MEPS HC-010E:
1996 Emergency Room Visits

Agency for Healthcare Research and Quality
Center for Cost and Financing Studies

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A. Data Use Agreement

Individual identifiers have been removed from the microdata contained in the files on this CD-ROM. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis.

2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director, Office of Management, AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity.

3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using these data you signify your agreement to comply with the above-stated statutorily based requirements, with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to $10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides a new and extensive data set on the use of health services and health care in the United States.

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977. The National Medical Expenditure Survey (NMES-2) was conducted in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS HC is drawn, and continuous longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

1.0   Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services,

charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

2.0   Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians who:

- were identified by the household respondent as providing care for HC respondents receiving Medicaid.

- were selected through a 75-percent sample of HC households receiving care through an HMO (health maintenance organization) or managed care plan.

- were selected through a 25-percent sample of the remaining HC households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9-CM (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).

- Physician procedure codes classified by CPT-4 (Common Procedure Terminology, Version 4).

- Inpatient stay codes classified by DRGs (diagnosis-related groups).

- Prescriptions coded by national drug code (NDC), medication name, strength, and quantity dispensed.

- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials. In some instances, providers sent medical and billing records which were abstracted into the survey instruments.

3.0   Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.

- A Bureau of the Census list frame of private-sector business establishments.

- The Census of Governments from Bureau of the Census.

- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone 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 approximately 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

5.0   Survey Management

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

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files. Printed documents and CD-ROMs are available through the AHRQ Publications Clearinghouse. Write or call:

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

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

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

C. Technical and Programming Information

1.0   General Information

This documentation describes one in a series of public use event files from the 1996 Medical Expenditure Panel Survey Household (HC) and Medical Provider Components(MPC) . Released as an ASCII data file and SAS transport file, this public use file provides detailed information on emergency room visits for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of emergency room utilization and expenditures for calendar year 1996. Each record represents one household-reported emergency room visit reported during rounds 1, 2, and 3. Emergency room events reported in Round 3 and known to have begun after December 31, 1996 are not included on this file. In addition to expenditures related to this event, each record contains household reported medical conditions and procedures associated with the emergency room visit.

Data from this event file can be merged with other MEPS HC data files, for the purpose of appending person characteristics such as demographic or health insurance coverage to each emergency room visit record.

Counts of emergency room visits 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 emergency room visits. Aggregate annual person-level information on the use of emergency rooms and other health services use in 1996 is provided on public use file HC-011 where each record represents a MEPS sampled person.

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

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

For more information on MEPS HC survey design see S. Cohen, 1997; J. Cohen, 1997; and S. Cohen, 1996. For information on the MEPS MPC design, see S. Cohen, 1998. A copy of the survey

instrument 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 release consists of two event-level data files. File 1 contains characteristics associated with the emergency room visit and imputed expenditure data. File 2 contains un-imputed expenditure data from both the Household and Medical Provider Components for all emergency room visits on File 1. Please see Attachment 1 for definitions of imputed, un-imputed and pre-imputed expenditure variables.

Both files1 and 2 of this public use data set contains variables and frequency distributions for a total of 3,899 emergency room visits reported during rounds 1, 2, and 3 of the MEPS Household Component. File 1 includes emergency room visit records for all household survey respondents who resided in eligible responding households and reported at least one emergency room visit. Records where the emergency room visit was known to have begun after December 31, 1996 are not included on this file. Of these records, 3,899 were associated with persons having positive person-level weights (WTDPER96). The persons represented on this file had to meet either (a) or (b):

(a) Be classified as a key, in-scope person who responded for his or her entire period of 1996 eligibility (i.e., persons with a positive 1996 full-year person-level sampling weight (WTDPER96>0)), or

(b) Be classified as either an eligible, non-key person or an eligible out-of-scope person who responded for his or her entire period of 1996 eligibility, and belonged to a family (i.e., all persons with the same value for a particular FAMID variable) in which all eligible family members responded for their entire period of 1996 eligibility, and at least one family member has a positive 1996 full-year person weight (i.e., eligible non-key or eligible out-of-scope persons who are members of a family all of whose members have a positive 1996 full-year MEPS family-level weight (WTFAM96>0)).

Please refer to Attachment 1 for definitions of key, non-key, inscope and eligible. Persons with no emergency room visits for 1996 are not included on this file (but are represented on MEPS person-level files). A codebook for the data file is provided. For each variable on the file, both weighted and unweighted frequencies are provided in the codebook.

Each emergency room visit record on this file includes the following: date of the visit; whether or not person saw doctor; type of care received; type of services (i.e. lab test, sonogram or ultrasound, x-rays etc.) received, medicines prescribed during the visit; flat fee information, imputed sources of payment, total payment and total charge; and a full-year person-level weight.

File 2 of this public use data set is intended for analysts who want to perform their own imputations to handle missing data. This file contains one set of un-imputed expenditure information from the Medical Provider Component as well as one set of pre-imputed expenditure information from the Household Component. Both sets of expenditure data have been subject to minimal logical editing that accounted for outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out-of-pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. However, missing data was not imputed.

Data from these files can be merged with previously released 1996 MEPS HC person level data using the unique person identifier, DUPERSID, to append person characteristics such as demographic or health insurance characteristics to each record. Emergency room events can also be linked to the MEPS 1996 Medical Conditions File (HC-006) and the MEPS 1996 Prescribed Medicines File (HC-10A). The Appendix File contains details on how to link MEPS data files.

2.1   Codebook Structure

For each variable on these files, both weighted and unweighted frequencies are provided. The codebook and data file sequence list variables in the following order:

File 1
Unique person identifiers
Unique emergency room event identifiers
Other survey administration variables
Emergency room characteristic variables
ICD-9 condition and procedure codes
Clinical Classification Software codes
Imputed expenditure variables
Weight and variance estimation variables

File 2
Unique person identifiers
Unique emergency room event identifiers
Pre-imputed and 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.
-2 DETERMINED IN A PREVIOUS ROUND
-3 NO DATA IN ROUND
-5 NEVER WILL KNOW

-6 INAPPLICABLE   Not asked due to person being under age 5
-7 REFUSED   Question was asked and respondent refused to answer
                         question.
-8 DK   Question was asked and respondent did not know answer.
-9 NOT ASCERTAINED   Interviewer did not record the data.
-10 HOURLY WAGE VALUE SUPPRESSED
-11   Not a priority or injury condition; data not collected.
-12   Condition-level information not applicable in round.
-13 VALUE SUPPRESSED   Data suppressed due to confidentiality or legal restrictions .

Generally, 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:

IDENTIFIER	DESCRIPTION
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum of 40 characters)
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

2.4   Variable Naming

In general, variable names reflect the content of the variable, with an 8 character limitation.
For questions asked in a specific round, the end digit in the variable name reflects the round in which the question was asked. All imputed/edited variables end with an "X".

2.4.1 General

Variables contained on Files 1 and 2 were derived either from the HC questionnaire itself, the MPC data collection instrument or from the CAPI. The source of each variable is identified in Section E, entitled "Variable to Source Crosswalk". Sources for each variable are indicated in one of four ways: (1) variables which are derived from CAPI or assigned in sampling are so indicated; (2) variables which come from one or more specific questions have those question numbers and the questionnaire section indicated in the "Source" column; (3) variables constructed from multiple questions using complex algorithms are labeled "Constructed" in the "Source" column; and (4) variables which have been imputed are so indicated.

2.4.2 Expenditure and Sources of Payment Variables

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

The pre-imputed/unimputed expenditure variables on File 2 end with an "H", if the data source was from the MEPS Household Component and end with a "M" if 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 (D).

In the case of the sources 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 (96) and the last character of all imputed/edited variables is an " X".

For example ERFSF96X is the edited/imputed amount paid by self or family for the facility portion of the expenditure associated with an emergency room visit.

2.5   File 1 Contents

2.5.1   Survey Administration 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 public use file HC-011.

2.5.1.2 Record Identifiers (EVNTIDX, FFID11X, EVENTRN)

EVNTIDX uniquely identifies each emergency room visit (i.e. each record on the file) and is the variable required to link events to data files containing details on conditions and/or prescribed medicines (HC-006 and H-010A, respectively). For details on linking see Section XXX.

FFID11X uniquely identifies a flat fee group, that is, all events that were part of a flat fee payment situation. For example, if a patient receives stitches in an emergency room and comes back to have the stitches removed ten days later during an outpatient visit, both visits are covered under one flat fee dollar amount. These two events (the emergency room visit and the subsequent outpatient visit) have the same value for FFID11X. Please note that FFID11X should be used to link up all MEPS event files (excluding prescribed medicines) in order to determine the full set of events that are part of a flat fee group.

EVENTRN indicates the round in which the emergency room event was first reported.

2.5.2   Characteristics of Emergency Room Visits

File 1 contains 21 variables describing emergency room events reported by respondents in the Emergency Room section of the MEPS questionnaire. The questionnaire contains specific probes for

determining the specific details about the emergency room event. Unless noted otherwise, the following variables are provided as unedited

2.5.3 Visit Details (ERBEGYR-VSTRELCN)

When a person reported having had a visit to the emergency room, the date of the emergency room visit was reported (ERBEGYR, ERBEGMM, ERBEGDD). The questionnaire determines whether or not the person saw a medical doctor (SEEDOC). The type of care the person received (VSTCTGRY) and whether or not the visit was related to a specific condition (VSTRELCN) were also determined.

2.5.4 Services, Procedures, and Prescription Medicines (LABTEST-DOCOUTF)

Services received during the visit included whether or not the person received lab tests (LABTEST), a sonogram or ultrasound (SONOGRAM), x-rays (XRAYS), a mammogram (MAMMOG), an MRI or CAT scan (MRI), an electrocardiogram (EKG), an electroencephalogram (EEG), a vaccination (RCVVAC), anesthesia (ANESTH), or other diagnostic tests or exams (OTHSVCE). Whether or not a surgical procedure was performed during the visit was asked (SURGPROC) and, if so, the procedure name (SURGNAME). The questionnaire determined if a medicine was prescribed for the person during the emergency room visit (MEDPRESC). See Section 5.0 for information on linking to the prescription medicine events file. Finally, it was reported if the person saw any of the same doctors or surgeons at their place of practice outside of the emergency room (DOCOUTF).

2.5.5 Hospital admission followed by ER Visits (ERHEVIDX)

The variable ERHEVIDX is a constructed variable which identifies emergency room visits whose expenditures are included in the expenditures for the associated hospital inpatient stay. This variable was constructed by comparing date information for the reported hospital stay and all emergency room visits for the same person.

2.5.6 VA facility

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

2.5.7 MPC Data Indicator (MPCDATA)

While all emergency room events are sampled into the Medical Provider Component, not all emergency room event records have MPC data associated with them. This is dependent upon the cooperation of the household respondent to provide permission forms to contact the emergency room facility as well as the cooperation of the emergency room facility to participate in the survey. MPCDATA indicates whether or not MPC data were collected for the emergency room visit.

