

**MEPS HC-016F:
1997 Outpatient Department Visits**

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

Table of Contents

A.	Data Use Agreement	A-1
B.	Background	B-1
	1.0 Household Component	B-1
	2.0 Medical Provider Component	B-2
	3.0 Insurance Component	B-3
	4.0 Nursing Home Component	B-3
	5.0 Survey Management	B-4
C.	Technical and Programming Information	C-1
	1.0 General Information	C-1
	2.0 Data File Information	C-2
	2.1 Codebook Structure	C-3
	2.2 Reserved Codes	C-4
	2.3 Codebook Format	C-4
	2.4 Variable Naming	C-4
	2.4.1 General	C-4
	2.4.2 Expenditure and Sources of Payment Variables	C-5
	2.5 File 1 Contents	C-6
	2.5.1 Survey Administration Variables	C-6
	2.5.1.1 Person Identifiers (DUID, PID, DUPERSID) ..	C-6
	2.5.1.2 Record Identifiers (EVNTIDX, FFEEIDX, EVENTRN)	C-6
	2.5.2 MPC Data Indicator (MPCDATA)	C-6
	2.5.3 Characteristics of Outpatient Visits	C-6
	2.5.3.1 Visit Details (OPBEGYR - VSTRELCN)	C-7
	2.5.3.2 Treatment, Services, Procedures, and Prescription Medicines (PHYSTH - DOCOUTF)	C-7
	2.5.3.3 Other Visit Details (VAPLACE)	C-7
	2.5.4 Conditions and Procedures Codes (OPICD1X-OPICD4X, OPPRO1X) and Clinical Classification Codes (OPCCC1X- OPCCC4X)	C-7
	2.5.5 Record Count Variable (NUMCOND)	C-8
	2.5.6 Flat Fee Variables	C-9
	2.5.6.1 Definition of Flat Fee Payments	C-9
	2.5.6.2 Flat Fee Variable Descriptions	C-9
	2.5.6.3 Flat Fee Type (FFOATYPE)	C-9
	2.5.6.4 Counts of Flat Fee Events that Cross Years (FFBEF97 – FFTOT98)	C-9
	2.5.6.5 Caveats of Flat Fee Groups	C-9

	2.5.7	Expenditure Data	C-10
	2.5.7.1	Definition of Expenditures	C-10
	2.5.7.2	Data Editing/Imputation Methodologies of Expenditure Variables	C-10
	2.5.7.3	General Imputation Methodology	C-11
	2.5.7.4	Capitation Imputation	C-11
	2.5.7.5	Imputation Methodology for Outpatient Department Visits	C-11
	2.5.7.6	Flat Fee Expenditures	C-12
	2.5.7.7	Zero Expenditures	C-13
	2.5.7.8	Discount Adjustment Factor	C-13
	2.5.7.9	Sources of Payment	C-13
	2.5.8	Imputed Outpatient Expenditure Variables	C-14
	2.5.8.1	Outpatient Facility Expenditures (OPFSF97X- OPFOT97X, OPFTC97X, OPFXP97X)	C-14
	2.5.8.2	Outpatient Physician Expenditures (OPDSF97X - OPDOT97X, OPDTC97X, OPDXP97X)	C-14
	2.5.8.3	Rounding	C-15
	2.5.8.4	Imputation Flags (IMPOPFSF-IMPOPCHG)	C-15
	2.6	File 2 Contents: Pre-imputed Expenditure Variables	C-15
3.0		Sample Weights and Variance Estimation Variables (WTDPER97-VARPSU97)	C-16
	3.1	Overview	C-16
	3.2	Details on Person Weights Construction	C-16
	3.2.1	MEPS Panel 1 Weight	C-17
	3.2.2	MEPS Panel 2 Weight	C-17
	3.2.3	The Final Weight for 1997	C-18
	3.2.4	Coverage	C-18
4.0		Strategies for Estimation	C-18
	4.1	Variable with Missing Values	C-18
	4.2	Basic Estimates of Utilization, Expenditures and Sources of Payment	C-19
	4.3	Estimates of the Number of Persons with Outpatient Visits	C-20
	4.4	Person-Based Ratio Estimates	C-20
	4.4.1	Person-Based Ratio Estimates Relative to Persons with Outpatient Visits	C-20
	4.4.2	Person-Based Ratio Estimates Relative to the Entire Population	C-21
	4.5	Sampling Weights for Merging Previous Releases of MEPS Household Data with the Current Data File	C-21
	4.6	Variance Estimation	C-21
5.0		Merging/Linking MEPS Data Files	C-22
	5.1	Linking a Person-Level File to the Outpatient Visit File	C-22

5.2	Linking the Outpatient Visit File to the Medical Conditions File and/or the Prescribed Medicines File	C-23
5.2.1	Limitations/Caveats of RXLK (the Prescribed Medicine Link File)	C-23
5.2.2	Limitations/Caveats of CLNK (the Medical Conditions Link File)	C-23
	References	C-24
	Attachment 1	C-A1-1
	D. Codebooks	D1-1
	E. Variable-Source Crosswalk	E-1

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 an 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:

- Conditions and procedures 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 pre-screening telephone interview, a mailed questionnaire, and a telephone follow-up for nonrespondents.

4.0 Nursing Home Component

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

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

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

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

5.0 Survey Management

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

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

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

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

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

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

C. Technical and Programming Information

1.0 General Information

This documentation describes one in a series of public use event files from the 1997 Medical Expenditure Panel Survey 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 outpatient visits for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of outpatient utilization and expenditures for calendar year 1997. This file consists of MEPS survey data obtained in the 1997 portion of Round 3 and Rounds 4 and 5 for Panel 1, as well as Rounds 1,2 and the 1997 portion of Round 3 for Panel 2 (i.e., the rounds for the MEPS panels covering calendar year 1997). Each record on this event file represents a unique outpatient department event; that is, an outpatient event reported by the household respondent. In addition to expenditures related to this event, each record contains household reported medical conditions and procedures associated with the outpatient 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 characteristics to each outpatient visit record.

Counts of outpatient 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 outpatient visits. Aggregate annual person-level information on the use of outpatient departments and other health services use will be provided on a public use file, where each record represents a MEPS sampled person.

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

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

For more information on MEPS HC survey design see S. Cohen, 1997; J. Cohen, 1997; and S. Any variables not found on this file but released on previous MEPS Outpatient Department Visits Files were excluded due to the fact that they only contained missing data.

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

Both files 1 and 2 of this public use data set contains variables and frequency distribution for a total of 16,035 outpatient visits reported during the 1997 portion of round 3, and rounds 4 and 5 for Panel 1, as well as rounds 2,3, and the 1997 portion of round 3 for Panel 2 of the MEPS HC. This file includes records of outpatient visits for all household survey respondents who resided in eligible responding households and who reported at least one outpatient visit. Records where the outpatient visit was known to have occurred after December 31, 1997 are not included on this file. Of these records, 15,799 were associated with persons having positive person-level weights (WTDPER97). The persons represented on this file had to meet criteria for either (a) or (b):

(a) Be classified as a key in-scope person who responded for his or her entire period of 1997 eligibility (i.e., persons with a positive 1997 full-year person-level sampling weight (WTDPER97>0)), or

(b) Be classified as either an eligible non-key person or an eligible out-of-scope person who responded for his or her entire period of 1997 eligibility, and belonged to a family (i.e., all persons with the same value of FAMID) in which all eligible family members responded for their entire period of 1997 eligibility, and at least one family member has a positive 1997 full-year person weight (i.e., eligible non-key or eligible out-of-scope persons who are members of a family all of whose members have a positive 1997 full-year MEPS family-level weight (WTFAM97>0)).

For each variable on the file, both weighted and unweighted frequencies are provided in the codebook.

Each record of the outpatient visit on this file includes the following information: date of the visit; whether or not the survey respondent saw the 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 were not imputed.

Data from these files can be merged with previously released 1997 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. The outpatient visits on this file can also be linked to the MEPS 1997 Medical Conditions File and to the MEPS Prescribed Medicines File. Please see the Section 5.0 for details on how to link MEPS data files.

Panel 1 cases (PANEL97 = 1 on 1997 person level file) can also be linked back to the 96 MEPS HC public use data files. However, the user should be aware that at this time no weight is being provided to facilitate 2 year analysis of panel 1 data.

2.1 Codebook Structure

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

File 1

- Unique person identifiers
- Unique outpatient visit identifiers
- Other survey administration variables
- Outpatient visit event-level variables
- ICD-9 codes
- Clinical Classification Software codes
- Imputed expenditure variables
- Weight and variance estimation variables

File 2

- Unique person identifiers
- Unique outpatient visit identifiers
- Pre-imputed and un-imputed expenditure variables

2.2 Reserved Codes

The following reserved code values are used:

Value	Definition
-1 INAPPLICABLE	Question was not asked due to skip pattern.
-7 REFUSED	Question was asked and respondent refused to answer question.
-8 DK	Question was asked and respondent did not know answer.
-9 NOT ASCERTAINED	Interviewer did not record the data.

Generally, -1,-7, -8, and -9 have not been edited on this file. The values of -1 and -9 can be edited by analysts by following the skip patterns in the questionnaire.

2.3 Codebook Format

This codebook describes an ASCII data set (although the data are also being provided in a SAS transport file). The following codebook items are provided for each variable:

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

2.4 Variable Naming

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

2.4.1 General

Variables contained on Files 1 and 2 were derived either from the HC questionnaire itself, the MPC data collection instrument or from the CAPI. The source of each variable is identified in Section E, entitled, "Variable - Source Crosswalk". Sources for each variable are indicated in one of four ways: (1) variables which are derived from CAPI or assigned in sampling are so indicated; (2) variables which come from one or more specific questions have those numbers and the questionnaire

section indicated in the “Source” column; (3) variables constructed from multiple questions using complex algorithms are labeled “Constructed” in the “Source” column; and (4) variables which have been imputed are so indicated.

2.4.2 Expenditure and Sources of Payment Variables

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 expenditure variables on File 2 end with an “H”, if the data source was from the MEPS Household Component and ends with a “M” if the data source was the MEPS Medical Provider Component. All imputed variables on File 1 end with an “X” indicating they are full edited and imputed.

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 (or amount paid) is associated with the facility (F) or the physician (P).

In the case of the sources of payment variables, the fourth and fifth characters indicate:

SF - self or family	OF - other Federal Government
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
XP - sum of payments	

The sixth and seventh characters indicate the year (97) and the last character of all imputed/edited variables is an “X.”

For example, OPFSF97X is the edited/imputed amount paid by self or family for the facility portion of the expenditure associated with an outpatient 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 Attachment 1.

2.5.1.2 Record Identifiers (EVNTIDX, FFEEIDX, EVENTRN)

EVNTIDX uniquely identifies each event (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, respectively. For details on linking see Section 5.0.

FFEEIDX 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 outpatient visit and comes back to have the stitches removed ten days later in a follow-up outpatient visit, both visits are covered under one flat fee dollar amount. These two events (the initial outpatient visit and the subsequent outpatient visit) have the same value for FFEEIDX. Please note that FFEEIDX should be used to link up all MEPS event files (excluding prescribed medicines) in order to determine the full set of events that are part of a flat fee group.

EVENTRN indicates the round in which the outpatient visit was first reported. Please note: Rounds 3, 4, and 5 are associated with MEPS survey data collected from Panel 1. Likewise, Rounds 1, 2, and 3 are associated with data collected from Panel 2.

2.5.2 MPC Data Indicator (MPCDATA)

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

2.5.3 Characteristics of Outpatient Visits

File 1 contains variables describing outpatient events reported by respondents in the Outpatient Department section of the MEPS Household questionnaire. The questionnaire contains specific probes for gathering details about the outpatient visit. Unless noted otherwise, the following variables are provided as unedited.

2.5.3.1 Visit Details (OPBEGYR - VSTRELCN)

When a person reported having had a visit to a hospital outpatient department or special clinic, the date of the outpatient visit was reported (OPBEGYR, OPBEGMM, OPBEGDD). Also reported were: if the person was referred by another physician or medical provider (REFERDBY), and if during the visit the person talked to the medical provider in person or over the telephone (SEEDOC).

If the person did not see a physician (i.e., medical doctor), the respondent was asked to identify the type of medical person that was seen (MEDPTYPE). The amount of time actually spent with the medical provider (TIMESPNT), the type of care the person received (VSTCTGRY), and whether or not the visit or telephone call was related to a specific condition (VSTRELCN) were also determined.

2.5.3.2 Treatment, Services, Procedures, and Prescription Medicines (PHYSTH - DOCOUTF)

Types of treatment received during the outpatient visit include physical therapy (PHYSTH), occupational therapy (OCCUPTH), speech therapy (SPEECHTH), chemotherapy (CHEMOTH), radiation therapy (RADIATTH), kidney dialysis (KIDNEYD), IV therapy (IVTHER), drug or alcohol treatment (DRUGTRT), allergy shots (RCVSHOT), and psychotherapy/counseling (PSYCHOTH). 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). Finally, The questionnaire determined if a medicine was prescribed for the person during the visit (MEDPRESC) and if the person saw any of the same doctors or surgeons at their place of practice outside of the outpatient department or clinic (DOCOUTF).

