

06/14/05
 ACCESS
 1995

MEDICARE CURRENT BENEFICIARY SURVEY
 Administrative Identification

RIC: A
 Page: 1
 Version: 2

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

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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT	15,590			C Unique SP Identification Number LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT	15,590			C Date of birth Date as YYYYMMDD
H_DOD	20	6	\$DTE8FMT	15,466 124			C Date of death Missing Date as YYYYMMDD
H_DODSRC	26	2	\$SRCFMT	15,466 0 0 0 62 7 46 9 0 0			C Source of date of death No date of death 01 From Medicare bill 03 Clerical entry 05 Bill and clerical entry 10 Proven Medicare Benefits record 11 Proven Medicare Benefits record & bills 20 Unproven Medicare Benefits record 21 Unproven Mcare Benefits record & bills 23 Unproven Mcare Benefits rec & clerical 25 Unproven Mcare Benefits rec, bill & cler
H_SEX	28	1	\$SEXFMT	6,752 8,838			C Sex code 1 Male 2 Female
H_RACE	29	1	\$RACEFMT	136 13,191 1,701 252 62 238 10			C Race code 0 Unknown 1 White 2 Black 3 Other 4 Asian 5 Hispanic 6 North American Native
H_AGE	30	3	AGEFMT	15,590			N SP age based on CMS date of birth Age in years

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	33	1	\$AGEFMT				C MCBS Sample age stratum
				1,219			1 0-44
				1,378			2 45-64
				2,570			3 65-69
				2,593			4 70-74
				2,566			5 75-79
				2,573			6 80-84
				2,691			7 85 +
H_ENT01	34	1	\$ENTFMT				C Medicare entitlement code for Jan
				488			A Part A Medicare only
				131			B Part B Medicare only
				14,969			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT02	35	1	\$ENTFMT				C Medicare entitlement code for Feb
				488			A Part A Medicare only
				129			B Part B Medicare only
				14,971			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT03	36	1	\$ENTFMT				C Medicare entitlement code for Mar
				483			A Part A Medicare only
				129			B Part B Medicare only
				14,976			C Parts A and B Medicare
				2			N No Medicare entitlement
H_ENT04	37	1	\$ENTFMT				C Medicare entitlement code for Apr
				481			A Part A Medicare only
				128			B Part B Medicare only
				14,978			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT05	38	1	\$ENTFMT				C Medicare entitlement code for May
				479			A Part A Medicare only
				128			B Part B Medicare only
				14,980			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT06	39	1	\$ENTFMT				C Medicare entitlement code for Jun
				474			A Part A Medicare only
				128			B Part B Medicare only
				14,985			C Parts A and B Medicare
				3			N No Medicare entitlement
H_ENT07	40	1	\$ENTFMT				C Medicare entitlement code for Jul
				444			A Part A Medicare only
				128			B Part B Medicare only
				15,014			C Parts A and B Medicare
				4			N No Medicare entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	41	1	\$ENTFMT				C Medicare entitlement code for Aug
				439			A Part A Medicare only
				129			B Part B Medicare only
				15,016			C Parts A and B Medicare
				6			N No Medicare entitlement
H_ENT09	42	1	\$ENTFMT				C Medicare entitlement code for Sep
				443			A Part A Medicare only
				129			B Part B Medicare only
				15,011			C Parts A and B Medicare
				7			N No Medicare entitlement
H_ENT10	43	1	\$ENTFMT				C Medicare entitlement code for Oct
				441			A Part A Medicare only
				128			B Part B Medicare only
				15,012			C Parts A and B Medicare
				9			N No Medicare entitlement
H_ENT11	44	1	\$ENTFMT				C Medicare entitlement code for Nov
				439			A Part A Medicare only
				128			B Part B Medicare only
				14,999			C Parts A and B Medicare
				24			N No Medicare entitlement
H_ENT12	45	1	\$ENTFMT				C Medicare entitlement code for Dec
				439			A Part A Medicare only
				128			B Part B Medicare only
				14,951			C Parts A and B Medicare
				72			N No Medicare entitlement
H_DOE	46	6	\$DTE8FMT				C Medicare entitlement start date
				15,590			Date as YYYYMMDD
H_DOT	52	6	\$DTE8FMT				C Medicare entitlement end date
				15,577			Missing
				13			Date as YYYYMMDD
H_MEDSTA	58	2	\$MSCFMT				C Medicare status code as of 12/31
				12,952			10 Aged, no ESRD
				36			11 Aged, ESRD
				2,520			20 Disabled, no ESRD
				47			21 Disabled, ESRD
				35			31 ESRD only

