MEPS HC-010G:
1996 Office-Based Medical Provider 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:

- Diagnoses 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 (diagnosis-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 prescreening 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 office-based provider visits for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of office-based provider utilization and expenditures for calendar year 1996. Each record represents one household-reported office-based provider visit reported during rounds 1,2, and 3. Office-based provider 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 office-based provider visits, each record contains household reported medical conditions and procedures associated with each visit.

Data from this event file can be merged with other MEPS HC data files, for purposes of appending person characteristics such as demographic or health insurance coverage to each office-based provider visit record.

Counts of office-based provider visits are based entirely on household reports. Office-based providers were sampled into the MEPS MPC (see section B2.0). Only those providers for whom the respondent signed a permission form were included in MPC. Information from 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 office-based provider visits. Aggregate annual person-level information on the use of office-based providers and other health services use is provided on public use file HC-008 and 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
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 instruments 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 two event-level data files. File 1 contains characteristics associated with the office-based provider visit and imputed expenditure data. File 2 contains un-imputed expenditure data from both the Household and Medical Provider Components for all office-based provider visits on File 1.

Both File 1 and File 2 of this public use data set contain 100,320 office-based provider visits. Of the 100,320 records, 98,670 are associated with persons having a positive person-level weight (WTDPER96). This file includes all records related to office-based provider visit for all household survey respondents who resided in eligible responding households and reported at least one office-based provider visit. Each record represents one household-reported office-based provider visits that occurred during calender year 1996. Some household respondents may have multiple visits and thus will be represented in multiple records in the file. Other household respondents may have reported no visits and thus will have no records on this file. These data were collected during rounds 1,2, and 3 of the MEPS HC. The persons represented on this file had to meet 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 for a particular FAMID variables) 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)).

Please refer to Attachment 1 for definitions of key, non-key, inscope and eligible. Person with no office-based medical provider visit for 1996 are not included on this file (but are represented on MEPS person-level files). A codebook for the data file is provided.

Each office-based medical provider visit record on this file includes the following: date of the visit; types of provider seen; time spent with the provider; type of care received; types of treatments (i.e. physical therapy, occupational therapy, speech therapy, chemotherapy, radiation therapy etc.) received during the visit; 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 of the office-based visit expenditure; 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 (if office-based provider sampled into MPC) 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 mis-classifications 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-level characteristics such as demographic or health insurance coverage to each record. The office-based medical provider visit file can also be linked to the MEPS 1996 Medical Conditions File (HC-006) and MEPS 1996 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 office-based medical provider visit identifier
    Other survey administration variables
    Office-based medical provider characteristic variables
    ICD-9 codes
    Clinical Classification Software codes
    Imputed expenditure variables
    Weight and variance estimation variables

File 2
    Unique person identifiers
    Unique office-based medical provider visit identifier
    Pre-imputed 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.

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 an "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 7 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 an imputation process to account for missing data.

The pre-imputed/unimputed expenditure variables on File 2 end with an "H", if the data source was from the MEPS HC and ends with a "M" if the data source was the MEPS MPC. 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

In the case of source of payment variables, the third and fourth characters indicate:

SF - self or family   OF - other Federal Government   XP - sum of payments
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

The fifth and sixth characters indicate the year (96). The last character indicates whether it is edited/imputed (X) or came from household (H) or MPC (M).

For example, OBSF96X is the edited/imputed amount paid by self or family for an office-based medical provider expenditure incurred in 1996.

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, pregnancy is typically covered in a flat fee arrangement where the prenatal visits, the delivery, and the postpartum visits are all covered under one flat fee dollar amount. These three events (the prenatal visit, the delivery, and the postpartum visits) have the same value for FFID11X. Please note that FFID11X should be used to link up all MEPS event files (excluding prescribed medicines) in order to determine the full set of events that are part of a flat fee group.

EVENTRN indicates the round in which the office-based medical provider visit was first reported.

2.5.2   Characteristics of Office-Based Medical Provider Visits

File 1 contains 35 variables describing office-based medical provider visits reported by respondents in the Medical Provider Visits section of the MEPS questionnaire. The questionnaire contains specific probes for determining specific details about the medical provider visit. Unless noted otherwise, the following variables provided as unedited).

Date of Office-Based Provider Visit (OBDATEYR-OBDATEDD)

The event date variables (OBDATEYR, OBDATEMM, and OBDATEDD) indicate the year, month, and date that the household respondent reported having had a medical provider event.

Visit Details (SEETLKPV-VSTRELCN)

The questionnaire determines if during the office-based medical provider visit whether the person actually saw the provider or talked to the provider on the telephone (SEETLKPV). It also establishes if the person was referred by another physician or medical provider (REFERDBY), and whether the person saw or spoke to a medical doctor or not (SEEDOC). If the person did not see a physician (i.e., a medical doctor), the respondent was asked to identify the type of medical person seen (MEDPTYPE). The respondent was also asked how much time was spent with the medical provider (TIMESPNT). Whether or not any medical doctors worked at the visit location (DOCATLOC), 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.

Treatments, Services, Procedures, and Prescription Medicines (PHYSTH-MEDPRESC)

Types of treatments received during the office-based medical provider 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 a CAT scan (MRI), an electrocardiogram (EKG), an electroencephalogram (EEG), a vaccination (RCVVAC), anesthesia (ANESTH), or other diagnostic tests or exams (OTHSVCE). Minimal editing was done across treatment, services, and procedures to ensure consistency across inapplicables, not ascertained, don't know, refused, and no services received values. 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).

Other Visit Details (VAPLACE)

VAPLACE is a constructed variable that indicates whether the provider worked at 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.

MPC Indicator (MPCELIG, MPCDATA)

MPCELIG is constructed variable that indicates whether the office-based provider visit was eligible for MPC data collection. MPCDATA is a constructed variable that indicates whether or not MPC data was collected for the office-based provider visit.

2.5.3 Condition and Procedure Codes(OBICD1X-OBICD4X, OBPRO1X) and Clinical Classification Codes (OBCCC1X-OBCCC4X)

Information on household reported medical conditions and procedures associated with each office-based medical provider visit are provided on this file. There are up to four condition codes (OBICD1X-OBICD4X), one procedure code (OBPRO1X), and up to four clinical classification codes (OBCCC1X-OBCCC4X) listed for each office-based medical provider visit (83.1 % of office-based medical provider visits have 0-4 condition records linked). In order to obtain complete condition information associated with an event, the analyst must link to the HC-006 Medical Conditions File. Details on how to link to the MEPS Medical Conditions File (HC-006) are provided in the Appendix File. The user should note that due to confidentiality restrictions, provider reported condition information are not publicly 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 Conditions File. For frequencies of conditions by event type, please see HC-010I: the Appendix File.

The ICD-9-CM codes were aggregated into clinically meaningful categories. These categories, included on the file as OBCCC1X-OBCCC4X, 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 condition codes (and clinical classification codes) and procedure codes linked to each office-based medical provider visit event 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 office-based medical provider visit file should note that the order of conditions on this file is not identical to that on Medical Conditions file.

Record Count Variable (NUMCOND)

The variable NUMCOND indicates the total number of condition and procedure records which can be linked from HC-006: Medical Conditions File to each office-based medical provider visit record. For visits where no condition records linked (NUMCOND=0), the condition, procedure and clinical classification code variables all have a value of -1 INAPPLICABLE. Similarly, for visits without a linked second, third or fourth condition record, the corresponding second, third or fourth diagnosis 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 MEPS Condition Files (HC-006). See Section 5.0 for details on linking MEPS data files.

2.5.4 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: obstetrician's fee covering a normal delivery, as well as pre- and post-natal 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), include 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), and a single person 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 office-based visit that are not part of a flat fee payment situation, the flat fee variables described below are all set to inapplicable (-1).

Flat Fee Type (FFOBTYPX)

FFOBTYPX indicates whether the 1996 office-based medical provider visit is the "stem" or "leaf" of a flat fee group. A stem (records with FFOBTYPX = 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 FFOBTYPX = 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 a office-based medical provider 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 office-based medical provider 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 office-based medical provider visit is part of a group of events, and some of the events occurred before 1996, counts of the known events are provided on the office-based medical provider 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 office-based medical provider visit record. This count would not include 1996 office-based medical provider visit.
>
> FFOB97 – indicates whether or not there are 1997 office-based medical provider visits in the same flat fee group as the 1996 office-based medical provider visit record.
>
> FFTOT97 -- indicates whether or not there any 1997 medical events in the same flat fee group as the 1996 office-based medical provider visit record.

Caveats of Flat Fee Groups

The user should note that flat fee payment situations are common with respect to office-based medical provider visits. There are 3,271 office-based medical provider 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, except the prescribed medicine file (HC-010A), using the variable FFID11X.

