

02/24/06
Cost & Use
2003

MEDICARE CURRENT BENEFICIARY SURVEY
 Facility Events

RIC: FAE
 Page: 1
 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
----------	-----	-----	--------	-----------	----------	----------	-----------------------

The Facility Events file contains data about all facility events of the MCBS population, whether community or facility interviews. There is one record for each stay that occurred, at least partly, during the calendar year. The cost and use data contained in the file is limited to the current calendar year.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number

1,219 LOW-HIGH BASEID Count

STAYNUM	14	1					N Stay number for the year
REFBEGYY	15	2					C Reference beginning date year
REFBEGMM	17	2					C Reference beginning date month
REFBEGDD	19	2					C Reference beginning date day
REFENDYY	21	2					C Reference ending date year
REFENDMM	23	2					C Reference ending date month
REFENDDD	25	2					C Reference ending date day
ADMISYY	27	2					C Admission date year
ADMISMM	29	2					C Admission date month
ADMISDD	31	2					C Admission date day
DISCHYY	33	2					C Permanent discharge date year
DISCHMM	35	2					C Permanent discharge date month
DISCHDD	37	2					C Permanent discharge date day
STAYDAYS	39	3					N Number of days in the stay
FACILID	42	6					C Facility ID

Note: Randomly-assigned number

FACDESC	48	2	FACFMT				N Facility description
				23			1 Hospital
				774			2 Nursing home
				3			3 Retirement home
				112			4 Domiciliary/personal care facility
				13			5 Mental health facility
				26			6 Inst for mentally retarded/devel disab
				0			7 Mental health center
				92			8 Life care/continuing care
				134			9 Assisted living facility
				9			10 Rehabilitation facility
				33			91 Other place, specify

02/24/06
Cost & Use
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Events

RIC: FAE
Page: 2
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BEGSTAT	50	1	\$BEGSTAT				C Status at the beginning of the stay
				2			- Don't know
				880			0 Continuing SP
				118			1 First time SP from home
				119			2 First time SP from hosp
				42			3 First time SP from nursing home
				7			5 2nd stay 30-day split (in hosp)
				8			6 2nd stay 30-day split (disch)
				42			7 First time SP from other facility
				1			9 Unknown reason
ENDSTAT	51	1	\$ENDSTAT				C Status at the end of the stay
				2			- Don't know
				779			0 SP is still a resident
				44			1 SP was discharged home
				87			2 SP was discharged to a hospital
				58			3 SP was discharged to another facility
				230			4 SP died in the facility
				7			5 Stay split by 30-day hosp
				9			6 Stay split by 30-day disch
				0			7 SP was discharged to another facility
				3			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
AMTVVA	79	9					N Amount paid by Veterans Administration
AMTPRVU	88	9					N Amt paid by priv ins (unknown purchased)
AMTOOP	97	9					N Amount paid out-of-pocket (OOP)
AMTOTH	106	9					N Amount paid by other payor(s)
ANCITOT	115	9					N Ancillary total payment
ANCICARE	124	9					N Ancillary amount paid by Medicare
ANCICAID	133	9					N Ancillary amount paid by Medicaid
ANCIVA	142	9					N Ancillary amount paid by Veterans Adm.
ANCIPRVU	151	9					N Ancillary amount paid by private ins.
ANCIOOP	160	9					N Ancillary amount paid by person/family
ANCIOTH	169	9					N Ancillary amount paid by other sources
TOTCARE	178	9					N Amount paid by Medicare for all services
TOTALL	187	9					N Total amt paid (incl. Medicare payments)
DENTNUM	196	3					N Number of dental visits
EMNUM	199	3					N Number of emergency room visits
OPNUM	202	3					N Number of clinic/outpatient visits

02/24/06
Cost & Use
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Events

RIC: FAE
Page: 3
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MDNUM	205	3					N Number of medical doctor visits
MHNUMVIS	208	3					N # of mental health professional visits
DIETFLG	211	2	YES2FMT				N Type of health professional: dietician
				450			1 Yes
				769			2 No
OPHTHFLG	213	2	YES2FMT				N Type of physician: ophthalmologist
				106			1 Yes
				1,113			2 No
OPTOMFLG	215	2	YES2FMT				N Type of health professional: optometrist
				108			1 Yes
				1,111			2 No
PODIAFLG	217	2	YES2FMT				N Type of health professional: podiatrist
				656			1 Yes
				563			2 No
EDHABFLG	219	2	YES2FMT				N Received educational/habitational svcs.
				5			-8 Don't know
				264			1 Yes
				950			2 No
HABFLG	221	2	YES2FMT				N Received habitational services
				5			-8 Don't know
				247			1 Yes
				967			2 No
EDUCFLG	223	2	YES2FMT				N Received educational services
				5			-8 Don't know
				162			1 Yes
				1,052			2 No
AMBUSERV	225	2	YES2FMT				N Used ambulance service
				406			1 Yes
				813			2 No
BEDPADS	227	2	YES2FMT				N Received bed pads
				709			1 Yes
				510			2 No
CATHETER	229	2	YES2FMT				N Received catheter or catheter supplies
				140			1 Yes
				1,079			2 No
CATHIRRI	231	2	YES2FMT				N Catheterization and irrigation
				144			1 Yes
				1,075			2 No

