

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

1,434 C000-C999 EVENT CREATED FROM CLAIM  
 3,260 0000-9999 SURVEY REPORTED EVENT

OREVTYPE 18 2 \$EVNTTYP C ORIGINAL REPORTED EVENT TYPE

1,434  
 0 -1 INAPPLICABLE  
 0 -9 NOT ASCERTAINED  
 0 DU DENTAL  
 63 ER EMERGENCY ROOM  
 3,025 IP INPATIENT  
 49 IU INSTITUTIONAL UTILIZATION  
 0 MP MEDICAL PROVIDER  
 0 OM OTHER MEDICAL EXPENSE  
 123 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?

4,160 0 EVENT NOT PROV BY HMO  
 534 1 EVENT PROVIDED BY HMO

EVBEGLYY 27 2 EEVBEGYY N EVENT BEGIN YEAR

0 -9 NOT ASCERTAINED  
 2 -8 DK  
 0 -7 REFUSED  
 0 -1 INAPPLICABLE  
 4,692 1-99 YEAR

EVBEGLMM 29 2 EEVBEGMM N EVENT BEGIN MONTH

0 -9 NOT ASCERTAINED  
 17 -8 DK  
 0 -7 REFUSED  
 0 -1 INAPPLICABLE  
 4,677 1-12 MONTH  
 0 95 STILL IN PROGRESS

EVBEGLDD 31 2 EEVBEGDD N EVENT BEGIN YEAR

0 -9 NOT ASCERTAINED  
 78 -8 DK  
 0 -7 REFUSED  
 11 -5 MULTIPLE VISITS THIS MONTH  
 0 -1 INAPPLICABLE  
 4,605 1-31 DAY OF MONTH

Variable Col Len Fmt Name Frequency Ques # Ty Label  
 -----

EVENDYY 33 2 EEVBEGYY N EVENT END YEAR

0 -9 NOT ASCERTAINED  
 2 -8 DK  
 0 -7 REFUSED  
 89 -1 INAPPLICABLE  
 4,603 1-99 YEAR

EVENDMM 35 2 EEVBEGMM N EVENT END MONTH

0 -9 NOT ASCERTAINED  
 16 -8 DK  
 1 -7 REFUSED  
 88 -1 INAPPLICABLE  
 4,588 1-12 MONTH  
 1 95 STILL IN PROGRESS

EVENDDD 37 2 EEVBEGDD N EVENT END YEAR

0 -9 NOT ASCERTAINED  
 57 -8 DK  
 0 -7 REFUSED  
 0 -5 MULTIPLE VISITS THIS MONTH  
 89 -1 INAPPLICABLE  
 4,548 1-31 DAY OF MONTH

