

**MEPS HC 238:
2022 Full-Year
Population Characteristics**

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**Agency for Healthcare Research and Quality
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A. Data Use Agreement

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

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

1. No one is to use the data in this data set in any way except for statistical reporting and analysis; and
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director Office of Management AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity; and
3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey. Furthermore, linkage of the Medical Expenditure Panel Survey and the National Health Interview Survey may not occur outside the AHRQ Data Center, NCHS Research Data Center (RDC) or the U.S. Census RDC network.

By using these data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates Title 18 part 1 Chapter 47 Section 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

1.0 Household Component

The Medical Expenditure Panel Survey (MEPS) provides nationally representative estimates of health care use, expenditures, sources of payment, and health insurance coverage for the U.S. civilian noninstitutionalized population. The MEPS Household Component (HC) also provides estimates of respondents' health status, demographic and socioeconomic characteristics, employment, access to care, and satisfaction with care. Estimates can be produced for individuals, families, and selected population subgroups. The panel design of the survey includes five rounds of interviews covering 2 full calendar years. Additional rounds were added to Panel 24 in 2020 and 2021, covering the third and fourth years, respectively, to compensate for the smaller number of completed interviews in later panels. These extra rounds provide data for examining person-level changes in selected variables such as expenditures, health insurance coverage, and health status. Information about each household member is collected through computer-assisted personal interviewing (CAPI) technology, and the survey builds on this information from interview to interview. All data for a sampled household are reported by a single household respondent.

The MEPS HC was initiated in 1996. Each year, a new panel of sample households is selected. Because the data collected are comparable to those from earlier medical expenditure surveys conducted in 1977 and 1987, it is possible to analyze long-term trends. Each annual MEPS HC sample consists of about 15,000 households. Data can be analyzed at the person, the family, or the event level. Data must be weighted to produce national estimates.

The set of households selected for each panel of the MEPS HC is a subsample of households participating in the previous year's National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics (NCHS). The NHIS sampling frame provides a nationally representative sample of the U.S. civilian noninstitutionalized population. In 2006, the NCHS implemented a new sample design for the NHIS to include households with Asian persons in addition to households with Black and Hispanic persons in the oversampling of minority populations. In 2016, NCHS introduced another sample design that discontinued the oversampling of these minority groups.

2.0 Medical Provider Component

When the household CAPI interview is completed, and permission is obtained from the household survey respondents to contact their medical provider(s), a sample of these providers is contacted by telephone to obtain information that household respondents cannot accurately provide. This part of the MEPS is called the Medical Provider Component (MPC), and it collects information on dates of visits, diagnosis and procedure codes, and charges and payments. The Pharmacy Component (PC), a subcomponent of the MPC, does not collect data on charges or on diagnosis and procedure codes, but it does collect detailed information on drugs, including the National Drug Code (NDC) and medicine name, as well as amounts of payment. The MPC is not

designed to yield national estimates. It is primarily used as an imputation source to supplement/replace household-reported expenditure information.

3.0 Survey Management and Data Collection

MEPS HC and MPC data are collected under the authority of the Public Health Service Act and under contract with Westat, Inc. (MEPS HC) and Research Triangle Institute (MEPS MPC). Datasets and summary statistics are edited and published in accordance with the confidentiality provisions of the Public Health Service Act and the Privacy Act. The NCHS provides consultation and technical assistance.

As soon as the MEPS data are collected and edited, they are released to the public in stages of microdata files and tables via the [MEPS website](#) and datatools.ahrq.gov.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857 (301-427-1406).

C. Technical and Programming Information

1.0 General Information

This documentation describes the 2022 Full-Year Population Characteristics Public Use File (hereafter referred to as the PC PUF) from the MEPS HC. It was released as an ASCII file (with related R, SAS, SPSS, and Stata programming statements and data user information) and as a SAS dataset, a SAS transport dataset, a Stata dataset, and an Excel file. The PC PUF provides information collected from a nationally representative sample of the U.S. civilian noninstitutionalized population for calendar year 2022. It contains 891 variables and has a logical record length of 1,948 with an additional 2-byte carriage return/line feed at the end of each record.

The data in the PC PUF were obtained in the 2022 portion of Round 7, and all of Rounds 8 and 9 of Panel 24; Rounds 3, 4, and 5 of Panel 26; and Rounds 1, 2, and the 2022 portion of Round 3 of Panel 27 (i.e., the rounds for the MEPS panels covering calendar year 2022). Panel 24 was extended to include Rounds 7, 8, and 9. This file does not include a third-year panel because there are no Panel 25 persons in the 2022 data. Panel 25 ended with Round 5 on December 31, 2021. The impact of the Panel 24 expansion to Round 9 on variables and variable names is described in Section 2.4.

The variables in the PC PUF pertain to survey administration, demographics, person-level conditions, health status, disability days, quality of care, employment, and health insurance. The 2022 full-year expenditures, medical care use counts, and income data will be forthcoming.

This documentation offers a brief overview of the types and levels of data provided, a detailed description of the content and structure of the files, and programming information. It is organized into the following sections:

- Data File Information (Section 2.0)
- Survey Sample Information (Section 3.0)
- Variable-Source Crosswalk (Section D)

Both weighted and unweighted frequencies of most variables included in the PC PUF are provided in the accompanying codebook file. The exceptions to this are weight variables, variance estimation variables, and variables that have a separate weight. Variables with separate weights are in the Self-Administered Questionnaire (SAQ) and the Diabetes Care Survey (DCS). Only unweighted frequencies of these variables are included in the codebook file. Section D: Variable-Source Crosswalk lists the weights and variables.

A database of all MEPS products released to date can be found on the [MEPS website](#).

2.0 Data File Information

This PC PUF contains variables and frequency distributions associated with 22,431 persons who participated in the MEPS HC in 2022. These persons received a positive person-level weight, a family-level weight, or both (some participating persons belonged to families characterized as family-level nonrespondents, while some members of participating families were not eligible for a person-level weight). Note that persons who will have a positive family weight but not a positive person-level weight have been placed on the PC PUF to maintain consistency in terms of file structure with the Full-Year Consolidated Public Use File: HC-243 (hereafter referred to as the Consolidated PUF), which will include expenditure and income data. The records for these persons will be the only ones without a positive person-level weight on this PC PUF.

Note that unlike some previous MEPS PC PUFs, family-level weights are not included on this release. As indicated above, all persons included on this PC PUF who do not have positive person weights will have a positive family weight on the final 2022 Consolidated PUF.

These 22,431 persons were part of one of the three MEPS panels for whom data were collected in 2022: Rounds 7, 8, and 9 of Panel 24; Rounds 3, 4, and 5 of Panel 26; or Rounds 1, 2, and 3 of Panel 27. Of these persons, 21,747 were assigned a positive person-level weight. In conjunction with the person-level weight variable (PERWT22P) provided on this PC PUF, data for persons with a positive person-level weight can be used to make estimates for the U.S civilian noninstitutionalized population for 2022.

The MEPS CAPI design has changed significantly beginning with the specifications for Panel 21 Round 5, Panel 22 Round 3, and Panel 23 Round 1. In addition, three rounds of data collection were added for Panel 24 (Rounds 7, 8, and 9) in 2022.

MEPS Panel Design: Data Reference Periods

	2020				2021				2022				2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Panel 23																
Round 5																
Round 6																
Round 7																
Round 8																
Round 9																
Panel 24																
Round 3																
Round 4																
Round 5																
Round 6																
Round 7																
Round 8																
Round 9																
Panel 25																
Round 1																
Round 2																
Round 3																
Round 4																
Round 5																
Panel 26																
Round 1																
Round 2																
Round 3																
Round 4																
Round 5																
Panel 27																
Round 1																
Round 2																
Round 3																
Round 4																
Round 5																
Panel 28																
Round 1																
Round 2																
Round 3																
Sample Size	N = 26,847				N = 27,332				N = 21,747				N = TBD			

N is equal to the number of people with a positive person weight on the file.

Table 1**Sections of the CAPI Instrument Asked in New Rounds**

CAPI section ^a	Variable grouping	Asked in Round 6	Asked in Round 7	Asked in Round 8	Asked in Round 9
ST, RE-A, RE-B, CL	Survey Administration and Demographics	X	X	X	X
PE	Person-Level Conditions	X	X	X	X
AH, DCS	Health Status		X		X
CS, SAQ	Health Status	X		X	
HE	Health Status	X	X	X	
AH	Disability Days	X	X	X	X
AC	Access to Care	X		X	
CV	Access to Care	X	X	X	X
RJ, EM, EW	Employment	X	X	X	X
HX, OE, HP, HQ, MC, PR	Health insurance	X	X	X	X
CA, EV, PP, ED, EF, DN, ER, HS, MV, OP, HH, PM, TH	Use and expenditures	X	X	X	X

^a See Appendix 1 for a list of abbreviations and their meanings.

