

02/24/06  
Cost & Use  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Outpatient Hospital Events

**RIC: OPE**  
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Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Outpatient Hospital Events file contains data individual hospital outpatient events for the MCBS population.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				61,537			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				25,832			C000-C999 Event created from claim
				35,705			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				25,832			Missing
				0			DU Dental
				2,417			ER Emergency Room
				671			IP Inpatient
				0			IU Institutional utilization
				11,009			MP Medical provider
				505			OM Other medical expense
				20,222			OP Outpatient
				0			PM Prescribed medicine
				387			SD Separately billing physician
				494			SL Separately billing lab
CLAIMID	20	7					N Claim this survey event matched to
FROMDT	27	6					C From date on claim
THRU DT	33	6					C Thru date on claim
EVBE GYY	39	2	\$EVENTYY				C Event begin year
				11			-8 Don't know
				61,526			Year
EVBE GMM	41	2	\$EVENTMM				C Event begin month
				130			-8 Don't know
				0			95 Still in progress
				61,407			Month
EVBE GDD	43	2	\$EVENTDD				C Event begin day
				7			-7 Refused
				3,413			-8 Don't know
				58,117			Day of month
SOURCE	45	1	\$SOURCE				C Source of event: survey, claim, or both?
				13,307			1 Survey only
				25,832			2 Claims only
				22,398			3 Both survey & claims

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SITCODE	46	1	\$SITCODE				C Community or facility setting?
				11			B Both community & facility
				54,475			C Community
				1,832			D Deemed community
				4,734			F Facility
				83			G Deemed facility
				402			S SNF
AMTTOT	47	9					N Total payment
IMPATOT	56	1	IMPFLAG				N AMTTOT imputed in part or in total?
				44,781			0 Not imputed
				16,756			1 Imputed
AMTCOV	57	9					N Medicare program liability, incl. copays
AMTNCOV	66	9					N Total payment not covered by Medicare
AMTCARE	75	9					N Amount paid by Medicare
IMPSCARE	84	1	IMPFLAG				N AMTCARE payment source imputed?
				61,469			0 Not imputed
				68			1 Imputed
IMPACARE	85	1	IMPFLAG				N AMTCARE payment amount imputed?
				59,162			0 Not imputed
				2,375			1 Imputed
AMTCAID	86	9					N Amount paid by Medicaid
IMPSCAID	95	1	IMPFLAG				N AMTCAID payment source imputed?
				56,546			0 Not imputed
				4,991			1 Imputed
IMPACAID	96	1	IMPFLAG				N AMTCAID payment amount imputed?
				51,452			0 Not imputed
				10,085			1 Imputed
AMTHMOM	97	9					N Amount paid by Medicare HMO
IMPSHMOM	106	1	IMPFLAG				N AMTHMOM payment source imputed?
				60,512			0 Not imputed
				1,025			1 Imputed
IMPAHMOM	107	1	IMPFLAG				N AMTHMOM payment amount imputed?
				59,663			0 Not imputed
				1,874			1 Imputed
AMTHMOP	108	9					N Amount paid by private HMO
IMPSHMOP	117	1	IMPFLAG				N AMTHMOP payment source imputed?
				60,539			0 Not imputed
				998			1 Imputed

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IMPAHMOP	118	1	IMPFLAG				N AMTHMOP payment amount imputed?
				59,913			0 Not imputed
				1,624			1 Imputed
AMTVA	119	9					N Amount paid by Veterans Administration
IMPSVA	128	1	IMPFLAG				N AMTVA payment source imputed?
				61,435			0 Not imputed
				102			1 Imputed
IMPAVA	129	1	IMPFLAG				N AMTVA payment amount imputed?
				60,818			0 Not imputed
				719			1 Imputed
AMTPRVE	130	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	139	1	IMPFLAG				N AMTPRVE payment source imputed?
				56,888			0 Not imputed
				4,649			1 Imputed
IMPAPRVE	140	1	IMPFLAG				N AMTPRVE payment amount imputed?
				55,174			0 Not imputed
				6,363			1 Imputed
AMTPRVI	141	9					N Amt paid by individually-purch priv ins
IMPSPRVI	150	1	IMPFLAG				N AMTPRVI payment source imputed?
				57,567			0 Not imputed
				3,970			1 Imputed
IMPAPRVI	151	1	IMPFLAG				N AMTPRVI payment amount imputed?
				56,313			0 Not imputed
				5,224			1 Imputed
AMTPRVU	152	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	161	1	IMPFLAG				N AMTPRVU payment source imputed?
				61,068			0 Not imputed
				469			1 Imputed
IMPAPRVU	162	1	IMPFLAG				N AMTPRVU payment amount imputed?
				61,068			0 Not imputed
				469			1 Imputed
AMTOOP	163	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	172	1	IMPFLAG				N AMTOOP payment source imputed?
				55,099			0 Not imputed
				6,438			1 Imputed

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IMPAOOP	173	1	IMPFLAG				N AMTOOP payment amount imputed?
				53,516			0 Not imputed
				8,021			1 Imputed
AMTDISC	174	9					N Amount of uncollected SP liability
IMPSDISC	183	1	IMPFLAG				N AMTDISC payment source imputed?
				59,894			0 Not imputed
				1,643			1 Imputed
IMPADISC	184	1	IMPFLAG				N AMTDISC payment amount imputed?
				59,630			0 Not imputed
				1,907			1 Imputed
AMTOTH	185	9					N Amount paid by other payor(s)
IMPSOTH	194	1	IMPFLAG				N AMTOTH payment source imputed?
				61,213			0 Not imputed
				324			1 Imputed
IMPAOTH	195	1	IMPFLAG				N AMTOTH payment amount imputed?
				60,948			0 Not imputed
				589			1 Imputed
ODIAGCNT	196	2					N Number of diagnosis codes on claim
ODIAG1	198	5					C Primary ICD-9 diagnosis code from claim
ODIAG2	203	5					C Second ICD-9 diagnosis code from claim
ODIAG3	208	5					C Third ICD-9 diagnosis code from claim
HMO	213	1	\$HMO				C Event provided by an HMO?
				54,321			0 Event not provided by HMO
				7,216			1 Event provided by HMO