

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC MPE

PAGE: 172
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
					156,437	C000-C999		EVENT CREATED FROM CLAIM
					151,426	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
					160,915		MP	MEDICAL PROVIDER
					33,546		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					60,987		SD	SEP BILLING DOCTOR
					52,415		SL	SEP BILLING LAB
OREVTYPE	20	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					156,437			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					606		ER	EMERGENCY ROOM
					328		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					109,391		MP	MEDICAL PROVIDER
					17,016		OM	OTHER MEDICAL EXPENSE
					3,293		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					15,453		SD	SEP BILLING DOCTOR
					5,339		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
					223,849			
					2,362		D	DME CLAIM
					81,652		P	PHYSICIAN CLAIM
HMO	29	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					276,696		0	EVENT NOT PROV BY HMO
					31,167		1	EVENT PROVIDED BY HMO
EVBEGBYY	30	2	EVYY				N	EVENT BEGIN YEAR
					0		.	
					16		-9	NOT ASCERTAINED
					82		-8	DK
					0		-7	REFUSED
					4,344		-1	INAPPLICABLE
					303,421		1-99	YEAR

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
EVBEGBMM	32	2		EVMM			N	EVENT BEGIN MONTH
					0		.	
					27		-9	NOT ASCERTAINED
					844		-8	DK
					0		-7	REFUSED
					4,342		-1	INAPPLICABLE
					302,648		1-12	MONTH
					2		95	STILL IN PROGRESS
EVBEGBDD	34	2		EVDD			N	EVENT BEGIN DAY
					0		.	
					153		-9	NOT ASCERTAINED
					15,097		-8	DK
					5		-7	REFUSED
					11,688		-5	MULTIPLE VISITS THIS MONTH
					4,344		-1	INAPPLICABLE
					276,576		1-31	DAY OF MONTH
SOURCE	36	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					67,412		1	SURVEY ONLY
					156,437		2	CLAIMS ONLY
					84,014		3	BOTH SURVEY & CLAIMS
SITCODE	37	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					242		B	BOTH COMM & FACILITY
					263,870		C	COMMUNITY
					6,140		D	DEEMED COMMUNITY
					29,525		F	FACILITY
					1,441		G	DEEMED FACILITY
					6,645		S	SNF
AMTTOT	38	9					N	TOTAL PAYMENT
IMPATOT	47	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					213,386		0	NOT IMPUTED
					94,477		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
					307,164		0	NOT IMPUTED
					699		1	IMPUTED
IMPACARE	76	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					291,171		0	NOT IMPUTED
					16,692		1	IMPUTED
AMTCAID	77	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	86	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					281,685		0	NOT IMPUTED
					26,178		1	IMPUTED

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IMPACAID	87	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					255,639		0	NOT IMPUTED
					52,224		1	IMPUTED
AMTHMOM	88	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	97	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE HMO
					299,613		0	NOT IMPUTED
					8,250		1	IMPUTED
IMPAHMOM	98	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE HMO
					293,804		0	NOT IMPUTED
					14,059		1	IMPUTED
AMTHMOP	99	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	108	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIVATE HMO
					304,430		0	NOT IMPUTED
					3,433		1	IMPUTED
IMPAHMOP	109	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIVATE HMO
					302,940		0	NOT IMPUTED
					4,923		1	IMPUTED
AMTVA	110	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	119	1		IMPFLAG			N	IMPUTATION FLAG: SOP VETERANS ADM
					307,804		0	NOT IMPUTED
					59		1	IMPUTED
IMPAVA	120	1		IMPFLAG			N	IMPUTATION FLAG: AMT VETERANS ADM
					306,784		0	NOT IMPUTED
					1,079		1	IMPUTED
AMTPRVE	121	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	130	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					276,739		0	NOT IMPUTED
					31,124		1	IMPUTED
IMPAPRVE	131	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					268,181		0	NOT IMPUTED
					39,682		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
					274,061		0	NOT IMPUTED
					33,802		1	IMPUTED
IMPAPRVI	142	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					265,591		0	NOT IMPUTED
					42,272		1	IMPUTED

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
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AMTPRVU	143	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	152	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					304,240		0	NOT IMPUTED
					3,623		1	IMPUTED
IMPAPRVU	153	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					304,240		0	NOT IMPUTED
					3,623		1	IMPUTED
AMTOOP	154	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	163	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					260,588		0	NOT IMPUTED
					47,275		1	IMPUTED
IMPAOOP	164	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					240,093		0	NOT IMPUTED
					67,770		1	IMPUTED
AMTDISC	165	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	174	1	IMPFLAG				N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					295,744		0	NOT IMPUTED
					12,119		1	IMPUTED
IMPADISC	175	1	IMPFLAG				N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					293,072		0	NOT IMPUTED
					14,791		1	IMPUTED
AMTOTH	176	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	185	1	IMPFLAG				N	IMPUTATION FLAG: SOP OTHER SOURCES
					305,898		0	NOT IMPUTED
					1,965		1	IMPUTED
IMPAOTH	186	1	IMPFLAG				N	IMPUTATION FLAG: AMT OTHER SOURCES
					303,505		0	NOT IMPUTED
					4,358		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

