MEPS HC-041:
1996 Supplemental Public Use File

December 2002

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

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A. Data Use Agreement

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

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

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

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

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

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

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

B. Background

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

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian non-institutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

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

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

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

1.0 Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian non-institutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

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

The sample of households selected for the MEPS HC is drawn from among respondents to the NHIS, conducted by NCHS. The NHIS provides a nationally representative sample of the U.S. civilian non-institutionalized population, with oversampling of Hispanics and blacks.

2.0 Medical Provider Component

The MEPS MPC supplements and/or replaces information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all home health agencies and pharmacies reported by HC respondents. Office-based physicians, hospitals, and hospital physicians are also included in the MPC but may be subsampled at various rates, depending on burden and resources, in certain years.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents. The MPC is conducted through telephone interviews and record abstraction.

3.0 Insurance Component

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

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

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private sector business establishments.
- The Census of Governments from Bureau of the Census.
- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and

State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual panel survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

4.0 Survey Management

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

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and/or electronic files on the MEPS web site (www.meps.ahrq.gov). All microdata files are available for download from the MEPS web site in compressed formats (zip and self-extracting executable files.) Selected data files are available on CD-ROM from the MEPS Clearinghouse.

For printed documents and CD-ROMs that are available through the AHRQ Publications Clearinghouse, write or call:

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

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting.

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

C. Technical and Programming Information

1.0 General Information

This documentation describes a series of MEPS variables that were obtained for calendar year 1996. This data release is intended to supplement the MEPS variables previously released for 1996. In order to use these variables, researchers will need to link them to the 1996 Consolidated Full-year Use and Expenditure File (HC-012) which contains all previously released 1996 person level data including demographic and socio-economic information. Please refer to the HC-012 documentation for further information.

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

- Data File Information
- Variable-Source Crosswalk (Section D)

A codebook for this 1996 Supplemental File is provided in a separate file (H41CB.PDF).

A database of all MEPS products released to and a variable locator indicating the major MEPS HC data items on public use files (including weights) that have been released to can be found at the following link on the MEPS website: www.meps.ahrq.gov/.

2.0 Data File Information

This 1996 supplemental variable public use data set consists of one person-level file. Unweighted frequencies are provided for each variable on the file. In conjunction with the weight variable (WTDPER96) provided on MEPS HC-012: 1996 Full Year Consolidated Data File, data for these persons can be used to make estimates for the civilian non-institutionalized U. S. population for 1996. The records on this data release can be linked to all other 1996 MEPS-HC public use data files by using the sample person identifier (DUPERSID).

2.1 Codebook Structure

The codebook and data file sequence lists variables in the following order:

- Unique person identifiers
- Survey administration variables
- Health insurance variables

2.2 Reserved Codes

The following reserved code values are used:

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

2.3 Codebook Format

This codebook describes an ASCII data set and provides the following programming identifiers for each variable:

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

2.4 Variable Naming

In general, variable names reflect the content of the variable, with an eight-character limitation. Edited variables end in an X, and are so noted in the variable label. Unless otherwise noted, variables that end in 96 represent status as of December 31, 1996.

Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in the section of the documentation entitled "Section D. Variable-Source Crosswalk." Sources for each variable are indicated in one of four ways: (1) variables derived from CAPI or assigned in sampling are so indicated; (2) variables derived from complex algorithms associated with re-enumeration are labeled "RE Section"; (3) variables that are collected by one or more specific questions in the instrument have those question numbers listed in the Source column; (4) variables constructed from multiple questions using complex algorithms are labeled "Constructed."

2.5 File Contents

2.5.1 Survey Administration Variables

Dwelling Units and Health Insurance Eligibility Units

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

Health Insurance Eligibility Units (HIEUs) are sub-family relationship units constructed to include adults plus those family members who would typically be eligible for coverage under the adults' private health insurance family plans. To construct the HIEUIDX variable which links persons into a common HIEU, we begin with the family identification variable CPSFAMID. Working with this family ID, we define HIEUIDX using family relationships as of the end of 1996. Persons missing end of year relationship information are assigned to an HIEUIDX using relationship information from the last round in which they provided such information. HIEUs comprise adults, their spouses, and their unmarried natural/adoptive children age 18 and under. We also include children under age 24 who are full-time students who are living with their parents in their parents' homes. Children who do not live with their natural/adoptive adult parents are placed in an HIEUIDX as follows:

- Foster children always comprise a separate HIEUIDX.

- Other unmarried children are placed in stepparent HIEUIDX, grandparent HIEUIDX, great-grandparent HIEUIDX, or aunt/uncle HIEUIDX.

- Children of unmarried minors are placed (along with their minor parents) in the HIEUIDX of their adult grandparents (if possible). Married minors are placed into separate HIEUs along with any spouses and children they might have.

- Some HIEUs are headed by unmarried minors, when there is no adult family member present in the CPSFAMID.