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 this 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, except the prescribed medicine file (HC-010A), using the variable FFID11X to create the flat fee group.

2.5.5 Expenditure Data

Definition of Expenditures

Expenditures on this file refer to what is paid for health care services. More specifically, expenditures in MEPS are defined as the sum of payments for care received, 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).

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 Medical Provider Components (MPC). The MPC contacted medical providers identified by household respondents. The charge and payment data from medical providers was used in the expenditure imputation process to supplement missing household data. For all office-based medical provider visits, MPC data were used if complete; otherwise HC data were used if complete. Missing data for office-based medical provider 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.

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 a reasonable approach to complete event level expenditures for respondents in managed care plans. The procedure was conducted in two stages. First, HMO events reported in the MPC as covered by capitated arrangements were imputed using similar MPC HMO events that were paid on a fee-for-service basis, 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 Office-based Medical Provider Visits

Expenditures on visits of office-based medical providers 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. Many physician visits were imputed as flat fee events because the charges covered a package of health care services. In some cases, all of the services were provided in the physician's office. In other cases, the physician provided services in multiple settings such as his or her office and a hospital.

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 expenditure information was assigned to one category, while an event with a known total charge and some expenditure 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. Expenditures 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 either the HC or the MPC. For most MPC-eligible event types, 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. However, this restriction was relaxed in order to increase the size of the donor pool for physician visits with missing expenditures and because household reported data for physician visits was in general more reliable than for hospital-based events..

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 source 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 source 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 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 source of payment categories only exist on File 1 for imputed expenditure data since they were created through the editing/imputation process. File 2 reflect 10 sources of payment as they were collected through the survey instrument.

Imputed Office- Based Expenditure Variables (OBSF96X - OBXP96X)

There are 13 expenditure variables included on this event file. All of these expenditures have gone through an editing and imputation process and have been rounded to the second decimal place. There is a sum of payments variable (OBXP96X) which for each office-based medical provider visit sums all the expenditures from the various source of payment. The 12 sources of payment expenditure variables for each office-based medical provider visit are the following: amount paid by self or family (OBSF96X), amount paid by Medicare (OBMR96X), amount paid by Medicaid (OBMD96X), amount paid by private insurance (OBPV96X), amount paid by Veterans Administration (OBVA96X), amount paid by CHAMPUS/CHAMPVA (OBCH96X), amount paid other federal sources (OBOF96X), amount paid by state and local (non-federal) government sources (OBSL96X), amount paid by Worker's Compensation (OBWC96X), and amount paid by some other source of insurance (OBOT96X). As mentioned previously, there are two additional expenditure variables called OBOR96X and OBOU96X (other private and other public respectively). These two expenditure variables were created to maintain consistency between what the household reported as their private and public insurance status for hospitalization and physician coverage.

Rounding

Expenditure variables on file, HC-010G, 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 (IMPOBSLF - IMPOBCHG)

The variables IMPOBSLF-IMPOBCHG identify records where the office-based provider expense have been imputed using the methodologies outlined in this document. When a record was identified as being the leaf of a flat fee or it was a telephone visit, 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: Un-imputed Expenditure Variables

Both imputed and pre-imputed expenditure data are 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 several problems including 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 misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources as well as number of other data inconsistencies that could be resolved through logical edits. Missing data were not imputed.

The user should 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 source of payment variables. The additional two sources of payments (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 user should also note that the variable HHSFFIDX, which is the original flat fee identifier that was derived during the household interview, should be used only if user is 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 office-based medical provider visit 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 office-based medical provider visits and to allow for estimates of number of persons with office-based medical provider visits for 1996.

4.1   Variables 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/procedure code (OBICD1X) 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 the editing/imputation of expenditure variables (e.g. sources of payment flat fee, and zero expenditures) are described in section 2.5.5.

4.2   Basic Estimates of Utilization, Expenditure and Source of Payment

While the examples described below illustrate the use of event level data in constructing person-level total 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 office-based medical provider 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 office-based medical provider visits, for the civilian non-institutionalized population of the U.S. in 1996, is estimated as the sum of the weight (WTDPER96) across all office-based medical provider records. That is,

$$\sum W_j = 1,296,710,368 \tag{1}$$

Example 2:
Various estimates can be produced based on specific variables and subsets of records. For example, the estimate for the mean out-of-pocket payment per office-based medical provider visit should be calculated as the weighted average of the office-based provider's bill paid by self/family. That is,

$$\overline{X} = (\sum W_j X_j) / (\sum W_j) = \$20.75 \tag{2}$$

where $X_j = \text{OBSF96X}_j$ and $\sum W_j = 1{,}159{,}521{,}672$

for all office-based medical provider records with $\text{OBXP96X}_j > 0$.

This gives \$20.75 as the estimated mean amount of out-of-pocket payment of expenditures associated with office-based medical provider visit and 1,159,521,672 as an estimate of the total number of office-based medical provider visits with expenditure. 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 office-based medical provider visits. This should be calculated as the weighted average of proportion of total expenditures paid by private insurance. That is

$$\overline{Y} = (\sum W_j Y_j) / (\sum W_j) = 0.4138, \tag{3}$$

where $Y_j = \dfrac{\text{OBPV96X}_j}{\text{OBXP96X}_j}$ and $\sum W_j = 1{,}159{,}521{,}672,$

for all office-based medical provider recorders with $\text{OBXP96Xj} > 0.$

This gives 0.4138 as the estimated mean proportion of total expenditures paid by private insurance for office-based medical provider visits with expenditures for the civilian non-institutionalized population of the U.S. in 1996.

4.3   Estimates of the Number of Persons with Office-Based Medical Provider Visits

When calculating an estimate of the total number of persons with office-based medical provider 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 office-based medical provider visits in person and not by telephone, the current file must be used. This would be estimated as,

$$\sum W_i X_i \qquad \text{across all unique persons i on this file,} \qquad (4)$$

where

W_i is the sampling weight(WTDPER96) for person i

and

$X_i = 1$ if SEETLKPV EQ 1 for any visits of person i

$\quad\;\; = 0$ otherwise.

Prior to estimation users will need to take into consideration that 149 records have a missing value for SEETLKPV .

4.4 Person-Based Ratio Estimates

4.4.1 Person-Based Ratio Estimates Relative to Persons with Office-Based Medical Provider 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 up to person-level. For example, the mean expense for persons with office-based medical provider visits is estimated as,

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

where

W_i is the sampling weight(WTDPER96) for person i

and

$$Z_i = \sum OBXP96X_j \quad \text{across all visits for person i.}$$

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 office-based medical provider visits 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 visits and those without visits). For example, to estimate the proportion of civilian non-institutionalized population of the U.S. with at least one in person office-based medical provider visit, 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,

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

where
W_i is the sampling weight(WTDPER96) for person i

and

$Z_i = 1$ if $SEETLKPV_j$ EQ 1 for any visits of person i on the office-based medical provider visits file

$= 0$ otherwise for all remaining persons on the MEPS HC-011 file.

Prior to estimation users will need to take into consideration that 149 records have a missing value for SEETLKPV.

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 are 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 the computer software package SUDAAN will yield an estimate of standard error of $0.59 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 the computer software package SUDAAN will yield an estimate of standard error of 0.0091 for the weighted mean proportion of total expenditures paid by private insurance.

5.0   Merging/Linking MEPS Data Files

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

5.1   Linking a Person-Level File to the Office-Based Medical Provider Visit File

Merging characteristics of interest from other MEPS files (e.g., HC-008: 1996 Full Year Population Characteristics File or HC-010: 1996 Prescribed Medicines File) expands the scope of potential estimates. For example, to estimate the total number of office-based medical provider visits of persons with specific characteristics (e.g., age, race, and sex), population characteristics from a person-level file need to be merged onto the office-based medical provider file. This procedure is illustrated below. The Appendix File (HC-010I) provides additional details on how to merge MEPS data files.

1. 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 office-based medical provider visit file and DUPERSID.

