

8 SPECIALIZED CARE

1

9 INTENSIVE

0

10 HEAVY INTENSIVE CARE

0

11 EXTENSIVE CARE

0

12 RETARDED

1

13 RETARDED/EXTRA CARE

4

14 PERSONAL CARE/TOTAL

0

15 BEHAVIORAL

3

16 DEVELOPMENTALLY DISABLED

1

17 MENTALLY ILL & HOMELESS

0

18 COMPLEX CARE ISNF

0

19 CLOSELY MONITORED

1

20 ADL ASSISTANCE

0

21 PROFOUND MENTAL RETARDATION

0

22 MILD MENTAL RETARDATION

0

23 SEVERE MENTAL RETARDATION

0

24 SPECIALIZED DEMENTIA

0

34 RESPITE

0

38 PSYCHIATRIC REHAB

0

46 LONG TERM PSYCHIATRIC

0

47 DEPENDENT

0

56 OUTPATIENT

0

57 INDEPENDENT LIVING

0

61 RETIREMENT

15

95 NOT SPECIFIC

4

96 STATE SPECIFIC

INAPPLICABLE: LEVL0TH2=-1, 2,-7,-8,-9

LEVL0TH3 48 2 MOSTFMT FQ8E

N DOES FACILITY PROV OTHER LVL OF CARE 3?

588

. INAPPLICABLE

0

-9 NOT ASCERTAINED

0

-8 DONT KNOW

0

-7 REFUSED

18

1 YES

777

2 NO

INAPPLICABLE: PROVLEVL=2,-7,-8,-9

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|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| LEVLOTS3 | 50 | 2 | LEVLOTFT | FQ8EO | N | OTHER LEVEL OF CARE 3 - SPECIFY |
|----------|----|---|----------|-------|---|---------------------------------|
| | | | 1,365 | . | | INAPPLICABLE |
| | | | 0 | -9 | | NOT ASCERTAINED |
| | | | 0 | -8 | | DK |
| | | | 0 | -7 | | REFUSED |
| | | | 1 | 1 | | LIGHT |
| | | | 5 | 2 | | HEAVY |
| | | | 0 | 3 | | CUSTODIAL |
| | | | 0 | 4 | | ALZHEIMERS |
| | | | 0 | 5 | | MINIMUM |
| | | | 0 | 6 | | MODERATE |
| | | | 8 | 7 | | MAXIMUM |
| | | | 1 | 8 | | SPECIALIZED CARE |
| | | | 0 | 9 | | INTENSIVE |
| | | | 0 | 10 | | HEAVY INTENSIVE CARE |
| | | | 0 | 11 | | EXTENSIVE CARE |
| | | | 0 | 12 | | RETARDED |
| | | | 0 | 13 | | RETARDED/EXTRA CARE |
| | | | 0 | 14 | | PERSONAL CARE/TOTAL |
| | | | 0 | 15 | | BEHAVIORAL |
| | | | 0 | 16 | | DEVELOPMENTALLY DISABLED |
| | | | 0 | 17 | | MENTALLY ILL & HOMELESS |
| | | | 0 | 18 | | COMPLEX CARE ISNF |
| | | | 0 | 19 | | CLOSELY MONITORED |
| | | | 1 | 20 | | ADL ASSISTANCE |
| | | | 0 | 21 | | PROFOUND MENTAL RETARDATION |
| | | | 0 | 22 | | MILD MENTAL RETARDATION |
| | | | 0 | 23 | | SEVERE MENTAL RETARDATION |
| | | | 0 | 24 | | SPECIALIZED DEMENTIA |
| | | | 0 | 34 | | RESPIRE |
| | | | 0 | 38 | | PSYCHIATRIC REHAB |
| | | | 0 | 46 | | LONG TERM PSYCHIATRIC |
| | | | 0 | 47 | | DEPENDENT |
| | | | 0 | 56 | | OUTPATIENT |
| | | | 0 | 57 | | INDEPENDENT LIVING |
| | | | 0 | 61 | | RETIREMENT |
| | | | 2 | 95 | | NOT SPECIFIC |
| | | | 0 | 96 | | STATE SPECIFIC |

INAPPLICABLE: LEVLOTH3=-1, 2,-7,-8,-9

| SNFBEDN | 52 | 3 | SNFBEFMT | FQ10 | N | NUMBER OF SNF BEDS--MEDICARE |
|---------|----|---|----------|-------|---|------------------------------|
| | | | 547 | . | | INAPPLICABLE |
| | | | 1 | -9 | | NOT ASCERTAINED |
| | | | 5 | -8 | | DONT KNOW |
| | | | 0 | -7 | | REFUSED |
| | | | 0 | 0 | | NO BEDS OF TYPE |
| | | | 830 | 1-997 | | NUMBER OF BEDS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 7 -----
SURVEY FACILITY IDENTIFICATION

Page: 101
CODEBOOK Record Type: 7

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|---------|----|---|---------|-----|------|--|-------|------------------------------|
| MCDSNFN | 55 | 3 | SNFBFMT | | FQ12 | | N | NUMBER OF SNF BEDS--MEDICAID |
| | | | | 606 | | | . | INAPPLICABLE |
| | | | | 1 | | | -9 | NOT ASCERTAINED |
| | | | | 3 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 0 | | | 0 | NO BEDS OF TYPE |
| | | | | 773 | | | 1-997 | NUMBER OF BEDS |

INAPPLICABLE: MCADCERT=2,-7,-8,-9

| | | | | | | | | |
|---------|----|---|---------|-----|------|--|-------|-------------------------|
| MCDICFN | 58 | 3 | SNFBFMT | | FQ14 | | N | NUMBER OF ICF BEDS ONLY |
| | | | | 898 | | | . | INAPPLICABLE |
| | | | | 7 | | | -9 | NOT ASCERTAINED |
| | | | | 2 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 54 | | | 0 | NO BEDS OF TYPE |
| | | | | 422 | | | 1-997 | NUMBER OF BEDS |

INAPPLICABLE: MCADICF=2,-7,-8,-9

| | | | | | | | | |
|----------|----|---|---------|-----|------|--|-------|----------------------------|
| MCDICFMR | 61 | 3 | SNFBFMT | | FQ15 | | N | NUMBER OF ICF-MR BEDS ONLY |
| | | | | 897 | | | . | INAPPLICABLE |
| | | | | 10 | | | -9 | NOT ASCERTAINED |
| | | | | 5 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 364 | | | 0 | NO BEDS OF TYPE |
| | | | | 107 | | | 1-997 | NUMBER OF BEDS |

INAPPLICABLE: MCADICF=2,-7,-8,-9

| | | | | | | | | |
|----------|----|---|---------|-------|------|--|-------|----------------------------|
| CERTBEDS | 64 | 3 | SNFBFMT | | FQ17 | | N | NUMBER OF UNCERTIFIED BEDS |
| | | | | 1,212 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 3 | | | -8 | DONT KNOW |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 0 | | | 0 | NO BEDS OF TYPE |
| | | | | 168 | | | 1-997 | NUMBER OF BEDS |

INAPPLICABLE: CERTMCMD=-1,2,-7,-8,-9

| | | | | | | | | |
|----------|----|---|---------|-------|-------|--|----|------------------------|
| PRIMDEAF | 67 | 2 | MOSTFMT | | FQ18A | | N | FACIL PRIM SERVE--DEAF |
| | | | | 0 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 1 | | | -7 | REFUSED |
| | | | | 36 | | | 1 | YES |
| | | | | 1,346 | | | 2 | NO |

| | | | | | | | | |
|----------|----|---|---------|----|-------|--|----|-------------------------|
| PRIMBLND | 69 | 2 | MOSTFMT | | FQ18B | | N | FACIL PRIM SERVE--BLIND |
| | | | | 0 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 1 | | | -7 | REFUSED |
| | | | | 35 | | | 1 | YES |

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MEDICARE CURRENT BENEFICIARY SURVEY
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SURVEY FACILITY IDENTIFICATION

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CODEBOOK Record Type: 7

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| | | | | | 1,347 | | 2 | NO |
| PRIMUWED | 71 | 2 | MOSTFMT | | FQ18C | | N | FACIL PRIM SERVE--UNWED MOMS |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 4 | | 1 | YES |
| | | | | | 1,378 | | 2 | NO |
| PRIMABUS | 73 | 2 | MOSTFMT | | FQ18D | | N | FACIL PRIM SERVE--ALCOHOL/DRUG ABUSERS |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 15 | | 1 | YES |
| | | | | | 1,367 | | 2 | NO |
| PRIMORPH | 75 | 2 | MOSTFMT | | FQ18E | | N | FACIL PRIM SERVE--ORPHANS/DEPEND |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 6 | | 1 | YES |
| | | | | | 1,376 | | 2 | NO |
| PRIMMDEF | 77 | 2 | MOSTFMT | | FQ18G | | N | FACIL PRIM SERVE--MENTALLY ILL & DEAF |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 10 | | 1 | YES |
| | | | | | 1,372 | | 2 | NO |
| PRIMMENT | 79 | 2 | MOSTFMT | | FQ18F | | N | FACIL PRIM SERVE--MENTALLY ILL ONLY |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 65 | | 1 | YES |
| | | | | | 1,317 | | 2 | NO |
| PRIMMEDD | 81 | 2 | MOSTFMT | | FQ18H | | N | FACIL PRIM SERVE--MENT RET/DEV DIS |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 127 | | 1 | YES |
| | | | | | 1,255 | | 2 | NO |
| PRIMMIMR | 83 | 2 | MOSTFMT | | FQ18I | | N | FACIL PRIM SERVE--MENT RET & MENT ILL |

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MEDICARE CURRENT BENEFICIARY SURVEY
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SURVEY FACILITY IDENTIFICATION

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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|-------|-----------|--------|----|--------------------------------------|
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 74 | | 1 | YES |
| | | | | | 1,308 | | 2 | NO |
| PRIMGERI | 85 | 2 | MOSTFMT | FQ18K | | | N | FACIL PRIM SERVE-GERIATRIC |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 1,112 | | 1 | YES |
| | | | | | 270 | | 2 | NO |
| PRIMNEUR | 87 | 2 | MOSTFMT | FQ18J | | | N | FACIL PRIM SERVE-NEURO OR PHYS HANDI |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 66 | | 1 | YES |
| | | | | | 1,316 | | 2 | NO |
| PRIMOTHR | 89 | 2 | MOSTFMT | FQ18L | | | N | FACIL PRIM SERVE-SOME OTHER GRP |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 22 | | 1 | YES |
| | | | | | 1,360 | | 2 | NO |
| PRIMOS | 91 | 2 | LVL1FMT | FQ18L | | | N | FACIL PRIM SERVE-SOME OTHER GRP-OS |
| | | | | | 1,361 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 4 | | 1 | ALZHEIMERS |
| | | | | | 3 | | 2 | TER ILL PAT |
| | | | | | 2 | | 3 | VETERANS |
| | | | | | 1 | | 4 | REHABILITATION |
| | | | | | 0 | | 5 | CHRISTIAN SCIENCE |
| | | | | | 0 | | 6 | HOSPICE |
| | | | | | 0 | | 7 | CONVICTS |
| | | | | | 2 | | 8 | ADOLESCENT MEN ILL |
| | | | | | 0 | | 9 | MALES >18 AMBULATORY |
| | | | | | 0 | | 10 | POST SURGICAL REHAB |
| | | | | | 0 | | 11 | AIDS |
| | | | | | 0 | | 12 | EMOTIONALLY DISTURB |
| | | | | | 0 | | 13 | MENTAL ILL/PHYSICAL |
| | | | | | 0 | | 14 | VENTILATOR DEPEND |
| | | | | | 1 | | 15 | MENTAL ILL/HOMELESS |
| | | | | | 1 | | 16 | ADULT FOSTER CARE |
| | | | | | 0 | | 17 | SISTERS OF THE CONV |
| | | | | | 1 | | 18 | PROTECTIVE CARE |
| | | | | | 0 | | 19 | PHYS & MENTAL HCAP |
| | | | | | 3 | | 20 | ALZHEIMER & REHAB |
| | | | | | 2 | | 21 | SKILLED & REHAB |

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MEDICARE CURRENT BENEFICIARY SURVEY
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SURVEY FACILITY IDENTIFICATION

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Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

INAPPLICABLE: PRIMOTHR=2,-7,-8,-9

| | | | | | | |
|---------|----|---|---------|-------|----|---------------------------------|
| PRIMGRP | 93 | 2 | MOSTFMT | FQ18M | N | FACIL PRIM SERVE-NO PRIMARY GRP |
| | | | | 0 | . | INAPPLICABLE |
| | | | | 0 | -9 | NOT ASCERTAINED |
| | | | | 0 | -8 | DONT KNOW |
| | | | | 1 | -7 | REFUSED |
| | | | | 73 | 1 | YES |
| | | | | 1,309 | 2 | NO |

| | | | | | | |
|----------|----|---|---------|-------|----|--|
| ROOMCARE | 95 | 2 | MOSTFMT | FQ19A | N | DOES FACIL PROVIDE NURSE/MEDICAL CARE? |
| | | | | 0 | . | INAPPLICABLE |
| | | | | 0 | -9 | NOT ASCERTAINED |
| | | | | 0 | -8 | DONT KNOW |
| | | | | 1 | -7 | REFUSED |
| | | | | 1,259 | 1 | YES |
| | | | | 123 | 2 | NO |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| | | | | | | |
|----------|----|---|---------|-------|----|---------------------------------------|
| SUPRVMED | 97 | 2 | MOSTFMT | FQ19B | N | DOES FACIL SUPERVISE SELF-ADMIN MEDS? |
| | | | | 0 | . | INAPPLICABLE |
| | | | | 9 | -9 | NOT ASCERTAINED |
| | | | | 1 | -8 | DONT KNOW |
| | | | | 1 | -7 | REFUSED |
| | | | | 982 | 1 | YES |
| | | | | 390 | 2 | NO |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| | | | | | | |
|----------|----|---|---------|-------|----|------------------------------------|
| FHLPBATH | 99 | 2 | MOSTFMT | FQ19C | N | DOES FACIL PROVIDE HELP W/BATHING? |
| | | | | 0 | . | INAPPLICABLE |
| | | | | 1 | -9 | NOT ASCERTAINED |
| | | | | 0 | -8 | DONT KNOW |
| | | | | 1 | -7 | REFUSED |
| | | | | 1,355 | 1 | YES |
| | | | | 26 | 2 | NO |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| | | | | | | |
|----------|-----|---|---------|-------|----|-------------------------------------|
| FHLPDRES | 101 | 2 | MOSTFMT | FQ19D | N | DOES FACIL PROVIDE HELP W/DRESSING? |
| | | | | 0 | . | INAPPLICABLE |
| | | | | 1 | -9 | NOT ASCERTAINED |
| | | | | 0 | -8 | DONT KNOW |
| | | | | 1 | -7 | REFUSED |
| | | | | 1,350 | 1 | YES |
| | | | | 31 | 2 | NO |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|----------|-----|---|---------|-------|----|-------------------------------------|--|--|
| FHLPSHOP | 103 | 2 | MOSTFMT | FQ19E | N | DOES FACIL PROVIDE HELP W/SHOPPING? | | |
| | | | | 0 | . | INAPPLICABLE | | |
| | | | | 1 | -9 | NOT ASCERTAINED | | |
| | | | | 0 | -8 | DONT KNOW | | |
| | | | | 1 | -7 | REFUSED | | |
| | | | | 1,359 | 1 | YES | | |
| | | | | 22 | 2 | NO | | |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| | | | | | | | | |
|----------|-----|---|---------|-------|----|------------------------------------|--|--|
| FHLPWALK | 105 | 2 | MOSTFMT | FQ19F | N | DOES FACIL PROVIDE HELP W/WALKING? | | |
| | | | | 0 | . | INAPPLICABLE | | |
| | | | | 1 | -9 | NOT ASCERTAINED | | |
| | | | | 0 | -8 | DONT KNOW | | |
| | | | | 1 | -7 | REFUSED | | |
| | | | | 1,337 | 1 | YES | | |
| | | | | 44 | 2 | NO | | |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| | | | | | | | | |
|---------|-----|---|---------|-------|----|-----------------------------------|--|--|
| FHLPEAT | 107 | 2 | MOSTFMT | FQ19G | N | DOES FACIL PROVIDE HELP W/EATING? | | |
| | | | | 0 | . | INAPPLICABLE | | |
| | | | | 1 | -9 | NOT ASCERTAINED | | |
| | | | | 0 | -8 | DONT KNOW | | |
| | | | | 1 | -7 | REFUSED | | |
| | | | | 1,320 | 1 | YES | | |
| | | | | 61 | 2 | NO | | |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| | | | | | | | | |
|----------|-----|---|---------|-------|----|--|--|--|
| FHLPCOMM | 109 | 2 | MOSTFMT | FQ19H | N | DOES FACIL PROVIDE HELP W/COMMUNICATION? | | |
| | | | | 0 | . | INAPPLICABLE | | |
| | | | | 1 | -9 | NOT ASCERTAINED | | |
| | | | | 0 | -8 | DONT KNOW | | |
| | | | | 1 | -7 | REFUSED | | |
| | | | | 1,338 | 1 | YES | | |
| | | | | 43 | 2 | NO | | |

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| | | | | | | | | |
|----------|-----|---|---------|-------|----|---------------------------------------|--|--|
| FHLPNURS | 111 | 2 | MOSTFMT | FQ20 | N | DOES FACIL PROVIDE 24HR NURSING CARE? | | |
| | | | | 0 | . | INAPPLICABLE | | |
| | | | | 1 | -9 | NOT ASCERTAINED | | |
| | | | | 1 | -8 | DONT KNOW | | |
| | | | | 1 | -7 | REFUSED | | |
| | | | | 1,371 | 1 | YES | | |
| | | | | 9 | 2 | NO | | |

