

06/05/08
Cost & Use
2005

MEDICARE CURRENT BENEFICIARY SURVEY
 Medical Provider Events

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Medical Provider Events file contains data about a variety of medical services, equipment and supplies collected in the survey, including: medical provider (MP), separately billing (SD), separately billing lab (SL), and other medical expenses (OM).

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				348,676			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				183,508			C000-C999 Event created from claim
				165,168			0000-9999 Survey-reported event
EVNTTYPE	18	2	\$EVNTTYP				C Event type
				0			DU Dental
				0			ER Emergency Room
				0			IP Inpatient
				0			IU Institutional utilization
				176,106			MP Medical provider
				43,815			OM Other medical expense
				0			OP Outpatient
				0			PM Prescribed medicine
				71,206			SD Separately billing physician
				57,549			SL Separately billing lab
OREVTYPE	20	2	\$EVNTTYP				C Original reported event type
				183,508			Missing
				0			DU Dental
				950			ER Emergency Room
				340			IP Inpatient
				0			IU Institutional utilization
				114,727			MP Medical provider
				20,998			OM Other medical expense
				3,090			OP Outpatient
				0			PM Prescribed medicine
				20,633			SD Separately billing physician
				4,430			SL Separately billing lab
CLAIMID	22	7					N Claim this survey event matched to
CLAIMTYP	29	1	\$CLAIMTYP				C Claim type that event matched to
				62,485			
				21,142			D DME claim
				265,049			P Physician claim
EVBEYY	30	2	\$EVENTYY				C Event begin year
				114			-8 Don't know
				1			-9 Not ascertained
				348,561			Year

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EVBEGMM	32	2	\$EVENTMM				C Event begin month
				1			-7 Refused
				1,024			-8 Don't know
				29			-9 Not ascertained
				0			95 Still in progress
				347,622			Month
EVBEGDD	34	2	\$EVENTDD				C Event begin day
				6			-7 Refused
				14,452			-8 Don't know
				29			-9 Not ascertained
				334,189			Day of month
SOURCE	36	1	\$SOURCE				C Source of event: survey, claim, or both?
				62,485			1 Survey only
				183,508			2 Claims only
				102,683			3 Both survey & claims
SITCODE	37	1	\$SITCODE				C Community or facility setting?
				303			B Both community & facility
				300,329			C Community
				8,714			D Deemed community
				30,839			F Facility
				1,662			G Deemed facility
				6,829			S SNF
AMTTOT	38	9					N Total payment
IMPATOT	47	1	IMPFLAG				N AMTTOT imputed in part or in total?
				241,828			0 Not imputed
				106,848			1 Imputed
AMTCOV	48	9					N Medicare program liability, incl. copays
AMTNCOV	57	9					N Total payment not covered by Medicare
AMTCARE	66	9					N Amount paid by Medicare
IMPSCARE	75	1	IMPFLAG				N AMTCARE payment source imputed?
				348,299			0 Not imputed
				377			1 Imputed
IMPACARE	76	1	IMPFLAG				N AMTCARE payment amount imputed?
				335,952			0 Not imputed
				12,724			1 Imputed
AMTCAID	77	9					N Amount paid by Medicaid
IMPSCAID	86	1	IMPFLAG				N AMTCAID payment source imputed?
				312,349			0 Not imputed
				36,327			1 Imputed

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IMPACAID	87	1	IMPFLAG				N AMTCAID payment amount imputed?
				281,887			0 Not imputed
				66,789			1 Imputed
AMTHMOM	88	9					N Amount paid by Medicare HMO
IMPSHMOM	97	1	IMPFLAG				N AMTHMOM payment source imputed?
				342,189			0 Not imputed
				6,487			1 Imputed
IMPAHMOM	98	1	IMPFLAG				N AMTHMOM payment amount imputed?
				338,938			0 Not imputed
				9,738			1 Imputed
AMTHMOP	99	9					N Amount paid by private HMO
IMPSHMOP	108	1	IMPFLAG				N AMTHMOP payment source imputed?
				342,720			0 Not imputed
				5,956			1 Imputed
IMPAHMOP	109	1	IMPFLAG				N AMTHMOP payment amount imputed?
				341,092			0 Not imputed
				7,584			1 Imputed
AMTVA	110	9					N Amount paid by Veterans Administration
IMPSVA	119	1	IMPFLAG				N AMTVA payment source imputed?
				348,576			0 Not imputed
				100			1 Imputed
IMPAVA	120	1	IMPFLAG				N AMTVA payment amount imputed?
				347,301			0 Not imputed
				1,375			1 Imputed
AMTPRVE	121	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	130	1	IMPFLAG				N AMTPRVE payment source imputed?
				310,112			0 Not imputed
				38,564			1 Imputed
IMPAPRVE	131	1	IMPFLAG				N AMTPRVE payment amount imputed?
				301,289			0 Not imputed
				47,387			1 Imputed
AMTPRVI	132	9					N Amt paid by individually-purch priv ins
IMPSPRVI	141	1	IMPFLAG				N AMTPRVI payment source imputed?
				314,751			0 Not imputed
				33,925			1 Imputed