2.1 Codebook Structure

The codebook and data file list variables in the following order:

- Unique person identifiers and survey administration variables
- Geographic variables
- Demographic variables
- Person-level priority condition and COVID variables
- Health status variables
- Disability days variables

- Access to care
- Employment variables
- Health insurance variables
- Weight and variance estimation variables

2.2 Reserved Codes

This PC PUF includes several reserved code values.

Table 2

Reserved Code Values and Definitions

Value	Definition
-1 Inapplicable	Question was not asked due to skip pattern
-2 Determined in previous round	Question was not asked in round because there was no change in current main job since previous round
-7 Refused	Question was asked and respondent refused to answer question
-8 Don't Know	Question was asked and respondent did not know answer or the information could not be ascertained
-10 Hourly Wage \geq \$119.23	Hourly wage was top-coded for confidentiality
-13 Initial Wage Imputed	Hourly wage was previously imputed so an updated wage is not included in this file
-15 Cannot be Computed	Value cannot be derived from data

The value Cannot be Computed (-15) was assigned to the MEPS constructed variables when there was not enough information from the instrument to calculate the constructed variables. Not having enough information is often the result of skip patterns in the data or of missing information stemming from the responses Refused (-7) or Don't Know (-8). Note that, in addition to Don't Know, reserved code -8 also includes cases for which the information from the question was Not Ascertained.

2.3 Codebook Format

This codebook describes an ASCII dataset (although the data are also being provided in a SAS data set, SAS transport file, Stata data set, and Excel file) and provides programming identifiers for each variable.

Table 3***Programming Identifiers For Each Variable in the PC PUF***

Identifier	Description
Name	Variable name
Description	Variable descriptor
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, the variable names reflect the content of the variable. Edited variables end in an X and are so noted in the variable name. In the past, the last two characters in round-specific variables have denoted the rounds of data collection in a given panel, for example, Round 3, 4, or 5 of Panel 26, and Round 1, 2, or 3 of Panel 27. Historically, the dates of the rounds have been indicated by two numbers that follow the variable name, the first number representing the round for second-panel persons (Panel 26), and the second number representing the round for first-panel persons (Panel 27). For example, EMPST31 refers to employment status on the Round 3 interview date for Panel 26 persons and to employment status on the Round 1 interview date for Panel 27 persons.

The variable names in the 2022 PC PUF have not been renamed from prior years despite the addition of Rounds 7, 8, and 9 in Panel 24. The numbers of these three rounds are therefore not included in the variable names. The variable names containing “53” (for example, AGE53X, INS53X, INSAT53X, EMPST53, and HELD53X) have data from Round 9 of Panel 24, Round 5 of Panel 26, and Round 3 of Panel 27. The variable names that contain “42” (for example, AGE42X, INS42X, INSAT42X, EMPST42, and HELD42X) have data from Round 8 of Panel 24, Round 4 of Panel 26, and Round 2 of Panel 27. Variable names containing “31” have data from Round 7 of Panel 24, Round 3 of Panel 26, and Round 1 of Panel 27.

As the collection, universe, or categories of variables were altered, the variable names have been appended with “Myy” to indicate the collection year in which the alterations took place. These alterations are described in detail throughout this document.

Variables in this PC PUF were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in 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 reenumeration are labeled “RE Section;”, (3) variables that are collected by one or more specific questions in the instrument are indicated by the question number(s) in the Source column of the

crosswalk, and (4) variables constructed from multiple questions by using complex algorithms are labeled “Constructed.”

2.5 File Contents

Users of the MEPS data should be aware that contents of the file include data collected for all sample persons who were in the survey target population (U.S. civilian noninstitutionalized population) at any time during the survey period. In other words, a small proportion of individuals in the MEPS analytic files were not members of the target population for the entire survey period. These persons include those who, at some point, lived in an institution (e.g., nursing home or prison), were in the military, lived out of the country, were born (or adopted) into MEPS sample households, or died during the year. They are considered sample persons for analytic purposes and are included in MEPS annual files with positive person-level weights, but no data were collected for the periods in which they were not in scope, and their annual data for variables such as health care utilization, expenditures, and insurance coverage reflect only the part of the year in which they were in scope for the survey. These persons should not be confused with nonrespondents. The latter, sample members who did not respond to one or more rounds of data collection (i.e., initial nonrespondents and dropouts over time), are not included in the MEPS annual files, and survey weights for full-year respondents are inflated through statistical adjustment procedures to compensate for both full- and part-year nonresponse (see Section 3.0: Survey Sample Information for more information). The AHRQ website provides more details about the [identification and analytic considerations regarding sample persons who are in scope only part of the year](#).

2.5.1 Survey Administration Variables (DUID-RURSLT53)

The survey administration variables contain information related to conducting the interview, household and family composition, and person-level and reporting unit (RU)-level status codes. Data for the survey administration variables were derived from the sampling process or the CAPI programs, or they were computed on the basis of information provided by the respondent in the Reenumeration (RE) section of the questionnaire. Questions pertaining to most survey administration variables on this PC PUF were asked during every round of the MEPS interview. The variables describe data for Rounds 7/3/1, 8/4/2, and 9/5/3 status, and for the status as of December 31, 2022.

As mentioned, the data collected in 2022 includes a third panel, Panel 24, which was extended past the previous seven rounds of data collection to include an eighth and ninth round of interviews. To incorporate the fourth-year Panel 24 Round 7, Round 8, and Round 9 data into the PC PUF without adding new variables, a decision was made by AHRQ to use the “31”/”42”/”53” variables to also hold the fourth-year panel data. Retaining these three standard variable names, even with the addition of the fourth-year panel, will make it easier to compare the 2022 data to previous full year (FY) data. Alternatively, Panel 26 data collection was planned to end at five rounds, so data for Panel 26 Round 5 was collected as a (2022) terminal round (not as a 2022-2023 cross-year round).

For example, where variables ending in “53” would normally hold data for Panel 26 Round 5 and Panel 27 Round 3, they also now hold data for and Panel 24 Round 9. Similarly, Panel 24 Round 8 data have been added to the “42” variables. Panel 24 Round 7 data have been added to the “31” variables. These changes mean that the “31” variables contain data for Rounds 1, 3, and 7; the “42” variables contain data for Rounds 2, 4, and 8; and the “53” variables contain data for Rounds 3, 5, and 9.

The December 31, 2022, variables were developed in two ways. Those used to construct eligibility, in scope, and the end reference date were based on an exact date. The remaining variables were constructed by using data from specific rounds if available. If data were missing from the target round but were available in another round, data from that other round were used to construct the variable. If no valid data were available during any round of data collection, an appropriate reserved code was assigned.

Dwelling Units, Reporting Units, and Families

The definitions of dwelling units (DUs) in the MEPS HC are generally consistent with the definitions in the NHIS. The Dwelling Unit ID (DUID) is a 7-digit ID number consisting of a 2-digit panel number followed by a 5-digit random number assigned after the case was sampled for MEPS. A 3-digit person number (PID) uniquely identifies each person within the DU. The variable DUPERSID is the combination of DUID and PID. As part of the new CAPI design, the lengths of the ID variables on the PC PUF have changed. An additional 2 bytes in the IDs resulted from adding a 2-digit panel number to the beginning of all the IDs. Users should be mindful of the different ID structures/lengths when combining MEPS files from 1996-2017 with MEPS files from 2018-2022.

PANEL is a constructed variable used to specify the panel number (24, 26, or 27) for each person on the PC PUF. Panel 24 started in 2019, Panel 26 started in 2021, and Panel 27 started in 2022. The panel number is included as the first two digits of the DUID and DUPERSID.

The variable DATAYEAR was added to the PC PUF in FY 2022 and is set to the reference year for the data. DATAYEAR was added to the PC PUF to aid in the differentiation of datasets when merging multiple years of data.

An RU is a person or group of persons in the sampled DU who are related by blood, marriage, adoption, or other family association. Each RU was interviewed as a single entity for MEPS. Thus, the RU serves chiefly as a family-based “survey” operations unit rather than an analytic unit.

Standard or primary RUs are the original RUs from the NHIS. A new RU is one created when members of the household leave the primary RU and are followed according to the rules of the survey. A student RU is an unmarried college student (younger than 24) who is considered a usual member of the household but was living away from home while going to school, and was treated as an RU separate from their parents’ RU for the purpose of data collection.

RUCLAS22 indicates the type of RU (standard, new, or student) when fielded for MEPS and was set on the basis of the RUCLAS values from Rounds 7/3/1, 8/4/2, and 9/5/3. If the person was

present in the responding RU in Round 9/5/3, then RUCLAS22 was set to RUCLAS53. If the person was not present in the responding RU in Round 9/5/3 but was present in Round 8/4/2, then RUCLAS22 was set to RUCLAS42. If the person was not present in either Rounds 9/5/3 or 8/4/2 but was present in Round 7/3/1, then RUCLAS22 was set to RUCLAS31. If the person was not linked to a responding RU during any round, then RUCLAS22 was set to -15.

