

**MEPS HC-010F:
1996 Outpatient Department Visits**

**Agency for Healthcare Research and Quality
Center for Cost and Financing Studies**

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A. Data Use Agreement

Individual identifiers have been removed from the microdata contained in the files on this CD-ROM. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis.
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director, Office of Management, AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity.
3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using these data you signify your agreement to comply with the above-stated statutorily based requirements, with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides a new and extensive data set on the use of health services and health care in the United States.

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977. The National Medical Expenditure Survey (NMES-2) was conducted in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS HC is drawn, and continuous longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

1.0 Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed

data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

2.0 Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians who:

- were identified by the household respondent as providing care for HC respondents receiving Medicaid.
- were selected through a 75-percent sample of HC households receiving care through an HMO (health maintenance organization) or managed care plan.
- were selected through a 25-percent sample of the remaining HC households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Conditions and procedures coded according to ICD-9-CM (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).
- Physician procedure codes classified by CPT-4 (Common Procedure Terminology, Version 4).

- Inpatient stay codes classified by DRGs (condition and procedure related groups).
- Prescriptions coded by national drug code (NDC), medication name, strength, and quantity dispensed.
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials. In some instances, providers sent medical and billing records which were abstracted into the survey instruments.

3.0 Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private-sector business establishments.
- The Census of Governments from Bureau of the Census.
- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual survey. Data are collected from the selected organizations through a pre-screening telephone interview, a mailed questionnaire, and a telephone follow-up for nonrespondents.

4.0 Nursing Home Component

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathered information on the demographic

characteristics, residence history, health and functional status, use of services, use of prescription medicines, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and care-giving services for sampled nursing home residents were obtained from next-of-kin or other knowledgeable persons in the community.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sample frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data collection over a 1½-year period using the CAPI system. Community data were collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample consisted of 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

5.0 Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

Printed documents and CD-ROMs are available through the AHRQ Publications Clearinghouse. Write or call:

AHRQ Publications Clearinghouse
Attn: (publication number)
P.O. Box 8547
Silver Spring, MD 20907
800/358-9295
410/381-3150 (callers outside the United States only)
888/586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting. Selected electronic files are available from the Internet on the MEPS web site: <<http://www.meps.ahrq.gov/>>.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Healthcare Research and Quality.

C. Technical and Programming Information

1.0 General Information

This documentation describes one in a series of public use event files from the 1996 Medical Expenditure Panel Survey Household (HC) and Medical Provider Components (MPC). Released as an ASCII data file and SAS transport file, this public use file provides detailed information on outpatient visits for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of outpatient utilization and expenditures for calendar year 1996. Each record represents one household-reported outpatient visit reported during rounds 1, 2, and 3. Outpatient visits reported in Round 3 and known to have begun after December 31, 1996 are not included on this file. In addition to expenditures related to this event, each record contains household reported medical conditions and procedures associated with the outpatient visit.

Data from this event file can be merged with other MEPS HC data files, for the purpose of appending person characteristics such as demographic or health insurance characteristics to each outpatient visit record.

Counts of outpatient visits are based entirely on household reports. Information from the MEPS MPC was used to supplement expenditure and payment data reported by the household.

This file can be also used to construct summary variables of expenditures, sources of payment, and related aspects of outpatient visits. Aggregate annual person-level information on the use of outpatient departments and other health services use is provided on public use file HC-011, where each record represents a MEPS sampled person.

The following documentation offers a brief overview of the types and levels of data provided, the content and structure of the files and the codebook, and programming information. It contains the following sections:

- Data File Information
- Sample Weights and Variance Estimation Variables
- Merging MEPS Data Files
- Programming Information
- References
- Definitions
- Codebook
- Variable to Source Crosswalk

For more information on MEPS HC survey design see S. Cohen, 1997; J. Cohen, 1997; and S. Cohen, 1996. For information on the MEPS MPC design, see S. Cohen, 1998. A copy of the survey

instrument used to collect the information on this file is available on the MEPS web site at the following address: <<http://www.meps.ahrq.gov>>.

2.0 Data File Information

This public use data set consists of 2 event-level data files. File 1 contains characteristics associated with the outpatient visit and imputed expenditure data. File 2 contains unimputed expenditure data from both the Household and Medical Provider Components for all outpatient visits on File 1. Please see Attachment 1 for definitions of imputed, un-imputed and pre-imputed expenditure variables.

Both files 1 and 2 of this public use data set contains variables and frequency distribution for a total of 9,957 outpatient visits reported during rounds 1, 2, and 3 of the MEPS Household Component. This file includes records of outpatient visits for all household survey respondents who resided in eligible responding households and who reported at least one outpatient visit. Records where the outpatient visit was known to have occurred after December 31, 1996 are not included on this file. Of these records, 9,793 were associated with persons having positive person-level weights (WTDPER96). The persons represented on this file had to meet criteria for either (a) or (b):

(a) Be classified as a key in-scope person who responded for his or her entire period of 1996 eligibility (i.e., persons with a positive 1996 full-year person-level sampling weight (WTDPER96>0)), or

(b) Be classified as either an eligible non-key person or an eligible out-of-scope person who responded for his or her entire period of 1996 eligibility, and belonged to a family (i.e., all persons with the same value of FAMID) in which all eligible family members responded for their entire period of 1996 eligibility, and at least one family member has a positive 1996 full-year person weight (i.e., eligible non-key or eligible out-of-scope persons who are members of a family all of whose members have a positive 1996 full-year MEPS family-level weight (WTFAM96>0)).

For each variable on the file, both weighted and unweighted frequencies are provided in the codebook.

Each record of the outpatient visit on this file includes the following information: date of the visit; whether or not the survey respondent saw the doctor; type of care received; type of services (i.e. lab test, sonogram or ultrasound, x-rays, etc) received, medicines prescribed during the visit; flat fee information, imputed sources of payment, total payment and total charge; and a full-year person-level weight.

File 2 of this public use data set is intended for analysts who want to perform their own imputations to handle missing data. This file contains one set of un-imputed expenditure information from the Medical Provider Component as well as one set of pre-imputed expenditure information from the

Household Component. Both sets of expenditure data have been subject to minimal logical editing that accounted for outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. However, missing data was not imputed.

Data from these files can be merged with previously released 1996 MEPS HC person level data using the unique person identifier, DUPERSID, to append person characteristics such as demographic or health insurance characteristics to each record. The outpatient visits on this file can also be linked to the MEPS 1996 Medical Conditions File (HC-006) and to the MEPS Prescribed Medicines File (HC-010A). Please see the Appendix file for details on how to link MEPS data files.

2.1 Codebook Structure

For each variable on these files, both weighted and unweighted frequencies are provided. The codebook and data file sequence list variables in the following order:

File 1

- Unique person identifiers
- Unique outpatient visit identifiers
- Other survey administration variables
- Outpatient visit event-level variables
- ICD-9 codes
- Clinical Classification Software codes
- Imputed expenditure variables
- Weight and variance estimation variables

File 2

- Unique person identifiers
- Unique outpatient visit event-level identifiers
- Pre-imputed and unimputed expenditure variables

2.2 Reserved Codes

The following reserved code values are used:

VALUE	DEFINITION
-1 INAPPLICABLE	Question was not asked due to skip pattern.
-2 DETERMINED IN A PREVIOUS ROUND	
-3 NO DATA IN ROUND	
-5 NEVER WILL KNOW	

-6 INAPPLICABLE	Not asked due to person being under age 5
-7 REFUSED	Question was asked and respondent refused to answer question.
-8 DK	Question was asked and respondent did not know answer.
-9 NOT ASCERTAINED	Interviewer did not record the data.
-10 HOURLY WAGE VALUE SUPPRESSED	
-11	Not a priority condition; data not collected.
-12	Condition-level information not applicable in round.
-13 VALUE SUPPRESSED	Data suppressed due to confidentiality or legal restrictions.

Generally, -1,-7, -8, and -9 have not been edited on this file. The values of -1 and -9 can be edited by analysts by following the skip patterns in the questionnaire.

2.3 Codebook Format

This codebook describes an ASCII data set (although the data are also being provided in a SAS transport file). The following codebook items are provided for each variable:

IDENTIFIER	DESCRIPTION
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum of 40 characters)
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

2.4 Variable Naming

In general, variable names reflect the content of the variable, with an 8 character limitation. For questions asked in a specific round, the end digit in the variable name reflects the round in which the question was asked. All imputed/edited variables end with a “X”.

2.4.1 General

Variables contained on Files 1 and 2 were derived either from the HC questionnaire itself, the MPC data collection instrument or from the CAPI. The source of each variable is identified in Section E, entitled, “Variable to Source Crosswalk”. Sources for each variable are indicated in one of four ways: (1) variables which are derived from CAPI or assigned in sampling are so indicated; (2) variables which come from one or more specific questions have those numbers and the questionnaire section indicated in the “Source” column; (3) variables constructed from multiple questions using

complex algorithms are labeled “Constructed” in the “Source” column; and (4) variables which have been imputed are so indicated.

2.4.2 Expenditure and Sources of Payment Variables

Both pre-imputed and imputed versions of the expenditure and sources of payment variables are provided on 2 separate files. Variables on Files 1 and 2 follow a standard naming convention and are 8 characters in length. Please note that pre-imputed means that a series of logical edits have been performed on the variable but missing data remains. The imputed versions incorporate the same edits but have also undergone the imputation process to account for missing data.

The pre-imputed expenditure variables on File 2 end with an “H”, if the data source was from the MEPS Household Component and ends with a “M” if the data source was the MEPS Medical Provider Component. All imputed variables on File 1 end with an “X”.

The total sum of payments, 12 sources of payment variables and total charge variables are named consistently in the following way:

The first two characters indicate the type of event:

IP - inpatient stay	OB - office-based visit
ER - emergency room visit	OP - outpatient visit
HH - home health visit	DV - dental visit
OM - other medical equipment	RX - prescribed medicine

For expenditure variables on these files, the third character indicates whether the expenditure (or amount paid) is associated with the facility (F) or the physician (P).

In the case of the sources of payment variables, the fourth and fifth characters indicate:

SF - self or family	OF - other Federal Government
MR - Medicare	SL - State/local government
MD - Medicaid	WC - Worker’s Compensation
PV - private insurance	OT - other insurance
VA - Veterans	OR - other private
CH - CHAMPUS/CHAMPVA	OU - other public
XP - sum of payments	

The sixth and seventh characters indicate the year (96) and the last character of all imputed/edited variables is an “X”.

For example, OPFSF96X is the edited/imputed amount paid by self or family for the facility portion of the expenditure associated with an outpatient visit.

2.5 File 1 Contents

2.5.1 Survey Administration Variables

Person Identifiers (DUID, PID, DUPERSID)

The dwelling unit ID (DUID) is a 5-digit random number assigned after the case was sampled for MEPS. The 3-digit person number (PID) uniquely identifies each person within the dwelling unit. The 8-character variable DUPERSID uniquely identifies each person represented on the file and is the combination of the variables DUID and PID. For detailed information on dwelling units and families, please refer to the documentation on public use file (HC-008).

Record Identifiers (EVNTIDX, FFID11X, EVENTRN)

EVNTIDX uniquely identifies each event (i.e. each record on the file) and is the variable required to link events to data files containing details on conditions and/or prescribed medicines (HC-006 and H-010A, respectively). For details on linking see Section 5.0.

FFID11X uniquely identifies a flat fee group, that is, all events that were part of a flat fee payment situation. For example, if a patient receives stitches in an outpatient visit and comes back to have the stitches removed ten days later in a follow-up outpatient visit, both visits are covered under one flat fee dollar amount. These two events (the initial outpatient visit and the subsequent outpatient visit) have the same value for FFID11X. Please note that FFID11X should be used to link up all MEPS event files (excluding prescribed medicines: HC-010A) in order to determine the full set of events that are part of a flat fee group.

EVENTRN indicates the round in which the outpatient visit was first reported.

2.5.2 Characteristics of Outpatient Visits (OPBEGYY-VAPLACE)

File 1 contains 47 variables describing outpatient visits reported by respondents in the Outpatient Department section of the MEPS Household questionnaire. The questionnaire contains specific probes for gathering details about the outpatient visit. Unless noted otherwise, the following variables are provided as unedited.

Visit Details (OPBEGYR - VSTRELCN)

When a person reported having had a visit to a hospital outpatient department or special clinic, the date of the outpatient visit was reported (OPBEGYR, OPBEGMM, OPBEGDD). The user should note that all records on this file are for in-person outpatient department visits. Phone visits are not on this file. Also reported were: if the person was referred by another physician or medical provider (REFERDBY), and if during the visit the person talked to the medical provider in person or over the telephone (SEEDOC). If the person did not see a physician (i.e., medical doctor), the respondent was asked to identify the type of medical person that was seen (MEDPTYPE). The amount of time

actually spent with the medical provider (TIMESPNT), the type of care the person received (VSTCTGRY), and whether or not the visit or telephone call was related to a specific condition (VSTRELCN) were also determined.

Treatment, Services, Procedures, and Prescription Medicines (PHYSTH - DOCOUTF)

Types of treatment received during the outpatient visit include physical therapy (PHYSTH), occupational therapy (OCCUPTH), speech therapy (SPEECHTH), chemotherapy (CHEMOTH), radiation therapy (RADIATTH), kidney dialysis (KIDNEYD), IV therapy (IVTHER), drug or alcohol treatment (DRUGTRT), allergy shots (RCVSHOT), and psychotherapy/counseling (PSYCHOTH). Services received during the visit included whether or not the person received lab tests (LABTEST), a sonogram or ultrasound (SONOGRAM), x-rays (XRAYS), a mammogram (MAMMOG), an MRI or CAT scan (MRI), an electrocardiogram (EKG), an electroencephalogram (EEG), a vaccination (RCVVAC), anesthesia (ANESTH), or other diagnostic tests or exams (OTHSVCE). Whether or not a surgical procedure was performed during the visit was asked (SURGPROC) and, if so, the procedure name (SURGNAME). Finally, The questionnaire determined if a medicine was prescribed for the person during the visit (MEDPRESC) and if the person saw any of the same doctors or surgeons at their place of practice outside of the outpatient department or clinic (DOCOUTF).

Other Visit Details (VAPLACE)

VAPLACE is a constructed variable that indicates whether the outpatient department or clinic was a VA facility. This variable only has valid data for providers that were sampled into the Medical Provider Component. All other providers are classified as unknown

2.5.3 MPC Data Indicator (MPCDATA)

While all hospital outpatient visits are sampled into the Medical Provider Component, not all outpatient visits records have MPC data associated with them. This is dependent upon the cooperation of the household respondent to provide permission forms to contact the outpatient facility as well as the cooperation of the outpatient facility to participate in the survey. MPCDATA is a constructed variable which indicates whether or not MPC data were collected for the outpatient visit.

2.5.4 Conditions and Procedures Codes (OPICD1X-OPICD4X, OPPRO1X) and Clinical Classification Codes (OPCCC1X-OPCCC4X)

Information on household reported medical conditions and procedures associated with each outpatient visit is provided on this file. There are up to four condition codes (OPICD1X-OPICD4X) and 1 procedure code (OPPRO1X) listed for each outpatient visit (99.5 % of the outpatient visits have 0-4 condition records linked). In order to obtain complete information on conditions and procedures associated with an event, the analyst must link to the HC-006 Medical Conditions File. Please see Section 5.0 for details on how to link this file to the MEPS Medical Conditions File (HC-

006). The user should note that due to confidentiality restrictions, provider-reported condition information is not publically available.