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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

| SPIDCNT | 113 | 2 | SPFMT | N | NUMBER OF SPS IN FACILITY |
|---------|-----|---|-------|----|---------------------------|
| | | | 0 | . | INAPPLICABLE |
| | | | 0 | -9 | NOT ASCERTAINED |
| | | | 987 | 1 | ONE SAMPLE PERSON |
| | | | 192 | 2 | TWO SAMPLE PEOPLE |
| | | | 83 | 3 | THREE SAMPLE PEOPLE |
| | | | 57 | 4 | FOUR SAMPLE PEOPLE |
| | | | 19 | 5 | FIVE SAMPLE PEOPLE |
| | | | 27 | 6 | SIX SAMPLE PEOPLE |
| | | | 13 | 7 | SEVEN SAMPLE PEOPLE |
| | | | 1 | 8 | EIGHT SAMPLE PEOPLE |
| | | | 4 | 9 | NINE SAMPLE PEOPLE |
| | | | 0 | 10 | TEN SAMPLE PEOPLE |

| NORATE | 115 | 2 | NORTFMT | FQ18R | N | REASON FOR NO RATES |
|--------|-----|---|---------|-------|--------------|---------------------|
| | | | 1,362 | . | INAPPLICABLE | |
| | | | 9 | 1 | VA | |
| | | | 9 | 2 | STATE FUNDED | |
| | | | 0 | 3 | CAPITATED | |
| | | | 3 | 4 | CONVENT | |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 8 -----
SURVEY INTERVIEW RECORD

Page: 107
Record Type: 8

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----------|-----------------------------------|
| RIC | 1 | 1 | | | | | C | INTERVIEW RECORD |
| FILEYR | 2 | 2 | \$FYRFMT | | | | C | YY REFERENCE YEAR |
| | | | | | 0 | | | MISSING |
| | | | | | 44,976 | | C5 | FILEYR |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| INTERVU | 12 | 1 | \$INTRFMT | | | | C | TYPE OF INTERVIEW |
| | | | | | 40,624 | | C | COMMUNITY |
| | | | | | 4,352 | | F | FACILITY |
| INT_DATE | 13 | 6 | DATEFMT | | | | N | INTERVIEW DATE |
| | | | | | 0 | | . | MISSING |
| | | | | | 44,976 | | 0-999999 | DATE OF INTERVIEW |
| RESTART | 19 | 2 | STARFMT | | | | N | NUMBER OF TIMES INTRV INTERRUPTED |
| | | | | | 4,352 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 39,629 | | 0 | NOT INTERRUPTED |
| | | | | | 681 | | 1 | ONE RESTART |
| | | | | | 238 | | 2 | TWO RESTARTS |
| | | | | | 47 | | 3 | THREE RESTARTS |
| | | | | | 19 | | 4 | FOUR RESTARTS |
| | | | | | 8 | | 5 | FIVE RESTARTS |
| | | | | | 0 | | 6 | SIX RESTARTS |
| | | | | | 1 | | 7 | SEVEN RESTARTS |
| | | | | | 0 | | 8 | EIGHT RESTARTS |
| | | | | | 1 | | 9 | NINE RESTARTS |
| | | | | | 0 | | 10 | TEN RESTARTS |
| | | | | | 0 | | 11 | ELEVEN RESTARTS |
| | | | | | 0 | | 12 | TWELVE RESTARTS |

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

| | | | | | | | | |
|--------|----|---|---------|--|--------|--|---------|-----------------------|
| LENGTH | 21 | 5 | LENGFMT | | | | N | DURATION OF INTERVIEW |
| | | | | | 968 | | . | MISSING |
| | | | | | 44,008 | | 0-99999 | MINUTES IN LENGTH |

ONLY APPLICABLE TO UNINTERRUPTED COMMUNITY INTERVIEWS

| | | | | | | | | |
|------|----|---|-----------|--|--------|--|----|-----------------------|
| LANG | 26 | 2 | \$LANGFMT | | | | C | LANGUAGE OF INTERVIEW |
| | | | | | 4,395 | | -1 | INAPPLICABLE |
| | | | | | 38,800 | | E | ENGLISH |
| | | | | | 1,781 | | S | SPANISH |

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

| | | | | | | | | |
|-------|----|---|---------|-----|--------|--|----|--------------------------|
| PROXY | 28 | 2 | PROXFMT | IN4 | | | N | SELF-RESPONDENT OR PROXY |
| | | | | | 4,352 | | -1 | INAPPLICABLE |
| | | | | | 34,373 | | 1 | SP RESPONDED |
| | | | | | 6,251 | | 2 | PROXY RESPONDED |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

| D_PROXR | 30 | 2 | PNSPFMT | N | PROXY'S RELATIONSHIP TO SP |
|---------|----|---|---------|---|----------------------------|
| 41,716 | . | | | | INAPPLICABLE |
| 4 | -9 | | | | NOT ASCERTAINED |
| 3 | -8 | | | | DONT KNOW |
| 14 | 1 | | | | SAMPLE PERSON |
| 228 | 2 | | | | SPOUSE |
| 372 | 3 | | | | SON |
| 613 | 4 | | | | DAUGHTER |
| 138 | 5 | | | | BROTHER |
| 191 | 6 | | | | SISTER |
| 55 | 7 | | | | FATHER |
| 91 | 8 | | | | MOTHER |
| 67 | 9 | | | | SON-IN-LAW |
| 95 | 10 | | | | DAUGHTER-IN-LAW |
| 106 | 11 | | | | GRANDSON |
| 134 | 12 | | | | GRANDDAUGHTER |
| 46 | 13 | | | | NEPHEW |
| 85 | 14 | | | | NIECE |
| 6 | 50 | | | | PARTNER/ROOMMATE |
| 259 | 51 | | | | FRIEND/NEIGHBOR |
| 28 | 52 | | | | BOARDER |
| 94 | 53 | | | | NURSE/NURSES AIDE |
| 18 | 54 | | | | LEGAL/FINANCIAL OFFICER |
| 7 | 55 | | | | GUARDIAN |
| 212 | 91 | | | | OTHER RELATIVE |
| 394 | 92 | | | | OTHER NON-RELATIVE |

VARIABLE IS ONLY APPLICABLE TO PROXY COMMUNITY INTERVIEWS

| PN_SPNAM | 32 | 2 | \$PNSPFMT | C | PROXY NEC-SP NOT ABLE MENTALLY |
|----------|----|---|-----------|---|--------------------------------|
| 0 | | | | | INAPPLICABLE |
| 1,386 | 1 | | | | INDICATED |
| 1,856 | 2 | | | | NOT INDICATED |
| 41,728 | . | | | | INAPPLICABLE |
| 0 | -8 | | | | DONT KNOW |
| 6 | -9 | | | | NOT ASCERTAINED |

| PN_SPINH | 34 | 2 | \$PNSPFMT | C | PROXY NEC-SP IN HOSPITAL |
|----------|----|---|-----------|---|--------------------------|
| 0 | | | | | INAPPLICABLE |
| 72 | 1 | | | | INDICATED |
| 3,170 | 2 | | | | NOT INDICATED |
| 41,728 | . | | | | INAPPLICABLE |
| 0 | -8 | | | | DONT KNOW |
| 6 | -9 | | | | NOT ASCERTAINED |

| PN_SPLAN | 36 | 2 | \$PNSPFMT | C | PROXY NEC-LANGUAGE PROBLEM |
|----------|----|---|-----------|---|----------------------------|
| 0 | | | | | INAPPLICABLE |
| 144 | 1 | | | | INDICATED |
| 3,098 | 2 | | | | NOT INDICATED |
| 41,728 | . | | | | INAPPLICABLE |
| 0 | -8 | | | | DONT KNOW |
| 6 | -9 | | | | NOT ASCERTAINED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 8 -----
SURVEY INTERVIEW RECORD

Page: 109
Record Type: 8

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|--------|-----------|--------|----|---------------------------------------|
| PN_SPDED | 38 | 2 | \$PNSPFMT | | | | C | PROXY NEC-SP DECEASED |
| | | | | 0 | | | | INAPPLICABLE |
| | | | | 290 | | | 1 | INDICATED |
| | | | | 2,952 | | | 2 | NOT INDICATED |
| | | | | 41,728 | | | . | INAPPLICABLE |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 6 | | | -9 | NOT ASCERTAINED |
| PN_SPINS | 40 | 2 | \$PNSPFMT | | | | C | PROXY NEC-SP INSTITUTIONALIZED |
| | | | | 44,976 | | | | INAPPLICABLE |
| | | | | 0 | | | 1 | INDICATED |
| | | | | 0 | | | 2 | NOT INDICATED |
| | | | | 0 | | | . | INAPPLICABLE |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| PN_SPUNA | 42 | 2 | \$PNSPFMT | | | | C | PROXY NEC-SP UNAVAILABLE |
| | | | | 0 | | | | INAPPLICABLE |
| | | | | 243 | | | 1 | INDICATED |
| | | | | 2,999 | | | 2 | NOT INDICATED |
| | | | | 41,728 | | | . | INAPPLICABLE |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 6 | | | -9 | NOT ASCERTAINED |
| PN_SPOTH | 44 | 2 | \$PNSPFMT | | | | C | PROXY NEC-OTHER REASON |
| | | | | 0 | | | | INAPPLICABLE |
| | | | | 43 | | | 1 | INDICATED |
| | | | | 3,199 | | | 2 | NOT INDICATED |
| | | | | 41,728 | | | . | INAPPLICABLE |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 6 | | | -9 | NOT ASCERTAINED |
| RREHELP | 46 | 2 | RESTFMT | | | IR3 | N | DID RESPONDENT RECEIVE HELP ANSWERING |
| | | | | 16,042 | | | . | INAPPLICABLE |
| | | | | 2 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 4,176 | | | 1 | YES |
| | | | | 24,756 | | | 2 | NO |

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RECORD IDENTIFICATION CODE 8 -----
SURVEY INTERVIEW RECORD

Page: 110
Record Type: 8

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|--------|-----------|---------------|-------|---|
| D_IHLPRL | 48 | 2 | PNSPFMT | | | | N | HELPERS RELATIONSHIP TO SP |
| | | | | 41,348 | | | . | INAPPLICABLE |
| | | | | 4 | | | -9 | NOT ASCERTAINED |
| | | | | 1 | | | -8 | DONT KNOW |
| | | | | 642 | | | 1 | SAMPLE PERSON |
| | | | | 1,000 | | | 2 | SPOUSE |
| | | | | 364 | | | 3 | SON |
| | | | | 555 | | | 4 | DAUGHTER |
| | | | | 41 | | | 5 | BROTHER |
| | | | | 105 | | | 6 | SISTER |
| | | | | 28 | | | 7 | FATHER |
| | | | | 47 | | | 8 | MOTHER |
| | | | | 27 | | | 9 | SON-IN-LAW |
| | | | | 42 | | | 10 | DAUGHTER-IN-LAW |
| | | | | 51 | | | 11 | GRANDSON |
| | | | | 77 | | | 12 | GRANDDAUGHTER |
| | | | | 25 | | | 13 | NEPHEW |
| | | | | 30 | | | 14 | NIECE |
| | | | | 18 | | | 50 | PARTNER/ROOMMATE |
| | | | | 270 | | | 51 | FRIEND/NEIGHBOR |
| | | | | 1 | | | 52 | BOARDER |
| | | | | 19 | | | 53 | NURSE/NURSES AIDE |
| | | | | 5 | | | 54 | LEGAL/FINANCIAL OFFICER |
| | | | | 3 | | | 55 | GUARDIAN |
| | | | | 128 | | | 91 | OTHER RELATIVE |
| | | | | 145 | | | 92 | OTHER NON-RELATIVE |
| RINFOSAT | 50 | 2 | RESTFMT | | IR5 | | N | INFO PROVIDED BY RESPON IS SATISFACTORY |
| | | | | 16,042 | | | . | INAPPLICABLE |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 27,923 | | | 1 | YES |
| | | | | 1,011 | | | 2 | NO |
| SEQNUM | 52 | 3 | SEQFMT | | | | N | SEQUENCE NUMBER WITHIN SP |
| | | | | 0 | | | . | MISSING |
| | | | | 44,976 | | | 0-999 | SEQUENCE NUMBER OF INTERVIEW |
| TOTLINTV | 55 | 3 | TOTFMT | | | | N | TOTAL |
| | | | | 0 | | | . | MISSING |
| | | | | 44,976 | | | 0-999 | TOTAL INTERVIEW TIME |
| D_FACID | 58 | 6 | \$FACIFMT | | | | C | FACILITY ID |
| | | | | 43,626 | | | | MISSING |
| | | | | 1,350 | | 000000-999999 | | FAC ID |

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MEDICARE CURRENT BENEFICIARY SURVEY
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TIME-LINE RECORD

Page: 111
Record Type: 9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|---------------|----|---------------------------------------|
| RIC | 1 | 1 | | | | | C | |
| FILEYR | 2 | 2 | | | | | C | |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| NUMSIT | 12 | 2 | F_NUMSIT | | | | N | NUMBER OF SITUATIONS |
| | | | | | 11,563 | | 1 | SINGLE SITUATION |
| | | | | | 422 | | 2 | TWO SITUATIONS |
| | | | | | 90 | | 3 | THREE SITUATIONS |
| | | | | | 19 | | 4 | FOUR SITUATIONS |
| | | | | | 1 | | 5 | FIVE SITUATIONS |
| | | | | | 1 | | 6 | SIX SITUATIONS |
| | | | | | 0 | | 7 | SEVEN SITUATIONS |
| | | | | | 0 | | 8 | EIGHT SITUATIONS |
| | | | | | 0 | | 9 | NINE SITUATIONS |
| D_SIT1 | 14 | 6 | \$DTE6FMT | | | | C | EARLIEST SITUATION DATE (SITUATION 1) |
| | | | | | 2 | | | MISSING |
| | | | | | 12,094 | 000000-999999 | | DATE AS YYMMDD |
| D_CODE1 | 20 | 1 | \$CODEFMT | | | | C | EARLIEST SITUATION CODE |
| | | | | | 0 | | | MISSING |
| | | | | | 10,316 | | C | COMMUNITY |
| | | | | | 756 | | D | DEEMED COMMUNITY |
| | | | | | 1,018 | | F | FACILITY |
| | | | | | 6 | | G | DEEMED FACILITY |
| D_FACID1 | 21 | 6 | \$FACLFMT | | | | C | EARLIEST FACILITY ID |
| | | | | | 11,075 | | | MISSING |
| | | | | | 1,021 | 000000-999999 | | FACILITY ID |
| D_SIT2 | 27 | 6 | \$DTE6FMT | | | | C | SITUATION 2 START DATE |
| | | | | | 11,563 | | | MISSING |
| | | | | | 533 | 000000-999999 | | DATE AS YYMMDD |
| D_CODE2 | 33 | 1 | \$CODEFMT | | | | C | SITUATION 2 CODE |
| | | | | | 11,563 | | | MISSING |
| | | | | | 20 | | C | COMMUNITY |
| | | | | | 180 | | D | DEEMED COMMUNITY |
| | | | | | 281 | | F | FACILITY |
| | | | | | 52 | | G | DEEMED FACILITY |
| D_FACID2 | 34 | 6 | \$FACLFMT | | | | C | SITUATION 2 FACILITY ID |
| | | | | | 11,815 | | | MISSING |
| | | | | | 281 | 000000-999999 | | FACILITY ID |
| D_SIT3 | 40 | 6 | \$DTE6FMT | | | | C | SITUATION 3 START DATE |
| | | | | | 11,985 | | | MISSING |
| | | | | | 111 | 000000-999999 | | DATE AS YYMMDD |

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TIME-LINE RECORD

Page: 112
Record Type: 9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|---------------|----|-------------------------|
| D_CODE3 | 46 | 1 | \$CODEFMT | | | | C | SITUATION 3 CODE |
| | | | | | 11,985 | | | MISSING |
| | | | | | 26 | | C | COMMUNITY |
| | | | | | 1 | | D | DEEMED COMMUNITY |
| | | | | | 75 | | F | FACILITY |
| | | | | | 9 | | G | DEEMED FACILITY |
| D_FACID3 | 47 | 6 | \$FACLFMT | | | | C | SITUATION 3 FACILITY ID |
| | | | | | 12,021 | | | MISSING |
| | | | | | 75 | 000000-999999 | | FACILITY ID |
| D_SIT4 | 53 | 6 | \$DTE6FMT | | | | C | SITUATION 4 START DATE |
| | | | | | 12,075 | | | MISSING |
| | | | | | 21 | 000000-999999 | | DATE AS YYMMDD |
| D_CODE4 | 59 | 1 | \$CODEFMT | | | | C | SITUATION 4 CODE |
| | | | | | 12,075 | | | MISSING |
| | | | | | 4 | | C | COMMUNITY |
| | | | | | 1 | | D | DEEMED COMMUNITY |
| | | | | | 13 | | F | FACILITY |
| | | | | | 3 | | G | DEEMED FACILITY |
| D_FACID4 | 60 | 6 | \$FACLFMT | | | | C | SITUATION 4 FACILITY ID |
| | | | | | 12,083 | | | MISSING |
| | | | | | 13 | 000000-999999 | | FACILITY ID |
| D_SIT5 | 66 | 6 | \$DTE6FMT | | | | C | SITUATION 5 START DATE |
| | | | | | 12,094 | | | MISSING |
| | | | | | 2 | 000000-999999 | | DATE AS YYMMDD |
| D_CODE5 | 72 | 1 | \$CODEFMT | | | | C | SITUATION 5 CODE |
| | | | | | 12,094 | | | MISSING |
| | | | | | 0 | | C | COMMUNITY |
| | | | | | 0 | | D | DEEMED COMMUNITY |
| | | | | | 2 | | F | FACILITY |
| | | | | | 0 | | G | DEEMED FACILITY |
| D_FACID5 | 73 | 6 | \$FACLFMT | | | | C | SITUATION 5 FACILITY ID |
| | | | | | 12,094 | | | MISSING |
| | | | | | 2 | 000000-999999 | | FACILITY ID |
| D_SIT6 | 79 | 6 | \$DTE6FMT | | | | C | SITUATION 6 START DATE |
| | | | | | 12,095 | | | MISSING |
| | | | | | 1 | 000000-999999 | | DATE AS YYMMDD |

