# DATE: June 7, 2012

# ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
42	43	CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST
44	45	COMPANN	TYPE OF HLTH CARE WRKR - COMPANION
142	143	COMPANY	PERSON RECEIVED COMPANIONSHIP SERVICES
140	141	DAILYACT	PERSON WAS HELPED WITH DAILY ACTIVITIES
175	176	DAYSPMO	# DAYS / MONTH PROVIDER CAME
173	174	DAYSPWK	# DAYS / WEEK PROVIDER CAME
46	47	DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID + PID)
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
171	172	FREQCY	PROVIDER HELPED EVERY WEEK/SOME WEEKS
48	49	HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE
36	37	HHDATEMM	EVENT DATE - MONTH
32	35	HHDATEYR	EVENT DATE - YEAR
187	188	HHDAYS	DAYS PER MONTH IN HOME HEALTH, 2010
203	210	HHMD10X	AMOUNT PAID, MEDICAID (IMPUTED)
196	202	HHMR10X	AMOUNT PAID, MEDICARE (IMPUTED)
231	235	HHOF10X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
251	257	HHOR10X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
265	271	HHOT10X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
258	264	HHOU10X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
211	217	HHPV10X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
189	195	HHSF10X	AMOUNT PAID, FAMILY (IMPUTED)
236	242	HHSL10X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
280	287	HHTC10X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
224	230	HHTR10X	AMOUNT PAID, TRICARE (IMPUTED)
41	41	HHTYPE	HOME HEALTH EVENT TYPE
218	223	HHVA10X	AMOUNT PAID, VETERANS/CHAMPVA(IMPUTED)
243	250	HHWC10X	AMOUNT PAID, WORKERS COMP (IMPUTED)
272	279	HHXP10X	SUM OF HHSF10X - HHOT10X (IMPUTED)
52	53	HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER
50	51	HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER
132	133	HOSPITAL	ANY HH CARE SVCE DUE TO HOSPITALIZATION
177	178	HOWOFTEN	PROV CAME ONCE PER DAY/MORE THAN ONCE
181	182	HRSLONG	HOURS EACH VISIT LASTED
288	288	IMPFLAG	IMPUTATION STATUS
54	55	IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST
138	139	MEDEQUIP	PERSON WAS TAUGHT USE OF MED EQUIPMENT
56	57	MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR
183	184	MINLONG	MINUTES EACH VISIT LASTED
38	38	MPCELIG	MPC ELIGIBILITY FLAG
76	77	NONSKILL	TYPE OF HLTH CARE WRKR - NON-SKILLED
60	61	NURAIDE	TYPE OF HLTH CARE WRKR - NURSE'S AIDE

DATE: June 7, 2012

# ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

PAGE: 2

START	END	NAME	DESCRIPTION
· ·	· · · · · · · · · · · · · · · · · · ·		
58	59	NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR
62	63	OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP
105	106	OTHCW	TYPE OF HLTH CARE WRKR - SOME OTHER
107	131	OTHCWOS	SPECIFY OTHER TYPE HEALTH CARE WORKER
74	75	OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER
144	145	OTHSVCE	PERSON RECEIVED OTH HOME CARE SERVICES
146	170	OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED
30	31	PANEL	PANEL NUMBER
64	65	PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTDT
289	300	PERWT10F	EXPENDITURE FILE PERSON WEIGHT, 2010
66	67	PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY
6	8	PID	PERSON NUMBER
68	69	RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY
185	186	SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES
39	40	SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF
78	79	SKILLED	TYPE OF HLTH CARE WRKR - SKILLED
80	104	SKILLWOS	SPECIFY TYPE OF SKILLED WORKER
70	71	SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER
72	73	SPEECTHP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY
179	180	TMSPDAY	TIMES/DAY PROVIDER CAME TO HOME TO HELP
136	137	TREATMT	PERSON RECEIVED MEDICAL TREATMENT
305	305	VARPSU	VARIANCE ESTIMATION PSU, 2010
301	304	VARSTR	VARIANCE ESTIMATION STRATUM, 2010
134	135	VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND

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DATE: June 7, 2012

# 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	31	PANEL	PANEL NUMBER
32	35	HHDATEYR	EVENT DATE - YEAR
36	37	HHDATEMM	EVENT DATE - MONTH
38	38	MPCELIG	MPC ELIGIBILITY FLAG
39	40	SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF
41	41	HHTYPE	HOME HEALTH EVENT TYPE
42	43	CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST
44	45	COMPANN	TYPE OF HLTH CARE WRKR - COMPANION
46	47	DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT
48	49	HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE
50	51	HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER
52	53	HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER
54	55	IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST
56	57	MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR
58	59	NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR
60	61	NURAIDE	TYPE OF HLTH CARE WRKR - NURSE'S AIDE
62	63	OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP
64	65	PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTDT
66	67	PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY
68	69	RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY
70	71	SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER
72	73	SPEECTHP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY
74	75	OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER
76	77	NONSKILL	TYPE OF HLTH CARE WRKR - NON-SKILLED
78	79	SKILLED	TYPE OF HLTH CARE WRKR - SKILLED
80	104	SKILLWOS	SPECIFY TYPE OF SKILLED WORKER
105	106	OTHCW	TYPE OF HLTH CARE WRKR - SOME OTHER
107	131	OTHCWOS	SPECIFY OTHER TYPE HEALTH CARE WORKER
132	133	HOSPITAL	ANY HH CARE SVCE DUE TO HOSPITALIZATION
134	135	VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND
136	137	TREATMT	PERSON RECEIVED MEDICAL TREATMENT
138	139	MEDEQUIP	PERSON WAS TAUGHT USE OF MED EQUIPMENT
140	141	DAILYACT	PERSON WAS HELPED WITH DAILY ACTIVITIES
142	143	COMPANY	PERSON RECEIVED COMPANIONSHIP SERVICES
144	145	OTHSVCE	PERSON RECEIVED OTH HOME CARE SERVICES
146	170	OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED
171	172	FREQCY	PROVIDER HELPED EVERY WEEK/SOME WEEKS
173	174	DAYSPWK	# DAYS / WEEK PROVIDER CAME
175	176	DAYSPMO	# DAYS / MONTH PROVIDER CAME

