

02/24/06  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Institutional Events

**RIC: IUE**  
Page: 1  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Institutional Events file contains data about all short-term facility (usually SNF) stays of the MCBS population that were either reported during a community interview or created ther Medicare claims data.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				944			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				600			C000-C999 Event created from claim
				344			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNT1TYP				C Original reported event type
				600			Missing
				0			DU Dental
				0			ER Emergency room
				89			IP Inpatient
				255			IU Institutional utilization
				0			MP Medical provider
				0			OM Other medical expense
				0			OP Outpatient
				0			PM Prescribed medicine
				0			SD Separately billing physician
				0			SL Separately billing lab
CLAIMID	20	7					N Claim this survey event matched to
EVBEGBYY	27	2	\$EVENTYY				C Event begin year
				2			-8 Don't know
				942			Year
EVBEGBMM	29	2	\$EVENTMM				C Event begin month
				4			-8 Don't know
				0			95 Still in progress
				940			Month
EVBEGBDD	31	2	\$EVENTDD				C Event begin day
				31			-8 Don't know
				913			Day of month
EVBEGDD	33	2	\$EVENTYY				C Event end year
				4			-8 Don't know
				940			Year
EVBEGDD	35	2	\$EVENTMM				C Event end month
				6			-8 Don't know
				0			95 Still in progress
				938			Month

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EVENDDD	37	2	\$EVENTDD				C Event end day
				26			-8 Don't know
				918			Day of month
SOURCE	39	1	\$SOURCE				C Source of event: survey, claim, or both?
				106			1 Survey only
				600			2 Claims only
				238			3 Both survey & claims
SITCODE	40	1	\$SITCODE				C Community or facility setting?
				0			B Both community & facility
				103			C Community
				8			D Deemed community
				4			F Facility
				4			G Deemed facility
				825			S SNF
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?
				722			0 Not imputed
				222			1 Imputed
AMTCOV	51	9					N Medicare program liability, incl. copays
AMTNCOV	60	9					N Total payment not covered by Medicare
AMTCARE	69	9					N Amount paid by Medicare
IMPSCARE	78	1	IMPFLAG				N AMTCARE payment source imputed?
				944			0 Not imputed
				0			1 Imputed
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?
				939			0 Not imputed
				5			1 Imputed
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?
				902			0 Not imputed
				42			1 Imputed
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?
				811			0 Not imputed
				133			1 Imputed
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?
				919			0 Not imputed
				25			1 Imputed

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IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed?
				916			0 Not imputed
				28			1 Imputed
AMTHMOP	102	9					N Amount paid by private HMO
IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed?
				936			0 Not imputed
				8			1 Imputed
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed?
				935			0 Not imputed
				9			1 Imputed
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed?
				944			0 Not imputed
				0			1 Imputed
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed?
				936			0 Not imputed
				8			1 Imputed
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed?
				874			0 Not imputed
				70			1 Imputed
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed?
				872			0 Not imputed
				72			1 Imputed
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMPSPRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed?
				890			0 Not imputed
				54			1 Imputed
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed?
				888			0 Not imputed
				56			1 Imputed
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed?
				865			0 Not imputed
				79			1 Imputed

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IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed?
				865			0 Not imputed
				79			1 Imputed
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	166	1	IMPFLAG				N AMTOOP payment source imputed?
				806			0 Not imputed
				138			1 Imputed
IMPAOOP	167	1	IMPFLAG				N AMTOOP payment amount imputed?
				700			0 Not imputed
				244			1 Imputed
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSDISC	177	1	IMPFLAG				N AMTDISC payment source imputed?
				911			0 Not imputed
				33			1 Imputed
IMPADISC	178	1	IMPFLAG				N AMTDISC payment amount imputed?
				902			0 Not imputed
				42			1 Imputed
AMTOTH	179	9					N Amount paid by other payor(s)
IMPSOTH	188	1	IMPFLAG				N AMTOTH payment source imputed?
				938			0 Not imputed
				6			1 Imputed
IMPAOTH	189	1	IMPFLAG				N AMTOTH payment amount imputed?
				934			0 Not imputed
				10			1 Imputed
ODIAGCNT	190	2					N Number of diagnosis codes on claim
ODIAG1	192	5					C Primary ICD-9 diagnosis code from claim
ODIAG2	197	5					C Second ICD-9 diagnosis code from claim
ODIAG3	202	5					C Third ICD-9 diagnosis code from claim
PROV	207	6					C Medicare provider number from claim
STATUS	213	2					C Beneficiary status as of claim thru date
UTLZNDAY	215	3					N Number of covered days of care
COINDAY	218	2					N Total number of coinsurance days
HMO	220	1	\$HMO				C Event provided by an HMO?
				843			0 Event not provided by HMO
				101			1 Event provided by HMO