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2005

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,029			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth (YYYYMMDD)
				12,029			Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT				C Date of death (YYYYMMDD)
				11,396			Missing
				633			Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT				C Source of date of death
				11,396			No date of death
				0			01 From Medicare bill
				0			03 Clerical entry
				0			05 Bill and clerical entry
				366			10 Proven Medicare Benefits record
				58			11 Proven Medicare Benefits record & bills
				170			20 Unproven Medicare Benefits record
				38			21 Unproven Mcare Benefits record & bills
				0			23 Unproven Mcare Benefits rec & clerical
				1			25 Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT				C Gender code
				5,330			1 Male
				6,699			2 Female
H_RACE	31	1	\$RACEFMT				C Race code
				21			0 Unknown
				10,161			1 White
				1,222			2 Black
				129			3 Other
				149			4 Asian
				289			5 Hispanic
				58			6 North American Native
H_AGE	32	3					N SP age based on CMS date of birth

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				1,051			1 0-44
				1,051			2 45-64
				2,075			3 65-69
				2,004			4 70-74
				1,877			5 75-79
				1,943			6 80-84
				2,028			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				429			A Part A Medicare only
				67			B Part B Medicare only
				11,195			C Parts A and B Medicare
				338			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				430			A Part A Medicare only
				66			B Part B Medicare only
				11,180			C Parts A and B Medicare
				353			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				437			A Part A Medicare only
				65			B Part B Medicare only
				11,143			C Parts A and B Medicare
				384			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				442			A Part A Medicare only
				64			B Part B Medicare only
				11,103			C Parts A and B Medicare
				420			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				443			A Part A Medicare only
				63			B Part B Medicare only
				11,084			C Parts A and B Medicare
				439			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				453			A Part A Medicare only
				64			B Part B Medicare only
				11,042			C Parts A and B Medicare
				470			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				441			A Part A Medicare only
				65			B Part B Medicare only
				11,032			C Parts A and B Medicare
				491			N No Medicare entitlement

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H_ENT08	43	1	\$ENTFMT				C Medicare entitlement code for Aug
				449			A Part A Medicare only
				62			B Part B Medicare only
				11,010			C Parts A and B Medicare
				508			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sep
				453			A Part A Medicare only
				63			B Part B Medicare only
				10,998			C Parts A and B Medicare
				515			N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				454			A Part A Medicare only
				60			B Part B Medicare only
				10,984			C Parts A and B Medicare
				531			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				451			A Part A Medicare only
				60			B Part B Medicare only
				10,954			C Parts A and B Medicare
				564			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				451			A Part A Medicare only
				60			B Part B Medicare only
				10,927			C Parts A and B Medicare
				591			N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT				C Medicare entitlement start date
				12,029			Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C Medicare entitlement end date
				11,987			Missing
				42			Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C Medicare status code as of 12/31
				13			Unknown
				9,870			10 Aged, no ESRD
				48			11 Aged, ESRD
				2,043			20 Disabled, no ESRD
				38			21 Disabled, ESRD
				17			31 ESRD only