2.5.8 Condition and Procedure Codes (ERICD1X-ERICD3X, ERPRO1X) and Clinical Classification Codes (ERCCC1X-ERCCC3X)

Information on household reported medical conditions associated with each emergency room visit are provided on this file. There are up to three condition codes (ERICD1X-ERICD3X) and one procedure code (ERPRO1X) listed for each emergency room visit (99.6% of emergency room visits have 0-3 condition records linked). In order to obtain complete condition information associated with an event, the analyst must link to the HC-006: Medical Conditions File. Details on how to link to the MEPS Medical Conditions File (HC-006) are provided in the Appendix File. The user should note that due to confidentiality restrictions, provider reported condition information 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 1996 ICD-9-CM codes, including medical condition and V codes (see Health Care Financing Administration, 1980), by professional coders. Although codes were verified and error rates did not exceed 2.5 percent for any coder, analysts should not presume this level of precision in the data; the ability of household respondents to report condition data that can be coded accurately should not be assumed (see Cox and Cohen, 1985; Cox and Iachan, 1987; Edwards, et al, 1994; and Johnson and Sanchez, 1993).   For detailed information on conditions, please refer to the documentation on the HC-006 1996 Medical Conditions File. For frequencies of conditions by event type, please see the Appendix File.

The ICD-9-CM codes were aggregated into clinically meaningful categories. These categories, included on the file as ERCCC1X-ERCCC3X, were generated using Clinical Classification Software (formerly known as Clinical Classifications for Health Care Policy Research (CCHPR)), (Elixhauser, et al., 1998), which aggregates conditions and V-codes into 260 mutually exclusive categories, most of which are clinically homogeneous.

In order to preserve respondent confidentiality, nearly all of the condition codes provided on this file have been collapsed from fully-specified codes to 3-digit code categories. The reported ICD-9-CM code values were mapped to the appropriate clinical classification category prior to being collapsed to the 3-digit categories.

The condition codes (and clinical classification codes) and procedure codes linked to each emergency room visit are sequenced in the order in which the conditions were reported by the household respondent, which was in chronological order of occurrence and not in order of importance or severity. Analysts who use the HC-006 Medical Conditions file in conjunction with this emergency room visit file should note that the order of conditions on this file is not identical to that on the Medical Conditions file.

2.5.9 Record Count Variable (NUMCOND)

The variable NUMCOND indicates the total number of condition records which can be linked from HC-006: Medical Conditions File to each emergency room visit. 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, clinical classification code and procedure code variables were 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 Condition File (HC-006). Please see Section 5.0 for details on linking MEPS data files.

2.5.10 Flat Fee Variables

Definition of Flat Fee Payments

A flat fee is the fixed dollar amount a person is charged for a package of health care services. Examples would be: obstetrician's fee covering a normal delivery, as well as pre- and post-natal care; 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 1996 MEPS event files) includes flat fee groups where at least one of the health care events, as reported by the HC respondent, occurred during 1996. By definition a flat fee group can span multiple years and/or event types (e.g., hospital stay, physician office visit), and a single person can have multiple flat fee groups.

Flat Fee Variable Descriptions

There are several variables on this file that describe a flat fee payment situation and the number of medical events that are part of a flat fee group. As noted previously, for a person, the variable FFID11X can be used to identify all events that are part of the same flat fee group. To identify such events, FFID11X should be used to link events from all MEPS event files (excluding prescribed

medicines): HC-010B through HC-010H.   For the emergency room visits that are not part of a flat fee payment situation, the flat fee variables described below are all set to inapplicable (-1).

Flat Fee Type (FFERTYPX)

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

Total Number of 1996 Events in Group (FFTOT96)

If an emergency room visit is part of a flat fee group, the variable FFTOT96 counts the total number of all known events (that occurred during 1996) covered under a single flat fee payment situation. This count includes the emergency room visit record.

Caveats of Flat Fee Groups

There are 31 emergency room visits that are identified as being part of a flat fee payment group. In order to correctly identify all events that are part of a flat fee group, the user should link all MEPS event files (excluding the prescribed medicines file) using the variable FFID11X.

In general, every flat fee group should have an initial visit (stem) and at least one subsequent visit (leaf). There are some situations where this is not true. For some flat fee groups, the initial visit reported occurred in 1996 but the remaining visits that were part of this flat fee group occurred in 1997. In this case, the 1996 flat fee group represented on this file would consist of one event (the stem). The 1997 events that are part of this flat fee group are not represented on the file. Similarly, the household respondent may have reported a flat fee group where the initial visit began in 1995 but subsequent visits occurred during 1996. In this case, the initial visit would not be represented on the file. This 1996 flat fee group would then only consist of one or more leaf records and no stem. Another reason for which a flat fee group would not have a stem and a leaf record is that the stems or leaves could have been reported as different event types. In a small number of cases, there are flat fee groups that span various event types. The stem may have been reported as one event type and the leaves may have been reported as another event type. In order to determine this, the analyst must link all event files (excluding the prescribed medicines file) using the variable FFID11X to create the flat fee group.

2.5.11   Expenditure Data

2.5.11.1 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 emergency room visit, including out-of-pocket payments and payments made by private insurance, Medicaid, Medicare and other sources. The definition of expenditures used in MEPS differs slightly from its predecessors: the 1987 NMES and 1977 NMCES surveys where "charges" rather than sum of payments were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990's due to the increasingly common practice of discounting. Although measuring expenditures as the sum of payments incorporates discounts in the MEPS expenditure estimates, the estimates do not incorporate any payment not directly tied to specific medical care visits, such as bonuses or retrospective payment adjustments by third party payers. Another general change from the two prior surveys is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures because there are no payments associated with those classifications. For details on expenditure definitions, please reference the following, "Informing American Health Care Policy" (Monheit et al., 1999).

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

2.5.11.2 Data Editing/Imputation Methodologies of Expenditure Variables

General Imputation Methodology

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

Logical edits were used to resolve internal inconsistencies and other problems in the HC and MPC survey-reported data. The edits were designed to preserve partial payment data from households and providers, and to identify actual and potential sources of payment for each household-reported

event. In general, these edits accounted for outliers, co-payments or charges reported as total payments, and reimbursed amounts that were reported as out-of-pocket payments. In addition, edits were implemented to correct for mis-classifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. These edits produced a complete vector of expenditures for some events, and provided the starting point for imputing missing expenditures in the remaining events.

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

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.

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.

Imputation Methodology for Emergency Room Visits

Facility expenditures for emergency room services were developed in a sequence of logical edits and imputations. "Household" edits were applied to sources and amounts of payment for all events reported by HC respondents. "MPC" edits were applied to provider-reported sources and amounts of payment for records matched to household-reported events. Both sets of edits were

used to correct obvious errors in the reporting of expenditures. After the data from each source were edited, a decision was made as to whether household- or MPC-reported information would be used in the final editing and hot-deck imputations for missing expenditures. The general rule was that MPC data would be used 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.

One of the more important edits separated flat fee events from simple events. This edit was necessary because groups of events covered by a flat fee (i.e. a flat fee bundle) were edited and imputed separately from individual events covered by a single charge (i.e., simple events). Most emergency room events were imputed as simple events because hospital facility charges are rarely bundled with other events. (See section 2.5.10 for more detail on flat fee groups). However, some emergency room visits were treated as free events because the respondent was admitted to a hospital through its emergency room. In these cases, emergency room charges are included in the charge for an inpatient hospital stay.

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 was 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 implicitly included in paid events and explicitly included in events that should have been treated as free from provider.

Expenditures for some emergency room visits are not shown because the person was admitted to the hospital through the emergency room. These emergency room events are not free, but the expenditures are included in the inpatient stay expenditures. The variable ERHEVIDX can be used

to differentiate between free emergency room care and situations where the emergency room charges have been included in the inpatient hospital charges.

Flat Fee Expenditures

The approach used to count expenditures for flat fees was to place the expenditure on the first visit of the flat fee group. The remaining visits have zero payments. Thus, if the first visit in the flat fee group occurred prior to 1996, all of the events that occurred in 1996 will have zero payments. Conversely, if the first event in the flat fee group occurred at the end of 1996, the total expenditure for the entire flat fee group will be on that event, regardless of the number of events it covered after 1996.

Zero Expenditures

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

Discount Adjustment Factor

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

2.5.12 Emergency Room/Hospital Inpatient Stay Expenditures

It is common for an emergency room visit to result in a hospitalization. However, while it is true that all of the event files can be linked by DUPERSID, there is no unique record link between inpatient stays and emergency room visits. However, where this relationship could be identified (using 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

Section 2.5.11.2). Hence, the expenditures for some emergency room visits, are included in the resulting hospitalization. In these situations, the emergency room record on this file will have its expenditure information zeroed out to avoid double-counting while its corresponding hospital inpatient stay record on HC-010D will have the combined expenditure. The variable ERHEVIDX identifies these emergency room visits whose expenditures are included in the expenditures for the following hospital inpatient stay. It should also be noted that for these cases, there is only one hospital stay associated with the emergency room stay.

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

11. Other Private - any type of private insurance payments reported for persons not reported to have any private health insurance coverage during the year as defined in MEPS; and

12. Other Public - Medicaid payments reported for persons who were not reported to be enrolled in the Medicaid program at any time during the year.

Though relatively small in magnitude, users should exercise caution when interpreting the expenditures associated with these two additional sources of payment. While these payments stem from apparent inconsistent responses to health insurance and sources of payment questions in the survey, some of these inconsistencies may have logical explanations. For example, private insurance coverage in MEPS is defined as having a major medical plan covering hospital and

physician services. If a MEPS sampled person did not have such coverage but had a single service type insurance plan (e.g. dental insurance) that paid for a particular episode of care, those payments may be classified as "other private". Some of the "other public" payments may stem from confusion between Medicaid and other state and local programs or may be 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 sources of payment categories only exist on File 1 for imputed expenditure data since they were created through the editing/imputation process.   File 2 reflect 10 sources of payment as they were collected through the survey instrument.

2.5.14   Imputed Emergency Room Expenditure Variables

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

Emergency Room Facility Expenditures (ERFSF96X-ERFOT96X, ERFTC96X, ERFXP96X)

Emergency room expenses include all expenses for treatment, services, tests, diagnostic and laboratory work, x-rays, and similar charges, as well as any physician services included in the emergency room charge.

Emergency room expenditures were obtained primarily through the MPC. If the physician charges were included in the emergency room visit bill, then this expenditure is included in the facility expenditure variables. The imputed facility expenditures are provided on this file. ERFSF96X - ERFOT96X are the 12 sources of payment, ERFTC96X is the total charge, and ERFXP96X is the sum of the 12 sources of payments for the facility expenditure. The 12 sources of payment are: 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.

Emergency Room Physician Expenditures (ERDSF96X - ERDOT96X, ERDTC96X, ERDXP96X)

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 emergency room visit bills.

For physicians who bill separately (i.e. outside the emergency room visit 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, an emergency room visit could have a radiologist, and an internist associated with it. If their services are not included in the emergency room visit bill then this is one medical event with 2 separately billing doctors. The imputed expenditure information associated with the separately billing doctors was summed to the event level and is provided on the file. ERDSF96X - ERDOT96X are the 12 sources of payment, ERDXP96X is the sum of the 12 sources of payments, and ERDTC96X 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 EREXP96X, which includes both the facility and physician amounts.

