

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Medical Provider Event

RIC: MPE
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & 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
				147,786		C000-C999	EVENT CREATED FROM CLAIM
				162,097		0000-9999	SURVEY REPORTED EVENT
EVNTTYPE	18	2	\$EVNTTYP				C EVENT TYPE
				0			INAPPLICABLE
				0			DU DENTAL
				0			ER EMERGENCY ROOM
				0			IP INPATIENT
				0			IU INSTITUTIONAL UTILIZATION
				165,801			MP MEDICAL PROVIDER
				32,016			OM OTHER MEDICAL EXPENSE
				0			OP OUTPATIENT
				0			PM PRESCRIBED MEDICINE
				63,516			SD SEP BILLING DOCTOR
				48,550			SL SEP BILLING LAB
OREVTYPE	20	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				147,786			INAPPLICABLE
				0			DU DENTAL
				726			ER EMERGENCY ROOM
				307			IP INPATIENT
				0			IU INSTITUTIONAL UTILIZATION
				114,516			MP MEDICAL PROVIDER
				18,473			OM OTHER MEDICAL EXPENSE
				3,166			OP OUTPATIENT
				0			PM PRESCRIBED MEDICINE
				20,046			SD SEP BILLING DOCTOR
				4,863			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
				72,473			
				13,805			D DME CLAIM
				223,605			P PHYSICIAN CLAIM
HMO	29	1	\$HMO				C EVENT PROVIDED BY AN HMO?
				275,348			0 EVENT NOT PROV BY HMO
				34,535			1 EVENT PROVIDED BY HMO
EVBEYY	30	2	EVYY				N EVENT BEGIN YEAR
				9			-9 NOT ASCERTAINED
				90			-8 DK
				5,148			-1 INAPPLICABLE
				304,636			1-99 YEAR

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
EVBEGBMM	32	2	EVMM				N EVENT BEGIN MONTH
				17			-9 NOT ASCERTAINED
				865			-8 DK
				5,148			-1 INAPPLICABLE
				303,853			1-12 MONTH
				0			95 STILL IN PROGRESS
EVBEGBDD	34	2	EVDD				N EVENT BEGIN DAY
				23			-9 NOT ASCERTAINED
				16,718			-8 DK
				3			-7 REFUSED
				11,117			-5 MULTIPLE VISITS THIS MONTH
				5,148			-1 INAPPLICABLE
				276,874			1-31 DAY OF MONTH
SOURCE	36	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				72,473			1 SURVEY ONLY
				147,786			2 CLAIMS ONLY
				89,624			3 BOTH SURVEY & CLAIMS
SITCODE	37	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				231			B BOTH COMM & FACILITY
				268,596			C COMMUNITY
				6,452			D DEEMED COMMUNITY
				27,521			F FACILITY
				1,790			G DEEMED FACILITY
				5,293			S SNF
AMTTOT	38	9					N TOTAL PAYMENT
IMPATOT	47	1	IMPFLAG				N IMPUTATION FLAG: AMT TOTAL PAYMENT
				214,330			0 NOT IMPUTED
				95,553			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
				309,198			0 NOT IMPUTED
				685			1 IMPUTED
IMPACARE	76	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				295,975			0 NOT IMPUTED
				13,908			1 IMPUTED
AMTCAID	77	9					N AMOUNT PAID BY MEDICAID
IMPSCAID	86	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				285,804			0 NOT IMPUTED
				24,079			1 IMPUTED

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IMPACAID	87	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				260,449			0 NOT IMPUTED
				49,434			1 IMPUTED
AMTHMOM	88	9					N AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	97	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				300,980			0 NOT IMPUTED
				8,903			1 IMPUTED
IMPAHMOM	98	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				295,026			0 NOT IMPUTED
				14,857			1 IMPUTED
AMTHMOP	99	9					N AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	108	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				305,384			0 NOT IMPUTED
				4,499			1 IMPUTED
IMPAHMOP	109	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				303,711			0 NOT IMPUTED
				6,172			1 IMPUTED
AMTV	110	9					N AMOUNT PAID BY VETERANS ADM
IMPSVA	119	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				309,807			0 NOT IMPUTED
				76			1 IMPUTED
IMPAVA	120	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				308,903			0 NOT IMPUTED
				980			1 IMPUTED
AMTPRVE	121	9					N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	130	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				277,790			0 NOT IMPUTED
				32,093			1 IMPUTED
IMPAPRVE	131	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				269,445			0 NOT IMPUTED
				40,438			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
				276,813			0 NOT IMPUTED
				33,070			1 IMPUTED