Members of each RU within the DU are identified in the pertinent three rounds by the round-specific variables RULETR31, RULETR42, and RULETR53. End-of-year status (as of December 31, 2022, or the last round in which RU members were in the survey) is indicated by the RULETR22 variable. Regardless of the legal status of their association, two persons living together as a “family” unit were treated as a single RU if they chose to be so identified. Examples of different types of RUs include the following:

- A married daughter and her husband living with her parents in the same DU constitute a single RU;
- A husband and wife and their unmarried daughter, aged 18, who is living away from home while at college constitute two RUs; and
- Three unrelated persons living in the same DU would each constitute a distinct RU (a total of three RUs).

The round-specific variables RUSIZE31, RUSIZE42, RUSIZE53, and the end-of-year status variable RUSIZE22 indicate the number of persons in each RU, treating students as single RUs separate from their parents. Thus, students are not included in the RUSIZE count of their parents’ RU. However, for many analytic objectives, the student RUs would be combined with their parents’ RU, treating the combined entity as a single family. The family identifier and size variables are described below and include students with their parents’ RU.

The round-specific variables FAMID31, FAMID42, and FAMID53, and the end-of-year status variable FAMID22 identify a family (i.e., persons related to one another by blood, marriage, adoption, or self-identified as a single unit) for each round and as of December 31, 2022. The FAMID variables differ from the RULETR variables only in that student RUs are combined with their parents’ RU.

One other family identifier, FAMIDYR, is provided on the PC PUF. This annualized variable identifies eligible members of the eligible annualized families within a DU. To identify a person’s family affiliation, users must create a unique set of FAMID variables by concatenating the DU identifier and the FAMID variable.

Foster care relationships and fostered members of households are no longer included in the MEPS data. This change was implemented as of the 2017 Consolidated PUF, so users combining many years of data may encounter foster relationships/members in earlier MEPS files.

The round-specific variables FAMSZE31, FAMSZE42, and FAMSZE53, and the end-of-year status variable FAMSZE22 indicate the number of persons associated with a single family unit

after students are linked to their associated parent RUs for analytical purposes. Family-level analyses should use the FAMSZE variables.

Note that the variables RUSIZE31, RUSIZE42, RUSIZE53, RUSIZE22, FAMSZE31, FAMSZE42, FAMSZE53, and FAMSZE22 exclude persons who are ineligible for data collection (i.e., identified by the following variables: ELGRND31 NE 1, ELGRND42 NE 1, ELGRND53 NE 1, or ELGRND22 NE 1); analysts should exclude ineligible persons in a given round from all family-level analyses for that round.

The round-specific variables RURSLT31, RURSLT42, and RURSLT53 indicate the RU response status for each round. Users should note that the values for RURSLT31 differ from those for RURSLT42 and RURSLT53.

Table 4

Values and Definitions for RURSLT31

Value	Definition
-1	Inapplicable
60	Complete with RU member
61	Complete with proxy - all RU members deceased
62	Complete with proxy - all RU members institutionalized or deceased
63	Complete with proxy - other
72	RU institutionalized in prior round; Still institutionalized - R3 only
80	Entire RU merged with other RU
81	Entire RU deceased before 1/1/22
82	Entire RU was military before 1/1/22
83	Entire RU institutionalized before 1/1/22
84	Entire RU left United States before 1/1/22
85	Entire RU was ineligible before 1/1/22; Multi-reason
86	Entire RU was ineligible; Non-Key NHIS study
87	Reenumeration complete; No eligible RU member; Ineligible RU
88	Unavailable during field period
89	Too ill; No proxy
90	Physically/Mentally incompetent; No proxy
91	Final refusal
92	Final breakoff
93	Unable to locate
94	Entire RU is military or left U.S. after 1/1/22

Value	Definition
95	Entire RU institutionalized after 1/1/22; No proxy
96	Entire RU deceased after 1/1/22; No proxy
97	Reenumeration complete; No RU member; Nonresponse
98	RU moved too far to interview
99	Final other non-response

Table 5

Values and Definitions for RURSLT42 and RURSLT53

Value	Definition
-1	Inapplicable
60	Complete with RU member
61	Complete with proxy - all RU members deceased
62	Complete with proxy - all RU members institutionalized or deceased
63	Complete with proxy - other
70	Entire RU merged with other RU
71	Reenumeration complete; No eligible RU member; Ineligible RU
72	RU institutionalized in prior round; Still institutionalized
88	Unavailable during field period
89	Too ill; No proxy
90	Physically/Mentally incompetent; No proxy
91	Final refusal
92	Final breakoff
93	Unable to locate
94	Entire RU is military or left U.S. after 1/1/22
95	Entire RU institutionalized after 1/1/22; No proxy
96	Entire RU deceased after 1/1/22; No proxy
97	Reenumeration complete; No RU member; Non-Response
98	RU moved too far to interview
99	Final other non-response

Geographic Variables

The round-specific variables REGION31, REGION42, and REGION53, and the end-of-year status variable REGION22 indicate the Census region for the RU. REGION22 indicates the region for the 2022 portion of Round 9/5/3. For most analyses, REGION22 should be used.

Table 6

Values, Labels, and States for Each Region

Value	Label	States
1	Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
2	Midwest	Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
3	South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
4	West	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming

Reference Period Dates

The reference period is the period in which data were collected in each round for each person. The reference period dates were determined during the interview for each person by the CAPI program. The round-specific beginning reference period dates are included for each person. The variables that identify these dates include BEGRFM31, BEGRFY31, BEGRFM42, BEGRFY42, BEGRFM53, and BEGRFY53. The reference period for Round 1 for most persons began on January 1, 2022, and ended on the date of the Round 1 interview. For RU members who joined later in Round 1, the beginning Round 1 reference date was the date on which the person entered the RU. For all subsequent rounds, the reference period for most persons began on the date of the previous round's interview and ended on the date of the current round's interview. For persons who joined after the previous round's interview, beginning of the reference period was set to the day on which they joined the RU.

The round-specific ending reference period dates for Rounds 7/3/1, 8/4/2, and 9/5/3, as well as the end-of-year reference period end date variables are also included for each person. These variables include ENDRFM31, ENDRFY31, ENDRFM42, ENDRFY42, ENDRFM53, ENDRFY53, ENDRFM22, and ENDRFY22. For most persons in the sample, the date of the round's interview is the reference period end date. Note that the end date of the reference period for a person precedes the date of the interview if the person was deceased during the round, left the RU, was institutionalized before that round's interview, or left the RU to join the military. For a small number of cases, the reference period dates may have been recoded for confidentiality.

Reference Person Identifiers

The round-specific variables REFPRS31, REFPRS42, and REFPRS53, and the end-of-year status variable REFPRS22 identify the reference person for Rounds 7/3/1, 8/4/2, and 9/5/3, and as of December 31, 2022 (or the last round in which they were in the survey). In general, the reference person is defined as the household member aged 16 or older who owns or rents the home. If more than one person meets this description, the household respondent identifies one from among them. If the respondent is unable to identify a person fitting this definition, the questionnaire asks for the head of household, and this person is then considered the reference person for that RU. This information is collected in the RE section of the CAPI questionnaire.

Respondent Identifiers

The respondent is the person who answered the interview questions for the RU. The round-specific variables RESP31, RESP42, and RESP53, and the end-of-year status variable RESP22 identify the respondent for Rounds 7/3/1, 8/4/2, and 9/5/3, and as of December 31, 2022 (or the last round in which they were in the survey). Only one respondent is identified for each RU. When the interview was completed in more than one session, only the first respondent is indicated.

There are two types of respondents: an RU member or a non-RU member proxy. The round-specific variables PROXY31, PROXY42, and PROXY53, and the end-of-year status variable PROXY22 identify the type of respondent for Rounds 7/3/1, 8/4/2, and 9/5/3, and as of December 31, 2022 (or the last round in which they were in the survey).

Language of Interview

The language of interview variable (INTVLANG) is a summary value of the round-specific, RU-level question (CL350) in the Information section of the CAPI questionnaire. This question asks the interviewer to record the language in which the interview was completed: English, Spanish, Both English and Spanish, Other Language. Given the first round in which the person participated in the survey and the person's associated RU for that round, INTVLANG was assigned the interview language value reported for the person's RU for the round.

Type of Interview

Beginning in FY 2022, the interviewer records at CL340 the primary mode of conducting the MEPS interview. This information is used to construct the round-specific type of interview variables INTVTYPE31, INTVTYPE42, and INTVTYP53, with the following response categories: In Person (1), By Telephone (2), or By Video (CAVI) (3).

