

**MEPS HC-010H:
1996 Home Health File**

**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:

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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 home health events for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of home health utilization and expenditures for calendar year 1996.

Each record represents a household-reported home health event. A home health event is a MONTH of similar service provided by the same PROVIDER -- a month of home health services from a single provider entity (i.e., paid independent informal or agency). For example, if a person received 4 events from a nurse, 10 events from a homemaker and 4 events from a physical therapist all from the same provider every month for 3 months, then there will be 3 event records on the file, one for each month (NOT 54 records). Data were collected in this manner because agencies, hospitals, and nursing homes provide expenditure data in this manner. In order to be consistent with the definition of what is considered a home health event on this file, this same definition (i.e., a month of similar services) was applied to all types of providers. Persons with more than one event are represented on this file more than once. Likewise, persons who do not have a home health event are not represented on the file.

Counts of home health events are based entirely on household reports. Agency home health providers were sampled into the MEPS MPC (see Section B.2.0). 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.

Data from this event file can be merged with other 1996 MEPS HC data files for purposes of appending person characteristics, such as demographic or health insurance coverage to each home health record.

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

The following documentation offers a brief overview of the 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 home health event and imputed expenditure data. File 2 contains un-imputed expenditure data from both the Household and Medical Provider Components for all home health events on File 1.

Each record represents a household-reported home health event. A home health event is a MONTH of similar service provided by the same PROVIDER -- a month of home health services from a single provider entity (i.e., paid independent informal or agency). For example, if a person received 4 events from a nurse, 10 events from a homemaker and 4 events from a physical therapist all from the same provider every month for 3 months, then there will be 3 event records on the file, one for each month (NOT 54 records). Data were collected in this manner because agencies, hospitals, and nursing homes provide expenditure data in this manner. In order to be consistent with the definition of what is considered a home health event on this file, this same definition (i.e., a month of similar services) was applied to all types of providers. Persons with more than one event are represented on this file more than once. Likewise, persons who do not have a home health event are not represented on the file.

Both File 1 and File 2 of this public use data set contain 4,240 home health records. Of the 4,240 records, 4,205 are associated with persons having a positive person-level weight (WTDPER96). Both files include all records related to home health events for all household survey respondents who resided in eligible responding households and reported at least one home health event. Each record represents one household-reported home health event that occurred during calendar year 1996. Some household respondents may have multiple events and thus will be represented in multiple records on the file. Other household respondents may have reported no events 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. Persons with no home health events for 1996 are not included on this file (but are represented on MEPS person-level files). A codebook for the data file is provided.

Home health providers include formal or paid, and informal or unpaid providers. Formal or paid providers include: home health agency, hospital, or nursing home, and other independent paid providers. Informal or unpaid providers include family and friends.

For home health agencies, hospitals, and nursing homes, it is important to distinguish between the provider and the home health worker. In these cases, the provider is the agency or the facility that employs the workers. The home health workers are the people who administer the care. Examples of home health care workers are the following: nurses, physical therapists, home health aides, homemakers, and hospice workers, among others. These examples are generally the types of workers associated with agencies, hospitals, and nursing homes. Paid independent providers generally include companions, nursing assistants, physicians, etc. For each record on File 1, one or more types of workers can be reported. The respondent is asked to mention all of the types of home health workers who provided home health care (since records represent a month of service, there can be more than one type of worker on a single record). For example, an agency that provides two types of aides that provide home health care to the same person during a specific month is represented as one event on the file (even though two workers employed at the same agency provided care) -- when using this file analysts must keep in mind that a record on the file corresponds to a provider entity not an individual or particular worker.

Expenditure data for home health agency events are collected exclusively in the MPC. Other paid independent home health care event expenditure data are collected from the household. These types of events are not included in the MPC. Friends, family and volunteers providing home health care to a person are considered unpaid and are not included in the MPC (no expenditure information is available for them).

Each home health record on File 1 also includes the following: date the provider started seeing the respondent; type of provider; types of services provided and if this was a repeat event; if care was received due to hospitalization; whether or not a person was taught how to use medical equipment; flat fee information; imputed sources of payment, total payment and total charge of the home health event 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 MPC (if home health provider was sampled in the MPC) as well as one set of pre-imputed expenditure information from the HC. 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 were 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 home health event file (HC-010H) can also be linked to the MEPS 1996 Medical Conditions File (HC-006) and MEPS 1996 Prescribed Medicines File (HC-010A). Please see Section 5.0 and the Appendix File (HC-010I) 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 home health event identifier
- Other survey administration variables
- Home health characteristic variables
- Imputed expenditure variables
- Weight and variance estimation variables

File 2

- Unique person identifiers
- Unique home health event 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.

-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 - 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

The pre-imputed and imputed versions of the expenditure and sources of payment variables are provided on the 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.” 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 event	DV - dental visit
OM - other medical equipment	RX - prescribed medicine

In the case of sources 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).

For example, HHSF96X is the edited/imputed amount paid by self or family for a home health event expenditure incurred in 1996.

2.5 File 1 Contents

2.5.1 Survey Administration

2.5.1.1 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.

2.5.1.2 Record Identifiers (EVNTIDX, FFID11X, EVENTRN)

EVNTIDX uniquely identifies each event (i.e., each record on the file).

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.

EVNTRN indicates the round in which the home health event was first reported.

2.5.2 Characteristics of Home Health Events

File 1 contains 43 variables describing home health events reported by respondents in the Home Health section of the MEPS-HC questionnaire. The questionnaire contains specific probes for determining specific details about the home health event.

2.5.2.1 Date Home Health Event Started (HHBEGYR, HHBEGMM)

The start date variables (HHBEGYR and HHBEGMM) indicate the year and month that the household respondent reported as the start date (or the first time) for this type of home health event. An artifact of the data collection for the variable HHBEGYR is that all events are reported as having started in 1996 even though a person could have started receiving that type of home health care from that provider year(s) before 1996. These variables should not be interpreted as “true” start dates.

2.5.2.2 Characteristics of Home Health Events (SELFAGEN-OTHCWOS)

The HC questionnaire determines whether the home health provider event(s) for each month’s services was an agency or whether the provider was an independent paid provider (SELFAGEN). Respondents

were also asked if the provider was paid or whether services were provided by a friend, relative, or volunteer (HHTYPE). All respondents receiving care from an agency, hospital or nursing home were asked to identify the type of home health worker they saw (CNA-SPEECTHP) -- for example, certified nursing assistant, home health aide, registered nurse, etc. Analysts should keep in mind that these identifications by household respondents are subjective in nature, are not mutually exclusive or collectively exhaustive, and should not be used to make certain estimates. For example, a person on one type of insurance may identify an individual providing home health care services to them as a personal care attendant while an individual having a different type of insurance coverage may identify that same worker as a home care aide. To make estimates of personal care attendants or home health aides based on the their identification by household respondents and by treating these types of workers as mutually exclusive groups will result in inaccurate estimates. Respondents may also have indicated that they were seen by more than one home health care worker during a single event. For example, since an event is a month of services a respondent may have reported being seen by a nurse, a physical therapist, or a home health aide during a single event. Respondents were also asked to identify other non-skilled and skilled workers seen during that month of care (NONSKILL-OTHCWOS).

2.5.2.3 Treatments, Therapies and Services (HOSPITAL-OTHSVCOS)

Regardless of the type of provider, all respondents were asked if the home health services they received were due to a hospitalization (HOSPITAL), whether it was due to a medical condition (VSTRELCN), if the person was helped with daily activities (DAILYACT), if the person received companionship services (COMPANY), and whether or not the person received any other type of services (OTHSVCE and OTHSVCOS). Only persons receiving care from an agency, hospital, or nursing home were asked if they were taught how to use medical equipment (MEDEQUIP) and whether or not they received a medical treatment (TREATMT).

2.5.2.4 Frequency of Home Health Events (FREQCY-HHDAYS)

Several variables identify the frequency and length of home health events (FREQCY-MINLONG) and whether or not the same services were received during each month (SAMESVCE). Frequency of event variables (FREQCY- TMSPDAY) were used as building blocks to construct HHDAYS. HHDAYS indicates the number of days the respondent received care during that event (i.e., month of care). HHDAYS has not been reconciled with DAYSPMO. Frequency variables can be combined to get a measure of the intensity of care. For example, HHDAYS used in conjunction with HRSLONG and TMSPDAY, can be used to form a measure of intensity of care -- that is, how many hours of care was provided in one month.

2.5.3 Condition and Procedure Codes and Clinical Classification Codes

Information on household reported medical conditions and procedures (including condition codes, procedure codes, and clinical classification codes) associated with each home health event are NOT provided on this file. 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 (HC-010I).

2.5.3.1 Record Count Variable (NUMCOND)

The variable NUMCOND indicates the total number of condition and procedure records that can be linked from HC-006: Medical Conditions File to each home health record. For events where no condition records linked, NUMCOND=0. In order to obtain complete condition information for events with NUMCOND greater than 0, 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

User's Note: For home health events, use flat fee variables with caution. Flat fees are not common with respect to home health events (only 18 home health provider events are identified as being part of a flat fee) and should not be a focus of an analysis.

2.5.4.1 Definition of Flat Fee Payments

A flat fee is the fixed dollar amount a person is charged for a package of health care services. An example is 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.

2.5.4.2 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.

