DATE: February 24, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
104	105	ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA
74	75	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
62	63	DOCATLOC	ANY MD WORK AT LOCATION WHERE P SAW PROV
82	83	DRUGTRT	THIS VIS DID P HAVE TRT FOR DRUG/ALCOHOL
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID + PID)
100	101	EEG	THIS VISIT DID P HAVE AN EEG
98	99	EKG	THIS VISIT DID P HAVE AN EKG OR ECG
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
143	144	FFBEF00	TOTAL # OF VISITS IN FF BEFORE 2000
30	41	FFEEIDX	FLAT FEE ID
141	142	FFOBTYPE	FLAT FEE BUNDLE
145	146	FFTOT01	TOTAL # OF VISITS IN FF AFTER 2000
249	249	IMPFLAG	IMPUTATION STATUS
80	81	IVTHER	THIS VISIT DID P HAVE IV THERAPY
78	79	KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS
88	89	LABTEST	THIS VISIT DID P HAVE LAB TESTS
94	95	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
112	113	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
58	59	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
43	43	MPCDATA	MPC DATA FLAG
42	42	MPCELIG	MPC ELIGIBILITY FLAG
96	97	MRI	THIS VISIT DID P HAVE AN MRI/CATSCAN
129	131	OBCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
132	134	OBCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
135	137	OBCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
138	140	OBCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
50	51	OBDATEDD	EVENT DATE - DAY
48	49	OBDATEMM	EVENT DATE - MONTH
44	47	OBDATEYR	EVENT DATE - YEAR
115	117	OBICD1X	3-DIGIT ICD-9 CONDITION CODE
118	120	OBICD2X	3-DIGIT ICD-9 CONDITION CODE
121	123	OBICD3X	3-DIGIT ICD-9 CONDITION CODE
124	126	OBICD4X	3-DIGIT ICD-9 CONDITION CODE
161	167	OBMD00X	AMOUNT PAID, MEDICAID (IMPUTED)
154	160	OBMR00X	AMOUNT PAID, MEDICARE (IMPUTED)
190	196	OBOF00X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
211	217	OBOR00X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
225	232	OBOT00X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
218	224	OBOU00X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
127	128	OBPRO1X	2-DIGIT ICD-9 PROCEDURE CODE
168	175	OBPV00X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
147	153	OBSF00X	AMOUNT PAID, FAMILY (IMPUTED)

DATE: February 24, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
197	203	OBSL00X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
241	248	OBTC00X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
183	189	OBTR00X	AMOUNT PAID, TRICARE (IMPUTED)
176	182	OBVA00X	AMOUNT PAID, VETERANS (IMPUTED)
204	210	OBWC00X	AMOUNT PAID, WORKERS COMP (IMPUTED)
233	240	OBXP00X	SUM OF OBSF00X - OBOT00X (IMPUTED)
70	71	OCCUPTH	THIS VIS DID P HAVE OCCUPATIONAL THERAPY
106	107	OTHSVCE	THIS VISIT DID P HAVE OTH DIAG TEST/EXAM
250	261	PERWT00F	FINAL PERSON LEVEL WEIGHT, 2000
68	69	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
6	8	PID	PERSON NUMBER
86	87	PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING
76	77	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
84	85	RCVSHOT	THIS VISIT DID P RECEIVE AN ALLERGY SHOT
102	103	RCVVAC	THIS VISIT DID P RECEIVE A VACCINATION
54	55	REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN
56	57	SEEDOC	DID P TALK TO MD THIS VISIT/PHONE CALL
52	53	SEETLKPV	DID P VISIT PROV IN PERSON OR TELEPHONE
90	91	SONOGRAM	THIS VISIT DID P HAVE SONOGRAM OR ULTRSD
72	73	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
110	111	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
108	109	SURGPROC	WAS SURG PROC PERFORMED ON P THIS VISIT
60	61	TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON
114	114	VAPLACE	VA FACILITY FLAG
264	265	VARPSU00	VARIANCE ESTIMATION PSU, 2000
262	263	VARSTR00	VARIANCE ESTIMATION STRATUM, 2000
64	65	VSTCTGRY	BEST CATEGORY FOR CARE P RECV ON VST DT
66	67	VSTRELCN	THIS VST/PHONE CALL RELATED TO SPEC COND
92	93	XRAYS	THIS VISIT DID P HAVE X-RAYS