# DATE: June 7, 2012

# ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

PAGE: 4

START	END	NAME	DESCRIPTION
177	178	HOWOFTEN	PROV CAME ONCE PER DAY/MORE THAN ONCE
179	180	TMSPDAY	TIMES/DAY PROVIDER CAME TO HOME TO HELP
181	182	HRSLONG	HOURS EACH VISIT LASTED
183	184	MINLONG	MINUTES EACH VISIT LASTED
185	186	SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES
187	188	HHDAYS	DAYS PER MONTH IN HOME HEALTH, 2010
189	195	HHSF10X	AMOUNT PAID, FAMILY (IMPUTED)
196	202	HHMR10X	AMOUNT PAID, MEDICARE (IMPUTED)
203	210	HHMD10X	AMOUNT PAID, MEDICAID (IMPUTED)
211	217	HHPV10X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
218	223	HHVA10X	AMOUNT PAID, VETERANS/CHAMPVA(IMPUTED)
224	230	HHTR10X	AMOUNT PAID, TRICARE (IMPUTED)
231	235	HHOF10X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
236	242	HHSL10X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
243	250	HHWC10X	AMOUNT PAID, WORKERS COMP (IMPUTED)
251	257	HHOR10X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
258	264	HHOU10X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
265	271	HHOT10X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
272	279	HHXP10X	SUM OF HHSF10X - HHOT10X (IMPUTED)
280	287	HHTC10X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
288	288	IMPFLAG	IMPUTATION STATUS
289	300	PERWT10F	EXPENDITURE FILE PERSON WEIGHT, 2010
301	304	VARSTR	VARIANCE ESTIMATION STRATUM, 2010
305	305	VARPSU	VARIANCE ESTIMATION PSU, 2010

NAME	DESCRIPTION	<u>F</u> (	ORMAT	TYPE	START	END
DUID	DWELLING UNIT ID		5.0	NUM	<u>1</u>	<u>5</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	VALID ID	4,021				11,826
	TOTAL	4,021			39,7	11,826
PID	PERSON NUMBER		3.0	NUM	6	R
<u>F1D</u>	PERSON NORDER	•	3.0	NOM	<u>6</u>	<u>8</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	VALID ID	4,021				11,826
	TOTAL	4,021			39,7	11,826
DUPERSID	PERSON ID (DUID + PID)	•	8.0	CHAR	<u>9</u>	<u>16</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	VALID ID	4,021			39,7	11,826
	TOTAL	4,021			39,7	11,826
EVNTIDX	EVENT ID	•	12.0	CHAR	<u>17</u>	<u>28</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	VALID ID	4,021			39,7	11,826
	TOTAL	4,021			39,7	11,826
EVENTRN	EVENT ROUND NUMBER		1.0	NUM	<u>29</u>	<u>29</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	ROUND 1	460				07,803
	ROUND 2 ROUND 3	737				02,458
	ROUND 4	1,041 988				06,864 83,310
	ROUND 5	795				11,390
	TOTAL	4,021				11,826

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
PANEL	PANEL NUMBER		2.0	NUM	<u>30</u>	<u>31</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	PANEL 14 PANEL 15 TOTAL	2,300 1,721 4,021			18,7	81,391 30,435 11,826
HHDATEYR	EVENT DATE - YEAR		4.0	<u>NUM</u>	<u>32</u>	<u>35</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	2010 TOTAL	4,021 4,021				11,826 11,826
HHDATEMM	EVENT DATE - MONTH		2.0	NUM	<u>36</u>	<u>37</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	1 - 12 MONTH TOTAL	4,021 4,021				11,826 11,826
MPCELIG	MPC ELIGIBILITY FLAG		1.0	NUM	38	38
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	1 MPC ELIGIBLE - AGENCY 2 NOT MPC ELIGIBLE - PAID INDEP 3 NOT MPC ELIG - INFORMAL CARE TOTAL	3,099 239 683 4,021			3,2 6,3	47,646 25,880 38,299 11,826
SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF		2.0	NUM	39	<u>40</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	-1 INAPPLICABLE 1 WORK FOR AGENCY, HOSP, NURS HOME 2 WORK FOR SELF TOTAL	683 3,099 239 4,021			30,1 3,2	38,299 47,646 25,880 11,826

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHTYPE	HOME HEALTH EVENT TYPE		1.0	NUM	<u>41</u>	<u>41</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	1 FRIEND/NEIGHBOR	204			2,05	0,605
	2 RELATIVE	445			4,02	29,529
	3 VOLUNTEER	34			25	8,165
	4 OTHER - PAID	3,338			33,37	73,526
	TOTAL	4,021			39,71	1,826
CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST		2.0	NUM	42	<u>43</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	-9 NOT ASCERTAINED	38			30	8,257
	-8 DK	26				5,012
	-1 INAPPLICABLE	953			9,96	4,527
	1 YES	580			5,37	75,929
	2 NO	2,424			23,76	8,100
	TOTAL	4,021			39,71	1,826
COMPANN	TYPE OF HLTH CARE WRKR - COMPANION		2.0	NUM	44	<u>45</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	-9 NOT ASCERTAINED	38			30	8,257
	-8 DK	26				5,012
	-1 INAPPLICABLE	953			9,96	54,527
	1 YES	138			1,19	2,149
	2 NO	2,866			,	1,880
	TOTAL	4,021			39,71	1,826

