

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				950			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				590			C000-C999 Event created from claim
				360			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				590			Missing
				0			DU Dental
				0			ER Emergency room
				74			IP Inpatient
				286			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
				3			-8 Don't know
				947			Year
EVBEGBMM	29	2	\$EVENTMM				C Event begin month
				7			-8 Don't know
				0			95 Still in progress
				943			Month
EVBEGBDD	31	2	\$EVENTDD				C Event begin day
				24			-8 Don't know
				926			Day of month
EVENDYY	33	2	\$EVENTYY				C Event end year
				5			-8 Don't know
				945			Year
EVENDMM	35	2	\$EVENTMM				C Event end month
				10			-8 Don't know
				0			95 Still in progress
				940			Month

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EVENDDD	37	2	\$EVENTDD				C Event end day
					23		-8 Don't know
					927		Day of month
SOURCE	39	1	\$SOURCE				C Source of event: survey, claim, or both?
					138		1 Survey only
					590		2 Claims only
					222		3 Both survey & claims
SITCODE	40	1	\$SITCODE				C Community or facility setting?
					0		B Both community & facility
					121		C Community
					2		D Deemed community
					7		F Facility
					2		G Deemed facility
					818		S SNF
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?
					698		0 Not imputed
					252		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?
					950		0 Not imputed
					0		1 Imputed
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?
					947		0 Not imputed
					3		1 Imputed
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?
					899		0 Not imputed
					51		1 Imputed
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?
					784		0 Not imputed
					166		1 Imputed
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?
					933		0 Not imputed
					17		1 Imputed

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IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed?
				932			0 Not imputed
				18			1 Imputed
AMTHMOP	102	9					N Amount paid by private HMO
IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed?
				945			0 Not imputed
				5			1 Imputed
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed?
				942			0 Not imputed
				8			1 Imputed
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed?
				949			0 Not imputed
				1			1 Imputed
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed?
				947			0 Not imputed
				3			1 Imputed
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed?
				871			0 Not imputed
				79			1 Imputed
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed?
				871			0 Not imputed
				79			1 Imputed
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMPSPRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed?
				887			0 Not imputed
				63			1 Imputed
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed?
				884			0 Not imputed
				66			1 Imputed
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed?
				856			0 Not imputed
				94			1 Imputed

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IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed? 0 Not imputed 1 Imputed
				856			
				94			
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)
IMPSTOOP	166	1	IMPFLAG				N AMTOOP payment source imputed? 0 Not imputed 1 Imputed
				786			
				164			
IMPAAOOP	167	1	IMPFLAG				N AMTOOP payment amount imputed? 0 Not imputed 1 Imputed
				696			
				254			
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSTDISC	177	1	IMPFLAG				N AMTDISC payment source imputed? 0 Not imputed 1 Imputed
				894			
				56			
IMPADISC	178	1	IMPFLAG				N AMTDISC payment amount imputed? 0 Not imputed 1 Imputed
				881			
				69			
AMTOTH	179	9					N Amount paid by other payor(s)
IMPSTOTH	188	1	IMPFLAG				N AMTOTH payment source imputed? 0 Not imputed 1 Imputed
				945			
				5			
IMPAAOTH	189	1	IMPFLAG				N AMTOTH payment amount imputed? 0 Not imputed 1 Imputed
				944			
				6			
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? 0 Event not provided by HMO 1 Event provided by HMO
				868			
				82			