

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

**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
				60,782			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				27,919			C000-C999 Event created from claim
				32,863			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				27,919			Missing
				0			DU Dental
				2,433			ER Emergency Room
				530			IP Inpatient
				0			IU Institutional utilization
				10,568			MP Medical provider
				357			OM Other medical expense
				18,314			OP Outpatient
				0			PM Prescribed medicine
				242			SD Separately billing physician
				419			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 GY	39	2	\$EVENTYY				C Event begin year
				18			-8 Don't know
				60,764			Year
EVBE GMM	41	2	\$EVENTMM				C Event begin month
				1			-7 Refused
				175			-8 Don't know
				0			95 Still in progress
				60,606			Month
EVBE GDD	43	2	\$EVENTDD				C Event begin day
				3			-7 Refused
				3,462			-8 Don't know
				57,317			Day of month
SOURCE	45	1	\$SOURCE				C Source of event: survey, claim, or both?
				11,676			1 Survey only
				27,919			2 Claims only
				21,187			3 Both survey & claims

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SITCODE	46	1	\$SITCODE				C Community or facility setting?
				9			B Both community & facility
				53,371			C Community
				1,580			D Deemed community
				5,205			F Facility
				54			G Deemed facility
				563			S SNF
AMTTOT	47	9					N Total payment
IMPATOT	56	1	IMPFLAG				N AMTTOT imputed in part or in total?
				43,226			0 Not imputed
				17,556			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?
				60,705			0 Not imputed
				77			1 Imputed
IMPACARE	85	1	IMPFLAG				N AMTCARE payment amount imputed?
				58,377			0 Not imputed
				2,405			1 Imputed
AMTCAID	86	9					N Amount paid by Medicaid
IMPSCAID	95	1	IMPFLAG				N AMTCAID payment source imputed?
				55,562			0 Not imputed
				5,220			1 Imputed
IMPACAID	96	1	IMPFLAG				N AMTCAID payment amount imputed?
				49,700			0 Not imputed
				11,082			1 Imputed
AMTHMOM	97	9					N Amount paid by Medicare HMO
IMPSHMOM	106	1	IMPFLAG				N AMTHMOM payment source imputed?
				59,498			0 Not imputed
				1,284			1 Imputed
IMPAHMOM	107	1	IMPFLAG				N AMTHMOM payment amount imputed?
				58,811			0 Not imputed
				1,971			1 Imputed
AMTHMOP	108	9					N Amount paid by private HMO

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IMPSHMOP	117	1	IMPFLAG				N AMTHMOP payment source imputed?
				59,765			0 Not imputed
				1,017			1 Imputed
IMPAHMOP	118	1	IMPFLAG				N AMTHMOP payment amount imputed?
				59,452			0 Not imputed
				1,330			1 Imputed
AMTVA	119	9					N Amount paid by Veterans Administration
IMPSVA	128	1	IMPFLAG				N AMTVA payment source imputed?
				60,713			0 Not imputed
				69			1 Imputed
IMPAVA	129	1	IMPFLAG				N AMTVA payment amount imputed?
				60,073			0 Not imputed
				709			1 Imputed
AMTPRVE	130	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	139	1	IMPFLAG				N AMTPRVE payment source imputed?
				56,317			0 Not imputed
				4,465			1 Imputed
IMPAPRVE	140	1	IMPFLAG				N AMTPRVE payment amount imputed?
				54,412			0 Not imputed
				6,370			1 Imputed
AMTPRVI	141	9					N Amt paid by individually-purch priv ins
IMPSPRVI	150	1	IMPFLAG				N AMTPRVI payment source imputed?
				56,891			0 Not imputed
				3,891			1 Imputed
IMPAPRVI	151	1	IMPFLAG				N AMTPRVI payment amount imputed?
				55,685			0 Not imputed
				5,097			1 Imputed
AMTPRVU	152	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	161	1	IMPFLAG				N AMTPRVU payment source imputed?
				60,353			0 Not imputed
				429			1 Imputed
IMPAPRVU	162	1	IMPFLAG				N AMTPRVU payment amount imputed?
				60,353			0 Not imputed
				429			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?
				53,960			0 Not imputed
				6,822			1 Imputed
IMPAOOP	173	1	IMPFLAG				N AMTOOP payment amount imputed?
				52,259			0 Not imputed
				8,523			1 Imputed
AMTDISC	174	9					N Amount of uncollected SP liability
IMPSDISC	183	1	IMPFLAG				N AMTDISC payment source imputed?
				58,961			0 Not imputed
				1,821			1 Imputed
IMPADISC	184	1	IMPFLAG				N AMTDISC payment amount imputed?
				58,760			0 Not imputed
				2,022			1 Imputed
AMTOTH	185	9					N Amount paid by other payor(s)
IMPSOTH	194	1	IMPFLAG				N AMTOTH payment source imputed?
				60,625			0 Not imputed
				157			1 Imputed
IMPAOTH	195	1	IMPFLAG				N AMTOTH payment amount imputed?
				60,404			0 Not imputed
				378			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?
				53,934			0 Event not provided by HMO
				6,848			1 Event provided by HMO