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NAME	DESCRIPTION	FO	RMAT	TYPE	START	END
DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT		2.0	NUM	<u>46</u>	<u>47</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	38			3	08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953				64,527
	1 YES	34			6	06,427
	2 NO	2,970			28,5	37,602
	TOTAL	4,021			39,7	11,826
HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE		2.0	NUM	<u>48</u>	<u>49</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	38			3	08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953				64,527
	1 YES	994				42,660
	2 NO	2,010				01,369
	TOTAL	4,021			39,7	11,826
HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER		2.0	NUM	<u>50</u>	<u>51</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	38			3	08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953				64,527
	1 YES	50				81,265
	2 NO	2,954			28,5	62,764
	TOTAL	4,021			39,7	11,826

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER		2.0	NUM	<u>52</u>	<u>53</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT10F
	-9 NOT ASCERTAINED	38			30	08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953			9,96	64,527
	1 YES	319			3,63	33,465
	2 NO	2,685			25,51	L0,564
	TOTAL	4,021			39,71	L1,826
IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST		2.0	NUM	<u>54</u>	<u>55</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT10F
	-9 NOT ASCERTAINED	38			30	08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953				64,527
	1 YES	27				34,016
	2 NO	2,977			28,91	10,013
	TOTAL	4,021			39,71	11,826
MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR		2.0	<u>NUM</u>	<u>56</u>	<u>57</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	₹WT10F
	-9 NOT ASCERTAINED	38				08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953				64,527
	1 YES	65				71,904
	2 NO	2,939				72,125
	TOTAL	4,021			39,71	L1,826

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR		2.0	NUM	<u>58</u>	<u>59</u>
	VALUE	UNWEIGHTED	,	WEIGHTE	D BY PER	WT10F
	-9 NOT ASCERTAINED	38			30	8,257
	-8 DK	26			29	5,012
	-1 INAPPLICABLE	953			9,96	4,527
	1 YES	848			8,51	4,307
	2 NO	2,156				9,722
	TOTAL	4,021			39,71	1,826
NURAIDE	TYPE OF HLTH CARE WRKR - NURSE'S AIDE		2.0	NUM	<u>60</u>	<u>61</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT10F
	-9 NOT ASCERTAINED	38			30	8,257
	-8 DK	26			29	5,012
	-1 INAPPLICABLE	953			9,96	4,527
	1 YES	161			2,07	6,834
	2 NO	2,843			27,06	7,195
	TOTAL	4,021			39,71	1,826
OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP		2.0	NUM	<u>62</u>	<u>63</u>
	VALUE	UNWEIGHTED	•	WEIGHTE	D BY PER	WT10F
	-9 NOT ASCERTAINED	38			30	8,257
	-8 DK	26				5,012
	-1 INAPPLICABLE	953			9,96	4,527
	1 YES	120			1,15	4,371
	2 NO	2,884			27,98	9,658
	TOTAL	4,021			39,71	1,826

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTDT		<u>2.0</u>	NUM	<u>64</u>	<u>65</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PEI	RWT10F
	-9 NOT ASCERTAINED	38				08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953				54,527
	1 YES	246				21,319
	2 NO	2,758				22,710
	TOTAL	4,021			39,7	11,826
PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY		2.0	NUM	<u>66</u>	<u>67</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	38			30	08,257
	-8 DK	26				95,012
	-1 INAPPLICABLE	953			9,9	54,527
	1 YES	302			3,54	15,192
	2 NO	2,702			25,59	98,837
	TOTAL	4,021			39,7	L1,826
RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY		2.0	<u>NUM</u>	<u>68</u>	<u>69</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	38			30	08,257
	-8 DK	26				5,012
	-1 INAPPLICABLE	953			9,9	54,527
	1 YES	37			41	L <b>4</b> ,575
	2 NO	2,967			28,72	29,454
	TOTAL	4,021			39,7	L1,826

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NAME DESCRIPTION FORMAT TYPE START END 2.0 SOCIALW TYPE OF HLTH CARE WRKR - SOCIAL WORKER NUM <u>71</u> 70 VALUE UNWEIGHTED WEIGHTED BY PERWT10F -9 NOT ASCERTAINED 38 308,257 -8 DK 26 295,012 9,964,527 -1 INAPPLICABLE 953 1 YES 167 1,389,804 2 NO 2,837 27,754,225 TOTAL 4,021 39,711,826 TYPE OF HLTH CARE WRKR - SPEECH THERAPY SPEECTHP 2.0 <u>NUM</u> 72 73 VALUE UNWEIGHTED WEIGHTED BY PERWT10F -9 NOT ASCERTAINED 38 308,257 295,012 -8 DK 26 -1 INAPPLICABLE 953 9,964,527 1 YES 959,560 76 2 NO 2,928 28,184,469 TOTAL 4,021 39,711,826 TYPE OF HLTH CARE WRKR - OTHER OTHRHCW 2.0 NUM 75 74 WEIGHTED BY PERWT10F VALUE UNWEIGHTED -9 NOT ASCERTAINED 38 308,257 -8 DK 295,012 26 -1 INAPPLICABLE 953 9,964,527 1 YES 2,120,943 248 2 NO 2,756 27,023,086 TOTAL 4,021 39,711,826

