

Variable Col Len Fmt Name Frequency Ques # Ty Label

RIC	1	3		C	RECORD IDENTIFICATION CODE
FILEYR	4	2		C	YY REFERENCE YEAR OF RECORD
BASEID	6	8		C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM	C	UNIQUE EVENT IDENTIFIER
	914				C000-C999 EVENT CREATED FROM CLAIM
	305				0000-9999 SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP	C	ORIGINAL REPORTED EVENT TYPE
	914				
	0				-1 INAPPLICABLE
	0				-9 NOT ASCERTAINED
	0				DU DENTAL
	0				ER EMERGENCY ROOM
	113				IP INPATIENT
	192				IU INSTITUTIONAL UTILIZATION
	0				MP MEDICAL PROVIDER
	0				OM OTHER MEDICAL EXPENSE
	0				OP OUTPATIENT
	0				PM PRESCRIBED MEDICINE
	0				SD SEP BILLING DOCTOR
	0				SL SEP BILLING LAB
CLAIMID	20	6		N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO	C	EVENT PROVIDED BY AN HMO?
	1,156				0 EVENT NOT PROV BY HMO
	63				1 EVENT PROVIDED BY HMO
EVBEGBYY	27	2	EVYY	N	EVENT BEGIN YEAR
	0				-9 NOT ASCERTAINED
	3				-8 DK
	0				-7 REFUSED
	0				-1 INAPPLICABLE
	1,216				1-99 YEAR
EVBEGBMM	29	2	EVMM	N	EVENT BEGIN MONTH
	0				-9 NOT ASCERTAINED
	5				-8 DK
	0				-7 REFUSED
	0				-1 INAPPLICABLE
	1,214				1-12 MONTH
	0				95 STILL IN PROGRESS
EVBEGBDD	31	2	EVDD	N	EVENT BEGIN YEAR
	0				-9 NOT ASCERTAINED
	14				-8 DK
	0				-7 REFUSED
	0				-5 MULTIPLE VISITS THIS MONTH
	0				-1 INAPPLICABLE
	1,205				1-31 DAY OF MONTH

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EVENDYY 33 2 EVYY N EVENT END YEAR

0 -9 NOT ASCERTAINED
 5 -8 DK
 0 -7 REFUSED
 0 -1 INAPPLICABLE
 1,214 1-99 YEAR

EVENDMM 35 2 EVMM N EVENT END MONTH

0 -9 NOT ASCERTAINED
 6 -8 DK
 0 -7 REFUSED
 0 -1 INAPPLICABLE
 1,213 1-12 MONTH
 0 95 STILL IN PROGRESS

EVENDDD 37 2 EVDD N EVENT END YEAR

0 -9 NOT ASCERTAINED
 13 -8 DK
 0 -7 REFUSED
 0 -5 MULTIPLE VISITS THIS MONTH
 0 -1 INAPPLICABLE
 1,206 1-31 DAY OF MONTH

SOURCE 39 1 \$SOURCE C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?

79 1 SURVEY ONLY
 914 2 CLAIMS ONLY
 226 3 BOTH SURVEY & CLAIMS

SITCODE 40 1 \$SITCODE C COMMUNITY OR FACILITY SETTING?