The medical conditions reported by the Household Component respondent were recorded by the interviewer as verbatim text, which were then coded to fully-specified 1996 ICD-9-CM codes, including medical condition and V codes (see Health Care Financing Administration, 1980), by professional coders. Although codes were verified and error rates did not exceed 2.5 percent for any coder, analysts should not presume this level of precision in the data; the ability of household respondents to report condition data that can be coded accurately should not be assumed (see Cox and Cohen, 1985; Cox and Iachan, 1987; Edwards, et al, 1994; and Johnson and Sanchez, 1993). For detailed information on conditions, please refer to the documentation on HC-006 1996 Medical Condition File.

The ICD-9-CM conditions and procedures codes were aggregated into clinically meaningful categories. These categories, included on the file as OPCCC1X-OPCCC4X, were generated using Clinical Classification Software (formerly known as Clinical Classifications for Health Care Policy Research (CCHPR)), (Elixhauser, et al., 1998), which aggregates conditions and V-codes into 260 mutually exclusive categories, most of which are clinically homogeneous.

In order to preserve respondent confidentiality, nearly all of the condition codes provided on this file have been collapsed from fully-specified codes to 3-digit code categories. The reported ICD-9-CM code values were mapped to the appropriate clinical classification category prior to being collapsed to the 3-digit categories.

The conditions and procedures codes (and clinical classification codes) linked to each outpatient visit are sequenced in the order in which the conditions were reported by the household respondent, which was in chronological order of occurrence and not in order of importance or severity. Analysts who use the HC-006 Medical Conditions file in conjunction with this outpatient visit file should note that the order of conditions on this file is not identical to that on the Medical Conditions file.

2.5.5 Record Count Variable (NUMCOND)

The variable NUMCOND indicates the total number of condition records which can be linked from HC-006: Medical Conditions File to each outpatient visit record. For events where no condition records linked (NUMCOND=0), the conditions and procedures and clinical classification code variables all have a value of -1 INAPPLICABLE. Similarly, for events without a linked second or third condition record, the corresponding second or third conditions and procedures and clinical classification code variable was set to -1 INAPPLICABLE.

In order to obtain complete condition information for events with NUMCOND greater than 4, the analyst must link to the Medical Conditions File: HC-006. See Section 5.0 for details on linking MEPS data files.

2.5.6 Flat Fee Variables

Definition of Flat Fee Payments

A flat fee is the fixed dollar amount a person is charged for a package of health care services. Examples would be: an obstetrician's fee covering a normal delivery, as well as pre- and post-natal care; or a surgeon's fee covering surgical procedure along with post-surgical care. A flat fee group is the set of medical services (i.e., events) that are covered under the same flat fee payment situation. The flat fee groups represented on this file (and all of the other 1996 MEPS event files), includes flat fee groups where at least one of the health care events, as reported by the HC respondent, occurred during 1996. By definition a flat fee group can span multiple years and/or event types (e.g., hospital stay, physician office visit), moreover, a single persons can have multiple flat fee groups.

Flat Fee Variable Descriptions

There are several variables on this file that describe a flat fee payment situation and the number of medical events that are part of a flat fee group. As noted previously, for a person, the variable FFID11X can be used to identify all events, that are part of the same flat fee group. To identify such events, FFID11X should be used to link events from all MEPS event files (excluding prescribed medicines): HC-010B through HC-010H. For the outpatient visits that are not part of a flat fee payment situation, the flat fee variables described below are all set to -1 INAPPLICABLE.

Flat Fee Type (FFOPTYPX)

FFOPTYPX indicates whether the 1996 outpatient visit is the "stem" or "leaf" of a flat fee group. A stem (records with FFOPTYPX = 1) is the initial medical service (event) which is followed by other medical events that are covered under the same flat fee payment. The leaf of the flat fee group (records with FFOPTYPX = 2) are those medical events that are tied back to the initial medical event (the stem) in the flat fee group.

Total Number of 1996 Events in Group (FFTOT96)

If an outpatient visit is part of a flat fee group, the variable FFTOT96 counts the total number of all known events (that occurred during 1996) covered under a single flat fee payment situation. This count includes the outpatient visit record in the count.

Counts of Flat Fee Events that Cross Years (FFBEF96 – FFTOT97)

As described above, a flat fee payment situation covers multiple events and the multiple events could span multiple years. For situations where a 1996 outpatient visit is part of a group of events, and some of the events occurred either before 1996, counts of the known events are provided on the outpatient visit file record. An indicator variable is provided if some of the events occurred after 1996. These variables are:

FFBEF96 -- total number of pre-1996 events in the same flat fee group as the 1996 outpatient visit record. This count would not include the 1996 outpatient visit.

FFOP97 – indicates whether or not there are 1997 outpatient visits in the same flat fee group as the 1996 outpatient visit record.

FFTOT97 -- indicates whether or not there are 1997 medical events in the same flat fee group as the 1996 outpatient visit record.

Caveats of Flat Fee Groups

There are 442 outpatient visits that are identified as being part of a flat fee payment group. In order to correctly identify all events that are part of a flat fee group, the user should link all MEPS event files using the variable FFID11X (excluding the prescribed medicines file).

In general, every flat fee group should have an initial visit (stem) and at least one subsequent visit (leaf). There are some situations where this is not true. For some of these flat fee groups, the initial visit reported occurred in 1996 but the remaining visits that were part of this flat fee group occurred in 1997. In this case, the 1996 flat fee group represented on this file would consist of one event (the stem). The 1997 events that are part of this flat fee group are not represented on the file. Similarly, the household respondent may have reported a flat fee group where the initial visit began in 1995 but subsequent visits occurred during 1996. In this case, the initial visit would not be represented on the file. This 1996 flat fee group would then only consist of one or more leaf records and no stem. Another reason for which a flat fee group would not have a stem and a leaf record is that the stems or leaves could have been reported as different event types. In a small number of cases, there are flat fee groups that span various event types. The stem may have been reported as one event type and the leaves may have been reported as another event type. In order to determine this, the analyst must link all event files (excluding the prescribed medicines file) using the variable FFID11X to create the flat fee group.

2.5.7 Expenditure Data

Definition of Expenditures

Expenditures on this file refer to what is paid for in health care services. More specifically, expenditures in MEPS are defined as the sum of payments for care received for each outpatient visit, including out of pocket payments and payments made by private insurance, Medicaid, Medicare and other sources. The definition of expenditures used in MEPS differs slightly from its predecessors: the 1987 NMES and 1977 NMCES surveys where “charges” rather than sum of payments were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990's due to the increasingly common practice of discounting. Although measuring expenditures as the sum of payments incorporates discounts in the MEPS expenditure estimates, these estimates do not incorporate any payment not directly tied to specific medical care visits, such as bonuses or retrospective payment adjustments paid by third party payers. Another general change from the two prior surveys is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures because there are no payments associated with those classifications. For details on

expenditure definitions, please reference the following: “Informing American Health Care Policy” (Monheit, et al., 1999).

Expenditure data related to outpatient visits are broken out by facility and separately billing doctor expenditures. This file contains five categories of expenditure variables per visit: basic hospital outpatient facility expenses, expenses for doctors who billed separately from the outpatient facility for any services provided during the outpatient visit, total expenses, which is the sum of the facility and physician expenses; facility total charge and doctor total charge.

Data Editing/Imputation Methodologies of Expenditure Variables

General Imputation Methodology

The expenditure data included on this file were derived from both the MEPS Household (HC) and the Medical Provider Components (MPC). The MPC contacted medical providers identified by household respondents. The charge and payment data from medical providers were used in the expenditure imputation process to supplement missing household data. For all outpatient visits, MPC data were used if complete; otherwise, HC data were used if complete. Missing data for outpatient visits where HC data were not complete and MPC data were not collected or complete were derived through the imputation process.

Logical edits were used to resolve internal inconsistencies and other problems in the HC and MPC survey-reported data. The edits were designed to preserve partial payment data from households and providers, and to identify actual and potential sources of payment for each household-reported event.

In general, these edits accounted for outliers, co-payments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for mis-classifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. These edits produced a complete vector of expenditures for some events and provided the starting point for imputing missing expenditures in the remaining events.

A weighted sequential hot-deck procedure was used to impute for missing expenditures as well as total charge. The procedure uses survey data from respondents to replace missing data, while taking into account the respondents' weighted distribution in the imputation process. Classification variables vary by event type in the hot-deck imputations, but total charge and insurance coverage are key variables in all of the imputations. Separate imputations were performed for nine categories of medical provider care: inpatient hospital stays, outpatient hospital department visits, emergency room visits, visits to physicians, visits to non-physician providers, dental services, home health care by certified providers, home health care by paid independents, and other medical expenses. After the imputations were finished, visits to physician and non-physician providers were combined into a single medical provider file. The two categories of home care also were combined into a single home health file.

Expenditures for services provided by separately billing doctors in hospital settings were also edited and imputed. These expenditures are shown separately from hospital facility charges for hospital inpatient, outpatient, and emergency room care.

Capitation Imputation

The imputation process was also used to make expenditure estimates at the event level for events that were paid on a capitated basis. The capitation imputation procedure was designed as reasonable approach to complete event level expenditures for respondents in managed care plans. This procedure was conducted in two stages. First, HMO events reported in the MPC as covered by capitation arrangements were imputed using similar HMO events paid on a fee-for-service, with total charge as a key variable. Then this completed set of MPC events was used as the donor pool for unmatched household-reported events for sample persons in HMOs. By using this strategy, capitated HMO events were imputed as if the provider were reimbursed from the HMO on a discounted fee-for-service basis.

Imputation Methodology for Outpatient Department Visits

Facility expenditures for outpatient visits were developed in a sequence of logical edits and imputations. “Household” edits were applied to sources and amounts of payment for all events reported by HC respondents. “MPC” edits were applied to provider-reported sources and amounts of payment for records matched to household-reported events. Both sets of edits were used to correct obvious errors in the reporting of expenditures. After the data from each source were edited, a decision was made as to whether household- or MPC-reported information would be used in the final editing and hot-deck imputations for missing expenditures. The general rule was that MPC data would be used for matched events, since providers usually have more complete and accurate data on sources and amounts of payment than households.

Separate imputations were performed for flat fee and simple events. Most outpatient visits were imputed as simple events because hospital facility charges are rarely bundled with other events. (See section 2.5.6 for more details on the definition of flat fee groups.)

Logical edits also were used to sort each event into a specific category for the imputations. Events with complete expenditures were flagged as potential donors for the hot-deck imputations, while events with missing expenditure data were assigned to various recipient categories. Each event was assigned to a recipient category based on its pattern of missing data. For example, an event with a known total charge but no expenditures information was assigned to one category, while an event with a known total charge and some expenditures information was assigned to a different category. Similarly, events without a known total charge were assigned to various recipient categories based on the amount of missing data.

The logical edits produced eight recipient categories for events with missing data. Imputing expenditures for some of these events was problematic, however, because the providers were not reimbursed on a fee-for-service basis. Therefore, expenditures for services provided in capitated or staff model health maintenance organizations (HMOs) were imputed prior to the main imputations.

Expenditures for the remaining events were imputed through separate hot-deck imputations for each of the eight recipient categories. The donor pool in these imputations was restricted to events with complete expenditures from the MPC, although some unmatched events had complete household-

reported expenditures. Unmatched household events with complete data were not allowed to donate information to other events because the MPC data were considered to be more reliable.

The donor pool included “free events” because, in some instances, providers are not paid for their services. These events represent charity care, bad debt, provider failure to bill, and third party payer restrictions on reimbursement in certain circumstances. If free events were excluded from the donor pool, total expenditures would be over-counted because the cost of free care would be implicitly included in paid events and explicitly included in events that should have been treated as free from provider.

Flat Fee Expenditures

The approach used to count expenditures for flat fees was to place the expenditure on the first visit of the flat fee group. The remaining visits have zero payments. Thus, if the first visit in the flat fee group occurred prior to 1996, all of the events that occurred in 1996 will have zero payments. Conversely, if the first event in the flat fee group occurred at the end of 1996, the total expenditure for the entire flat fee group will be on that event, regardless of the number of events it covered after 1996.

Zero Expenditures

There are some medical events reported by respondents where the payments were zero. This could occur for several reasons including (1) free care was provided, (2) bad debt was incurred, (3) care was covered under a flat fee arrangement beginning in an earlier year, or (4) follow-up visits were provided without a separate charge (e.g. after a surgical procedure). If all of the medical events for a person fell into one of these categories, then the total annual expenditures for that person would be zero.

Discount Adjustment Factor

An adjustment was also applied to some HC reported expenditure data because an evaluation of matched HC/MPC data showed that respondents who reported that charges and payments were equal were often unaware that insurance payments for the care had been based on a discounted charge. To compensate for this systematic reporting error, a weighted sequential hot-deck imputation procedure was implemented to determine an adjustment factor for HC reported insurance payments when charges and payments were reported to be equal. As for the other imputations, selected predictor variables were used to form groups of donor and recipient events for the imputation process.

Sources of Payment

In addition to total expenditures, variables are provided which itemize expenditures according to major sources of payment categories. These categories are:

1. Out of pocket by user or family
2. Medicare
3. Medicaid

4. Private Insurance
5. Veteran's Administration, excluding CHAMPVA
6. CHAMPUS or CHAMPVA
7. Other Federal sources - includes Indian Health Service, Military Treatment Facilities, and other care by the Federal government
8. Other State and Local Source - includes community and neighborhood clinics, State and local health departments, and State programs other than Medicaid.
9. Worker's Compensation
10. Other Unclassified Sources - includes sources such as automobile, homeowner's, liability, and other miscellaneous or unknown sources.

Two additional sources of payment variables were created to classify payments for events with apparent inconsistencies between insurance coverage and sources of payment based on data collected in the survey. These variables include:

11. Other Private - any type of private insurance payments reported for persons not reported to have any private health insurance coverage during the year as defined in MEPS; and
12. Other Public - Medicaid payments reported for persons who were not reported to be enrolled in the Medicaid program at any time during the year.

Though relatively small in magnitude, users should exercise caution when interpreting the expenditures associated with these two additional sources of payment. While these payments stem from apparent inconsistent responses to health insurance and sources of payment questions in the survey, some of these inconsistencies may have logical explanations. For example, private insurance coverage in MEPS is defined as having a major medical plan covering hospital and physician services. If a MEPS sampled person did not have such coverage but had a single service type insurance plan (e.g. dental insurance) that paid for a particular episode of care, those payments may be classified as "other private". Some of the "other public" payments may stem from confusion between Medicaid and other state and local programs or may be from persons who were not enrolled in Medicaid, but were presumed eligible by a provider who ultimately received payments from the program.

Users should also note that the Other Public and Other private sources of payment categories only exist on File 1 for imputed expenditure data since they were created through the editing/imputation process. File 2 reflects 10 sources of payment as it was collected through the survey.

2.5.8 Imputed Outpatient Expenditure Variables

This file contains 2 sets of imputed expenditure variables: facility expenditures and physician expenditures.

Outpatient Facility Expenditures (OPFSF96X-OPFOT96X, OPFTC96X, OPFXP96X)

Outpatient visit expenses include all expenses for treatment, services, tests, diagnostic and laboratory work, x-rays, and similar charges, as well as any physician services included in the hospital outpatient visit charge.

Outpatient visit expenditures were obtained primarily through the MPC. If the physician charges were included in the outpatient visit bill, then this expenditure is included in the facility expenditure variables. The imputed facility expenditures are provided on this file. OPFSF96X - OPFOT96X are the 12 sources of payment, OPFTC96X is the facility total charge, and OPFXP96X is the sum of the 12 sources of payments for the facility expenditure. The 12 sources of payment are: self/family, Medicare, Medicaid, private insurance, Veterans Administration, CHAMPUS/CHAMPVA, other federal, state/local governments, Workman's Compensation, other private insurance, other public insurance and other insurance.