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TIME-LINE RECORD

Page: 113
Record Type: 9

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|---------------|----|-------------------------|
| D_CODE6 | 85 | 1 | \$CODEFMT | | | | C | SITUATION 6 CODE |
| | | | | | 12,095 | | | MISSING |
| | | | | | 0 | | C | COMMUNITY |
| | | | | | 0 | | D | DEEMED COMMUNITY |
| | | | | | 1 | | F | FACILITY |
| | | | | | 0 | | G | DEEMED FACILITY |
| D_FACID6 | 86 | 6 | \$FACLFMT | | | | C | SITUATION 6 FACILITY ID |
| | | | | | 12,095 | | | MISSING |
| | | | | | 1 | 000000-999999 | | FACILITY ID |
| D_SIT7 | 92 | 6 | \$DTE6FMT | | | | C | SITUATION 7 START DATE |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | 000000-999999 | | DATE AS YYMMDD |
| D_CODE7 | 98 | 1 | \$CODEFMT | | | | C | SITUATION 7 CODE |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | | C | COMMUNITY |
| | | | | | 0 | | D | DEEMED COMMUNITY |
| | | | | | 0 | | F | FACILITY |
| | | | | | 0 | | G | DEEMED FACILITY |
| D_FACID7 | 99 | 6 | \$FACLFMT | | | | C | SITUATION 7 FACILITY ID |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | 000000-999999 | | FACILITY ID |
| D_SIT8 | 105 | 6 | \$DTE6FMT | | | | C | SITUATION 8 START DATE |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | 000000-999999 | | DATE AS YYMMDD |
| D_CODE8 | 111 | 1 | \$CODEFMT | | | | C | SITUATION 8 CODE |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | | C | COMMUNITY |
| | | | | | 0 | | D | DEEMED COMMUNITY |
| | | | | | 0 | | F | FACILITY |
| | | | | | 0 | | G | DEEMED FACILITY |
| D_FACID8 | 112 | 6 | \$FACLFMT | | | | C | SITUATION 8 FACILITY ID |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | 000000-999999 | | FACILITY ID |
| D_SIT9 | 118 | 6 | \$DTE6FMT | | | | C | SITUATION 9 START DATE |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | 000000-999999 | | DATE AS YYMMDD |
| D_CODE9 | 124 | 1 | \$CODEFMT | | | | C | SITUATION 9 CODE |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 9 -----
TIME-LINE RECORD

Page: 114
Record Type: 9

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|---------------|----|--------------------------------|
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | | C | COMMUNITY |
| | | | | | 0 | | D | DEEMED COMMUNITY |
| | | | | | 0 | | F | FACILITY |
| | | | | | 0 | | G | DEEMED FACILITY |
| D_FACID9 | 125 | 6 | \$FACLFMT | | | | C | SITUATION 9 FACILITY ID |
| | | | | | 12,096 | | | MISSING |
| | | | | | 0 | 000000-999999 | | FACILITY ID |
| D_SIT | 131 | 6 | \$DTE6FMT | | | | C | LATEST SURVEY COVERED DATE |
| | | | | | 9 | | | MISSING |
| STATUS95 | 137 | 2 | \$DISPFMT | | 12,087 | 000000-999999 | | DATE AS YYMMDD |
| | | | | | | | C | 1995 DISPOSITION |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 10,466 | | 40 | LIVING |
| | | | | | 625 | | 50 | DECEASED |
| | | | | | 213 | | 60 | LIVING, AT LEAST ONE GAP |
| | | | | | 47 | | 70 | DECEASED, AT LEAST ONE GAP |
| | | | | | 745 | | 99 | ROUND 13/16 SAMPLE |
| TYPE95 | 139 | 1 | \$TYPEFMT | | | | C | 1995 LIVING SITUATION TYPE |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 289 | | B | BOTH |
| | | | | | 10,807 | | C | COMMUNITY |
| | | | | | 1,000 | | F | FACILITY |
| D_DOD | 140 | 6 | \$DTE6FMT | | | | C | DEATH DATE ACCORDING TO SURVEY |
| | | | | | 11,424 | | | MISSING |
| | | | | | 672 | 000000-999999 | | DATE AS YYMMDD |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE K -----
KEY RECORD

Page: 115
Record Type: K

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|-----------|---|
| RIC | 1 | 1 | | | | | C | RIC K - KEY RECORD |
| FILEYR | 2 | 2 | | | | | C | C4 - 1995 COST AND USE FILE |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| SAMPLECD | 12 | 2 | \$SAM_FMT | | | | C | START OF MEDICARE ENTITLEMENT |
| | | | | | 0 | | ** | NOT ENTITLED |
| | | | | | 11,080 | | 00 | ENTITLED BEFORE 93 |
| | | | | | 269 | | 01 | FIRST ENTITLED IN 93 |
| | | | | | 344 | | 02 | FIRST ENTITLED IN 94 |
| | | | | | 403 | | 03 | FIRST ENTITLED IN 95 |
| FIRSTRND | 14 | 2 | \$FRD_FMT | | | | C | FIRST ROUND OF INTERVIEWS |
| | | | | | 4,726 | | 01 | FIRST INTERVIEW R1 |
| | | | | | 909 | | 04 | FIRST INTERVIEW R4 |
| | | | | | 1,514 | | 07 | FIRST INTERVIEW R7 |
| | | | | | 4,202 | | 10 | FIRST INTERVIEW R10 |
| | | | | | 342 | | 13 | FIRST INTERVIEW R13 |
| | | | | | 403 | | 16 | FIRST INTERVIEW R16 |
| TYPE95 | 16 | 1 | \$TYP_FMT | | | | C | BENEFICIARY'S LIVING SITUATION FOR 1995 |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 289 | | B | BOTH |
| | | | | | 10,807 | | C | COMMUNITY |
| | | | | | 1,000 | | F | FACILITY |
| STATUS95 | 17 | 2 | \$STA_FMT | | | | C | COMPLETENESS OF SURVEY DATA FOR 1995 |
| | | | | | 10,466 | | 40 | COMPLETE, ALIVE ON 12/31 |
| | | | | | 625 | | 50 | COMPLETE, DEATH ON-BEFORE 12/31 |
| | | | | | 213 | | 60 | INCOMPLETE, ALIVE ON 12/31 |
| | | | | | 47 | | 70 | INCOMPLETE, DEATH ON-BEFORE 12/31 |
| | | | | | 745 | | 99 | ROUND 13 OR 16 PANEL |
| C_DAYS | 19 | 3 | DAY_FMT | | | | N | NUMBER OF COMMUNITY DAYS |
| | | | | | 2 | | . | UNKNOWN |
| | | | | | 1,000 | | 0 | ZERO |
| | | | | | 377 | | 0<-122 | 1-122 |
| | | | | | 342 | | 122<-244 | 123-244 |
| | | | | | 319 | | 244<-364 | 245-364 |
| | | | | | 10,056 | | 365 | ALL YEAR |
| | | | | | 0 | | 365<-HIGH | OVER 365 |
| F_DAYS | 22 | 3 | DAY_FMT | | | | N | NUMBER OF FACILITY DAYS |
| | | | | | 0 | | . | UNKNOWN |
| | | | | | 10,808 | | 0 | ZERO |
| | | | | | 224 | | 0<-122 | 1-122 |
| | | | | | 151 | | 122<-244 | 123-244 |
| | | | | | 107 | | 244<-364 | 245-364 |
| | | | | | 806 | | 365 | ALL YEAR |
| | | | | | 0 | | 365<-HIGH | OVER 365 |

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RECORD IDENTIFICATION CODE K -----
KEY RECORD

Page: 116
CODEBOOK Record Type: K

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

| | | | | | | | | |
|----------|----|---|--|---------|--------|--|-----------|-------------------|
| TOT_DAYS | 25 | 3 | | DAY_FMT | | | N | TOTAL PERSON DAYS |
| | | | | | 2 | | . | UNKNOWN |
| | | | | | 0 | | 0 | ZERO |
| | | | | | 390 | | 0<-122 | 1-122 |
| | | | | | 320 | | 122<-244 | 123-244 |
| | | | | | 282 | | 244<-364 | 245-364 |
| | | | | | 11,102 | | 365 | ALL YEAR |
| | | | | | 0 | | 365<-HIGH | OVER 365 |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE X ----- CODEBOOK
CROSS-SECTIONAL WEIGHTS RECORD

Page: 117
Record Type: X

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|--------|------|-------------|------------|----------|--|
| RIC | 1 | 1 | | | | | C | CROSS-SECTIONAL WEIGHTS |
| FILEYR | 2 | 2 | | | | | C | YY REFERENCE YEAR |
| BASEID | 4 | 8 | | | | | C | MCBS UNIQUE IDENTIFICATION NUMBER |
| VARSTRAT | 12 | 8 | NUMFMT | | | | N | VARIANCE STRATUM |
| | | | | | 0 12,096 | | . | INAPPLICABLE |
| | | | | | | 0-99999999 | 99999999 | |
| VARUNIT | 20 | 8 | NUMFMT | | | | N | VARIANCE PSU |
| | | | | | 0 12,096 | | . | INAPPLICABLE |
| | | | | | | 0-99999999 | 99999999 | |
| SUDSTRAT | 28 | 8 | NUMFMT | | | | N | SUDAAN STRATUM |
| | | | | | 0 12,096 | | . | INAPPLICABLE |
| | | | | | | 0-99999999 | 99999999 | |
| SUDUNIT | 36 | 8 | NUMFMT | | | | N | SUDAAN PSU |
| | | | | | 0 12,096 | | . | INAPPLICABLE |
| | | | | | | 0-99999999 | 99999999 | |
| C95WGT | 44 | 8 | NUMFMT | | | | N | COST95 CROSS-SECTIONAL FULL SAMPLE WGT |
| | | | | | 0 12,096 | | . | INAPPLICABLE |
| | | | | | | 0-99999999 | 99999999 | |
| C95W1 | 52 | 8 | NUMFMT | | | | N | COST95 CROSS-SECTIONAL REPLICATE WGT |
| THROUGH | | | | | | | | |
| C95W100 | 844 | 8 | NUMFMT | | | | | |
| | | | | | 0 12,096 | | . | INAPPLICABLE |
| | | | | | | 0-99999999 | 99999999 | |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

Page: 118
Record Type: DUE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|--------|-----------|--------|------|--|
| RIC | 1 | 3 | | | | | C | RIC CODE FOR ADMIN IDENTIFICATION RECORD |
| FILEYR | 4 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 6 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| EVNTNUM | 14 | 4 | | | | | C | UNIQUE EVENT IDENTIFIER |
| OREVTYPE | 18 | 2 | \$EVNTTYP | | | | C | ORIGINAL REPORTED EVENT TYPE |
| | | | | | 0 | | | |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | 10,637 | | | DU | DENTAL |
| | | | | | 0 | | IP | INPATIENT |
| | | | | | 0 | | IU | INSTITUTIONAL UTILIZATION |
| | | | | | 0 | | MP | MEDICAL PROVIDER |
| | | | | | 0 | | OM | OTHER MEDICAL EXPENSE |
| | | | | | 0 | | OP | OUTPATIENT |
| | | | | | 0 | | PM | PRESCRIBED MEDICINE |
| | | | | | 0 | | SD | SEP BILLING DOCTOR |
| | | | | | 0 | | SL | SEP BILLING LAB |
| CLAIMID | 20 | 6 | | | | | N | CLAIM THIS SURVEY EVENT MATCHED TO |
| HMO | 26 | 1 | \$HMO | | | | C | EVENT PROVIDED BY AN HMO? |
| | | | | | 8,981 | | 0 | EVENT NOT PROV BY HMO |
| | | | | | 1,656 | | 1 | EVENT PROVIDED BY HMO |
| EVBEGBY | 27 | 2 | EVYY | | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 9 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 10,628 | | 1-99 | YEAR |
| EVBEGBM | 29 | 2 | EVMM | | | | N | EVENT BEGIN MONTH |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 95 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 10,542 | | 1-12 | MONTH |
| | | | | | 0 | | 95 | STILL IN PROGRESS |
| EVBEGBD | 31 | 2 | EVDD | | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 21 | | -9 | NOT ASCERTAINED |
| | | | | | 2,102 | | -8 | DK |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 0 | | -5 | MULTIPLE VISITS THIS MONTH |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 8,513 | | 1-31 | DAY OF MONTH |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

Page: 119
CODEBOOK
Record Type: DUE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|-----------|-----------|--------|----|--|
| SOURCE | 33 | 1 | | \$SOURCE | | | C | SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH? |
| | | | | | 10,588 | | 1 | SURVEY ONLY |
| | | | | | 0 | | 2 | CLAIMS ONLY |
| | | | | | 49 | | 3 | BOTH SURVEY & CLAIMS |
| SITCODE | 34 | 1 | | \$SITCODE | | | C | COMMUNITY OR FACILITY SETTING? |
| | | | | | 3 | | B | BOTH |
| | | | | | 10,629 | | C | COMMUNITY |
| | | | | | 5 | | D | DEEMED COMMUNITY |
| | | | | | 0 | | F | FACILITY |
| | | | | | 0 | | G | DEEMED FACILITY |
| AMTTOT | 35 | 9 | | | | | N | TOTAL PAYMENT |
| IMPATOT | 44 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT TOTAL PAYMENT |
| | | | | | 7,973 | | 0 | NOT IMPUTED |
| | | | | | 2,664 | | 1 | IMPUTED |
| AMTCOV | 45 | 9 | | | | | N | PORTION OF TOTAL PAY COV BY MEDICARE |
| AMTNCOV | 54 | 9 | | | | | N | PORTION OF TOTAL PAY NOT COV BY MEDICARE |
| AMTCARE | 63 | 9 | | | | | N | AMOUNT PAID BY MEDICARE |
| IMPSCARE | 72 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP MEDICARE |
| | | | | | 10,637 | | 0 | NOT IMPUTED |
| | | | | | 0 | | 1 | IMPUTED |
| IMPACARE | 73 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT MEDICARE |
| | | | | | 10,637 | | 0 | NOT IMPUTED |
| | | | | | 0 | | 1 | IMPUTED |
| AMTCAID | 74 | 9 | | | | | N | AMOUNT PAID BY MEDICAID |
| IMPSCAID | 83 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP MEDICAID |
| | | | | | 10,634 | | 0 | NOT IMPUTED |
| | | | | | 3 | | 1 | IMPUTED |
| IMPACAID | 84 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT MEDICAID |
| | | | | | 10,423 | | 0 | NOT IMPUTED |
| | | | | | 214 | | 1 | IMPUTED |
| AMTHMOM | 85 | 9 | | | | | N | AMOUNT PAID BY MEDICARE HMO |
| IMPSHMOM | 94 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP MEDICARE HMO |
| | | | | | 10,577 | | 0 | NOT IMPUTED |
| | | | | | 60 | | 1 | IMPUTED |
| IMPAHMOM | 95 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT MEDICARE HMO |
| | | | | | 10,440 | | 0 | NOT IMPUTED |

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RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

Page: 120
Record Type: DUE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| | | | | | 197 | | 1 | IMPUTED |
| AMTHMOP | 96 | 9 | | | | | N | AMOUNT PAID BY PRIVATE HMO |
| IMPSHMOP | 105 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIVATE HMO |
| | | | | | 10,612 | | 0 | NOT IMPUTED |
| | | | | | 25 | | 1 | IMPUTED |
| IMPAHMOP | 106 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIVATE HMO |
| | | | | | 10,562 | | 0 | NOT IMPUTED |
| | | | | | 75 | | 1 | IMPUTED |
| AMTVA | 107 | 9 | | | | | N | AMOUNT PAID BY VETERANS ADM |
| IMPSVA | 116 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP VETERANS ADM |
| | | | | | 10,637 | | 0 | NOT IMPUTED |
| | | | | | 0 | | 1 | IMPUTED |
| IMPAVA | 117 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT VETERANS ADM |
| | | | | | 10,575 | | 0 | NOT IMPUTED |
| | | | | | 62 | | 1 | IMPUTED |
| AMTPRVE | 118 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (EMPLOYER SPONS) |
| IMPSPRVE | 127 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-EMPLOYER |
| | | | | | 10,400 | | 0 | NOT IMPUTED |
| | | | | | 237 | | 1 | IMPUTED |
| IMPAPRVE | 128 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-EMPLOYER |
| | | | | | 10,012 | | 0 | NOT IMPUTED |
| | | | | | 625 | | 1 | IMPUTED |
| AMTPRVI | 129 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (INDIV PURCH) |
| IMPSPRVI | 138 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-INDIV PUR |
| | | | | | 10,544 | | 0 | NOT IMPUTED |
| | | | | | 93 | | 1 | IMPUTED |
| IMPAPRVI | 139 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-INDIV PUR |
| | | | | | 10,466 | | 0 | NOT IMPUTED |
| | | | | | 171 | | 1 | IMPUTED |
| AMTPRVU | 140 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (UNKNOWN PURCH) |
| IMPSPRVU | 149 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-UNKNOWN |
| | | | | | 10,637 | | 0 | NOT IMPUTED |
| | | | | | 0 | | 1 | IMPUTED |
| IMPAPRVU | 150 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-UNKNOWN |
| | | | | | 10,637 | | 0 | NOT IMPUTED |
| | | | | | 0 | | 1 | IMPUTED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

