

03/22/04  
**Cost & Use**  
**2001**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Inpatient Hospital Events

**RIC: IPE**  
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Inpatient Hospital Events file contains data about all inpatient hospital stays of the MCBS population, whether community or facility interviews. This file combines data obtained from CMS administrative records with information obtained from the survey.							
RIC	1	2					C IPE: Inpatient Hospital Claims Data
VERSION	3	1					C Version number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				5,314			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				1,481			C000-C999 Event created from claim
				3,833			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				1,481			Missing
				0			DU Dental
				49			ER Emergency Room
				3,336			IP Inpatient
				75			IU Institutional utilization
				0			MP Medical provider
				0			OM Other medical expense
				373			OP Outpatient
				0			PM Prescribed medicine
				0			SD Separately billing physician
				0			SL Separately billing lab
CLAIMID	20	7					N Claim this survey event matched to
EVBEGBYY	27	2	\$EVENTYY				C Event begin year
				1			-8 Don't know
				5,313			Year
EVBEGBMM	29	2	\$EVENTMM				C Event begin month
				3			-8 Don't know
				0			95 Still in progress
				5,311			Month
EVBEGBDD	31	2	\$EVENTDD				C Event begin day
				128			-8 Don't know
				5,186			Day of month
EVBEGYY	33	2	\$EVENTYY				C Event end year
				2			-8 Don't know
				5,312			Year
EVBEGMM	35	2	\$EVENTMM				C Event end month
				5			-8 Don't know
				0			95 Still in progress
				5,309			Month
EVBEGDD	37	2	\$EVENTDD				C Event end day
				81			-8 Don't know

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				5,233			Day of month
SOURCE	39	1	\$SOURCE				C Source of event: survey, claim, or both?
				1,020			1 Survey only
				1,481			2 Claims only
				2,813			3 Both survey & claims
SITCODE	40	1	\$SITCODE				C Community or facility setting?
				0			B Both community & facility
				4,488			C Community
				139			D Deemed community
				518			F Facility
				30			G Deemed facility
				139			S SNF
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?
				3,882			0 Not imputed
				1,432			1 Imputed
AMTCOV	51	9					N Medicare program liability, incl. copays
AMTNCOV	60	9					N Total payment not covered by Medicare
AMTCARE	69	9					N Amount paid by Medicare
IMPSCARE	78	1	IMPFLAG				N AMTCARE payment source imputed?
				5,306			0 Not imputed
				8			1 Imputed
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?
				5,228			0 Not imputed
				86			1 Imputed
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?
				5,019			0 Not imputed
				295			1 Imputed
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?
				4,591			0 Not imputed
				723			1 Imputed
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?
				5,157			0 Not imputed
				157			1 Imputed
IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed?
				4,862			0 Not imputed
				452			1 Imputed

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AMTHMOP	102	9					N Amount paid by private HMO
IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed?
				5,253			0 Not imputed
				61			1 Imputed
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed?
				5,201			0 Not imputed
				113			1 Imputed
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed?
				5,311			0 Not imputed
				3			1 Imputed
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed?
				5,260			0 Not imputed
				54			1 Imputed
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed?
				4,942			0 Not imputed
				372			1 Imputed
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed?
				4,819			0 Not imputed
				495			1 Imputed
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMPSPRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed?
				4,954			0 Not imputed
				360			1 Imputed
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed?
				4,847			0 Not imputed
				467			1 Imputed
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed?
				5,238			0 Not imputed
				76			1 Imputed
IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed?
				5,238			0 Not imputed
				76			1 Imputed
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)

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IMPSOOP	166	1	IMPFLAG	4,729 585			N AMTOOP payment source imputed? 0 Not imputed 1 Imputed
IMPAOOP	167	1	IMPFLAG	4,534 780			N AMTOOP payment amount imputed? 0 Not imputed 1 Imputed
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSDISC	177	1	IMPFLAG	5,095 219			N AMTDISC payment source imputed? 0 Not imputed 1 Imputed
IMPADISC	178	1	IMPFLAG	5,065 249			N AMTDISC payment amount imputed? 0 Not imputed 1 Imputed
AMTOTH	179	9					N Amount paid by other payor(s)
IMPSOTH	188	1	IMPFLAG	5,287 27			N AMTOTH payment source imputed? 0 Not imputed 1 Imputed
IMPAOTH	189	1	IMPFLAG	5,261 53			N AMTOTH payment amount imputed? 0 Not imputed 1 Imputed
ODIAGCNT	190	2					N Number of diagnosis codes on claim
ODIAG1	192	5					C Primary ICD-9 diagnosis code from claim
ODIAG2	197	5					C Second ICD-9 diagnosis code from claim
ODIAG3	202	5					C Third ICD-9 diagnosis code from claim
DRG	207	3					C Diagnosis related group from claim
PROCNT	210	2					N Number of procedure codes on claim
PROC1	212	4					C First procedure code from claims
PROV	216	6					C Medicare provider number from claim
STATUS	222	2	\$STATUS	1,020 2,351 148 679 142 220 416 22 3 199 94			C Beneficiary status as of claim thru date Missing 01 Discharged to home/self care 02 Discharged to other short-term hospital 03 Discharged to skilled nursing facility 04 Discharged to intermediate care facility 05 Disch to another type of institution 06 Discharged to home care of organized HMO 07 Left against medical advice/stopped care 08 Disch home under care of IV therapy prov 20 Expired (did not recover Christian Sci) 30 Still patient

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				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)
				5			50 Hospice - home (eff. 10/96)
				11			51 Hospice - medical facility (eff. 10/96)
				3			61 Disch w/i facility to swing-bed SNF (99)
				0			71 Disch to other facility for O/P svcs (99)
				1			72 Disch to this facility for O/P svcs (99)
UTLZNDAY	224	3					N Number of covered days of care
COINDAY	227	2					N Total number of coinsurance days
LRDAYS	229	2					N Number of lifetime reserve days used
HMO	231	1	\$HMO				C Event provided by an HMO?
				4,497			0 Event not provided by HMO
				817			1 Event provided by HMO