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
NONSKILL	TYPE OF HLTH CARE WRKR - NON-SKILLED		2.0	NUM	<u>76</u>	<u>77</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-8 DK	2				6,007
	-1 INAPPLICABLE	3,773				90,883
	1 YES	33			3	61,713
	2 NO	213				53,223
	TOTAL	4,021			39,7	11,826
SKILLED	TYPE OF HLTH CARE WRKR - SKILLED		2.0	NUM	78	<u>79</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-8 DK	2				6,007
	-1 INAPPLICABLE	3,773			37.5	90,883
	1 YES	137				83,821
	2 NO	109				31,115
	TOTAL	4,021				11,826
SKILLWOS	SPECIFY TYPE OF SKILLED WORKER		25.0	CHAR	80	104
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE	3,884			38,6	28,005
	BEHAVIORAL THERAPIST	3				36,349
	BEHAVORIAL THERAPIST	1				17,989
	CONSULTANT	1				8,172
	COORDINATOR OF THERAPIST	1				28,452
	COUNSELOR	16				63,452
	DEVELOPMENTAL SPECIALIST	1				16,542
	EMT	1				16,227
	EARLY INTERVENTION	2				10,368
	EDUCATOR/ THERAPIST	6				72,697
	EMT	1				13,522
	(CONT'D ON NEXT PAGE)					

NAME	DESCRIPTION	FORMA!	T TYPE START END
SKILLWOS	SPECIFY TYPE OF SKILLED WORKER	25.0	<u>CHAR</u> 80 104
	VALUE	UNWEIGHTED	WEIGHTED BY PERWT10F
	(CONT'D FROM PREVIOUS PAGE)		
	FAMILY THERAPIST	6	38,772
	LACTATION CONSULTANT	2	64,657
	LVN	3	16,777
	LVN NURSE	8	44,739
	MASSAGE THERAPIST	1	3,272
	MENTAL CARE HEALTH WORKER	1	3,327
	MENTAL HEALTH CARE WORKER	1	3,327
	MENTAL HEALTH THERAPIST	6	18,509
	MIDWIFE	4	62,429
	NURSE AND CNA	4	39,598
	NURSE THERAPIST	1	6,762
	PHLEBOTOMIST	5	70,689
	PHYSICIAN ASST.	1	4,461
	PHYSICIAN ASST\	5	22,306
	PSYCH THERAPIST	1	5,660
	PSYCHIATRIC THERAPIST	3	32,906
	PSYCHIATRIST	1	1,701
	PSYCHOLGICAL SUPPORT	7	39,617
	PSYCHOLOGIST	17	90,015
	PSYCHOTHERAPIST	3	14,454
	REGISTERED NURSE	1	28,916
	REHAB/THERAPIST	7	36,286
	RN	1	4,978
	SET UP EEG HOME STUDY	1	13,347
	SOCIAL WORKER	2	23,138
	SPEECH THERAPIST	3	66,936
	TECHNICIAN	1	6,568
	THERAPIST/COUNSELOR	1	18,284
	THERAPYST AND CASE MNGR	6	13,729
	XRAY TECHNICIAN	1	3,892
	TOTAL	4,021	39,711,826

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NAME	DESCRIPTION	FO	RMAT	TYPE	START	END
OTHCW	TYPE OF HLTH CARE WRKR - SOME OTHER		2.0	NUM	<u>105</u>	<u>106</u>
	VALUE	UNWEIGHTED	WE	EIGHTE	BY PEF	RWT10F
	-8 DK	2				6,007
	-1 INAPPLICABLE	3,773			37,59	0,883
	1 YES	79			71	0,989
	2 NO	167			1,40	3,946
	TOTAL	4,021			39,71	1,826

NAME	DESCRIPTION	FORM	AT TYPE START END
OTHCWOS	SPECIFY OTHER TYPE HEALTH CARE WORKER	25.	0 CHAR 107 131
	VALUE	UNWEIGHTED	WEIGHTED BY PERWT10F
	-1 INAPPLICABLE	3,942	39,000,836
	-8 DK	1	0
	-9 NOT ASCERTAINED	3	37,009
	BEHAVIORAL THERAPIST	5	38,627
	CARE TAKER	1	6,762
	CASE MANAGER	1	19,229
	CASE WORKER	4	60,467
	CHAPLAIN	10	75,712
	CLEANING SERVICES	3	27,684
	CONSULTANT	10	81,722
	COORDINATOR OF HOME CARE	1	16,542
	DELIVERED MED EQUIP	1	12,838
	DEVELOPMENTAL	1	16,542
	DURABLE MEDICAL EQUIPMENT	1	19,814
	FIT CPAP MACHINE	1	15,443
	HELP WITH DAILY ACTIVITIE	2	8,143
	HOME ASSISTANCE	5	26,720
	HOUSE CLEANING	1	9,228
	MAID SERVICE	4	36,911
	MENTAL HEALTH PROVIDER	1	4,021
	OXYGEN SUPPLIER	7	15,537
	PARAMEDIC	1	6,378
	PASTOR	1	8,489
	PHLEBOTOMIST	4	82,729
	SLEEP APNEA SPECIALIST	1	5,085
	SLEEP EQUIPMENT DELIVERED	1	12,838
	SLEEP TECHNICIAN	1	11,995
	SPIRITUAL PASTOR	1	10,846
	THERAPIST	1	4,539
	THERAPIST/COUNSELOR	1	18,284
	TRANSLATOR	3	8,188
	WORKS FOR SOCIAL SERVICES	1	12,668
	TOTAL	4,021	39,711,826