DATE: February 24, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID + PID)
17	28	EVNTIDX	EVENT ID
29	29	EVENTRN	EVENT ROUND NUMBER
30	41	FFEEIDX	FLAT FEE ID
42	42	MPCELIG	MPC ELIGIBILITY FLAG
43	43	MPCDATA	MPC DATA FLAG
44	47	OBDATEYR	EVENT DATE - YEAR
48	49	OBDATEMM	EVENT DATE - MONTH
50	51	OBDATEDD	EVENT DATE - DAY
52	53	SEETLKPV	DID P VISIT PROV IN PERSON OR TELEPHONE
54	55	REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN
56	57	SEEDOC	DID P TALK TO MD THIS VISIT/PHONE CALL
58	59	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
60	61	TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON
62	63	DOCATLOC	ANY MD WORK AT LOCATION WHERE P SAW PROV
64	65	VSTCTGRY	BEST CATEGORY FOR CARE P RECV ON VST DT
66	67	VSTRELCN	THIS VST/PHONE CALL RELATED TO SPEC COND
68	69	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
70	71	OCCUPTH	THIS VIS DID P HAVE OCCUPATIONAL THERAPY
72	73	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
74	75	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
76	77	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
78	79	KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS
80	81	IVTHER	THIS VISIT DID P HAVE IV THERAPY
82	83 85	DRUGTRT RCVSHOT	THIS VIS DID P HAVE TRT FOR DRUG/ALCOHOL THIS VISIT DID P RECEIVE AN ALLERGY SHOT
84 86	85	PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING
88	89	LABTEST	THIS VISIT DID P HAVE LAB TESTS
90	91	SONOGRAM	THIS VISIT DID P HAVE LAB TESTS THIS VISIT DID P HAVE SONOGRAM OR ULTRSD
92	93	XRAYS	THIS VISIT DID P HAVE SONOGRAM ON OHINSD THIS VISIT DID P HAVE X-RAYS
94	95	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
96	97	MRI	THIS VISIT DID P HAVE AN MRI/CATSCAN
98	99	EKG	THIS VISIT DID P HAVE AN EKG OR ECG
100	101	EEG	THIS VISIT DID P HAVE AN EEG
102	103	RCVVAC	THIS VISIT DID P RECEIVE A VACCINATION
104	105	ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA
106	107	OTHSVCE	THIS VISIT DID P HAVE OTH DIAG TEST/EXAM
108	109	SURGPROC	WAS SURG PROC PERFORMED ON P THIS VISIT
110	111	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
112	113	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
114	114	VAPLACE	VA FACILITY FLAG
115	117	OBICD1X	3-DIGIT ICD-9 CONDITION CODE

DATE: February 24, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
118	120	OBICD2X	3-DIGIT ICD-9 CONDITION CODE
121	123	OBICD3X	3-DIGIT ICD-9 CONDITION CODE
124	126	OBICD4X	3-DIGIT ICD-9 CONDITION CODE
127	128	OBPRO1X	2-DIGIT ICD-9 PROCEDURE CODE
129	131	OBCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
132	134	OBCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
135	137	OBCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
138	140	OBCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
141	142	FFOBTYPE	FLAT FEE BUNDLE
143	144	FFBEF00	TOTAL # OF VISITS IN FF BEFORE 2000
145	146	FFTOT01	TOTAL # OF VISITS IN FF AFTER 2000
147	153	OBSF00X	AMOUNT PAID, FAMILY (IMPUTED)
154	160	OBMR00X	AMOUNT PAID, MEDICARE (IMPUTED)
161	167	OBMD00X	AMOUNT PAID, MEDICAID (IMPUTED)
168	175	OBPV00X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
176	182	OBVA00X	AMOUNT PAID, VETERANS (IMPUTED)
183	189	OBTROOX	AMOUNT PAID, TRICARE (IMPUTED)
190	196	OBOF00X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
197	203	OBSL00X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
204	210	OBWC00X	AMOUNT PAID, WORKERS COMP (IMPUTED)
211	217	OBOR00X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
218	224	OBOU00X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
225	232	OBOT00X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
233	240	OBXP00X	SUM OF OBSF00X - OBOT00X (IMPUTED)
241	248	OBTC00X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
249	249	IMPFLAG	IMPUTATION STATUS
250	261	PERWT00F	FINAL PERSON LEVEL WEIGHT, 2000
262	263	VARSTR00	VARIANCE ESTIMATION STRATUM, 2000
264	265	VARPSU00	VARIANCE ESTIMATION PSU, 2000

NAME	DESCRIPTION		FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID		5.0	NUM	<u>1</u>	<u>5</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	VALID ID TOTAL	102,530 102,530			1,236,89 1,236,89	
PID	PERSON NUMBER		3.0	NUM	<u>6</u>	<u>8</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	VALID ID TOTAL	102,530 102,530			1,236,89 1,236,89	
DUPERSID	PERSON ID (DUID + PID)		8.0	CHAR	<u>9</u>	<u>16</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	VALID ID TOTAL	102,530 102,530			1,236,89 1,236,89	
EVNTIDX	EVENT ID		12.0	CHAR	<u>17</u>	<u>28</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WTOOF
	VALID ID TOTAL	102,530 102,530			1,236,89 1,236,89	
EVENTRN	EVENT ROUND NUMBER		1.0	NUM	<u>29</u>	<u>29</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	ROUND1ROUND2ROUND3ROUND4ROUND5TOTAL	13,167 21,901 30,001 23,629 13,832 102,530			161,01 264,78 360,55 284,29 166,25 1,236,89	2,089 6,556 2,204 5,778

NAME	DESCRIPTION		FORMAT	TYPE	START	END
FFEEIDX	FLAT FEE ID		12.0	CHAR	30	<u>41</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE VALID ID TOTAL	100,201 2,329 102,530			1,206,86 30,03 1,236,89	5,106
MPCELIG	MPC ELIGIBILITY FLAG		1.0	NUM	<u>42</u>	<u>42</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	1 MPC ELIGIBLE 2 NOT MPC ELIGIBLE TOTAL	88,211 14,319 102,530			1,048,82 188,06 1,236,89	8,575
MPCDATA	MPC DATA FLAG		1.0	NUM	<u>43</u>	<u>43</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	1 HAS MPC DATA 2 NO MPC DATA TOTAL	33,404 69,126 102,530			404,55 832,34 1,236,89	3,302
OBDATEYR	EVENT DATE - YEAR		4.0	NUM	<u>44</u>	<u>47</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK 2000 TOTAL	61 18 102,451 102,530				

