

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IPE
EVENT RIC IPE

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Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OR RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					1,529	C000-C999		EVENT CREATED FROM CLAIM
					3,486	0000-9999		SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					1,529			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					34		ER	EMERGENCY ROOM
					3,243		IP	INPATIENT
					56		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					153		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?
					4,376		0	EVENT NOT PROV BY HMO
					639		1	EVENT PROVIDED BY HMO
EVBEGBYY	27	2	EEVBEGYY				N	Event Begin Year
					0		-9	NOT ASCERTAINED
					2		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					5,013		1-99	YEAR
EVBEGBMM	29	2	EEVBEGMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					10		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					5,005		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGBDD	31	2	EEVBEGDD				N	EVENT BEGIN DAY
					1		-9	NOT ASCERTAINED
					97		-8	DK
					0		-7	REFUSED
					26		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					4,891		1-31	DAY OF MONTH
EVENDYY	33	2	EEVBEGYY				N	EVENT END YEAR
					1		-9	NOT ASCERTAINED
					3		-8	DK
					0		-7	REFUSED
					82		-1	INAPPLICABLE
					4,929		1-99	YEAR

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EVENDMM	35	2		EEVBEGMM			N	EVENT END MONTH
					1		-9	NOT ASCERTAINED
					14		-8	DK
					0		-7	REFUSED
					82		-1	INAPPLICABLE
					4,918		1-12	MONTH
					0		95	STILL IN PROGRESS
EVENDDD	37	2		EEVBEGDD			N	EVENT END DAY
					1		-9	NOT ASCERTAINED
					84		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					82		-1	INAPPLICABLE
					4,848		1-31	DAY OF MONTH
SOURCE	39	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					585		1	SURVEY ONLY
					1,529		2	CLAIMS ONLY
					2,901		3	BOTH SURVEY & CLAIMS
SITCODE	40	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					15		B	BOTH COMM & FACILITY
					4,209		C	COMMUNITY
					104		D	DEEMED COMMUNITY
					517		F	FACILITY
					40		G	DEEMED FACILITY
					130		S	SNF
AMTTOT	41	9		MONYFMT			N	TOTAL PAYMENT
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1		IMPFLAG			N	IMPUTATION FLAG: TOTAL PAYMENT
					3,800		0	NOT IMPUTED
					1,215		1	IMPUTED
AMTCOV	51	9		MONYFMT			N	PORTION OF TOTAL PAY COV BY MEDICARE
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9		MONYFMT			N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9		MONYFMT			N	AMOUNT PAID BY MEDICARE
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE
					5,010		0	NOT IMPUTED
					5		1	IMPUTED
IMPACARE	79	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					4,926		0	NOT IMPUTED
					89		1	IMPUTED
AMTCAID	80	9		MONYFMT			N	AMOUNT PAID BY MEDICAID
					5,015			AMOUNT AS \$\$\$\$\$\$.CC

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPSCAID	89	1	IMPFLAG		4,782		N	IMPUTATION FLAG: SOP MEDICAID
					233		0	NOT IMPUTED
							1	IMPUTED
IMPACAID	90	1	IMPFLAG		4,291		N	IMPUTATION FLAG: AMT MEDICAID
					724		0	NOT IMPUTED
							1	IMPUTED
AMTHMOM	91	9	MONYFMT		5,015		N	AMOUNT PAID BY MEDICARE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG		4,926		N	IMPUTATION FLAG: SOP MEDICARE HMO
					89		0	NOT IMPUTED
							1	IMPUTED
IMPAHMOM	101	1	IMPFLAG		4,713		N	IMPUTATION FLAG: AMT MEDICARE HMO
					302		0	NOT IMPUTED
							1	IMPUTED
AMTHMOP	102	9	MONYFMT		5,015		N	AMOUNT PAID BY PRIVATE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG		4,984		N	IMPUTATION FLAG: SOP PRIVATE HMO
					31		0	NOT IMPUTED
							1	IMPUTED
IMPAHMOP	112	1	IMPFLAG		4,945		N	IMPUTATION FLAG: AMT PRIVATE HMO
					70		0	NOT IMPUTED
							1	IMPUTED
AMTVA	113	9	MONYFMT		5,015		N	AMOUNT PAID BY VETERANS ADM
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG		5,012		N	IMPUTATION FLAG: SOP VETERANS ADM
					3		0	NOT IMPUTED
							1	IMPUTED
IMPAVA	123	1	IMPFLAG		4,951		N	IMPUTATION FLAG: AMT VETERANS ADM
					64		0	NOT IMPUTED
							1	IMPUTED
AMTPRVE	124	9	MONYFMT		5,015		N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
								AMOUNT AS \$\$\$\$\$\$.CC
IMSPRVE	133	1	IMPFLAG		4,712		N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					303		0	NOT IMPUTED
							1	IMPUTED
IMPAPRVE	134	1	IMPFLAG		4,572		N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					443		0	NOT IMPUTED
							1	IMPUTED
AMTPRVI	135	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (INDIV PURCH)

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					5,015			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVI	144	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					4,679		0	NOT IMPUTED
					336		1	IMPUTED
IMPAPRVI	145	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					4,508		0	NOT IMPUTED
					507		1	IMPUTED
AMTPRVU	146	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVU	155	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					4,919		0	NOT IMPUTED
					96		1	IMPUTED
IMPAPRVU	156	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					4,919		0	NOT IMPUTED
					96		1	IMPUTED
AMTOOP	157	9	MONYFMT				N	AMOUNT PAID BY PERSON/FAMILY
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					4,393		0	NOT IMPUTED
					622		1	IMPUTED
IMPAOOP	167	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					4,218		0	NOT IMPUTED
					797		1	IMPUTED
AMTDISC	168	9	MONYFMT				N	AMOUNT OF UNCOLLECTED LIABILITIES
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1	IMPFLAG				N	IMPUTATION FLAG: SOP UNCOLL LIAB
					4,810		0	NOT IMPUTED
					205		1	IMPUTED
IMPADISC	178	1	IMPFLAG				N	IMPUTATION FLAG: AMT UNCOLL LIAB
					4,767		0	NOT IMPUTED
					248		1	IMPUTED
AMTOTH	179	9	MONYFMT				N	AMOUNT PAID BY OTHER SOURCES
					5,015			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1	IMPFLAG				N	IMPUTATION FLAG: SOP OTHER SOURCES
					4,992		0	NOT IMPUTED
					23		1	IMPUTED
IMPAOTH	189	1	IMPFLAG				N	IMPUTATION FLAG: AMT OTHER SOURCES
					4,967		0	NOT IMPUTED
					48		1	IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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
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	PROVIDER NUMBER FROM CLAIM
STATUS	222	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
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