2. Create data set OBMP by sorting the office-based medical provider visit file by person identifier, DUPERSID.

3. Create final date set NEWOBMP by merging these two files by DUPERSID, keeping only records on the office-based medical provider 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=OBMP;
  BY DUPERSID;
RUN;

DATA NEWOBMP;
  MERGE OBMP (IN=A) PERSX(IN=B);
  BY DUPERSID;
  IF A;
RUN;
```

5.2   Linking the Office-Based Medical Provider Visit file (HC-010G) 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. This limitations/caveats are listed below. For detailed linking examples including SAS code, analyst should refer to HC-010I: the Appendix file.

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

The RXLK file provides a link from the prescribed medicine records on HC-010A to the other event files (HC010B - HC010H). When using RXLK, analysts should keep in mind that one office-based medical visit can link to more than one prescribed medicine record. Conversely, a prescribed medicine event may link to more than one office-based medical visits 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.

5.4   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 office-based medical provider visit. Users should also note that not all office-based medical provider visits link to the condition file.

6.0   Programming Information

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

ASCII versions:
File Name: HC10GF1.DAT
Number of Observations: 100,320
Number of Variables: 89
Record Length: 285
Record Format: fixed
Record Identifier and Sort Key: EVNTIDX

File Name: HC10GF2.DAT
Number of Observations: 100,320
Number of Variables: 31
Record Length: 215
Record Format: fixed
Record Identifier and Sort Key: EVNTIDX

SAS Transport versions:
File Name: HC10GF1.SSP
SAS Name: HC10GF1
Number of Observations: 100,320
Number of Variables: 89
Record Identifier and Sort Key: EVNTIDX

File Name: HC10GF2.SSP
SAS Name: HC10GF2
Number of Observations: 100,320
Number of Variables: 31
Record Identifier and Sort Key: EVNTIDX

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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 a group of persons in the sampled dwelling unit who is related by blood, marriage, adoption or other family association, and who is 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, persons returning from an institution, or persons 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 that was 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, co-payments 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, co-payments or charges reported as total payments, and reimbursed amounts counted as out-of-pocket payments. These data were used as the imputation source to account for missing HC data.

Imputation - A method of estimating values for cases with missing data. Hot-deck imputation creates a data set with complete data for all nonrespondent cases, by substituting the data from a respondent case that resembles the nonrespondent on certain known variables.

D. Codebooks

MEPS HC-010G
1996 OFFICE-BASED MEDICAL PROVIDER VISITS
FILE 1

DATE: July 28, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
103	104	ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA
73	74	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
61	62	DOCATLOC	ANY MD WORK AT LOCATION WHERE P SAW PROV
81	82	DRUGTRT	TREATMENT FOR DRUG OR ALCOHOL
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
99	100	EEG	THIS VISIT DID P HAVE AN EEG
97	98	EKG	THIS VISIT DID P HAVE AN EKG OR ECG
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
149	150	FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996
30	40	FFID11X	FLAT FEE ID
145	146	FFOB96	# OF MV VISITS IN FLAT FEE - 1996
151	152	FFOB97	# OF MV VISITS IN FLAT FEE -1997 THRU R3
143	144	FFOBTYPX	ED FLAT FEE STEM-LEAF INDICATOR
147	148	FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996
153	154	FFTOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3
268	268	IMPOBCHG	IMPUTATION STATUS OF OBTC96X
261	261	IMPOBCHM	IMPUTATION FLAG FOR OBCH96X
258	258	IMPOBMCD	IMPUTATION FLAG FOR OBMD96X
257	257	IMPOBMCR	IMPUTATION FLAG FOR OBMR96X
262	262	IMPOBOFD	IMPUTATION FLAG FOR OBOF96X
265	265	IMPOBOPR	IMPUTATION FLAG FOR OBOR96X
266	266	IMPOBOPU	IMPUTATION FLAG FOR OBOU96X
267	267	IMPOBOT	IMPUTATION FLAG FOR OBOT96X
259	259	IMPOBPRV	IMPUTATION FLAG FOR OBPV96X
256	256	IMPOBSLF	IMPUTATION FLAG FOR OBSF96X
263	263	IMPOBSTL	IMPUTATION FLAG FOR OBSL96X
260	260	IMPOBVA	IMPUTATION FLAG FOR OBVA96X
264	264	IMPOBWCP	IMPUTATION FLAG FOR OBWC96X
79	80	IVTHER	THIS VISIT DID P HAVE IV THERAPY
77	78	KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS
87	88	LABTEST	THIS VISIT DID P HAVE LAB TEST
93	94	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
111	112	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
57	58	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
42	42	MPCDATA	MPC DATA FLAG
41	41	MPCELIG	MPC ELIGIBILITY FLAG
95	96	MRI	THIS VISIT DID P HAVE A MRI/CATSCAN
141	142	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
129	131	OBCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
132	134	OBCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
135	137	OBCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
138	140	OBCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
191	197	OBCH96X	AMOUNT PAID, CHAMPUS/CHAMPVA (IMPUTED)
49	50	OBDATEDD	EVENT DATE - DAY
47	48	OBDATEMM	EVENT DATE - MONTH
43	46	OBDATEYR	EVENT DATE - YEAR
115	117	OBICD1X	3 DIGIT ICD-9 CONDITION CODE
118	120	OBICD2X	3 DIGIT ICD-9 CONDITION CODE
121	123	OBICD3X	3 DIGIT ICD-9 CONDITION CODE
124	126	OBICD4X	3 DIGIT ICD-9 CONDITION CODE
169	175	OBMD96X	AMOUNT PAID, MEDICAID (IMPUTED)
162	168	OBMR96X	AMOUNT PAID, MEDICARE (IMPUTED)
198	204	OBOF96X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
219	225	OBOR96X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
233	239	OBOT96X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
226	232	OBOU96X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
127	128	OBPRO1X	2 DIGIT ICD-9 PROCEDURE CODE

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
176	183	OBPV96X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
155	161	OBSF96X	AMOUNT PAID, FAMILY (IMPUTED)
205	211	OBSL96X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
248	255	OBTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
184	190	OBVA96X	AMOUNT PAID, VETERANS (IMPUTED)
212	218	OBWC96X	AMOUNT PAID, WORKERS COMP (IMPUTED)
240	247	OBXP96X	SUM OF OBSF96X-OBOT96X (IMPUTED)
69	70	OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY
105	106	OTHSVCE	OTHER DIAGNOSTIC TESTS/EXAMS
67	68	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
6	8	PID	PERSON NUMBER
85	86	PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING
75	76	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
83	84	RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT
101	102	RCVVAC	THIS VISIT DID P RECEIVE VACCINATION
53	54	REFERDBY	REFERRED BY ANOTHER PHYSICIAN
55	56	SEEDOC	TALK TO MD THIS VISIT/PHONE CALL
51	52	SEETLKPV	DID P VISIT PROV IN PERSON OR TELEPHONE
89	90	SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND
71	72	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
109	110	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
107	108	SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P
59	60	TIMESPNT	TIME SPENT WITH DOCTOR/MEDICAL PERSON
113	114	VAPLACE	VA FACILITY FLAG
281	282	VARPSU96	VARIANCE ESTIMATION PSU,1996
283	285	VARSTR96	VARIANCE ESTIMATION STRATUM,1996
63	64	VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT
65	66	VSTRELCN	VISIT/PHONE CALL RELATED TO CONDITION
269	280	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
91	92	XRAYS	THIS VISIT DID P HAVE X-RAYS

MEPS HC-010G
1996 OFFICE-BASED MEDICAL PROVIDER VISITS
FILE 1

DATE: July 28, 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	MPCELIG	MPC ELIGIBILITY FLAG
42	42	MPCDATA	MPC DATA FLAG
43	46	OBDATEYR	EVENT DATE - YEAR
47	48	OBDATEMM	EVENT DATE - MONTH
49	50	OBDATEDD	EVENT DATE - DAY
51	52	SEETLKPV	DID P VISIT PROV IN PERSON OR TELEPHONE
53	54	REFERDBY	REFERRED BY ANOTHER PHYSICIAN
55	56	SEEDOC	TALK TO MD THIS VISIT/PHONE CALL
57	58	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
59	60	TIMESPNT	TIME SPENT WITH DOCTOR/MEDICAL PERSON
61	62	DOCATLOC	ANY MD WORK AT LOCATION WHERE P SAW PROV
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67	68	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
69	70	OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY
71	72	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
73	74	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
75	76	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