Outpatient Physician Expenditures (OPDSF96X - OPDOT96X, OPDTC96X, OPDXP96X)

Separately billing doctor (SBD) expenses typically cover services provided to patients in hospital settings by providers like anesthesiologists, radiologists, and pathologists, whose charges are often not included in outpatient facility bill.

For physicians who bill separately (i.e. outside the outpatient facility bill), a separate data collection effort within the Medical Provider Component was performed to obtain this same set of expenditure information from each separately billing doctor. It should be noted that there could be several separately billing doctors associated with a medical event. For example, an outpatient visit could have a radiologist and a pathologist associated with it. If their services are not included in the outpatient visit bill then this is one medical event with 2 separately billing doctors. The imputed expenditure information associated with the separately billing doctors was summed to the event level and is provided on the file. OPDSF96X - OPDOT96X are the 12 sources of payment, OPDXP96X is the sum of the 12 sources of payments, and OPDTC96X is the physician total charge.

Analysts need to take into consideration whether to analyze facility and SBD expenditures separately, combine them within service categories, or collapse them across service categories (e.g. combine SBD expenditures with expenditures for physician visits to offices and/or outpatient departments). Analysts interested in total expenditure should use the variable OPEXP96X, which includes both the facility and physician amounts.

Rounding

Expenditure variables on file, HC-010F, have been rounded to the nearest penny. Person level expenditure information released on HC-011 were rounded to the nearest dollar. It should be noted that using the MEPS event files HC-010A through HC-010H to create person level totals will yield slightly different totals than that those found on HC-011. These differences are due to rounding only. Moreover, in some instances, the number of persons having expenditures on the event files (HC-010A – HC-010H) for a particular source of payment may differ from the number of persons with

expenditures on the person level expenditure file (HC-011) for that source of payment. This difference is also an artifact of rounding only. Please see the Appendix File for details on such rounding differences.

Imputation Flags (IMPOFSSF-IMPOPCHG)

The variables IMPOFSSF - IMPOPCHG identify records where sources of payment and total charge for the facility portion of the expenditure have been imputed using the methodologies outlined in this document. The variable IMPOPNUM indicates the number of physician records associated with the outpatient visit where the physician portion of the expenditures have been imputed. It is not available for individual sources of payment.

When a record was identified as being the leaf of a flat fee group, the values of all imputation flags were set to "0" (not imputed) since they were not included in the imputation process.

2.6 File 2 Contents: Pre-imputed Expenditure Variables

Both imputed and pre-imputed expenditure data is provided on this file. Pre-imputed means that only a series of logical edits were applied to both the HC and MPC data to correct for, among other things, outliers, co-payments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. Edits were also implemented to correct for mis-classifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources as well as a number of other data inconsistencies that could be resolved through logical edits. Missing data were not imputed.

As described previously, there are two components that went into creating the total medical expenditure variable: household reported expenditure data and provider reported expenditure data. Both of expenditure data are provided in their pre-imputed form and have not gone through the same level of quality control as their imputed counterpart. This means that (in some instances) there are large amounts of missing data. The household and provider reported facility pre-imputed expenditure data are provided on this file (OPSF96H - OPOT96H and OPFSSF96M-OPFOT96M respectively).

The user shall note that there exist only 10 sources of payment variables in the pre-imputed expenditure data, while the imputed expenditure data on File 1 contains 12 sources of payment variables. The additional two sources of payment (which are not reported as separate sources of payment through the data collection) are Other Private and Other Public. These sources of payment categories were constructed to resolve apparent inconsistencies between individuals' reported insurance coverage and their sources of payment for specific events.

The users should also note the variable HHSFFIDX, which is the original flat fee identifier that was derived during the household interview, should be used only if they are interested in performing their own expenditure imputation.

3.0 Sample Weights and Variance Estimation Variables (WTDPER96-VARPSU96)

Overview

There is a single full year person-level weight (WTDPER96) included on this file. A person-level weight was assigned to each hospital inpatient stay reported by a key, in-scope person who responded to MEPS for the full period of time that he or she was in scope during 1996. A key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope at the time of the 1995 NHIS (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States). A person is in scope whenever he or she is a member of the civilian noninstitutionalized portion of the U.S. population.

3.1 Details on Person Weights Construction

The person-level weight WTDPER96 was developed using the MEPS Round 1 person-level weight as a base weight (for key, in scope respondents who joined an RU after Round 1, the Round 1 RU weight served as a base weight). The weighting process included an adjustment for nonresponse over Round 2 and the 1996 portion of Round 3, as well as poststratification to population control figures for December 1996 (these figures were derived by scaling the population totals obtained from the March 1997 Current Population Survey (CPS) to reflect the Census Bureau estimated population distribution across age and sex categories as of December, 1996).

Variables used in the establishment of person-level poststratification control figures included: poverty status (below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty); census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex; and age. Overall, the weighted population estimate for the civilian non-institutionalized population for December 31, 1996 is 265,439,511 persons. The inclusion of key, in scope persons who were not in scope on December 31, 1996 brings the estimated total number of persons represented by the MEPS respondents over the course of the year up to 268,905,490 (WTDPER96 > 0). The weighting process included poststratification to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries in 1996, and poststratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted to nursing homes.

The MEPS Round 1 weights incorporated the following components: the original household probability of selection for the NHIS; ratio-adjustment to NHIS national population estimates at the household (occupied dwelling unit) level; adjustment for nonresponse at the dwelling unit level for Round 1; and poststratification to figures at the family- and person-level obtained from the March 1996 CPS database.

4.0 Strategies for Estimation

This file is constructed for efficient estimation of utilization, expenditure, and sources of payment for outpatient care and to allow for estimates of the number of persons with outpatient visits during 1996.

4.1 Variable with Missing Values

It is essential that the analyst examine all variables for the presence of negative values used to represent missing values. For example, a record with a value of -8 for the first ICD9 condition code (OPICD1X) indicates that the condition was reported as unknown.

For continuous or discrete variables, where means or totals may be taken, it may be necessary to set minus values to values appropriate to the analytic needs. That is, the analyst should either impute a value or set the value to one that will be interpreted as missing by the computing language used. For categorical and dichotomous variables, the analyst may want to consider whether to recode or impute a value for cases with negative values or whether to exclude or include such cases in the numerator and/or denominator when calculating proportions. Methodologies used for editing/imputation of expenditure variables(e.g. sources of payment, flat fee, and zero expenditures) are described in Section 2.5.7.

4.2 Basic Estimates of Utilization, Expenditures and Sources of Payment

While the examples described below illustrate the use of event level data in constructing person-level expenditures, these estimates can also be derived from the person-level expenditure file unless the characteristic of interest is event specific.

In order to produce national estimates related to outpatient visits, expenditure and sources of payment, the value in each record contributing to the estimates must be multiplied by the weight (WTDPER96) contained on that record.

Example 1:

For example, the total number of outpatient visits, for the civilian non-institutionalized population of the U.S. in 1996, is estimated as the sum of the weight (WTDPER96) across all records. That is,

$$\sum W_j = 125,819,128 \quad (1)$$

Various estimates can be produced based on specific variables and subsets of records.

Example 2:

For example, the estimate for the average amount of out-of-pocket payment at the event level for outpatient visits with expenditures should be calculated as the weighted average of the facility bill and doctor's bill paid by self/family. That is,

$$\bar{X} = (\sum W_j X_j) / (\sum W_j) = \$29.22, \quad (2)$$

where $X_j = OPFSF96X_j + OPDSF96X_j$ and $\sum W_j = 115,742,669$
for all records with $OPEXP96X_j > 0$.

This gives \$29.22 as the estimated average amount of out-of-pocket payment of expenditures associated with outpatient visits and 115,742,669 as an estimate of the total number of outpatient visits with expenditures. Both of these estimates are for the civilian non-institutionalized population of the U.S. in 1996.

Example 3:

Another example would be to estimate the average proportion of total expenditures paid by private insurance for outpatient visits with expenditures. This should be calculated as the weighted average of proportion of total expenditures paid by private insurance at the event level. That is

$$\bar{Y} = (\sum W_j Y_j) / (\sum W_j) = 0.4682, \tag{3}$$

where $Y_j = \frac{(OPFPV96X_j + OPDPV96X_j)}{OPEXP96X_j}$ and $\sum W_j = 115,742,669$

for all records with $OPEXP96X_j > 0$.

This gives 0.4682 as the estimated average proportion of total expenditures paid by private insurance for outpatient visits with expenditures for the civilian non-institutionalized population of the U.S. in 1996.

4.3 Estimates of the Number of Persons with Outpatient Visits

When calculating an estimate of the total number of persons with outpatient visits, users can use a person-level file (MEPS HC-011: Person Level Expenditures and Utilization) or the current file. However, the current file must be used, when the measure of interest is defined at the event level. For example, to estimate the number of persons with outpatient visits where patient see a doctor, the current file must be used. This would be estimated as,

$$\sum W_i X_i \quad \text{across all unique persons } i \text{ on this file,} \tag{4}$$

where

W_i is the sampling weight(WTDPER96) for person i

and

$X_i = 1$ if SEEDOC EQ 1 for any event of person i
 $= 0$ otherwise.

Prior to estimation users will need to take into consideration the 242 records with a missing value for SEEDOC .

4.4 Person-Based Ratio Estimates

4.4.1 Person-Based Ratio Estimates Relative to Persons with Outpatient Visits

This file may be used to derive person-based ratio estimates. However, when calculating ratio estimates where the denominator is persons, care should be taken to properly define the unit of analysis as person level. For example, the mean expense for persons with outpatient visits is estimated as,

$$\left(\sum W_i Z_i\right) / \left(\sum W_i\right) \quad \text{across all unique persons } i \text{ on this file, (5)}$$

where

W_i is the sampling weight(WTDPER96) for person i

and

$$Z_i = \sum \text{OPXP96X}_j \quad \text{across all visits for person } i.$$

4.4.2 Person-Based Ratio Estimates Relative to the Entire Population

If the ratio relates to the entire population, this file cannot be used to calculate the denominator, as only those persons with at least one outpatient visit are represented on this data file. In this case MEPS File HC-011, which has data for all sampled persons, must be used to estimate the total number of persons (i.e. those with use and those without use). For example, to estimate the proportion of civilian non-institutionalized population of the U.S. with at least one outpatient visit where s/he saw a doctor, the numerator would be derived from data on the current file, and the denominator should be derived from data on the MEPS HC-011 person-level file. That is,

$$\left(\sum W_i Z_i\right) / \left(\sum W_i\right) \quad \text{across all unique persons } i \text{ on the MEPS HC-011 file, (6)}$$

where

W_i is the sampling weight(WTDPER96) for person i

and

$$\begin{aligned} Z_i &= 1 \quad \text{if SEEDOC}_j \text{ EQ 1 for any visit of person } i \text{ on the outpatient visit file} \\ &= 0 \quad \text{otherwise for all remaining persons on the MEPS HC-011 file.} \end{aligned}$$

Prior to estimation users will need to take into consideration the 242 records with a missing value for SEEDOC.

4.5 Sampling Weights for Merging Previous Releases of MEPS Household Data with the Current Data File

There have been several previous releases of MEPS Household Survey public use data. Unless a variable name common to several tapes is provided, the sampling weights contained on these data files are file-specific. The file-specific weights reflect minor adjustments to eligibility and response indicators due to birth, death, or institutionalization among respondents.

For estimates from a MEPS data file that do not require merging with variables from other MEPS data files, the sampling weight(s) provided on that data file are the appropriate weight(s). When merging a MEPS Household data file to another, the major analytical variable (i.e. the dependent variable) determines the correct sampling weight to use.

4.6 Variance Estimation

To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for estimates based on MEPS survey data, one needs to take into account the complex sample design of MEPS. Various approaches can be used to develop such estimates of variance including use of the Taylor series or various replication methodologies. Replicate weights have not been developed for the MEPS 1996 data. Variables needed to implement a Taylor series estimation approach is described in the paragraph below.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The corresponding variables on the MEPS full year utilization database are VARSTR96 and VARPSU96, respectively. Specifying a “with replacement” design in a computer software package such as SUDAAN (Shah, 1996) should provide standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the actual number available. For MEPS sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), there are over 100 degrees of freedom associated with the corresponding estimates of variance. The following illustrates these concepts using two examples from Section 4.2.

Example 2 from Section 4.2

Using a Taylor Series approach, specifying VARSTR96 and VARPSU96 as the variance estimation strata and PSUs (within these strata) respectively and specifying a “with replacement” design in a computer software package SUDAAN will yield an estimate of standard error of \$2.59 for the estimated mean of out-of-pocket payment.

Example 3 from Section 4.2

Using a Taylor Series approach, specifying VARSTR96 and VARPSU96 as the variance estimation strata and PSUs (within these strata) respectively and specifying a “with replacement” design in a computer software package SUDAAN will yield an estimate of standard error of 0.0197 for the weighted mean proportion of total expenditures paid by private insurance.

5.0 Merging/Linking MEPS Data Files

Data from the current can be used alone or in conjunction with other files. This section provides instructions for linking the outpatient visits file with other MEPS public use files, including: the conditions file, the prescribed medicines file, and a person-level file.

Linking a Person-Level File to the Outpatient Visit File

Merging characteristics of interest from person-level files (e.g., HC-008: 1996 Population Characteristics and Utilization Data, or HC-011: 1996 Use and Expenditure File) expands the scope of potential estimates. For example, to estimate the total number of hospital outpatient visits for persons with specific characteristics (e.g., age, race, and sex), population characteristics from a person-level file need to be merged onto the outpatient department file. This procedure is illustrated below. The Appendix File (HC-010I) provides additional detail on how to merge MEPS data files.

Create data set PERS by sorting the person-level file, HC003, by the person identifier, DUPERSID. Keep only variables to be merged on to the outpatient visit file and DUPERSID.

Create data set OPAT by sorting the outpatient visit file by person identifier, DUPERSID.

Create final data set NEWOPAT by merging these two files by DUPERSID, keeping only records on the outpatient visit file.

The following is an example of SAS code which completes these steps:

```
PROC SORT DATA=HC003(KEEP=DUPERSID AGE SEX RACEX)
  OUT=PERSX;
  BY DUPERSID;
RUN;

PROC SORT DATA=OPAT;
  BY DUPERSID;
RUN;

DATA NEWOPAT;
  MERGE EROM (IN=A) PERSX(IN=B);
  BY DUPERSID;
  IF A;
RUN;
```

Linking the Outpatient Department Visit (HC-010F) to the Medical Conditions File (HC-006) and/or the Prescribed Medicines File (HC-010A)

Due to survey design issues, there are limitations/caveats that an analyst must keep in mind when linking the different files. Those limitations/caveats are listed below. For detailed linking examples, including SAS code, analysts should refer to the Appendix File.

Limitations/Caveats of RXLK (the Prescribed Medicine Link File)

The RXLK file provides a link from the MEPS event files to the prescribed medicine records on HC-

010A. When using RXLK, analysts should keep in mind that one hospitaloutpatient visit can link to more than one prescribed medicine record. Conversely, a prescribed medicine event may link to more than one hospital outpatient visit or different types of events. When this occurs, it is up to the analyst to determine how the prescribed medicine expenditures should be allocated among those medical events.

Limitations/Caveats of CLNK (the Medical Conditions Link File)

The CLNK provides a link from MEPS event files to the Medical Conditions File (HC-006). When using the CLNK, analysts should keep in mind that (1) conditions are self-reported and (2) there may be multiple conditions associated with a hospital outpatient visit. Users should also note that not all hospital outpatient visits link to the condition file.