FFHHTYPX indicates whether the 1996 home health provider event is the "stem" or "leaf" of a flat fee group. A stem (records with FFHHTYPX = 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 FFHHTYPX = 2) are those medical events that are tied back to the initial medical event (the stem) in the flat fee group.

2.5.4.3 Total Number of 1996 Events in Group (FFTOT96)

If a home health provider event 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 home health provider event record in the count.

2.5.4.4 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 home health provider event is part of a group of events, and some of the events occurred before 1996, counts of the known events are provided on the home health provider event 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 home health provider event record. This count would not include 1996 home health provider event.

FFHH97 – indicates whether or not there are 1997 home health provider events in the same flat fee group as the 1996 home health provider event record.

FFTOT97 -- indicates whether or not there any 1997 medical events in the same flat fee group as the 1996 home health provider event record.

2.5.4.5 Caveats of Flat Fee Groups

The user should note that flat fee payment situations are not common with respect to home health provider events. There are 18 home health provider events that are identified as being part of a flat fee payment group.

In general, every flat fee group should have an initial event (stem) and at least one subsequent event (leaf). There are some situations where this is not true. For some of these flat fee groups, the initial event reported occurred in 1996 but the remaining events 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 event began in 1995 but subsequent events occurred during 1996. In this case, the initial event 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.

2.5.5 Expenditure Data

2.5.5.1 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 events, 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).

2.5.5.2 Data Editing/Imputation Methodologies of Expenditure Variables

General Imputation Methodology

The general methodology used for editing and imputing expenditure data is described below. However, please note, home health events provided by an agency, hospital or nursing home were included in the MPC, and home health provided by paid independent events were not followed in the MPC. Although the general procedures remain the same for all home health events, there were some differences in the editing and imputation methodologies applied to those events followed in the MPC and those events not followed in the MPC. Analysts should note that home health care provided by friends, family, or volunteers were assumed to be free and were not included in any imputation process. Please see below for details on the differences between these editing/imputation methodologies.

Home health expenditure data for agency, hospital, and nursing home providers were collected exclusively from the MPC (i.e., household respondents were not asked to report home health expenditures from these types of providers). The MPC contacted 100 percent of the agency, hospital, and nursing home health providers identified by household respondents. Since paid independent home health providers were not included in the MPC, all expenditure data from these providers were collected from household respondents.

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.

Imputation Methodology for Home Health Events

Expenditures for home health events were developed in a sequence of logical edits and imputations. Analysts should note that home health care provided by friends, family, or volunteers were assumed to be free and were not included in any imputation process. "Household" edits were applied to sources and amounts of payment for all events reported for paid independent providers by HC respondents. "MPC" edits were applied to provider-reported sources and amounts of payment for records matched to household-reported events for all agency, hospital, and nursing home home health providers. Both sets of edits were used to correct obvious errors in the reporting of expenditures. Imputations for independent paid providers and for agencies, hospitals, and nursing homes were conducted separately. Separate imputations also were performed for flat fee and simple events.

Logical edits 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.

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. Analysts should note that home health care provided by friends, family, or volunteers were assumed to be free and were not included in any imputation process.

Flat Fee Expenditures

The approach used to count expenditures for flat fees was to place the expenditure on the first event of the flat fee group. The remaining events have zero payments. Thus, if the first event 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 events 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. Home health care provided by family, friends or a volunteer were considered free care and have zero dollars associated with them.

Discount Adjustment Factor

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

Sources of Payment

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

1. Out of pocket by user or family
2. Medicare
3. Medicaid
4. Private Insurance
5. Veteran's Administration, excluding CHAMPVA
6. CHAMPUS or CHAMPVA

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

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

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

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

Users should also note that the Other Public and Other Private sources of payment categories only exist on File 1 for imputed expenditure data since they were created through the editing/imputation process. File 2 reflect 10 sources of payment as they were collected through the MEPS HC and MPC survey instruments.

Imputed Home Health Expenditure Variables (HHSF96X - HHXP96X and HHSF96H-HHUC96H)

There are 12 expenditure variables specific to paid independent home health events and 14 expenditure variables specific to agency home health events. Home health agency, hospital, and nursing home events are sampled at a rate of 100% for the MPC. Households were not asked any expenditure-related questions in regards to these types of events, therefore, there are no household reported expenditure data for these events. Independent paid providers are not included in the MPC. Household reported responses are the only data available for these types of events. All expenditure

data for paid independent providers are fully imputed from household reported expenditures. There are no expenditure data for informal care providers. It was assumed that these events were free. Informal care (unpaid care provided by family, friends, or volunteers) results in a -1 in all expenditure categories.

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 (HHXP96X) which for each home health event sums all the expenditures from the various sources of payment. The 12 sources of payment expenditure variables for each home health event are the following: amount paid by self or family (HHSF96X), amount paid by Medicare (HHMR96X), amount paid by Medicaid (HHMD96X), amount paid by private insurance (HHPV96X), amount paid by Veterans Administration (HHVA96X), amount paid by CHAMPUS/CHAMPVA (HHCH96X), amount paid other federal sources (HHOF96X), amount paid by state and local (non-federal) government sources (HHSL96X), amount paid by Worker's Compensation (HHWC96X), and amount paid by some other source of insurance (HHOT96X). As mentioned previously, there are two additional expenditure variables called HHOR96X and HHOU96X (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. Analysts can determine if a home health event was paid by an agency or some other paid independent provider by subsetting the variable SELFAGEN to the appropriate and desired value.

Rounding

Expenditure variables on file, HC-010H, 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 (HC-010I) for details on such rounding differences.

Imputation Flags

The variables IMPHHSLF-IMPHHCHG identify records where the home health provider expense has been imputed using the methodologies outlined in this document. When a record was identified as being the leaf of a flat fee, 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 sources 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 home health provider event 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 home health provider events and to allow for estimates of number of persons with home health provider events 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 variable HOSPITAL indicates that whether or not this home health event was due to a hospitalization 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 home health independent provider events (SELFAGEN=2), 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 home health independent provider events, for the civilian non-institutionalized population of the U.S. in 1996, is estimated as the sum of the weight (WTDPER96) across all home health independent provider records. That is,

$$\sum W_j = 8,438,022 \quad (1)$$

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 independent home health provider event should be calculated as the weighted average of the independent home health provider's bill paid by self/family. That is,

$$\bar{X} = (\sum W_j X_j) / (\sum W_j) = \$481.27 \quad (2)$$

where $X_j = \text{HHSF96}X_j$ and $\sum W_j = 8,177,126$

for all independent home health provider records (SELFAGEN=2) with $\text{HHXP96}X_j > 0$.

This gives \$481.27 as the estimated mean amount of out-of-pocket payment of expenditures associated with home health events by independent providers and 8,177,126 as an estimate of the total number of home health events by independent providers 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 home health events by independent providers. This should be calculated as the weighted average of proportion of total expenditures paid by private insurance. That is

$$\bar{Y} = (\sum W_j Y_j) / (\sum W_j) = 0.077, \quad (3)$$

where $Y_j = \frac{HHPV96X_j}{HHXP96X_j}$ and $\sum W_j = 8,177,126$,

for all independent home health provider recorders (SELFAGEN=2) with HHXP96Xj > 0.

This gives 0.077 as the estimated mean proportion of total expenditures paid by private insurance for home health events by independent providers with expenditures for the civilian non-institutionalized population of the U.S. in 1996.

4.3 Estimates of the Number of Persons with Home Health Events Due to a Hospitalization

When calculating an estimate of the total number of persons with home health events by independent providers, 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 home health events where services were provided due to a hospitalization, the current file must be used. This would be estimated as,

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

where

W_i is the sampling weight (WTDPER96) for person i

and

$X_i = 1$ if HOSPITAL EQ 1 for any events for person i
 $= 0$ otherwise.

Prior to estimation users will need to take into consideration that 116 records have a missing value for HOSPITAL.

4.4 Person-Based Ratio Estimates

4.4.1 Person-Based Ratio Estimates Relative to Persons with Home Health Events by Independent Providers

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 home health events by independent providers (SELFAGEN=2) is estimated as,

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

where

W_i is the sampling weight(WTDPER96) for person i

and

SELFAGEN=2

and

$$Z_i = \sum \text{HHXP96} X_j \text{ across all events for person } i.$$

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 home health provider event 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 events and those without events). For example, to estimate the proportion of civilian non-institutionalized population of the U.S. with at least one home health event by an independent provider, the numerator would be derived from data on the current file, and the denominator should be derived from data on the MEPS HC-011 person-level file. That is,

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

where

W_i is the sampling weight(WTDPER96) for person i

and

$$Z_i = 1 \quad \text{if SELFAGEN}_j \text{ EQ 2 for any events of person } i \text{ on the home health} \\ \text{provider events file} \\ = 0 \quad \text{otherwise for all remaining persons on the MEPS HC-011 file.}$$

Prior to estimation users will need to take into consideration that 704 records have a missing value for SELFAGEN.

