

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

The Inpatient Hospital Events file contains data about all inpatient hospital stays of the MCBS population, whether community or facility interviews. This file combines data obtained from CMS administrative records with information obtained from the survey.

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	4,720			C Unique SP Identification Number LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM	1,512 3,208			C Unique event identifier C000-C999 Event created from claim 0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP	1,512 0 46 3,043 49 0 0 70 0 0 0			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
EVBEGBYY	27	2	\$EVENTYY	4,720			C Event begin year Year
EVBEGBMM	29	2	\$EVENTMM	8 0 4,712			C Event begin month -8 Don't know 95 Still in progress Month
EVBEGBDD	31	2	\$EVENTDD	85 4,635			C Event begin day -8 Don't know Day of month
EVENDYY	33	2	\$EVENTYY	4 4,716			C Event end year -8 Don't know Year
EVENDMM	35	2	\$EVENTMM	11 0 4,709			C Event end month -8 Don't know 95 Still in progress Month

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
EVENDDD	37	2	\$EVENTDD				C Event end day
					73		-8 Don't know
					4,647		Day of month
SOURCE	39	1	\$SOURCE				C Source of event: survey, claim, or both?
					494		1 Survey only
					1,512		2 Claims only
					2,714		3 Both survey & claims
SITCODE	40	1	\$SITCODE				C Community or facility setting?
					14		B Both community & facility
					3,931		C Community
					128		D Deemed community
					476		F Facility
					36		G Deemed facility
					135		S SNF
AMTTOT	41	9					N Total payment
IMPATOT	50	1	IMPFLAG				N AMTTOT imputed in part or in total?
					3,559		0 Not imputed
					1,161		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?
					4,717		0 Not imputed
					3		1 Imputed
IMPACARE	79	1	IMPFLAG				N AMTCARE payment amount imputed?
					4,647		0 Not imputed
					73		1 Imputed
AMTCAID	80	9					N Amount paid by Medicaid
IMPSCAID	89	1	IMPFLAG				N AMTCAID payment source imputed?
					4,392		0 Not imputed
					328		1 Imputed
IMPACAID	90	1	IMPFLAG				N AMTCAID payment amount imputed?
					3,993		0 Not imputed
					727		1 Imputed
AMTHMOM	91	9					N Amount paid by Medicare HMO
IMPSTMOM	100	1	IMPFLAG				N AMTHMOM payment source imputed?
					4,610		0 Not imputed
					110		1 Imputed

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IMPAHMOM	101	1	IMPFLAG				N AMTHMOM payment amount imputed? 0 Not imputed 1 Imputed
				4,460			
				260			
AMTHMOP	102	9					N Amount paid by private HMO
IMPSHMOP	111	1	IMPFLAG				N AMTHMOP payment source imputed? 0 Not imputed 1 Imputed
				4,647			
				73			
IMPAHMOP	112	1	IMPFLAG				N AMTHMOP payment amount imputed? 0 Not imputed 1 Imputed
				4,611			
				109			
AMTVA	113	9					N Amount paid by Veterans Administration
IMPSVA	122	1	IMPFLAG				N AMTVA payment source imputed? 0 Not imputed 1 Imputed
				4,716			
				4			
IMPAVA	123	1	IMPFLAG				N AMTVA payment amount imputed? 0 Not imputed 1 Imputed
				4,682			
				38			
AMTPRVE	124	9					N Amt paid by employer-sponsored priv ins
IMPSRVE	133	1	IMPFLAG				N AMTPRVE payment source imputed? 0 Not imputed 1 Imputed
				4,342			
				378			
IMPAPRVE	134	1	IMPFLAG				N AMTPRVE payment amount imputed? 0 Not imputed 1 Imputed
				4,218			
				502			
AMTPRVI	135	9					N Amt paid by individually-purch priv ins
IMPSRVI	144	1	IMPFLAG				N AMTPRVI payment source imputed? 0 Not imputed 1 Imputed
				4,434			
				286			
IMPAPRVI	145	1	IMPFLAG				N AMTPRVI payment amount imputed? 0 Not imputed 1 Imputed
				4,340			
				380			
AMTPRVU	146	9					N Amt paid by priv ins (unknown purchased)
IMPSRVU	155	1	IMPFLAG				N AMTPRVU payment source imputed? 0 Not imputed 1 Imputed
				4,660			
				60			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IMPAPRVU	156	1	IMPFLAG				N AMTPRVU payment amount imputed? 0 Not imputed 1 Imputed
				4,660			
				60			
AMTOOP	157	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	166	1	IMPFLAG				N AMTOOP payment source imputed? 0 Not imputed 1 Imputed
				4,102			
				618			
IMPAAOP	167	1	IMPFLAG				N AMTOOP payment amount imputed? 0 Not imputed 1 Imputed
				3,949			
				771			
AMTDISC	168	9					N Amount of uncollected SP liability
IMPSDISC	177	1	IMPFLAG				N AMTDISC payment source imputed? 0 Not imputed 1 Imputed
				4,523			
				197			
IMPADISC	178	1	IMPFLAG				N AMTDISC payment amount imputed? 0 Not imputed 1 Imputed
				4,493			
				227			
AMTOTH	179	9					N Amount paid by other payor(s)
IMPSOTH	188	1	IMPFLAG				N AMTOTH payment source imputed? 0 Not imputed 1 Imputed
				4,702			
				18			
IMPAAOTH	189	1	IMPFLAG				N AMTOTH payment amount imputed? 0 Not imputed 1 Imputed
				4,692			
				28			
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
DRG	207	3					C Diagnosis related group from claim
PROCCNT	210	2					N Number of procedure codes on claim
PROC1	212	4					C First procedure code from claims
PROV	216	6					C Medicare provider number from claim

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
STATUS	222	2	\$STATUS				C Beneficiary status as of claim thru date
				494			Missing
				2,176			01 Discharged to home/self care
				135			02 Discharged to other short-term hospital
				713			03 Discharged to skilled nursing facility
				81			04 Discharged to intermediate care facility
				59			05 Disch to another type of institution
				593			06 Discharged to home care of organized HMO
				26			07 Left against medical advice/stopped care
				2			08 Disch home under care of IV therapy prov
				163			20 Expired (did not recover Christian Sci)
				19			30 Still patient
				0			40 Expired at home (hospice claims only)
				0			41 Expired in hospital, SNF, ICF or hospice
				0			42 Expired in unknown place (hospice only)
				31			50 Hospice - home (eff. 10/96)
				19			51 Hospice - medical facility (eff. 10/96)
				34			61 Disch w/i facility to swing-bed SNF (99)
				0			71 Disch to other facility for O/P svcs (99)
				0			72 Disch to this facility for O/P svcs (99)
				175			Other destination
UTLZNDAY	224	3					N Number of covered days of care
COINDAY	227	2					N Total number of coinsurance days
LRDAYS	229	2					N Number of lifetime reserve days used
HMO	231	1	\$HMO				C Event provided by an HMO?
				4,165			0 Event not provided by HMO
				555			1 Event provided by HMO