

**MEPS HC-016D:  
1997 Hospital Inpatient Stays**

**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 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 followup for nonrespondents.

### **4.0 Nursing Home Component**

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medicines, and health care expenditures of nursing home residents. Nursing home administrators and



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

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

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

## **5.0 Survey Management**

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

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

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

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

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

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

## **C. Technical and Programming Information**

### **1.0 General Information**

This documentation describes one in a series of public use event files from the 1997 Medical Expenditure Panel Survey (MEPS) Household (HC) and Medical Provider Component (MPC). Released as an ASCII data file and SAS transport file, this public use file provides detailed information on hospital inpatient stays for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of hospital inpatient stay utilization and expenditures for calendar year 1997. Each record on this event file represents a unique hospital inpatient stay event; that is, a hospital inpatient stay reported by the household respondent during the 1997 portion of Round 3 and Rounds 4 and 5 for Panel 1, as well as Rounds 1, 2 and the 1997 portion of Round 3 for Panel 2 (i.e., the Rounds for the MEPS panels covering calendar year 1997). Hospital stay events reported in Round 3, Panel 2 and known to have begun after December 31, 1997 are not included on this file. In addition to expenditures related to the stay, each record contains household reported medical conditions and procedures associated with the hospitalization and information on the length of stay.

Data from this event file can be merged with other 1997 MEPS HC data files for purposes of appending person characteristics such as demographic or health insurance coverage to each hospital inpatient stay record.

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

This file can be also used to construct summary variables of expenditures, sources of payment, and related aspects of hospital inpatient care. Aggregate annual person-level information on the use of hospital inpatient stays and other health services use is provided on the MEPS 1997 Person Level Use and Expenditure File, where each record represents a MEPS sampled person.

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

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

Any variable not found on this file but released on previous MEPS Hospital Inpatient Stays Files were excluded due to the fact that they only contained missing data.

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 2 event-level data files. File 1 contains characteristics associated with the hospital inpatient stay event and imputed expenditure data. File 2 contains select survey administration and ID variables as well as pre-imputed and unimputed expenditure data from both the Household and Medical Provider Components. Please see the Attachment 1 for definitions of imputed, pre-imputed, and unimputed expenditure variables.

Both Files 1 and 2 of this public use data set contain variable and frequency distributions for a total of 3710 hospital inpatient stay records reported during the 1997 portion of Round 3 and Rounds 4 and 5 for Panel 1, as well as Rounds 1, 2 and the 1997 portion of Round 3 for Panel 2 (i.e., the Rounds for the MEPS panels covering calendar year 1997). These files include hospital inpatient stay records for all household survey respondents who resided in eligible responding households and reported at least one hospital inpatient stay. Hospital inpatient stay records known to have occurred after December 31, 1997, are not included on this file. Some household respondents may have multiple hospital inpatient stays and, thus, will be represented in multiple records on this file. Other household respondents may have reported no hospital inpatient stays and, thus, will have no records on this file. Of the 3710 hospital inpatient stay records, 3574 are associated with persons having a positive person-level weight (WTDPER97). The persons represented on this file had to meet the following three criteria:

- 1) The hospital stay had to have been reported by a household survey respondent as an inpatient hospital stay (regardless of a stay's length). Thus, the file contains some hospitalizations that were reported as not including an overnight stay.
- 2) The hospital stay had to have ended during 1997. Stays that began prior to 1997, but ended during 1997, are included on this file. Stays that began in 1997, but ended during 1998, are excluded from this file and will be represented on a subsequent 1998 data file. Please note that persons with no hospital inpatient stays use for 1997 are not included on this file (but are represented on MEPS person-level files).
- 3) The persons represented on this file had to also meet either 3a or 3b:
  - a) Be classified as a key in-scope person who responded for his or her entire period of 1997 eligibility (i.e., persons with a positive 1997 full-year person-level sampling weight ( $WTDPER97 > 0$ )), 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 1997 eligibility, and belonged to a family (i.e., all persons within a household (DUID) with the same value of FAMID) in which all eligible family members responded for their entire period of 1997 eligibility, and at least one family member has a positive 1997 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 1997 full-year family-level weight (WTFAM97 >0)).

Please refer to Attachment 1 for definitions of keyness, in-scope and eligibility.

One caveat that should be noted is that, in the case of a newborn and the hospital inpatient stay associated with the newborn's birth, a separate hospital inpatient stay record exists on the file only if the newborn was discharged after the mother. Thus, hospital stays associated with a normal birth are generally represented on the file as a single record (i.e., the mother's hospital inpatient stay record, covering expenditure data for both the mother and baby). In situations where the newborn was discharged after the mother, the birth event will be represented as two records: one record for the mother and one record for the baby. For newborns re-admitted to the hospital during the reference year, each subsequent re-admission will have a separate record.

Each hospital inpatient stay record on File 1 includes the following: start and end dates of the hospital inpatient stay; number of nights in the hospital; reason entered the hospital; main surgical procedure; condition(s) associated with the hospital inpatient stay; medicines prescribed at discharge; flat fee information; imputed sources of payment; total payment and total charge for both the facility and physician components of the hospital inpatient stay 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 expenditure data. This file contains one set of pre-imputed expenditure information from the Household Component as well as one set of unimputed expenditure information from the Medical Provider Component. Please see Attachment 1 for definitions of pre-imputed and unimputed variables. Both sets of expenditure data have been subject to minimal logical editing that accounted for outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. However, missing data were not imputed.

Data from these files can be merged with the previously released MEPS 1997 Full Year Population Characteristics File HC person level data using the unique person identifier, DUPERSID, to append person characteristics such as demographic or health insurance characteristics to each record. Hospital inpatient stay events can also be linked to the MEPS 1997 Medical Conditions File and the MEPS 1997 Prescribed Medicines File. The Appendix to the 1997 Event Files (Appendix File) contains details on how to link MEPS data files.

Panel 1 cases (PANEL97 = 1 on the 1997 Full Year Population Characteristics File) can also be linked back to the 96 MEPS HC public use data files. However, the user should be aware that, at this time, no weight is being provided to facilitate two year analysis of Panel 1 data.

## 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 hospital inpatient stay identifiers
- Other survey administration variables
- Hospital inpatient stay characteristics variables
- ICD-9 codes
- Clinical Classification Software codes
- Imputed expenditure variables
- Weight and variance estimation variables

### File 2

- Unique person identifiers
- Unique hospital inpatient stay identifiers
- Pre-imputed expenditure variables
- Unimputed expenditure variables

## 2.2 Reserved Codes

The following reserved code values are used:

VALUE	DEFINITION
-1 INAPPLICABLE	Question was not asked due to skip pattern.
-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, the values of -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:

<b>IDENTIFIER</b>	<b>DESCRIPTION</b>
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 Source and Naming Conventions**

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 Variable - Source Crosswalk**

Variables contained on Files 1 and 2 were either derived from the HC questionnaire itself, derived from the MPC data collection instrument, derived from the CAPI, or assigned in sampling. The source of each variable is identified in Appendix 1, entitled, “Variable - Source Crosswalk.” Sources for each variable are indicated in one of four ways in the Source Column:

(1) variables which are derived from CAPI or assigned in sampling are indicated as “CAPI derived” or “Assigned in sampling, respectively;

(2) variables which come from one or more specific questions have those questionnaire sections and question numbers indicated in the “Source” column, such that

HS - Hospital Stays Questionnaire  
 FF - Flat Fee Questionnaire  
 CP and CPOV- Charge Payment Questionnaire  
 HEF - Hospital Event Form

(3) variables constructed from multiple questions using complex algorithms are labeled “Constructed”

(4) variables which have been edited or imputed are so indicated.

## 2.4.2 Expenditure and Sources of Payment Variables

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

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

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

The first two characters indicate the type of event:

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

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

In the case of the source of payment variables, the fourth and fifth 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 sixth and seventh characters indicate the year (97). The eighth character of all imputed/edited variables is an “X.”

For example, IPFSF97X is the edited/imputed amount paid by self or family for the facility portion of the hospital inpatient stay expenditure incurred in 1997.



## **2.5 File 1 Contents**

### **2.5.1 Survey Administration and ID Variables**

#### **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 for the 1997 Full Year Population Characteristics File or definitions listed in Attachment 1.

#### **2.5.1.2 Record Identifiers (EVNTIDX, EVENTRN, ERHEVIDX, FFEEIDX, MPCDATA)**

EVNTIDX uniquely identifies each event/stay (i.e. each record on the file) and is the variable required to link hospital inpatient stay events to data files containing details on conditions and/or prescribed medicines (MEPS 1997 Medical Conditions File and MEPS 1997 Prescribed Medicines File, respectively). For details on linking see the Appendix to MEPS 1997 Event Files.

EVENTRN indicates the round in which the hospital inpatient stay was first reported.

ERHEVIDX is a constructed variable which identifies hospital inpatient stay records whose expenditures include the expenditures for the preceding emergency room visit. This variable was constructed by comparing data information for the reported hospital stay and all emergency room visits for the same person. ERHEVIDX has not been reconciled with the unedited variable EMERROOM.

FFEEIDX is a constructed variable which uniquely identifies a flat fee group, that is, all events that were part of a flat fee payment situation. For example, dialysis treatments are typically covered in a flat fee arrangement where all visits are covered under one flat fee dollar amount. These events have the same value for FFEEIDX. Please note that FFEEIDX 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.

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

## **2.5.2 Characteristics of Hospital Inpatient Stays**

File 1 contains 16 variables describing hospital inpatient stays reported by respondents in the Hospital Stays section of the MEPS HC questionnaire. The questionnaire contains specific probes for determining the specific details about the hospital inpatient stay. Unless noted otherwise, the following variables are provided as unedited.

### **2.5.2.1 Start and End Dates of Event (IPBEGDD-IPENDYR)**

File 1 contains variables describing hospital inpatient stays reported by household respondents in the Hospital Section of the MEPS HC questionnaire. There are three variables which indicate the day, month and year a hospital stay began (IPBEGDD, IPBEGMM, IPBEGYR, respectively). Similarly, there are three variables which indicate the day, month and year a hospital stay ended (IPENDDD, IPENDMM, IPENDYR, respectively). These variables have not been edited.

### **2.5.2.2 Length of Stay (NUMNIGHX, NUMNIGHT)**

NUMNIGHX denotes the length of a hospital inpatient stay. For stays beginning in 1997 and ending in 1998, this variable would include the nights associated with 1997. It was edited using the above mentioned begin and end dates (Section 2.5.2.1) of the hospital inpatient stay. If the dates were unknown, then NUMNIGHX used the number from the unedited variable NUMNIGHT (number of nights in the hospital). If both the dates and NUMNIGHT were missing data, then NUMNIGHX was imputed. Users should note that NUMNIGHT was only asked for events with missing date information. Hence, it contains large amounts of missing data and cannot be used alone but rather in conjunction with date information.

### **2.5.2.3 Preceding ER Visits (EMERROOM)**

The variable EMERROOM was derived directly from the Hospital Inpatient Stays section of the HC survey instrument and is provided as unedited. EMERROOM describes whether or not the hospital inpatient stay began with an emergency room visit. Users should be aware that no attempt was made to reconcile EMERROOM with information from the Emergency Room Visit File. Discrepancies do exist where the hospital stays record indicates that there is a preceding emergency room visit but no such visit exists on the Emergency Room File.

### **2.5.2.4 Other Visit Detail (SPECCOND - VAPLACE)**

Also provided are the following unedited variables: hospital inpatient stays related to a medical condition (SPECCOND), the reason the person entered hospital (RSNINHOS), any operation or surgery performed while respondent was in hospital (ANYOPER), and if surgery was performed, then what was the main surgical procedure (SURGPROC).

VAPLACE is a constructed variable that indicates whether the provider worked at a VA facility. This variable only has valid data for providers that were sampled into the Medical Provider Component. All other providers are classified as unknown.

### **2.5.2.5 Condition and Procedure Codes (IPICD1X-IPICD4X, IPPRO1X, IPPRO2X) and Clinical Classification Codes (IPCCC1X-IPCCC4X)**

Information on household reported medical conditions and procedures associated with each hospital inpatient stay event are provided on this file. There are up to four condition codes (IPICD1X-IPICD4X) and up to two procedure codes (IPPRO1X and IPPRO2X) listed for each hospital inpatient stay event (99.5% of hospital inpatient stay events have 0-4 condition records linked). In order to obtain complete condition information associated with an event, the analyst must link to the MEPS 1997 Medical Conditions File. Details on how to link this file to the MEPS 1997 Medical Conditions File are provided in the Appendix to MEPS 1997 Event Files (Appendix File). The user should note that because of confidentiality restrictions, provider reported condition information is not publicly available.

The medical conditions and procedures reported by the Household Component respondent were recorded by the interviewer as verbatim text, which were then coded to fully-specified 1997 ICD-9-CM codes, including medical condition and V codes (see Health Care Financing Administration, 1980) by professional coders. Although codes were verified and error rates did not exceed 2.5 percent for any coder, analysts should not presume this level of precision in the data; the ability of household respondents to report condition data that can be coded accurately should not be assumed (see Cox and Cohen, 1985; Cox and Iachan, 1987; Edwards, et al, 1994; and Johnson and Sanchez, 1993). For detailed information on how condition and procedures were coded, please refer to the documentation on MEPS 1997 Medical Conditions File. For frequencies of conditions by event type, please see the Appendix File.