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBDATEMM	EVENT DATE - MONTH		2.0	NUM	48	<u>49</u>
	VALUE	UNWEIGHTED	2	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 - 12 MONTH TOTAL	221 6 1 102,302 102,530			3	-
OBDATEDD	EVENT DATE - DAY		2.0	NUM	<u>50</u>	<u>51</u>
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 - 31 DAY TOTAL	1,863 14,233 14 86,420 102,530			157,23	2,518 4,579
SEETLKPV	DID P VISIT PROV IN PERSON OR TELEPHONE		2.0	NUM	52	53
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 SAW PROVIDER 2 TELEPHONE CALL TOTAL	6 15 2 101,367 1,140 102,530			19 2 1,221,81	1,570
REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN		2.0	NUM	54	55
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 YES 2 NO TOTAL	1,996 45 3 19,601 80,885 102,530			68	8,455

DATE: February 24, 2003

NAME DESCRIPTION FORMAT TYPE START END DID P TALK TO MD THIS VISIT/PHONE CALL SEEDOC 2.0 NUM 56 57 VALUE UNWEIGHTED WEIGHTED BY PERWT00F -9 NOT ASCERTAINED 936 9,621,413 -8 DK 80 853,526 -7 REFUSED 13,774 2 75,451 892,129,364 1 YES 2 NO 26,061 334,279,404 TOTAL 102,530 1,236,897,482

MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT		2.0 <u>NUM</u>	<u>58</u> <u>59</u>
	VALUE	UNWEIGHTED	WEIGHTED E	Y PERWT00F
	-9 NOT ASCERTAINED	828		8,235,803
	-8 DK	326		2,019,319
	-7 REFUSED	1		3,644
	-1 INAPPLICABLE	75 , 450	8	92,115,051
	1 CHIROPRACTOR	5,631		73,100,225
	2 DENTIST/DENTAL CARE PERSON	67		828,582
	3 MIDWIFE	181		2,357,569
	4 NURSE/NURSE PRACTITIONER	5,728		67,949,303
	5 OPTOMETRIST	1,091		13,592,672
	6 PODIATRIST	253		3,254,676
	7 PHYSICIAN'S ASSISTANT	490		6,795,082
	8 PHYSICAL THERAPIST	3,851		53,410,515
	9 OCCUPATIONAL THERAPIST	91		1,096,030
	10 PSYCHOLOGIST	2,159		30,168,484
	11 SOCIAL WORKER	789		10,866,868
	12 TECHNICIAN	3,555		45,482,020
	13 RECEPTIONIST/CLERK/SECRETARY	73		990,732
	91 OTHER	1,966		24,630,908
	TOTAL	102,530		36,897,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON		2.0	NUM	<u>60</u>	61
	VALUE	UNWEIGHTED		WEIGHTI	ED BY PER	WT00F
	-9 NOT ASCERTAINED	1,974			22,91	6,061
	-8 DK	1,149			12,98	0,264
	-7 REFUSED	2			1	2,564
	-1 INAPPLICABLE	1,164			15,08	6,738
	1 5 MINUTES OR LESS	7,669			90,05	4,753
	2 6-10 MINUTES	13,791			165,40	1,409
	3 11-15 MINUTES	21,339			258,83	4,518
	4 16-25 MINUTES	19,708			238,46	6,337
	5 26-40 MINUTES	17,037			202,75	6,583
	6 41 MINUTES OR MORE	18,697			230,38	8,256
	TOTAL	102,530			1,236,89	7,482
DOCATLOC	ANY MD WORK AT LOCATION WHERE P SAW PROV		2.0	NUM	<u>62</u>	<u>63</u>
	VALUE	UNWEIGHTED	2	WEIGHTH	ED BY PER	WT00F
	-9 NOT ASCERTAINED	1,053			12,18	4,754
	-8 DK	632			7,13	0,645
	-7 REFUSED	1				3,644
	-1 INAPPLICABLE	75,452			892,15	6,275
	1 YES	13,201			163,58	6,143
	2 NO	12,191			161,83	6,021
	TOTAL	102,530			1,236,89	7,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
VSTCTGRY	BEST CATEGORY FOR CARE P RECV ON VST DT		2.0	NUM	64	65
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHTI	ED BY PEI	RWT00F
	-9 NOT ASCERTAINED	183			1,84	48,247
	-8 DK	61			75	57,247
	-7 REFUSED	1			-	L6,706
	-1 INAPPLICABLE	1,164			15,08	36 , 738
	1 GENERAL CHECKUP	18,442			216,13	37,523
	2 DIAGNOSIS OR TREATMENT	50,377			612,20	04,740
	3 EMERGENCY (E.G., ACCIDENT OR INJURY)	648			7,40	9,879
	4 PSYCHOTHERAPY/MENTAL HEALTH COUNSELING	6,048			79,23	L9,965
	5 FOLLOW-UP OR POST-OPERATIVE VISIT	9,318			111,02	27,672
	6 IMMUNIZATIONS OR SHOTS	3,239			37,74	46,623
	7 VISION EXAM	2,938			36,4	78,889
	8 MATERNITY CARE (PRE/POSTNATAL)	3,382			36,85	53,342
	9 WELL CHILD EXAM	1,235			15,3	L0,234
	91 OTHER	5,494			66,79	99,678
	TOTAL	102,530			1,236,89	97,482

