

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				C Unique SP Identification Number
				16,461			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth
				0			Missing
				16,461			Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT				C Date of death
				16,293			Missing
				168			Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT				C Source of date of death
				16,293			No date of death
				0			01 From Medicare bill
				0			03 Clerical entry
				0			05 Bill and clerical entry
				99			10 Proven Medicare Benefits record
				12			11 Proven Medicare Benefits record & bills
				50			20 Unproven Medicare Benefits record
				5			21 Unproven Mcare Benefits record & bills
				2			23 Unproven Mcare Benefits rec & clerical
				0			25 Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT				C Sex code
				7,181			1 Male
				9,280			2 Female
H_RACE	31	1	\$RACEFMT				C Race code
				0			Missing
				44			0 Unknown
				13,906			1 White
				1,737			2 Black
				152			3 Other
				169			4 Asian
				417			5 Hispanic
				36			6 North American Native
H_AGE	32	3	AGEFMT				N SP age based on CMS date of birth
				16,461			0-999 Age in years

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				0			Unknown
				1,298			1 0-44
				1,440			2 45-64
				2,649			3 65-69
				3,037			4 70-74
				2,852			5 75-79
				2,699			6 80-84
				2,486			7 85 +
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				587			A Part A Medicare only
				155			B Part B Medicare only
				15,715			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				583			A Part A Medicare only
				153			B Part B Medicare only
				15,721			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				582			A Part A Medicare only
				152			B Part B Medicare only
				15,723			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				578			A Part A Medicare only
				151			B Part B Medicare only
				15,728			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				577			A Part A Medicare only
				151			B Part B Medicare only
				15,729			C Parts A and B Medicare
				4			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				573			A Part A Medicare only
				148			B Part B Medicare only
				15,735			C Parts A and B Medicare
				5			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				538			A Part A Medicare only
				147			B Part B Medicare only
				15,771			C Parts A and B Medicare
				5			N No Medicare entitlement

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	43	1	\$ENTFMT	533 147 15,776 5			C Medicare entitlement code for Aug  A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT	531 147 15,776 7			C Medicare entitlement code for Sep  A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT10	45	1	\$ENTFMT	536 145 15,765 15			C Medicare entitlement code for Oct  A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT	535 144 15,740 42			C Medicare entitlement code for Nov  A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT	533 143 15,691 94			C Medicare entitlement code for Dec  A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT	4 16,457			C Medicare entitlement start date  Missing Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT	16,448 13			C Medicare entitlement end date  Missing Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT	0 13,661 52 2,656 47 45			C Medicare status code as of 12/31  Unknown 10 Aged, no ESRD 11 Aged, ESRD 20 Disabled, no ESRD 21 Disabled, ESRD 31 ESRD only

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
				1			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				15,796			C Current payment status
				1			DW Deferred-Workers' Compensation
				0			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				11			D6 DEF-recover overpayment
				1			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
				2			S SUSP-deferred retirement
				1			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				73			SH SUSP-government pension
				0			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				2			S0 SUSP-continuing disability investig
				0			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				4			S6 SUSP-check returned for address
				37			S7 SUSP-vocational rehab refusal
				2			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
				124			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
				2			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				380			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				9			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				5			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