HIEUs do not, in general, comprise adult (nonmarital) partnerships, because unmarried adult partners are rarely eligible for dependent coverage under each other's insurance. The exception to this rule is that we include adult partners in the same HIEU if there is at least one (out-of-wedlock) child in the family that links to both adult partners. In cases of missing or contradictory relationship codes, HIEUs are edited by hand, with the presumption being that the adults and children form a nuclear family.

Language of Interview

The language of interview (INTVLANG) was recorded in the closing section of the interview, and has the following possible values:

1	ENGLISH
2	SPANISH
3	ENGLISH & SPANISH
91	OTHER LANGUAGE
-1	INAPPLICABLE

Although this question is round-specific, the responses were summarized to the person-level variable, INTVLANG. The hierarchy used in determining the value is as follows: 1) assign the value from the first round with a reported value recorded for each person; 2) if one is not recorded at the person level, then assign the first recorded value within the reporting unit (RU); 3) if one is not available at that level, then assign the first recorded value of the dwelling unit (DU); 4) if no value is available, then a value of –1 is assigned.

2.5.2 Health Insurance Variables

2.5.2.1 Managed Care Variables (MCDHMO1, MCDHMO2, MCDHMO96, MCDMC1, MCDMC2, MCDMC96, PRVHMO1, PRVHMO2, PRVHMO96, PRVMC1, PRVMC2, PRVMC96)

HMO and gatekeeper plan variables have been constructed from information on health insurance coverage at any time in a reference period and the characteristics of the plan. A separate set of managed care variables has been constructed for private insurance and Medicaid coverage. The purpose of these variables is to provide information on managed care participation during the portion of the three rounds (i.e., reference periods) that fall within the same calendar year.

Managed care variables for calendar year 1996 are based on responses to health insurance questions asked during the round 1, 2, and 3 interviews of panel 1. Each variable ends in "x," where x denotes the reference period covered by the interview (rounds 1-3). Because round 3 interviews typically overlap the final months of one year and the beginning months of the next

year, the round 3 variables for panel 1 have been restricted to the 1996 portion of the reference period. In addition, the managed care variables corresponding to the 1996 portion of round 3 have been given the suffix "96" to emphasize the restricted time frame.

Construction of the managed care variables is straightforward, but three caveats are appropriate. First, MEPS estimates of the number of persons in HMOs are higher than figures reported by other sources, particularly those based on HMO industry data. The differences stem from the use of household-reported information, which may include respondent error, to determine HMO coverage in MEPS.

Second, the managed care questions are asked about the last plan held by a respondent through his or her establishment even though the person could have had a different plan through the establishment at an earlier point in the reference period. As a result, in instances where a respondent changed his or her establishment-related insurance, the managed care variables describe the characteristics of the last plan held in the round.

Third, the "96" versions of the HMO and gatekeeper variables are developed from variables that cover different time frames. The health insurance coverage variables for round 3 are restricted to the same calendar year as the round 1 and 2 data. The round 3 variables describing plan type, on the other hand, overlap the next calendar year. As a consequence, the round 3 managed care variables may not describe the characteristics of the last plan held in the calendar year if the person changed plans after the first of the year.

Medicaid Managed Care Plans

Persons were assigned Medicaid coverage based on their responses to the health insurance questions or through logical editing of the survey data. The number of persons who were edited to have Medicaid coverage is small, but they are comprised of two distinct groups of individuals. The first group includes persons in Other Government programs that were identified as being in a Medicaid HMO or gatekeeper plan that did not require premium payment from the insured party. By definition, this group was asked about the managed care characteristics of their insurance coverage. The second group includes a small number of persons who did not report public insurance, but were classified as Medicaid recipients because they reported receiving AFDC, SSI, or WIC. The health insurance plan type questions were not asked of this group. As a consequence, the plan type could be determined for some, but not all, respondents who were assigned Medicaid coverage through logical editing of the data.

Medicaid HMOs

If Medicaid or Other Government programs were identified as the source of hospital/physician insurance coverage, the respondent was asked about the characteristics of the coverage. The variable MCDHMO has been set to "yes" if the plan was identified from a list of state names or programs for Medicaid HMOs in the area, or if an affirmative response was provided to the following question:

1 Under {{Medicaid/{STATE NAME FOR MEDICAID}/the program sponsored by a state or local government agency which provides hospital and physician benefits} (are/is) (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

In subsequent rounds, respondents who had been previously identified as covered by Medicaid were asked whether the name of their insurance plan had changed since the previous interview. An affirmative response triggered the previous set of questions about managed care (name on list of Medicaid HMOs or signed up with an HMO as well as the question described below).

In each round, the variable MCDHMO has five possible values:

1 The person was covered by a Medicaid HMO.
2 The person was covered by Medicaid but the plan was not an HMO.
3 The person was not covered by Medicaid.
-9 The person was covered by Medicaid but the plan type was not ascertained.
-1 The person was out-of-scope.

Medicaid Gatekeeper Plans

If the respondent did not belong to a Medicaid HMO, a third question was used to determine whether the person was in a gatekeeper plan. The variable MCDMCxy was set to "yes" if the person provided an affirmative response to the following question:

1. Does {{Medicaid /{STATE NAME FOR MEDICAID}} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

Probe: Do not include emergency care or care from a specialist to which they were referred to.