Page: 121
Record Type: DUE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| AMTOOP | 151 | 9 | | | | | N | AMOUNT PAID BY PERSON/FAMILY |
| IMPSOOP | 160 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PAID BY PERSON |
| | | | | | 9,795 | | 0 | NOT IMPUTED |
| | | | | | 842 | | 1 | IMPUTED |
| IMPAOOP | 161 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PAID BY PERSON |
| | | | | | 9,170 | | 0 | NOT IMPUTED |
| | | | | | 1,467 | | 1 | IMPUTED |
| AMTDISC | 162 | 9 | | | | | N | AMOUNT OF UNCOLLECTED LIABILITIES |
| IMPSDISC | 171 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP OF UNCOLL LIAB |
| | | | | | 10,501 | | 0 | NOT IMPUTED |
| | | | | | 136 | | 1 | IMPUTED |
| IMPADISC | 172 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT OF UNCOLL LIAB |
| | | | | | 10,073 | | 0 | NOT IMPUTED |
| | | | | | 564 | | 1 | IMPUTED |
| AMTOTH | 173 | 9 | | | | | N | AMOUNT PAID BY OTHER SOURCES |
| IMPSOTH | 182 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP OTHER SOURCES |
| | | | | | 10,631 | | 0 | NOT IMPUTED |
| | | | | | 6 | | 1 | IMPUTED |
| IMPAOTH | 183 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT OTHER SOURCES |
| | | | | | 10,509 | | 0 | NOT IMPUTED |
| | | | | | 128 | | 1 | IMPUTED |
| DVBRIDGE | 184 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-BRIDGE |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 2,138 | | 1 | YES |
| | | | | | 8,486 | | 2 | NO |
| DVCLEAN | 186 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-CLEANING |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 4,128 | | 1 | YES |
| | | | | | 6,496 | | 2 | NO |
| DVCROWN | 188 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-CROWN |

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EVENT RIC DUE

Page: 122
Record Type: DUE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-------|------|-----------|--------|----|---|
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 910 | | 1 | YES |
| | | | | | 9,714 | | 2 | NO |
| DVEXAM | 190 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-EXAMIN |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 4,004 | | 1 | YES |
| | | | | | 6,620 | | 2 | NO |
| DVEXTRAC | 192 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-EXTRACT |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 801 | | 1 | YES |
| | | | | | 9,823 | | 2 | NO |
| DVFILLNG | 194 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-FILLING |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 1,594 | | 1 | YES |
| | | | | | 9,030 | | 2 | NO |
| DVORTH0 | 196 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-ORTHODON |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 106 | | 1 | YES |
| | | | | | 10,518 | | 2 | NO |
| DVOTHER | 198 | 2 | YESNO | | | | N | HAVE DONE DURING DENTAL VISIT-OTHER |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 268 | | 1 | YES |
| | | | | | 10,356 | | 2 | NO |
| DVRTCNAL | 200 | 2 | YESNO | | | | N | HAVE DONE DURING DNTAL VISIT-ROOT CANAL |
| | | | | | 0 | | . | |

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EVENT RIC DUE

Page: 123
Record Type: DUE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-----------------|
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 453 | | 1 | YES |
| | | | | | 10,171 | | 2 | NO |

| | | | | | | | | |
|---------|-----|---|-------|--|-------|--|----|---|
| DVXRAYS | 202 | 2 | YESNO | | | | N | HAVE DONE DURING DNTAL VISIT-XRAY TAKEN |
| | | | | | 0 | | . | |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 11 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 2,758 | | 1 | YES |
| | | | | | 7,866 | | 2 | NO |

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|--------|------|-----------|--------|----|------------------------------------|
| RIC | 1 | 3 | | | | | C | RIC CODE FOR FACILITY EVENT RECORD |
| FILEYR | 4 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 6 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| STAYNUM | 14 | 1 | | | | | N | STAY NUMBER FOR THE YEAR |
| REFBEGYY | 15 | 2 | | | | | N | REF DATE BEGIN YEAR |
| REFBEGMM | 17 | 2 | | | | | N | REG DATE BEGIN MONTH |
| REFBEGDD | 19 | 2 | | | | | N | REF DATE BEGIN DAY |
| REFENDYY | 21 | 2 | | | | | N | REF DATE END YEAR |
| REFENDMM | 23 | 2 | | | | | N | REG DATE END MONTH |
| REFENDDD | 25 | 2 | | | | | N | REF DATE END DAY |
| ADMISYY | 27 | 2 | | | | | N | ADMISSION DATE YEAR |
| ADMISMM | 29 | 2 | | | | | N | ADMISSION DATE MONTH |
| ADMISDD | 31 | 2 | | | | | N | ADMISSION DATE DAY |
| DISCHYY | 33 | 2 | | | | | N | PERMANENT DISCH DATE YEAR |
| DISCHMM | 35 | 2 | | | | | N | PERMANENT DISCH DATE MONTH |
| DISCHDD | 37 | 2 | | | | | N | PERMANENT DISCH DATE DAY |
| STAYDAYS | 39 | 3 | | | | | N | NUMBER OF DAYS IN STAY |
| D_FACID | 42 | 6 | | | | | C | FACILITY ID + PSU NUMBER |
| FACDESC | 48 | 2 | FACFMT | | | | N | FACILITY DESCRIPTION |
| | | | | | 0 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 1 | | -7 | REFUSED |
| | | | | | 10 | | 1 | HOSPITAL |
| | | | | | 960 | | 2 | NURSING HOME |
| | | | | | 23 | | 3 | RETIREMENT HOME |
| | | | | | 51 | | 4 | DOMI/PER CARE FAC |
| | | | | | 40 | | 5 | MENTAL HLTH FACILITY |
| | | | | | 83 | | 6 | INST FOR MR/DEV DISA |
| | | | | | 7 | | 7 | MENTAL HLTH CNTR |
| | | | | | 24 | | 8 | LIFE CARE/CONT CARE |
| | | | | | 91 | | 9 | ASSISTED LIVING FAC |
| | | | | | 11 | | 10 | REHAB FACILITY |
| | | | | | 81 | | 91 | OTHER PLACE (SPEC) |

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RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

Page: 125
Record Type: FAE

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

BEGSTAT 50 1 \$BEGSTAT

0
1,019
124
132
79
13
2
13
0

C STATUS AT BEGINNING OF STAY
- DON'T KNOW
0 CONTINUING SP
1 FIRST TIME SP FROM HOME
2 FIRST TIME SP FROM HOSP
3 FIRST TIME SP FROM NH
5 2ND STAY 30-DAY SPLIT (IN HOSP)
6 2ND STAY 30-DAY SPLIT (DISCH)
7 FIRST TIME SP FROM OTH FAC
9

ENDSTAT 51 1 \$ENDSTAT

3
966
47
38
70
234
17
4
1
2

C STATUS AT END OF STAY
- DON'T KNOW
0 SP STILL A RESIDENT
1 SP WAS DISCHARGED HOME
2 SP WAS DISCHARGED TO HOSP
3 SP WAS DISCHARGED TO NH
4 SP DIED IN FAC
5 STAY SPLIT BY 30-DAY HOSP
6 STAY SPLIT BY 30-DAY DISCH
7 SP WAS DISCHARGED TO OTH FAC
9 UNKNOWN REASON FOR END OF STAY

AMTTOT 52 9

N TOTAL PAYMENT

AMTCARE 61 9

N AMOUNT PAID BY MEDICARE

AMTCAID 70 9

N AMOUNT PAID BY MEDICAID

AMTVA 79 9

N AMOUNT PAID BY VETERANS ADM

AMTPRVU 88 9

N AMOUNT PAID BY PRIV INS (UNKNOWN)

AMTOOP 97 9

N AMOUNT PAID BY PERSON/FAMILY

AMTOTH 106 9

N AMOUNT PAID BY OTHER SOURCES

ANCITOT 115 9

N ANCILLARY TOTAL PAYMENT

ANCICARE 124 9

N ANCILLARY AMT PAID BY MEDICARE

ANCICAID 133 9

N ANCILLARY AMT PAID BY MEDICAID

ANCIVA 142 9

N ANCILLARY AMT PAID BY VETERANS ADM

ANCIPRVU 151 9

N ANCILLARY AMT PAID BY PRIV INS

ANCIOOP 160 9

N ANCILLARY AMT PAID BY PERSON/FAMILY

ANCIOTH 169 9

N ANCILLARY AMT PAID BY OTHER SOURCES

TOTCARE 178 9

N AMT PAID BY MEDICARE FOR ALL SERVICES

TOTALL 187 9

N AMT ALL TOTAL (INC. MCARE SERVICES)

DENTNUM 196 3

N NUMBER OF DENTAL VISITS

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

Page: 126
Record Type: FAE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|---|
| EMNUM | 199 | 3 | | | | | N | NUMBER OF EMERGENCY ROOM VISITS |
| OPNUM | 202 | 3 | | | | | N | NUMBER OF CLINIC/OUTPATIENT VISITS |
| PNURSNUM | 205 | 3 | | | | | N | NUMBER OF PRIVATE NURSING VISITS |
| MDNUM | 208 | 3 | | | | | N | NUMBER OF MEDICAL DOCTOR VISITS |
| HPRACVIS | 211 | 3 | | | | | N | NUMBER OF HEALTH PRACTITIONER VISITS |
| MHNUMVIS | 214 | 3 | | | | | N | NUMBER OF MENTAL HEALTH PROFESS. VISITS |
| THNUMVIS | 217 | 3 | | | | | N | NUMBER OF THERAPIST VISITS |
| OTNUMVIS | 220 | 4 | | | | | N | NUMBER OF OTHER MEDICAL PERSON VISITS |
| PRNUMVIS | 224 | 4 | | | | | N | NUMBER OF PROCEDURES |
| MPNUMVIS | 228 | 3 | | | | | N | NUMBER OF OTHER MEDICAL PLACE VISITS |
| FAMPFLG | 231 | 2 | MOSTFMT | | | | N | TYPE OF MD: FAMILY PHYSICIAN FLAG |
| | | | | | 101 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 1,151 | | 1 | YES |
| | | | | | 130 | | 2 | NO |
| INTRNFLG | 233 | 2 | MOSTFMT | | | | N | TYPE OF MD: INTERNIST |
| | | | | | 182 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 284 | | 1 | YES |
| | | | | | 916 | | 2 | NO |
| CARDOFLG | 235 | 2 | MOSTFMT | | | | N | TYPE OF MD: CARDIOLOGIST |
| | | | | | 193 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 41 | | 1 | YES |
| | | | | | 1,148 | | 2 | NO |
| NEUROFLG | 237 | 2 | MOSTFMT | | | | N | TYPE OF MD: NEUROLOGIST |
| | | | | | 188 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 59 | | 1 | YES |
| | | | | | 1,135 | | 2 | NO |
| GYNFLG | 239 | 2 | MOSTFMT | | | | N | TYPE OF MD: GYNECOLOGIST |
| | | | | | 191 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |

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RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

Page: 127
Record Type: FAE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|------------------------------|
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 26 | | 1 | YES |
| | | | | | 1,165 | | 2 | NO |
| OPHFLG | 241 | 2 | MOSTFMT | | | | N | TYPE OF MD: OPHTHALMOLOGIST |
| | | | | | 178 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 267 | | 1 | YES |
| | | | | | 937 | | 2 | NO |
| RADIOFLG | 243 | 2 | MOSTFMT | | | | N | TYPE OF MD: RADIOLOGIST |
| | | | | | 193 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 26 | | 1 | YES |
| | | | | | 1,163 | | 2 | NO |
| PROCTFLG | 245 | 2 | MOSTFMT | | | | N | TYPE OF MD: PROCTOLOGIST |
| | | | | | 193 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | 1 | YES |
| | | | | | 1,189 | | 2 | NO |
| ORTHOFGL | 247 | 2 | MOSTFMT | | | | N | TYPE OF MD: ORTHOPEDIST |
| | | | | | 188 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 99 | | 1 | YES |
| | | | | | 1,095 | | 2 | NO |
| THORAFGL | 249 | 2 | MOSTFMT | | | | N | TYPE OF MD: THORACIC SURGEON |
| | | | | | 193 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 2 | | 1 | YES |
| | | | | | 1,187 | | 2 | NO |
| AUDIOFLG | 251 | 2 | MOSTFMT | | | | N | TYPE OF HP: AUDIOLOGIST |
| | | | | | 850 | | . | INAPPLICABLE |
| | | | | | 4 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 96 | | 1 | YES |
| | | | | | 432 | | 2 | NO |
| OPTOMFLG | 253 | 2 | MOSTFMT | | | | N | TYPE OF HP: OPTOMETRIST |

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MEDICARE CURRENT BENEFICIARY SURVEY
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EVENT RIC FAE

Page: 128
Record Type: FAE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|-------------------------------------|
| | | | | | 822 | | . | INAPPLICABLE |
| | | | | | 5 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 188 | | 1 | YES |
| | | | | | 367 | | 2 | NO |
| CHIROFLG | 255 | 2 | MOSTFMT | | | | N | TYPE OF HP: CHIROPRACTOR |
| | | | | | 884 | | . | INAPPLICABLE |
| | | | | | 5 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 3 | | 1 | YES |
| | | | | | 490 | | 2 | NO |
| PODIAFLG | 257 | 2 | MOSTFMT | | | | N | TYPE OF HP: PODIATRIST |
| | | | | | 629 | | . | INAPPLICABLE |
| | | | | | 2 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 717 | | 1 | YES |
| | | | | | 34 | | 2 | NO |
| ENTFLG | 259 | 2 | | | | | N | TYPE OF MD: EARS/NOSE/THROAT DOCTOR |
| PHARMFLG | 261 | 2 | MOSTFMT | | | | N | TYPE OF HP: PHARMACIST |
| | | | | | 870 | | . | INAPPLICABLE |
| | | | | | 4 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 73 | | 1 | YES |
| | | | | | 435 | | 2 | NO |
| DIABSUPP | 263 | 2 | MOSTFMT | | | | N | USED DIABETIC SUPPLIES |
| | | | | | 1,228 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 154 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| EYEGLOSS | 265 | 2 | MOSTFMT | | | | N | USED EYEGLASSES |
| | | | | | 1,276 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 106 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| HEARAID | 267 | 2 | MOSTFMT | | | | N | USED HEARING AID |
| | | | | | 1,334 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

Page: 129
Record Type: FAE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|----------------------------|
| | | | | | 48 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| ORTHITEM | 269 | 2 | MOSTFMT | | | | N | USED ORTHOPEDIC ITEMS |
| | | | | | 1,086 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 296 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| EQUIPSUP | 271 | 2 | MOSTFMT | | | | N | USED EQUIPMENT OR SUPPLIES |
| | | | | | 1,367 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 15 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| OSTOMSUP | 273 | 2 | MOSTFMT | | | | N | USED OSTOMY SUPPLIES |
| | | | | | 1,340 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 42 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| DIAPRSUP | 275 | 2 | MOSTFMT | | | | N | USED DISPOSABLE DIAPERS |
| | | | | | 689 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 693 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| AMBUSERV | 277 | 2 | MOSTFMT | | | | N | USED AMBULANCE SERVICE |
| | | | | | 870 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 512 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| PROSTHES | 279 | 2 | MOSTFMT | | | | N | USED PROSTHESIS |
| | | | | | 1,368 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

Page: 130
Record Type: FAE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|-----------|-----|-----|---------|------|-----------|--------|----|----------------------------------|
| | | | | | 14 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| OXYGEN | 281 | 2 | MOSTFMT | | | | N | USED OXYGEN |
| | | | | | 1,382 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| TURNPOS | 283 | 2 | MOSTFMT | | | | N | RECEIVED TURNING AND POSITIONING |
| | | | | | 673 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 709 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| TUBEFEED | 285 | 2 | MOSTFMT | | | | N | RECEIVED TUBE FEEDING |
| | | | | | 1,257 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 125 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| RESTRAIN | 287 | 2 | MOSTFMT | | | | N | RECEIVED RESTRAINTS |
| | | | | | 973 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 409 | | 1 | YES |
| | | | | | 0 | | 2 | NO |
| INJECTION | 289 | 2 | MOSTFMT | | | | N | RECEIVED INJECTIONS |
| | | | | | 919 | | . | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | -8 | DON'T KNOW |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 463 | | 1 | YES |
| | | | | | 0 | | 2 | NO |

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RECORD IDENTIFICATION CODE IPE -----
EVENT RIC IPE

Page: 131
Record Type: IPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|-----------|------|------------------------------------|
| RIC | 1 | 3 | | | | | C | RECORD IDENTIFICATION CODE |
| FILEYR | 4 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 6 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| EVNTNUM | 14 | 4 | \$EVNTNUM | | | | C | UNIQUE EVENT IDENTIFIER |
| | | | | | 1,416 | CF00-C999 | | EVENT CREATED FROM CLAIM |
| | | | | | 3,268 | 0000-9999 | | SURVEY REPORTED EVENT |
| OREVTYPE | 18 | 2 | \$EVNTTYP | | | | C | ORIGINAL REPORTED EVENT TYPE |
| | | | | | 1,416 | | | |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | DU | DENTAL |
| | | | | | 34 | | ER | EMERGENCY ROOM |
| | | | | | 3,101 | | IP | INPATIENT |
| | | | | | 37 | | IU | INSTITUTIONAL UTILIZATION |
| | | | | | 0 | | MP | MEDICAL PROVIDER |
| | | | | | 0 | | OM | OTHER MEDICAL EXPENSE |
| | | | | | 96 | | OP | OUTPATIENT |
| | | | | | 0 | | PM | PRESCRIBED MEDICINE |
| | | | | | 0 | | SD | SEP BILLING DOCTOR |
| | | | | | 0 | | SL | SEP BILLING LAB |
| CLAIMID | 20 | 6 | | | | | N | CLAIM THIS SURVEY EVENT MATCHED TO |
| HMO | 26 | 1 | \$HMO | | | | C | EVENT PROVIDED BY AN HMO? |
| | | | | | 4,223 | | 0 | EVENT NOT PROV BY HMO |
| | | | | | 461 | | 1 | EVENT PROVIDED BY HMO |
| EVBEGLY | 27 | 2 | EEVBEGYY | | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 4,683 | | 1-99 | YEAR |
| EVBEGLM | 29 | 2 | EEVBEGMM | | | | N | EVENT BEGIN MONTH |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 1 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 4,683 | | 1-12 | MONTH |
| | | | | | 0 | | 95 | STILL IN PROGRESS |
| EVBEGLD | 31 | 2 | EEVBEGDD | | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 69 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 9 | | -5 | MULTIPLE VISITS THIS MONTH |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 4,606 | | 1-31 | DAY OF MONTH |