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
PROVSPEC	232	2		PROVSPEC			N	MEDICAL PROVIDER SPECIALTY
					156,437		.	
					31		-9	NOT ASCERTAINED
					141		-8	DK
					0		-7	REFUSED
					35,414		-1	INAPPLICABLE
					446		1	DENTIST/DENTAL PROVIDER
					86,280		2	MEDICAL DOCTOR
					347		3	AUDIOLOGIST
					6,067		4	CHIROPRACTOR
					304		5	CLINICAL SOCIAL WORKER
					74		6	DIETITIAN-NUTRITIONIST
					14		7	HEARING THERAPIST
					114		8	HOME HEALTH/HEALTH AIDE
					3		9	HOMEMAKER
					153		10	HOSPICE WORKER
					111		11	I.V. THERAPIST
					1,663		12	NURSE (RN)
					113		13	NURSE PRACTITIONER (LPN)
					6		14	NURSE'S AIDE
					466		15	OCCUPATIONAL THERAPIST (OT)
					2,616		16	OPTOMETRIST
					193		17	OSTEOPATH (DO)
					49		18	PARAMEDIC
					5,808		19	PHYSICAL THERAPIST (PT)
					189		20	PHYSICIAN'S ASSISTANT
					2,999		21	PODIATRIST (FOOT DOCTOR)
					1,890		22	PSYCHOLOGIST
					171		23	RESPIRATORY THERAPIST
					570		24	SOCIAL/CASE WORKER
					151		25	SPEECH THERAPIST
					858		26	THERAPIST (MENTAL HEALTH)
					927		27	X-RAY TECHNICIAN
					24		28	LICENSED PRACTICAL NURSE (LPN)
					3,234		91	OTHER MEDICAL PROVIDER
OMETYPE	234	2		OMETYPE			N	TYPE OF OM EVENT
					142,927		.	
					0		-9	NOT ASCERTAINED
					0		-8	DK
					0		-7	REFUSED
					134,410		-1	INAPPLICABLE
					3,113		1	EYEGLASSES
					1,262		2	HEARING OR SPEECH DEVICE
					1,857		3	ORTHOPEDIC
					3,515		4	DIABETIC
					4,123		5	AMBULANCE
					191		6	PROSTHESIS
					276		7	ALTERATION
					4,102		8	OXYGEN
					75		9	KIDNEY DIALYSIS
					12,012		10	OTHER

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
ORTHTYPE	236	2		ORTHTYPE			N	TYPE OF ORTHOPEDIC ITEM
				155,932			.	
				0			-9	NOT ASCERTAINED
				0			-8	DK
				0			-7	REFUSED
				150,074			-1	INAPPLICABLE
				461			1	BRACES OR SUPPORTS
				259			2	CANE
				155			3	CORRECTIVE SHOES OR INSERTS
				41			4	CRUTCHES
				503			5	WALKER
				305			6	WHEELCHAIR
				133			91	OTHER
ALTRTYPE	238	2		ALTRTYPE			N	TYPE OF ALTERATION
				156,403			.	
				0			-9	NOT ASCERTAINED
				0			-8	DK
				0			-7	REFUSED
				151,184			-1	INAPPLICABLE
				9			1	ELEVATOR OR INCLINE CHAIR
				46			2	HANDRAILS (OTHER THAN TUB)
				51			3	RAMPS
				46			4	TUB HANDRAILS
				16			5	TUB SEAT
				10			6	ANY CAR ALTERATION
				98			91	OTHER
OTHRTYPE	240	2		OTHRTYPE			N	TYPE OF OTHER OME
				149,932			.	
				0			-9	NOT ASCERTAINED
				0			-8	DK
				0			-7	REFUSED
				145,919			-1	INAPPLICABLE
				371			1	PORT./RAISED TOILET
				97			2	PORTABLE TUB SEAT
				118			3	SPECIAL CHAIR OR CUSHION
				1,179			4	HOSPITAL BED
				1,005			5	OSTOMY SUPPLIES
				3,461			6	DEPENDS (DIAPERS)
				354			7	BANDAGES,DRESSINGS,TAPE SUPP.
				117			8	PULMONARY EQUIPMENT
				5,310			91	OTHER