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	60	2	\$LAFMT				C Status of SSA check (LAF) as of 12/31
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				14,999			C Current payment status
				0			DW Deferred-Workers' Compensation
				22			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				4			D6 DEF-recover overpayment
				3			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
				1			S SUSP-deferred retirement
				5			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				30			SH SUSP-government pension
				3			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				2			S0 SUSP-continuing disability investig
				31			S2 SUSP-fails retirement test
				1			S3 SUSP-primary account S2
				6			S6 SUSP-check returned for address
				28			S7 SUSP-vocational rehab refusal
				1			S8 SUSP-payee not determined
				5			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
				91			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
				3			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				344			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				4			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				6			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_CENSUS	72	2	\$CENFMT				C Census Region of residence as of 12/31
				0			** Unknown
				457			01 New England
				2,608			02 Middle Atlantic
				2,686			03 East North Central
				1,055			04 West North Central
				3,186			05 South Atlantic
				871			06 East South Central
				1,555			07 West South Central
				884			08 Mountain
				1,929			09 Pacific
				359			10 Puerto Rico
H_METRO	74	1	\$METFMT				C Metro status
				4,336			N Non-metro area
				0			U Unknown
				11,254			Y Metro area
H_HSBEG1	75	6	\$DTE8FMT				C Beginning date of latest hospice period
				15,519			Missing
				71			Date as YYYYMMDD
H_HSEND1	81	6	\$DTE8FMT				C Ending date of latest hospice period
				15,519			Missing
				71			Date as YYYYMMDD
H_HSBEG2	87	6	\$DTE8FMT				C Beginning date of 2nd hospice period
				15,566			Missing
				24			Date as YYYYMMDD
H_HSEND2	93	6	\$DTE8FMT				C Ending date of 2nd hospice period
				15,566			Missing
				24			Date as YYYYMMDD
H_HSBEG3	99	6	\$DTE8FMT				C Beginning date of 3rd hospice period
				15,579			Missing
				11			Date as YYYYMMDD
H_HSEND3	105	6	\$DTE8FMT				C Ending date of 3rd hospice period
				15,579			Missing
				11			Date as YYYYMMDD
H_HSBEG4	111	6	\$DTE8FMT				C Beginning date of 4th hospice period
				15,579			Missing
				11			Date as YYYYMMDD
H_HSEND4	117	6	\$DTE8FMT				C Ending date of 4th hospice period
				15,579			Missing
				11			Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ESRBEG	123	6	\$DTE8FMT	15,581			C Beginning date of ESRD period Missing Date as YYYYMMDD
H_ESREND	129	6	\$DTE8FMT	15,585			C Ending date of ESRD period Missing Date as YYYYMMDD
H_GHPSW	135	1	\$GHPSW	14,084			C Some group health participation in year 0 No enrollment 1 Some enrollment
H_PLTP01	136	2	\$PLNFMT	14,412			C GHP plan type for Jan No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP
H_PLPY01	138	4		227			N Medicare capitation payment for Jan
H_PLTP02	142	2	\$PLNFMT	14,399			C GHP plan type for Feb No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP
H_PLPY02	144	4		228			N Medicare capitation payment for Feb
H_PLTP03	148	2	\$PLNFMT	14,384			C GHP plan type for Mar No enrollment 01 Health care prepayment plan 02 Cost HMO 05 Old Risk HMO 06 Risk HMO 12 Demo Risk HMO 17 Pace Demo plan 18 HCPP
H_PLPY03	150	4		225			N Medicare capitation payment for Mar

06/14/05
 ACCESS
 1995

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 Administrative Identification

RIC: A
 Page: 7
 Version: 2

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H_PLTP04	154	2	\$PLNFMT				C GHP plan type for Apr
				14,335			No enrollment
				229			01 Health care prepayment plan
				31			02 Cost HMO
				2			05 Old Risk HMO
				982			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY04	156	4					N Medicare capitation payment for Apr
H_PLTP05	160	2	\$PLNFMT				C GHP plan type for May
				14,316			No enrollment
				226			01 Health care prepayment plan
				30			02 Cost HMO
				2			05 Old Risk HMO
				1,005			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY05	162	4					N Medicare capitation payment for May
H_PLTP06	166	2	\$PLNFMT				C GHP plan type for Jun
				14,289			No enrollment
				226			01 Health care prepayment plan
				30			02 Cost HMO
				2			05 Old Risk HMO
				1,032			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY06	168	4					N Medicare capitation payment for Jun
H_PLTP07	172	2	\$PLNFMT				C GHP plan type for Jul
				14,268			No enrollment
				219			01 Health care prepayment plan
				32			02 Cost HMO
				2			05 Old Risk HMO
				1,058			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY07	174	4					N Medicare capitation payment for Jul
H_PLTP08	178	2	\$PLNFMT				C GHP plan type for Aug
				14,237			No enrollment
				221			01 Health care prepayment plan
				32			02 Cost HMO
				2			05 Old Risk HMO
				1,087			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP