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IMPAPRVI	142	1	IMPFLAG				N AMTPRVI payment amount imputed?
				307,831			0 Not imputed
				40,845			1 Imputed
AMTPRVU	143	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	152	1	IMPFLAG				N AMTPRVU payment source imputed?
				344,131			0 Not imputed
				4,545			1 Imputed
IMPAPRVU	153	1	IMPFLAG				N AMTPRVU payment amount imputed?
				344,131			0 Not imputed
				4,545			1 Imputed
AMTOOP	154	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	163	1	IMPFLAG				N AMTOOP payment source imputed?
				295,587			0 Not imputed
				53,089			1 Imputed
IMPAOOP	164	1	IMPFLAG				N AMTOOP payment amount imputed?
				273,403			0 Not imputed
				75,273			1 Imputed
AMTDISC	165	9					N Amount of uncollected SP liability
IMPSDISC	174	1	IMPFLAG				N AMTDISC payment source imputed?
				340,953			0 Not imputed
				7,723			1 Imputed
IMPADISC	175	1	IMPFLAG				N AMTDISC payment amount imputed?
				339,010			0 Not imputed
				9,666			1 Imputed
AMTOTH	176	9					N Amount paid by other payor(s)
IMPSOTH	185	1	IMPFLAG				N AMTOTH payment source imputed?
				348,242			0 Not imputed
				434			1 Imputed
IMPAOTH	186	1	IMPFLAG				N AMTOTH payment amount imputed?
				346,712			0 Not imputed
				1,964			1 Imputed
PAMTMED	187	9					N Total amount paid for medical services
PAMTSURG	196	9					N Total amount paid for surgical services
PAMTLABX	205	9					N Total amount paid for lab/X-Ray
PANTOM	214	9					N Total payment for other medical services

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PAMTPM	223	9					N Total payment for prescribed medicines
PROVSPEC	232	2	PROVSPEC				N Medical provider specialty
				183,567			. Missing
				14			-9 Not ascertained
				371			-8 Don't know
				42,212			-1 Inapplicable
				111			1 Dentist or dental provider
				92,045			2 Medical doctor
				403			3 Audiologist
				6,045			4 Chiropractor
				160			5 Clinical Social Worker
				29			6 Dietician or nutritionist
				12			7 Hearing therapist
				125			8 Home health/health aide
				7			9 Homemaker
				86			10 Hospice worker
				22			11 I.V. Therapist
				1,194			12 Nurse (RN)
				342			13 Nurse Practitioner
				39			14 Nurse's aide
				315			15 Occupational Therapist (OT)
				2,562			16 Optometrist
				170			17 Osteopath (DO)
				62			18 Paramedic
				6,993			19 Physical Therapist (PT)
				254			20 Physician's Assistant
				2,775			21 Podiatrist (foot doctor)
				1,535			22 Psychologist
				167			23 Respiratory Therapist
				523			24 Social/case worker
				125			25 Speech Therapist
				308			26 Therapist (mental health)
				1,306			27 X-Ray Technician
				160			28 Licensed Practical Nurse (LPN)
				385			29 Acupuncturist
				15			30 Homeopath
				456			31 Massage therapist
				77			32 Naturopath
				782			33 Licensed Professional Counselor (LPC)
				7			34 Lab Technician
				2,915			91 Other medical provider
OMETYPE	234	2	OMETYPE				N Type of other medical event
				165,855			. Missing
				144,170			-1 Inapplicable
				2,650			1 Eyeglasses
				699			2 Hearing or speech device
				2,463			3 Orthopedic
				6,463			4 Diabetic
				5,797			5 Ambulance
				219			6 Prosthesis
				342			7 Alteration
				7,768			8 Oxygen
				52			9 Kidney dialysis
				12,198			10 Other

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
ORTHTYPE	236	2	ORTHTYPE				N Type of orthopedic item
				182,970			. Missing
				163,354			-1 Inapplicable
				542			1 Braces or supports
				246			2 Cane
				322			3 Corrective shoes or inserts
				50			4 Crutches
				514			5 Walker
				453			6 Wheelchair
				172			7 Stockings
				53			91 Other
ALTRTYPE	238	2	ALTRTYPE				N Type of alteration
				183,513			. Missing
				164,845			-1 Inapplicable
				18			1 Elevator or incline chair
				71			2 Handrails (other than tub)
				55			3 Ramps
				68			4 Tub handrails
				17			5 Tub seat
				8			6 Any car alteration
				81			91 Other
OTHRTYPE	240	2	OTHRTYPE				N Type of other medical event
				180,107			. Missing
				157,189			-1 Inapplicable
				306			1 Portable or raised toilet
				100			2 Portable tub seat
				105			3 Special chair or cushion
				979			4 Hospital bed
				788			5 Ostomy supplies
				5,391			6 Depends (diapers)
				689			7 Bandages, dressings, tape supplies
				362			8 Pulmonary equipment
				141			9 Blood pressure equipment
				2,519			91 Other
HMO	242	1	\$HMO				C Event provided by an HMO?
				312,353			0 Event not provided by HMO
				36,323			1 Event provided by HMO