2.5.3.3 Other Visit Details (VAPLACE)

VAPLACE is a constructed variable that indicates whether the outpatient department or clinic was a VA facility. This variable only has valid data for providers that were sampled into the Medical Provider Component. All other providers are classified as unknown

2.5.4 Conditions and Procedures Codes (OPICD1X-OPICD4X, OPPRO1X) and Clinical Classification Codes (OPCCC1X-OPCCC4X)

Information on household reported medical conditions and procedures associated with each outpatient visit is provided on this file. There are up to four condition codes (OPICD1X-OPICD4X) and 1 procedure code (OPPRO1X) listed for each outpatient visit (99.8 % of the outpatient visits have 0-4 condition records linked). In order to obtain complete information on conditions and procedures associated with an event, the analyst must link to the Medical Conditions File. Please

see Section 5.0 for details on how to link this file to the Medical Conditions File. The user should note that due to confidentiality restrictions, provider-reported condition information is not publicly available.

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

The ICD-9-CM conditions and procedures codes were aggregated into clinically meaningful categories. These categories, included on the file as OPCCC1X-OPCCC4X, 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 conditions and procedures codes (and clinical classification codes) linked to each outpatient 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 Medical Conditions file in conjunction with this outpatient visit file should note that the order of conditions on this file is not identical to that on the Medical Conditions file.

2.5.5 Record Count Variable (NUMCOND)

The variable NUMCOND indicates the total number of condition records which can be linked from the Medical Conditions File to each outpatient visit record. For events where no condition records linked (NUMCOND=0), the conditions and procedures 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 conditions and procedures and clinical classification code variable was set to -1 INAPPLICABLE.

In order to obtain complete condition information for events with NUMCOND greater than 4, the analyst must link to the Medical Conditions File. See Section 5.0 for details on linking MEPS data files.

2.5.6 Flat Fee Variables

2.5.6.1 Definition of Flat Fee Payments

A flat fee is the fixed dollar amount a person is charged for a package of health care services. Examples would be: an obstetrician's fee covering a normal delivery, as well as pre- and post-natal care; or a surgeon's fee covering surgical procedure along with 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 includes flat fee groups where at least one of the health care events, as reported by the HC respondent, occurred during 1997. By definition a flat fee group can span multiple years and a single person can have multiple flat fee groups.

2.5.6.2 Flat Fee Variable Descriptions

There are several variables on this file that describe a flat fee payment situation and the number of medical events that are part of a flat fee group. As noted previously, for a person, the variable FFEEIDX can be used to identify all events, that are part of the same flat fee group. To identify such events, FFEEIDX should be used to link events from all 1997 MEPS event files (excluding prescribed medicines). For the outpatient visits that are not part of a flat fee payment situation, the flat fee variables described below are all set to -1 INAPPLICABLE.

2.5.6.3 Flat Fee Type (FFOPTYPE)

FFOPTYPE indicates whether the 1997 outpatient visit is the "stem" or "leaf" of a flat fee group. A stem (records with FFOPTYPE = 1) is the initial medical service (event) which is followed by other medical events that are covered under the same flat fee payment. The leaves of the flat fee group (records with FFOPTYPE = 2) are those medical events that are tied back to the initial medical event (the stem) in the flat fee group.

2.5.6.4 Counts of Flat Fee Events that Cross Years (FFBEF97 – FFTOT98)

As described above, a flat fee payment situation covers multiple events and the multiple events could span multiple years. For situations where a 1997 outpatient visit is part of a group of events, and some of the events occurred before or after 1997, counts of the known events are provided on the outpatient visit record. Indicator variables are provided if some of the events occurred before or after 1997. These variables are:

FFBEF97 -- total number of pre-1997 events in the same flat fee group as the 1997 outpatient visit record. This count would not include the 1997 outpatient visit.

FFTOT98 -- indicates whether or not there are 1998 medical events in the same flat fee group as the 1997 outpatient visit record.

2.5.6.5 Caveats of Flat Fee Groups

There are 715 outpatient visits that are identified as being part of a flat fee payment group.

In general, every flat fee group should have an initial visit (stem) and at least one subsequent visit (leaf). There are some situations where this is not true. For some of these flat fee groups, the initial visit reported occurred in 1997 but the remaining visits that were part of this flat fee group occurred in 1998. In this case, the 1997 flat fee group represented on this file would consist of one event (the stem). The 1998 events that are part of this flat fee group are not represented on the file. Similarly, the household respondent may have reported a flat fee group where the initial visit began in 1996 but subsequent visits occurred during 1997. In this case, the initial visit would not be represented on the file. This 1997 flat fee group would then only consist of one or more leaf records and no stem.

2.5.7 Expenditure Data

2.5.7.1 Definition of Expenditures

Expenditures on files 1 and 2 refer to what is paid for outpatient services. More specifically, expenditures in MEPS are defined as the sum of payments for care received for each outpatient 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 paid by third party payers. Another general change from the two prior surveys is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures because there are no payments associated with those classifications. For details on expenditure definitions, please reference the following: “Informing American Health Care Policy” (Monheit, et al., 1999).

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

2.5.7.2 Data Editing/Imputation Methodologies of Expenditure Variables

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

2.5.7.3 General Imputation Methodology

Logical edits were used to resolve internal inconsistencies and other problems in the HC and MPC survey-reported data. The edits were designed to preserve partial payment data from households and providers, and to identify actual and potential sources of payment for each household-reported event. In general, these edits accounted for outliers, 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 misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. These edits produced a complete vector of expenditures for some events, and provided the starting point for imputing missing expenditures in the remaining events.

A weighted sequential hot-deck procedure was used to impute for missing expenditures as well as total charge. The procedure uses survey data from respondents to replace missing data, while taking into account the respondents' weighted distribution in the imputation process. Classification variables vary by event type in the hot-deck imputations, but total charge and insurance coverage are key variables in all of the imputations. 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.

2.5.7.4 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 a 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.

2.5.7.5 Imputation Methodology for Outpatient Department Visits

Facility expenditures for outpatient visits 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 for matched events, since providers usually have more complete and accurate data on sources and amounts of payment than households.

Separate imputations were performed for flat fee and simple events. Most outpatient visits were imputed as simple events because hospital facility charges are rarely bundled with other events. (See section 2.5.6 for more details on the definition of flat fee groups.)

Logical edits also were used to sort each event into a specific category for the imputations. Events with complete expenditures were flagged as potential donors for the hot-deck imputations, while events with missing expenditure data were assigned to various recipient categories. Each event was assigned to a recipient category based on its pattern of missing data. For example, an event with a known total charge but no expenditures information 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 for events with missing data. Imputing expenditures for some of these events was problematic, however, because the providers were not reimbursed on a fee-for-service basis. Therefore, expenditures for services provided in capitated or staff model health maintenance organizations (HMOs) were imputed prior to the main imputations.

Expenditures for the remaining events were imputed through separate hot-deck imputations for each of the eight recipient categories. The donor pool in these imputations was restricted to events with complete expenditures from the MPC, although some unmatched events had complete household-reported expenditures. Unmatched household events with complete data 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.

2.5.7.6 Flat Fee Expenditures

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

2.5.7.7 Zero Expenditures

There are some outpatient 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.

2.5.7.8 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.

2.5.7.9 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 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 reflects 10 sources of payment as it was collected through the survey.

2.5.8 Imputed Outpatient Expenditure Variables

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

2.5.8.1 Outpatient Facility Expenditures (OPFSF97X-OPFOT97X, OPFTC97X, OPFXP97X)

Outpatient visit 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 hospital outpatient visit charge.

Outpatient visit expenditures were obtained primarily through the MPC. If the physician charges were included in the outpatient visit bill, then this expenditure is included in the facility expenditure variables. The imputed facility expenditures are provided on this file. OPFSF97X - OPFOT97X are the 12 sources of payment, OPFTC97X is the facility total charge, and OPFXP97X 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.

2.5.8.2 Outpatient Physician Expenditures (OPDSF97X - OPDOT97X, OPDTC97X, OPDXP97X)

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 outpatient facility bill.

For physicians who bill separately (i.e. outside the outpatient facility 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 outpatient visit could have a radiologist and a pathologist associated with it. If their services are not included in the outpatient 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. OPDSF97X - OPDOT97X are the 12 sources of payment, OPDXP97X is the sum of the 12 sources of payments, and OPDTC97X is the physician 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 OPEXP97X, which includes both the facility and physician amounts.

2.5.8.3 Rounding

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

2.5.8.4 Imputation Flags (IMPOPFSF-IMPOPCHG)

The variables IMPOPFSF - IMPOPCHG 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 IMPOPNUM indicates the number of physician records associated with the outpatient 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

Pre-imputed expenditure data are provided on this file. Pre-imputed means that only a series of logical edits were applied to both the HC and MPC data to correct for, among other things, 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. This file contains no imputed data.

As described previously, there are two components that went into creating the total medical expenditure variable: household reported expenditure data and provider reported expenditure data. Both 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 (OPSF97H - OPOT97H and OPFSF97M-OPFOT97M respectively).

The user should note that there are 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. File 2 also includes a variable indicating uncollected liability. Uncollected liability was not used in imputation.

The users should also note the variable HHSFFIDX, which is the original flat fee identifier that was derived during the household interview, should be used only if they are interested in performing their own expenditure imputation.

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

3.1 Overview

There is a single full year person-level weight (WTDPER97) included on both files 1 and 2. A person-level weight was assigned to each outpatient 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 1997. A key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope at the time of the NHIS interview (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States). A person is in-scope whenever he or she is a member of the civilian noninstitutionalized portion of the U.S. population.

3.2 Details on Person Weights Construction

The person-level weight WTDPER97 was developed in three stages. A person level weight for panel 2 was created, including both an adjustment for nonresponse over time and poststratification, controlling to Current Population Survey (CPS) population estimates. Then a person level weight for Panel 1 was created, again including an adjustment for nonresponse over time and

poststratification, again controlling to CPS population estimates based on the same five variables. When poverty status information derived from income variables became available, a 1997 composite weight was formed from the panel 1 and panel 2 weights by multiplying the Panel weights by .5.

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

3.2.1 MEPS Panel 1 Weight

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

3.2.2 MEPS Panel 2 Weight

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

Note that the MEPS round 1 weights (for both panels with one exception as noted below) incorporated the following components: the original household probability of selection for the NHIS; ratio-adjustment to NHIS-based national population estimates at the household (occupied dwelling unit) level; the probability of selection of dwelling units associated with the oversampling of five population domains of analytic interest (for Panel 2 only); adjustment for nonresponse at the dwelling unit level for Round 1; and poststratification to figures at the family and person level obtained from the March 1997 CPS data base. The five oversampled domains for Panel 2 were households with: persons with functional impairments; children with limitations in activity;

individuals 18-64 expected to incur high medical expenditures based on a statistical model; persons with family incomes expected to be below 200 percent of poverty based on a statistical model; and adults with other impairments.

3.2.3 The Final Weight for 1997

Variables used in the establishment of person level poststratification control figures included: poverty status (below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty); census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex, and age. Overall, the weighted population estimate for the civilian, noninstitutionalized population for December 31, 1997 is 267,704,802 (WTDPER97>0 and INSC1231=1). The inclusion of key, in-scope persons who were not in-scope on December 31, 1997 brings the estimated total number of persons represented by the MEPS respondents over the course of the year up to 271,150,561 (WTDPER97>0). The weighting process included poststratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted to nursing homes. For the 1996 full year file an additional poststratification was done to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries experienced in the 1996 MEPS. However, in 1997 the difference between the MEPS and MCBS estimates was not statistically significant, and no adjustment was made.

3.2.4 Coverage

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

4.0 Strategies for Estimation

This file is constructed for efficient estimation of utilization, expenditure, and sources of payment for outpatient care and to allow for estimates of the number of persons with outpatient visits during 1997.

4.1 Variable with Missing Values

It is essential that the analyst examine all variables for the presence of negative values used to represent missing values. For example, a record with a value of -8 for the first ICD9 condition code (OPICD1X) 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 editing/imputation of expenditure variables(e.g. sources of payment, flat fee, and zero expenditures) are described in Section 2.5.7.

4.2 Basic Estimates of Utilization, Expenditures and Sources of Payment

While the examples described below illustrate the use of event level data in constructing person-level 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 outpatient visits, expenditure and sources of payment, the value in each record contributing to the estimates must be multiplied by the weight (WTDPER97) contained on that record.