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
				0			Unknown
				470			01 Alabama
				0			02 Alaska
				203			03 Arizona
				115			04 Arkansas
				1,390			05 California
				314			06 Colorado
				186			07 Connecticut
				1			08 Delaware
				41			09 Washington, DC
				1,011			10 Florida
				678			11 Georgia
				1			12 Hawaii
				102			13 Idaho
				609			14 Illinois
				278			15 Indiana
				323			16 Iowa
				197			17 Kansas
				253			18 Kentucky
				141			19 Louisiana
				140			20 Maine
				206			21 Maryland
				242			22 Massachusetts
				598			23 Michigan
				235			24 Minnesota
				93			25 Mississippi
				272			26 Missouri
				0			27 Montana
				40			28 Nebraska
				228			29 Nevada
				1			30 New Hampshire
				708			31 New Jersey
				206			32 New Mexico
				1,055			33 New York
				256			34 North Carolina
				62			35 North Dakota
				704			36 Ohio
				262			37 Oklahoma
				4			38 Oregon
				855			39 Pennsylvania
				264			40 Puerto Rico
				1			41 Rhode Island
				465			42 South Carolina
				0			43 South Dakota
				203			44 Tennessee
				1,067			45 Texas
				5			46 Utah
				0			47 Vermont
				0			48 Virgin Islands
				515			49 Virginia
				692			50 Washington
				152			51 West Virginia
				517			52 Wisconsin
				100			53 Wyoming
				0			54-99 Unknown
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				0			Unknown
				16,461			000-999 County code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT	0 16,461		00000-99999	C Postal zip code of residence as of 12/31 Unknown ZIP Code
H_CENSUS	78	2	\$CENFMT	6 0 570 2,618 2,706 1,129 3,319 1,019 1,585 1,158 2,087 264			C Census Region of residence as of 12/31 Missing ** Unknown 01 New England 02 Middle Atlantic 03 East North Central 04 West North Central 05 South Atlantic 06 East South Central 07 West South Central 08 Mountain 09 Pacific 10 Puerto Rico
H_METRO	80	1	\$METFMT	4,516 6 11,939			C Metro status N Non-metro area U Unknown Y Metro area
H_HSBEG1	81	8	\$DTE8FMT	16,275 186			C Beginning date of latest hospice period Missing Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT	16,275 186			C Ending date of latest hospice period Missing Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT	16,394 67			C Beginning date of 2nd hospice period Missing Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT	16,394 67			C Ending date of 2nd hospice period Missing Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT	16,420 41			C Beginning date of 3rd hospice period Missing Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT	16,420 41			C Ending date of 3rd hospice period Missing Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT	16,427 34			C Beginning date of 4th hospice period Missing Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT	16,427 34			C Ending date of 4th hospice period  Missing Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT	16,295 166			C Beginning date of ESRD period  Missing Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT	16,408 53			C Ending date of ESRD period  Missing Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW	13,816 2,645			C Some group health participation in year  0 No enrollment 1 Some enrollment
H_PARTLC	162	1	\$PARTC	14,211 2,250			C GHP - partial county switch  0 Not a partial county plan 1 Partial county plan by ZIP
H_PLTP01	163	2	\$PLNFMT	13,947 53 102 2,359			C GHP plan type for Jan  No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN01	165	5	\$GHPFMT	2,487 13,947 27			C GHP contract number for Jan  H0000-H9999 Plan Identifier N Unknown, or no plan 90091 Plan Identifier
H_PLPY01	170	4					N Medicare capitation payment for Jan
H_PNUM01	174	3					N Number of GHPs in bene area in Jan
H_RPNM01	177	3					N Number of risk plans in bene area in Jan
H_PLTP02	180	2	\$PLNFMT	13,938 53 102 2,368			C GHP plan type for Feb  No enrollment for month 01 Health care prepayment plan 02 Cost HMO 06 Risk HMO
H_PLAN02	182	5	\$GHPFMT	2,496 13,938 27			C GHP contract number for Feb  H0000-H9999 Plan Identifier N Unknown, or no plan 90091 Plan Identifier
H_PLPY02	187	4					N Medicare capitation payment for Feb
H_PNUM02	191	3					N Number of GHPs in bene area in Feb
H_RPNM02	194	3					N Number of risk plans in bene area in Feb

