

03/13/07
Cost & Use
2004

MEDICARE CURRENT BENEFICIARY SURVEY
Institutional Events

RIC: IUE
Page: 1
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Institutional Events file contains data about all short-term facility (usually SNF) stays of the MCBS population that were either reported during a community interview or created ther Medicare claims data.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				950			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				590			C000-C999 Event created from claim
				360			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNT1TYP				C Original reported event type
				590			Missing
				0			DU Dental
				0			ER Emergency room
				74			IP Inpatient
				286			IU Institutional utilization
				0			MP Medical provider
				0			OM Other medical expense
				0			OP Outpatient
				0			PM Prescribed medicine
				0			SD Separately billing physician
				0			SL Separately billing lab
CLAIMID	20	7					N Claim this survey event matched to
EVBEGLYY	27	2	\$EVENTYY				C Event begin year
				3			-8 Don't know
				947			Year
EVBEGLMM	29	2	\$EVENTMM				C Event begin month
				7			-8 Don't know
				0			95 Still in progress
				943			Month
EVBEGLDD	31	2	\$EVENTDD				C Event begin day
				24			-8 Don't know
				926			Day of month
EVENGLYY	33	2	\$EVENTYY				C Event end year
				5			-8 Don't know
				945			Year
EVENGLMM	35	2	\$EVENTMM				C Event end month
				10			-8 Don't know
				0			95 Still in progress
				940			Month

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EVENDDD	37	2	\$EVENTDD				C Event end day
				23			-8 Don't know
				927			Day of month
SOURCE	39	1	\$SOURCE				C Source of event: survey, claim, or both?
				138			1 Survey only
				590			2 Claims only
				222			3 Both survey & claims
SITCODE	40	1	\$SITCODE				C Community or facility setting?
				0			B Both community & facility
				121			C Community
				2			D Deemed community
				7			F Facility
				2			G Deemed facility
				818			S SNF
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?
				698			0 Not imputed
				252			1 Imputed
AMTCOV	51	9					N Medicare program liability, incl. copays
AMTNCOV	60	9					N Total payment not covered by Medicare
AMTCARE	69	9					N Amount paid by Medicare
IMPSCARE	78	1	IMPFLAG				N AMTCARE payment source imputed?
				950			0 Not imputed
				0			1 Imputed
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?
				947			0 Not imputed
				3			1 Imputed
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?
				899			0 Not imputed
				51			1 Imputed
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?
				784			0 Not imputed
				166			1 Imputed
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?
				933			0 Not imputed
				17			1 Imputed

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IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed?
					932		0 Not imputed
					18		1 Imputed
AMTHMOP	102	9					N Amount paid by private HMO
IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed?
					945		0 Not imputed
					5		1 Imputed
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed?
					942		0 Not imputed
					8		1 Imputed
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed?
					949		0 Not imputed
					1		1 Imputed
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed?
					947		0 Not imputed
					3		1 Imputed
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed?
					871		0 Not imputed
					79		1 Imputed
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed?
					871		0 Not imputed
					79		1 Imputed
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMPSPRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed?
					887		0 Not imputed
					63		1 Imputed
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed?
					884		0 Not imputed
					66		1 Imputed
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed?
					856		0 Not imputed
					94		1 Imputed

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IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed?
				856			0 Not imputed
				94			1 Imputed
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	166	1	IMPFLAG				N AMTOOP payment source imputed?
				786			0 Not imputed
				164			1 Imputed
IMPAOOP	167	1	IMPFLAG				N AMTOOP payment amount imputed?
				696			0 Not imputed
				254			1 Imputed
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSDISC	177	1	IMPFLAG				N AMTDISC payment source imputed?
				894			0 Not imputed
				56			1 Imputed
IMPADISC	178	1	IMPFLAG				N AMTDISC payment amount imputed?
				881			0 Not imputed
				69			1 Imputed
AMTOTH	179	9					N Amount paid by other payor(s)
IMPSOTH	188	1	IMPFLAG				N AMTOTH payment source imputed?
				945			0 Not imputed
				5			1 Imputed
IMPAOTH	189	1	IMPFLAG				N AMTOTH payment amount imputed?
				944			0 Not imputed
				6			1 Imputed
ODIAGCNT	190	2					N Number of diagnosis codes on claim
ODIAG1	192	5					C Primary ICD-9 diagnosis code from claim
ODIAG2	197	5					C Second ICD-9 diagnosis code from claim
ODIAG3	202	5					C Third ICD-9 diagnosis code from claim
PROV	207	6					C Medicare provider number from claim
STATUS	213	2					C Beneficiary status as of claim thru date
UTLZNDAY	215	3					N Number of covered days of care
COINDAY	218	2					N Total number of coinsurance days
HMO	220	1	\$HMO				C Event provided by an HMO?
				868			0 Event not provided by HMO
				82			1 Event provided by HMO