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IMPAPRVI	142	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				269,822			0 NOT IMPUTED
				40,061			1 IMPUTED
AMTPRVU	143	9					N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	152	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				306,246			0 NOT IMPUTED
				3,637			1 IMPUTED
IMPAPRVU	153	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				306,246			0 NOT IMPUTED
				3,637			1 IMPUTED
AMTOOP	154	9					N AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	163	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON
				263,206			0 NOT IMPUTED
				46,677			1 IMPUTED
IMPAOOP	164	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON
				243,204			0 NOT IMPUTED
				66,679			1 IMPUTED
AMTDISC	165	9					N AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	174	1	IMPFLAG				N IMPUTATION FLAG: SOP OF UNCOLL LIAB
				301,052			0 NOT IMPUTED
				8,831			1 IMPUTED
IMPADISC	175	1	IMPFLAG				N IMPUTATION FLAG: AMT OF UNCOLL LIAB
				298,766			0 NOT IMPUTED
				11,117			1 IMPUTED
AMTOTH	176	9					N AMOUNT PAID BY OTHER SOURCES
IMPSOTH	185	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES
				307,915			0 NOT IMPUTED
				1,968			1 IMPUTED
IMPAOTH	186	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES
				304,864			0 NOT IMPUTED
				5,019			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
PANTOM	214	9					N TOTAL AMOUNT PAID FOR OTH MED SERVICES
PAMTPM	223	9					N TOTAL AMOUNT PAID FOR PRES MEDICINES

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PROVSPEC	232	2	PROVSPEC				N MEDICAL PROVIDER SPECIALTY
				147,786			.
				80			-9 NOT ASCERTAINED
				177			-8 DK
				39,223			-1 INAPPLICABLE
				421			1 DENTIST/DENTAL PROVIDER
				91,995			2 MEDICAL DOCTOR
				393			3 AUDIOLOGIST
				6,001			4 CHIROPRACTOR
				426			5 CLINICAL SOCIAL WORKER
				42			6 DIETITIAN-NUTRITIONIST
				24			7 HEARING THERAPIST
				173			8 HOME HEALTH/HEALTH AIDE
				59			9 HOME MAKER
				188			10 HOSPICE WORKER
				27			11 I.V. THERAPIST
				2,162			12 NURSE (RN)
				200			13 NURSE PRACTITIONER (LPN)
				13			14 NURSE'S AIDE
				387			15 OCCUPATIONAL THERAPIST (OT)
				2,663			16 OPTOMETRIST
				186			17 OSTEOPATH (DO)
				64			18 PARAMEDIC
				5,550			19 PHYSICAL THERAPIST (PT)
				206			20 PHYSICIAN'S ASSISTANT
				3,096			21 PODIATRIST (FOOT DOCTOR)
				1,826			22 PSYCHOLOGIST
				267			23 RESPIRATORY THERAPIST
				617			24 SOCIAL/CASE WORKER
				183			25 SPEECH THERAPIST
				550			26 THERAPIST (MENTAL HEALTH)
				1,170			27 X-RAY TECHNICIAN
				22			28 LICENSED PRACTICAL NURSE (LPN)
				4			29 ACUPUNCTURIST
				0			30 HOMEOPATH
				45			31 MASSAGE THERAPIST
				7			32 NATUROPATH
				3,650			91 OTHER MEDICAL PROVIDER
OMETYPE	234	2	OMETYPE				N TYPE OF OM EVENT
				137,135			.
				143,624			-1 INAPPLICABLE
				3,194			1 EYEGLASSES
				1,228			2 HEARING OR SPEECH DEVICE
				1,865			3 ORTHOPEDIC
				4,255			4 DIABETIC
				3,896			5 AMBULANCE
				152			6 PROSTHESIS
				249			7 ALTERATION
				4,360			8 OXYGEN
				67			9 KIDNEY DIALYSIS
				9,858			10 OTHER

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
ORTHTYPE	236	2	ORTHTYPE				N TYPE OF ORTHOPEDIC ITEM
				147,326			.
				160,692			-1 INAPPLICABLE
				444			1 BRACES OR SUPPORTS
				247			2 CANE
				193			3 CORRECTIVE SHOES OR INSERTS
				45			4 CRUTCHES
				432			5 WALKER
				362			6 WHEELCHAIR
				142			91 OTHER
ALTRTYPE	238	2	ALTRTYPE				N TYPE OF ALTERATION
				147,745			.
				161,889			-1 INAPPLICABLE
				10			1 ELEVATOR OR INCLINE CHAIR
				43			2 HANDRAILS (OTHER THAN TUB)
				35			3 RAMPS
				35			4 TUB HANDRAILS
				13			5 TUB SEAT
				10			6 ANY CAR ALTERATION
				103			91 OTHER
OTHRTYPE	240	2	OTHRTYPE				N TYPE OF OTHER OME
				144,127			.
				155,898			-1 INAPPLICABLE
				323			1 PORT./RAISED TOILET
				86			2 PORTABLE TUB SEAT
				97			3 SPECIAL CHAIR OR CUSHION
				791			4 HOSPITAL BED
				739			5 OSTOMY SUPPLIES
				4,055			6 DEPENDS (DIAPERS)
				702			7 BANDAGES,DRESSINGS,TAPE SUPP.
				167			8 PULMONARY EQUIPMENT
				2,898			91 OTHER