In each round, the variable MCDMC has five possible values:

1 The person was covered by a Medicaid gatekeeper plan.
2 The person was covered by Medicaid, but it was not a gatekeeper plan.
3 The person was not covered by Medicaid.
-9 The person was covered by Medicaid but the plan type was not ascertained.
-1 The person was out-of-scope.

Private Managed Care Plans

Persons with private insurance were identified from their responses to questions in the health insurance section of the MEPS questionnaire. In some cases, persons were assigned private insurance as a result of comments collected during the interview, but data editing was minimal. As a consequence, most persons with private insurance were asked about the characteristics of their plan, and their responses were used to identify HMO and gatekeeper plans.

Private HMOs

Persons with private insurance were classified as being covered by an HMO if they met any of the three following conditions:

1. The person reported that his or her insurance was purchased directly through an HMO,

2. The person reporting private insurance coverage obtained from other sources (such as an employer) identified the type of insurance company providing the coverage as an HMO, or

3. The person answered "yes" to the following question:

   Now I will ask you a few questions about how (POLICYHOLDER)'s insurance through (ESTABLISHMENT) works for non-emergency care.

   We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a health maintenance organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency. Is (POLICYHOLDER)'s (INSURER NAME) an HMO?

In subsequent rounds, policyholders were asked whether the name of their insurance plan had changed since the previous interview. An affirmative response triggered the detailed question about managed care (e.g., was the insurer an HMO as well as other managed care questions).

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as an HMO, the variable PRVHMOxy was set to "yes." If a person had multiple plans and one or more were identified as not being an HMO and the other(s) had missing plan type information, the person level variable was set to missing. In each round, the variable PRVHMO has five possible values:

1 The person was covered by a private HMO.
2 The person was covered by private insurance, but not an HMO.
3 The person was not covered by private insurance.
-9 The person was covered by private insurance, but the plan type was not ascertained.
-1 The person was out-of-scope.

Private Gatekeeper Plans

If the respondent did not report belonging to a private HMO, a follow up question was used to determine whether the person was in a gatekeeper plan. The variable PRVMCxy was set to "yes" if the person provided an affirmative response to the following question:

1. (Do/Does) (POLICYHOLDER)'S insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)'s routine care?

   Probe: Do not include emergency care or care from a specialist you were referred to.

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as a gatekeeper plan, the variable PRVMCxy was set to "yes." If a person had multiple plans and one or more were identified as not being a gatekeeper plan and the other(s) had missing plan type information, the person level variable was set to missing. In each round, the variable PRVMCxy has five possible values:

1 The person was covered by a private gatekeeper plan.
2 The person was covered by private insurance, but not a gatekeeper plan.
3 The person was not covered by private insurance.
-9 The person was covered by private insurance, but the plan type was not ascertained.
-1 The person was out-of-scope.

2.5.2.2 Unedited Health Insurance Variables (PREVCOVR-LIMITOT)

Duration of Uninsurance

If a person was identified as being without insurance as of January 1st in the MEPS Round 1 interview, a series of follow-up questions are asked to determine the duration of uninsurance prior to the start of the MEPS survey. If the person was covered by insurance in the 2 years prior to the MEPS Round 1 interview (PREVCOVR), the month, year (COVRMM, COVRYY), and type of coverage (Employer sponsored (WASESTB), Medicare (WASMCARE), Medicaid (WASMCAID), CHAMPUS/CHAMPVA (WASCHAMP), VA/Military Care (WASVA), Other public (WASOTGOV, WASAFDC,WASSSI, WASSTAT1-3, WASOTHER) or Private coverage purchased through a group, association or insurance company (WASPRIV) was ascertained. For persons who were covered by health insurance on January 1st, it was ascertained if they were ever without health insurance in the previous year (NOINSBEF). The number of weeks/months without health insurance was also ascertained (NOINSTM, NOINUNIT). For persons who reported only non-comprehensive coverage as of January 1st, a question was asked to determine if they had been covered by more comprehensive coverage that paid for medical and doctors bills in the **previous 2 years** (MORCOVR). If they were, the most recent month and year of coverage was ascertained (INSENDMM, INSENDYY) as was the type of coverage (see the variable names

above). Note that these variables are unedited and have been taken directly as they were recorded from the raw data. There may be inconsistencies with the health insurance variables released on public use files that indicate that an individual is uninsured in January.

Pre-Existing Condition Exclusions / Denial of Insurance

All individuals, regardless of their insurance status, were also asked in Round 1 if they had ever been denied insurance (DENYINSR) and if so, due to what conditions (DNYCANC, DNYHYPER, DNYDIAB, DNYCORON, DENYOTH). Individuals insured in January were asked whether there were any limitations or restrictions on their plans due to any physical or mental health condition (INSLIMIT) and if so, which conditions caused these limitations or restrictions (LMTASTHM, LMTBACK, LMTMIGRN, LMTCATAR, LIMITOT). Individuals under age 65 without any coverage in January were also asked if they had ever tried to purchase health insurance (INSLOOK). It should be noted that conditions collected in these questions were not recorded on to the condition roster.