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	66	2	\$LAFFMT				C Status of SSA check (LAF) as of 12/31
				13			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				11,009			C Current payment status
				1			DW Deferred-Workers' Compensation
				3			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				3			D6 DEF-recover overpayment
				0			D9 DEF-miscellaneous reason
				0			J Advanced filing-current pay
				0			L2 Advanced filing-worked inside U S
				0			L3 Advanced filing-insured worked in U S
				0			N Not in pay status
				0			PB Delayed-benefit due but not paid
				0			R Cur pay-Part B reinstated
				0			RN Cur pay-Part B reinstated
				0			S SUSP-deferred retirement
				1			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				41			SH SUSP-government pension
				2			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				1			S0 SUSP-continuing disability investig
				0			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				5			S6 SUSP-check returned for address
				24			S7 SUSP-vocational rehab refusal
				1			S8 SUSP-payee not determined
				9			S9 SUSP-miscellaneous reason
				0			TA TERM-prior to entitlement
				0			TJ TERM-prior to entlmt, not stop debit
				0			TR TERM-claim withdrawn
				0			T0 TERM-benefits paid by another agency
				590			T1 TERM-death of beneficiary
				0			T2 TERM-death of primary
				1			T3 TERM-divorce, marriage, remarriage
				0			T4 TERM-dependent child attained age 18
				0			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				4			T8 TERM-recovery from disability
				2			T9 TERM-miscellaneous
				290			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				18			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				11			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	68	2	\$STFMT				C SSA State code of residence as of 12/31
				436			01 Alabama
				0			02 Alaska
				248			03 Arizona
				105			04 Arkansas
				883			05 California
				111			06 Colorado
				157			07 Connecticut
				1			08 Delaware
				11			09 Washington, DC
				919			10 Florida
				367			11 Georgia
				0			12 Hawaii
				0			13 Idaho
				385			14 Illinois
				46			15 Indiana
				109			16 Iowa
				120			17 Kansas
				223			18 Kentucky
				122			19 Louisiana
				0			20 Maine
				152			21 Maryland
				199			22 Massachusetts
				620			23 Michigan
				169			24 Minnesota
				1			25 Mississippi
				326			26 Missouri
				1			27 Montana
				111			28 Nebraska
				266			29 Nevada
				1			30 New Hampshire
				317			31 New Jersey
				230			32 New Mexico
				825			33 New York
				592			34 North Carolina
				0			35 North Dakota
				605			36 Ohio
				112			37 Oklahoma
				1			38 Oregon
				655			39 Pennsylvania
				218			40 Puerto Rico
				0			41 Rhode Island
				107			42 South Carolina
				0			43 South Dakota
				313			44 Tennessee
				756			45 Texas
				3			46 Utah
				0			47 Vermont
				0			48 Virgin Islands
				134			49 Virginia
				463			50 Washington
				164			51 West Virginia
				328			52 Wisconsin
				106			53 Wyoming
				11			Unknown
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				11			Unknown
				12,018			County code

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT				C Postal zip code of residence as of 12/31
				11			Unknown
				12,018			ZIP Code
H_CENSUS	78	2	\$CENFMT				C Census Region of residence as of 12/31
				357			01 New England
				1,797			02 Middle Atlantic
				1,984			03 East North Central
				835			04 West North Central
				2,447			05 South Atlantic
				973			06 East South Central
				1,095			07 West South Central
				965			08 Mountain
				1,347			09 Pacific
				218			10 Puerto Rico
				11			Unknown
H_METRO	80	1	\$METFMT				C Metro status
				3,194			N Non-metro area
				11			U Unknown
				8,824			Y Metro area
H_HSBEG1	81	8	\$DTE8FMT				C Beginning date of latest hospice period
				11,373			Missing
				656			Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT				C Ending date of latest hospice period
				11,373			Missing
				656			Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT				C Beginning date of 2nd hospice period
				11,834			Missing
				195			Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT				C Ending date of 2nd hospice period
				11,834			Missing
				195			Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT				C Beginning date of 3rd hospice period
				11,909			Missing
				120			Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT				C Ending date of 3rd hospice period
				11,909			Missing
				120			Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT				C Beginning date of 4th hospice period
				11,940			Missing
				89			Date as YYYYMMDD

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H_HSEND4	137	8	\$DTE8FMT				C Ending date of 4th hospice period
				11,940			Missing
				89			Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT				C Beginning date of ESRD period
				11,856			Missing
				173			Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT				C Ending date of ESRD period
				11,940			Missing
				89			Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW				C Some group health participation in year
				10,449			0 No enrollment
				1,580			1 Some enrollment
H_PARTLC	162	1					C GHP - partial county switch
H_PLTP01	163	2	\$PLNFMT				C GHP plan type for Jan
				10,511			No enrollment for month
				40			01 Health care prepayment plan
				64			02 Cost HMO
				1,414			06 Risk HMO
H_PLAN01	165	5	\$GHPPFMT				C GHP contract number for Jan
				10,511			N Unknown, or no plan
				1,518			Plan Identifier
H_PLPY01	170	5					N Medicare capitation payment for Jan
H_PNUM01	175	3					N Number of GHPs in bene area in Jan
H_RPNM01	178	3					N Number of risk plans in bene area in Jan
H_PLTP02	181	2	\$PLNFMT				C GHP plan type for Feb
				10,505			No enrollment for month
				39			01 Health care prepayment plan
				61			02 Cost HMO
				1,424			06 Risk HMO
H_PLAN02	183	5	\$GHPPFMT				C GHP contract number for Feb
				10,505			N Unknown, or no plan
				1,524			Plan Identifier
H_PLPY02	188	5					N Medicare capitation payment for Feb
H_PNUM02	193	3					N Number of GHPs in bene area in Feb
H_RPNM02	196	3					N Number of risk plans in bene area in Feb