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NAME	DESCRIPTION	FO	RMAT	TYPE	START	END
HOSPITAL	ANY HH CARE SVCE DUE TO HOSPITALIZATION		2.0	<u>NUM</u>	<u>132</u>	<u>133</u>
	VALUE	UNWEIGHTED	<u> </u>	WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	102			1,1	49,383
	-8 DK	11			•	79,118
	-7 REFUSED	2			!	52,044
	1 YES	1,414			14,4	04,846
	2 NO	2,492			24,0	26,435
	TOTAL	4,021			39,7	11,826
VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND		2.0	NUM	<u>134</u>	<u>135</u>
	VALUE	UNWEIGHTED	<u> </u>	WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	80			8:	18,603
	-8 DK	6				12,617
	-7 REFUSED	3				78,685
	1 YES	3,517				90,587
	2 NO	415				11,333
	TOTAL	4,021				11,826
		,			,	•
TREATMT	PERSON RECEIVED MEDICAL TREATMENT		<u>2.0</u>	NUM	<u>136</u>	<u>137</u>
	VALUE	UNWEIGHTED	<u>v</u>	WEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	96			9:	18,423
	-8 DK	12				79,774
	-7 REFUSED	1				26,642
	-1 INAPPLICABLE	683				38,299
	1 YES, AT LEAST ONCE	1,689			17,1	72,474
	2 NO	1,540			15,1	76,214
	TOTAL	4,021			39,7	11,826

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NAME	DESCRIPTION	FO	RMAT	TYPE	START	END
MEDEQUIP	PERSON WAS TAUGHT USE OF MED EQUIPMENT		2.0	NUM	<u>138</u>	<u>139</u>
	VALUE	UNWEIGHTED	<u>v</u>	VEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED -8 DK	101 8				38,762 30,035
	-7 REFUSED	1				26,642
	-1 INAPPLICABLE 1 YES, AT LEAST ONCE	683 640				38,299 88,062
	2 NO	2,588				90,026
	TOTAL	4,021			,	11,826
DAILYACT	PERSON WAS HELPED WITH DAILY ACTIVITIES		2.0	NUM	140	141
DAILIACI	PERSON WAS RELIFED WITH DATE! ACTIVITIES		2.0	NOM	140	141
	VALUE	UNWEIGHTED	<u>v</u>	VEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	70			6	78,014
	-8 DK	8				49,849
	-7 REFUSED	3				78,685
	1 YES, AT LEAST ONCE	2,582				97,915
	2 NO TOTAL	1,358 4,021			,	07,362 11,826
	IOIAL	4,021			39,1	11,626
COMPANY	PERSON RECEIVED COMPANIONSHIP SERVICES		2.0	NUM	142	<u>143</u>
	VALUE	UNWEIGHTED	<u>v</u>	VEIGHTE	D BY PE	RWT10F
	-9 NOT ASCERTAINED	82			8	07,930
	-8 DK	4				20,032
	-7 REFUSED	3				78,685
	1 YES, AT LEAST ONCE	1,626				06,901
	2 NO	2,306				98,278
	TOTAL	4,021			39,7	11,826

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
OTHSVCE	PERSON RECEIVED OTH HOME CARE SERVICES		2.0	NUM	<u>144</u>	<u>145</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PE	RWT10F
	-9 NOT ASCERTAINED	82			8	22,729
	-8 DK	11				73,718
	-7 REFUSED	3				78,685
	1 YES, AT LEAST ONCE	335				48,199
	2 NO	3,590				88,494
	TOTAL	4,021			39,7	11,826
OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED		25.0	CHAR	146	<u>170</u>
	VALUE	UNWEIGHTED		WEIGHTEI	BY PE	RWT10F
	-1 INAPPLICABLE	3,686			36.3	63,627
	-8 DK	2				20,419
	-9 NOT ASCERTAINED	6				58,523
	AMBULATORY SERVICES	1				6,568
	ASSTD W/SHOPPING DRESSING	1				18,314
	BEHAVIORAL PLAN	1				7,822
	BEHAVIORAL THERAPY	2				15,643
	BLOOD PRESSURE	3				36,371
	BOWEL PROGRAM - CATHERIZA	5				32,373
	BRING CARE PACKAGES	1				11,536
	BRINGS GROCERIES	1				13,358
	BRINGS OXYGEN	1				18,672
	CARE VIDEO	1				0
	CASE MANAGEMENT	1				19,229
	CHANGE CATHETER	5			1	.02,734
	CHECK ON PREMATURE BABY	1				3,701
	CHECKED ON LEG	2				36,035
	CHECKING VITALS	1				16,665
	CHECKUPS	1				17,058
	CKS OXGEN TANK	1				8,797
	CLEAN BEDROOM COOK	4				12,295
	(CONT'D ON NEXT PAGE)					