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 \$136 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 0.0463 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 home health provider events 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 Home Health Provider Event 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 home health provider events of persons with specific characteristics (e.g., age, race, and sex), population characteristics from a person-level file need to be merged onto the home health 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 home health provider event file and DUPERSID.
2. Create data set HVIS by sorting the home health provider event file by person identifier, DUPERSID.
3. Create final date set NEWHVIS by merging these two files by DUPERSID, keeping only records on the home health provider event 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=HVIS;
  BY DUPERSID;
RUN;
```

```
DATA NEWHVIS;  
  MERGE HVIS (IN=A) PERSX(IN=B);  
  BY DUPERSID;  
  IF A;  
RUN;
```

5.2 Linking the Home Health Provider Event file (HC-010H) 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 home health event can link to more than one prescribed medicine record. Conversely, a prescribed medicine event may link to more than one home health event 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 home health provider event. Users should also note that not all home health provider events link to the condition file.

6.0 Programming Information

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

ASCII versions:

File Name: HC10HF1.DAT

Number of Observations: 4,240

Number of Variables: 86

Record Length: 329

Record Format: fixed

Record Identifier and Sort Key: EVNTIDX

File Name: HC10HF2.DAT
Number of Observations: 4,240
Number of Variables: 20
Record Length: 129
Record Format: fixed
Record Identifier and Sort Key: EVNTIDX

SAS Transport versions:

File Name: HC10HF1.SSP
SAS Name: HC10HF1
Number of Observations: 4,240
Number of Variables: 86
Record Identifier and Sort Key: EVNTIDX

File Name: HC10HF2.SSP
SAS Name: HC10HF2
Number of Observations: 4,240
Number of Variables: 20
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-010H:
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FILE 1

DATE: July 25, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
49	50	CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST
51	52	COMPANN	TYPE OF HLTH CARE WRKR - COMPANION
149	150	COMPANY	PERSON RECEIVED COMPANIONSHIP SERVICES
147	148	DAILYACT	PERSON WAS HELPED WI DAILY ACTIVITIES
182	183	DAYSPMO	# DAYS PER MONTH PROVIDER CAME (HA ONLY)
180	181	DAYSPWK	# DAYS PER WEEK PROVIDER CAME (HA ONLY)
53	54	DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT
1	5	DUID	DWELLING UNIT ID
8	15	DUPERSID	PERSON ID (DUID+PID)
28	28	EVENTRN	EVENT ROUND NUMBER
16	27	EVNTIDX	EVENT ID
204	205	FFBEF96	#VISITS IN FF (ALL EVENTS) BEFORE 1996
200	201	FFHH96	TOTAL #HH EVENTS IN FF - 1996
206	207	FFHH97	#HH EVENTS IN FLAT FEE: RD3, 1997
198	199	FFHHTYPX	ED FLAT FEE STEM-LEAF INDICATOR
29	39	FFID11X	FLAT FEE ID
202	203	FFTOT96	#VISITS IN FLAT FEE (ALL EVENTS) - 1996
208	209	FFTOT97	#VISITS IN FF (ALL EVENTS) -1997 THRU R3
178	179	FREQCY	PROVIDER HELPED EVERY WK/SOME WKS
55	56	HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE
44	45	HHBEGMM	EVENT START DATE - MONTH
40	43	HHBEGYR	EVENT START DATE - YEAR
245	249	HHCH96X	AMOUNT PAID,CHAMPUS/CHAMPVA (IMPUTED)
194	195	HHDAYS	DAYS PER MONTH IN HOME HEALTH, 1996
224	230	HHMD96X	AMOUNT PAID,MEDICAID (IMPUTED)
217	223	HHMR96X	AMOUNT PAID,MEDICARE(IMPUTED)
250	256	HHOF96X	AMOUNT PAID,OTHER FEDERAL (IMPUTED)
268	274	HHOR96X	AMOUNT PAID,OTHER PRIVATE (IMPUTED)
281	284	HHOT96X	AMOUNT PAID,OTHER INSURANCE (IMPUTED)
275	280	HHOU96X	AMOUNT PAID,OTHER PUBLIC (IMPUTED)
231	237	HHPV96X	AMOUNT PAID,PRIVATE INSURANCE (IMPUTED)
210	216	HHSF96X	AMOUNT PAID,FAMILY (IMPUTED)
257	263	HHSL96X	AMOUNT PAID,STATE & LOCAL GOV (IMPUTED)
292	299	HHTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
48	48	HHTYPE	HOME HEALTH EVENT TYPE
238	244	HHVA96X	AMOUNT PAID,VETERANS(IMPUTED)
264	267	HHWC96X	AMOUNT PAID,WORKERS CHHP (IMPUTED)
285	291	HHXP96X	SUM OF HHSF96X-HHOT96X (IMPUTED)
59	60	HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER
57	58	HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER
139	140	HOSPITAL	ANY HH CARE SVCE DUE TO HOSPITALIZATION
184	185	HOWOFTEN	PROV CAME ONCE PER DAY/MORE THAN ONCE
188	189	HRSLONG	HOURS EACH VISIT LASTED
312	312	IMPHHCHG	IMPUTATION STATUS OF HHTC96X
305	305	IMPHHCHM	IMPUTATION FLAG FOR HHCH96X
302	302	IMPHHMCD	IMPUTATION FLAG FOR HHMD96X
301	301	IMPHHMCR	IMPUTATION FLAG FOR HHMR96X
306	306	IMPHHOFD	IMPUTATION FLAG FOR HHOF96X
309	309	IMPHHOPR	IMPUTATION FLAG FOR HHOR96X
310	310	IMPHHOPU	IMPUTATION FLAG FOR HHOU96X
311	311	IMPHHOTH	IMPUTATION FLAG FOR HHOT96X
303	303	IMPHHPRV	IMPUTATION FLAG FOR HHPV96X
300	300	IMPHHSLF	IMPUTATION FLAG FOR HHSF96X
307	307	IMPHHSTL	IMPUTATION FLAG FOR HHSL96X
304	304	IMPHHVA	IMPUTATION FLAG FOR HHVA96X
308	308	IMPHHWCP	IMPUTATION FLAG FOR HHWC96X
61	62	IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST
145	146	MEDEQUIP	PERSON WAS TAUGHT USE OF MED EQUIPMT
63	64	MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
190	191	MINLONG	MINUTES EACH VISIT LASTED
83	84	NONSKILL	TYPE OF HLTH CARE WRKR - NON-SKILLED
196	197	NUMCOND	TOTAL #COND RECORDS LINKED TO THIS EVENT
67	68	NURAUDE	TYPE OF HLTH CARE WRKR - NURSES AIDE
65	66	NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR
69	70	OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP
112	113	OTHCW	TYPE OF HLTH CARE WRKR - SOME OTHER
114	138	OTHCWOS	SPECIFY OTHER TYPE HEALTH CARE WORKER
81	82	OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER
151	152	OTHSVCE	PERSON RECEIVED OTH HOME CARE SERVICES
153	177	OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED
71	72	PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTDI
73	74	PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY
6	7	PID	PERSON NUMBER
75	76	RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY
192	193	SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES
46	47	SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF
85	86	SKILLED	TYPE OF HLTH CARE WRKR - SKILLED
87	111	SKILLWOS	SPECIFY TYPE OF SKILLED WORKER
77	78	SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER
79	80	SPEECTHP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY
186	187	TMSPDAY	TIMES/DAY PROVIDER CAME HOME TO HELP
143	144	TREATMT	PERSON RECEIVED MDICAL TREATMENT
325	326	VARPSU96	VARIANCE ESTIMATION PSU 1996
327	329	VARSTR96	VARIANCE ESTIMATION STRATUM
141	142	VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND
313	324	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT

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FILE 1

DATE: July 25, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	7	PID	PERSON NUMBER
8	15	DUPERSID	PERSON ID (DUID+PID)
16	27	EVNTIDX	EVENT ID
28	28	EVENTRN	EVENT ROUND NUMBER
29	39	FFID11X	FLAT FEE ID
40	43	HHBEGYR	EVENT START DATE - YEAR
44	45	HHBEGMM	EVENT START DATE - MONTH
46	47	SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF
48	48	HHTYPE	HOME HEALTH EVENT TYPE
49	50	CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST
51	52	COMPANN	TYPE OF HLTH CARE WRKR - COMPANION
53	54	DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT
55	56	HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE
57	58	HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER
59	60	HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER
61	62	IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST
63	64	MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR
65	66	NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR
67	68	NURAIDE	TYPE OF HLTH CARE WRKR - NURSES AIDE
69	70	OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP
71	72	PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTDT
73	74	PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY
75	76	RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY
77	78	SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER
79	80	SPEECHTP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY
81	82	OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER
83	84	NONSKILL	TYPE OF HLTH CARE WRKR - NON-SKILLED
85	86	SKILLED	TYPE OF HLTH CARE WRKR - SKILLED
87	111	SKILLWOS	SPECIFY TYPE OF SKILLED WORKER
112	113	OTHCW	TYPE OF HLTH CARE WRKR - SOME OTHER
114	138	OTHCWOS	SPECIFY OTHER TYPE HEALTH CARE WORKER
139	140	HOSPITAL	ANY HH CARE SVCE DUE TO HOSPITALIZATION
141	142	VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND
143	144	TREATMT	PERSON RECEIVED MDICAL TREATMENT
145	146	MEDEQUIP	PERSON WAS TAUGHT USE OF MED EQUIPMT
147	148	DAILYACT	PERSON WAS HELPED WI DAILY ACTIVITIES
149	150	COMPANY	PERSON RECEIVED COMPANIONSHIP SERVICES
151	152	OTHSVCE	PERSON RECEIVED OTH HOME CARE SERVICES
153	177	OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED
178	179	FREQCY	PROVIDER HELPED EVERY WK/SOME WKS
180	181	DAYSPPWK	# DAYS PER WEEK PROVIDER CAME (HA ONLY)
182	183	DAYSPPMO	# DAYS PER MONTH PROVIDER CAME (HA ONLY)
184	185	HOWOFTEN	PROV CAME ONCE PER DAY/MORE THAN ONCE
186	187	TMSPPDAY	TIMES/DAY PROVIDER CAME HOME TO HELP
188	189	HRSLONG	HOURS EACH VISIT LASTED
190	191	MINLONG	MINUTES EACH VISIT LASTED
192	193	SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES
194	195	HHDAYS	DAYS PER MONTH IN HOME HEALTH, 1996
196	197	NUMCOND	TOTAL #COND RECORDS LINKED TO THIS EVENT
198	199	FFHHTYPX	ED FLAT FEE STEM-LEAF INDICATOR
200	201	FFHH96	TOTAL #HH EVENTS IN FF - 1996
202	203	FFTOT96	#VISITS IN FLAT FEE (ALL EVENTS) - 1996
204	205	FFBEF96	#VISITS IN FF (ALL EVENTS) BEFORE 1996
206	207	FFHH97	#HH EVENTS IN FLAT FEE: RD3, 1997
208	209	FFTOT97	#VISITS IN FF (ALL EVENTS) -1997 THRU R3
210	216	HHSF96X	AMOUNT PAID,FAMILY (IMPUTED)
217	223	HHMR96X	AMOUNT PAID,MEDICARE(IMPUTED)
224	230	HHMD96X	AMOUNT PAID,MEDICAID (IMPUTED)

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
231	237	HHPV96X	AMOUNT PAID,PRIVATE INSURANCE (IMPUTED)
238	244	HHVA96X	AMOUNT PAID,VETERANS(IMPUTED)
245	249	HHCH96X	AMOUNT PAID,CHAMPUS/CHAMPVA (IMPUTED)
250	256	HHOF96X	AMOUNT PAID,OTHER FEDERAL (IMPUTED)
257	263	HHSL96X	AMOUNT PAID,STATE & LOCAL GOV (IMPUTED)
264	267	HHWC96X	AMOUNT PAID,WORKERS CHHP (IMPUTED)
268	274	HHOR96X	AMOUNT PAID,OTHER PRIVATE (IMPUTED)
275	280	HHOU96X	AMOUNT PAID,OTHER PUBLIC (IMPUTED)
281	284	HHOT96X	AMOUNT PAID,OTHER INSURANCE (IMPUTED)
285	291	HHXP96X	SUM OF HHSF96X-HHOT96X (IMPUTED)
292	299	HHTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
300	300	IMPHSLF	IMPUTATION FLAG FOR HHSF96X
301	301	IMPHMCR	IMPUTATION FLAG FOR HHMR96X
302	302	IMPHMCD	IMPUTATION FLAG FOR HHMD96X
303	303	IMPHPRV	IMPUTATION FLAG FOR HHPV96X
304	304	IMPHVA	IMPUTATION FLAG FOR HHVA96X
305	305	IMPHCHM	IMPUTATION FLAG FOR HHCH96X
306	306	IMPHHOFD	IMPUTATION FLAG FOR HHOF96X
307	307	IMPHHSTL	IMPUTATION FLAG FOR HHSL96X
308	308	IMPHHWC	IMPUTATION FLAG FOR HHWC96X
309	309	IMPHHOPR	IMPUTATION FLAG FOR HHOR96X
310	310	IMPHHOPU	IMPUTATION FLAG FOR HHOU96X
311	311	IMPHHOTH	IMPUTATION FLAG FOR HHOT96X
312	312	IMPHHCHG	IMPUTATION STATUS OF HHTC96X
313	324	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVEL WGT
325	326	VARPSU96	VARIANCE ESTIMATION PSU 1996
327	329	VARSTR96	VARIANCE ESTIMATION STRATUM

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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	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
PID	PERSON NUMBER	2.0	NUM	6	7
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	10 - 93	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	8	15
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
EVNTIDX	EVENT ID	12.0	CHAR	16	27
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
EVENTRN	EVENT ROUND NUMBER	1.0	NUM	28	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1 ROUND 1	1,460		18,985,963	
	2 ROUND 2	1,863		22,777,662	
	3 ROUND 3	917		11,302,989	
	TOTAL	4,240		53,066,614	
FFID11X	FLAT FEE ID	11.0	CHAR	29	39
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,222		52,902,987	
	VALID ID	18		163,627	
	TOTAL	4,240		53,066,614	
HHBEGYR	EVENT START DATE - YEAR	4.0	NUM	40	43
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1996	4,240		53,066,614	
	TOTAL	4,240		53,066,614	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHBEGMM	EVENT START DATE - MONTH	2.0	NUM	44	45
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	1		15,564	
	1 - 12 MONTH	4,239		53,051,050	
	TOTAL	4,240		53,066,614	
SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF	2.0	NUM	46	47
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	6		79,755	
	-8 DK	3		42,851	
	-1 INAPPLICABLE	695		9,119,673	
	1 WORK FOR AGENCY, HOSP, NURS HOME	2,990		35,386,313	
	2 WORK FOR SELF	546		8,438,022	
	TOTAL	4,240		53,066,614	
HHTYPE	HOME HEALTH EVENT TYPE	1.0	NUM	48	48
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1 FRIEND/NEIGHBOR	202		3,112,741	
	2 RELATIVE	433		5,317,219	
	3 VOLUNTEER	60		689,713	
	4 OTHER - PAID	3,545		43,946,941	
	TOTAL	4,240		53,066,614	
CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST	2.0	NUM	49	50
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36		459,311	
	-8 DK	18		316,479	
	-7 REFUSED	11		113,897	
	-1 INAPPLICABLE	1,273		17,931,998	
	1 YES	470		6,145,666	
	2 NO	2,432		28,099,263	
	TOTAL	4,240		53,066,614	
COMPANN	TYPE OF HLTH CARE WRKR - COMPANION	2.0	NUM	51	52
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36		459,311	
	-8 DK	18		316,479	
	-7 REFUSED	11		113,897	
	-1 INAPPLICABLE	1,273		17,931,998	
	1 YES	106		1,077,565	
	2 NO	2,796		33,167,363	
	TOTAL	4,240		53,066,614	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT	2.0	NUM	53	54
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	14	213,067		
	2 NO	2,888	34,031,862		
	TOTAL	4,240	53,066,614		
HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE	2.0	NUM	55	56
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	1,063	12,041,160		
	2 NO	1,839	22,203,769		
	TOTAL	4,240	53,066,614		
HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER	2.0	NUM	57	58
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	39	495,756		
	2 NO	2,863	33,749,173		
	TOTAL	4,240	53,066,614		
HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER	2.0	NUM	59	60
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	326	3,629,915		
	2 NO	2,576	30,615,014		
	TOTAL	4,240	53,066,614		

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 1996 HOME HEALTH VISITS
 FILE 1

DATE: July 25, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST	2.0	NUM	61	62
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	24	398,513		
	2 NO	2,878	33,846,416		
	TOTAL	4,240	53,066,614		
MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR	2.0	NUM	63	64
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	23	184,088		
	2 NO	2,879	34,060,841		
	TOTAL	4,240	53,066,614		
NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR	2.0	NUM	65	66
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	1,255	14,395,543		
	2 NO	1,647	19,849,386		
	TOTAL	4,240	53,066,614		
NURAIDE	TYPE OF HLTH CARE WRKR - NURSES AIDE	2.0	NUM	67	68
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	194	2,297,734		
	2 NO	2,708	31,947,195		
	TOTAL	4,240	53,066,614		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP	2.0	NUM	69	70
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	48	693,121		
	2 NO	2,854	33,551,808		
	TOTAL	4,240	53,066,614		
PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTD	2.0	NUM	71	72
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	160	2,075,657		
	2 NO	2,742	32,169,272		
	TOTAL	4,240	53,066,614		
PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY	2.0	NUM	73	74
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	205	2,814,488		
	2 NO	2,697	31,430,441		
	TOTAL	4,240	53,066,614		
RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY	2.0	NUM	75	76
