# 1999-2006

# VHA Assistant Deputy Under Secretary for Health (ADUSH) Monthly Enrollment File

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**VIReC Research User Guide: VHA ADUSH Monthly Enrollment File**
Veterans Affairs Information Resource Center
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# Contents

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# I.  Introduction

The *VIReC Research User Guide: VHA ADUSH Monthly Enrollment File* was produced by the Veterans Affairs Information Resource Center (VIReC), a national resource center of the Health Services Research and Development Service (HSR&D), U.S. Department of Veterans Affairs (VA).  This guide describes the VHA ADUSH Monthly Enrollment File of the Veterans Health Administration (VHA).  VIReC issues this guide to help health services researchers and other users of these data understand the availability and definitions of the variables stored within this file.

This is the first edition of the *VIReC Research User Guide: VHA ADUSH Monthly Enrollment File.*

## Using This Guide

This guide is divided into four chapters, including this introduction. The other three chapters are listed below. Additional documents are included as appendices. Throughout the document references to Internet addresses are hyperlinked.

- Overview of VHA ADUSH for Policy and Planning and the ADUSH Monthly Enrollment File.  Chapter II provides a brief description of the primary sources for enrollment data, methods for its access, and the enrollment process.

- Variables Included in the ADUSH Enrollment File, 1999-2006 (March)  Chapter III provides a list of all variables that were included on the year-end ADUSH Enrollment Files between 1999 and 2006 (March).

- VHA ADUSH Monthly Enrollment File Variables and Frequencies.  Chapter IV presents a detailed description for each variable in the ADUSH Enrollment File.  The descriptions include the following information, where applicable:

| Variable Name: | The variable name used in the ADUSH Enrollment File. |
|---|---|
| Name: | A descriptive name of the variable. |
| Definition: | An explanation of what the variable denotes. |
| Source: | The source of the variable, which may be:<br>– the National Enrollment Database extract file (NED),<br>– the Allocation Resource Center extract file (ARC),<br>– the VHA VISN Support Service Center extract file (VSSC), derived from variables on one of the other three sources listed above (Derived),<br>– BIRLS Death File, or<br>– SSA Death Master File. |
| Remarks: | Background information on the variable, which may include whether it is patient-provided information, whether it is based on another variable in the ADUSH Enrollment File, and whether it is obsolete or has been superseded by another variable. |

This document provides a table that lists the values and frequencies for most of the variable in the FY2005 Year-End ADUSH Enrollment File (September 2005). The frequencies represent the values in the 47,254,397 records on the September 2005 file. An enrollee may have multiple records in the file depending on the file production month, the month of care, and the station where the enrollee or patient received care.

## Acknowledgements

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## II. Overview of VHA ADUSH for Policy and Planning and the ADUSH Monthly Enrollment File

## Overview

The Veteran's Health Administration (VHA) Office of the Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning supports the offices of the Under Secretary for Health and Deputy Under Secretary for Health as an advisor on the development, implementation, and impact of Veterans Health Administration (VHA) policies. Their focuses are policy analysis and forecasting, strategic planning and informatics, and clinical affairs and information management. Additionally, ADUSH for Policy and Planning maintains the VA Site Tracking (VAST) System, the Bed Control Database and co-monitors several databases with the VISN Support Service Center (VSSC).

The Veterans Health Administration (VHA) Assistant Deputy Under Secretary for Health (ADUSH) Monthly Enrollment File (the Enrollment File) is created to:
- produce national statistics on VHA expenditures, enrollment, and patients;
- develop statistical models to forecast enrollment and expenditures; and
- perform policy analyses.

The national statistics are published on the ADUSH Web site.



**Figure 1: Data Flow from HEC, ARC, and VSSC to Austin Automation Center (AAC) to the ADUSH Enrollment File**
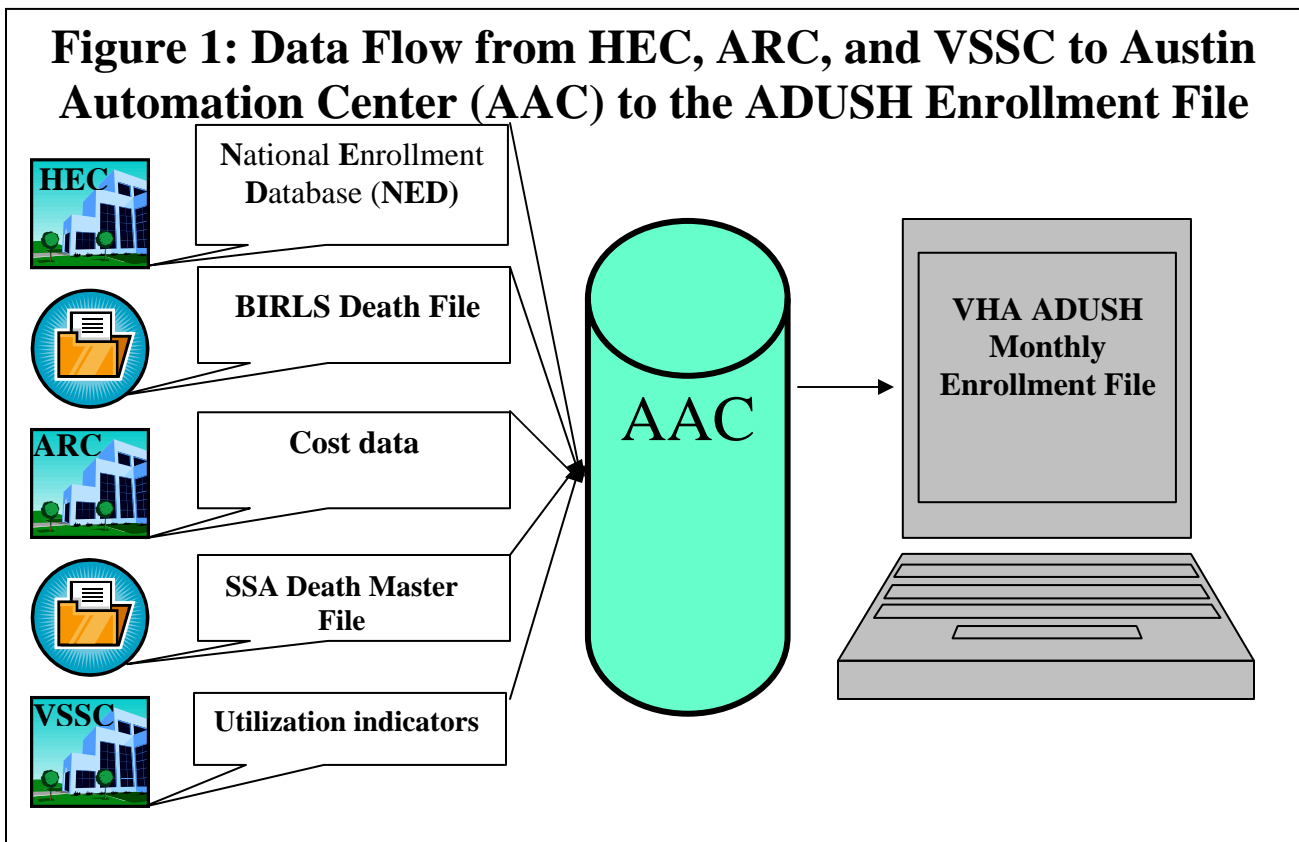
## Providing Services for Enrollment Data

The ADUSH Enrollment File is generated from monthly extracts provided by the VHA Health Eligibility Center (HEC), the VHA Allocation Resource Center (ARC), and the VHA Veterans Integrated Service Network (VISN) Support Services Center (VSSC) (see Figure 1).  Enrollment data are obtained from HEC via an extract from the National Enrollment Database (NED), cost data are obtained from ARC, and utilization indicators are obtained from VSSC.  Death dates are obtained from the BIRLS Death File and the SSA Death Master File.   This file has evolved over the years; variables have been added and removed, and the quality of the data has improved. Thus, it is important to note which variables are available each year.  (See Chapter III.)

## Overview of Enrollment Files

The ADUSH Enrollment File is a fiscal year cumulative file.  At the beginning of a fiscal year (October 1st) deceased veterans are removed from the file based on the **DTDEATH** variable (date of death), and ineligible veterans are removed from the file based on the **INELDTE** variable (ineligible date).  Each file produced contains at least one record for each enrollee. There are two types of files produced; one file for fiscal quarter-end months and another file for non-fiscal quarter-end months. The file type affects the number of records per enrollee.

1. **Fiscal Quarter End Month Files** - Files produced for the fiscal quarter-end months (December, March, and June) and the fiscal year-end month (September) contain a record for each patient for each month the patient received care at a station.  The cost variables contain the costs of care for that month.  These files contain only one record and a missing value in the month of care variable (**MOC**) for enrollees who have received no care.  The sort order of the quarter-end and year-end files is scrambled Social Security number (SSN) (**SCRSSN**), month of care (**MOC**), and station (**STA6C**).

2. **Non-Quarter End Month Files** - Files produced for non-quarter-end months contain a record for each enrollee or patient for each station where the enrollee or patient received care in the fiscal year to date.  The cost variables contain year-to-date costs by station for the enrollee or patient.  The sort order of the monthly file is scrambled SSN (**SCRSSN**) and station (**STA6C**).

All files are normally available within two months after the target month ends (e.g., the ADUSH Enrollment File for October is normally available by the end of December).

## Method of Access

The ADUSH Enrollment Files are SAS®[1] files housed at the Austin Automation Center with file names that indicate which year's and month's statistics are contained in each file (see Table 1).

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[1] SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries.  ® indicates USA registration.

The fiscal year-end file (September's file) is updated after its original production to add some additional enrollees or patients submitted by facilities whose care may not have been recorded in the ARC extract used to generate the original file. Beginning in 2003, the original fiscal year end file is no longer updated after generation. Instead a new file is created and contains an 'F' in its name.

Researchers should contact their local Information Security Officer to assist in completing and filing an Automated Customer Registration System (ACRS) request form (VA Form 9957) to obtain access to the ADUSH Enrollment File.

Table 1: VHA ADUSH Monthly Enrollment File Naming Conventions

| VHA ADUSH Monthly Enrollment File Name | Month and Year |
|---|---|
| MDPPRD.MDP.SAS.ENRL1229.OPP.PSSG | December 1998 |
| MDPPRD.MDP.SAS.ENRL0203.OPP.PSSG | January 1999 |
| MDPPRD.MDP.SAS.ENRL0226.OPP.PSSG | February 1999 |
| MDPPRD.MDP.SAS.ENRL0326.OPP.PSSG | March 1999 |
| MDPPRD.MDP.SAS.ENRL0426.OPP.PSSG | April 1999 |
| MDPPRD.MDP.SAS.ENRL0528.OPP.PSSG | May 1999 |
| MDPPRD.MDP.SAS.ENRL0628.OPP.PSSG | June 1999 |
| MDPPRD.MDP.SAS.ENRL0724.OPP.PSSG | July 1999 |
| MDPPRD.MDP.SAS.ENRL0824.OPP.PSSG | August 1999 |
| MDPPRD.MDP.SAS.ENRL0927.OPP.PSSG | September 1999 |
| MDPPRD.MDP.SAS.ENRL1101.OPP.PSSG | October 1999 |
| MDPPRD.MDP.SAS.ENRL1126.OPP9.PSSG | November 1999 |
| MDPPRD.MDP.SAS.ENRL1226.OPP9.PSSG | December 1999 |
| MDPPRD.MDP.SAS.ENRL0126.OPP0.PSSG | January 2000 |
| MDPPRD.MDP.SAS.ENRL0306.OPP0.PSSG | February 2000 |
| MDPPRD.MDP.SAS.ENRL0326.OPP0.PSSG | March 2000 |
| MDPPRD.MDP.SAS.ENRL0426.OPP0.PSSG | April 2000 |
| MDPPRD.MDP.SAS.ENRL0526.OPP0.PSSG | May 2000 |
| MDPPRD.MDP.SAS.ENRL0626.OPP0.PSSG | June 2000 |
| MDPPRD.MDP.SAS.ENRL0726.OPP0.PSSG | July 2000 |
| MDPPRD.MDP.SAS.ENRL0826.OPP0.PSSG | August 2000 |
| MDPPRD.MDP.SAS.ENRL0926.OPP0.PSSG | September 2000 |
| MDPPRD.MDP.SAS.ENRL1026.OPP0.PSSG | October 2000 |
| MDPPRD.MDP.SAS.ENRL1126.OPP0.PSSG | November 2000 |
| MDPPRD.MDP.SAS.ENRL1226.OPP0.PSSG | December 2000 |
| MDPPRD.MDP.SAS.ENRL0126.OPP1.PSSG | January 2001 |
| MDPPRD.MDP.SAS.ENRL0226.OPP1.PSSG | February 2001 |
| MDPPRD.MDP.SAS.ENRL0409.OPP1.PSSG | March 2001 |
| MDPPRD.MDP.SAS.ENRL0430.OPP1.PSSG | April 2001 |
| MDPPRD.MDP.SAS.ENRL0525.OPP1.PSSG | May 2001 |
| MDPPRD.MDP.SAS.ENRL0625.OPP1.PSSG | June 2001 |
| MDPPRD.MDP.SAS.ENRL0725.OPP1.PSSG | July 2001 |

| MDPPRD.MDP.SAS.ENRL0825.OPP1.PSSG | August 2001 |
|---|---|
| MDPPRD.MDP.SAS.ENRL0925.WS.OPP1.PSSG | September 2001 |
| MDPPRD.MDP.SAS.NED.MAIN.mmmyyf.PSSG<br>where<br><br>       mmm = 3-character month abbreviation<br>       yy = year<br>       f = F only if this is the fiscal year file | October 2001 –<br>current month |

## The Enrollment Process

Congress instituted VHA enrollment by law on October 1, 1998, as part of the Veterans Health Care Eligibility Reform Act of 1996.[1]  Veterans who had received VA health-care services between January 1, 1996, and September 30, 1998, were automatically enrolled.

Generally, a veteran must be enrolled in the VA health care system to receive benefits offered in the Medical Benefits Package.  Veterans do not have to be enrolled if:[2]

- They "have been determined by the VA to be 50% or more disabled from service-connected conditions".

- They "are seeking care for a VA rated service-connected disability only".

- "It is less than one year since they were discharged for a disability that the military has determined was incurred or aggravated by their service, but that the VA has not yet rated".[3]

The enrollment process requires all first-time applicants for VHA benefits to complete the VHA Form 10-10EZ, Application for Health Benefits.  The VHA uses the 10-10EZ form to gather preliminary data in order to determine whether the applicant has qualifying service as a veteran, and which priority group they should be placed in based on their veteran status.  Once enrolled, most veterans will automatically remain enrolled from year to year without further action on their part.  However, the enrollment process requires certain veterans to provide income information each year to determine their priority group and they must complete the VHA Form 10-10EZR, Health Benefits Renewal Form.  The Health Eligibility Center provides further information on the application process Internet Web site (http://www.va.gov/healtheligibility/HECHome.htm).

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[1] Statement of Thomas L. Garthwaite, M.D., Acting Under Secretary for Health, Department of Veterans Affairs On VA's Experience in Implementing Patient Enrollment under Public Law.  Representatives, July 15, 1999. Available at http://www.va.gov/OCA/testimony/15JY99TG.doc.  Accessed July 21, 2006.

[2] There are 1,045,217 records for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

[3] U.S. Department of Veterans Affairs.  Eligibility and Enrollment: Determining Your Eligibility page. Available at: http://www.va.gov/healtheligibility/eligibility/determining_eligibility.asp.  Access July 21, 2006.

# III. Variables Included in the Enrollment File 1999-2006

This table lists all variables that were included on the year-end ADUSH Enrollment Files between 1999 and 2006. The DATA TYPE column indicates if the variable is a numeric field (Num), a character field (Char) or a SAS date (Date). The LENGTH column specifies the field length. The SOURCE column indicates whether the source of the data is the National Enrollment Database (NED), the Allocation Resource Center (ARC), the VISN Support Services Center (VSSC), the BIRLS Death File (BIRLS), the Social Security Administration Death Master File (SSA) or derived from another variable (Derived). An 'X' in a FISCAL YEAR column indicates that the variable was in a particular fiscal year-end file.

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | Fiscal Year | | | | | | | | PAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | |
| **AABENE** | Aid and Attendance Benefits | Num | 2 | NED | X | X | X | X | X | X | X | X | 21 |
| **ACTHLINS** | Active Health Insurance | Num | 2 | NED | X | X | X | X | X | X | X | X | 22 |
| **AG8R** | Age Category | Num | 8 | Derived | X | X | X | X | X | X | X | X | 23 |
| **AGE** | Age | Num | 8 | Derived | X | X | X | X | X | X | X | X | 24 |
| **ALLFYUT** | New or Past User of VHA Services | Char | 4 | Derived | X | X | X | X | X | X | X | X | 25 |
| **CLASS** | Diagnostic Class | Char | 2 | ARC | X | X | X | X | X | X | X | X | 26 |
| **CNHCOST** | Contract Nursing Home Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **CNHDAYS** | Contract Nursing Home Days | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **CNTYCURR** | Current County Code | Char | 5 | NED | | | | | | | X | X | 32 |

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | PAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **COCNTY** | Cost Only County | Num | 8 | Derived | | | | | | | | X | 33 |
| **CODOB** | Cost Only Date of Birth | Num | 8 | Derived | | | | | | | | X | 34 |
| **COSCPER** | Cost Only Service Connected Percentage | Num | 8 | Derived | | | | | | | | X | 35 |
| **COSEX** | Cost Only Sex | Char | 1 | Derived | | | | | | | | X | 36 |
| **DDSSAFLG** | SSA Day of Death Flag | Num | 8 | Derived | | | | | | | X | X | 39 |
| **DOB** | Date of Birth | Date | 8 | NED | X | X | X | X | X | X | X | X | 40 |
| **DODBIRLS** | BIRLS Date of Death | Date | 8 | BIRLS | | | | | | | X | X | 41 |
| **DODSSA** | SSA Date of Death | Date | 8 | SSA | | | | | | | X | X | 43 |
| **DSSCNHCOST** | DSS Contract Nursing Home Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |
| **DSSFEECOST** | DSS Non-VA Ambulatory Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |
| **DSSLTCCOST** | DSS Long Term Care Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |
| **DSSMEDCOST** | DSS VA Inpatient Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |
| **DSSNVACOST** | DSS Non-VA Inpatient Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |
| **DSSOPCCOST** | DSS VA Outpatient Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |
| **DSSPSYCOST** | DSS VA Psychological Inpatient Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |
| **DSSSURCOST** | DSS VA Inpatient Surgical Cost of Care | Num | 8 | ARC | | | | | X | X | X | X | 37 |

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | Fiscal Year | | | | | | | | PAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | |
| **DTDEATH** | Date of Death | Date | 8 | NED | X | X | X | X | X | X | X | X | 45 |
| **EFY00** | Enrolled FY2000 | Num | 2 | Derived | | X | X | X | X | X | X | X | 46 |
| **EFY01** | Enrolled FY2001 | Num | 2 | Derived | | | X | X | X | X | X | X | 46 |
| **EFY02** | Enrolled FY2002 | Num | 2 | Derived | | | | X | X | X | X | X | 46 |
| **EFY03** | Enrolled FY2003 | Num | 2 | Derived | | | | X | X | X | X | X | 46 |
| **EFY04** | Enrolled FY2004 | Num | 2 | Derived | | | | | | X | X | X | 46 |
| **EFY05** | Enrolled FY2005 | Num | 2 | Derived | | | | | | | X | X | 46 |
| **EFY98** | Enrolled FY1998 | Num | 2 | Derived | | X | X | X | X | X | X | X | 46 |
| **EFY99** | Enrolled FY1999 | Num | 2 | Derived | | X | X | X | X | X | X | X | 46 |
| **ELIG** | Eligibility Code | Char | 2 | ARC | X | X | X | X | X | X | X | X | 47 |
| **ELIGSTAT** | Eligibility Status | Char | 1 | NED | X | X | X | X | X | X | X | X | 51 |
| **ENAPPDTE** | Enrollment Application Date | Date | 8 | NED | X | X | X | X | X | | | | 52 |
| **ENRLPRIO** | Enrollment Priority | Char | 8 | NED | X | X | X | X | X | X | X | X | 53 |
| **ENROLDTE** | Enrollment Date | Date | 8 | NED | X | X | X | X | X | | | | 55 |
| **ENRSTAT** | Enrollment Status | Char | 8 | NED | X | X | X | X | X | X | X | X | 56 |
| **ENRSTATR** | Enrollment Status Recoded | Char | 2 | Derived | X | X | X | X | X | X | X | X | 59 |

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | Fiscal Year | | | | | | | | PAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | |
| **ERDTHFLG** | Death Flag | Num | 2 | Derived | X | X | X | X | X | X | X | X | 60 |
| **ERINEFLG** | Ineligibility Flag | Num | 2 | Derived | X | X | X | X | X | X | X | X | 61 |
| **EXTRDATE** | Extract Date | Date | 8 | NED | X | X | X | | | | | | 62 |
| **EXTRDTE** | Extract Date | Date | 8 | NED | | | | X | X | X | X | X | 63 |
| **FEECOST** | Non-VA Ambulatory Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **FEEVIS** | Non-VA Ambulatory Visits | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **FIPS_GEO**[1] | Geocoded State and County FIPS Code | Char | 5 | NED | | | | | | | | X | 64 |
| **FY_EN_AP** | Fiscal Year of Enrollment Application | Num | 8 | Derived | X | | | | | | | | 69 |
| **FY00** | User in Fiscal Year 2000 | Num | 2 | VSSC | | X | X | X | X | X | X | X | 67 |
| **FY01** | User in Fiscal Year 2001 | Num | 2 | VSSC | | | X | X | X | X | X | X | 67 |
| **FY02** | User in Fiscal Year 2002 | Num | 2 | VSSC | | | | X | X | X | X | X | 67 |
| **FY03** | User in Fiscal Year 2003 | Num | 2 | VSSC | | | | | X | X | X | X | 67 |
| **FY04** | User in Fiscal Year 2004 | Num | 2 | VSSC | | | | | | X | X | X | 67 |
| **FY05** | User in Fiscal Year 2005 | Num | 2 | VSSC | | | | | | | X | X | 67 |
| **FY1998UT** | Temporary work variable | Char | 4 | Derived | X | | | | | | | | 65 |

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[1] The variable FIPS_GEO replaced **GDTFIPSA** FY2006.