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MEDICARE CURRENT BENEFICIARY SURVEY
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EVENT RIC IPE

Page: 132
Record Type: IPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|-----------|-----------|--------|------|--|
| EVENDYY | 33 | 2 | | EEVBEGYY | | | N | EVENT END YEAR |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 4 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 62 | | -1 | INAPPLICABLE |
| | | | | | 4,618 | | 1-99 | YEAR |
| EVENDMM | 35 | 2 | | EEVBEGMM | | | N | EVENT END MONTH |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 5 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 61 | | -1 | INAPPLICABLE |
| | | | | | 4,617 | | 1-12 | MONTH |
| | | | | | 1 | | 95 | STILL IN PROGRESS |
| EVENDDD | 37 | 2 | | EEVBEGDD | | | N | EVENT END YEAR |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 54 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -5 | MULTIPLE VISITS THIS MONTH |
| | | | | | 62 | | -1 | INAPPLICABLE |
| | | | | | 4,568 | | 1-31 | DAY OF MONTH |
| SOURCE | 39 | 1 | | \$SOURCE | | | C | SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH? |
| | | | | | 410 | | 1 | SURVEY ONLY |
| | | | | | 1,416 | | 2 | CLAIMS ONLY |
| | | | | | 2,858 | | 3 | BOTH SURVEY & CLAIMS |
| SITCODE | 40 | 1 | | \$SITCODE | | | C | COMMUNITY OR FACILITY SETTING? |
| | | | | | 0 | | B | BOTH COMM & FACILITY |
| | | | | | 3,887 | | C | COMMUNITY |
| | | | | | 191 | | D | DEEMED COMMUNITY |
| | | | | | 569 | | F | FACILITY |
| | | | | | 37 | | G | DEEMED FACILITY |
| AMTTOT | 41 | 9 | | MONYFMT | | | N | TOTAL PAYMENT |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPATOT | 50 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: TOTAL PAYMENT |
| | | | | | 3,584 | | 0 | NOT IMPUTED |
| | | | | | 1,100 | | 1 | IMPUTED |
| AMTCOV | 51 | 9 | | MONYFMT | | | N | PORTION OF TOTAL PAY COV BY MEDICARE |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTNCOV | 60 | 9 | | MONYFMT | | | N | PORTION OF TOTAL PAY NOT COV BY MEDICARE |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTCARE | 69 | 9 | | MONYFMT | | | N | AMOUNT PAID BY MEDICARE |

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Record Type: IPE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|-----------------------------------|
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSCARE | 78 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP MEDICARE |
| | | | | | 4,677 | | 0 | NOT IMPUTED |
| | | | | | 7 | | 1 | IMPUTED |
| IMPACARE | 79 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT MEDICARE |
| | | | | | 4,582 | | 0 | NOT IMPUTED |
| | | | | | 102 | | 1 | IMPUTED |
| AMTCAID | 80 | 9 | MONYFMT | | | | N | AMOUNT PAID BY MEDICAID |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSCAID | 89 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP MEDICAID |
| | | | | | 4,436 | | 0 | NOT IMPUTED |
| | | | | | 248 | | 1 | IMPUTED |
| IMPACAID | 90 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT MEDICAID |
| | | | | | 3,970 | | 0 | NOT IMPUTED |
| | | | | | 714 | | 1 | IMPUTED |
| AMTHMOM | 91 | 9 | MONYFMT | | | | N | AMOUNT PAID BY MEDICARE HMO |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSHMOM | 100 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP MEDICARE HMO |
| | | | | | 4,612 | | 0 | NOT IMPUTED |
| | | | | | 72 | | 1 | IMPUTED |
| IMPAHMOM | 101 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT MEDICARE HMO |
| | | | | | 4,523 | | 0 | NOT IMPUTED |
| | | | | | 161 | | 1 | IMPUTED |
| AMTHMOP | 102 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PRIVATE HMO |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSHMOP | 111 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIVATE HMO |
| | | | | | 4,645 | | 0 | NOT IMPUTED |
| | | | | | 39 | | 1 | IMPUTED |
| IMPAHMOP | 112 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIVATE HMO |
| | | | | | 4,622 | | 0 | NOT IMPUTED |
| | | | | | 62 | | 1 | IMPUTED |
| AMTVA | 113 | 9 | MONYFMT | | | | N | AMOUNT PAID BY VETERANS ADM |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSVA | 122 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP VETERANS ADM |

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EVENT RIC IPE

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Record Type: IPE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| | | | | | 4,679 | | 0 | NOT IMPUTED |
| | | | | | 5 | | 1 | IMPUTED |
| IMPAVA | 123 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT VETERANS ADM |
| | | | | | 4,591 | | 0 | NOT IMPUTED |
| | | | | | 93 | | 1 | IMPUTED |
| AMTPRVE | 124 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PRIV INS (EMPLOYER SPONS) |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSRVE | 133 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-EMPLOYER |
| | | | | | 4,339 | | 0 | NOT IMPUTED |
| | | | | | 345 | | 1 | IMPUTED |
| IMPAPRVE | 134 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-EMPLOYER |
| | | | | | 4,252 | | 0 | NOT IMPUTED |
| | | | | | 432 | | 1 | IMPUTED |
| AMTPRVI | 135 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PRIV INS (INDIV PURCH) |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSRVI | 144 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-INDIV PUR |
| | | | | | 4,337 | | 0 | NOT IMPUTED |
| | | | | | 347 | | 1 | IMPUTED |
| IMPAPRVI | 145 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-INDIV PUR |
| | | | | | 4,190 | | 0 | NOT IMPUTED |
| | | | | | 494 | | 1 | IMPUTED |
| AMTPRVU | 146 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PRIV INS (UNKNOWN PURCH) |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSRVU | 155 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-UNKNOWN |
| | | | | | 4,612 | | 0 | NOT IMPUTED |
| | | | | | 72 | | 1 | IMPUTED |
| IMPAPRVU | 156 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-UNKNOWN |
| | | | | | 4,612 | | 0 | NOT IMPUTED |
| | | | | | 72 | | 1 | IMPUTED |
| AMTOOP | 157 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PERSON/FAMILY |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSOOP | 166 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PAID BY PERSON |
| | | | | | 3,928 | | 0 | NOT IMPUTED |
| | | | | | 756 | | 1 | IMPUTED |

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Record Type: IPE
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| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|---------|-----------|--------|----|---|
| IMPA00P | 167 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT PAID BY PERSON |
| | | | | | 3,744 | | 0 | NOT IMPUTED |
| | | | | | 940 | | 1 | IMPUTED |
| AMTDISC | 168 | 9 | | MONYFMT | | | N | AMOUNT OF UNCOLLECTED LIABILITIES |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSDISC | 177 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP UNCOLL LIAB |
| | | | | | 4,496 | | 0 | NOT IMPUTED |
| | | | | | 188 | | 1 | IMPUTED |
| IMPADISC | 178 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT UNCOLL LIAB |
| | | | | | 4,448 | | 0 | NOT IMPUTED |
| | | | | | 236 | | 1 | IMPUTED |
| AMTOTH | 179 | 9 | | MONYFMT | | | N | AMOUNT PAID BY OTHER SOURCES |
| | | | | | 4,684 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSOTH | 188 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP OTHER SOURCES |
| | | | | | 4,632 | | 0 | NOT IMPUTED |
| | | | | | 52 | | 1 | IMPUTED |
| IMPA0TH | 189 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT OTHER SOURCES |
| | | | | | 4,591 | | 0 | NOT IMPUTED |
| | | | | | 93 | | 1 | IMPUTED |
| ODIAGCNT | 190 | 2 | | | | | N | NUMBER OF DIAGNOSIS CODES ON CLAIM |
| PRINDIAG | 192 | 5 | | | | | C | PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG1 | 197 | 5 | | | | | C | SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG2 | 202 | 5 | | | | | C | THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM |
| DRG | 207 | 3 | | | | | C | DIAGNOSIS RELATED GROUP FROM CLAIM |
| PROCCNT | 210 | 2 | | | | | N | NUMBER OF PROCEDURE CODES ON CLAIM |
| PROC1 | 212 | 4 | | | | | C | FIRST PROCEDURE CODE FROM CLAIMS |
| PROV | 216 | 6 | | | | | C | PROVIDER NUMBER FROM CLAIM |
| STATUS | 222 | 2 | | | | | C | BENE STATUS AS OF THRU DATE ON CLAIM |
| UTLZNDAY | 224 | 3 | | | | | N | NUMBER OF COVERED DAYS OF CARE |
| COINDAY | 227 | 2 | | | | | N | TOTAL NUMBER OF COINSURANCE DAYS |
| LRDAYS | 229 | 2 | | | | | N | NUMBER OF LIFETIME RESERVE DAYS USED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IPE ----- CODEBOOK
EVENT RIC IPE

Page: 136
Record Type: IPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IUE ----- CODEBOOK
EVENT RIC IUE

Page: 137
Record Type: IUE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|-----------|------|------------------------------------|
| RIC | 1 | 3 | | | | | C | RECORD IDENTIFICATION CODE |
| FILEYR | 4 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 6 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| EVNTNUM | 14 | 4 | \$EVNTNUM | | | | C | UNIQUE EVENT IDENTIFIER |
| | | | | | 829 | CF00-C999 | | EVENT CREATED FROM CLAIM |
| | | | | | 273 | 0000-9999 | | SURVEY REPORTED EVENT |
| OREVTYPE | 18 | 2 | \$EVNTTYP | | | | C | ORIGINAL REPORTED EVENT TYPE |
| | | | | | 829 | | | |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 0 | | - | NOT ASCERTAINED |
| | | | | | 0 | | DU | DENTAL |
| | | | | | 0 | | ER | EMERGENCY ROOM |
| | | | | | 70 | | IP | INPATIENT |
| | | | | | 203 | | IU | INSTITUTIONAL UTILIZATION |
| | | | | | 0 | | MP | MEDICAL PROVIDER |
| | | | | | 0 | | OM | OTHER MEDICAL EXPENSE |
| | | | | | 0 | | OP | OUTPATIENT |
| | | | | | 0 | | PM | PRESCRIBED MEDICINE |
| | | | | | 0 | | SD | SEP BILLING DOCTOR |
| | | | | | 0 | | SL | SEP BILLING LAB |
| CLAIMID | 20 | 6 | | | | | N | CLAIM THIS SURVEY EVENT MATCHED TO |
| HMO | 26 | 1 | \$HMO | | | | C | EVENT PROVIDED BY AN HMO? |
| | | | | | 1,031 | | 0 | EVENT NOT PROV BY HMO |
| | | | | | 71 | | 1 | EVENT PROVIDED BY HMO |
| EVBEQY | 27 | 2 | EVYY | | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 2 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 1,100 | | 1-99 | YEAR |
| EVBEQMM | 29 | 2 | EVMM | | | | N | EVENT BEGIN MONTH |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 7 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 1,095 | | 1-12 | MONTH |
| | | | | | 0 | | 95 | STILL IN PROGRESS |
| EVBEQDD | 31 | 2 | EVDD | | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 21 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 0 | | -5 | MULTIPLE VISITS THIS MONTH |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 1,081 | | 1-31 | DAY OF MONTH |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IUE -----
EVENT RIC IUE

Page: 138
Record Type: IUE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|-------|-----------|--------|------|--|
| EVENDYY | 33 | 2 | EVYY | | | | N | EVENT END YEAR |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 4 | | | -8 | DK |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 0 | | | -1 | INAPPLICABLE |
| | | | | 1,098 | | | 1-99 | YEAR |
| EVENDMM | 35 | 2 | EVMM | | | | N | EVENT END MONTH |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 8 | | | -8 | DK |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 0 | | | -1 | INAPPLICABLE |
| | | | | 1,094 | | | 1-12 | MONTH |
| | | | | 0 | | | 95 | STILL IN PROGRESS |
| EVENDDD | 37 | 2 | EVDD | | | | N | EVENT END YEAR |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 20 | | | -8 | DK |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 0 | | | -5 | MULTIPLE VISITS THIS MONTH |
| | | | | 0 | | | -1 | INAPPLICABLE |
| | | | | 1,082 | | | 1-31 | DAY OF MONTH |
| SOURCE | 39 | 1 | \$SOURCE | | | | C | SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH? |
| | | | | 91 | | | 1 | SURVEY ONLY |
| | | | | 829 | | | 2 | CLAIMS ONLY |
| | | | | 182 | | | 3 | BOTH SURVEY & CLAIMS |
| SITCODE | 40 | 1 | \$SITCODE | | | | C | COMMUNITY OR FACILITY SETTING? |
| | | | | 1 | | | B | BOTH COMM & FAC |
| | | | | 446 | | | C | COMMUNITY |
| | | | | 16 | | | D | DEEMED COMMUNITY |
| | | | | 623 | | | F | FACILITY |
| | | | | 16 | | | G | DEEMED FACILITY |
| AMTTOT | 41 | 9 | MONYFMT | | | | N | TOTAL PAYMENT |
| | | | | 1,102 | | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPATOT | 50 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: TOTAL PAYMENT |
| | | | | 866 | | | 0 | NOT IMPUTED |
| | | | | 236 | | | 1 | IMPUTED |
| AMTCOV | 51 | 9 | MONYFMT | | | | N | PORTION OF TOTAL PAY COV BY MEDICARE |
| | | | | 1,102 | | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTNCOV | 60 | 9 | MONYFMT | | | | N | PORTION OF TOTAL PAY NOT COV BY MEDICARE |
| | | | | 1,102 | | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTCARE | 69 | 9 | MONYFMT | | | | N | AMOUNT PAID BY MEDICARE |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IUE -----
EVENT RIC IUE

Page: 139
Record Type: IUE
CODEBOOK

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|-----------------------------------|
| | | | | | 1,102 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSCARE | 78 | 1 | IMPFLAG | | 1,102 | | N | IMPUTATION FLAG: SOP MEDICARE |
| | | | | | 0 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| IMPACARE | 79 | 1 | IMPFLAG | | 1,096 | | N | IMPUTATION FLAG: AMT MEDICARE |
| | | | | | 6 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| AMTCAID | 80 | 9 | MONYFMT | | 1,102 | | N | AMOUNT PAID BY MEDICAID |
| | | | | | | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSCAID | 89 | 1 | IMPFLAG | | 1,074 | | N | IMPUTATION FLAG: SOP MEDICAID |
| | | | | | 28 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| IMPACAID | 90 | 1 | IMPFLAG | | 940 | | N | IMPUTATION FLAG: AMT MEDICAID |
| | | | | | 162 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| AMTHMOM | 91 | 9 | MONYFMT | | 1,102 | | N | AMOUNT PAID BY MEDICARE HMO |
| | | | | | | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSHMOM | 100 | 1 | IMPFLAG | | 1,091 | | N | IMPUTATION FLAG: SOP MEDICARE HMO |
| | | | | | 11 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| IMPAHMOM | 101 | 1 | IMPFLAG | | 1,087 | | N | IMPUTATION FLAG: AMT MEDICARE HMO |
| | | | | | 15 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| AMTHMOP | 102 | 9 | MONYFMT | | 1,102 | | N | AMOUNT PAID BY PRIVATE HMO |
| | | | | | | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSHMOP | 111 | 1 | IMPFLAG | | 1,095 | | N | IMPUTATION FLAG: SOP PRIVATE HMO |
| | | | | | 7 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| IMPAHMOP | 112 | 1 | IMPFLAG | | 1,095 | | N | IMPUTATION FLAG: AMT PRIVATE HMO |
| | | | | | 7 | | 0 | NOT IMPUTED |
| | | | | | | | 1 | IMPUTED |
| AMTVA | 113 | 9 | MONYFMT | | 1,102 | | N | AMOUNT PAID BY VETERANS ADM |
| | | | | | | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSVA | 122 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP VETERANS ADM |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IUE -----
EVENT RIC IUE

Page: 140
Record Type: IUE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| | | | | | 1,100 | | 0 | NOT IMPUTED |
| | | | | | 2 | | 1 | IMPUTED |
| IMPAVA | 123 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT VETERANS ADM |
| | | | | | 1,098 | | 0 | NOT IMPUTED |
| | | | | | 4 | | 1 | IMPUTED |
| AMTPRVE | 124 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PRIV INS (EMPLOYER SPONS) |
| | | | | | 1,102 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMSPRVE | 133 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-EMPLOYER |
| | | | | | 1,048 | | 0 | NOT IMPUTED |
| | | | | | 54 | | 1 | IMPUTED |
| IMPAPRVE | 134 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-EMPLOYER |
| | | | | | 1,045 | | 0 | NOT IMPUTED |
| | | | | | 57 | | 1 | IMPUTED |
| AMTPRVI | 135 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PRIV INS (INDIV PURCH) |
| | | | | | 1,102 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMSPRVI | 144 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-INDIV PUR |
| | | | | | 1,051 | | 0 | NOT IMPUTED |
| | | | | | 51 | | 1 | IMPUTED |
| IMPAPRVI | 145 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-INDIV PUR |
| | | | | | 1,048 | | 0 | NOT IMPUTED |
| | | | | | 54 | | 1 | IMPUTED |
| AMTPRVU | 146 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PRIV INS (UNKNOWN PURCH) |
| | | | | | 1,102 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMSPRVU | 155 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-UNKNOWN |
| | | | | | 949 | | 0 | NOT IMPUTED |
| | | | | | 153 | | 1 | IMPUTED |
| IMPAPRVU | 156 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-UNKNOWN |
| | | | | | 949 | | 0 | NOT IMPUTED |
| | | | | | 153 | | 1 | IMPUTED |
| AMTOOP | 157 | 9 | MONYFMT | | | | N | AMOUNT PAID BY PERSON/FAMILY |
| | | | | | 1,102 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSOOP | 166 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PAID BY PERSON |
| | | | | | 1,014 | | 0 | NOT IMPUTED |
| | | | | | 88 | | 1 | IMPUTED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IUE -----
EVENT RIC IUE