The ICD-9-CM condition and procedure codes were aggregated into clinically meaningful categories. These categories, included on the file as IPCCC1X-IPCCC4X, were generated using Clinical Classification Software (formerly known as Clinical Classifications for Health Care Policy Research (CCHPR)), (Elixhauser, et al., 1998), which aggregates conditions and V-codes into 260 mutually exclusive categories, most of which are clinically homogeneous.

In order to preserve respondent confidentiality, nearly all of the condition codes provided on this file have been collapsed from fully-specified codes to 3-digit code categories. The reported ICD-9-CM code values were mapped to the appropriate clinical classification category prior to being collapsed to the 3-digit categories. Details on this procedure can be found in the 1997 MEPS Medical Conditions File.

The condition and procedure codes (and clinical classification codes) linked to each hospital inpatient stay event are sequenced in the order in which the conditions were reported by the household respondent, which was in chronological order of occurrence and not in order of importance or severity. Analysts who use the MEPS 1997 Medical Conditions File in conjunction with this hospital

inpatient stay event file should note that the order of conditions on this file is not identical to that on the Medical Conditions file.

The user should also note that because of the design of the HC survey instrument, most hospital stays that are reported as being for a delivery (RSNINHOS=4) link to condition codes that are for pregnancy rather than a delivery. In addition, RSNINHOS has not been reconciled with the ICD-9 condition codes, the procedure codes, nor the CCC codes that are on the file.

### **2.5.2.6 Condition Record Count Variable (NUMCOND)**

The variable NUMCOND indicates the total number of condition records which can be linked from MEPS 1997 Medical Conditions File to each hospital inpatient stay event. For events where no condition records linked (NUMCOND=0), the condition and procedure and clinical classification code variables all have a value of -1 INAPPLICABLE. Similarly, for events without a linked second or third condition record, the corresponding second or third condition and procedure and clinical classification code variable was set to -1 INAPPLICABLE.

In order to obtain complete condition information for events with NUMCOND greater than 3, the analyst must link to the MEPS 1997 Medical Conditions File. Please see the Appendix File for details on linking MEPS data files.

### **2.5.2.7 Discharge and Outside Visit Detail (DSCHPMED, DROUTSID)**

DSCHPMED and DROUTSID are both derived directly from the Hospital Stays Section of the HC survey instrument. DSCHPMED indicates whether or not any medicines were prescribed at discharge; DROUTSID, whether or not any physicians were seen outside the hospital facility.

## **2.5.3 Flat Fee Variables**

### **2.5.3.1 Definition of Flat Fee Payments**

A flat fee is the fixed dollar amount a person is charged for a package of health care services. Examples would be: obstetrician's fee covering a normal delivery, as well as pre- and post-natal care; or a surgeon's fee covering surgical procedure and post-surgical care. A flat fee group is the set of medical services (i.e., events) that are covered under the same flat fee payment situation. The flat fee groups represented on this file (and all of the other MEPS 1997 event files), include flat fee groups where at least one of the health care events, as reported by the HC respondent, occurred during 1997. 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.

As noted earlier in the section on Record Identifiers (2.5.1.2), for a person, the variable FFEEIDX can be used to uniquely identify all events that are part of the same flat fee group. It can identify such events from all MEPS 1997 event files (excluding the prescribed medicines file) because FFID11X

is the same value on all MEPS event files (excluding the prescribed medicines file). For the hospital inpatient stays that are not part of a flat fee payment situation, the flat fee variables described below are all set to -1 INAPPLICABLE.

### **2.5.3.2. Flat Fee Type (FFIPTYPE)**

FFIPTYPE indicates whether the 1997 hospital stay is the “stem” or “leaf” of a flat fee group. A stem (records with FFIPTYPE = 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 FFIPTYPE = 2) are those medical events that are tied back to the initial medical event (the stem) in the flat fee group. These “leaf” records have their expenditure variables set to zero.

### **2.5.3.3 Caveats of Flat Fee Groups**

The user should note that flat fee payment situations are not common with respect to hospital inpatient stays. Hence, there are only 9 hospital inpatient stay events that are identified as being part of a flat fee payment group.

In general, every flat fee group should have an initial visit (stem) and at least one subsequent visit (leaf). There are some situations where this is not true. For some of these flat fee groups, the initial visit reported occurred in 1997 but the remaining visits that were part of this flat fee group occurred in 1998. In this case, the 1997 flat fee group would consist of one event, the stem. The 1997 events that are part of this flat fee group are not represented on the file. Similarly, the household respondent may have reported a flat fee group where the initial visit began in 1996 but subsequent visits occurred during 1997. In this case, the initial visit would not be represented on the file. This 1997 flat fee group would then only consist of one or more leaf records and no stem. Another reason for which a flat fee group would not have a stem and a leaf record is that the stems or leaves could have been reported as different event types. In a small number of cases, there are flat fee bundles that span various event types. The stem may have been reported as one event type and the leaves may have been reported as another event type. In order to determine the different event types in a flat fee group, the analyst must link all MEPS event files (excluding the prescribed medicine file) using the variable FFEEIDX to create the complete flat fee group.

## **2.5.4 Expenditure Data**

### **2.5.4.1 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 for each hospital stay, 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 NMES surveys where “charges” rather than sum of payments were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990's due to the increasingly common practice of discounting. Although

measuring expenditures as the sum of payments incorporates discounts in the MEPS expenditure estimates, these estimates do not incorporate any payment not directly tied to specific medical care visits, such as bonuses or retrospective payment adjustments paid by third party payers. Another general change from the two prior surveys is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures because there are no payments associated with those classifications. While charge data are provided on this file, analysts should use caution when working with this data because a charge does not typically represent actual dollars exchanged for services or the resource costs of those services; nor are they directly comparable to the expenditures defined in the 1987 NMES. For details on expenditure definitions, please reference the following, “Informing American Health Care Policy” (Monheit, Wilson, Arnett, 1999).

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

#### **2.5.4.2 Imputation and Data Editing Methodologies of Expenditure Variables**

##### **General Imputation Methodology**

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

##### **General Data Editing Methodology**

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, copayments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO’s and private HMO’s as payment sources. These edits produced a complete vector of expenditures for some events and provided the starting point for imputing missing expenditures in the remaining events.

## **General Hot-Deck Imputation**

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

## **Capitation Imputation**

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

## **Data Editing and Imputation Methodology for Hospital Inpatient Stays**

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

Separate imputations were performed for flat fee and simple events. Most inpatient hospital stays were imputed as simple events because facility charges for an inpatient hospital stay are rarely grouped with other events. (See Section 2.5.3 for more details on flat fee groups.)

Logical edits also were used to sort each event into a specific category for the imputations. Events

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

The logical edits produced eight recipient categories in which all events had a common pattern of missing data. Separate hot-deck imputations were performed on events in each recipient category, and the donor pool was restricted to events with complete expenditures from the MPC. The donor pool restriction was used even though some unmatched events had complete household-reported expenditures. These events were not allowed to donate information to other events because the MPC data were considered to be more reliable.

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

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

### **Flat Fee Expenditures**

The approach used to count expenditures for flat fees was to place the expenditure on the first visit of the flat fee group. The remaining visits have zero payments. Thus, if the first visit in the flat fee group occurred prior to 1997, all of the events that occurred in 1997 will have zero payments. Conversely, if the first event in the flat fee group occurred at the end of 1997, the total expenditure for the entire flat fee group will be on that event, regardless of the number of events it covered after 1997. See section 2.5.4 for details on the flat fee variables.

### **Zero Expenditures**

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



## **Discount Adjustment Factor**

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

## **Mother/Newborn Expenditures**

Expenditure data for newborns were edited to exclude discharges after birth when the newborn left the hospital on the same day as the mother. As a result, inpatient expenditures reported for 1997 births were usually applied to the mother and not treated as separate expenditures for the infant. However, if a newborn was discharged at a later date than the mother, then the hospitalization was treated as a separate hospital stay for the newborn.

This means that in most cases, expenditure data for the newborn is included on the mother's record. A separate record for the newborn only exists if the newborn was discharged after the mother. In this case, the expenditure for the newborn is on the newborn's record.

In addition, the user should note that for the purposes of the expenditure imputation, deliveries were identified using the variable RSNINHOS which has not been reconciled with pregnancy and delivery ICD-9 codes on this file as well as on HC-018. As mentioned previously, in most instances where RSNINHOS = 4 delivery, the ICD-9 code indicates a pregnancy rather than a delivery.

## **Hospital/Emergency Room Expenditures**

Although a person may have indicated that there was an emergency room visit that preceded this hospital stay (EMERROOM), there was no verification that, in fact, the emergency room visit was actually recorded within the Emergency Room Section of the questionnaire.

While it is true that all of the event files can be linked by DUPERSID, there is no unique record link between hospital inpatient stays and emergency room visits. That is, a person could have one hospital inpatient stay and three emergency room visits during the calendar year. While the hospital inpatient stay record may indicate that it was preceded by an emergency room visit, there is no unique record link to the appropriate (of the three) emergency room visit. However, where ever this relationship could be identified (using MPC start and end date of the events as well as information from the provider), the expenditure associated with the emergency room visit was moved to the hospital facility expenditure (see ERHEVIDX in Section 2.5.1.2). Hence, for some hospital stays, expenditures for a preceding emergency room visits are included. In these situations, the corresponding emergency room record on HC-016E:the MEPS 1997 Emergency Room Visit File will have its expenditure information zeroed out to avoid double-counting. The variable ERHEVIDX identifies these hospital

stays whose expenditures include the expenditures for the preceding emergency room visit. It should also be noted that for these cases, there is only one hospital stay associated with the emergency room stay.

## **Sources of Payment**

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

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

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

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

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

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

### **2.5.4.3 Imputed Hospital Inpatient Stay Expenditure Variables**

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

#### **Hospital Inpatient Facility Expenditures (IPFSF97X-IPFOT97X, IPFXP97X, IPFTC97X)**

Hospital facility expenses include all expenses for direct hospital care, including room and board, diagnostic and laboratory work, x-rays, and similar charges, as well as any physician services included in the hospital charge.

Hospital facility expenditures were obtained primarily through the MPC. If the physician charges were included in the hospital bill, then this expenditure is included in the facility expenditure variables. The imputed facility expenditures are provided on this file. IPFSF97X - IPFOT97X are the 12 sources of payment: self/family, Medicare, Medicaid, private insurance, Veterans Administration, CHAMPUS/CHAMPVA, other federal, state/local governments, Workman's Compensation, other private insurance, other public insurance and other insurance. IPFXP97X is the sum of the 12 sources of payments for the facility expenditure. IPFTC97X is the total charge.

#### **Hospital Inpatient Physician Expenditures (IPDSF97X - IPDOT97X, IPDTC97X, IPDXP97X)**

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

For medical doctors who bill separately (i.e. outside the hospital bill), a separate data collection effort within the Medical Provider Component was performed to obtain this same set of expenditure information from each separately billing doctor. It should be noted that there could be several separately billing doctors associated with a medical event. For example, a hospital inpatient stay could have a radiologist, anesthesiologist, pathologist and a surgeon associated with it. If their services are not included in the hospital bill then this is one medical event with 4 separately billing doctors. The imputed expenditure information associated with the separately billing doctors for a hospital inpatient stay (i.e. the expenditures incurred by the radiologist + anesthesiologist + pathologist + surgeon) and is provided on the file. IPDSF97X - IPDOT97X are the 12 sources of payment; IPDXP97X is the sum of the 12 sources of payments. IPDTC97X is the total charge.

Analysts need to take into consideration whether to analyze facility and SBD expenditures separately, combine them within service categories, or collapse them across service categories (e.g. combine SBD expenditures with expenditures for physician visits to offices and/or outpatient departments).

Analysts interested in total expenditure should use the variable IPEXP97X, which includes both the facility and physician amounts.

Analysts interested in total expenditures should use the variable IPEXP97X, which includes both facility and physician amounts. Those interested in total charges (see section 2.5.4.1 for an explanation of the “charge” concept) should use the variable IPTCH97X.

#### **2.5.4.4 Rounding**

Expenditure variables on File 1 have been rounded to the nearest penny. Person level expenditure information released on the MEPS 1997 Person Level Use and Expenditure File were rounded to the nearest dollar. It should be noted that using the MEPS 1997 event files to create person level totals will yield slightly different totals than that found on the MEPS 1997 Person Level Use and Expenditure File. These differences are due to rounding only. Moreover, in some instances, the number of persons having expenditures on the MEPS 1997 event files for a particular source of payment may differ from the number of persons with expenditures on the MEPS 1997 Person Level Use and Expenditure File for that source of payment. This difference is also an artifact of rounding only. Please see the Appendix File for details on such rounding differences.

#### **2.5.4.5 Imputation Flags (IMPIPFSF - IMPIPCHG, IMPIPNUM)**

The variables IMPIPFSF - IMPIPCHG identify records where sources of payment and total charge for the facility portion of the expenditure have been imputed using the methodologies outlined in this document.

The variable IMPIPNUM indicates the number of physician records associated with the hospital stay where the physician portion of the expenditures have been imputed. The number of physicians associated with individual sources of payment is not available.

