

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

The Outpatient Hospital Events file contains data individual hospital outpatient events for the MCBS population.

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	60,833			C Unique SP Identification Number LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM	27,392 33,441			C Unique event identifier C000-C999 Event created from claim 0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP	27,392 0 2,474 463 0 11,733 487 17,607 0 294 383			C Original reported event type Missing DU Dental ER Emergency Room IP Inpatient IU Institutional utilization MP Medical provider OM Other medical expense OP Outpatient PM Prescribed medicine SD Separately billing physician SL Separately billing lab
CLAIMID	20	7					N Claim this survey event matched to
FROMDT	27	6					C From date on claim
THRU DT	33	6					C Thru date on claim
EVBE GYY	39	2	\$EVENTYY	37 60,796			C Event begin year -8 Don't know Year
EVBE GMM	41	2	\$EVENTMM	142 2 0 60,689			C Event begin month -8 Don't know -9 Not ascertained 95 Still in progress Month
EVBE GDD	43	2	\$EVENTDD	13 3,375 2 57,443			C Event begin day -7 Refused -8 Don't know -9 Not ascertained Day of month
SOURCE	45	1	\$SOURCE	12,268 27,392 21,173			C Source of event: survey, claim, or both? 1 Survey only 2 Claims only 3 Both survey & claims

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SITCODE	46	1	\$SITCODE				C Community or facility setting?
				20			B Both community & facility
				53,221			C Community
				1,770			D Deemed community
				5,325			F Facility
				55			G Deemed facility
				442			S SNF
AMTTOT	47	9					N Total payment
IMPATOT	56	1	IMPFLAG				N AMTTOT imputed in part or in total?
				43,261			0 Not imputed
				17,572			1 Imputed
AMTCOV	57	9					N Medicare program liability, incl. copays
AMTNCOV	66	9					N Total payment not covered by Medicare
AMTCARE	75	9					N Amount paid by Medicare
IMPSCARE	84	1	IMPFLAG				N AMTCARE payment source imputed?
				60,765			0 Not imputed
				68			1 Imputed
IMPACARE	85	1	IMPFLAG				N AMTCARE payment amount imputed?
				58,440			0 Not imputed
				2,393			1 Imputed
AMTCAID	86	9					N Amount paid by Medicaid
IMPSCAID	95	1	IMPFLAG				N AMTCAID payment source imputed?
				55,474			0 Not imputed
				5,359			1 Imputed
IMPACAID	96	1	IMPFLAG				N AMTCAID payment amount imputed?
				49,950			0 Not imputed
				10,883			1 Imputed
AMTHMOM	97	9					N Amount paid by Medicare HMO
IMPSTMOM	106	1	IMPFLAG				N AMTHMOM payment source imputed?
				59,690			0 Not imputed
				1,143			1 Imputed
IMPAMMOM	107	1	IMPFLAG				N AMTHMOM payment amount imputed?
				58,910			0 Not imputed
				1,923			1 Imputed
AMTHMOP	108	9					N Amount paid by private HMO

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IMPSHMOP	117	1	IMPFLAG				N AMTHMOP payment source imputed?
				59,971			0 Not imputed
				862			1 Imputed
IMPAHMOP	118	1	IMPFLAG				N AMTHMOP payment amount imputed?
				59,624			0 Not imputed
				1,209			1 Imputed
AMTVA	119	9					N Amount paid by Veterans Administration
IMPSVA	128	1	IMPFLAG				N AMTVA payment source imputed?
				60,758			0 Not imputed
				75			1 Imputed
IMPAVA	129	1	IMPFLAG				N AMTVA payment amount imputed?
				60,116			0 Not imputed
				717			1 Imputed
AMTPRVE	130	9					N Amt paid by employer-sponsored priv ins
IMPSRVE	139	1	IMPFLAG				N AMTPRVE payment source imputed?
				56,228			0 Not imputed
				4,605			1 Imputed
IMPAPRVE	140	1	IMPFLAG				N AMTPRVE payment amount imputed?
				54,644			0 Not imputed
				6,189			1 Imputed
AMTPRVI	141	9					N Amt paid by individually-purch priv ins
IMPSRVI	150	1	IMPFLAG				N AMTPRVI payment source imputed?
				57,187			0 Not imputed
				3,646			1 Imputed
IMPAPRVI	151	1	IMPFLAG				N AMTPRVI payment amount imputed?
				55,930			0 Not imputed
				4,903			1 Imputed
AMTPRVU	152	9					N Amt paid by priv ins (unknown purchased)
IMPSRVU	161	1	IMPFLAG				N AMTPRVU payment source imputed?
				60,335			0 Not imputed
				498			1 Imputed
IMPAPRVU	162	1	IMPFLAG				N AMTPRVU payment amount imputed?
				60,335			0 Not imputed
				498			1 Imputed
AMTOOP	163	9					N Amount paid out-of-pocket (OOP)

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IMPSOOP	172	1	IMPFLAG				N AMTOOP payment source imputed? 0 Not imputed 1 Imputed
				54,111			
				6,722			
IMPAOOP	173	1	IMPFLAG				N AMTOOP payment amount imputed? 0 Not imputed 1 Imputed
				52,434			
				8,399			
AMTDISC	174	9					N Amount of uncollected SP liability
IMPSDISC	183	1	IMPFLAG				N AMTDISC payment source imputed? 0 Not imputed 1 Imputed
				59,404			
				1,429			
IMPADISC	184	1	IMPFLAG				N AMTDISC payment amount imputed? 0 Not imputed 1 Imputed
				59,176			
				1,657			
AMTOTH	185	9					N Amount paid by other payor(s)
IMPSOTH	194	1	IMPFLAG				N AMTOTH payment source imputed? 0 Not imputed 1 Imputed
				60,626			
				207			
IMPAOTH	195	1	IMPFLAG				N AMTOTH payment amount imputed? 0 Not imputed 1 Imputed
				60,420			
				413			
ODIAGCNT	196	2					N Number of diagnosis codes on claim
ODIAG1	198	5					C Primary ICD-9 diagnosis code from claim
ODIAG2	203	5					C Second ICD-9 diagnosis code from claim
ODIAG3	208	5					C Third ICD-9 diagnosis code from claim
HMO	213	1	\$HMO				C Event provided by an HMO? 0 Event not provided by HMO 1 Event provided by HMO
				54,359			
				6,474			