

Variable Col Len Fmt Name Frequency Ques # Ty Label

RIC 1 3 C RIC CODE FOR ADMIN IDENTIFICATION RECORD

FILEYR 4 2 C YY REFERENCE YEAR OF RECORD

BASEID 6 8 C UNIQUE IDENTIFICATION NUMBER

EVNTNUM 14 4 \$EVNTNUM C UNIQUE EVENT IDENTIFIER

21,466 C000-C999 EVENT CREATED FROM CLAIM
 26,445 0000-9999 SURVEY REPORTED EVENT

OREVTYPE 18 2 \$EVNTTYP C ORIGINAL REPORTED EVENT TYPE

21,466
 0 -1 INAPPLICABLE
 0 -9 NOT ASCERTAINED
 0 DU DENTAL
 2,409 ER EMERGENCY ROOM
 552 IP INPATIENT
 0 IU INSTITUTIONAL UTILIZATION
 6,896 MP MEDICAL PROVIDER
 506 OM OTHER MEDICAL EXPENSE
 15,312 OP OUTPATIENT
 0 PM PRESCRIBED MEDICINE
 141 SD SEP BILLING DOCTOR
 629 SL SEP BILLING LAB

CLAIMID 20 6 N CLAIM THIS SURVEY EVENT MATCHED TO

HMO 26 1 \$HMO C EVENT PROVIDED BY AN HMO?

43,848 0 EVENT NOT PROV BY HMO
 4,063 1 EVENT PROVIDED BY HMO

FROMDT 27 6 N FROM DATE ON CLAIM

THRU DT 33 6 N THRU DATE ON CLAIM

EVBE GY 39 2 EVYY N EVENT BEGIN YEAR

0 .
 2 -9 NOT ASCERTAINED
 9 -8 DK
 0 -7 REFUSED
 117 -1 INAPPLICABLE
 47,783 1-99 YEAR

EVBE GMM 41 2 EVMM N EVENT BEGIN MONTH

0 .
 5 -9 NOT ASCERTAINED
 139 -8 DK
 0 -7 REFUSED
 117 -1 INAPPLICABLE
 47,650 1-12 MONTH
 0 95 STILL IN PROGRESS

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EVBEGDD	43	2	EVDD	N	EVENT BEGIN YEAR
			0	.	
			48	-9	NOT ASCERTAINED
			2,648	-8	DK
			1	-7	REFUSED
			7,266	-5	MULTIPLE VISITS THIS MONTH
			117	-1	INAPPLICABLE
			37,831	1-31	DAY OF MONTH
SOURCE	45	1	\$SOURCE	C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
			8,864	1	SURVEY ONLY
			21,466	2	CLAIMS ONLY
			17,581	3	BOTH SURVEY & CLAIMS
SITCODE	46	1	\$SITCODE	C	COMMUNITY OR FACILITY SETTING?
			5	B	BOTH COMM & FACILITY
			40,801	C	COMMUNITY
			1,286	D	DEEMED COMMUNITY
			5,783	F	FACILITY
			36	G	DEEMED FACILITY
AMTTOT	47	9		N	TOTAL PAYMENT
IMPATOT	56	1	IMPFLAG	N	IMPUTATION FLAG: AMT TOTAL PAYMENT
			33,182	0	NOT IMPUTED
			14,729	1	IMPUTED
AMTCOV	57	9		N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	66	9		N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	75	9		N	AMOUNT PAID BY MEDICARE
IMPSCARE	84	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICARE
			47,801	0	NOT IMPUTED
			110	1	IMPUTED
IMPACARE	85	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICARE
			45,100	0	NOT IMPUTED
			2,811	1	IMPUTED
AMTCAID	86	9		N	AMOUNT PAID BY MEDICAID
IMPSCAID	95	1	IMPFLAG	N	IMPUTATION FLAG: SOP MEDICAID
			44,447	0	NOT IMPUTED
			3,464	1	IMPUTED
IMPACAID	96	1	IMPFLAG	N	IMPUTATION FLAG: AMT MEDICAID
			38,988	0	NOT IMPUTED
			8,923	1	IMPUTED
AMTHMOM	97	9		N	AMOUNT PAID BY MEDICARE HMO

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IMPSHMOM	106	1	IMPFLAG		N	IMPUTATION FLAG: SOP MEDICARE HMO
				47,478	0	NOT IMPUTED
				433	1	IMPUTED
IMPAHMOM	107	1	IMPFLAG		N	IMPUTATION FLAG: AMT MEDICARE HMO
				46,163	0	NOT IMPUTED
				1,748	1	IMPUTED
AMTHMOP	108	9			N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	117	1	IMPFLAG		N	IMPUTATION FLAG: SOP PRIVATE HMO
				47,526	0	NOT IMPUTED
				385	1	IMPUTED
IMPAHMOP	118	1	IMPFLAG		N	IMPUTATION FLAG: AMT PRIVATE HMO
				47,231	0	NOT IMPUTED
				680	1	IMPUTED
AMTVA	119	9			N	AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1	IMPFLAG		N	IMPUTATION FLAG: SOP VETERANS ADM
				47,884	0	NOT IMPUTED
				27	1	IMPUTED
IMPAVA	129	1	IMPFLAG		N	IMPUTATION FLAG: AMT VETERANS ADM
				47,058	0	NOT IMPUTED
				853	1	IMPUTED
AMTPRVE	130	9			N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	139	1	IMPFLAG		N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				45,361	0	NOT IMPUTED
				2,550	1	IMPUTED
IMPAPRVE	140	1	IMPFLAG		N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				43,897	0	NOT IMPUTED
				4,014	1	IMPUTED
AMTPRVI	141	9			N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	150	1	IMPFLAG		N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				44,785	0	NOT IMPUTED
				3,126	1	IMPUTED
IMPAPRVI	151	1	IMPFLAG		N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				43,726	0	NOT IMPUTED
				4,185	1	IMPUTED
AMTPRVU	152	9			N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)

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IMPSRVU	161	1	IMPFLAG	N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
			47,409	0	NOT IMPUTED
			502	1	IMPUTED
IMPAPRVU	162	1	IMPFLAG	N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
			47,409	0	NOT IMPUTED
			502	1	IMPUTED
AMTOOP	163	9		N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	172	1	IMPFLAG	N	IMPUTATION FLAG: SOP PAID BY PERSON
			41,401	0	NOT IMPUTED
			6,510	1	IMPUTED
IMPAOOP	173	1	IMPFLAG	N	IMPUTATION FLAG: AMT PAID BY PERSON
			39,395	0	NOT IMPUTED
			8,516	1	IMPUTED
AMTDISC	174	9		N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1	IMPFLAG	N	IMPUTATION FLAG: SOP UNCOLL LIAB
			46,291	0	NOT IMPUTED
			1,620	1	IMPUTED
IMPADISC	184	1	IMPFLAG	N	IMPUTATION FLAG: AMT UNCOLL LIAB
			45,837	0	NOT IMPUTED
			2,074	1	IMPUTED
AMTOTH	185	9		N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1	IMPFLAG	N	IMPUTATION FLAG: SOP OTHER SOURCES
			47,609	0	NOT IMPUTED
			302	1	IMPUTED
IMPAOTH	195	1	IMPFLAG	N	IMPUTATION FLAG: AMT OTHER SOURCES
			46,906	0	NOT IMPUTED
			1,005	1	IMPUTED
ODIAGCNT	196	2		N	NUMBER OF DIAGNOSIS CODES ON CLAIM
ODIAG1	198	5		C	FIRST 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