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87	88	LABTEST	THIS VISIT DID P HAVE LAB TEST
89	90	SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND
91	92	XRAYS	THIS VISIT DID P HAVE X-RAYS
93	94	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
95	96	MRI	THIS VISIT DID P HAVE A MRI/CATSCAN
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105	106	OTHSVCE	OTHER DIAGNOSTIC TESTS/EXAMS
107	108	SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P
109	110	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
111	112	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
113	114	VAPLACE	VA FACILITY FLAG
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118	120	OBICD2X	3 DIGIT ICD-9 CONDITION CODE
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124	126	OBICD4X	3 DIGIT ICD-9 CONDITION CODE
127	128	OBPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
129	131	OBCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
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162	168	OBMR96X	AMOUNT PAID, MEDICARE (IMPUTED)
169	175	OBMD96X	AMOUNT PAID, MEDICAID (IMPUTED)
176	183	OBPV96X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
184	190	OBVA96X	AMOUNT PAID, VETERANS (IMPUTED)
191	197	OBCH96X	AMOUNT PAID, CHAMPUS/CHAMPVA (IMPUTED)
198	204	OBOF96X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
205	211	OBSL96X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
212	218	OBWC96X	AMOUNT PAID, WORKERS COMP (IMPUTED)
219	225	OBOR96X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
226	232	OBOU96X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
233	239	OBOT96X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
240	247	OBXP96X	SUM OF OBSF96X-OBOT96X (IMPUTED)
248	255	OBTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
256	256	IMPOBSLF	IMPUTATION FLAG FOR OBSF96X
257	257	IMPOBMCR	IMPUTATION FLAG FOR OBMR96X
258	258	IMPOBMCD	IMPUTATION FLAG FOR OBMD96X
259	259	IMPOBPRV	IMPUTATION FLAG FOR OBPV96X
260	260	IMPOBVA	IMPUTATION FLAG FOR OBVA96X
261	261	IMPOBCHM	IMPUTATION FLAG FOR OBCH96X
262	262	IMPOBOFD	IMPUTATION FLAG FOR OBOF96X
263	263	IMPOBSTL	IMPUTATION FLAG FOR OBSL96X
264	264	IMPOBWCP	IMPUTATION FLAG FOR OBWC96X
265	265	IMPOBOPR	IMPUTATION FLAG FOR OBOR96X
266	266	IMPOBOPU	IMPUTATION FLAG FOR OBOU96X
267	267	IMPOBOT	IMPUTATION FLAG FOR OBOT96X
268	268	IMPOBCHG	IMPUTATION STATUS OF OBTC96X
269	280	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
281	282	VARPSU96	VARIANCE ESTIMATION PSU,1996
283	285	VARSTR96	VARIANCE ESTIMATION STRATUM,1996

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PID	PERSON NUMBER	3.0	NUM	6	8

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EVNTIDX	EVENT ID	12.0	CHAR	17	28

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EVENTRN	EVENT ROUND NUMBER	1.0	NUM	29	29

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 ROUND 1	32,948	426,880,308
2 ROUND 2	46,995	606,216,610
3 ROUND 3	20,377	263,613,450
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFID11X	FLAT FEE ID	11.0	CHAR	30	40

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,049	1,252,524,875
VALID ID	3,271	44,185,493
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MPCELIG	MPC ELIGIBILITY FLAG	1.0	NUM	41	41

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 MPC ELIGIBLE	85,051	1,089,653,584
2 NOT MPC ELIGIBLE	15,269	207,056,784
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MPCDATA	MPC DATA FLAG	1.0	NUM	42	42

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 HAS MPC DATA	24,265	305,219,580
2 NO MPC DATA	76,055	991,490,788
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBDATEYR	EVENT DATE - YEAR	4.0	NUM	43	46

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	248	3,202,675
-8 DK	17	204,275
1996	100,055	1,293,303,418
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBDATEMM	EVENT DATE - MONTH	2.0	NUM	47	48

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	489	6,037,151
-8 DK	29	244,897
1 - 12	99,802	1,290,428,320
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBDATEDD	EVENT DATE - DAY	2.0	NUM	49	50

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,025	12,316,775
-8 DK	4,876	58,842,607
-7 REFUSED	11	111,961
1 - 31	94,408	1,225,439,025
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SEETLKPV	DID P VISIT PROV IN PERSON OR TELEPHONE	2.0	NUM	51	52

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	111	1,686,461
-8 DK	36	565,812
-7 REFUSED	2	23,568
1 SAW PROVIDER	96,766	1,247,784,337
2 TELEPHONE CALL	3,405	46,650,189
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
REFERDBY	REFERRED BY ANOTHER PHYSICIAN	2.0	NUM	53	54

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	3,186	45,937,347
-8 DK	92	1,343,644
-7 REFUSED	5	84,386
1 YES	17,070	220,646,051
2 NO	79,967	1,028,698,940
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SEEDOC	TALK TO MD THIS VISIT/PHONE CALL	2.0	NUM	55	56

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,557	38,519,243
-8 DK	119	1,765,409
-7 REFUSED	5	78,883
1 YES	72,861	927,202,302
2 NO	24,778	329,144,532
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT	2.0	NUM	57	58

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,094	31,278,885
-8 DK	89	1,288,567
-7 REFUSED	4	56,301
-1 INAPPLICABLE	72,860	927,180,340
1 CHIROPRACTOR	4,164	56,570,128
2 DENTIST/DENTAL CARE PERSON	107	1,331,368
3 MIDWIFE	152	1,521,007
4 NURSE/NURSE PRACTITIONER	7,521	98,811,673
5 OPTOMETRIST	891	12,048,632
6 PODIATRIST	236	3,224,546
7 PHYSICIAN'S ASSISTANT	493	6,219,932
8 PHYSICAL THERAPIST	3,456	45,467,057
9 OCCUPATIONAL THERAPIST	158	2,156,643
10 PSYCHOLOGIST	1,897	26,884,148
11 SOCIAL WORKER	984	13,224,007
12 TECHNICIAN	2,829	38,860,434
13 RECEPTIONIST/CLERK/SECRETARY	241	3,372,992
91 OTHER	2,144	27,213,707
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
TIMESPNT	TIME SPENT WITH DOCTOR/MEDICAL PERSON	2.0	NUM	59	60

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	3,064	43,868,858
-8 DK	1,278	16,299,376
-7 REFUSED	10	158,548
-1 INAPPLICABLE	3,552	48,900,599
1 5 MINUTES OR LESS	10,520	141,248,813
2 6-10 MINUTES	14,488	185,503,638
3 11-15 MINUTES	18,541	239,797,756
4 16-25 MINUTES	17,015	214,187,807
5 26-40 MINUTES	14,874	188,470,493
6 41 MINUTES OR MORE	16,978	218,274,479
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DOCATLOC	ANY MD WORK AT LOCATION WHERE P SAW PROV	2.0	NUM	61	62

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,775	40,539,394
-8 DK	830	11,302,738
-7 REFUSED	5	78,883
-1 INAPPLICABLE	72,930	928,062,416
1 YES	12,980	169,859,863
2 NO	10,800	146,867,075
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT	2.0	NUM	63	64

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,018	14,651,916
-8 DK	61	1,088,691
-7 REFUSED	3	55,315
-1 INAPPLICABLE	3,551	48,883,718
1 GENERAL CHECKUP	17,362	215,421,154
2 DIAGNOSIS OR TREATMENT	45,699	596,770,964
3 EMERGENCY (E.G.,ACCIDENT OR JURY)	949	11,725,212
4 PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING	6,422	85,156,254
5 FOLLOW-UP OR POST-OPERATIVE VISIT	8,496	113,161,103
6 IMMUNIZATIONS OR SHOTS	3,713	47,960,594
7 VISION EXAM	3,038	39,249,330
8 MATERNITY CARE (PRE/POSTNATAL)	3,122	34,006,395
9 WELL CHILD EXAM	793	10,565,995
91 OTHER	6,093	78,013,727
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VSTRELCN	VISIT/PHONE CALL RELATED TO CONDITION	2.0	NUM	65	66

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	942	12,231,631
-8 DK	110	1,863,693
-7 REFUSED	5	78,883
1 YES	83,874	1,083,870,986
2 NO	15,389	198,665,175
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY	2.0	NUM	67	68

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	8,519	109,683,779
2 NO	12,159	162,363,238
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY	2.0	NUM	69	70

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	406	5,226,207
2 NO	20,272	266,820,810
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY	2.0	NUM	71	72

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	275	3,001,761
2 NO	20,403	269,045,257
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY	2.0	NUM	73	74

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	318	4,302,646
2 NO	20,360	267,744,371
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY	2.0	NUM	75	76

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	327	4,837,906
2 NO	20,351	267,209,111
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS	2.0	NUM	77	78

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	1,298	12,773,444
2 NO	19,380	259,273,573
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IVTHER	THIS VISIT DID P HAVE IV THERAPY	2.0	NUM	79	80

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	167	2,300,576
2 NO	20,511	269,746,441
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DRUGTRT	TREATMENT FOR DRUG OR ALCOHOL	2.0	NUM	81	82

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	1,549	22,613,373
2 NO	19,129	249,433,644
