

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE MPE
EVENT RIC MPE

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Record Type: MPE

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
					149,011	C000-C999		EVENT CREATED FROM CLAIM
					150,443	0000-9999		SURVEY REPORTED EVENT
EVNTTYPE	18	2	\$EVNTTYP				C	EVENT TYPE
					0			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					0		ER	EMERGENCY ROOM
					0		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					152,024		MP	MEDICAL PROVIDER
					32,194		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					62,065		SD	SEP BILLING DOCTOR
					53,171		SL	SEP BILLING LAB
OREVTYPE	20	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					149,011			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					513		ER	EMERGENCY ROOM
					246		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					105,557		MP	MEDICAL PROVIDER
					16,840		OM	OTHER MEDICAL EXPENSE
					2,531		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					19,268		SD	SEP BILLING DOCTOR
					5,488		SL	SEP BILLING LAB
CLAIMID	22	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
CLAIMTYP	28	1	\$CLAIMTP				C	CLAIM TYPE THAT EVENT MATCHED TO
					212,067			
					2,770		D	DME CLAIM
					84,617		P	PHYSICIAN CLAIM
HMO	29	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					272,514		0	EVENT NOT PROV BY HMO
					26,940		1	EVENT PROVIDED BY HMO
EVBEGBYY	30	2	EVYY				N	EVENT BEGIN YEAR
					0		.	
					10		-9	NOT ASCERTAINED
					67		-8	DK
					0		-7	REFUSED
					4,275		-1	INAPPLICABLE
					295,102		1-99	YEAR
EVBEGBMM	32	2	EVMM				N	EVENT BEGIN MONTH
					0		.	

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					22		-9	NOT ASCERTAINED
					669		-8	DK
					0		-7	REFUSED
					4,275		-1	INAPPLICABLE
					294,488		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGDD	34	2		EVDD			N	EVENT BEGIN DAY
					0		.	
					266		-9	NOT ASCERTAINED
					13,561		-8	DK
					11		-7	REFUSED
					11,337		-5	MULTIPLE VISITS THIS MONTH
					4,275		-1	INAPPLICABLE
					270,004		1-31	DAY OF MONTH
SOURCE	36	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					63,056		1	SURVEY ONLY
					149,011		2	CLAIMS ONLY
					87,387		3	BOTH SURVEY & CLAIMS
SITCODE	37	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					153		B	BOTH COMM & FACILITY
					253,218		C	COMMUNITY
					6,190		D	DEEMED COMMUNITY
					31,320		F	FACILITY
					1,193		G	DEEMED FACILITY
					7,380		S	SNF
AMTTOT	38	9					N	TOTAL PAYMENT
IMPATOT	47	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					207,205		0	NOT IMPUTED
					92,249		1	IMPUTED
AMTCOV	48	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	57	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	66	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	75	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE
					298,711		0	NOT IMPUTED
					743		1	IMPUTED
IMPACARE	76	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					282,511		0	NOT IMPUTED
					16,943		1	IMPUTED
AMTCAID	77	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	86	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					272,995		0	NOT IMPUTED
					26,459		1	IMPUTED
IMPACAID	87	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					247,717		0	NOT IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					51,737		1	IMPUTED
AMTHMOM	88	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	97	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					295,781		0	NOT IMPUTED
					3,673		1	IMPUTED
IMPAHMOM	98	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					288,245		0	NOT IMPUTED
					11,209		1	IMPUTED
AMTHMOP	99	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	108	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					296,365		0	NOT IMPUTED
					3,089		1	IMPUTED
IMPAHMOP	109	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					294,486		0	NOT IMPUTED
					4,968		1	IMPUTED
AMTVA	110	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	119	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					299,421		0	NOT IMPUTED
					33		1	IMPUTED
IMPAVA	120	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					298,524		0	NOT IMPUTED
					930		1	IMPUTED
AMTPRVE	121	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	130	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					273,304		0	NOT IMPUTED
					26,150		1	IMPUTED
IMPAPRVE	131	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					265,465		0	NOT IMPUTED
					33,989		1	IMPUTED
AMTPRVI	132	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	141	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					269,266		0	NOT IMPUTED
					30,188		1	IMPUTED
IMPAPRVI	142	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					261,120		0	NOT IMPUTED
					38,334		1	IMPUTED
AMTPRVU	143	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	152	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					294,130		0	NOT IMPUTED
					5,324		1	IMPUTED