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | Fiscal Year | | | | | | | | PAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | |
| **FY1999UT** | Temporary work variable | Char | 4 | Derived | X | | | | | | | | 66 |
| **FY95** | User in Fiscal Year 1995 | Num | 2 | VSSC | X | X | X | X | X | X | X | X | 67 |
| **FY96** | User in Fiscal Year 1996 | Num | 2 | VSSC | X | X | X | X | X | X | X | X | 67 |
| **FY97** | User in Fiscal Year 1997 | Num | 2 | VSSC | X | X | X | X | X | X | X | X | 67 |
| **FY98** | User in Fiscal Year 1998 | Num | 2 | VSSC | X | X | X | X | X | X | X | X | 67 |
| **FY99** | User in Fiscal Year 1999 | Num | 2 | VSSC | X | X | X | X | X | X | X | X | 67 |
| **GDTFIPSA** | Geocoded State and County FIPS Code | Char | 5 | NED | | | | | | X | | | 70 |
| **GDTZIPT** | Geocoded Zip Code | Char | 5 | NED | | | | | | X | | | 72 |
| **HBBENE** | House-Bound Benefits | Num | 2 | NED | X | X | X | X | X | X | X | X | 73 |
| **INAPDTE** | Initial Application Date | Date | 8 | NED | | | | | | X | X | X | 74 |
| **INELDTE** | Ineligible Date | Date | 8 | NED | | | | X | X | X | X | X | 75 |
| **INELIGDT** | Ineligible Date | Date | 8 | NED | X | X | X | | | | | | 76 |
| **INENDTE** | Initial Enrollment Date | Date | 8 | NED | | | | | | X | X | X | 77 |
| **LTCCOST** | Long Term Care Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **LTCDAYS** | Long Term Care Days | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | PAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MATCH[1] | Match | Char | 8 | Derived | X | X | X | X | X | X | X | X | 78 |
| MEDCOST | VA Inpatient Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| MEDDAYS | VA Inpatient Days | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| MEDICAID | Medicaid Eligibility | Num | 2 | NED | X | X | X | X | X | X | X | X | 79 |
| MOC | Month of Care | Num | 8 | Derived | | | | X | X | X | X | X | 80 |
| MTSTATUS | Means Test Status | Char | 8 | NED | X | X | X | X | X | X | X | X | 81 |
| NVACOST | Non-VA Inpatient Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| NVADAYS | Non-VA Inpatient Days | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| OPCCOST | VA Outpatient Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| OPCVIS | VA Outpatient Visits | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| PELCODE | Primary Eligibility Code | Char | 10 | NED | X | X | X | | | | | | 83 |
| PENS | Pension Indicator | Num | 2 | NED | X | X | X | X | X | X | X | X | 85 |
| PR7SUB2 | Priority Codes 7A and 7C | Char | 8 | Derived | X | X | | | | | | | 86 |
| PR7SUB3 | Priority Codes 7A and 7C | Char | 8 | Derived | | X | | | | | | | 87 |
| PREFAC_D | Preferred Facility | Char | 8 | NED | X | X | X | X | X | X | X | X | 88 |

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[1] The source of the patient's or enrollee's data.

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | Fiscal Year | | | | | | | | PAGE |
| | | | | | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PRIO1_8** | Enrollment Priority Code | Char | 2 | Derived | | | | | X | X | X | X | 89 |
| **PRIO7SUB** | Priority Codes 7A and 7C | Char | 8 | Derived | X | X | | | | | | | 93 |
| **PRIOADJ**[1] | Enrollment Priority Code | Char | 2 | Derived | | | X | X | X | X | X | X | 94 |
| **PRIOADJ1**[*] | Enrollment Priority Code | Char | 2 | Derived | X | X | | | | | | | 97 |
| **PRIOADJ2***[*] | Enrollment Priority Code | Char | 2 | Derived | X | X | | | | | | | 100 |
| **PRIOADJ3***[*] | Enrollment Priority Code | Char | 2 | Derived | | X | | | | | | | 103 |
| **PRIOPC** | Temporary work variable | Num | 8 | Derived | X | | | | | | | | 106 |
| **PRISWAR** | Prisoner of War | Num | 8 | NED | X | X | X | X | X | X | X | X | 107 |
| **PSYCOST** | VA Psychological Inpatient Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **PSYDAYS** | VA Psychological Inpatient Days | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **REASCD** | Canceled/Declined Enrollment Reason Code | Char | 2 | NED | X | X | X | X | X | X | X | X | 108 |
| **SCPER** | Service Connected Percentage | Num | 3 | NED | X | X | X | X | X | X | X | X | 109 |
| **SCRSSN** | Scrambled Social Security Number | Num | 8 | NED | X | X | X | X | X | X | X | X | 111 |
| **SERVCON** | Service Connected Indicator | Num | 2 | NED | X | X | X | X | X | X | X | X | 112 |

[1] The variable PRIOADJ replaced PRIOADJ3 in October 2000, and was in turn replaced in January 2003 by PRIO1 8.

[*] The asterisk (*) on this page denotes replacement in FY2001 by PRIOADJ

| VARIABLE | DESCRIPTION | DATA TYPE | LENGTH | SOURCE | Fiscal Year | | | | | | | | PAGE |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | |
| **SEX** | Gender | Char | 1 | NED | X | X | X | X | X | X | X | X | 113 |
| **STA5C** | Substation Identifier | Char | 5 | ARC | X | | | | | | | | 114 |
| **STA6C** | Substation Identifier | Char | 6 | ARC | | X | X | X | X | X | X | X | 115 |
| **SURCOST** | VA Inpatient Surgical Cost of Care | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **SURDAYS** | VA Inpatient Surgical Days | Num | 8 | ARC | X | X | X | X | X | X | X | X | 37 |
| **TOTINC** | Total Family Income | Num | 8 | NED | X | X | X | X | X | X | X | X | 116 |
| **VISN_D** | Preferred VISN | Num | 8 | Derived | X | X | X | X | X | X | X | X | 117 |
| **ZIP**[1] | Patient Zip Code | Num | 8 | ARC | X | X | X | | | | | | 119 |
| **ZIP_ENRL** | Enrollee Zip Code | Num | 8 | NED | X | X | X | X | X | X | X | X | 120 |
| **ZIP_GEO**[2] | Geocoded Zip Code | Num | 8 | NED | | | | | | | | X | 121 |
| **ZIPARC** | Patient Zip Code | Num | 8 | ARC | | | | X | X | X | X | X | 122 |

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[1] The variable ZIP was replaced by **ZIPARC** in FY2002.
[2] The variable ZIP_GEO replaced **GDTZIPT** in FY2006.

# IV: VHA ADUSH Monthly Enrollment File Variables and Frequencies

| Variable Name: | **AABENE** |
| --- | --- |

Name:                Aid and Attendance Benefits Indicator

Definition:            This flag indicates if an enrollee is receiving Aid and Attendance Benefits, as determined by the Veterans Benefit Administration (VBA).

Source:              NED

Remarks:           Aid and Attendance Benefits are "a VA compensation or pension benefit awarded to a veteran who is determined to be in need of the regular aid and attendance of another person to perform basic functions of everyday life.  A veteran may qualify for aid and attendance benefits if he or she:

- Is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less;
- Is a patient in a nursing home because of mental or physical incapacity;
- Proves a need for aid and attendance under established criteria."[1]

**AABENE** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
| --- | --- | --- | --- |
| | Missing | 1,045,217[2] | 2.21 |
| 0 | No | 45,380,179 | 96.03 |
| 1 | Yes | 829,001 | 1.75 |

---

[1] U.S. Department of Veterans Affairs.  Glossary of Health Benefits Eligibility terms page.  Available at: http://www.va.gov/healtheligibility/glossary/glossary.asp#h,   Accessed July 21, 2006.

[2] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

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| Variable Name: | **ACTHLINS** |
| --- | --- |
| Name: | Active Health Insurance Indicator |
| Definition: | This flag indicates if an enrollee currently has active health insurance, either private insurance or Medicare. |
| Source: | NED |
| Remarks: | Enrollees are asked on the 10-10EZ enrollment form and 10-10EZR enrollment renewal form if they currently have private health insurance. Patients at VHA facilities are asked if they have private health insurance at inpatient admission and outpatient registration. |

**ACTHLINS** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
| --- | --- | --- | --- |
|  | Missing | 1,218,654[1] | 2.58 |
| 0 | No | 32,321,884 | 68.40 |
| 1 | Yes | 13,713,859 | 29.02 |

---

[1] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

Variable Name: **AG8R**

Name: Age Category

Definition: Categorical recoding of **AGE** into 8 groups

Source: Derived

Remarks: **DOB** is more useful to calculate age.

**AG8R** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|-------|-------------|-----|-----|
| | Missing | 1,046,325[1] | 2.21 |
| 1 | < 25 | 152,420 | 0.32 |
| 2 | 25-34 | 997,216 | 2.11 |
| 3 | 35-44 | 2,244,946 | 4.75 |
| 4 | 45-54 | 5,978,261 | 12.65 |
| 5 | 55-64 | 12,502,365 | 26.46 |
| 6 | 65-74 | 10,591,381 | 22.41 |
| 7 | 75-84 | 11,223,858 | 23.75 |
| 8 | 85+ | 2,517,625 | 5.33 |

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[1] Of these records, 1,045,217 are for individuals that have received VA care but were not enrolled and, thus, have no data in the NED source file.

Variable Name:      **AGE**

Name:               Age

Definition:         The age in years of the enrollee as of the NED extract date (**EXTRDTE**), based on his or her **DOB**.

Source:             Derived

Remarks:            **DOB**  is more useful to calculate age.

| Variable Name: | **ALLFYUT** |
|---|---|

Name: New or Past User of VHA Services

Definition: A new user is one whose first use was in the current year. For example, the value of this field in the FY 2005 Enrollment File would be set to 'NEW' if the **FY05** flag is set to 'YES', and the flags for **FY02**, **FY 03**, and **FY04** are set to 'NO'.

A past user is a person who first used VHA services in one of the three previous fiscal years. For the FY2005 Enrollment File, this would indicate any one of the **FY02**, **FY 03**, and **FY04** variables is set to 'YES'.

Source: Derived

Remarks: VIReC recommends that the **FY95-FY06** variables be used in place of this variable.

**ALLFYUT** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Definition | N | % |
|---|---|---|---|
|  | Missing | 2,158,769 | 4.57 |
| NEW | New user | 2,354,582 | 4.98 |
| PAST | Past user | 42,741,046 | 90.45 |

| Variable Name: | **CLASS** |
|---|---|
| Name: | Diagnostic Class |
| Definition: | Patient Diagnostic Class |
| Source: | ARC |
| Remarks: | The VERA model is used to distribute medical care funds to each Veterans Integrated Service Network (VISN). Details of the classification system for each year are published on the ARC Intranet Web site in a VERA Patient Classification Handbook.[1] This is the patient's highest rated diagnostic class based on a classification hierarchy. The patient's primary diagnosis is reclassified into one of the classes in the table below. Diagnostic classes are assigned by the ARC and used in the Veterans Equitable Resource (VERA) allocation model, which is a capitated-funding model. In general, diagnostic classes are assigned based on diagnoses found in inpatient and outpatient care of the 25 major diagnostic categories (MDC) which are converted to diagnostic classes. These diagnostic classes are identified by a single letter, with a capital letter indicating the diagnoses originated from an inpatient stay and a lower-case letter indicating the diagnoses originated from an outpatient visit. See Appendix C for fiscal year 2005 Major Diagnostic Categories (MDC) and VERA patient classes. |

**CLASS** has the following values and frequencies in the 2005 fiscal year-end file:

| Class | Class Description[2] | N | % |
|---|---|---|---|
| | Missing | 3,112,475[3] | 6.59 |
| 88 | CNH No PTF Record | 20,217 | 0.04 |
| 90 | Employee/Collaterals | 338,550 | 0.72 |
| a | Diseases and Disorders of the Nervous System OPC | 1,296,583 | 2.74 |
| A | Diseases and Disorders of the Nervous System | 146,763 | 0.31 |
| a1 | AIDS Cat IV | 51,931 | 0.11 |
| a2 | AIDS Cat III | 314 | 0.00 |

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[1] VERA 2005 Patient Classification Handbook. Available on the ARC Web site. Accessed January 5, 2006.
[2] Email correspondence with Michelle Young from the ARC 9/13/05 and 9/14/05.
[3] These records are for enrollees who received no VHA care during the fiscal year.

| Class | Class Description[2] | N | % |
|---|---|---|---|
| A2 | AIDS Cat III with Drugs | 3 | 0.00 |
| a3 | HIV+ | 1,112 | 0.00 |
| A3 | HIV+ With Drugs | 0 | 0.00 |
| a4 | HIV+ Rx | 26,816 | 0.06 |
| A4 | HIV+ Low Cd4 With Drugs | 136,754 | 0.29 |
| Aa | Substance Abuse | 37,485 | 0.08 |
| b | Diseases and Disorders of the Eye OPC | 1,784,017 | 3.78 |
| B | Diseases and Disorders of the Eye | 25,331 | 0.05 |
| B1 | Blind Rehab Service | 28,442 | 0.06 |
| b3 | Legally Blind - OPC | 220,048 | 0.47 |
| B3 | Legally Blind | 2,964 | 0.01 |
| c | Diseases and Disorders Ear, Nose, Mouth and Throat OPC | 2,371,768 | 5.02 |
| C | Diseases and Disorders of the Ear, Nose, Mouth & Throat | 46,861 | 0.1 |
| cp | Comp And Pen Exam | 81,528 | 0.17 |
| d | Diseases and Disorders Respiratory System OPC | 1,037,306 | 2.2 |
| D | Diseases and Disorders of the Respiratory System | 286,842 | 0.61 |
| d1 | End Stage Renal Disease | 93,788 | 0.2 |
| d2 | Home Care ESRD | 3,129 | 0.01 |
| Da | Dementia | 8,221 | 0.02 |
| dd | Psych+Substance | 180,303 | 0.38 |
| dD | Psych+Substance OPC | 63,473 | 0.13 |
| e | Diseases and Disorders Circulatory System OPC | 6,749,347 | 14.28 |
| E | Diseases and Disorders of the Circulatory System | 871,220 | 1.84 |
| f | Diseases and Disorders Digestive System OPC | 1,182,760 | 2.5 |
| F | Diseases and Disorders of the Digestive System | 287,474 | 0.61 |
| g | Diseases and Disorders Hepatobiliary System and Pancreas OPC | 91,078 | 0.19 |

| Class | Class Description[2] | N | % |
|---|---|---|---|
| G | Diseases and Disorders of the Hepatobiliary System & Pancreas | 90,102 | 0.19 |
| h | Diseases and Disorders of the Musculoskeletal System and Connective Tissue OPC | 2,467,445 | 5.22 |
| H | Diseases and Disorders of the Musculoskeletal System & Connective Tissue | 264,894 | 0.56 |
| Hb | Hepatitis C Basic | 3,037 | 0.01 |
| hB | Hepatitis C Basic - Inpatient | 548,342 | 1.16 |
| Hc | Hepatitis C Complex | 45,191 | 0.1 |
| i | Diseases and Disorders Skin, Subcutaneous Tissue and Breast OPC | 1,104,867 | 2.34 |
| I | Diseases and Disorders of the Skin, Subcutaneous Tissue & Breast | 88,147 | 0.19 |
| j | Endocrine, Nutritional and Metabolic Diseases and Disorders OPC | 4,186,368 | 8.86 |
| J | Endocrine, Nutritional & Metabolic Diseases & Disorders | 107,715 | 0.23 |
| k | Diseases and Disorders of the Kidney and Urinary Tract OPC | 410,891 | 0.87 |
| K | Diseases and Disorders of the Kidney & Urinary Tract | 125,484 | 0.27 |
| l | Diseases and Disorders Male Reproductive System OPC | 271,602 | 0.57 |
| L | Diseases and Disorders of the Male Reproductive System | 38,653 | 0.08 |
| L1 | Ventilator | 11,529 | 0.02 |
| L2 | Rehabilitation | 84,128 | 0.18 |
| L3 | Specialized Care | 60,424 | 0.13 |
| L4 | Clinical Complex | 77,675 | 0.16 |
| L5 | Behavioral | 3,883 | 0.01 |
| L6 | Physical | 5,608 | 0.01 |
| L7 | Low Activities of Daily Living (ADL) | 22,263 | 0.05 |
| Lc | Community Nh | 56,110 | 0.12 |

| Class | Class Description[2] | N | % |
|---|---|---|---|
| Ld | Domiciliary | 82,051 | 0.17 |
| Lh | HBPC | 347,668 | 0.74 |
| m | Diseases and Disorders Female Reproductive System OPC | 52,252 | 0.11 |
| M | Diseases and Disorders of the Female Reproductive System | 16,441 | 0.03 |
| Mh | Mental Health Intensive Case Management | 601 | 0 |
| mm | Multiple Medical | 471,243 | 1 |
| mM | Multiple Medical OPC | 2,176,267 | 4.61 |
| mp | Medical/Psych+Substance | 96,361 | 0.2 |
| mP | Medical/Psych+Substance OPC | 1,219,334 | 2.58 |
| n | Pregnancy, Childbirth and The Puerperium OPC | 810 | 0 |
| N | Pregnancy, Childbirth & The Puerperium | 9,281 | 0.02 |
| o | Newborns and Other Neonates, Condtn Orig in Perinatal Period OPC | 333 | 0 |
| O | Newborns & Other Neonates With Condtn Orig In Perinatal Period | 0 | 0.00 |
| Oa | Other Psychosis | 130,095 | 0.28 |
| p | Diseases and Disorders Blood, Blood Forming Organs, Immunolog Disord OPC | 191,274 | 0.4 |
| P | Diseases and Disorders Of Blood, Blood Forming Organs, Immunolog Disord | 34,539 | 0.07 |
| Pa | PTSD | 119,472 | 0.25 |
| pb | PTSD Acute OPC | 584,122 | 1.24 |
| Pb | PTSD Acute | 133,114 | 0.28 |
| Ph | Pharmacy | 293,165 | 0.62 |
| q | Myeloproliferative Diseases and Disorders, Poorly Differentiated Neoplasm OPC | 756,228 | 1.6 |
| Q | Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasm | 184,933 | 0.39 |
| Q1 | SCI Quad-New Injury | 2,281 | 0 |

| Class | Class Description[2] | N | % |
|---|---|---|---|
| Q2 | SCI Quad-Old Injury | 101,050 | 0.21 |
| Q3 | SCI Para-New Injury | 1,205 | 0 |
| Q4 | SCI Para-Old Injury | 118,372 | 0.25 |
| Q5 | SCI Quad-Institutionalized | 10,960 | 0.02 |
| Q6 | SCI Para-Institutionalized | 11,248 | 0.02 |
| r | Infectious and Parasitic Diseases, Systemic Or Unspecified Sites OPC | 13,577 | 0.03 |
| R | Infectious & Parasitic Diseases, Systemic Or Unspecified Sites | 13,548 | 0.03 |
| s | Mental Diseases and Disorders OPC | 2,610,772 | 5.52 |
| S | Mental Diseases & Disorders | 134,698 | 0.29 |
| s1 | Heart Failure | 499 | 0 |
| S1 | Heart Failure | 132,747 | 0.28 |
| s2 | Respiratory Failure | 65 | 0 |
| S2 | Respiratory Failure | 11,414 | 0.02 |
| s3 | Metastatic Cancer | 2,152 | 0 |
| S3 | Metastatic Cancer | 38,017 | 0.08 |
| s4 | High Cost Pneumonia | 343 | 0 |
| S4 | High Cost Pneumonia | 49,539 | 0.1 |
| s5 | Complications of Care | 8,688 | 0.02 |
| S5 | Complications of Care | 172,369 | 0.36 |
| Sa | Schizophrenia | 205,104 | 0.43 |
| St | Stroke | 194,607 | 0.41 |
| t | Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders OPC | 174,952 | 0.37 |
| T | Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders | 86,828 | 0.18 |
| Tb | Traumatic Brain Injury | 26,114 | 0.06 |
| u | Injuries, Poisonings and Toxic Effects Of Drugs OPC | 34,563 | 0.07 |
| U | Injuries, Poisonings & Toxic Effects Of Drugs | 22,925 | 0.05 |

| Class | Class Description[2] | N | % |
|---|---|---|---|
| uv | Non-Vested Cat A | 0 | 0.00 |
| UV | Non-Vested Non-Vet | 0 | 0.00 |
| uV | Non-Vested Cat C | 0 | 0.00 |
| v | Burns OPC | 2,814 | 0.01 |
| V | Burns | 1,975 | 0.01 |
| w | Factors Influencing Health Stat and Other Contacts With Health Services OPC | 5,278,583 | 11.17 |
| W | Factors Influencing Health Stat & Other Contacts With Health Services | 61,007 | 0.13 |
| X | Multiple Significant Trauma | 76,511 | 0.16 |
| X1 | Heart/Lung Transplants | 1,757 | 0.00 |
| X2 | Liver Transplants | 3,933 | 0.01 |
| X3 | Kidney Transplants | 3,516 | 0.01 |
| X4 | Bone Marrow Transplants | 5,285 | 0.01 |
| y | HIV+ OPC | 238 | 0.00 |
| Y | HIV+ not ICR Registry | 52 | 0.00 |
| z | No Dx - Outpatient | 81,244 | 0.17 |

| | |
|---|---|
| Variable Name: | **CNTYCURR** |
| Name: | Current County Code |
| Definition: | Three-digit code of the county associated with the patient's permanent residence. |
| Source: | NED |
| Remarks: | County codes can be found at the National Institute of Standards and Technology Web site. |

| | |
|---|---|
| Variable Name: | **COCNTY** |
| Name: | Cost Only County |
| Definition: | County associated with a home address of patients found only in the ARC extract files (based on the variable '**MATCH**'). |
| Source: | Derived |
| Remarks**:** | Only patients found in the ARC extract file where the value is set to 'COSTONLY' in the **MATCH** variable appears in the **COCNTY** variable. The 'CO' prefix, which stands for "Cost Only", is used to identify those patients. Unlike the NED extract files, the ARC extract files do not contain demographic variables (**CNTYCURR**, **DOB**, **SCPER**, or **SEX**). Consequently, in an attempt to have a more complete ADUSH file, other data sources were utilized to find complete demographic information and the 'CO' prefix variables were incorporated. |

| | |
|---|---|
| Variable Name: | **CODOB** |
| Name: | Cost Only Date of Birth |
| Definition: | Date of birth of patients found only in the ARC extract files (based on the variable '**MATCH**'). |
| Source: | Derived |
| Remarks**:** | Only patients found in the ARC extract file where the value is set to 'COSTONLY' in the **MATCH** variable appears in the **COCNTY** variable. The 'CO' prefix, which stands for "Cost Only", is used to identify those patients. Unlike the NED extract files, the ARC extract files do not contain demographic variables (**CNTYCURR**, **DOB**, **SCPER**, or **SEX**). Consequently, in an attempt to have a more complete ADUSH file, other data sources were utilized to find complete demographic information and the 'CO' prefix variables were incorporated. |

Variable Name:          **COSCPER**

Name:                   Cost Only Service Connected Percentage

Definition:             Percentage (from 0 to 100) of service-connected disability of patients
                        found only in the ARC extract files (based on the variable '**MATCH**').

