

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE DUE
EVENT RIC DUE

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Record Type: DUE

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					C	UNIQUE EVENT IDENTIFIER
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					0			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					12,144		DU	DENTAL
					0		IP	INPATIENT
					0		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?
					9,657		0	EVENT NOT PROV BY HMO
					2,487		1	EVENT PROVIDED BY HMO
EVBEGLY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					8		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					12,135		1-99	YEAR
EVBEGLM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					133		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					12,010		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGLD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					97		-9	NOT ASCERTAINED
					2,698		-8	DK
					1		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					9,348		1-31	DAY OF MONTH
SOURCE	33	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					12,106		1	SURVEY ONLY
					0		2	CLAIMS ONLY
					38		3	BOTH SURVEY & CLAIMS
SITCODE	34	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
					2		B	BOTH

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					12,137		C	COMMUNITY
					1		D	DEEMED COMMUNITY
					2		F	FACILITY
					0		G	DEEMED FACILITY
					2		S	SNF
AMTTOT	35	9					N	TOTAL PAYMENT
IMPATOT	44	1	IMPFLAG				N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					8,573		0	NOT IMPUTED
					3,571		1	IMPUTED
AMTCOV	45	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	54	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	63	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	72	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					12,144		0	NOT IMPUTED
					0		1	IMPUTED
IMPACARE	73	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					12,144		0	NOT IMPUTED
					0		1	IMPUTED
AMTCAID	74	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	83	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					12,144		0	NOT IMPUTED
					0		1	IMPUTED
IMPACAID	84	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					11,838		0	NOT IMPUTED
					306		1	IMPUTED
AMTHMOM	85	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	94	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					11,971		0	NOT IMPUTED
					173		1	IMPUTED
IMPAHMOM	95	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					11,741		0	NOT IMPUTED
					403		1	IMPUTED
AMTHMOP	96	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	105	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					12,093		0	NOT IMPUTED
					51		1	IMPUTED
IMPAHMOP	106	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					12,042		0	NOT IMPUTED
					102		1	IMPUTED
AMTVA	107	9					N	AMOUNT PAID BY VETERANS ADM

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPSVA	116	1	IMPFLAG		12,142	2	N	IMPUTATION FLAG: SOP VETERANS ADM
							0	NOT IMPUTED
							1	IMPUTED
IMPAVA	117	1	IMPFLAG		12,004	140	N	IMPUTATION FLAG: AMT VETERANS ADM
							0	NOT IMPUTED
							1	IMPUTED
AMTPRVE	118	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	127	1	IMPFLAG		11,794	350	N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
							0	NOT IMPUTED
							1	IMPUTED
IMPAPRVE	128	1	IMPFLAG		11,235	909	N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
							0	NOT IMPUTED
							1	IMPUTED
AMTPRVI	129	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	138	1	IMPFLAG		12,019	125	N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
							0	NOT IMPUTED
							1	IMPUTED
IMPAPRVI	139	1	IMPFLAG		11,903	241	N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
							0	NOT IMPUTED
							1	IMPUTED
AMTPRVU	140	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	149	1	IMPFLAG		12,144	0	N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
							0	NOT IMPUTED
							1	IMPUTED
IMPAPRVU	150	1	IMPFLAG		12,144	0	N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
							0	NOT IMPUTED
							1	IMPUTED
AMTOOP	151	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	160	1	IMPFLAG		11,237	907	N	IMPUTATION FLAG: SOP PAID BY PERSON
							0	NOT IMPUTED
							1	IMPUTED
IMPAOOP	161	1	IMPFLAG		10,338	1,806	N	IMPUTATION FLAG: AMT PAID BY PERSON
							0	NOT IMPUTED
							1	IMPUTED
AMTDISC	162	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	171	1	IMPFLAG		11,872	272	N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
							0	NOT IMPUTED
							1	IMPUTED

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IMPADISC	172	1		IMPFLAG			N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					11,434		0	NOT IMPUTED
					710		1	IMPUTED
AMTOTH	173	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					12,131		0	NOT IMPUTED
					13		1	IMPUTED
IMPAOTH	183	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					11,937		0	NOT IMPUTED
					207		1	IMPUTED
DVBRIDGE	184	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-BRIDGE
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					2,284		1	YES
					9,816		2	NO
DVCLEAN	186	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-CLEANING
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,794		1	YES
					7,306		2	NO
DVCROWN	188	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-CROWN
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,079		1	YES
					11,021		2	NO
DVEXAM	190	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-EXAMIN
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,866		1	YES
					7,234		2	NO
DVEXTRAC	192	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-EXTRACT
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					900		1	YES

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					11,200		2	NO
DVFILLNG	194	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-FILLING
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,776		1	YES
					10,324		2	NO
DVORTH0	196	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-ORTHODON
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					123		1	YES
					11,977		2	NO
DVOTHER	198	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-OTHER
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					353		1	YES
					11,747		2	NO
DVRTCNAL	200	2	YESNO				N	HAVE DONE DURING DNTAL VISIT-ROOT CANAL
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					557		1	YES
					11,543		2	NO
DVXRAYS	202	2	YESNO				N	HAVE DONE DURING DNTAL VISIT-XRAY TAKEN
					0		.	
					1		-9	NOT ASCERTAINED
					43		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					3,163		1	YES
					8,937		2	NO