DATE: April 10, 2019

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
42	43	CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST
44	45	COMPANN	TYPE OF HLTH CARE WRKR - COMPANION
82	83	DAYSPMO	# DAYS / MONTH PROVIDER CAME
80	81	DAYSPWK	# DAYS / WEEK PROVIDER CAME
46	47	DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID + PID)
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
78	79	FREQCY	PROVIDER HELPED EVERY WEEK/SOME WEEKS
48	49	HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE
36	37	HHDATEMM	EVENT DATE - MONTH
32	35	HHDATEYR	EVENT DATE - YEAR
86	87	HHDAYS	DAYS PER MONTH IN HOME HEALTH, 2017
104	111	HHMD17X	AMOUNT PAID, MEDICAID (IMPUTED)
96	103	HHMR17X	AMOUNT PAID, MEDICARE (IMPUTED)
133	138	HHOF17X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
152	158	HHOR17X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
166	171	HHOT17X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
159	165	HHOU17X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
112	118	HHPV17X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
88	95	HHSF17X	AMOUNT PAID, FAMILY (IMPUTED)
139	146	HHSL17X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
180	187	HHTC17X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
126	132	HHTR17X	AMOUNT PAID, TRICARE (IMPUTED)
41	41	HHTYPE	HOME HEALTH EVENT TYPE
119	125	HHVA17X	AMOUNT PAID, VETERANS/CHAMPVA (IMPUTED)
147	151	HHWC17X	AMOUNT PAID, WORKERS COMP (IMPUTED)
172	179	HHXP17X	SUM OF HHSF17X - HHOT17X (IMPUTED)
52	53	HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER
50	51	HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER
188	188	IMPFLAG	IMPUTATION STATUS
54	55	IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST
56	57	MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR
38	38	MPCELIG	MPC ELIGIBILITY FLAG
60	61	NURAIDE	TYPE OF HLTH CARE WRKR - NURSE'S AIDE
58	59	NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR
62	63	OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP
74	75	OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER
30	31	PANEL	PANEL NUMBER
64	65	PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTDT
189	200	PERWT17F	EXPENDITURE FILE PERSON WEIGHT, 2017
66	67	PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY
6	8	PID	PERSON NUMBER

DATE: April 10, 2019

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

PAGE: 2

START	END	NAME	DESCRIPTION
68	69	RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY
84	85	SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES
39	40	SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF
70	71	SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER
72	73	SPEECTHP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY
205	205	VARPSU	VARIANCE ESTIMATION PSU, 2017
201	204	VARSTR	VARIANCE ESTIMATION STRATUM, 2017
76	77	VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND

DATE: April 10, 2019

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	31	PANEL	PANEL NUMBER
32	35	HHDATEYR	EVENT DATE - YEAR
36	37	HHDATEMM	EVENT DATE - MONTH
38	38	MPCELIG	MPC ELIGIBILITY FLAG
39	40	SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF
41	41	HHTYPE	HOME HEALTH EVENT TYPE
42	43	CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST
44	45	COMPANN	TYPE OF HLTH CARE WRKR - COMPANION
46	47	DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT
48	49	HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE
50	51	HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER
52	53	HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER
54	55	IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST
56	57	MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR
58	59	NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR
60	61	NURAIDE	TYPE OF HLTH CARE WRKR - NURSE'S AIDE
62	63	OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP
64	65	PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTDT
66	67	PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY
68	69	RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY
70	71	SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER
72	73	SPEECTHP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY
74	75	OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER
76	77	VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND
78	79	FREQCY	PROVIDER HELPED EVERY WEEK/SOME WEEKS
80	81	DAYSPWK	# DAYS / WEEK PROVIDER CAME
82	83	DAYSPMO	# DAYS / MONTH PROVIDER CAME
84	85	SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES
86	87	HHDAYS	DAYS PER MONTH IN HOME HEALTH, 2017
88	95	HHSF17X	AMOUNT PAID, FAMILY (IMPUTED)
96	103	HHMR17X	AMOUNT PAID, MEDICARE (IMPUTED)
104	111	HHMD17X	AMOUNT PAID, MEDICAID (IMPUTED)
112	118	HHPV17X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)
119	125	HHVA17X	AMOUNT PAID, VETERANS/CHAMPVA(IMPUTED)
126	132	HHTR17X	AMOUNT PAID, TRICARE (IMPUTED)
133	138	HHOF17X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)
139	146	HHSL17X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)
147	151	HHWC17X	AMOUNT PAID, WORKERS COMP (IMPUTED)
152	158	HHOR17X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)