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP03	197	2	\$PLNFMT				C GHP plan type for Mar
				13,937			No enrollment for month
				53			01 Health care prepayment plan
				102			02 Cost HMO
				2,369			06 Risk HMO
H_PLAN03	199	5	\$GHPFMT				C GHP contract number for Mar
				2,497		H0000-H9999	Plan Identifier
				13,937			N Unknown, or no plan
				27		90091	Plan Identifier
H_PLPY03	204	4					N Medicare capitation payment for Mar
H_PNUM03	208	3					N Number of GHPs in bene area in Mar
H_RPNM03	211	3					N Number of risk plans in bene area in Mar
H_PLTP04	214	2	\$PLNFMT				C GHP plan type for Apr
				13,944			No enrollment for month
				53			01 Health care prepayment plan
				102			02 Cost HMO
				2,362			06 Risk HMO
H_PLAN04	216	5	\$GHPFMT				C GHP contract number for Apr
				2,490		H0000-H9999	Plan Identifier
				13,944			N Unknown, or no plan
				27		90091	Plan Identifier
H_PLPY04	221	4					N Medicare capitation payment for Apr
H_PNUM04	225	3					N Number of GHPs in bene area in Apr
H_RPNM04	228	3					N Number of risk plans in bene area in Apr
H_PLTP05	231	2	\$PLNFMT				C GHP plan type for May
				13,954			No enrollment for month
				53			01 Health care prepayment plan
				100			02 Cost HMO
				2,354			06 Risk HMO
H_PLAN05	233	5	\$GHPFMT				C GHP contract number for May
				2,480		H0000-H9999	Plan Identifier
				13,954			N Unknown, or no plan
				27		90091	Plan Identifier
H_PLPY05	238	4					N Medicare capitation payment for May
H_PNUM05	242	3					N Number of GHPs in bene area in May
H_RPNM05	245	3					N Number of risk plans in bene area in May
H_PLTP06	248	2	\$PLNFMT				C GHP plan type for Jun
				13,952			No enrollment for month
				53			01 Health care prepayment plan
				101			02 Cost HMO
				2,355			06 Risk HMO

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLAN06	250	5	\$GHPFMT				C GHP contract number for Jun
				2,482		H0000-H9999	Plan Identifier
				13,952			N Unknown, or no plan
				27		90091	Plan Identifier
H_PLPY06	255	4					N Medicare capitation payment for Jun
H_PNUM06	259	3					N Number of GHPs in bene area in Jun
H_RPNM06	262	3					N Number of risk plans in bene area in Jun
H_PLTP07	265	2	\$PLNFMT				C GHP plan type for Jul
				13,945			No enrollment for month
				53		01	Health care prepayment plan
				101		02	Cost HMO
				2,362		06	Risk HMO
H_PLAN07	267	5	\$GHPFMT				C GHP contract number for Jul
				2,489		H0000-H9999	Plan Identifier
				13,945			N Unknown, or no plan
				27		90091	Plan Identifier
H_PLPY07	272	4					N Medicare capitation payment for Jul
H_PNUM07	276	3					N Number of GHPs in bene area in Jul
H_RPNM07	279	3					N Number of risk plans in bene area in Jul
H_PLTP08	282	2	\$PLNFMT				C GHP plan type for Aug
				13,946			No enrollment for month
				54		01	Health care prepayment plan
				101		02	Cost HMO
				2,360		06	Risk HMO
H_PLAN08	284	5	\$GHPFMT				C GHP contract number for Aug
				2,488		H0000-H9999	Plan Identifier
				13,946			N Unknown, or no plan
				27		90091	Plan Identifier
H_PLPY08	289	4					N Medicare capitation payment for Aug
H_PNUM08	293	3					N Number of GHPs in bene area in Aug
H_RPNM08	296	3					N Number of risk plans in bene area in Aug
H_PLTP09	299	2	\$PLNFMT				C GHP plan type for Sep
				13,953			No enrollment for month
				55		01	Health care prepayment plan
				101		02	Cost HMO
				2,352		06	Risk HMO
H_PLAN09	301	5	\$GHPFMT				C GHP contract number for Sep
				2,480		H0000-H9999	Plan Identifier
				13,953			N Unknown, or no plan
				28		90091	Plan Identifier

