

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
MBSF: Cost And Use Segment
Date Created: 29JAN2021
Number of Variables: 87

Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
PATIENT_ID	NHCS Patient ID	Char	ID	Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID.
PUBLICID	NHIS Public Use ID	Char	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID.
SEQN	NHANES Respondent Sequence Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN.
RESNUM	NNHS Resident Record (Case) Number	Num	ID	Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM.
SURVEY	Survey Name and survey year/cycle	Char		
FILE_YEAR4	Beneficiary Enrollment Reference Year (YYYY)	Num	2014-2018	2016 NHCS has been linked to only 2016-2017 Medicare Data.
BENE_ENROLLMT_REF_YR	Reference Year	Num	2014-2018	2016 NHCS has been linked to only 2016-2017 Medicare Data.
ACUTE_BENE_PMT	Acute Inpatient Hospital Beneficiary Payments	Num	0-97,500	Payment/Chagred Amount, in dollars.
ACUTE_MDCR_PMT	Acute Inpatient Medicare Payments	Num	0-2,760,700	Payment/Chagred Amount, in dollars.
ACUTE_PERDIEM_PMT	Acute Inpatient Hospital Pass-thru Per Diem Payments	Num	0-206,900	Payment/Chagred Amount, in dollars.
ACUTE_PRMRY_PMT	Acute Inpatient Hospital Primary Payer Amount	Num	0-2,284,900	Payment/Chagred Amount, in dollars.
ACUTE_STAYS	Acute Inpatient Stays	Num	0-200	Number of stays (count)

¹The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.

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ACUTE_COV_DAYS	Acute Inpatient Medicare Covered Days	Num	0-300	Number of days (count)
READMISSIONS	Acute Inpatient Hospital Readmissions	Num	0-200	Number of readmissions (count)
IP_ER_VISITS	Inpatient Emergency Room Visits	Num	0-100	Number of visits (count)
OIP_BENE_PMT	Other Inpatient Hospital Beneficiary Payments	Num	0-92,100	Payment/Chagred Amount, in dollars.
OIP_MDCR_PMT	Other Inpatient Hospital Medicare Payments	Num	0-831,700	Payment/Chagred Amount, in dollars.
OIP_PERDIEM_PMT	Other Inpatient Pass-thru Per Diem Payments	Num	0-59,000	Payment/Chagred Amount, in dollars.
OIP_PRMRY_PMT	Other Inpatient Hospital Primary Payer Amount	Num	0-728,200	Payment/Chagred Amount, in dollars.
OIP_STAYS	Other Inpatient Stays	Num	0-100	Number of stays (count)
OIP_COV_DAYS	Other Inpatient Hospital Covered Days	Num	0-300	Number of days (count)
SNF_BENE_PMT	Skilled Nursing Facility Beneficiary Payments	Num	0-27,700	Payment/Chagred Amount, in dollars.
SNF_MDCR_PMT	Skilled Nursing Facility Medicare Payments	Num	0-253,200	Payment/Chagred Amount, in dollars.
SNF_PRMRY_PMT	Skilled Nursing Facility Primary Payer Amount	Num	0-165,800	Payment/Chagred Amount, in dollars.
SNF_STAYS	Skilled Nursing Facility Stays	Num	0-100	Number of stays (count)
SNF_COV_DAYS	Skilled Nursing Facility Medicare Covered Days	Num	0-300	Number of days (count)
HOS_MDCR_PMT	Hospice Medicare Payments	Num	0-131,500	Payment/Chagred Amount, in dollars.