2.5.15   Rounding

Expenditure variables on this file, HC-010E, have been rounded to the nearest penny. Person-level expenditure information released on HC-011 were rounded to the nearest dollar. It should be noted that using the MEPS event files HC-010A through HC-010H to create person-level totals will yield slightly different totals than those found on HC-011. These differences are due to rounding only. Moreover, in some instances, the number of persons having expenditures on the event files (HC-010A - HC-010H) for a particular source of payment may differ from the number of persons with expenditures on the person-level expenditure file (HC-011) for that source of payment. This difference is also artifact of rounding only. Please see the Appendix File for details on such rounding differences.

2.5.16   Imputation Flags (IMPERFSF - IMPERCHG)

The variables IMPERFSF - IMPERCHG 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 IMPERNUM indicates the number of physician records associated with the emergency room visit where the physician portion of the expenditures have been imputed. It is not available for individual sources of payment.
When a record was identified as being the leaf of a flat fee group, the values of all imputation flags were set to "0" (not imputed) since they were not included in the imputation process.

2.6 File 2 Contents: Pre-imputed Expenditure Variables

Both imputed and pre-imputed expenditure data is provided on this file. Pre-imputed means that only a series of logical edits were applied to both the HC and MPC data to correct for several problems including outliers, co-payments or charges reported as total payments, and reimbursed amounts counted as out-of-pocket payments. Edits were also implemented to correct for mis-classifications 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 several 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 (ERSF96H - EROT96H and ERFSF96M-ERFOT96M respectively).

The user shall note that there exist only 10 sources of payment variables in the pre-imputed expenditure data, while the imputed expenditure data on File 1 contains 12 sources of payment variables. The additional two sources of 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, which is the original flat fee identifier that was derived during the household interview, should only be used if the user interested in performing their own expenditure imputation.

3.0 Sample Weights and Variance Estimation Variables (WTDPER96-VARPSU96)

Overview

There is a single full year person-level weight (WTDPER96) included on this file. A person-level weight was assigned to each emergency room visit reported by a key, in-scope person who responded to MEPS for the full period of time that he or she was in-scope during 1996. A key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope at the time of the 1995 NHIS (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States). A person is in-scope whenever he or she is a member of the civilian noninstitutionalized portion of the U.S. population.

3.1 Details on Person Weights Construction

The person-level weight WTDPER96 was developed using the MEPS Round 1 person-level weight as a base weight (for key, in-scope respondents who joined an RU after Round 1, the Round 1 RU weight served as a base weight). The weighting process included an adjustment for nonresponse over Round 2 and the 1996 portion of Round 3, as well as poststratification to population control figures for December 1996 (these figures were derived by scaling the population totals obtained from the March 1997 Current Population Survey (CPS) to reflect the Census Bureau estimated population distribution across age and sex categories as of December, 1996). Variables used in the establishment of person-level poststratification control figures included: poverty status (below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty); census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex; and age. Overall, the weighted population estimate for the civilian non-institutionalized population for December 31, 1996 is 265,439,511 persons. The inclusion of key, in-scope persons who were not in-scope on December 31,1996 brings the estimated total number of persons represented by the MEPS respondents over the course of the year up to 268,905,490 (WTDPER96 > 0). The weighting process included poststratification to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries in 1996, and poststratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted to nursing homes.

The MEPS Round 1 weights incorporated the following components: the original household probability of selection for the NHIS; ratio-adjustment to NHIS national population estimates at the household (occupied dwelling unit) level; adjustment for nonresponse at the dwelling unit level for Round 1; and poststratification to figures at the family- and person-level obtained from the March 1996 CPS database.

4.0 Strategies for Estimation

This file is constructed for efficient estimation of utilization, expenditure, and sources of payment for hospital emergency room visits and to allow for estimates of number of persons with emergency room visits for 1996.

4.1 Variables with Missing Values

It is essential that the analyst examine all variables for the presence of negative values used to represent missing values. For example, a record with a value of -8 for the first ICD9condition code (ERICD1X) 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, hospital/er, and zero expenditures) are described in section 2.5.11.2.

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 emergency room utilization, expenditures and sources of payment, the value in each record contributing to the estimates must be multiplied by the weight (WTDPER96) contained on that record.

Example 1:
For example, the total number of emergency room visits, for the civilian non-institutionalized population of the U.S. in 1996, is estimated as the sum of the weight (WTDPER96) across all emergency room visit records. That is,

$$\sum W_j = 46,328,552 \tag{1}$$

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 per emergency room visit should be calculated as the weighted average of the facility bill and doctor's bill paid by self/family. That is,

$$\overline{X} = (\sum W_j X_j) / (\sum W_j) = \$44.57, \tag{2}$$

where $X_j = ERFSF96X_j + ERDSF96X_j$ and $\sum W_j = 41,310,356$

for all emergency room visits with $EREXP96X_j > 0$.

This gives \$44.57 as the estimated mean amount of out-of-pocket payment of expenditures associated with emergency room visits and 41,310,356 as an estimate of the total number of emergency room visits with expenditures. Both of these estimates are for the civilian non-institutionalized population of the U.S. in 1996.

Example 3:

Another example would be to estimate the average proportion of total expenditures paid by private insurance for emergency room visits with expenditures. This should be calculated as the weighted average of the proportion of total expenditures paid by private insurance at the event level. That is

$$\overline{Y} = (\Sigma W_j Y_j) / (\Sigma W_j) = 0.4319, \quad \text{where} \quad \Sigma W_j = 41,310,356. \tag{3}$$

where $Y_j = \dfrac{(ERFPV96X_j + ERDPV96X_j)}{EREXP96X_j}$ for all emergency room visits with $EREXP96Xj > 0$.

This gives 0.4319 as the estimated mean proportion of total expenditures paid by private insurance for emergency room visits with expenditures for the civilian non-institutionalized population of the U.S. in 1996.

4.3   Estimates of the Number of Persons with Emergency Room Visit

When calculating an estimate of the total number of persons with emergency room visits, users can use a person-level file (MEPS HC-011: Person-level Expenditures and Utilization) or the current file. However, the current file must be used, when the measure of interest is defined at the event level. For example, to estimate the number of persons with emergency room visits where the patient sees a doctor, the current file must be used. This would be estimated as,

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

where

W_i is the sampling weight(WTDPER96) for person i

and

$X_i = 1$ if SEEDOC EQ 1for any event of person i

$\quad\; = 0$ otherwise.

Prior to estimation users will need to take into consideration the 75 records with a missing value for SEEDOC .

4.4   Person-Based Ratio Estimates

4.4.1   Person-Based Ratio Estimates Relative to Persons with Emergency Room 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 emergency room visit is estimated as,

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

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

$$Z_i = \sum ERXP96X_j \qquad \text{across all visits for person i.}$$

4.4.2   Person-Based Ratio Estimates Relative to the Entire Population

If the ratio relates to the entire population, this file cannot be used to calculate the denominator, as only those persons with at least one emergency room visit are represented on this data file. In this case MEPS File HC-011, which has data for all sampled persons, must be used to estimate the total number of persons (i.e. those with use and those without use). For example, to estimate the proportion of civilian non-institutionalized population of the U.S. with at least one emergency room visit where s/he saw a doctor, the numerator would be derived from data on the current file, and the denominator should be derived from data on the MEPS HC-011, the person-level file. That is,

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

where
W_i is the sampling weight(WTDPER96) for person i
and
$Z_i = 1 \qquad$ if $SEEDOC_j$ EQ 1 for any visit of person i on the emergency room visit file
$ = 0 \qquad$ otherwise for all remaining persons on the MEPS HC-011 file.

Prior to estimation users will need to correct the 75 records with a missing value for SEEDOC.

4.5   Sampling Weights for Merging Previous Releases of MEPS Household Data with the Current Data File

There have been several previous releases of MEPS Household Survey public use data. Unless a variable name common to several tapes is provided, the sampling weights contained on these data files are file-specific. The file-specific weights reflect minor adjustments to eligibility and response indicators due to birth, death, or institutionalization among respondents.

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 1996 data. Variables needed to implement a Taylor series estimation approach are described in the paragraph below.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The corresponding variables on the MEPS full year utilization database are VARSTR96 and VARPSU96, respectively. Specifying a "with replacement" design in a computer software package such as SUDAAN (Shah, 1996) should provide standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the actual number available. For MEPS sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), there are over 100 degrees of freedom associated with the corresponding estimates of variance. The following illustrates these concepts using two examples from Section 4.2.

Example 2 from Section 4.2

Using a Taylor Series approach, specifying VARSTR96 and VARPSU96 as the variance estimation strata and PSUs (within these strata) respectively and specifying a "with replacement" design in the computer software package SUDAAN will yield an estimate of standard error of $2.71 for the estimated mean of out-of-pocket payment.

Example 3 from Section 4.2

Using a Taylor Series approach, specifying VARSTR96 and VARPSU96 as the variance estimation strata and PSUs (within these strata) respectively and specifying a "with replacement" design in the computer software package SUDAAN will yield an estimate of standard error of 0.0118 for the weighted mean proportion of total expenditures paid by private insurance.

5.0   Merging/Linking MEPS Data Files

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

5.1   Linking a Person-Level File to the Emergency Room Visit File

Merging characteristics of interest from person-level files (e.g., HC-008: 1996 Population Characteristics and Utilization Data, or HC-011: 1996 Use and Expenditure File) expands the scope of potential estimates. For example, to estimate the total number of hospital inpatient stays for persons with specific characteristics (e.g., age, race, and sex), population characteristics from a person-level file need to be merged onto the emergency room visit file. This procedure is illustrated below. The Appendix File (HC-010I) provides additional detail on how to merge MEPS data files.

1.   Create data set PERS by sorting the person-level file, HC003, by the person identifier, DUPERSID. Keep only variables to be merged on to the emergency room visit file and DUPERSID.

2.   Create data set EROM by sorting the emergency room visit file by person identifier, DUPERSID.

3.   Create final data set NEWEROM by merging these two files by DUPERSID, keeping only records on the emergency room visit file.

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

```
PROC SORT DATA=HC003(KEEP=DUPERSID AGE SEX RACEX)    OUT=PERSX;
  BY DUPERSID;
RUN;

PROC SORT DATA=EROM;
   BY DUPERSID;
RUN;
```

```
DATA NEWEROM;
   MERGE EROM (IN=A) PERSX(IN=B);
   BY DUPERSID;
   IF A;
RUN;
```

5.2   Linking the Emergency Room Visits File (HC-010F) to the Medical Conditions File (HC-006) and/or the Prescribed Medicines File (HC-010A)

Due to survey design issues, there are limitations/caveats that an analyst must keep in mind when linking the different files. 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 the prescribed medicine records on HC-010A. When using RXLK, analysts should keep in mind that one emergency room visit can link to more than one prescribed medicine record. Conversely, a prescribed medicine event may link to more than one emergency room visit or different types of events. When this occurs, it is up to the analyst to determine how the prescribed medicine expenditures should be allocated among those medical events.