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	52	469,810		
	2 NO	2,850	33,775,119		
	TOTAL	4,240	53,066,614		

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SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER	2.0	NUM	77	78
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	224	2,463,873		
	2 NO	2,678	31,781,056		
	TOTAL	4,240	53,066,614		
SPEECHP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY	2.0	NUM	79	80
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	7	71,975		
	2 NO	2,895	34,172,953		
	TOTAL	4,240	53,066,614		
OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER	2.0	NUM	81	82
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	36	459,311		
	-8 DK	18	316,479		
	-7 REFUSED	11	113,897		
	-1 INAPPLICABLE	1,273	17,931,998		
	1 YES	83	1,017,981		
	2 NO	2,819	33,226,948		
	TOTAL	4,240	53,066,614		
NONSKILL	TYPE OF HLTH CARE WRKR - NON-SKILLED	2.0	NUM	83	84
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,157	52,048,633		
	1 YES	29	373,340		
	2 NO	54	644,641		
	TOTAL	4,240	53,066,614		
SKILLED	TYPE OF HLTH CARE WRKR - SKILLED	2.0	NUM	85	86
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,157	52,048,633		
	1 YES	44	480,202		
	2 NO	39	537,779		
	TOTAL	4,240	53,066,614		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
SKILLWOS	SPECIFY TYPE OF SKILLED WORKER	25.0	CHAR	87	111
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,196		52,586,412	
	BILIRUBIN LAMP TECHNICIAN	1		11,805	
	BLOOD DRAW	1		24,012	
	BROUGHT OXYGEN TANK	1		18,994	
	CHILD COORDINATOR	2		26,378	
	COMPUTER (MONITOR)	1		29,776	
	COUNSELING	5		40,866	
	EMT AMBULATORY SERVICE	1		5,483	
	HIRISK CASE MANAGER BILIN	1		11,819	
	HIRISK CASE MANAGER-BILIN	1		11,819	
	LAB TECHNICIAN	2		30,652	
	MENTAL HEALTH COUNSELOR	22		179,811	
	PT AND OXYGEN ATTENDANT	1		1,823	
	RESIDENT PODIATRIST	2		42,305	
	TECHNICIAN	1		15,326	
	THERAPIST	1		6,421	
	WORKS FOR DR.	1		22,911	
	TOTAL	4,240		53,066,614	
OTHCW	TYPE OF HLTH CARE WRKR - SOME OTHER	2.0	NUM	112	113
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,157		52,048,633	
	1 YES	10		164,439	
	2 NO	73		853,542	
	TOTAL	4,240		53,066,614	
OTHCWOS	SPECIFY OTHER TYPE HEALTH CARE WORKER	25.0	CHAR	114	138
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,230		52,902,175	
	BRINGS HEALTH SUPPLIES	1		10,322	
	BY MAIL AIR FILTERS	1		36,236	
	EQUIPMENT TECHNICIAN	2		20,644	
	PRIVATE COMPANION	1		4,731	
	PSYCHIATRIST	1		32,243	
	TECHNICIAN	4		60,263	
	TOTAL	4,240		53,066,614	
HOSPITAL	ANY HH CARE SVCE DUE TO HOSPITALIZATION	2.0	NUM	139	140
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	92		1,142,306	
	-8 DK	23		218,846	
	-7 REFUSED	1		0	
	1 YES	1,620		20,932,276	
	2 NO	2,504		30,773,186	
	TOTAL	4,240		53,066,614	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
VSTREL	ANY HH CARE SVCE RELATED TO HLTH COND	2.0	NUM	141	142
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	75	910,483		
	-8 DK	11	64,081		
	1 YES	3,716	46,581,964		
	2 NO	438	5,510,086		
	TOTAL	4,240	53,066,614		
TREATMT	PERSON RECEIVED MDICAL TREATMENT	2.0	NUM	143	144
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	78	923,525		
	-8 DK	15	154,214		
	-1 INAPPLICABLE	695	9,119,673		
	1 YES, AT LEAST ONCE	1,961	23,964,381		
	2 NO	1,491	18,904,822		
	TOTAL	4,240	53,066,614		
MEDEQUIP	PERSON WAS TAUGHT USE OF MED EQUIPMT	2.0	NUM	145	146
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	89	1,042,924		
	-8 DK	20	231,054		
	-7 REFUSED	6	48,147		
	-1 INAPPLICABLE	695	9,119,673		
	1 YES, AT LEAST ONCE	561	7,024,653		
	2 NO	2,869	35,600,164		
	TOTAL	4,240	53,066,614		
DAILYACT	PERSON WAS HELPED WI DAILY ACTIVITIES	2.0	NUM	147	148
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	94	1,174,335		
	-8 DK	12	141,198		
	-7 REFUSED	7	48,147		
	1 YES, AT LEAST ONCE	2,656	33,362,602		
	2 NO	1,471	18,340,333		
	TOTAL	4,240	53,066,614		
COMPANY	PERSON RECEIVED COMPANIONSHIP SERVICES	2.0	NUM	149	150
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	94	1,174,335		
	-8 DK	6	38,051		
	-7 REFUSED	1	0		
	1 YES, AT LEAST ONCE	1,367	16,647,321		
	2 NO	2,772	35,206,907		
	TOTAL	4,240	53,066,614		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OTHSVCE	PERSON RECEIVED OTH HOME CARE SERVICES	2.0	NUM	151	152
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	96		1,211,524	
	-8 DK	7		61,797	
	-7 REFUSED	1		0	
	1 YES, AT LEAST ONCE	122		1,714,621	
	2 NO	4,014		50,078,672	
	TOTAL	4,240		53,066,614	
OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED	25.0	CHAR	153	177
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,118		51,351,993	
	-9 NOT ASCERTAINED	7		44,623	
	ADVICE ABOUT BREASTFEEDIN	1		5,211	
	ASSISTS WITH DIALYSIS	1		11,144	
	BATHING, DRESSING	1		15,022	
	BATHING, DRESSING, FEEDIN	2		42,774	
	BLD SUGR, INSLN INJXNS	1		11,758	
	BLIND ASSOCIATION	4		89,714	
	BLOOD SUGAR, INSLN INJXN	2		23,515	
	BLOOD WORK	1		18,805	
	BRING OXYGEN TANK	1		18,994	
	CARE OF BABY	1		13,682	
	CARE OF NEW BABY	1		13,682	
	CARING FOR NEWBORN	7		90,715	
	CASE MGR, CKS ON R EACH M	1		11,332	
	CHANGING COLOSTYME	2		14,552	
	CHILD CARE	5		71,474	
	CLEAN HOUSE	1		12,315	
	CLEANING WOUND& BANDAGE	1		5,815	
	COMATOSE TREATMENT	1		7,744	
	COOKING	1		12,857	
	CUTS GRASS, REPAIRS LOCKS	1		7,348	
	DAILY ACTIVITIES	1		4,263	
	DAY CARE	1		13,214	
	DISPENSE MEDICATIONS	2		15,664	
	DRAW BLOOD	2		19,182	
	DRAWING BLOOD EVERY 3 WKS	4		69,889	
	DRAWS BLOOD	3		30,273	
	DRESSED SURGERY	1		7,373	
	DRESSING WOUND	1		9,156	
	DRIVES ME AROUND	1		27,200	
	DRIVING,FOOD PREPARATION	1		15,022	
	EDUCATIONAL	3		43,565	
	EVERYTHING	4		100,851	
	FED HER MEALS, DRIVING, H	2		30,045	
	GAVE ALLERGY SHOT	2		22,792	
	(CONT'D ON NEXT PAGE)				

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OTHSVCOS	SPECIFY OTHER HOME CARE SRVCE RECEIVED	25.0	CHAR	153	177
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	(CONT'D FROM PREVIOUS PAGE)				
	GIVES MEDICATION SOMETIME	5			146,039
	HOME COMMUNIAN	3			23,744
	HOUSEWORK	4			31,108
	INFO ON FOODS TO EAT	2			13,816
	INJECTIONS	3			60,783
	MASSAGE THERAPY	6			121,251
	MEDS, INSULIN INJXNS, BS	1			11,758
	PARAMEDIC TOOK RES TO HOS	1			17,031
	PARAMEDIC TOOK RESP TO HO	1			17,031
	PEDICURE	6			51,091
	PERSONALL CARE	1			8,326
	PHYSICAL THERAPY	3			50,740
	PODIATRY CARE	1			12,096
	RELIGIOUS SERVICES	2			15,829
	SHOPPING, INSERT BATTERIE	2			82,115
	TAKING CARE OF KIDS	3			41,033
	TAUGHT STRENGTHING R HAND	1			3,246
	TOOK BLOOD PRESSURE	4			29,641
	WEIGHING AND MEASURING	2			26,378
	TOTAL	4,240			53,066,614
FREQCY	PROVIDER HELPED EVERY WK/SOME WKS	2.0	NUM	178	179
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	68			875,927
	-8 DK	17			269,125
	-7 REFUSED	1			0
	1 EVERY WEEK	3,091			37,485,772
	2 SOME WEEKS	674			9,064,532
	3 ONLY CAME ONCE	389			5,371,258
	TOTAL	4,240			53,066,614
DAYSPWK	# DAYS PER WEEK PROVIDER CAME (HA ONLY)	2.0	NUM	180	181
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	48			613,306
	-8 DK	4			36,815
	-1 INAPPLICABLE	1,099			14,958,073
	1 - 7 NUMBER OF DAYS PER WEEK	3,089			37,458,420
	TOTAL	4,240			53,066,614

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DAYSPMO	# DAYS PER MONTH PROVIDER CAME (HA ONLY)	2.0	NUM	182	183
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	48	613,306		
	-8 DK	18	305,272		
	-1 INAPPLICABLE	3,519	43,393,507		
	1 - 31 NUMBER OF DAYS PER MONTH	655	8,754,529		
	TOTAL	4,240	53,066,614		
HOWOFTEN	PROV CAME ONCE PER DAY/MORE THAN ONCE	2.0	NUM	184	185
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	64	783,458		
	-8 DK	30	344,897		
	-7 REFUSED	14	93,379		
	-1 INAPPLICABLE	448	6,240,360		
	1 ONCE PER DAY	3,181	39,187,334		
	2 MORE THAN ONCE PER DAY	299	3,433,870		
	3 24 HOURS PER DAY	204	2,983,317		
	TOTAL	4,240	53,066,614		
TMSPDAY	TIMES/DAY PROVIDER CAME HOME TO HELP	2.0	NUM	186	187
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	48	613,306		
	-1 INAPPLICABLE	3,893	49,019,438		
	1 - 15 NUMBER OF TIMES PER DAY	299	3,433,870		
	TOTAL	4,240	53,066,614		