Example 1:

For example, the total number of outpatient visits, for the civilian non-institutionalized population of the U.S. in 1997, is estimated as the sum of the weight (WTDPER97) across all records. That is,

$$\sum W_j = 129,208,193 \quad (1)$$

Example 2:

Subsetting to records based on characteristics of interest expands the scope of potential estimates. For example, the estimate for the mean out-of-pocket payment at the event level for outpatient visits with expenditures should be calculated as the weighted mean of the facility bill and doctor's bill paid by self/family. That is,

$$\bar{X} = (\sum W_j X_j) / (\sum W_j) = \$38.15, \quad (2)$$

where $X_j = \text{OPFSF97}X_j + \text{OPDSF97}X_j$ and $\sum W_j = 116,936,734$
for all records with $\text{OPEXP97}X_j > 0$.

This gives \$38.15 as the estimated mean amount of out-of-pocket payment of expenditures associated with outpatient visits and 116,936,734 as an estimate of the total number of outpatient visits with expenditures. Both of these estimates are for the civilian non-institutionalized population of the U.S. in 1997.

Example 3:

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

$$\bar{Y} = (\sum W_j Y_j) / (\sum W_j) = 0.4357, \quad (3)$$

where $Y_j = \frac{(OPFPV96X_j + OPDPV96X_j)}{OPEXP96X_j}$ and $\sum W_j = 116,936,734$

for all records with $OPEXP97X_j > 0$.

This gives 0.4357 as the estimated mean proportion of total expenditures paid by private insurance for outpatient visits with expenditures for the civilian non-institutionalized population of the U.S. in 1997.

4.3 Estimates of the Number of Persons with Outpatient Visits

When calculating an estimate of the total number of persons with outpatient visits, users can use a person-level file 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 outpatient visits where patient see a doctor, the current file must be used. This would be estimated as,

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

where

W_i is the sampling weight(WTDPER97) for person i

and

$X_i = 1$ if SEEDOC EQ 1 for any event of person i
 $= 0$ otherwise.

4.4 Person-Based Ratio Estimates

4.4.1 Person-Based Ratio Estimates Relative to Persons with Outpatient Visits

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 outpatient visits is estimated as,

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

where

W_i is the sampling weight(WTDPER97) for person i

and

$$Z_i = \sum \text{OPXP96X}_j \quad \text{across all outpatient visits for person } i.$$

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 outpatient visit are represented on this data file. In this case, the 1997 person level file, which has data for all sampled persons, must be used to estimate the total number of persons (i.e. those with use and those without use). For example, to estimate the proportion of civilian non-institutionalized population of the U.S. with at least one outpatient visit where s/he saw a doctor, the numerator would be derived from data on the current file, and the denominator would be derived from data on the person-level file. That is,

$$\frac{(\sum W_i Z_i)}{(\sum W_i)} \quad \text{across all unique persons } i \text{ on the 1997 person level file,}$$

(6)

where

W_i is the sampling weight(WTDPER97) for person i

and

$$Z_i = \begin{cases} 1 & \text{if SEEDOC}_j \text{ EQ 1 for any visit of person } i \text{ on the outpatient visit file} \\ 0 & \text{otherwise for all remaining persons on the 1997 person level file.} \end{cases}$$

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 1997 data. Variables needed to implement a Taylor series estimation approach is described in the paragraph below.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The corresponding variables on the MEPS full year utilization database are VARSTR97 and VARPSU97, respectively. Specifying a “with replacement” design in a computer software package such as SUDAAN (Shah, 1996) should provide standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the actual number available. For MEPS sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), there are over 100 degrees of freedom associated with the corresponding estimates of variance. The following illustrates these concepts using two examples from Section 4.2.

Example 2 from Section 4.2

Using a Taylor Series approach, specifying VARSTR97 and VARPSU97 as the variance estimation strata and PSUs (within these strata) respectively and specifying a “with replacement” design in a computer software package SUDAAN will yield an estimate of standard error of \$4.73 for the estimated mean of out-of-pocket payment.

Example 3 from Section 4.2

Using a Taylor Series approach, specifying VARSTR97 and VARPSU97 as the variance estimation strata and PSUs (within these strata) respectively and specifying a “with replacement” design in a computer software package SUDAAN will yield an estimate of standard error of 0.0186 for the weighted mean proportion of total expenditures paid by private insurance.

5.0 Merging/Linking MEPS Data Files

Data from the current file can be used alone or in conjunction with other files. This section provides instructions for linking the outpatient visits file 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 Outpatient Visit File

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

1. Create data set PERSX by sorting the Full Year Population Characteristics file (file HCXXX), by the person identifier, DUPERSID. Keep only variables to be merged on to the outpatient visit file and DUPERSID.

2. Create data set OPAT by sorting the outpatient visit file by person identifier, DUPERSID.
3. Create final date set NEWOPAT by merging these two files by DUPERSID, keeping only records on the outpatient visit file.

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

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

PROC SORT DATA=OPAT;
  BY DUPERSID;
RUN;