DATE: April 10, 2019

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

PAGE: 4

START	END	NAME	DESCRIPTION
159	165	HHOU17X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
166	171	HHOT17X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)
172	179	HHXP17X	SUM OF HHSF17X - HHOT17X (IMPUTED)
180	187	HHTC17X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
188	188	IMPFLAG	IMPUTATION STATUS
189	200	PERWT17F	EXPENDITURE FILE PERSON WEIGHT, 2017
201	204	VARSTR	VARIANCE ESTIMATION STRATUM, 2017
205	205	VARPSU	VARIANCE ESTIMATION PSU, 2017

NAME	DESCRIPTION	<u>F</u> (ORMAT	TYPE	START	END
DUID	DWELLING UNIT ID		<u>5.0</u>	NUM	<u>1</u>	<u>5</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT17F
	VALID ID	7,051				1,898
	TOTAL	7,051			62,73	1,898
PID	PERSON NUMBER		3.0	NUM	<u>6</u>	<u>8</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT17F
	VALID ID	7,051				1,898
	TOTAL	7,051			62,73	1,898
DUPERSID	PERSON ID (DUID + PID)		8.0	CHAR	<u>9</u>	<u>16</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT17F
	VALID ID	7,051				1,898
	TOTAL	7,051			62,73	1,898
EVNTIDX	EVENT ID		12.0	CHAR	<u>17</u>	28
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT17F
	VALID ID	7,051			62,73	1,898
	TOTAL	7,051			62,73	1,898
EVENTRN	EVENT ROUND NUMBER		1.0	<u>NUM</u>	<u>29</u>	29
	VALUE	UNWEIGHTED		WEIGHTE	D BY PER	WT17F
	ROUND 1	732				8,261
	ROUND 2	1,418				4,801
	ROUND 3 ROUND 4	1,975				7,809 1,989
	ROUND 5	1,313 1,613				9,038
	TOTAL	7,051				1,898
		•			•	-

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
PANEL	PANEL NUMBER		2.0	NUM	30	<u>31</u>
	VALUE	UNWEIGHTED	<u> </u>	EIGHTE	D BY PER	WT17F
	PANEL 21 PANEL 22 TOTAL	3,536 3,515 7,051			32,93	4,150 7,748 1,898
HHDATEYR	EVENT DATE - YEAR		4.0	NUM	<u>32</u>	<u>35</u>
	VALUE	UNWEIGHTED	<u> W</u>	EIGHTE	D BY PER	WT17F
	2017 TOTAL	7,051 7,051				1,898 1,898
HHDATEMM	EVENT DATE - MONTH		2.0	NUM	<u>36</u>	<u>37</u>
	VALUE	UNWEIGHTED	<u> </u>	EIGHTE	D BY PER	WT17F
	1 - 12 MONTH TOTAL	7,051 7,051			62,73 62,73	1,898 1,898
MPCELIG	MPC ELIGIBILITY FLAG		1.0	NUM	38	38
	VALUE	UNWEIGHTED	<u> </u>	EIGHTE	D BY PER	WT17F
	1 MPC ELIGIBLE - AGENCY 2 NOT MPC ELIGIBLE - PAID INDEP 3 NOT MPC ELIG - INFORMAL CARE TOTAL	5,587 534 930 7,051			5,64 7,55	2,936 4,596 4,366 1,898
SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF		2.0	NUM	<u>39</u>	<u>40</u>
	VALUE	UNWEIGHTED	<u>W</u>	EIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE 1 WORK FOR AGENCY, HOSP, NURS HOME 2 WORK FOR SELF TOTAL	393 5,588 1,070 7,051			49,54 9,96	7,525 2,155 2,218 1,898