HRSLONG	HOURS EACH VISIT LASTED	2.0	NUM	188	189
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	175	2,177,813		
	-8 DK	43	453,950		
	-7 REFUSED	7	75,213		
	-1 INAPPLICABLE	204	2,983,317		
	0	1,067	14,337,319		
	1 - 24 HOURS VISIT LASTED	2,744	33,039,003		
	TOTAL	4,240	53,066,614		
MINLONG	MINUTES EACH VISIT LASTED	2.0	NUM	190	191
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	2,870	34,067,501		
	-8 DK	15	221,034		
	-1 INAPPLICABLE	294	4,524,005		
	0	2	9,462		
	1 - 50 MINUTES VISIT LASTED	1,059	14,244,611		
	TOTAL	4,240	53,066,614		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES	2.0	NUM	192	193
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	61	795,510		
	-8 DK	3	11,509		
	-1 INAPPLICABLE	769	9,772,324		
	1 YES	3,357	41,900,844		
	2 NO	50	586,428		
	TOTAL	4,240	53,066,614		
HHDAYS	DAYS PER MONTH IN HOME HEALTH, 1996	2.0	NUM	194	195
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	109	1,491,870		
	1 - 31 DAYS	4,131	51,574,744		
	TOTAL	4,240	53,066,614		
NUMCOND	TOTAL #COND RECORDS LINKED TO THIS EVENT	2.0	NUM	196	197
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	528	6,541,221		
	1 - 4 CONDS LINKED	3,469	43,962,500		
	5 - 23 CONDS LINKED	243	2,562,893		
	TOTAL	4,240	53,066,614		
FFHHTYPX	ED FLAT FEE STEM-LEAF INDICATOR	2.0	NUM	198	199
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,222	52,902,987		
	1 FLAT FEE STEM	2	22,129		
	2 FLAT FEE LEAF	16	141,498		
	TOTAL	4,240	53,066,614		
FFHH96	TOTAL #HH EVENTS IN FF - 1996	2.0	NUM	200	201
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,222	52,902,987		
	1 - 8 EVENTS	18	163,627		
	TOTAL	4,240	53,066,614		
FFTOT96	#VISITS IN FLAT FEE (ALL EVENTS) - 1996	2.0	NUM	202	203
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,222	52,902,987		
	2 - 13 EVENTS	18	163,627		
	TOTAL	4,240	53,066,614		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFBEF96	#VISITS IN FF (ALL EVENTS) BEFORE 1996	2.0	NUM	204	205
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	-1 INAPPLICABLE	4,222		52,902,987	
	0 NO FLAT FEE VISITS PRIOR TO 1996	10		105,419	
	8 # OF VISITS PRIOR TO 1996	8		58,208	
	TOTAL	4,240		53,066,614	
FFHH97	#HH EVENTS IN FLAT FEE: RD3, 1997	2.0	NUM	206	207
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	-1 INAPPLICABLE	4,222		52,902,987	
	0	12		112,919	
	1 - 3 EVENTS	6		50,708	
	TOTAL	4,240		53,066,614	
FETOT97	#VISITS IN FF (ALL EVENTS) -1997 THRU R3	2.0	NUM	208	209
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	-1 INAPPLICABLE	4,222		52,902,987	
	0	12		112,919	
	1 - 4 EVENTS	6		50,708	
	TOTAL	4,240		53,066,614	
HHSF96X	AMOUNT PAID,FAMILY (IMPUTED)	7.2	NUM	210	216
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	0	3,735		45,336,287	
	\$3.08 - \$40.00	158		2,215,260	
	\$40.01 - \$80.00	100		1,484,149	
	\$80.01 - \$460.00	124		1,865,461	
	\$460.01 - \$3000.00	123		2,165,457	
	TOTAL	4,240		53,066,614	
HHMR96X	AMOUNT PAID,MEDICARE(IMPUTED)	7.2	NUM	217	223
	VALUE	UNWEIGHTED		WEIGHTED BY WTDPER96	
	0	2,678		33,581,727	
	\$20.00 - \$300.00	406		5,833,070	
	\$300.01 - \$723.38	375		5,178,545	
	\$723.39 - \$1480.87	391		4,373,434	
	\$1480.88 - \$7184.44	390		4,099,838	
	TOTAL	4,240		53,066,614	

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HHMD96X	AMOUNT PAID, MEDICAID (IMPUTED)	7.2	NUM	224	230
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	3,598	46,369,447		
	\$11.50 - \$139.20	162	1,943,712		
	\$139.21 - \$516.84	167	1,722,795		
	\$516.85 - \$1348.80	156	1,563,137		
	\$1348.81 - \$5417.64	157	1,467,523		
	TOTAL	4,240	53,066,614		
HPV96X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)	7.2	NUM	231	237
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	3,876	47,302,129		
	\$4.60 - \$70.00	95	1,309,991		
	\$70.01 - \$261.76	87	1,469,852		
	\$261.77 - \$445.00	93	1,585,276		
	\$445.01 - \$6611.13	89	1,399,367		
	TOTAL	4,240	53,066,614		
HHVA96X	AMOUNT PAID, VETERANS (IMPUTED)	7.2	NUM	238	244
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	3,982	49,660,932		
	\$16.00 - \$187.50	70	942,967		
	\$187.51 - \$534.80	59	825,122		
	\$534.81 - \$939.12	65	979,538		
	\$939.13 - \$7184.44	64	658,055		
	TOTAL	4,240	53,066,614		
HHCH96X	AMOUNT PAID, CHAMPUS/CHAMPVA (IMPUTED)	5.2	NUM	245	249
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	4,238	53,037,342		
	\$22.71 - \$22.72	2	29,272		
	TOTAL	4,240	53,066,614		
HHOF96X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)	7.2	NUM	250	256
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	4,213	52,796,975		
	\$18.46 - \$47.78	7	70,698		
	\$47.79 - \$187.50	10	59,077		
	\$187.51 - \$500.65	4	74,604		
	\$500.66 - \$2820.40	6	65,261		
	TOTAL	4,240	53,066,614		

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1996 HOME HEALTH VISITS
FILE 1

DATE: July 25, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHSL96X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)	7.2	NUM	257	263
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	4,073	50,854,275		
	\$22.00 - \$135.50	44	627,224		
	\$135.51 - \$265.32	41	713,759		
	\$265.33 - \$549.99	42	343,949		
	\$550.00 - \$1439.34	40	527,407		
	TOTAL	4,240	53,066,614		
HHWC96X	AMOUNT PAID, WORKERS CHHP (IMPUTED)	4.2	NUM	264	267
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	4,240	53,066,614		
	TOTAL	4,240	53,066,614		
HHOR96X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)	7.2	NUM	268	274
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	4,210	52,556,910		
	\$86.67 - \$210.00	8	89,871		
	\$210.01 - \$767.50	7	86,747		
	\$767.51 - \$1050.00	14	317,760		
	\$1050.01 - \$1100.00	1	15,326		
	TOTAL	4,240	53,066,614		
HHOU96X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)	6.2	NUM	275	280
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	4,234	53,016,692		
	\$9.00 - \$11.00	2	10,117		
	\$11.01 - \$27.65	1	5,059		
	\$27.66 - \$249.30	2	19,902		
	\$249.31 - \$623.25	1	14,844		
	TOTAL	4,240	53,066,614		
HHOT96X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)	4.2	NUM	281	284
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	4,240	53,066,614		
	TOTAL	4,240	53,066,614		

MEPS HC-010H:
 1996 HOME HEALTH VISITS
 FILE 1

DATE: July 25, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHXP96X	SUM OF HHSE96X-HHOT96X (IMPUTED)	7.2	NUM	285	291
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	1,073	12,846,973		
	\$5.00 - \$172.00	793	10,711,543		
	\$172.01 - \$600.84	791	10,554,175		
	\$600.85 - \$1324.87	795	10,106,369		
	\$1324.88 - \$7184.44	788	8,847,555		
	TOTAL	4,240	53,066,614		
HHTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)	8.2	NUM	292	299
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	983	11,728,451		
	\$5.00 - \$232.32	818	10,685,583		
	\$232.33 - \$749.15	811	11,002,644		
	\$749.16 - \$1600.00	835	11,180,303		
	\$1600.01 - 17897.82	793	8,469,633		
	TOTAL	4,240	53,066,614		
IMPHSLE	IMPUTATION FLAG FOR HHSE96X	1.0	NUM	300	300
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,153	51,413,319		
	1 IMPUTED	87	1,653,295		
	TOTAL	4,240	53,066,614		
IMPHMCR	IMPUTATION FLAG FOR HHMR96X	1.0	NUM	301	301
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	3,107	38,091,878		
	1 IMPUTED	1,133	14,974,736		
	TOTAL	4,240	53,066,614		
IMPHMCD	IMPUTATION FLAG FOR HHMD96X	1.0	NUM	302	302
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	3,519	45,407,053		
	1 IMPUTED	721	7,659,561		
	TOTAL	4,240	53,066,614		
IMPHHPRV	IMPUTATION FLAG FOR HHPV96X	1.0	NUM	303	303
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	3,648	43,667,921		
	1 IMPUTED	592	9,398,693		
	TOTAL	4,240	53,066,614		

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 1996 HOME HEALTH VISITS
 FILE 1

DATE: July 25, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPHHVA	IMPUTATION FLAG FOR HHVA96X	1.0	NUM	304	304
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	3,994	49,753,028		
	1 IMPUTED	246	3,313,586		
	TOTAL	4,240	53,066,614		
IMPHHCHM	IMPUTATION FLAG FOR HHCH96X	1.0	NUM	305	305
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,238	53,037,342		