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP03	199	2	\$PLNFMT				C GHP plan type for Mar
				10,507			No enrollment for month
				39			01 Health care prepayment plan
				59			02 Cost HMO
				1,424			06 Risk HMO
H_PLAN03	201	5	\$GHPFMT				C GHP contract number for Mar
				10,507			N Unknown, or no plan
				1,522			Plan Identifier
H_PLPY03	206	5					N Medicare capitation payment for Mar
H_PNUM03	211	3					N Number of GHPs in bene area in Mar
H_RPNM03	214	3					N Number of risk plans in bene area in Mar
H_PLTP04	217	2	\$PLNFMT				C GHP plan type for Apr
				10,496			No enrollment for month
				39			01 Health care prepayment plan
				57			02 Cost HMO
				1,437			06 Risk HMO
H_PLAN04	219	5	\$GHPFMT				C GHP contract number for Apr
				10,496			N Unknown, or no plan
				1,533			Plan Identifier
H_PLPY04	224	5					N Medicare capitation payment for Apr
H_PNUM04	229	3					N Number of GHPs in bene area in Apr
H_RPNM04	232	3					N Number of risk plans in bene area in Apr
H_PLTP05	235	2	\$PLNFMT				C GHP plan type for May
				10,510			No enrollment for month
				39			01 Health care prepayment plan
				57			02 Cost HMO
				1,423			06 Risk HMO
H_PLAN05	237	5	\$GHPFMT				C GHP contract number for May
				10,510			N Unknown, or no plan
				1,519			Plan Identifier
H_PLPY05	242	5					N Medicare capitation payment for May
H_PNUM05	247	3					N Number of GHPs in bene area in MAY
H_RPNM05	250	3					N Number of risk plans in bene area in May
H_PLTP06	253	2	\$PLNFMT				C GHP plan type for Jun
				10,519			No enrollment for month
				39			01 Health care prepayment plan
				58			02 Cost HMO
				1,413			06 Risk HMO

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H_PLAN06	255	5	\$GHPFMT				C GHP contract number for Jun
				10,519			N Unknown, or no plan
				1,510			Plan Identifier
H_PLPY06	260	5					N Medicare capitation payment for Jun
H_PNUM06	265	3					N Number of GHPs in bene area in Jun
H_RPNM06	268	3					N Number of risk plans in bene area in Jun
H_PLTP07	271	2	\$PLNFMT				C GHP plan type for Jul
				10,532			No enrollment for month
				39			01 Health care prepayment plan
				57			02 Cost HMO
				1,401			06 Risk HMO
H_PLAN07	273	5	\$GHPFMT				C GHP contract number for Jul
				10,532			N Unknown, or no plan
				1,497			Plan Identifier
H_PLPY07	278	5					N Medicare capitation payment for Jul
H_PNUM07	283	3					N Number of GHPs in bene area in Jul
H_RPNM07	286	3					N Number of risk plans in bene area in Jul
H_PLTP08	289	2	\$PLNFMT				C GHP plan type for Aug
				10,541			No enrollment for month
				39			01 Health care prepayment plan
				57			02 Cost HMO
				1,392			06 Risk HMO
H_PLAN08	291	5	\$GHPFMT				C GHP contract number for Aug
				10,541			N Unknown, or no plan
				1,488			Plan Identifier
H_PLPY08	296	5					N Medicare capitation payment for Aug
H_PNUM08	301	3					N Number of GHPs in bene area in Aug
H_RPNM08	304	3					N Number of risk plans in bene area in Aug
H_PLTP09	307	2	\$PLNFMT				C GHP plan type for Sep
				10,550			No enrollment for month
				39			01 Health care prepayment plan
				57			02 Cost HMO
				1,383			06 Risk HMO
H_PLAN09	309	5	\$GHPFMT				C GHP contract number for Sep
				10,550			N Unknown, or no plan
				1,479			Plan Identifier
H_PLPY09	314	5					N Medicare capitation payment for Sep

