

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				C Unique SP Identification Number
				59,417			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				25,814			C000-C999 Event created from claim
				33,603			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				25,814			Missing
				0			DU Dental
				2,657			ER Emergency Room
				467			IP Inpatient
				0			IU Institutional utilization
				8,886			MP Medical provider
				423			OM Other medical expense
				20,643			OP Outpatient
				0			PM Prescribed medicine
				181			SD Separately billing physician
				346			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				C Event begin year
				13			-8 Don't know
				59,404			Year
EVBE GMM	41	2	\$EVENTMM				C Event begin month
				128			-8 Don't know
				0			95 Still in progress
				59,289			Month
EVBE GDD	43	2	\$EVENTDD				C Event begin year
				2			-7 Refused
				3,286			-8 Don't know
				56,129			Day of month
SOURCE	45	1	\$SOURCE				C Source of event: survey, claim, or both?
				12,440			1 Survey only
				25,814			2 Claims only
				21,163			3 Both survey & claims
SITCODE	46	1	\$SITCODE				C Community or facility setting?
				1			B Both community & facility
				51,507			C Community

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				1,575			D Deemed community
				5,686			F Facility
				86			G Deemed facility
				562			S SNF
AMTTOT	47	9					N Total payment
IMPATOT	56	1	IMPFLAG				N AMTTOT imputed in part or in total?
				41,329			0 Not imputed
				18,088			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?
				59,319			0 Not imputed
				98			1 Imputed
IMPACARE	85	1	IMPFLAG				N AMTCARE payment amount imputed?
				57,053			0 Not imputed
				2,364			1 Imputed
AMTCAID	86	9					N Amount paid by Medicaid
IMPSCAID	95	1	IMPFLAG				N AMTCAID payment source imputed?
				55,012			0 Not imputed
				4,405			1 Imputed
IMPACAID	96	1	IMPFLAG				N AMTCAID payment amount imputed?
				49,297			0 Not imputed
				10,120			1 Imputed
AMTHMOM	97	9					N Amount paid by Medicare HMO
IMPSTMOM	106	1	IMPFLAG				N AMTHMOM payment source imputed?
				57,897			0 Not imputed
				1,520			1 Imputed
IMPAHMOM	107	1	IMPFLAG				N AMTHMOM payment amount imputed?
				56,811			0 Not imputed
				2,606			1 Imputed
AMTHMOP	108	9					N Amount paid by private HMO
IMPSTMOP	117	1	IMPFLAG				N AMTHMOP payment source imputed?
				58,394			0 Not imputed
				1,023			1 Imputed
IMPAHMOP	118	1	IMPFLAG				N AMTHMOP payment amount imputed?
				57,911			0 Not imputed
				1,506			1 Imputed

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AMTVA	119	9					N Amount paid by Veterans Administration
IMPSVA	128	1	IMPFLAG				N AMTVA payment source imputed?
				59,367			0 Not imputed
				50			1 Imputed
IMPAVA	129	1	IMPFLAG				N AMTVA payment amount imputed?
				58,525			0 Not imputed
				892			1 Imputed
AMTPRVE	130	9					N Amt paid by employer-sponsored priv ins
IMPSRVE	139	1	IMPFLAG				N AMTPRVE payment source imputed?
				55,032			0 Not imputed
				4,385			1 Imputed
IMPAPRVE	140	1	IMPFLAG				N AMTPRVE payment amount imputed?
				53,279			0 Not imputed
				6,138			1 Imputed
AMTPRVI	141	9					N Amt paid by individually-purch priv ins
IMPSRVI	150	1	IMPFLAG				N AMTPRVI payment source imputed?
				54,980			0 Not imputed
				4,437			1 Imputed
IMPAPRVI	151	1	IMPFLAG				N AMTPRVI payment amount imputed?
				53,715			0 Not imputed
				5,702			1 Imputed
AMTPRVU	152	9					N Amt paid by priv ins (unknown purchased)
IMPSRVU	161	1	IMPFLAG				N AMTPRVU payment source imputed?
				58,855			0 Not imputed
				562			1 Imputed
IMPAPRVU	162	1	IMPFLAG				N AMTPRVU payment amount imputed?
				58,855			0 Not imputed
				562			1 Imputed
AMTOOP	163	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	172	1	IMPFLAG				N AMTOOP payment source imputed?
				51,657			0 Not imputed
				7,760			1 Imputed
IMPAAOP	173	1	IMPFLAG				N AMTOOP payment amount imputed?
				49,722			0 Not imputed
				9,695			1 Imputed
AMTDISC	174	9					N Amount of uncollected SP liability

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IMPSDISC	183	1	IMPFLAG				N AMTDISC payment source imputed?
				57,551			0 Not imputed
				1,866			1 Imputed
IMPADISC	184	1	IMPFLAG				N AMTDISC payment amount imputed?
				57,300			0 Not imputed
				2,117			1 Imputed
AMTOTH	185	9					N Amount paid by other payor(s)
IMPSOTH	194	1	IMPFLAG				N AMTOTH payment source imputed?
				59,076			0 Not imputed
				341			1 Imputed
IMPAOTH	195	1	IMPFLAG				N AMTOTH payment amount imputed?
				58,687			0 Not imputed
				730			1 Imputed
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?
				52,203			0 Event not provided by HMO
				7,214			1 Event provided by HMO