

06/05/08  
**Cost & Use**  
**2005**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Inpatient Hospital Events

**RIC: IPE**  
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 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Inpatient Hospital Events file contains data about all inpatient hospital stays of the MCBS population, whether community or facility interviews. This file combines data obtained from CMS administrative records with information obtained from the survey.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				4,916			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				1,635			C000-C999 Event created from claim
				3,281			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				1,635			Missing
				0			DU Dental
				41			ER Emergency Room
				3,063			IP Inpatient
				58			IU Institutional utilization
				0			MP Medical provider
				0			OM Other medical expense
				119			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
EVBEGBYY	27	2	\$EVENTYY				C Event begin year
				1			-8 Don't know
				4,915			Year
EVBEGBMM	29	2	\$EVENTMM				C Event begin month
				12			-8 Don't know
				0			95 Still in progress
				4,904			Month
EVBEGBDD	31	2	\$EVENTDD				C Event begin day
				95			-8 Don't know
				4,821			Day of month
EVBEGDD	33	2	\$EVENTYY				C Event end year
				7			-8 Don't know
				4,909			Year
EVBEGDD	35	2	\$EVENTMM				C Event end month
				22			-8 Don't know
				0			95 Still in progress
				4,894			Month

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EVENDDD	37	2	\$EVENTDD				C Event end day
				84			-8 Don't know
				4,832			Day of month
SOURCE	39	1	\$SOURCE				C Source of event: survey, claim, or both?
				615			1 Survey only
				1,635			2 Claims only
				2,666			3 Both survey & claims
SITCODE	40	1	\$SITCODE				C Community or facility setting?
				2			B Both community & facility
				4,039			C Community
				151			D Deemed community
				500			F Facility
				50			G Deemed facility
				174			S SNF
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?
				3,577			0 Not imputed
				1,339			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?
				4,913			0 Not imputed
				3			1 Imputed
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?
				4,830			0 Not imputed
				86			1 Imputed
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?
				4,567			0 Not imputed
				349			1 Imputed
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?
				4,106			0 Not imputed
				810			1 Imputed
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?
				4,767			0 Not imputed
				149			1 Imputed

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IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed?
				4,612			0 Not imputed
				304			1 Imputed
AMTHMOP	102	9					N Amount paid by private HMO
IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed?
				4,834			0 Not imputed
				82			1 Imputed
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed?
				4,797			0 Not imputed
				119			1 Imputed
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed?
				4,914			0 Not imputed
				2			1 Imputed
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed?
				4,855			0 Not imputed
				61			1 Imputed
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed?
				4,541			0 Not imputed
				375			1 Imputed
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed?
				4,393			0 Not imputed
				523			1 Imputed
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMPSPRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed?
				4,603			0 Not imputed
				313			1 Imputed
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed?
				4,478			0 Not imputed
				438			1 Imputed
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed?
				4,855			0 Not imputed
				61			1 Imputed

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IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed?
				4,855			0 Not imputed
				61			1 Imputed
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	166	1	IMPFLAG				N AMTOOP payment source imputed?
				4,348			0 Not imputed
				568			1 Imputed
IMPAOOP	167	1	IMPFLAG				N AMTOOP payment amount imputed?
				4,192			0 Not imputed
				724			1 Imputed
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSDISC	177	1	IMPFLAG				N AMTDISC payment source imputed?
				4,757			0 Not imputed
				159			1 Imputed
IMPADISC	178	1	IMPFLAG				N AMTDISC payment amount imputed?
				4,735			0 Not imputed
				181			1 Imputed
AMTOTH	179	9					N Amount paid by other payor(s)
IMPSOTH	188	1	IMPFLAG				N AMTOTH payment source imputed?
				4,903			0 Not imputed
				13			1 Imputed
IMPAOTH	189	1	IMPFLAG				N AMTOTH payment amount imputed?
				4,888			0 Not imputed
				28			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
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 Medicare provider number from claim

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
STATUS	222	2	\$STATUS				C Beneficiary status as of claim thru date
				615			Missing
				2,205			01 Discharged to home/self care
				138			02 Discharged to other short-term hospital
				806			03 Discharged to skilled nursing facility
				87			04 Discharged to intermediate care facility
				30			05 Disch to another type of institution
				593			06 Discharged to home care of organized HMO
				19			07 Left against medical advice/stopped care
				3			08 Disch home under care of IV therapy prov
				168			20 Expired (did not recover Christian Sci)
				8			30 Still patient
				0			40 Expired at home (hospice claims only)
				0			41 Expired in hospital, SNF, ICF or hospice
				0			42 Expired in unknown place (hospice only)
				23			50 Hospice - home (eff. 10/96)
				28			51 Hospice - medical facility (eff. 10/96)
				34			61 Disch w/i facility to swing-bed SNF (99)
				0			71 Disch to other facility for O/P svcs(99)
				0			72 Disch to this facility for O/P svcs (99)
				159			Other destination
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
HMO	231	1	\$HMO				C Event provided by an HMO?
				4,287			0 Event not provided by HMO
				629			1 Event provided by HMO