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLPY09	306	4					N Medicare capitation payment for Sep
H_PNUM09	310	3					N Number of GHPs in bene area in Sep
H_RPNM09	313	3					N Number of risk plans in bene area in Sep
H_PLTP10	316	2	\$PLNFMT				C GHP plan type for Oct
				13,973			No enrollment for month
				55			01 Health care prepayment plan
				100			02 Cost HMO
				2,333			06 Risk HMO
H_PLAN10	318	5	\$GHPFMT				C GHP contract number for Oct
				2,460			H0000-H9999 Plan Identifier
				13,973			N Unknown, or no plan
				28			90091 Plan Identifier
H_PLPY10	323	4					N Medicare capitation payment for Oct
H_PNUM10	327	3					N Number of GHPs in bene area in Oct
H_RPNM10	330	3					N Number of risk plans in bene area in Oct
H_PLTP11	333	2	\$PLNFMT				C GHP plan type for Nov
				13,987			No enrollment for month
				55			01 Health care prepayment plan
				99			02 Cost HMO
				2,320			06 Risk HMO
H_PLAN11	335	5	\$GHPFMT				C GHP contract number for Nov
				2,446			H0000-H9999 Plan Identifier
				13,987			N Unknown, or no plan
				28			90091 Plan Identifier
H_PLPY11	340	4					N Medicare capitation payment for Nov
H_PNUM11	344	3					N Number of GHPs in bene area in Nov
H_RPNM11	347	3					N Number of risk plans in bene area in Nov
H_PLTP12	350	2	\$PLNFMT				C GHP plan type for Dec
				14,015			No enrollment for month
				55			01 Health care prepayment plan
				98			02 Cost HMO
				2,293			06 Risk HMO
H_PLAN12	352	5	\$GHPFMT				C GHP contract number for Dec
				2,418			H0000-H9999 Plan Identifier
				14,015			N Unknown, or no plan
				28			90091 Plan Identifier
H_PLPY12	357	4					N Medicare capitation payment for Dec
H_PNUM12	361	3					N Number of GHPs in bene area in Dec
H_RPNM12	364	3					N Number of risk plans in bene area in Dec

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCSW	367	1	\$SWFMT				C Some Medicaid eligibility for the year
				13,383			N No participation
				3,078			Y Some participation
H_MCDE01	368	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				1,224			B State Part B buy-in
				45			C State Part A and B buy-in
				74			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,591			N No buy-in this month
				1,270			Q State Part B QMB buy-in
				252			S State Part B SLMB buy-in
H_MCDE02	369	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				1,233			B State Part B buy-in
				45			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,572			N No buy-in this month
				1,275			Q State Part B QMB buy-in
				256			S State Part B SLMB buy-in
H_MCDE03	370	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				1,241			B State Part B buy-in
				46			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,555			N No buy-in this month
				1,282			Q State Part B QMB buy-in
				257			S State Part B SLMB buy-in
H_MCDE04	371	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				1,246			B State Part B buy-in
				47			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,547			N No buy-in this month
				1,281			Q State Part B QMB buy-in
				259			S State Part B SLMB buy-in
H_MCDE05	372	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				1,258			B State Part B buy-in
				47			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,533			N No buy-in this month
				1,284			Q State Part B QMB buy-in
				258			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE06	373	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				1,266			B State Part B buy-in
				48			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,519			N No buy-in this month
				1,286			Q State Part B QMB buy-in
				260			S State Part B SLMB buy-in
H_MCDE07	374	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				1,263			B State Part B buy-in
				48			C State Part A and B buy-in
				77			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,515			N No buy-in this month
				1,291			Q State Part B QMB buy-in
				262			S State Part B SLMB buy-in
H_MCDE08	375	1	\$MCDCFMT				C Medicaid eligibility for Aug
				1			A State Part A buy-in
				1,267			B State Part B buy-in
				48			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,505			N No buy-in this month
				1,298			Q State Part B QMB buy-in
				261			S State Part B SLMB buy-in
H_MCDE09	376	1	\$MCDCFMT				C Medicaid eligibility for Sep
				2			A State Part A buy-in
				1,276			B State Part B buy-in
				48			C State Part A and B buy-in
				75			D State Part A and B QMB buy-in
				5			E State Part A and B SLMB buy-in
				13,495			N No buy-in this month
				1,297			Q State Part B QMB buy-in
				263			S State Part B SLMB buy-in
H_MCDE10	377	1	\$MCDCFMT				C Medicaid eligibility for Oct
				1			A State Part A buy-in
				1,281			B State Part B buy-in
				49			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				4			E State Part A and B SLMB buy-in
				13,493			N No buy-in this month
				1,294			Q State Part B QMB buy-in
				263			S State Part B SLMB buy-in

