

02/04/05
Cost & Use
2002

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 Record Identification Code
VERSION	3	1					C Version number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				5,318			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				1,628			C000-C999 Event created from claim
				3,690			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				1,628			Missing
				0			DU Dental
				43			ER Emergency Room
				3,419			IP Inpatient
				72			IU Institutional utilization
				0			MP Medical provider
				0			OM Other medical expense
				156			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
				4			-8 Don't know
				5,314			Year
EVBEGBMM	29	2	\$EVENTMM				C Event begin month
				11			-8 Don't know
				0			95 Still in progress
				5,307			Month
EVBEGBDD	31	2	\$EVENTDD				C Event begin day
				129			-8 Don't know
				5,189			Day of month
EVBEGDD	33	2	\$EVENTYY				C Event end year
				4			-8 Don't know
				5,314			Year
EVBEGDD	35	2	\$EVENTMM				C Event end month
				12			-8 Don't know
				0			95 Still in progress
				5,306			Month

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EVENDDD	37	2	\$EVENTDD				C Event end day
				106			-8 Don't know
				5,212			Day of month
SOURCE	39	1	\$SOURCE				C Source of event: survey, claim, or both?
				735			1 Survey only
				1,628			2 Claims only
				2,955			3 Both survey & claims
SITCODE	40	1	\$SITCODE				C Community or facility setting?
				0			B Both community & facility
				4,407			C Community
				179			D Deemed community
				526			F Facility
				60			G Deemed facility
				146			S SNF
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?
				3,924			0 Not imputed
				1,394			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?
				5,317			0 Not imputed
				1			1 Imputed
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?
				5,226			0 Not imputed
				92			1 Imputed
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?
				5,019			0 Not imputed
				299			1 Imputed
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?
				4,573			0 Not imputed
				745			1 Imputed
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?
				5,149			0 Not imputed
				169			1 Imputed

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IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed?
				4,914			0 Not imputed
				404			1 Imputed
AMTHMOP	102	9					N Amount paid by private HMO
IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed?
				5,211			0 Not imputed
				107			1 Imputed
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed?
				5,151			0 Not imputed
				167			1 Imputed
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed?
				5,308			0 Not imputed
				10			1 Imputed
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed?
				5,265			0 Not imputed
				53			1 Imputed
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed?
				4,937			0 Not imputed
				381			1 Imputed
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed?
				4,794			0 Not imputed
				524			1 Imputed
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMPSPRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed?
				4,955			0 Not imputed
				363			1 Imputed
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed?
				4,831			0 Not imputed
				487			1 Imputed
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed?
				5,254			0 Not imputed
				64			1 Imputed

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IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed?
				5,254			0 Not imputed
				64			1 Imputed
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	166	1	IMPFLAG				N AMTOOP payment source imputed?
				4,688			0 Not imputed
				630			1 Imputed
IMPAOOP	167	1	IMPFLAG				N AMTOOP payment amount imputed?
				4,501			0 Not imputed
				817			1 Imputed
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSDISC	177	1	IMPFLAG				N AMTDISC payment source imputed?
				5,052			0 Not imputed
				266			1 Imputed
IMPADISC	178	1	IMPFLAG				N AMTDISC payment amount imputed?
				5,011			0 Not imputed
				307			1 Imputed
AMTOTH	179	9					N Amount paid by other payor(s)
IMPSOTH	188	1	IMPFLAG				N AMTOTH payment source imputed?
				5,276			0 Not imputed
				42			1 Imputed
IMPAOTH	189	1	IMPFLAG				N AMTOTH payment amount imputed?
				5,246			0 Not imputed
				72			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
PROCCNT	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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
STATUS	222	2	\$STATUS				C Beneficiary status as of claim thru date
				735			Missing
				2,541			01 Discharged to home/self care
				151			02 Discharged to other short-term hospital
				721			03 Discharged to skilled nursing facility
				109			04 Discharged to intermediate care facility
				146			05 Disch to another type of institution
				455			06 Discharged to home care of organized HMO
				17			07 Left against medical advice/stopped care
				3			08 Disch home under care of IV therapy prov
				196			20 Expired (did not recover Christian Sci)
				61			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)
				15			50 Hospice - home (eff. 10/96)
				14			51 Hospice - medical facility (eff. 10/96)
				16			61 Disch w/i facility to swing-bed SNF (99)
				7			71 Disch to other facility for O/P svcs(99)
				14			72 Disch to this facility for O/P svcs (99)
				117			Other destination
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?
				4,549			0 Event not provided by HMO
				769			1 Event provided by HMO