NAME	DESCRIPTION	FORMAT	TYPE START END
OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED	25.0	<u>CHAR</u> 146 170
	VALUE	UNWEIGHTED	WEIGHTED BY PERWT10F
	(CONT'D FROM PREVIOUS PAGE)		
	CLEAN HOUSE	4	54,624
	CLEANING	5	62,192
	CLEANS HOUSE	6	106,650
	COOKED FOOD	1	13,147
	COOKING/MEDS/PERSONAL/LAU	5	32,409
	COOKS MEALS	3	67,821
	COUNSELING	7	35,471
	CROSS THE STREET USE PHON	1	12,436
	DEVELOPMENTAL	1	17,069
	DEVELOPMENTAL THERAPY	1	20,440
	DIABETIC TESTING-MEDICINE	5	27,369
	DOCTOR VISITS	6	18,080
	DOES SHOPPING-ERRANDS	1	7,449
	DRIVES TO DR APPMNT	3	5,437
	DRIVING TO APPTS	5	64,020
	E.K.G-LAB TESTS-X RAYS	3	9,565
	EARLY CHILD DEVELOPMENT	6	51,936
	EATING - OVERALL CARE	5	28,775
	EDUCATION SERVICES	5	138,449
	EKG AND LAB TESTS	2	13,421
	ERRANDS AND APPOINTMENTS	5	16,863
	EXERCISES TO DO	1	10,536
	FEEDING - OVERALL CARE	1	5,755
	FILL RX/TAKES BLOOD PRES	1	9,856
	FILLING PILL BOXERS	3	142,523
	FIX MEDICINE BOX DR APPTS	4	6,804
	FULL TIME CARE	2	52,409
	GAMMAGUARD SHOT 2X MONTH	3	37,315
	GETS GROCERIES	1	9,370
	GOING TO DOCTORS	5	60,169
	GROCERY SERVICES	4	19,272
	HELP W/ HOUSEWORK	4	40,074
	(CONT'D ON NEXT PAGE)		

NAME	DESCRIPTION	FORMAT	TYPE START END
OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED	25.0	<u>CHAR</u> <u>146</u> <u>170</u>
	VALUE	UNWEIGHTED	WEIGHTED BY PERWT10F
	(CONT'D FROM PREVIOUS PAGE)		
	HELP WITH EMOTIONAL ISSUE	4	45,941
	HELP WITH HOMEWORK	6	74,613
	HELP WITH PARENTING	2	32,754
	HELPS CLEANS COOKS	5	33,918
	HOME CARE	1	11,664
	HOME REPAIR	7	65,951
	HOSPICE CARE	1	5,163
	HOUSEKEEPING	4	12,648
	HOUSEKEEPING/LAUNDRY	2	21,209
	HOUSEWORK	1	2,881
	INSPECTION	5	90,494
	IV THERAPY	1	22,253
	LABORATORY	3	9,383
	LABTEST	1	1,562
	LACTATION CONSULTATION	1	22,120
	LAUNDRY	1	12,095
	LAUNDRY DISHES CLEANING	5	51,407
	LISTENED	1	20,982
	MASSAGE	3	24,088
	MASSAGE THERAPY	1	3,892
	MASSAGE/THERAPY	1	3,892
	MEALS	4	38,625
	MENTAL HEALTH COUSELING	6	18,509
	MENTAL THERAPY	1	18,284
	MONITORED VITAL SIGNS	1	1,611
	NEW PARENT ADVICE-OBSRVTN	1	16,536
	NURSE	2	23,138
	OBSERVESATSCHOOL\HOMEWORK	4	0
	OCCUPATIONAL THERAPY	2	6,602
	OXYGEN TANKS	1	9,899
	PAPERWORK AND BILLS	1	11,968
	PERSONAL CARE/HOUSEHOLD C	1	7,496
	(CONT'D ON NEXT PAGE)		,

NAME	DESCRIPTION	FORMAT	TYPE START END
OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED	25.0	<u>CHAR</u> <u>146</u> <u>170</u>
	VALUE	UNWEIGHTED	WEIGHTED BY PERWT10F
	(CONT'D FROM PREVIOUS PAGE)		
	PERSONAL GROOMING MEALS	2	14,355
	PERSONAL HELP BATHING	2	41,376
	PHYSICAEXERSICES THERAPY	3	18,971
	PHYSICAL CK UP	1	4,436
	PHYSICAL THERAPIST	1	7,396
	PHYSICAL THERAPY	13	141,717
	PIC LINE DRESSING CHANGES	1	17,192
	PICK UP PRESCRIPTIONS	5	45,809
	PODIATRY	1	3,128
	PSYCHOLOGICAL EVALUATION	4	22,638
	PT	3	33,841
	PT EVALUATIONS	1	8,877
	SHOPPING AND PAYING BILLS	1	2,512
	SHOPPING HOUSEWORKCOOKING	5	38,678
	SHOVELING SNOW	4	61,853
	SOCIAL AND PHYSICAL WELLB	7	39,617
	SOCIAL SERVICES/ GRIEF CO	3	4,833
	SOME SHOTS GIVEN	2	7,543
	SPEECH THERAPY	3	34,138
	SPEECH THERAPY AND ASST.	1	16,542
	SPEECH/ SOCIAL	1	20,440
	SYERNEDIES SHOT	3	55,936
	TAKING MEDICINE	1	5,219
	TAKING MEDICINES	5	62,370
	TALK GOTO GROCERYMOVIES	4	16,248
	THERAPEUTIC EXERCISES	4	12,787
	TRAINING ON INJURY CARE	1	16,445
	TRANSPORTATION	3	59,219
	WASH WINDOWS SWEEP FLOORS	6	57,927
	WASHING CLOTHES AND COOKI	1	3,599
	WATCH TV HAVE DINNER ETC	1	13,850
	WATCHED TV	3	41,822
	(CONT'D ON NEXT PAGE)		