	1 IMPUTED	2	29,272		
	TOTAL	4,240	53,066,614		
IMPHHOFD	IMPUTATION FLAG FOR HHOF96X	1.0	NUM	306	306
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,236	53,015,599		
	1 IMPUTED	4	51,016		
	TOTAL	4,240	53,066,614		
IMPHHSTL	IMPUTATION FLAG FOR HHSL96X	1.0	NUM	307	307
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,176	52,025,451		
	1 IMPUTED	64	1,041,163		
	TOTAL	4,240	53,066,614		
IMPHHWCP	IMPUTATION FLAG FOR HHWC96X	1.0	NUM	308	308
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,240	53,066,614		
	TOTAL	4,240	53,066,614		
IMPHHOPR	IMPUTATION FLAG FOR HHOR96X	1.0	NUM	309	309
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,231	52,879,021		
	1 IMPUTED	9	187,593		
	TOTAL	4,240	53,066,614		
IMPHHOPU	IMPUTATION FLAG FOR HHOU96X	1.0	NUM	310	310
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,240	53,066,614		
	TOTAL	4,240	53,066,614		

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 1996 HOME HEALTH VISITS
 FILE 1

DATE: July 25, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPHHOTH	IMPUTATION FLAG FOR HHOT96X	1.0	NUM	311	311
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	4,239	53,058,004		
	1 IMPUTED	1	8,610		
	TOTAL	4,240	53,066,614		
IMPHHCHG	IMPUTATION STATUS OF HHTC96X	1.0	NUM	312	312
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0 UNIMPUTED	2,731	32,457,924		
	1 IMPUTED	1,509	20,608,690		
	TOTAL	4,240	53,066,614		
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	313	324
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	35	0		
	1692.382491 - 53098.254784	4,205	53,066,614		
	TOTAL	4,240	53,066,614		
VARPSU96	VARIANCE ESTIMATION PSU 1996	2.0	NUM	325	326
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1-43	4,240	53,066,614		
	TOTAL	4,240	53,066,614		
VARSTR96	VARIANCE ESTIMATION STRATUM	3.0	NUM	327	329
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1-140	4,240	53,066,614		
	TOTAL	4,240	53,066,614		

MEPS HC-010H:
 1996 HOME HEALTH VISITS
 FILE 2

DATE: July 5, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
8	15	DUPERSID	PERSON ID (DUID+PID)
16	27	EVNTIDX	EVENT ID
72	76	HHCH96H	HHLR RPTD AMT PD, CHMP/CHMPVA(PRE-IMPUTD)
52	58	HHMD96H	HHLR RPTD AMT PD, MEDICAID(PRE-IMPUTED)
45	51	HHMR96H	HHLR RPTD AMT PD, MEDICARE(PRE-IMPUTED)
77	82	HHOF96H	HHLR RPTD AMT PD, OTHER FED(PRE-IMPUTED)
95	99	HHOT96H	HHLR RPTD AMT PD, OTH INSUR(PRE-IMPUTED)
59	65	HHPV96H	HHLR RPTD AMT PD, PRIV INS(PRE-IMPUTED)
38	44	HHSF96H	HHLR RPTD AMT PD, FAMILY (PRE-IMPUTED)
28	37	HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID
83	89	HHSL96H	HHLR RPTD AMT PD, STATE&LOC(PRE-IMPUTED)
105	112	HHTC96H	HHLR REPORTED TOTAL CHARGE (PRE-IMPUTED)
100	104	HHUC96H	HHLR RPTD AMT PD, UNCOL LIAB(PRE-IMPUTED)
66	71	HHVA96H	HHLR RPTD AMT PD, VETERANS(PRE-IMPUTED)
90	94	HHWC96H	HHLR RPTD AMT PD, WORK COMP(PRE-IMPUTED)
6	7	PID	PERSON NUMBER
125	126	VARPSU96	VARIANCE ESTIMATION PSU 1996
127	129	VARSTR96	VARIANCE ESTIMATION STRATUM 1996
113	124	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT

MEPS HC-010H:
 1996 HOME HEALTH VISITS
 FILE 2

DATE: July 5, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	7	PID	PERSON NUMBER
8	15	DUPERSID	PERSON ID (DUID+PID)
16	27	EVNTIDX	EVENT ID
28	37	HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID
38	44	HHSF96H	HHLD RPTD AMT PD, FAMILY (PRE-IMPURED)
45	51	HHMR96H	HHLD RPTD AMT PD, MEDICARE (PRE-IMPURED)
52	58	HHMD96H	HHLD RPTD AMT PD, MEDICAID (PRE-IMPURED)
59	65	HHPV96H	HHLD RPTD AMT PD, PRIV INS (PRE-IMPURED)
66	71	HHVA96H	HHLD RPTD AMT PD, VETERANS (PRE-IMPURED)
72	76	HHCH96H	HHLD RPTD AMT PD, CHMP/CHMPVA (PRE-IMPURED)
77	82	HHOF96H	HHLD RPTD AMT PD, OTHER FED (PRE-IMPURED)
83	89	HHSL96H	HHLD RPTD AMT PD, STATE&LOC (PRE-IMPURED)
90	94	HHWC96H	HHLD RPTD AMT PD, WORK COMP (PRE-IMPURED)
95	99	HHOT96H	HHLD RPTD AMT PD, OTH INSUR (PRE-IMPURED)
100	104	HHUC96H	HHLD RPTD AMT PD, UNCOL LIAB (PRE-IMPURED)
105	112	HHTC96H	HHLD REPORTED TOTAL CHARGE (PRE-IMPURED)
113	124	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
125	126	VARPSU96	VARIANCE ESTIMATION PSU 1996
127	129	VARSTR96	VARIANCE ESTIMATION STRATUM 1996

MEPS HC-010H:
1996 HOME HEALTH VISITS
FILE 2

DATE: July 5, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
PID	PERSON NUMBER	2.0	NUM	6	7
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	10 - 93	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	8	15
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
EVNTIDX	EVENT ID	12.0	CHAR	16	27
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	VALID ID	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID	10.0	CHAR	28	37
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	4,213		52,759,468	
	VALID ID	27		307,146	
	TOTAL	4,240		53,066,614	
HHSF96H	HHLD RPTD AMT PD, FAMILY (PRE-IMPUTED)	7.2	NUM	38	44
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	116		2,022,113	
	-1 INAPPLICABLE	695		9,119,673	
	0	3,010		35,838,394	
	\$3.08 - \$3000.00	419		6,086,435	
	TOTAL	4,240		53,066,614	

MEPS HC-010H:
1996 HOME HEALTH VISITS
FILE 2

DATE: July 5, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHMR96H	HHL D RPTD AMT PD, MEDICARE(PRE-IMPURED)	7.2	NUM	45	51
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	1,315	16,797,688		
	-1 INAPPLICABLE	695	9,119,673		
	0	1,538	19,324,954		
	\$32.00 - \$7184.44	692	7,824,299		
	TOTAL	4,240	53,066,614		
HHMD96H	HHL D RPTD AMT PD, MEDICAID(PRE-IMPURED)	7.2	NUM	52	58
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	939	9,500,633		
	-1 INAPPLICABLE	695	9,119,673		
	0	2,296	31,606,226		
	\$9.00 - \$5417.64	310	2,840,082		
	TOTAL	4,240	53,066,614		
HHPV96H	HHL D RPTD AMT PD, PRIV INS(PRE-IMPURED)	7.2	NUM	59	65
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	675	10,505,926		
	-1 INAPPLICABLE	695	9,119,673		
	0	2,746	31,478,662		
	\$4.60 - \$6611.13	124	1,962,353		
	TOTAL	4,240	53,066,614		
HHVA96H	HHL D RPTD AMT PD, VETERANS(PRE-IMPURED)	6.2	NUM	66	71
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	299	3,921,033		
	-1 INAPPLICABLE	695	9,119,673		
	0	3,245	40,014,627		
	\$200.00 - \$200.00	1	11,281		
	TOTAL	4,240	53,066,614		
HHCH96H	HHL D RPTD AMT PD, CHMP/CHMPVA(PRE-IMPURD)	5.2	NUM	72	76
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	15	176,721		
	-1 INAPPLICABLE	695	9,119,673		
	0	3,530	43,770,221		
	TOTAL	4,240	53,066,614		

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1996 HOME HEALTH VISITS
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NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHOF96H	HHL D RPTD AMT PD, OTHER FED(PRE-IMPUTED)	6.2	NUM	77	82
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	13	173,622		
	-1 INAPPLICABLE	695	9,119,673		
	0	3,528	43,755,443		
	\$92.00 - \$184.00	4	17,876		
	TOTAL	4,240	53,066,614		
HHSL96H	HHL D RPTD AMT PD, STATE&LOC(PRE-IMPUTED)	7.2	NUM	83	89
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	80	1,264,559		
	-1 INAPPLICABLE	695	9,119,673		
	0	3,321	40,927,429		
	\$22.00 - \$1439.34	144	1,754,953		
	TOTAL	4,240	53,066,614		
HHWC96H	HHL D RPTD AMT PD, WORK COMP(PRE-IMPUTED)	5.2	NUM	90	94
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	9	122,606		
	-1 INAPPLICABLE	695	9,119,673		
	0	3,536	43,824,335		
	TOTAL	4,240	53,066,614		
HHOT96H	HHL D RPTD AMT PD, OTH INSUR(PRE-IMPUTED)	5.2	NUM	95	99
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	10	131,216		
	-1 INAPPLICABLE	695	9,119,673		
	0	3,535	43,815,725		
	TOTAL	4,240	53,066,614		
HHUC96H	HHL D RPTD AMT PD, UNCOL LIAB(PRE-IMPUTED)	5.2	NUM	100	104
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-1 INAPPLICABLE	3,694	44,628,592		
	0	546	8,438,022		
	TOTAL	4,240	53,066,614		

MEPS HC-010H:
 1996 HOME HEALTH VISITS
 FILE 2

DATE: July 5, 2000

NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHTC96H	HHLD REPORTED TOTAL CHARGE (PRE-IMPUTED)	8.2	NUM	105	112
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	-9 NOT ASCERTAINED	1,866		24,128,465	
	-1 INAPPLICABLE	695		9,119,673	
	0	13		138,914	