Source:                 Derived

Remarks**:**            Only patients found in the ARC extract file where the value is set to
                        'COSTONLY' in the **MATCH** variable appears in the **COCNTY**
                        variable.  The 'CO' prefix, which stands for "Cost Only", is used to
                        identify those patients.  Unlike the NED extract files, the ARC extract files
                        do not contain demographic variables (**CNTYCURR**, **DOB**, **SCPER**, or
                        **SEX**). Consequently, in an attempt to have a more complete ADUSH file,
                        other data sources were utilized to find complete demographic information
                        and the 'CO' prefix variables were incorporated.

Variable Name:     **COSEX**

Name:              Cost Only Sex

Definition:        Gender of patients found only in the ARC extract files (based on the variable '**MATCH**').

Source:            Derived

Remarks**:**       Only patients found in the ARC extract file where the value is set to 'COSTONLY' in the **MATCH** variable appears in the **COCNTY** variable. The 'CO' prefix, which stands for "Cost Only", is used to identify those patients. Unlike the NED extract files, the ARC extract files do not contain demographic variables (**CNTYCURR**, **DOB**, **SCPER**, or **SEX**). Consequently, in an attempt to have a more complete ADUSH file, other data sources were utilized to find complete demographic information and the 'CO' prefix variables were incorporated.

| Variable Name: | **Cost and Utilization Variables** |

| Name: | See Tables below. |

| Definition: | Patients costs and utilization counts provided by the Allocation Resource Center |

| Source: | ARC |

Remarks: There are a number of cost variables and utilization variables on the ADUSH Enrollment File that are provided by the Allocation Resource Center. These fields contain costs based on the Decision Support System (DSS) methodology, the Monthly Program Cost Report (MPCR) methodology, or the Cost Distribution Report (CDR) methodologies. Those variables based on the DSS costing methodology will have 'DSS" as the first three characters of the name.

The DSS costs are available on the ADUSH Enrollment Files for fiscal years 2002 and later. These costs are adjusted DSS costs. An explanation of how the adjustments are made is available on the ARC Intranet Web site in a document titled "ARC Adjusted Decision Support Cost". A copy of this document is also in Appendix A. The DSS costs are accumulated by outpatient stop codes and inpatient treating specialties into different categories of costs from the DSS National Data Extracts (NDEs). See Appendix B for a mapping of treating specialties and stop codes into cost categories. Documentation of the NDEs is provided by HERC in their 'Research Guide to Decision Support System National Cost Extracts 1998 – 2004' available on the HERC Internet Web site. During the year if the DSS costs are not available for a station at the time the ARC extract is generated for the ADUSH Enrollment File, the MPCR costs will be used. As high as 30% of the DSS costs may be sourced from the MPCR on the month end ADUSH Enrollment File. The fiscal year end ADUSH Enrollment File will have less than 1% of the DSS costs sourced from the MPCR.

The MPCR/CDR cost variables contain costs based on the CDR methodology for the fiscal years 1999 through 2003. All other fiscal years contain costs based on the MPCR methodology. Documentation of the CDR is available on the HERC Internet Web site. Documentation of the MPCR can be found on the ARC Intranet Web site. Like the DSS costs, the MPCR and CDR costs are accumulated by stop codes or treating specialties. See Appendix B for a mapping of treating specialties and stop codes into cost categories. The following tables (see next page) contain descriptions of the ARC cost variables (see Table 2) and the ARC-provided utilization variables (see Table 3).

**Table 2. ARC-Provided Cost Variables**

| DSS Cost Variables | MPCR/CDR Cost Variables | Description |
|---|---|---|
| DSSCNHCOST | CNHCOST | Cost of non-VA care at contract nursing homes paid for by the VA |
| DSSFEECOST | FEECOST | Cost of non-VA ambulatory care paid for by the VA |
| DSSLTCCOST | LTCCOST | Cost of care at VA long term care facilities, including nursing homes, domiciliary, intermediate LTC, and hospice |
| DSSMEDCOST | MEDCOST | Cost of VA inpatient care categorized as medical |
| DSSNVACPST | NVACOST | Cost of non-VA inpatient care |
| DSSOPCCOST | OPCCOST | Cost of VA outpatient care |
| DSSPSYCOST | PSYCOST | Cost of VA inpatient care categorized as psychological |
| DSSSURCOST | SURCOST | Cost of VA inpatient care categorized as surgical |

**Table 3. ARC-Provided Utilization Variables**

| Utilization Variables | Description |
|---|---|
| CNHDAYS | Number of days resident in non-VA contract nursing home paid for by the VA |
| FEEVIS | Number of outpatient visits to a non-VA provider paid for by the VA |
| LTCDAYS | Number of days resident in a VA long term care facility |
| MEDDAYS | Number of medical inpatient days |
| NVADAYS | Number of inpatient days at a non-VA hospital paid for by the VA |
| OPCVIS | Number of outpatient visits to a VA provider |
| PSYDAYS | Number of psychological inpatient days |
| SURDAYS | Number of surgical inpatient days |

Variable Name: **DDSSAFLG**

Name: Social Security Administration (SSA) Day of Death Flag

Definition: This flag indicates if a patient's or enrollee's day of death was not reported to the SSA.

Source: Derived

Remarks: If the **DDSSAFLG** variable is set to '1', the day of death is set to '15' in the SSA date of death variable (**DODSSA**). Please note if this flag is set to space and the day of death in the **DODSSA** variable is '15', a death day of '15' was actually reported to the SSA.

**DDSSAFLG** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|-------|-------------|-----|-----|
| | Missing value | 47,232,916 | 99.95 |
| 1 | Day of death set to 15$^{th}$ of the month | 21,481 | 0.05 |

| Variable Name: | **DOB** |
| --- | --- |
| Name: | Date of Birth |
| Definition: | Enrollee's date of birth |
| Source: | NED |
| Remarks: | Enrollees are asked for their date of birth on the 10-10EZ enrollment form and 10-10EZR enrollment renewal form.  Patients at VHA facilities are asked for their date of birth at inpatient admission and outpatient registration. |

The values of **DOB**, categorized using only the year, are distributed in the 2005 fiscal year-end file as shown below:

| Category | Description | N | % |
| --- | --- | --- | --- |
| | Missing | 1,046,294[17] | 2.21 |
| Prior to 1900 | Birth dates prior to 1900 | 1,595 | 0.01 |
| 1900-1909 | Birth dates in the years 1900-1909 | 28,904 | 0.05 |
| 1910-1919 | Birth dates in the years 1910-1919 | 1,788,440 | 3.77 |
| 1920-1929 | Birth dates in the years 1920-1929 | 10,675,025 | 22.59 |
| 1930-1939 | Birth dates in the years 1930-1939 | 10,977,595 | 23.23 |
| 1940-1949 | Birth dates in the years 1940-1949 | 12,276,684 | 25.97 |
| 1950-1959 | Birth dates in the years 1950-1959 | 6,674,731 | 14.13 |
| 1960-1969 | Birth dates in the years 1960-1969 | 2,459,778 | 5.21 |
| 1970-1979 | Birth dates in the years 1970-1979 | 1,098,405 | 2.34 |
| 1980 or later | Birth dates in 1980 or later | 226,946 | 0.48 |

---

[17] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Variable Name: | **DODBIRLS** |
|---|---|
| Name: | BIRLS Date of Death |
| Definition: | Enrollee's or patient's date of death |
| Source: | BIRLS Death File |
| Remarks: | The values for **DODBIRLS**, **DODSSA**, and **DTDEATH** may not agree. This may be due to incorrect recording of a Social Security Number (SSN) in one of the sources. Only the SSN is used to link the data sources for the ADUSH Enrollment File.

A technical report by VIReC[18] identified cases where **DOB** and/or **SEX** for a patient's SSN were not consistent across all data sources, indicating that an incorrect SSN may have been recorded in one of the sources. Additionally, a lack of agreement between **DODBIRLS**, **DODSSA**, and **DTDEATH** occurred where deaths were not recorded in all of the three sources (NED, BIRLS and SSA). Thus, differences are evident in frequencies of deaths among the three death date variables (DODBIRLS, DODSSA, and DTDEATH).

The VIReC technical report was used as a basis for creating the VA Vital Status File, housed at the Austin Automation Center. The Vital Status file Best Date of Death algorithm combines death dates from SSA, BIRLS, CMS/MVS and a cohort (obtained from unique SSN/DOB/Gender combinations identified in the Utilization, CP Mini and Enrollment files) to determine the best date of death. The National Data Systems provides further information about the VA Vital Status File on its Intranet Web site. |

The values of **DODBIRLS,** categorized using only the year, are distributed in the 2005 fiscal year-end file as shown below:

| Category | Description | N | % |
|---|---|---|---|
| | Missing | 46,978,375 | 99.42 |
| Prior to 1998 | Death dates prior to 1998 | 16,388 | 0.03 |
| 1998 | Death dates in 1998 | 3,331 | 0.01 |
| 1999 | Death dates in 1999 | 17,872 | 0.04 |

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[18]  Arnold N. Sohn M, Maynard C, Hynes DM.  VIReC Technical Report 2:  VA-NDI Mortality Data Merge Project.  Edward Hines, Jr. VA Hospital, Hines, IL:  VA Information Resource Center, April 9, 2006.  Available at http://www.virec.research.va.gov/References/TechnicalReports/TECH_REPORT2_NDI.pdf.  Accessed August 29, 2006.

| Category | Description | N | % |
|---|---|---|---|
| 2000 | Death dates in 2000 | 29,901 | 0.06 |
| 2001 | Death dates in 2001 | 13,891 | 0.03 |
| 2002 | Death dates in 2002 | 10,826 | 0.02 |
| 2003 | Death dates in 2003 | 13,664 | 0.03 |
| 2004 | Death dates in 2004 | 79,042 | 0.17 |
| 2005 | Death dates in 2005 | 91,107 | 0.19 |

| | | | |
|---|---|---|---|
| Variable Name: | **DODSSA** | | |
| Name: | SSA Date of Death | | |
| Definition: | Enrollee's or patient's date of death | | |
| Source: | SSA Death Master File | | |

Remarks: The values for **DODSSA**, **DODBIRLS**, and **DTDEATH** may not agree. This may be due to incorrect recording of a Social Security Number (SSN) in one of the sources. Only the SSN is used to link the data sources for the ADUSH Enrollment File.

A technical report by VIReC[19] identified cases where **DOB** and/or **SEX** for a patient's SSN were not consistent across all data sources, indicating that an incorrect SSN may have been recorded in one of the sources. Additionally, a lack of agreement between **DODSSA, DODBIRLS**, and **DTDEATH** occurred where deaths were not recorded in all of the three sources (NED, BIRLS and SSA). Thus, differences are evident in frequencies of deaths among the three death date variables (DODBIRLS, DODSSA, and DTDEATH).

The VIReC technical report was used as a basis for creating the VA Vital Status File, housed at the Austin Automation Center. The Vital Status file Best Date of Death algorithm combines death dates from SSA, BIRLS, CMS/MVS and a cohort (obtained from unique SSN/DOB/Gender combinations identified in the Utilization, CP Mini and Enrollment files) to determine the best date of death. The National Data Systems provides further information about the VA Vital Status File on its Intranet Web site.

The values of **DODSSA,** categorized using only the year, are distributed in the 2005 fiscal year-end file as shown below:

| Category | Description | N | % |
|---|---|---|---|
| | Missing | 46,187,020 | 97.74 |
| Prior to 1998 | Death dates prior to 1998 | 46,190 | 0.10 |
| 1998 | Death dates in 1998 | 9,216 | 0.02 |

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19  Arnold N. Sohn M, Maynard C, Hynes DM.  VIReC Technical Report 2:  VA-NDI Mortality Data Merge Project.  Edward Hines, Jr. VA Hospital, Hines, IL:  VA Information Resource Center, April 9, 2006.  Available at http://www.virec.research.va.gov/References/TechnicalReports/TECH_REPORT2_NDI.pdf.  Accessed August 29, 2006.

| Category | Description | N | % |
|---|---|---|---|
| 1999 | Death dates in 1999 | 27,157 | 0.06 |
| 2000 | Death dates in 2000 | 40,371 | 0.09 |
| 2001 | Death dates in 2001 | 29,951 | 0.06 |
| 2002 | Death dates in 2002 | 28,628 | 0.06 |
| 2003 | Death dates in 2003 | 38,418 | 0.08 |
| 2004 | Death dates in 2004 | 146,481 | 0.31 |
| 2005 | Death dates in 2005 | 700,965 | 1.48 |

| Variable Name: | **DTDEATH** |
|---|---|
| Name: | Date of Death |
| Definition: | Enrollee's date of death |
| Source: | NED – VistA Patient File (#2), 'DATE OF DEATH' Field (#.351) |
| Remarks: | The values for **DTDEATH**, **DODBIRLS**, and **DODSSA** may not agree. This may be due to incorrect recording of a Social Security Number (SSN) in one of the sources.  Only the SSN is used to link the data sources for the ADUSH Enrollment File.

A technical report by VIReC[20] identified cases where **DOB** and/or **SEX** for a patient's SSN were not consistent across all data sources, indicating that an incorrect SSN may have been recorded in one of the sources. Additionally, a lack of agreement between **DTDEATH, DODBIRLS**, **DODSSA**, and occurred where  deaths were not recorded in all of the three sources (NED, BIRLS and SSA).  Thus, differences are evident in frequencies of deaths among the three death date variables (DODBIRLS, DODSSA, and DTDEATH).

The VIReC technical report was used as a basis for creating the VA Vital Status File, housed at the Austin Automation Center. The Vital Status file Best Date of Death algorithm combines death dates from SSA, BIRLS, CMS/MVS and a cohort (obtained from unique SSN/DOB/Gender combinations identified in the Utilization, CP Mini and Enrollment files) to determine the best date of death.  The National Data Systems provides further information about the VA Vital Status File on its Intranet Web site. |

Values of **DTDEATH,** categorized using only the year, are distributed in the 2005 fiscal year-end file as shown below:

| Category | Description | N | % |
|---|---|---|---|
|  | Missing | 46,473,175[21] | 98.35 |
| 2004 | Death dates in 2004 | 95,093 | 0.20 |
| 2005 | Death dates in 2005 | 686,129 | 1.45 |

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[20] Arnold N. Sohn M, Maynard C, Hynes DM.  VIReC Technical Report 2:  VA-NDI Mortality Data Merge Project. Edward Hines, Jr. VA Hospital, Hines, IL:  VA Information Resource Center, April 9, 2006.  Available at http://www.virec.research.va.gov/References/TechnicalReports/TECH_REPORT2_NDI.pdf.  Accessed August 29, 2006.

[21] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

Variable Name:     **EFY98** – **EFY05**

Name:              Enrollment FY1998 – Enrollment FY2005

Definition:        This series of flags indicates if an enrollee was in the corresponding fiscal
                   year-end ADUSH Enrollment File.  For the current fiscal year, the
                   corresponding flag indicates year-to-date presence in the file.

Source:            Derived

Remarks:           Enrollment began on 10/1/1998.  Enrollment in FY98 is based on the
                   automatic enrollment of any user of VHA services from 1/1/1996 to
                   9/30/1998.   For the current fiscal year, the flag indicates year-to-date
                   activity.

**EFY98** – **EFY05** has the following values and frequencies in the 2005 fiscal year-end file:

| Variable Name | N | | | % | | |
|---|---|---|---|---|---|---|
| Value | (blank) | 0 | 1 | (blank) | 0 | 1 |
| Description | Missing | No | Yes | Missing | No | Yes |
| **EFY98** | 1,045,217 [22] | 25,435,574 | 20,773,606 | 2.21 | 53.83 | 43.96 |
| **EFY99** | 1,045,217[1] | 22,493,549 | 23,715,631 | 2.21 | 47.60 | 50.19 |
| **EFY00** | 1,045,217[1] | 18,459,128 | 27,750,052 | 2.21 | 39.06 | 58.72 |
| **EFY01** | 1,045,217[1] | 12,141,989 | 34,067,191 | 2.21 | 25.69 | 72.09 |
| **EFY02** | 1,045,217[1] | 7,562,931 | 38,646,249 | 2.21 | 16.00 | 81.78 |
| **EFY03** | 1,045,217[1] | 4,076,258 | 42,132,922 | 2.21 | 8.63 | 89.16 |
| **EFY04** | 1,045,217[1] | 1,573,874 | 44,635,306 | 2.21 | 3.33 | 94.46 |
| **EFY05** | 1,045,217[1] | 0 | 46,209,180 | 2.21 | 0.00 | 97.79 |

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[22] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no
   data in the NED source file.

| | Variable Name: | **ELIG** |
|---|---|---|

Name: Eligibility Code

Definition: A code indicating a patient's eligibility for VHA services

Source: ARC

Remarks: ARC generates the codes to identify the highest rating reported in a patient's utilization data for the fiscal year. The first character of the code is based on a patient's means test status:

A – Category A. A veteran is below the VA Means Test Threshold and co-payments are not required.

C – Category C. Veteran is above the VA Means Test Threshold and the Geographic Means Test Threshold (GMT) and co-payments are required.

G – Category G. Veteran is above the VA Means Test Threshold but below the GMT which is the U.S. and Department of Housing and Urban Development (HUD) low-income limits for their area. These veterans qualify for a reduced inpatient co-pay rate.

N – Non-veteran.

U – No means test to date.

X – Exempt from means testing.

The second position in this code indicates the veteran's service connected percent, domiciliary patient status, etc.

**ELIG** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 3,112,475[1] | 6.59 |
| A | Co-pay Exempt - Fee Only | 7,684 | 0.02 |
| A0 | Co-pay Exempt - Service Connected[2] 0% | 1,163,556 | 2.46 |

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[1] These records are for enrollees who received no VHA care during the fiscal year.

[2] Service Connected Percentage is based on the patient's degree of disability as determined by the rating board decision following the submission of a claim that a veteran's illness or injury was incurred in or aggravated by military service. Patient's are rated in increments of 10 percent, reflecting their degree of disability. Available at http://www.va.gov/oaa/orientation/va_vet_eligibility.asp Accessed June 1, 2006.

| Value | Description | N | % |
|-------|-------------|---|---|
| A1 | Co-pay Exempt - Service Connected 50% | 8,306,522 | 17.58 |
| A2 | Co-pay Exempt - Aid/Attendance or Housebound | 637,703 | 1.35 |
| A3 | Co-pay Exempt - Service Connected 40% | 1,280,186 | 2.71 |
| A4 | Co-pay Exempt - Nonservice Connected Pensioner | 1,833,978 | 3.88 |
| A5 | Co-pay Exempt - Other Nonservice Connected | 13,841,940 | 29.29 |
| A6 | Co-pay Exempt - Nonservice Connected Domiciliary patient | 1,213 | 0.00 |
| A7 | Co-pay Exempt - Service Connected 30% | 1,503,940 | 3.18 |
| A8 | Co-pay Exempt - Service Connected 20% | 1,585,691 | 3.36 |
| A9 | Co-pay Exempt - Service Connected 10% | 2,495,358 | 5.28 |
| AN | Co-pay Exempt - Other Nonservice Connected | 11,827 | 0.03 |
| AS | Co-pay Exempt - Service Connected | 18,669 | 0.04 |
| C | Means Test Co-pay Required | 13,066 | 0.03 |
| C0 | Means Test Co-pay Required - Service Connected 0% | 189,045 | 0.40 |
| C1 | Means Test Co-pay Required – Service Connected 50% | 2,384 | 0.01 |
| C2 | Means Test Co-pay Required - Aid/Attendance or Housebound | 518 | 0.00 |
| C3 | Means Test Co-pay Required – Service Connected 40% | 676 | 0.00 |
| C4 | Means Test Co-pay Required - Pensioner | 1,601 | 0.00 |
| C5 | Means Test Co-pay Required - Nonservice Connected | 8,400,216 | 17.78 |
| C6 | Means Test Co-pay Required - Domiciliary patient[1] | 26 | 0.00 |
| C7 | Means Test Co-pay Required – Service Connected 30% | 540 | 0.00 |
| C8 | Means Test Co-pay Required – Service Connected 20% | 911 | 0.00 |
| C9 | Means Test Co-pay Required – Service Connected 10% | 940 | 0.00 |
| G | GMT Co-pay Required | 580 | 0.00 |
| G0 | GMT Co-pay Required – Service Connected 0% | 26,373 | 0.06 |
| G1 | GMT Co-pay Required- Service Connected 50% | 682 | 0.00 |

[1] Domiciliary patient class is based exclusively on utilization criteria, which equates to a cumulative total of 91 Bed Days of Care (BDOC) in specified Treating Specialties.  VERA 2005 Patient Classification Handbook.  Available on the ARC Intranet Web site.  Accessed July 21, 2006.