DATA NEWOPAT;
  MERGE OPAT(IN=A) PERSX(IN=B);
  BY DUPERSID;
  IF A;
RUN;
```

5.2 Linking the Outpatient Visit File to the Medical Conditions File and/or the Prescribed Medicines File

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

5.2.1 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 the 1997 Prescribed Medicine Event File. When using RXLK, analysts should keep in mind that one outpatient visit can link to more than one prescribed medicine record. Conversely, a prescribed medicine event may link to more than one outpatient 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.

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

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

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

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

It should be pointed out that a person may be key even though not part of the civilian, non-institutionalized portion of the U.S population. For example, a person in the military may be living with his or her civilian spouse and children in a household sampled for the NHIS. The person in the military would be considered a key person for MEPS. However, such a person would not receive a person-level sample weight so long as he or she was in the military. All key persons who participated in the first round of a MEPS Panel received a person level sample weight except those

who were in the military. The variable indicating “keyness” is KEYNESS. This variable can be found on MEPS person level files.

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

Pre-imputed - 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.

Un-imputed - 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

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
99	100	ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA
69	70	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
109	110	DOCOUTF	DOCTOR/SURGEON SEEN OUTSIDE OF PROVIDER
77	78	DRUGTRT	DID P HAVE TREATMENT FOR DRUG OR ALCOHOL
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID + PID)
95	96	EEG	THIS VISIT DID P HAVE A CATSCAN
93	94	EKG	THIS VISIT DID P HAVE AN EKG OR ECG
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
143	144	FFBEF97	TOTAL # OF VISITS IN FF BEFORE 1997
30	41	FFEEIDX	FLAT FEE ID
141	142	FFOPTYPE	FLAT FEE BUNDLE
145	146	FFTOT98	TOTAL # OF VISITS IN FF AFTER 1997
280	280	IMPOPCHG	IMPUTATION STATUS OF OPFTC97X
272	272	IMPOPFCH	IMPUTATION FLAG FOR OPFCH97X
269	269	IMPOPFMD	IMPUTATION FLAG FOR OPFMD97X
268	268	IMPOPFMR	IMPUTATION FLAG FOR OPFMR97X
273	273	IMPOPFOF	IMPUTATION FLAG FOR OPFOF97X
276	276	IMPOPFOR	IMPUTATION FLAG FOR OPFOR97X
278	278	IMPOPFOT	IMPUTATION FLAG FOR OPFOT97X
277	277	IMPOPFOU	IMPUTATION FLAG FOR OPFOU97X
270	270	IMPOPFV	IMPUTATION FLAG FOR OPFPV97X
267	267	IMPOPFSF	IMPUTATION FLAG FOR OPFSF97X
274	274	IMPOPFSL	IMPUTATION FLAG FOR OPFSL97X
271	271	IMPOPFVA	IMPUTATION FLAG FOR OPFVA97X
275	275	IMPOPFWC	IMPUTATION FLAG FOR OPFWC97X
279	279	IMPOPFXP	IMPUTATION FLAG FOR OPFXP97X
281	281	IMPOPNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER
75	76	IVTHER	THIS VISIT DID P HAVE IV THERAPY
73	74	KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS
83	84	LABTEST	THIS VISIT DID P HAVE LAB TESTS
89	90	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
107	108	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
55	56	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
42	42	MPCDATA	MPC DATA FLAG
91	92	MRI	THIS VISIT DID P HAVE AN MRI
139	140	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
65	66	OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY
127	129	OPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
130	132	OPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
133	135	OPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
136	138	OPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
49	50	OPDATEDD	EVENT DATE - DAY
47	48	OPDATEMM	EVENT DATE - MONTH
43	46	OPDATEYR	EVENT DATE - YEAR
316	322	OPDCH97X	DOCTOR AMOUNT PAID, CHAMP/CHAMPVA (IMP)
296	302	OPDMD97X	DOCTOR AMOUNT PAID, MEDICAID (IMPUTED)
289	295	OPDMR97X	DOCTOR AMOUNT PAID, MEDICARE (IMPUTED)
323	328	OPDOF97X	DOCTOR AMOUNT PAID, OTHER FEDERAL (IMP)
342	348	OPDOR97X	DOCTOR AMOUNT PAID, OTHER PRIVATE (IMP)
356	359	OPDOT97X	DOCTOR AMOUNT PAID, OTHER INSURANCE (IMP)
349	355	OPDOU97X	DOCTOR AMOUNT PAID, OTHER PUBLIC (IMP)
303	309	OPDPV97X	DOCTOR AMOUNT PAID, PRIVATE INSURANCE (IMP)
282	288	OPDSF97X	DOCTOR AMOUNT PAID, FAMILY (IMPUTED)
329	334	OPDSL97X	DOCTOR AMOUNT PAID, STATE/LOCAL GOVT (IMP)
367	373	OPDTC97X	TOTAL DOCTOR CHARGE (IMPUTED)
310	315	OPDVA97X	DOCTOR AMOUNT PAID, VETERANS (IMPUTED)
335	341	OPDWC97X	DOCTOR AMOUNT PAID, WORKER'S COMP (IMP)

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
360	366	OPDXP97X	DOCTOR SUM OF PAYMENTS OPDSF97X-OPDOT97X
147	154	OPEXP97X	TOT EXP FOR EVENT (OPFXP97X + OPDXP97X)
200	207	OPFCH97X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)
177	183	OPFMD97X	FACILITY AMT PD, MEDICAID (IMPUTED)
170	176	OPFMR97X	FACILITY AMT PD, MEDICARE (IMPUTED)
208	214	OPFOF97X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)
230	236	OPFOR97X	FACILITY AMT PD, OTH PRIV (IMPUTED)
244	250	OPFOT97X	FACILITY AMT PD, OTH INSUR (IMPUTED)
237	243	OPFOU97X	FACILITY AMT PD, OTHER PUBLIC (IMPUTED)
184	191	OPFPV97X	FACILITY AMT PD, PRIV INSUR (IMPUTED)
163	169	OPFSF97X	FACILITY AMT PD, FAMILY (IMPUTED)
215	221	OPFSL97X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)
259	266	OPFTC97X	TOTAL FACILITY CHARGE (IMPUTED)
192	199	OPFVA97X	FACILITY AMT PD, VETERANS (IMPUTED)
222	229	OPFWC97X	FACILITY AMT PD, WORKERS COMP (IMPUTED)
251	258	OPFXP97X	FACILITY SUM PAYMENTS OPFSF97X-OPFOT97X
112	114	OPICD1X	3 DIGIT ICD-9 CONDITION CODE
115	117	OPICD2X	3 DIGIT ICD-9 CONDITION CODE
118	120	OPICD3X	3 DIGIT ICD-9 CONDITION CODE
121	123	OPICD4X	3 DIGIT ICD-9 CONDITION CODE
124	126	OPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
155	162	OPTC97X	TOT CHG FOR EVENT (OPFTC97X + OPDTC97X)
101	102	OTHSVCE	DID P HAVE OTHER DIAGNOSTIC TESTS/EXAMS
63	64	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
6	8	PID	PERSON NUMBER
81	82	PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING
71	72	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
79	80	RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT
97	98	RCVVAC	THIS VISIT DID P RECEIVE VACCINATION
51	52	REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN
53	54	SEEDOC	DID P TALK TO MD THIS VISIT/PHONECALL
85	86	SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND
67	68	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
105	106	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
103	104	SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P
57	58	TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON
111	111	VAPLACE	VA FACILITY FLAG
386	387	VARPSU97	VARIANCE ESTIMATIONPSU, 1997
388	390	VARSTR97	VARIANCE ESTIMATION STRATUM, 1997
59	60	VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT
61	62	VSTRELCN	THIS VISIT/CALL RELATED TO SPECIFIC COND
374	385	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97
87	88	XRAYX	THIS VISIT DID P HAVE X-RAYS

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID + PID)
17	28	EVNTIDX	EVENT ID
29	29	EVENTRN	EVENT ROUND NUMBER
30	41	FFEEIDX	FLAT FEE ID
42	42	MPCDATA	MPC DATA FLAG
43	46	OPDATEYR	EVENT DATE - YEAR
47	48	OPDATEMM	EVENT DATE - MONTH
49	50	OPDATEDD	EVENT DATE - DAY
51	52	REFERDBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN
53	54	SEEDOC	DID P TALK TO MD THIS VISIT/PHONECALL
55	56	MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT
57	58	TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON
59	60	VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT
61	62	VSTRELCN	THIS VISIT/CALL RELATED TO SPECIFIC COND
63	64	PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY
65	66	OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY
67	68	SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY
69	70	CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY
71	72	RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY
73	74	KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS
75	76	IVTHER	THIS VISIT DID P HAVE IV THERAPY
77	78	DRUGTRT	DID P HAVE TREATMENT FOR DRUG OR ALCOHOL
79	80	RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT
81	82	PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING
83	84	LABTEST	THIS VISIT DID P HAVE LAB TESTS
85	86	SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND
87	88	XRAYS	THIS VISIT DID P HAVE X-RAYS
89	90	MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM
91	92	MRI	THIS VISIT DID P HAVE AN MRI
93	94	EKG	THIS VISIT DID P HAVE AN EKG OR ECG
95	96	EEG	THIS VISIT DID P HAVE A CATSCAN
97	98	RCVVAC	THIS VISIT DID P RECEIVE VACCINATION
99	100	ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA
101	102	OTHSVCE	DID P HAVE OTHER DIAGNOSTIC TESTS/EXAMS
103	104	SURGPROC	WAS SURGICAL PROCEDURE PERFORMED ON P
105	106	SURGNAME	SURGICAL PROCEDURE NAME IN CATEGORIES
107	108	MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT
109	110	DOCOUTF	DOCTOR/SURGEON SEEN OUTSIDE OF PROVIDER
111	111	VAPLACE	VA FACILITY FLAG
112	114	OPICD1X	3 DIGIT ICD-9 CONDITION CODE
115	117	OPICD2X	3 DIGIT ICD-9 CONDITION CODE
118	120	OPICD3X	3 DIGIT ICD-9 CONDITION CODE
121	123	OPICD4X	3 DIGIT ICD-9 CONDITION CODE
124	126	OPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
127	129	OPCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
130	132	OPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
133	135	OPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE
136	138	OPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE
139	140	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
141	142	FFOPTYPE	FLAT FEE BUNDLE
143	144	FFBEF97	TOTAL # OF VISITS IN FF BEFORE 1997
145	146	FFTOT98	TOTAL # OF VISITS IN FF AFTER 1997
147	154	OPEXP97X	TOT EXP FOR EVENT (OPFXP97X + OPDXP97X)
155	162	OPTC97X	TOT CHG FOR EVENT (OPFTC97X + OPDTC97X)
163	169	OPFSF97X	FACILITY AMT PD, FAMILY (IMPUTED)
170	176	OPFMR97X	FACILITY AMT PD, MEDICARE (IMPUTED)
177	183	OPFMD97X	FACILITY AMT PD, MEDICAID (IMPUTED)

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
184	191	OPFPV97X	FACILITY AMT PD, PRIV INSUR (IMPUTED)
192	199	OPFVA97X	FACILITY AMT PD, VETERANS (IMPUTED)
200	207	OPFCH97X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)
208	214	OPFOF97X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)
215	221	OPFSL97X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)
222	229	OPFWC97X	FACILITY AMT PD, WORKERS COMP (IMPUTED)
230	236	OPFOR97X	FACILITY AMT PD, OTH PRIV (IMPUTED)
237	243	OPFOU97X	FACILITY AMT PD, OTHER PUBLIC (IMPUTED)
244	250	OPFOT97X	FACILITY AMT PD, OTH INSUR (IMPUTED)
251	258	OPFXP97X	FACILITY SUM PAYMENTS OPFSF97X-OPFOT97X
259	266	OPFTC97X	TOTAL FACILITY CHARGE (IMPUTED)
267	267	IMPOPFSF	IMPUTATION FLAG FOR OPFSF97X
268	268	IMPOPFMR	IMPUTATION FLAG FOR OPFMR97X
269	269	IMPOPFMD	IMPUTATION FLAG FOR OPFMD97X
270	270	IMPOFPV	IMPUTATION FLAG FOR OPFPV97X
271	271	IMPOPFVA	IMPUTATION FLAG FOR OPFVA97X
272	272	IMPOPFCH	IMPUTATION FLAG FOR OPFCH97X
273	273	IMPOPFOF	IMPUTATION FLAG FOR OPFOF97X
274	274	IMPOPFSL	IMPUTATION FLAG FOR OPFSL97X
275	275	IMPOPFWC	IMPUTATION FLAG FOR OPFWC97X
276	276	IMPOPFOR	IMPUTATION FLAG FOR OPFOR97X
277	277	IMPOPFOU	IMPUTATION FLAG FOR OPFOU97X
278	278	IMPOPFOT	IMPUTATION FLAG FOR OPFOT97X
279	279	IMPOFPXP	IMPUTATION FLAG FOR OPFXP97X
280	280	IMPOPCHG	IMPUTATION STATUS OF OPFTC97X
281	281	IMPOPNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER
282	288	OPDSF97X	DOCTOR AMOUNT PAID, FAMILY (IMPUTED)
289	295	OPDMR97X	DOCTOR AMOUNT PAID, MEDICARE (IMPUTED)
296	302	OPDMD97X	DOCTOR AMOUNT PAID, MEDICAID (IMPUTED)
303	309	OPDPV97X	DOCTOR AMOUNT PAID, PRIVATE INSURANCE (IMP)
310	315	OPDVA97X	DOCTOR AMOUNT PAID, VETERANS (IMPUTED)
316	322	OPDCH97X	DOCTOR AMOUNT PAID, CHAMP/CHAMPVA (IMP)
323	328	OPDOF97X	DOCTOR AMOUNT PAID, OTHER FEDERAL (IMP)