Person Status

A number of variables describe the various components reflecting each person's status for each round of data collection. These variables provide information about a person's in-scope status, Keyness status, eligibility status, and disposition status. These variables include KEYNESS, INSCOP31, INSCOP42, INSCOP53, INSCOP22 INSC1231, INSCOPE, ELGRND31, ELGRND42, ELGRND53, ELGRND22, PSTATS31, PSTATS42, and PSTATS53. They were set on the basis of sampling information and responses provided in the RE section of the CAPI questionnaire.

Through the RE section of the CAPI questionnaire, each member of an RU was classified as Key or non-Key, in scope or out of scope, and eligible or ineligible for data collection. To be included in the set of persons used to derive the MEPS person-level estimates, a person also had to be a member of the U.S civilian noninstitutionalized population for at least one day during 2022. Because a person's eligibility for the survey might have changed since the NHIS interview, a sampling reenumeration of household membership was conducted at the start of each round's interview. Only persons who were in scope at some time during the year, who were Key, and who also responded for the full period in which they were in scope were assigned positive person-level weights. Analysts should therefore use these persons to derive person-level national estimates from the MEPS.

If analysts want to subset their analysis to infants born during 2022, then newborns should be identified by using AGE22X = 0 rather than PSTATSxy = 51.

In Scope

The round-specific variables INSCOP31, INSCOP42, and INSCOP53 indicate a person's in-scope status for Rounds 7/3/1, 8/4/2, and 9/5/3. INSCOP22, INSC1231, and INSCOPE indicate a person's in-scope status for the portion of Round 9/5/3 that covers 2022, the person's in-scope status as of December 31, 2022, and whether a person was ever in scope during calendar year 2022. A person was considered in scope during a round or a referenced period if they were a member of the U.S. civilian noninstitutionalized population at some time during that round or that time period. The values of these variables taken in conjunction allow analysts to determine in-scope status over time (for example, becoming in scope in the middle of a round, as would be the case for newborns). These variables contain the following values and definitions:

Table 7

Values and Definitions for INSCOPxy, INSCOP22, INSC1231, and INSCOPE

Value	Definition
0	Incorrectly listed or on NHIS roster but out of scope prior to January 1, 2022
1	Person is in scope for the whole reference period
2	Person is in scope at the start of the RU reference period but not at the end of the RU reference period

Value	Definition
3	Person is not in scope at the start of RU reference period but is in scope at the end of the RU reference period. (For example, the person is in scope from the date they joined the RU, or the person was in the military in the previous round but is no longer in the military in the current round.)
4	Person is in scope during the reference period but neither at the reference start date nor on the reference end date. (For example, the person leaves an institution, goes into community, and then dies.)
5	Person is out of scope for all of the reference period during which they are an RU member. (For example, the person is in the military.)
6	Person is out of scope for the entire reference period, is not a member of the RU during this period, and was in scope and an RU member in an earlier round
7	Person is not in an RU, joined in a later round (or joined the RU after December 31, 2022, for INSCOP22)
8	RU nonresponse and Key persons who left an RU with no tracing information, so a new RU was not formed
9	Person is not a member of an RU during this time period and was an RU member in an earlier round

Keyness

The term “Keyness” is related to an individual’s chance of being included in the MEPS. A person is Key if they are linked for sampling purposes to the set of NHIS sampled households designated for inclusion in the MEPS. More specifically, a Key person was either a member of a responding NHIS household at the time of interview or joined a family associated with such a household after being out of scope at the time of the NHIS (examples of the latter include newborns and those returning from military service, an institution, or residence in a foreign country).

A non-Key person is one whose chance of being selected for the NHIS (and the MEPS) was associated with a household eligible but not sampled for the NHIS and who later became a member of a MEPS RU. MEPS data (e.g., utilization and expenditures) were collected for the period over which a non-Key person was part of a sampled unit to provide information for family-level analyses. However, non-Key persons who leave a sample household unaccompanied by a Key, in-scope member were not followed for subsequent interviews. Non-Key individuals were not given person-level weights and thus do not contribute to person-level national estimates.

The variable KEYNESS indicates a person’s Keyness status. This variable is not round specific. Instead, it is set when a person enters MEPS, and this person’s Keyness status never changes. Once a person is determined to be key, they will always be key.

It should be pointed out that a person might be Key even though they are not part of the civilian noninstitutionalized portion of the U.S. population. For example, a person in the military may have been living with their civilian spouse and children in a household sampled for the NHIS. The person in the military would be considered Key for purposes of the MEPS; however, such a person would not be eligible to receive a person-level sample weight if they were never in scope during 2022.

Eligibility

The eligibility of a person for the MEPS pertains to whether data are to be collected for that person. All Key, in-scope persons of a sampled RU are eligible for data collection. The only non-Key persons eligible for data collection are those who happen to be living in an RU with at least one Key, in-scope person. Their eligibility continues only for as long as they live with at least one such person. The only out-of-scope persons eligible for data collection are those who are living with a Key, in-scope person - again, only for as long as they live with such persons. Only military persons fit this description (for example, a person who is full-time, active duty military and living with a spouse who is Key).

A person may be classified as eligible for an entire round or for some part of a round. For persons who are eligible for only part of a round (for example, persons who may have been institutionalized during a round), data are collected for the period during which that person is classified as eligible. The round-specific variables ELGRND31, ELGRND42, and ELGRND53, and the end-of-year status variable ELGRND22 indicate a person's eligibility status for Rounds 7/3/1, 8/4/2, and 9/5/3, and as of December 31, 2022.

Person Disposition Status

The round-specific variables PSTATS31, PSTATS42, and PSTATS53 indicate a person's disposition status - that is, their response and eligibility status for each round of interviewing. These variables indicate the reasons for either continuing or terminating data collection for each person in the MEPS. Using these variables, analysts can identify persons who moved during the reference period, died, were born, institutionalized, or were in the military. Analysts should note that PSTATS53 summarizes all of Round 9/5/3, including transitions that occurred after 2022. Note that some categories may have been collapsed for confidentiality purposes.

Table 8

Values and Definitions for PSTATSxy

Value	Definition
-1	The person was not fielded during the round, or the RU was nonresponse
0	Incorrectly listed in RU at NHIS - applies to MEPS Round 1 only
11	Person in original RU, not full-time active military duty

Value	Definition
12	Person in original RU, full-time active military duty, out of scope for whole reference period
13	Full-time student living away from home but associated with sampled RU
14	The person is full-time active military duty during round, is in scope for part of the reference period. and is in the RU at the end of the reference period
21	The person remains in a health care institution for the whole round - Rounds 8/4/2 and 9/5/3 only
22	The person leaves an institution (health care or non-health care) and rejoins the community - Rounds 8/4/2 and 9/5/3 only
23	The person leaves an institution and dies - Rounds 8/4/2 and 9/5/3 only
24	The person dies in a health care institution during the round (former RU member) - Rounds 8/4/2 and 9/5/3 only
31	Person from original RU, dies during reference period
32	Went to health care institution during reference period
33	Went to non-health care institution during reference period
34	Moved from original RU outside U.S. (not as student)
35	Moved from original RU to a military facility while on full-time active military duty
36	Went to institution (type unknown) during reference period
41	Moved from the original RU to new RU within U.S. (new RUs include RUs originally classified as “Student RU” but which converted to “New RU”)
42	The person joins RU and is not full-time military during round
43	The person’s disposition as to why the person is not in the RU is unknown, or the person moves, and it is unknown whether the person moved inside or outside the U.S.
44	The person leaves an RU and joins an existing RU and is not both in the military and coded as in scope during the round
51	Newborn in reference period
61	Died prior to reference period (not eligible) - Round 7/3/1 only
62	Institutionalized prior to reference period (not eligible) - Round 7/3/1 only
63	Moved outside U.S. prior to reference period (not eligible) - Round 7/3/1 only

Value	Definition
64	Full-time military, living on a military facility, moved prior to reference period (not eligible) - Round 7/3/1 only
71	Student under 24 living away at school in grades 1-12 (non-Key)
72	Person is dropped from the RU roster as ineligible: the person is a non-Key student living away, or the person is not related to reference person, or the RU is the person's residence only during the school year
73	Not Key and not full-time military, moved without someone Key and in scope (not eligible)
74	Moved as full-time military but not to a military facility and without someone Key and in scope (not eligible this round)
81	Person moved from original RU, full-time student living away from home, did not respond

2.5.2 Navigating the MEPS Data with Information on Person Disposition Status

Because the variables PSTATS31, PSTATS42, and PSTATS53 indicate the reasons for either continuing or terminating data collection for each person in the MEPS, these variables can be used to explain the beginning and ending dates for each individual's reference period of data collection as well as which sections in the instrument that each individual did not receive. By using this information, shown in the table at the end of this section, analysts will be able to determine which sections of the MEPS questionnaire collected data elements for each individual.