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHTYPE	HOME HEALTH EVENT TYPE		1.0	NUM	<u>41</u>	<u>41</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PEI	RWT17F
	1 FRIEND/NEIGHBOR 2 RELATIVE	2 4 2 606				37,994
		82				92,916
	3 VOLUNTEER 4 OTHER - PAID					23,455
	TOTAL	6,121				77,532
		7,051		N. T.	·	31,898
CNA	TYPE OF HLTH CARE WRKR - CERT NURSE ASST		2.0	NUM	42	<u>43</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PEI	KWT17F
	-9 NOT ASCERTAINED	39			33	38,252
	-8 DK	45				07,391
	-7 REFUSED	11			10	64,790
	-1 INAPPLICABLE	1,508			13,63	39,127
	1 YES	838			7,34	12,886
	2 NO	4,610			40,73	39,452
	TOTAL	7,051			62,73	31,898
COMPANN	TYPE OF HLTH CARE WRKR - COMPANION		2.0	NUM	44	<u>45</u>
	VALUE	UNWEIGHTED		WEIGHTE	D BY PEI	RWT17F
	-9 NOT ASCERTAINED	39			33	38,252
	-8 DK	43			4	67,368
	-7 REFUSED	13			1.9	90,602
	-1 INAPPLICABLE	1,508			13,63	39,127
	1 YES	474			4,1	11,730
	2 NO	4,974			43,98	34,818
	TOTAL	7,051			62,73	31,898

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
DIETICN	TYPE OF HLTH CARE WRKR - DIETITIAN/NUTRT		2.0	NUM	<u>46</u>	<u>47</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PEF	WT17F
	-9 NOT ASCERTAINED -8 DK	39 45				88,252 07,391
	-7 REFUSED	45 11				4,790
	-1 INAPPLICABLE	1,508				39,127
	1 YES	1,300				7,538
	2 NO	5,434				4,800
	TOTAL	7,051				1,898
		,,552			0_,,,	-,000
HHAIDE	TYPE OF HLTH CARE WRKR - HOME CARE AIDE		2.0	NUM	48	<u>49</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PER	RWT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	43				7,368
	-7 REFUSED	13				0,602
	-1 INAPPLICABLE	1,508			13,63	9,127
	1 YES	1,632			13,70	4,171
	2 NO	3,816			34,39	2,378
	TOTAL	7,051			62,73	1,898
HOSPICE	TYPE OF HLTH CARE WRKR - HOSPICE WORKER		2.0	<u>NUM</u>	<u>50</u>	<u>51</u>
	VALUE	UNWEIGHTED		WEIGHTE	BY PEF	<u>WT17F</u>
	-9 NOT ASCERTAINED	39			3.3	8,252
	-8 DK	43				7,368
	-7 REFUSED	13				0,602
	-1 INAPPLICABLE	1,508				9,127
	1 YES	118				0,059
	2 NO	5,330			46,79	6,490
	TOTAL	7,051			62,73	1,898

NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HMEMAKER	TYPE OF HLTH CARE WRKR - HOMEMAKER		<u>2.0</u>	NUM	<u>52</u>	<u>53</u>
	VALUE	UNWEIGHTED	ļ	WEIGHTE	D BY PE	RWT17F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO TOTAL	39 43 13 1,508 1,155 4,293 7,051			4 1 13,6 8,4 39,6	38,252 67,368 90,602 39,127 28,437 68,112 31,898
IVTHP	TYPE OF HLTH CARE WRKR - IV THERAPIST		2.0	NUM	<u>54</u>	<u>55</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PE	RWT17F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO TOTAL	39 45 11 1,508 39 5,409 7,051			5 1 13,6 3 47,7	38,252 07,391 64,790 39,127 45,314 37,024 31,898
MEDLDOC	TYPE OF HLTH CARE WRKR - MEDICAL DOCTOR		2.0	NUM	<u>56</u>	<u>57</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PE	RWT17F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 YES 2 NO TOTAL	39 45 11 1,508 166 5,282 7,051			5 1 13,6 1,5 46,5	38,252 07,391 64,790 39,127 08,614 73,725 31,898