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED		25.0	CHAR	<u>146</u>	<u>170</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PI	ERWT10F
	(CONT'D FROM PREVIOUS PAGE) WORKS OUT PROBLEMS WOUND CARE X RAYS AND OTHER TESTS TOTAL	1 7 1 4,021			39,	5,660 31,250 4,582 711,826
FREQCY	PROVIDER HELPED EVERY WEEK/SOME WEEKS		2.0	NUM	<u>171</u>	<u>172</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PI	ERWT10F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 EVERY WEEK 2 SOME WEEKS 3 ONLY CAME ONCE TOTAL	46 14 4 3,184 505 268 4,021			30,4 5,3 3,4	502,536 64,010 87,578 486,773 370,311 200,618 711,826
DAYSPWK	# DAYS / WEEK PROVIDER CAME		2.0	NUM	<u>173</u>	<u>174</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PI	ERWT10F
	-8 DK -1 INAPPLICABLE 1 - 7 TOTAL	42 837 3,142 4,021			9,2 29,9	506,367 225,053 980,405 711,826
DAYSPMO	# DAYS / MONTH PROVIDER CAME		2.0	NUM	<u>175</u>	<u>176</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PI	ERWT10F
	-8 DK -1 INAPPLICABLE 1 - 31 TOTAL	11 3,516 494 4,021			5,2	89,608 341,515 280,703 711,826

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DATE: June 7, 2012

NAME DESCRIPTION FORMAT TYPE START END 2.0 <u>178</u> HOWOFTEN PROV CAME ONCE PER DAY/MORE THAN ONCE NUM <u>177</u> VALUE UNWEIGHTED WEIGHTED BY PERWT10F -9 NOT ASCERTAINED 25 223,046 -8 DK 85,433 6 66,602 -7 REFUSED 4 -1 INAPPLICABLE 385 4,450,717 1 ONCE PER DAY 28,605,347 2,969 2 MORE THAN ONCE PER DAY 316 3,030,403 3 24 HOURS PER DAY 3,250,277 316 TOTAL 4,021 39,711,826 TIMES/DAY PROVIDER CAME TO HOME TO HELP TMSPDAY 2.0 NUM 179 180 VALUE UNWEIGHTED WEIGHTED BY PERWT10F -8 DK 29,427 -1 INAPPLICABLE 3,705 36,681,422 3,000,976 2 - 5 310 TOTAL 4,021 39,711,826 182 HRSLONG HOURS EACH VISIT LASTED 2.0 NUM <u>181</u> WEIGHTED BY PERWT10F VALUE UNWEIGHTED -9 NOT ASCERTAINED 30 380,609 -8 DK 48 436,200 -1 INAPPLICABLE 474 4,904,885 0 6,018,404 596 1 - 24 2,873 27,971,727 TOTAL 4,021 39,711,826

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NAME	DESCRIPTION	FO	RMAT	TYPE	START	END
MINLONG	MINUTES EACH VISIT LASTED		2.0	NUM	<u>183</u>	<u>184</u>
	VALUE	UNWEIGHTED	<u> </u>	WEIGHTE	D BY PER	RWT10F
	-9 NOT ASCERTAINED	4			3	88,725
	-8 DK	64				1,211
	-1 INAPPLICABLE	552			5,72	1,694
	0	2,382			23,36	3,950
	1 - 59	1,019			9,81	6,246
	TOTAL	4,021			39,71	1,826
SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES		2.0	NUM	185	186
	VALUE	UNWEIGHTED	7	WEIGHTE	D BY PER	RWT10F
	-9 NOT ASCERTAINED	4			g	7,733
	-8 DK	2				0
	-7 REFUSED	1			2	6,022
	-1 INAPPLICABLE	803			9,38	4,309
	1 YES	3,177			29,85	9,092
	2 NO	34			34	4,670
	TOTAL	4,021			39,71	1,826
HHDAYS	DAYS PER MONTH IN HOME HEALTH, 2010		2.0	NUM	<u>187</u>	<u>188</u>
	VALUE	UNWEIGHTED	<u> </u>	WEIGHTE	D BY PER	WT10F
	-9 NOT ASCERTAINED	117			1,25	0,099
	1 - 31	3,904				1,726
	TOTAL	4,021				1,826
		•			•	•

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHSF10X	AMOUNT PAID, FAMILY (IMPUTED)		7.2	NUM	<u>189</u>	<u>195</u>
	VALUE	UNWEIGHTED	<u>v</u>	/EIGHTEI	BY PER	WT10F
	-1 INAPPLICABLE	683			6,33	8,299
	0	3,142			30,58	3,846
	\$21.00 - \$110.00	52			70	9,110
	\$110.01 - \$216.00	50			77	2,737
	\$216.01 - \$854.00	45			65	3,623
	\$854.01 - \$3,722.00	49			65	4,210
	TOTAL	4,021			39,71	1,826
HHMR10X	AMOUNT PAID, MEDICARE (IMPUTED)		7.2	NUM	196	202
	VALUE	UNWEIGHTED	<u>v</u>	EIGHTEI	BY PER	WT10F
	-1 INAPPLICABLE	683			6.33	8,299
	0	1,839				8,761
	\$3.00 - \$437.00	375			,	9,613
	\$437.01 - \$920.00	375				0,372
	\$920.01 - \$1,564.00	376				4,523
	\$1,564.01 - \$6,289.00	373				0,258
	TOTAL	4,021				1,826
HHMD10X	AMOUNT PAID, MEDICAID (IMPUTED)		8.2	MIIM	202	210
HHMDIOX	AMOUNT PAID, MEDICAID (IMPUTED)		0.2	NUM	<u>203</u>	210
	VALUE	UNWEIGHTED	<u>v</u>	EIGHTEI	BY PER	WT10F
	-1 INAPPLICABLE	683			6 33	8,299
	0	2,096				4,927
	\$16.00 - \$460.00	319			,	7,187
	\$460.01 - \$815.00	311				8,895
	\$815.01 - \$1,654.00	302			,	2,337
	\$1,654.01 - \$14,784.00	310				0,181
	TOTAL	4,021				1,826
		=,			,	,

