

02/24/06
 Cost & Use
 2003

MEDICARE CURRENT BENEFICIARY SURVEY
 Person Summary

RIC: PS
 Page: 1
 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Person Summary file summarizes utilization and expenditure data (1) in total by type of service and (2) in total by payer. Note that there are two sets of payment/expenditure variables, such as SAMTTOT and PAMTTOT. The series of variables beginning with S are payments during periods covered by interviews. Those beginning with P are payments during periods covered by interviews plus estimated payments for periods not covered by interviews, if any. There is one record for each person in the sample.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,486			LOW-HIGH BASEID Count
PAMTDU	13	10	MONYFMT				N Adj. sum for dental events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTHH	23	10	MONYFMT				N Adj. sum for home health agency events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTHP	33	10	MONYFMT				N Adj. sum for hospice events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTIP	43	10	MONYFMT				N Adj. sum for inpatient events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTIU	53	10	MONYFMT				N Adj. sum for institutional events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTMP	63	10	MONYFMT				N Adj. sum for medical provider events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTOP	73	10	MONYFMT				N Adj. sum for outpatient events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTPM	83	10	MONYFMT				N Adj. sum for prescribed medicine events
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTFA	93	10	MONYFMT				N Adj. sum for facility events
				12,486			Amount as \$\$\$\$\$\$.CC
DUAEVENTS	103	4	EVNTNUM				N Adj. number of dental events
				12,486			0-9999 Survey-reported event
HHAEVENTS	107	4	EVNTNUM				N Adj. number of home health agency events
				12,486			0-9999 Survey-reported event
HPAEVENTS	111	4	EVNTNUM				N Adj. number of hospice events
				12,486			0-9999 Survey-reported event

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IPAEVNTS	115	4	EVNTNUM				N Adj. number of inpatient events
				12,486			0-9999 Survey-reported event
IUAEVNTS	119	4	EVNTNUM				N Adj. number of institutional events
				12,486			0-9999 Survey-reported event
MPAEVNTS	123	4	EVNTNUM				N Adj. number of medical provider events
				12,486			0-9999 Survey-reported event
OPAEVNTS	127	4	EVNTNUM				N Adj. number of outpatient events
				12,486			0-9999 Survey-reported event
PMAEVNTS	131	4	EVNTNUM				N Adj. number of prescribed medicine event
				12,486			0-9999 Survey-reported event
FAAEVNTS	135	4	EVNTNUM				N Adj. number of facility events
				12,486			0-9999 Survey-reported event
PAMTTOT	139	10	MONYFMT				N Adj. sum: total payments, all sources
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTCAID	149	10	MONYFMT				N Adj. sum: Medicaid payments
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTCARE	159	10	MONYFMT				N Adj. sum: Medicare payments
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTDISC	169	10	MONYFMT				N Adj. sum: uncollected liability
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTHMOM	179	10	MONYFMT				N Adj. sum: Medicare HMO payments
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTHMOP	189	10	MONYFMT				N Adj. sum: private HMO payments
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTOOP	199	10	MONYFMT				N Adj. sum: out-of-pocket payments
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTOTH	209	10	MONYFMT				N Adj. sum: other payments
				12,486			Amount as \$\$\$\$\$\$.CC
PAMTPRVE	219	10	MONYFMT				N Adj. sum: empl.-sponsored ins. payments
				12,486			Amount as \$\$\$\$\$\$.CC

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PAMTPRVI	229	10	MONYFMT				N Adj. sum: indiv-purch inspayments Amount as \$\$\$\$\$\$.CC
				12,486			
PAMTPRVU	239	10	MONYFMT				N Adj. sum: unknown priv ins payments Amount as \$\$\$\$\$\$.CC
				12,486			
PAMTVA	249	10	MONYFMT				N Adj. sum: VA payments Amount as \$\$\$\$\$\$.CC
				12,486			
PEVENTS	259	4	EVNTNUM				N Adj. count of events 0-9999 Survey-reported event
				12,486			
SAMTTOT	263	10	MONYFMT				N Unadj. sum: total payments, all sources Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTCAID	273	10	MONYFMT				N Unadj. sum: Medicaid payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTCARE	283	10	MONYFMT				N Unadj. sum: Medicare payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTDISC	293	10	MONYFMT				N Unadj. sum: uncollected liability Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTHMOM	303	10	MONYFMT				N Unadj. sum: Medicare HMO payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTHMOP	313	10	MONYFMT				N Unadj. sum: private HMO payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTOOP	323	10	MONYFMT				N Unadj. sum: out-of-pocket payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTOTH	333	10	MONYFMT				N Unadj. sum: other payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTPRVE	343	10	MONYFMT				N Unadj. sum: empl.-sponsored ins payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTPRVI	353	10	MONYFMT				N Unadj. sum: indiv-purch ins. payments Amount as \$\$\$\$\$\$.CC
				12,486			
SAMTPRVU	363	10	MONYFMT				N Unadj. sum: unknown priv ins. payments Amount as \$\$\$\$\$\$.CC
				12,486			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
SAMTVA	373	10	MONYFMT	12,486			N Unadj. sum: VA payments Amount as \$\$\$\$\$\$.CC
SEVENTS	383	4	EVNTNUM	12,486			N Unadj. count of events 0-9999 Survey-reported event