VSTRELCN	THIS VST/PHONE CALL RELATED TO SPEC COND	<u>2.</u>	<u>) num 66</u>	<u>67</u>
	VALUE	UNWEIGHTED	WEIGHTED BY P	ERWTOOF
	-9 NOT ASCERTAINED	398	4,	653,867
	-8 DK	103	1,	204,604
	-7 REFUSED	2		27,729
	1 YES	84,963	1,022,	229,125
	2 NO	17,064	208,	782,156
	TOTAL	102,530	1,236,	897,482

PHYSTHTHIS VISIT DID P HAVE PHYSICAL THERAPY2.0 NUM68VALUEUNWEIGHTEDWEIGHTED BY PER-9 NOT ASCERTAINED91411,822-8 DK1081,310-7 REFUSED224-1 INAPPLICABLE2,52232,1421 YES9,218114,3442 NO11,167134,835	
-9 NOT ASCERTAINED 914 11,822 -8 DK 108 1,314 -7 REFUSED 2 2 -1 INAPPLICABLE 2,522 32,142 1 YES 9,218 114,344	<u>69</u>
-8 DK 108 1,31 -7 REFUSED 2 2 -1 INAPPLICABLE 2,522 32,14 1 YES 9,218 114,34	7T00F
-7 REFUSED 2 2 -1 INAPPLICABLE 2,522 32,14 1 YES 9,218 114,34	,255
-1 INAPPLICABLE 2,522 32,14: 1 YES 9,218 114,34	,007
1 YES 9,218 114,34	,349
	,062
2 NO 11,167 134,83	, 226
),487
95 NO TREATMENT RECEIVED 78,599 942,41	,096
TOTAL 102,530 1,236,89	,482
OCCUPTH THIS VIS DID P HAVE OCCUPATIONAL THERAPY 2.0 NUM 70	<u>71</u>
VALUE UNWEIGHTED WEIGHTED BY PER	/T00F
-9 NOT ASCERTAINED 914 11,82	255
-8 DK 108 1,31	
	,349
-1 INAPPLICABLE 2,522 32,14	-
1 YES 429 4,79	
2 NO 19,956 244,37	-
95 NO TREATMENT RECEIVED 78,599 942,41	
TOTAL 102,530 1,236,89	-
SPEECHTHTHIS VISIT DID P HAVE SPEECH THERAPY2.0NUM72	73
VALUE UNWEIGHTED WEIGHTED BY PER	1T00F
-9 NOT ASCERTAINED 914 11,82	,255
-8 DK 108 1,31	, 007
-7 REFUSED 2 2	,349
-1 INAPPLICABLE 2,522 32,14:	,062
1 YES 477 6,64:	-
2 NO 19,907 242,520	
95 NO TREATMENT RECEIVED 78,600 942,42	.,647
TOTAL 102,530 1,236,89	,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY		2.0	NUM	74	75
	VALUE	UNWEIGHTED	!	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO TREATMENT RECEIVED TOTAL	914 108 2,522 345 20,040 78,599 102,530			2 32,14	6,007 0,349 1,062 6,408 0,305 4,096
RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY		2.0	NUM	76	77
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WTOOF
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO TREATMENT RECEIVED TOTAL	914 108 2,522 528 19,857 78,599 102,530			2 32,14	6,007 0,349 1,062 0,771 5,942 4,096
KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS		2.0	NUM	<u>78</u>	<u>79</u>
	VALUE	UNWEIGHTED	<u>.</u>	WEIGHT	ED BY PER	WTOOF
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO TREATMENT RECEIVED TOTAL	914 108 2,522 1,171 19,214 78,599 102,530				6,007 0,349 1,062 6,791 9,922 4,096