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT	2.0	NUM	83	84

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	122	1,717,192
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	1,846	26,090,885
2 NO	18,832	245,956,132
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING	2.0	NUM	85	86

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,743	23,760,263
-8 DK	191	3,250,656
-7 REFUSED	4	65,909
-1 INAPPLICABLE	4,769	64,777,702
1 YES	6,250	84,429,195
2 NO	14,359	186,084,358
95 NO TREATMENT RECEIVED	73,004	934,342,284
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
LABTEST	THIS VISIT DID P HAVE LAB TEST	2.0	NUM	87	88

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,605	38,262,065
-8 DK	302	4,096,840
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	18,634	234,975,327
2 NO	12,634	161,034,808
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND	2.0	NUM	89	90

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,604	38,252,854
-8 DK	303	4,098,836
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	1,864	21,751,829
2 NO	29,404	374,265,521
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
XRAYS	THIS VISIT DID P HAVE X-RAYS	2.0	NUM	91	92

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,604	38,252,854
-8 DK	302	4,096,840
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	4,720	59,901,727
2 NO	26,549	336,117,620
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM	2.0	NUM	93	94

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,604	38,252,854
-8 DK	303	4,098,836
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	923	11,906,054
2 NO	30,345	384,111,296
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MRI	THIS VISIT DID P HAVE A MRI/CATSCAN	2.0	NUM	95	96

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,604	38,252,854
-8 DK	303	4,098,836
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	539	6,494,372
2 NO	30,729	389,522,978
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EKG	THIS VISIT DID P HAVE AN EKG OR ECG	2.0	NUM	97	98

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,604	38,252,854
-8 DK	303	4,098,836
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	1,670	21,460,245
2 NO	29,598	374,557,106
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EEG	THIS VISIT DID P HAVE AN EEG	2.0	NUM	99	100

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,604	38,252,854
-8 DK	303	4,098,836
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	136	1,737,508
2 NO	31,132	394,279,843
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
RCVVAC	THIS VISIT DID P RECEIVE VACCINATION	2.0	NUM	101	102

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,605	38,262,065
-8 DK	303	4,098,836
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	2,227	27,367,406
2 NO	29,040	368,640,734
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA	2.0	NUM	103	104

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,600	38,218,511
-8 DK	303	4,098,836
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	440	5,728,196
2 NO	30,832	390,323,498
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OTHSVCE	OTHER DIAGNOSTIC TESTS/EXAMS	2.0	NUM	105	106

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,603	38,240,279
-8 DK	302	4,096,840
-7 REFUSED	5	76,503
-1 INAPPLICABLE	3,552	48,900,314
1 YES	6,146	78,382,776
2 NO	25,124	317,649,146
95 NO SERVICES RECEIVED	62,588	809,364,510
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P	2.0	NUM	107	108

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,238	32,159,232
-8 DK	28	359,915
-7 REFUSED	4	65,142
-1 INAPPLICABLE	3,552	48,900,314
1 YES	2,410	32,128,906
2 NO	92,088	1,183,096,860
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES	2.0	NUM	109	110

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2	20,480
-8 DK	3	26,561
-1 INAPPLICABLE	97,912	1,264,633,888
1 ARTHROSCOPIC SURGERY	18	262,185
2 CLEANING/TREATM WOUND, INFECTION	216	2,304,314
3 REMOVAL OF DISEASED TISSUE (EXCISION)	816	11,320,149
4 STITCHES (WOUND SUTURE)	153	2,089,054
5 EAR TUBES (TYMPANOSTOMY TUBES)	10	100,198
91 OTHER SURGICAL PROCEDURE	1,190	15,953,539
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT	2.0	NUM	111	112

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,786	37,631,610
-8 DK	398	5,943,424
-7 REFUSED	7	105,060
1 YES	29,107	361,507,864
2 NO	68,022	891,522,411
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VAPLACE	VA FACILITY FLAG	2.0	NUM	113	114

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-8 DK	58,363	781,458,223
0 NO	41,667	511,451,155
1 YES	290	3,800,990
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBICD1X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	115	117

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	18,195	235,511,375
-8 DK	801	10,348,008
001-139	3,235	41,166,627
140-239	2,939	39,991,285
240-279	4,249	49,110,084
280-289	410	5,120,649
290-319	7,498	104,081,799
320-389	7,568	99,380,556
390-459	6,274	78,794,195
460-519	9,813	126,117,575
520-579	2,138	27,330,046
580-629	3,924	47,106,890
630-677	145	1,538,528
680-709	2,385	33,527,336
710-739	11,092	147,055,112
740-759	293	3,600,847
760-779	26	278,635
780-799	4,275	54,876,034
800-999	7,985	105,567,831
V00-V99	7,075	86,206,956
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBICD2X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	118	120

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	89,818	1,169,578,415
-8 DK	125	1,293,092
001-139	209	2,380,781
140-239	146	1,968,720
240-279	967	11,377,741
280-289	76	1,325,660
290-319	1,075	14,903,917
320-389	779	10,255,610
390-459	1,703	19,458,947
460-519	1,133	13,659,670
520-579	292	3,700,173
580-629	345	4,380,976
630-677	4	26,926
680-709	206	2,499,774
710-739	1,700	19,272,785
740-759	9	76,931
760-779	1	19,402
780-799	846	9,908,563
800-999	490	6,282,507
V00-V99	396	4,339,779
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBICD3X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	121	123

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,205	1,259,634,629
-8 DK	20	205,220
001-139	44	451,487
140-239	45	504,080
240-279	354	3,736,015
280-289	34	323,523
290-319	161	2,084,890
320-389	213	2,656,109
390-459	474	6,218,858
460-519	300	3,467,691
520-579	132	1,656,407
580-629	120	1,413,560
680-709	41	624,166
710-739	542	6,353,797
740-759	21	265,485
760-779	5	72,969
780-799	317	3,590,997
800-999	180	2,067,228
V00-V99	112	1,383,256
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBICD4X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	124	126

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	99,159	1,282,998,036
-8 DK	10	127,344
001-139	11	99,073
140-239	12	125,608
240-279	111	997,575
280-289	21	202,297
290-319	45	676,500
320-389	44	611,114
390-459	228	2,792,305
460-519	121	1,607,917
520-579	71	1,034,312
580-629	38	423,212
680-709	27	406,433
710-739	209	2,611,680
780-799	143	1,308,573
800-999	22	209,834
V00-V99	48	478,554
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBPRO1X	2 DIGIT ICD-9 PROCEDURE CODE	2.0	CHAR	127	128

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,112	1,255,512,371
01-05	46	541,234
06-07	5	35,564
08-16	191	3,100,598
18-20	66	1,013,107
21-29	110	1,265,144
30-34	14	127,036
35-39	377	4,287,977
40-41	7	71,677
42-54	208	2,395,520
55-59	74	771,001
60-64	59	690,615
65-71	192	2,373,328
72-75	27	225,153
76-84	703	9,011,062
85-86	494	6,878,808
87-99	635	8,410,173
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	129	131

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	18,195	235,511,375
-8 DK	801	10,348,008
001-259	81,324	1,050,850,984
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	132	134

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	89,818	1,169,578,415
-8 DK	125	1,293,092
001-259	10,377	125,838,861
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	135	137

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,205	1,259,634,629
-8 DK	20	205,220
001-259	3,095	36,870,519
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	138	140

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	99,159	1,282,998,036
-8 DK	10	127,344
001-259	1,151	13,584,987
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT	2.0	NUM	141	142

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	16,468	213,347,024
1 - 4	83,321	1,077,086,360
5 - 16	531	6,276,984
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFOBTYPX	ED FLAT FEE STEM-LEAF INDICATOR	2.0	NUM	143	144

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,049	1,252,524,875
1 FLAT FEE STEM	1,007	13,539,544
2 FLAT FEE LEAF	2,264	30,645,950
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFOB96	# OF MV VISITS IN FLAT FEE - 1996	2.0	NUM	145	146

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,049	1,252,524,875
1 - 50	3,271	44,185,493