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

## **2.6 File 2 Contents: Pre-imputed and Unimputed Expenditure Variables**

Both preimputed and unimputed expenditure data are provided on this file. This means that only a series of logical edits were applied to both the HC and MPC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. 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 a number of other data inconsistencies that could be resolved through logical edits. Missing data were not imputed.

As described previously, there are essentially two components that went into creating the total medical expenditure variable: household reported expenditure data and provider reported expenditure

data. Both sets of expenditure data are provided in their pre-imputed form and have not gone through the same level of quality control as their imputed counterpart. This means that (in some instances) there are large amounts of missing data. The household and provider reported facility pre-imputed expenditure data are provided on this file (IPSF97H - IPOT97H and IPFSF97M-IPFOT97M respectively).

The user shall note that there exist only 10 sources of payment variables in the pre-imputed expenditure data on File 2, while the imputed expenditure data on File 1 contains 12 sources of payment variables. The additional two sources of payment (which are not reported as separate sources of payment through the data collection) are Other Private and Other Public. These sources of payment categories were constructed to resolve apparent inconsistencies between individuals' reported insurance coverage and their sources of payment for specific events..

The user should also note that the variable HHSFFIDX is the original flat fee identifier that was derived during the household interview. This identifier should only be used if the analyst is interested in performing their own expenditure imputation.

Finally, the user should note that the variable IPUC97H regarding uncollected liability is collected and stored only on File 2.

### **3.0 Sample Weights and Variance Estimation Variables (WTDPER97-VARPSU97)**

#### **3.1 Overview**

There is a single full year person-level weight (WTDPER97) included on the MEPS 1997 Hospital Inpatient Stays File. A person-level weight was assigned to each hospital inpatient stay reported by a key, in-scope person who responded to MEPS for the full period of time that he or she was in scope during 1997. 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 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.

#### **3.2 Details on Person Weights Construction**

The person-level weight WTDPER97 was developed in three stages. A person level weight for Panel 2 was created, including both an adjustment for nonresponse over time and poststratification, controlling to Current Population Survey (CPS) population estimates based on five variables. Variables used in the establishment of person-level poststratification control figures included: census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex; and age. Then a person level weight for Panel 1 was created, again including an adjustment for nonresponse over time and poststratification, again controlling to CPS population estimates based on the same five variables. When poverty status information derived from income variables became available, a 1997 composite weight was formed from the Panel 1 and

Panel 2 weights by multiplying the panel weights by .5. Then a final poststratification was done on this composite weight variable, including 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) as well as the original five poststratification variables in the establishment of control totals.

The panel specific weights described below in Sections 3.2.1 and 3.2.2 are not available on the current file. This additional information is provided for reference only. In order to determine in which panel a sampled person participated, users must link to the 1997 Full Year Population Characteristics File to obtain the variable PANEL97.

### **3.2.1 MEPS Panel 1 Weight**

The person level weight for MEPS Panel 1 was developed using the 1996 full year weight for an individual as a “base” weight for survey participants present in 1996. For key, in-scope respondents who joined an RU some time in 1997 after being out-of-scope in 1996, the 1996 family weight associated with the family the person joined served as a “base” weight. The weighting process included an adjustment for nonresponse over Rounds 4 and 5 as well as poststratification to population control figures for December, 1997. These control figures were derived by scaling back the population totals obtained from the March 1998 CPS to reflect the December, 1997 CPS estimated population distribution across age and sex categories as of December, 1997. Variables used in the establishment of person level poststratification control figures included: 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, noninstitutionalized population on December 31, 1997 is 267,704,802. Key, responding persons not in-scope on December 31, 1997 but in-scope earlier in the year retained, as their final Panel 1 weight, the weight after the nonresponse adjustment.

### **3.2.2 MEPS Panel 2 Weight**

The person level weight for MEPS Panel 2 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 family weight served as a “base” weight. The weighting process included an adjustment for nonresponse over Round 2 and the 1997 portion of Round 3 as well as poststratification to the same population control figures for December 1997 used for the MEPS Panel 1 weights. The same five variables employed for Panel 1 poststratification (census region, MSA status, race/ethnicity, sex, and age) were used for Panel 2 poststratification. Similarly, for Panel 2, key, responding persons not in-scope on December 31, 1997 but in-scope earlier in the year retained, as their final Panel 2 weight, the weight after the nonresponse adjustment.

Note that the MEPS Round 1 weights (for both panels with one exception as noted below) incorporated the following components: the original household probability of selection for the NHIS; ratio-adjustment to NHIS-based national population estimates at the household (occupied dwelling unit) level; the probability of selection of dwelling units associated with the oversampling of five

population domains of analytic interest (for Panel 2 only); 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 1997 CPS data base. The five oversampled domains for Panel 2 were households with: persons with functional impairments; children with limitations in activity; individuals 18-64 expected to incur high medical expenditures based on a statistical model; persons with family incomes expected to be below 200 percent of poverty based on a statistical model; and adults with other impairments.

### **3.2.3 The Final Weight for 1997**

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, noninstitutionalized population for December 31, 1997 is 267,704,802 (WTDPER97>0 and INSC1231=1). The inclusion of key, in-scope persons who were not in-scope on December 31, 1997 brings the estimated total number of persons represented by the MEPS respondents over the course of the year up to 271,278,585 (WTDPER97>0). The weighting process included poststratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted to nursing homes. For the 1996 full year file an additional poststratification was done to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries experienced in the 1996 MEPS. However, in 1997 the difference between the MEPS and MCBS estimates was not statistically significant, and no adjustment was made.

### **3.2.4 Coverage**

The target population for MEPS in this file is the 1997 U.S. civilian, noninstitutionalized population. However, the MEPS sampled households are a subsample of the NHIS households interviewed in 1995 (Panel 1) and 1996 (Panel 2). New households created after the NHIS interviews for the respective Panels and consisting exclusively of persons who entered the target population after 1995 (Panel 1) or after 1996 (Panel 2) are not covered by MEPS. These would include families consisting solely of: immigrants; persons leaving the military; U.S. citizens returning from residence in another country; and persons leaving institutions. It should be noted that this set of uncovered persons constitutes only a tiny proportion of the MEPS target population.

## **4.0 Strategies for Estimation**

This file is constructed for efficient estimation of utilization, expenditure, and sources of payment for hospital inpatient care and to allow for estimates of number of persons with inpatient hospital utilization for 1997 (defined as discharges in 1997).

## 4.1 Variables with Missing Values

It is essential that the analyst examine all variables for the presence of negative values used to represent missing values. For example, a record with a value of -8 for the first ICD9 condition code (IPICD1X) indicates that the condition was reported as unknown.

For continuous or discrete variables, where means or totals may be taken, it may be necessary to set minus values to values appropriate to the analytic needs. That is, the analyst should either impute a value or set the value to one that will be interpreted as missing by the computing language used. For categorical and dichotomous variables, the analyst may want to consider whether to recode or impute a value for cases with negative values or whether to exclude or include such cases in the numerator and/or denominator when calculating proportions.

Methodologies used for the editing/imputation of expenditure variables (e.g. sources of payment flat fee, mom/baby, hospital/er, and zero expenditures) are described in Section 2.5.4.2

## 4.2 Basic Estimates of Utilization, Expenditure and Sources 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 inpatient hospital utilization, expenditure and sources of payment, the value in each record contributing to the estimates must be multiplied by the weight (WTDPER97) contained on that record.

Example 1:

For example, the total number of hospital inpatient stays, regardless of the length of the hospital stay for the civilian non-institutionalized population of the U.S. in 1997, is estimated as the sum of the weight (WTDPER97) across all records. That is,

$$\sum W_j = 27,912,169 \quad (1)$$

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

Example 2:

For example, the estimate for the mean out-of-pocket payment at the hospital inpatient stay level, for hospital inpatient stays with expenditures should be calculated as the weighted mean of the facility bill and doctor's bill paid by self/family. That is,



$$\bar{X} = (\sum W_j X_j) / (\sum W_j) = \$203.59, \quad (2)$$

where  $X_j = \text{IPFSF97}X_j + \text{IPDSF97}X_j$  and  $\sum W_j = 27,352,659$   
for all records with  $\text{IPEXP97}X_j > 0$ .

This gives \$203.59 as the estimated mean amount of out-of-pocket payment of expenditures associated with hospital inpatient stays (discharges) and 27,352,659 as an estimate of the total number of hospital inpatient stays with expenditure. Both of these estimates are for the civilian non-institutionalized population of the U.S. in 1997.

Example 3:

Another example would be to estimate the mean proportion of total expenditures paid by private insurance for hospital inpatient stays with expenditures. This should be calculated as the weighted mean of proportion of total expenditures paid by private insurance at the stay level. That is

$$\bar{Y} = (\sum W_j Y_j) / (\sum W_j) = 0.4095, \quad (3)$$

$$\text{where } \sum W_j = 27,352,659. \quad Y_j = \frac{(\text{IPFPV96}X_j + \text{IPDPV96}X_j)}{\text{IPEXP96}X_j}$$

for all records with  $\text{IPEXP97}X_j > 0$ .

This gives 0.4095 as the estimated mean proportion of total expenditures paid by private insurance for hospital inpatient stays (discharges) with expenditures for the civilian non-institutionalized population of the U.S. in 1997.

### 4.3 Estimates of the Number of Persons with Hospital Inpatient Stays

When calculating an estimate of the total number of persons with hospital inpatient stays, users can use a person-level file (MEPS 1997 Person Level Use and Expenditure File) or the Hospital Inpatient Stays file. The Hospital Inpatient Stays file must be used, when the measure of interest is defined at the event level. For example, to estimate the number of persons, in the civilian non-institutionalized population of the U.S., discharged from a hospital in 1997 with at least one hospital stay of 10 or more

nights, this 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(WTDPER97) for person  $i$

and

$$X_i = 1 \quad \text{if NUMNIGHX GE 10 for any stay of person } i \\ = 0 \quad \text{otherwise.}$$

#### 4.4 Person-Based Ratio Estimates

##### 4.4.1 Person-Based Ratio Estimates Relative to Persons with Hospital Inpatient Use

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

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

where

$W_i$  is the sampling weight(WTDPER97) for person  $i$

and

$$Z_i = \sum \text{IPEXP96X}_j \quad \text{across all stays for person } i.$$

##### 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 hospital inpatient stay are represented on this data file. In this case the MEPS 1997 Person Level Use and Expenditure File, which has data for all sampled persons, must be used to estimate the total number of persons (i.e. those with use and those without use). For example, the proportion of civilian non-institutionalized population of the U.S. with at least one hospital inpatient stay of four or more days would be estimated as:

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

where

$W_i$  is the sampling weight (WTDPER97) for person  $i$

and

$$Z_i = 1 \text{ if NUMNIGHX}_j \text{ GE 4 for any stay of person } i \text{ on the inpatient stay-level file} \\ = 0 \text{ otherwise for all remaining persons on the MEPS HC-020 file.}$$

#### **4.5 Sampling Weights for Merging Previous Releases of MEPS Household Data with the Hospital Inpatient Stays 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.

In general, 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 1997 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 VARSTR97 and VARPSU97, 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 VARSTR97 and VARPSU97 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 \$23.08 for the estimated mean of out-of-pocket payment.

Example 3 from section 4.2

Using a Taylor Series approach, specifying VARSTR97 and VARPSU97 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 0.0132 for the weighted mean proportion of total expenditures paid by private insurance.

## **5.0 Merging/Linking MEPS Data Files**

Data from the MEPS 1997 Hospital Inpatient Stays File can be used alone or in conjunction with other files. This section provides instructions for linking the hospital stays files with other MEPS public use files, namely, the person-level file, the prescribed medicines file, and the medical conditions file.

### **5.1 Merging a Person-Level File to the Hospital Inpatient Stays File**

Merging characteristics of interest from person-level files (e.g., MEPS1997 Population Characteristics File, or MEPS 1997 Person Level Use and Expenditure File) expands the scope of potential estimates. To estimate the total number of hospital inpatient stays for persons with specific demographic characteristics (e.g., age, race, and sex), population characteristics from a person-level file need to be merged onto the hospital inpatient stays file. This procedure is illustrated below. The Appendix File provides additional detail on how to merge MEPS data files.

1. Create data set PERS by sorting the MEPS 1997 Full Year Population Characteristics File, by the person identifier, DUPERSID. Keep only variables to be merged on to the hospital inpatient stays file and DUPERSID.
2. Create data set STAZ by sorting the hospital inpatient stays file by person identifier, DUPERSID.
3. Create final data set NEWSTAZ by merging these two files by DUPERSID, keeping only records on the hospital inpatient stays file.

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

```
PROC SORT DATA=HCXXX(KEEP=DUPERSID AGE SEX EDUC)  OUT=PERSX;  
  BY DUPERSID;  
RUN;  
  
PROC SORT DATA=STAYS;  
  BY DUPERSID;  
RUN;  
  
DATA NEWSTAYS;
```

```
MERGE STAYS (IN=A) PERSX(IN=B);  
BY DUPERSID;  
IF A;  
RUN;
```

## **5.2 Linking the MEPS 1997 Hospital Inpatient Stays to the MEPS 1997 Medical Conditions File and/or the Prescribed Medicines File**

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

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

The RXLK file provides a link from the MEPS event files to records on the 1997 prescribed medicine records file. When using RXLK, analysts should keep in mind that one hospital inpatient stay can link to more than one prescribed medicine record. Conversely, a prescribed medicine event may link to more than one hospital inpatient stay 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 1997 Medical Conditions File. When using the CLNK, analysts should keep in mind that (1) conditions are self-reported and (2) there may be multiple conditions associated with a hospital inpatient stay. Users should also note that not all hospital inpatient stays link to the medical conditions file.