	\$5.00 - 17897.82	1,666		19,679,563	
	TOTAL	4,240		53,066,614	
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	113	124
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	0	35		0	
	1692.382491 - 53098.254784	4,205		53,066,614	
	TOTAL	4,240		53,066,614	
VARPSU96	VARIANCE ESTIMATION PSU 1996	2.0	NUM	125	126
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1-43	4,240		53,066,614	
	TOTAL	4,240		53,066,614	
VARSTR96	VARIANCE ESTIMATION STRATUM 1996	3.0	NUM	127	129
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96		
	1-140	4,240		53,066,614	
	TOTAL	4,240		53,066,614	

E. Variable-Source Crosswalk

**E. VARIABLE-SOURCE CROSSWALK
FOR MEPS HC-010H: 1996 HOME HEALTH EVENTS PUBLIC USE FILE RELEASE**

File 1:

Survey Administration Variables - Public Use

Variable	Description	Source
DUID	Dwelling unit ID (encrypted)	Assigned in sampling
PID	Person number (encrypted)	Assigned in sampling
DUPERSID	Sample person ID (DUID + PID) (encrypted)	Assigned in sampling
EVNTIDX	Event ID (encrypted)	Assigned in Sampling
EVENTRN	Event round number	CAPI derived
FFID11X	Flat fee ID – 11 characters (encrypted)	CAPI Derived

Home Health Events Variables - Public Use

Variable	Description	Source
HHBEGYR	Event start date – year	EV04/EV05
HHBEGMM	Event start date – month	EV04/EV05
SELFAGEN	Does provider work for agency or self	EV06A
HHTYPE	Home health event type	EV06
CNA	Type of health care worker – certified nurse assistant	HH01
COMPANN	Type of health care worker – companion	HH01
DIETICN	Type of health care worker – dietitian/nutritionist	HH01
HHAIDE	Type of health care worker – home health/home care aide	HH01
HOSPICE	Type of health care worker – hospice worker	HH01
HMEMAKER	Type of health care worker- homemaker	HH01
IVTHP	Type of health care worker – IV or infusion therapist	HH01
MEDLDOC	Type of health care worker – medical doctor	HH01
NURPRACT	Type of health care worker – nurse/nurse practitioner	HH01
NURAIDE	Type of health care worker – nurse’s aide	HH01
OCCUPTHP	Type of health care worker – occupational therapist	HH01
PERSONAL	Type of health care worker – personal care attendant	HH01
PHYSLTHP	Type of health care worker – physical therapist	HH01
RESPTHP	Type of health care worker – respiratory therapist	HH01
SOCIALW	Type of health care worker – social worker	HH01
SPEECTHP	Type of health care worker – speech therapist	HH01
OTHRHCW	Type of health care worker – other	HH01
NONSKILL	Type of health care worker – non-skilled	HH02
SKILLED	Type of health care worker – skilled	HH02
SKILLWOS	Specify type of skilled worker	HH02
OTHCW	Type of health care worker – some other type of health care worker	HH02

OTHCWOS	Specify other type of health care worker	HH02
HOSPITAL	Any home health care provider event due to hospitalization	HH03
VSTRELCN	Any home health care provider event related to a health condition	HH04
TREATMT	Person received medical treatment	HH06
MEDEQUIP	Person was taught how to use medical equipment	HH07
DAILYACT	Person was helped with daily activities	HH08
COMPANY	Person received companionship services	HH09
OTHSVCE	Person received other home health care services	HH10
OTHSVCOS	Specify other home health care service received	HH10
FREQCY	Provider helped person every week/some weeks	HH11
DAYSPWK	Number of days per week provider came (agency events only)	HH12
DAYSPMO	Number of days per month provider came (agency events only)	HH13
HOWOFTEN	Provider came once per day or more than once per day	HH14
TMSPDAY	Times per day provider came to home to help	HH15
HRSLONG	Hours each visit lasted	HH16
MINLONG	Minutes each visit lasted	HH16
SAMESVCE	Any other months person received services	HH17
HHDAYS	Number of days person received care per month for that event	Constructed
NUMCOND	Number of condition records linked to this event	Constructed

Imputed Expenditure Variables – Public Use

FFHHTYPX	Flat fee bundle - stem or leaf indicator (edited)	FF01 or FF02 (edited)
FFHH96	# of home health events in flat fee - 1996	FF02 (edited)
FFTOT96	Total # of visits in flat fee - 1996	FF02 (edited)
FFBEF96	Total number of pre-1996 events in the same flat fee group as the 1996 home health provider event record	FF05
FFHH97	Indicates whether or not there are 1997 (through Round 3) home health provider events in the same flat fee group as the 1996 home health provider event record	FF10 (edited)

FFTOT97	Indicates whether or not there any 1997 (through Round 3) medical events in the same flat fee group as the 1996 home health provider event record	FF10
HHSF96X	Amount paid, family <i>note: rounded to cents</i>	CP11 (Edited/Imputed)
HHMR96X	Amount paid, Medicare <i>note: rounded to cents</i>	CP09 (Edited/Imputed)
HHMD96X	Amount paid, Medicaid <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHPV96X	Amount paid, private insurance <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHVA96X	Amount paid, Veterans <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHCH96X	Amount paid, CHAMPUS/CHAMPVA <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHOF96X	Amount paid, other federal <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHSL96X	Amount paid, non-federal government <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHWC96X	Amount paid, worker's compensation <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHOR96X	Amount paid, other private <i>note: rounded to cents</i>	Constructed
HHOU96X	Amount paid, other public <i>note: rounded to cents</i>	Constructed
HHOT96X	Amount paid, other insurance <i>note: rounded to cents</i>	CP07 (Edited/Imputed)
HHXP96X	Sum of payments HHSF96X – HHOT96X <i>note: rounded to cents</i>	Constructed
HHTC96X	Total charge for visit <i>note: rounded to cents</i>	CP09 (Edited/Imputed)
IMPHHSLF	Imputation flag for HHSF96X	Constructed
IMPHHMCR	Imputation flag for HHMR96X	Constructed
IMPHHMCD	Imputation flag for HHMD96X	Constructed
IMPHHPRV	Imputation flag for HHPV96X	Constructed
IMPHHVA	Imputation flag for HHVA96X	Constructed
IMPHHCHM	Imputation flag for HHCH96X	Constructed
IMPHHOFD	Imputation flag for HHOF96X	Constructed
IMPHHSTL	Imputation flag for HHSL96X	Constructed
IMPHHWCP	Imputation flag for HHWC96X	Constructed
IMPHHOPR	Imputation flag for HHOR96X	Constructed

IMPHHOPU	Imputation flag for HHOU96X	Constructed
IMPHHOTH	Imputation flag for HHOT96X	Constructed
IMPHHCHG	Imputation flag for HHTC96X	Constructed

Weights - Public Use

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

File 2:

Survey Administration Variables - Public Use

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

Pre-imputed Expenditure Variables

HHSF96H	Household reported amount paid, family (pre-imputed) <i>note: rounded to cents</i>	CP11 (Edited)
HHMR96H	Household reported amount paid, Medicare (pre-imputed) <i>note: rounded to cents</i>	CP09 (Edited)
HHMD96H	Household reported amount paid, Medicaid (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)
HHPV96H	Household reported amount paid, private insurance (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)
HHVA96H	Household reported amount paid, Veterans (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)
HHCH96H	Household reported amount paid, CHAMPUS/CHAMPVA (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)
HHOF96H	Household reported amount paid, other federal (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)
HHSL96H	Household reported amount paid, non-federal government (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)

HHWC96H	Household reported amount paid, worker's compensation (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)
HHOT96H	Household reported amount paid, other insurance (pre-imputed) <i>note: rounded to cents</i>	CP07 (Edited)
HHUC96H	Household reported amount paid, uncollected liability (pre-imputed)	CP07 (Edited)
HHTC96H	Household reported total charge (pre-imputed) <i>note: rounded to cents</i>	CP09 (Edited)

Weights – Public Use

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