329	334	OPDSL97X	DOCTOR AMOUNT PAID, STATE/LOCAL GOVT (IMP)
335	341	OPDWC97X	DOCTOR AMOUNT PAID, WORKER'S COMP (IMP)
342	348	OPDOR97X	DOCTOR AMOUNT PAID, OTHER PRIVATE (IMP)
349	355	OPDOU97X	DOCTOR AMOUNT PAID, OTHER PUBLIC (IMP)
356	359	OPDOT97X	DOCTOR AMOUNT PAID, OTHER INSURANCE (IMP)
360	366	OPDXP97X	DOCTOR SUM OF PAYMENTS OPDSF97X-OPDOT97X
367	373	OPDTC97X	TOTAL DOCTOR CHARGE (IMPUTED)
374	385	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97
386	387	VARPSU97	VARIANCE ESTIMATION PSU, 1997
388	390	VARSTR97	VARIANCE ESTIMATION STRATUM, 1997

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
PID	PERSON NUMBER	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	10 - 154	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
DUPERSID	PERSON ID (DUID + PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
EVENTRN	EVENT ROUND NUMBER	1.0	NUM	29	29
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 ROUND 1	2,778		27,285,245	
	2 ROUND 2	3,815		35,168,767	
	3 ROUND 3	3,430		25,824,911	
	4 ROUND 4	4,193		28,859,681	
	5 ROUND 5	1,819		12,069,589	
	TOTAL	16,035		129,208,193	
FFEEIDX	FLAT FEE ID	12.0	CHAR	30	41
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	15,320		122,885,617	
	VALID ID	715		6,322,575	
	TOTAL	16,035		129,208,193	

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MPCDATA	MPC DATA FLAG	1.0	NUM	42	42
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 HAS MPC DATA	5,650	43,918,784		
	2 NO MPC DATA	10,385	85,289,409		
	TOTAL	16,035	129,208,193		
OPDATEYR	EVENT DATE - YEAR	4.0	NUM	43	46
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	2	9,401		
	1997	16,033	129,198,791		
	TOTAL	16,035	129,208,193		
OPDATEMM	EVENT DATE - MONTH	2.0	NUM	47	48
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	106	501,276		
	-8 DK	1	13,014		
	1 - 12	15,928	128,693,903		
	TOTAL	16,035	129,208,193		
OPDATEDD	EVENT DATE - DAY	2.0	NUM	49	50
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	364	2,646,356		
	-8 DK	793	5,604,595		
	-7 REFUSED	2	16,435		
	1 - 31	14,876	120,940,806		
	TOTAL	16,035	129,208,193		
REFERBY	THIS VISIT REFERRED BY ANOTHER PHYSICIAN	2.0	NUM	51	52
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	463	3,384,116		
	-8 DK	21	158,152		
	-7 REFUSED	1	34,279		
	1 YES	10,141	83,843,344		
	2 NO	5,409	41,788,302		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SEEDOC	DID P TALK TO MD THIS VISIT/PHONECALL	2.0	NUM	53	54
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	392	2,282,920		
	-8 DK	53	371,489		
	-7 REFUSED	1	34,279		
	1 YES	6,306	48,733,140		
	2 NO	9,283	77,786,366		
	TOTAL	16,035	129,208,193		
MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT	2.0	NUM	55	56
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	280	1,882,139		
	-8 DK	43	298,490		
	-7 REFUSED	1	34,279		
	-1 INAPPLICABLE	6,306	48,733,140		
	1 CHIROPRACTOR	21	382,043		
	2 DENTIST/DENTAL CARE PERSON	3	28,355		
	3 MIDWIFE	16	84,055		
	4 NURSE/NURSE PRACTITIONER	1,249	9,660,828		
	5 OPTOMETRIST	23	128,188		
	6 PODIATRIST	9	20,240		
	7 PHYSICIAN'S ASSISTANT	90	649,314		
	8 PHYSICAL THERAPIST	2,359	19,092,562		
	9 OCCUPATIONAL THERAPIST	305	1,941,122		
	10 PSYCHOLOGIST	145	1,333,470		
	11 SOCIAL WORKER	137	1,163,773		
	12 TECHNICIAN	4,333	38,066,155		
	91 OTHER	715	5,710,040		
	TOTAL	16,035	129,208,193		
TIMESPNT	TIME P SPENT WITH DOCTOR/MEDICAL PERSON	2.0	NUM	57	58
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	489	3,571,320		
	-8 DK	308	1,703,791		
	-1 INAPPLICABLE	50	434,814		
	1 5 MINUTES OR LESS	1,291	11,538,668		
	2 6-10 MINUTES	1,425	12,670,133		
	3 11-15 MINUTES	1,561	12,546,112		
	4 16-25 MINUTES	1,475	12,684,902		
	5 26-40 MINUTES	2,464	19,811,308		
	6 41 MINUTES OR MORE	6,972	54,247,145		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VSTCTGRY	BEST CATEGORY FOR CARE P HAVE ON VST DT	2.0	NUM	59	60
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	97	620,015		
	-8 DK	24	185,608		
	-1 INAPPLICABLE	50	434,814		
	1 GENERAL CHECKUP	1,028	8,073,880		
	2 DIAGNOSIS OR TREATMENT	8,834	72,143,330		
	3 EMERGENCY (E.G., ACCIDENT OR JURY)	150	1,369,208		
	4 PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING	621	4,473,343		
	5 FOLLOW-UP OR POST-OPERATIVE VISIT	1,119	8,665,949		
	6 IMMUNIZATIONS OR SHOTS	158	1,329,911		
	7 VISION EXAM	46	276,118		
	8 MATERNITY CARE (PRE/POSTNATAL)	298	1,680,873		
	9 WELL CHILD EXAM	39	183,457		
	91 OTHER	3,571	29,771,689		
	TOTAL	16,035	129,208,193		
VSTRELGN	THIS VISIT/CALL RELATED TO SPECIFIC COND	2.0	NUM	61	62
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	115	796,809		
	-8 DK	36	336,938		
	-7 REFUSED	1	34,279		
	1 YES	14,444	116,597,060		
	2 NO	1,439	11,443,106		
	TOTAL	16,035	129,208,193		
PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY	2.0	NUM	63	64
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	3,231	24,969,770		
	2 NO	3,151	23,595,823		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		
OCCUPTH	DID P HAVE OCCUPATIONAL THERAPY	2.0	NUM	65	66
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	650	3,997,074		
	2 NO	5,732	44,568,519		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY	2.0	NUM	67	68
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	382	2,044,034		
	2 NO	6,000	46,521,559		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		
CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY	2.0	NUM	69	70
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	270	2,711,721		
	2 NO	6,112	45,853,872		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		
RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY	2.0	NUM	71	72
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	484	5,059,322		
	2 NO	5,898	43,506,271		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		
KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS	2.0	NUM	73	74
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	1,114	7,340,972		
	2 NO	5,268	41,224,621		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IVTHER	THIS VISIT DID P HAVE IV THERAPY	2.0	NUM	75	76
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	248	1,792,432		
	2 NO	6,134	46,773,161		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		
DRUGTRT	DID P HAVE TREATMENT FOR DRUG OR ALCOHOL	2.0	NUM	77	78
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	56	646,294		
	2 NO	6,326	47,919,299		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		
RCVSHOT	THIS VISIT DID P RECEIVE ALLERGY SHOT	2.0	NUM	79	80
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	79	612,458		
	2 NO	6,303	47,953,135		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		
PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING	2.0	NUM	81	82
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	235	1,435,128		
	-8 DK	26	187,736		
	-1 INAPPLICABLE	92	675,412		
	1 YES	822	6,017,331		
	2 NO	5,560	42,548,261		
	95 NO TREATMENT RECEIVED	9,300	78,344,323		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
LABTEST	THIS VISIT DID P HAVE LAB TESTS	2.0	NUM	83	84
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	3,784	29,594,712		
	2 NO	4,298	36,703,585		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
SONOGRAM	DID P HAVE SONOGRAM OR ULTRASOUND	2.0	NUM	85	86
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	614	5,559,482		
	2 NO	7,468	60,738,815		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
XRAYS	THIS VISIT DID P HAVE X-RAYS	2.0	NUM	87	88
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	1,549	13,329,971		
	2 NO	6,533	52,968,326		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM	2.0	NUM	89	90
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	707	6,848,497		
	2 NO	7,375	59,449,799		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MRI	THIS VISIT DID P HAVE AN MRI	2.0	NUM	91	92
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	661	5,517,098		
	2 NO	7,421	60,781,198		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
EKG	THIS VISIT DID P HAVE AN EKG OR ECG	2.0	NUM	93	94
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	489	4,153,059		
	2 NO	7,593	62,145,237		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
EEG	THIS VISIT DID P HAVE A CATSCAN	2.0	NUM	95	96
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	74	495,664		
	2 NO	8,008	65,802,633		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
RCVVAC	THIS VISIT DID P RECEIVE VACCINATION	2.0	NUM	97	98
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	121	977,800		
	2 NO	7,961	65,320,496		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ANESTH	THIS VISIT DID P RECEIVE ANESTHESIA	2.0	NUM	99	100
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	574	4,811,924		
	2 NO	7,508	61,486,373		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
OTHSVCE	DID P HAVE OTHER DIAGNOSTIC TESTS/EXAMS	2.0	NUM	101	102
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	341	1,732,846		
	-8 DK	58	434,663		
	-1 INAPPLICABLE	50	434,814		
	1 YES	1,734	13,984,680		
	2 NO	6,348	52,313,616		
	95 NO SERVICES RECEIVED	7,504	60,307,574		
	TOTAL	16,035	129,208,193		
SURGPC	WAS SURGICAL PROCEDURE PERFORMED ON P	2.0	NUM	103	104
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	408	2,265,428		
	-8 DK	11	109,994		
	-1 INAPPLICABLE	50	434,814		
	1 YES	1,545	14,228,683		
	2 NO	14,021	112,169,274		
	TOTAL	16,035	129,208,193		
SURGNAM	SURGICAL PROCEDURE NAME IN CATEGORIES	2.0	NUM	105	106
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-8 DK	2	18,058		
	-1 INAPPLICABLE	14,490	114,979,510		
	1 ARTHROSCOPIC SURGERY	76	744,484		
	2 CATARACT SURGERY	152	1,427,666		
	3 CLEANING/TREATM WOUND, INFECTION	36	359,459		
	4 DILATION AND CURETTAGE (D AND C)	41	351,076		
	5 STITCHES (WOUND SUTURE)	24	202,426		
	6 TISSUE BIOPSY	157	1,917,790		
	7 TONSILLECTOMY	35	361,583		
	8 ADENOIDECTOMY	5	31,722		
	9 CARDIAC CATHETERIZATION	30	212,726		
	10 EAR TUBES (TYMPANOSTOMY TUBES)	40	360,013		
	11 PACEMAKER INSERTION	1	6,319		
	91 OTHER SURGICAL PROCEDURE	946	8,235,361		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
MEDPRESC	ANY MEDICINE PRESCRIBED FOR P THIS VISIT	2.0	NUM	107	108
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	458	2,594,314		
	-8 DK	90	692,333		
	-7 REFUSED	1	34,279		
	1 YES	2,220	16,485,073		
	2 NO	13,266	109,402,194		
	TOTAL	16,035	129,208,193		
DOCOUTF	DOCTOR/SURGEON SEEN OUTSIDE OF PROVIDER	2.0	NUM	109	110
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	535	3,142,998		
	-8 DK	376	2,383,970		
	-1 INAPPLICABLE	50	434,814		
	1 YES	1,376	11,218,227		
	2 NO	13,698	112,028,184		
	TOTAL	16,035	129,208,193		
VAPLACE	VA FACILITY FLAG	1.0	NUM	111	111
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 NO	15,648	126,307,083		
	1 YES	387	2,901,110		
	TOTAL	16,035	129,208,193		
OPICD1X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	112	114
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	2,270	18,233,068		
	-8 DK	192	1,718,244		
	001-139	131	1,016,666		
	140-239	1,533	15,379,415		
	240-279	720	5,121,145		
	280-289	55	464,006		
	290-319	904	6,498,633		
	320-389	809	5,987,626		
	390-459	1,478	13,248,901		
	460-519	507	3,767,374		
	520-579	524	4,659,883		
	580-629	1,411	10,416,993		
	630-677	44	272,942		
	680-709	316	1,917,850		
	710-739	1,900	15,823,728		
	740-759	120	757,022		
	760-779	7	43,940		
	780-799	740	5,734,739		
	800-999	1,361	11,302,352		
	V00-V99	1,013	6,843,665		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPICD2X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	115	117
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	14,519	117,997,270		
	-8 DK	9	82,864		
	001-139	15	99,295		
	140-239	70	569,541		
	240-279	112	858,031		
	280-289	17	86,630		
	290-319	195	1,155,781		
	320-389	45	359,882		
	390-459	170	1,173,576		
	460-519	66	464,443		
	520-579	61	553,937		
	580-629	169	1,038,797		
	630-677	5	0		
	680-709	26	113,414		
	710-739	225	1,798,255		
	740-759	6	63,642		
	760-779	2	49,743		
	780-799	113	849,878		
	800-999	162	1,521,298		
	V00-V99	48	371,919		
	TOTAL	16,035	129,208,193		
OPICD3X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	118	120