## References

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

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

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

## **Attachment 1 Definitions**

Dwelling Units, Reporting Units, Families, and Persons – The definitions of Dwelling Units (DUs) and Group Quarters in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey.

The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. The person number (PID) uniquely identifies all persons within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

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

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

In-Scope – A person was classified as in-scope (IN-SCOPE) 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 NHIS sampled households designated for inclusion in MEPS. Specifically, a key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope prior to joining that household (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States).

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

It should be pointed out that a person may be key even though not part of the civilian, non-institutionalized portion of the U.S. population. For example, a person in the military may be living with his or her civilian spouse and children in a household sampled for the 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 a MEPS panel 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 - When only a series of logical edits were applied to the HC data to correct for several problems—including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments—these variables are labeled “pre-imputed.” Missing data remain.

Unimputed - When only a series of logical edits were applied to the MPC data to correct for several problems—including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments—these variables were labeled “unimputed” and were used as the imputation source to account for missing HC data.

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

## **D. Codebooks**

MEPS HC-016D  
 1997 HOSPITAL INPATIENT STAYS  
 FILE 1

DATE: March 19, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
82	83	ANYOPER	ANY OPERATIONS OR SURGERIES PERFORMED
121	122	DROUTSID	ANY OF THE DRS SEEN OUTSIDE THE PROVIDER
119	120	DSCHPMED	MEDICINES PRESCRIBED AT DISCHARGE
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
76	77	EMERROOM	DID STAY BEGIN WITH EMERGENCY ROOM VISIT
30	41	ERHEVIDX	ER/HS LINK ID
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
42	53	FFEEIDX	FLAT FEE ID
123	124	FFIPTYPE	FLAT FEE BUNDLE
370	370	IMPIPCHG	IMPUTATION STATUS OF IPFTC97X
363	363	IMPIPFCH	IMPUTATION FLAG FOR IPFCH97X
360	360	IMPIPFMD	IMPUTATION FLAG FOR IPFMD97X
359	359	IMPIPFMR	IMPUTATION FLAG FOR IPFMR97X
364	364	IMPIPFOF	IMPUTATION FLAG FOR IPFOF97X
367	367	IMPIPFOR	IMPUTATION FLAG FOR IPFOR97X
369	369	IMPIPFOT	IMPUTATION FLAG FOR IPFOT97X
368	368	IMPIPFOU	IMPUTATION FLAG FOR IPFOU97X
361	361	IMPIPFV	IMPUTATION FLAG FOR IPFPV97X
358	358	IMPIPFSF	IMPUTATION FLAG FOR IPFSF97X
365	365	IMPIPFSL	IMPUTATION FLAG FOR IPFSL97X
362	362	IMPIPFVA	IMPUTATION FLAG FOR IPFVA97X
366	366	IMPIPFWC	IMPUTATION FLAG FOR IPFWC97X
371	372	IMPIPNUM	#DR RECORDS IMPUTED PER PROVIDER
61	62	IPBEGDD	EVENT START DATE - DAY
59	60	IPBEGMM	EVENT START DATE - MONTH
55	58	IPBEGYR	EVENT START DATE - YEAR (4-DIGIT)
105	107	IPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
108	110	IPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
111	113	IPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
114	116	IPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
296	302	IPDCH97X	DOCTOR AMT PD, CHAMP/CHAMPVA (IMPUTED)
275	281	IPDMD97X	DOCTOR AMT PD, MEDICAID (IMPUTED)
267	274	IPDMR97X	DOCTOR AMT PD, MEDICARE (IMPUTED)
303	308	IPDOF97X	DOCTOR AMT PD, OTH FEDERAL (IMPUTED)
322	328	IPDOR97X	DOCTOR AMT PD, OTH PRIV (IMPUTED)
336	341	IPDOT97X	DOCTOR AMT PD, OTH INSUR (IMPUTED)
329	335	IPDOU97X	DOCTOR AMT PD, OTH PUB (IMPUTED)
282	289	IPDPV97X	DOCTOR AMT PD, PRIV INSUR (IMPUTED)
260	266	IPDSF97X	DOCTOR AMT PD, FAMILY (IMPUTED)
309	314	IPDSL97X	DOCTOR AMT PD, STATE/LOC GOV (IMPUTED)
350	357	IPDTC97X	TOTAL DOCTOR CHARGE(IMPUTED)
290	295	IPDVA97X	DOCTOR AMT PD, VETERANS (IMPUTED)
315	321	IPDWC97X	DOCTOR AMT PD, WORKERS COMP (IMPUTED)
342	349	IPDXP97X	DOCTOR SUM PAYMENTS IPFSF97X-IPFOT97X
69	70	IPENDDD	EVENT END DATE - DAY
67	68	IPENDMM	EVENT END DATE - MONTH
63	66	IPENDYR	EVENT END DATE - YEAR (4-DIGIT)
125	133	IPEXP97X	TOT EXP FOR EVENT(IPFXP97X+IPDXP97X)
185	192	IPFCH97X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)
159	166	IPFMD97X	FACILITY AMT PD, MEDICAID (IMPUTED)
151	158	IPFMR97X	FACILITY AMT PD, MEDICARE (IMPUTED)
193	200	IPFOF97X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)
216	224	IPFOR97X	FACILITY AMT PD, OTH PRIV (IMPUTED)
233	241	IPFOT97X	FACILITY AMT PD, OTH INSUR (IMPUTED)
225	232	IPFOU97X	FACILITY AMT PD, OTH PUB (IMPUTED)
167	175	IPFPV97X	FACILITY AMT PD, PRIV INSUR (IMPUTED)
143	150	IPFSF97X	FACILITY AMT PD, FAMILY (IMPUTED)

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 FILE 1

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
201	207	IPFSL97X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)
251	259	IPFTC97X	TOTAL FACILITY CHARGE(IMPUTED)
176	184	IPFVA97X	FACILITY AMT PD, VETERANS (IMPUTED)
208	215	IPFWC97X	FACILITY AMT PD, WORKERS COMP (IMPUTED)
242	250	IPFXP97X	FACILITY SUM PAYMENTS IPFSF97X-IPFOT97X
87	89	IPICD1X	3 DIGIT ICD-9 CONDITION CODE
90	92	IPICD2X	3 DIGIT ICD-9 CONDITION CODE
93	95	IPICD3X	3 DIGIT ICD-9 CONDITION CODE
96	98	IPICD4X	3 DIGIT ICD-9 CONDITION CODE
99	101	IPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
102	104	IPPRO2X	2 DIGIT ICD-9 PROCEDURE CODE
134	142	IPTC97X	TOT CHG FOR EVENT(IPFTC97X+IPDTC97X)
54	54	MPCDATA	MPC DATA FLAG
117	118	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
74	75	NUMNIGHT	NUMBER OF NIGHTS STAYED AT PROVIDER
71	73	NUMNIGHX	# NGTS IN HOSP-1997 DISCHARGES IMPUTED
6	8	PID	NUMERIC PID
80	81	RSNINHOS	REASON ENTERED HOSPITAL
78	79	SPECCOND	HOSPITAL STAY RELATED TO CONDITION
84	85	SURGPROC	MAIN SURGICAL PROCEDURE
86	86	VAPLACE	VA FACILITY FLAG
385	386	VARPSU97	VARIANCE ESTIMATION PSU,1997
387	389	VARSTR97	VARIANCE ESTIMATION STRATUM,1997
373	384	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97

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 1997 HOSPITAL INPATIENT STAYS  
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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	NUMERIC PID
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	29	EVENTRN	EVENT ROUND NUMBER
30	41	ERHEVIDX	ER/HS LINK ID
42	53	FFEEIDX	FLAT FEE ID
54	54	MPCDATA	MPC DATA FLAG
55	58	IPBEGYR	EVENT START DATE - YEAR (4-DIGIT)
59	60	IPBEGMM	EVENT START DATE - MONTH
61	62	IPBEGDD	EVENT START DATE - DAY
63	66	IPENDYR	EVENT END DATE - YEAR (4-DIGIT)
67	68	IPENDMM	EVENT END DATE - MONTH
69	70	IPENDDD	EVENT END DATE - DAY
71	73	NUMNIGHX	# NGTS IN HOSP-1997 DISCHARGES IMPUTED
74	75	NUMNIGHT	NUMBER OF NIGHTS STAYED AT PROVIDER
76	77	EMERROOM	DID STAY BEGIN WITH EMERGENCY ROOM VISIT
78	79	SPECCOND	HOSPITAL STAY RELATED TO CONDITION
80	81	RSNINHOS	REASON ENTERED HOSPITAL
82	83	ANYOPER	ANY OPERATIONS OR SURGERIES PERFORMED
84	85	SURGPROC	MAIN SURGICAL PROCEDURE
86	86	VAPLACE	VA FACILITY FLAG
87	89	IPICD1X	3 DIGIT ICD-9 CONDITION CODE
90	92	IPICD2X	3 DIGIT ICD-9 CONDITION CODE
93	95	IPICD3X	3 DIGIT ICD-9 CONDITION CODE
96	98	IPICD4X	3 DIGIT ICD-9 CONDITION CODE
99	101	IPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
102	104	IPPRO2X	2 DIGIT ICD-9 PROCEDURE CODE
105	107	IPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
108	110	IPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
111	113	IPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
114	116	IPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
117	118	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
119	120	DSCHPMED	MEDICINES PRESCRIBED AT DISCHARGE
121	122	DROUTSID	ANY OF THE DRS SEEN OUTSIDE THE PROVIDER
123	124	FFIPTYPE	FLAT FEE BUNDLE
125	133	IPEXP97X	TOT EXP FOR EVENT(IPFXP97X+IPDXP97X)
134	142	IPTC97X	TOT CHG FOR EVENT(IPFTC97X+IPDTC97X)
143	150	IPFSF97X	FACILITY AMT PD, FAMILY (IMPUTED)
151	158	IPFMR97X	FACILITY AMT PD, MEDICARE (IMPUTED)
159	166	IPFMD97X	FACILITY AMT PD, MEDICAID (IMPUTED)
167	175	IPFPV97X	FACILITY AMT PD, PRIV INSUR (IMPUTED)
176	184	IPFVA97X	FACILITY AMT PD, VETERANS (IMPUTED)
185	192	IPFCH97X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)
193	200	IPFOF97X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)
201	207	IPFSL97X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)
208	215	IPFWC97X	FACILITY AMT PD, WORKERS COMP (IMPUTED)
216	224	IPFOR97X	FACILITY AMT PD, OTH PRIV (IMPUTED)
225	232	IPFOU97X	FACILITY AMT PD, OTH PUB (IMPUTED)
233	241	IPFOT97X	FACILITY AMT PD, OTH INSUR (IMPUTED)
242	250	IPFXP97X	FACILITY SUM PAYMENTS IPFSF97X-IPFOT97X
251	259	IPFTC97X	TOTAL FACILITY CHARGE(IMPUTED)
260	266	IPDSF97X	DOCTOR AMT PD, FAMILY (IMPUTED)
267	274	IPDMR97X	DOCTOR AMT PD, MEDICARE (IMPUTED)
275	281	IPDMD97X	DOCTOR AMT PD, MEDICAID (IMPUTED)
282	289	IPDPV97X	DOCTOR AMT PD, PRIV INSUR (IMPUTED)
290	295	IPDVA97X	DOCTOR AMT PD, VETERANS (IMPUTED)
296	302	IPDCH97X	DOCTOR AMT PD, CHAMP/CHAMPVA (IMPUTED)
303	308	IPDOF97X	DOCTOR AMT PD, OTH FEDERAL (IMPUTED)

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
309	314	IPDSL97X	DOCTOR AMT PD, STATE/LOC GOV (IMPUTED)
315	321	IPDWC97X	DOCTOR AMT PD, WORKERS COMP (IMPUTED)
322	328	IPDOR97X	DOCTOR AMT PD, OTH PRIV (IMPUTED)
329	335	IPDOU97X	DOCTOR AMT PD, OTH PUB (IMPUTED)
336	341	IPDOT97X	DOCTOR AMT PD, OTH INSUR (IMPUTED)
342	349	IPDXP97X	DOCTOR SUM PAYMENTS IPFSF97X-IPFOT97X
350	357	IPDTC97X	TOTAL DOCTOR CHARGE(IMPUTED)
358	358	IMPIPFSF	IMPUTATION FLAG FOR IPFSF97X
359	359	IMPIPFMR	IMPUTATION FLAG FOR IPFMR97X
360	360	IMPIPFMD	IMPUTATION FLAG FOR IPFMD97X
361	361	IMPIFPV	IMPUTATION FLAG FOR IPFPV97X
362	362	IMPIPFVA	IMPUTATION FLAG FOR IPFVA97X
363	363	IMPIPFCH	IMPUTATION FLAG FOR IPFCH97X
364	364	IMPIPFOF	IMPUTATION FLAG FOR IPFOF97X
365	365	IMPIPFSL	IMPUTATION FLAG FOR IPFSL97X
366	366	IMPIPFWC	IMPUTATION FLAG FOR IPFWC97X
367	367	IMPIPFOR	IMPUTATION FLAG FOR IPFOR97X
368	368	IMPIPFOU	IMPUTATION FLAG FOR IPFOU97X
369	369	IMPIPFOT	IMPUTATION FLAG FOR IPFOT97X
370	370	IMPIPCHG	IMPUTATION STATUS OF IPFTC97X
371	372	IMPIPNUM	#DR RECORDS IMPUTED PER PROVIDER
373	384	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97
385	386	VARPSU97	VARIANCE ESTIMATION PSU,1997
387	389	VARSTR97	VARIANCE ESTIMATION STRATUM,1997