Some individuals have a reference period that spans an entire round, while for others, it spans only a portion of the round. When an individual's reference period does not coincide with the RU reference period, the individual's beginning date may be later than the RU's beginning date, the ending date may be earlier, or both may be true. In addition, for some individuals, the reference period information was coded as Inapplicable (-1) (e.g., for individuals who were not actually in the household). The information in the table at the end of this section indicates the beginning and ending dates of the reference periods for persons with various values of PSTATS31, PSTATS42, and PSTATS53. The actual dates for each individual are in the following variables in the PC PUF: BEGRFM31, BEGRFM42, BEGRFM53, BEGRFY31, BEGRFY42, BEGRFY53, ENDRFM31, ENDRFM42, ENDRFM53, ENDRFY31, ENDRFY42, ENDRFY53, ENDRFM22, and ENDRFY22.

The table at the end of this section also shows the section or sections of the questionnaire that were *not* asked for each value of PSTATS31, PSTATS42, and PSTATS53. For example, the Priority Condition Enumeration (PE) section has questions that are not asked for deceased persons. The Closing (CL) section also contains some questions or question rosters that exclude certain persons depending on whether they died, became institutionalized, or otherwise left the RU; however, no one was considered to have skipped the entire section. Some questions or sections (e.g., Health Status [HE], Employment [RJ, EM, EW]) were skipped if individuals were

not within a certain age range. Since the PSTATS variables do not address skip patterns based on age, analysts will need to use the appropriate age variables.

The paper-and-pencil SAQ was designed to collect information during Panel 27 Round 2, Panel 26 Round 4, and Panel 24 Round 8. A person was considered eligible to receive an SAQ if that person was key; status was not deceased or institutionalized; did not move out of the United States or to a military facility; was not a nonresponse at the time of the Round 2, Round 4, or Round 8 interview date; and was aged 18 or older. No RU members added in Round 3 or Round 5 were asked to complete an SAQ questionnaire. Because PSTATS variables do not address skip patterns based on age, this questionnaire was not included in the table below. Once again, analysts will need to use the appropriate age variable, which in this case would be AGE42X. The documentation for this questionnaire appears in the SAQ section of this document under Health Status Variables (Section 2.5.5).

Please note that the ending reference date shown in the following table for PSTATS53 reflects the Round 9/5/3 reference period rather than the portion of Round 9/5/3 that occurred during 2022.

Table 9

PSTATS Values and Definitions, the Instrument Sections that Persons with that Value are Not Asked, and Reference Period Dates

PSTATS Value	PSTATS Definition	Sections in the instrument that persons with this PSTATS value do NOT receive	Beginning reference date	Ending reference date
-1	The person was not fielded during the round or the RU was nonresponse	All sections	Inapplicable	Inapplicable
0	Incorrectly listed in RU in NHIS - Round 1 only	All sections after Reenumeration (RE)	Inapplicable	Inapplicable
11	Person in original household, not FT (full-time) active military duty (person is in the same RU as the previous round)	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Interview date
12	Person in original household, FT active military duty, out of scope for whole reference period	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Interview date

PSTATS Value	PSTATS Definition	Sections in the instrument that persons with this PSTATS value do NOT receive	Beginning reference date	Ending reference date
13	FT student living away from home but associated with sampled household	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Interview date
14	Person is FT active military duty during round and is in scope for part of the reference period and is in the RU at the end of the reference period	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	PSTATS31: Interview date PSTATS42 and PSTATS53: If the person is living w/ someone Key and in-scope, then the interview date. If not living w/someone who is Key and in-scope, then the date the person joined the military
21	The person remains in a health care institution for the whole round - Rounds 8/4/2 and 9/5/3 only	All sections after RE	Inapplicable	Inapplicable
22	The person leaves a health care institution and rejoins the community - Rounds 8/4/2 and 9/5/3 only	-	Date rejoined the community	Interview date
23	The person leaves a health care institution, goes into community, and then dies - Rounds 8/4/2 and 9/5/3 only	PE - Priority Conditions Enumeration HE - Health Status AC - Access to Care	Date rejoined the community	Date of death
24	The person dies in a health care institution during the round (former household member) - Rounds 8/4/2 and 9/5/3 only	All sections after RE	Inapplicable	Inapplicable
31	Person from original household, dies during reference period	PEHE AC	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Date of death

PSTATS Value	PSTATS Definition	Sections in the instrument that persons with this PSTATS value do NOT receive	Beginning reference date	Ending reference date
32	Went to health care institution during reference period	AC	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Date institutionalized
33	Went to non-health care institution during reference period	AC	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Date institutionalized
34	Moved from original household, outside U.S.	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Date left the RU
35	Moved from original household to a military facility while on FT active military duty	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Date left the RU
36	Went to institution (type unknown) during reference period	AC	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Date institutionalized
41	Moved from the original household to new household within U.S. (new households include RUs originally classified as a student RU but that converted to a new RU; these are individuals in an RU that has split from an RU since the previous round)	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Interview date
42	The person joins household and is not FT military during round	-	January 1, 2022, or the date the person joined the RU, whichever is later	Interview date

PSTATS Value	PSTATS Definition	Sections in the instrument that persons with this PSTATS value do NOT receive	Beginning reference date	Ending reference date
43	The person's disposition as to why they are not in the RU is unknown, or the person moves, and it is unknown whether the person moved inside or outside the U.S.	All sections after RE	Inapplicable	Inapplicable
44	The person leaves an RU, joins an existing RU, and is not both in the military and coded as in scope during the round	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date of the RU the person has joined. This may not be the interview date of the person's RU.	Interview date
51	Newborn in reference period	Questions in which age must be > 1 HE Employment (RJ/EM/EW)	PSTATS31: January 1, 2022, if born prior to 2022. The date of birth if born in 2022. PSTATS42 and PSTATS53: The prior round interview date or date of birth, whichever is later	Interview date
61	Died prior to reference period (not eligible) - Round 7/3/1 only	All sections after RE	Inapplicable	Inapplicable
62	Institutionalized prior to reference period (not eligible) - Round 7/3/1 only	All sections after RE	Inapplicable	Inapplicable
63	Moved outside U.S., prior to reference period (not eligible) - Round 7/3/1 only	All sections after RE	Inapplicable	Inapplicable
64	FT military, moved prior to reference period (not eligible) - Round 7/3/1 only	All sections after RE	Inapplicable	Inapplicable

PSTATS Value	PSTATS Definition	Sections in the instrument that persons with this PSTATS value do NOT receive	Beginning reference date	Ending reference date
71	Student younger than 24 living away at school in grades 1-12 (on-Key)	-	PSTATS31: January 1, 2022 PSTATS42 and PSTATS53: Prior round interview date	Interview date
72	Person is dropped from the RU roster as ineligible: the person is a non-Key student living away, or the person is not related to reference person, or the RU is the person's residence only during the school year	All sections after RE	Inapplicable	Inapplicable
73	Not Key and not FT military, moved without someone Key and in scope (not eligible)	All sections after RE	Inapplicable	Inapplicable
74	Moved as FT military but not to a military facility and without someone Key and in scope (not eligible)	All sections after RE	Inapplicable	Inapplicable
81	Person moved from original household, FT student living away from home, did not respond	No data were collected	Inapplicable	Inapplicable

2.5.3 Demographic Variables (AGE31X-YRSINUS)

General Information

Demographic variables provide information about the demographic characteristics of each person in the MEPS HC. The characteristics include age, sex, race, ethnicity, marital status, educational attainment, and military service. As noted in this section, some variables have edited and imputed values. The questions pertaining to most demographic variables on the PC PUF were asked during every round of the MEPS interview. These variables contain data for Rounds 7, 8, and 9 for Panel 24 (the panel that started in 2019), Rounds 3, 4 and 5 of Panel 26 (the panel that started in 2021); Rounds 1, 2 and 3 of Panel 27 (the panel that started in 2022); and the status as of December 31, 2022.

Demographic variables whose names contain “31,” “42,” or “53” are round-specific variables. As mentioned in Section 2.4: Variable Naming, fourth-year panel data for Rounds 7, 8, and 9 of Panel 24 are included in the “31”/ “42”/“53” sets of variables. For example, AGE31X represents the age

data relevant to Round 7 of Panel 24, Round 3 of Panel 26, or Round 1 of Panel 27. The variable PANEL indicates the panel from which the data were derived. A value of 24 indicates Panel 24 data, a value of 26 indicates Panel 26 data, and a value of 27 indicates Panel 27 data. The remaining demographic variables on the PC PUF are not round specific.

The variables describing the demographic status of the person as of December 31, 2022, were developed in two ways. First, the age variable (AGE22X), which represents the exact age, was calculated from the date of birth and indicates age status as of December 31, 2022. For the remaining December 31 variables (i.e., related to marital status [MARRY22X, SPOUID22, SPOUID22], student status [FTSTU22X], and the relationship to reference persons [REFRL22X]), the following algorithm was used: data were taken from the Round 9/5/3 counterpart if nonmissing; else, if missing, data were taken from the Round 8/4/2 counterpart; else from the Round 7/3/1 counterpart. If no valid data were available during any of these rounds of data collection, the algorithm assigned the missing value (other than Inapplicable [-1]) from the first round in which the person was part of the study. When all three rounds were set to -1, Cannot be Computed (-15) was assigned.