2 B BOTH COMM & FAC
 508 C COMMUNITY
 8 D DEEMED COMMUNITY
 680 F FACILITY
 21 G DEEMED FACILITY

AMTTOT 41 9 MONYFMT N TOTAL PAYMENT

1,219 AMOUNT AS \$\$\$\$\$.CC

IMPATOT 50 1 IMPFLAG N IMPUTATION FLAG: TOTAL PAYMENT

978 0 NOT IMPUTED
 241 1 IMPUTED

AMTCOV 51 9 MONYFMT N PORTION OF TOTAL PAY COV BY MEDICARE

1,219 AMOUNT AS \$\$\$\$\$.CC

AMTNCOV 60 9 MONYFMT N PORTION OF TOTAL PAY NOT COV BY MEDICARE

1,219 AMOUNT AS \$\$\$\$\$.CC

AMTCARE 69 9 MONYFMT N AMOUNT PAID BY MEDICARE

1,219 AMOUNT AS \$\$\$\$\$.CC

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IMPSCARE	78	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICARE
	1,219	0	NOT IMPUTED		
	0	1	IMPUTED		
IMPACARE	79	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICARE
	1,215	0	NOT IMPUTED		
	4	1	IMPUTED		
AMTCAID	80	9	MONYFMT	N	AMOUNT PAID BY MEDICAID
	1,219		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSCAID	89	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICAID
	1,204	0	NOT IMPUTED		
	15	1	IMPUTED		
IMPACAID	90	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICAID
	1,038	0	NOT IMPUTED		
	181	1	IMPUTED		
AMTHMOM	91	9	MONYFMT	N	AMOUNT PAID BY MEDICARE HMO
	1,219		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSHMOM	100	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICARE HMO
	1,203	0	NOT IMPUTED		
	16	1	IMPUTED		
IMPAHMOM	101	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICARE HMO
	1,199	0	NOT IMPUTED		
	20	1	IMPUTED		
AMTHMOP	102	9	MONYFMT	N	AMOUNT PAID BY PRIVATE HMO
	1,219		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSHMOP	111	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIVATE HMO
	1,214	0	NOT IMPUTED		
	5	1	IMPUTED		
IMPAHMOP	112	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIVATE HMO
	1,212	0	NOT IMPUTED		
	7	1	IMPUTED		
AMTVA	113	9	MONYFMT	N	AMOUNT PAID BY VETERANS ADM
	1,219		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSVA	122	1	IMPFLAG	N	IMPUTATION FLAG: SOP VETERANS ADM
	1,219	0	NOT IMPUTED		
	0	1	IMPUTED		

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IMPAVA	123	1	IMPFLAG	N	IMPUTATION FLAG: AMT VETERANS ADM
	1,218	0	NOT IMPUTED		
	1	1	IMPUTED		
AMTPRVE	124	9	MONYFMT	N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
	1,219		AMOUNT AS \$\$\$\$\$.CC		
IMSPRVE	133	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
	1,130	0	NOT IMPUTED		
	89	1	IMPUTED		
IMPAPRVE	134	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
	1,127	0	NOT IMPUTED		
	92	1	IMPUTED		
AMTPRVI	135	9	MONYFMT	N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
	1,219		AMOUNT AS \$\$\$\$\$.CC		
IMSPRVI	144	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
	1,155	0	NOT IMPUTED		
	64	1	IMPUTED		
IMPAPRVI	145	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
	1,150	0	NOT IMPUTED		
	69	1	IMPUTED		
AMTPRVU	146	9	MONYFMT	N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
	1,219		AMOUNT AS \$\$\$\$\$.CC		
IMSPRVU	155	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
	1,073	0	NOT IMPUTED		
	146	1	IMPUTED		
IMPAPRVU	156	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
	1,073	0	NOT IMPUTED		
	146	1	IMPUTED		
AMTOOP	157	9	MONYFMT	N	AMOUNT PAID BY PERSON/FAMILY
	1,219		AMOUNT AS \$\$\$\$\$.CC		
IMPSOOP	166	1	IMPFLAG	N	IMPUTATION FLAG: SOP PAID BY PERSON
	1,146	0	NOT IMPUTED		
	73	1	IMPUTED		
IMPAOOP	167	1	IMPFLAG	N	IMPUTATION FLAG: AMT PAID BY PERSON
	975	0	NOT IMPUTED		
	244	1	IMPUTED		

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTDISC	168	9		MONYFMT			N	AMOUNT OF UNCOLLECTED LIABILITIES
				1,219				AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
				1,178			0	NOT IMPUTED
				41			1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
				1,126			0	NOT IMPUTED
				93			1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
				1,219				AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
				1,218			0	NOT IMPUTED
				1			1	IMPUTED
IMPAOTH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
				1,204			0	NOT IMPUTED
				15			1	IMPUTED
ODIAGCNT	190	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C	PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
PROV	207	6					C	PROVIDER NUMBER FROM CLAIM
STATUS	213	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	215	3					N	NUMBER OF COVERED DAYS OF CARE
COINDAY	218	2					N	TOTAL NUMBER OF COINSURANCE DAYS