6.0 Programming Information

The following are the technical specifications for the HC-010F data files, which are provided in ASCII and SAS formats.

ASCII versions:

File Name: HC10FF1.DAT

Number of Observations: 9,957

Number of Variables: 104

Record Length: 398

Record Format: fixed

Record Identifier and Sort Key: EVNTIDX

File Name: HC10FF2.DAT

Number of Observations: 9,957

Number of Variables: 30

Record Length: 207

Record Format: fixed

Record Identifier and Sort Key: EVNTIDX

SAS Transport versions:

File Name: HC10FF1.SSP

SAS Name: HC10FF1

Number of Observations: 9,957

Number of Variables: 104

Record Identifier and Sort Key: EVNTIDX

File Name: HC10FF2.SSP

SAS Name: HC10FF2

Number of Observations: 9,957

Number of Variables: 30

Record Identifier and Sort Key: EVNTIDX

References

- Cohen, S.B. (1998). Sample Design of the 1996 Medical Expenditure Panel Survey Medical Provider Component. Journal of Economic and Social Measurement. Vol 24, 25-53.
- Cohen, S.B. (1997). Sample Design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Methodology Report, No. 2*. AHCPR Pub. No. 97-0027.
- Cohen, J.W. (1997). Design and Methods of the Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Methodology Report, No. 1*. AHCPR Pub. No. 97-0026.
- Cohen, S.B. (1996). The Redesign of the Medical Expenditure Panel Survey: A Component of the DHHS Survey Integration Plan. *Proceedings of the COPAFS Seminar on Statistical Methodology in the Public Service*.
- Cox, B.G. and Cohen, S.B. (1985). Chapter 6: A Comparison of Household and Provider Reports of Medical Conditions. In *Methodological Issues for Health Care Surveys*. Marcel Dekker, New York.
- Cox, B.G. and Cohen, S.B. (1985). Chapter 8: Imputation Procedures to Compensate for Missing Responses to Data Items. In *Methodological Issues for Health Care Surveys*. Marcel Dekker, New York.
- Cox, B. and Iachan, R. (1987). A Comparison of Household and Provider Reports of Medical Conditions. Journal of the American Statistical Association 82(400):1013-18.
- Edwards, W.S., Winn, D.M., Kurlantzick V., et al. (1994). Evaluation of National Health Interview Survey Diagnostic Reporting. National Center for Health Statistics, Vital Health 2(120).
- Elixhauser A., Steiner C.A., Whittington C.A., and McCarthy E. Clinical Classifications for Health Policy Research: Hospital Inpatient Statistics, 1995. Healthcare Cost and Utilization Project, HCUP-3 Research Note. Rockville, MD: Agency for Health Care Policy and Research; 1998. AHCPR Pub. No. 98-0049.
- Health Care Financing Administration (1980). International Classification of Diseases, 9th Revision, Clinical Modification (ICD-CM). Vol. 1. (DHHS Pub. No. (PHS) 80-1260). DHHS: U.S. Public Health Services.
- Johnson, A.E. and Sanchez, M.E. (1993). Household and Medical Provider Reports on Medical Conditions: National Medical Expenditure Survey, 1987. Journal of Economic and Social Measurement. Vol. 19, 199-233.

Moeller J.F., Stagnitti, M., Horan, E., et al. Data Collection and Editing Procedures for Prescribed Medicines in the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Healthcare Research and Quality; 2000. MEPS Methodology Report (forthcoming).

Monheit, A.C., Wilson, R., and Arnett, III, R.H. (Editors). Informing American Health Care Policy. (1999). Jossey-Bass Inc, San Francisco.

Shah, B.V., Barnwell, B.G., Bieler, G.S., Boyle, K.E., Folsom, R.E., Lavange, L., Wheelless, S.C., and Williams, R. (1996). *Technical Manual: Statistical Methods and Algorithms Used in SUDAAN Release 7.0*, Research Triangle Park, NC: Research Triangle Institute.

Attachment 1

Definitions

Dwelling Units, Reporting Units, Families, and Persons – The definitions of Dwelling Units (DUs) and Group Quarters in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. The person number (PID) uniquely identifies all persons within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

A Reporting Unit (RU) is a person or group of persons in the sampled dwelling unit who are related by blood, marriage, adoption or other family association, and who are to be interviewed as a group in MEPS. Thus, the RU serves chiefly as a family-based “survey operations” unit rather than an analytic unit. Regardless of the legal status of their association, two persons living together as a “family” unit were treated as a single reporting unit if they chose to be so identified.

Unmarried college students under 24 years of age who usually live in the sampled household, but were living away from home and going to school at the time of the Round 1 MEPS interview, were treated as a Reporting Unit separate from that of their parents for the purpose of data collection. These variables can be found on MEPS person level files.

In-Scope – A person was classified as in-scope (INSCOPE) if he or she was a member of the U.S. civilian, non-institutionalized population at some time during the Round 1 interview. This variable can be found on MEPS person level files.

Keyness –The term “keyness” is related to an individual’s chance of being included in MEPS. A person is key if that person is appropriately linked to the set of 1995 NHIS sampled households designated for inclusion in MEPS. Specifically, a key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope prior to joining that household (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States).

A non-key person is one whose chance of selection for the NHIS (and MEPS) was associated with a household eligible but not sampled for the NHIS, who happened to have become a member of a MEPS reporting unit by the time of the MEPS Round 1 interview. MEPS data, (e.g., utilization and income) were collected for the period of time a non-key person was part of the sampled unit to permit family level analyses. However, non-key persons who leave a sample household would not be recontacted for subsequent interviews. Non-key individuals are not part of the target sample used to obtain person level national estimates.

It should be pointed out that a person may be key even though not part of the civilian, non-institutionalized portion of the U.S population. For example, a person in the military may be living with his or her civilian spouse and children in a household sampled for the 1995 NHIS. The person in the military would be considered a key person for MEPS. However, such a person would not receive a person-level sample weight so long as he or she was in the military. All key persons who participated in the first round of the 1996 MEPS received a person level sample weight except those

who were in the military. The variable indicating “keyness” is KEYNESS. This variable can be found on MEPS person level files.

Eligibility –The eligibility of a person for MEPS pertains to whether or not data were to be collected for that person. All key, in-scope persons of a sampled RU were eligible for data collection. The only non-key persons eligible for data collection were those who happened to be living in the same RU as one or more key persons, and their eligibility continued only for the time that they were living with a key person. The only out-of-scope persons eligible for data collection were those who were living with key in-scope persons, again only for the time they were living with a key person. Only military persons meet this description. A person was considered eligible if they were eligible at any time during Round 1. The variable indicating “eligibility” is ELIGRND1, where 1 is coded for persons eligible for data collection for at least a portion of the Round 1 reference period, and 2 is coded for persons not eligible for data collection at any time during the first round reference period. This variable can be found on MEPS person level files.

Pre-imputed - This means that only a series of logical edits were applied to the HC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. Missing data remains.

Unimputed - This means that only a series of logical edits were applied to the MPC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. This data was used as the imputation source to account for missing HC data.

Imputation -Imputation is more often used for item missing data adjustment through the use of predictive models for the missing data, based on data available on the same (or similar) cases. Hot-deck imputation creates a data set with complete data for all nonrespondent cases, often by substituting the data from a respondent case that resembles the nonrespondent on certain known variables.

D. Codebooks

MEPS HC-010F
 1996 OUTPATIENT DEPARTMENT VISITS
 FILE 1

DATE: July 26, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
98	99	ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA
68	69	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
108	109	DOCOUTF	DOCTOR/SURGEON SEEN OUTSIDE OF PROVIDER
76	77	DRUGTRT	DID P HAVE TREATMENT FOR DRUG OR ALCOHOL
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
94	95	EEG	THIS VISIT DID P HAVE AN EEG
92	93	EKG	THIS VISIT DID P HAVE AN EKG OR ECG
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
147	148	FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996
30	40	FFID11X	FLAT FEE ID
143	144	FFOP96	# OF OP VISITS IN FLAT FFEE - 1996
149	150	FFOP97	# OF OP VISITS IN FF - 1997 THRU RD3
141	142	FFOPTYPX	ED FLAT FEE STEM-LEAF INDICATOR
145	146	FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996
151	152	FFTOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3
284	284	IMPOPCHG	IMPUTATION STATUS OF OPFTC96X
277	277	IMPOPFCH	IMPUTATION FLAG FOR OPFCH96X
274	274	IMPOPFMD	IMPUTATION FLAG FOR OPFMD96X
273	273	IMPOPFMR	IMPUTATION FLAG FOR OPFMR96X
278	278	IMPOPFOF	IMPUTATION FLAG FOR OPFOF96X
281	281	IMPOPFOR	IMPUTATION FLAG FOR OPFOR96X
283	283	IMPOPFOT	IMPUTATION FLAG FOR OPFOT96X
282	282	IMPOPFOU	IMPUTATION FLAG FOR OPFOU96X
275	275	IMPOFPFV	IMPUTATION FLAG FOR OPFPV96X
272	272	IMPOPFSF	IMPUTATION FLAG FOR OPFSF96X
279	279	IMPOPFSL	IMPUTATION FLAG FOR OPFSL96X
276	276	IMPOPFVA	IMPUTATION FLAG FOR OPFVA96X
280	280	IMPOPFWC	IMPUTATION FLAG FOR OPFWC96X
285	286	IMPOPNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER
74	75	IVTHER	THIS VISIT DID P HAVE IV THERAPY
72	73	KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS
82	83	LABTEST	THIS VISIT DID P HAVE LAB TESTS
88	89	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
106	107	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
54	55	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
41	41	MPCDATA	MPC DATA FLAG
90	91	MRI	THIS VISIT DID P HAVE AN MRI
139	140	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
64	65	OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY
127	129	OPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
130	132	OPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
133	135	OPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
136	138	OPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
48	49	OPDATEDD	EVENT DATE - DAY
46	47	OPDATEMM	EVENT DATE - MONTH
42	45	OPDATEYR	EVENT DATE - YEAR
322	327	OPDCH96X	DOCTOR AMT PD,CHAMP/CHAMPVA (IMPUTED)
301	307	OPDMD96X	DOCTOR AMT PD,MEDICAID (IMPUTED)
294	300	OPDMR96X	DOCTOR AMT PD,MEDICARE (IMPUTED)
328	334	OPDOF96X	DOCTOR AMT PD,OTH FEDERAL (IMPUTED)
348	354	OPDOR96X	DOCTOR AMT PD,OTH PRIV (IMPUTED)
361	366	OPDOT96X	DOCTOR AMT PD,OTH INSUR (IMPUTED)
355	360	OPDOU96X	DOCTOR AMT PD,OTH PUB (IMPUTED)
308	314	OPDFV96X	DOCTOR AMT PD,PRIV INSUR (IMPUTED)
287	293	OPDSF96X	DOCTOR AMT PD, FAMILY (IMPUTED)
335	340	OPDSL96X	DOCTOR AMT PD,STATE/LOC GOV (IMPUTED)
374	381	OPDTC96X	TOTAL DOCTOR CHARGE (IMPUTED)

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 1996 OUTPATIENT DEPARTMENT VISITS
 FILE 1

DATE: July 26, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
315	321	OPDVA96X	DOCTOR AMT PD,VETERANS (IMPUTED)
341	347	OPDWC96X	DOCTOR AMT PD,WORKERS COMP (IMPUTED)
367	373	OPDXP96X	DOCTOR SUM PAYMENTS OPDSF96X-OPDOT96X
153	160	OPEXP96X	TOT EXP FOR EVENT(OPFXP96X + OPDXP96X)
207	213	OPFCH96X	FACILITY AMT PD,CHAMP/CHAMPVA (IMPUTED)
185	191	OPFMD96X	FACILITY AMT PD,MEDICAID (IMPUTED)
177	184	OPFMR96X	FACILITY AMT PD,MEDICARE (IMPUTED)
214	220	OPFOF96X	FACILITY AMT PD,OTH FEDERAL (IMPUTED)
235	241	OPFOR96X	FACILITY AMT PD,OTH PRIV (IMPUTED)
249	255	OPFOT96X	FACILITY AMT PD,OTH INSUR (IMPUTED)
242	248	OPFOU96X	FACILITY AMT PD,OTH PUB (IMPUTED)
192	199	OPFPV96X	FACILITY AMT PD,PRIV INSUR (IMPUTED)
169	176	OPFSF96X	FACILITY AMT PD, FAMILY (IMPUTED)
221	227	OPFSL96X	FACILITY AMT PD,STATE/LOC GOV (IMPUTED)
264	271	OPFTC96X	TOTAL FACILITY CHARGE (IMPUTED)
200	206	OPFVA96X	FACILITY AMT PD,VETERANS (IMPUTED)
228	234	OPFWC96X	FACILITY AMT PD,WORKERS COMP (IMPUTED)
256	263	OPFXP96X	FACILITY SUM PAYMENTS OPFSF96X-OPFOT96X
112	114	OPICD1X	3 DIGIT ICD-9 CONDITION CODE
115	117	OPICD2X	3 DIGIT ICD-9 CONDITION CODE
118	120	OPICD3X	3 DIGIT ICD-9 CONDITION CODE
121	123	OPICD4X	3 DIGIT ICD-9 CONDITION CODE
124	126	OPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
161	168	OPTCH96X	TOT CHG FOR EVENT(OPFTC96X + OPDTC96X)
100	101	OTHSVCE	DID P HAVE OTHER DIAGNOSTIC TESTS/EXAMS
62	63	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
6	8	PID	PERSON NUMBER
80	81	PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING
70	71	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
78	79	RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT
96	97	RCVVAC	THIS VISIT DID P RECEIVE VACCINATION
50	51	REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN
52	53	SEEDOC	DID P TALK TO MD THIS VISIT/PHONE CALL
84	85	SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND
66	67	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
104	105	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
102	103	SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P
56	57	TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON
110	111	VAPLACE	VA FACILITY FLAG
394	395	VARPSU96	VARIANCE ESTIMATION PSU,1996
396	398	VARSTR96	VARIANCE ESTIMATION STRATUM,1996
58	59	VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT
60	61	VSTRELCN	THIS VISIT/CALL RELATED TO SPECIFIC COND
382	393	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
86	87	XRAYS	THIS VISIT DID P HAVE X-RAYS