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHPV10X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)		7.2	NUM	211	217
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE 0	683 3,189				38,299 15,699
	\$4.00 - \$128.00 \$128.01 - \$536.00	42 35				65,757
	\$536.01 - \$1,050.00 \$1,050.01 - \$3,423.00	37 35			5	07,155 75,008
	TOTAL	4,021			39,7	11,826
HHVA10X	AMOUNT PAID, VETERANS/CHAMPVA(IMPUTED)		6.2	NUM	218	<u>223</u>
	VALUE	UNWEIGHTED	•	WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE 0 \$66.00 - \$750.00	683 3,320 18			33,1	38,299 46,267 27,260
	TOTAL	4,021				11,826
HHTR10X	AMOUNT PAID, TRICARE(IMPUTED)		7.2	NUM	224	230
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE 0 \$1.00 - \$3,441.00 TOTAL	683 3,333 5 4,021			33,3	38,299 849,929 23,597 11,826
HHOF10X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)		<u>5.2</u>	NUM	<u>231</u>	235
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE 0 TOTAL	683 3,338 4,021			33,3	338,299 373,526 11,826

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHSL10X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)		7.2	NUM	236	242
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE	683			,	38,299
	0	3,220				21,365
	\$8.00 - \$215.87	33				75,737
	\$215.88 - \$354.50	26				32,032
	\$354.51 - \$548.00	31				11,814
	\$548.01 - \$1,103.00	28				32,577
	TOTAL	4,021			39,7	11,826
HHWC10X	AMOUNT PAID, WORKERS COMP (IMPUTED)		8.2	NUM	243	<u>250</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE	683			6.3	38,299
	0	3,332				01,323
	\$1,432.00 - \$15,124.00	5,332				72,203
	TOTAL	4,021				11,826
	IOIAL	4,021			39,1	11,020
HHOR10X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)		7.2	NUM	<u>251</u>	<u>257</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE	683			6.3	38,299
	0	3,320				10,911
	\$30.00 - \$3,326.00	18				62,615
	TOTAL	4,021				11,826
HHOU10X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)		7.2	NUM	258	264
			_	_	<del>-</del>	_
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F
	-1 INAPPLICABLE	683			6.3	38,299
	0	3,309				75,349
	\$53.40 - \$2,860.00	29				98,178
	TOTAL	4,021				11,826
	<del></del>	-,021			,.	,

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END	
HHOT10X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)		7.2	NUM	<u> 265</u>	<u>271</u>	
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT10F	
	-1 INAPPLICABLE	683			6,33	88,299	
	0	3,263			32,60	4,232	
	\$24.00 - \$4,674.00	75			76	9,294	
	TOTAL	4,021			39,71	1,826	
ннхр10х	SUM OF HHSF10X - HHOT10X (IMPUTED)		8.2	NUM	272	<u>279</u>	
	VALUE	UNWEIGHTED		WEIGHTE	D BY PEI	RWT10F	
	-1 INAPPLICABLE	683			6,33	88,299	
	0	68			67	78,205	
	\$4.00 - \$400.00	819				5,340	
	\$400.01 - \$826.00	820			7,83	2,846	
	\$826.01 - \$1,505.00	818			8,27	73,082	
	\$1,505.01 - \$15,124.00	813			7,79	94,054	
	TOTAL	4,021			39,711,826		
HHTC10X	HHLD REPORTED TOTAL CHARGE (IMPUTED)		8.2	NUM	280	287	
	VALUE	UNWEIGHTED		WEIGHTE	D BY PEI	RWT10F	
	-1 INAPPLICABLE	683			6,33	88,299	
	\$21.00 - \$465.00	843				30,478	
	\$465.01 - \$888.00	832				36,075	
	\$888.01 - \$1,774.00	829				13,113	
	\$1,774.01 - \$15,124.00	834				3,860	
	TOTAL	4,021			39,71	1,826	

NAME	DESCRIPTION	FOI	RMAT	TYPE	START	END
IMPFLAG	IMPUTATION STATUS		1.0	NUM	288	288
	VALUE	UNWEIGHTED	W	EIGHTE	D BY PER	WT10F
	0 NOT ELIGIBLE FOR IMPUTATION 1 COMPLETE HC DATA 2 COMPLETE MPC DATA 3 FULLY IMPUTED 4 PARTIALLY IMPUTED TOTAL	683 98 1,169 2,059 12 4,021			1,30 11,64 20,26	88,299 00,172 12,458 55,084 55,813 11,826
PERWT10F	EXPENDITURE FILE PERSON WEIGHT, 2010	<del>-</del>	<u>12.6</u>	<u>NUM</u>	<u>289</u>	300
	VALUE	UNWEIGHTED	W	EIGHTE	D BY PER	WT10F
	0.000000 WEIGHT 1290.909369 - 56647.632084 WEIGHT TOTAL	67 3,954 4,021				0 1,826 1,826
VARSTR	VARIANCE ESTIMATION STRATUM, 2010		4.0	NUM	301	304
	VALUE	UNWEIGHTED	<u> W</u>	EIGHTE	D BY PER	WT10F
	1,001 - 1,165 TOTAL	4,021 4,021				.1,826 .1,826
VARPSU	VARIANCE ESTIMATION PSU, 2010	-	1.0	NUM	305	305
	VALUE	UNWEIGHTED	<u>W</u>	EIGHTE	D BY PER	WT10F
	1 - 3 TOTAL	4,021 4,021				.1,826 .1,826