NAME	DESCRIPTION		FORMAT	TYPE	START	END
IVTHER	THIS VISIT DID P HAVE IV THERAPY		2.0	NUM	80	81
	VALUE	UNWEIGHTED	2	WEIGHI	ED BY PE	RWT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO TREATMENT RECEIVED TOTAL	914 108 2,522 91 20,294 78,599 102,530			1,3 32,1 1,2 247,9	29,255 16,007 20,349 41,062 71,874 04,839 14,096 97,482
DRUGTRT	THIS VIS DID P HAVE TRT FOR DRUG/ALCOHOL		2.0	NUM	<u>82</u>	<u>83</u>
	VALUE	UNWEIGHTED	2	WEIGHI	ED BY PE	RWT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO TREATMENT RECEIVED TOTAL	914 108 2,522 699 19,686 78,599 102,530			1,3 32,1 6,5 242,6	29,255 16,007 20,349 41,062 72,936 03,777 14,096 97,482
RCVSHOT	THIS VISIT DID P RECEIVE AN ALLERGY SHOT		2.0	NUM	<u>84</u>	85
	VALUE	UNWEIGHTED		WEIGHI	ED BY PE	RWT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO TREATMENT RECEIVED TOTAL	914 108 2,522 1,550 18,835 78,599 102,530			1,3 32,1 17,9 231,2	29,255 16,007 20,349 41,062 50,505 26,208 14,096 97,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING		2.0	NUM	86	87
	VALUE	UNWEIGHTED	2	WEIGHTH	ED BY PER	WTOOF
	-9 NOT ASCERTAINED -8 DK	914 108			11,82 1,31	9,255 6,007
	-7 REFUSED	2			2	0,349
	-1 INAPPLICABLE 1 YES	2,522 6,388			32,14 82,83	-
	2 NO	14,001			166,37	
	95 NO TREATMENT RECEIVED	78,595			942,37	
	TOTAL	102,530			1,236,89	7,482
LABTEST	THIS VISIT DID P HAVE LAB TESTS		2.0	NUM	88	<u>89</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT00F
	-9 NOT ASCERTAINED	1,318			15,68	9,137
	-8 DK	345			3,74	6,211
	-7 REFUSED	2				0,349
	-1 INAPPLICABLE	1,164			15,08	
	1 YES	21,132			242,60	•
	2 NO	14,922			180,16	•
	95 NO SERVICES RECEIVED	63,647			779,58	-
	TOTAL	102,530			1,236,89	7,482
SONOGRAM	THIS VISIT DID P HAVE SONOGRAM OR ULTRSD		2.0	NUM	<u>90</u>	91
	VALUE	UNWEIGHTED		WEIGHTE	ED BY PER	WTOOF
	-9 NOT ASCERTAINED	1,318			15,68	9,137
	-8 DK	345			3,74	6,211
	-7 REFUSED	2			2	0,349
	-1 INAPPLICABLE	1,164			15,08	6,738
	1 YES	2,001			22,69	5,381
	2 NO	34,053			400,07	6,455
	95 NO SERVICES RECEIVED	63,647			779 , 58	3,210
	TOTAL	102,530			1,236,89	7,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
XRAYS	THIS VISIT DID P HAVE X-RAYS		2.0	NUM	92	93
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO SERVICES RECEIVED TOTAL	1,318 345 2 1,164 5,293 30,761 63,647 102,530			-	6,211 0,349 6,738 3,477 8,359 3,210
MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM		2.0	NUM	<u>94</u>	<u>95</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO SERVICES RECEIVED TOTAL	1,318 345 2 1,164 1,017 35,037 63,647 102,530				6,211 0,349 6,738 0,377 1,459 3,210
MRI	THIS VISIT DID P HAVE AN MRI/CATSCAN		2.0	NUM	96	97
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO SERVICES RECEIVED TOTAL	1,318 345 2 1,164 817 35,237 63,647 102,530			2 15,08	6,211 0,349 6,738 9,957 1,879 3,210

NAME	DESCRIPTION		FORMAT	TYPE	START	END
EKG	THIS VISIT DID P HAVE AN EKG OR ECG		2.0	NUM	98	99
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHTI	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO SERVICES RECEIVED TOTAL	1,318 345 2 1,164 1,922 34,134 63,645 102,530			-	6,211 0,349 6,738 6,874 5,795 2,377
EEG	THIS VISIT DID P HAVE AN EEG		2.0	NUM	100	<u>101</u>
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHTH	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO SERVICES RECEIVED TOTAL	1,318 345 2 1,164 96 35,958 63,647 102,530			2 15,08	6,211 0,349 6,738 2,435 9,401 3,210
RCVVAC	THIS VISIT DID P RECEIVE A VACCINATION		2.0	NUM	102	103
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHTH	ED BY PER	WTOOF
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO 95 NO SERVICES RECEIVED TOTAL	1,318 345 2 1,164 2,200 33,859 63,642 102,530			-	6,211 0,349 6,738 9,598 2,238 3,210