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
PID	NUMERIC PID	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
EVENTRN	EVENT ROUND NUMBER	1.0	NUM	29	29
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 ROUND 1	650		5,951,989	
	2 ROUND 2	685		6,177,030	
	3 ROUND 3	806		5,825,985	
	4 ROUND 4	1,095		6,925,152	
	5 ROUND 5	474		3,032,012	
	TOTAL	3,710		27,912,169	
ERHEVIDX	ER/HS LINK ID	12.0	CHAR	30	41
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	3,569		26,830,048	
	VALID ID	141		1,082,121	
	TOTAL	3,710		27,912,169	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFEEIDX	FLAT FEE ID	12.0	CHAR	42	53
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	3,701		27,852,158	
	VALID ID	9		60,010	
	TOTAL	3,710		27,912,169	
MPCDATA	MPC DATA FLAG	1.0	NUM	54	54
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 HAS MPC DATA	2,243		17,681,578	
	2 NO MPC DATA	1,467		10,230,591	
	TOTAL	3,710		27,912,169	
IPBEGYR	EVENT START DATE - YEAR (4-DIGIT)	4.0	NUM	55	58
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	5		35,625	
	-8 DK	2		13,332	
	1996	45		341,581	
	1997	3,658		27,521,631	
	TOTAL	3,710		27,912,169	
IPBEGMM	EVENT START DATE - MONTH	2.0	NUM	59	60
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	8		59,127	
	-8 DK	2		21,507	
	1 - 12 MONTH	3,700		27,831,535	
	TOTAL	3,710		27,912,169	
IPBEGDD	EVENT START DATE - DAY	2.0	NUM	61	62
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	27		142,342	
	-8 DK	195		1,367,745	
	-7 REFUSED	1		6,319	
	1 - 31 DAY	3,487		26,395,762	
	TOTAL	3,710		27,912,169	
IPENDYR	EVENT END DATE - YEAR (4-DIGIT)	4.0	NUM	63	66
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	7		41,201	
	-8 DK	5		28,862	
	1997	3,698		27,842,106	
	TOTAL	3,710		27,912,169	



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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPENDMM	EVENT END DATE - MONTH	2.0	NUM	67	68
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	20	156,845		
	-8 DK	2	21,507		
	1 - 12 MONTH OF DISCHARGE	3,688	27,733,816		
	TOTAL	3,710	27,912,169		
IPENDDD	EVENT END DATE - DAY	2.0	NUM	69	70
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	37	242,254		
	-8 DK	189	1,275,345		
	1 - 31 DAY	3,484	26,394,569		
	TOTAL	3,710	27,912,169		
NUMNIGHX	# NGTS IN HOSP-1997 DISCHARGES IMPUTED	3.0	NUM	71	73
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0-370 # NGTS IN HOSP-1997 DISCHARGES IMPUTED	3,710	27,912,169		
	TOTAL	3,710	27,912,169		
NUMNIGHT	NUMBER OF NIGHTS STAYED AT PROVIDER	2.0	NUM	74	75
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	29	170,635		
	-8 DK	39	303,198		
	-1 INAPPLICABLE	3,453	26,170,137		
	1-91 NUMBER OF NIGHTS	189	1,268,199		
	TOTAL	3,710	27,912,169		
EMERROOM	DID STAY BEGIN WITH EMERGENCY ROOM VISIT	2.0	NUM	76	77
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	65	424,766		
	-8 DK	14	152,206		
	-1 INAPPLICABLE	1	4,263		
	1 YES	1,595	11,487,017		
	2 NO	2,035	15,843,916		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
SPECCOND	HOSPITAL STAY RELATED TO CONDITION	2.0	NUM	78	79
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	33	212,157		
	-8 DK	5	93,069		
	-1 INAPPLICABLE	1	4,263		
	1 YES	3,580	26,960,875		
	2 NO	91	641,804		
	TOTAL	3,710	27,912,169		
RSNINHOS	REASON ENTERED HOSPITAL	2.0	NUM	80	81
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	43	290,084		
	-8 DK	3	22,460		
	-1 INAPPLICABLE	1	4,263		
	1 OPERATION OR SURGICAL PROCEDURE	1,201	9,734,899		
	2 TREATMENT/THERAPY	1,380	10,224,081		
	3 DIAGNOSTIC TESTS ONLY	402	2,899,606		
	4 GIVE BIRTH TO A BABY (MOTHER)	439	2,826,815		
	5 TO BE BORN (BABY)	37	282,507		
	91 OTHER SPECIFY	204	1,627,453		
	TOTAL	3,710	27,912,169		
ANYOPER	ANY OPERATIONS OR SURGERIES PERFORMED	2.0	NUM	82	83
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	63	402,960		
	-8 DK	5	63,187		
	-1 INAPPLICABLE	1	4,263		
	1 YES	1,449	11,601,756		
	2 NO	2,192	15,840,002		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
SURGPROC	MAIN SURGICAL PROCEDURE	2.0	NUM	84	85

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97
-8 DK	7	87,890
-7 REFUSED	1	3,822
-1 INAPPLICABLE	2,261	16,310,412
1 APPENDECTOMY	37	252,945
2 ARTHROSCOPIC SURGERY (VISUAL OF JOINTS)	18	169,535
3 CARDIAC CATHETERIZATION	76	559,956
4 CATARACT SURGERY	17	113,391
5 CIRCUMCISION	4	50,776
6 CORONARY BYPASS	39	367,971
7 D AND C (DILATION AND CURETTAGE)	20	140,560
8 DENTAL SURGERY	3	11,621
9 GALLBLADDER SURGERY (CHOLECYSTECTOMY)	88	612,964
10 HERNIA REPAIR	41	316,213
11 HYSTERECTOMY	80	621,782
12 JOINT (HIP/KNEE) REPLACEMENT SURGERY	66	539,349
13 MASTECTOMY/LUMPECTOMY	19	169,913
14 PACEMAKER INSERTION	18	244,054
15 PLASTIC/RECONSTRUCTIVE SURGERY	21	127,164
16 PROSTATE SURGERY (PROSTATECTOMY)	18	108,438
17 SPINAL DISC SURGERY (SLIPPED/PROLAPSED)	45	304,124
18 SURGICAL SETTING OF BROKEN BONE	48	336,789
19 THYROID SURGERY (THYROIDECTOMY)	5	62,243
20 TISSUE BIOPSY	25	274,408
21 TONSILLECTOMY	18	117,417
91 OTHER	735	6,008,431
TOTAL	3,710	27,912,169

VAPLACE	VA FACILITY FLAG	1.0	NUM	86	86
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VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97
0 NO	3,639	27,308,576
1 YES	71	603,593
TOTAL	3,710	27,912,169

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NAME \_\_\_\_\_ DESCRIPTION \_\_\_\_\_ FORMAT TYPE START END  
 IPICD1X 3 DIGIT ICD-9 CONDITION CODE \_\_\_\_\_ 3.0 CHAR 87 89

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97
-1 INAPPLICABLE	346	2,663,808
-8 DK	22	156,459
001-139	65	453,219
140-239	219	1,956,844
240-279	120	1,047,442
280-289	26	246,624
290-319	155	1,075,679
320-389	80	652,356
390-459	666	5,154,001
460-519	335	2,442,398
520-579	302	2,339,521
580-629	151	1,131,796
630-677	72	432,730
680-709	40	270,365
710-739	166	1,261,301
740-759	26	142,838
760-779	4	24,881
780-799	229	1,587,143
800-999	249	1,915,702
V00-V99	437	2,957,062
TOTAL	3,710	27,912,169

IPICD2X 3 DIGIT ICD-9 CONDITION CODE \_\_\_\_\_ 3.0 CHAR 90 92

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97
-1 INAPPLICABLE	3,211	24,264,590
-8 DK	5	24,155
001-139	6	26,278
140-239	24	264,845
240-279	29	311,490
280-289	8	43,689
290-319	16	132,304
320-389	12	84,511
390-459	96	643,528
460-519	68	475,054
520-579	36	239,509
580-629	32	206,863
630-677	10	54,389
680-709	7	47,597
710-739	26	198,149
740-759	3	31,966
780-799	55	388,635
800-999	55	391,745
V00-V99	11	82,872
TOTAL	3,710	27,912,169

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPICD3X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	93	95

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97
-1 INAPPLICABLE	3,576	26,913,387
-8 DK	4	47,281
001-139	5	33,476
140-239	5	71,452
240-279	15	88,597
280-289	2	5,380
290-319	3	11,276
320-389	2	7,816
390-459	31	227,458
460-519	13	148,862
520-579	8	42,277
580-629	4	26,861
630-677	1	8,480
680-709	1	8,876
710-739	5	35,640
780-799	16	107,074
800-999	18	110,164
V00-V99	1	17,810
TOTAL	3,710	27,912,169

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPICD4X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	96	98

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97
-1 INAPPLICABLE	3,664	27,611,720
-8 DK	2	5,837
140-239	3	34,834
240-279	2	9,792
290-319	1	2,139
320-389	1	9,151
390-459	14	86,938
460-519	8	45,192
520-579	1	6,989
580-629	1	2,949
710-739	1	1,278
780-799	6	44,812
800-999	6	50,536
TOTAL	3,710	27,912,169

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE	3.0	CHAR	99	101
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	3,382	25,396,052		
	01-05	8	55,696		
	06-07	3	33,514		
	08-16	7	75,443		
	18-20	3	16,368		
	21-29	10	65,493		
	35-39	48	372,122		
	40-41	2	30,614		
	42-54	77	598,042		
	55-59	15	107,322		
	60-64	3	13,638		
	65-71	49	357,935		
	72-75	2	21,324		
	76-84	82	643,117		
	85-86	9	51,342		
	87-99	10	74,145		
	TOTAL	3,710	27,912,169		
IPPRO2X	2 DIGIT ICD-9 PROCEDURE CODE	3.0	CHAR	102	104
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	3,699	27,844,294		
	18-20	1	6,849		
	30-34	1	8,176		
	35-39	5	30,755		
	42-54	2	11,097		
	55-59	1	5,653		
	65-71	1	5,345		
	TOTAL	3,710	27,912,169		
IPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	105	107
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	346	2,663,808		
	-8 DK	22	156,459		
	001-259	3,342	25,091,901		
	TOTAL	3,710	27,912,169		
IPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	108	110
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	3,211	24,264,590		
	-8 DK	5	24,155		
	001-259	494	3,623,424		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	111	113
	VALUE	UNWEIGHTED		WEIGHTED BY	WTDPER97
	-1 INAPPLICABLE	3,576		26,913,387	
	-8 DK	4		47,281	
	001-259	130		951,501	
	TOTAL	3,710		27,912,169	
IPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	114	116
	VALUE	UNWEIGHTED		WEIGHTED BY	WTDPER97
	-1 INAPPLICABLE	3,664		27,611,720	
	-8 DK	2		5,837	
	001-259	44		294,611	
	TOTAL	3,710		27,912,169	
NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT	2.0	NUM	117	118
	VALUE	UNWEIGHTED		WEIGHTED BY	WTDPER97
	0	136		975,866	
	1-4	3,555		26,810,367	
	5-10	19		125,936	
	TOTAL	3,710		27,912,169	
DSCHPMED	MEDICINES PRESCRIBED AT DISCHARGE	2.0	NUM	119	120
	VALUE	UNWEIGHTED		WEIGHTED BY	WTDPER97
	-9 NOT ASCERTAINED	65		417,755	
	-8 DK	108		726,014	
	-7 REFUSED	3		27,225	
	-1 INAPPLICABLE	1		4,263	
	1 YES	1,706		13,083,098	
	2 NO	1,827		13,653,813	
	TOTAL	3,710		27,912,169	
DROUTSID	ANY OF THE DRS SEEN OUTSIDE THE PROVIDER	2.0	NUM	121	122
	VALUE	UNWEIGHTED		WEIGHTED BY	WTDPER97
	-9 NOT ASCERTAINED	63		395,993	
	-8 DK	109		778,129	
	-7 REFUSED	1		3,822	
	-1 INAPPLICABLE	1		4,263	
	1 YES	1,623		12,978,349	
	2 NO	1,913		13,751,613	
	TOTAL	3,710		27,912,169	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFIPTYPE	FLAT FEE BUNDLE	2.0	NUM	123	124
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	3,701		27,852,158	
	1 FLAT FEE STEM	7		27,744	
	2 FLAT FEE LEAF	2		32,266	
	TOTAL	3,710		27,912,169	
IPEXP97X	TOT EXP FOR EVENT(IPFXP97X+IPDXP97X)	9.2	NUM	125	133
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	73		559,510	
	\$0.65 - \$2133.90	910		6,546,338	
	\$2133.91 - \$4249.69	908		6,612,575	
	\$4249.70 - \$7858.27	910		6,896,936	
	\$7858.28 - \$337058.38	909		7,296,810	
	TOTAL	3,710		27,912,169	
IPTC97X	TOT CHG FOR EVENT(IPFTC97X+IPDTC97X)	9.2	NUM	134	142
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	\$3.00 - \$3916.15	928		6,835,366	
	\$3916.16 - \$7198.41	927		6,898,190	
	\$7198.42 - \$14325.36	928		7,096,179	
	\$14325.37 - \$509539.78	927		7,082,433	
	TOTAL	3,710		27,912,169	
IPFSF97X	FACILITY AMT PD, FAMILY (IMPUTED)	8.2	NUM	143	150
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	2,863		21,007,298	
	\$0.22 - \$25.00	229		1,863,374	
	\$25.01 - \$108.35	195		1,759,112	
	\$108.36 - \$570.00	213		1,796,340	
	\$570.01 - \$39435.46	210		1,486,045	
	TOTAL	3,710		27,912,169	
IPFMR97X	FACILITY AMT PD, MEDICARE (IMPUTED)	8.2	NUM	151	158
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	2,434		18,086,313	
	\$0.60 - \$2561.28	319		2,447,385	
	\$2561.29 - \$4566.93	320		2,517,572	
	\$4566.94 - \$7995.10	319		2,372,426	
	\$7995.11 - \$99040.99	318		2,488,474	
	TOTAL	3,710		27,912,169	