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
NURPRACT	TYPE OF HLTH CARE WRKR - NURSE/PRACTR		<u>2.0</u>	NUM	<u>58</u>	<u>59</u>
	VALUE	UNWEIGHTED	Ī	WEIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED -8 DK	39 45				8,252 7,391
	-7 REFUSED	11				4,790
	-1 INAPPLICABLE	1,508				9,127
	1 YES	1,360			13,30	
	2 NO	4,088				8,705
	TOTAL	7,051			62,73	
	10112	,,031			02,73	1,050
NURAIDE	TYPE OF HLTH CARE WRKR - NURSE'S AIDE		2.0	NUM	<u>60</u>	<u>61</u>
	VALUE	UNWEIGHTED	Ī	WEIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	43				7,368
	-7 REFUSED	13				0,602
	-1 INAPPLICABLE	1,508			13,63	
	1 YES	308			2,96	9,164
	2 NO	5,140			45,12	7,385
	TOTAL	7,051			62,73	1,898
OCCUPTHP	TYPE OF HLTH CARE WRKR - OCCUP THERAP		2.0	NUM	62	<u>63</u>
			=		<u></u>	
	VALUE	UNWEIGHTED	Ī	WEIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	45				7,391
	-7 REFUSED	11				4,790
	-1 INAPPLICABLE	1,508			13,63	
	1 YES	402				6,126
	2 NO	5,046			44,03	•
	TOTAL	7,051			62,73	1,898

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
PERSONAL	TYPE OF HLTH CARE WRKR - PERS CARE ATTOT		<u>2.0</u>	NUM	<u>64</u>	<u>65</u>
	VALUE	UNWEIGHTED	<u> </u>	VEIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED -8 DK	39 43			46	8,252 7,368
	-7 REFUSED -1 INAPPLICABLE	13 1,508			19 13,63	0,602 9.127
	1 YES	960				3,948
	2 NO	4,488			40,13	
	TOTAL	7,051			62,73	1,898
PHYSLTHP	TYPE OF HLTH CARE WRKR - PHYSICL THERAPY		2.0	NUM	<u>66</u>	<u>67</u>
	VALUE	UNWEIGHTED	<u>v</u>	VEIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	45			50	7,391
	-7 REFUSED	11				4,790
	-1 INAPPLICABLE	1,508			13,63	
	1 YES	718				9,023
	2 NO	4,730			40,83	
	TOTAL	7,051			62,73	1,898
RESPTHP	TYPE OF HLTH CARE WRKR - RESPIRA THERAPY		2.0	NUM	<u>68</u>	<u>69</u>
	VALUE	UNWEIGHTED	<u>v</u>	VEIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	45			50	7,391
	-7 REFUSED	11			16	4,790
	-1 INAPPLICABLE	1,508			13,63	
	1 YES	22				4,221
	2 NO	5,426			47,98	8,117
	TOTAL	7,051			62,73	1,898

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
SOCIALW	TYPE OF HLTH CARE WRKR - SOCIAL WORKER		2.0	NUM	<u>70</u>	<u>71</u>
	VALUE	UNWEIGHTED	<u>v</u>	EIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	45			50	7,391
	-7 REFUSED	11			16	4,790
	-1 INAPPLICABLE	1,508			13,63	9,127
	1 YES	404			3,82	8,174
	2 NO	5,044			44,25	4,165
	TOTAL	7,051			62,73	1,898
SPEECTHP	TYPE OF HLTH CARE WRKR - SPEECH THERAPY		2.0	NUM	72	73
	VALUE	UNWEIGHTED	<u>v</u>	EIGHTE	D BY PER	WT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	45			50	7,391
	-7 REFUSED	11			16	4,790
	-1 INAPPLICABLE	1,508			13,63	9,127
	1 YES	215			2,00	9,942
	2 NO	5,233			46,07	2,397
	TOTAL	7,051			62,73	1,898
OTHRHCW	TYPE OF HLTH CARE WRKR - OTHER		2.0	NUM	74	<u>75</u>
	VALUE	UNWEIGHTED	<u>v</u>	EIGHTE:	D BY PER	WT17F
	-9 NOT ASCERTAINED	39			33	8,252
	-8 DK	43			46	7,368
	-7 REFUSED	13			19	0,602
	-1 INAPPLICABLE	1,508			13,63	9,127
	1 YES	298			2,99	7,713
	2 NO	5,150			45,09	8,836
	TOTAL	7,051			62,73	1,898