5.4   Limitations/Caveats of CLNK (the Medical Conditions Link File)

The CLNK provides a link from MEPS event files to the Medical Conditions File (HC-006). When using the CLNK, analysts should keep in mind that (1) conditions are self-reported and (2) there may be multiple conditions associated with a hospital inpatient stay. Users should also note that not all hospital inpatient stays link to the condition file.

6.0   Programming Information

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

ASCII versions:
File Name: HC10EF1.DAT
Number of Observations: 3,899
Number of Variables: 87
Record Length: 359
Record Format: fixed

Record Identifier and Sort Key: EVNTIDX

File Name: HC10EF2.DAT
Number of Observations: 3,899
Number of Variables: 30
Record Length: 207
Record Format: fixed
Record Identifier and Sort Key: EVNTIDX

SAS Transport versions:
File Name: HC10EF1.SSP
SAS Name: HC10EF1
Number of Observations: 3,899
Number of Variables: 87
Record Identifier and Sort Key: EVNTIDX

File Name: HC10EF2.SSP
SAS Name: HC10EF2
Number of Observations: 3,899
Number of Variables: 30
Record Identifier and Sort Key: EVNTIDX

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Attachment 1
Definitions

Dwelling Units, Reporting Units, Families, and Persons – The definitions of Dwelling Units (DUs) and Group Quarters in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. The person number (PID) uniquely identifies all persons within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

A Reporting Unit (RU) is a person or 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 (INSCOPE) if he or she was a member of the U.S. civilian, non-institutionalized population at some time during the Round 1 interview. This variable can be found on MEPS person level files.

Keyness – The term "keyness" is related to an individual's chance of being included in MEPS. A person is key if that person is appropriately linked to the set of 1995 NHIS sampled households designated for inclusion in MEPS. Specifically, a key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope prior to joining that household (examples of the latter situation include newborns and persons returning from military service, 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 1995 NHIS. The person

in the military would be considered a key person for MEPS. However, such a person would not receive a person-level sample weight so long as he or she was in the military. All key persons who participated in the first round of the 1996 MEPS received a person level sample weight except those who were in the military. The variable indicating "keyness" is KEYNESS. This variable can be found on MEPS person level files.

Eligibility –The eligibility of a person for MEPS pertains to whether or not data were to be collected for that person. All key, in-scope persons of a sampled RU were eligible for data collection. The only non-key persons eligible for data collection were those who happened to be living in the same RU as one or more key persons, and their eligibility continued only for the time that they were living with a key person. The only out-of-scope persons eligible for data collection were those who were living with key in-scope persons, again only for the time they were living with a key person. Only military persons meet this description. A person was considered eligible if they were eligible at any time during Round 1. The variable indicating "eligibility" is ELIGRND1, where 1 is coded for persons eligible for data collection for at least a portion of the Round 1 reference period, and 2 is coded for persons not eligible for data collection at any time during the first round reference period. This variable can be found on MEPS person level files.

Pre-imputed - This means that only a series of logical edits were applied to the HC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. Missing data remains.

Unimputed - This means that only a series of logical edits were applied to the MPC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. This data was used as the imputation source to account for missing HC data.

Imputation -Imputation is more often used for item missing data adjustment through the use of predictive models for the missing data, 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

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
84	85	ANESTH	DURING THIS VISIT DID P RECEIVE ANESTH
94	95	DOCOUTF	DID P SEE ANY ER DOCTORS OUTSIDE OF ER
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID + PID)
80	81	EEG	DURING THIS VISIT DID P HAVE EEG
78	79	EKG	DURING THIS VISIT DID P HAVE EKG OR ECG
110	112	ERCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
113	115	ERCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
116	118	ERCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
60	61	ERDATEDD	EVENT DATE - DAY
58	59	ERDATEMM	EVENT DATE - MONTH
54	57	ERDATEYR	EVENT DATE - YEAR
288	293	ERDCH96X	DOCTOR AMOUNT PAID, CHAMP/CHAMPVA (IMP)
269	275	ERDMD96X	DOCTOR AMOUNT PAID, MEDICAID (IMPUTED)
262	268	ERDMR96X	DOCTOR AMOUNT PAID, MEDICARE (IMPUTED)
294	298	ERDOF96X	DOCTOR AMOUNT PAID, OTHER FEDERAL (IMP)
311	317	ERDOR96X	DOCTOR AMOUNT PAID, OTHER PRIVATE (IMP)
324	328	ERDOT96X	DOCTOR AMOUNT PAID,OTHER INSURANCE (IMP)
318	323	ERDOU96X	DOCTOR AMOUNT PAID, OTHER PUBLIC (IMP)
276	282	ERDPV96X	DOCTOR AMOUNT PAID,PRIVATE INSURNCE(IMP)
255	261	ERDSF96X	DOCTOR AMOUNT PAID, FAMILY (IMPUTED)
299	303	ERDSL96X	DOCTOR AMOUNT PAID,STATE/LOCAL GOVT(IMP)
336	342	ERDTC96X	DOCTOR TOTAL CHARGE (IMPUTED)
283	287	ERDVA96X	DOCTOR AMOUNT PAID, VETERANS (IMPUTED)
304	310	ERDWC96X	DOCTOR AMOUNT PAID, WORKER'S COMP (IMP)
329	335	ERDXP96X	DOCTOR SUM OF PAYMENTS ERDSF96X-ERDOT96X
126	133	EREXP96X	TOT EXP FOR EVENT (ERFXP96X + ERDXP96X)
178	183	ERFCH96X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)
156	162	ERFMD96X	FACILITY AMT PD, MEDICAID (IMPUTED)
149	155	ERFMR96X	FACILITY AMT PD, MEDICARE (IMPUTED)
184	190	ERFOF96X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)
204	210	ERFOR96X	FACILITY AMT PD, OTH PRIV (IMPUTED)
217	224	ERFOT96X	FACILITY AMT PD, OTH INSUR (IMPUTED)
211	216	ERFOU96X	FACILITY AMT PD, OTH PUB (IMPUTED)
163	170	ERFPV96X	FACILITY AMT PD, PRIV INSUR (IMPUTED)
142	148	ERFSF96X	FACILITY AMT PD, FAMILY (IMPUTED)
191	196	ERFSL96X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)
233	240	ERFTC96X	TOTAL FACILITY CHARGE (IMPUTED)
171	177	ERFVA96X	FACILITY AMT PD, VETERANS (IMPUTED)
197	203	ERFWC96X	FACILITY AMT PD, WORKERS COMP (IMPUTED)
225	232	ERFXP96X	FACILITY SUM PAYMENTS ERFSF96X-ERFOT96X
30	41	ERHEVIDX	ER/HS LINK ID
98	100	ERICD1X	3 DIGIT ICD-9 CONDITION CODE
101	103	ERICD2X	3 DIGIT ICD-9 CONDITION CODE
104	106	ERICD3X	3 DIGIT ICD-9 CONDITION CODE
107	109	ERPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
134	141	ERTC96X	TOT CHG FOR EVENT (ERFTC96X + ERDTC96X)
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
122	123	FFER96	# OF ER VISITS IN FLAT FFEE - 1996
120	121	FFERTYPX	ED FLAT FEE STEM-LEAF INDICATOR
42	52	FFID11X	FLAT FEE ID
124	125	FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996
253	253	IMPERCHG	IMPUTATION STATUS OF ERFTC96X
246	246	IMPERFCH	IMPUTATION FLAG FOR ERFCH96X
243	243	IMPERFMD	IMPUTATION FLAG FOR ERFMD96X
242	242	IMPERFMR	IMPUTATION FLAG FOR ERFMR96X
247	247	IMPERFOF	IMPUTATION FLAG FOR ERFOF96X
250	250	IMPERFOR	IMPUTATION FLAG FOR ERFOR96X

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
252	252	IMPERFOT	IMPUTATION FLAG FOR ERFOT96X
251	251	IMPERFOU	IMPUTATION FLAG FOR EROPU96X
244	244	IMPERFPV	IMPUTATION FLAG FOR ERFPV96X
241	241	IMPERFSF	IMPUTATION FLAG FOR ERFSF96X
248	248	IMPERFSL	IMPUTATION FLAG FOR ERFSL96X
245	245	IMPERFVA	IMPUTATION FLAG FOR ERFVA96X
249	249	IMPERFWC	IMPUTATION FLAG FOR ERFWC96X
254	254	IMPERNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER
68	69	LABTEST	DURING THIS VISIT DID P HAVE LAB TESTS
74	75	MAMMOG	DURING THIS VISIT DID P HAVE MAMMOGRAM
92	93	MEDPRESC	THIS VISIT WERE ANY MEDS PRESCR FOR P
53	53	MPCDATA	MPC DATA FLAG
76	77	MRI	DURING THIS VISIT DID P HAVE MRI/CATSCAN
119	119	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
86	87	OTHSVCE	DURING THIS VISIT DID P HAVE OTH TST/EXM
6	8	PID	PERSON NUMBER
82	83	RCVVAC	DURING THIS VISIT DID P RECEIVE VACS
62	63	SEEDOC	DID P SEE MEDICAL DR DURING THIS VISIT
70	71	SONOGRAM	DURING VISIT DID P HAVE SONOG/ULTRAS
90	91	SURGNAME	SURG PROC NAME IN CATEGORIES
88	89	SURGPROC	SURG PROC PERFORMED ON P DURING VISIT
96	97	VAPLACE	VA FACILITY FLAG
355	356	VARPSU96	VARIANCE ESTIMATION PSU,1996
357	359	VARSTR96	VARIANCE ESTIMATION STRATUM,1996
64	65	VSTCTGRY	BEST CATEGORY FOR EROM CARE ON VISIT
66	67	VSTRELCN	WAS VISIT RELATED TO SPECIAL HLTH COND
343	354	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
72	73	XRAYS	DURING THIS VISIT DID P HAVE X-RAYS

