

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC DUE

PAGE: 147
RECORD TYPE: DUE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
RIC	1	3					C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4					C	UNIQUE EVENT IDENTIFIER
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					0			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					13,183		DU	DENTAL
					0		IP	INPATIENT
					0		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?
					10,122		0	EVENT NOT PROV BY HMO
					3,061		1	EVENT PROVIDED BY HMO
EVBEGBYY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					13		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					13,170		1-99	YEAR
EVBEGBMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					194		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					12,989		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGBDD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					46		-9	NOT ASCERTAINED
					3,035		-8	DK
					0		-7	REFUSED
					94		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					10,008		1-31	DAY OF MONTH

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC DUE

PAGE: 148
RECORD TYPE: DUE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
SOURCE	33	1	\$	SOURCE	13,132 0 51		C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
							1	SURVEY ONLY
							2	CLAIMS ONLY
							3	BOTH SURVEY & CLAIMS
SITCODE	34	1	\$	SITCODE	6 13,172 2 1 0 2		C	COMMUNITY OR FACILITY SETTING?
							B	BOTH
							C	COMMUNITY
							D	DEEMED COMMUNITY
							F	FACILITY
							G	DEEMED FACILITY
							S	SNF
AMTTOT	35	9					N	TOTAL PAYMENT
IMPATOT	44	1	IMP	FLAG	9,161 4,022		N	IMPUTATION FLAG: AMT TOTAL PAYMENT
							0	NOT IMPUTED
							1	IMPUTED
AMTCOV	45	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	54	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	63	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	72	1	IMP	FLAG	13,183 0		N	IMPUTATION FLAG: SOP MEDICARE
							0	NOT IMPUTED
							1	IMPUTED
IMPACARE	73	1	IMP	FLAG	13,183 0		N	IMPUTATION FLAG: AMT MEDICARE
							0	NOT IMPUTED
							1	IMPUTED
AMTCAID	74	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	83	1	IMP	FLAG	13,177 6		N	IMPUTATION FLAG: SOP MEDICAID
							0	NOT IMPUTED
							1	IMPUTED
IMPACAID	84	1	IMP	FLAG	12,881 302		N	IMPUTATION FLAG: AMT MEDICAID
							0	NOT IMPUTED
							1	IMPUTED
AMTHMOM	85	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	94	1	IMP	FLAG	12,823 360		N	IMPUTATION FLAG: SOP MEDICARE HMO
							0	NOT IMPUTED
							1	IMPUTED
IMPAHMOM	95	1	IMP	FLAG	12,698 485		N	IMPUTATION FLAG: AMT MEDICARE HMO
							0	NOT IMPUTED
							1	IMPUTED
AMTHMOP	96	9					N	AMOUNT PAID BY PRIVATE HMO

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC DUE

PAGE: 149
RECORD TYPE: DUE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
IMPSHMOP	105	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIVATE HMO
					13,069		0	NOT IMPUTED
					114		1	IMPUTED
IMPAHMOP	106	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIVATE HMO
					12,995		0	NOT IMPUTED
					188		1	IMPUTED
AMTVA	107	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	116	1		IMPFLAG			N	IMPUTATION FLAG: SOP VETERANS ADM
					13,183		0	NOT IMPUTED
					0		1	IMPUTED
IMPAVA	117	1		IMPFLAG			N	IMPUTATION FLAG: AMT VETERANS ADM
					13,067		0	NOT IMPUTED
					116		1	IMPUTED
AMTPRVE	118	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	127	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					12,819		0	NOT IMPUTED
					364		1	IMPUTED
IMPAPRVE	128	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					12,046		0	NOT IMPUTED
					1,137		1	IMPUTED
AMTPRVI	129	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	138	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					12,929		0	NOT IMPUTED
					254		1	IMPUTED
IMPAPRVI	139	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					12,796		0	NOT IMPUTED
					387		1	IMPUTED
AMTPRVU	140	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	149	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					13,183		0	NOT IMPUTED
					0		1	IMPUTED
IMPAPRVU	150	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					13,183		0	NOT IMPUTED
					0		1	IMPUTED
AMTOOP	151	9					N	AMOUNT PAID BY PERSON/FAMILY

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC DUE

PAGE: 150
RECORD TYPE: DUE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
IMPSOOP	160	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					12,181		0	NOT IMPUTED
					1,002		1	IMPUTED
IMPAOOP	161	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					11,116		0	NOT IMPUTED
					2,067		1	IMPUTED
AMTDISC	162	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	171	1		IMPFLAG			N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					12,949		0	NOT IMPUTED
					234		1	IMPUTED
IMPADISC	172	1		IMPFLAG			N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					12,487		0	NOT IMPUTED
					696		1	IMPUTED
AMTOTH	173	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					13,171		0	NOT IMPUTED
					12		1	IMPUTED
IMPAOTH	183	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					13,037		0	NOT IMPUTED
					146		1	IMPUTED
DVBRIDGE	184	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-BRIDGE
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					2,404		1	YES
					10,745		2	NO
DVCLEAN	186	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-CLEANING
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					5,349		1	YES
					7,800		2	NO
DVCROWN	188	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-CROWN
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,205		1	YES
					11,944		2	NO

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC DUE

PAGE: 151
RECORD TYPE: DUE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
DVEXAM	190	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-EXAMIN
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					5,295		1	YES
					7,854		2	NO
DVEXTRAC	192	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-EXTRACT
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					954		1	YES
					12,195		2	NO
DVFILLNG	194	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-FILLING
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,952		1	YES
					11,197		2	NO
DVORTH0	196	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-ORTHODON
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					106		1	YES
					13,043		2	NO
DVOTHER	198	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-OTHER
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					452		1	YES
					12,697		2	NO
DVRTCNAL	200	2	YESNO				N	HAVE DONE DURING DNTAL VISIT-ROOT CANAL
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					517		1	YES
					12,632		2	NO

03/01/01
COST&USE
1998

MEDICARE CURRENT BENEFICIARY SURVEY
EVENT RIC DUE

PAGE: 152
RECORD TYPE: DUE

VARIABLE	COL	LEN	FMT	NAME	FREQUENCY	QUES #	TY	LABEL
-----	---	---	---	-----	-----	-----	--	-----
DVXRAYS	202	2		YESNO			N	HAVE DONE DURING DNTAL VISIT-XRAY TAKEN
					0		.	
					0		-9	NOT ASCERTAINED
					34		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					3,373		1	YES
					9,776		2	NO