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE11	378	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				1,274			B State Part B buy-in
				50			C State Part A and B buy-in
				76			D State Part A and B QMB buy-in
				4			E State Part A and B SLMB buy-in
				13,499			N No buy-in this month
				1,293			Q State Part B QMB buy-in
				265			S State Part B SLMB buy-in
H_MCDE12	379	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				1,245			B State Part B buy-in
				50			C State Part A and B buy-in
				73			D State Part A and B QMB buy-in
				4			E State Part A and B SLMB buy-in
				13,553			N No buy-in this month
				1,278			Q State Part B QMB buy-in
				258			S State Part B SLMB buy-in
H_MACY01	380	3	\$MACYFMT				C Buy-in agency for Jan
				13,591			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,870			000-999 State Agency code
H_MACY02	383	3	\$MACYFMT				C Buy-in agency for Feb
				13,572			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,889			000-999 State Agency code
H_MACY03	386	3	\$MACYFMT				C Buy-in agency for Mar
				13,555			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,906			000-999 State Agency code
H_MACY04	389	3	\$MACYFMT				C Buy-in agency for Apr
				13,547			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,914			000-999 State Agency code
H_MACY05	392	3	\$MACYFMT				C Buy-in agency for May
				13,533			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,928			000-999 State Agency code
H_MACY06	395	3	\$MACYFMT				C Buy-in agency for Jun
				13,519			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,942			000-999 State Agency code
H_MACY07	398	3	\$MACYFMT				C Buy-in agency for Jul
				13,515			N Unknown, or no buy-in
				0			S00-S99 State Agency code
				2,946			000-999 State Agency code

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MACY08	401	3	\$MACYFMT	13,505			C Buy-in agency for Aug
				1			N Unknown, or no buy-in
				2,955			S00-S99 State Agency code
							000-999 State Agency code
H_MACY09	404	3	\$MACYFMT	13,495			C Buy-in agency for Sep
				2			N Unknown, or no buy-in
				2,964			S00-S99 State Agency code
							000-999 State Agency code
H_MACY10	407	3	\$MACYFMT	13,493			C Buy-in agency for Oct
				1			N Unknown, or no buy-in
				2,967			S00-S99 State Agency code
							000-999 State Agency code
H_MACY11	410	3	\$MACYFMT	13,499			C Buy-in agency for Nov
				0			N Unknown, or no buy-in
				2,962			S00-S99 State Agency code
							000-999 State Agency code
H_MACY12	413	3	\$MACYFMT	13,553			C Buy-in agency for Dec
				0			N Unknown, or no buy-in
				2,908			S00-S99 State Agency code
							000-999 State Agency code
H_HOSSW	416	1	\$UTLFMT	16,349			C One or more hospice bills in CY
				112			0 No utilization this type
							1 Some utilization this type
H_INPSW	417	1	\$UTLFMT	13,614			C One or more inpatient discharges in CY
				2,847			0 No utilization this type
							1 Some utilization this type
H_SNFSW	418	1	\$UTLFMT	15,861			C One or more SNF admissions in CY
				600			0 No utilization this type
							1 Some utilization this type
H_HHASW	419	1	\$UTLFMT	15,477			C 1 = one or more HHA visits in CY
				984			0 No utilization this type
							1 Some utilization this type
H_OUTSW	420	1	\$UTLFMT	6,873			C One or more outpatient visits in CY
				9,588			0 No utilization this type
							1 Some utilization this type
H_PBSW	421	1	\$UTLFMT	3,196			C One or more Part B claims in CY
				13,265			0 No utilization this type
							1 Some utilization this type
H_PTARMB	422	6					N Total Part A reimbursement in CY (\$)
H_PTBRMB	428	6					N Total Part B reimbursement in CY (\$)