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H_PNUM09	319	3					N Number of GHPs in bene area in Sep
H_RPNM09	322	3					N Number of risk plans in bene area in Sep
H_PLTP10	325	2	\$PLNFMT				C GHP plan type for Oct
				10,561			No enrollment for month
				39			01 Health care prepayment plan
				56			02 Cost HMO
				1,373			06 Risk HMO
H_PLAN10	327	5	\$GHPFMT				C GHP contract number for Oct
				10,561			N Unknown, or no plan
				1,468			Plan Identifier
H_PLPY10	332	5					N Medicare capitation payment for Oct
H_PNUM10	337	3					N Number of GHPs in bene area in Oct
H_RPNM10	340	3					N Number of risk plans in bene area in Oct
H_PLTP11	343	2	\$PLNFMT				C GHP plan type for Nov
				10,570			No enrollment for month
				39			01 Health care prepayment plan
				56			02 Cost HMO
				1,364			06 Risk HMO
H_PLAN11	345	5	\$GHPFMT				C GHP contract number for Nov
				10,570			N Unknown, or no plan
				1,459			Plan Identifier
H_PLPY11	350	5					N Medicare capitation payment for Nov
H_PNUM11	355	3					N Number of GHPs in bene area in Nov
H_RPNM11	358	3					N Number of risk plans in bene area in Nov
H_PLTP12	361	2	\$PLNFMT				C GHP plan type for Dec
				10,581			No enrollment for month
				37			01 Health care prepayment plan
				56			02 Cost HMO
				1,355			06 Risk HMO
H_PLAN12	363	5	\$GHPFMT				C GHP contract number for Dec
				10,581			N Unknown, or no plan
				1,448			Plan Identifier
H_PLPY12	368	5					N Medicare capitation payment for Dec
H_PNUM12	373	3					N Number of GHPs in bene area in Dec
H_RPNM12	376	3					N Number of risk plans in bene area in Dec

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H_MCSW	379	1	\$SWFMT				C Some Medicaid eligibility for the year
				9,509			N No participation
				2,520			Y Some participation
H_MCDE01	380	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				898			B State Part B buy-in
				29			C State Part A and B buy-in
				84			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,709			N No buy-in this month
				1,054			Q State Part B QMB buy-in
				255			S State Part B SLMB buy-in
H_MCDE02	381	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				902			B State Part B buy-in
				29			C State Part A and B buy-in
				84			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,714			N No buy-in this month
				1,049			Q State Part B QMB buy-in
				251			S State Part B SLMB buy-in
H_MCDE03	382	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				904			B State Part B buy-in
				30			C State Part A and B buy-in
				83			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,714			N No buy-in this month
				1,044			Q State Part B QMB buy-in
				254			S State Part B SLMB buy-in
H_MCDE04	383	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				906			B State Part B buy-in
				29			C State Part A and B buy-in
				83			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,715			N No buy-in this month
				1,047			Q State Part B QMB buy-in
				249			S State Part B SLMB buy-in
H_MCDE05	384	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				912			B State Part B buy-in
				29			C State Part A and B buy-in
				83			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,712			N No buy-in this month
				1,044			Q State Part B QMB buy-in
				249			S State Part B SLMB buy-in

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H_MCDE06	385	1	\$MCDCFMT				C Medicaid eligibility for Jun
				1			A State Part A buy-in
				908			B State Part B buy-in
				27			C State Part A and B buy-in
				82			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,716			N No buy-in this month
				1,042			Q State Part B QMB buy-in
				253			S State Part B SLMB buy-in
H_MCDE07	386	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				913			B State Part B buy-in
				27			C State Part A and B buy-in
				82			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,719			N No buy-in this month
				1,032			Q State Part B QMB buy-in
				256			S State Part B SLMB buy-in
H_MCDE08	387	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				916			B State Part B buy-in
				27			C State Part A and B buy-in
				82			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,710			N No buy-in this month
				1,038			Q State Part B QMB buy-in
				256			S State Part B SLMB buy-in
H_MCDE09	388	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				914			B State Part B buy-in
				27			C State Part A and B buy-in
				81			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,716			N No buy-in this month
				1,039			Q State Part B QMB buy-in
				252			S State Part B SLMB buy-in
H_MCDE10	389	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				916			B State Part B buy-in
				30			C State Part A and B buy-in
				80			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,719			N No buy-in this month
				1,035			Q State Part B QMB buy-in
				249			S State Part B SLMB buy-in