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

499 1 SURVEY ONLY  
 1,434 2 CLAIMS ONLY  
 2,761 3 BOTH SURVEY & CLAIMS

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

2 B BOTH COMM & FACILITY  
 3,956 C COMMUNITY  
 105 D DEEMED COMMUNITY  
 598 F FACILITY  
 33 G DEEMED FACILITY

AMTTOT 41 9 MONYFMT N TOTAL PAYMENT

4,694 AMOUNT AS \$\$\$\$\$\$.CC

IMPATOT 50 1 IMPFLAG N IMPUTATION FLAG: TOTAL PAYMENT

3,612 0 NOT IMPUTED  
 1,082 1 IMPUTED

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

4,694 AMOUNT AS \$\$\$\$\$\$.CC

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

4,694 AMOUNT AS \$\$\$\$\$\$.CC

AMTCARE 69 9 MONYFMT N AMOUNT PAID BY MEDICARE

4,694 AMOUNT AS \$\$\$\$\$\$.CC

Variable Col Len Fmt Name Frequency Ques # Ty Label

IMPSCARE	78	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICARE
	4,686	0	NOT IMPUTED		
	8	1	IMPUTED		
IMPACARE	79	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICARE
	4,593	0	NOT IMPUTED		
	101	1	IMPUTED		
AMTCAID	80	9	MONYFMT	N	AMOUNT PAID BY MEDICAID
	4,694		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSCAID	89	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICAID
	4,475	0	NOT IMPUTED		
	219	1	IMPUTED		
IMPACAID	90	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICAID
	4,015	0	NOT IMPUTED		
	679	1	IMPUTED		
AMTHMOM	91	9	MONYFMT	N	AMOUNT PAID BY MEDICARE HMO
	4,694		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSHMOM	100	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICARE HMO
	4,640	0	NOT IMPUTED		
	54	1	IMPUTED		
IMPAHMOM	101	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICARE HMO
	4,479	0	NOT IMPUTED		
	215	1	IMPUTED		
AMTHMOP	102	9	MONYFMT	N	AMOUNT PAID BY PRIVATE HMO
	4,694		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSHMOP	111	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIVATE HMO
	4,663	0	NOT IMPUTED		
	31	1	IMPUTED		
IMPAHMOP	112	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIVATE HMO
	4,620	0	NOT IMPUTED		
	74	1	IMPUTED		
AMTVA	113	9	MONYFMT	N	AMOUNT PAID BY VETERANS ADM
	4,694		AMOUNT AS \$\$\$\$\$\$.CC		
IMPSVA	122	1	IMPFLAG	N	IMPUTATION FLAG: SOP VETERANS ADM
	4,692	0	NOT IMPUTED		
	2	1	IMPUTED		

Variable Col Len Fmt Name Frequency Ques # Ty Label  
 -----

IMPAVA	123	1	IMPFLAG	N	IMPUTATION FLAG: AMT VETERANS ADM
	4,627	0	NOT IMPUTED		
	67	1	IMPUTED		
AMTPRVE	124	9	MONYFMT	N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
	4,694		AMOUNT AS \$\$\$\$\$.CC		
IMSPRVE	133	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
	4,436	0	NOT IMPUTED		
	258	1	IMPUTED		
IMPAPRVE	134	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
	4,322	0	NOT IMPUTED		
	372	1	IMPUTED		
AMTPRVI	135	9	MONYFMT	N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
	4,694		AMOUNT AS \$\$\$\$\$.CC		
IMSPRVI	144	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
	4,400	0	NOT IMPUTED		
	294	1	IMPUTED		
IMPAPRVI	145	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
	4,240	0	NOT IMPUTED		
	454	1	IMPUTED		
AMTPRVU	146	9	MONYFMT	N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
	4,694		AMOUNT AS \$\$\$\$\$.CC		
IMSPRVU	155	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
	4,615	0	NOT IMPUTED		
	79	1	IMPUTED		
IMPAPRVU	156	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
	4,615	0	NOT IMPUTED		
	79	1	IMPUTED		
AMTOOP	157	9	MONYFMT	N	AMOUNT PAID BY PERSON/FAMILY
	4,694		AMOUNT AS \$\$\$\$\$.CC		
IMPSOOP	166	1	IMPFLAG	N	IMPUTATION FLAG: SOP PAID BY PERSON
	4,160	0	NOT IMPUTED		
	534	1	IMPUTED		
IMPAOOP	167	1	IMPFLAG	N	IMPUTATION FLAG: AMT PAID BY PERSON
	3,960	0	NOT IMPUTED		
	734	1	IMPUTED		

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTDISC	168	9	MONYFMT	N AMOUNT OF UNCOLLECTED LIABILITIES				
			4,694	AMOUNT AS \$\$\$\$\$\$.CC				
IMPSDISC	177	1	IMPFLAG	N IMPUTATION FLAG: SOP UNCOLL LIAB				
			4,498	0 NOT IMPUTED				
			196	1 IMPUTED				
IMPADISC	178	1	IMPFLAG	N IMPUTATION FLAG: AMT UNCOLL LIAB				
			4,443	0 NOT IMPUTED				
			251	1 IMPUTED				
AMTOTH	179	9	MONYFMT	N AMOUNT PAID BY OTHER SOURCES				
			4,694	AMOUNT AS \$\$\$\$\$\$.CC				
IMPSOTH	188	1	IMPFLAG	N IMPUTATION FLAG: SOP OTHER SOURCES				
			4,665	0 NOT IMPUTED				
			29	1 IMPUTED				
IMPAOTH	189	1	IMPFLAG	N IMPUTATION FLAG: AMT OTHER SOURCES				
			4,631	0 NOT IMPUTED				
			63	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				
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 PROVIDER NUMBER FROM CLAIM				
STATUS	222	2		C BENE STATUS AS OF THRU DATE ON CLAIM				
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				