MEPS HC-010F
 1996 OUTPATIENT DEPARTMENT VISITS
 FILE 1

DATE: July 26, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	29	EVENTRN	EVENT ROUND NUMBER
30	40	FFID11X	FLAT FEE ID
41	41	MPCDATA	MPC DATA FLAG
42	45	OPDATEYR	EVENT DATE - YEAR
46	47	OPDATEMM	EVENT DATE - MONTH
48	49	OPDATEDD	EVENT DATE - DAY
50	51	REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN
52	53	SEEDOC	DID P TALK TO MD THIS VISIT/PHONE CALL
54	55	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
56	57	TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON
58	59	VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT
60	61	VSTRELCN	THIS VISIT/CALL RELATED TO SPECIFIC COND
62	63	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
64	65	OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY
66	67	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
68	69	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
70	71	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
72	73	KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS
74	75	IVTHER	THIS VISIT DID P HAVE IV THERAPY
76	77	DRUGTRT	DID P HAVE TREATMENT FOR DRUG OR ALCOHOL
78	79	RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT
80	81	PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING
82	83	LABTEST	THIS VISIT DID P HAVE LAB TESTS
84	85	SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND
86	87	XRAYS	THIS VISIT DID P HAVE X-RAYS
88	89	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
90	91	MRI	THIS VISIT DID P HAVE AN MRI
92	93	EKG	THIS VISIT DID P HAVE AN EKG OR ECG
94	95	EEG	THIS VISIT DID P HAVE AN EEG
96	97	RCVVAC	THIS VISIT DID P RECEIVE VACCINATION
98	99	ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA
100	101	OTHSVCE	DID P HAVE OTHER DIAGNOSTIC TESTS/EXAMS
102	103	SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P
104	105	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
106	107	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
108	109	DOCOUTF	DOCTOR/SURGEON SEEN OUTSIDE OF PROVIDER
110	111	VAPLACE	VA FACILITY FLAG
112	114	OPICD1X	3 DIGIT ICD-9 CONDITION CODE
115	117	OPICD2X	3 DIGIT ICD-9 CONDITION CODE
118	120	OPICD3X	3 DIGIT ICD-9 CONDITION CODE
121	123	OPICD4X	3 DIGIT ICD-9 CONDITION CODE
124	126	OPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
127	129	OPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
130	132	OPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
133	135	OPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
136	138	OPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
139	140	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
141	142	FFOPTYPX	ED FLAT FEE STEM-LEAF INDICATOR
143	144	FFOP96	# OF OP VISITS IN FLAT FFEE - 1996
145	146	FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996
147	148	FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996
149	150	FFOP97	# OF OP VISITS IN FF - 1997 THRU RD3
151	152	FFTOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3
153	160	OPEXP96X	TOT EXP FOR EVENT(OPFXP96X + OPDXP96X)
161	168	OPTCH96X	TOT CHG FOR EVENT(OPFTC96X + OPDTC96X)

MEPS HC-010F
 1996 OUTPATIENT DEPARTMENT VISITS
 FILE 1

DATE: July 26, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
169	176	OPFSF96X	FACILITY AMT PD, FAMILY (IMPUTED)
177	184	OPFMR96X	FACILITY AMT PD, MEDICARE (IMPUTED)
185	191	OPFMD96X	FACILITY AMT PD, MEDICAID (IMPUTED)
192	199	OPFPV96X	FACILITY AMT PD, PRIV INSUR (IMPUTED)
200	206	OPFVA96X	FACILITY AMT PD, VETERANS (IMPUTED)
207	213	OPFCH96X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)
214	220	OPFOF96X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)
221	227	OPFSL96X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)
228	234	OPFWC96X	FACILITY AMT PD, WORKERS COMP (IMPUTED)
235	241	OPFOR96X	FACILITY AMT PD, OTH PRIV (IMPUTED)
242	248	OPFOU96X	FACILITY AMT PD, OTH PUB (IMPUTED)
249	255	OPFOT96X	FACILITY AMT PD, OTH INSUR (IMPUTED)
256	263	OPFXP96X	FACILITY SUM PAYMENTS OPFSF96X-OPFOT96X
264	271	OPFTC96X	TOTAL FACILITY CHARGE (IMPUTED)
272	272	IMPOPFSF	IMPUTATION FLAG FOR OPFSF96X
273	273	IMPOPFMR	IMPUTATION FLAG FOR OPFMR96X
274	274	IMPOPFMD	IMPUTATION FLAG FOR OPFMD96X
275	275	IMPOFPV	IMPUTATION FLAG FOR OPFPV96X
276	276	IMPOPFVA	IMPUTATION FLAG FOR OPFVA96X
277	277	IMPOPFCH	IMPUTATION FLAG FOR OPFCH96X
278	278	IMPOPFOF	IMPUTATION FLAG FOR OPFOF96X
279	279	IMPOPFSL	IMPUTATION FLAG FOR OPFSL96X
280	280	IMPOPFWC	IMPUTATION FLAG FOR OPFWC96X
281	281	IMPOPFOR	IMPUTATION FLAG FOR OPFOR96X
282	282	IMPOPFOU	IMPUTATION FLAG FOR OPFOU96X
283	283	IMPOPFOT	IMPUTATION FLAG FOR OPFOT96X
284	284	IMPOPCHG	IMPUTATION STATUS OF OPFTC96X
285	286	IMPOPNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER
287	293	OPDSF96X	DOCTOR AMT PD, FAMILY (IMPUTED)
294	300	OPDMR96X	DOCTOR AMT PD, MEDICARE (IMPUTED)
301	307	OPDMD96X	DOCTOR AMT PD, MEDICAID (IMPUTED)
308	314	OPDPV96X	DOCTOR AMT PD, PRIV INSUR (IMPUTED)
315	321	OPDVA96X	DOCTOR AMT PD, VETERANS (IMPUTED)
322	327	OPDCH96X	DOCTOR AMT PD, CHAMP/CHAMPVA (IMPUTED)
328	334	OPDOF96X	DOCTOR AMT PD, OTH FEDERAL (IMPUTED)
335	340	OPDSL96X	DOCTOR AMT PD, STATE/LOC GOV (IMPUTED)
341	347	OPDWC96X	DOCTOR AMT PD, WORKERS COMP (IMPUTED)
348	354	OPDOR96X	DOCTOR AMT PD, OTH PRIV (IMPUTED)
355	360	OPDOU96X	DOCTOR AMT PD, OTH PUB (IMPUTED)
361	366	OPDOT96X	DOCTOR AMT PD, OTH INSUR (IMPUTED)
367	373	OPDXP96X	DOCTOR SUM PAYMENTS OPDSF96X-OPDOT96X
374	381	OPDTC96X	TOTAL DOCTOR CHARGE (IMPUTED)
382	393	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
394	395	VARPSU96	VARIANCE ESTIMATION PSU, 1996
396	398	VARSTR96	VARIANCE ESTIMATION STRATUM, 1996

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1996 OUTPATIENT DEPARTMENT VISITS
FILE 1

DATE: July 26, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957		125,819,128	
	TOTAL	9,957		125,819,128	
PID	PERSON NUMBER	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957		125,819,128	
	TOTAL	9,957		125,819,128	
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957		125,819,128	
	TOTAL	9,957		125,819,128	
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957		125,819,128	
	TOTAL	9,957		125,819,128	
EVENTRN	EVENT ROUND NUMBER	1.0	CHAR	29	29
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	ROUND 1	3,416		45,122,493	
	ROUND 2	4,499		54,317,679	
	ROUND 3	2,042		26,378,956	
	TOTAL	9,957		125,819,128	
FFID11X	FLAT FEE ID	11.0	CHAR	30	40
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,515		119,899,015	
	VALID ID	442		5,920,112	
	TOTAL	9,957		125,819,128	
MPCDATA	MPC DATA FLAG	1.0	NUM	41	41
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1 HAS MPC DATA	5,544		72,183,237	
	2 NO MPC DATA	4,413		53,635,890	
	TOTAL	9,957		125,819,128	

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1996 OUTPATIENT DEPARTMENT VISITS
FILE 1

DATE: July 26, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPDATEYR	EVENT DATE - YEAR	4.0	NUM	42	45
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	632,269		
	-8 DK	3	27,065		
	1996	9,918	125,159,794		
	TOTAL	9,957	125,819,128		
OPDATEMM	EVENT DATE - MONTH	2.0	NUM	46	47
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	60	949,044		
	-8 DK	3	26,014		
	1 - 12	9,894	124,844,070		
	TOTAL	9,957	125,819,128		
OPDATEDD	EVENT DATE - DAY	2.0	NUM	48	49
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	115	1,491,123		
	-8 DK	299	4,799,846		
	1 - 31	9,543	119,528,159		
	TOTAL	9,957	125,819,128		
REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN	2.0	NUM	50	51
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	211	2,798,931		
	-8 DK	21	92,419		
	1 YES	6,031	77,774,417		
	2 NO	3,694	45,153,361		
	TOTAL	9,957	125,819,128		
SEEDOC	DID P TALK TO MD THIS VISIT/PHONE CALL	2.0	NUM	52	53
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	195	2,615,291		
	-8 DK	46	708,413		
	-7 REFUSED	1	15,811		
	1 YES	4,228	51,960,584		
	2 NO	5,487	70,519,029		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT	2.0	NUM	54	55
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	-9 NOT ASCERTAINED	185		2,481,966	
	-8 DK	37		565,783	
	-1 INAPPLICABLE	4,228		51,960,584	
	1 CHIROPRACTOR	3		24,530	
	2 DENTIST/DENTAL CARE PERSON	7		83,933	
	3 MIDWIFE	8		61,380	
	4 NURSE/NURSE PRACTITIONER	964		12,697,244	
	5 OPTOMETRIST	13		149,360	
	6 PODIATRIST	1		19,165	
	7 PHYSICIAN'S ASSISTANT	63		767,878	
	8 PHYSICAL THERAPIST	1,463		18,593,921	
	9 OCCUPATIONAL THERAPIST	45		467,924	
	10 PSYCHOLOGIST	61		926,703	
	11 SOCIAL WORKER	55		676,166	
	12 TECHNICIAN	2,470		32,101,523	
	91 OTHER	354		4,241,069	
	TOTAL	9,957		125,819,128	
TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON	2.0	NUM	56	57
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	-9 NOT ASCERTAINED	211		2,809,251	
	-8 DK	234		2,446,637	
	-1 INAPPLICABLE	8		122,582	
	1 5 MINUTES OR LESS	1,067		14,532,160	
	2 6-10 MINUTES	938		11,824,202	
	3 11-15 MINUTES	1,130		13,947,327	
	4 16-25 MINUTES	1,074		13,805,425	
	5 26-40 MINUTES	1,448		17,764,878	
	6 41 MINUTES OR MORE	3,847		48,566,667	
	TOTAL	9,957		125,819,128	
VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT	2.0	NUM	58	59
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	-9 NOT ASCERTAINED	79		1,081,907	
	-8 DK	5		84,068	
	-1 INAPPLICABLE	7		108,999	
	1 GENERAL CHECKUP	817		9,415,624	
	2 DIAGNOSIS OR TREATMENT	5,167		65,670,493	
	3 EMERGENCY (E.G., ACCIDENT OR JURY)	114		1,361,349	
	4 PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING	368		4,550,879	
	5 FOLLOW-UP OR POST-OPERATIVE VISIT	886		10,131,395	
	6 IMMUNIZATIONS OR SHOTS	93		1,035,738	
	7 VISION EXAM	29		310,291	
	8 MATERNITY CARE (PRE/POSTNATAL)	238		3,088,120	
	9 WELL CHILD EXAM	20		242,840	
	91 OTHER	2,134		28,737,424	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
VSTREL	THIS VISIT/CALL RELATED TO SPECIFIC COND	2.0	NUM	60	61
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,273,593	
	-8 DK	9		136,698	
	1 YES	8,923		113,524,114	
	2 NO	923		10,884,722	
	TOTAL	9,957		125,819,128	
PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY	2.0	NUM	62	63
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150		1,711,438	
	-8 DK	9		129,060	
	-1 INAPPLICABLE	34		396,383	
	1 YES	1,842		22,985,026	
	2 NO	1,375		18,051,425	
	95 NO TREATMENT RECEIVED	6,547		82,545,797	
	TOTAL	9,957		125,819,128	
OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY	2.0	NUM	64	65
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150		1,711,438	
	-8 DK	9		129,060	
	-1 INAPPLICABLE	34		396,383	
	1 YES	130		1,584,059	
	2 NO	3,087		39,452,392	
	95 NO TREATMENT RECEIVED	6,547		82,545,797	
	TOTAL	9,957		125,819,128	
SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY	2.0	NUM	66	67
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150		1,711,438	
	-8 DK	9		129,060	
	-1 INAPPLICABLE	34		396,383	
	1 YES	47		395,771	
	2 NO	3,170		40,640,679	
	95 NO TREATMENT RECEIVED	6,547		82,545,797	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY	2.0	NUM	68	69
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150		1,711,438	
	-8 DK	9		129,060	
	-1 INAPPLICABLE	34		396,383	
	1 YES	151		1,980,032	
	2 NO	3,066		39,056,418	
	95 NO TREATMENT RECEIVED	6,547		82,545,797	
	TOTAL	9,957		125,819,128	
RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY	2.0	NUM	70	71
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150		1,711,438	
	-8 DK	9		129,060	
	-1 INAPPLICABLE	34		396,383	
	1 YES	363		5,341,984	
	2 NO	2,854		35,694,467	
	95 NO TREATMENT RECEIVED	6,547		82,545,797	
	TOTAL	9,957		125,819,128	
KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS	2.0	NUM	72	73
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150		1,711,438	
	-8 DK	9		129,060	
	-1 INAPPLICABLE	34		396,383	
	1 YES	224		2,825,381	
	2 NO	2,993		38,211,070	
	95 NO TREATMENT RECEIVED	6,547		82,545,797	
	TOTAL	9,957		125,819,128	
IVTHER	THIS VISIT DID P HAVE IV THERAPY	2.0	NUM	74	75
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150		1,711,438	
	-8 DK	9		129,060	
	-1 INAPPLICABLE	34		396,383	
	1 YES	106		1,346,093	
	2 NO	3,111		39,690,358	
	95 NO TREATMENT RECEIVED	6,547		82,545,797	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DRUGTRT	DID P HAVE TREATMENT FOR DRUG OR ALCOHOL	2.0	NUM	76	77
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150	1,711,438		
	-8 DK	9	129,060		
	-1 INAPPLICABLE	34	396,383		
	1 YES	135	1,635,456		
	2 NO	3,082	39,400,994		
	95 NO TREATMENT RECEIVED	6,547	82,545,797		
	TOTAL	9,957	125,819,128		
RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT	2.0	NUM	78	79
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150	1,711,438		
	-8 DK	9	129,060		
	-1 INAPPLICABLE	34	396,383		
	1 YES	34	379,138		
	2 NO	3,183	40,657,313		
	95 NO TREATMENT RECEIVED	6,547	82,545,797		
	TOTAL	9,957	125,819,128		
PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING	2.0	NUM	80	81
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	150	1,711,438		
	-8 DK	9	129,060		
	-1 INAPPLICABLE	34	396,383		
	1 YES	347	4,341,123		
	2 NO	2,870	36,695,328		
	95 NO TREATMENT RECEIVED	6,547	82,545,797		
	TOTAL	9,957	125,819,128		
LABTEST	THIS VISIT DID P HAVE LAB TESTS	2.0	NUM	82	83
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102	1,214,351		
	-8 DK	26	165,229		
	-1 INAPPLICABLE	6	103,642		
	1 YES	2,452	32,983,073		
	2 NO	2,876	35,391,817		
	95 NO SERVICES RECEIVED	4,495	55,961,016		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND	2.0	NUM	84	85
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	25		158,761	
	-1 INAPPLICABLE	6		103,642	
	1 YES	444		5,528,388	
	2 NO	4,885		62,852,969	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	
XRAYS	THIS VISIT DID P HAVE X-RAYS	2.0	NUM	86	87
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	6		103,642	
	1 YES	1,146		14,626,069	
	2 NO	4,182		53,748,821	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	
MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM	2.0	NUM	88	89
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	6		103,642	
	1 YES	425		5,258,311	
	2 NO	4,903		63,116,579	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	
MRI	THIS VISIT DID P HAVE AN MRI	2.0	NUM	90	91
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	6		103,642	
	1 YES	343		4,282,087	
	2 NO	4,985		64,092,803	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
EKG	THIS VISIT DID P HAVE AN EKG OR ECG	2.0	NUM	92	93
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	6		103,642	
	1 YES	388		4,765,619	
	2 NO	4,940		63,609,271	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	
EEG	THIS VISIT DID P HAVE AN EEG	2.0	NUM	94	95
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	6		103,642	
	1 YES	31		370,308	
	2 NO	5,297		68,004,582	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	
RCVVAC	THIS VISIT DID P RECEIVE VACCINATION	2.0	NUM	96	97
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	7		108,999	
	1 YES	94		916,689	
	2 NO	5,233		67,452,843	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	
ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA	2.0	NUM	98	99
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	6		103,642	
	1 YES	391		4,855,645	
	2 NO	4,937		63,519,245	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OTHSVCE	DID P HAVE OTHER DIAGNOSTIC TESTS/EXAMS	2.0	NUM	100	101
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	102		1,214,351	
	-8 DK	26		165,229	
	-1 INAPPLICABLE	6		103,642	
	1 YES	905		11,444,080	
	2 NO	4,423		56,930,810	
	95 NO SERVICES RECEIVED	4,495		55,961,016	
	TOTAL	9,957		125,819,128	
SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P	2.0	NUM	102	103
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	188		2,553,603	
	-8 DK	3		44,940	
	-1 INAPPLICABLE	7		108,999	
	1 YES	959		13,052,003	
	2 NO	8,800		110,059,583	
	TOTAL	9,957		125,819,128	
SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES	2.0	NUM	104	105
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	3		34,973	
	-1 INAPPLICABLE	8,998		112,767,125	
	1 ARTHROSCOPIC SURGERY	71		913,593	
	2 CATARACT SURGERY	93		1,360,384	
	3 CLEANING/TREATM WOUND, INFECTION	48		806,479	
	4 DILATION AND CURETTAGE (D AND C)	20		259,399	
	5 STITCHES (WOUND SUTURE)	18		181,966	
	6 TISSUE BIOPSY	105		1,351,418	
	7 TONSILLECTOMY	26		296,692	
	8 ADENOIDECTOMY	2		32,726	
	9 CARDIAC CATHETERIZATION	15		197,037	
	10 EAR TUBES (TYMPANOSTOMY TUBES)	19		319,026	
	11 PACEMAKER INSERTION	2		31,165	
	91 OTHER SURGICAL PROCEDURE	537		7,267,144	
	TOTAL	9,957		125,819,128	
MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT	2.0	NUM	106	107
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	209		2,894,945	
	-8 DK	68		665,379	
	1 YES	1,651		20,801,003	
	2 NO	8,029		101,457,800	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DOCOUTF	DOCTOR/SURGEON SEEN OUTSIDE OF PROVIDER	2.0	NUM	108	109
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	376		4,927,441	
	-8 DK	795		8,876,081	
	-1 INAPPLICABLE	90		1,411,031	
	1 YES	927		12,148,577	
	2 NO	7,769		98,455,997	
	TOTAL	9,957		125,819,128	
VAPLACE	VA FACILITY FLAG	2.0	NUM	110	111
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-8 DK	118		271,946	
	0 NO	9,515		121,392,243	
	1 YES	324		4,154,939	
	TOTAL	9,957		125,819,128	
OPICD1X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	112	114
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	1,513		18,229,645	
	-8 DK	97		1,438,564	
	005-V81	8,347		106,150,919	
	TOTAL	9,957		125,819,128	
OPICD2X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	115	117
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,060		114,821,501	
	-8 DK	4		46,928	
	042-V76	893		10,950,699	
	TOTAL	9,957		125,819,128	
OPICD3X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	118	120
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,685		122,102,723	
	-8 DK	1		20,624	
	008-V75	271		3,695,780	
	TOTAL	9,957		125,819,128	
OPICD4X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	121	123
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,850		124,151,180	
	242-V70	107		1,667,948	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPPR01X	2 DIGIT ICD-9 PROCEDURE CODE	3.0	CHAR	124	126
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,249	116,806,472		
	03-99	708	9,012,655		
	TOTAL	9,957	125,819,128		
OPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	127	129
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	1,513	18,229,645		
	-8 DK	97	1,438,564		
	003-259	8,347	106,150,919		
	TOTAL	9,957	125,819,128		
OPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	130	132
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,060	114,821,501		
	-8 DK	4	46,928		
	004-259	893	10,950,699		
	TOTAL	9,957	125,819,128		
OPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	133	135
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,685	122,102,723		
	-8 DK	1	20,624		
	005-259	271	3,695,780		
	TOTAL	9,957	125,819,128		
OPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	136	138
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,850	124,151,180		
	005-259	107	1,667,948		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT	2.0	NUM	139	140
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	1,036	12,328,840		
	1-4	8,874	112,887,901		
	5	16	264,604		
	6	6	96,097		
	7	19	161,093		
	8	4	45,896		
	10	2	34,697		
	TOTAL	9,957	125,819,128		
FFOFTYPX	ED FLAT FEE STEM-LEAF INDICATOR	2.0	NUM	141	142
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,515	119,899,015		
	1 PURE EVENT BUNDLE	124	1,666,027		
	2 MIXED EVENT BUNDLE	318	4,254,086		
	TOTAL	9,957	125,819,128		
FFOP96	# OF OP VISITS IN FLAT FEE - 1996	2.0	NUM	143	144
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,515	119,899,015		
	1 - 34	442	5,920,112		
	TOTAL	9,957	125,819,128		
FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996	2.0	NUM	145	146
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,515	119,899,015		
	1 - 34	442	5,920,112		
	TOTAL	9,957	125,819,128		
FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996	2.0	NUM	147	148
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	296	4,331,207		
	-1 INAPPLICABLE	9,515	119,899,015		
	0	141	1,511,961		
	1	2	44,975		
	6	3	31,970		
	TOTAL	9,957	125,819,128		