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	ERHEVIDX	ER/HS LINK ID
42	52	FFID11X	FLAT FEE ID
53	53	MPCDATA	MPC DATA FLAG
54	57	ERDATEYR	EVENT DATE - YEAR
58	59	ERDATEMM	EVENT DATE - MONTH
60	61	ERDATEDD	EVENT DATE - DAY
62	63	SEEDOC	DID P SEE MEDICAL DR DURING THIS VISIT
64	65	VSTCTGRY	BEST CATEGORY FOR EROM CARE ON VISIT
66	67	VSTRELCN	WAS VISIT RELATED TO SPECIAL HLTH COND
68	69	LABTEST	DURING THIS VISIT DID P HAVE LAB TESTS
70	71	SONOGRAM	DURING VISIT DID P HAVE SONOG/ULTRAS
72	73	XRAYS	DURING THIS VISIT DID P HAVE X-RAYS
74	75	MAMMOG	DURING THIS VISIT DID P HAVE MAMMOGRAM
76	77	MRI	DURING THIS VISIT DID P HAVE MRI/CATSCAN
78	79	EKG	DURING THIS VISIT DID P HAVE EKG OR ECG
80	81	EEG	DURING THIS VISIT DID P HAVE EEG
82	83	RCVVAC	DURING THIS VISIT DID P RECEIVE VACS
84	85	ANESTH	DURING THIS VISIT DID P RECEIVE ANESTH
86	87	OTHSVCE	DURING THIS VISIT DID P HAVE OTH TST/EXM
88	89	SURGPROC	SURG PROC PERFORMED ON P DURING VISIT
90	91	SURGNAME	SURG PROC NAME IN CATEGORIES
92	93	MEDPRESC	THIS VISIT WERE ANY MEDS PRESCR FOR P
94	95	DOCOUTF	DID P SEE ANY ER DOCTORS OUTSIDE OF ER
96	97	VAPLACE	VA FACILITY FLAG
98	100	ERICD1X	3 DIGIT ICD-9 CONDITION CODE
101	103	ERICD2X	3 DIGIT ICD-9 CONDITION CODE
104	106	ERICD3X	3 DIGIT ICD-9 CONDITION CODE
107	109	ERPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
110	112	ERCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
113	115	ERCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
116	118	ERCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
119	119	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
120	121	FFERTYPX	ED FLAT FEE STEM-LEAF INDICATOR
122	123	FFER96	# OF ER VISITS IN FLAT FFEE - 1996
124	125	FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996
126	133	EREXP96X	TOT EXP FOR EVENT (ERFXP96X + ERDXP96X)
134	141	ERTC96X	TOT CHG FOR EVENT (ERFTC96X + ERDTC96X)
142	148	ERFSF96X	FACILITY AMT PD, FAMILY (IMPUTED)
149	155	ERFMR96X	FACILITY AMT PD, MEDICARE (IMPUTED)
156	162	ERFMD96X	FACILITY AMT PD, MEDICAID (IMPUTED)
163	170	ERFPV96X	FACILITY AMT PD, PRIV INSUR (IMPUTED)
171	177	ERFVA96X	FACILITY AMT PD, VETERANS (IMPUTED)
178	183	ERFCH96X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)
184	190	ERFOF96X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)
191	196	ERFSL96X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)
197	203	ERFWC96X	FACILITY AMT PD, WORKERS COMP (IMPUTED)
204	210	ERFOR96X	FACILITY AMT PD, OTH PRIV (IMPUTED)
211	216	ERFOU96X	FACILITY AMT PD, OTH PUB (IMPUTED)
217	224	ERFOT96X	FACILITY AMT PD, OTH INSUR (IMPUTED)
225	232	ERFXP96X	FACILITY SUM PAYMENTS ERFSF96X-ERFOT96X
233	240	ERFTC96X	TOTAL FACILITY CHARGE (IMPUTED)
241	241	IMPERFSF	IMPUTATION FLAG FOR ERFSF96X
242	242	IMPERFMR	IMPUTATION FLAG FOR ERFMR96X
243	243	IMPERFMD	IMPUTATION FLAG FOR ERFMD96X

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
244	244	IMPERFPV	IMPUTATION FLAG FOR ERFPV96X
245	245	IMPERFVA	IMPUTATION FLAG FOR ERFVA96X
246	246	IMPERFCH	IMPUTATION FLAG FOR ERFCH96X
247	247	IMPERFOF	IMPUTATION FLAG FOR ERFOF96X
248	248	IMPERFSL	IMPUTATION FLAG FOR ERFSL96X
249	249	IMPERFWC	IMPUTATION FLAG FOR ERFWC96X
250	250	IMPERFOR	IMPUTATION FLAG FOR ERFOR96X
251	251	IMPERFOU	IMPUTATION FLAG FOR EROPU96X
252	252	IMPERFOT	IMPUTATION FLAG FOR ERFOT96X
253	253	IMPERCHG	IMPUTATION STATUS OF ERFTC96X
254	254	IMPERNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER
255	261	ERDSF96X	DOCTOR AMOUNT PAID, FAMILY (IMPUTED)
262	268	ERDMR96X	DOCTOR AMOUNT PAID, MEDICARE (IMPUTED)
269	275	ERDMD96X	DOCTOR AMOUNT PAID, MEDICAID (IMPUTED)
276	282	ERDPV96X	DOCTOR AMOUNT PAID,PRIVATE INSURNCE(IMP)
283	287	ERDVA96X	DOCTOR AMOUNT PAID, VETERANS (IMPUTED)
288	293	ERDCH96X	DOCTOR AMOUNT PAID, CHAMP/CHAMPVA (IMP)
294	298	ERDOF96X	DOCTOR AMOUNT PAID, OTHER FEDERAL (IMP)
299	303	ERDSL96X	DOCTOR AMOUNT PAID,STATE/LOCAL GOVT(IMP)
304	310	ERDWC96X	DOCTOR AMOUNT PAID, WORKER'S COMP (IMP)
311	317	ERDOR96X	DOCTOR AMOUNT PAID, OTHER PRIVATE (IMP)
318	323	ERDOU96X	DOCTOR AMOUNT PAID, OTHER PUBLIC (IMP)
324	328	ERDOT96X	DOCTOR AMOUNT PAID,OTHER INSURANCE (IMP)
329	335	ERDXP96X	DOCTOR SUM OF PAYMENTS ERDSF96X-ERDOT96X
336	342	ERDTC96X	DOCTOR TOTAL CHARGE (IMPUTED)
343	354	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
355	356	VARPSU96	VARIANCE ESTIMATION PSU,1996
357	359	VARSTR96	VARIANCE ESTIMATION STRATUM,1996

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	3,899	46,328,552
TOTAL	3,899	46,328,552

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
10-118	3,899	46,328,552
TOTAL	3,899	46,328,552

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
00002032-10593024	3,899	46,328,552
TOTAL	3,899	46,328,552

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
00203200034 - 10593024119	3,899	46,328,552
TOTAL	3,899	46,328,552

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 ROUND 1	1,418	17,157,167
2 ROUND 2	1,831	21,254,435
3 ROUND 3	650	7,916,949
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERHEVIDX	ER/HS LINK ID	12.0	CHAR	30	41

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,736	44,317,847
000440150027 - 105820450030	163	2,010,705
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFID11X	FLAT FEE ID	11.0	CHAR	42	52

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,868	45,950,829
1000300000-2064800000	31	377,723
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MPCDATA	MPC DATA FLAG	1.0	NUM	53	53

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 HAS MPC DATA	2,460	30,360,648
2 NO MPC DATA	1,439	15,967,903
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDATEYR	EVENT DATE - YEAR	4.0	NUM	54	57

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	3	41,478
-8 DK	3	38,276
1996	3,893	46,248,797
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDATEMM	EVENT DATE - MONTH	2.0	NUM	58	59

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	7	76,486
-8 DK	2	27,454
1 - 12 MONTH	3,890	46,224,611
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDATEDD	EVENT DATE - DAY	2.0	NUM	60	61

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	21	312,100
-8 DK	295	3,508,164
1 - 31 DAY	3,583	42,508,287
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SEEDOC	DID P SEE MEDICAL DR DURING THIS VISIT	2.0	NUM	62	63

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	55	772,766
-8 DK	20	226,965
1 YES	3,668	43,505,320
2 NO	156	1,823,501
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VSTCTGRY	BEST CATEGORY FOR EROM CARE ON VISIT	2.0	NUM	64	65

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	34	465,219
-8 DK	2	41,193
1 DIAGNOSIS OR TREATMENT	1,764	20,674,677
2 EMERGENCY (ACCIDNT/INJURY)	1,855	22,757,687
3 PSYCHOTHERAPY OR MH COUNSELING	20	196,108
4 FOLLOW-UP/POST-OPERATIVE VISIT	98	983,263
5 IMMUNIZATIONS OR SHOTS	12	127,767
6 MATERNITY CARE (PRE/POSTNATAL)	62	567,530
91 OTHER	52	515,108
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VSTRELCN	WAS VISIT RELATED TO SPECIAL HLTH COND	2.0	NUM	66	67

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	15	199,314
-8 DK	5	95,699
1 YES	3,595	42,768,116
2 NO	284	3,265,423
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
LABTEST	DURING THIS VISIT DID P HAVE LAB TESTS	2.0	NUM	68	69

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	1,329	15,568,563
2 NO	1,205	14,782,624
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SONOGRAM	DURING VISIT DID P HAVE SONOG/ULTRAS	2.0	NUM	70	71

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	143	1,538,817
2 NO	2,391	28,812,370
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
XRAYS	DURING THIS VISIT DID P HAVE X-RAYS	2.0	NUM	72	73

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	1,536	18,836,078
2 NO	998	11,515,110
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MAMMOG	DURING THIS VISIT DID P HAVE MAMMOGRAM	2.0	NUM	74	75

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	6	35,277
2 NO	2,528	30,315,910
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MRI	DURING THIS VISIT DID P HAVE MRI/CATSCAN	2.0	NUM	76	77

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	136	1,654,234
2 NO	2,398	28,696,954
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EKG	DURING THIS VISIT DID P HAVE EKG OR ECG	2.0	NUM	78	79

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	446	5,523,212
2 NO	2,088	24,827,975
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EEG	DURING THIS VISIT DID P HAVE EEG	2.0	NUM	80	81

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	53	638,028
2 NO	2,481	29,713,160
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
RCVVAC	DURING THIS VISIT DID P RECEIVE VACS	2.0	NUM	82	83

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	91	1,088,196
2 NO	2,443	29,262,992
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ANESTH	DURING THIS VISIT DID P RECEIVE ANESTH	2.0	NUM	84	85

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	126	1,518,460
2 NO	2,408	28,832,727
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OTHSVCE	DURING THIS VISIT DID P HAVE OTH TST/EXM	2.0	NUM	86	87

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	60	821,521
-8 DK	35	416,139
1 YES	276	3,392,160
2 NO	2,258	26,959,028
95 NO SERVICES RECEIVED	1,270	14,739,704
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SURGPROC	SURG PROC PERFORMED ON P DURING VISIT	2.0	NUM	88	89

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	54	756,822
-8 DK	2	4,462
1 YES	356	4,315,293
2 NO	3,487	41,251,975
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SURGNAME	SURG PROC NAME IN CATEGORIES	2.0	NUM	90	91

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2	16,906
-1 INAPPLICABLE	3,543	42,013,259
1 CLEANING/TREATMT WOUND, INFECTION	39	460,535
2 STITCHES (WOUND)	220	2,707,008
3 SURGICAL SETTING OF BROKEN BONE	22	283,833
91 OTHER SURGICAL PROCEDURE	73	847,012
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MEDPRESC	THIS VISIT WERE ANY MEDS PRESCR FOR P	2.0	NUM	92	93

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	55	820,399
-8 DK	40	456,816
1 YES	1,599	18,716,387
2 NO	2,205	26,334,949
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DOCOUTF	DID P SEE ANY ER DOCTORS OUTSIDE OF ER	2.0	NUM	94	95

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	71	981,314
-8 DK	616	7,036,249
-7 REFUSED	1	10,363
1 YES	298	3,492,178
2 NO	2,913	34,808,448
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VAPLACE	VA FACILITY FLAG	2.0	NUM	96	97

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-8 DK	81	302,046
0 NO	3,805	45,877,998
1 YES	13	148,508
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERICD1X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	98	100