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	15,730	126,831,254		
	-8 DK	1	14,946		
	140-239	5	60,573		
	240-279	23	196,378		
	280-289	16	74,368		
	290-319	36	249,968		
	320-389	22	175,778		
	390-459	48	325,459		
	460-519	15	211,474		
	520-579	17	134,604		
	580-629	4	35,656		
	680-709	1	13,098		
	710-739	63	471,747		
	740-759	1	7,389		
	780-799	35	285,863		
	800-999	14	79,486		
	V00-V99	4	40,153		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPICD4X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	121	123
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	15,941	128,550,336		
	001-139	1	4,950		
	240-279	5	6,844		
	290-319	12	71,104		
	320-389	5	60,634		
	390-459	28	165,686		
	460-519	3	30,317		
	520-579	2	25,418		
	580-629	6	45,537		
	680-709	3	23,920		
	710-739	13	124,954		
	780-799	12	55,599		
	800-999	3	35,167		
	V00-V99	1	7,727		
	TOTAL	16,035	129,208,193		
OPPRO1X	2 DIGIT ICD-9 PROCEDURE CODE	3.0	CHAR	124	126
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	14,900	119,403,782		
	01-05	28	262,360		
	06-07	5	62,628		
	08-16	67	626,980		
	18-20	17	166,765		
	21-29	44	474,300		
	35-39	288	2,499,995		
	42-54	88	945,940		
	55-59	14	102,113		
	60-64	16	129,441		
	65-71	37	297,534		
	72-75	3	39,989		
	76-84	361	2,757,687		
	85-86	55	468,074		
	87-99	112	970,605		
	TOTAL	16,035	129,208,193		
OPCC1X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	127	129
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	2,270	18,233,068		
	-8 DK	192	1,718,244		
	001-260	13,573	109,256,881		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	130	132
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	14,519	117,997,270		
	-8 DK	9	82,864		
	001-260	1,507	11,128,059		
	TOTAL	16,035	129,208,193		
OPCCC3X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	133	135
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	15,730	126,831,254		
	-8 DK	1	14,946		
	001-260	304	2,361,992		
	TOTAL	16,035	129,208,193		
OPCCC4X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	136	138
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	15,941	128,550,336		
	001-260	94	657,857		
	TOTAL	16,035	129,208,193		
NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT	2.0	NUM	139	140
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	1,593	12,635,976		
	1-4	14,415	116,321,941		
	5	13	104,721		
	6	6	57,159		
	7	3	25,389		
	9	4	58,057		
	12	1	4,950		
	TOTAL	16,035	129,208,193		
FFOPTYPE	FLAT FEE BUNDLE	2.0	NUM	141	142
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	15,320	122,885,617		
	1 FLAT FEE STEM	149	1,246,643		
	2 FLAT FEE LEAF	566	5,075,932		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFBEF97	TOTAL # OF VISITS IN FF BEFORE 1997	2.0	NUM	143	144
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	345	3,113,719		
	-1 INAPPLICABLE	15,320	122,885,617		
	0	363	3,169,774		
	1-13	7	39,082		
	TOTAL	16,035	129,208,193		
FFTOT98	TOTAL # OF VISITS IN FF AFTER 1997	2.0	NUM	145	146
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	345	3,113,719		
	-1 INAPPLICABLE	15,320	122,885,617		
	0	342	2,998,667		
	1-8	28	210,190		
	TOTAL	16,035	129,208,193		
OPEXP97X	TOT EXP FOR EVENT (OPFXP97X + OPDXP97X)	8.2	NUM	147	154
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	1,611	12,271,459		
	\$0.18 - \$57.25	3,606	27,965,622		
	\$57.26 - \$143.36	3,607	28,562,584		
	\$143.37 - \$403.50	3,605	28,775,365		
	\$403.51 - \$25391.07	3,606	31,633,163		
	TOTAL	16,035	129,208,193		
OPTC97X	TOT CHG FOR EVENT (OPFTC97X + OPDTC97X)	8.2	NUM	155	162
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	385	3,226,635		
	\$1.00 - \$91.00	3,927	31,181,302		
	\$91.01 - \$226.90	3,898	28,851,922		
	\$226.91 - \$710.20	3,913	31,559,960		
	\$710.21 - \$29000.00	3,912	34,388,373		
	TOTAL	16,035	129,208,193		
OPESF97X	FACILITY AMT PD, FAMILY (IMPUTED)	7.2	NUM	163	169
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	11,867	92,798,944		
	\$0.75 - \$10.00	1,494	12,480,689		
	\$10.01 - \$21.00	602	5,419,927		
	\$21.01 - \$56.00	1,054	8,910,771		
	\$56.01 - \$5500.00	1,018	9,597,861		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPFMR97X	FACILITY AMT PD, MEDICARE (IMPUTED)	7.2	NUM	170	176
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	11,841	95,043,098		
	\$0.13 - \$44.00	1,055	8,854,477		
	\$44.01 - \$123.21	1,044	8,229,159		
	\$123.22 - \$239.20	1,048	7,710,214		
	\$239.21 - \$9631.10	1,047	9,371,245		
	TOTAL	16,035	129,208,193		
OPFMD97X	FACILITY AMT PD, MEDICAID (IMPUTED)	7.2	NUM	177	183
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	13,843	118,654,750		
	\$0.47 - \$34.15	549	2,886,609		
	\$34.16 - \$75.10	550	2,588,313		
	\$75.11 - \$154.15	545	2,422,629		
	\$154.15 - \$4355.63	548	2,655,891		
	TOTAL	16,035	129,208,193		
OPFPV97X	FACILITY AMT PD, PRIV INSUR (IMPUTED)	8.2	NUM	184	191
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	9,037	65,596,112		
	\$0.13 - \$39.92	1,750	15,248,619		
	\$39.93 - \$88.00	1,750	15,718,625		
	\$88.01 - \$300.64	1,749	16,452,868		
	\$300.65 - \$25391.07	1,749	16,191,969		
	TOTAL	16,035	129,208,193		
OPFVA97X	FACILITY AMT PD, VETERANS (IMPUTED)	8.2	NUM	192	199
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,362	124,433,566		
	\$2.35 - \$26.25	175	1,318,145		
	\$26.26 - \$75.00	162	1,092,701		
	\$75.01 - \$185.00	168	1,088,697		
	\$185.01 - \$22126.13	168	1,275,083		
	TOTAL	16,035	129,208,193		
OPFCH97X	FACILITY AMT PD, CHAMP/CHAMPVA (IMPUTED)	8.2	NUM	200	207
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,966	128,656,622		
	\$3.20 - \$72.21	19	123,455		
	\$72.22 - \$136.40	16	114,303		
	\$136.41 - \$232.20	17	165,322		
	\$232.21 - \$12518.19	17	148,491		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPFOF97X	FACILITY AMT PD, OTH FEDERAL (IMPUTED)	7.2	NUM	208	214
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,610	126,416,280		
	\$2.35 - \$46.53	107	857,614		
	\$46.54 - \$100.00	109	725,515		
	\$100.01 - \$249.67	103	536,548		
	\$249.68 - \$4184.09	106	672,236		
	TOTAL	16,035	129,208,193		
OPFSL97X	FACILITY AMT PD, STATE/LOC GOV (IMPUTED)	7.2	NUM	215	221
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	16,003	129,032,029		
	\$10.61 - \$15.48	12	29,233		
	\$15.49 - \$35.17	4	25,234		
	\$35.18 - \$139.70	8	52,604		
	\$139.71 - \$2232.75	8	69,092		
	TOTAL	16,035	129,208,193		
OPFWC97X	FACILITY AMT PD, WORKERS COMP (IMPUTED)	8.2	NUM	222	229
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,357	123,730,458		
	\$0.25 - \$66.12	178	1,268,239		
	\$66.13 - \$104.00	162	1,186,521		
	\$104.01 - \$222.04	169	1,690,788		
	\$222.05 - \$25391.07	169	1,332,187		
	TOTAL	16,035	129,208,193		
OPFOR97X	FACILITY AMT PD, OTH PRIV (IMPUTED)	7.2	NUM	230	236
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,508	123,842,759		
	\$0.38 - \$25.25	134	1,168,403		
	\$25.26 - \$61.02	130	1,371,430		
	\$61.03 - \$152.06	135	1,429,728		
	\$152.07 - \$8368.17	128	1,395,873		
	TOTAL	16,035	129,208,193		
OPFOU97X	FACILITY AMT PD, OTHER PUBLIC (IMPUTED)	7.2	NUM	237	243
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	16,002	128,928,819		
	\$2.67 - \$21.63	9	82,301		
	\$21.64 - \$71.43	8	78,926		
	\$71.44 - \$136.40	8	42,304		
	\$136.41 - \$4201.66	8	75,843		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPFOT97X	FACILITY AMT PD, OTH INSUR (IMPUTED)	7.2	NUM	244	250
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,686	126,833,327		
	\$1.00 - \$38.17	88	664,500		
	\$38.18 - \$109.74	87	637,993		
	\$109.75 - \$305.64	87	459,955		
	\$305.65 - \$6314.79	87	612,417		
	TOTAL	16,035	129,208,193		
OPFXP97X	FACILITY SUM PAYMENTS OPFSF97X-OPFOT97X	8.2	NUM	251	258
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	1,911	14,603,866		
	\$0.18 - \$49.26	3,531	27,809,535		
	\$49.27 - \$112.91	3,531	27,684,940		
	\$112.92 - \$303.32	3,538	28,127,068		
	\$303.33 - \$25391.07	3,524	30,982,783		
	TOTAL	16,035	129,208,193		
OPFTC97X	TOTAL FACILITY CHARGE (IMPUTED)	8.2	NUM	259	266
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	385	3,226,635		
	\$1.00 - \$75.25	3,925	31,665,612		
	\$75.26 - \$188.00	3,902	29,610,577		
	\$188.01 - \$543.16	3,913	30,524,593		
	\$543.17 - \$29000.00	3,910	34,180,775		
	TOTAL	16,035	129,208,193		
IMPOFSE	IMPUTATION FLAG FOR OPFSF97X	1.0	NUM	267	267
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	14,779	119,682,279		
	1 IMPUTED	1,256	9,525,914		
	TOTAL	16,035	129,208,193		
IMPOFMR	IMPUTATION FLAG FOR OPFMR97X	1.0	NUM	268	268
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	13,101	105,154,014		
	1 IMPUTED	2,934	24,054,179		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOPFMD	IMPUTATION FLAG FOR OPFMD97X	1.0	NUM	269	269
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	14,464	121,038,830		
	1 IMPUTED	1,571	8,169,362		
	TOTAL	16,035	129,208,193		
IMPOPEPV	IMPUTATION FLAG FOR OPEPV97X	1.0	NUM	270	270
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	11,430	87,260,759		
	1 IMPUTED	4,605	41,947,434		
	TOTAL	16,035	129,208,193		
IMPOPEVA	IMPUTATION FLAG FOR OPEVA97X	1.0	NUM	271	271
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	15,360	123,537,275		
	1 IMPUTED	675	5,670,918		
	TOTAL	16,035	129,208,193		
IMPOPECH	IMPUTATION FLAG FOR OPECH97X	1.0	NUM	272	272
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	15,829	127,687,819		
	1 IMPUTED	206	1,520,374		
	TOTAL	16,035	129,208,193		
IMPOPEOF	IMPUTATION FLAG FOR OPEOF97X	1.0	NUM	273	273
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	15,772	127,439,911		
	1 IMPUTED	263	1,768,282		
	TOTAL	16,035	129,208,193		
IMPOPESL	IMPUTATION FLAG FOR OPESL97X	1.0	NUM	274	274
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	15,858	127,961,866		
	1 IMPUTED	177	1,246,327		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOPFWC	IMPUTATION FLAG FOR OPFWC97X	1.0	NUM	275	275
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	15,390	124,028,781		
	1 IMPUTED	645	5,179,412		
	TOTAL	16,035	129,208,193		
IMPOPFOR	IMPUTATION FLAG FOR OPFOR97X	1.0	NUM	276	276
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	15,703	125,358,057		
	1 IMPUTED	332	3,850,136		
	TOTAL	16,035	129,208,193		
IMPOPFOU	IMPUTATION FLAG FOR OPFOU97X	1.0	NUM	277	277
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	16,018	129,055,491		
	1 IMPUTED	17	152,701		
	TOTAL	16,035	129,208,193		
IMPOPFOT	IMPUTATION FLAG FOR OPFOT97X	1.0	NUM	278	278
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	15,623	126,221,187		
	1 IMPUTED	412	2,987,006		
	TOTAL	16,035	129,208,193		
IMPOPFXP	IMPUTATION FLAG FOR OPFXP97X	1.0	NUM	279	279
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	7,098	58,820,255		
	1 IMPUTED	8,937	70,387,938		
	TOTAL	16,035	129,208,193		
IMPOPCHG	IMPUTATION STATUS OF OPFTC97X	1.0	NUM	280	280
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0 UNIMPUTED	8,158	67,262,524		
	1 IMPUTED	7,877	61,945,669		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOPNUM	# DR RECORDS IMPUTED PER FACIL PROVIDER	1.0	NUM	281	281
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	13,000	103,756,867		
	1 - 5	3,035	25,451,326		
	TOTAL	16,035	129,208,193		
OPDSF97X	DOCTOR AMOUNT PAID, FAMILY (IMPUTED)	7.2	NUM	282	288
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	14,816	119,043,612		
	\$0.50 - \$12.01	308	2,441,249		
	\$12.02 - \$30.00	304	2,931,576		
	\$30.01 - \$86.83	304	2,226,382		
	\$86.84 - \$3388.00	303	2,565,374		
	TOTAL	16,035	129,208,193		
OPDMR97X	DOCTOR AMOUNT PAID, MEDICARE (IMPUTED)	7.2	NUM	289	295
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	14,588	116,775,299		
	\$4.46 - \$27.62	376	3,196,273		
	\$27.63 - \$78.98	348	3,067,508		
	\$78.99 - \$240.60	372	3,318,176		
	\$240.61 - \$3161.75	351	2,850,937		
	TOTAL	16,035	129,208,193		
OPDMD97X	DOCTOR AMOUNT PAID, MEDICAID (IMPUTED)	7.2	NUM	296	302
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,421	124,754,592		
	\$0.46 - \$9.97	166	1,355,200		
	\$9.98 - \$34.38	141	897,896		
	\$34.39 - \$120.00	156	1,159,694		
	\$120.01 - \$3017.26	151	1,040,810		
	TOTAL	16,035	129,208,193		
OPDPV97X	DOCTOR AMOUNT PAID, PRIVATE INSURANCE (IMP)	7.2	NUM	303	309