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LATDCH	434	8	\$DTE8FMT	13,614 2,847			C Discharge date of latest inpatient stay  Missing Date as YYYYMMDD
H_LATDRG	442	3	\$DRGFMT	13,614 2,847			C DRG code for latest inpatient stay  Unknown, or no discharge 000-999 DRG
H_DISDES	445	2	\$DSTFMT	13,614 1,879 23 434 83 50 286 16 3 0 0 47 0 19 0 0 0 0 7			C Discharge dest for latest inpatient stay  No discharge 01 Discharged to home 02 Transferred to hospital 03 Transferred to SNF 04 Transferred to ICF 05 Transferred to Other 06 Transferred to HHA 07 LAMA 08 Home IV drug 09 Admit/readmit 10-19 Transfer-ST codes 20 Expired 21-29 Expired-ST codes 30 Still patient 31-39 Still patient, ST 40 Expired at home 41 Died in facility 42 Died, place unknown 43-99 Not used
H_INPSTY	447	2					N No. of inpatient stays for CY
H_INPDAY	449	3					N No. of inpatient covered days for CY
H_INPCHG	452	6					N Inpatient charges for CY (\$)
H_INPCCH	458	6					N Inpatient covered charges for CY (\$)
H_INPRMB	464	6					N Inpatient reimbursement for CY (\$)
H_INPCDY	470	2					N Inpatient coinsurance days used in CY
H_INPCAM	472	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	477	2					N Total SNF stays in CY
H_SNFDAY	479	3					N Total SNF covered days in CY
H_SNFCHG	482	6					N Total SNF charges in CY (\$)
H_SNFCCH	488	6					N Total SNF covered charges in CY (\$)
H_SNFRMB	494	6					N Total SNF reimbursement in CY (\$)
H_SNFCDY	500	3					N Total SNF coinsurance days in CY
H_SNFCAM	503	6					N Total SNF coinsurance amount in CY (\$)
H_HHAVST	509	4					N Total HHA visits in CY

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HHACCH	513	6					N Total HHA covered charges in CY (\$)
H_HHACHO	519	6					N Total HHA other covered charges CY (\$)
H_HHRMBA	525	6					N Total HHA reimbursement in CY (\$), Pt. A
							NOTES: Prior to 2000 this was included in H_HHARMB. First available in 2000
H_HHRMBB	531	6					N Total HHA reimbursement in CY (\$), Pt. B
							NOTES: Prior to 2000 this was included in H_HHARMB. First available in 2000
H_HSDAYS	537	3					N Total covered hospice days in CY
H_HSTCHG	540	6					N Total hospice charges CY (\$)
H_HSREIM	546	6					N Total hospice reimbursement in CY (\$)
H_OUTBIL	552	3					N Total outpatient bills in CY
H_OUTCHG	555	6					N Total outpatient covered charges CY (\$)
H_OUTRMB	561	6					N Total outpatient reimbursement CY (\$)
H_PHYCLM	567	4					N Total physician claims in CY
							NOTES: Prior to 2000 this was included in H_PMTCLM. First available in 2000
H_PHYLIN	571	4					N Total physician line items in CY
							NOTES: Prior to 2000 this was included in H_PMTLIN. First available in 2000
H_PHYSCH	575	6					N Total physician submitted charges (\$)
							NOTES: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_PHYACH	581	6					N Total physician allowed charges (\$)
							NOTES: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_PHYRMB	587	6					N Total physician reimbursement (\$)
							NOTES: Prior to 2000 this was included in H_PMTRMB. First available in 2000
H_PMTVST	593	3					N Total office visits in CY
H_PMTCHO	596	6					N Total office visit charges in CY (\$)
H_DMECLM	602	4					N Total DME supplier claims in CY
							NOTES: Prior to 2000 this was included in H_PMTCLM. First available in 2000

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_DMELIN	606	4					N Total DME supplier line items in CY NOTES: Prior to 2000 this was included in H_PMTLIN. First available in 2000
H_DMESCH	610	6					N Total DME supplier submitted charges (\$) NOTES: Prior to 2000 this was included in H_PMTSCH. First available in 2000
H_DMEACH	616	6					N Total DME supplier allowed charges (\$) NOTES: Prior to 2000 this was included in H_PMTACH. First available in 2000
H_DMERMB	622	6					N Total DME supplier reimbursement (\$) NOTES: Prior to 2000 this was included in H_PMTRMB. First available in 2000