| Value | Description | N | % |
|:---:|:---|---:|---:|
| G2 | GMT Co-pay Required- Aid/Attendance or Housebound | 160 | 0.00 |
| G3 | GMT Co-pay Required- Service Connected 40% | 225 | 0.00 |
| G4 | GMT Co-pay Required- Pensioner | 435 | 0.00 |
| G5 | GMT Co-pay Required- Nonservice Connected | 1,244,698 | 2.63 |
| G6 | GMT Co-pay Required- Domiciliary patient | 7 | 0.00 |
| G7 | GMT Co-pay Required- Service Connected 30% | 183 | 0.00 |
| G8 | GMT Co-pay Required- Service Connected 20% | 300 | 0.00 |
| G9 | GMT Co-pay Required- Service Connected 10% | 257 | 0.00 |
| N | Non Veteran | 3,529 | 0.01 |
| N0 | Non Veteran - Catastrophically Disabled | 371 | 0.00 |
| N1 | Non Veteran - CHAMPVA benefits | 203,429 | 0.43 |
| N2 | Non Veteran - Collaterals | 14,876 | 0.03 |
| N3 | Non Veteran - VA Employee | 325,624 | 0.69 |
| N4 | Non Veteran - Other Federal | 26,580 | 0.06 |
| N5 | Non Veteran - Allied Veteran | 12,613 | 0.03 |
| N6 | Non Veteran - Humanitarian | 24,987 | 0.05 |
| N7 | Non Veteran - Sharing Agreement | 103,873 | 0.22 |
| N8 | Non Veteran - Reimbursable | 143 | 0.00 |
| N9 | Non Veteran - TRICARE/CHAMPUS | 45,937 | 0.10 |
| U | Unknown Means Test | 1,419 | 0.00 |
| U0 | Unknown Means Test, Service Connected 0% | 7,902 | 0.02 |
| U1 | Unknown Means Test, Service Connected 50% | 2,512 | 0.01 |
| U2 | Unknown Means Test, Aid/Attendance or Housebound | 1,282 | 0.00 |
| U3 | Unknown Means Test, Service Connected 40% | 286 | 0.00 |
| U4 | Unknown Means Test, Service Connected re | 1,411 | 0.00 |
| U5 | Unknown Means Test, Nonservice Connected | 162,894 | 0.34 |
| U6 | Unknown Means Test, Domiciliary patient | 17 | 0.00 |
| U7 | Unknown Means Test, Service Connected 30% | 230 | 0.00 |
| U8 | Unknown Means Test, Service Connected 20% | 285 | 0.00 |
| U9 | Unknown Means Test, Service Connected 10% | 336 | 0.00 |

| Value | Description | N | % |
|-------|-------------|---|---|
| X | Exempt from Means Testing | 501 | 0.00 |
| X0 | Exempt – Service Connected 0% | 32,429 | 0.07 |
| X1 | Exempt – Service Connect 50% | 83,740 | 0.18 |
| X2 | Exempt - Aid/Attendance | 3,225 | 0.01 |
| X3 | Exempt – Service Connected 40% | 15,996 | 0.03 |
| X4 | Exempt - Nonservice Connected Pensioner | 37,903 | 0.08 |
| X5 | Exempt - Other Nonservice Connected | 384,561 | 0.81 |
| X6 | Exempt - Domiciliary patient | 16 | 0.00 |
| X7 | Exempt – Service Connected 30% | 19,952 | 0.04 |
| X8 | Exempt – Service Connected 20% | 20,439 | 0.04 |
| X9 | Exempt – Service Connected 10% | 30,534 | 0.06 |

| Variable Name: | **ELIGSTAT** |
|---|---|
| Name: | Eligibility Status |
| Definition: | Status of the process that determines eligibility |
| Source: | NED |
| Remarks: | This variable indicates if an enrollee's eligibility status has been verified. It does not indicate whether an applicant is eligible for health care benefits. |

**ELIGSTAT** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
|  | Missing | 1,075,241[1] | 2.28 |
| P | PENDING VERIFICATION | 698,053 | 1.48 |
| R | PENDING REVERIFICATION | 1 | 0.00 |
| V | VERIFIED | 45,481,102 | 96.25 |

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[1] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Variable Name: | **ENAPPDTE** |
| --- | --- |
| Name: | Enrollment Application Date |
| Definition: | The date of the veteran's most recently submitted application for enrollment |
| Source: | NED |
| Remarks: | This variable was replaced by **INAPDTE** in FY2004. Prior to FY2004, application dates could be changed if applicants enrolled at more than one facility. |

The values of **ENAPPDTE**, categorized using only the year, are distributed in the 2003 fiscal year-end file, the last year-end file that contained this variable, as shown below:

| Value | Description | N | % |
| --- | --- | --- | --- |
| | Missing | 1,281,553 | 2.97 |
| Prior to 1998 | Application dates prior to 1998 | 2,191,451 | 5.07 |
| 1998 | Application dates in 1998 | 18,933,204 | 43.83 |
| 1999 | Application dates in 1999 | 5,071,094 | 11.74 |
| 2000 | Application dates in 2000 | 4,968,847 | 11.50 |
| 2001 | Application dates in 2001 | 5,534,770 | 12.81 |
| 2002 | Application dates in 2002 | 4,333,341 | 10.03 |
| 2003 | Application dates in 2003 | 883,207 | 2.04 |
| 2004 | Application dates in 2004 | 2 | 0.00 |

Variable Name:     **ENRLPRIO**

Name:                  Enrollment Priority

Definition:            An enrollee's priority for enrollment in the VHA, which also indicates co-pay requirements.

Source:                NED

Remarks:               "The number of veterans who can be enrolled in the health care program is determined by the amount of money Congress gives the VA each year. Since funds are limited, the VA set up priority groups to make sure that certain groups of veterans are able to be enrolled before others.

Once [a veteran] appl[ies] for enrollment, [his or her] eligibility will be verified. Based on [his or her] specific eligibility status, [he or she is] assigned a priority group. The priority groups range from 1 to 8, with 1 being the highest priority for enrollment…[A veteran] may be eligible for more than one Enrollment Priority Group.  In that case, the VA will always place [him or her] in the highest priority group that [he or she] is eligible for."[1]

It is recommended that the variable **PRIO1_8** be used rather than the ENRLPRIO variable.

**ENRLPRIO** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description[2] | N | % |
|-------|----------------|---|---|
| | Missing | 1,045,217[3] | 2.21 |
| 1 | Veterans with service-connected disabilities rated 50% or more disabling. | 8,529,052 | 18.05 |
| 2 | Veterans with service-connected disabilities rated 30% or 40% disabling. | 2,984,670 | 6.32 |
| 3 | Veterans with service-connected disabilities rated 10% or 20% disabling; veterans who are former POWs, Purple Heart recipients, or were discharged for disability incurred in the line of duty. | 4,825,703 | 10.21 |

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[1] U.S. Department of Veterans Affairs.  Health Benefits Eligibility: Enrollment Priority Groups page.  Available at: http://www.va.gov/healtheligibility/eligibility/enrollment_priority_groups.asp.  Accessed July 21, 2006.

[2] U.S. Department of Veterans Affairs.  Health Benefits Eligibility page.  Available at: http://www.va.gov/healtheligibility/eligibility/epg_all.asp).  Accessed July 21, 2006.

[3] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Value | Description[2] | N | % |
|---|---|---|---|
| 4 | Veterans who receive aid and attendance or housebound benefits, or are determined by the VA to be catastrophically disabled. | 876,384 | 1.85 |
| 5 | Nonservice connected and noncompensable service connected veterans rated 0% disabled whose annual income and net worth are below established means test thresholds; veterans receiving VA pension benefits or eligible for Medicaid. | 15,472,035 | 32.74 |
| 6 | WW1 or Mexican border war veterans; veterans with herbicide or radiation exposure disorders, or veterans with Gulf War-related disorders and illnesses; compensable 0% service-connected veterans. | 694,154 | 1.47 |
| 7 | Veterans who agree to pay specified co-payments, whose income is above the VA means test threshold and below the HUD geographic index. | 448 | 0.00 |
| 7A | Noncompensable 0% service connected veterans who have been continuously enrolled since before 1/17/2003. | 46,548 | 0.10 |
| 7C | Nonservice connected veterans who have been continuously enrolled since before 1/17/2003. | 1,386,277 | 2.93 |
| 8A | Noncompensable 0% service connected veterans who have been continuously enrolled since 1/17/2003. | 332,335 | 0.70 |
| 8C | Nonservice connected veterans who have been continuously enrolled since 1/17/2003. | 9,290,628 | 19.66 |
| 8E | Noncompensable 0% service connected veterans who applied for enrollment after 1/17/2003. | 8,756 | 0.02 |
| 8G | Nonservice connected veterans who applied for enrollment after 1/17/2003. | 271,634 | 0.57 |
| 99 | Not prioritized. | 1,490,556 | 3.15 |

Variable Name:     **ENROLDTE**

Name:              Enrollment Date

Definition:        Date of a veteran's most recent enrollment

Source:            NED

Remarks:           This variable was replaced by **INENDTE** in FY2004.  Prior to FY2004,
                   patients' enrollment dates could be changed if they enrolled at a different
                   facility.


The values of **ENROLDTE**, categorized using only the year, are distributed in the 2003 fiscal
year-end file, the last year-end file that contained this variable, as shown below:

| Category | Description | N | % |
|---|---|---:|---:|
| | Missing | 9,463,917 | 21.91 |
| Prior to 1998 | Enrollment dates prior to 1998 | 409,272 | 0.95 |
| 1998 | Enrollment dates in 1998 | 18,710,759 | 43.31 |
| 1999 | Enrollment dates in 1999 | 3,856,615 | 8.93 |
| 2000 | Enrollment dates in 2000 | 3,451,913 | 7.99 |
| 2001 | Enrollment dates in 2001 | 3,804,129 | 8.81 |
| 2002 | Enrollment dates in 2002 | 2,600,946 | 6.02 |
| 2003 | Enrollment dates in 2003 | 899,937 | 2.08 |

Variable Name:    **ENRSTAT**

Name:             Enrollment Status

Definition:       Patient's Enrollment Status on the NED extract date (**EXTRDTE**)

Source:           NED

Remarks:          None

**ENRSTAT** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description[1,2] | N | % |
|---|---|---|---|
| | Missing | 1,045,217[3] | 2.21 |
| 1 | UNVERIFIED – Assigned by the local system (VistA) to enrollment applications when a preliminary priority is calculated and is above the current EGT setting or the system is unable to calculate a preliminary priority. | 468,931 | 0.99 |
| 2 | VERIFIED – The Health Eligibility Center (HEC) assigns this status to enrollment records that are within the groups that the Secretary of Veterans Affairs (henceforth referred to as the Secretary) has determined may be enrolled. | 43,058,976 | 91.12 |
| 3 | INACTIVE | 0 | 0 |
| 4 | REJECTED | 0 | 0 |
| 5 | SUSPENDED | 0 | 0 |
| 6 | DECEASED – The local system assigns this status when a date of death is entered into Veterans Information Systems Technology Architecture (**V**IST**A**). The HEC assigns this status when a date of death is received from a VA medical facility or Beneficiary Information Records Locator System (BIRLS). | 820,014 | 1.74 |
| 7 | CANCELED/DECLINED – This status may be assigned by the HEC when a veteran requests enrollment to be canceled or declines to be enrolled and the appropriate documentation has been transmitted to the HEC. | 12,122 | 0.03 |

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[1] U.S. Department of Veterans Affairs. VHA Directive 2000-010. Available at:
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=17. Accessed July 21, 2006.
[2] Email correspondence with Cecelia Wray, Health Eligibility Center, on September 19, 2005.
[3] Of these records, 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Value | Description[1,2] | N | % |
|---|---|---|---|
| 8 | EXPIRED | 0 | 0 |
| 9 | PENDING | 0 | 0 |
| 10 | NOT ELIGIBLE; unknown | 705 | 0.00 |
| 11 | REJECTED; FISCAL YEAR - The HEC assigns this status to enrollment records that are within the groups the Secretary has determined may not be enrolled during a particular fiscal year. | 0 | 0.00 |
| 12 | REJECTED; MID-CYCLE - The HEC assigns this status to enrollment records that are within the groups the Secretary has determined may not be enrolled for the remainder of an existing fiscal year. | 0 | 0.00 |
| 13 | REJECTED; STOP ENROLLING NEW PATIENTS - The HEC assigns this status to new enrollment applications when the Secretary determines that new enrollment applications within that group may not be enrolled. | 0 | 0.00 |
| 14 | REJECTED; INITIAL APPLICATION BY VAMC – This status is assigned by the local system when a preliminary enrollment priority is calculated to be within the groups that the Secretary has determined may not be enrolled. | 79,580 | 0.17 |
| 15 | PENDING, NO ELIGIBILITY CODE IN VIVA – This status is assigned by the HEC when the patient's **V**IST**A** records does not contain verified eligibility data and HEC's query for Compensation & Pension (C&P) and BIRLS files returns "No Data on File." | 1,354 | 0.00 |
| 16 | PENDING, MEANS TEST REQUIRED – This status is assigned by the HEC when an enrollment application is missing required means test data or when a currently enrolled veteran's means test is more than 366 days old. | 1,329,936 | 2.81 |
| 17 | PENDING, ELIGIBILITY STATUS UNVERIFIED – This status is assigned by the local facility when a preliminary priority is calculated and the veteran is within the groups the Secretary has determined may be enrolled or when the system is unable to calculate a preliminary priority. | 200,552 | 0.42 |
| 18 | PENDING, OTHER – This status is assigned by the HEC when the HEC system does not have all the data necessary to verify an enrollment record and the criteria for the above Pending reasons has not been met. | 4 | 0.00 |

| Value | Description[1,2] | N | % |
|---|---|---|---|
| 19 | NOT ELIGIBLE; REFUSED TO PAY CO-PAY – This status is created when the veteran's means test status is Category C or Pending Adjudication and the field 'AGREED TO PAY DEDUCTIBLE' is blank or answered with a 'NO'. It is created both at the VA Medical Centers and the HEC. | 10,763 | 0.02 |
| 20 | NOT ELIGIBLE; INELIGIBLE DATE – This status is created when an ineligible date has been entered. It is created both at the HEC and the VA Medical Centers. | 33,806 | 0.07 |
| 21 | PENDING; PURPLE HEART UNCONFIRMED – This is set for new applicants or existing enrollees who would otherwise fall into a priority level 4, 5, 6, or 7 and the Purple Heart Indicator is 'YES' and the Purple Heart Status is 'In Process'. | 1,959 | 0.00 |
| 22 | REJECTED; BELOW ENROLLMENT GROUP THRESHOLD – This status is created when a veteran applies for care and eligibility factors do not provide for enrollment above the currently set threshold. | 190,478 | 0.40 |

| | Variable Name: | **ENRSTATR** |
|---|---|---|

Name: Enrollment Status – Recoded

Definition: Status of the enrollment process on the NED extract date (**EXTRDTE**) recoded into a reduced number of categories.

Source: Derived

Remarks: This recoding aggregates the subcategories of 'pending', 'rejected', and 'not eligible' from **ENRSTAT** into their respective main categories. Additionally, enrollee's in any **ENRSTAT** categories with a death date in the **DTDEATH** are moved to the 'DECEASED' category, and enrollee's in any **ENRSTAT** categories with a ineligible date in the **INELDTE** variable are moved to the 'NOT ELIGIBLE' category.

**ENRSTATR** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 1,045,217[1] | 2.21 |
| 1 | UNVERIFIED | 467,019 | 0.99 |
| 2 | VERIFIED | 43,050,710 | 91.10 |
| 4 | REJECTED | 269,863 | 0.57 |
| 6 | DECEASED | 830,156 | 1.76 |
| 7 | CANCELED/DECLINED | 11,836 | 0.03 |
| 9 | PENDING | 1,532,257 | 3.24 |
| 10 | NOT ELIGIBLE | 47,339 | 0.10 |

---

[1] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| | | |
|---|---|---|
| Variable Name: | **ERDTHFLG** | |
| Name: | Death Flag | |
| Definition: | If the patient died prior to the beginning of the current fiscal year, the flag is set to 1. | |
| Source: | Derived | |
| Remarks: | This flag is rarely set to '1' because deceased enrollees are removed from the ADUSH Enrollment File at the beginning of the fiscal year. Removal is based on the **DTDEATH** variable. Use of this flag is not recommended. | |

**ERDTHFLG** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|:-----:|-------------|----------:|------:|
| | Missing | 46,473,175[1] | 98.35 |
| 0 | No | 781,222 | 1.65 |
| 1 | Yes | 0 | 0.00 |

---

[1] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Variable Name: | **ERINEFLG** |
| --- | --- |

| Name: | Ineligibility Flag |
| --- | --- |

| Definition: | This flag indicates if a patient was ineligible for benefits prior to the beginning of the current fiscal year.  It is based on the Ineligible Date (**INELDTE**). |
| --- | --- |

| Source: | Derived |
| --- | --- |

| Remarks: | This flag is rarely set to '1' because ineligibles are removed from the Enrollment File at the beginning of the fiscal year.  Removal is based on the **INELDTE** variable.  Use of this flag is not recommended. |
| --- | --- |

**ERINEFLG** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
| --- | --- | --- | --- |
| | Missing | 47,241,215[1] | 99.97 |
| 0 | No | 13,182 | 0.03 |
| 1 | Yes | 0 | 0.00 |

---

[1] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

Variable Name:          **EXTRDATE**

Name:                   Extract Date

Definition:             The processing date for the NED extract used in building the ADUSH
                        Enrollment File

Source:                 NED

Remarks:                This variable was replaced by **EXTRDTE** in FY2002.

                        The processing date for the NED extract used in building the 2001 fiscal
                        year-end file was September 25, 2001.[1]

---

[1] There were 33,545,301 observations with the EXTRDATE variable set to September 25, 2002, and
    901,307 observations with EXTRDATE variable set to missing.

Variable Name:          **EXTRDTE**

Name:                   Extract Date

Definition:             The processing date for the NED extract used in building the ADUSH
                        Enrollment File

Source:                 NED

Remarks:                The processing date for the NED extract used in building the 2005 fiscal
                        year-end file was October 8, 2005.[1]

---

[1] There were 33,545,301 observations with the EXTRDATE variable set to September 25, 2002, and
   901,307 observations with EXTRDATE variable set to missing.

Variable Name:     **FIPS_GEO**

Name:              State and County FIPS Code

Definition:        The five-digit code associated with the patient's home residence.  It is
                   created by combining the two-digit state code and the three-digit county
                   code.

Source:            NED

Remarks:           At the end of a fiscal year PSSG uses each patient's home address (street
                   address, city, state, and zip+4 when available) to create the **FIPS_GEO**
                   variable with coordinates (latitude and longitude).  The variable
                   **FIPS_GEO** replaced **GDTFIPSA** FY2006. FIPS are used as values to
                   categorize data.

                   The Enrollment File is updated with these new codes several months after
                   the fiscal year end.  Thus, the **FIPS_GEO** variable on a fiscal year-end
                   file will contain the geocoded state and county FIPS code for the previous
                   fiscal year-end address.  For example, the September 2005 Enrollment File
                   will have the geocoded state and county FIPS codes for enrollee's
                   addresses at the end of September 2004.  FIPS codes can be found at
                   Federal Information Processing Standards (FIPS) Codes Internet Web site.

Variable Name:      **FY1998UT**

Name:

Definition:          Temporary work variable

Source:              Derived

Remarks:             VIReC recommends that this variable should not be used.

Variable Name:     **FY1999UT**

Name:

Definition:        Temporary work variable

Source:            Derived

Remarks:           VIReC recommends that this variable should not be used.

Variable Name:     **FY95** – **FY05**

Name:              User in Fiscal Year

Definition:        This series of flags indicates if the patient or enrollee was a user of VHA
                   services in the fiscal year specified.

Source:            VSSC

Remarks:           A patient or enrollee is considered to be a user if their SSN was on the
                   VSSC extract during the fiscal year.  The VSSC extract indicates an SSN
                   was in one of the following utilization files during the fiscal year:

| VSSC Extract | Description |
|---|---|
| MDPPRD.MDP.SAS.PMOyy | Medical SAS inpatient treatment at a VA hospital, by episode (observation patients) |
| MDPPRD.MDP.SAS.PMyy | Medical SAS inpatient treatment at a VA hospital by episode |
| MDPPRD.MDP.SAS.XMyy | Medical SAS impatient treatment at an extended care facility, by episode |
| MDPPRD.MDP.SAS.NMyy | Medical SAS inpatient treatment at a Non-VA hospital where VA paid for care, by each treating specialty |
| RMTPRD.MED.SAS.CENSUS.PMyy[38] | Medical SAS quarterly census |
| RMTPRD.MED.SAS.CENSUS.XMyy | Medical  SAS quarterly census |
| MDPPRD.MDP.SAS.SFyy | Medical SAS outpatient demographic (diagnostic codes) |
| MDPPRD.MDP.SAS.FEN.FYyy.INPT | Medical SAS Central Fee inpatient payments |
| MDPPRD.MDP.SAS.FEN.FYyy.INPT.ANCIL | Medical SAS Central Fee ancillary payments |
| MDPPRD.MDP.SAS.FEN.FYyy.PHR | Medical SAS Central Fee pharmacy payments |
| MDPPRD.MDP.SAS.FEN.FYyy.MED | Medical SAS Central Fee outpatient payments |
| MDPPRD.MDP.SAS.FEN.FYyy.VET | Medical SAS Central Fee veteran file |
| RMTPRD.MED.KLFDATA.PHARMYyy[39] | Medical SAS pharmacy only patients |

where yy indicates the appropriate fiscal year.

[38] CENSUS files are modified versions of the quarterly census files (MDPPRD.MDP.SAS.CENSUS.PMyy)
maintained by the AAC.  The original files are used to compare and remove any discharged patients since the last
census.  Discharged patients are removed in AAC files.  Email correspondence with Kevin Martin from AAC June
6, 2006 and June 7, 2006.
[39] The Original pharmacy only file is supplied by the ARC and is compared to workload files maintained by AAC to
ensure a patient doesn't appear in both.  If so, the patient is removed from the AAC PHARMYyy library.  Email
correspondence with Kevin Martin from the AAC June 6, 2006 and June 7, 2006.