2.5.2.3 Health Insurance Coverage Variables (CHAMP1X-STPRAT96)

Constructed and edited variables are provided that indicate health insurance coverage at any time in the Round 1 or 2 reference periods and at any time in the portion of Round 3 that occurs before December 31st, 1996. Variables are also provided that indicate coverage at the MEPS interviews and on December 31st, 1996. Note that for respondents who left the RU before the MEPS interview or before December 31st, the variables measuring coverage at the interview or on December 31st represent coverage at the time the person left the RU.

The health insurance variables are constructed for the sources of health insurance coverage collected during the MEPS interviews (Panel 1, Rounds 1 through 3). Note that the Medicare variables on this file as well as the private insurance variables that indicate the particular source of private coverage (rather than *any* private coverage) only measure coverage at the interview and on December 31st. Users should also note that while the same general editing rules were followed for the month-by-month health insurance variables released on other MEPS public use files and those on this file, in a small number of cases the month-by-month variables experienced further edits performed after the variables on this file were completed. Since editing programs checking for consistencies between these sets of variables developed over time, there should be fewer discrepancies in data for calendar year 1998 and beyond than in data for 1996.

In Rounds 2 and 3, insurance that was in effect at the previous round's interview date was reviewed with the respondent. Most of the insurance variables have been logically edited to address issues that arose during such reviews in Rounds 2 and 3. One edit to the private insurance variables corrects for a problem concerning covered benefits that occurred when respondents reported a change in any of their private health insurance plan names. Additional edits address issues of missing data on the time period of coverage for both public and private coverage that was either reviewed or initially reported in a given round. For CHAMPUS/CHAMPVA coverage (CHAMP1X, CHAMP2X, CHAMP3X, CHAMP96X,

CHMAT1X, CHMAT2X, CHMAT96X), respondents who were age 65 and over had their reported CHAMPUS/CHAMPVA coverage overturned. Additional edits, described below, were performed on the Medicare and Medicaid variables to assign persons to coverage from these sources. Observations that contain edits assigning persons to Medicare or Medicaid coverage can be identified by comparing the edited and unedited versions of the Medicare and Medicaid variables.

Public sources include Medicare, CHAMPUS/CHAMPVA, Medicaid and other public hospital/physician coverage. State-specific program participation (STAPR1, STAPR2, STAPR3, STAPR96, STPRAT1, STPRAT2, STPRAT96) in non-comprehensive coverage was also identified but is not considered health insurance for the purpose of this survey.

Medicare

Medicare (MCARE1, MCARE2, and MCARE96) coverage was edited (MCARE1X, MCARE2X, MCARE3X and MCARE96X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

They answered yes to a follow-up question on whether or not they received Social Security benefits; or

They were covered by Medicaid, other public hospital/physician coverage or Medigap coverage: or

Their spouse was covered by Medicare.

They reported CHAMPUS/CHAMPVA coverage.

Medicaid and Other Public Hospital/Physician Coverage

Questions about other public hospital/physician coverage were asked in an attempt to identify Medicaid recipients who may not have recognized their coverage as Medicaid. These questions were asked only if a respondent did not report Medicaid directly. Respondents reporting other public hospital/physician coverage were asked follow-up questions to determine if their coverage was through a specific Medicaid HMO or if it included some other managed care characteristics. Respondents who identified managed care from either path were asked if they paid anything for the coverage and/or if a government source paid for the coverage.

The Medicaid variables (MCAID1, MCAID2, MCAID96) have been edited to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics (MCAID1X, MCAID2X, MCAID3X, MCAID96X, MCDAT1X, MCDAT2X, MCDAT96X).

To assist users in further editing sources of insurance, this file contains variables constructed from the other public hospital/physician series (OTPUB1, OTPUB2, OTPUB3, OTPUB96). Note that these variables differ from those released for calendar years 1997 and beyond in that instead of releasing separate variables for different types of other public coverage for a given time period, the variables on this file have multiple values for these coverage types. For example, a value of 1 for OTPUB1 indicates that the respondent had other public coverage at the Round 1 interview and that coverage was a Medicaid HMO and the family paid part of the premium. A value of 2 for OTPUB1 indicates that the respondent had other public coverage at the Round 1 interview and the coverage was not through a Medicaid HMO. A value of 3 for OTPUB1 indicates that either the respondent did not have other public coverage at the Round 1 interview or the respondent did have this coverage but it was a Medicaid HMO and the family did not pay part of the premium (in which case the person is covered by edited Medicaid, see above for details).

The variables for Other Public Insurance are provided only to assist in editing and should not be used to make separate insurance estimates for these types of insurance categories.