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	354	4,119,217
-8 DK	28	368,133
001-139	177	2,206,975
140-239	30	378,285
240-279	65	832,192
280-289	8	74,583
290-319	60	715,684
320-389	215	2,331,515
390-459	198	2,530,566
460-519	455	4,990,654
520-579	234	2,601,198
580-629	162	1,954,567
630-677	22	227,911
680-709	64	856,315
710-739	179	2,185,165
740-759	8	111,362
780-799	315	3,712,358
800-999	1,232	15,241,100
V00-V99	93	890,772
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERICD2X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	101	103

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,584	42,494,053
-8 DK	7	68,811
001-139	14	198,913
140-239	2	39,368
240-279	17	169,744
280-289	6	56,458
290-319	8	89,725
320-389	28	287,970
390-459	19	226,731
460-519	45	567,824
520-579	15	227,656
580-629	13	161,208
680-709	7	66,296
710-739	17	224,475
780-799	47	552,081
800-999	57	777,309
V00-V99	13	119,929
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERICD3X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	104	106

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,836	45,489,251
-8 DK	1	5,672
001-139	1	0
240-279	4	38,225
320-389	1	26,321
390-459	10	108,141
460-519	8	116,544
520-579	1	12,905
580-629	4	57,220
710-739	5	76,605
780-799	16	193,852
800-999	12	203,815
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERPRO1X	2 DIGIT ICD-9 PROCEDURE CODE	3.0	CHAR	107	109

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,816	45,396,041
08-16	1	9,106
18-20	1	10,987
21-29	6	60,257
30-34	2	13,956
35-39	3	26,069
42-54	21	280,519
60-64	1	21,295
65-71	3	42,150
76-84	3	41,693
85-86	38	399,839
87-99	4	26,639
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	110	112

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	354	4,119,217
-8 DK	28	368,133
001-260	3,517	41,841,201
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	113	115

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,584	42,494,053
-8 DK	7	68,811
001-260	308	3,765,688
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	116	118

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,836	45,489,251
-8 DK	1	5,672
001-260	62	833,628
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT	1.0	NUM	119	119

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	305	3,575,997
1-3	3,580	42,553,513
4+	14	199,041
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFERTYPX	ED FLAT FEE STEM-LEAF INDICATOR	2.0	NUM	120	121

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,868	45,950,829
1 FLAT FEE STEM	17	248,938
2 FLAT FEE LEAF	14	128,785
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFER96	# OF ER VISITS IN FLAT FFEE - 1996	2.0	NUM	122	123

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,868	45,950,829
1-3 NUMBER OF EVENTS	31	377,723
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996	2.0	NUM	124	125

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,868	45,950,829
1-7	31	377,723
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EREXP96X	TOT EXP FOR EVENT (ERFXP96X + ERDXP96X)	8.2	NUM	126	133

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	432	5,018,195
$1.00 - $101.00	870	9,867,834
$101.01 - $211.27	864	10,090,092
$211.28 - $395.20	868	10,755,308
$395.21 - $28560.00	865	10,597,121
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERTC96X	TOT CHG FOR EVENT (ERFTC96X + ERDTC96X)	8.2	NUM	134	141

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	12	103,870
$5.00 - $190.00	977	11,602,440
$190.01 - $358.64	967	11,604,980
$358.65 - $673.34	972	11,688,389
$673.35 - $52775.00	971	11,328,872
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFSF96X	FACILITY AMT PD, FAMILY (IMPUTED)	7.2	NUM	142	148

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	2,779	32,239,862
$0.75 - $25.00	390	5,018,743
$25.01 - $50.00	236	3,078,484
$50.01 - $130.00	215	2,822,357
$130.01 - $4450.35	279	3,169,106
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFMR96X	FACILITY AMT PD, MEDICARE (IMPUTED)	7.2	NUM	149	155

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,409	40,319,431
$4.25 - $52.25	123	1,395,309
$52.26 - $121.17	123	1,532,432
$121.18 - $215.25	123	1,502,202
$215.26 - $4599.15	121	1,579,178
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFMD96X	FACILITY AMT PD, MEDICAID (IMPUTED)	7.2	NUM	156	162

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,111	38,759,043
$6.00 - $42.10	197	1,928,080
$42.11 - $95.65	197	2,051,360
$95.66 - $187.86	197	1,766,266
$187.87 - $1440.40	197	1,823,803
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFPV96X	FACILITY AMT PD, PRIV INSUR (IMPUTED)	8.2	NUM	163	170

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	2,338	25,734,220
$1.13 - $78.30	391	5,244,216
$78.31 - $172.23	390	5,045,328
$172.24 - $327.08	391	5,277,086
$327.09 - $28500.00	389	5,027,702
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFVA96X	FACILITY AMT PD, VETERANS (IMPUTED)	7.2	NUM	171	177

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,857	45,878,375
$18.50 - $75.50	12	96,940
$75.51 - $97.00	10	105,996
$97.01 - $143.00	10	83,522
$143.01 - $2500.00	10	163,719
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFCH96X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)	6.2	NUM	178	183

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,897	46,320,058
$205.76 - $240.00	2	8,494
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFOF96X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)	7.2	NUM	184	190

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,861	45,924,860
$18.50 - $75.50	12	96,940
$75.51 - $92.50	7	89,391
$92.51 - $143.00	10	85,639
$143.01 - $2691.00	9	131,722
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFSL96X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)	6.2	NUM	191	196

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,897	46,306,685
$32.36-$198.00	2	21,866
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFWC96X	FACILITY AMT PD, WORKERS COMP (IMPUTED)	7.2	NUM	197	203

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,772	44,665,333
$2.86 - $88.15	30	400,565
$88.16 - $128.34	34	409,319
$128.35 - $240.76	32	476,477
$240.77 - $7945.16	31	376,858
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFOR96X	FACILITY AMT PD, OTH PRIV (IMPUTED)	7.2	NUM	204	210

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,764	44,760,454
$2.96 - $66.12	34	441,112
$66.13 - $130.14	34	455,779
$130.15 - $287.00	34	355,112
$287.01 - $2170.58	33	316,094
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFOU96X	FACILITY AMT PD, OTH PUB (IMPUTED)	6.2	NUM	211	216

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,883	46,165,359
$5.66 - $27.30	4	47,679
$27.31 - $90.56	4	24,967
$90.57 - $248.74	4	51,525
$248.75 - $954.33	4	39,021
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFOT96X	FACILITY AMT PD, OTH INSUR (IMPUTED)	8.2	NUM	217	224

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,828	45,354,691
$7.00 - $141.25	19	221,617
$141.26 - $276.50	17	314,908
$276.51 - $433.00	18	191,744
$433.01 - $22430.00	17	245,592
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFXP96X	FACILITY SUM PAYMENTS ERFSF96X-ERFOT96X	8.2	NUM	225	232

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	634	7,433,006
$1.00 - $79.42	820	9,504,298
$79.43 - $171.36	814	9,567,343
$171.37 - $314.86	818	9,935,381
$314.87 - $28500.00	813	9,888,523
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERFTC96X	TOTAL FACILITY CHARGE (IMPUTED)	8.2	NUM	233	240

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	12	103,870
$2.86 - $138.48	972	11,461,662
$138.49 - $265.00	974	11,841,484
$265.01 - $513.17	970	11,673,135
$513.18 - $52700.00	971	11,248,400
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFSF	IMPUTATION FLAG FOR ERFSF96X	1.0	NUM	241	241

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,726	44,361,388
1 IMPUTED	173	1,967,163
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFMR	IMPUTATION FLAG FOR ERFMR96X	1.0	NUM	242	242

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,654	43,570,064
1 IMPUTED	245	2,758,488
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFMD	IMPUTATION FLAG FOR ERFMD96X	1.0	NUM	243	243

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,470	42,553,051
1 IMPUTED	429	3,775,500
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFPV	IMPUTATION FLAG FOR ERFPV96X	1.0	NUM	244	244

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,125	36,549,649
1 IMPUTED	774	9,778,902
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFVA	IMPUTATION FLAG FOR ERFVA96X	1.0	NUM	245	245

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,815	45,316,726
1 IMPUTED	84	1,011,825
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFCH	IMPUTATION FLAG FOR ERFCH96X	1.0	NUM	246	246

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,893	46,273,460
1 IMPUTED	6	55,092
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFOF	IMPUTATION FLAG FOR ERFOF96X	1.0	NUM	247	247

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,885	46,170,426
1 IMPUTED	14	158,126
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFSL	IMPUTATION FLAG FOR ERFSL96X	1.0	NUM	248	248

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,879	46,054,506
1 IMPUTED	20	274,046
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFWC	IMPUTATION FLAG FOR ERFWC96X	1.0	NUM	249	249

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,841	45,587,400
1 IMPUTED	58	741,152
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFOR	IMPUTATION FLAG FOR ERFOR96X	1.0	NUM	250	250

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,844	45,693,827
1 IMPUTED	55	634,724
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFOU	IMPUTATION FLAG FOR EROPU96X	1.0	NUM	251	251

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,886	46,193,813
1 IMPUTED	13	134,738
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERFOT	IMPUTATION FLAG FOR ERFOT96X	1.0	NUM	252	252

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	3,848	45,593,837
1 IMPUTED	51	734,715
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERCHG	IMPUTATION STATUS OF ERFTC96X	1.0	NUM	253	253

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	2,588	31,444,184
1 FAC IMP DONOR'S	1,311	14,884,368
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPERNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER	1.0	NUM	254	254

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 SBD NODES IMPUTED PER MPSID	3,445	41,186,382
1 # SBD NODES IMPUTED PER MPSID	454	5,142,170
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDSF96X	DOCTOR AMOUNT PAID, FAMILY (IMPUTED)	7.2	NUM	255	261

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,452	40,597,313
$0.12 - $15.00	117	1,482,781
$15.01 - $31.60	111	1,454,943
$31.61 - $93.00	108	1,408,103
$93.01 - $1500.00	111	1,385,413
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDMR96X	DOCTOR AMOUNT PAID, MEDICARE (IMPUTED)	7.2	NUM	262	268

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,533	41,707,530
$2.96 - $23.12	93	1,130,884
$23.13 - $54.25	90	1,102,127
$54.26 - $107.88	93	1,254,093
$107.89 - $5153.76	90	1,133,917
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDMD96X	DOCTOR AMOUNT PAID, MEDICAID (IMPUTED)	7.2	NUM	269	275

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,442	41,641,045
$1.57 - $16.70	115	1,158,822
$16.71 - $38.29	114	1,269,372
$38.30 - $76.84	116	1,203,195
$76.85 - $1850.00	112	1,056,118
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDPV96X	DOCTOR AMOUNT PAID,PRIVATE INSURNCE(IMP)	7.2	NUM	276	282

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	2,910	33,305,409
$1.20 - $33.30	250	3,463,952
$33.31 - $92.95	245	3,056,081
$92.96 - $166.50	248	3,196,167
$166.51 - $3201.00	246	3,306,943
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDVA96X	DOCTOR AMOUNT PAID, VETERANS (IMPUTED)	5.2	NUM	283	287

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,890	46,238,905
$4.67 - $74.00	9	89,646
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDCH96X	DOCTOR AMOUNT PAID, CHAMP/CHAMPVA (IMP)	6.2	NUM	288	293