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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPFMD97X	FACILITY AMT PD, MEDICAID (IMPUTED)	8.2	NUM	159	166
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	2,874	23,382,660		
	\$0.65 - \$760.00	211	1,102,585		
	\$760.01 - \$1719.65	207	1,036,376		
	\$1719.66 - \$3538.66	209	1,196,523		
	\$3538.67 - \$86237.77	209	1,194,024		
	TOTAL	3,710	27,912,169		
IPFPV97X	FACILITY AMT PD, PRIV INSUR (IMPUTED)	9.2	NUM	167	175
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	2,032	13,329,969		
	\$4.07 - \$760.00	430	3,751,125		
	\$760.01 - \$2212.48	410	3,499,936		
	\$2212.49 - \$5082.41	419	3,455,866		
	\$5082.42 - \$333331.11	419	3,875,272		
	TOTAL	3,710	27,912,169		
IPFVA97X	FACILITY AMT PD, VETERANS (IMPUTED)	9.2	NUM	176	184
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,631	27,284,398		
	\$97.00 - \$1493.78	20	132,381		
	\$1493.79 - \$3233.44	20	155,578		
	\$3233.45 - \$5753.00	21	164,713		
	\$5753.01 - \$166665.55	18	175,099		
	TOTAL	3,710	27,912,169		
IPFCH97X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)	8.2	NUM	185	192
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,682	27,662,672		
	\$18.08 - \$770.90	7	49,140		
	\$770.91 - \$1735.73	7	68,810		
	\$1735.74 - \$7637.92	7	63,306		
	\$7637.93 - \$43961.55	7	68,241		
	TOTAL	3,710	27,912,169		
IPFOF97X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)	8.2	NUM	193	200
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,643	27,360,170		
	\$97.00 - \$1569.00	20	138,625		
	\$1569.01 - \$2735.68	14	98,090		
	\$2735.69 - \$6276.00	17	161,036		
	\$6276.01 - \$35000.00	16	154,247		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPFSL97X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)	7.2	NUM	201	207
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,704	27,880,683		
	\$760.00 - \$760.00	2	11,975		
	\$760.01 - \$3274.47	1	3,559		
	\$3274.48 - \$8711.12	2	12,092		
	\$8711.13 - \$9375.85	1	3,861		
	TOTAL	3,710	27,912,169		
IPFWC97X	FACILITY AMT PD, WORKERS COMP (IMPUTED)	8.2	NUM	208	215
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,675	27,656,377		
	\$100.00 - \$2598.63	9	54,748		
	\$2598.64 - \$5625.25	9	71,810		
	\$5625.26 - \$9839.50	9	62,508		
	\$9839.51 - \$38869.46	8	66,725		
	TOTAL	3,710	27,912,169		
IPFOR97X	FACILITY AMT PD, OTH PRIV (IMPUTED)	9.2	NUM	216	224
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,538	26,542,894		
	\$0.81 - \$646.05	43	324,780		
	\$646.06 - \$767.73	43	393,480		
	\$767.74 - \$3015.26	43	361,479		
	\$3015.27 - \$134275.60	43	289,535		
	TOTAL	3,710	27,912,169		
IPFOU97X	FACILITY AMT PD, OTH PUB (IMPUTED)	8.2	NUM	225	232
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,651	27,603,734		
	\$2.03 - \$1180.16	15	104,139		
	\$1180.17 - \$2864.00	15	69,574		
	\$2864.01 - \$4475.44	15	61,930		
	\$4475.45 - \$25526.73	14	72,792		
	TOTAL	3,710	27,912,169		
IPFOT97X	FACILITY AMT PD, OTH INSUR (IMPUTED)	9.2	NUM	233	241
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,664	27,589,207		
	\$124.01 - \$411.93	12	64,832		
	\$411.94 - \$1459.86	11	112,443		
	\$1459.87 - \$3387.34	12	71,629		
	\$3387.35 - \$134575.60	11	74,057		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPFXP97X	FACILITY SUM PAYMENTS IPFSF97X-IPFOT97X	9.2	NUM	242	250
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	190	1,303,265		
	\$0.65 - \$1914.70	880	6,387,461		
	\$1914.71 - \$3840.88	880	6,452,625		
	\$3840.89 - \$6873.81	880	6,675,073		
	\$6873.82 - \$333331.11	880	7,093,744		
	TOTAL	3,710	27,912,169		
IPFTC97X	TOTAL FACILITY CHARGE(IMPUTED)	9.2	NUM	251	259
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	\$3.00 - \$3300.00	928	6,735,183		
	\$3300.01 - \$6163.02	930	6,849,345		
	\$6163.03 - \$12233.25	926	7,232,530		
	\$12233.26 - \$495813.14	926	7,095,111		
	TOTAL	3,710	27,912,169		
IPDSF97X	DOCTOR AMT PD, FAMILY (IMPUTED)	7.2	NUM	260	266
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	2,904	21,426,948		
	\$1.57 - \$18.97	208	1,736,382		
	\$18.98 - \$53.49	195	1,626,320		
	\$53.50 - \$173.19	202	1,529,975		
	\$173.20 - \$5535.92	201	1,592,544		
	TOTAL	3,710	27,912,169		
IPDMR97X	DOCTOR AMT PD, MEDICARE (IMPUTED)	8.2	NUM	267	274
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	2,521	18,632,152		
	\$4.46 - \$129.68	298	2,244,999		
	\$129.69 - \$306.41	298	2,501,052		
	\$306.42 - \$880.85	297	2,210,159		
	\$880.86 - \$12853.98	296	2,323,807		
	TOTAL	3,710	27,912,169		
IPDMD97X	DOCTOR AMT PD, MEDICAID (IMPUTED)	7.2	NUM	275	281
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,017	23,610,853		
	\$1.49 - \$32.78	174	1,151,016		
	\$32.79 - \$99.32	174	1,163,936		
	\$99.33 - \$343.49	173	909,082		
	\$343.50 - \$3055.10	172	1,077,281		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPDPV97X	DOCTOR AMT PD, PRIV INSUR (IMPUTED)	8.2	NUM	282	289
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	2,297	15,627,758		
	\$1.49 - \$87.69	354	3,208,553		
	\$87.70 - \$296.85	353	2,979,153		
	\$296.86 - \$1012.20	353	3,004,185		
	\$1012.21 - \$25526.28	353	3,092,519		
	TOTAL	3,710	27,912,169		
IPDVA97X	DOCTOR AMT PD, VETERANS (IMPUTED)	6.2	NUM	290	295
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,673	27,535,586		
	\$16.50 - \$24.89	11	129,428		
	\$24.90 - \$194.50	9	70,009		
	\$194.51 - \$256.00	8	62,400		
	\$256.01 - \$539.75	9	114,746		
	TOTAL	3,710	27,912,169		
IPDCH97X	DOCTOR AMT PD, CHAMP/CHAMPVA (IMPUTED)	7.2	NUM	296	302
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,690	27,719,760		
	\$8.05 - \$12.50	5	40,543		
	\$12.51 - \$29.34	7	85,190		
	\$29.35 - \$503.38	3	37,019		
	\$503.39 - \$2634.75	5	29,656		
	TOTAL	3,710	27,912,169		
IPDOF97X	DOCTOR AMT PD, OTH FEDERAL (IMPUTED)	6.2	NUM	303	308
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,676	27,555,472		
	\$16.50 - \$24.89	11	129,428		
	\$24.90 - \$212.25	6	50,123		
	\$212.26 - \$256.03	9	68,507		
	\$256.04 - \$539.75	8	108,639		
	TOTAL	3,710	27,912,169		
IPDSL97X	DOCTOR AMT PD, STATE/LOC GOV (IMPUTED)	6.2	NUM	309	314
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,704	27,846,582		
	\$275.00 - \$400.00	6	65,587		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPDWC97X	DOCTOR AMT PD, WORKERS COMP (IMPUTED)	7.2	NUM	315	321
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,639	27,335,883		
	\$11.00 - \$49.26	18	239,997		
	\$49.27 - \$780.54	19	82,977		
	\$780.55 - \$1606.45	19	136,843		
	\$1606.46 - \$4615.00	15	116,468		
	TOTAL	3,710	27,912,169		
IPDOR97X	DOCTOR AMT PD, OTH PRIV (IMPUTED)	7.2	NUM	322	328
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,186	24,462,414		
	\$1.49 - \$43.99	131	922,793		
	\$44.00 - \$133.71	132	799,874		
	\$133.72 - \$589.83	130	958,657		
	\$589.84 - \$9928.82	131	768,430		
	TOTAL	3,710	27,912,169		
IPDOU97X	DOCTOR AMT PD, OTH PUB (IMPUTED)	7.2	NUM	329	335
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,629	27,430,371		
	\$1.89 - \$42.46	21	141,899		
	\$42.47 - \$142.75	20	103,586		
	\$142.76 - \$248.48	20	124,172		
	\$248.49 - \$3965.66	20	112,141		
	TOTAL	3,710	27,912,169		
IPDOT97X	DOCTOR AMT PD, OTH INSUR (IMPUTED)	6.2	NUM	336	341
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	3,709	27,905,103		
	\$197.00	1	7,066		
	TOTAL	3,710	27,912,169		
IPDXP97X	DOCTOR SUM PAYMENTS IPFSF97X-IPFOT97X	8.2	NUM	342	349
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	887	6,695,582		
	\$2.00 - \$164.79	705	5,011,829		
	\$164.80 - \$460.00	707	5,437,181		
	\$460.01 - \$1296.44	706	5,261,379		
	\$1296.45 - \$38380.26	705	5,506,197		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPDTC97X	TOTAL DOCTOR CHARGE(IMPUTED)	8.2	NUM	350	357
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	736	5,712,876		
	\$4.30 - \$315.00	744	5,241,854		
	\$315.01 - \$844.44	744	5,841,089		
	\$844.45 - \$2434.05	743	5,575,761		
	\$2434.06 - \$67479.00	743	5,540,588		
	TOTAL	3,710	27,912,169		
IMPIPFSE	IMPUTATION FLAG FOR IPFSF97X	1.0	NUM	358	358
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,467	26,113,705		
	1 IMPUTED	243	1,798,463		
	TOTAL	3,710	27,912,169		
IMPIPFMR	IMPUTATION FLAG FOR IPFMR97X	1.0	NUM	359	359
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,137	23,720,841		
	1 IMPUTED	573	4,191,327		
	TOTAL	3,710	27,912,169		
IMPIPFMD	IMPUTATION FLAG FOR IPFMD97X	1.0	NUM	360	360
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,271	25,775,630		
	1 IMPUTED	439	2,136,539		
	TOTAL	3,710	27,912,169		
IMPIPFV	IMPUTATION FLAG FOR IPFPV97X	1.0	NUM	361	361
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	2,986	21,821,734		
	1 IMPUTED	724	6,090,435		
	TOTAL	3,710	27,912,169		
IMPIPFVA	IMPUTATION FLAG FOR IPFVA97X	1.0	NUM	362	362
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,632	27,201,523		
	1 IMPUTED	78	710,645		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPIPECH	IMPUTATION FLAG FOR IPFCH97X	1.0	NUM	363	363
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,698	27,837,326		
	1 IMPUTED	12	74,843		
	TOTAL	3,710	27,912,169		
IMPIPEOF	IMPUTATION FLAG FOR IPFOF97X	1.0	NUM	364	364
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,691	27,789,191		
	1 IMPUTED	19	122,977		
	TOTAL	3,710	27,912,169		
IMPIPESL	IMPUTATION FLAG FOR IPFSL97X	1.0	NUM	365	365
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,706	27,891,986		
	1 IMPUTED	4	20,182		
	TOTAL	3,710	27,912,169		
IMPIPEWC	IMPUTATION FLAG FOR IPFWC97X	1.0	NUM	366	366
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,696	27,810,405		
	1 IMPUTED	14	101,764		
	TOTAL	3,710	27,912,169		
IMPIPEOR	IMPUTATION FLAG FOR IPFOR97X	1.0	NUM	367	367
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,647	27,438,660		
	1 IMPUTED	63	473,508		
	TOTAL	3,710	27,912,169		
IMPIPEOU	IMPUTATION FLAG FOR IPFOU97X	1.0	NUM	368	368
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,690	27,826,675		
	1 IMPUTED	20	85,493		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPIPFOT	IMPUTATION FLAG FOR IPFOT97X	1.0	NUM	369	369
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	3,685		27,721,922	
	1 IMPUTED	25		190,246	
	TOTAL	3,710		27,912,169	
IMPIPCHG	IMPUTATION STATUS OF IPFTC97X	1.0	NUM	370	370
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	2,459		19,480,798	
	1 IMPUTED	1,251		8,431,371	
	TOTAL	3,710		27,912,169	
IMPIPNUM	#DR RECORDS IMPUTED PER PROVIDER	2.0	NUM	371	372
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	1,802		13,881,431	
	1 - 18	1,908		14,030,737	
	TOTAL	3,710		27,912,169	
WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97	12.6	NUM	373	384
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	136		0	
	299.33-66069.99	3,574		27,912,169	
	TOTAL	3,710		27,912,169	
VARPSU97	VARIANCE ESTIMATION PSU,1997	2.0	NUM	385	386
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 35	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
VARSTR97	VARIANCE ESTIMATION STRATUM,1997	3.0	NUM	387	389
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 254	3,710		27,912,169	
	TOTAL	3,710		27,912,169	