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996	2.0	NUM	147	148

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,049	1,252,524,875
1-50	3,271	44,185,493
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996	2.0	NUM	149	150

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,116	15,287,468
-8 DK	58	944,304
-1 INAPPLICABLE	97,049	1,252,524,875
0	1,941	26,058,960
1 - 99	156	1,894,762
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFOB97	# OF MV VISITS IN FLAT FEE -1997 THRU R3	2.0	NUM	151	152

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,113	15,247,633
-1 INAPPLICABLE	97,049	1,252,524,875
0	2,072	27,795,153
1-6	86	1,142,707
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFTOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3	2.0	NUM	153	154

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,113	15,247,633
-1 INAPPLICABLE	97,049	1,252,524,875
0	2,071	27,795,153
1 - 6	87	1,142,707
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBSF96X	AMOUNT PAID, FAMILY (IMPUTED)	7.2	NUM	155	161

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	50,871	630,175,069
$0.10 - $9.00	12,702	166,896,237
$9.01 - $15.00	14,986	204,751,374
$15.01 - $39.00	9,551	126,475,684
$39.01 - $8415.00	12,210	168,412,005
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBMR96X	AMOUNT PAID, MEDICARE (IMPUTED)	7.2	NUM	162	168

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	83,470	1,080,440,116
$0.09 - $23.22	4,220	53,730,653
$23.23 - $35.00	4,229	54,654,997
$35.01 - $62.62	4,193	54,089,814
$62.63 - $6661.81	4,208	53,794,788
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBMD96X	AMOUNT PAID, MEDICAID (IMPUTED)	7.2	NUM	169	175

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	88,091	1,176,591,457
$0.30 - $21.21	3,058	29,036,940
$21.22 - $39.50	3,072	30,971,088
$39.51 - $69.02	3,043	30,637,763
$69.03 - $3821.00	3,056	29,473,121
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBPV96X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)	8.2	NUM	176	183

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	54,349	670,529,210
$0.06 - $23.05	11,495	157,728,191
$23.06 - $40.00	11,854	160,316,461
$40.01 - $73.68	11,130	152,889,613
$73.69 - $20400.00	11,492	155,246,894
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBVA96X	AMOUNT PAID, VETERANS (IMPUTED)	7.2	NUM	184	190

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	99,179	1,281,814,637
$0.01 - $17.50	291	3,636,002
$17.51 - $40.00	284	3,432,914
$40.01 - $97.00	302	4,344,930
$97.01 - $2150.00	264	3,481,885
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBCH96X	AMOUNT PAID, CHAMPUS/CHAMPVA (IMPUTED)	7.2	NUM	191	197

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	100,036	1,292,759,151
$1.00 - $16.66	73	970,442
$16.67 - $32.00	71	981,925
$32.01 - $59.00	69	1,130,048
$59.01 - $1106.81	71	868,802
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOF96X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)	7.2	NUM	198	204

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	99,754	1,289,856,563
$2.50 - $21.00	143	1,623,244
$21.01 - $50.00	146	1,748,851
$50.01 - $97.00	145	1,969,116
$97.01 - $1338.00	132	1,512,594
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBSL96X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)	7.2	NUM	205	211

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	100,063	1,293,846,341
$0.14 - $15.00	77	906,132
$15.01 - $34.77	53	614,926
$34.78 - $64.12	63	699,227
$64.13 - $6000.00	64	643,742
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBWC96X	AMOUNT PAID, WORKERS COMP (IMPUTED)	7.2	NUM	212	218

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	99,392	1,285,205,460
$0.13 - $41.33	250	2,851,734
$41.34 - $54.80	214	2,993,280
$54.81 - $89.50	232	2,590,016
$89.51 - $4181.47	232	3,069,878
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOR96X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)	7.2	NUM	219	225

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	98,140	1,269,806,848
$0.22 - $10.53	545	6,427,529
$10.54 - $29.00	549	6,285,442
$29.01 - $58.24	541	7,404,696
$58.25 - $4150.37	545	6,785,852
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOU96X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)	7.2	NUM	226	232

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	100,045	1,293,576,889
$0.48 - $13.68	69	951,736
$13.69 - $40.00	71	850,460
$40.01 - $75.08	67	631,049
$75.09 - $1000.00	68	700,233
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOT96X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)	7.2	NUM	233	239

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	97,977	1,266,987,480
$0.61 - $19.00	588	6,513,199
$19.01 - $35.00	626	7,782,064
$35.01 - $56.00	548	6,974,738
$56.01 - $6916.45	581	8,452,886
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBXP96X	SUM OF OBSF96X-OBOT96X (IMPUTED)	8.2	NUM	240	247

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	10,492	137,188,696
$0.32 - $32.00	22,924	284,504,898
$32.01 - $49.00	22,116	288,200,600
$49.01 - $82.00	22,340	296,102,886
$82.01 - $21800.00	22,448	290,713,288
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)	8.2	NUM	248	255

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	5,800	79,423,033
$1.00 - $40.00	24,174	307,367,614
$40.01 - $61.00	23,184	305,983,893
$61.01 - $108.00	23,621	303,367,225
$108.01 - $45000.00	23,541	300,568,602
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBSLF	IMPUTATION FLAG FOR OBSF96X	1.0	NUM	256	256

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	93,598	1,207,344,454
1 IMPUTED	6,722	89,365,914
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBMCR	IMPUTATION FLAG FOR OBMR96X	1.0	NUM	257	257

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	85,864	1,113,053,700
1 IMPUTED	14,456	183,656,668
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBMCD	IMPUTATION FLAG FOR OBMD96X	1.0	NUM	258	258

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	89,777	1,184,151,238
1 IMPUTED	10,543	112,559,130
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBPRV	IMPUTATION FLAG FOR OBPV96X	1.0	NUM	259	259

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	66,414	841,941,453
1 IMPUTED	33,906	454,768,915
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBVA	IMPUTATION FLAG FOR OBVA96X	1.0	NUM	260	260

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	94,144	1,214,570,270
1 IMPUTED	6,176	82,140,097
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBCHM	IMPUTATION FLAG FOR OBCH96X	1.0	NUM	261	261

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	98,745	1,274,637,307
1 IMPUTED	1,575	22,073,061
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBOFD	IMPUTATION FLAG FOR OBOF96X	1.0	NUM	262	262

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	98,393	1,272,176,152
1 IMPUTED	1,927	24,534,216
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBSTL	IMPUTATION FLAG FOR OBSL96X	1.0	NUM	263	263

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	97,810	1,264,539,406
1 IMPUTED	2,510	32,170,962
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBWCP	IMPUTATION FLAG FOR OBWC96X	1.0	NUM	264	264

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	96,670	1,249,725,765
1 IMPUTED	3,650	46,984,603
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBOPR	IMPUTATION FLAG FOR OBOR96X	1.0	NUM	265	265

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	98,569	1,276,966,974
1 IMPUTED	1,751	19,743,394
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBOPU	IMPUTATION FLAG FOR OBOU96X	1.0	NUM	266	266

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	100,070	1,294,041,271
1 IMPUTED	250	2,669,097
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBOT	IMPUTATION FLAG FOR OBOT96X	1.0	NUM	267	267

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	96,499	1,249,640,945
1 IMPUTED	3,821	47,069,423
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOBCHG	IMPUTATION STATUS OF OBTC96X	1.0	NUM	268	268

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	57,294	759,092,650
1 IMPUTED	43,026	537,617,718
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	269	280

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	1,650	0
916.462340 - 69380.204318	98,670	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	281	282

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 45	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR96	VARIANCE ESTIMATION STRATUM,1996	3.0	NUM	283	285

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 140	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

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)
75	81	OBCH96H	HHLD RPTD AMT PD,CHMP/CHMPVA(PRE-IMPUTD)
157	163	OBCH96M	MPC RPTD AMT PD,CHMP/CHMPVA(UN-IMPUTED)
54	60	OBMD96H	HHLD RPTD AMT PD, MEDICAID (PRE-IMPUTED)
136	143	OBMD96M	MPC RPTD AMT PD, MEDICAID (UN-IMPUTED)