02/24/06
Cost & Use
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Events

RIC: FAE
Page: 4
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
CHNGBAND	233	2	YES2FMT				N Apply or change dressing
				474			1 Yes
				745			2 No
CLOTHDPR	235	2	YES2FMT				N Received cloth diapers
				86			1 Yes
				1,133			2 No
COMMODE	237	2	YES2FMT				N Received bedside commode
				103			1 Yes
				1,116			2 No
DIABSUPP	239	2	YES2FMT				N Used diabetic supplies
				231			1 Yes
				988			2 No
DIAPRSUP	241	2	YES2FMT				N Used disposable diapers
				770			1 Yes
				449			2 No
EQUIPSUP	243	2	YES2FMT				N Used equipment or supplies
				12			1 Yes
				1,207			2 No
EYEGLASS	245	2	YES2FMT				N Used eyeglasses
				199			1 Yes
				1,020			2 No
FEEDSERV	247	2	YES2FMT				N Received feeding services
				371			1 Yes
				848			2 No
FEEDSUPP	249	2	YES2FMT				N Received feeding supplies
				84			1 Yes
				1,135			2 No
GERCHAIR	251	2	YES2FMT				N Received geri-chair
				118			1 Yes
				1,101			2 No
GTUBESUP	253	2	YES2FMT				N Received gastrointestinal tube & suppl.
				76			1 Yes
				1,143			2 No
GTUBEUSE	255	2	YES2FMT				N Received gastrointestinal tube services
				76			1 Yes
				1,143			2 No

02/24/06
Cost & Use
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Events

RIC: FAE
Page: 5
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
HEARAID	257	2	YES2FMT				N Used hearing aid
				45			1 Yes
				1,174			2 No
HOSPBED	259	2	YES2FMT				N Received hospital bed
				379			1 Yes
				840			2 No
HOTPACKS	261	2	YES2FMT				N Received hot pack & hot pack services
				52			1 Yes
				1,167			2 No
INCNCARE	263	2	YES2FMT				N Received incontinence care
				804			1 Yes
				415			2 No
INJECTION	265	2	YES2FMT				N Received injections
				397			1 Yes
				822			2 No
IVSUPP	267	2	YES2FMT				N Received IV therapy supplies
				70			1 Yes
				1,149			2 No
IVUSE	269	2	YES2FMT				N Received IV therapy services
				69			1 Yes
				1,150			2 No
MATTRESS	271	2	YES2FMT				N Received special mattress
				463			1 Yes
				756			2 No
NEBULIZR	273	2	YES2FMT				N Received nebulizer
				122			1 Yes
				1,097			2 No
ORTHITEM	275	2	YES2FMT				N Used orthopedic items
				175			1 Yes
				1,044			2 No
OSTOMSUP	277	2	YES2FMT				N Used ostomy supplies
				39			1 Yes
				1,180			2 No
OXYGEN	279	2	YES2FMT				N Used oxygen
				269			1 Yes
				950			2 No

02/24/06
Cost & Use
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Events

RIC: FAE
Page: 6
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PACEMCHK	281	2	YES2FMT				N Pacemaker check/monitoring services
				37			1 Yes
				1,182			2 No
PROSTHES	283	2	YES2FMT				N Used prosthesis
				5			1 Yes
				1,214			2 No
RESTRAIN	285	2	YES2FMT				N Received restraints
				179			1 Yes
				1,040			2 No
SKINSERV	287	2	YES2FMT				N Rec'd skin ulcer prevention/care svcs.
				666			1 Yes
				553			2 No
SUCTSERV	289	2	YES2FMT				N Received respiratory tract suctioning
				46			1 Yes
				1,173			2 No
SUCTSUPP	291	2	YES2FMT				N Received suction machine and supplies
				49			1 Yes
				1,170			2 No
TEDHOSE	293	2	YES2FMT				N Received support (ted) hose and supplies
				108			1 Yes
				1,111			2 No
TUBEFEED	295	2	YES2FMT				N Received tube feeding
				90			1 Yes
				1,129			2 No
TURNPOS	299	2	YES2FMT				N Received turning and positioning
				616			1 Yes
				603			2 No
WHEEWALK	301	2	YES2FMT				N Received wheel chair or walker
				587			1 Yes
				632			2 No