**FY95** – **FY05** has the following values and frequencies in the 2005 fiscal year-end file:

| Variable Name | N | | % | |
|---|---|---|---|---|
| Value | 0 | 1 | 0 | 1 |
| Description | No | Yes | No | Yes |
| **FY95** | 33,589,990 | 13,664,407 | 71.08 | 28.92 |
| **FY96** | 32,448,975 | 14,805,422 | 68.67 | 31.33 |
| **FY97** | 30,866,491 | 16,387,906 | 65.32 | 34.68 |
| **FY98** | 28,603,033 | 18,651,364 | 60.53 | 39.47 |
| **FY99** | 26,207,021 | 21,047,376 | 55.46 | 44.54 |
| **FY00** | 23,051,035 | 24,203,362 | 48.78 | 51.22 |
| **FY01** | 18,473,799 | 28,780,598 | 39.09 | 60.91 |
| **FY02** | 13,712,295 | 33,542,102 | 29.02 | 70.98 |
| **FY03** | 9,491,983 | 37,762,414 | 20.09 | 79.91 |
| **FY04** | 5,830,007 | 41,424,390 | 12.34 | 87.66 |
| **FY05** | 3,112,475[40] | 44,141,922 | 6.59 | 93.41 |

---

[40] These records are for enrollees who received no VHA care during the fiscal year.

Variable Name:     **FY_EN_AP**

Name:              Fiscal Year of Enrollment Application

Definition:

Source:            Derived

Remarks:           VIReC recommends that this variable should not be used.

| Variable Name: | **GDTFIPSA** |
|---|---|

| Name: | State and County FIPS Code |
|---|---|

Definition: The five-digit code associated with the patient's home residence. It is created by combining the two-digit state code and the three-digit county code.

Source: NED

Remarks: At the end of a fiscal year PSSG supplies a private vendor (GDT) with each patient's home address (street address, city, state, and zip+4 when available) and the vendor creates the **GDTFIPSA** variable with coordinates (latitude and longitude). FIPS are used as values to categorize data. Starting in FY06, PSSG will geocode in-house and therefore the "GDT" will be dropped from the variable name. The new variable name is FIPS_GEO.[41]

The Enrollment File is updated with these new codes several months after the fiscal year end. Thus, the **GDTFIPSA** variable on a fiscal year-end file contains the geocoded state and county FIPS code for the previous fiscal year-end address. For example, the September 2005 Enrollment File will have the geocoded state and county FIPS codes for enrollee's addresses at the end of September 2004. FIPS codes can be found at Federal Information Processing Standards (FIPS) Codes Web site.

The following table contains the ten most frequently occurring **GDTFIPSA** values in the FY2005 year-end ADUSH Enrollment File.

| Value | Description | N | % |
|---|---|---|---|
|  | Missing | 2,658,486 | 5.63 |
| 06037 | Los Angeles County, CA | 615,128 | 1.30 |
| 17031 | Cook County, IL | 549,288 | 1.16 |
| 04013 | Maricopa County, AZ | 399,424 | 0.85 |
| 06073 | San Diego County, CA | 368,563 | 0.78 |
| 12099 | Palm Beach County, FL | 353,885 | 0.75 |
| 12103 | Pinellas County, FL | 296,506 | 0.63 |
| 48201 | Harris County, TX | 276,678 | 0.59 |

[41] Email correspondence from Ralph Eskenazi from ADUSH on July 12, 2006.

| Value | Description | N | % |
|---|---|---|---|
| 12011 | Broward County, FL | 261,738 | 0.55 |
| 48029 | Bexar County, TX | 258,325 | 0.55 |
| 32003 | Clark County, NV | 242,790 | 0.51 |

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| | | | |
|---|---|---|---|
| Variable Name: | **GDTZIPT** | | |
| Name: | Geocoded ZIP Code | | |
| Definition: | The ZIP code associated with the patient's home residence | | |
| Source: | NED | | |

Remarks: At the end of a fiscal year PSSG supplies a private vendor (GDT) with each patient's home address (street address, city, state, and zip+4 when available) and the vendor creates the **GDTFIPSA** variable with coordinates (latitude and longitude). Zip codes are used as values to categorize data. Starting in FY06, PSSG will geocode in-house and therefore the "GDT" will be dropped from the variable name. [42] The new variable name is ZIP_GEO.

The Enrollment File is updated with these new codes several months after the fiscal year end. Thus, the **GDTZIPT** variable on a fiscal year-end file contains the geocoded ZIP code for the previous fiscal year-end address. For example, the September 2005 Enrollment File will have the geocoded ZIP codes for enrollee's addresses at the end of September 2004.

The following table contains the ten most frequently occurring **GDTZIPT** values in the FY2005 year-end ADUSH Enrollment File:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 2,660,852 | 5.63 |
| 33437 | Boynton Beach, FL | 43,377 | 0.09 |
| 79924 | El Paso, TX | 28,324 | 0.06 |
| 30906 | Augusta, GA | 24,506 | 0.05 |
| 32159 | Lady Lake, FL | 23,758 | 0.05 |
| 33484 | Delray Beach, FL | 23,434 | 0.05 |
| 34668 | Port Richey, FL | 22,797 | 0.05 |
| 97470 | Roseburg, OR | 22,702 | 0.05 |
| 78028 | Kerrville, TX | 20,979 | 0.04 |
| 86401 | Kingman, AZ | 20,260 | 0.04 |
| 28314 | Fayetteville, NC | 20,235 | 0.04 |

---

[42] Email correspondence from Ralph Eskenazi from ADUSH on July 12, 2006.

| Variable Name: | **HBBENE** |
|---|---|
| Name: | House-Bound Benefits Indicator |
| Definition: | This flag indicates if an enrollee is receiving House-Bound Benefits, as determined by the Veterans Benefits Administration. |
| Source: | NED |
| Remarks: | "The VA's House Bound Benefit is an additional amount available to eligible veterans and dependents that are entitled to VA pension or VA compensation. The housebound allowance may be paid to veterans, dependent spouses, or surviving spouses who, because of their physical limitations, are unable to walk or travel beyond their home and are reasonably certain the disabilities or confinement will continue throughout his or her lifetime."[43] |

**HBBENE** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
|  | Missing | 1,045,217[44] | 2.21 |
| 0 | No | 46,072,876 | 97.50 |
| 1 | Yes | 136,304 | 0.29 |

---

[43] U.S. Department of Veterans Affairs. Glossary of Health Benefits Eligibility terms page. Available at: http://www.va.gov/healtheligibility/glossary/glossary.asp#h. Accessed July 21, 2006.

[44] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| | | | |
|---|---|---|---|
| Variable Name: | **INAPDTE** | | |
| Name: | Initial Application Date | | |
| Definition: | The initial date the veteran submitted an application for health care benefits. | | |
| Source: | NED | | |
| Remarks: | When the Health Eligibility Center established an application date, the application date was set to the local sites enrollment date if the veteran had such a date. For veterans who were auto-enrolled in 1998, this field is not populated. | | |

The values of **INAPDTE**, categorized using only the year, are distributed in the 2005 fiscal year-end file as shown below:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 18,979,803[45] | 40.17 |
| Prior to 1998 | Application dates prior to 1998 | 2,048,368 | 4.33 |
| 1998 | Application dates in 1998 | 5,567,563 | 11.78 |
| 1999 | Application dates in 1999 | 3,333,277 | 7.05 |
| 2000 | Application dates in 2000 | 3,636,442 | 7.70 |
| 2001 | Application dates in 2001 | 4,364,745 | 9.24 |
| 2002 | Application dates in 2002 | 4,143,982 | 8.77 |
| 2003 | Application dates in 2003 | 2,340,839 | 4.95 |
| 2004 | Application dates in 2004 | 2,081,378 | 4.40 |
| 2005 | Application dates in 2005 | 757,870 | 1.60 |
| 2006 or later | Application dates in 2006 through 2025 | 30 | 0.00 |

---

[45] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| | Variable Name: | **INELDTE** |
|---|---|---|

Name:          Ineligible Date

Definition:          The date the veteran was determined to be ineligible for benefits

Source:          NED

Remarks:          None

The values of **INELDTE,** categorized using only the year, are distributed in the 2005 fiscal year-end file as shown below:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 47,241,215[46] | 99.97 |
| 2004 | Ineligible dates in 2004 | 2,418 | 0.01 |
| 2005 | Ineligible dates in 2005 | 10,763 | 0.02 |
| 2011 | Ineligible dates in 2011 | 1 | 0.00 |

---

[46] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

Variable Name:  **INELIGDT**

Name:  Ineligible Date

Definition:  The date the veteran was determined to be ineligible for benefits

Source:  NED

Remarks:  This variable was replaced by **INELDTE** in FY2002.

The values of **INELIGDT**, categorized using only the year, are distributed in the 2001 fiscal
year-end file, the last year-end file that contained this variable, as shown below:

| Category | Description | N | % |
|---|---|---|---|
|  | Missing | 34,421,935 | 99.93 |
| 2000 | Ineligible dates in 2000 | 8,266 | 0.02 |
| 2001 | Ineligible dates in 2001 | 16,407 | 0.05 |

Variable Name:     **INENDTE**

Name:              Initial Enrollment Date

Definition:        The date the veteran was initially enrolled for health care benefits

Source:            NED

Remarks:           VHA patient enrollment was established by law as of October 1, 1998, as
                   part of the Veterans Health Care Eligibility Reform Act.  Enrollment dates
                   prior to 1998 are based on an extract from all local sites to obtain
                   enrollment data, which was used to populate HEC during 1998, thereby
                   creating pre-1998 enrollment dates.  All other veterans were automatically
                   enrolled if they used VHA health care services between 10/1/1996 and
                   10/1/1998.

The values of **INENDTE**, categorized using only the year, are distributed in the 2005 fiscal year-
end file as shown below:

| Category | Description | N | % |
|---|---|---|---|
|  | Missing | 2,280,430[47] | 4.83 |
| Prior to 1998 | Initial enrollment dates prior to 1998 | 2,175,646 | 4.65 |
| 1998 | Initial enrollment dates in 1998 | 17,973,684 | 38.04 |
| 1999 | Initial enrollment dates in 1999 | 4,750,202 | 10.05 |
| 2000 | Initial enrollment dates in 2000 | 4,450,227 | 9.42 |
| 2001 | Initial enrollment dates in 2001 | 5,105,326 | 10.80 |
| 2002 | Initial enrollment dates in 2002 | 4,439,718 | 9.40 |
| 2003 | Initial enrollment dates in 2003 | 2,920,016 | 6.18 |
| 2004 | Initial enrollment dates in 2004 | 2,394,462 | 5.07 |
| 2005 | Initial enrollment dates in 2005 | 891,552 | 1.89 |
| 2020 | Initial enrollment dates in 2020 | 1 | 0.00 |

---

[47] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have
    no data in the NED source file.

Variable Name:        **MATCH**

Name:                 Match

Definition:           The source of the patient's or enrollee's data

Source:               Derived

Remarks:              If  patients or enrollees are found only on the NED extract file, the value is set to 'ENRLONLY'; if they are found only on the ARC extract file, the value is set to 'COSTONLY'; and if they are found on both files, the value is set to ' IN BOTH'.


**MATCH** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
| IN BOTH[48] | In both the ARC and NED extract files. | 43,096,705 | 91.20 |
| COSTONLY | In the ARC extract file only. | 1,045,217 | 2.21 |
| ENRLONLY | In the NED extract file only. | 3,112,475 | 6.59 |

---

[48] Please note the ' IN BOTH' value has a space before the 'IN.'

| Variable Name: | **MEDICAID** |
|---|---|
| Name: | Medicaid Eligibility. |
| Definition: | This flag indicates if the enrollee is eligible for Medicaid. |
| Source: | NED |
| Remarks: | Enrollees are asked on the 10-10EZ enrollment form and 10-10EZR enrollment renewal form if they are currently eligible for Medicaid. Patients at VHA facilities are asked if they are currently eligible for Medicaid at inpatient admission and outpatient registration. |

**MEDICAID** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 5,028,768[49] | 10.64 |
| 0 | No | 41,750,877 | 88.35 |
| 1 | Yes | 474,752 | 1.00 |

---

[49] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

Variable Name:          **MOC**

Name:                   Month of Care

Definition:             This is the month in which the patient's cost of care was incurred.

Source:                 Derived

Remarks:                This variable only appears in the quarter-end and year-end ADUSH
                        Enrollment Files. For each month a patient received care from the VA,
                        there will be a record in the quarter- and year-end files; the cost and
                        utilization variables will contain that month's costs and utilization. For
                        enrollees who have received no care, the MOC variable will contain the
                        missing value.

**MOC** has the following values and frequencies in the FY2005 year-end ADUSH Enrollment File:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 3,112,475[50] | 6.59 |
| 200409 | September 2004 | 377,758 | 0.80 |
| 200410 | October 2004 | 3,765,308 | 7.97 |
| 200411 | November 2004 | 3,794,313 | 8.03 |
| 200412 | December 2004 | 3,717,521 | 7.87 |
| 200501 | January 2005 | 3,716,449 | 7.86 |
| 200502 | February 2005 | 3,646,138 | 7.72 |
| 200503 | March 2005 | 3,899,896 | 8.25 |
| 200504 | April 2005 | 3,770,380 | 7.98 |
| 200505 | May 2005 | 3,783,732 | 8.01 |
| 200506 | June 2005 | 3,848,466 | 8.14 |
| 200507 | July 2005 | 3,601,274 | 7.62 |
| 200508 | August 2005 | 3,828,749 | 8.10 |
| 200509 | September 2005 | 2,391,927 | 5.06 |
| 200510 | October 2005 | 11 | 0.00 |

---

[50] These enrollees were only on the NED extract and received no VA health care.

| | | | |
|---|---|---|---|
| Variable Name: | **MTSTATUS** | | |
| Name: | Means Test Status | | |
| Definition: | This indicates the patient's current Means Test status. | | |
| Source: | NED | | |
| Remarks: | "While many veterans qualify for cost-free health care services based on a compensable service-connected condition or other qualifying factor, most veterans are required to complete an annual financial assessment or Means test to determine if they qualify for cost-free services. Veterans whose household income and net worth exceed the established threshold as well as those who choose not to complete the financial assessment must agree to pay the required co-pays to become eligible for VA health care services. Note that new veterans who apply for enrollment after January 16, 2003 and who decline to provide income information are not eligible for enrollment. Along with their enrollment confirmation and priority group assignment, enrollees will receive information regarding their co-pay requirements, if applicable."[51] | | |

**MTSTATUS** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Definition[52,53] | N | % |
|---|---|---|---|
| | Missing | 20,687,052 [54] | 43.78 |
| A | "Below the means test threshold" is defined as those veterans whose attributable income and net worth are such that they are unable to defray the expenses of care; therefore, they are not subject to co-payment charges for hospital and outpatient medical services. Within the Veterans Health Information Systems and Technology Architecture (VistA) system, such veterans are designated as "Means Test Co-pay Exempt." | 14,198,667 | 30.05 |

[51] U.S. Department of Veterans Affairs. Health Benefits Eligibility, Co-pays and Charges page. Available at: http://www.va.gov/healtheligibility/costs/costs.asp. Accessed July 21, 2006.

[52] U.S. Department of Veterans Affairs. MEANS TEST AND GEOGRAPHIC-BASED MEANS TEST THRESHOLDS FOR CALENDAR YEAR 2006. Available at: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1363. Accessed July 21, 2006.

[53] Email correspondence with Cecelia Wray from the Health Eligibility Center on September 3, 2003.

[54] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Value | Definition[52,53] | N | % |
|---|---|---|---|
| C | "Above the means test and GMT threshold" is defined as those veterans whose attributable income and net worth are such that they are able to defray the expenses of care; therefore they must agree to pay a co-payment for hospital care and outpatient medical services. Within the VistA system, these veterans are designated as "Means Test Co-pay Required." | 10,903,935 | 23.07 |
| G | "Above the means test and below the GMT threshold," is defined as those veterans whose attributable income and net worth are such that they are able to defray the expense of care, but whose inpatient medical care co-payments are reduced 80 percent. Within the VistA system, these veterans are identified as "GMT Co-pay Required." | 1,464,743 | 3.10 |
| N | This value for outpatients indicates that the means test is not required and for inpatients indicates that the person receiving care is a non-veteran. | 0 | 0 |
| P | Results of means test are pending adjudication. | 0 | 0 |
| R | A means test is required, but the veteran has not submitted a financial worksheet. | 0 | 0 |
| X | This Means Test category includes treatment of patients who are not required to complete the Means Test for the care being provided. If the veteran was admitted prior to July 1, 1986, with no change in the level of care being received, (i.e., if the patient was in the Nursing Home Care Unit (NHCU) on June 30, 1986, and has remained in the NHCU since that date with no transfer to the hospital for treatment), the "X" Means Test indicator will be accepted. This category also includes patients admitted to the domiciliary, patients seen for completion of a compensation and pension examination and Class II | 0 | 0 |

| | | | |
|---|---|---|---|
| Variable Name: | **PELCODE** | | |
| Name: | Enrollment Status | | |
| Definition: | Veteran's enrollment status. | | |
| Source: | NED | | |
| Remarks: | It is recommended that the **ENRSTAT** variable be used rather than the **PELCODE**. | | |

**PELCODE** had the following values and frequencies in the 2001 fiscal year-end file, the last year-end file that contained this variable:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 904,438 | 2.63 |
| 1 | UNVERIFIED | 5,482,749 | 15.92 |
| 2 | VERIFIED | 481,591 | 1.40 |
| 3 | INACTIVE | 7,837,141 | 22.75 |
| 4 | REJECTED | 1,694,027 | 4.92 |
| 5 | SUSPENDED | 17,738,037 | 51.49 |
| 6 | DECEASED | 411 | 0.00 |
| 7 | CANCELED/DECLINED | 863 | 0.00 |
| 8 | EXPIRED | 14,243 | 0.04 |
| 9 | PENDING | 1,981 | 0.01 |
| 10 | NOT ELIGIBLE | 26 | 0.00 |
| 11 | REJECTED; FISCAL YEAR | 3 | 0.00 |
| 12 | REJECTED; MID CYCLE | 5,245 | 0.02 |
| 13 | REJECTED; STOP NEW ENROLLMENTS | 383 | 0.00 |
| 14 | REJECTED; INITIAL APPLICATION BY VAMC | 2,446 | 0.01 |
| 15 | PENDING, NO ELIG. CODE IN VIVA | 127,599 | 0.37 |
| 16 | PENDING, MEANS TEST REQUIRED | 6 | 0.00 |
| 17 | PENDING, ELIG STATUS UNVERIFIED | 1,646 | 0.00 |
| 18 | PENDING, OTHER | 41,111 | 0.12 |

| Value | Description | N | % |
|---|---|---|---|
| 19 | NOT ELIGIBLE; REFUSED TO PAY CO-PAY | 2,600 | 0.01 |
| 21 | NOT ELIGIBLE; INELIGIBLE DATE | 0 | 0.00 |
| 22 | PENDING; PURPLE HEART UNCONFIRMED | 0 | 0.00 |
| 22 | REJECTED; BELOW ENROLLMENT GROUP THRESHOLD | 110,062 | 0.32 |

Variable Name:       **PENS**

Name:                Pension Indicator

Definition:          This flag indicates if the patient is receiving a VA pension, as determined by the Veterans Benefit Administration (VBA).

Source:              NED

Remarks:             None

**PENS** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
|  | Missing | 1,045,217[55] | 2.21 |
| 0 | No | 43,471,321 | 91.99 |
| 1 | Yes | 2,737,859 | 5.79 |

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[55] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Variable Name: | **PR7SUB2** |
| --- | --- |
| Name: | Priority Codes 7A and 7C |
| Definition: | This variable subcategorizes the enrollees with a Priority code of 7 in the **PRIOADJ2** variable. |
| Source: | Derived |
| Remarks: | None |

**PR7SUB2** had the following values and frequencies in the FY2000 fiscal year-end file, the last year-end file that contained this variable:

| Value | Definition | N | % |
| --- | --- | --- | --- |
| Missing | Not Priority Code 7. | 23,578,612 | 87.31 |
| Other | Priority Code 7C – nonservice-connected veterans. | 3,159,795 | 11.70 |
| 0SCNCOMP | Priority Code 7A – Noncompensable 0% service-connected veterans. | 267,715 | 0.99 |

| | Variable Name: | **PR7SUB3** |
|---|---|---|

| | Name: | Priority Code 7A and 7C |
|---|---|---|

| | Definition: | This variable subcategorizes the enrollees with a Priority code of 7 in the **PRIOADJ3** variable. |
|---|---|---|

| | Source: | Derived |
|---|---|---|

| | Remarks: | None |
|---|---|---|

**PR7SUB3** had the following values and frequencies in the FY2000 fiscal year-end file, the last year-end file that contained this variable:

| Value | Definition | N | % |
|---|---|---|---|
| Missing | Not Priority Code 7. | 23,437,240 | 86.78 |
| Other | Priority Code 7C – nonservice-connected veterans. | 3,296,703 | 12.21 |
| 0SCNCOMP | Priority Code 7A – Noncompensable 0% service-connected veterans. | 272,179 | 1.01 |

Variable Name:     **PREFAC_D**

Name:              Preferred Facility

Definition:        The preferred facility is the health care facility identified on an enrollee's application for health benefits as the site where he or she prefers to receive health services.  It has a value of three to six alphanumeric characters.

Source:            NED – VistA Patient File (#2), "PREFERRED FACILITY" Field (#27.02).

Remarks:           Enrollees are asked on the 10-10EZ enrollment form for their preferred facility.  The preferred facility is determined based on the enrollee's address if a preferred facility is not provided by an enrollee.

                   A complete listing of facilities can be found on the National Patient Care Database Intranet Web site.  The most recent updates and more detailed information are available on the Planning Systems Support Group's Intranet Web site and its Veterans Affairs Site Tracking (VAST) system.

The following table contains the ten most frequently occurring preferred facilities in the FY2005 year-end ADUSH Enrollment File:

| Value | Description | N | % |
|-------|-------------|---|---|
| | Missing | 1,045,217[56] | 2.21 |
| 549 | Dallas VAMC TX | 688,298 | 1.46 |
| 573 | North Florida/South Georgia HCS-Gainesville | 539,181 | 1.14 |
| 548 | W Palm Beach FL | 521,198 | 1.10 |
| 580 | Houston TX | 517,539 | 1.10 |
| 541 | Cleveland-Wade Park OH | 504,466 | 1.07 |
| 516 | Bay Pines FL | 496,810 | 1.05 |
| 673 | Tampa FL | 468,630 | 0.99 |
| 598 | Central AR Veterans HCS Little Rock | 456,072 | 0.97 |
| 618 | Minneapolis MN | 455,968 | 0.96 |
| 508 | Decatur GA | 442,336 | 0.94 |

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[56] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

**Variable Name:**     **PRIO1_8**

Name:                     Enrollment Priority Code

Definition:              Enrollment priority adjusted by the ADUSH:
  - to assign catastrophically disabled veterans to the appropriate priority based on ICD9 codes and procedure codes found in utilization data or other medical evaluations,
  - to obtain the previous priority codes for veterans whose priority code was set to missing due to a lapsed means test, and
  - to assign priority codes to veterans who are not formally enrolled using means test and service connected status found in other data sources than the enrollment data such as workload data and compensation and pension data.