Page: 141
Record Type: IUE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|---------|-----------|--------|----|---|
| IMPA00P | 167 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT PAID BY PERSON |
| | | | | | 880 | | 0 | NOT IMPUTED |
| | | | | | 222 | | 1 | IMPUTED |
| AMTDISC | 168 | 9 | | MONYFMT | | | N | AMOUNT OF UNCOLLECTED LIABILITIES |
| | | | | | 1,102 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSDISC | 177 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP UNCOLL LIAB |
| | | | | | 1,086 | | 0 | NOT IMPUTED |
| | | | | | 16 | | 1 | IMPUTED |
| IMPADISC | 178 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT UNCOLL LIAB |
| | | | | | 1,056 | | 0 | NOT IMPUTED |
| | | | | | 46 | | 1 | IMPUTED |
| AMTOTH | 179 | 9 | | MONYFMT | | | N | AMOUNT PAID BY OTHER SOURCES |
| | | | | | 1,102 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| IMPSOTH | 188 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP OTHER SOURCES |
| | | | | | 1,096 | | 0 | NOT IMPUTED |
| | | | | | 6 | | 1 | IMPUTED |
| IMPA0TH | 189 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT OTHER SOURCES |
| | | | | | 1,096 | | 0 | NOT IMPUTED |
| | | | | | 6 | | 1 | IMPUTED |
| ODIAGCNT | 190 | 2 | | | | | N | NUMBER OF DIAGNOSIS CODES ON CLAIM |
| PRINDIAG | 192 | 5 | | | | | C | PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG1 | 197 | 5 | | | | | C | SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG2 | 202 | 5 | | | | | C | THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM |
| PROV | 207 | 6 | | | | | C | PROVIDER NUMBER FROM CLAIM |
| STATUS | 213 | 2 | | | | | C | BENE STATUS AS OF THRU DATE ON CLAIM |
| UTLZNDAY | 215 | 3 | | | | | N | NUMBER OF COVERED DAYS OF CARE |
| COINDAY | 218 | 2 | | | | | N | TOTAL NUMBER OF COINSURANCE DAYS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE MPE -----
EVENT RIC MPE

Page: 142
Record Type: MPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques | # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|-----------|---|----|------------------------------------|
| RIC | 1 | 3 | | | | | | C | RECORD IDENTIFICATION CODE |
| FILEYR | 4 | 2 | | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 6 | 8 | | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| EVNTNUM | 14 | 4 | \$EVNTNUM | | | | | C | UNIQUE EVENT IDENTIFIER |
| | | | | | 146,321 | CF00-C999 | | | EVENT CREATED FROM CLAIM |
| | | | | | 141,004 | 0000-9999 | | | SURVEY REPORTED EVENT |
| EVNTTYPE | 18 | 2 | \$EVNTTYP | | | | | C | EVENT TYPE |
| | | | | | 0 | | | | |
| | | | | | 0 | | | -1 | INAPPLICABLE |
| | | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | | DU | DENTAL |
| | | | | | 0 | | | ER | EMERGENCY ROOM |
| | | | | | 0 | | | IP | INPATIENT |
| | | | | | 0 | | | IU | INSTITUTIONAL UTILIZATION |
| | | | | | 146,307 | | | MP | MEDICAL PROVIDER |
| | | | | | 33,192 | | | OM | OTHER MEDICAL EXPENSE |
| | | | | | 0 | | | OP | OUTPATIENT |
| | | | | | 0 | | | PM | PRESCRIBED MEDICINE |
| | | | | | 63,051 | | | SD | SEP BILLING DOCTOR |
| | | | | | 44,775 | | | SL | SEP BILLING LAB |
| OREVTYPE | 20 | 2 | \$EVNTTYP | | | | | C | ORIGINAL REPORTED EVENT TYPE |
| | | | | | 146,321 | | | | |
| | | | | | 0 | | | -1 | INAPPLICABLE |
| | | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | | DU | DENTAL |
| | | | | | 530 | | | ER | EMERGENCY ROOM |
| | | | | | 276 | | | IP | INPATIENT |
| | | | | | 0 | | | IU | INSTITUTIONAL UTILIZATION |
| | | | | | 93,837 | | | MP | MEDICAL PROVIDER |
| | | | | | 17,575 | | | OM | OTHER MEDICAL EXPENSE |
| | | | | | 2,569 | | | OP | OUTPATIENT |
| | | | | | 0 | | | PM | PRESCRIBED MEDICINE |
| | | | | | 20,827 | | | SD | SEP BILLING DOCTOR |
| | | | | | 5,390 | | | SL | SEP BILLING LAB |
| CLAIMID | 22 | 6 | | | | | | N | CLAIM THIS SURVEY EVENT MATCHED TO |
| CLAIMTYP | 28 | 1 | \$CLAIMTP | | | | | C | CLAIM TYPE THAT EVENT MATCHED TO |
| | | | | | 200,006 | | | | |
| | | | | | 1,879 | | | D | DME CLAIM |
| | | | | | 85,440 | | | P | PHYSICIAN CLAIM |
| HMO | 29 | 1 | \$HMO | | | | | C | EVENT PROVIDED BY AN HMO? |
| | | | | | 266,533 | | | 0 | EVENT NOT PROV BY HMO |
| | | | | | 20,792 | | | 1 | EVENT PROVIDED BY HMO |

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EVENT RIC MPE

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Record Type: MPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|---------|-----------|--------|------|--|
| EVBEGYY | 30 | 2 | EVYY | | | | N | EVENT BEGIN YEAR |
| | | | | 0 | | | . | |
| | | | | 19 | | | -9 | NOT ASCERTAINED |
| | | | | 89 | | | -8 | DK |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 4,934 | | | -1 | INAPPLICABLE |
| | | | | 282,283 | | | 1-99 | YEAR |
| EVBEGMM | 32 | 2 | EVMM | | | | N | EVENT BEGIN MONTH |
| | | | | 0 | | | . | |
| | | | | 35 | | | -9 | NOT ASCERTAINED |
| | | | | 678 | | | -8 | DK |
| | | | | 0 | | | -7 | REFUSED |
| | | | | 4,934 | | | -1 | INAPPLICABLE |
| | | | | 281,678 | | | 1-12 | MONTH |
| | | | | 0 | | | 95 | STILL IN PROGRESS |
| EVBEGDD | 34 | 2 | EVDD | | | | N | EVENT BEGIN YEAR |
| | | | | 0 | | | . | |
| | | | | 212 | | | -9 | NOT ASCERTAINED |
| | | | | 11,164 | | | -8 | DK |
| | | | | 10 | | | -7 | REFUSED |
| | | | | 8,909 | | | -5 | MULTIPLE VISITS THIS MONTH |
| | | | | 4,934 | | | -1 | INAPPLICABLE |
| | | | | 262,096 | | | 1-31 | DAY OF MONTH |
| SOURCE | 36 | 1 | \$SOURCE | | | | C | SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH? |
| | | | | 53,685 | | | 1 | SURVEY ONLY |
| | | | | 146,321 | | | 2 | CLAIMS ONLY |
| | | | | 87,319 | | | 3 | BOTH SURVEY & CLAIMS |
| SITCODE | 37 | 1 | \$SITCODE | | | | C | COMMUNITY OR FACILITY SETTING? |
| | | | | 293 | | | B | BOTH COMM & FACILITY |
| | | | | 241,588 | | | C | COMMUNITY |
| | | | | 7,872 | | | D | DEEMED COMMUNITY |
| | | | | 36,879 | | | F | FACILITY |
| | | | | 693 | | | G | DEEMED FACILITY |
| AMTTOT | 38 | 9 | | | | | N | TOTAL PAYMENT |
| IMPATOT | 47 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT TOTAL PAYMENT |
| | | | | 203,669 | | | 0 | NOT IMPUTED |
| | | | | 83,656 | | | 1 | IMPUTED |
| AMTCOV | 48 | 9 | | | | | N | PORTION OF TOTAL PAY COV BY MEDICARE |
| AMTNCOV | 57 | 9 | | | | | N | PORTION OF TOTAL PAY NOT COV BY MEDICARE |
| AMTCARE | 66 | 9 | | | | | N | AMOUNT PAID BY MEDICARE |
| IMPSCARE | 75 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP MEDICARE |
| | | | | 286,745 | | | 0 | NOT IMPUTED |

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RECORD IDENTIFICATION CODE MPE -----
EVENT RIC MPE

Page: 144
Record Type: MPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| | | | | | 580 | | 1 | IMPUTED |
| IMPACARE | 76 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT MEDICARE |
| | | | | | 274,203 | | 0 | NOT IMPUTED |
| | | | | | 13,122 | | 1 | IMPUTED |
| AMTCAID | 77 | 9 | | | | | N | AMOUNT PAID BY MEDICAID |
| IMPSCAID | 86 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP MEDICAID |
| | | | | | 261,259 | | 0 | NOT IMPUTED |
| | | | | | 26,066 | | 1 | IMPUTED |
| IMPACAID | 87 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT MEDICAID |
| | | | | | 236,001 | | 0 | NOT IMPUTED |
| | | | | | 51,324 | | 1 | IMPUTED |
| AMTHMOM | 88 | 9 | | | | | N | AMOUNT PAID BY MEDICARE HMO |
| IMPSHMOM | 97 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP MEDICARE HMO |
| | | | | | 285,618 | | 0 | NOT IMPUTED |
| | | | | | 1,707 | | 1 | IMPUTED |
| IMPAHMOM | 98 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT MEDICARE HMO |
| | | | | | 280,753 | | 0 | NOT IMPUTED |
| | | | | | 6,572 | | 1 | IMPUTED |
| AMTHMOP | 99 | 9 | | | | | N | AMOUNT PAID BY PRIVATE HMO |
| IMPSHMOP | 108 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIVATE HMO |
| | | | | | 284,426 | | 0 | NOT IMPUTED |
| | | | | | 2,899 | | 1 | IMPUTED |
| IMPAHMOP | 109 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIVATE HMO |
| | | | | | 283,052 | | 0 | NOT IMPUTED |
| | | | | | 4,273 | | 1 | IMPUTED |
| AMTVA | 110 | 9 | | | | | N | AMOUNT PAID BY VETERANS ADM |
| IMPSVA | 119 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP VETERANS ADM |
| | | | | | 287,295 | | 0 | NOT IMPUTED |
| | | | | | 30 | | 1 | IMPUTED |
| IMPAVA | 120 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT VETERANS ADM |
| | | | | | 286,467 | | 0 | NOT IMPUTED |
| | | | | | 858 | | 1 | IMPUTED |
| AMTPRVE | 121 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (EMPLOYER SPONS) |
| IMPSPRVE | 130 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-EMPLOYER |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE MPE -----
EVENT RIC MPE

Page: 145
CODEBOOK
Record Type: MPE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|---|
| | | | | | 265,588 | | 0 | NOT IMPUTED |
| | | | | | 21,737 | | 1 | IMPUTED |
| IMPAPRVE | 131 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-EMPLOYER |
| | | | | | 260,171 | | 0 | NOT IMPUTED |
| | | | | | 27,154 | | 1 | IMPUTED |
| AMTPRVI | 132 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (INDIV PURCH) |
| IMPSPRVI | 141 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-INDIV PUR |
| | | | | | 259,714 | | 0 | NOT IMPUTED |
| | | | | | 27,611 | | 1 | IMPUTED |
| IMPAPRVI | 142 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-INDIV PUR |
| | | | | | 253,962 | | 0 | NOT IMPUTED |
| | | | | | 33,363 | | 1 | IMPUTED |
| AMTPRVU | 143 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (UNKNOWN PURCH) |
| IMPSPRVU | 152 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-UNKNOWN |
| | | | | | 283,459 | | 0 | NOT IMPUTED |
| | | | | | 3,866 | | 1 | IMPUTED |
| IMPAPRVU | 153 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-UNKNOWN |
| | | | | | 283,459 | | 0 | NOT IMPUTED |
| | | | | | 3,866 | | 1 | IMPUTED |
| AMTOOP | 154 | 9 | | | | | N | AMOUNT PAID BY PERSON/FAMILY |
| IMPSOOP | 163 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PAID BY PERSON |
| | | | | | 242,817 | | 0 | NOT IMPUTED |
| | | | | | 44,508 | | 1 | IMPUTED |
| IMPAOOP | 164 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PAID BY PERSON |
| | | | | | 218,922 | | 0 | NOT IMPUTED |
| | | | | | 68,403 | | 1 | IMPUTED |
| AMTDISC | 165 | 9 | | | | | N | AMOUNT OF UNCOLLECTED LIABILITIES |
| IMPSDISC | 174 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP OF UNCOLL LIAB |
| | | | | | 279,420 | | 0 | NOT IMPUTED |
| | | | | | 7,905 | | 1 | IMPUTED |
| IMPADISC | 175 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT OF UNCOLL LIAB |
| | | | | | 276,304 | | 0 | NOT IMPUTED |
| | | | | | 11,021 | | 1 | IMPUTED |
| AMTOTH | 176 | 9 | | | | | N | AMOUNT PAID BY OTHER SOURCES |

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RECORD IDENTIFICATION CODE MPE -----
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Record Type: MPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|----------|-----------|--------|----|---|
| IMPSOTH | 185 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP OTHER SOURCES |
| | | | | | 286,321 | | 0 | NOT IMPUTED |
| | | | | | 1,004 | | 1 | IMPUTED |
| IMPAOTH | 186 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT OTHER SOURCES |
| | | | | | 283,229 | | 0 | NOT IMPUTED |
| | | | | | 4,096 | | 1 | IMPUTED |
| PAMTMED | 187 | 9 | | | | | N | TOTAL AMOUNT PAID FOR MEDICAL SERVICES |
| PAMTSURG | 196 | 9 | | | | | N | TOTAL AMOUNT PAID FOR SURGICAL SERVICES |
| PAMTLABX | 205 | 9 | | | | | N | TOTAL AMOUNT PAID FOR LAB/X-RAY |
| PAMTOM | 214 | 9 | | | | | N | TOTAL AMOUNT PAID FOR OTH MED SERVICES |
| PAMTPM | 223 | 9 | | | | | N | TOTAL AMOUNT PAID FOR PRES MEDICINES |
| PROVSPEC | 232 | 2 | | PROVSPEC | | | N | MEDICAL PROVIDER SPECIALTY |
| | | | | | 146,321 | | . | |
| | | | | | 206 | | -9 | NOT ASCERTAINED |
| | | | | | 241 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 37,826 | | -1 | INAPPLICABLE |
| | | | | | 338 | | 1 | DENTIST/DENTAL PROVIDER |
| | | | | | 77,466 | | 2 | MEDICAL DOCTOR |
| | | | | | 277 | | 3 | AUDIOLOGIST |
| | | | | | 4,929 | | 4 | CHIROPRACTOR |
| | | | | | 198 | | 5 | CLINICAL SOCIAL WORKER |
| | | | | | 15 | | 6 | DIETITIAN-NUTRITIONIST |
| | | | | | 26 | | 7 | HEARING THERAPIST |
| | | | | | 98 | | 8 | HOME HEALTH/HEALTH AIDE |
| | | | | | 1 | | 9 | HOMEMAKER |
| | | | | | 57 | | 10 | HOSPICE WORKER |
| | | | | | 35 | | 11 | I.V. THERAPIST |
| | | | | | 1,904 | | 12 | NURSE (RN) |
| | | | | | 125 | | 13 | NURSE PRACTITIONER (LPN) |
| | | | | | 27 | | 14 | NURSE'S AIDE |
| | | | | | 384 | | 15 | OCCUPATIONAL THERAPIST (OT) |
| | | | | | 2,213 | | 16 | OPTOMETRIST |
| | | | | | 169 | | 17 | OSTEOPATH (DO) |
| | | | | | 46 | | 18 | PARAMEDIC |
| | | | | | 5,059 | | 19 | PHYSICAL THERAPIST (PT) |
| | | | | | 110 | | 20 | PHYSICIAN'S ASSISTANT |
| | | | | | 2,654 | | 21 | PODIATRIST (FOOT DOCTOR) |
| | | | | | 1,454 | | 22 | PSYCHOLOGIST |
| | | | | | 227 | | 23 | RESPIRATORY THERAPIST |
| | | | | | 519 | | 24 | SOCIAL/CASE WORKER |
| | | | | | 65 | | 25 | SPEECH THERAPIST |
| | | | | | 811 | | 26 | THERAPIST (MENTAL HEALTH) |
| | | | | | 761 | | 27 | X-RAY TECHNICIAN |
| | | | | | 2,763 | | 91 | OTHER MEDICAL PROVIDER |

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RECORD IDENTIFICATION CODE MPE -----
EVENT RIC MPE

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Record Type: MPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

OMETYPE 234 2 OMETYPE

134,251
0
0
0
123,429
2,782
1,297
1,925
3,588
4,081
178
319
3,072
54
12,349

N TYPE OF OM EVENT
.
-9 NOT ASCERTAINED
-8 DK
-7 REFUSED
-1 INAPPLICABLE
1 EYEGLASSES
2 HEARING OR SPEECH DEVICE
3 ORTHOPEDIC
4 DIABETIC
5 AMBULANCE
6 PROSTHESIS
7 ALTERATION
8 OXYGEN
9 KIDNEY DIALYSIS
10 OTHER

ORTHTYPE 236 2 ORTHTYPE

146,321
0
0
0
139,723
332
204
125
31
254
301
34

N TYPE OF ORTHOPEDIC ITEM
.
-9 NOT ASCERTAINED
-8 DK
-7 REFUSED
-1 INAPPLICABLE
1 BRACES OR SUPPORTS
2 CANE
3 CORRECTIVE SHOES OR INSERTS
4 CRUTCHES
5 WALKER
6 WHEELCHAIR
91 OTHER

