**Enrollment details (ID)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Format** | **Length** | **Description** |
| ID | Identification number | Char | 32 | De-identified and anonymous |
| ID\_SEX | Sex | Char | 1 | M: Male; F: Female |
| ID\_BIRTHDAY | Birthday | Char | 8 | YYYYMMDD |
| ID\_IN\_DATE | Insurance coverage start date | Char | 8 | YYYYMMDD |
| ID\_OUT\_DATE | Insurance coverage end date | Char | 8 | YYYYMMDD |

**Outpatient prescription and treatment details (CD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Format** | **Length** | **Description** |
| ID | Identification number | Char | 32 | De-identified and anonymous |
| ID\_SEX | Sex | Char | 1 | M: Male; F: Female |
| FUNC\_DATE | Visit date | Char | 8 | YYYYMMDD |
| ACODE\_ICD9\_1 | Disease classification code 1 | Char | 15 | ICD-9-CM |
| ACODE\_ICD9\_2 | Disease classification code 2 | Char | 15 | ICD-9-CM |
| ACODE\_ICD9\_3 | Disease classification code 3 | Char | 15 | ICD-9-CM |

**Inpatient medical expenses list details (DD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Label** | **Format** | **Length** | **Description** |
| ID | Identification number | Char | 32 | De-identified and anonymous |
| ID\_SEX | Sex | Char | 1 | M: Male; F: Female |
| IN\_DATE | Admission date | Char | 8 | YYYYMMDD |
| ICD9CM\_CODE | Main diagnostic code | Char | 15 | ICD-9-CM |
| ICD9CM\_CODE\_1 | Second diagnostic code 1 | Char | 15 | ICD-9-CM |
| ICD9CM\_CODE\_2 | Second diagnostic code 2 | Char | 15 | ICD-9-CM |
| ICD9CM\_CODE\_3 | Second diagnostic code 3 | Char | 15 | ICD-9-CM |
| ICD9CM\_CODE\_4 | Second diagnostic code 4 | Char | 15 | ICD-9-CM |