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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	38	HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
74	80	IPCH97H	HHLR RPTD AMT PD, CHMP/CHVA(PRE-IMPURED)
165	172	IPCH97M	MPC RPTD AMT PD, CHMP/CHMPVA(UN-IMPURED)
55	59	IPMD97H	HHLR RPTD AMT PD, MEDICAID(PRE-IMPURED)
143	150	IPMD97M	MPC RPTD AMT PD, MEDICAID(UN-IMPURED)
47	54	IPMR97H	HHLR RPTD AMT PD, MEDICARE(PRE-IMPURED)
135	142	IPMR97M	MPC RPTD AMT PD, MEDICARE(UN-IMPURED)
81	87	IPOF97H	HHLR RPTD AMT PD, OTHER FED(PRE-IMPURED)
173	180	IPOF97M	MPC RPTD AMT PD, OTHER FED(UN-IMPURED)
103	110	IPOT97H	HHLR RPTD AMT PD, OTH INSUR(PRE-IMPURED)
196	202	IPOT97M	MPC RPTD AMT PD,OTH INSUR(UN-IMPURED)
60	68	IPPV97H	HHLR RPTD AMT PD, PRIV INS(PRE-IMPURED)
151	159	IPPV97M	MPC RPTD AMT PD, PRIV INS(UN-IMPURED)
39	46	IPSF97H	HHLR RPTD AMT PD, FAMILY(PRE-IMPURED)
128	134	IPSF97M	MPC RPTD AMT PD, FAMILY(UN-IMPURED)
88	94	IPSL97H	HHLR RPTD AMT PD, STATE/LOC(PRE-IMPURED)
181	187	IPSL97M	MPC RPTD AMT PD, STATE & LOC(UN-IMPURED)
119	127	IPTC97H	HHLR REPORTED TOTAL CHARGE(PRE-IMPURED)
203	211	IPTC97M	MPC REPORTED TOTAL CHARGE(UN-IMPURED)
111	118	IPUC97H	HHLR RPTD AMT PD,UNCOL LIAB(PRE-IMPURED)
69	73	IPVA97H	HHLR RPTD AMT PD, VETERANS(PRE-IMPURED)
160	164	IPVA97M	MPC RPTD AMT PD, VETERANS(UN-IMPURED)
95	102	IPWC97H	HHLR RPTD AMT PD, WORK COMP(PRE-IMPURED)
188	195	IPWC97M	MPC RPTD AMT PD, WORK COMP(UN-IMPURED)
6	8	PID	NUMERIC PID
224	225	VARPSU97	VARIANCE ESTIMATION PSU, 1997
226	228	VARSTR97	VARIANCE ESTIMATION STRATUM, 1997
212	223	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	NUMERIC PID
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	38	HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
39	46	IPSF97H	HHLD RPTD AMT PD, FAMILY(PRE-IMPURED)
47	54	IPMR97H	HHLD RPTD AMT PD, MEDICARE(PRE-IMPURED)
55	59	IPMD97H	HHLD RPTD AMT PD, MEDICAID(PRE-IMPURED)
60	68	IPPV97H	HHLD RPTD AMT PD, PRIV INS(PRE-IMPURED)
69	73	IPVA97H	HHLD RPTD AMT PD, VETERANS(PRE-IMPURED)
74	80	IPCH97H	HHLD RPTD AMT PD, CHMP/CHVA(PRE-IMPURED)
81	87	IPOF97H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPURED)
88	94	IPSL97H	HHLD RPTD AMT PD, STATE/LOC(PRE-IMPURED)
95	102	IPWC97H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPURED)
103	110	IPOT97H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPURED)
111	118	IPUC97H	HHLD RPTD AMT PD, UNCOL LIAB(PRE-IMPURED)
119	127	IPTC97H	HHLD REPORTED TOTAL CHARGE(PRE-IMPURED)
128	134	IPSF97M	MPC RPTD AMT PD, FAMILY(UN-IMPURED)
135	142	IPMR97M	MPC RPTD AMT PD, MEDICARE(UN-IMPURED)
143	150	IPMD97M	MPC RPTD AMT PD, MEDICAID(UN-IMPURED)
151	159	IPPV97M	MPC RPTD AMT PD, PRIV INS(UN-IMPURED)
160	164	IPVA97M	MPC RPTD AMT PD, VETERANS(UN-IMPURED)
165	172	IPCH97M	MPC RPTD AMT PD, CHMP/CHMPVA(UN-IMPURED)
173	180	IPOF97M	MPC RPTD AMT PD, OTHER FED(UN-IMPURED)
181	187	IPSL97M	MPC RPTD AMT PD, STATE & LOC(UN-IMPURED)
188	195	IPWC97M	MPC RPTD AMT PD, WORK COMP(UN-IMPURED)
196	202	IPOT97M	MPC RPTD AMT PD, OTH INSUR(UN-IMPURED)
203	211	IPTC97M	MPC REPORTED TOTAL CHARGE(UN-IMPURED)
212	223	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97
224	225	VARPSU97	VARIANCE ESTIMATION PSU, 1997
226	228	VARSTR97	VARIANCE ESTIMATION STRATUM, 1997

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
PID	NUMERIC PID	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	3,710		27,912,169	
	TOTAL	3,710		27,912,169	
HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)	10.0	CHAR	29	38
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	3,515		26,280,928	
	VALID ID	195		1,631,240	
	TOTAL	3,710		27,912,169	
IPSF97H	HHLD RPTD AMT PD, FAMILY(PRE-IMPUTED)	8.2	NUM	39	46
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	550		4,194,680	
	0	2,602		19,244,164	
	\$1.00 - \$19.00	140		1,058,930	
	\$19.01 - \$200.00	145		1,105,933	
	\$200.01 - \$650.00	135		1,258,832	
	\$650.01 - \$20000.00	138		1,049,630	
	TOTAL	3,710		27,912,169	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPMR97H	HHLD RPTD AMT PD, MEDICARE(PRE-IMPUTED)	8.2	NUM	47	54
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,308	9,983,246		
	0	2,267	16,947,551		
	\$1.00 - \$1632.00	34	273,019		
	\$1632.01 - \$3917.00	34	226,308		
	\$3917.01 - \$9575.00	34	222,917		
	\$9575.01 - \$99452.00	33	259,128		
	TOTAL	3,710	27,912,169		
IPMD97H	HHLD RPTD AMT PD, MEDICAID(PRE-IMPUTED)	5.2	NUM	55	59
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	973	5,212,982		
	0	2,737	22,699,187		
	TOTAL	3,710	27,912,169		
IPPV97H	HHLD RPTD AMT PD, PRIV INS(PRE-IMPUTED)	9.2	NUM	60	68
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,613	13,892,078		
	0	1,656	10,224,314		
	\$1.00 - \$1280.00	111	879,233		
	\$1280.01 - \$3116.00	110	934,786		
	\$3116.01 - \$7120.00	110	978,037		
	\$7120.01 - \$102000.00	110	1,003,721		
	TOTAL	3,710	27,912,169		
IPVA97H	HHLD RPTD AMT PD, VETERANS(PRE-IMPUTED)	5.2	NUM	69	73
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	241	2,645,559		
	0	3,469	25,266,609		
	TOTAL	3,710	27,912,169		
IPCH97H	HHLD RPTD AMT PD, CHMP/CHVA(PRE-IMPUTED)	7.2	NUM	74	80
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	56	424,554		
	0	3,646	27,370,443		
	\$1244.00 - \$1577.50	2	9,927		
	\$1577.51 - \$3950.00	2	43,080		
	\$3950.01 - \$6398.00	2	37,298		
	\$6398.01 - \$9065.00	2	26,867		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPOF97H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)	7.2	NUM	81	87
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	44	335,613		
	0	3,665	27,572,106		
	\$5800.00	1	4,450		
	TOTAL	3,710	27,912,169		
IPSL97H	HHLD RPTD AMT PD, STATE/LOC(PRE-IMPUTED)	7.2	NUM	88	94
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	20	127,438		
	0	3,688	27,767,255		
	\$315.00 - \$2300.00	2	17,476		
	TOTAL	3,710	27,912,169		
IPWC97H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)	8.2	NUM	95	102
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	34	245,028		
	0	3,672	27,645,225		
	\$100.00 - \$3353.00	1	6,878		
	\$3353.01 - \$6808.00	1	6,925		
	\$6808.01 - \$10005.00	1	4,160		
	\$10005.01 - \$13000.00	1	3,953		
	TOTAL	3,710	27,912,169		
IPOT97H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)	8.2	NUM	103	110
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	70	547,488		
	0	3,621	27,227,159		
	\$71.00 - \$760.00	6	40,477		
	\$760.01 - \$2836.00	4	35,488		
	\$2836.01 - \$8324.00	5	49,249		
	\$8324.01 - \$34040.00	4	12,308		
	TOTAL	3,710	27,912,169		
IPUC97H	HHLD RPTD AMT PD, UNCOL LIAB(PRE-IMPUTED)	8.2	NUM	111	118
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-8 DK	1	37,289		
	0	3,705	27,843,192		
	\$1500.00 - \$1750.00	1	19,279		
	\$1750.01 - \$4500.00	1	7,703		
	\$4500.01 - \$30500.00	1	4,705		
	\$30500.01 - \$54000.00	1	0		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPTC97H	HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)	9.2	NUM	119	127
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	2,857	20,829,688		
	0	15	91,370		
	\$20.00 - \$2546.00	210	1,606,903		
	\$2546.01 - \$5200.00	210	1,830,231		
	\$5200.01 - \$10366.00	209	1,765,438		
	\$10366.01 - \$128000.00	209	1,788,539		
	TOTAL	3,710	27,912,169		
IPSF97M	MPC RPTD AMT PD, FAMILY(UN-IMPUTED)	7.2	NUM	128	134
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,472	10,292,776		
	0	1,846	14,107,720		
	\$1.07 - \$26.47	98	902,367		
	\$26.48 - \$107.07	98	932,612		
	\$107.08 - \$388.47	98	870,042		
	\$388.48 - \$7166.86	98	806,651		
	TOTAL	3,710	27,912,169		
IPMR97M	MPC RPTD AMT PD, MEDICARE(UN-IMPUTED)	8.2	NUM	135	142
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,510	10,615,964		
	0	1,469	11,489,281		
	\$0.60 - \$2425.87	183	1,380,330		
	\$2425.88 - \$4402.39	183	1,554,053		
	\$4402.40 - \$7809.46	183	1,408,490		
	\$7809.47 - \$99040.99	182	1,464,051		
	TOTAL	3,710	27,912,169		
IPMD97M	MPC RPTD AMT PD, MEDICAID(UN-IMPUTED)	8.2	NUM	143	150
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,509	10,450,246		
	0	1,750	14,794,224		
	\$2.03 - \$771.19	113	672,175		
	\$771.20 - \$1697.37	113	633,875		
	\$1697.38 - \$3518.50	113	650,563		
	\$3518.51 - \$35101.54	112	711,086		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPPV97M	MPC RPTD AMT PD, PRIV INS(UN-IMPUTED)	9.2	NUM	151	159
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,567	11,084,505		
	0	1,095	7,609,645		
	\$0.79 - \$760.00	298	2,604,630		
	\$760.01 - \$1996.31	226	1,893,529		
	\$1996.32 - \$4748.27	262	2,313,784		
	\$4748.28 - \$333331.11	262	2,406,074		
	TOTAL	3,710	27,912,169		
IPVA97M	MPC RPTD AMT PD, VETERANS(UN-IMPUTED)	5.2	NUM	160	164
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,467	10,230,591		
	0	2,243	17,681,578		
	TOTAL	3,710	27,912,169		
IPCH97M	MPC RPTD AMT PD, CHMP/CHMPVA(UN-IMPUTED)	8.2	NUM	165	172
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,469	10,239,605		
	0	2,223	17,509,480		
	\$18.08 - \$624.76	5	27,135		
	\$624.77 - \$1171.20	4	43,184		
	\$1171.21 - \$1756.92	5	58,379		
	\$1756.93 - \$43961.55	4	34,386		
	TOTAL	3,710	27,912,169		
IPOF97M	MPC RPTD AMT PD, OTHER FED(UN-IMPUTED)	8.2	NUM	173	180
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,467	10,230,591		
	0	2,241	17,668,757		
	\$1901.51 - \$15788.20	2	12,820		
	TOTAL	3,710	27,912,169		
IPSL97M	MPC RPTD AMT PD, STATE & LOC(UN-IMPUTED)	7.2	NUM	181	187
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,467	10,230,591		
	0	2,241	17,670,274		
	\$760.00 - \$2548.94	2	11,303		
	TOTAL	3,710	27,912,169		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPWC97M	MPC RPTD AMT PD, WORK COMPU(UN-IMPUTED)	8.2	NUM	188	195
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,467	10,230,591		
	0	2,223	17,534,429		
	\$1350.00 - \$2368.77	5	36,907		
	\$2368.78 - \$5454.95	5	45,421		
	\$5454.96 - \$8255.02	5	22,500		
	\$8255.03 - \$38869.46	5	42,321		
	TOTAL	3,710	27,912,169		
IPOT97M	MPC RPTD AMT PD, OTH INSUR(UN-IMPUTED)	7.2	NUM	196	202
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,469	10,245,853		
	0	2,233	17,596,019		
	\$124.01 - \$274.43	2	13,520		
	\$274.44 - \$1750.57	2	18,580		
	\$1750.58 - \$4560.59	2	12,147		
	\$4560.60 - \$4869.20	2	26,050		
	TOTAL	3,710	27,912,169		
IPTC97M	MPC REPORTED TOTAL CHARGE(UN-IMPUTED)	9.2	NUM	203	211
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,512	10,533,405		
	0	7	48,399		
	\$3.00 - \$3162.26	548	4,169,587		
	\$3162.27 - \$5804.75	548	4,261,076		
	\$5804.76 - \$11682.00	548	4,450,343		
	\$11682.01 - \$495813.14	547	4,449,358		
	TOTAL	3,710	27,912,169		
WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97	12.6	NUM	212	223
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	136	0		
	299.33-66069.99	3,574	27,912,169		
	TOTAL	3,710	27,912,169		
VARPSU97	VARIANCE ESTIMATION PSU, 1997	2.0	NUM	224	225
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 35	3,710	27,912,169		
	TOTAL	3,710	27,912,169		