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HOS_PRMRY_PMT	Hospice Primary Payer Amount	Num	0-43,900	Payment/Chagred Amount, in dollars.
HOS_STAYS	Hospice Stays	Num	0-100	Number of stays (count)
HOS_COV_DAYS	Hospice Medicare Covered Days	Num	0-400	Number of days (count)
HH_MDCR_PMT	Home Health Medicare Payments	Num	0-125,700	Payment/Chagred Amount, in dollars.
HH_PRMRY_PMT	Home Health Primary Payer Amount	Num	0-64,000	Payment/Chagred Amount, in dollars.
HH_VISITS	Home Health Visits	Num	0-1,600	Number of visits (count)
HOP_BENE_PMT	Hospital Outpatient Beneficiary Payments	Num	0-302,400	Payment/Chagred Amount, in dollars.
HOP_MDCR_PMT	Hospital Outpatient Medicare Payments	Num	0-4,034,300	Payment/Chagred Amount, in dollars.
HOP_PRMRY_PMT	Hospital Outpatient Primary Payer Amount	Num	0-505,600	Payment/Chagred Amount, in dollars.
HOP_VISITS	Hospital Outpatient Visits	Num	0-800	Number of visits (count)
HOP_ER_VISITS	Hospital Outpatient Emergency Room Visits	Num	0-800	Number of visits (count)
ASC_BENE_PMT	Ambulatory Surgery Center Beneficiary Payments	Num	0-17,500	Payment/Chagred Amount, in dollars.
ASC_MDCR_PMT	Ambulatory Surgery Center Medicare Payments	Num	0-68,600	Payment/Chagred Amount, in dollars.
ASC_PRMRY_PMT	Ambulatory Surgery Center Primary Payer Amount	Num	0-73,800	Payment/Chagred Amount, in dollars.

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Variable Name	Variable (VAR) Label	VAR Type	Range of Values ¹	Value Description
ASC_EVENTS	Ambulatory Surgery Center Events	Num	0-100	Number of events (count)
ANES_BENE_PMT	Anesthesia Beneficiary Payments	Num	0-2,400	Payment/Chagred Amount, in dollars.
ANES_MDCR_PMT	Anesthesia Medicare Payments	Num	0-9,300	Payment/Chagred Amount, in dollars.
ANES_PRMRY_PMT	Anesthesia Primary Payer Amount	Num	0-21,900	Payment/Chagred Amount, in dollars.
ANES_EVENTS	Anesthesia Events	Num	0-200	Number of events (count)
PTB_DRUG_BENE_PMT	Part B Drug Beneficiary Payments	Num	0-3,126,100	Payment/Chagred Amount, in dollars.
PTB_DRUG_MDCR_PMT	Part B Drug Medicare Payments	Num	0-12,254,000	Payment/Chagred Amount, in dollars.
PTB_DRUG_PRMRY_PMT	Part B Drug Primary Payer Amount	Num	0-250,300	Payment/Chagred Amount, in dollars.
PTB_DRUG_EVENTS	Part B Drug Events	Num	0-1,100	Number of events (count)
EM_BENE_PMT	Evaluation and Management Beneficiary Payments	Num	0-42,700	Payment/Chagred Amount, in dollars.
EM_MDCR_PMT	Evaluation and Management Medicare Payments	Num	0-166,500	Payment/Chagred Amount, in dollars.
EM_PRMRY_PMT	Evaluation and Management Primary Payer Amount	Num	0-65,300	Payment/Chagred Amount, in dollars.
EM_EVENTS	Evaluation and Management Events	Num	0-1,800	Number of events (count)
PHYS_BENE_PMT	Part B Physician Beneficiary Payments	Num	0-5,600	Payment/Chagred Amount, in dollars.