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1996 OUTPATIENT DEPARTMENT VISITS
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DATE: July 26, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFOP97	# OF OP VISITS IN FF - 1997 THRU RD3	2.0	NUM	149	150
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	296		4,331,207	
	-1 INAPPLICABLE	9,515		119,899,015	
	0	146		1,588,906	
	TOTAL	9,957		125,819,128	
FETOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3	2.0	NUM	151	152
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	296		4,331,207	
	-1 INAPPLICABLE	9,515		119,899,015	
	0	145		1,578,621	
	2	1		10,285	
	TOTAL	9,957		125,819,128	
OPEXP96X	TOT EXP FOR EVENT(OPFXP96X + OPDXP96X)	8.2	NUM	153	160
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	768		10,076,459	
	\$1.00 - \$53.99	2,252		28,788,405	
	\$54.00 - \$108.75	2,331		28,044,377	
	\$108.76 - \$325.28	2,302		28,143,134	
	\$325.29 - \$25,207.70	2,304		30,766,753	
	TOTAL	9,957		125,819,128	
OPTCH96X	TOT CHG FOR EVENT(OPFTC96X + OPDTC96X)	8.2	NUM	161	168
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	316		4,229,837	
	\$3.00 - \$81.00	2,186		28,703,488	
	\$81.01 - \$160.00	2,412		28,698,847	
	\$160.01 - \$462.00	2,478		30,083,707	
	\$462.01 - \$55673.00	2,565		34,103,248	
	TOTAL	9,957		125,819,128	
OPFSF96X	FACILITY AMT PD, FAMILY (IMPUTED)	8.2	NUM	169	176
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	7,433		91,494,654	
	\$0.20 - \$6.65	631		9,717,312	
	\$6.66 - \$20.00	677		8,913,714	
	\$20.01 - \$63.95	585		7,379,749	
	\$63.96 - \$10,219.12	631		8,313,699	
	TOTAL	9,957		125,819,128	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPFMR96X	FACILITY AMT PD, MEDICARE (IMPUTED)	8.2	NUM	177	184
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	7,478	92,442,980		
	\$0.50 - \$26.00	622	8,460,648		
	\$26.01 - \$68.40	618	7,782,555		
	\$68.41 - \$207.13	621	8,324,600		
	\$207.14 - \$20,255.83	618	8,808,345		
	TOTAL	9,957	125,819,128		
OPFMD96X	FACILITY AMT PD, MEDICAID (IMPUTED)	7.2	NUM	185	191
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	8,668	113,383,469		
	\$1.00 - \$27.25	324	3,286,896		
	\$27.26 - \$71.46	321	3,108,550		
	\$71.47 - \$113.78	323	2,936,515		
	\$113.79 - \$7,547.50	321	3,103,698		
	TOTAL	9,957	125,819,128		
OPFPV96X	FACILITY AMT PD, PRIV INSUR (IMPUTED)	8.2	NUM	192	199
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	4,838	58,044,428		
	\$0.22 - \$38.00	1,289	17,515,605		
	\$38.01 - \$85.43	1,271	16,162,653		
	\$85.44 - \$250.47	1,281	16,890,067		
	\$250.48 - \$23,851.99	1,278	17,206,374		
	TOTAL	9,957	125,819,128		
OPFVA96X	FACILITY AMT PD, VETERANS (IMPUTED)	7.2	NUM	200	206
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,562	121,121,204		
	\$0.22 - \$54.57	99	1,054,220		
	\$54.58 - \$102.50	151	1,729,620		
	\$102.51 - \$194.00	50	619,508		
	\$194.01 - \$4,057.15	95	1,294,575		
	TOTAL	9,957	125,819,128		
OPFCH96X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)	7.2	NUM	207	213
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,910	125,202,683		
	\$2.26 - \$10.00	12	174,885		
	\$10.01 - \$69.16	12	156,029		
	\$69.17 - \$282.95	13	174,371		
	\$282.96 - \$2,457.67	10	111,160		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPFOF96X	FACILITY AMT PD,OTH FEDERAL (IMPUTED)	7.2	NUM	214	220
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,739	123,134,941		
	\$6.63 - \$55.00	56	594,708		
	\$55.01 - \$102.50	110	1,340,772		
	\$102.51 - \$2,286.29	52	748,707		
	TOTAL	9,957	125,819,128		
OPFSL96X	FACILITY AMT PD,STATE/LOC GOV (IMPUTED)	7.2	NUM	221	227
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,946	125,689,481		
	\$9.06 - \$56.00	3	14,405		
	\$56.01 - \$250.00	3	20,177		
	\$250.01 - \$957.01	3	75,262		
	\$957.02 - \$1,396.00	2	19,802		
	TOTAL	9,957	125,819,128		
OPFWC96X	FACILITY AMT PD,WORKERS COMP (IMPUTED)	7.2	NUM	228	234
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,755	123,240,361		
	\$6.00 - \$78.00	55	747,791		
	\$78.01 - \$120.00	47	502,400		
	\$120.01 - \$339.00	50	638,222		
	\$339.01 - \$4,887.00	50	690,353		
	TOTAL	9,957	125,819,128		
OPFOR96X	FACILITY AMT PD,OTH PRIV (IMPUTED)	7.2	NUM	235	241
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,675	122,484,477		
	\$0.37 - \$31.96	71	859,229		
	\$31.97 - \$71.03	70	837,243		
	\$71.04 - \$150.75	71	762,216		
	\$150.76 - \$7,098.29	70	875,962		
	TOTAL	9,957	125,819,128		
OPFOU96X	FACILITY AMT PD,OTH PUB (IMPUTED)	7.2	NUM	242	248
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,907	125,064,362		
	\$3.59 - \$19.31	14	315,288		
	\$19.32 - \$66.35	11	280,094		
	\$66.36 - \$131.00	18	94,163		
	\$131.01 - \$3,953.75	7	65,221		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPFOT96X	FACILITY AMT PD,OTH INSUR (IMPUTED)	7.2	NUM	249	255
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,845	124,515,065		
	\$4.35 - \$50.66	31	365,411		
	\$50.67 - \$80.50	25	284,341		
	\$80.51 - \$207.33	28	338,680		
	\$207.34 - \$3,966.00	28	315,631		
	TOTAL	9,957	125,819,128		
OPFXP96X	FACILITY SUM PAYMENTS OPFSF96X-OPFOT96X	8.2	NUM	256	263
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	885	11,542,032		
	\$1.00 - \$46.00	2,238	28,633,440		
	\$46.01 - \$92.00	2,299	27,931,619		
	\$92.01 - \$237.00	2,254	27,635,336		
	\$237.01 - \$25,000.00	2,281	30,076,701		
	TOTAL	9,957	125,819,128		
OPFTC96X	TOTAL FACILITY CHARGE (IMPUTED)	8.2	NUM	264	271
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	316	4,229,837		
	\$3.00 - \$72.50	2,411	31,071,099		
	\$72.51 - \$136.00	2,416	28,956,685		
	\$136.01 - \$366.70	2,404	30,065,339		
	\$366.71 - \$55,246.00	2,410	31,496,167		
	TOTAL	9,957	125,819,128		
IMPOPFSE	IMPUTATION FLAG FOR OPFSF96X	1.0	NUM	272	272
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,362	118,141,068		
	1 IMPUTED	595	7,678,060		
	TOTAL	9,957	125,819,128		
IMPOPFMR	IMPUTATION FLAG FOR OPFMR96X	1.0	NUM	273	273
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	8,371	106,473,585		
	1 IMPUTED	1,586	19,345,543		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOPFMD	IMPUTATION FLAG FOR OPFMD96X	1.0	NUM	274	274
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	8,988	116,111,697		
	1 IMPUTED	969	9,707,430		
	TOTAL	9,957	125,819,128		
IMPOFPV	IMPUTATION FLAG FOR OPFPV96X	1.0	NUM	275	275
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	7,247	91,279,284		
	1 IMPUTED	2,710	34,539,844		
	TOTAL	9,957	125,819,128		
IMPOPFVA	IMPUTATION FLAG FOR OPFVA96X	1.0	NUM	276	276
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,006	114,892,005		
	1 IMPUTED	951	10,927,122		
	TOTAL	9,957	125,819,128		
IMPOPFCH	IMPUTATION FLAG FOR OPFCH96X	1.0	NUM	277	277
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,698	122,551,062		
	1 IMPUTED	259	3,268,065		
	TOTAL	9,957	125,819,128		
IMPOPFOF	IMPUTATION FLAG FOR OPFOF96X	1.0	NUM	278	278
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,695	122,727,783		
	1 IMPUTED	262	3,091,344		
	TOTAL	9,957	125,819,128		
IMPOPFSL	IMPUTATION FLAG FOR OPFSL96X	1.0	NUM	279	279
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,657	121,780,973		
	1 IMPUTED	300	4,038,155		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOPFWC	IMPUTATION FLAG FOR OPFWC96X	1.0	NUM	280	280
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,575	120,946,940		
	1 IMPUTED	382	4,872,188		
	TOTAL	9,957	125,819,128		
IMPOPFOR	IMPUTATION FLAG FOR OPFOR96X	1.0	NUM	281	281
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,821	124,400,284		
	1 IMPUTED	136	1,418,844		
	TOTAL	9,957	125,819,128		
IMPOPFOU	IMPUTATION FLAG FOR OPFOU96X	1.0	NUM	282	282
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,935	125,657,687		
	1 IMPUTED	22	161,440		
	TOTAL	9,957	125,819,128		
IMPOPFOT	IMPUTATION FLAG FOR OPFOT96X	1.0	NUM	283	283
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	9,580	121,044,498		
	1 IMPUTED	377	4,774,630		
	TOTAL	9,957	125,819,128		
IMPOPCHG	IMPUTATION STATUS OF OPFTC96X	1.0	NUM	284	284
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	6,533	84,299,664		
	1 IMPUTED	3,424	41,519,464		
	TOTAL	9,957	125,819,128		
IMPOPNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER	2.0	NUM	285	286
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	6,628	83,342,047		
	0	2,082	26,445,302		
	1 - 3	1,247	16,031,778		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPDSE96X	DOCTOR AMT PD, FAMILY (IMPUTED)	7.2	NUM	287	293
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,201	116,027,444		
	\$0.40 - \$10.00	197	2,418,365		
	\$10.01 - \$31.95	182	2,367,601		
	\$31.96 - \$88.79	189	2,461,141		
	\$88.80 - \$1,211.00	188	2,544,577		
	TOTAL	9,957	125,819,128		
OPDMR96X	DOCTOR AMT PD, MEDICARE (IMPUTED)	7.2	NUM	294	300
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,000	113,473,394		
	\$0.83 - \$24.20	241	2,784,330		
	\$24.21 - \$65.00	238	3,098,293		
	\$65.01 - \$238.67	239	3,241,514		
	\$238.68 - \$6,885.00	239	3,221,597		
	TOTAL	9,957	125,819,128		
OPDMD96X	DOCTOR AMT PD, MEDICAID (IMPUTED)	7.2	NUM	301	307
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,521	121,115,566		
	\$1.75 - \$25.25	111	1,205,929		
	\$25.26 - \$60.59	108	1,116,138		
	\$60.60 - \$147.58	108	1,108,260		
	\$147.59 - \$2,524.00	109	1,273,235		
	TOTAL	9,957	125,819,128		
OPDPV96X	DOCTOR AMT PD, PRIV INSUR (IMPUTED)	7.2	NUM	308	314
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	8,010	100,267,249		
	\$1.35 - \$35.00	488	6,000,869		
	\$35.01 - \$95.76	487	6,396,781		
	\$95.77 - \$340.28	487	6,530,138		
	\$340.29 - \$7,762.53	485	6,624,091		
	TOTAL	9,957	125,819,128		
OPDVA96X	DOCTOR AMT PD, VETERANS (IMPUTED)	7.2	NUM	315	321
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,941	125,590,750		
	\$0.01 - \$11.00	4	48,787		
	\$11.01 - \$18.61	4	78,498		
	\$18.62 - \$1,104.50	8	101,092		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPDCH96X	DOCTOR AMT PD,CHAMP/CHAMPVA (IMPUTED)	6.2	NUM	322	327
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,948	125,702,520		
	\$2.69 - \$70.00	6	82,919		
	\$70.01 - \$167.87	1	18,566		
	\$167.88 - \$310.10	2	15,124		
	TOTAL	9,957	125,819,128		
OPDOF96X	DOCTOR AMT PD,OTH FEDERAL (IMPUTED)	7.2	NUM	328	334
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,944	125,639,157		
	\$4.67 - \$14.50	7	99,502		
	\$14.51 - \$1,104.50	6	80,469		
	TOTAL	9,957	125,819,128		
OPDSI96X	DOCTOR AMT PD,STATE/LOC GOV (IMPUTED)	6.2	NUM	335	340
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,954	125,759,656		
	\$3.97	2	26,523		
	\$525.00	1	32,948		
	TOTAL	9,957	125,819,128		
OPDWC96X	DOCTOR AMT PD,WORKERS COMP (IMPUTED)	7.2	NUM	341	347
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,907	125,145,109		
	\$23.00 - \$54.00	14	179,988		
	\$54.01 - \$159.00	15	193,259		
	\$159.01 - \$344.00	12	162,054		
	\$344.01 - \$1,727.52	9	138,718		
	TOTAL	9,957	125,819,128		
OPDOR96X	DOCTOR AMT PD,OTH PRIV (IMPUTED)	7.2	NUM	348	354
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,805	123,992,906		
	\$1.35 - \$10.59	38	468,080		
	\$10.60 - \$30.20	38	469,333		
	\$30.21 - \$109.40	39	480,681		
	\$109.41 - \$5,538.46	37	408,128		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPDOU96X	DOCTOR AMT PD,OTH PUB (IMPUTED)	6.2	NUM	355	360
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,936	125,474,025		
	\$1.75 - \$17.36	6	171,507		
	\$17.37 - \$72.90	5	52,149		
	\$72.91 - \$130.19	5	60,763		
	\$130.20 - \$310.33	5	60,684		
	TOTAL	9,957	125,819,128		
OPDOT96X	DOCTOR AMT PD,OTH INSUR (IMPUTED)	6.2	NUM	361	366
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	9,956	125,797,021		
	\$214.00	1	22,107		
	TOTAL	9,957	125,819,128		
OPDXP96X	DOCTOR SUM PAYMENTS OPDSF96X-OPDOT96X	7.2	NUM	367	373
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	6,884	86,542,676		
	\$3.00 - \$44.00	769	9,278,881		
	\$44.01 - \$117.04	768	9,495,306		
	\$117.05 - \$348.88	768	10,149,256		
	\$348.89 - \$8,849.75	768	10,353,009		
	TOTAL	9,957	125,819,128		
OPDTC96X	TOTAL DOCTOR CHARGE (IMPUTED)	8.2	NUM	374	381
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	\$0.00	6,654	83,723,039		
	\$3.00 - \$68.00	833	10,112,028		
	\$68.01 - \$183.00	820	10,048,880		
	\$183.01 - \$578.00	825	10,775,544		
	\$578.011 - \$17,748.12	825	11,159,637		
	TOTAL	9,957	125,819,128		
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	382	393
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	164	0		
	1102.433096 - 69380.204318	9,793	125,819,128		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	394	395
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1 - 45	9,957		125,819,128	
	TOTAL	9,957		125,819,128	
VARSTR96	VARIANCE ESTIMATION STRATUM,1996	3.0	NUM	396	398
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1 - 140	9,957		125,819,128	
	TOTAL	9,957		125,819,128	