06/14/05
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 Administrative Identification

RIC: A
 Page: 8
 Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLPY08	180	4					N Medicare capitation payment for Aug
H_PLTP09	184	2	\$PLNFMT				C GHP plan type for Sep
				14,221			No enrollment
				221			01 Health care prepayment plan
				32			02 Cost HMO
				2			05 Old Risk HMO
				1,103			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY09	186	4					N Medicare capitation payment for Sep
H_PLTP10	190	2	\$PLNFMT				C GHP plan type for Oct
				14,191			No enrollment
				219			01 Health care prepayment plan
				31			02 Cost HMO
				2			05 Old Risk HMO
				1,136			06 Risk HMO
				11			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY10	192	4					N Medicare capitation payment for Oct
H_PLTP11	196	2	\$PLNFMT				C GHP plan type for Nov
				14,173			No enrollment
				217			01 Health care prepayment plan
				31			02 Cost HMO
				2			05 Old Risk HMO
				1,155			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY11	198	4					N Medicare capitation payment for Nov
H_PLTP12	202	2	\$PLNFMT				C GHP plan type for Dec
				14,155			No enrollment
				214			01 Health care prepayment plan
				30			02 Cost HMO
				2			05 Old Risk HMO
				1,177			06 Risk HMO
				12			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
H_PLPY12	204	4					N Medicare capitation payment for Dec
H_MCSW	208	1	\$SWFMT				C Some Medicaid eligibility for the year
				12,690			N No participation
				2,900			Y Some participation

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE01	209	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				1,140			B State Part B buy-in
				51			C State Part A and B buy-in
				68			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,865			N No buy-in this month
				1,396			Q State Part B QMB buy-in
				70			S State Part B SLMB buy-in
H_MCDE02	210	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,146			B State Part B buy-in
				50			C State Part A and B buy-in
				70			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,852			N No buy-in this month
				1,401			Q State Part B QMB buy-in
				71			S State Part B SLMB buy-in
H_MCDE03	211	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,153			B State Part B buy-in
				50			C State Part A and B buy-in
				70			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,840			N No buy-in this month
				1,401			Q State Part B QMB buy-in
				76			S State Part B SLMB buy-in
H_MCDE04	212	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,153			B State Part B buy-in
				49			C State Part A and B buy-in
				70			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,828			N No buy-in this month
				1,409			Q State Part B QMB buy-in
				81			S State Part B SLMB buy-in
H_MCDE05	213	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,150			B State Part B buy-in
				49			C State Part A and B buy-in
				70			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,833			N No buy-in this month
				1,403			Q State Part B QMB buy-in
				85			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE06	214	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				1,151			B State Part B buy-in
				49			C State Part A and B buy-in
				70			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,818			N No buy-in this month
				1,411			Q State Part B QMB buy-in
				91			S State Part B SLMB buy-in
H_MCDE07	215	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				1,162			B State Part B buy-in
				49			C State Part A and B buy-in
				69			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,807			N No buy-in this month
				1,408			Q State Part B QMB buy-in
				95			S State Part B SLMB buy-in
H_MCDE08	216	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				1,168			B State Part B buy-in
				49			C State Part A and B buy-in
				69			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,798			N No buy-in this month
				1,407			Q State Part B QMB buy-in
				99			S State Part B SLMB buy-in
H_MCDE09	217	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				1,169			B State Part B buy-in
				49			C State Part A and B buy-in
				69			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,792			N No buy-in this month
				1,407			Q State Part B QMB buy-in
				104			S State Part B SLMB buy-in
H_MCDE10	218	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				1,174			B State Part B buy-in
				50			C State Part A and B buy-in
				69			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,780			N No buy-in this month
				1,412			Q State Part B QMB buy-in
				105			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE11	219	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				1,174			B State Part B buy-in
				50			C State Part A and B buy-in
				69			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,784			N No buy-in this month
				1,406			Q State Part B QMB buy-in
				107			S State Part B SLMB buy-in
H_MCDE12	220	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				1,128			B State Part B buy-in
				49			C State Part A and B buy-in
				65			D State Part A and B QMB buy-in
				0			E State Part A and B SLMB buy-in
				12,863			N No buy-in this month
				1,382			Q State Part B QMB buy-in
				103			S State Part B SLMB buy-in
H_HOSSW	221	1	\$UTLFMT				C One or more hospice bills in CY
				15,546			0 No utilization this type
				44			1 Some utilization this type
H_INPSW	222	1	\$UTLFMT				C One or more inpatient discharges in CY
				12,587			0 No utilization this type
				3,003			1 Some utilization this type
H_SNFSW	223	1	\$UTLFMT				C One or more SNF admissions in CY
				15,094			0 No utilization this type
				496			1 Some utilization this type
H_HHASW	224	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				14,025			0 No utilization this type
				1,565			1 Some utilization this type
H_OUTSW	225	1	\$UTLFMT				C One or more outpatient visits in CY
				6,856			0 No utilization this type
				8,734			1 Some utilization this type
H_PBSW	226	1	\$UTLFMT				C One or more Part B claims in CY
				2,346			0 No utilization this type
				13,244			1 Some utilization this type
H_PTARMB	227	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	233	6					N Total Part B reimbursement in CY (\$)
H_LATDCH	239	6	\$DTE8FMT				C Discharge date of latest inpatient stay
				12,693			Missing
				2,897			Date as YYYYMMDD