Age

Date of birth and age for each RU member were asked or verified during each MEPS interview (DOBMM, DOBY, AGE31X, AGE42X, AGE53X). If the date of birth was available, age was calculated on the basis of the difference between the date of birth and the date of the interview. Inconsistencies between the calculated age and the age reported during the CAPI interview were reviewed and resolved. For purposes of confidentiality, the variables AGE31X, AGE42X, AGE53X, AGE22X, and AGELAST were top-coded at 85 years of age.

When date of birth was not provided, but age was provided (either from the MEPS interviews or the 2017-2021 NHIS data), the month and year of birth were assigned randomly from among the possible valid options. For any cases still not accounted for, age was imputed using either of the following:

- The mean age difference between MEPS participants with certain family relationships (when available) or
- The mean age value for MEPS participants.

For example, a mother's age was imputed as her child's age plus 26, where 26 is the mean age difference between MEPS mothers and their children. A wife's age was imputed as the husband's age minus 3, where 3 is the mean age difference between MEPS wives and husbands. Age was imputed in this way for 8 persons on the PC PUF.

AGELAST indicates a person's age from the last time the person was eligible for data collection during a specific calendar year. The age range for this variable is 0-85.

Sex

Data on the sex of each RU member (SEX) were initially determined from the 2018 NHIS for Panel 24, from the 2020 NHIS for Panel 26, and from the 2021 NHIS for Panel 27. The SEX variable was verified and, if necessary, corrected during each MEPS interview. The data for new RU members (persons who were not members of the RU at the time of the NHIS interviews) were also obtained during each MEPS round. When sex of the RU member was not available from the NHIS interviews and was not determined during one of the subsequent MEPS interviews, it was assigned in the following way. The person's first name was used to assign sex if it was obvious (1 case was resolved in this way in 2022). If the person's first name provided no indication of sex, then family relationships were reviewed (1 case was resolved in this way in 2022). If neither of these approaches made it possible to determine the individual's sex, sex was randomly assigned (no cases were resolved in this way in 2022).

Race and Ethnicity

The race and the ethnicity background questions were asked for each RU member during the MEPS interview. If the information was not obtained in Round 1, the questions were asked in subsequent rounds. It should be noted that race/ethnicity questions in the MEPS were revised starting with data collection in 2013 for Panel 16 Round 5, Panel 17 Round 3, and Panel 18 Round 1; this change affected data starting with the 2012 PC PUF. Before that time, there were two race questions, but starting with the data collection in 2013, there has been only one race question. All Asian categories listed in the second question were moved to the new single question. In addition, the new race question had additional detail for the Native Hawaiian and Other Pacific Islander categories. The main change for ethnicity is that the new questions allowed respondents to report more than one Hispanic ethnicity. As a result of these changes, race/ethnicity data before 2012 may not be directly comparable with data collected in 2012 and later. The following table shows the variables used for FY 2002-2011 and FY 2012-2022, with two exceptions: (1) in FY 2012, RACEV1X categories 4 and 5 were not combined but were combined starting with 2013, and (2) RACEV2X and HISPNCAT were first introduced in 2013.

Table 10

MEPS Race and Ethnicity Variables, by Years, 2002 to Present

FY PUFs 2002-2011	FY PUFs 2012-2022
Race	
	RACEVER
	Used only in FY12-FY13
	1 Old race questions
	2 New race questions

FY PUFs 2002-2011	FY PUFs 2012-2022
RACEX	RACEV1X
1 White - No other race reported	1 White - No other race reported
2 Black - No other race reported	2 Black - No other race reported
3 American Indian/Alaska Native - No other race reported	3 American Indian/Alaska Native - No other race reported
4 Asian - No other race reported	4 Asian - No other race reported (used only in FY12; starting in 2013, Category 5 collapses into Category 4)
5 Native Hawaiian/Pacific Islander - No other race reported	5 Native Hawaiian/Pacific Islander - No other race reported (used only in FY12; starting in 2013, Category 5 collapses into Category 4.)
6 Multiple races reported	6 Multiple races reported
	RACEV2X (starting in 2013)
	Treatment of categories 10 and 12 differed between 2013-2015 and 2016-2019
	1 White - No other race reported
	2 Black - No other race reported
	3 American Indian/Alaska Native - No other race reported
	4 Asian Indian - No other race reported
	5 Chinese - No other race reported
	6 Filipino - No other race reported
	10 Oth Asian/Natv Hawaiian/Pacfc Isl - No Oth
	12 Multiple races reported
	-1 Inapplicable (used only in FY13)
RACETHNX	RACETHX
1 Person is Hispanic	1 Hispanic
2 Person is Black - No other race reported/Not Hispanic	2 Non-Hispanic White only
3 Person is Asian - No other race reported/Not Hispanic	3 Non-Hispanic Black only
4 Other race/Not Hispanic	4 Non-Hispanic Asian only
	5 Non-Hispanic Other race or multi-race

FY PUFs 2002-2011	FY PUFs 2012-2022
RACEAX	RACEAX
1 Asian - No other race reported	1 Asian - No other race reported
2 Asian - Other race(s) reported	2 Asian - Other race(s) reported
3 All other race assignments	3 All other race assignments
RACEBX	RACEBX
1 Black - No other race reported	1 Black - No other race reported
2 Black - Other race(s) reported	2 Black - Other race(s) reported
3 All other race assignments	3 All other race assignments
RACEWX	RACEWX
1 White - No other race reported	1 White - No other race reported
2 White - Other race(s) reported	2 White - Other race(s) reported
3 All other race assignments	3 All other race assignments
Ethnicity	
HISPANX	HISPANX
1 Hispanic	1 Hispanic
2 Not Hispanic	2 Not Hispanic
HISPCAT	HISPCAT (used only in FY12-FY13)
1 Puerto Rican	1 Puerto Rican
2 Cuban/Cuban American	2 Cuban/Cuban American
3 Dominican	3 Dominican
4 Mexican/Mexican American	4 Mexican/Mexican American
5 Central or South American	5 Central or South American
6 Non-Hispanic	6 Non-Hispanic
91 Other Latin American	91 Other Latin American
92 Other Hispanic/Latino	92 Other Hispanic/Latino
	-1 Inapplicable

FY PUFs 2002-2011	FY PUFs 2012-2022
	HISPNCAT (starting in 2013)
	1 Mexican/Mexican American/Chicano - No other Hispanic reported
	2 Puerto Rican - No other Hispanic reported
	3 Cuban/Cuban American - No other Hispanic reported
	4 Dominican - No other Hispanic reported
	5 Central or South American - No other Hispanic reported
	6 Oth Lat Am/Hisp/Latino/Spnsh orgn - No other Hispanic reported
	8 Multiple Hispanic groups reported
	9 Non-Hispanic
	-1 Inapplicable (used only in FY13)

Race and ethnicity variables and their response categories before 2002 are available in the documentation for the Consolidated PUF for each data year.

Values for these variables were obtained according to the following priority order. If available, data collected were used to determine race and ethnicity. If race and/or ethnicity were not reported in the interview, then data obtained from the originally collected NHIS data were used (17 cases were resolved in this way for race, and 13 cases were resolved in this way for ethnicity). If still not determined, race and/or ethnicity were assigned on the basis of the relationship to other members of the DU by using a priority order that gave precedence to blood relatives in the immediate family (this approach was used for 22 persons to set race and for 9 persons to set ethnicity).

For the FY 2012 and FY 2013 PUFs, three new race variables were constructed for both the old and the new questions: RACEVER, RACEV1X, and RACETHX. The variable RACEVER was constructed to indicate which version of the race question(s) was asked and was included in only the 2012 and 2013 FY PUFs. RACEVER has been dropped starting with the 2014 PUF. The variables RACEV1X and RACETHX replace the variables RACEX and RACETHNX from 2002-2011. A new race variable, RACEV2X, was constructed only for the new race question and was added for the first time to the 2013 files. RACEV2X was set to Inapplicable (-1) for persons who were not asked the new race question in FY 2013 only. This variable includes the expanded-detail Asian categories and continues to be constructed for all PUFs.

The Multiple Races Reported categories for RACEV1X and RACEV2X differ in the 2013-2015 PC PUFs but are the same starting with the 2016 PC PUF. In the 2013-2015 PUFs, persons of multiple Asian races or multiple Hawaiian/Pacific Islander races were considered multiple races

for RACEV2X but were not considered multiple races for RACEV1X. Starting with the 2016 PC PUFs, persons of multiple Asian races or multiple Hawaiian/Pacific Islander races were no longer considered multiple races for RACEV2X. .