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 1996 OUTPATIENT DEPARTMENT VISITS
 FILE 2

DATE: _____ May 1, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	39	HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
74	80	OPCH96H	HHLD RPTD AMT PD,CHMP/CHMPVA(PRE-IMPUTD)
150	156	OPCH96M	MPC RPTD AMT PD,CHMP/CHMPVA(UN-IMPUTED)
54	60	OPMD96H	HHLD RPTD AMT PD,MEDICAID(PRE-IMPUTED)
129	135	OPMD96M	MPC RPTD AMT PD,MEDICAID(UN-IMPUTED)
47	53	OPMR96H	HHLD RPTD AMT PD,MEDICARE(PRE-IMPUTED)
121	128	OPMR96M	MPC RPTD AMT PD,MEDICARE(UN-IMPUTED)
81	85	OPOF96H	HHLD RPTD AMT PD,OTHER FED(PRE-IMPUTED)
157	161	OPOF96M	MPC RPTD AMT PD,OTHER FED(UN-IMPUTED)
99	105	OPOT96H	HHLD RPTD AMT PD,OTH INSUR(PRE-IMPUTED)
176	182	OPOT96M	MPC RPTD AMT PD,OTH INSUR(UN-IMPUTED)
61	68	OPPV96H	HHLD RPTD AMT PD,PRIV INS(PRE-IMPUTED)
136	143	OPPV96M	MPC RPTD AMT PD,PRIV INS(UN-IMPUTED)
40	46	OPSF96H	HHLD RPTD AMT PD,FAMILY(PRE-IMPUTED)
114	120	OPSF96M	MPC RPTD AMT PD,FAMILY(UN-IMPUTED)
86	91	OPSL96H	HHLD RPTD AMT PD,STATE&LOC(PRE-IMPUTED)
162	168	OPSL96M	MPC RPTD AMT PD,STATE & LOC(UN-IMPUTED)
106	113	OPTC96H	HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)
183	190	OPTC96M	MPC REPORTED TOTAL CHARGE(UN-IMPUTED)
69	73	OPVA96H	HHLD RPTD AMT PD,VETERANS(PRE-IMPUTED)
144	149	OPVA96M	MPC RPTD AMT PD,VETERANS(UN-IMPUTED)
92	98	OPWC96H	HHLD RPTD AMT PD,WORK COMP(PRE-IMPUTED)
169	175	OPWC96M	MPC RPTD AMT PD,WORK COMP(UN-IMPUTED)
6	8	PID	PERSON NUMBER
203	204	VARPSU96	VARIANCE ESTIMATION PSU,1996
205	207	VARSTR96	VARIANCE ESTIMATION STRATUM,1996
191	202	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT

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 1996 OUTPATIENT DEPARTMENT VISITS
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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	39	HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
40	46	OPSF96H	HHLR RPTD AMT PD,FAMILY(PRE-IMPURED)
47	53	OPMR96H	HHLR RPTD AMT PD,MEDICARE(PRE-IMPURED)
54	60	OPMD96H	HHLR RPTD AMT PD,MEDICAID(PRE-IMPURED)
61	68	OPPV96H	HHLR RPTD AMT PD,PRIV INS(PRE-IMPURED)
69	73	OPVA96H	HHLR RPTD AMT PD,VETERANS(PRE-IMPURED)
74	80	OPCH96H	HHLR RPTD AMT PD,CHMP/CHMPVA(PRE-IMPURED)
81	85	OPOF96H	HHLR RPTD AMT PD,OTHER FED(PRE-IMPURED)
86	91	OPSL96H	HHLR RPTD AMT PD,STATE&LOC(PRE-IMPURED)
92	98	OPWC96H	HHLR RPTD AMT PD,WORK COMP(PRE-IMPURED)
99	105	OPOT96H	HHLR RPTD AMT PD,OTH INSUR(PRE-IMPURED)
106	113	OPTC96H	HHLR REPORTED TOTAL CHARGE(PRE-IMPURED)
114	120	OPSF96M	MPC RPTD AMT PD,FAMILY(UN-IMPURED)
121	128	OPMR96M	MPC RPTD AMT PD,MEDICARE(UN-IMPURED)
129	135	OPMD96M	MPC RPTD AMT PD,MEDICAID(UN-IMPURED)
136	143	OPPV96M	MPC RPTD AMT PD,PRIV INS(UN-IMPURED)
144	149	OPVA96M	MPC RPTD AMT PD,VETERANS(UN-IMPURED)
150	156	OPCH96M	MPC RPTD AMT PD,CHMP/CHMPVA(UN-IMPURED)
157	161	OPOF96M	MPC RPTD AMT PD,OTHER FED(UN-IMPURED)
162	168	OPSL96M	MPC RPTD AMT PD,STATE & LOC(UN-IMPURED)
169	175	OPWC96M	MPC RPTD AMT PD,WORK COMP(UN-IMPURED)
176	182	OPOT96M	MPC RPTD AMT PD,OTH INSUR(UN-IMPURED)
183	190	OPTC96M	MPC REPORTED TOTAL CHARGE(UN-IMPURED)
191	202	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
203	204	VARPSU96	VARIANCE ESTIMATION PSU,1996
205	207	VARSTR96	VARIANCE ESTIMATION STRATUM,1996

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957	125,819,128		
	TOTAL	9,957	125,819,128		
PID	PERSON NUMBER	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957	125,819,128		
	TOTAL	9,957	125,819,128		
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957	125,819,128		
	TOTAL	9,957	125,819,128		
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	9,957	125,819,128		
	TOTAL	9,957	125,819,128		
HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)	11.0	CHAR	29	39
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	9,563	121,364,781		
	VALID ID	394	4,454,347		
	TOTAL	9,957	125,819,128		
OPSF96H	HHLD RPTD AMT PD,FAMILY(PRE-IMPURED)	7.2	NUM	40	46
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	681	9,315,248		
	\$0.00	7,019	86,181,979		
	\$1.00 - \$5.00	609	9,176,802		
	\$5.01 - \$13.00	535	6,902,958		
	\$13.01 - \$55.00	549	6,920,579		
	\$55.01 - \$8,260.00	564	7,321,561		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPMR96H	HHL D RPTD AMT PD, MEDICARE (PRE-IMPUTED)	7.2	NUM	47	53
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	2,378	30,894,023		
	\$0.00	6,973	86,868,085		
	\$3.00 - \$40.00	156	2,013,509		
	\$40.01 - \$99.00	174	2,304,881		
	\$99.01 - \$400.00	125	1,729,664		
	\$400.01 - \$6,568.00	151	2,008,966		
	TOTAL	9,957	125,819,128		
OPMD96H	HHL D RPTD AMT PD, MEDICAID (PRE-IMPUTED)	7.2	NUM	54	60
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	1,578	14,801,881		
	\$0.00	8,323	110,327,332		
	\$32.00 - \$67.00	15	152,120		
	\$67.01 - \$107.50	13	191,974		
	\$107.51 - \$115.00	16	216,643		
	\$115.01 - \$2,796.00	12	129,177		
	TOTAL	9,957	125,819,128		
OPPV96H	HHL D RPTD AMT PD, PRIV INS (PRE-IMPUTED)	8.2	NUM	61	68
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,361	57,007,847		
	\$0.00	4,070	47,889,954		
	\$1.00 - \$43.00	384	5,432,842		
	\$43.01 - \$110.00	398	5,289,431		
	\$110.01 - \$388.00	363	4,818,001		
	\$388.01 - \$11,664.00	381	5,381,052		
	TOTAL	9,957	125,819,128		
OPVA96H	HHL D RPTD AMT PD, VETERANS (PRE-IMPUTED)	5.2	NUM	69	73
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	1,557	19,491,500		
	\$0.00	8,400	106,327,628		
	TOTAL	9,957	125,819,128		
OPCH96H	HHL D RPTD AMT PD, CHMP/CHMPVA (PRE-IMPUTD)	7.2	NUM	74	80
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	180	2,187,351		
	\$0.00	9,743	123,170,540		
	\$6.00 - \$10.00	12	163,990		
	\$10.01 - \$193.50	5	66,038		
	\$193.51 - \$266.00	13	178,754		
	\$266.01 - \$2,458.00	4	52,455		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPOF96H	HHL D RPTD AMT PD, OTHER FED(PRE-IMPUTED)	5.2	NUM	81	85
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	191	2,127,653		
	\$0.00	9,765	123,687,378		
	\$1.00	1	4,098		
	TOTAL	9,957	125,819,128		
OPSL96H	HHL D RPTD AMT PD, STATE&LOC(PRE-IMPUTED)	6.2	NUM	86	91
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	171	2,479,877		
	\$0.00	9,785	123,300,482		
	\$277.00	1	38,769		
	TOTAL	9,957	125,819,128		
OPWC96H	HHL D RPTD AMT PD, WORK COMP(PRE-IMPUTED)	7.2	NUM	92	98
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	360	4,674,371		
	\$0.00	9,574	120,821,758		
	\$170.00 - \$618.00	20	272,775		
	\$618.01 - \$4,755.00	3	50,225		
	TOTAL	9,957	125,819,128		
OPOT96H	HHL D RPTD AMT PD, OTH INSUR(PRE-IMPUTED)	7.2	NUM	99	105
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	230	3,530,097		
	\$0.00	9,636	121,107,859		
	\$4.00 - \$10.00	23	184,506		
	\$10.01 - \$64.00	23	339,597		
	\$64.01 - \$386.00	26	333,407		
	\$386.01 - \$4,207.00	19	323,663		
	TOTAL	9,957	125,819,128		
OPTC96H	HHL D REPORTED TOTAL CHARGE(PRE-IMPUTED)	8.2	NUM	106	113
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	6,637	81,946,602		
	\$0.00	473	5,951,407		
	\$3.00 - \$65.00	729	9,981,155		
	\$65.01 - \$138.00	696	8,852,153		
	\$138.01 - \$560.00	711	9,226,738		
	\$560.01 - \$25,000.00	711	9,861,072		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPSF96M	MPC RPTD AMT PD,FAMILY(UN-IMPUTED)	7.2	NUM	114	120
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,451	54,077,352		
	\$0.00	4,296	54,567,147		
	\$0.50 - \$7.47	303	4,962,146		
	\$7.48 - \$25.00	321	4,364,956		
	\$25.01 - \$69.30	284	3,568,823		
	\$69.31 - \$2,985.47	302	4,278,703		
	TOTAL	9,957	125,819,128		
OPMR96M	MPC RPTD AMT PD,MEDICARE(UN-IMPUTED)	8.2	NUM	121	128
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,605	55,872,371		
	\$0.00	4,118	51,873,298		
	\$2.04 - \$26.67	309	4,823,975		
	\$26.68 - \$78.45	308	4,396,245		
	\$78.46 - \$248.80	309	4,362,366		
	\$248.81 - \$10,972.41	308	4,490,873		
	TOTAL	9,957	125,819,128		
OPMD96M	MPC RPTD AMT PD,MEDICAID(UN-IMPUTED)	7.2	NUM	129	135
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,490	54,328,896		
	\$0.00	4,803	64,695,015		
	\$1.50 - \$30.80	166	2,077,032		
	\$30.81 - \$75.05	166	1,737,740		
	\$75.06 - \$125.00	171	1,425,202		
	\$125.01 - \$7,464.11	161	1,555,242		
	TOTAL	9,957	125,819,128		
OPPV96M	MPC RPTD AMT PD,PRIV INS(UN-IMPUTED)	8.2	NUM	136	143
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,722	57,594,982		
	\$0.00	2,432	30,103,764		
	\$0.37 - \$41.22	701	10,326,015		
	\$41.23 - \$92.56	701	8,971,108		
	\$92.57 - \$278.09	701	9,305,162		
	\$278.10 - \$38,371.56	700	9,518,098		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPVA96M	MPC RPTD AMT PD,VETERANS(UN-IMPUTED)	6.2	NUM	144	149
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,551	55,375,389		
	\$0.00	5,404	70,417,671		
	\$104.55 - \$104.55	1	8,574		
	\$219.08 - \$333.59	1	17,493		
	TOTAL	9,957	125,819,128		
OPCH96M	MPC RPTD AMT PD,CHMP/CHMPVA(UN-IMPUTED)	7.2	NUM	150	156
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,415	53,661,209		
	\$0.00	5,522	71,898,475		
	\$2.26 - \$8.96	5	67,581		
	\$8.97 - \$22.49	5	60,680		
	\$22.50 - \$348.50	5	73,741		
	\$348.51 - \$2,457.67	5	57,441		
	TOTAL	9,957	125,819,128		
OPOF96M	MPC RPTD AMT PD,OTHER FED(UN-IMPUTED)	5.2	NUM	157	161
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,413	53,635,890		
	\$0.00	5,544	72,183,237		
	TOTAL	9,957	125,819,128		
OPSL96M	MPC RPTD AMT PD,STATE & LOC(UN-IMPUTED)	7.2	NUM	162	168
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,414	53,651,034		
	\$0.00	5,534	72,086,511		
	\$9.06 - \$56.00	3	14,405		
	\$56.01 - \$182.00	2	13,252		
	\$182.01 - \$957.01	3	43,419		
	\$957.02 - \$1,395.95	1	10,507		
	TOTAL	9,957	125,819,128		
OPWC96M	MPC RPTD AMT PD,WORK COMP(UN-IMPUTED)	7.2	NUM	169	175
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,414	53,647,105		
	\$0.00	5,410	70,505,549		
	\$6.00 - \$78.00	43	561,935		
	\$78.01 - \$98.00	33	333,738		
	\$98.01 - \$240.00	26	347,321		
	\$240.01 - \$4,886.82	31	423,479		
	TOTAL	9,957	125,819,128		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPOT96M	MPC RPTD AMT PD,OTH INSUR(UN-IMPURED)	7.2	NUM	176	182
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,446	54,082,991		
	\$0.00	5,500	71,587,709		
	\$34.00 - \$75.00	3	22,967		
	\$75.01 - \$177.67	3	54,182		
	\$177.68 - \$360.92	3	41,387		
	\$360.93 - \$3,256.25	2	29,892		
	TOTAL	9,957	125,819,128		
OPTC96M	MPC REPORTED TOTAL CHARGE(UN-IMPURED)	8.2	NUM	183	190
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	4,603	56,126,446		
	\$0.00	213	3,100,966		
	\$3.00 - \$77.37	1,286	17,502,969		
	\$77.38 - \$150.00	1,311	15,965,697		
	\$150.01 - \$396.00	1,260	15,943,264		
	\$396.01 - \$55,245.55	1,284	17,179,786		
	TOTAL	9,957	125,819,128		
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	191	202
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	164	0		
	1102.433096 - 69380.204318	9,793	125,819,128		
	TOTAL	9,957	125,819,128		
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	203	204
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1 - 45	9,957	125,819,128		
	TOTAL	9,957	125,819,128		
VARSTR96	VARIANCE ESTIMATION STRATUM,1996	3.0	NUM	205	207
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1 - 140	9,957	125,819,128		
	TOTAL	9,957	125,819,128		