This field also contains an assigned priority code for patients with a value of 'COSTONLY' in the **MATCH** variable.

Source:                   Derived

Remarks:                  This variable is derived from **ENRLPRIO**.


**PRIO1_8** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Definition[57] | N | % |
|---|---|---|---|
| | Missing | 719,443 | 1.52 |
| 1 | This priority level includes:<br>• Veterans with service-connected disabilities rated 50% or more disabling, or<br>• Veterans determined by the VA to be unemployable due to service-connected conditions. | 8,566,934 | 18.13 |
| 2 | This priority level includes:<br>• Veterans with service-connected disabilities rated 30% or 40% disabling. | 3,006,746 | 6.36 |

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[57] U.S. Department of Veterans Affairs.  Health Benefits Eligibility page.  Available at: http://www.va.gov/healtheligibility/eligibility/epg_all.asp).  Accessed July 21, 2006.

| Value | Definition[57] | N | % |
|---|---|---|---|
| 3 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 10% or 20% disabling,<br><br>• Veterans who are former POWs, veterans awarded the Purple Heart,<br><br>• Veterans whose discharge was for a disability that began in the line of duty, or<br><br>• Veterans who are disabled because of VA treatment or participation in VA vocational rehabilitation program. | 4,869,196 | 10.30 |
| 4 | This priority level includes:<br><br>• Veterans who receive aid and attendance or housebound benefits, or<br><br>• Veterans who are determined by the VA to be catastrophically disabled. | 1,992,134 | 4.22 |
| 5 | This priority level includes:<br><br>• Veterans receiving VA pension benefits,<br><br>• Veterans who are eligible for Medicaid programs, or<br><br>• Veterans with income and assets below VA Means Test Thresholds. | 15,546,633 | 32.90 |

| Value | Definition | N | % |
|---|---|---|---|
| 6 | This priority level includes: <br><br>• Veterans with 0% service-connected conditions, but receiving VA compensation, <br><br>• Veterans seeking care only for disorders relating to Ionizing Radiation and Project 112/SHAD, <br><br>• Veterans seeking care for Agent Orange Exposure during service in Vietnam, <br><br>• Veterans seeking care for Gulf War Illness or for conditions related to exposure to Environmental Contaminants during service in the Persian Gulf, <br><br>• Veterans of World War I or the Mexican Border War, or <br><br>• Veterans who served in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 for 2 years following discharge or release from the military. | 688,457 | 1.46 |
| 7A | This priority level includes: <br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Income Threshold and income below the Geographic Means Test Threshold <br><br>Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in VA Health Care System on a specified date and who have remained enrolled since that date. | 46,548 | 0.10 |
| 7C | This priority level includes: <br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Income Threshold and income below the Geographic Means Test Threshold <br><br>Subpriority c: Nonservice-connected veterans who were enrolled in VA Health Care System on a specified date and who have remained enrolled since that date. | 1,386,725 | 2.93 |

| Value | Definition | N | % |
|---|---|---|---|
| 8A | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Means Test threshold and the Geographic Means Test Threshold.<br><br>Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date. | 344,357 | 0.73 |
| 8C | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Means Test threshold and the Geographic Means Test Threshold.<br><br>Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date. | 9,799,972 | 20.74 |
| 8E | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Means Test threshold and the Geographic Means Test Threshold.<br><br>Subpriority e: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003. | 9,631 | 0.02 |
| 8G | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Means Test threshold and the Geographic Means Test Threshold.<br><br>Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003. | 277,621 | 0.59 |

| | | | |
|---|---|---|---|
| Variable Name: | **PRIO7SUB** | | |
| Name: | Priority Code 7A and 7C | | |
| Definition: | This variable subcategorizes the enrollees with a Priority code of 7 in the **PRIOADJ1** variable. | | |
| Source: | Derived | | |
| Remarks: | None | | |

**PRIO7SUB** had the following values and frequencies in the FY2000 fiscal year-end file, the last year-end file that contained this variable:

| Value | Definition | N | % |
|---|---|---|---|
| Missing | Not Priority Code 7. | 24,765,102 | 91.70 |
| Other | Priority Code 7C – Nonservice-Connected veterans. | 2,068,085 | 7.66 |
| 0SCNCOMP | Priority Code 7A – Noncompensable 0% service-connected veterans. | 172,935 | 0.64 |

| | | | |
|---|---|---|---|
| Variable Name: | **PRIOADJ** | | |
| Name: | Priority Code | | |

Definition: Enrollment priority adjusted:

- to assign catastrophically disabled veterans to the appropriate priority based on ICD9 codes and procedure codes found in utilization data, and
- to obtain the previous priority codes for veterans whose priority code was set to missing due to a lapsed means test, and
- to assign priority codes to veterans who are not formally enrolled using means test and service connected status found in other data sources than the enrollment data such as workload data and compensation and pension data.

Priority code values higher than '7C' are not used in the adjustment process. Patients with a value of 'COSTONLY' in the **MATCH** variable are not assigned a priority value.

Source: Derived

Remarks: This variable replaced **PRIOADJ3** in October 2000, and was in turn replaced in January 2003 by **PRIO1_8**.

**PRIOADJ** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Definition[58] | N | % |
|---|---|---|---|
| | Missing | 1,045,217 [59] | 2.21 |
| 1 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 50% or more disabling, or<br><br>• Veterans determined by the VA to be unemployable due to service-connected conditions. | 8,531,923 | 18.06 |
| 2 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 30% or 40% disabling. | 2,987,835 | 6.32 |

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[58] U.S. Department of Veterans Affairs. Health Benefits Eligibility page. Available at: http://www.va.gov/healtheligibility/eligibility/epg_all.asp). Accessed July 21, 2006.

[59] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Value | Definition[58] | N | % |
|---|---|---|---|
| 3 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 10% or 20% disabling,<br><br>• Veterans who are former POWs, veterans awarded the Purple Heart,<br><br>• Veterans whose discharge was for a disability that began in the line of duty, or<br><br>• Veterans who are disabled because of VA treatment or participation in VA vocational rehabilitation program. | 4,835,877 | 10.23 |
| 4 | This priority level includes:<br><br>• Veterans who receive aid and attendance or housebound benefits, or<br><br>• Veterans who are determined by the VA to be catastrophically disabled. | 1,987,040 | 4.20 |
| 5 | This priority level includes:<br><br>• Veterans receiving VA pension benefits,<br><br>• Veterans who are eligible for Medicaid programs, or<br><br>• Veterans with income and assets below VA Means Test Thresholds. | 15,418,044 | 32.63 |

| Value | Definition | N | % |
|---|---|---|---|
| 6 | This priority level includes:<br><br>• Veterans with 0% service-connected conditions, but receiving VA compensation,<br><br>• Veterans seeking care only for disorders relating to Ionizing Radiation and Project 112/SHAD,<br><br>• Veterans seeking care for Agent Orange Exposure during service in Vietnam,<br><br>• Veterans seeking care for Gulf War Illness or for conditions related to exposure to Environmental Contaminants during service in the Persian Gulf,<br><br>• Veterans of World War I or the Mexican Border War, or<br><br>• Veterans who served in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 for 2 years following discharge or release from the military. | 688,196 | 1.46 |
| 7A | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Income Threshold Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in VA Health Care System on a specified date and who have remained enrolled since that date. | 394,536 | 0.83 |
| 7C | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Income Threshold<br><br>Subpriority c: Nonservice-connected veterans who were enrolled in VA Health Care System on a specified date and who have remained enrolled since that date. | 11,365,729 | 24.05 |

Variable Name:        **PRIOADJ1**

Name:        Enrollment Priority Code

Definition:        Enrollment priority adjusted by the ADUSH:
- to assign catastrophically disabled veterans to the appropriate priority based on ICD9 codes and procedure codes found in utilization data.

Source:        Derived

Remarks:        This variable was replaced in FY2001 by **PRIOADJ**.  VIReC recommends that this variable should only be used with enrollment files produced prior to August 1999.

**PRIOADJ1** had the following values and frequencies in the FY2000 fiscal year-end file, the last year-end file that contained this variable:

| Value | Definition[60] | N | % |
|:---:|---|---:|---:|
| | Missing | 5,519,003 | 20.44 |
| 1 | This priority level includes:<br>• Veterans with service-connected disabilities rated 50% or more disabling, or<br>• Veterans determined by the VA to be unemployable due to service-connected conditions. | 4,567,507 | 16.91 |
| 2 | This priority level includes:<br>• Veterans with service-connected disabilities rated 30% or 40% disabling. | 2,092,715 | 7.75 |

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[60] U.S. Department of Veterans Affairs.  Health Benefits Eligibility page.  Available at: http://www.va.gov/healtheligibility/eligibility/epg_all.asp).  Accessed July 21, 2006.

| Value | Definition[60] | N | % |
|---|---|---|---|
| 3 | This priority level includes: <br><br> • Veterans with service-connected disabilities rated 10% or 20% disabling, <br><br> • Veterans who are former POWs, veterans awarded the Purple Heart, <br><br> • Veterans whose discharge was for a disability that began in the line of duty, or <br><br> • Veterans who are disabled because of VA treatment or participation in VA vocational rehabilitation program. | 3,141,208 | 11.63 |
| 4 | This priority level includes: <br><br> • Veterans who receive aid and attendance or housebound benefits, or <br><br> • Veterans who are determined by the VA to be catastrophically disabled. | 1,216,379 | 4.50 |
| 5 | This priority level includes: <br><br> • Veterans receiving VA pension benefits, <br><br> • Veterans who are eligible for Medicaid programs, or <br><br> • Veterans with income and assets below VA Means Test Thresholds. | 7,911,750 | 29.30 |

| Value | Definition | N | % |
|:---:|:---|---:|---:|
| 6 | This priority level includes:<br><br>• Veterans with 0% service-connected conditions, but receiving VA compensation,<br><br>• Veterans seeking care only for disorders relating to Ionizing Radiation and Project 112/SHAD,<br><br>• Veterans seeking care for Agent Orange Exposure during service in Vietnam,<br><br>• Veterans seeking care for Gulf War Illness or for conditions related to exposure to Environmental Contaminants during service in the Persian Gulf,<br><br>• Veterans of World War I or the Mexican Border War, or<br><br>• Veterans who served in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 for 2 years following discharge or release from the military. | 316,540 | 1.17 |
| 7 | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Income Threshold. | 2,241,020 | 8.30 |

| Variable Name: | **PRIOADJ2** |
| --- | --- |

| Name: | Enrollment Priority Code |
| --- | --- |

Definition: Enrollment priority adjusted by the ADUSH:
- to assign catastrophically disabled veterans to the appropriate priority based on ICD9 codes and procedure codes found in utilization data, and
- to obtain the previous priority code for veterans whose priority code was set to missing due to a lapsed means test.

Source: Derived

Remarks: This variable was replaced in FY2001 by **PRIOADJ**. VIReC recommends that this variable should only be used with the August 1999 and September 1999 enrollment files.

**PRIOADJ2** had the following values and frequencies in the FY2000 fiscal year-end file, the last year-end file that contained this variable:

| Value | Definition[61] | N | % |
| --- | --- | --- | --- |
| | Missing | 1,271,178 | 4.71 |
| 1 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 50% or more disabling, or<br><br>• Veterans determined by the VA to be unemployable due to service-connected conditions. | 4,574,410 | 16.94 |
| 2 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 30% or 40% disabling. | 2,097,295 | 7.77 |

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[61] U.S. Department of Veterans Affairs. Health Benefits Eligibility page. Available at: http://www.va.gov/healtheligibility/eligibility/epg_all.asp. Accessed July 21, 2006.

| Value | Definition[61] | N | % |
|---|---|---|---|
| 3 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 10% or 20% disabling,<br><br>• Veterans who are former POWs, veterans awarded the Purple Heart,<br><br>• Veterans whose discharge was for a disability that began in the line of duty, or<br><br>• Veterans who are disabled because of VA treatment or participation in VA vocational rehabilitation program. | 3,152,674 | 11.67 |
| 4 | This priority level includes:<br><br>• Veterans who receive aid and attendance or housebound benefits, or<br><br>• Veterans who are determined by the VA to be catastrophically disabled. | 1,375,319 | 5.09 |
| 5 | This priority level includes:<br><br>• Veterans receiving VA pension benefits,<br><br>• Veterans who are eligible for Medicaid programs, or<br><br>• Veterans with income and assets below VA Means Test Thresholds. | 10,788,910 | 39.95 |

| 6 | This priority level includes: <ul><li>Veterans with 0% service-connected conditions, but receiving VA compensation,</li><li>Veterans seeking care only for disorders relating to Ionizing Radiation and Project 112/SHAD,</li><li>Veterans seeking care for Agent Orange Exposure during service in Vietnam,</li><li>Veterans seeking care for Gulf War Illness or for conditions related to exposure to Environmental Contaminants during service in the Persian Gulf,</li><li>Veterans of World War I or the Mexican Border War, or</li><li>Veterans who served in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 for 2 years following discharge or release from the military.</li></ul> | 318,826 | 1.18 |
|:---:|:---|---:|---:|
| 7 | This priority level includes: <ul><li>Veterans who agree to pay specified co-pay with income and/or net worth above VA Income Threshold.</li></ul> | 3,427,510 | 12.69 |

| Variable Name: | **PRIOADJ3** |
| --- | --- |

| Name: | Enrollment Priority Code |
| --- | --- |

Definition: Enrollment priority adjusted by the ADUSH:
- to assign catastrophically disabled veterans to the appropriate priority based on ICD9 codes and procedure codes found in utilization data, and
- to obtain the previous priority codes for veterans whose priority code was set to missing due to a lapsed means test, and
- to assign priority codes to veterans who are not formally enrolled using means test and service connected status found in other data sources than the enrollment data such as workload data and compensation and pension data.

Source: Derived

Remarks: This variable was replaced in FY2001 by **PRIOADJ**. VIReC recommends that this variable should only be used with enrollment files from FY2000 (October 1999 through September 2000).

**PRIOADJ3** had the following values and frequencies in the FY2000 fiscal year-end file, the last year-end file that contained this variable:

| Value | Definition[62] | N | % |
| --- | --- | --- | --- |
| | Missing | 1,009,043 | 3.74 |
| 1 | This priority level includes:<br>• Veterans with service-connected disabilities rated 50% or more disabling, or<br>• Veterans determined by the VA to be unemployable due to service-connected conditions. | 4,568,667 | 16.95 |
| 2 | This priority level includes:<br>• Veterans with service-connected disabilities rated 30% or 40% disabling. | 2,100,536 | 7.78 |

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[62] U.S. Department of Veterans Affairs.  Health Benefits Eligibility page.  Available at: http://www.va.gov/healtheligibility/eligibility/epg_all.asp.  Accessed July 21, 2006.

| Value | Definition[62] | N | % |
|---|---|---|---|
| 3 | This priority level includes:<br><br>• Veterans with service-connected disabilities rated 10% or 20% disabling,<br><br>• Veterans who are former POWs, veterans awarded the Purple Heart,<br><br>• Veterans whose discharge was for a disability that began in the line of duty, or<br><br>• Veterans who are disabled because of VA treatment or participation in VA vocational rehabilitation program. | 3,158,160 | 11.69 |
| 4 | This priority level includes:<br><br>• Veterans who receive aid and attendance or housebound benefits, or<br><br>• Veterans who are determined by the VA to be catastrophically disabled. | 1,375,755 | 5.09 |
| 5 | This priority level includes:<br><br>• Veterans receiving VA pension benefits,<br><br>• Veterans who are eligible for Medicaid programs, or<br><br>• Veterans with income and assets below VA Means Test Thresholds. | 10,896,200 | 40.35 |

| 6 | This priority level includes:<br><br>• Veterans with 0% service-connected conditions, but receiving VA compensation,<br><br>• Veterans seeking care only for disorders relating to Ionizing Radiation and Project 112/SHAD,<br><br>• Veterans seeking care for Agent Orange Exposure during service in Vietnam,<br><br>• Veterans seeking care for Gulf War Illness or for conditions related to exposure to Environmental Contaminants during service in the Persian Gulf,<br><br>• Veterans of World War I or the Mexican Border War, or<br><br>• Veterans who served in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 for 2 years following discharge or release from the military. | 318,879 | 1.18 |
|---|---|---|---|
| 7 | This priority level includes:<br><br>• Veterans who agree to pay specified co-pay with income and/or net worth above VA Income Threshold. | 3,568,882 | 13.22 |

Variable Name:     **PRIOPC**

Name:

Definition:        Temporary work variable

Source:            Derived

Remarks:           VIReC recommends that this variable should not be used.

| Variable Name: | **PRISWAR** |
| --- | --- |
| Name: | Prisoner of War Status. |
| Definition: | This flag indicates if the patient was a prisoner of war. |
| Source: | NED |
| Remarks: | Enrollees are asked on the 10-10EZ enrollment form if they were a prisoner of war.  Patients at VHA facilities are asked if they were a prisoner of war at inpatient admission and outpatient registration.  This may also be confirmed by their military record. |

**PRISWAR** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
| --- | --- | --- | --- |
| | Missing | 1,045,217[63] | 2.21 |
| 0 | No | 45,953,536 | 97.25 |
| 1 | Yes | 255,644 | 0.54 |

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[63] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

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| | Variable Name: | **REASCD** |
|---|---|---|

Name:                 Canceled/Declined Enrollment Reason Code

Definition:           The reason the enrollee canceled or declined enrollment

Source:               NED

Remarks:             See VHA Directive 2005-006 "Cancel or Decline Enrollment Request" for further information regarding cancel or declined enrollments.[64]

**REASCD** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 47,242,180 [65] | 99.97 |
| 1 | Dissatisfied With Care | 767 | 0.00 |
| 2 | Geographic Access | 2,210 | 0.00 |
| 3 | Other Insurance | 2,151 | 0.00 |
| 4 | Other | 7,089 | 0.02 |

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[64] U.S. Department of Veterans Affairs.  VHA Directive 2005-006.  Available at: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1222.  Accessed July 21, 2006.

[65] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

Variable Name:     **SCPER**

Name:              Service Connected Percentage

Definition:        Enrollee's percentage (from 0 to 100) of service-connected disability

Source:            NED

Remarks:           None


**SCPER** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
|  | Missing | 29,941,462[66] | 63.36 |
| 0 | 0% disability | 1,557,385 | 3.30 |
| 1-9 | 1-9% disability | 411 | 0.00 |
| 10 | 10% disability | 2,768,513 | 5.86 |
| 11-19 | 11-19% disability | 184 | 0.00 |
| 20 | 20% disability | 1,707,616 | 3.61 |
| 21-29 | 21-29% disability | 57 | 0.00 |
| 30 | 30% disability | 1,626,062 | 3.44 |
| 31-39 | 31-39% disability | 21 | 0.00 |
| 40 | 40% disability | 1,351,278 | 2.86 |
| 41-49 | 41-49% disability | 6 | 0.00 |
| 50 | 50% disability | 1,172,873 | 2.48 |
| 51-59 | 51-59% disability | 48 | 0.00 |
| 60 | 60% disability | 1,445,256 | 3.06 |
| 61-69 | 61-69% disability | 3 | 0.00 |
| 70 | 70% disability | 1,493,910 | 3.16 |
| 71-79 | 71-79% disability | 13 | 0.00 |
| 80 | 80% disability | 1,037,037 | 2.19 |
| 81-89 | 81-89% disability | 2 | 0.00 |

---

[66] Of these records, 1,045,217 are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Value | Description | N | % |
|-------|-------------|------|------|
| 90 | 90% disability | 455,169 | 0.96 |
| 91-99 | 91-99% disability | 9 | 0.00 |
| 100 | 100% disability | 2,697,082 | 5.71 |

Variable Name:     **SCRSSN**

Name:              Scrambled Social Security Number

Definition:        The enrollee's or patient's Social Security number

Source:            On all sources

Remarks:           Scrambled Social Security number was created in FY1986 as a
                   replacement for the patient's real Social Security number (SSN). It is a
                   formula manipulation of the real SSN and not a randomly generated
                   number. Therefore, **SCRSSN** may be used to identify a patient across
                   fiscal years and datasets. This field is used to merge all source files.

| Variable Name: | **SERVCON** |
| --- | --- |
| Name: | Service Connected Indicator |
| Definition: | If an enrollee's service-connected percentage is greater than 0 this indicator is set to '1'. |
| Source: | NED |
| Remarks: | None |

**SERVCON** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
| --- | --- | --- | --- |
| | Missing | 1,045,217[67] | 2.21 |
| 0 | No | 30,453,630 | 64.45 |
| 1 | Yes | 15,755,550 | 33.34 |

---

[67] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| | Variable Name: | **SEX** |
| --- | --- | --- |

Name:               Gender

Definition:         Enrollee's gender

Source:            NED

Remarks:         Enrollees are asked for their gender when completing the 10-10EZ enrollment form and the 10-10EZR enrollment renewal form. Patients at VHA facilities are asked for their gender at inpatient admission and outpatient registration.