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,896	46,299,439
$50.17 - $227.67	3	29,113
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDOF96X	DOCTOR AMOUNT PAID, OTHER FEDERAL (IMP)	5.2	NUM	294	298

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,892	46,260,827
$4.67 - $74.00	7	67,724
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDSL96X	DOCTOR AMOUNT PAID,STATE/LOCAL GOVT(IMP)	5.2	NUM	299	303

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,893	46,258,969
$7.10 - $7.10	2	21,129
$7.11 - $27.00	2	29,119
$27.01 - $52.17	1	4,141
$52.18 - $67.70	1	15,194
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDWC96X	DOCTOR AMOUNT PAID, WORKER'S COMP (IMP)	7.2	NUM	304	310

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,823	45,364,335
$19.54 - $51.48	19	254,658
$51.49 - $81.54	19	195,444
$81.55 - $167.28	20	243,528
$167.29 - $3205.63	18	270,586
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDOR96X	DOCTOR AMOUNT PAID, OTHER PRIVATE (IMP)	7.2	NUM	311	317

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,726	44,514,866
$1.44 - $31.00	44	403,023
$31.01 - $80.00	43	469,561
$80.01 - $136.80	43	445,271
$136.81 - $1279.35	43	495,830
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDOU96X	DOCTOR AMOUNT PAID, OTHER PUBLIC (IMP)	6.2	NUM	318	323

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,885	46,190,957
$1.75 - $17.71	4	53,504
$17.72 - $27.57	3	23,468
$27.58 - $79.59	4	29,850
$79.60 - $188.89	3	30,772
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDOT96X	DOCTOR AMOUNT PAID,OTHER INSURANCE (IMP)	5.2	NUM	324	328

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,895	46,268,507
$11.50 - $59.63	4	60,045
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDXP96X	DOCTOR SUM OF PAYMENTS ERDSF96X-ERDOT96X	7.2	NUM	329	335

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	1,934	22,547,749
$1.44 - $36.67	492	5,759,617
$36.68 - $85.00	496	5,777,980
$85.01 - $155.00	488	6,043,521
$155.01 - $5153.76	489	6,199,685
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERDTC96X	DOCTOR TOTAL CHARGE (IMPUTED)	7.2	NUM	336	342

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	1,656	19,193,760
$7.78 - $78.00	561	6,770,984
$78.01 - $144.00	563	6,871,511
$144.01 - $244.00	561	6,851,580
$244.01 - $6190.00	558	6,640,718
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	343	354

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	131	0
1271.688059-69380.204318	3,768	46,328,552
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	355	356

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1-45	3,899	46,328,552
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR96	VARIANCE ESTIMATION STRATUM,1996	3.0	NUM	357	359

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1-140	3,899	46,328,552
TOTAL	3,899	46,328,552

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)
74	79	ERCH96H	HHLD RPTD AMT PD,CHMP/CHMPVA(PRE-IMPUTD)
150	155	ERCH96M	MPC RPTD AMT PD,CHMP/CHMPVA (UN-IMPUTED)
53	59	ERMD96H	HHLD RPTD AMT PD, MEDICAID (PRE-IMPUTED)
129	136	ERMD96M	MPC RPTD AMT PD, MEDICAID (UN-IMPUTED)
46	52	ERMR96H	HHLD RPTD AMT PD, MEDICARE (PRE-IMPUTED)
121	128	ERMR96M	MPC RPTD AMT PD, MEDICARE (UN-IMPUTED)
80	85	EROF96H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)
156	161	EROF96M	MPC RPTD AMT PD, OTHER FED (UN-IMPUTED)
98	105	EROT96H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)
175	181	EROT96M	MPC RPTD AMT PD, OTH INSUR (UN-IMPUTED)
60	67	ERPV96H	HHLD RPTD AMT PD, PRIV INS (PRE-IMPUTED)
137	143	ERPV96M	MPC RPTD AMT PD, PRIV INS (UN-IMPUTED)
39	45	ERSF96H	HHLD RPTD AMT PD, FAMILY (PRE-IMPUTED)
114	120	ERSF96M	MPC RPTD AMT PD, FAMILY (UN-IMPUTED)
86	91	ERSL96H	HHLD RPTD AMT PD, STATE&LOC(PRE-IMPUTED)
162	167	ERSL96M	MPC RPTD AMT PD,STATE & LOC (UN-IMPUTED)
106	113	ERTC96H	HHLD REPORTED TOTAL CHARGE (PRE-IMPUTED)
182	190	ERTC96M	MPC REPORTED TOTAL CHARGE (UN-IMPUTED)
68	73	ERVA96H	HHLD RPTD AMT PD, VETERANS (PRE-IMPUTED)
144	149	ERVA96M	MPC RPTD AMT PD, VETERANS (UN-IMPUTED)
92	97	ERWC96H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)
168	174	ERWC96M	MPC RPTD AMT PD, WORK COMP (UN-IMPUTED)
17	28	EVNTIDX	EVENT ID
29	38	HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID (UNEDTED)
6	8	PID	PERSON NUMBER
203	204	VARPSU96	VARIANCE ESTIMATION PSU,1996
205	207	VARSTR96	VARIANCE ESTIMATION STRATUM,1996
191	202	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT

MEPS HC10EF2
1996 EMERGENCY ROOM VISITS
FILE 2

DATE: May 4, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID + PID)
17	28	EVNTIDX	EVENT ID
29	38	HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID (UNEDTED)
39	45	ERSF96H	HHLD RPTD AMT PD, FAMILY (PRE-IMPUTED)
46	52	ERMR96H	HHLD RPTD AMT PD, MEDICARE (PRE-IMPUTED)
53	59	ERMD96H	HHLD RPTD AMT PD, MEDICAID (PRE-IMPUTED)
60	67	ERPV96H	HHLD RPTD AMT PD, PRIV INS (PRE-IMPUTED)
68	73	ERVA96H	HHLD RPTD AMT PD, VETERANS (PRE-IMPUTED)
74	79	ERCH96H	HHLD RPTD AMT PD,CHMP/CHMPVA(PRE-IMPUTD)
80	85	EROF96H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)
86	91	ERSL96H	HHLD RPTD AMT PD, STATE&LOC(PRE-IMPUTED)
92	97	ERWC96H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)
98	105	EROT96H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)
106	113	ERTC96H	HHLD REPORTED TOTAL CHARGE (PRE-IMPUTED)
114	120	ERSF96M	MPC RPTD AMT PD, FAMILY (UN-IMPUTED)
121	128	ERMR96M	MPC RPTD AMT PD, MEDICARE (UN-IMPUTED)
129	136	ERMD96M	MPC RPTD AMT PD, MEDICAID (UN-IMPUTED)
137	143	ERPV96M	MPC RPTD AMT PD, PRIV INS (UN-IMPUTED)
144	149	ERVA96M	MPC RPTD AMT PD, VETERANS (UN-IMPUTED)
150	155	ERCH96M	MPC RPTD AMT PD,CHMP/CHMPVA (UN-IMPUTED)
156	161	EROF96M	MPC RPTD AMT PD, OTHER FED (UN-IMPUTED)
162	167	ERSL96M	MPC RPTD AMT PD,STATE & LOC (UN-IMPUTED)
168	174	ERWC96M	MPC RPTD AMT PD, WORK COMP (UN-IMPUTED)
175	181	EROT96M	MPC RPTD AMT PD, OTH INSUR (UN-IMPUTED)
182	190	ERTC96M	MPC REPORTED TOTAL CHARGE (UN-IMPUTED)
191	202	WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT
203	204	VARPSU96	VARIANCE ESTIMATION PSU,1996
205	207	VARSTR96	VARIANCE ESTIMATION STRATUM,1996

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
2 - 10593	3,899	46,328,552
TOTAL	3,899	46,328,552

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
10-118	3,899	46,328,552
TOTAL	3,899	46,328,552

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
00002032-10593024	3,899	46,328,552
TOTAL	3,899	46,328,552

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

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
00203200034 - 10593024119	3,899	46,328,552
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID (UNEDTED)	10.0	CHAR	29	38

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	3,763	44,602,045
0006501101 - 1055805901	136	1,726,507
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERSF96H	HHLD RPTD AMT PD, FAMILY (PRE-IMPUTED)	7.2	NUM	39	45

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	383	4,643,955
0	2,507	29,043,514
$1.00-$2606.00	1,009	12,641,083
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERMR96H	HHLD RPTD AMT PD, MEDICARE (PRE-IMPUTED)	7.2	NUM	46	52

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	523	6,080,342
0	3,256	38,509,653
$8.00-$7960.00	120	1,738,556
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERMD96H	HHLD RPTD AMT PD, MEDICAID (PRE-IMPUTED)	7.2	NUM	53	59

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	905	8,565,463
0	2,965	37,427,960
$36.00-$5000.00	29	335,129
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERPV96H	HHLD RPTD AMT PD, PRIV INS (PRE-IMPUTED)	8.2	NUM	60	67

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,560	20,273,305
0	1,843	19,291,299
$1.00-$28500.00	496	6,763,948
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERVA96H	HHLD RPTD AMT PD, VETERANS (PRE-IMPUTED)	6.2	NUM	68	73

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	250	3,105,727
0	3,648	43,203,085
$6.00	1	19,740
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERCH96H	HHLD RPTD AMT PD,CHMP/CHMPVA(PRE-IMPUTD)	6.2	NUM	74	79

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	48	604,566
0	3,847	45,670,589
$57.00-$206.00	4	53,396
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EROF96H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)	6.2	NUM	80	85

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	49	567,753
0	3,847	45,725,002
$120.00-$400.00	3	35,797
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERSL96H	HHLD RPTD AMT PD, STATE&LOC(PRE-IMPUTED)	6.2	NUM	86	91

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	50	632,733
0	3,846	45,661,536
$102.00-$655.00	3	34,283
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERWC96H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)	6.2	NUM	92	97

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	137	1,687,913
0	3,752	44,489,955
$9.00-$550.00	10	150,683
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EROT96H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)	8.2	NUM	98	105

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	109	1,488,289
0	3,750	44,336,322
$13.00-$22431.00	40	503,940
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERTC96H	HHLD REPORTED TOTAL CHARGE (PRE-IMPUTED)	8.2	NUM	106	113

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	2,702	31,410,038
0	8	96,570
$10.00-$52700.00	1,189	14,821,943
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERSF96M	MPC RPTD AMT PD, FAMILY (UN-IMPUTED)	7.2	NUM	114	120

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,445	16,033,045
0	1,862	22,190,039
$0.75-$4450.00	592	8,105,468
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERMR96M	MPC RPTD AMT PD, MEDICARE (UN-IMPUTED)	8.2	NUM	121	128

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,483	16,497,927
0	2,153	26,421,182
$4.45-$30622.00	263	3,409,443
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERMD96M	MPC RPTD AMT PD, MEDICAID (UN-IMPUTED)	8.2	NUM	129	136