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND		2.0	NUM	<u>76</u>	<u>77</u>
	VALUE	UNWEIGHTED	,	WEIGHTE	D BY PE	RWT17F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 YES 2 NO	122 37 25 5,669 1,198			3° 3° 50,8	92,588 73,984 06,916 68,101 90,310
	TOTAL	7,051			62,7	31,898
FREQCY	PROVIDER HELPED EVERY WEEK/SOME WEEKS		2.0	<u>NUM</u>	<u>78</u>	<u>79</u>
	VALUE	UNWEIGHTED	,	WEIGHTE	D BY PE	RWT17F
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 EVERY WEEK 2 SOME WEEKS 3 ONLY CAME ONCE TOTAL	88 29 19 5,588 753 574 7,051			2 27,9 47,2 7,2	76,116 94,813 57,761 09,892 19,298 74,020 31,898
DAYSPWK	# DAYS / WEEK PROVIDER CAME		2.0	<u>NUM</u>	80	<u>81</u>
	VALUE	UNWEIGHTED	,	WEIGHTE	D BY PE	RWT17F
	-8 DK -1 INAPPLICABLE 1 - 7 TOTAL	22 1,463 5,566 7,051			14,8 47,7	00,432 22,007 09,460 31,898
DAYSPMO	# DAYS / MONTH PROVIDER CAME		2.0	NUM	82	83
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT17F
	-8 DK -7 REFUSED -1 INAPPLICABLE 1 - 31 TOTAL	10 1 6,298 742 7,051			55,5 7,1	98,962 0 12,601 20,336 31,898

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
SAMESVCE	ANY OTH MONS PER RECEIVED SAME SERVICES		2.0	NUM	84	<u>85</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PEI	RWT17F
	-8 DK	5			Į.	53,608
	-7 REFUSED	9			1:	L7,530
	-1 INAPPLICABLE	872			8,5	19,433
	1 YES	6,061				94,499
	2 NO	104			,	L6,828
	TOTAL	7,051			62,73	31,898
HHDAYS	DAYS PER MONTH IN HOME HEALTH, 2017		2.0	NUM	<u>86</u>	<u>87</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PEI	RWT17F
	-9 NOT ASCERTAINED	169			1,82	28,082
	1 - 31	6,882			60,90	3,816
	TOTAL	7,051			62,7	31,898
HHSF17X	AMOUNT PAID, FAMILY (IMPUTED)		8.2	NUM	88	<u>95</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PEI	RWT17F
	-1 INAPPLICABLE	930			7.5	54,366
	0	5,617				L3,146
	\$1.31 - \$100.00	143				7,350
	\$100.01 - \$329.10	109				96,495
	\$329.11 - \$1,600.00	132			1,4	77,145
	\$1,600.01 - \$14,520.00	120			1,48	33,396
	TOTAL	7,051			62,73	31,898

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHMR17X	AMOUNT PAID, MEDICARE (IMPUTED)		8.2	NUM	<u>96</u>	<u>103</u>
	VALUE	UNWEIGHTED	<u> </u>	VEIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE	930			,	4,366
	0	4,175				0,180
	\$3.00 - \$476.13	489			4,42	2,979
	\$476.14 - \$1,117.00	494			4,42	2,131
	\$1,117.01 - \$2,116.00	477				0,391
	\$2,116.01 - \$12,625.00	486			5,14	1,851
	TOTAL	7,051			62,73	1,898
HHMD17X	AMOUNT PAID, MEDICAID (IMPUTED)		8.2	NUM	104	111
	VALUE	UNWEIGHTED	<u> </u>	VEIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE	930			7,55	4,366
	0	3,115			31,71	6,529
	\$4.00 - \$535.00	754			6,63	7,107
	\$535.01 - \$1,150.00	755			5,48	0,192
	\$1,150.01 - \$2,139.00	746			5,59	6,650
	\$2,139.01 - \$13,076.00	751			5,74	7,055
	TOTAL	7,051			62,73	1,898
HHPV17X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)		7.2	NUM	112	118
<u></u>					===	
	VALUE	UNWEIGHTED	<u>v</u>	VEIGHTE	D BY PER	<u>WT17F</u>
	-1 INAPPLICABLE	930			7,55	4,366
	0	5,876				2,186
	\$1.00 - \$111.00	65				2,144
	\$111.01 - \$302.00	58				2,126
	\$302.01 - \$1,045.00	63			68	5,060
	\$1,045.01 - \$9,220.00	59				6,016
	TOTAL	7,051			62,73	1,898

