

PROC CONTENTS FOR MODEL DATA SET LDR

CY 2022 AS

The CONTENTS Procedure

| | | | |
|----------------------------|---------------------------|------------------------------|---------|
| Data Set Name | PHD.MDS_AS2022 | Observations | 2221689 |
| Member Type | DATA | Variables | 86 |
| Engine | V9 | Indexes | 0 |
| Created | 08/14/2023 14:52:25 | Observation Length | 527 |
| Last Modified | 08/14/2023 14:52:25 | Deleted Observations | 0 |
| Protection | | Compressed | CHAR |
| Data Set Type | | Reuse Space | NO |
| Label | | Point to Observations | YES |
| Data Representation | WINDOWS_64 | Sorted | NO |
| Encoding | wlatin1 Western (Windows) | | |

Engine/Host Dependent Information

| | |
|-----------------------------------|---|
| Data Set Page Size | 65536 |
| Number of Data Set Pages | 4778 |
| Number of Data Set Repairs | 0 |
| ExtendObsCounter | YES |
| Filename | \\sbpwsas1\development\HIRC\MODEL\2022_Statewide_Data\mds_as2022.sas7bdat |
| Release Created | 9.0401M5 |
| Host Created | X64_DSRV16 |
| Owner Name | OSHPD\JNeeley |
| File Size | 299MB |
| File Size (bytes) | 313196544 |

Alphabetic List of Variables and Attributes

| # | Variable | Type | Len | Format | Informat | Label |
|----|-----------|------|-----|--------|----------|--|
| 7 | agdy serv | Num | 8 | | | <input type="checkbox"/> Age in Days at Service Date <input type="checkbox"/> |
| 8 | agyr serv | Num | 8 | | | <input type="checkbox"/> Age in Years at Service Date <input type="checkbox"/> |
| 25 | diag_p | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Principal Diagnosis <input type="checkbox"/> |
| 23 | disp | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Disposition of the Patient <input type="checkbox"/> |
| 75 | ecm1 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 1 <input type="checkbox"/> |
| 76 | ecm2 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 2 <input type="checkbox"/> |
| 77 | ecm3 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 3 <input type="checkbox"/> |
| 78 | ecm4 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 4 <input type="checkbox"/> |
| 79 | ecm5 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 5 <input type="checkbox"/> |
| 80 | ecm6 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 6 <input type="checkbox"/> |
| 81 | ecm7 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 7 <input type="checkbox"/> |
| 82 | ecm8 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 8 <input type="checkbox"/> |
| 83 | ecm9 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 9 <input type="checkbox"/> |
| 84 | ecm10 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 10 <input type="checkbox"/> |
| 85 | ecm11 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 11 <input type="checkbox"/> |
| 86 | ecm12 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> External Cause of Morbidity 12 <input type="checkbox"/> |

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| # | Variable | Type | Len | Format | Informat | Label |
| 10 | ethncty | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Ethnicity <input type="checkbox"/> |
| 4 | hplcnty | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Facility County Code <input type="checkbox"/> |
| 3 | hplzip | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Facility Zip Code <input type="checkbox"/> |
| 5 | lic_type | Char | 1 | \$1. | \$1. | <input type="checkbox"/> License Type <input type="checkbox"/> |
| 26 | odiag1 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 1 <input type="checkbox"/> |
| 27 | odiag2 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 2 <input type="checkbox"/> |
| 28 | odiag3 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 3 <input type="checkbox"/> |
| 29 | odiag4 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 4 <input type="checkbox"/> |
| 30 | odiag5 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 5 <input type="checkbox"/> |
| 31 | odiag6 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 6 <input type="checkbox"/> |
| 32 | odiag7 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 7 <input type="checkbox"/> |
| 33 | odiag8 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 8 <input type="checkbox"/> |
| 34 | odiag9 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 9 <input type="checkbox"/> |
| 35 | odiag10 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 10 <input type="checkbox"/> |
| 36 | odiag11 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 11 <input type="checkbox"/> |
| 37 | odiag12 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 12 <input type="checkbox"/> |
| 38 | odiag13 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 13 <input type="checkbox"/> |
| 39 | odiag14 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 14 <input type="checkbox"/> |
| 40 | odiag15 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 15 <input type="checkbox"/> |
| 41 | odiag16 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 16 <input type="checkbox"/> |
| 42 | odiag17 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 17 <input type="checkbox"/> |
| 43 | odiag18 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 18 <input type="checkbox"/> |
| 44 | odiag19 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 19 <input type="checkbox"/> |
| 45 | odiag20 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 20 <input type="checkbox"/> |
| 46 | odiag21 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 21 <input type="checkbox"/> |
| 47 | odiag22 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 22 <input type="checkbox"/> |
| 48 | odiag23 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 23 <input type="checkbox"/> |
| 49 | odiag24 | Char | 8 | \$8. | \$8. | <input type="checkbox"/> Other Diagnosis 24 <input type="checkbox"/> |
| 51 | opr1 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 1 <input type="checkbox"/> |
| 52 | opr2 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 2 <input type="checkbox"/> |
| 53 | opr3 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 3 <input type="checkbox"/> |
| 54 | opr4 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 4 <input type="checkbox"/> |
| 55 | opr5 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 5 <input type="checkbox"/> |
| 56 | opr6 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 6 <input type="checkbox"/> |
| 57 | opr7 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 7 <input type="checkbox"/> |
| 58 | opr8 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 8 <input type="checkbox"/> |
| 59 | opr9 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 9 <input type="checkbox"/> |
| 60 | opr10 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 10 <input type="checkbox"/> |
| 61 | opr11 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 11 <input type="checkbox"/> |