**SEX** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
| --- | --- | --- | --- |
| | Missing | 1,045,217[68] | 2.21 |
| F | Female | 2,136,121 | 4.52 |
| M | Male | 44,071,716 | 93.26 |
| O | Other | 0 | 0.00 |
| U | Unknown | 1,343 | 0.00 |

---

[68] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Variable Name: | **STA5C** |
|---|---|
| Name: | Substation Identifier |
| Definition: | This is the five-digit code of the VHA substation where the patient received care. |
| Source: | ARC |
| Remarks: | This variable was replaced by **STA6C** in FY2000. A complete listing of facilities can be found on the National Patient Care Database Intranet Web site. The most recent updates and more detailed information are available on the Planning Systems Support Group's Intranet Web site and its Veterans Affairs Site Tracking (VAST) system. |

The following table contains the ten most frequently occurring **STA5C** values in the FY1999 year-end ADUSH Enrollment File, the last year-end file that contained this variable:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 1,137,372 | 2.41 |
| 549 | Dallas VAMC TX | 62,693 | 0.13 |
| 691 | Greater Los Angeles HCS | 61,630 | 0.13 |
| 673 | Tampa FL | 57,540 | 0.12 |
| 573 | North Florida/South Georgia HCS-Gainesville | 57,130 | 0.12 |
| 672 | San Juan PR | 53,387 | 0.11 |
| 580 | Houston TX | 53,059 | 0.11 |
| 618 | Minneapolis MN | 51,737 | 0.11 |
| 501 | New Mexico HCS | 50,255 | 0.11 |
| 671 | San Antonio VAMC | 48,399 | 0.10 |
| 541 | Cleveland-Wade Park OH | 46,398 | 0.10 |

| | Variable Name: | **STA6C** |
|---|---|---|

Name:                Substation Identifier.

Definition:         This is the six-digit code of the VHA substation where the patient received care.

Source:             ARC

Remarks:          A complete listing of facilities can be found on the National Patient Care Database Intranet Web site. The most recent updates and more detailed information are available on the Planning Systems Support Group's Intranet Web site and its Veterans Affairs Site Tracking (VAST) system.

The following table contains the ten most frequently occurring **STA6C** values in the FY2005 year-end ADUSH Enrollment File:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 3,112,475[69] | 6.59 |
| 549 | Dallas VAMC TX | 586,266 | 1.24 |
| 673 | Tampa FL | 532,111 | 1.13 |
| 516 | Bay Pines FL | 501,361 | 1.06 |
| 548 | W Palm Beach FL | 459,531 | 0.97 |
| 580 | Houston TX | 448,305 | 0.95 |
| 573 | North Florida/South Georgia HCS-Gainesville | 437,556 | 0.93 |
| 618 | Minneapolis MN | 427,232 | 0.90 |
| 541 | Cleveland-Wade Park OH | 400,856 | 0.85 |
| 508 | Decatur GA | 395,325 | 0.84 |
| 672 | San Juan PR | 379,753 | 0.80 |

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[69] These enrollees were only on the NED extract and received no VA health care.

| | |
|---|---|
| Variable Name: | **TOTINC** |
| Name: | Total Family Income |
| Definition: | A calculation of the total reported income from all sources |
| Source: | NED |
| Remarks: | The enrollee is asked for his/her family income from all sources for the enrollee, his/her spouse, and any dependents (if applicable) when completing the 10-10EZ enrollment form and the 10-10EZR enrollment renewal form. "All sources" includes income from employment, a farm or business, and all other sources (Social Security, pensions, dividends, e.g.), excluding welfare. The Financial Income Thresholds for VA Health Care Benefits provides a chart for FTY2004 – FTY 2006 based on enrollee's number of dependants and applied for benefit. |

**TOTINC** has the following statistics in FY2005:

| Statistic | Value |
|---|---|
| Mean | 22,028.38 |
| Median | 17,000.00 |
| Mode | 12,000.00 |
| Standard Deviation | 42,035.47 |
| 0th percentile | 1.00 |
| 10th percentile | 7,068.00 |
| 20th percentile | 9,876.00 |
| 30th percentile | 12,000.00 |
| 40th percentile | 14,300.00 |
| 50th percentile | 17,000.00 |
| 60th percentile | 20,120.00 |
| 70th percentile | 24,433.00 |
| 80th percentile | 30,000.00 |
| 90th percentile | 40,422.00 |
| 100th percentile | 19,999,998.00 |
| # of non-missing values | 25,661,011 |
| # of missing values | 18,480,911 |

| | Variable Name: | **VISN_D** |
|---|---|---|

| | | |
|---|---|---|
| Name: | Preferred VISN (Veterans Integrated Service Network) |
| Definition: | The VISN in which the patient's preferred facility (**PREFAC_D**) is located |
| Source: | Derived |
| Remarks: | VISNs 13 and 14 were integrated in January 2002 and are now VISN 23. |

**VISN_D** has the following values and frequencies in the 2005 fiscal year-end file:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 1,047,634[70] | 2.22 |
| 1 | VISN 1 | 2,195,051 | 4.65 |
| 2 | VISN 2 | 1,257,881 | 2.66 |
| 3 | VISN 3 | 1,835,515 | 3.88 |
| 4 | VISN 4 | 2,583,862 | 5.47 |
| 5 | VISN 5 | 1,015,104 | 2.15 |
| 6 | VISN 6 | 2,135,888 | 4.52 |
| 7 | VISN 7 | 2,642,729 | 5.59 |
| 8 | VISN 8 | 4,833,704 | 10.23 |
| 9 | VISN 9 | 2,155,248 | 4.56 |
| 10 | VISN 10 | 1,915,651 | 4.05 |
| 11 | VISN 11 | 1,911,836 | 4.05 |
| 12 | VISN 12 | 2,078,654 | 4.40 |
| 13 | VISN 13 | 1,275,394 | 2.70 |
| 14 | VISN 14 | 960,551 | 2.03 |
| 15 | VISN 15 | 1,997,809 | 4.23 |
| 16 | VISN 16 | 3,995,261 | 8.45 |
| 17 | VISN 17 | 2,173,943 | 4.60 |

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[70] These 1,045,217 records are for individuals who have received VA care but were not enrolled and, thus, have no data in the NED source file.

| Value | Description | N | % |
|---|---|---|---|
| 18 | VISN 18 | 1,935,255 | 4.10 |
| 19 | VISN 19 | 1,313,156 | 2.78 |
| 20 | VISN 20 | 1,818,821 | 3.85 |
| 21 | VISN 21 | 2,007,992 | 4.25 |
| 22 | VISN 22 | 2,162,746 | 4.58 |
| 23 | VISN 23 | 4,546 | 0.01 |
| 99 | 99 | 166 | 0.00 |

Variable Name:       **ZIP**

Name:                ZIP Code

Definition:          The ZIP Code in which a patient resides

Source:              NED

Remarks:             This variable was replaced by **ZIPARC** in FY2002.

Variable Name:    **ZIP_ENRL**

Name:    Enrollee ZIP Code

Definition:    The ZIP Code in which an enrolled veteran resides

Source:    NED

Remarks:    None


The following table contains the ten most frequently occurring **ZIP_ENRL** values in the FY2005 year-end ADUSH Enrollment File:

| Value | Description | N | % |
|---|---|---|---|
|  | Missing | 1,083,300 | 2.29 |
| 33437 | Boynton Beach, FL | 43,624 | 0.09 |
| 79924 | El Paso, TX | 28,675 | 0.06 |
| 30906 | Augusta, GA | 25,786 | 0.05 |
| 32159 | Lady Lake, FL | 24,544 | 0.05 |
| 33484 | Delray Beach, FL | 23,774 | 0.05 |
| 97470 | Roseburg, OR | 23,714 | 0.05 |
| 34668 | Port Richey, FL | 23,098 | 0.05 |
| 78028 | Kerrville, TX | 22,276 | 0.05 |
| 28314 | Fayetteville, NC | 20,831 | 0.04 |
| 37042 | Clarksville, TN | 20,804 | 0.04 |

Variable Name:     **ZIP_GEO**

Name:              Geocoded ZIP Code

Definition:        The ZIP code associated with the patient's home residence

Source:            NED

Remarks:           At the end of a fiscal year PSSG uses patient's home address (street
                   address, city, state, and zip+4 when available) and creates the **ZIP_GEO**
                   variable with coordinates (latitude and longitude).  The **ZIP_GEO**
                   variable replaced the **GDTZIPT** variable in FY2006.  Zip codes are used
                   as values to categorize data.

                   The Enrollment File is updated with these new codes several months after
                   the fiscal year end.  Thus, the **ZIP_GEO** variable on a fiscal year-end file
                   will contain the geocoded zip code for the previous fiscal year-end
                   address.  For example, the September 2005 Enrollment File will have the
                   geocoded ZIP codes for enrollee's addresses at the end of September
                   2004.

Variable Name: **ZIPARC**

Name: Patient ZIP Code

Definition: The ZIP Code in which a patient resides

Source: ARC

Remarks: This includes all patients, whether enrolled or not.

The following table contains the ten most frequently occurring **ZIPARC** values in the FY2005 year-end ADUSH Enrollment File:

| Value | Description | N | % |
|---|---|---|---|
| | Missing | 3,112,475 | 6.59 |
| 33437 | Boynton Beach, FL | 43,888 | 0.09 |
| 79924 | El Paso, TX | 27,418 | 0.06 |
| 30906 | Augusta, GA | 24,398 | 0.05 |
| 32159 | Lady Lake, FL | 24,217 | 0.05 |
| 97470 | Roseburg, OR | 24,079 | 0.05 |
| 33484 | Delray Beach, FL | 23,479 | 0.05 |
| 78028 | Kerrville, TX | 22,964 | 0.05 |
| 34668 | Port Richey, FL | 22,833 | 0.05 |
| 25401 | Martinsburg, WV | 21,401 | 0.05 |
| 57701 | Rapid City, SD | 20,179 | 0.04 |

# Appendix A - ARC Adjusted Decision Support Cost[71]

DSS patient-specific cost is made available in the DSS National Data Extract (NDE). The ARC adjusts this cost to remove the following overhead cost items that cannot be directly associated with specific patients (represents 8% of total DSS cost):

| COST AREA | DESCRIPTION |
| --- | --- |
| Network | VISN operating cost |
| National Program | Operating cost of national program offices |
| Central Office | Operating cost incurred by VACO in Medical Care and MAMOE appropriations |
| Building and Equipment Depreciation | Capital Cost |

State Home costs (1.3% of total DSS cost) are deducted from DSS cost, since this is not funded through VERA; missing Non-VA costs (3% of total DSS cost), such as Community Nursing Home, are added.

Patient Specific cost is then tied to Patient Treatment File (PTF) and National Patient Care Database (NPCD). Adjustments are made for workload mismatches, such as DSS cost with no official workload, and official workload with no DSS cost.

Patient specific cost is then rolled up to the facility level and DSS adjusted cost for each facility is compared to that facility's FMS (Financial Management System) cost.

FY 2001 for FY 2003 Allocation – Facilities whose adjusted DSS cost exceeded 102% of FMS cost were further adjusted back to 98% of FMS cost. Facilities whose adjusted DSS cost was less than 99% of FMS cost were further adjusted up to 99% of FMS cost. The range of cost adjustment varied from a low of 0.81% to a high of 51.52%, with an average adjustment of 5%.

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[71] This document was downloaded from the ARC Intranet Web site on July 21, 2006.

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# Appendix B[72] - Fiscal Year 2004 Treating Specialty/Clinic Groupings

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| MED | 1 | Allergy |
| MED | 10 | Neurology |
| MED | 11 | Epilepsy Ctr |
| MED | 12 | MICU/CCU |
| MED | 14 | Metabolic |
| MED | 15 | Gen Medicine |
| MED | 16 | Cardio-Thor SDU |
| MED | 17 | Telemetry |
| MED | 18 | Neurology Observation |
| MED | 2 | Cardiology |
| MED | 20 | Rehab Medicine |
| MED | 21 | Blind Rehab |
| MED | 22 | Spinal Cord Injury |
| MED | 23 | Spinal Cord Injury Observation |
| MED | 24 | Medical Observation |
| MED | 3 | Pulmonary-TB |
| MED | 31 | Acute Medicine GEM |
| MED | 34 | Neurology GEM |
| MED | 35 | Rehab GEM |
| MED | 4 | Pulmonary-nonTB |
| MED | 41 | Rehab Medicine Observation |
| MED | 5 | Gerontology |
| MED | 6 | Dermatology |
| MED | 7 | Endocrinology |

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[72] Michelle R. Young, Computer Programmer/Analyst, Allocation Resource Center, email correspondence, September 14, 2005.

[73] The Cost Type relates to the 3 characters in the cost variable names that identify the type of cost. For example, the mappings into the cost type of 'MED' are the mappings used in accumulating the costs in the DSSMEDCOST and MEDCOST variables.

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| MED | 8 | Gastroenterology |
| MED | 83 | Respite Care |
| MED | 9 | Hematology/Oncology |
| SUR | 50 | Gen Surgery |
| SUR | 51 | Gynecology |
| SUR | 52 | Neurosurgery |
| SUR | 53 | Opthalmology |
| SUR | 54 | Orthopedics |
| SUR | 55 | Otorhinolaryngology |
| SUR | 56 | Plastic Surgery,inc. head/neck |
| SUR | 57 | Proctology |
| SUR | 58 | Thoracic Surgery, inc Cardiac |
| SUR | 59 | Urology |
| SUR | 60 | Oral Surgery |
| SUR | 61 | Podiatry |
| SUR | 62 | Peripheral Vascular |
| SUR | 63 | Surgical ICU |
| SUR | 65 | Surgical Observation |
| SUR | 99 | OR Procs |
| PSY | 25 | PRRTP |
| PSY | 26 | PTSD PRRP |
| PSY | 27 | SubAbuse SARRTP |
| PSY | 28 | HCMI CWT/TR |
| PSY | 29 | SA CWT/TR |
| PSY | 33 | Psychiatry GEM |
| PSY | 37 | Homeless DOM SA |
| PSY | 38 | PTSD CWT/TR |
| PSY | 39 | CWT/TR |
| PSY | 70 | Acute Psych |

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| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| PSY | 72 | Alcohol Treatment |
| PSY | 73 | Drug Treatment |
| PSY | 74 | Substance Abuse |
| PSY | 76 | Psych mentally infirm |
| PSY | 79 | PTSD Unit SIPU |
| PSY | 84 | SubAb Intermediate Care |
| PSY | 86 | Domiciliary Substance Abuse |
| PSY | 88 | Dom-PTSD |
| PSY | 89 | Sustained STAR I,II,III |
| PSY | 91 | EBTPU |
| PSY | 92 | Psychiatry-General Interm. |
| PSY | 93 | High Intensity GenPsy Inp Ut |
| PSY | 94 | Psychiatric Observation |
| NVA | ` | Nonva Med |
| NVA | a | Nonva Sur |
| NVA | b | Nonva Psy |
| OTC | 32 | Intermediate Medicine GEM |
| OTC | 40 | Intermediate Medicine |
| OTC | 80 | Nursing Home Care |
| OTC | 81 | Nursing Home GEM |
| OTC | 85 | Domiciliary |
| OTC | 87 | Domiciliary GEM |
| OTC | 95 | Inter Med LTC |
| OTC | 96 | Hospice |
| CNH | 119 | COMM NURSING HOME FOLLOW-UP |
| CNH | 651 | State Nursing Home Days |
| CNH | _ | NonVA Nursing Home |
| OPC | 101 | EMERGENCY UNIT |
| OPC | 102 | ADMITTING/SCREENING |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 103 | TELEPHONE/TRIAGE |
| OPC | 104 | PULMONARY FUNCTION |
| OPC | 105 | X-RAY |
| OPC | 106 | EEG |
| OPC | 107 | EKG |
| OPC | 108 | LABORATORY |
| OPC | 109 | NUCLEAR MEDICINE |
| OPC | 115 | ULTRASOUND |
| OPC | 116 | RESPIRATORY THERAPY |
| OPC | 117 | NURSING |
| OPC | 118 | HOME TREATMENT SERVICES |
| OPC | 120 | HEALTH SCREENING |
| OPC | 121 | RESID CARE PROGRAM FOLLOW-UP |
| OPC | 122 | PUBLIC HEALTH NURSING |
| OPC | 123 | NUTRITION/DIETETICS-INDIVIDUAL |
| OPC | 124 | NUTRITION/DIETETICS-GROUP |
| OPC | 125 | SOCIAL WORK SERVICE |
| OPC | 126 | EVOKED POTENTIAL |
| OPC | 127 | TOPOGRAPHICAL BRAIN MAPPING |
| OPC | 128 | PROLONGED VIDEO/EEG MONITORING |
| OPC | 144 | RADIONUCLIDE THERAPY |
| OPC | 145 | PHARMACOL./PHYSLO.NUCL PER STDS |
| OPC | 146 | PET |
| OPC | 147 | TELEPHONE/ANCILLARY |
| OPC | 148 | TELEPHONE/DIAGNOSTIC |
| OPC | 149 | RADIATION THERAPY TREATMENT |
| OPC | 150 | COMPUTERIZED TOMOGRAPHY(CT) |
| OPC | 151 | MAGNETIC RESONANCE IMAGING(MRI) |
| OPC | 152 | ANGIOGRAM CATHETERIZATION |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 153 | INTERVENTIONAL RADIOGRAPHY |
| OPC | 154 | MAGNETOENCEPHALOGRAPHY (MEG) |
| OPC | 157 | Contract Pharmacy |
| OPC | 160 | CLINICAL PHARMACY |
| OPC | 161 | Pharmacy Transitional Benefit Clinic |
| OPC | 162 | OPC Pharmacy |
| OPC | 165 | BEREAVEMENT COUNSELING |
| OPC | 166 | CHAPLIAN SERVICE-INDIVIDUAL |
| OPC | 167 | CHAPLIAN SERVICE-GROUP |
| OPC | 168 | CHAPLIAN SERVICE-COLLATERAL |
| OPC | 169 | TELEPHONE/CHAPLAIN |
| OPC | 170 | HBHC-PHYSICIAN |
| OPC | 171 | HBHC-NURSE |
| OPC | 172 | HBHC-NURSE EXTENDER |
| OPC | 173 | HBHC-SOCIAL WORKER |
| OPC | 174 | HBHC-THERAPIST |
| OPC | 175 | HBHC-DIETITIAN |
| OPC | 176 | HBHC-CLINICAL PHARMACIST |
| OPC | 177 | HBHC-OTHER |
| OPC | 178 | HBHC-TELEPHONE |
| OPC | 179 | HBHC-TELEPHONE |
| OPC | 180 | DENTAL |
| OPC | 181 | TELEPHONE/DENTAL |
| OPC | 185 | Improper Clinic Stop |
| OPC | 186 | Improper Clinic Stop |
| OPC | 187 | Improper Clinic Stop |
| OPC | 188 | Improper Clinic Stop |
| OPC | 190 | ADULT DAY HEALTH CARE |
| OPC | 201 | PM AND RS |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 202 | RECREATION THERAPY SVC |
| OPC | 203 | AUDIOLOGY |
| OPC | 204 | SPEECH PATHOLOGY |
| OPC | 205 | PHYSICAL THERAPY |
| OPC | 206 | OCCUPATIONAL THERAPY |
| OPC | 207 | PMRS INCENTIVE THERAPY |
| OPC | 208 | PMRS-COMPENSATED WORK THERAPY |
| OPC | 209 | VIST COORDINATOR |
| OPC | 210 | SPINAL CORD INJURY |
| OPC | 211 | AMPUTATION FOLLOW-UP CLINIC |
| OPC | 212 | EMG |
| OPC | 213 | PMRS-VOCATIONAL ASSISTANCE |
| OPC | 214 | KINESIOTHERAPY |
| OPC | 215 | SCI HOME CARE PROGRAM |
| OPC | 216 | TELEPHONE/REHAB/SUPPORT |
| OPC | 217 | Blind Rehab Outpatient Specialist |
| OPC | 219 | Traumatic Brain Injury (TBI) |
| OPC | 220 | VISOR (Visual Impairment Outpatient Prog |
| OPC | 221 | Improper Clinic Stop |
| OPC | 290 | Observation Medicine |
| OPC | 291 | Observation Surgery |
| OPC | 292 | Observation Psychiatry |
| OPC | 293 | Observation Neurology |
| OPC | 294 | Observation - Blind Rehab |
| OPC | 301 | GENERAL INTERNAL MEDICINE |
| OPC | 302 | ALLERGY IMMUNOLOGY |
| OPC | 303 | CARDIOLOGY |
| OPC | 304 | DERMATOLOGY |
| OPC | 305 | ENDO./METAB (EXCEPT DIABETES) |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 306 | DIABETES |
| OPC | 307 | GASTROENTEROLOGY |
| OPC | 308 | HEMATOLOGY |
| OPC | 309 | HYPERTENSION |
| OPC | 310 | INFECTIOUS DISEASE |
| OPC | 311 | PACEMAKER |
| OPC | 312 | PUL./CHEST |
| OPC | 313 | RENAL/NEPHROL (EXCEPT DIALYSIS) |
| OPC | 314 | RHEUMATOLOGY/ARTHRITIS |
| OPC | 315 | NEUROLOGY |
| OPC | 316 | ONCOLOGY/TUMOR |
| OPC | 317 | COUMADIN CLINIC |
| OPC | 318 | GERIATRIC CLINIC |
| OPC | 319 | GEM CLINIC |
| OPC | 320 | ALZHEIMER/DEMENTIA CLINIC |
| OPC | 321 | GI ENDOSCOPY |
| OPC | 322 | WOMEN S CLINIC |
| OPC | 323 | PRIMARY CARE/MEDICINE |
| OPC | 324 | TELEPHONE/MEDICINE |
| OPC | 325 | TELEPHONE/NEUROLOGY |
| OPC | 326 | TELEPHONE/GERIATRICS |
| OPC | 327 | MED. PHYS. PERF. INVASIVE OR PROC. |
| OPC | 328 | MEDICAL DAY UNIT MSDU |
| OPC | 329 | AMBULATORY CARE PROCEDURES UNIT |
| OPC | 330 | CHEMO PROCEDURES UNIT-MED |
| OPC | 331 | PRE-BED CARE M.D.(MEDICAL SERVICE) |
| OPC | 332 | PRE-BED CARE RN (MEDICAL SERVICE) |
| OPC | 333 | CARDIAC CATHETERIZATION |
| OPC | 334 | CARDIAC STRESS TEST/ETT |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 335 | PADRECC (Parkinsons Disease RECC) |
| OPC | 348 | Improper Clinic Stop |
| OPC | 350 | Geriatric Primary Care |
| OPC | 351 | Geriatric Primary Care |
| OPC | 371 | Improper Clinic Stop |
| OPC | 373 | Improper Clinic Stop |
| OPC | 394 | Improper Clinic Stop |
| OPC | 401 | GENERAL SURGERY |
| OPC | 402 | CARDIAC SURGERY |
| OPC | 403 | ENT |
| OPC | 404 | GYNECOLOGY |
| OPC | 405 | HAND SURGERY |
| OPC | 406 | NEUROSURGERY |
| OPC | 407 | OPHTHALMOLOGY |
| OPC | 408 | OPTOMETRY |
| OPC | 409 | ORTHOPEDICS |
| OPC | 410 | PLASTIC SURGERY |
| OPC | 411 | PODIATRY |
| OPC | 412 | PROCTOLOGY |
| OPC | 413 | THORACIC SURGERY |
| OPC | 414 | UROLOGY |
| OPC | 415 | VASCULAR SURGERY |
| OPC | 416 | AMBULATORY SURGERY OFFICE |
| OPC | 417 | PROSTHETICS/ORTHOTICS |
| OPC | 418 | AMPUTATION CLINIC |
| OPC | 419 | ANESTHESIA PRE-OP CONSULT |
| OPC | 420 | PAIN CLINIC |
| OPC | 421 | VASCULAR LABORATORY |
| OPC | 422 | CAST CLINIC |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 423 | PROSTHETIC SERVICES |
| OPC | 424 | TELEPHONE/SURGERY |
| OPC | 425 | TELEPHONE/PROSTHETICS/OR |
| OPC | 426 | WOMEN SURGERY |
| OPC | 428 | TELEPONE/OPTOMETRY |
| OPC | 429 | AMBCARE OR OR SURG OUTP SUR RM |
| OPC | 430 | CYSTO ROOM UNIT FOR OUTPATIENT |
| OPC | 431 | CHEMOTHERAPY PROC. UNIT-SURG |
| OPC | 432 | PRE-BEDCARE M.D.(SURG. SERVICES) |
| OPC | 433 | PRE-BED CARE RN (SURGERY) |
| OPC | 435 | Minor Surgery in Non-OR |
| OPC | 436 | Preventive Health |
| OPC | 449 | Improper Clinic Stop |
| OPC | 450 | LOCAL USE |
| OPC | 451 | LOCAL USE |
| OPC | 452 | LOCAL USE |
| OPC | 453 | LOCAL USE |
| OPC | 454 | LOCAL USE |
| OPC | 455 | LOCAL USE |
| OPC | 456 | LOCAL USE |
| OPC | 457 | LOCAL USE |
| OPC | 459 | Improper Clinic Stop |
| OPC | 460 | LOCAL USE |
| OPC | 461 | LOCAL USE |
| OPC | 462 | LOCAL USE |
| OPC | 463 | A.O. (Agent Orange) |
| OPC | 465 | Preventive Health |
| OPC | 466 | DOM |
| OPC | 467 | LOCAL USE |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 470 | LOCAL USE |
| OPC | 471 | Improper Clinic Stop |
| OPC | 473 | LOCAL USE |
| OPC | 474 | LOCAL USE |
| OPC | 475 | LOCAL USE |
| OPC | 477 | Fee Basic |
| OPC | 478 | Improper Clinic Stop |
| OPC | 479 | Improper Clinic Stop |
| OPC | 502 | MENTAL HEALTH CLINIC-INDIVIDUAL |
| OPC | 503 | RESIDENTIAL CARE-INDIVIDUAL |
| OPC | 505 | DAY TREATMENT-INDIVIDUAL |
| OPC | 506 | DAY HOSPITAL-INDIVIDUAL |
| OPC | 509 | PSYCHIATRY-INDIVIDUAL |
| OPC | 510 | PSYCHOLOGY-INDIVIDUAL |
| OPC | 512 | PSYCHIATRY CONSULTATION |
| OPC | 513 | SUBSTANCE ABUSE - INDIVIDUAL |
| OPC | 514 | SUBSTANCE ABUSE - HOME VISIT |
| OPC | 516 | PTSD GROUP |
| OPC | 519 | SUBSTANCE USE DISORDER (PTSD TEAMS) |
| OPC | 520 | LONG TERM ENHANCEMENT, INDIV |
| OPC | 521 | LONG TERM ENHANCEMENT, GROUP |
| OPC | 522 | HUD-VASH |
| OPC | 523 | METHADONE MAINTENANCE |
| OPC | 524 | SEXUAL TRAUMA COUNSELING |
| OPC | 525 | WOMEN STRESS DISORDER TRE TEAMS |
| OPC | 527 | TELEPHONE/GEN-PSY |
| OPC | 528 | TELE./HOMELESS MENTAL ILL |
| OPC | 529 | HCHV/HMI |
| OPC | 530 | TELEPHONE/HUD-VASH |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 531 | PRIMARY CARE/GENERAL PSY |
| OPC | 532 | PSYCHOSOCIAL REHAB - INDVDL |
| OPC | 533 | MH Intervention Biomed Care - Individual |
| OPC | 535 | MH VOCATIONAL ASSISTANCE INDVDL |
| OPC | 536 | TELEPHONE/MH VOCATIONAL ASSISTANCE |
| OPC | 537 | TELEPHONE PSYCHOSOCIAL REHAB |
| OPC | 538 | PSYCHOLOGICAL TESTING |
| OPC | 540 | PCT POST-TRAUMATIC STRESS |
| OPC | 542 | TELEPHONE/PTSD |
| OPC | 545 | TELEPHONE/SUBSTANCE ABUSE |
| OPC | 546 | TELEPHONE/IPCC |
| OPC | 547 | INTENSIVE SUBSTANCE ABUSE TREATMENT |
| OPC | 550 | MENTAL HEALTH CLINIC-GROUP |
| OPC | 552 | IPCC COMM VISIT |
| OPC | 553 | DAY TREATMENT-GROUP |
| OPC | 554 | DAY HOSPITAL-GROUP |
| OPC | 557 | PSYCHIATRY-GROUP |
| OPC | 558 | PSYCHOLOGY-GROUP |
| OPC | 559 | PSYCHOSOCIAL REHAB-GROUP |
| OPC | 560 | SUBSTANCE ABUSE - GROUP |
| OPC | 561 | PCT-POST TRAUMATIC STRESS - GROUP |
| OPC | 562 | PTSD - INDIVIDUAL |
| OPC | 563 | PRIMARY CARE/SPEC. PSY |
| OPC | 564 | MH TEAM CASE MANAGEMENT |
| OPC | 565 | MH MEDICAL CARE ONLY - GROUP |
| OPC | 566 | MH RISK-FACTOR-REDUCTION ED GR |
| OPC | 567 | MHICM Group |
| OPC | 573 | INCENTIVE THERAPY |
| OPC | 574 | COMPENSATED WORK THERAPY |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 575 | VOCATIONAL ASSISTANCE |
| OPC | 576 | PSYCHOGERIATRIC CLINIC, INDIVIDUAL |
| OPC | 577 | PSYCHOGERIATRIC CLINIC, GROUP |
| OPC | 578 | PSYCHOGERIATRIC DAY PROGRAM |
| OPC | 579 | TELEPHONE/GERIATRIC PSYCHIATRY |
| OPC | 580 | PTSD DAY HOSPITAL |
| OPC | 581 | PTSD DAY TREATMENT |
| OPC | 589 | NON-ACTIVE DUTY SEX TRAUMA |
| OPC | 590 | COMM OUTRCH HMLESS NOT HCHV/DCHV |
| OPC | 602 | CHRON ASSISTED HEMODIAL TREAT |
| OPC | 603 | LIM SELF CARE HEMODIAL TREAT |
| OPC | 604 | HOME HEMODIAL TRAINING TREAT |
| OPC | 606 | CHRON ASSISTED PERIT DIALYSIS |
| OPC | 607 | LIM SELF CARE PERIT DIALYSIS |
| OPC | 608 | HOME PERITONEAL DIAL TRAINING |
| OPC | 610 | CONTRACT DIALYSIS |
| OPC | 611 | TELEPHONE/DIALYSIS |
| OPC | 640 | Send-Out Procedures Not Fee |
| OPC | 642 | Send-Out Procedures FEE |
| OPC | 650 | CONTRACT NURSING HOME DAYS |
| OPC | 656 | DOD NON-VA CARE |
| OPC | 670 | Assist Living, VHA-Paid Staff |
| OPC | 674 | Improper Clinic Stop |
| OPC | 680 | HCHC ASSESSMENT |
| OPC | 681 | VA-PAID HCHC |
| OPC | 682 | VA-REFERRALS TO HCHC PROVIDERS |
| OPC | 683 | Home Telehealth Monitory Only/Non Video |
| OPC | 684 | Improper Clinic Stop |
| OPC | 685 | Improper Clinic Stop |

