

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE OPE
EVENT RIC OPE

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Record Type: OPE

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
					24,504	C000-C999		EVENT CREATED FROM CLAIM
					30,606	0000-9999		SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					24,504			
					0	-1		INAPPLICABLE
					0	-9		NOT ASCERTAINED
					0	DU		DENTAL
					2,424	ER		EMERGENCY ROOM
					525	IP		INPATIENT
					0	IU		INSTITUTIONAL UTILIZATION
					9,069	MP		MEDICAL PROVIDER
					765	OM		OTHER MEDICAL EXPENSE
					16,982	OP		OUTPATIENT
					0	PM		PRESCRIBED MEDICINE
					221	SD		SEP BILLING DOCTOR
					620	SL		SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					49,778	0		EVENT NOT PROV BY HMO
					5,332	1		EVENT PROVIDED BY HMO
FROMDT	27	6					N	FROM DATE ON CLAIM
THRU DT	33	6					N	THRU DATE ON CLAIM
EVBE GYY	39	2	EVYY				N	EVENT BEGIN YEAR
					0	.		
					0	-9		NOT ASCERTAINED
					14	-8		DK
					0	-7		REFUSED
					167	-1		INAPPLICABLE
					54,929	1-99		YEAR
EVBE GMM	41	2	EVMM				N	EVENT BEGIN MONTH
					0	.		
					2	-9		NOT ASCERTAINED
					125	-8		DK
					2	-7		REFUSED
					167	-1		INAPPLICABLE
					54,814	1-12		MONTH
					0	95		STILL IN PROGRESS
EVBE GDD	43	2	EVDD				N	EVENT BEGIN YEAR
					0	.		
					65	-9		NOT ASCERTAINED
					3,132	-8		DK
					10	-7		REFUSED
					9,183	-5		MULTIPLE VISITS THIS MONTH
					167	-1		INAPPLICABLE
					42,553	1-31		DAY OF MONTH
SOURCE	45	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					11,678		1	SURVEY ONLY
					24,504		2	CLAIMS ONLY
					18,928		3	BOTH SURVEY & CLAIMS
SITCODE	46	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					11		B	BOTH COMM & FACILITY
					46,937		C	COMMUNITY
					1,336		D	DEEMED COMMUNITY
					5,887		F	FACILITY
					59		G	DEEMED FACILITY
					880		S	SNF
AMTTOT	47	9					N	TOTAL PAYMENT
IMPATOT	56	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					37,873		0	NOT IMPUTED
					17,237		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
					54,934		0	NOT IMPUTED
					176		1	IMPUTED
IMPACARE	85	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					51,815		0	NOT IMPUTED
					3,295		1	IMPUTED
AMTCAID	86	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	95	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					50,942		0	NOT IMPUTED
					4,168		1	IMPUTED
IMPACAID	96	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					45,574		0	NOT IMPUTED
					9,536		1	IMPUTED
AMTHMOM	97	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	106	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE HMO
					54,456		0	NOT IMPUTED
					654		1	IMPUTED
IMPAHMOM	107	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE HMO
					52,892		0	NOT IMPUTED
					2,218		1	IMPUTED
AMTHMOP	108	9					N	AMOUNT PAID BY PRIVATE HMO

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IMPSHMOP	117	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIVATE HMO
					54,690		0	NOT IMPUTED
					420		1	IMPUTED
IMPAHMOP	118	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIVATE HMO
					54,236		0	NOT IMPUTED
					874		1	IMPUTED
AMTVA	119	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1		IMPFLAG			N	IMPUTATION FLAG: SOP VETERANS ADM
					55,071		0	NOT IMPUTED
					39		1	IMPUTED
IMPAVA	129	1		IMPFLAG			N	IMPUTATION FLAG: AMT VETERANS ADM
					54,032		0	NOT IMPUTED
					1,078		1	IMPUTED
AMTPRVE	130	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSRVE	139	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					51,688		0	NOT IMPUTED
					3,422		1	IMPUTED
IMPAPRVE	140	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					50,193		0	NOT IMPUTED
					4,917		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
					51,146		0	NOT IMPUTED
					3,964		1	IMPUTED
IMPAPRVI	151	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					49,502		0	NOT IMPUTED
					5,608		1	IMPUTED
AMTPRVU	152	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	161	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					54,376		0	NOT IMPUTED
					734		1	IMPUTED
IMPAPRVU	162	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					54,376		0	NOT IMPUTED
					734		1	IMPUTED
AMTOOP	163	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	172	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					48,344		0	NOT IMPUTED
					6,766		1	IMPUTED

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IMPAOOP	173	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					46,355		0	NOT IMPUTED
					8,755		1	IMPUTED
AMTDISC	174	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					53,065		0	NOT IMPUTED
					2,045		1	IMPUTED
IMPADISC	184	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					52,604		0	NOT IMPUTED
					2,506		1	IMPUTED
AMTOTH	185	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					54,656		0	NOT IMPUTED
					454		1	IMPUTED
IMPAOTH	195	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					53,737		0	NOT IMPUTED
					1,373		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