

09/01/05  
COST & USE  
1999

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Outpatient Hospital Event

RIC: OPE  
Page: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & 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
				23,714		C000-C999	EVENT CREATED FROM CLAIM
				34,071		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				23,714			
				0			DU DENTAL
				2,454			ER EMERGENCY ROOM
				553			IP INPATIENT
				0			IU INSTITUTIONAL UTILIZATION
				8,507			MP MEDICAL PROVIDER
				676			OM OTHER MEDICAL EXPENSE
				21,091			OP OUTPATIENT
				0			PM PRESCRIBED MEDICINE
				253			SD SEP BILLING DOCTOR
				537			SL SEP BILLING LAB
CLAIMID	20	6					N CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C EVENT PROVIDED BY AN HMO?
				50,306		0	EVENT NOT PROV BY HMO
				7,479		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
				8		-8	DK
				162		-1	INAPPLICABLE
				57,615		1-99	YEAR
EVBE GMM	41	2	EVMM				N EVENT BEGIN MONTH
				190		-8	DK
				162		-1	INAPPLICABLE
				57,433		1-12	MONTH
				0		95	STILL IN PROGRESS
EVBE GDD	43	2	EVDD				N EVENT BEGIN YEAR
				1		-9	NOT ASCERTAINED
				3,636		-8	DK
				2		-7	REFUSED
				9,131		-5	MULTIPLE VISITS THIS MONTH
				162		-1	INAPPLICABLE
				44,853		1-31	DAY OF MONTH

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SOURCE	45	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				13,217			1 SURVEY ONLY
				23,714			2 CLAIMS ONLY
				20,854			3 BOTH SURVEY & CLAIMS
SITCODE	46	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				17			B BOTH COMM & FACILITY
				50,192			C COMMUNITY
				1,221			D DEEMED COMMUNITY
				5,766			F FACILITY
				100			G DEEMED FACILITY
				489			S SNF
AMTTOT	47	9					N TOTAL PAYMENT
IMPATOT	56	1	IMPFLAG				N IMPUTATION FLAG: AMT TOTAL PAYMENT
				38,910			0 NOT IMPUTED
				18,875			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
				57,600			0 NOT IMPUTED
				185			1 IMPUTED
IMPACARE	85	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				54,956			0 NOT IMPUTED
				2,829			1 IMPUTED
AMTCAID	86	9					N AMOUNT PAID BY MEDICAID
IMPSCAID	95	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				53,632			0 NOT IMPUTED
				4,153			1 IMPUTED
IMPACAID	96	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				48,559			0 NOT IMPUTED
				9,226			1 IMPUTED
AMTHMOM	97	9					N AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	106	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				56,331			0 NOT IMPUTED
				1,454			1 IMPUTED
IMPAHMOM	107	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				54,592			0 NOT IMPUTED
				3,193			1 IMPUTED

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AMTHMOP	108	9					N AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	117	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				56,911			0 NOT IMPUTED
				874			1 IMPUTED
IMPAHMOP	118	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				55,955			0 NOT IMPUTED
				1,830			1 IMPUTED
AMTVA	119	9					N AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				57,722			0 NOT IMPUTED
				63			1 IMPUTED
IMPAVA	129	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				56,789			0 NOT IMPUTED
				996			1 IMPUTED
AMTPRVE	130	9					N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	139	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				53,673			0 NOT IMPUTED
				4,112			1 IMPUTED
IMPAPRVE	140	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				52,017			0 NOT IMPUTED
				5,768			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
				53,389			0 NOT IMPUTED
				4,396			1 IMPUTED
IMPAPRVI	151	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				52,011			0 NOT IMPUTED
				5,774			1 IMPUTED
AMTPRVU	152	9					N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	161	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				57,205			0 NOT IMPUTED
				580			1 IMPUTED
IMPAPRVU	162	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				57,205			0 NOT IMPUTED
				580			1 IMPUTED
AMTOOP	163	9					N AMOUNT PAID BY PERSON/FAMILY

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IMPSOOP	172	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON
				50,899			0 NOT IMPUTED
				6,886			1 IMPUTED
IMPAOOP	173	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON
				49,046			0 NOT IMPUTED
				8,739			1 IMPUTED
AMTDISC	174	9					N AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1	IMPFLAG				N IMPUTATION FLAG: SOP UNCOLL LIAB
				55,952			0 NOT IMPUTED
				1,833			1 IMPUTED
IMPADISC	184	1	IMPFLAG				N IMPUTATION FLAG: AMT UNCOLL LIAB
				55,575			0 NOT IMPUTED
				2,210			1 IMPUTED
AMTOTH	185	9					N AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES
				57,207			0 NOT IMPUTED
				578			1 IMPUTED
IMPAOTH	195	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES
				56,493			0 NOT IMPUTED
				1,292			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