NAME	DESCRIPTION		FORMAT	TYPE	START	END
ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA		2.0	NUM	104	<u>105</u>
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE	1,318 345 2 1,164			3,74	9,137 6,211 0,349 6,738
	1 YES	333				8,264
	2 NO	35,720			418,31	
	95 NO SERVICES RECEIVED	63,648			779,59	-
	TOTAL	102,530			1,236,89	
		,			_,,,	.,
OTHSVCE	THIS VISIT DID P HAVE OTH DIAG TEST/EXAM		2.0	NUM	106	<u>107</u>
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED	1,318			15,68	9,137
	-8 DK	345			-	6,211
	-7 REFUSED	2			. 2	0,349
	-1 INAPPLICABLE	1,164			15,08	6,738
	1 YES	9,461			112,34	9,023
	2 NO	26,593			310,42	2,813
	95 NO SERVICES RECEIVED	63,647			779,58	3,210
	TOTAL	102,530			1,236,89	7,482
SURGPROC	WAS SURG PROC PERFORMED ON P THIS VISIT		2.0	NUM	<u>108</u>	<u>109</u>
	VALUE	UNWEIGHTED	<u>)</u>	WEIGHT	ED BY PER	WTOOF
	-9 NOT ASCERTAINED	591			6,22	3,074
	-8 DK	18				7,790
	-7 REFUSED	2				0,349
	-1 INAPPLICABLE	1,164			15,08	6,738
	1 YES	2,308			29,10	3,841
	2 NO	98,447			1,186,30	5,690
	TOTAL	102,530			1,236,89	7,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES		2.0	NUM	<u>110</u>	<u>111</u>
	VALUE	UNWEIGHTED	2	WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED	1				0,784
	-8 DK	1				1,433
	-1 INAPPLICABLE	100,222			1,207,79	
	1 ARTHROSCOPIC SURGERY	39			49	0,625
	2 CLEANING/TREATM WOUND, INFECTION	159			1,82	4,004
	3 REMOVAL OF DISEASED TISSUE (EXCISION)	776			10,18	5,172
	4 STITCHES (WOUND SUTURE)	118			1,50	2,169
	5 EAR TUBES (TYMPANOSTOMY TUBES)	14			17	0,593
	91 OTHER SURGICAL PROCEDURE	1,200			14,90	9,061
	TOTAL	102,530			1,236,89	7,482
MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT		2.0	NUM	<u>112</u>	<u>113</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED	1,927			23,97	6,478
	-8 DK	479			5,37	5,695
	-7 REFUSED	7			4	5,191
	1 YES	28,826			330,22	6,252
	2 NO	71,291			877,27	3,865
	TOTAL	102,530			1,236,89	7,482
VAPLACE	VA FACILITY FLAG		1.0	NUM	<u>114</u>	<u>114</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	0 NO	101,426			1,222,72	8,164
	1 YES	1,104			14,16	9,318
	TOTAL	102,530			1,236,89	7,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBICD1X	3-DIGIT ICD-9 CONDITION CODE		3.0	CHAR	<u>115</u>	<u>117</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT00F
	-1 INAPPLICABLE	17,824			218,38	
	-8 DK	1,965			24,63	4,770
	001 - 139	2,807			35,13	9,263
	140 - 239	3,645			44,70	2,243
	240 - 279	5,237			56,92	7,730
	280 - 289	528			6,00	7,031
	290 - 319	7,430			94,58	4,429
	320 - 389	6,753			82,92	8,579
	390 - 459	6,638			78,66	9,468
	460 - 519	8,721			103,13	1,975
	520 - 579	2,093			24,72	0,782
	580 - 629	3,640			41,11	9,311
	630 - 677	251			3,25	7,608
	680 - 709	2,630			32,75	1,759
	710 - 739	12,701			156,43	
	740 - 759	326			3,81	8,631
	760 - 779	27			30	8,334
	780 - 799	4,426			52,31	1,238
	800 - 999	7,700			98,57	-
	V00 - V99	7,188			-	0,604
	TOTAL	102,530			1,236,89	

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBICD2X	3-DIGIT ICD-9 CONDITION CODE		<u>3.0</u>	CHAR	<u>118</u>	<u>120</u>
	VALUE	UNWEIGHTED		WEIGHTH	ED BY PER	WT00F
	-1 INAPPLICABLE	88,701			1,074,75	3,825
	-8 DK	303			3,71	6,789
	001 - 139	246			2,87	5,310
	140 - 239	198			2,31	.6,489
	240 - 279	1,448			16,64	1,847
	280 - 289	124			1,23	36,042
	290 - 319	1,419			19,01	6,657
	320 - 389	775			9,62	22,632
	390 - 459	2,155			22,72	21,249
	460 - 519	1,150			12,58	31,904
	520 - 579	406			4,82	20,177
	580 - 629	319			3,82	25,609
	630 - 677	2			1	.0,142
	680 - 709	258			4,08	30,562
	710 - 739	2,364			27,51	9,979
	740 - 759	30			46	57,564
	780 - 799	1,006			11,71	3,199
	800 - 999	1,007			12,90	9,086
	V00 - V99	619				8,420
	TOTAL	102,530			1,236,89	-

NAME	DESCRIPTION	FC	ORMAT	TYPE	START	END
OBICD3X	3-DIGIT ICD-9 CONDITION CODE		3.0	CHAR	<u>121</u>	<u>123</u>
	VALUE	UNWEIGHTED		WEIGHTH	D BY PER	WT00F
	-1 INAPPLICABLE -8 DK 001 - 139 140 - 239 240 - 279 280 - 289 290 - 319 320 - 389 390 - 459 460 - 519 520 - 579	97,530 91 52 71 667 59 534 167 763 366 166			64 67 7,73 91 7,21 2,11 8,38 3,62 1,72	6,480 9,656 6,260 7,841 3,068 7,927 8,793 3,701 0,194 27,773
	580 - 629 630 - 677 680 - 709 710 - 739 740 - 759 780 - 799 800 - 999 V00 - V99 TOTAL	128 3 60 825 18 571 254 205 102,530			1 82 10,12 17 6,66 2,58	9,557 1,054 8,691 0,017 3,299 53,916 1,087 9,721 97,482

NAME	DESCRIPTION	F	ORMAT	TYPE	START	END
OBICD4X	3-DIGIT ICD-9 CONDITION CODE		3.0	CHAR	124	126
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT00F
	-1 INAPPLICABLE	100,136			1,210,28	8,029
	-8 DK	22			23	1,855
	001 - 139	14			10	2,545
	140 - 239	40			31	3,243
	240 - 279	392			4,44	5,810
	280 - 289	39			33	4,819
	290 - 319	183			2,94	3,762
	320 - 389	99			93	3,056
	390 - 459	288			3,07	1,002
	460 - 519	199			2,15	0,084
	520 - 579	123			1,07	9,121
	580 - 629	55			59	0,066
	680 - 709	34				1,147
	710 - 739	381				6,774
	780 - 799	228				9,886
	800 - 999	130				0,010
	V00 - V99	167				6,272
	TOTAL	102,530			1,236,89	