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PHYS_MDCR_PMT	Part B Physician Medicare Payments	Num	0-20,900	Payment/Chagred Amount, in dollars.
PHYS_PRMRY_PMT	Part B Physician Primary Payer Amount	Num	0-11,600	Payment/Chagred Amount, in dollars.
PHYS_EVENTS	Part B Physician Events	Num	0-300	Number of events (count)
DIALYS_BENE_PMT	Dialysis Beneficiary Payments	Num	0-2,900	Payment/Chagred Amount, in dollars.
DIALYS_MDCR_PMT	Dialysis Medicare Payments	Num	0-11,300	Payment/Chagred Amount, in dollars.
DIALYS_PRMRY_PMT	Dialysis Primary Payer Amount	Num	0-21,800	Payment/Chagred Amount, in dollars.
DIALYS_EVENTS	Dialysis Events	Num	0-300	Number of events (count)
OPROC_BENE_PMT	Other Procedures Beneficiary Payments	Num	0-27,800	Payment/Chagred Amount, in dollars.
OPROC_MDCR_PMT	Other Procedures Medicare Payments	Num	0-108,800	Payment/Chagred Amount, in dollars.
OPROC_PRMRY_PMT	Other Procedures Primary Payer Amount	Num	0-149,400	Payment/Chagred Amount, in dollars.
OPROC_EVENTS	Other Procedures Events	Num	0-900	Number of events (count)
IMG_BENE_PMT	Imaging Beneficiary Payments	Num	0-5,900	Payment/Chagred Amount, in dollars.
IMG_MDCR_PMT	Imaging Medicare Payments	Num	0-22,700	Payment/Chagred Amount, in dollars.
IMG_PRMRY_PMT	Imaging Primary Payer Amount	Num	0-41,000	Payment/Chagred Amount, in dollars.
IMG_EVENTS	Imaging Events	Num	0-400	Number of events (count)

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TEST_BENE_PMT	Tests Beneficiary Payments	Num	0-8,000	Payment/Chagred Amount, in dollars.
TEST_MDCR_PMT	Tests Medicare Payments	Num	0-36,100	Payment/Chagred Amount, in dollars.
TEST_PRMRY_PMT	Tests Primary Payer Amount	Num	0-10,700	Payment/Chagred Amount, in dollars.
TEST_EVENTS	Tests Events	Num	0-900	Number of events (count)
DME_BENE_PMT	Durable Medical Equipment Beneficiary Payments	Num	0-36,500	Payment/Chagred Amount, in dollars.
DME_MDCR_PMT	Durable Medical Equipment Medicare Payments	Num	0-102,400	Payment/Chagred Amount, in dollars.
DME_PRMRY_PMT	Durable Medical Equipment Primary Payer Amount	Num	0-26,300	Payment/Chagred Amount, in dollars.
DME_EVENTS	Durable Medical Equipment Events	Num	0-600	Number of events (count)
OTHC_BENE_PMT	Other Part B Carrier Beneficiary Payments	Num	0-51,700	Payment/Chagred Amount, in dollars.
OTHC_MDCR_PMT	Other Part B Carrier Medicare Payments	Num	0-167,300	Payment/Chagred Amount, in dollars.
OTHC_PRMRY_PMT	Other Part B Carrier Primary Payer Amount	Num	0-73,800	Payment/Chagred Amount, in dollars.
OTHC_EVENTS	Other Part B Carrier Events	Num	0-900	Number of events (count)
PTD_BENE_PMT	Part D Beneficiary Payments	Num	0-461,600	Payment/Chagred Amount, in dollars.
PTD_MDCR_PMT	Part D Medicare Payments	Num	0-5,820,500	Payment/Chagred Amount, in dollars.

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PTD_EVENTS	Part D Events	Num	0-1,300	Number of events (count)
PTD_FILL_CNT	Part D Standardized Fill Count	Num	0-1,300	Number of prescription fills (count) for a given year, where a value of 1 represents a 30-day supply of a filled Part D prescription. The Part D fill count does not indicate the number of different drugs the person is using, only the total months (30-day intervals) or number prescription fills received. Please see website for more information: https://www.resdac.org/cms-data/variables/part-d-standardized-fill-count (Accessed 06/30/2020)
PTD_TOTAL_RX_CST	Part D Total Prescription Costs	Num	0-6,131,700	Payment/Charged Amount, in dollars.

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