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	13,552	105,793,322		
	\$1.55 - \$33.74	621	5,964,129		
	\$33.75 - \$88.02	623	5,794,242		
	\$88.03 - \$300.00	621	5,704,814		
	\$300.01 - \$3949.78	618	5,951,686		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPDVA97X	DOCTOR AMOUNT PAID, VETERANS (IMPUTED)	6.2	NUM	310	315
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	16,002	128,871,242		
	\$19.80 - \$50.00	14	185,271		
	\$50.01 - \$62.00	3	18,508		
	\$62.01 - \$114.50	10	74,576		
	\$114.51 - \$150.00	6	58,596		
	TOTAL	16,035	129,208,193		
OPDCH97X	DOCTOR AMOUNT PAID, CHAMP/CHAMPVA (IMP)	7.2	NUM	316	322
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	16,028	129,166,405		
	\$9.50 - \$12.04	2	11,153		
	\$12.05 - \$140.01	2	7,899		
	\$140.02 - \$440.00	2	4,033		
	\$440.01 - \$1039.96	1	18,703		
	TOTAL	16,035	129,208,193		
OPDOF97X	DOCTOR AMOUNT PAID, OTHER FEDERAL (IMP)	6.2	NUM	323	328
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,990	128,730,513		
	\$19.80 - \$50.00	14	185,271		
	\$50.01 - \$88.00	10	59,341		
	\$88.01 - \$94.50	12	140,729		
	\$94.51 - \$150.00	9	92,339		
	TOTAL	16,035	129,208,193		
OPDSL97X	DOCTOR AMOUNT PAID, STATE/LOCAL GOVT (IMP)	6.2	NUM	329	334
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	16,023	129,110,910		
	\$6.91 - \$400.00	12	97,282		
	TOTAL	16,035	129,208,193		
OPDWC97X	DOCTOR AMOUNT PAID, WORKER'S COMP (IMP)	7.2	NUM	335	341
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,940	128,266,571		
	\$14.11 - \$44.00	27	264,323		
	\$44.01 - \$189.00	21	229,076		
	\$189.01 - \$781.21	24	232,235		
	\$781.22 - \$2774.57	23	215,988		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPDOR97X	DOCTOR AMOUNT PAID, OTHER PRIVATE (IMP)	7.2	NUM	342	348
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,392	124,436,637		
	\$1.55 - \$24.37	164	1,228,522		
	\$24.38 - \$85.00	160	1,321,034		
	\$85.01 - \$278.49	160	1,131,509		
	\$278.50 - \$5338.40	159	1,090,491		
	TOTAL	16,035	129,208,193		
OPDOU97X	DOCTOR AMOUNT PAID, OTHER PUBLIC (IMP)	7.2	NUM	349	355
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	15,977	128,749,674		
	\$0.46 - \$17.89	15	146,854		
	\$17.90 - \$46.76	15	92,408		
	\$46.77 - \$64.61	15	124,785		
	\$64.62 - \$1600.00	13	94,471		
	TOTAL	16,035	129,208,193		
OPDOT97X	DOCTOR AMOUNT PAID, OTHER INSURANCE (IMP)	4.2	NUM	356	359
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	16,035	129,208,193		
	TOTAL	16,035	129,208,193		
OPDXP97X	DOCTOR SUM OF PAYMENTS OPDSF97X-OPDOT97X	7.2	NUM	360	366
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	11,656	91,186,989		
	\$3.46 - \$41.00	1,110	9,512,242		
	\$41.01 - \$120.00	1,087	9,491,477		
	\$120.01 - \$380.69	1,090	9,428,298		
	\$380.70 - \$5613.40	1,092	9,589,186		
	TOTAL	16,035	129,208,193		
OPDTC97X	TOTAL DOCTOR CHARGE (IMPUTED)	7.2	NUM	367	373
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	11,296	88,559,526		
	\$4.00 - \$65.00	1,186	10,081,623		
	\$65.01 - \$186.00	1,184	9,896,457		
	\$186.01 - \$596.00	1,186	10,521,403		
	\$596.01 - \$9467.00	1,183	10,149,183		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 1 Codebook

DATE: March 16, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97	12.6	NUM	374	385
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	236			0
	627.773112-57762.020000	15,799			129,208,193
	TOTAL	16,035			129,208,193
VARPSU97	VARIANCE ESTIMATIONPSU, 1997	2.0	NUM	386	387
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 32	16,035			129,208,193
	TOTAL	16,035			129,208,193
VARSTR97	VARIANCE ESTIMATION STRATUM, 1997	3.0	NUM	388	390
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 254	16,035			129,208,193
	TOTAL	16,035			129,208,193

MEPS HC-016F
 1997 Outpatient Department Visits
 File 2 Codebook

DATE: March 9, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID + PID)
17	28	EVNTIDX	EVENT ID
29	38	HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID (UNEDTED)
72	78	OPCH97H	HHLR RPTD AMT PD, CHMP/CHVA(PRE-IMPURED)
152	159	OPCH97M	MPC RPTD AMT PD, CHMP/CHMPVA(UN-IMPURED)
54	58	OPMD97H	HHLR RPTD AMT PD, MEDICAID(PRE-IMPURED)
132	138	OPMD97M	MPC RPTD AMT PD, MEDICAID(UN-IMPURED)
46	53	OPMR97H	HHLR RPTD AMT PD, MEDICARE(PRE-IMPURED)
125	131	OPMR97M	MPC RPTD AMT PD, MEDICARE(UN-IMPURED)
79	84	OPOF97H	HHLR RPTD AMT PD, OTHER FED(PRE-IMPURED)
160	165	OPOF97M	MPC RPTD AMT PD, OTHER FED(UN-IMPURED)
98	104	OPOT97H	HHLR RPTD AMT PD, OTH INSUR(PRE-IMPURED)
180	185	OPOT97M	MPC RPTD AMT PD, OTH INSUR(UN-IMPURED)
59	66	OPPV97H	HHLR RPTD AMT PD, PRIV INS(PRE-IMPURED)
139	146	OPPV97M	MPC RPTD AMT PD, PRIV INS(UN-IMPURED)
39	45	OPSF97H	HHLR RPTD AMT PD, FAMILY(PRE-IMPURED)
118	124	OPSF97M	MPC RPTD AMT PD, FAMILY(UN-IMPURED)
85	90	OPSL97H	HHLR RPTD AMT PD, STATE/LOC(PRE-IMPURED)
166	172	OPSL97M	MPC RPTD AMT PD, STATE & LOC(UN-IMPURED)
105	112	OPTC97H	HHLR REPORTED TOTAL CHARGE(PRE-IMPURED)
186	193	OPTC97M	MPC REPORTED TOTAL CHARGE(UN-IMPURED)
113	117	OPUC97H	HHLR RPTD AMT PD, UNC LIAB(PRE-IMPURED)
67	71	OPVA97H	HHLR RPTD AMT PD, VETERANS(PRE-IMPURED)
147	151	OPVA97M	MPC RPTD AMT PD, VETERANS(UN-IMPURED)
91	97	OPWC97H	HHLR RPTD AMT PD, WORK COMP(PRE-IMPURED)
173	179	OPWC97M	MPC RPTD AMT PD, WORK COMP(UN-IMPURED)
6	8	PID	PERSON NUMBER
206	207	VARPSU97	VARIANCE ESTIMATION PSU, 1997
208	210	VARSTR97	VARIANCE ESTIMATION STRATUM, 1997
194	205	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97

MEPS HC-016F
 1997 Outpatient Department Visits
 File 2 Codebook

DATE: March 9, 2001

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	OPSF97H	HHLR RPTD AMT PD, FAMILY(PRE-IMPURED)
46	53	OPMR97H	HHLR RPTD AMT PD, MEDICARE(PRE-IMPURED)
54	58	OPMD97H	HHLR RPTD AMT PD, MEDICAID(PRE-IMPURED)
59	66	OPPV97H	HHLR RPTD AMT PD, PRIV INS(PRE-IMPURED)
67	71	OPVA97H	HHLR RPTD AMT PD, VETERANS(PRE-IMPURED)
72	78	OPCH97H	HHLR RPTD AMT PD, CHMP/CHVA(PRE-IMPURED)
79	84	OPOF97H	HHLR RPTD AMT PD, OTHER FED(PRE-IMPURED)
85	90	OPSL97H	HHLR RPTD AMT PD, STATE/LOC(PRE-IMPURED)
91	97	OPWC97H	HHLR RPTD AMT PD, WORK COMP(PRE-IMPURED)
98	104	OPOT97H	HHLR RPTD AMT PD, OTH INSUR(PRE-IMPURED)
105	112	OPTC97H	HHLR REPORTED TOTAL CHARGE(PRE-IMPURED)
113	117	OPUC97H	HHLR RPTD AMT PD, UNC LIAB(PRE-IMPURED)
118	124	OPSF97M	MPC RPTD AMT PD, FAMILY(UN-IMPURED)
125	131	OPMR97M	MPC RPTD AMT PD, MEDICARE(UN-IMPURED)
132	138	OPMD97M	MPC RPTD AMT PD, MEDICAID(UN-IMPURED)
139	146	OPPV97M	MPC RPTD AMT PD, PRIV INS(UN-IMPURED)
147	151	OPVA97M	MPC RPTD AMT PD, VETERANS(UN-IMPURED)
152	159	OPCH97M	MPC RPTD AMT PD, CHMP/CHMPVA(UN-IMPURED)
160	165	OPOF97M	MPC RPTD AMT PD, OTHER FED(UN-IMPURED)
166	172	OPSL97M	MPC RPTD AMT PD, STATE & LOC(UN-IMPURED)
173	179	OPWC97M	MPC RPTD AMT PD, WORK COMP(UN-IMPURED)
180	185	OPOT97M	MPC RPTD AMT PD, OTH INSUR(UN-IMPURED)
186	193	OPTC97M	MPC REPORTED TOTAL CHARGE(UN-IMPURED)
194	205	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97
206	207	VARPSU97	VARIANCE ESTIMATION PSU, 1997
208	210	VARSTR97	VARIANCE ESTIMATION STRATUM, 1997

MEPS HC-016F
 1997 Outpatient Department Visits
 File 2 Codebook

DATE: March 9, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	VALID ID	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
PID	PERSON NUMBER	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	10 - 154	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
DUPERSID	PERSON ID (DUID + PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	VALID ID	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	VALID ID	16,035		129,208,193	
	TOTAL	16,035		129,208,193	
HHSFFIDX	HOUSEHOLD REPORTED FLAT FEE ID (UNEDTED)	10.0	CHAR	29	38
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	-1 INAPPLICABLE	15,386		123,553,670	
	VALID ID	649		5,654,523	
	TOTAL	16,035		129,208,193	
OPSF97H	HHLD RPTD AMT PD, FAMILY(PRE-IMPUTED)	7.2	NUM	39	45
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	-9 NOT ASCERTAINED	1,505		12,048,412	
	0	11,497		90,119,392	
	\$1.00 - \$8.00	789		6,015,016	
	\$8.01 - \$18.00	732		6,495,393	
	\$18.01 - \$55.00	760		7,214,992	
	\$55.01 - \$9558.00	752		7,314,987	
	TOTAL	16,035		129,208,193	

MEPS HC-016F
1997 Outpatient Department Visits
File 2 Codebook

DATE: March 9, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPMR97H	HHLD RPTD AMT PD, MEDICARE(PRE-IMPUTED)	8.2	NUM	46	53
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	4,651	36,135,163		
	0	10,527	85,556,713		
	\$1.00 - \$62.00	215	1,747,491		
	\$62.01 - \$160.00	225	1,805,935		
	\$160.01 - \$519.00	227	1,906,247		
	\$519.01 - \$11000.00	190	2,056,644		
	TOTAL	16,035	129,208,193		
OPMD97H	HHLD RPTD AMT PD, MEDICAID(PRE-IMPUTED)	5.2	NUM	54	58
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	3,144	16,906,251		
	0	12,891	112,301,941		
	TOTAL	16,035	129,208,193		
OPPV97H	HHLD RPTD AMT PD, PRIV INS(PRE-IMPUTED)	8.2	NUM	59	66
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	6,938	63,290,715		
	0	7,123	47,308,914		
	\$1.00 - \$50.00	552	4,930,826		
	\$50.01 - \$102.50	435	4,263,160		
	\$102.51 - \$420.00	494	4,709,103		
	\$420.01 - \$29000.00	493	4,705,474		
	TOTAL	16,035	129,208,193		
OPVA97H	HHLD RPTD AMT PD, VETERANS(PRE-IMPUTED)	5.2	NUM	67	71
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,164	11,282,463		
	0	14,871	117,925,730		
	TOTAL	16,035	129,208,193		
OPCH97H	HHLD RPTD AMT PD, CHMP/CHVA(PRE-IMPUTED)	7.2	NUM	72	78
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	254	2,104,630		
	0	15,762	126,907,272		
	\$8.00 - \$86.00	5	46,170		
	\$86.01 - \$188.00	5	58,074		
	\$188.01 - \$373.00	5	48,826		
	\$373.01 - \$1199.00	4	43,220		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 2 Codebook

DATE: March 9, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPOF97H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)	6.2	NUM	79	84
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	231	1,607,974		
	0	15,802	127,590,106		
	\$8.00 - \$100.00	2	10,112		
	TOTAL	16,035	129,208,193		
OPSL97H	HHLD RPTD AMT PD, STATE/LOC(PRE-IMPUTED)	6.2	NUM	85	90
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	37	156,945		
	0	15,980	128,886,088		
	\$33.00 - \$68.00	5	30,222		
	\$68.01 - \$168.50	4	36,041		
	\$168.51 - \$350.00	5	40,549		
	\$350.01 - \$928.00	4	58,349		
	TOTAL	16,035	129,208,193		
OPWC97H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)	7.2	NUM	91	97
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	643	5,251,522		
	0	15,338	123,586,583		
	\$67.00 - \$6845.00	54	370,088		
	TOTAL	16,035	129,208,193		
OPOT97H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)	7.2	NUM	98	104
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	368	2,551,601		
	0	15,559	125,781,631		
	\$1.00 - \$38.50	27	212,510		
	\$38.51 - \$100.00	27	230,323		
	\$100.01 - \$576.00	36	319,561		
	\$576.01 - \$6790.00	18	112,566		
	TOTAL	16,035	129,208,193		
OPTC97H	HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)	8.2	NUM	105	112
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	11,581	89,747,757		
	0	739	6,161,171		
	\$1.00 - \$65.00	963	8,804,362		
	\$65.01 - \$170.00	898	7,780,600		
	\$170.01 - \$592.00	928	7,938,541		
	\$592.01 - \$52500.00	926	8,775,762		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 2 Codebook

DATE: March 9, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPUC97H	HHLD RPTD AMT PD, UNC LIAB(PRE-IMPUTED)	5.2	NUM	113	117
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	3	32,279		
	-8 DK	1	2,241		
	0	16,029	129,168,484		
	\$22.00	2	5,190		
	TOTAL	16,035	129,208,193		
OPSF97M	MPC RPTD AMT PD, FAMILY(UN-IMPUTED)	7.2	NUM	118	124
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,427	85,617,835		
	0	4,830	36,226,208		
	\$0.75 - \$9.65	195	1,958,717		
	\$9.66 - \$25.00	209	2,037,211		
	\$25.01 - \$89.61	180	1,566,566		
	\$89.62 - \$3710.62	194	1,801,656		
	TOTAL	16,035	129,208,193		
OPMR97M	MPC RPTD AMT PD, MEDICARE(UN-IMPUTED)	7.2	NUM	125	131
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,531	86,223,187		
	0	4,032	31,674,098		
	\$0.18 - \$49.67	368	2,724,009		
	\$49.68 - \$140.00	370	2,930,863		
	\$140.01 - \$252.51	374	2,499,368		