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H_MCDE11	390	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				910			B State Part B buy-in
				30			C State Part A and B buy-in
				80			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,723			N No buy-in this month
				1,038			Q State Part B QMB buy-in
				248			S State Part B SLMB buy-in
H_MCDE12	391	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				896			B State Part B buy-in
				30			C State Part A and B buy-in
				80			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				9,759			N No buy-in this month
				1,020			Q State Part B QMB buy-in
				244			S State Part B SLMB buy-in
H_MACY01	392	3	\$MACYFMT				C Buy-in agency for Jan
				9,709			N Unknown, or no buy-in
				2,320			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY02	395	3	\$MACYFMT				C Buy-in agency for Feb
				9,714			N Unknown, or no buy-in
				2,315			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY03	398	3	\$MACYFMT				C Buy-in agency for Mar
				9,714			N Unknown, or no buy-in
				2,315			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY04	401	3	\$MACYFMT				C Buy-in agency for Apr
				9,715			N Unknown, or no buy-in
				2,314			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY05	404	3	\$MACYFMT				C Buy-in agency for May
				9,712			N Unknown, or no buy-in
				2,317			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY06	407	3	\$MACYFMT				C Buy-in agency for Jun
				9,716			N Unknown, or no buy-in
				2,313			S00-S99 State Agency code
				0			000-999 State Agency code

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H_MACY07	410	3	\$MACYFMT				C Buy-in agency for Jul
				9,718			N Unknown, or no buy-in
				2,311			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY08	413	3	\$MACYFMT				C Buy-in agency for Aug
				9,710			N Unknown, or no buy-in
				2,319			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY09	416	3	\$MACYFMT				C Buy-in agency for Sep
				9,716			N Unknown, or no buy-in
				2,313			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY10	419	3	\$MACYFMT				C Buy-in agency for Oct
				9,719			N Unknown, or no buy-in
				2,310			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY11	422	3	\$MACYFMT				C Buy-in agency for Nov
				9,723			N Unknown, or no buy-in
				2,306			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY12	425	3	\$MACYFMT				C Buy-in agency for Dec
				9,759			N Unknown, or no buy-in
				2,270			S00-S99 State Agency code
				0			000-999 State Agency code
H_HOSSW	428	1	\$UTLFMT				C One or more hospice bills in CY
				11,743			0 No utilization this type
				286			1 Some utilization this type
H_INPSW	429	1	\$UTLFMT				C One or more inpatient discharges in CY
				9,615			0 No utilization this type
				2,414			1 Some utilization this type
H_SNFSW	430	1	\$UTLFMT				C One or more SNF admissions in CY
				11,433			0 No utilization this type
				596			1 Some utilization this type
H_HHASW	431	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				11,048			0 No utilization this type
				981			1 Some utilization this type
H_OUTSW	432	1	\$UTLFMT				C One or more outpatient visits in CY
				4,797			0 No utilization this type
				7,232			1 Some utilization this type

