

03/01/01
 COST&USE
 1998

MEDICARE CURRENT BENEFICIARY SURVEY
 EVENT RIC IUE

PAGE: 167
 RECORD TYPE: IUE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	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
					558		C000-C999	EVENT CREATED FROM CLAIM
					368		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$	EVNTTYP			C	ORIGINAL REPORTED EVENT TYPE
					558			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					0		ER	EMERGENCY ROOM
					97		IP	INPATIENT
					271		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?
					827		0	EVENT NOT PROV BY HMO
					99		1	EVENT PROVIDED BY HMO
EVBEGBY	27	2		EVYY			N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					2		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					924		1-99	YEAR
EVBEGBM	29	2		EVMM			N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					915		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGBD	31	2		EVDD			N	EVENT BEGIN DAY
					0		-9	NOT ASCERTAINED
					36		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					890		1-31	DAY OF MONTH

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
EVENDYY	33	2	EVYY				N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					9		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					917		1-99	YEAR
EVENDMM	35	2	EVMM				N	EVENT END MONTH
					0		-9	NOT ASCERTAINED
					21		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					905		1-12	MONTH
					0		95	STILL IN PROGRESS
EVENDDD	37	2	EVDD				N	EVENT END DAY
					0		-9	NOT ASCERTAINED
					44		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					882		1-31	DAY OF MONTH
SOURCE	39	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					151		1	SURVEY ONLY
					558		2	CLAIMS ONLY
					217		3	BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
					0		B	BOTH COMM & FAC
					139		C	COMMUNITY
					3		D	DEEMED COMMUNITY
					3		F	FACILITY
					0		G	DEEMED FACILITY
					781		S	SNF
AMTTOT	41	9	MONYFMT				N	TOTAL PAYMENT
					926			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N	IMPUTATION FLAG: TOTAL PAYMENT
					649		0	NOT IMPUTED
					277		1	IMPUTED
AMTCOV	51	9	MONYFMT				N	PORTION OF TOTAL PAY COV BY MEDICARE
					926			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N	PORTION OF TOTL PAY NOT COV BY MEDICARE
					926			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N	AMOUNT PAID BY MEDICARE
					926			AMOUNT AS \$\$\$\$\$\$.CC

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IMPSCARE	78	1	IMPFLAG		926		N	IMPUTATION FLAG: SOP MEDICARE
					0		0	NOT IMPUTED
							1	IMPUTED
IMPACARE	79	1	IMPFLAG		917		N	IMPUTATION FLAG: AMT MEDICARE
					9		0	NOT IMPUTED
							1	IMPUTED
AMTCAID	80	9	MONYFMT		926		N	AMOUNT PAID BY MEDICAID
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG		872		N	IMPUTATION FLAG: SOP MEDICAID
					54		0	NOT IMPUTED
							1	IMPUTED
IMPACAID	90	1	IMPFLAG		779		N	IMPUTATION FLAG: AMT MEDICAID
					147		0	NOT IMPUTED
							1	IMPUTED
AMTHMOM	91	9	MONYFMT		926		N	AMOUNT PAID BY MEDICARE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSTMOM	100	1	IMPFLAG		884		N	IMPUTATION FLAG: SOP MEDICARE HMO
					42		0	NOT IMPUTED
							1	IMPUTED
IMPAHMOM	101	1	IMPFLAG		876		N	IMPUTATION FLAG: AMT MEDICARE HMO
					50		0	NOT IMPUTED
							1	IMPUTED
AMTHMOP	102	9	MONYFMT		926		N	AMOUNT PAID BY PRIVATE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSTMOP	111	1	IMPFLAG		921		N	IMPUTATION FLAG: SOP PRIVATE HMO
					5		0	NOT IMPUTED
							1	IMPUTED
IMPAHMOP	112	1	IMPFLAG		920		N	IMPUTATION FLAG: AMT PRIVATE HMO
					6		0	NOT IMPUTED
							1	IMPUTED
AMTVA	113	9	MONYFMT		926		N	AMOUNT PAID BY VETERANS ADM
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSTA	122	1	IMPFLAG		924		N	IMPUTATION FLAG: SOP VETERANS ADM
					2		0	NOT IMPUTED
							1	IMPUTED

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IMPAVA	123	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					921		0	NOT IMPUTED
					5		1	IMPUTED
AMTPRVE	124	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (EMPLOYER SPON)
					926			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVE	133	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					848		0	NOT IMPUTED
					78		1	IMPUTED
IMPAPRVE	134	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					838		0	NOT IMPUTED
					88		1	IMPUTED
AMTPRVI	135	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					926			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVI	144	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					861		0	NOT IMPUTED
					65		1	IMPUTED
IMPAPRVI	145	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					861		0	NOT IMPUTED
					65		1	IMPUTED
AMTPRVU	146	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					926			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVU	155	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					857		0	NOT IMPUTED
					69		1	IMPUTED
IMPAPRVU	156	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					857		0	NOT IMPUTED
					69		1	IMPUTED
AMTOOP	157	9	MONYFMT				N	AMOUNT PAID BY PERSON/FAMILY
					926			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					812		0	NOT IMPUTED
					114		1	IMPUTED
IMPAAOP	167	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					755		0	NOT IMPUTED
					171		1	IMPUTED

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VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
AMTDISC	168	9	MONYFMT		926		N	AMOUNT OF UNCOLLECTED LIABILITIES AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1	IMPFLAG		882		N	IMPUTATION FLAG: SOP UNCOLL LIAB
					44		0	NOT IMPUTED
							1	IMPUTED
IMPADISC	178	1	IMPFLAG		866		N	IMPUTATION FLAG: AMT UNCOLL LIAB
					60		0	NOT IMPUTED
							1	IMPUTED
AMTOTH	179	9	MONYFMT		926		N	AMOUNT PAID BY OTHER SOURCES AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1	IMPFLAG		923		N	IMPUTATION FLAG: SOP OTHER SOURCES
					3		0	NOT IMPUTED
							1	IMPUTED
IMPAOTH	189	1	IMPFLAG		922		N	IMPUTATION FLAG: AMT OTHER SOURCES
					4		0	NOT IMPUTED
							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