	\$252.52 - \$6819.93	360	3,156,668		
	TOTAL	16,035	129,208,193		
OPMD97M	MPC RPTD AMT PD, MEDICAID(UN-IMPUTED)	7.2	NUM	132	138
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,526	86,064,624		
	0	4,636	38,906,603		
	\$0.57 - \$39.06	220	1,271,084		
	\$39.07 - \$77.00	217	951,506		
	\$77.01 - \$140.83	218	874,142		
	\$140.84 - \$4355.63	218	1,140,233		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 2 Codebook

DATE: March 9, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPPV97M	MPC RPTD AMT PD, PRIV INS(UN-IMPUTED)	8.2	NUM	139	146
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,730	87,906,028		
	0	2,932	20,372,329		
	\$1.00 - \$41.74	596	4,699,914		
	\$41.75 - \$122.00	591	5,139,283		
	\$122.01 - \$454.33	593	5,654,321		
	\$454.34 - \$10014.33	593	5,436,318		
	TOTAL	16,035	129,208,193		
OPVA97M	MPC RPTD AMT PD, VETERANS(UN-IMPUTED)	5.2	NUM	147	151
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,389	85,334,975		
	0	5,646	43,873,218		
	TOTAL	16,035	129,208,193		
OPCH97M	MPC RPTD AMT PD, CHMP/CHMPVA(UN-IMPUTED)	8.2	NUM	152	159
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,387	85,318,686		
	0	5,633	43,759,849		
	\$3.20 - \$10.70	4	30,938		
	\$10.71 - \$86.48	4	30,681		
	\$86.49 - \$394.00	4	39,334		
	\$394.01 - \$12518.19	3	28,703		
	TOTAL	16,035	129,208,193		
OPOF97M	MPC RPTD AMT PD, OTHER FED(UN-IMPUTED)	6.2	NUM	160	165
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,385	85,289,409		
	0	5,647	43,902,465		
	\$23.00 - \$645.95	3	16,319		
	TOTAL	16,035	129,208,193		
OPSL97M	MPC RPTD AMT PD, STATE & LOC(UN-IMPUTED)	7.2	NUM	166	172
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,389	85,310,605		
	0	5,637	43,829,156		
	\$30.20 - \$59.40	3	16,603		
	\$59.41 - \$125.00	2	22,533		
	\$125.01 - \$351.87	2	13,731		
	\$351.88 - \$2232.75	2	15,565		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
1997 Outpatient Department Visits
File 2 Codebook

DATE: March 9, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OPWC97M	MPC RPTD AMT PD, WORK COMPU(UN-IMPUTED)	7.2	NUM	173	179
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,390	85,327,154		
	0	5,462	42,446,058		
	\$15.00 - \$65.90	46	281,065		
	\$65.91 - \$101.65	46	337,682		
	\$101.66 - \$243.38	52	392,693		
	\$243.39 - \$6845.45	39	423,541		
	TOTAL	16,035	129,208,193		
OPOT97M	MPC RPTD AMT PD, OTH INSUR(UN-IMPUTED)	6.2	NUM	180	185
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,391	85,338,938		
	0	5,636	43,791,410		
	\$11.04 - \$80.25	2	12,949		
	\$80.26 - \$196.28	2	24,447		
	\$196.29 - \$490.45	2	28,258		
	\$490.46 - \$797.25	2	12,190		
	TOTAL	16,035	129,208,193		
OPTC97M	MPC REPORTED TOTAL CHARGE(UN-IMPUTED)	8.2	NUM	186	193
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	10,627	86,828,669		
	0	45	474,561		
	\$5.25 - \$99.95	1,341	10,702,558		
	\$99.96 - \$225.00	1,342	8,432,884		
	\$225.01 - \$784.05	1,340	10,916,885		
	\$784.06 - \$19852.88	1,340	11,852,637		
	TOTAL	16,035	129,208,193		
WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97	12.6	NUM	194	205
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	236	0		
	627.773112-57762.020000	15,799	129,208,193		
	TOTAL	16,035	129,208,193		
VARPSU97	VARIANCE ESTIMATION PSU, 1997	2.0	NUM	206	207
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 32	16,035	129,208,193		
	TOTAL	16,035	129,208,193		

MEPS HC-016F
 1997 Outpatient Department Visits
 File 2 Codebook

DATE: March 9, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR97	VARIANCE ESTIMATION STRATUM, 1997	3.0	NUM	208	210
	VALUE	UNWEIGHTED	WEIGHTED BY	WTDPER97	
	1 - 254	16,035		129,208,193	
	TOTAL	16,035		129,208,193	

E. Variable-Source Crosswalk

**E. VARIABLE-SOURCE CROSSWALK
FOR MEPS HC-016F: 1997 OUTPATIENT DEPARTMENT 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	Event ID	Assigned in Sampling
EVENTRN	Event Round number	CAPI Derived
FFEEIDX	Flat Fee ID	CAPI Derived
MPCDATA	MPC data flag	CAPI Derived

Outpatient Department Visit Variables

Variable	Description	Source
OPDATEYR	Event date - year	CAPI derived
OPDATEMM	Event date - month	CAPI derived
OPDATEDD	Event date - day	CAPI derived
REFERDBY	Patient referred for this visit by another physician	OP03
SEEDOC	Did Patient talk to MD this visit/phone call	OP04
MEDPTYPE	Type of MED person Patient talked to on visit date	OP05
TIMESPNT	Time Patient spent with doctor/medical person	OP06
VSTCTGRY	Best category for care Patient received on visit	OP07
VSTRELCN	This visit/phone call related to specific condition	OP08
PHYSTH	This visit did Patient have physical therapy	OP10
OCCUPTH	This visit did Patient have occupational therapy	OP10
SPEECHTH	This visit did Patient have speech therapy	OP10
CHEMOTH	This visit did Patient have chemotherapy	OP10
RADIATTH	This visit did Patient have radiation therapy	OP10

Variable	Description	Source
KIDNEYD	This visit did Patient have kidney dialysis	OP10
IVTHER	This visit did Patient have IV therapy	OP10
DRUGTRT	This visit did Patient have treatment for drugs or alcohol	OP10
RCVSHOT	This visit did Patient receive an allergy shot	OP10
PSYCHOTH	Did Patient have psychotherapy/counseling?	OP10
LABTEST	This visit did Patient have lab tests	OP11
SONOGRAM	This visit did Patient have sonogram or ultrasound	OP11
XRAYS	This visit did Patient have x-rays	OP11
MAMMOG	This visit did Patient have a mammogram	OP11
MRI	This visit did Patient have an MRI	OP11
EKG	This visit did Patient have an EKG or ECG	OP11
EEG	This visit did Patient have a CATSCAN	OP11
RCVVAC	This visit did Patient receive a vaccination	OP11
ANESTH	This visit did Patient receive anesthesia	OP11
OTHSVCE	This visit did Patient have other diagnostic tests/exams	OP11
SURGPROC	Was surgical procedure performed on Patient this visit	OP12
SURGNAME	Surgical procedure name in categories	OP13
MEDPRESC	Any medicines prescribed for Patient this visit	OP14
DOCOUTF	Any doctor/surgeon also seen outside of provider	OP16
VAPLACE	Outpatient clinic is a VA facility	Constructed
OPICD1X	3-digit ICD-9 condition code	Edited
OPICD2X	3-digit ICD-9 condition code	Edited
OPICD3X	3-digit ICD-9 condition code	Edited
OPICD4X	3-digit ICD-9 condition code	Edited
OPPRO1X	2-digit ICD-9 procedure code	Edited
OPCCC1X	Modified Clinical Classification Code	Constructed/ Edited
OPCCC2X	Modified Clinical Classification Code	Constructed/ Edited
OPCCC3X	Modified Clinical Classification Code	Constructed/ Edited
OPCCC4X	Modified Clinical Classification Code	Constructed/ Edited
NUMCOND	Total number of COND records linked to this event	Constructed/ Edited

Expenditure Variables

Variable	Description	Source
FFOATYPE	Flat fee bundle	FF01, FF02
FFBEF97	Total # of visits in flat fee before 1997	FF05
FFTOT98	Total # of visits in flat fee after 1997	FF10
OPEXP97X	Total expenditure for outpatient department visit	Constructed
OPTCH97X	Total charge for outpatient department visit	Constructed
OPFSF97X	Facility amount paid, family (imputed)	CP11 (Edited/Imputed)
OPFMR97X	Facility amount paid, Medicare (imputed)	CP09 (Edited/Imputed)
OPFMD97X	Facility amount paid, Medicaid (imputed)	CP07 (Edited/Imputed)
OPFPV97X	Facility amount paid, private insurance (imputed)	CP07 (Edited/Imputed)
OPFVA97X	Facility amount paid, Veterans (imputed)	CP07 (Edited/Imputed)
OPFCH97X	Facility amount paid, CHAMP/CHAMPVA (imputed)	CP07 (Edited/Imputed)
OPFOF97X	Facility amount paid, other federal (imputed)	CP07 (Edited/Imputed)
OPFSL97X	Facility amount paid, state/local govt. (imputed)	CP07 (Edited/Imputed)
OPFWC97X	Facility amount paid, Workers Comp (imputed)	CP07 (Edited/Imputed)
OPFOR97X	Facility amount paid, other private (imputed)	Constructed
OPFOU97X	Facility amount paid, other public (imputed)	Constructed
OPFOT97X	Facility amount paid, other insurance (imputed)	CP07 (Edited/Imputed)
OPFXP97X	Facility sum of payments OPFSF97X □ OPFOT97X	Constructed
OPFTC97X	Facility total charge (imputed)	CP09 (Edited/Imputed)
IMPOPFSF	Imputation flag for OPFSF97X	Constructed
IMPOPFMR	Imputation flag for OPFMR97X	Constructed
IMPOPFMD	Imputation flag for OPFMD97X	
IMPOFPV	Imputation flag for OPFPV97X	Constructed
IMPOPFVA	Imputation flag for OPFVA97X	Constructed

Variable	Description	Source
IMPOPFCH	Imputation flag for OPFCH97X	Constructed
IMPOPFOF	Imputation flag for OPFOF97X	Constructed
IMPOPFSL	Imputation flag for OPFSL97X	Constructed
IMPOPFWC	Imputation flag for OPFWC97X	Constructed
IMPOPFOR	Imputation flag for OPFOR97X	Constructed
IMPOPFOU	Imputation flag for OPFOU97X	Constructed
IMPOPFOT	Imputation flag for OPFOT97X	Constructed
IMPOPFXP	Imputation flag for OPFXP97X	Constructed
IMPOPCHG	Imputation flag for OPFTC97X	Constructed
IMPOPNUM	Number of Dr. records imputed per facility provider	Constructed
OPDSF97X	Doctor amount paid, family (imputed)	CP11 (Edited/Imputed)
OPDMR97X	Doctor amount paid, Medicare (imputed)	CP09 (Edited/Imputed)
OPDMD97X	Doctor amount paid, Medicaid (imputed)	CP07 (Edited/Imputed)
OPDPV97X	Doctor amount paid, private insurance (imputed)	CP07 (Edited/Imputed)
OPDVA97X	Doctor amount paid, Veterans (imputed)	CP07 (Edited/Imputed)
OPDCH97X	Doctor amount paid, CHAMP/CHAMPVA (imputed)	CP07 (Edited/Imputed)
OPDOF97X	Doctor amount paid, other federal (imputed)	CP07 (Edited/Imputed)
OPDSL97X	Doctor amount paid, state/local govt. (imputed)	CP07 (Edited/Imputed)
OPDWC97X	Doctor amount paid, Worker's Comp (imputed)	CP07 (Edited/Imputed)
OPDOR97X	Doctor amount paid, other private (imputed)	Constructed
OPDOU97X	Doctor amount paid, other public (imputed)	Constructed
OPDOT97X	Doctor amount paid, other insurance (imputed)	CP07 (Edited/Imputed)
OPDXP97X	Doctor sum of payments OPDSF97X □ OPDOT97X	Constructed
OPDTC97X	Doctor total charge (imputed)	CP09 (Edited/Imputed)

Weights

Variable	Description	Source
WTDPER97	Person weight full-year 1997 (poverty/mortality adjusted)	Constructed
VARPSU97	Variance estimation PSU 1997	Constructed
VARSTR97	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: DUPERSID + Event number	Assigned in Sampling
HHSFFIDX	Household reported flat fee ID	CAPI Derived

Pre-imputed Expenditure Variables

Variable	Description	Source
OPSF97H	Household reported amount paid, family (pre-imputed)	CP11 (Edited)
OPMR97H	Household reported amount paid, Medicare (pre-imputed)	CP09 (Edited)
OPMD97H	Household reported amount paid, Medicaid (pre-imputed)	CP07 (Edited)
OPPV97H	Household reported amount paid, private insurance (pre-imputed)	CP07 (Edited)
OPVA97H	Household reported amount paid, Veterans (pre-imputed)	CP07 (Edited)
OPCH97H	Household reported amount paid, CHAMP/CHAMPVA (pre-imputed)	CP07 (Edited)
OPOF97H	Household reported amount paid, other federal (pre-imputed)	CP07 (Edited)
OPSL97H	Household reported amount paid, state/local govt. (pre-imputed)	CP07 (Edited)
OPWC97H	Household reported amount paid, Worker's Comp (pre-imputed)	CP07 (Edited)
OPOT97H	Household reported amount paid, other insurance (pre-imputed)	CP07 (Edited)
OPUC97H	Household reported amount paid, uncollected liability (pre-imputed)	CP07 (Edited)
OPTC97H	Household reported total charge (pre-imputed)	CP09 (Edited)

Variable	Description	Source
OPSF97M	MPC reported amount paid, family (unimputed)	HEF8a
OPMR97M	MPC reported amount paid, Medicare (unimputed)	HEF8b
OPMD97M	MPC reported amount paid, Medicaid (unimputed)	HEF8c
OPPV97M	MPC reported amount paid, private insurance (unimputed)	HEF8d
OPVA97M	MPC reported amount paid, Veterans (unimputed)	HEF8e
OPCH97M	MPC reported amount paid, CHAMP/CHAMPVA (unimputed)	HEF8f
OPOF97M	MPC reported amount paid, other federal (unimputed)	HEF8g
OPSL97M	MPC reported amount paid, state/local govt. (unimputed)	HEF8g
OPWC97M	MPC reported amount paid, Worker's Comp (unimputed)	HEF8g
OPOT97M	MPC reported amount paid, other insurance (unimputed)	HEF8g
OPTC97M	MPC reported total charge (unimputed)	HEF9

Weights

Variable	Description	Source
WTDPER97	Person weight full-year 1997 (poverty/mortality adjusted)	Constructed
VARPSU97	Variance estimation PSU 1997	Constructed
VARSTR97	Variance estimation stratum	Constructed