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NAME	DESCRIPTION	FO	RMAT	TYPE	START	END
HHVA17X	AMOUNT PAID, VETERANS/CHAMPVA(IMPUTED)		7.2	NUM	<u>119</u>	125
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT17F
	-1 INAPPLICABLE	930			7,5	54,366
	0	6,029			54,3	19,447
	\$13.00 - \$418.00	23			2	50,695
	\$418.01 - \$775.00	25				20,768
	\$775.01 - \$1,716.00	21				90,901
	\$1,716.01 - \$6,158.00	23				95,722
	TOTAL	7,051			62,7	31,898
HHTR17X	AMOUNT PAID, TRICARE (IMPUTED)		7.2	NUM	126	132
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT17F
	-1 INAPPLICABLE	930			7.5	54,366
	0	6,106				42,690
	\$21.00 - \$1,737.00	15				34,843
	TOTAL	7,051			62,7	31,898
HHOF17X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)		6.2	NUM	133	138
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT17F
	-1 INAPPLICABLE	930			7,5	54,366
	0	6,106			55,0	00,664
	\$588.00 - \$947.50	15			1	76,869
	TOTAL	7,051			62,7	31,898
HHSL17X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)		8.2	NUM	139	146
	VALUE	UNWEIGHTED		WEIGHTE	D BY PE	RWT17F
	-1 INAPPLICABLE	930			7.5	54,366
	0	5,601				97,981
	\$10.00 - \$418.00	141				28,734
	\$418.01 - \$1,018.00	120				50,444
	\$1,018.01 - \$2,528.00	130			1,5	70,425
	\$2,528.01 - \$10,974.00	129			1,5	29,949
	TOTAL	7,051			62,7	31,898

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHWC17X	AMOUNT PAID, WORKERS COMP (IMPUTED)		<u>5.2</u>	NUM	147	<u>151</u>
	VALUE	UNWEIGHTED	<u>W</u>	EIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE	930				4,366
	0 TOTAL	6,121 7,051				7,532 1,898
HUOD17V	AMOUNT DATE OFFICE DELVAME (IMPUMED)		7 0	MITM	150	150
HHOR17X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)		7.2	NUM	<u>152</u>	<u>158</u>
	VALUE	UNWEIGHTED	<u>W</u>	EIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE	930			7,55	4,366
	0	6,050			54,54	7,584
	\$14.00 - \$80.00	18				2,171
	\$80.01 - \$642.00	18			17	7,742
	\$642.01 - \$1,737.00	18				1,250
	\$1,737.01 - \$9,817.50	17			ε	8,786
	TOTAL	7,051			62,73	1,898
HHOU17X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)		7.2	NUM	<u>159</u>	<u>165</u>
	VALUE	UNWEIGHTED	<u>W</u>	EIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE	930			7,55	4,366
	0	6,087			54,91	7.561
	\$121.80 - \$1,499.80					
	\$121.00 - \$1,499.00	34			25	9,972
	TOTAL	3 4 7,051				
						9,972
ннот17х			6.2	<u>NUM</u>		9,972
ннот17х	TOTAL				62,73	99,972 1,898 <u>171</u>
<u>ннот17х</u>	AMOUNT PAID, OTHER INSURANCE (IMPUTED) VALUE	7,051			62,73 <u>166</u> D BY PEF	9,972 11,898 <u>171</u> WT17F
<u>HHOT17X</u>	AMOUNT PAID, OTHER INSURANCE (IMPUTED)	7,051 UNWEIGHTED 930			62,73 <u>166</u> D BY PEF 7,55	9,972 1,898 <u>171</u> <u>wr17F</u>
<u>HHOT17X</u>	TOTAL AMOUNT PAID, OTHER INSURANCE (IMPUTED) VALUE -1 INAPPLICABLE 0	7,051 <u>UNWEIGHTED</u> 930 6,069			62,73 166 D BY PEF 7,55 54,61	171 2WT17F 64,366 6,210
<u>HHOT17x</u>	TOTAL AMOUNT PAID, OTHER INSURANCE (IMPUTED) VALUE -1 INAPPLICABLE 0 \$102.65 - \$164.00	7,051 <u>UNWEIGHTED</u> 930 6,069 13			62,73 166 D BY PEF 7,55 54,61	171 2WT17F 44,366 66,210 12,989
ннот17х	TOTAL AMOUNT PAID, OTHER INSURANCE (IMPUTED) VALUE -1 INAPPLICABLE 0 \$102.65 - \$164.00 \$164.01 - \$323.50	7,051 UNWEIGHTED 930 6,069 13 13			62,73 166 D BY PEF 7,55 54,61 19	171 WT17F 4,366 6,210 12,989 17,362
HHOT17X	TOTAL AMOUNT PAID, OTHER INSURANCE (IMPUTED) VALUE -1 INAPPLICABLE 0 \$102.65 - \$164.00 \$164.01 - \$323.50 \$323.51 - \$667.50	7,051 <u>UNWEIGHTED</u> 930 6,069 13 13 13			62,73 166 D BY PEF 7,55 54,61 19	171 WT17F 44,366 6,210 12,989 17,362 19,891
<u>HHOT17x</u>	TOTAL AMOUNT PAID, OTHER INSURANCE (IMPUTED) VALUE -1 INAPPLICABLE 0 \$102.65 - \$164.00 \$164.01 - \$323.50	7,051 UNWEIGHTED 930 6,069 13 13			62,73 166 D BY PEF 7,55 54,61 19 15	171 WT17F 4,366 6,210 12,989 17,362