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NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR97	VARIANCE ESTIMATION STRATUM, 1997	3.0	NUM	226	228
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	1 - 254	3,710		27,912,169	
	TOTAL	3,710		27,912,169	

## **E. Variable-Source Crosswalk**

**E. VARIABLE-SOURCE CROSSWALK  
MEPS HC016D: 1997 HOSPITAL INPATIENT STAYS**

**File 1:**

**Survey Administration and ID Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
DUID	Dwelling unit ID	Assigned in sampling
PID	Person number	Assigned in sampling
DUPERSID	Sample person ID (DUID + PID)	Assigned in sampling
EVNTIDX	Event ID : DUPERSID + EVENTN	Assigned in Sampling
EVENTRN	Round number	CAPI derived
ERHEVIDX	Emergency Room/Hospital Stay Link	Constructed
FFEEIDX	Flat fee ID	CAPI derived
MPCDATA	MPC Data Flag	Constructed

**Characteristics of Hospital Inpatient Stays**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPBEGYR	Event start date – year	CAPI derived
IPBEGMM	Event start date – month	CAPI derived
IPBEGDD	Event start date – day	CAPI derived
IPENDYR	Event end date – year	CAPI derived
IPENDMM	Event end date – month	CAPI derived
IPENDDD	Event end date – day	CAPI derived
NUMNIGHX	Number of nights stayed at Hospital - Edited	(Edited/imputed)
NUMNIGHT	Number of nights stayed at Hospital	HS01
EMERROOM	Did stay begin with emergency room visit	HS02
SPECCOND	Hospital stay related to condition	HS03
RSNINHOS	Reason entered hospital	HS05
ANYOPER	Any operations or surgery performed	HS06
SURGPROC	Main surgical procedure	HS07
VAPLACE	Hospital is a VA facility	Constructed
IPICD1X	3 digit ICD-9 condition code	HS02 (Edited)
IPICD2X	3 digit ICD-9 condition code	HS02 (Edited)

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPICD3X	3 digit ICD-9 condition code	HS02 (Edited)
IPICD4X	3 digit ICD-9 condition code	HS02 (Edited)
IPPRO1X	2 digit ICD-9 procedure code	HS02 (Edited)
IPPRO2X	2 digit ICD-9 procedure code	HS02 (Edited)
IPCCC1X	Modified Clinical Classification Code	Constructed/Edited
IPCCC2X	Modified Clinical Classification Code	Constructed/Edited
IPCCC3X	Modified Clinical Classification Code	Constructed/Edited
IPCCC4X	Modified Clinical Classification Code	Constructed/Edited
NUMCOND	Total number of COND records linked to this event	Constructed
DSCHPMED	Medicines prescribed at discharge	HS08
DROUTSID	Any of the DRS seen outside the hospital	HS10

#### **Flat Fee Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
FFIPTYPE	Flat Fee Bundle	FF01, FF02

#### **Imputed Total Expenditure Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPEXP97X	Total expenditure for hospital inpatient stay	Constructed
IPTC97X	Total charge for hospital inpatient stay	Constructed

#### **Imputed Facility Expenditure Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPFSF97X	Facility amount paid, family (imputed)	Imputed
IPFMR97X	Facility amount paid, Medicare (imputed)	Imputed
IPFMD97X	Facility amount paid, Medicaid (imputed)	Imputed
IPFPV97X	Facility amount paid, private insurance (imputed)	Imputed
IPFVA97X	Facility amount paid, Veterans (imputed)	Imputed
IPFCH97X	Facility amount paid, CHAMP/CHAMPVA (imputed)	Imputed
IPFOF97X	Facility amount paid, other federal (imputed)	Imputed
IPFSL97X	Facility amount paid, state/local govt. (imputed)	Imputed

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPFWC97X	Facility amount paid, Worker's Comp (imputed)	Imputed
IPFOR97X	Facility amount paid, other private (imputed)	Imputed
IPFOU97X	Facility amount paid, other public (imputed)	Imputed
IPFOT97X	Facility amount paid, other insurance (imputed)	Imputed
IPFXP97X	Facility sum of payments IPFSF97X – IPFOT97X	Constructed
IPFTC97X	Facility total charge (imputed)	Imputed

### **Imputed Separately Billing Physician Expenditure Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPDSF97X	Doctor amount paid, family (imputed)	Imputed
IPDMR97X	Doctor amount paid, Medicare (imputed)	Imputed
IPDMD97X	Doctor amount paid, Medicaid (imputed)	Imputed
IPDPV97X	Doctor amount paid, private insurance (imputed)	Imputed
IPDVA97X	Doctor amount paid, Veterans (imputed)	Imputed
IPDCH97X	Doctor amount paid, CHAMP/CHAMPVA (imputed)	Imputed
IPDOF97X	Doctor amount paid, other federal (imputed)	Imputed
IPDSL97X	Doctor amount paid, state/local govt. (imputed)	Imputed
IPDWC97X	Doctor amount paid, Worker's Comp (imputed)	Imputed
IPDOR97X	Doctor amount paid, other private (imputed)	Imputed
IPDOU97X	Doctor amount paid, other public (imputed)	Imputed
IPDOT97X	Doctor amount paid, other insurance (imputed)	Imputed
IPDXP97X	Doctor sum of payments IPPSF97X – IPPOT97X	Constructed
IPDTC97X	Doctor total charge (imputed)	Imputed

### **Imputation Flag Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IMPIPFSF	Imputation flag for IPFSF97X	Constructed
IMPIPFMR	Imputation flag for IPFMR97X	Constructed

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IMPIPFMD	Imputation flag for IPFMD97X	Constructed
IMPIFPV	Imputation flag for IPFPV97X	Constructed
IMPIPFVA	Imputation flag for IPFVA97X	Constructed
IMPIPFCH	Imputation flag for IPFCH97X	Constructed
IMPIPFOF	Imputation flag for IPFOF97X	Constructed
IMPIPFSL	Imputation flag for IPFSL97X	Constructed
IMPIPFWC	Imputation flag for IPFWC97X	Constructed
IMPIPFOR	Imputation flag for IPFOR97X	Constructed
IMPIPFOU	Imputation flag for IPFOU97X	Constructed
IMPIPFOT	Imputation flag for IPFOT97X	Constructed
IMPIPCHG	Imputation flag for IPFTC97X	Constructed
IMPIPNUM	Number of separately billing physicians associated with hospital stay	Constructed

### Weights

<b>Variable</b>	<b>Description</b>	<b>Source</b>
WTDPER97	Poverty/Mortality Adjusted Person weight, 1997	Constructed
VARPSU97	Variance estimation PSU, 1997	Constructed
VARSTR97	Variance estimation stratum, 1997	Constructed

**File 2:**

**Survey Administration and ID Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
DUID	Dwelling unit ID	Assigned in sampling
PID	Person number	Assigned in sampling
DUPERSID	Sample person ID (DUID + PID)	Assigned in sampling
EVENTIDX	Event ID : DUPERSID + EVENTN	Assigned in Sampling
HHSFFIDX	Household reported flat fee identifier (unedited)	CAPI generated

**Pre-imputed Expenditure Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPSF97H	Household reported amount paid, family (pre-imputed)	CP07, CP09, CP11-CP34OV2
IPMR97H	Household reported amount paid, Medicare (pre-imputed)	CP07, CP09, CP11-CP34OV2
IPMD97H	Household reported amount paid, Medicaid (pre-imputed)	CP07, CP09, CP11-CP34OV2
IPPV97H	Household reported amount paid, private insurance (pre-imputed)	CP07, CP09, CP11-CP34OV2
IPVA97H	Household reported amount paid, Veterans (pre-imputed)	CP07, CP09, CP11-CP34OV2
IPCH97H	Household reported amount paid, CHAMP/CHAMPVA (pre-imputed)	CP07, CP09, CP11-CP34OV2
IPOF97H	Household reported amount paid, other federal (pre-imputed)	CP07, CP09, CP11-CP34OV2
IPSL97H	Household reported amount paid, state/local govt. (pre-imputed)	CP07, CP09, CP11-CP34OV2

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPWC97H	Household reported amount paid, Worker's Comp (pre-imputed)	CP07, CP09, CP11-CP34 OV2
IPOT97H	Household reported amount paid, other insurance. (pre-imputed)	CP07, CP09, CP11-CP34 OV2
IPUC97H	Household reported amount paid, uncollected liability (pre-imputed)	CP07, CP09, CP11-CP34 OV2
IPTC97H	Household reported total charge (pre-imputed)	CP09A, CP09OV

### **Unimputed Expenditure Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPSF97M	MPC reported amount paid, family (unimputed)	HEF 8, 9(a.), 12(a-d), 18, 19(a.), 22(a-d)
IPMR97M	MPC reported amount paid, Medicare (unimputed)	HEF 8, 9(b.), 12(a-d), 18, 19(b.), 22(a-d)
IPMD97M	MPC reported amount paid, Medicaid (unimputed)	HEF 8, 9(c.), 12(a-d), 18, 19(c.), 22(a-d)
IPPV97M	MPC reported amount paid, private insurance (unimputed)	HEF 8, 9(d.), 12(a-d), 18, 19(d.), 22(a-d)
IPVA97M	MPC reported amount paid, Veterans (unimputed)	HEF 8, 9(e.), 12(a-d), 18, 19(e.), 22(a-d)
IPCH97M	MPC reported amount paid, CHAMP/CHAMPVA (unimputed)	HEF 8, 9(f.), 12(a-d), 18, 19(f.), 22(a-d)
IPOF97M	MPC reported amount paid, other federal (unimputed)	HEF 8, 9(g.), 12(a-d), 18, 19(g.), 22(a-d)
IPSL97M	MPC reported amount paid, state/local govt. (unimputed)	HEF 8, 9(g.), 12(a-d), 18, 19(g.), 22(a-d)



<b>Variable</b>	<b>Description</b>	<b>Source</b>
IPWC97M	MPC reported amount paid, Worker's Comp (unimputed)	HEF 8, 9(g.), 12(a-d), 18, 19(g.), 22(a-d)
IPOT97M	MPC reported amount paid, other insurance (unimputed)	HEF 8, 9(g.), 12(a-d), 18, 19(g.), 22(a-d)
IPTC97M	MPC reported total charge (unimputed)	HEF 7, 17(a, b), 18

### Weights

<b>Variable</b>	<b>Description</b>	<b>Source</b>
WTDPER97	Poverty/Mortality Adjusted Person weight, 1997	Constructed
VARPSU97	Variance estimation PSU, 1997	Constructed
VARSTR97	Variance estimation stratum, 1997	Constructed