

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.

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
				930			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				587			C000-C999 Event created from claim
				343			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				587			Missing
				0			DU Dental
				0			ER Emergency room
				82			IP Inpatient
				261			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
EVBEQYY	27	2	\$EVENTYY				C Event begin year
				930			Year
EVBEQMM	29	2	\$EVENTMM				C Event begin month
				0			95 Still in progress
				930			Month
EVBEQDD	31	2	\$EVENTDD				C Event begin year
				14			-8 Don't know
				916			Day of month
EVENDYY	33	2	\$EVENTYY				C Event end year
				3			-8 Don't know
				927			Year
EVENDMM	35	2	\$EVENTMM				C Event end month
				4			-8 Don't know
				0			95 Still in progress
				926			Month
EVENDDD	37	2	\$EVENTDD				C Event end year
				19			-8 Don't know
				911			Day of month

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SOURCE	39	1	\$\$SOURCE				C Source of event: survey, claim, or both?  1 Survey only 2 Claims only 3 Both survey & claims
				110			
				587			
				233			
SITCODE	40	1	\$\$SITCODE				C Community or facility setting?  B Both community & facility C Community D Deemed community F Facility G Deemed facility S SNF
				0			
				106			
				5			
				1			
				0			
				818			
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?  0 Not imputed 1 Imputed
				690			
				240			
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?  0 Not imputed 1 Imputed
				928			
				2			
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?  0 Not imputed 1 Imputed
				920			
				10			
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?  0 Not imputed 1 Imputed
				886			
				44			
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?  0 Not imputed 1 Imputed
				784			
				146			
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?  0 Not imputed 1 Imputed
				903			
				27			
IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed?  0 Not imputed 1 Imputed
				893			
				37			
AMTHMOP	102	9					N Amount paid by private HMO

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IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed?
				924			0 Not imputed
				6			1 Imputed
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed?
				924			0 Not imputed
				6			1 Imputed
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed?
				930			0 Not imputed
				0			1 Imputed
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed?
				929			0 Not imputed
				1			1 Imputed
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMSPRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed?
				875			0 Not imputed
				55			1 Imputed
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed?
				872			0 Not imputed
				58			1 Imputed
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMSPRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed?
				867			0 Not imputed
				63			1 Imputed
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed?
				864			0 Not imputed
				66			1 Imputed
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMSPRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed?
				848			0 Not imputed
				82			1 Imputed
IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed?
				848			0 Not imputed
				82			1 Imputed
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	166	1	IMPFLAG				N AMTOOP payment source imputed?

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				807			0 Not imputed
				123			1 Imputed
IMPAOOP	167	1	IMPFLAG				N AMTOOP payment amount imputed?
				728			0 Not imputed
				202			1 Imputed
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSDISC	177	1	IMPFLAG				N AMTDISC payment source imputed?
				907			0 Not imputed
				23			1 Imputed
IMPADISC	178	1	IMPFLAG				N AMTDISC payment amount imputed?
				888			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?
				930			0 Not imputed
				0			1 Imputed
IMPAOTH	189	1	IMPFLAG				N AMTOTH payment amount imputed?
				926			0 Not imputed
				4			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?
				836			0 Event not provided by HMO
				94			1 Event provided by HMO