47	53	OBMR96H	HHLD RPTD AMT PD, MEDICARE (PRE-IMPUTED)
128	135	OBMR96M	MPC RPTD AMT PD, MEDICARE (UN-IMPUTED)
82	87	OBOF96H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)
164	170	OBOF96M	MPC RPTD AMT PD, OTHER FED (UN-IMPUTED)
101	107	OBOT96H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)
184	190	OBOT96M	MPC RPTD AMT PD, OTH INSUR (UN-IMPUTED)
61	68	OBPV96H	HHLD RPTD AMT PD, PRIV INS (PRE-IMPUTED)
144	151	OBPV96M	MPC RPTD AMT PD, PRIV INS (UN-IMPUTED)
40	46	OBSF96H	HHLD RPTD AMT PD, FAMILY (PRE-IMPUTED)
121	127	OBSF96M	MPC RPTD AMT PD, FAMILY (UN-IMPUTED)
88	94	OBSL96H	HHLD RPTD AMT PD, STATE-LOC(PRE-IMPUTED)
171	176	OBSL96M	MPC RPTD AMT PD, STATE-LOC (UN-IMPUTED)
113	120	OBTC96H	HHLD REPORTED TOTAL CHARGE (PRE-IMPUTED)
191	198	OBTC96M	MPC REPORTED TOTAL CHARGE (UN-IMPUTED)
108	112	OBUN96H	HHLD RPTD AMT PD,UNCOL LIAB(PRE-IMPUTED)
69	74	OBVA96H	HHLD RPTD AMT PD, VETERANS (PRE-IMPUTED)
152	156	OBVA96M	MPC RPTD AMT PD, VETERANS (UN-IMPUTED)
95	100	OBWC96H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)
177	183	OBWC96M	MPC RPTD AMT PD, WORK COMP (UN-IMPUTED)
6	8	PID	PERSON NUMBER
211	212	VARPSU96	VARIANCE ESTIMATION PSU,1996
213	215	VARSTR96	VARIANCE ESTIMATION STRATUM,1996
199	210	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT

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                          MEPS HC-010G
               1996 OFFICE-BASED MEDICAL PROVIDER VISITS
                             FILE 2

                     DATE:      May 3, 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       39    HHSFFIDX    HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
       40       46    OBSF96H     HHLD RPTD AMT PD, FAMILY (PRE-IMPUTED)
       47       53    OBMR96H     HHLD RPTD AMT PD, MEDICARE (PRE-IMPUTED)
       54       60    OBMD96H     HHLD RPTD AMT PD, MEDICAID (PRE-IMPUTED)
       61       68    OBPV96H     HHLD RPTD AMT PD, PRIV INS (PRE-IMPUTED)
       69       74    OBVA96H     HHLD RPTD AMT PD, VETERANS (PRE-IMPUTED)
       75       81    OBCH96H     HHLD RPTD AMT PD,CHMP/CHMPVA(PRE-IMPUTD)
       82       87    OBOF96H     HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)
       88       94    OBSL96H     HHLD RPTD AMT PD, STATE-LOC(PRE-IMPUTED)
       95      100    OBWC96H     HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)
      101      107    OBOT96H     HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)
      108      112    OBUN96H     HHLD RPTD AMT PD,UNCOL LIAB(PRE-IMPUTED)
      113      120    OBTC96H     HHLD REPORTED TOTAL CHARGE (PRE-IMPUTED)
      121      127    OBSF96M     MPC RPTD AMT PD, FAMILY (UN-IMPUTED)
      128      135    OBMR96M     MPC RPTD AMT PD, MEDICARE (UN-IMPUTED)
      136      143    OBMD96M     MPC RPTD AMT PD, MEDICAID (UN-IMPUTED)
      144      151    OBPV96M     MPC RPTD AMT PD, PRIV INS (UN-IMPUTED)
      152      156    OBVA96M     MPC RPTD AMT PD, VETERANS (UN-IMPUTED)
      157      163    OBCH96M     MPC RPTD AMT PD,CHMP/CHMPVA(UN-IMPUTED)
      164      170    OBOF96M     MPC RPTD AMT PD, OTHER FED (UN-IMPUTED)
      171      176    OBSL96M     MPC RPTD AMT PD, STATE-LOC (UN-IMPUTED)
      177      183    OBWC96M     MPC RPTD AMT PD, WORK COMP (UN-IMPUTED)
      184      190    OBOT96M     MPC RPTD AMT PD, OTH INSUR (UN-IMPUTED)
      191      198    OBTC96M     MPC REPORTED TOTAL CHARGE (UN-IMPUTED)
      199      210    WTDPER96    POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
      211      212    VARPSU96    VARIANCE ESTIMATION PSU,1996
      213      215    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	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PID	PERSON NUMBER	3.0	NUM	6	8

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EVNTIDX	EVENT ID	12.0	CHAR	17	28

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)	11.0	CHAR	29	39

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	97,422	1,257,336,770
VALID ID	2,898	39,373,598
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBSF96H	HHLD RPTD AMT PD, FAMILY (PRE-IMPUTED)	7.2	NUM	40	46

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	9,388	126,575,974
0	45,177	555,668,637
$1.00 - $8415.00	45,755	614,465,757
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBMR96H	HHLD RPTD AMT PD, MEDICARE (PRE-IMPUTED)	7.2	NUM	47	53

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	18,783	239,934,171
0	76,664	990,210,467
$1.00 - $4955.00	4,873	66,565,730
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBMD96H	HHLD RPTD AMT PD, MEDICAID (PRE-IMPUTED)	7.2	NUM	54	60

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	17,447	187,405,655
0	82,566	1,106,160,163
$1.00 - $2500.00	307	3,144,549
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBPV96H	HHLD RPTD AMT PD, PRIV INS (PRE-IMPUTED)	8.2	NUM	61	68

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	41,079	548,231,261
0	43,182	521,362,424
$1.00-$45000.00	16,059	227,116,683
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBVA96H	HHLD RPTD AMT PD, VETERANS (PRE-IMPUTED)	6.2	NUM	69	74

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	10,176	138,149,328
0	90,143	1,158,521,984
$100.00	1	39,055
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBCH96H	HHLD RPTD AMT PD,CHMP/CHMPVA(PRE-IMPUTD)	7.2	NUM	75	81

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	4,274	58,052,167
0	95,901	1,236,373,067
$1.00 - $2676.00	145	2,285,134
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOF96H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)	6.2	NUM	82	87

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	3,982	53,523,755
0	96,333	1,243,123,572
$27.00 - $100.00	5	63,041
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBSL96H	HHLD RPTD AMT PD, STATE-LOC(PRE-IMPUTED)	7.2	NUM	88	94

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	4,808	65,214,787
0	95,433	1,230,611,773
$2.00 - $6000.00	79	883,807
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBWC96H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)	6.2	NUM	95	100

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	5,941	80,070,355
0	94,277	1,215,690,482
$1.00 - $625.00	102	949,531
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOT96H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)	7.2	NUM	101	107

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	6,090	77,489,979
0	93,246	1,204,091,774
$1.00 - $4439.00	984	15,128,615
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBUN96H	HHLD RPTD AMT PD,UNCOL LIAB(PRE-IMPUTED)	5.2	NUM	108	112

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	88,465	1,136,508,601
0	11,855	160,201,767
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBTC96H	HHLD REPORTED TOTAL CHARGE (PRE-IMPUTED)	8.2	NUM	113	120

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	61,984	771,500,399
0	2,563	34,003,269
$1.00 - $45000.00	35,773	491,206,700
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBSF96M	MPC RPTD AMT PD, FAMILY (UN-IMPUTED)	7.2	NUM	121	127

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60,968	786,665,364
-1 INAPPLICABLE	15,269	207,056,784
0	14,166	170,879,310
$0.20 - $2433.30	9,917	132,108,909
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBMR96M	MPC RPTD AMT PD, MEDICARE (UN-IMPUTED)	8.2	NUM	128	135

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	61,244	790,008,661
-1 INAPPLICABLE	15,269	207,056,784
0	19,920	250,303,454
$0.30 - $45169.07	3,887	49,341,468
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBMD96M	MPC RPTD AMT PD, MEDICAID (UN-IMPUTED)	8.2	NUM	136	143

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	61,187	788,483,975
-1 INAPPLICABLE	15,269	207,056,784
0	19,654	260,578,533
$0.54 - $11268.72	4,210	40,591,075
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBPV96M	MPC RPTD AMT PD, PRIV INS (UN-IMPUTED)	8.2	NUM	144	151

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	61,865	798,249,811
-1 INAPPLICABLE	15,269	207,056,784
0	11,786	135,636,891
$0.06 - $33331.82	11,400	155,766,882
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBVA96M	MPC RPTD AMT PD, VETERANS (UN-IMPUTED)	5.2	NUM	152	156

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60,954	786,455,528
-1 INAPPLICABLE	15,269	207,056,784
0	24,084	302,998,905
$0.55 - $95.74	13	199,150
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBCH96M	MPC RPTD AMT PD,CHMP/CHMPVA(UN-IMPUTED)	7.2	NUM	157	163

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60,789	784,472,149
-1 INAPPLICABLE	15,269	207,056,784
0	24,229	304,832,375
$1.58 - $1106.81	33	349,059
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOF96M	MPC RPTD AMT PD, OTHER FED (UN-IMPUTED)	7.2	NUM	164	170

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60,789	784,464,991
-1 INAPPLICABLE	15,269	207,056,784