Any Public Insurance

The file includes summary measures that indicate whether a sample person had any public insurance during Rounds 1, 2 or the 1996 portion of Round 3, at the interview dates, or on December 31st (PUB1X, PUB2X, PUB3X, PUB96X, PUBAT1X, PUBAT2X, and PUBAT96X). Persons identified as covered by public insurance are those reporting coverage under CHAMPUS/CHAMPVA, Medicare, Medicaid, or other public hospital/physician programs. Persons covered only by state-specific programs that did not provide comprehensive coverage (STAPR1, STAPR2, STAPR3, STAPR96, STPRAT1, STPRAT2, STPRAT96), for example, the Maryland Kidney Disease Program, were not considered to have public coverage when constructing the variables PUB1X.....PUBAT96X.

Private Insurance

Variables identifying private insurance in general (PRIV1, PRIV2, PRIV3, PRIV96, PRIVAT1, PRIVAT2, PRIVAT96) and specific private insurance sources [such as employer/union group insurance (PRIEU1, PRIEU2, PRIEU3, PRIEU96); non-group (PRING1, PRING2, PRING3, PRING96); and other group (PRIOG1, PRIOG2, PRIOG3, PRIOG96)] were constructed. Variables indicating any private insurance coverage are available for the following time periods: at any time in Rounds 1, 2 or the 1996 portion of Round 3, at the interview dates and on December 31st. The variables for the specific sources of private coverage are only available for coverage on the interview dates and on December 31st. Note that these variables indicate coverage within a source and do not distinguish between persons who are covered on one or more than one policy within a given source. In some cases, the policyholder was unable to characterize the source of insurance (PRIDK1, PRIDK2, PRIDK3, PRIDK96). Covered persons are also identified when the policyholder is living outside the RU (PROUT1, PROUT2, PROUT3, PROUT96). An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and physician services (including Medigap coverage).

Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage. Persons without private hospital/physician insurance were not counted as privately insured.

Health insurance through a job or union (PRIEU1, PRIEU2, PRIEU3, PRIEU96) was initially asked about in the Employment Section of the interview and later confirmed in the Health Insurance Section. Respondents also had an opportunity to report employer and union group insurance for the first time in the Health Insurance Section, but this insurance was not linked to a specific job.

All insurance reported to be through a job classified as self-employed with firm size of 1 (PRIS1, PRIS2, PRIS3, PRIS96) was initially reported in the Employment Section and verified in the Health Insurance Section. Unlike the other employment-related variables, self-employed-firm size 1 health insurance could not be reported in the Health Insurance section for the first time. The variables PRIS1, PRIS2, PRIS3, PRIS96 have been constructed to allow users to determine if the insurance should be considered employment-related.

Private insurance that was not employment-related was reported in the Health Insurance section only.

Any Insurance in Month

The file includes summary measures that indicate whether or not a person has any insurance in Rounds 1, 2 or the 1996 portion of Round 3, at the interview dates or on December 31st (INS1X, INS2X, INS3X, INS96X, INSAT1X, INSAT2X, INSAT96X). Persons identified as insured are those reporting coverage under CHAMPUS/CHAMPVA, Medicare, Medicaid or other public hospital/physician or private hospital/physician insurance (including Medigap plans). A person is considered uninsured if not covered by one of these insurance sources.

Persons covered only by state-specific programs that provide non-comprehensive coverage (STAPR1, STAPR2, STAPR3, STAPR96, STPRAT1, STPRAT2, STPRAT3, STPRAT96), for example, the Maryland Kidney Disease Program, and those without hospital/physician benefits (for example, private insurance for dental or vision care, accidents or specific diseases only) were not considered to be insured when constructing the variables INS1X, INS2X, INS3X, INS96X, INSAT1X, INSAT2X, and INSAT96X.

2.5.2.4 Dental Private Insurance Variables

Round specific variables (DENTIN1/2/3) are provided that indicate the respondent was covered by a private health insurance plan that included at least some dental coverage for each round of 1996. It should be noted that the information was elicited from a pick-list code all that apply question that asked what type of health insurance person got through an establishment. The list included: hospital and physician benefits including coverage through an HMO, Medigap coverage, vision coverage, dental, and prescribed drugs. It is possible that some dental coverage provided by

hospital and physician plans was not independently enumerated in this question. Respondents who reported dental coverage from at least one reported private plan were coded as having private dental coverage.

Users should be aware that the 1996 variables differ from those released on public use files for 1997 and 1998. In 1996, persons with dental insurance were set to 1 if there was any indication that they had dental coverage. All others (including those out-of-scope, without health insurance as well as those with health insurance but no dental coverage, and those with missing information on dental coverage) were set to 2. In addition, records were checked more carefully for coverage dates in 1998 than in 1996 and 1997 to insure consistency with the health insurance variables.

2.5.2.5 Prescription Drug Private Insurance Variables

Round specific variables (PMEDIN1/2/3) are provided that indicate the respondent was covered by a private health insurance plan that included at least some prescription drug insurance coverage for each round of 1996. It should be noted that the information was elicited from a pick-list code all that apply question that asked what type of health insurance person got through establishment. The list included: hospital and physician benefits including coverage through an HMO, dental, and prescribed drugs. It is possible that some coverage provided by hospital and physician plans was not independently enumerated in this question. Respondents who reported prescription drug coverage from at least one reported private plan were coded as having private prescription drug coverage.

