

PROC CONTENTS FOR MODEL DATA SET LDR**CY 2021 AS****The CONTENTS Procedure**

Data Set Name	PHD.MDS_AS2021	Observations	2135152
Member Type	DATA	Variables	86
Engine	V9	Indexes	0
Created	08/29/2022 09:33:03	Observation Length	527
Last Modified	08/29/2022 09:33:03	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	4682
Number of Data Set Repairs	0
ExtendObsCounter	YES
Filename	\\sbpwsas1\development\HIRC\MODEL\2021_Statewide_Data\mds_as2021.sas7bdat
Release Created	9.0401M5
Host Created	X64_DSRV16
Owner Name	OSHPD\CCrettol
File Size	293MB
File Size (bytes)	306905088

Alphabetic List of Variables and Attributes					
#	Variable	Type	Len	Format	Informat Label
7	agdyerv	Num	8		<input type="checkbox"/> Age in Days at Service Date
8	agyrerv	Num	8		<input type="checkbox"/> Age in Years at Service Date
25	diag_p	Char	8	\$8.	<input type="checkbox"/> Principal Diagnosis
23	disp	Char	2	\$2.	<input type="checkbox"/> Disposition of the Patient
75	ecm1	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 1
76	ecm2	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 2
77	ecm3	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 3
78	ecm4	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 4
79	ecm5	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 5
80	ecm6	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 6
81	ecm7	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 7
82	ecm8	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 8
83	ecm9	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 9
84	ecm10	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 10
85	ecm11	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 11
86	ecm12	Char	8	\$8.	<input type="checkbox"/> External Cause of Morbidity 12
10	ethncty	Char	2	\$2.	<input type="checkbox"/> Ethnicity
4	hplcnty	Char	2	\$2.	<input type="checkbox"/> Facility County Code
3	hplzip	Char	5	\$5.	<input type="checkbox"/> Facility Zip Code

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#	Variable	Type	Len	Format	Informat	Label
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"/>
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"/>

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#	Variable	Type	Len	Format	Informat	Label
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_abbr	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"/>