

03/13/07
Cost & Use
2004

MEDICARE CURRENT BENEFICIARY SURVEY
 Outpatient Hospital Events

RIC: OPE
 Page: 1
 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Outpatient Hospital Events file contains data individual hospital outpatient events for the MCBS population.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				60,833			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				27,392			C000-C999 Event created from claim
				33,441			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				27,392			Missing
				0			DU Dental
				2,474			ER Emergency Room
				463			IP Inpatient
				0			IU Institutional utilization
				11,733			MP Medical provider
				487			OM Other medical expense
				17,607			OP Outpatient
				0			PM Prescribed medicine
				294			SD Separately billing physician
				383			SL Separately billing lab
CLAIMID	20	7					N Claim this survey event matched to
FROMDT	27	6					C From date on claim
THRU DT	33	6					C Thru date on claim
EVBE GYY	39	2	\$EVENTYY				C Event begin year
				37			-8 Don't know
				60,796			Year
EVBE GMM	41	2	\$EVENTMM				C Event begin month
				142			-8 Don't know
				2			-9 Not ascertained
				0			95 Still in progress
				60,689			Month
EVBE GDD	43	2	\$EVENTDD				C Event begin day
				13			-7 Refused
				3,375			-8 Don't know
				2			-9 Not ascertained
				57,443			Day of month
SOURCE	45	1	\$SOURCE				C Source of event: survey, claim, or both?
				12,268			1 Survey only
				27,392			2 Claims only
				21,173			3 Both survey & claims

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SITCODE	46	1	\$SITCODE				C Community or facility setting?
				20			B Both community & facility
				53,221			C Community
				1,770			D Deemed community
				5,325			F Facility
				55			G Deemed facility
				442			S SNF
AMTTOT	47	9					N Total payment
IMPATOT	56	1	IMPFLAG				N AMTTOT imputed in part or in total?
				43,261			0 Not imputed
				17,572			1 Imputed
AMTCOV	57	9					N Medicare program liability, incl. copays
AMTNCOV	66	9					N Total payment not covered by Medicare
AMTCARE	75	9					N Amount paid by Medicare
IMPSCARE	84	1	IMPFLAG				N AMTCARE payment source imputed?
				60,765			0 Not imputed
				68			1 Imputed
IMPACARE	85	1	IMPFLAG				N AMTCARE payment amount imputed?
				58,440			0 Not imputed
				2,393			1 Imputed
AMTCAID	86	9					N Amount paid by Medicaid
IMPSCAID	95	1	IMPFLAG				N AMTCAID payment source imputed?
				55,474			0 Not imputed
				5,359			1 Imputed
IMPACAID	96	1	IMPFLAG				N AMTCAID payment amount imputed?
				49,950			0 Not imputed
				10,883			1 Imputed
AMTHMOM	97	9					N Amount paid by Medicare HMO
IMPSHMOM	106	1	IMPFLAG				N AMTHMOM payment source imputed?
				59,690			0 Not imputed
				1,143			1 Imputed
IMPAHMOM	107	1	IMPFLAG				N AMTHMOM payment amount imputed?
				58,910			0 Not imputed
				1,923			1 Imputed
AMTHMOP	108	9					N Amount paid by private HMO

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IMPSHMOP	117	1	IMPFLAG				N AMTHMOP payment source imputed?
				59,971			0 Not imputed
				862			1 Imputed
IMPAHMOP	118	1	IMPFLAG				N AMTHMOP payment amount imputed?
				59,624			0 Not imputed
				1,209			1 Imputed
AMTVA	119	9					N Amount paid by Veterans Administration
IMPSVA	128	1	IMPFLAG				N AMTVA payment source imputed?
				60,758			0 Not imputed
				75			1 Imputed
IMPAVA	129	1	IMPFLAG				N AMTVA payment amount imputed?
				60,116			0 Not imputed
				717			1 Imputed
AMTPRVE	130	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	139	1	IMPFLAG				N AMTPRVE payment source imputed?
				56,228			0 Not imputed
				4,605			1 Imputed
IMPAPRVE	140	1	IMPFLAG				N AMTPRVE payment amount imputed?
				54,644			0 Not imputed
				6,189			1 Imputed
AMTPRVI	141	9					N Amt paid by individually-purch priv ins
IMPSPRVI	150	1	IMPFLAG				N AMTPRVI payment source imputed?
				57,187			0 Not imputed
				3,646			1 Imputed
IMPAPRVI	151	1	IMPFLAG				N AMTPRVI payment amount imputed?
				55,930			0 Not imputed
				4,903			1 Imputed
AMTPRVU	152	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	161	1	IMPFLAG				N AMTPRVU payment source imputed?
				60,335			0 Not imputed
				498			1 Imputed
IMPAPRVU	162	1	IMPFLAG				N AMTPRVU payment amount imputed?
				60,335			0 Not imputed
				498			1 Imputed
AMTOOP	163	9					N Amount paid out-of-pocket (OOP)

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IMPSOOP	172	1	IMPFLAG				N AMTOOP payment source imputed?
				54,111			0 Not imputed
				6,722			1 Imputed
IMPAOOP	173	1	IMPFLAG				N AMTOOP payment amount imputed?
				52,434			0 Not imputed
				8,399			1 Imputed
AMTDISC	174	9					N Amount of uncollected SP liability
IMPSDISC	183	1	IMPFLAG				N AMTDISC payment source imputed?
				59,404			0 Not imputed
				1,429			1 Imputed
IMPADISC	184	1	IMPFLAG				N AMTDISC payment amount imputed?
				59,176			0 Not imputed
				1,657			1 Imputed
AMTOTH	185	9					N Amount paid by other payor(s)
IMPSOTH	194	1	IMPFLAG				N AMTOTH payment source imputed?
				60,626			0 Not imputed
				207			1 Imputed
IMPAOTH	195	1	IMPFLAG				N AMTOTH payment amount imputed?
				60,420			0 Not imputed
				413			1 Imputed
ODIAGCNT	196	2					N Number of diagnosis codes on claim
ODIAG1	198	5					C Primary 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
HMO	213	1	\$HMO				C Event provided by an HMO?
				54,359			0 Event not provided by HMO
				6,474			1 Event provided by HMO