0	24,254	305,105,798
$43.00-$1093.85	8	82,795
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBSL96M	MPC RPTD AMT PD, STATE-LOC (UN-IMPUTED)	6.2	NUM	171	176

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60,795	784,587,161
-1 INAPPLICABLE	15,269	207,056,784
0	24,199	304,546,067
$15.00 - $903.97	57	520,355
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBWC96M	MPC RPTD AMT PD, WORK COMP (UN-IMPUTED)	7.2	NUM	177	183

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60,796	784,647,340
-1 INAPPLICABLE	15,269	207,056,784
0	23,921	300,408,215
$8.00 - $4026.75	334	4,598,029
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBOT96M	MPC RPTD AMT PD, OTH INSUR (UN-IMPUTED)	7.2	NUM	184	190

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60,841	785,121,183
-1 INAPPLICABLE	15,269	207,056,784
0	24,075	302,763,065
$12.35 - $6916.45	135	1,769,335
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OBTC96M	MPC REPORTED TOTAL CHARGE (UN-IMPUTED)	8.2	NUM	191	198

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	61,835	797,673,030
-1 INAPPLICABLE	15,269	207,056,784
0	859	11,890,569
$1.50 - $71623.49	22,357	280,089,985
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	199	210

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	1,650	0
916.462340 - 69380.204318	98,670	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	211	212

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 45	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

NAME	DESCRIPTION			FORMAT	TYPE	START	END
VARSTR96	VARIANCE ESTIMATION STRATUM,1996			3.0	NUM	213	215

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 140	100,320	1,296,710,368
TOTAL	100,320	1,296,710,368

E. Variable-Source Crosswalk

E. VARIABLE-SOURCE CROSSWALK
FOR MEPS HC-010G: 1996 OFFICE-BASED MEDICAL PROVIDER VISITS

File 1:

Survey Administration Variables

Variable	Description	Source
DUID	Dwelling unit ID (encrypted)	Assigned in sampling
PID	Person number (encrypted)	
DUPERSID	Sample person ID (DUID + PID)	Assigned in sampling
EVNTIDX	Event ID	Assigned in Sampling
EVENTRN	Event round number	CAPI derived
FFID11X	Flat fee ID	CAPI derived
MPCELIG	MPC eligibility flag	
MPCDATA	MPC data flag	

Medical Provider Visits Variables

Variable	Description	Source
OBDATEYR	Event date – year	CAPI derived
OBDATEMM	Event date – month	CAPI derived
OBDATEDD	Event date – day	CAPI derived
SEETLKPV	Did P visit provider in person or telephone	MV01
REFERDBY	P referred for this visit another physician	MV02
SEEDOC	Did P talk to MD this visit/phone call	MV03
MEDPTYPE	Type of medical person P talked to on visit date	MV04
TIMESPNT	Time spent with doctor/medical person	MV05
DOCATLOC	Any MDs work at location where P saw provider	MV06
VSTCTGRY	Best category for care P received on visit date	MV07
VSTRELCN	This visit/phone call related to specific condition	MV08
PHYSTH	This visit did P have physical therapy	MV10
OCCUPTH	This visit did P have occupational therapy	MV10
SPEECHTH	This visit did P have speech therapy	MV10
CHEMOTH	This visit did P have chemotherapy	MV10
RADIATTH	This visit did P have radiation therapy	MV10
KIDNEYD	This visit did P have kidney dialysis	MV10
IVTHER	This visit did P have IV therapy	MV10
DRUGTRT	This visit did P have treatment for drug or alcohol	MV10
RCVSHOT	This visit did P receive an allergy shot	MV10
PSYCHOTH	Did P have psychotherapy/counseling	MV10
LABTEST	This visit did P have lab tests	MV11
SONOGRAM	This visit did P have sonogram or ultrasound	MV11
XRAYS	This visit did P have x-rays	MV11
MAMMOG	This visit did P have a mammogram	MV11
MRI	This visit did P have MRI	MV11

Variable	Description	Source
EKG	This visit did P have EKG or ECG	MV11
EEG	During this visit did P have a CATSCAN	MV11
RCVVAC	This visit did P receive a vaccination	MV11
ANESTH	During this visit did P receive anesthesia	MV11
OTHSVCE	This visit did P have other diagnostic tests/exams	MV11
SURGPROC	Was surgical procedure performed on P this visit	MV12
SURGNAME	Surgical procedure name in categories	MV13
MEDPRESC	Any medicines prescribed for P this visit	MV14
VAPLACE	VA Facility Flag	Constructed
OBICD1X	3-digit ICD-9 condition code	Edited
OBICD2X	3-digit ICD-9 condition code	Edited
OBICD3X	3-digit ICD-9 condition code	Edited
OBICD4X	3-digit ICD-9 condition code	Edited
OBPRO1X	2-digit ICD-9 procedure code	Edited
OBCCC1X	Modified Clinical Classification Code	Constructed/Edited
OBCCC2X	Modified Clinical Classification Code	Constructed/Edited
OBCCC3X	Modified Clinical Classification Code	Constructed/Edited
OBCCC4X	Modified Clinical Classification Code	Constructed/Edited
NUMCOND	Total number of COND records linked to this event	Constructed

Imputed Expenditure Variables

Variable	Description	Source
FFOBTYPX	Edited Flat fee stem or leaf	FF01,FF02 (Edited)
FFOB96	Total # OB visits in flat fee in 1996	FF02
FFTOT96	Total # visits in flat fee for 1996	FF02 (Edited)
FFBEF96	Total # visits in flat fee before 1996	FF05
FFOB97	Number of OB visits in flat fee: Rd3, 1997	FF10 (Edited)
FFTOT97	Number of visits in flat fee for Rd3, 1997	FF10

OBSF96X	Amount paid, family (imputed)	CP11 (Edited/Imputed)
OBMR96X	Amount paid, Medicare (imputed)	CP09 (Edited/Imputed)
OBMD96X	Amount paid, Medicaid (imputed)	CP07 (Edited/Imputed)
OBPV96X	Amount paid, Private Insurance (imputed)	CP07 (Edited/Imputed)
OBVA96X	Amount paid, Veterans (imputed)	CP07 (Edited/Imputed)
OBCH96X	Amount paid, CHAMP/CHAMPVA (imputed)	CP07 (Edited/Imputed)
OBOF96X	Amount paid, other federal (imputed)	CP07 (Edited/Imputed)
OBSL96X	Amount paid, state/local govt. (imputed)	CP07 (Edited/Imputed)
OBWC96X	Amount paid, Worker's Comp (imputed)	CP07 (Edited/Imputed)
OBOR96X	Amount paid, other private (imputed)	Constructed
OBOU96X	Amount paid, other public (imputed)	Constructed
OBOT96X	Amount paid, other insurance (imputed)	CP07 (Edited/Imputed)
OBXP96X	Sum of payments OBSF96X – OBOT96X	Constructed
OBTC96X	Total charge (imputed)	CP09 (Edited/Imputed)
IMPOBSLF	Imputation flag for OBSF96X	Constructed
IMPOBMCR	Imputation flag for OBMR96X	Constructed
IMPOBMCD	Imputation flag for OBMD96X	Constructed
IMPOBPRV	Imputation flag for OBPV96X	Constructed
IMPOBVA	Imputation flag for OBVA96X	Constructed
IMPOBCHM	Imputation flag for OBCH96X	Constructed
IMPOBOFD	Imputation flag for OBOF96X	Constructed
IMPOBSTL	Imputation flag for OBSL96X	Constructed
IMPOBWCP	Imputation flag for OBWC96X	Constructed
IMPOBOPR	Imputation flag for OBOR96X	Constructed
IMPOBOPU	Imputation flag for OBOU96X	Constructed
IMPOBOT	Imputation flag for OBOT96X	Constructed
IMPOBCHG	Imputation flag for OBTC96X	Constructed

Weights

Variable	Description	Source

WTDPER96	Person weight full-year 1996 (poverty adjusted)	Constructed
VARPSU96	Variance estimation PSU 1996	Constructed
VARSTR96	Variance estimation stratum	Constructed

File 2:

Survey Administration Variables

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

Pre-imputed Expenditure Variables

OBSF96H	Household reported amount paid, family (pre-imputed)	CP11 (Edited/Imputed)
OBMR96H	Household reported amount paid, Medicare (pre-imputed)	CP09 (Edited/Imputed)
OBMD96H	Household reported amount paid, Medicaid (pre-imputed)	CP07 (Edited/Imputed)
OBPV96H	Household reported amount paid, Private Insurance (pre-imputed)	CP07 (Edited/Imputed)
OBVA96H	Household reported amount paid, Veterans (pre-imputed)	CP07 (Edited/Imputed)
OBCH96H	Household reported amount paid, CHAMP/CHAMPVA (pre-imputed)	CP07 (Edited/Imputed)
OBOF96H	Household reported amount paid, other federal (pre-imputed)	CP07 (Edited/Imputed)
OBSL96H	Household reported amount paid, state/local govt. (pre-imputed)	CP07 (Edited/Imputed)
OBWC96H	Household reported amount paid, Worker's Comp (pre-imputed)	CP07 (Edited/Imputed)
OBOT96H	Household reported amount paid, other insurance (pre-imputed)	CP07 (Edited/Imputed)
OBUN96H	Household reported amount paid, uncollected liability (pre-imputed)	
OBTC96H	Household reported total charge (pre-imputed)	CP09 (Edited/Imputed)

OBSF96M	MPC reported amount paid, family (unimputed)	Question# 8a

OBMR96M	MPC reported amount paid, Medicare (unimputed)	Question# 8b
OBMD96M	MPC reported amount paid, Medicaid (unimputed)	Question# 8c
OBPV96M	MPC reported amount paid, Private Insurance (unimputed)	Question# 8d
OBVA96M	MPC reported amount paid, Veterans (unimputed)	Question# 8e
OBCH96M	MPC reported amount paid, CHAMP/CHAMPVA (unimputed)	Question# 8f
OBOF96M	MPC reported amount paid, other federal (unimputed)	Question# 8g
OBSL96M	MPC reported amount paid, state/local govt. (unimputed)	Question# 8g
OBWC96M	MPC reported amount paid, Worker's Comp (unimputed)	Question# 8g
OBOT96M	MPC reported amount paid, other insurance (unimputed)	Question# 8g
OBTC96M	MPC reported total charge (unimputed)	Question# 9

Weights

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