

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC IPE

PAGE: 162
RECORD TYPE: IPE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OR RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					1,466	C000-C999		EVENT CREATED FROM CLAIM
					3,575	0000-9999		SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					1,466			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					90		ER	EMERGENCY ROOM
					3,299		IP	INPATIENT
					43		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					143		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?
					4,288		0	EVENT NOT PROV BY HMO
					753		1	EVENT PROVIDED BY HMO
EVBEGBYY	27	2	EEVBEGYY				N	Event Begin Year
					0		-9	NOT ASCERTAINED
					1		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					5,040		1-99	YEAR
EVBEGBMM	29	2	EEVBEGMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					8		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					5,033		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGBDD	31	2	EEVBEGDD				N	EVENT BEGIN DAY
					0		-9	NOT ASCERTAINED
					124		-8	DK
					0		-7	REFUSED
					29		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					4,888		1-31	DAY OF MONTH

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EVENDYY	33	2		EEVBEGYY			N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					9		-8	DK
					0		-7	REFUSED
					119		-1	INAPPLICABLE
					4,913		1-99	YEAR
EVENDMM	35	2		EEVBEGMM			N	EVENT END MONTH
					0		-9	NOT ASCERTAINED
					16		-8	DK
					0		-7	REFUSED
					118		-1	INAPPLICABLE
					4,906		1-12	MONTH
					1		95	STILL IN PROGRESS
EVENDDD	37	2		EEVBEGDD			N	EVENT END DAY
					0		-9	NOT ASCERTAINED
					101		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					119		-1	INAPPLICABLE
					4,821		1-31	DAY OF MONTH
SOURCE	39	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					749		1	SURVEY ONLY
					1,466		2	CLAIMS ONLY
					2,826		3	BOTH SURVEY & CLAIMS
SITCODE	40	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					13		B	BOTH COMM & FACILITY
					4,296		C	COMMUNITY
					115		D	DEEMED COMMUNITY
					478		F	FACILITY
					39		G	DEEMED FACILITY
					100		S	SNF
AMTTOT	41	9		MONYFMT			N	TOTAL PAYMENT
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1		IMPFLAG			N	IMPUTATION FLAG: TOTAL PAYMENT
					3,734		0	NOT IMPUTED
					1,307		1	IMPUTED
AMTCOV	51	9		MONYFMT			N	PORTION OF TOTAL PAY COV BY MEDICARE
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9		MONYFMT			N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9		MONYFMT			N	AMOUNT PAID BY MEDICARE
					5,041			AMOUNT AS \$\$\$\$\$\$.CC

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IMPSCARE	78	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE
					5,037		0	NOT IMPUTED
					4		1	IMPUTED
IMPACARE	79	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					4,909		0	NOT IMPUTED
					132		1	IMPUTED
AMTCAID	80	9		MONYFMT			N	AMOUNT PAID BY MEDICAID
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					4,786		0	NOT IMPUTED
					255		1	IMPUTED
IMPACAID	90	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					4,370		0	NOT IMPUTED
					671		1	IMPUTED
AMTHMOM	91	9		MONYFMT			N	AMOUNT PAID BY MEDICARE HMO
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE HMO
					4,907		0	NOT IMPUTED
					134		1	IMPUTED
IMPAHMOM	101	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE HMO
					4,641		0	NOT IMPUTED
					400		1	IMPUTED
AMTHMOP	102	9		MONYFMT			N	AMOUNT PAID BY PRIVATE HMO
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIVATE HMO
					4,992		0	NOT IMPUTED
					49		1	IMPUTED
IMPAHMOP	112	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIVATE HMO
					4,948		0	NOT IMPUTED
					93		1	IMPUTED
AMTVA	113	9		MONYFMT			N	AMOUNT PAID BY VETERANS ADM
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1		IMPFLAG			N	IMPUTATION FLAG: SOP VETERANS ADM
					5,038		0	NOT IMPUTED
					3		1	IMPUTED

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IMPAVA	123	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					4,984		0	NOT IMPUTED
					57		1	IMPUTED
AMTPRVE	124	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVE	133	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					4,729		0	NOT IMPUTED
					312		1	IMPUTED
IMPAPRVE	134	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					4,561		0	NOT IMPUTED
					480		1	IMPUTED
AMTPRVI	135	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVI	144	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					4,710		0	NOT IMPUTED
					331		1	IMPUTED
IMPAPRVI	145	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					4,535		0	NOT IMPUTED
					506		1	IMPUTED
AMTPRVU	146	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVU	155	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					4,982		0	NOT IMPUTED
					59		1	IMPUTED
IMPAPRVU	156	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					4,982		0	NOT IMPUTED
					59		1	IMPUTED
AMTOOP	157	9	MONYFMT				N	AMOUNT PAID BY PERSON/FAMILY
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					4,476		0	NOT IMPUTED
					565		1	IMPUTED
IMPAOOP	167	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					4,329		0	NOT IMPUTED
					712		1	IMPUTED
AMTDISC	168	9	MONYFMT				N	AMOUNT OF UNCOLLECTED LIABILITIES
					5,041			AMOUNT AS \$\$\$\$\$\$.CC

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					4,850		0	NOT IMPUTED
					191		1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					4,795		0	NOT IMPUTED
					246		1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
					5,041			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					5,011		0	NOT IMPUTED
					30		1	IMPUTED
IMPAOTH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					4,979		0	NOT IMPUTED
					62		1	IMPUTED
ODIAGCNT	190	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C	PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
DRG	207	3					C	DIAGNOSIS RELATED GROUP FROM CLAIM
PROCCNT	210	2					N	NUMBER OF PROCEDURE CODES ON CLAIM
PROC1	212	4					C	FIRST PROCEDURE CODE FROM CLAIMS
PROV	216	6					C	PROVIDER NUMBER FROM CLAIM
STATUS	222	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	224	3					N	NUMBER OF COVERED DAYS OF CARE
COINDAY	227	2					N	TOTAL NUMBER OF COINSURANCE DAYS
LRDAYS	229	2					N	NUMBER OF LIFETIME RESERVE DAYS USED