Users should be aware that the 1996 variables differ from those released on public use files for 1997 and 1998. For example, persons with missing information on prescription drug benefits for all reported private plans and those who reported that they did not have prescription drug coverage for one or more plans but had missing information on other plans were coded as not having private prescription drug coverage in 1998. This differs from variables released for 1996 and 1997 when missing information (not ascertained) was coded as -9. In addition, persons with no health insurance were coded as -1 in 1996 and 1997, while in 1998 such persons were coded as not having prescription drug insurance. Also, persons in the military were coded as -1 in 1996 and 1997, while in 1998 they were not. Finally, records were checked more carefully for coverage dates in 1998 than in 1996 and 1997 to insure consistency with the health insurance variables.

D. Variable-Source Crosswalk

SURVEY ADMINISTRATION VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DUID	DWELLING UNIT ID	Assigned in Sampling
PID	PERSON NUMBER	Assigned in Sampling or by CAPI
DUPERSID	PERSON ID (DUID+PID)	Assigned in Sampling
HIEUIDX	HIEU IDENTIFIER	Constructed
INTVLANG	LANGUAGE INTERVIEW WAS CONDUCTED IN	Constructed

HEALTH INSURANCE VARIABLES

Managed Care/HMO Indicators

VARIABLE	DESCRIPTION	SOURCE
MCDHMO1	PID COV BY MEDICAID HMO AT ANY TIME IN – RD 1 (ED)	Constructed
MCDHMO2	PID COV BY MEDICAID HMO AT ANY TIME IN – RD 2 (ED)	Constructed
MCDHMO96	PID COV BY MEDICAID HMO AT ANY TIME IN – 12/31/96 (ED)	Constructed
MCDMC1	PID COV BY MEDICAID GATEKEEPER PLAN AT ANYTIME IN – RD 1 (ED)	Constructed
MCDMC2	PID COV BY MEDICAID GATEKEEPER PLAN AT ANYTIME IN – RD 2 (ED)	Constructed
MCDMC96	PID COV BY MEDICAID GATEKEEPER PLAN ANYTIME IN – 12/31/96 (ED)	Constructed
PRVHMO1	PID COV BY PRIVATE HMO AT ANY TIME IN – RD 1 (ED)	Constructed
PRVHMO2	PID COV BY PRIVATE HMO AT ANY TIME IN – RD 2 (ED)	Constructed
PRVHMO96	PID COV BY PRIVATE HMO ANY TIME IN –12/31/96 (ED)	Constructed
PRVMC1	PID COV BY PRIVATE GATEKEEPER PLAN AT ANYTIME IN – RD 1 (ED)	Constructed
PRVMC2	PID COV BY PRIVATE GATEKEEPER PLAN AT ANYTIME IN – RD 2 (ED)	Constructed
PRVMC96	PID COV BY PRIVATE GATEKEEPER PLAN ANY TIME IN –12/31/96 (ED)	Constructed

Duration of being without insurance (non-insurance)

VARIABLE	DESCRIPTION	SOURCE
PREVCOVR	WAS PERSON COVERED BY INS IN PREVIOUS TWO YEARS – PANEL 3 ONLY	HX64
COVRMM	MONTH MOST RECENTLY COVERED	HX65
COVRYY	YEAR MOST RECENTLY COVERED	HX65
WASESTB	WAS PREV INS BY EMPLOYER OR UNION	HX66, HX78
WASMCARE	WAS PREV INS BY MEDICARE	HX66, HX78
WASMCAID	WAS PREV INS BY MEDICAID	HX66, HX78
WASCHAMP	WAS PREV INS BY CHAMPUS/CHAMPVA	HX66, HX78
WASVA	WAS PREV INS BY VA/MILITARY CARE	HX66, HX78
WASPRIV	WAS PREV INS BY GROUP/ASSOC/INS CO	HX66, HX78
WASOTGOV	WAS PREV INS BY OTHER GOVT PROG	HX66, HX78
WASAFDC	WAS PREV INS BY PUBLIC AFDC	HX66, HX78
WASSSI	WAS PREV INS BY SSI PROGRAM	HX66, HX78
WASSTAT1	WAS PREV INS BY STATE PROGRAM 1	HX66, HX78
WASSTAT2	WAS PREV INS BY STATE PROGRAM 2	HX66, HX78
WASSTAT3	WAS PREV INS BY STATE PROGRAM 3	HX66, HX78
WASOTHER	WAS PREV INS BY SOME OTHER SOURCE	HX66, HX78
NOINSBEF	EVER WITHOUT HEALTH INSURANCE IN PREVIOUS YEAR	HX70
NOINSTM	NUM WEEKS/MONTHS WITHOUT HI IN PREVIOUS YEAR	HX71
NOINUNIT	UNIT FOR TIME WITHOUT HEALTH INSURANCE	HX71OV
MORECOVR	COVERED BY MORE COMPREHENSIVE PLAN IN PREVIOUS TWO YEARS	HX76
INSENDMM	MONTH MOST RECENTLY COVERED	HX77
INSENDYY	YEAR MOST RECENTLY COVERED	HX77