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|---|------------|------|-----|--------|----------|---|
| # | Variable | Type | Len | Format | Informat | Label |
| 62 | opr12 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 12 <input type="checkbox"/> |
| 63 | opr13 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 13 <input type="checkbox"/> |
| 64 | opr14 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 14 <input type="checkbox"/> |
| 65 | opr15 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 15 <input type="checkbox"/> |
| 66 | opr16 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 16 <input type="checkbox"/> |
| 67 | opr17 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 17 <input type="checkbox"/> |
| 68 | opr18 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 18 <input type="checkbox"/> |
| 69 | opr19 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 19 <input type="checkbox"/> |
| 70 | opr20 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 20 <input type="checkbox"/> |
| 71 | opr21 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 21 <input type="checkbox"/> |
| 72 | opr22 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 22 <input type="checkbox"/> |
| 73 | opr23 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 23 <input type="checkbox"/> |
| 74 | opr24 | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Other Procedure 24 <input type="checkbox"/> |
| 1 | oshpd_id | Char | 6 | \$6. | \$6. | <input type="checkbox"/> Facility Number (6-digit) <input type="checkbox"/> |
| 2 | oshpd_id9 | Char | 9 | \$9. | \$9. | <input type="checkbox"/> Facility Number (9-digit) <input type="checkbox"/> |
| 19 | patcnty | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Patient County of Residence <input type="checkbox"/> |
| 18 | patzip | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Patient Zip Code <input type="checkbox"/> |
| 24 | payer | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Expected Source of Payment <input type="checkbox"/> |
| 16 | pls_abbrev | Char | 3 | \$3. | \$3. | <input type="checkbox"/> Preferred Language Spoken Abbreviation <input type="checkbox"/> |
| 17 | pls_wrtin | Char | 24 | \$24. | \$24. | <input type="checkbox"/> Preferred Language Spoken Write-in Text <input type="checkbox"/> |
| 50 | pr_prin | Char | 5 | \$5. | \$5. | <input type="checkbox"/> Principal Procedure <input type="checkbox"/> |
| 11 | race1 | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Race Code 1 <input type="checkbox"/> |
| 12 | race2 | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Race Code 2 <input type="checkbox"/> |
| 13 | race3 | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Race Code 3 <input type="checkbox"/> |
| 14 | race4 | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Race Code 4 <input type="checkbox"/> |
| 15 | race5 | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Race Code 5 <input type="checkbox"/> |
| 6 | rln | Char | 9 | \$9. | \$9. | <input type="checkbox"/> Record Linkage Number <input type="checkbox"/> |
| 20 | serv_d | Char | 1 | \$1. | \$1. | <input type="checkbox"/> Day of Week of Service <input type="checkbox"/> |
| 21 | serv_m | Char | 2 | \$2. | \$2. | <input type="checkbox"/> Month of Service <input type="checkbox"/> |
| 22 | serv_y | Char | 4 | \$4. | \$4. | <input type="checkbox"/> Year of Service <input type="checkbox"/> |
| 9 | sex | Char | 1 | \$1. | \$1. | <input type="checkbox"/> Sex <input type="checkbox"/> |