E. Variable-Source Crosswalk

**E. VARIABLE-SOURCE CROSSWALK
FOR MEPS HC-010F: 1996 OUTPATIENT DEPARTMENT VISITS**

File 1:

Survey Administration and ID Variables

Variable	Description	Source
DUID	Dwelling unit ID (encrypted)	Assigned in sampling
PID	Person number (encrypted)	Assigned in sampling
DUPERSID	Sample person ID (encrypted)	Assigned in sampling
EVNTIDX	EVNT ID	Assigned in Sampling
EVENTRN	Event Round number	CAPI Derived
FFID11X	Flat Fee ID	CAPI Derived
MPCDATA	Medical Provider ID	CAPI Derived

Outpatient Department Visit Variables

Variable	Description	Source
OPDATEYR	Event date - year	CAPI derived
OPDATEMM	Event date - month	CAPI derived
OPDATEDD	Event date - day	CAPI derived
REFERDBY	Patient referred for this visit by another physician	OP03
SEEDOC	Did Patient talk to MD this visit/phone call	OP04
MEDPTYPE	Type of MED person Patient talked to on visit date	OP05
TIMESPNT	Time Patient spent with doctor/medical person	OP06
VSTCTGRY	Best category for care Patient received on visit	OP07
VSTRELCN	This visit/phone call related to specific condition	OP08
PHYSTH	This visit did Patient have physical therapy	OP10
OCCUPTH	This visit did Patient have occupational therapy	OP10
SPEECHTH	This visit did Patient have speech therapy	OP10
CHEMOTH	This visit did Patient have chemotherapy	OP10
RADIATTH	This visit did Patient have radiation therapy	OP10

Variable	Description	Source
KIDNEYD	This visit did Patient have kidney dialysis	OP10
IVTHER	This visit did Patient have IV therapy	OP10
DRUGTRT	This visit did Patient have treatment for drugs or alcohol	OP10
RCVSHOT	This visit did Patient receive an allergy shot	OP10
PSYCHOTH	Did Patient have psychotherapy/counseling?	OP10
LABTEST	This visit did Patient have lab tests	OP11
SONOGRAM	This visit did Patient have sonogram or ultrasound	OP11
XRAYS	This visit did Patient have x-rays	OP11
MAMMOG	This visit did Patient have a mammogram	OP11
MRI	This visit did Patient have an MRI	OP11
EKG	This visit did Patient have an EKG or ECG	OP11
EEG	This visit did Patient have a CATSCAN	OP11
RCVVAC	This visit did Patient receive a vaccination	OP11
ANESTH	This visit did Patient receive anesthesia	OP11
OTHSVCE	This visit did Patient have other diagnostic tests/exams	OP11
SURGPROC	Was surgical procedure performed on Patient this visit	OP12
SURGNAME	Surgical procedure name in categories	OP13
MEDPRESC	Any medicines prescribed for Patient this visit	OP14
DOCOUTF	Any doctor/surgeon also seen outside of provider	OP16
VAPLACE	Outpatient clinic is a VA facility	Constructed
OPICD1X	3-digit ICD-9 condition code	Edited
OPICD2X	3-digit ICD-9 condition code	Edited
OPICD3X	3-digit ICD-9 condition code	Edited
OPICD4X	3-digit ICD-9 condition code	Edited
OPPRO1X	2-digit ICD-9 procedure code	Edited
OPCCC1X	Modified Clinical Classification Code	Constructed/Edit
OPCCC2X	Modified Clinical Classification Code	Constructed/Edit
OPCCC3X	Modified Clinical Classification Code	Constructed/Edit
OPCCC4X	Modified Clinical Classification Code	Constructed/Edit
NUMCOND	Total number of COND records linked to this event	Constructed

Expenditure Variables

Variable	Description	Source
FFOPTYPX	Edited flat fee stem or leaf	FF01, FF02
FFOP96	Total # OP visits in flat fee in 1996	FF02
FFTOT96	Total # visits (pure/mixed) in flat fee for 1996	FF02 (edited)
FFBEF96	Total # of visits in flat fee before 1996	FF05

Variable	Description	Source
FFOP97	Number of OP visits in flat fee: Rd3, 1997	FF10 (edited)
FFTOT97	Number of visits in flat fee for Rd3, 1997	FF10
OPEXP96X	Total expenditure for outpatient department visit	Constructed
OPTCH96X	Total charge for outpatient department visit	Constructed
OPFSF96X	Facility amount paid, family (imputed)	CP11 (Edited/Imputed)
OPFMR96X	Facility amount paid, Medicare (imputed)	CP09 (Edited/Imputed)
OPFMD96X	Facility amount paid, Medicaid (imputed)	CP07 (Edited/Imputed)
OPFPV96X	Facility amount paid, private insurance (imputed)	CP07 (Edited/Imputed)
OPFVA96X	Facility amount paid, Veterans (imputed)	CP07 (Edited/Imputed)
OPFCH96X	Facility amount paid, CHAMP/CHAMPVA (imputed)	CP07 (Edited/Imputed)
OPFOF96X	Facility amount paid, other federal (imputed)	CP07 (Edited/Imputed)
OPFSL96X	Facility amount paid, state/local govt. (imputed)	CP07 (Edited/Imputed)
OPFWC96X	Facility amount paid, Worker's Comp (imputed)	CP07 (Edited/Imputed)
OPFOR96X	Facility amount paid, other private (imputed)	Constructed
OPFOU96X	Facility amount paid, other public (imputed)	Constructed
OPFOT96X	Facility amount paid, other insurance (imputed)	CP07 (Edited/Imputed)
OPFXP96X	Facility sum of payments OPFSF96X – OPFOT96X	Constructed
OPFTC96X	Facility total charge (imputed)	CP09 (Edited/Imputed)
IMPOPFSF	Imputation flag for OPFSF96X	Constructed
IMPOPFMR	Imputation flag for OPFMR96X	Constructed
IMPOPFMD	Imputation flag for OPFMD96X	
IMPOPFPV	Imputation flag for OPFPV96X	Constructed
IMPOPFVA	Imputation flag for OPFVA96X	Constructed
IMPOPFCH	Imputation flag for OPFCH96X	Constructed
IMPOPFOF	Imputation flag for OPFOF96X	Constructed

Variable	Description	Source
IMPOPFSL	Imputation flag for OPFSL96X	Constructed
IMPOPFWC	Imputation flag for OPFWC96X	Constructed
IMPOPFOR	Imputation flag for OPFOR96X	Constructed
IMPOPFOU	Imputation flag for OPFOU96X	Constructed
IMPOPFOT	Imputation flag for OPFOT96X	Constructed
IMPOPCHG	Imputation flag for OPFTC96X	Constructed
IMPOPNUM	Number of Dr. records imputed per facility provider	Constructed
OPDSF96X	Doctor amount paid, family (imputed)	CP11 (Edited/Imputed)
OPDMR96X	Doctor amount paid, Medicare (imputed)	CP09 (Edited/Imputed)
OPDMD96X	Doctor amount paid, Medicaid (imputed)	CP07 (Edited/Imputed)
OPDPV96X	Doctor amount paid, private insurance (imputed)	CP07 (Edited/Imputed)
OPDVA96X	Doctor amount paid, Veterans (imputed)	CP07 (Edited/Imputed)
OPDCH96X	Doctor amount paid, CHAMP/CHAMPVA (imputed)	CP07 (Edited/Imputed)
OPDOF96X	Doctor amount paid, other federal (imputed)	CP07 (Edited/Imputed)
OPDSL96X	Doctor amount paid, state/local govt. (imputed)	CP07 (Edited/Imputed)
OPDWC96X	Doctor amount paid, Worker's Comp (imputed)	CP07 (Edited/Imputed)
OPDOR96X	Doctor amount paid, other private (imputed)	Constructed
OPDOU96X	Doctor amount paid, other public (imputed)	Constructed
OPDOT96X	Doctor amount paid, other insurance (imputed)	CP07 (Edited/Imputed)
OPDXP96X	Doctor sum of payments OPDSF96X – OPDOT96X	Constructed
OPDTC96X	Doctor total charge (imputed)	CP09 (Edited/Imputed)

Weights

Variable	Description	Source
WTDPER96	Person weight full-year 1996 (poverty/mortality adjusted)	Constructed
VARPSU96	Variance estimation PSU 1996	Constructed
VARSTR96	Variance estimation stratum	Constructed

File 2:

Survey Administration and ID Variables

Variable	Description	Source
DUID	Dwelling unit ID (encrypted)	Assigned in sampling
PID	Person number (encrypted)	Assigned in sampling
DUPERSID	Sample person ID (encrypted)	Assigned in sampling
EVNTIDX	EVNT ID: DUPERSID + Event number	Assigned in Sampling
HHSFFIDX	Household reported flat fee ID	CAPI Derived

Pre-imputed Expenditure Variables

Variable	Description	Source
OPSF96H	Household reported amount paid, family (pre-imputed)	CP11 (Edited)
OPMR96H	Household reported amount paid, Medicare (pre-imputed)	CP09 (Edited)
OPMD96H	Household reported amount paid, Medicaid (pre-imputed)	CP07 (Edited)
OPPV96H	Household reported amount paid, private insurance (pre-imputed)	CP07 (Edited)
OPVA96H	Household reported amount paid, Veterans (pre-imputed)	CP07 (Edited)
OPCH96H	Household reported amount paid, CHAMP/CHAMPVA (pre-imputed)	CP07 (Edited)
OPOF96H	Household reported amount paid, other federal (pre-imputed)	CP07 (Edited)
OPSL96H	Household reported amount paid, state/local govt. (pre-imputed)	CP07 (Edited)
OPWC96H	Household reported amount paid, Worker's Comp (pre-imputed)	CP07 (Edited)
OPOT96H	Household reported amount paid, other insurance. (pre-imputed)	CP07 (Edited)
OPTC96H	Household reported total charge (pre-imputed)	CP09 (Edited)

Variable	Description	Source
OPSF96M	MPC reported amount paid, family (unimputed)	Question #8a
OPMR96M	MPC reported amount paid, Medicare (unimputed)	Question #8b
OPMD96M	MPC reported amount paid, Medicaid (unimputed)	Question #8c
OPPV96M	MPC reported amount paid, private insurance (unimputed)	Question #8d
OPVA96M	MPC reported amount paid, Veterans (unimputed)	Question #8e
OPCH96M	MPC reported amount paid, CHAMP/CHAMPVA (unimputed)	Question #8f
OPOF96M	MPC reported amount paid, other federal (unimputed)	Question #8g
OPSL96M	MPC reported amount paid, state/local govt. (unimputed)	Question #8g
OPWC96M	MPC reported amount paid, Worker's Comp (unimputed)	Question #8g
OPOT96M	MPC reported amount paid, other insurance (unimputed)	Question #8g
OPTC96M	MPC reported total charge (unimputed)	Question #9

Weights

Variable	Description	Source
WTDPER96	Person weight full-year 1996 (poverty/mortality adjusted)	Constructed
VARPSU96	Variance estimation PSU 1996	Constructed
VARSTR96	Variance estimation stratum	Constructed