

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Inpatient Hospital Event

RIC: IPE
Page: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & 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
				1,443		C000-C999	EVENT CREATED FROM CLAIM
				3,702		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				1,443			
				0			DU DENTAL
				62			ER EMERGENCY ROOM
				3,364			IP INPATIENT
				54			IU INSTITUTIONAL UTILIZATION
				0			MP MEDICAL PROVIDER
				0			OM OTHER MEDICAL EXPENSE
				222			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?
				4,202		0	EVENT NOT PROV BY HMO
				943		1	EVENT PROVIDED BY HMO
EVBEGYY	27	2	EEVBEGYY				N Event Begin Year
				3		-8	DK
				5,142		1-99	YEAR
EVBEGMM	29	2	EEVBEGMM				N EVENT BEGIN MONTH
				14		-8	DK
				5,131		1-12	MONTH
				0		95	STILL IN PROGRESS
EVBEGDD	31	2	EEVBEGDD				N EVENT BEGIN DAY
				149		-8	DK
				99		-5	MULTIPLE VISITS THIS MONTH
				4,897		1-31	DAY OF MONTH
EVENDYY	33	2	EEVBEGYY				N EVENT END YEAR
				14		-8	DK
				212		-1	INAPPLICABLE
				4,919		1-99	YEAR
EVENDMM	35	2	EEVBEGMM				N EVENT END MONTH
				21		-8	DK
				212		-1	INAPPLICABLE
				4,912		1-12	MONTH
				0		95	STILL IN PROGRESS

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Inpatient Hospital Event

RIC: IPE
Page: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
EVENDDD	37	2	EEVBEGDD				N EVENT END DAY
				127			-8 DK
				0			-5 MULTIPLE VISITS THIS MONTH
				212			-1 INAPPLICABLE
				4,806			1-31 DAY OF MONTH
SOURCE	39	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				965			1 SURVEY ONLY
				1,443			2 CLAIMS ONLY
				2,737			3 BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				9			B BOTH COMM & FACILITY
				4,426			C COMMUNITY
				101			D DEEMED COMMUNITY
				442			F FACILITY
				63			G DEEMED FACILITY
				104			S SNF
AMTTOT	41	9	MONYFMT				N TOTAL PAYMENT
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N IMPUTATION FLAG: TOTAL PAYMENT
				3,668			0 NOT IMPUTED
				1,477			1 IMPUTED
AMTCOV	51	9	MONYFMT				N PORTION OF TOTAL PAY COV BY MEDICARE
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N PORTION OF TOTAL PAY NOT COV BY MEDICARE
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N AMOUNT PAID BY MEDICARE
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				5,138			0 NOT IMPUTED
				7			1 IMPUTED
IMPACARE	79	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				5,040			0 NOT IMPUTED
				105			1 IMPUTED
AMTCAID	80	9	MONYFMT				N AMOUNT PAID BY MEDICAID
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				4,894			0 NOT IMPUTED
				251			1 IMPUTED

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Inpatient Hospital Event

RIC: IPE
Page: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IMPACAID	90	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				4,533			0 NOT IMPUTED
				612			1 IMPUTED
AMTHMOM	91	9	MONYFMT				N AMOUNT PAID BY MEDICARE HMO
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				4,921			0 NOT IMPUTED
				224			1 IMPUTED
IMPAHMOM	101	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				4,574			0 NOT IMPUTED
				571			1 IMPUTED
AMTHMOP	102	9	MONYFMT				N AMOUNT PAID BY PRIVATE HMO
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				5,082			0 NOT IMPUTED
				63			1 IMPUTED
IMPAHMOP	112	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				5,026			0 NOT IMPUTED
				119			1 IMPUTED
AMTVA	113	9	MONYFMT				N AMOUNT PAID BY VETERANS ADM
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				5,144			0 NOT IMPUTED
				1			1 IMPUTED
IMPAVA	123	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				5,076			0 NOT IMPUTED
				69			1 IMPUTED
AMTPRVE	124	9	MONYFMT				N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVE	133	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				4,768			0 NOT IMPUTED
				377			1 IMPUTED
IMPAPRVE	134	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				4,607			0 NOT IMPUTED
				538			1 IMPUTED

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Inpatient Hospital Event

RIC: IPE
Page: 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
AMTPRVI	135	9	MONYFMT				N AMOUNT PAID BY PRIV INS (INDIV PURCH)
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVI	144	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				4,779			0 NOT IMPUTED
				366			1 IMPUTED
IMPAPRVI	145	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				4,641			0 NOT IMPUTED
				504			1 IMPUTED
AMTPRVU	146	9	MONYFMT				N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVU	155	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				5,087			0 NOT IMPUTED
				58			1 IMPUTED
IMPAPRVU	156	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				5,087			0 NOT IMPUTED
				58			1 IMPUTED
AMTOOP	157	9	MONYFMT				N AMOUNT PAID BY PERSON/FAMILY
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON
				4,524			0 NOT IMPUTED
				621			1 IMPUTED
IMPAOOP	167	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON
				4,374			0 NOT IMPUTED
				771			1 IMPUTED
AMTDISC	168	9	MONYFMT				N AMOUNT OF UNCOLLECTED LIABILITIES
				5,145			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1	IMPFLAG				N IMPUTATION FLAG: SOP UNCOLL LIAB
				4,990			0 NOT IMPUTED
				155			1 IMPUTED
IMPADISC	178	1	IMPFLAG				N IMPUTATION FLAG: AMT UNCOLL LIAB
				4,944			0 NOT IMPUTED
				201			1 IMPUTED
AMTOTH	179	9	MONYFMT				N AMOUNT PAID BY OTHER SOURCES
				5,145			AMOUNT AS \$\$\$\$\$\$.CC

09/01/05
COST & USE
1999

MEDICARE CURRENT BENEFICIARY SURVEY
Inpatient Hospital Event

RIC: IPE
Page: 5

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IMPSOTH	188	1	IMPFLAG	5,096 49			N IMPUTATION FLAG: SOP OTHER SOURCES 0 NOT IMPUTED 1 IMPUTED
IMPAOTH	189	1	IMPFLAG	5,050 95			N IMPUTATION FLAG: AMT OTHER SOURCES 0 NOT IMPUTED 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