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBPRO1X	2-DIGIT ICD-9 PROCEDURE CODE		2.0	CHAR	<u>127</u>	128
	VALUE	UNWEIGHTED		WEIGHT	ED BY PEF	WT00F
	-1 INAPPLICABLE 01 - 05 06 - 07 08 - 16 18 - 20 21 - 29 30 - 34 35 - 39 40 - 41 42 - 54 55 - 59 60 - 64 65 - 71 72 - 75	99,038 97 18 258 61 75 23 527 15 223 75 223 75 57 177 2			19 3,02 87 92 32 4,87 2,90 1,04 97 2,07	L1,225 72,906 90,116 21,386 78,927 28,734 22,632 78,331 54,393 09,550 13,670 13,629 70,208 L9,106
	76 - 84 85 - 86	677 421				50,281 L0,895
	87 - 99 TOTAL	785 102,530				52,092
OBCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE		3.0	CHAR	<u>129</u>	<u>131</u>
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE -8 DK 001 - 260 TOTAL	17,824 1,965 82,741 102,530			218,38 24,63 993,87 1,236,89	34,770 76,755
OBCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE		3.0	CHAR	132	134
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE -8 DK 001 - 260 TOTAL	88,701 303 13,526 102,530			1,074,75 3,71 158,42 1,236,89	L6,789 26,868

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE		3.0	CHAR	135	137
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE -8 DK 001 - 260 TOTAL	97,530 91 4,909 102,530				56,480 72,554
OBCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE		3.0	CHAR	<u>138</u>	140
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE -8 DK 001 - 260 TOTAL	100,136 22 2,372 102,530				81,855 77,598
FFOBTYPE	FLAT FEE BUNDLE		2.0	NUM	<u>141</u>	142
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE 1 FLAT FEE STEM 2 FLAT FEE LEAF TOTAL	100,201 633 1,696 102,530				95,407 39,700
FFBEF00	TOTAL # OF VISITS IN FF BEFORE 2000		2.0	NUM	143	144
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-9 NOT ASCERTAINED -1 INAPPLICABLE 0 1 - 31 TOTAL	1,499 100,201 711 119 102,530			1,206,86 9,75	58,887 96,355

NAME	DESCRIPTION		FORMAT	TYPE	START	END
FFTOT01	TOTAL # OF VISITS IN FF AFTER 2000		2.0	NUM	145	146
	VALUE	UNWEIGHTED		WEIGHTI	ED BY PER	WT00F
	-9 NOT ASCERTAINED	1,491			18,58	-
	-8 DK	2				5,170
	-1 INAPPLICABLE	100,201			1,206,86	-
	0	783			10,96	•
	1 - 10	53				6,563
	TOTAL	102,530			1,236,89	7,482
OBSF00X	AMOUNT PAID, FAMILY (IMPUTED)		7.2	NUM	147	<u>153</u>
	VALUE	UNWEIGHTED		WEIGHTH	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	47,643			550,49	
	\$0.02 - \$8,900.00	53,747			671,60	6,816
	TOTAL	102,530			1,236,89	7,482
OBMR00X	AMOUNT PAID, MEDICARE (IMPUTED)		7.2	NUM	154	160
	VALUE	UNWEIGHTED		WEIGHTI	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	81,270			978,07	4,955
	\$0.16 - \$30.00	5,032			60,75	2,731
	\$30.01 - \$44.00	5,084			61,00	6,604
	\$44.01 - \$75.02	4,979			60,55	5,589
	\$75.03 - \$4,686.97	5,025			61,71	6,033
	TOTAL	102,530			1,236,89	7,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBMD00X	AMOUNT PAID, MEDICAID (IMPUTED)		7.2	NUM	161	167
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE 0 \$0.03 - \$22.00 \$22.01 - \$39.55 \$39.56 - \$64.92 \$64.93 - \$3,182.32 TOTAL	1,140 89,914 2,870 2,868 2,870 2,868 102,530			1,114,25 25,14 28,23 25,89	6,137 0,418 6,998 4,410
OBPV00X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)	102,550	8.2	NITIM		175
OBPVUUX	VALUE	UNWEIGHTED		<u>NUM</u> WEIGHT	<u>168</u> ED BY PER	
	-1 INAPPLICABLE 0 \$0.01 - \$25.00 \$25.01 - \$45.00 \$45.01 - \$81.88 \$81.89 - \$13,606.00 TOTAL	1,140 49,192 13,105 13,252 12,794 13,047 102,530			14,79 551,67 163,71 168,25 170,89 167,57 1,236,89	1,542 0,237 4,203 1,400
OBVA00X	AMOUNT PAID, VETERANS (IMPUTED)		7.2	NUM	<u>176</u>	182
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE 0 \$0.01 - \$28.00 \$28.01 - \$67.04 \$67.06 - \$180.00 \$180.01 - \$6,939.00 TOTAL	1,140 99,806 398 394 398 394 102,530			1,201,76 4,99 5,21 4,64	6,357 7,594 1,086 1,177