Pre-existing conditions exclusions

VARIABLE	DESCRIPTION	SOURCE
DENYINSR	PERSON EVER DENIED INSURANCE	HX67,HX74, HX79
DNYCANC	CANCER CAUSED INSURANCE DENIAL	HX68,HX75, HX80
DNYHYPER	HYPERTENSION CAUSED INSURANCE DENIAL	HX68,HX75, HX80
DNYDIAB	DIABETES CAUSED INSURANCE DENIAL	HX68,HX75, HX80
DNYCORON	CORONARY ARTERY DISEASE CAUSED INSURANCE DENIAL	HX68,HX75, HX80
DENYOTH	OTHER REASON CAUSED INSURANCE DENIAL	HX68,HX75, HX80
INSLOOK	PERSON EVER LOOKED FOR INSURANCE	HX69
INSLIMIT	ANY LIMIT/RESTRICTIONS ON INSURANCE	HX72
LMTASTHM	CONDITION CAUSED LIMIT: ASTHMA	HX73
LMTBACK	CONDITION CAUSED LIMIT: BACK PROBLEMS	HX73
LMTMIGRN	CONDITION CAUSED LIMIT: MIGRAINE	HX73
LMTCATAR	CONDITION CAUSED LIMIT: CATARACT	HX73
LIMITOT	CONDITION CAUSED LIMIT: OTHER	HX73

Health Insurance Coverage

VARIABLE	DESCRIPTION	SOURCE
CHAMP1X	PID COV BY CHAMPUS/CHAMPVA - RD 1 INT (ED)	Constructed
CHAMP2X	PID COV BY CHAMPUS/CHAMPVA - RD 2 INT (ED)	Constructed
CHAMP3X	PID COV BY CHAMPUS/CHAMPVA - RD 3 INT (ED)	Constructed
CHAMP96X	PID COV BY CHAMPUS/CHAMPVA - 12/31/96 (ED)	Constructed
CHMAT1X	AT ANY TIME COVERAGE BY CHAMPUS/CHAMPVA – R 1	Constructed
CHMAT2X	AT ANY TIME COVERAGE BY CHAMPUS/CHAMPVA - R 2	Constructed
CHMAT96X	AT ANY TIME COV BY CHAMPUS/CHAMPVA - 12/31/96	Constructed
INS1X	PID IS INSURED - RD 1 INT (ED)	Constructed
INS2X	PID IS INSURED - RD 2 INT (ED)	Constructed
INS3X	PID IS INSURED - RD 3 INT (ED)	Constructed

VARIABLE	DESCRIPTION	SOURCE
INS96X	PID IS INSURED - 12/31/96 (ED)	Constructed
INSAT1X	INSURED ANY TIME IN RD1	Constructed
INSAT2X	INSURED ANY TIME IN RD2	Constructed
INSAT96X	INSURED ANY TIME 12/31/96	Constructed
MCAID1	COV BY MEDICAID - RD 1 INT	Constructed
MCAID2	COV BY MEDICAID - RD 2 INT	Constructed
MCAID96	PID COV BY MEDICAID - 12/31/96	Constructed
MCAID1X	PID COV BY MEDICAID - RD 1 INT (ED)	Constructed
MCAID2X	PID COV BY MEDICAID - RD 2 INT (ED)	Constructed
MCAID3X	PID COV BY MEDICAID - RD 3 INT (ED)	Constructed
MCAID96X	PID COV BY MEDICAID - 12/31/96 (ED)	Constructed
MCARE1	PID COV BY MEDICARE - RD 1 INT	Constructed
MCARE2	PID COV BY MEDICARE - RD 2 INT	Constructed
MCARE96	PID COV BY MEDICARE - 12/31/96	Constructed
MCARE1X	PID COV BY MEDICARE - RD 1 INT (ED)	Constructed
MCARE2X	PID COV BY MEDICARE - RD 2 INT (ED)	Constructed
MCARE3X	PID COV BY MEDICARE - RD 3 INT (ED)	Constructed
MCARE96X	PID COV BY MEDICARE - 12/31/96 (ED)	Constructed
MCDAT1X	AT ANY TIME COVERAGE BY MEDICAID – RD 1	Constructed
MCDAT2X	AT ANY TIME COVERAGE BY MEDICAID – RD 2	Constructed
MCDAT96X	AT ANY TIME COV BY MEDICAID - 12/31/96	Constructed
OTPUB1	COV BY OTHER GOVERNMENT - RD 1 INT	Constructed
OTPUB2	COV BY OTHER GOVERNMENT - RD 2 INT	Constructed
OTPUB3	COV BY OTHER GOVERNMENT - RD 3 INT	Constructed
OTPUB96	COV BY OTHER GOVERNMENT - 12/31/96	Constructed
PRIDK1	PID COV BY PRIV INS (DK PLAN)- RD 1 INT	Constructed
PRIDK2	PID COV BY PRIV INS (DK PLAN) -RD 2 INT	Constructed
PRIDK3	PID COV BY PRIV INS (DK PLAN) -RD 3 INT	Constructed
PRIDK96	PID COV BY PRIV INS (DK PLAN) - 12/31/96	Constructed
PRIEU1	PID COV BY EMPL/UNION GRP INS- RD 1 INT	Constructed
PRIEU2	PID COV BY EMPL/UNION GRP INS- RD 2 INT	Constructed
PRIEU3	PID COV BY EMPL/UNION GRP INS- RD 3 INT	Constructed
PRIEU96	PID COV BY EMPL/UNION GRP INS - 12/31/96	Constructed
PRING1	PID COV BY NON-GROUP INS - RD 1 INT	Constructed
PRING2	PID COV BY NON-GROUP INS - RD 2 INT	Constructed
PRING3	PID COV BY NON-GROUP INS - RD 3 INT	Constructed
PRING96	PID COV BY NON-GROUP INS - 12/31/96	Constructed