For the FY 2012 and FY 2013 PC PUFs, the two Hispanic ethnicity variables from previous years were included: HISPANX and HISPCAT. The HISPANX variable continues to be constructed. The HISPCAT variable was constructed for specific Hispanic categories based only on the old question in FY 2012 and FY 2013; HISPCAT was dropped starting with the 2014 PC PUF. A new ethnicity variable, HISPNCAT, based on the new question, was introduced in 2013. HISPNCAT includes categories that are similar to HISPCAT but in a different order; it also contains an additional category, Multiple Hispanic Groups Reported (8), to represent any multiple responses reported. HISPNCAT was set to Inapplicable (-1) for persons who were not asked the new ethnicity question in FY 2013. This variable continues to be constructed for all PC PUFs.

Categories have been collapsed in the variables RACEV1X, RACEV2X, and HISPNCAT. For RACEV1X, new with the 2012 PC PUF, Categories 4 and 5 were collapsed into Category 4 as ASIAN/NATV HAWAIIAN/PACFC ISL-NO OTH starting with the 2013 PC PUF. For RACEV2X, new with and starting with the 2013 PC PUF, Categories 7, 8, 9, 10, and 11 were collapsed into Category 10 as OTH ASIAN/NATV HAWAIIAN/PACFC ISL-NO OTH. For HISPNCAT, new with and starting with the 2013 PUF, Categories 6 and 7 were collapsed into Category 6 as OTH LAT AM/HISP/LATINO/SPNSH ORGN-NO OTH.

Language Variables: OTHLGSPK, WHTLGSPK, and HWELLSPK

Data on language variables (OTHLGSPK, WHTLGSPK, and HWELLSPK) were collected at the person level in the round in which the person entered the MEPS. Beginning with Panel 23 Round 1, the household respondent was asked, for each person aged 5 or older, a person-level question to determine whether that person speaks a language other than English at home (RE1170, OTHLGSPK). If the response to OTHLGSPK was “Yes,” then two other questions were asked. WHTLGSPK (RE1170) is a person-level question that asks whether the non-English language spoken at home is Spanish or some other language, and HWELLSPK (RE1170) is a person-level question that asks how well that person can speak English. If the response to OTHLGSPK was “No,” then WHTLGSPK and HWELLSPK were set to Inapplicable (-1). Family members who were deceased or institutionalized in Round 1 were coded with a value of Inapplicable (-1). For minors younger than 5, all three variables were coded to Under 5 years old - Inapplicable (5).

Users doing multiyear analyses should carefully review the documentation from prior years to ensure that they are correctly interpreting the language variables over time.

Foreign-Born Status

Three questions regarding foreign-born status were asked in the Demographics section to ascertain whether a person was born in the United States (RE1170), what year they came to the U.S. (RE1170) if not born in the U.S., and years lived in the U.S. (RE1170) if the response to

RE1170 was “Don’t Know.” These questions replaced similar questions that had been asked in the Access to Care (AC) section before 2013.

These three questions were only asked once for each eligible person - that is, in the first round in which the person was included in the interview. The questions were asked of everyone except deceased and institutionalized persons. The data from RE1170 are reported as the constructed variable BORNUSA. The data from RE1170 (YRCAMEUS) and RE1170 (YRSINUSA) were used to calculate the number of years a person has lived in the United States for the constructed variable YRSINUS. Please note that YRSINUS is a discrete variable that has five collapsed categories:

- 1 - Less than 1 year
- 2 - 1 year, less than 5 years
- 3 - 5 years, less than 10 years
- 4 - 10 years, less than 15 years
- 5 - 15 years or more

Marital Status and Spouse ID

Current marital status was collected and/or updated during every round of the MEPS interview. This information was obtained in RE100 and RE1170 and is reported as MARRY31X, MARRY42X, MARRY53X, and MARRY22X. Persons younger than 16 were coded as Under 16 - Inapplicable (6). If marital status in a specified round differed from that of the previous round, then the marital status of the specified round was edited to reflect a change during the round (e.g., married in round, divorced in round, separated in round, or widowed in round).

When there were discrepancies between the marital status of two individuals within a family, other person-level variables were reviewed to determine the edited marital status for each individual. Thus, when one spouse was reported as married and the other spouse was reported as widowed, the data were reviewed to determine whether one partner should be coded as Widowed in Round (8).

The data were edited to ensure some consistency across rounds. First, a person could not be coded as Never Married after previously being coded as any other marital status (e.g., Widowed). Second, a person could not be coded as Under 16 - Inapplicable after previously being coded as any other marital status. Third, a person could not be coded as Married in Round after being coded as Married in the immediately preceding round. Fourth, a person could not be assigned an in-round code (e.g., Widowed in Round) in two consecutive rounds. Since marital status can change across rounds, and since it was not feasible to edit every combination of values across rounds, unlikely sequences for marital status across the round-specific variables do exist.

The person-level identifier for each individual’s spouse is reported in SPOUID31, SPOUID42, SPOUID53, and SPOUID22. These are the PIDs (within each family) of the person identified as

the spouse during Round 7/3/1, Round 8/4/2, and Round 9/5/3, and as of December 31, 2022, respectively. If no spouse was identified in the household, the variable was coded as No Spouse in House (995). Those with unknown marital status were coded as Marital Status Unknown (996). Persons younger than 16 were coded as Less than 16 Years Old (997).

The SPOUIN31, SPOUIN42, SPOUIN53, and SPOUIN22 variables indicate whether a person's spouse was present in the RU during Round 7/3/1, Round 8/4/2, and Round 9/5/3, and as of December 31, 2022, respectively. If the person had no spouse in the household, the response was coded as Not Married/No Spouse (2). For persons younger than 16, the response was coded as Under 16 - Inapplicable (3).

The SPOUID and SPOUIN variables were obtained from question RE900, in which the respondent was asked to identify how each pair of persons in the household was related. Analysts should note that this information was collected in a set of questions separate from the questions about marital status. While editing was performed to ensure that SPOUID and SPOUIN were consistent within each round, there was no consistency check between these variables and marital status in a given round. Apparent discrepancies between marital status and spouse information may be a result of any of the following three causes:

1. Ambiguity as to when, during a round, a change in marital status occurred. This uncertainty is a result of relationship information being asked for all persons living in the household at any time during the round, while marital status is asked as of the interview date (e.g., If one spouse died during the reference period, the surviving spouse's marital status would be Widowed in Round, but SPOUIN and SPOUID for the same round would indicate that a spouse was present).
2. Valid discrepancies in the case of persons who are married but not living with their spouse or are separating but are still living together.
3. Discrepancies that cannot be explained for either of the previous reasons.

Student Status and Educational Attainment

The variables FTSTU31X, FTSTU42X, FTSTU53X, and FTSTU22X indicate whether the person was a full-time student at the interview date (or on December 31, 2022, for FTSTU22X). These variables have valid values for all persons aged 17-23. When this education question was asked during Round 1 of Panel 27 it was based on age as of the 2021 NHIS interview date.

Education questions were asked only when persons first entered MEPS, typically in Round 1 for most people. It should be noted that education questions were changed with data collection in 2012 and then changed back to the original questions with data collection in 2015. The variables associated with the original education questions (data collection in 2011 and prior years, and 2015 and subsequent years) are EDUCYR and HIDEQ. The variable associated with the interim education question (data collection in 2012-2014) is EDUYRDEQ (or EDUYRDEQ with collapsed categories). The variable EDRECODE relates to variables for the original and interim education questions. As a result, different education variables are in the 2011-2015 PC PUFs based on the panel and round in which a person first entered the MEPS. The documentation for

each of the 2011-2015 years explains which education variables are in the respective files. Starting in FY 2016, EDUCYR and HIDEG are the only education variables on the files.

EDUCYR contains the number of years of education completed when entering MEPS for individuals aged 5 or older. Children younger than 5 were coded as Inapplicable (-1) regardless of whether they attended school. Individuals who were aged 5 or older and had never attended school were coded as 0. The user should note that EDUCYR is an unedited variable for which the data were only minimally cleaned.

HIDEG contains information on the highest degree of education attained when the individual entered MEPS. This information was obtained from three questions: highest grade completed, high school diploma, and highest degree. Persons younger than 16 when they first entered MEPS were coded as Under 16-- Inapplicable (8). When the response to the question about highest degree was No Degree, and the response to the question about highest grade was 13-17, the variable HIDEG was coded as High School Diploma (3). If the response to the question about highest grade completed was Refused or Don't Know, and the response to the question about highest degree was No Degree, the variable HIDEG was coded as No Degree (1). The user should note that HIDEG is an unedited variable for which the data were only minimally cleaned.

Military Service

Information on active duty military status was collected during each round of the MEPS interview. Persons on full-time active duty status at the time of the interview are identified by the variables ACTDTY31, ACTDTY42, and ACTDTY53. Those younger than 16 were coded as Under 16 - Inapplicable (3), and those older than 59 were coded as Over 59 - Inapplicable (4).