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IMPAPRVU	153	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					294,130		0	NOT IMPUTED
					5,324		1	IMPUTED
AMTOOP	154	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	163	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					253,744		0	NOT IMPUTED
					45,710		1	IMPUTED
IMPAOOP	164	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					232,246		0	NOT IMPUTED
					67,208		1	IMPUTED
AMTDISC	165	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	174	1		IMPFLAG			N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					290,391		0	NOT IMPUTED
					9,063		1	IMPUTED
IMPADISC	175	1		IMPFLAG			N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					287,644		0	NOT IMPUTED
					11,810		1	IMPUTED
AMTOTH	176	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	185	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					298,037		0	NOT IMPUTED
					1,417		1	IMPUTED
IMPAOTH	186	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					294,985		0	NOT IMPUTED
					4,469		1	IMPUTED
PAMTMED	187	9					N	TOTAL AMOUNT PAID FOR MEDICAL SERVICES
PAMTSURG	196	9					N	TOTAL AMOUNT PAID FOR SURGICAL SERVICES
PAMTLABX	205	9					N	TOTAL AMOUNT PAID FOR LAB/X-RAY
PAMTOM	214	9					N	TOTAL AMOUNT PAID FOR OTH MED SERVICES
PAMTPM	223	9					N	TOTAL AMOUNT PAID FOR PRES MEDICINES
PROVSPEC	232	2		PROVSPEC			N	MEDICAL PROVIDER SPECIALTY
					149,011		.	
					53		-9	NOT ASCERTAINED
					169		-8	DK
					0		-7	REFUSED
					37,127		-1	INAPPLICABLE
					286		1	DENTIST/DENTAL PROVIDER
					85,542		2	MEDICAL DOCTOR
					367		3	AUDIOLOGIST
					5,742		4	CHIROPRACTOR
					761		5	CLINICAL SOCIAL WORKER
					36		6	DIETITIAN-NUTRITIONIST
					11		7	HEARING THERAPIST
					53		8	HOME HEALTH/HEALTH AIDE
					5		9	HOMEMAKER

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					123		10	HOSPICE WORKER
					37		11	I.V. THERAPIST
					1,411		12	NURSE (RN)
					341		13	NURSE PRACTITIONER (LPN)
					13		14	NURSE'S AIDE
					218		15	OCCUPATIONAL THERAPIST (OT)
					2,608		16	OPTOMETRIST
					168		17	OSTEOPATH (DO)
					66		18	PARAMEDIC
					5,149		19	PHYSICAL THERAPIST (PT)
					113		20	PHYSICIAN'S ASSISTANT
					2,857		21	PODIATRIST (FOOT DOCTOR)
					1,735		22	PSYCHOLOGIST
					117		23	RESPIRATORY THERAPIST
					552		24	SOCIAL/CASE WORKER
					204		25	SPEECH THERAPIST
					912		26	THERAPIST (MENTAL HEALTH)
					856		27	X-RAY TECHNICIAN
					15		28	LICENSED PRACTICAL NURSE (LPN)
					2,796		91	OTHER MEDICAL PROVIDER
OMETYPE	234	2		OMETYPE			N	TYPE OF OM EVENT
					136,707		.	
					0		-9	NOT ASCERTAINED
					0		-8	DK
					0		-7	REFUSED
					133,603		-1	INAPPLICABLE
					2,963		1	EYEGLASSES
					1,161		2	HEARING OR SPEECH DEVICE
					1,852		3	ORTHOPEDIC
					3,211		4	DIABETIC
					3,916		5	AMBULANCE
					204		6	PROSTHESIS
					267		7	ALTERATION
					3,802		8	OXYGEN
					64		9	KIDNEY DIALYSIS
					11,704		10	OTHER
ORTHTYPE	236	2		ORTHTYPE			N	TYPE OF ORTHOPEDIC ITEM
					148,550		.	
					0		-9	NOT ASCERTAINED
					0		-8	DK
					0		-7	REFUSED
					149,052		-1	INAPPLICABLE
					447		1	BRACES OR SUPPORTS
					267		2	CANE
					171		3	CORRECTIVE SHOES OR INSERTS
					27		4	CRUTCHES
					460		5	WALKER
					391		6	WHEELCHAIR
					89		91	OTHER
ALTRTYPE	238	2		ALTRTYPE			N	TYPE OF ALTERATION
					149,006		.	
					0		-9	NOT ASCERTAINED
					0		-8	DK
					0		-7	REFUSED
					150,181		-1	INAPPLICABLE
					8		1	ELEVATOR OR INCLINE CHAIR
					43		2	HANDRAILS (OTHER THAN TUB)
					36		3	RAMPS
					49		4	TUB HANDRAILS
					13		5	TUB SEAT
					4		6	ANY CAR ALTERATION

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					114		91	OTHER
OTHRTYPE	240	2		OTHRTYPE			N	TYPE OF OTHER OME
					142,798		.	
					0		-9	NOT ASCERTAINED
					0		-8	DK
					0		-7	REFUSED
					144,952		-1	INAPPLICABLE
					337		1	PORT./RAISED TOILET
					99		2	PORTABLE TUB SEAT
					102		3	SPECIAL CHAIR OR CUSHION
					1,023		4	HOSPITAL BED
					760		5	OSTOMY SUPPLIES
					3,662		6	DEPENDS (DIAPERS)
					381		7	BANDAGES,DRESSINGS,TAPE SUPP.
					181		8	PULMONARY EQUIPMENT
					5,159		91	OTHER