VARIABLE	DESCRIPTION	SOURCE
PRIOG1	PID COV BY OTHER GROUP INS - RD 1 INT	Constructed
PRIOG2	PID COV BY OTHER GROUP INS- RD 2 INT	Constructed
PRIOG3	PID COV BY OTHER GROUP INS - RD 3 INT	Constructed
PRIOG96	PID COV BY OTHER GROUP INS - 12/31/96	Constructed
PRIS1	PID COV BY SELF-EMP-1 INS - RD 1 INT	Constructed
PRIS2	PID COV BY SELF-EMP-1 INS - RD 2 INT	Constructed
PRIS3	PID COV BY SELF-EMP-1 INS - RD 3 INT	Constructed
PRIS96	PID COV BY SELF-EMP-1 INS - 12/31/96	Constructed
PRIV1	PID HAS PRIVATE HLTH INS - RD 1 INT	Constructed
PRIV2	PID HAS PRIVATE HLTH INS- RD 2 INT	Constructed
PRIV3	PID HAS PRIVATE HLTH INS - RD 3 INT	Constructed
PRIV96	PID HAS PRIVATE HLTH INS - 12/31/96	Constructed
PRIVAT1	ANY TIME COV BY PRIVATE - RD 1	Constructed
PRIVAT2	ANY TIME COV BY PRIVATE - RD 2	Constructed
PRIVAT96	ANY TIME COV BY PRIVATE - 12/31/96	Constructed
PROUT1	PID COV BY SOMEONE OUT OF RU - RD 1 INT	Constructed
PROUT2	PID COV BY SOMEONE OUT OF RU - RD 2 INT	Constructed
PROUT3	PID COV BY SOMEONE OUT OF RU - RD 3 INT	Constructed
PROUT96	PID COV BY SOMEONE OUT OF RU - 12/31/96	Constructed
PUB1X	PID COV BY PUBLIC INS-RD 1 INT (ED)	Constructed
PUB2X	PID COV BY PUBLIC INS-RD 2 INT (ED)	Constructed
PUB3X	PID COV BY PUBLIC INS-RD 3 INT (ED)	Constructed
PUB96X	PID COV BY PUBLIC INS - 12/31/96 (ED)	Constructed
PUBAT1X	AT ANY TIME COV BY PUBLIC - RD 1	Constructed
PUBAT2X	AT ANY TIME COV BY PUBLIC - RD 2	Constructed
PUBAT96X	AT ANY TIME COV BY PUBLIC - 12/31/96	Constructed
STAPR1	PID COV BY STATE-SPECIFIC PROG-RD 1 INT	Constructed
STAPR2	PID COV BY STATE-SPECIFIC PROG-RD 2 INT	Constructed
STAPR96	PID COV BY STATE-SPECIFIC PROG-12/31/96	Constructed
STPRAT1	AT ANY TIME COVERAGE BY STATE INS - RD 1	Constructed
STPRAT2	AT ANY TIME COVERAGE BY STATE INS - RD 2	Constructed
STPRAT96	AT ANY TIME COV BY STATE INS - 12/31/96	Constructed

DENTAL PRIVATE INSURANCE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DENTIN1	DENTAL PRIVATE INSURANCE - RD 1	HX 48, OE 10, OE 24, OE 37
DENTIN2	DENTAL PRIVATE INSURANCE - RD 2	HX 48, OE 10, OE 24, OE 37
DENTIN3	DENTAL PRIVATE INSURANCE - RD 3	HX 48, OE 10, OE 24, OE 37

PMED PRIVATE INSURANCE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
PMEDIN1	PRESCRIPTION DRUG PRIVATE INSURANCE - RD 1	HX 48, OE 10, OE 24, OE 37
PMEDIN2	PRESCRIPTION DRUG PRIVATE INSURANCE - RD 2	HX 48, OE 10, OE 24, OE 37
PMEDIN3	PRESCRIPTION DRUG PRIVATE INSURANCE - RD 3	HX 48, OE 10, OE 24, OE 37