| Fiscal Year 2004 Treating Specialty/Clinic Groupings | | |
|---|---|---|
| Cost Type[73] | Clinic | Description |
| OPC | 686 | Improper Clinic Stop |
| OPC | 690 | TELEMEDICINE |
| OPC | 691 | Pre-Emp Phys Military Personnel |
| OPC | 701 | HYPERTENSION SCREENING |
| OPC | 703 | MAMMOGRAM |
| OPC | 707 | SMOKING CESSATION |
| OPC | 710 | VET INFLUENZA IMMUNIZATION |
| OPC | 712 | HEP C REGISTRY PATIENT |
| OPC | 714 | Improper Clinic Stop |
| OPC | 715 | Improper Clinic Stop |
| OPC | 716 | Improper Clinic Stop |
| OPC | 725 | DOM OUTREACH-SERV. |
| OPC | 726 | DOM AFTERCARE -COMM |
| OPC | 727 | DOM AFTER CARE - VA |
| OPC | 728 | DOM ADMIN SCREEN SRV |
| OPC | 729 | TELEPHONE/DOM |
| OPC | 730 | TELEPHONE/DOM |
| OPC | 731 | PRRTP-GENERAL CARE |
| OPC | 999 | EMPLOYEE HEALTH |
| OPC | | Denver Prosthetics (provided by the Denver Distribution Center) |
| OPC | | Home Dialysis (provided by the Facilities) |
| FEE | w | NonVA Inpatient CPT Care |
| FEE | w1 | OPC FEE Medicine |
| FEE | w2 | OPC FEE Surgery |
| FEE | w3 | OPC FEE Psychiatry |
| FEE | w6 | OPC FEE Ancillary |

## Appendix C - Fiscal Year 2005 Major Diagnostic Categories (MDC) and VERA Patient Classes[74]

| Class | Class Description[75] | MDC | VERA Patient Class | VERA Patient Class Name |
|---|---|---|---|---|
| | Missing | | | |
| 88 | CNH No PTF Record | | 38 | Community NH |
| 90 | Employee/Collaterals | | 1 | Employee/Collaterals |
| a | Diseases and Disorders of the Nervous System OPC | 1 | 9 | Central Nervous System |
| A | Diseases and Disorders of the Nervous System | 1 | 9 | Central Nervous System |
| a1 | AIDS Cat IV | | 29 | AIDS or HIV+ w/Anti Retro-Viral Therapy |
| a2 | AIDS Cat III | | 16 | HIV+ w/out Anti Retro-Viral Therapy |
| A2 | AIDS Cat III with Drugs | | 29 | AIDS or HIV+ w/Anti Retro-Viral Therapy |
| a3 | HIV+ | | 16 | HIV+ w/out Anti Retro-Viral Therapy |
| A3 | HIV+ With Drugs | | 29 | AIDS or HIV+ w/Anti Retro-Viral Therapy |
| a4 | HIV+ Rx | | 16 | HIV+ w/out Anti Retro-Viral Therapy |
| A4 | HIV+ Low Cd4 With Drugs | | 29 | AIDS or HIV+ w/Anti Retro-Viral Therapy |
| Aa | Substance Abuse | | 40 | Substance Abuse |
| b | Diseases and Disorders of the Eye OPC | 2 | 9 | Central Nervous System |
| B | Diseases and Disorders of the Eye | 2 | 9 | Central Nervous System |
| B1 | Blind Rehab Service | | 37 | Blind Rehab Service |
| b3 | Legally Blind - OPC | | 18 | Legally Blind |
| B3 | Legally Blind | | 18 | Legally Blind |

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[74] Documentation of mapping a diagnosis to an MDC may be found on the ARC Web site. The other diagnostic classes are either a sub-category of an MDC or have other special classification criteria. Each diagnostic class maps into a VERA patient class.

[75] Email correspondence with Michelle Young from the ARC 9/13/05 and 9/14/05.

| Class | Class Description[75] | MDC | VERA Patient Class | VERA Patient Class Name |
|-------|----------------------|-----|--------------------|-----------------------|
| c | Diseases and Disorders Ear, Nose, Mouth and Throat OPC | 3 | 6 | Ear Nose and Throat |
| C | Diseases and Disorders of the Ear, Nose, Mouth & Throat | 3 | 6 | Ear Nose and Throat |
| cp | Comp And Pen Exam | | 3 | Comp and Pen Exam |
| d | Diseases and Disorders Respiratory System OPC | 4 | 12 | Pulmonary Disease |
| D | Diseases and Disorders of the Respiratory System | 4 | 12 | Pulmonary Disease |
| d1 | End Stage Renal Disease | | 44 | ESRD |
| d2 | Home Care ESRD | | 44 | ESRD |
| Da | Dementia | | 42 | Schizophrenia & Dementia |
| dd | Psych+Substance | | 20 | Psych+Substance |
| dD | Psych+Substance OPC | | 20 | Psych+Substance |
| e | Diseases and Disorders Circulatory System OPC | 5 | 10 | Cardiovascular Disease |
| E | Diseases and Disorders of the Circulatory System | 5 | 10 | Cardiovascular Disease |
| f | Diseases and Disorders Digestive System OPC | 6 | 11 | Gastroenterology Disorder |
| F | Diseases and Disorders of the Digestive System | 6 | 11 | Gastroenterology Disorder |
| g | Diseases and Disorders Hepatobiliary System and Pancreas OPC | 7 | 11 | Gastroenterology Disorder |
| G | Diseases and Disorders of the Hepatobiliary System & Pancreas | 7 | 11 | Gastroenterology Disorder |

| Class | Class Description[75] | MDC | VERA Patient Class | VERA Patient Class Name |
|---|---|---|---|---|
| h | Diseases and Disorders of the Musculoskeletal System and Connective Tissue OPC | 8 | 8 | Musculoskeletal Disorders |
| H | Diseases and Disorders of the Musculoskeletal System & Connective Tissue | 8 | 8 | Musculoskeletal Disorders |
| Hb | Hepatitis C Basic | | 15 | Hepatitis C w/out Anti-Viral Therapy |
| hB | Hepatitis C Basic - Inpatient | | 15 | Hepatitis C w/out Anti-Viral Therapy |
| Hc | Hepatitis C Complex | | 28 | Hepatitis C with Anti-Viral Therapy |
| i | Diseases and Disorders Skin, Subcutaneous Tissue and Breast OPC | 9 | 5 | Other Acute Diseases |
| I | Diseases and Disorders of the Skin, Subcutaneous Tissue & Breast | 9 | 5 | Other Acute Diseases |
| j | Endocrine, Nutritional and Metabolic Diseases and Disorders OPC | 10 | 7 | Endo Nutr Metab Disorders |
| J | Endocrine, Nutritional & Metabolic Diseases & Disorders | 10 | 7 | Endo Nutr Metab Disorders |
| k | Diseases and Disorders of the Kidney and Urinary Tract OPC | 11 | 7 | Endo Nutr Metab Disorders |
| K | Diseases and Disorders of the Kidney & Urinary Tract | 11 | 7 | Endo Nutr Metab Disorders |
| l | Diseases and Disorders Male Reproductive System OPC | 12 | 7 | Endo Nutr Metab Disorders |

| Class | Class Description[75] | MDC | VERA Patient Class | VERA Patient Class Name |
|-------|---------------------|-----|-----------------|------------------------|
| L | Diseases and Disorders of the Male Reproductive System | 12 | 7 | Endo Nutr Metab Disorders |
| L1 | Ventilator | | 53 | Ventilator |
| L2 | Rehabilitation | | 48 | LTC Rehabilitation |
| L3 | Specialized Care | | 49 | LTC Specialized Care |
| L4 | Clinical Complex | | 45 | LTC Clinical Complex |
| L5 | Behavioral | | 46 | LTC Behavioral |
| L6 | Physical | | 47 | LTC Physical |
| L7 | Low Activities of Daily Living (ADL) | | 39 | LTC Low Activities of Daily Living (ADL) |
| Lc | Community Nh | | 38 | Community NH |
| Ld | Domiciliary | | 34 | Residential Rehabilitation |
| Lh | HBPC | | 33 | HBPC |
| m | Diseases and Disorders Female Reproductive System OPC | 13 | 7 | Endo Nutr Metab Disorders |
| M | Diseases and Disorders of the Female Reproductive System | 13 | 7 | Endo Nutr Metab Disorders |
| Mh | Mental Health Intensive Case Management | | 43 | Mental Health Intensive Case Management |
| mm | Multiple Medical | | 21 | Multiple Medical |
| mM | Multiple Medical OPC | | 21 | Multiple Medical |
| mp | Medical/Psych+Substance | | 19 | Medical/Psych+Substance |
| mP | Medical/Psych+Substance OPC | | 19 | Medical/Psych+Substance |
| n | Pregnancy, Childbirth and The Puerperium OPC | 14 | 7 | Endo Nutr Metab Disorders |
| N | Pregnancy, Childbirth & The Puerperium | 14 | 7 | Endo Nutr Metab Disorders |

| Class | Class Description[75] | MDC | VERA Patient Class | VERA Patient Class Name |
|---|---|---|---|---|
| o | Newborns and Other Neonates, Condtn Orig in Perinatal Period OPC | 15 | 7 | Endo Nutr Metab Disorders |
| O | Newborns & Other Neonates With Condtn Orig In Perinatal Period | 15 | 7 | Endo Nutr Metab Disorders |
| Oa | Other Psychosis | | 41 | Other Psychosis |
| p | Diseases and Disorders Blood, Blood Forming Organs, Immunolog Disord OPC | 16 | 5 | Other Acute Diseases |
| P | Diseases and Disorders Of Blood, Blood Forming Organs, Immunolog Disord | 16 | 5 | Other Acute Diseases |
| Pa | PTSD | | 31 | PTSD - Chronic |
| pb | PTSD Acute OPC | | 13 | Acute Mental Disease |
| Pb | PTSD Acute | | 22 | PTSD Acute |
| Ph | Pharmacy | | 2 | Pharmacy |
| q | Myeloproliferative Diseases and Disorders, Poorly Differentiated Neoplasm OPC | 17 | 17 | Oncology |
| Q | Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasm | 17 | 17 | Oncology |
| Q1 | SCI Quad-New Injury | | 51 | SCI Quad-New Injury/SCI Inst |
| Q2 | SCI Quad-Old Injury | | 36 | SCI Quad-Old Injury |
| Q3 | SCI Para-New Injury | | 50 | SCI Para-New Injury/SCI Inst |
| Q4 | SCI Para-Old Injury | | 35 | SCI Para-Old Injury |
| Q5 | SCI Quad-Institutionalized | | 51 | SCI Quad-New Injury/SCI Inst |

| Class | Class Description[75] | MDC | VERA Patient Class | VERA Patient Class Name |
|-------|----------------------|-----|-------------------|------------------------|
| Q6 | SCI Para-Institutionalized | | 50 | SCI Para-New Injury/SCI Inst |
| r | Infectious and Parasitic Diseases, Systemic Or Unspecified Sites OPC | 18 | 5 | Other Acute Diseases |
| R | Infectious & Parasitic Diseases, Systemic Or Unspecified Sites | 18 | 5 | Other Acute Diseases |
| s | Mental Diseases and Disorders OPC | 19 | 13 | Acute Mental Disease |
| S | Mental Diseases & Disorders | 19 | 13 | Acute Mental Disease |
| s1 | Heart Failure | | 23 | Heart Failure |
| S1 | Heart Failure | | 23 | Heart Failure |
| s2 | Respiratory Failure | | 25 | Respiratory Failure |
| S2 | Respiratory Failure | | 25 | Respiratory Failure |
| s3 | Metastatic Cancer | | 24 | Metastatic Cancer |
| S3 | Metastatic Cancer | | 24 | Metastatic Cancer |
| s4 | High Cost Pneumonia | | 26 | High Cost Pneumonia |
| S4 | High Cost Pneumonia | | 26 | High Cost Pneumonia |
| s5 | Complications of Care | | 27 | High Cost Conditions |
| S5 | Complications of Care | | 27 | High Cost Conditions |
| Sa | Schizophrenia | | 42 | Schizophrenia & Dementia |
| St | Stroke | | 30 | Stroke |
| t | Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders OPC | 20 | 14 | Addictive Disorders |
| T | Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders | 20 | 14 | Addictive Disorders |
| Tb | Traumatic Brain Injury | | 32 | Traumatic Brain Injury |

| Class | Class Description[75] | MDC | VERA Patient Class | VERA Patient Class Name |
|---|---|---|---|---|
| u | Injuries, Poisonings and Toxic Effects Of Drugs OPC | 21 | 5 | Other Acute Diseases |
| U | Injuries, Poisonings & Toxic Effects Of Drugs | 21 | 5 | Other Acute Diseases |
| uv | Non-Vested Cat A | | 4 | Non-Vested |
| UV | Non-Vested Non-Vet | | 4 | Non-Vested |
| uV | Non-Vested Cat C | | 4 | Non-Vested |
| v | Burns OPC | 22 | 5 | Other Acute Diseases |
| V | Burns | 22 | 5 | Other Acute Diseases |
| w | Factors Influencing Health Stat and Other Contacts With Health Services OPC | 23 | 5 | Other Acute Diseases |
| W | Factors Influencing Health Stat & Other Contacts With Health Services | 23 | 5 | Other Acute Diseases |
| X | Multiple Significant Trauma | 24 | 5 | Other Acute Diseases |
| X1 | Heart/Lung Transplants | | 52 | Transplant |
| X2 | Liver Transplants | | 52 | Transplant |
| X3 | Kidney Transplants | | 52 | Transplant |
| X4 | Bone Marrow Transplants | | 52 | Transplant |
| y | HIV+ OPC | 25 | 16 | HIV+ w/out Anti Retro-Viral Therapy |
| Y | HIV+ not ICR Registry | 25 | 16 | HIV+ w/out Anti Retro-Viral Therapy |
| z | No Dx - Outpatient | | 5 | Other Acute Diseases |

# Appendix D – ADUSH Enrollment File RUG Intranet Reference

Please see Intranet version of the ADUSH Monthly Enrollment File RUG for links to the Intranet Web sites.