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H_PBSW	433	1	\$UTLFMT				C One or more Part B claims in CY
				2,249			0 No utilization this type
				9,780			1 Some utilization this type
H_PTARMB	434	7					N Total Part A reimbursement in CY (\$)
H_PTBRMB	441	7					N Total Part B reimbursement in CY (\$)
H_PTAPRM	448	8					N Total Pt. A premium SP paid in CY (\$.CC)
H_PTBPRM	456	8					N Total Pt. B premium SP paid in CY (\$.CC)
H_LATDCH	464	8	\$DTE8FMT				C Discharge date of latest inpatient stay
				9,615			Missing
				2,414			Date as YYYYMMDD
H_LATDRG	472	3	\$DRGFMT				C DRG code for latest inpatient stay
				9,615			Unknown, or no discharge
				2,414			DRG
H_DISDES	475	2	\$STATUS				C Discharge dest for latest inpatient stay
				9,615			Missing
				1,289			01 Discharged to home/self care
				14			02 Discharged to other short-term hospital
				442			03 Discharged to skilled nursing facility
				44			04 Discharged to intermediate care facility
				12			05 Disch to another type of institution
				348			06 Discharged to home care of organized HMO
				11			07 Left against medical advice/stopped care
				1			08 Disch home under care of IV therapy prov
				168			20 Expired (did not recover Christian Sci)
				4			30 Still patient
				0			40 Expired at home (hospice claims only)
				0			41 Expired in hospital, SNF, ICF or hospice
				0			42 Expired in unknown place (hospice only)
				21			50 Hospice - home (eff. 10/96)
				28			51 Hospice - medical facility (eff. 10/96)
				20			61 Disch w/i facility to swing-bed SNF (99)
				0			71 Disch to other facility for O/P svcs(99)
				0			72 Disch to this facility for O/P svcs (99)
				12			Other destination
H_INPSTY	477	2					N No. of inpatient stays for CY
H_INPDAY	479	3					N No. of inpatient covered days for CY
H_INPCHG	482	7					N Inpatient charges for CY (\$)
H_INPCCH	489	7					N Inpatient covered charges for CY (\$)
H_INPRMB	496	7					N Inpatient reimbursement for CY (\$)
H_INPCDY	503	2					N Inpatient covered days used in CY
H_INPCAM	505	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	510	2					N Total SNF stays in CY

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H_SNFDAY	512	3							N Total SNF covered days in CY
H_SNFCHG	515	7							N Total SNF charges in CY (\$)
H_SNFCCH	522	7							N Total SNF covered charges in CY (\$)
H_SNFRMB	529	7							N Total SNF reimbursement in CY (\$)
H_SNFCDY	536	3							N Total SNF coinsurance days in CY
H_SNFCAM	539	7							N Total SNF coinsurance amount in CY (\$)
H_HHAVST	546	5							N Total HHA visits in CY
H_HHACCH	551	7							N Total HHA covered charges in CY (\$)
H_HHACHO	558	7							N Total HHA other covered charges CY (\$)
H_HHRMBA	565	7							N Total HHA reimbursement in CY (\$), Pt. A
									Note: Prior to 1998 this was included in H_HHARMB.
H_HHRMBB	572	7							N Total HHA reimbursement in CY (\$), Pt. B
									Note: Prior to 1998 this was included in H_HHARMB.
H_HSDAYS	579	3							N Total covered hospice days in CY
H_HSTCHG	582	7							N Total hospice charges CY (\$)
H_HSREIM	589	7							N Total hospice reimbursement in CY (\$)
H_OUTBIL	596	3							N Total outpatient bills in CY
H_OUTCHG	599	7							N Total outpatient covered charges CY (\$)
H_OUTRMB	606	7							N Total outpatient reimbursement CY (\$)
H_PMTCLM	613	4							N Total physician/supplier claims in CY
H_PMTLIN	617	4							N Total phys./supplier line items in CY
H_PMTSCH	621	7							N Total submitted phys/supplier charge (\$)
H_PMTACH	628	7							N Total allowed phys/supplier charges (\$)
H_PMTRMB	635	7							N Total phys/supplier reimbursement (\$)
H_PMTVST	642	3							N Total office visits in CY
H_PMTCHO	645	7							N Total office visit charges in CY (\$)
H_DMECLM	652	4							N Total DME supplier claims in CY
									Note: Prior to 1998 this was included in H_PMTCLM.
H_DMELIN	656	4							N Total DME supplier line items in CY
									Note: Prior to 1998 this was included in H_PMTLIN.

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H_DMESCH	660	7					N Total DME supplier submitted charges (\$) Note: Prior to 1998 this was included in H_PMTSCH.
H_DMEACH	667	7					N Total DME supplier allowed charges (\$) Note: Prior to 1998 this was included in H_PMTACH.
H_DMERMB	674	7					N Total DME supplier reimbursement (\$) Note: Prior to 1998 this was included in H_PMTRMB.