

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	3					C RECORD IDENTIFICATION CODE
FILEYR	4	2					C YY REFERENCE YEAR OF RECORD
BASEID	6	8					C UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C UNIQUE EVENT IDENTIFIER
				511		C000-C999	EVENT CREATED FROM CLAIM
				374		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				511			
				0			DU DENTAL
				0			ER EMERGENCY ROOM
				95			IP INPATIENT
				279			IU INSTITUTIONAL UTILIZATION
				0			MP MEDICAL PROVIDER
				0			OM OTHER MEDICAL EXPENSE
				0			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?
				786		0	EVENT NOT PROV BY HMO
				99		1	EVENT PROVIDED BY HMO
EVBEGBYY	27	2	EVYY				N EVENT BEGIN YEAR
				1		-8	DK
				884		0-99	YEAR
EVBEGBMM	29	2	EVMM				N EVENT BEGIN MONTH
				6		-8	DK
				879		1-12	MONTH
				0		95	STILL IN PROGRESS
EVBEGBDD	31	2	EVDD				N EVENT BEGIN DAY
				31		-8	DK
				0		-5	MULTIPLE VISITS THIS MONTH
				854		1-31	DAY OF MONTH
EVENDYY	33	2	EVYY				N EVENT END YEAR
				8		-8	DK
				877		0-99	YEAR
EVENDMM	35	2	EVMM				N EVENT END MONTH
				17		-8	DK
				868		1-12	MONTH
				0		95	STILL IN PROGRESS

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EVENDDD	37	2	EVDD				N EVENT END DAY
				36			-8 DK
				1			-7 REFUSED
				0			-5 MULTIPLE VISITS THIS MONTH
				848			1-31 DAY OF MONTH
SOURCE	39	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				160			1 SURVEY ONLY
				511			2 CLAIMS ONLY
				214			3 BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				0			B BOTH COMM & FAC
				157			C COMMUNITY
				6			D DEEMED COMMUNITY
				3			F FACILITY
				1			G DEEMED FACILITY
				718			S SNF
AMTTOT	41	9	MONYFMT				N TOTAL PAYMENT
				885			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N IMPUTATION FLAG: TOTAL PAYMENT
				634			0 NOT IMPUTED
				251			1 IMPUTED
AMTCOV	51	9	MONYFMT				N PORTION OF TOTAL PAY COV BY MEDICARE
				885			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N PORTION OF TOTL PAY NOT COV BY MEDICARE
				885			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N AMOUNT PAID BY MEDICARE
				885			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				885			0 NOT IMPUTED
				0			1 IMPUTED
IMPACARE	79	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				885			0 NOT IMPUTED
				0			1 IMPUTED
AMTCAID	80	9	MONYFMT				N AMOUNT PAID BY MEDICAID
				885			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				850			0 NOT IMPUTED
				35			1 IMPUTED

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IMPACAI	90	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				775			0 NOT IMPUTED
				110			1 IMPUTED
AMTHMOM	91	9	MONYFMT				N AMOUNT PAID BY MEDICARE HMO
				885			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				840			0 NOT IMPUTED
				45			1 IMPUTED
IMPAHMOM	101	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				830			0 NOT IMPUTED
				55			1 IMPUTED
AMTHMOP	102	9	MONYFMT				N AMOUNT PAID BY PRIVATE HMO
				885			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				883			0 NOT IMPUTED
				2			1 IMPUTED
IMPAHMOP	112	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				883			0 NOT IMPUTED
				2			1 IMPUTED
AMTVA	113	9	MONYFMT				N AMOUNT PAID BY VETERANS ADM
				885			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				885			0 NOT IMPUTED
				0			1 IMPUTED
IMPAVA	123	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				883			0 NOT IMPUTED
				2			1 IMPUTED
AMTPRVE	124	9	MONYFMT				N AMOUNT PAID BY PRIV INS (EMPLOYER SPON)
				885			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVE	133	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				816			0 NOT IMPUTED
				69			1 IMPUTED
IMPAPRVE	134	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				814			0 NOT IMPUTED
				71			1 IMPUTED

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AMTPRVI	135	9	MONYFMT				N AMOUNT PAID BY PRIV INS (INDIV PURCH) AMOUNT AS \$\$\$\$\$\$.CC 885
IMPSRVI	144	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR 0 NOT IMPUTED 1 IMPUTED 801 84
IMPAPRVI	145	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR 0 NOT IMPUTED 1 IMPUTED 800 85
AMTPRVU	146	9	MONYFMT				N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH) AMOUNT AS \$\$\$\$\$\$.CC 885
IMPSRVU	155	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED 801 84
IMPAPRVU	156	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED 801 84
AMTOOP	157	9	MONYFMT				N AMOUNT PAID BY PERSON/FAMILY AMOUNT AS \$\$\$\$\$\$.CC 885
IMPSOOP	166	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED 774 111
IMPAAOP	167	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED 703 182
AMTDISC	168	9	MONYFMT				N AMOUNT OF UNCOLLECTED LIABILITIES AMOUNT AS \$\$\$\$\$\$.CC 885
IMPSDISC	177	1	IMPFLAG				N IMPUTATION FLAG: SOP UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED 869 16
IMPADISC	178	1	IMPFLAG				N IMPUTATION FLAG: AMT UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED 845 40
AMTOTH	179	9	MONYFMT				N AMOUNT PAID BY OTHER SOURCES AMOUNT AS \$\$\$\$\$\$.CC 885

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IMPSOTH	188	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES
				879			0 NOT IMPUTED
				6			1 IMPUTED
IMPAOTH	189	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES
				869			0 NOT IMPUTED
				16			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
PROV	207	6					C PROVIDER NUMBER FROM CLAIM
STATUS	213	2					C BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	215	3					N NUMBER OF COVERED DAYS OF CARE
COINDAY	218	2					N TOTAL NUMBER OF COINSURANCE DAYS