

## **IMPORTANT NOTE ABOUT EXPECTED SOURCES OF PAYMENT DATA IN THE NATIONAL AMBULATORY MEDICAL CARE SURVEY (NAMCS) AND THE NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY (NHAMCS)**

The NAMCS and NHAMCS Patient Record Forms collected **primary** expected source of payment at ambulatory care visits from 1997 through 2004. This variable, called PAYTYPE, was included on the Public Use Files for those years. When the NAMCS and NHAMCS Patient Record Forms were modified to collect **multiple** expected sources of payment starting in 2005, all expected sources of payment were included on the Public Use Files. In addition, in order to provide a proxy for primary expected source of payment, a recoded variable was included. This variable, called PAYTYPE for consistency with earlier years, used a hierarchical scheme to recode the multiple source data into primary source.

As noted in the public use file documentation for each year from 2005 through 2007, the top of the hierarchy was Medicaid, followed by Medicare, Private Insurance, Worker's Compensation, Self Pay, No Charge/Charity, Other and Unknown. This was the hierarchy chosen by branch staff for use in 2005 through 2007. Medicaid was listed first because many researchers are interested in studying care among patients who are poor enough to be on Medicaid; however, data users could always take the original expected pay source data on the public use file and recode it according to their own preferred hierarchy.

In our analyses of emergency department trends from 1997 through 2007 using the PAYTYPE variable, we observed a distinct discontinuity between 2004, the last year that primary expected source of payment was collected, and 2005, when multiple sources of payment were recoded into a hierarchical variable. Our best interpretation of what we have observed results from the fact that the Medicaid-dominant hierarchy is inconsistent with insurance industry practices. Centers for Medicare & Medicaid Services (CMS) treats payment for services for persons who are beneficiaries of both Medicare and Medicaid (dual eligibles) by assigning Medicare as the primary source of payment. We recommend that when analyzing trends across these two time periods, researchers should keep in mind that two different methods were used to collect payment data, and that they may wish to recode PAYTPE in the 2005-2007 NAMCS and NHAMCS public use files to assign Medicare as the primary source of payment for dual eligibles.

For 2008, NCHS recoded the PAYTYPE variable to more accurately reflect CMS practices, with Medicare at the top of the PAYTYPE hierarchy. This hierarchy has been continued in 2009. As an **additional** step, the variable name has been changed from PAYTYPE to **PAYTYPER** on an updated version of the 2008 NAMCS and NHAMCS Public Use Files. This name, PAYTYPER, is also being used on the 2009 NAMCS and NHAMCS Public Use Files, to ensure that data users understand that this item is not the same as the primary expected source of payment data collected prior to 2005.

It is planned that the 2005-2007 NAMCS and NHAMCS Public Use Files will eventually be re-released to include a Medicare-dominant hierarchy for each year, in order to achieve a consistent version of PAYTYPER from 2005-2009.

For questions, please contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600.