ALTRTYPE 238 2 ALTRTYPE

146,349
0
0
0
140,792
1
53
45
44
14
5
22

N TYPE OF ALTERATION
.
-9 NOT ASCERTAINED
-8 DK
-7 REFUSED
-1 INAPPLICABLE
1 ELEVATOR OR INCLINE CHAIR
2 HANDRAILS (OTHER THAN TUB)
3 RAMPS
4 TUB HANDRAILS
5 TUB SEAT
6 ANY CAR ALTERATION
91 OTHER

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RECORD IDENTIFICATION CODE MPE -----
EVENT RIC MPE

Page: 148
Record Type: MPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

OTHRTYPE 240 2 OTHRTYPE

N TYPE OF OTHER OME

| | |
|---------|---------------------------------|
| 146,321 | . |
| 0 | -9 NOT ASCERTAINED |
| 0 | -8 DK |
| 0 | -7 REFUSED |
| 134,635 | -1 INAPPLICABLE |
| 240 | 1 PORT./RAISED TOILET |
| 81 | 2 PORTABLE TUB SEAT |
| 153 | 3 SPECIAL CHAIR OR CUSHION |
| 171 | 4 HOSPITAL BED |
| 515 | 5 OSTOMY SUPPLIES |
| 4,163 | 6 DEPENDS (DIAPERS) |
| 536 | 7 BANDAGES,DRESSINGS,TAPE SUPP. |
| 116 | 8 PULMONARY EQUIPMENT |
| 394 | 91 OTHER |

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RECORD IDENTIFICATION CODE OPE ----- CODEBOOK
EVENT RIC OPE

Page: 149
Record Type: OPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|-----------|--|
| RIC | 1 | 3 | | | | | C | RIC CODE FOR ADMIN IDENTIFICATION RECORD |
| FILEYR | 4 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 6 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| EVNTNUM | 14 | 4 | \$EVNTNUM | | | | C | UNIQUE EVENT IDENTIFIER |
| | | | | | 20,901 | | CF00-C999 | EVENT CREATED FROM CLAIM |
| | | | | | 26,121 | | 0000-9999 | SURVEY REPORTED EVENT |
| OREVTYPE | 18 | 2 | \$EVNTTYP | | | | C | ORIGINAL REPORTED EVENT TYPE |
| | | | | | 20,901 | | | |
| | | | | | 0 | | -1 | INAPPLICABLE |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | DU | DENTAL |
| | | | | | 2,217 | | ER | EMERGENCY ROOM |
| | | | | | 588 | | IP | INPATIENT |
| | | | | | 0 | | IU | INSTITUTIONAL UTILIZATION |
| | | | | | 6,742 | | MP | MEDICAL PROVIDER |
| | | | | | 566 | | OM | OTHER MEDICAL EXPENSE |
| | | | | | 15,014 | | OP | OUTPATIENT |
| | | | | | 0 | | PM | PRESCRIBED MEDICINE |
| | | | | | 213 | | SD | SEP BILLING DOCTOR |
| | | | | | 781 | | SL | SEP BILLING LAB |
| CLAIMID | 20 | 6 | | | | | N | CLAIM THIS SURVEY EVENT MATCHED TO |
| HMO | 26 | 1 | \$HMO | | | | C | EVENT PROVIDED BY AN HMO? |
| | | | | | 43,392 | | 0 | EVENT NOT PROV BY HMO |
| | | | | | 3,630 | | 1 | EVENT PROVIDED BY HMO |
| FROMDT | 27 | 6 | | | | | N | FROM DATE ON CLAIM |
| THRU DT | 33 | 6 | | | | | N | THRU DATE ON CLAIM |
| EVBE GYY | 39 | 2 | EVYY | | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | . | |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 7 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 150 | | -1 | INAPPLICABLE |
| | | | | | 46,865 | | 1-99 | YEAR |
| EVBE GMM | 41 | 2 | EVMM | | | | N | EVENT BEGIN MONTH |
| | | | | | 0 | | . | |
| | | | | | 10 | | -9 | NOT ASCERTAINED |
| | | | | | 104 | | -8 | DK |
| | | | | | 0 | | -7 | REFUSED |
| | | | | | 150 | | -1 | INAPPLICABLE |
| | | | | | 46,758 | | 1-12 | MONTH |
| | | | | | 0 | | 95 | STILL IN PROGRESS |

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EVENT RIC OPE

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Record Type: OPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|-----------|-----------|--------|------|--|
| EVBEGDD | 43 | 2 | | EVDD | | | N | EVENT BEGIN YEAR |
| | | | | | 0 | | . | |
| | | | | | 53 | | -9 | NOT ASCERTAINED |
| | | | | | 2,373 | | -8 | DK |
| | | | | | 6 | | -7 | REFUSED |
| | | | | | 7,545 | | -5 | MULTIPLE VISITS THIS MONTH |
| | | | | | 150 | | -1 | INAPPLICABLE |
| | | | | | 36,895 | | 1-31 | DAY OF MONTH |
| SOURCE | 45 | 1 | | \$SOURCE | | | C | SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH? |
| | | | | | 8,600 | | 1 | SURVEY ONLY |
| | | | | | 20,901 | | 2 | CLAIMS ONLY |
| | | | | | 17,521 | | 3 | BOTH SURVEY & CLAIMS |
| SITCODE | 46 | 1 | | \$SITCODE | | | C | COMMUNITY OR FACILITY SETTING? |
| | | | | | 7 | | B | BOTH COMM & FACILITY |
| | | | | | 39,680 | | C | COMMUNITY |
| | | | | | 1,318 | | D | DEEMED COMMUNITY |
| | | | | | 5,993 | | F | FACILITY |
| | | | | | 24 | | G | DEEMED FACILITY |
| AMTTOT | 47 | 9 | | | | | N | TOTAL PAYMENT |
| IMPATOT | 56 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT TOTAL PAYMENT |
| | | | | | 31,778 | | 0 | NOT IMPUTED |
| | | | | | 15,244 | | 1 | IMPUTED |
| AMTCOV | 57 | 9 | | | | | N | PORTION OF TOTAL PAY COV BY MEDICARE |
| AMTNCOV | 66 | 9 | | | | | N | PORTION OF TOTAL PAY NOT COV BY MEDICARE |
| AMTCARE | 75 | 9 | | | | | N | AMOUNT PAID BY MEDICARE |
| IMPSCARE | 84 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP MEDICARE |
| | | | | | 46,916 | | 0 | NOT IMPUTED |
| | | | | | 106 | | 1 | IMPUTED |
| IMPACARE | 85 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT MEDICARE |
| | | | | | 44,165 | | 0 | NOT IMPUTED |
| | | | | | 2,857 | | 1 | IMPUTED |
| AMTCAID | 86 | 9 | | | | | N | AMOUNT PAID BY MEDICAID |
| IMPSCAID | 95 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: SOP MEDICAID |
| | | | | | 43,445 | | 0 | NOT IMPUTED |
| | | | | | 3,577 | | 1 | IMPUTED |
| IMPACAID | 96 | 1 | | IMPFLAG | | | N | IMPUTATION FLAG: AMT MEDICAID |
| | | | | | 37,534 | | 0 | NOT IMPUTED |
| | | | | | 9,488 | | 1 | IMPUTED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE OPE -----
EVENT RIC OPE

Page: 151
Record Type: OPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| AMTHMOM | 97 | 9 | | | | | N | AMOUNT PAID BY MEDICARE HMO |
| IMPSHMOM | 106 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP MEDICARE HMO |
| | | | | | 46,676 | | 0 | NOT IMPUTED |
| | | | | | 346 | | 1 | IMPUTED |
| IMPAHMOM | 107 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT MEDICARE HMO |
| | | | | | 45,672 | | 0 | NOT IMPUTED |
| | | | | | 1,350 | | 1 | IMPUTED |
| AMTHMOP | 108 | 9 | | | | | N | AMOUNT PAID BY PRIVATE HMO |
| IMPSHMOP | 117 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIVATE HMO |
| | | | | | 46,546 | | 0 | NOT IMPUTED |
| | | | | | 476 | | 1 | IMPUTED |
| IMPAHMOP | 118 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIVATE HMO |
| | | | | | 46,147 | | 0 | NOT IMPUTED |
| | | | | | 875 | | 1 | IMPUTED |
| AMTVA | 119 | 9 | | | | | N | AMOUNT PAID BY VETERANS ADM |
| IMPSVA | 128 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP VETERANS ADM |
| | | | | | 46,977 | | 0 | NOT IMPUTED |
| | | | | | 45 | | 1 | IMPUTED |
| IMPAVA | 129 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT VETERANS ADM |
| | | | | | 46,067 | | 0 | NOT IMPUTED |
| | | | | | 955 | | 1 | IMPUTED |
| AMTPRVE | 130 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (EMPLOYER SPONS) |
| IMPSPRVE | 139 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-EMPLOYER |
| | | | | | 43,923 | | 0 | NOT IMPUTED |
| | | | | | 3,099 | | 1 | IMPUTED |
| IMPAPRVE | 140 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-EMPLOYER |
| | | | | | 42,833 | | 0 | NOT IMPUTED |
| | | | | | 4,189 | | 1 | IMPUTED |
| AMTPRVI | 141 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (INDIV PURCH) |
| IMPSPRVI | 150 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-INDIV PUR |
| | | | | | 43,978 | | 0 | NOT IMPUTED |
| | | | | | 3,044 | | 1 | IMPUTED |
| IMPAPRVI | 151 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-INDIV PUR |
| | | | | | 42,906 | | 0 | NOT IMPUTED |
| | | | | | 4,116 | | 1 | IMPUTED |

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RECORD IDENTIFICATION CODE OPE -----
EVENT RIC OPE

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Record Type: OPE

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|---|
| AMTPRVU | 152 | 9 | | | | | N | AMOUNT PAID BY PRIV INS (UNKNOWN PURCH) |
| IMPSPRVU | 161 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PRIV INS-UNKNOWN |
| | | | | | 46,457 | | 0 | NOT IMPUTED |
| | | | | | 565 | | 1 | IMPUTED |
| IMPAPRVU | 162 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PRIV INS-UNKNOWN |
| | | | | | 46,457 | | 0 | NOT IMPUTED |
| | | | | | 565 | | 1 | IMPUTED |
| AMTOOP | 163 | 9 | | | | | N | AMOUNT PAID BY PERSON/FAMILY |
| IMPSOOP | 172 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP PAID BY PERSON |
| | | | | | 41,439 | | 0 | NOT IMPUTED |
| | | | | | 5,583 | | 1 | IMPUTED |
| IMPAOOP | 173 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT PAID BY PERSON |
| | | | | | 39,507 | | 0 | NOT IMPUTED |
| | | | | | 7,515 | | 1 | IMPUTED |
| AMTDISC | 174 | 9 | | | | | N | AMOUNT OF UNCOLLECTED LIABILITIES |
| IMPSDISC | 183 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP UNCOLL LIAB |
| | | | | | 45,780 | | 0 | NOT IMPUTED |
| | | | | | 1,242 | | 1 | IMPUTED |
| IMPADISC | 184 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT UNCOLL LIAB |
| | | | | | 45,331 | | 0 | NOT IMPUTED |
| | | | | | 1,691 | | 1 | IMPUTED |
| AMTOTH | 185 | 9 | | | | | N | AMOUNT PAID BY OTHER SOURCES |
| IMPSOTH | 194 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: SOP OTHER SOURCES |
| | | | | | 46,796 | | 0 | NOT IMPUTED |
| | | | | | 226 | | 1 | IMPUTED |
| IMPAOTH | 195 | 1 | IMPFLAG | | | | N | IMPUTATION FLAG: AMT OTHER SOURCES |
| | | | | | 46,123 | | 0 | NOT IMPUTED |
| | | | | | 899 | | 1 | IMPUTED |
| ODIAGCNT | 196 | 2 | | | | | N | NUMBER OF DIAGNOSIS CODES ON CLAIM |
| ODIAG1 | 198 | 5 | | | | | C | FIRST ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG2 | 203 | 5 | | | | | C | SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG3 | 208 | 5 | | | | | C | THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM |

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Record Type: OPE

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|----|-------|
|----------|-----|-----|-----|------|-----------|--------|----|-------|

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME -----
EVENT RIC PME

Page: 154
Record Type: PME
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| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|--------------|--------|--------|------------------------------|
| RIC | 1 | 1 | | | | | C | RECORD IDENTIFICATION NUMBER |
| FILEYR | 2 | 2 | \$YRFMT | | | | C | FILE YEAR |
| | | | | | 203,295 | | C5 | CALENDAR YEAR 1995 |
| BASEID | 4 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| TYPE | 12 | 2 | \$TYPFMT | | | | C | EVENT TYPE-PRESCRIBED MED |
| | | | | | 203,295 | | PM | PRESCRIBED MEDICINE |
| CORF | 14 | 1 | \$CFFMT | | | | C | COMMUNITY OR FACILITY |
| | | | | | 203,295 0 | | C F | COMMUNITY FACILITY |
| AMTTOT | 15 | 9 | MONYFMT | | | | N | TOTAL EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTCARE | 24 | 9 | MONYFMT | | | | N | MEDICARE EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTCAID | 33 | 9 | MONYFMT | | | | N | MEDICAID EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTHMOP | 42 | 9 | MONYFMT | | | | N | PRIVATE HMO EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTHMOM | 51 | 9 | MONYFMT | | | | N | MEDICARE HMO EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTVA | 60 | 9 | MONYFMT | | | | N | VA EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTPRVE | 69 | 9 | MONYFMT | | | | N | EMPL.SPONS.INS. EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTPRVI | 78 | 9 | MONYFMT | | | | N | IND.PURCH.INS. EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTPRVU | 87 | 9 | MONYFMT | | | | N | UNKNOWN EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTOOP | 96 | 9 | MONYFMT | | | | N | OUT OF POCKET EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AMTDISC | 105 | 9 | MONYFMT | | | | N | DISCOUNTS |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME -----
EVENT RIC PME

Page: 155
Record Type: PME

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|--------------|-----------------------------|
| AMTOTH | 114 | 9 | MONYFMT | | | | N | OTHER EXPENDITURES |
| | | | | | 203,295 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| DRUGNAME | 123 | 30 | | | | | C | PRESCRIBED MEDICINE NAME |
| PMFORM | 153 | 2 | \$FORMFMT | | | | C | PRES. MED FORM |
| | | | | | 22,871 | | | NOT ASCERTAINED |
| | | | | | 0 | | -1 | NOT ASCERTAINED |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 152,382 | | 1 | PILL |
| | | | | | 303 | | 10 | PATCH/PAD |
| | | | | | 116 | | 11 | TOPICAL GEL/JELLY |
| | | | | | 1,656 | | 12 | POWDER |
| | | | | | 7,987 | | 2 | LIQUID |
| | | | | | 4,099 | | 3 | DROPS |
| | | | | | 5,238 | | 4 | TOPICAL OINTMENT |
| | | | | | 278 | | 5 | SUPPOSITORY |
| | | | | | 4,147 | | 6 | INHALANT/AEROSOL SPRAY |
| | | | | | 82 | | 7 | SHAMPOO, SOAP |
| | | | | | 1,629 | | 8 | INJECTION |
| | | | | | 208 | | 9 | I.V. |
| | | | | | 2,299 | | 91 | OTHER |
| STRNUNI1 | 155 | 2 | \$STRNFMT | | | | C | UNIT OF STRENGTH |
| | | | | | 18,535 | | | MISSING |
| | | | | | 8,517 | | -8 | DONT KNOW |
| | | | | | 35,527 | | -9 | NOT ASCERTAINED |
| | | | | | 681 | | 1 | MICROGRAMS |
| | | | | | 136,076 | | 2 | MILLIGRAMS |
| | | | | | 312 | | 3 | GRAINS |
| | | | | | 3,283 | | 4 | MILLIEQUIVALENTS (MEQ) |
| | | | | | 290 | | 5 | GRAMS (GM,G) |
| | | | | | 74 | | 91 | OTHER |
| STRNNUM1 | 157 | 10 | STRNFMT | | | | N | NUMBER OF UNITS |
| | | | | | 18,535 | | . | MISSING |
| | | | | | 44,067 | | -9 | NOT ASCERTAINED |
| | | | | | 1,024 | | -8 | DONT KNOW |
| | | | | | 16,274 | | 0 | ZERO |
| | | | | | 123,395 | | 1E-6-1000000 | NUMBER OF UNITS OF STRENGTH |
| STRNUNI2 | 167 | 2 | \$STRNFMT | | | | C | UNIT OF STRENGTH/2ND COMB |
| | | | | | 203,295 | | | MISSING |
| | | | | | 0 | | -8 | DONT KNOW |
| | | | | | 0 | | -9 | NOT ASCERTAINED |
| | | | | | 0 | | 1 | MICROGRAMS |
| | | | | | 0 | | 2 | MILLIGRAMS |
| | | | | | 0 | | 3 | GRAINS |
| | | | | | 0 | | 4 | MILLIEQUIVALENTS (MEQ) |
| | | | | | 0 | | 5 | GRAMS (GM,G) |
| | | | | | 0 | | 91 | OTHER |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME -----
EVENT RIC PME