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H_LATDRG	245	3	\$DRGFMT				C DRG code for latest inpatient stay
				12,693			Unknown, or no discharge
				2,897			DRG
H_DISDES	248	2	\$STATUS				C Discharge dest for latest inpatient stay
				12,693			Missing
				1,912			01 Discharged to home/self care
				25			02 Discharged to other short-term hospital
				417			03 Discharged to skilled nursing facility
				91			04 Discharged to intermediate care facility
				116			05 Disch to another type of institution
				291			06 Discharged to home care of organized HMO
				12			07 Left against medical advice/stopped care
				0			08 Disch home under care of IV therapy prov
				33			20 Expired (did not recover Christian Sci)
				0			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)
				0			50 Hospice - home (eff. 10/96)
				0			51 Hospice - medical facility (eff. 10/96)
				0			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)
H_LATLOS	250	3					C Not used
H_INPSTY	253	2					N No. of inpatient stays for CY
H_INPDAY	255	3					N No. of inpatient covered days for CY
H_INPCHG	258	6					N Inpatient charges for CY (\$)
H_INPCCH	264	6					N Inpatient covered charges for CY (\$)
H_INPRMB	270	6					N Inpatient reimbursement for CY (\$)
H_INPCDY	280	2					N Inpatient coinsurance days used in CY
H_INPCAM	282	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	295	2					N Total SNF stays in CY
H_SNFDAY	297	3					N Total SNF covered days in CY
H_SNFCHG	300	6					N Total SNF charges in CY (\$)
H_SNFCCH	306	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	312	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	318	3					N Total SNF coinsurance days in CY
H_SNFCAM	321	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	327	3					N Total HHA visits in CY
H_HHACCH	330	6					N Total HHA covered charges in CY (\$)
H_HHACHO	336	6					N Total HHA other covered charges CY (\$)

06/14/05
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1995

MEDICARE CURRENT BENEFICIARY SURVEY
Administrative Identification

RIC: A
Page: 13
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HHARMB	342	6					N Total HHA reimbursement in CY (\$)
H_HSDAYS	348	3					N Total covered hospice days in CY
H_HSTCHG	351	6					N Total hospice charges CY (\$)
H_HSREIM	357	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	363	3					N Total outpatient bills in CY
H_OUTCHG	366	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	372	6					N Total outpatient reimbursement CY (\$)
H_PMTCLM	378	4					N Total physician/supplier claims in CY
H_PMTLIN	382	4					N Total phys./supplier line items in CY
H_PMTSCH	386	6					N Total submitted phys/supplier charge (\$)
H_PMTACH	392	6					N Total allowed phys/supplier charges (\$)
H_PMTRMB	398	6					N Total phys/supplier reimbursement (\$)
H_PMTVST	404	3					N Total office visits in CY
H_PMTCHO	407	6					N Total office visit charges in CY (\$)
H_PTBEDED	413	4					C Not used