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NAME	DESCRIPTION	FC	RMAT	TYPE	START	END
HHXP17X	SUM OF HHSF17X - HHOT17X (IMPUTED)		8.2	NUM	<u>172</u>	<u>179</u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE 0	930 63			•	34,366 57,336
	\$8.00 - \$480.00	1,516				9,558
	\$480.01 - \$1,121.00	1,514			•	9,251
	\$1,121.01 - \$2,207.00	1,523			•	6,070
	\$2,207.01 - \$14,520.00 TOTAL	1,505 7,051				55,318 81,898
HHTC17X	HHLD REPORTED TOTAL CHARGE (IMPUTED)	7,031	8.2	NUM	180	187
			<u> </u>		====	<u> </u>
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PER	WT17F
	-1 INAPPLICABLE	930			7.55	4,366
	\$8.00 - \$573.00	1,531			•	8,937
	\$573.01 - \$1,242.00	1,539			•	1,853
	\$1,242.01 - \$2,578.00	1,522			13,31	8,997
	\$2,578.01 - \$49,280.50	1,529			14,19	7,746
	TOTAL	7,051			62,73	1,898
IMPFLAG	IMPUTATION STATUS		1.0	NUM	188	188
	VALUE	UNWEIGHTED	!	WEIGHTE	D BY PER	WT17F
	0 NOT ELIGIBLE FOR IMPUTATION	930			7,55	4,366
	1 COMPLETE HC DATA	188			•	2,665
	2 COMPLETE MPC DATA	3,088			26,39	6,911
	3 FULLY IMPUTED	2,817			26,48	31,610
	4 PARTIALLY IMPUTED	28				6,346
	TOTAL	7,051			62,73	1,898
PERWT17F	EXPENDITURE FILE PERSON WEIGHT, 2017		12.6	NUM	189	200
	VALUE	UNW	EIGHT	<u>red</u>		
	0.000000 WEIGHT			80		
	721.220625 - 53899.587647 WEIGHT		6,9			
	TOTAL		7,0			
			•			

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR	VARIANCE ESTIMATION STRATUM, 2017	4.0	NUM	201	204
	VALUE	UNWEIGHTE	<u>:D</u>		
	1,001 - 2,117 TOTAL				
VARPSU	VARIANCE ESTIMATION PSU, 2017	1.0	NUM	205	205
	VALUE	UNWEIGHTE	<u>:D</u>		
	1 - 3 TOTAL	7,05 7,05			