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBTROOX	AMOUNT PAID, TRICARE (IMPUTED)		7.2	NUM	183	189
	VALUE	UNWEIGHTEI	<u>)</u>	WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE 0	1,140 100,957			14,79 1,217,07	-
	\$1.00 - \$19.06	100,957				5,765
	\$19.07 - \$41.04	109			-	2,878
	\$41.05 - \$81.00	103				2,878 7,944
	\$81.01 - \$3,858.02	108				7,771
	TOTAL	102,530			1,236,89	
	TOTAL	102,550			1,230,09	7,402
OBOF00X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)		7.2	NUM	<u>190</u>	<u>196</u>
	VALUE	UNWEIGHTEI	<u>0</u>	WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	100,882			1,216,48	
	\$1.45 - \$21.50	128			1,39	7,666
	\$21.51 - \$50.00	130			1,41	1,869
	\$50.01 - \$126.20	123			1,31	9,832
	\$126.21 - \$3,036.36	127			1,49	1,757
	TOTAL	102,530			1,236,89	7,482
OBSL00X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)		7.2	NUM	197	203
<u></u>			<u> </u>			
	VALUE	UNWEIGHTEI	<u>)</u>	WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	100,911			1,217,10	-
	\$1.50 - \$27.50	120				7,706
	\$27.51 - \$55.00	135				2,747
	\$55.01 - \$90.18	106			-	2,415
	\$90.19 - \$6,939.00	118				5,918
	TOTAL	102,530			1,236,89	7,482

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBWC00X	AMOUNT PAID, WORKERS COMP (IMPUTED)		7.2	NUM	204	210
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WTOOF
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	98,823			1,192,66	8,621
	\$2.43 - \$46.46	642			7,18	4,093
	\$46.47 - \$72.25	643			7,52	4,570
	\$72.26 - \$112.95	641			7,34	4,756
	\$112.96 - \$3,469.50	641			7,38	3,872
	TOTAL	102,530			1,236,89	7,482
OBOR00X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)		7.2	NUM	211	217
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1.570
	0	98,510			1,187,93	-
	\$0.03 - \$10.40	721				7,104
	\$10.41 - \$30.44	719				0,216
	\$30.45 - \$67.00	722				0,246
	\$67.01 - \$6,292.89	718				1,348
	TOTAL	102,530			1,236,89	-
OBOU00X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)		7.2	NUM	218	224
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	100,879			1,218,16	-
	\$2.26 - \$22.03	130				5,554
	\$22.04 - \$44.85	127				6,321
	\$44.86 - \$81.42	127				8,198
	\$81.43 - \$4,104.75	127				3,623
	TOTAL	102,530			1,236,89	
		• • • • •				

NAME	DESCRIPTION		FORMAT	TYPE	START	END
OBOT00X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)		8.2	NUM	225	232
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WTOOF
	-1 INAPPLICABLE	1,140			14,79	
	0	99,820			1,202,91	
	\$0.17 - \$25.88	393				1,540
	\$25.89 - \$50.00	395			-	6,833
	\$50.01 - \$84.46	390				5,999
	\$84.47 - \$34,000.00	392			•	2,564
	TOTAL	102,530			1,236,89	7,482
OBXP00X	SUM OF OBSF00X - OBOT00X (IMPUTED)		8.2	NUM	<u>233</u>	240
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	6,684			76,48	
	\$0.01 - \$37.63	23,682			269,22	
	\$37.64 - \$55.95	23,674			286,19	
	\$55.96 - \$95.00	23,737			295,29	-
	\$95.01 - \$34,000.00	23,613			294,90	-
	TOTAL	102,530			1,236,89	-
		0,000			_,,,	,,
OBTC00X	HHLD REPORTED TOTAL CHARGE (IMPUTED)		8.2	NUM	241	248
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	-1 INAPPLICABLE	1,140			14,79	1,570
	0	1,718			22,32	-
	\$2.00 - \$50.00	25,268			290,57	-
	\$50.01 - \$78.00	24,863			297,52	-
	\$78.01 - \$140.00	25,008			311,42	-
	\$140.01 - \$34,000.00	24,533			300,25	-
	TOTAL	102,530			1,236,89	-

NAME	DESCRIPTION		FORMAT	TYPE	START	END
IMPFLAG	IMPUTATION STATUS		1.0	NUM	249	249
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	0 NOT ELIGIBLE FOR IMPUTATION 1 COMPLETE HC DATA 2 COMPLETE MPC DATA 3 FULLY IMPUTED 4 PARTIALLY IMPUTED 5 CAPITATION IMPUTATION TOTAL	2,858 17,861 24,937 32,420 20,104 4,350 102,530			37,12 222,93 301,95 369,45 252,98 52,44 1,236,89	3,753 6,637 5,266 8,461
PERWT00F	FINAL PERSON LEVEL WEIGHT, 2000		12.6	NUM	250	261
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	0.000000 WEIGHT 519.418829 - 78156.974784 WEIGHT TOTAL	2,591 99,939 102,530			1,236,89 1,236,89	
VARSTR00	VARIANCE ESTIMATION STRATUM, 2000		2.0	NUM	262	263
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	1 - 56 TOTAL	102,530 102,530			1,236,89 1,236,89	-
VARPSU00	VARIANCE ESTIMATION PSU, 2000		2.0	NUM	264	265
	VALUE	UNWEIGHTED		WEIGHT	ED BY PER	WT00F
	1 - 30 TOTAL	102,530 102,530			1,236,89 1,236,89	