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,528	16,770,687
0	1,981	25,522,736
$6.00-$20810.00	390	4,035,129
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERPV96M	MPC RPTD AMT PD, PRIV INS (UN-IMPUTED)	7.2	NUM	137	143

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,614	18,161,653
0	1,354	15,638,780
$1.00-$8940.50	931	12,528,118
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERVA96M	MPC RPTD AMT PD, VETERANS (UN-IMPUTED)	6.2	NUM	144	149

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,448	16,051,545
0	2,450	30,259,632
$451.81	1	17,374
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERCH96M	MPC RPTD AMT PD,CHMP/CHMPVA (UN-IMPUTED)	6.2	NUM	150	155

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,440	15,979,871
0	2,456	30,309,118
$58.30-$205.76	3	39,563
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EROF96M	MPC RPTD AMT PD, OTHER FED (UN-IMPUTED)	6.2	NUM	156	161

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,439	15,967,903
0	2,458	30,337,905
$142.66-$168.71	2	22,744
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERSL96M	MPC RPTD AMT PD,STATE & LOC (UN-IMPUTED)	6.2	NUM	162	167

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,439	15,967,903
0	2,459	30,350,247
$198.00	1	10,402
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERWC96M	MPC RPTD AMT PD, WORK COMP (UN-IMPUTED)	7.2	NUM	168	174

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,439	15,967,903
0	2,388	29,409,372
$2.86-$7945.16	72	951,277
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EROT96M	MPC RPTD AMT PD, OTH INSUR (UN-IMPUTED)	7.2	NUM	175	181

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,452	16,130,951
0	2,433	30,005,646
$8.80-$2691.00	14	191,955
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ERTC96M	MPC REPORTED TOTAL CHARGE (UN-IMPUTED)	9.2	NUM	182	190

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,500	16,697,084
0	170	2,046,128
$2.86-$148341.10	2,229	27,585,340
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WTDPER96	POVERTY/MORTALITY ADJUSTED PERS LEVL WGT	12.6	NUM	191	202

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	131	0
1271.688059-69380.204318	3,768	46,328,552
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	203	204

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1-45	3,899	46,328,552
TOTAL	3,899	46,328,552

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR96	VARIANCE ESTIMATION STRATUM,1996	3.0	NUM	205	207

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1-140	3,899	46,328,552
TOTAL	3,899	46,328,552

E. Variable-Source Crosswalk

E. VARIABLE-SOURCE CROSSWALK
FOR MEPS HC-010E: 1996 EMERGENCY ROOM VISITS

File 1:

Survey Administration and ID Variables

Variable	Description	Source
DUID	Dwelling unit ID (encrypted)	Assigned in sampling
PID	Person number (encrypted)	Assigned in sampling
DUPERSID	Sample person ID (encrypted)	Assigned in sampling
EVNTIDX	EVNT ID	Assigned in Sampling
EVENTRN	Event round number	CAPI derived
ERHEVIDX	Flag indicate hospital stay associated with the ER visit	Constructed
FFID11X	Flat fee ID	CAPI derived
MPCDATA	Medical Provider ID	CAPI derived

Emergency Room Events Variables

Variable	Description	Source
ERDATEYR	Event date - year	CAPI derived
ERBEGMM	Event date – month	CAPI derived
ERBEGDD	Event date – day	CAPI derived
SEEDOC	Did P see medical doctor during this visit	ER01
VSTCTGRY	Best category for EROM care on visit	ER02
VSTRELCN	Was this visit related to special health condition	ER03
LABTEST	During the visit did the P have lab tests	ER05
SONOGRAM	During this visit did P have sonog/ultras	ER05

Variable	Description	Source
XRAYS	During this visit did P have x–rays	ER05
MAMMOG	During this visit did P have mammogram	ER05
MRI	During this visit did P have MRI/CATSCAN	ER05
EKG	During this visit did P have EKG or ECG	ER05
EEG	During this visit did P have EEG	ER05
RCVVAC	During this visit did P receive vaccination	ER05
ANESTH	During this visit did P receive anesthesia	ER05
OTHSVCE	During this visit did P have OTH TSTS/EXM	ER05
SURGPROC	Surgical procedure performed on P during visit	ER06
SURGNAME	Surgical procedure name in categories	ER07
MEDPRESC	This visit were any medicines prescribed for P	ER08
DOCOUTF	Did person see any ER docs outside of ER	ER10
VAPLACE	Emergency room is a VA facility	Constructed
ERICD1X	3-digit ICD-9 condition code	Edited
ERICD2X	3-digit ICD-9 condition code	Edited
ERICD3X	3-digit ICD-9 condition code	Edited
ERPRO1X	2-digit ICD-9 condition code	Edited
ERCCC1X	Modified Clinical Classification Code	Constructed/Edited
ERCCC2X	Modified Clinical Classification Code	Constructed/Edited
ERCCC3X	Modified Clinical Classification Code	Constructed/Edited
NUMCOND	Total number of COND records linked to this event	Constructed

Imputed Expenditure Variables

Variable	Description	Source
FFERTYPX	Edited flat fee stem or leaf	FF01, FF02
FFER96	Total # ER visits in flat fee in 1996	FF02
FFTOT96	Total # visits in flat fee for 1996	FF02 (edited)
EREXP96X	Total expenditure for emergency room visit	Constructed
ERTC96X	Total charge for emergency room visit	Constructed
ERFSF96X	Facility amount paid, family (imputed)	CP11 (Edited/Imputed)
ERFMR96X	Facility amount paid, Medicare (imputed)	CP09 (Edited/Imputed)
ERFMD96X	Facility amount paid, Medicaid (imputed)	CP07 (Edited/Imputed)
ERFPV96X	Facility amount paid, private insurance (imputed)	CP07 (Edited/Imputed)
ERFVA96X	Facility amount paid, Veterans (imputed)	CP07 (Edited/Imputed)
ERFCH96X	Facility amount paid, CHAMP/CHAMPVA (imputed)	CP07 (Edited/Imputed)
ERFOF96X	Facility amount paid, other federal (imputed)	CP07 (Edited/Imputed)
ERFSL96X	Facility amount paid, state/local govt. (imputed)	CP07 (Edited/Imputed)
ERFWC96X	Facility amount paid, Worker's Comp (imputed)	CP07 (Edited/Imputed)
ERFOR96X	Facility amount paid, other private (imputed)	Constructed
ERFOU96X	Facility amount paid, other public (imputed)	Constructed
ERFOT96X	Facility amount paid, other insurance (imputed)	CP07 (Edited/Imputed)
ERFXP96X	Facility sum of payments ERFSF96X – ERFOT96X	Constructed
ERFTC96X	Facility total charge (imputed)	CP09 (Edited/Imputed)

Variable	Description	Source
IMPERFSF	Imputation flag for ERFSF96X	Constructed
IMPERFMR	Imputation flag for ERFMR96X	Constructed
IMPERFMD	Imputation flag for ERFMD96X	Constructed
IMPERFPV	Imputation flag for ERFPV96X	Constructed
IMPERFVA	Imputation flag for ERFVA96X	Constructed
IMPERFCH	Imputation flag for ERFCH96X	Constructed
IMPERFOF	Imputation flag for ERFOF96X	Constructed
IMPERFSL	Imputation flag for ERFSL96X	Constructed
IMPERFWC	Imputation flag for ERFWC96X	Constructed
IMPERFOR	Imputation flag for ERFOR96X	Constructed
IMPERFOU	Imputation flag for ERFOU96X	Constructed
IMPERFOT	Imputation flag for ERFOT96X	Constructed
IMPERCHG	Imputation flag for ERFTC96X	Constructed
IMPERNUM	Number of Dr. records imputed per provider	Constructed

ERDSF96X	Doctor amount paid, family (imputed)	CP11 (Edited/Imputed)
ERDMR96X	Doctor amount paid, Medicare (imputed)	CP09 (Edited/Imputed)
ERDMD96X	Doctor amount paid, Medicaid (imputed)	CP07 (Edited/Imputed)
ERDPV96X	Doctor amount paid, private insurance (imputed)	CP07 (Edited/Imputed)
ERDVA96X	Doctor amount paid, Veterans (imputed)	CP07 (Edited/Imputed)
ERDCH96X	Doctor amount paid, CHAMP/CHAMPVA (imputed)	CP07 (Edited/Imputed)

ERDOF96X	Doctor amount paid, other federal (imputed)	CP07 (Edited/Imputed)
ERDSL96X	Doctor amount paid, state/local govt. (imputed)	CP07 (Edited/Imputed)
ERDWC96X	Doctor amount paid, Worker's Comp (imputed)	CP07 (Edited/Imputed)
ERDOR96X	Doctor amount paid, other private (imputed)	Constructed
ERDOU96X	Doctor amount paid, other public (imputed)	Constructed
ERDOT96X	Doctor amount paid, other insurance (imputed)	CP07 (Edited/Imputed)
ERDXP96X	Doctor sum of payments ERDSF96X – ERDOT96X	Constructed
ERDTC96X	Doctor total charge (imputed)	CP09 (Edited/Imputed)

Weights

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

File 2:

Survey Administration and ID Variables

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

Pre-imputed Expenditure Variables

Variable	Description	Source
ERSF96H	Household reported amount paid, family (pre-imputed)	CP11 (Edited)
ERMR96H	Household reported amount paid, Medicare (pre-imputed)	CP09 (Edited)
ERMD96H	Household reported amount paid, Medicaid (pre-imputed)	CP07 (Edited)
ERPV96H	Household reported amount paid, private insurance (pre-imputed)	CP07 (Edited)
ERVA96H	Household reported amount paid, Veterans (pre-imputed)	CP07 (Edited)
ERCH96H	Household reported amount paid, CHAMP/CHAMPVA (pre-imputed)	CP07 (Edited)
EROF96H	Household reported amount paid, other federal (pre-imputed)	CP07 (Edited)
ERSL96H	Household reported amount paid, state/local govt. (pre-imputed)	CP07 (Edited)
ERWC96H	Household reported amount paid, Worker's Comp (pre-imputed)	CP07 (Edited)
EROT96H	Household reported amount paid, other insurance. (pre-imputed)	CP07 (Edited)
ERTC96H	Household reported total charge (pre-imputed)	CP09 (Edited)

Variable	Description	Source
ERSF96M	MPC reported amount paid, family (unimputed)	Question# 8a
ERMR96M	MPC reported amount paid, Medicare (unimputed)	Question# 8b
ERMD96M	MPC reported amount paid, Medicaid (unimputed)	Question# 8c
ERPV96M	MPC reported amount paid, private insurance (unimputed)	Question# 8d
ERVA96M	MPC reported amount paid, Veterans (unimputed)	Question# 8e
ERCH96M	MPC reported amount paid, CHAMP/CHAMPVA (unimputed)	Question# 8f
EROF96M	MPC reported amount paid, other federal (unimputed)	Question# 8g
ERSL96M	MPC reported amount paid, state/local govt. (unimputed)	Question# 8g
ERWC96M	MPC reported amount paid, Worker's Comp (unimputed)	Question# 8g
EROT96M	MPC reported amount paid, other insurance (unimputed)	Question# 8g
ERTC96M	MPC reported total charge (unimputed)	Question# 9

Weights

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