Page: 156
Record Type: PME

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|---------|--------------|--------|--------------|-------------------------------|
| STRNNUM2 | 169 | 10 | STRNFM | | | | N | NUMBER OF UNITS/2ND COMB |
| | | | | 203,295 | | | . | MISSING |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 0 | | | 0 | ZERO |
| | | | | 0 | 1E-6-1000000 | | | NUMBER OF UNITS OF STRENGTH |
| TABNUM | 179 | 8 | TABFMT | | | | N | NUMBER OF TABS |
| | | | | 18,535 | | | . | MISSING |
| | | | | 35,569 | | | -9 | NOT ASCERTAINED |
| | | | | 2,704 | | | -8 | DONT KNOW |
| | | | | 146,487 | | | 1-999 | NUMBER OF TABS IN CONTAINER |
| SUPPNUM | 187 | 8 | SUPPFMT | | | | N | NUMBER OF SUPPOSITORIES |
| | | | | 43,109 | | | . | MISSING OR INAPPLICABLE |
| | | | | 160,091 | | | -9 | NOT ASCERTAINED |
| | | | | 3 | | | -8 | DONT KNOW |
| | | | | 89 | | | 1-98 | NUMBER OF SUPP. IN CONTAINER |
| | | | | 3 | | | 99 | 99 OR MORE SUPP. IN CONTAINER |
| AMTNUM | 195 | 10 | AMTFMT | | | | N | AMOUNT OF RX IN CONTAINER |
| | | | | 18,535 | | | . | MISSING |
| | | | | 171,034 | | | -9 | NOT ASCERTAINED |
| | | | | 227 | | | -8 | DONT KNOW |
| | | | | 13,494 | | | 0.01-1000000 | NUMBER OF UNITS IN CONTAINER |
| | | | | 5 | | | | * OUT OF RANGE * |
| AMTUNIT | 205 | 2 | \$AMTFMT | | | | C | AMOUNT UNIT |
| | | | | 18,535 | | | | MISSING |
| | | | | 2,922 | | | -8 | DONT KNOW |
| | | | | 167,876 | | | -9 | NOT ASCERTAINED |
| | | | | 780 | | | 1 | OUNCES |
| | | | | 5,236 | | | 2 | GRAMS |
| | | | | 6,576 | | | 3 | MILLILITERS (ML, CC) |
| | | | | 145 | | | 4 | MILLIEQUIVALENTS (MEQ) |
| | | | | 572 | | | 5 | MILLIGRAMS (MG, MGM) |
| | | | | 490 | | | 6 | MICROGRAMS (MCG) |
| | | | | 163 | | | 91 | OTHER |
| IMPDF | 207 | 10 | | | | | C | IMPUTED DOSAGE FORM |
| IMPSTNG | 217 | 10 | | | | | C | IMPUTED STRENGTH |
| IMAMTNUM | 227 | 10 | AMTFMT | | | | N | IMPUTED AMOUNT OF RX |
| | | | | 0 | | | . | MISSING |
| | | | | 0 | | | -9 | NOT ASCERTAINED |
| | | | | 0 | | | -8 | DONT KNOW |
| | | | | 203,295 | | | 0.01-1000000 | NUMBER OF UNITS IN CONTAINER |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME -----
EVENT RIC PME

Page: 157
Record Type: PME

Variable Col Len Fmt Name Frequency Ques #

Ty Label

THERCC 237 2 \$THERFMT

C F.D.B. GENERIC THER.CLASS

29,154
6,532
26
30
7,485
6,331
1,009
6,305
2,432
1,943
1,813
6,163
4,340
29,577
19,080
3,297
44
1,616
25
14,902
5,780
5,834
11,646
8,140
3,690
7
1,306
15,417
1,819
2,061
4,639
22
3
769
58

UN UNCLASSIFIED DRUG PRODUCTS
02 ANALGESICS
05 ANESTETICS
08 ANTI-OBESITY DRUGS
11 ANTIARTHRITICS
14 ANTIASHTHMATICS
17 ANTIHISTAMINES
20 ANTIINFECTIVES
23 ANTIINFECTIVES, MISCELLANEOUS
26 ANTINEOPLASTICS
29 ANTIPARKINSON DRUGS
32 AUTONOMIC DRUGS
35 BLOOD
38 CARDIAC DRUGS
41 CARDIOVASCULAR
44 CNS DRUGS
47 CONTRACEPTIVES
50 COUGH AND COLD PREPARATIONS
53 DIAGNOSTIC
56 DIURETICS
59 ELECTROLYTE, CALORIC & FLIUD REP.
62 EENT PREPARATIONS
65 GASTROINTESTINAL PREPARATIONS
68 HORMONES
71 HYPOGLYCEMICS
74 MISC MEDICAL SUPP.,DEVICES & OTH.
77 MUSCLE RELAXANTS
80 PSYCHOTHERAPEUTIC DRUGS
83 SEDATIVE AND HYPNOTICS
86 SKIN PREPARATIONS
89 THYROID PREPS
92 BIOLOGICALS
94 PRE-NATAL VITAMINS
95 VITAMINS, ALL OTHERS
99 UNCLASSIFIED DRUG PRODUCTS

OTCLEG 239 1 \$OTCFMT

C OTC/LEGEND INDICATOR

203,295
0

F FEDERAL OR LEGEND DRUG
O OTC DRUG

ISOPCARE 240 1 \$IMPFMT

C IMPUTED MEDICARE PAYOR

203,070
225

0 NOT IMPUTED
1 IMPUTED

ISOPCAID 241 1 \$IMPFMT

C IMPUTED MEDICAID PAYOR

197,439
5,856

0 NOT IMPUTED
1 IMPUTED

ISOPHMOP 242 1 \$IMPFMT

C IMPUTED HMO PAYOR

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME -----
EVENT RIC PME

Page: 158
Record Type: PME
CODEBOOK

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|-----------|--------|----|------------------------------|
| | | | | | 189,929 | | 0 | NOT IMPUTED |
| | | | | | 13,366 | | 1 | IMPUTED |
| ISOPHMOM | 243 | 1 | \$IMPFMT | | | | C | IMPUTED MEDICARE HMO PAYOR |
| | | | | | 200,851 | | 0 | NOT IMPUTED |
| | | | | | 2,444 | | 1 | IMPUTED |
| ISOPVA | 244 | 1 | \$IMPFMT | | | | C | IMPUTED VA PAYOR |
| | | | | | 200,420 | | 0 | NOT IMPUTED |
| | | | | | 2,875 | | 1 | IMPUTED |
| ISOPPRVE | 245 | 1 | \$IMPFMT | | | | C | IMPUTED EMP.SPONS.INS. PAYOR |
| | | | | | 184,543 | | 0 | NOT IMPUTED |
| | | | | | 18,752 | | 1 | IMPUTED |
| ISOPPRVI | 246 | 1 | \$IMPFMT | | | | C | IMPUTED IND.PURCH.INS. PAYOR |
| | | | | | 197,541 | | 0 | NOT IMPUTED |
| | | | | | 5,754 | | 1 | IMPUTED |
| ISOPPRVU | 247 | 1 | \$IMPFMT | | | | C | IMPUTED UNKNOWN PAYOR |
| | | | | | 203,295 | | 0 | NOT IMPUTED |
| | | | | | 0 | | 1 | IMPUTED |
| ISOPOOP | 248 | 1 | \$IMPFMT | | | | C | IMPUTED OUT OF POCK. PAYOR |
| | | | | | 153,828 | | 0 | NOT IMPUTED |
| | | | | | 49,467 | | 1 | IMPUTED |
| ISOPDISC | 249 | 1 | \$IMPFMT | | | | C | IMPUTED DISCOUNT |
| | | | | | 95,159 | | 0 | NOT IMPUTED |
| | | | | | 108,136 | | 1 | IMPUTED |
| ISOPOTH | 250 | 1 | \$IMPFMT | | | | C | IMPUTED OTHER PAYOR |
| | | | | | 196,682 | | 0 | NOT IMPUTED |
| | | | | | 6,613 | | 1 | IMPUTED |
| IAMTTOT | 251 | 1 | \$IMPFMT | | | | C | IMPUTED TOTAL AMT |
| | | | | | 155,190 | | 0 | NOT IMPUTED |
| | | | | | 48,105 | | 1 | IMPUTED |
| IAMTCARE | 252 | 1 | \$IMPFMT | | | | C | IMPUTED MEDICARE AMT |
| | | | | | 203,070 | | 0 | NOT IMPUTED |
| | | | | | 225 | | 1 | IMPUTED |
| IAMTCAID | 253 | 1 | \$IMPFMT | | | | C | IMPUTED MEDICAID AMT |
| | | | | | 183,969 | | 0 | NOT IMPUTED |
| | | | | | 19,326 | | 1 | IMPUTED |
| IAMTHMOP | 254 | 1 | \$IMPFMT | | | | C | IMPUTED HMO AMT |
| | | | | | 183,458 | | 0 | NOT IMPUTED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME -----
EVENT RIC PME

Page: 159
Record Type: PME

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|-----------|--------|----|----------------------------|
| | | | | | 19,837 | | 1 | IMPUTED |
| IAMTHMOM | 255 | 1 | \$IMPFMT | | | | C | IMPUTED MEDICARE HMO AMT |
| | | | | | 196,386 | | 0 | NOT IMPUTED |
| | | | | | 6,909 | | 1 | IMPUTED |
| IAMTV | 256 | 1 | \$IMPFMT | | | | C | IMPUTED VA AMT |
| | | | | | 197,373 | | 0 | NOT IMPUTED |
| | | | | | 5,922 | | 1 | IMPUTED |
| IAMTPRVE | 257 | 1 | \$IMPFMT | | | | C | IMPUTED EMP.SPONS.INS. AMT |
| | | | | | 169,726 | | 0 | NOT IMPUTED |
| | | | | | 33,569 | | 1 | IMPUTED |
| IAMTPRVI | 258 | 1 | \$IMPFMT | | | | C | IMPUTED IND.PURCH.INS. AMT |
| | | | | | 195,329 | | 0 | NOT IMPUTED |
| | | | | | 7,966 | | 1 | IMPUTED |
| IAMTPRVU | 259 | 1 | \$IMPFMT | | | | C | IMPUTED UNKNOWN AMT |
| | | | | | 203,295 | | 0 | NOT IMPUTED |
| | | | | | 0 | | 1 | IMPUTED |
| IAMTOOP | 260 | 1 | \$IMPFMT | | | | C | IMPUTED OUT OF POCK. AMT |
| | | | | | 136,787 | | 0 | NOT IMPUTED |
| | | | | | 66,508 | | 1 | IMPUTED |
| IAMTDISC | 261 | 1 | \$IMPFMT | | | | C | IMPUTED DISCOUNT AMT |
| | | | | | 93,933 | | 0 | NOT IMPUTED |
| | | | | | 109,362 | | 1 | IMPUTED |
| IAMTOTH | 262 | 1 | \$IMPFMT | | | | C | IMPUTED OTHER AMT |
| | | | | | 191,147 | | 0 | NOT IMPUTED |
| | | | | | 12,148 | | 1 | IMPUTED |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE SS -----
SERVICE SUMMARY

Page: 160
CODEBOOK Record Type: SS

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----------|------|-----------|--------|----|--|
| RIC | 1 | 2 | | | | | C | RIC CODE FOR TYPE OF SERV SUMMARY RECORD |
| FILEYR | 3 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 5 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| EVNTTYPE | 13 | 2 | \$EVNTTYP | | | | C | TYPE OF EVENT |
| | | | | | 12,096 | | DU | DENTAL |
| | | | | | 12,096 | | FA | FACILITY |
| | | | | | 12,096 | | HH | HOME HEALTH |
| | | | | | 12,096 | | HP | HOSPICE |
| | | | | | 12,096 | | IP | INPATIENT |
| | | | | | 12,096 | | IU | INSTITUTIONAL UTILIZATION |
| | | | | | 12,096 | | MP | MEDICAL PROVIDER |
| | | | | | 12,096 | | OP | OUTPATIENT |
| | | | | | 12,096 | | PM | PRESCRIBED MEDICINE |
| AAMTTOT | 15 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF TOTAL EXPENDITURES |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTCARE | 25 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF MEDICARE |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTCAID | 35 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF MEDICAID |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTHMOM | 45 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF MCARE HMO |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTHMOP | 55 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV HMO |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTVVA | 65 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF VA |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTPRVE | 75 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTPRVI | 85 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV INS INDV |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTPRVU | 95 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTOOP | 105 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF OOP |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| AAMTDISC | 115 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABLT |
| | | | | | 108,864 | | | AMOUNT AS \$\$\$\$\$\$.CC |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE SS -----
SERVICE SUMMARY

Page: 161
CODEBOOK Record Type: SS

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|---------|------|-----------|--------|----|--|
| AAMTOTH | 125 | 10 | MONYFMT | | | | N | TOS LEVEL: ADJ SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| AEVENTS | 135 | 4 | | | | | N | TOS LEVEL: ADJ COUNT OF EVENTS |
| SAMTTOT | 139 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF TOTAL EXPENDITURES AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTCARE | 149 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF MEDICARE AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTCAID | 159 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF MEDICAID AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTHMOM | 169 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF MCARE HMO AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTHMOP | 179 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF PRIV HMO AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTVA | 189 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTPRVE | 199 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF PRV INS EMPLOYER AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTPRVI | 209 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF PRIV INS INDV AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTPRVU | 219 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF PRV INS UNKNOWN AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTOOP | 229 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF OOP AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTDISC | 239 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF UNCOLLECTED LIABILITY AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SAMTOTH | 249 | 10 | MONYFMT | | | | N | TOS LEVEL: SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC |
| | | | | | 108,864 | | | |
| SEVENTS | 259 | 4 | | | | | N | TOS LEVEL: COUNT OF EVENTS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE SS -----
SERVICE SUMMARY

Page: 162
CODEBOOK Record Type: SS

Variable Col Len Fmt Name Frequency Ques #

Ty Label

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY

Page: 163
CODEBOOK Record Type: PS

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|-----------|--------|----|---|
| RIC | 1 | 2 | | | | | C | RECORD IDENTIFICATION - PERSON SUMMARY |
| FILEYR | 3 | 2 | | | | | C | YY REFERENCE YEAR OF RECORD |
| BASEID | 5 | 8 | | | | | C | UNIQUE IDENTIFICATION NUMBER |
| PAMTDU | 13 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR DU AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTHH | 23 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR HH AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTHP | 33 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR HP AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTIP | 43 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR IP AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTIU | 53 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR IU AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTMP | 63 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR MP AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTOP | 73 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR OP AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTPM | 83 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR PM AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTFA | 93 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: ADJ SUM FOR FA AMOUNT AS \$\$\$\$\$\$.CC |
| DUAEVNTS | 103 | 4 | EVENTFMT | | 12,096 | | N | ADJ NUMBER OF DU EVENTS 0-9999 AMOUNT AS #### |
| HHAEVNTS | 107 | 4 | EVENTFMT | | 12,096 | | N | ADJ NUMBER OF HH EVENTS 0-9999 AMOUNT AS #### |
| HPAEVNTS | 111 | 4 | EVENTFMT | | 12,096 | | N | ADJ NUMBER OF HP EVENTS 0-9999 AMOUNT AS #### |
| IPAEVNTS | 115 | 4 | EVENTFMT | | 12,096 | | N | ADJ NUMBER OF IP EVENTS 0-9999 AMOUNT AS #### |
| IUAEVNTS | 119 | 4 | EVENTFMT | | 12,096 | | N | ADJ NUMBER OF IU EVENTS 0-9999 AMOUNT AS #### |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY

Page: 164
CODEBOOK Record Type: PS

| Variable | Co1 | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|-----------|--------|--------|--|
| MPAEVNTS | 123 | 4 | EVENTFMT | | | | N | ADJ NUMBER OF MP EVENTS |
| | | | | | 12,096 | | 0-9999 | AMOUNT AS #### |
| OPAEVNTS | 127 | 4 | EVENTFMT | | | | N | ADJ NUMBER OF OP EVENTS |
| | | | | | 12,096 | | 0-9999 | AMOUNT AS #### |
| PMAEVNTS | 131 | 4 | EVENTFMT | | | | N | ADJ NUMBER OF PM EVENTS |
| | | | | | 12,096 | | 0-9999 | AMOUNT AS #### |
| FAAEVNTS | 135 | 4 | EVENTFMT | | | | N | ADJ NUMBER OF FA EVENTS |
| | | | | | 12,096 | | 0-9999 | AMOUNT AS #### |
| PAMTTOT | 139 | 10 | MONEYFMT | | | | N | PERSON LEVEL: ADJ SUM TOTAL EXPENDITURES |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTCAID | 149 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF MEDICAID |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTCARE | 159 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF MEDICARE |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTDISC | 169 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABTY |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTHMOM | 179 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF MCARE HMO |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTHMOP | 189 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV HMO |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTOOP | 199 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF OOP |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTOTH | 209 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF OTHER |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTPRVE | 219 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTPRVI | 229 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV INS INDV |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |
| PAMTPRVU | 239 | 10 | MONEYFMT | | | | N | TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN |
| | | | | | 12,096 | | | AMOUNT AS \$\$\$\$\$\$.CC |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY

Page: 165
CODEBOOK Record Type: PS

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|----------|------|-----------|--------|----|--|
| PAMTVA | 249 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: ADJ SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC |
| PEVENTS | 259 | 4 | EVENTFMT | | 12,096 | | N | TOS LEVEL: ADJ COUNT OF EVENTS 0-9999 AMOUNT AS ### |
| SAMTTOT | 263 | 10 | MONEYFMT | | 12,096 | | N | PERSON LEVEL: SUM OF TOTAL EXPENDITURES AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTCAID | 273 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF MEDICAID AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTCARE | 283 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF MEDICARE AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTDISC | 293 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF UNCOLLECTED LIABILITY AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTHMOM | 303 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF MCARE HMO AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTHMOP | 313 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF PRIV HMO AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTOOP | 323 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF OOP AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTOTH | 333 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTPRVE | 343 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF PRV INS EMPLOYER AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTPRVI | 353 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF PRIV INS INDV AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTPRVU | 363 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF PRV INS UNKNOWN AMOUNT AS \$\$\$\$\$\$.CC |
| SAMTVA | 373 | 10 | MONEYFMT | | 12,096 | | N | TOS LEVEL: SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC |
| SEVENTS | 383 | 4 | EVENTFMT | | | | N | TOS LEVEL: COUNT OF EVENTS |

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY

Page: 166
CODEBOOK Record Type: PS

| Variable | Col | Len | Fmt | Name | Frequency | Ques # | Ty | Label |
|----------|-----|-----|-----|------|-----------|--------|--------|----------------|
| | | | | | 12,096 | | 0-9999 | AMOUNT AS #### |