Relationship to the Reference Person within Reporting Units

For each RU, the person who owns or rents the DU is usually defined as the reference person. For student RUs, the student is defined as the reference person. (For additional information on reference persons, see Dwelling Units, Reporting Units, and Families in Section 2.5.1: Survey Administration Variables.) The relationship variables indicate the relationship of each individual to the reference person of the RU in a given round.

Starting in 2013, detailed relationships were combined for confidentiality into more general categories in the variables REFRL31X, REFRL42X, REFRL53X, and REFRL22X. These variables replaced RFREL31X, RFREL42X, RFREL53X, and RFRELyyX, which were used before 2013. The new and old variables are defined differently, so researchers using multiple years of MEPS data should refer to the documentation for prior years to ensure that their data are consistent.

Note that the categories for Child (4), Parent (7), and Sibling (8) for REFRL31X, REFRL42X, and REFRL53X, and REFRL22X changed in 2017. In 2013-2016, these categories included biological, adoptive, and step relationships, as well as in-law and foster relationships. Starting in 2017, in-law relationships have been included in Other Related, Specify (91). Foster children

were no longer included in the MEPS starting in 2017, so this relationship no longer appears in any of the categories.

Table 11

Child, Parent, and Sibling Relationship Categories and Labels

Categories		2013-2016	2017-2022
4	CHILD (BIOLGCL/ADOPT/IN-LAW/STEP/FOSTR)	CHILD BIOLOGICAL/ADOPT/STEP	
7	PARENT (BIOLGCL/ADOPT/IN-LAW/STEP/FOSTR)	PARENT BIOLOGICAL/ADOPT/STEP	
8	SIBLING (BIOLGCL/ADOPT/IN-LAW/STEP/FOSTR)	SIBLING BIOLOGICAL/ADOPT/STEP	

For the reference person, these variables have the value Household Reference Person; for all other persons in the RU, the relationship to the reference person is indicated by codes representing Spouse, Unmarried Partner, Child, and so forth. A code of 91, meaning Other Related, Specify indicates rarely observed relationships such as Mother of Partner, Partner of Sister, and so forth. If the relationship of an individual to the reference person was not determined during the round-specific interview, relationships between other RU members were used, when possible, to assign a relationship to the reference person. If MEPS data from calendar year 2022 were not sufficient to identify the relationship of an individual to the reference person, relationship variables from the 2021 MEPS or NHIS data were used to assign a relationship. In the event that a meaningful value could not be determined, or if data were missing, the relationship variable was assigned a missing value code.

If the relationship between two individuals indicated that they were spouses, but the marital status of both indicated that they were not married, their relationship was changed to nonmarital partners. In addition, the relationship variables were edited to ensure that they did not change across rounds for RUs in which the reference person did not change, with the exception of relationships identified as partner or spouse relationships.

2.5.4 Person-Level Priority Condition Variables (HIBPDX-COVYRDX53)

The Priority Conditions Enumeration (PE) section was asked in its entirety in Round 1 for all current or institutionalized persons and in Panel 27 Round 2, Panel 26 Round 4, and Panel 24 Round 8 for only new RU members. In Panel 27 Round 3 the questions about specific conditions (except joint pain and chronic bronchitis) were asked only if the person had not reported the condition in a previous round.

In FY 2020 and FY2021, “53” versions of joint pain, chronic bronchitis, and asthma follow-up variables were constructed to account for extended panels and rounds due to the COVID-19 pandemic. Beginning in FY 2022, these variables are no longer constructed, and only the “31” versions appear on the PC PUF.

Priority-condition variables that end in “DX” indicate whether the person was ever diagnosed with the condition. Follow-up questions on chronic bronchitis, joint pain, and asthma (ASSTIL31, ASATAK31, and ASTHEP31 reflect data obtained in Round 7 of Panel 24, Round 3 of Panel 26, and Rounds 1 and 3 of Panel 27. Diagnoses data (except for attention deficit hyperactivity disorder/attention deficit disorder [ADHD/ADD], diabetes, and asthma) were collected for persons older than 17. If the edited age is within range for the variable to be set, but the source data are missing because the person’s age in the CAPI instrument is not within range, the constructed variable was set to Cannot be Computed (-15). Following the same pattern, the question on ADHD/ADD was asked about persons aged 5-17, and the questions on diabetes and asthma were asked about persons of all ages. Exceptions to this pattern are the variables JTPAIN31_M18 and CHBRON31, which are described in detail in the sections below on joint pain and chronic bronchitis.

Questions were asked about the following priority conditions:

- High blood pressure, including multiple diagnoses
- Heart disease (including coronary heart disease, angina, myocardial infarction, and other unspecified heart disease)
- Stroke
- Emphysema
- Chronic bronchitis
- High cholesterol
- Cancer
- Diabetes
- Joint Pain
- Arthritis
- Asthma
- ADHD/ADD

These conditions were selected because of their relatively high prevalence and because generally accepted standards for appropriate clinical care have been developed for them. This information thus supplements other information on medical conditions that is gathered in other parts of the interview.

The data were collected at the person-by-round level (indicating whether the person was ever diagnosed with the condition) and at the condition level. If the person reported having been

diagnosed with a condition, the person-by-round variable was Yes (1), and a condition record for that medical condition was created.

The editing of the variables that represent these conditions focused on ensuring that skip patterns were consistent.

High Blood Pressure

Questions about high blood pressure, or hypertension, (HIBPDX) were asked only of persons aged 18 or older. Consequently, persons aged 17 or younger were coded as Inapplicable (-1) on these variables. These questions ascertained whether the person had ever been diagnosed as having high blood pressure (other than during pregnancy). Those who had received this diagnosis were also asked whether they had been told on two or more visits that they had high blood pressure (BPMLDX). The age of diagnosis for high blood pressure (HIBPAGED) is included in this PC PUF. This variable was top-coded at 85 years of age.

Heart Disease

Questions about heart disease were asked only of persons aged 18 or older. Consequently, persons aged 17 or younger were coded as Inapplicable (-1) on all the variables in this set. These variables include the following:

CHDDX -	Asked if the person had ever been diagnosed as having coronary heart disease
ANGIDX -	Asked if the person had ever been diagnosed as having angina, or angina pectoris
MIDX -	Asked if the person had ever been diagnosed as having a heart attack, or myocardial infarction
OHRTDX -	Asked if the person had ever been diagnosed with any other kind of heart disease or condition

The age of diagnosis for coronary heart disease (CHDAGED), angina (ANGIAGED), heart attack or myocardial infarction (MIAGED), and other kinds of heart disease (OHRTAGED) is included in this PC PUF. These variables were top-coded at 85 years of age.

Respondents who answered “Yes” to a person being diagnosed with any other kind of heart disease or condition (OHRTDX) were asked a follow-up question (OHRTTYPE) to specify other heart diseases or conditions.

Stroke

Questions about stroke (STRKDX) asked if the person (aged 18 or older) had ever been diagnosed as having had a stroke or a transient ischemic attack (TIA, or ministroke). Persons

aged 17 or younger were coded as Inapplicable (-1). The age of diagnosis for stroke or TIA (STRKAGED) is included in this PC PUF. This variable was top-coded at 85 years of age.

Emphysema

EMPHDX indicates whether a person (aged 18 or older) had ever been diagnosed with emphysema. Persons aged 17 or younger were coded as Inapplicable (-1). The age of diagnosis for emphysema (EMPHAGED) is included in this PC PUF and was top-coded at 85 years of age.

Chronic Bronchitis

CHBRON31 indicates whether a person (aged 18 or older) has had chronic bronchitis in the last 12 months. Persons aged 17 or younger were coded as Inapplicable (-1).

High Cholesterol

Questions about high cholesterol were asked of persons aged 18 or older. Consequently, persons aged 17 or younger were coded as Inapplicable (-1) on these variables. These questions ascertained whether the person had ever been diagnosed as having high cholesterol (CHOLDX). The age of diagnosis for high cholesterol (CHOLAGED) is included in this PC PUF. This variable was top-coded at 85 years of age.

Cancer

Questions about cancer were asked only of persons aged 18 or older. Consequently, persons aged 17 or younger were coded as Inapplicable (-1) on these variables. Questions about cancer (CANCERDX) ascertained whether the person had ever been diagnosed as having cancer or a malignancy of any kind. If the respondent answered “Yes,” they were asked at question PE140 what type of cancer was diagnosed. CABLADDR, CABREAST, CACERVIX, CACOLON, CALUNG, CALYMPH, CAMELANO, CAOTHER, CAPROSTA, CASKINNM, CASKINDK, and CAUTERUS indicate that the respondent selected cancer of the bladder, breast, cervix, colon, or lung; lymphoma or melanoma; cancer of the soft tissue or fat; other type of cancer; and cancer of the prostate, skin, or uterus. Cancer of the cervix or uterus could not be reported for males, and cancer of the prostate could not be reported for females.

Recoding of Cancer Variables

Specific cancer diagnosis variables with a frequency count of fewer than 20 and diagnoses considered clinically rare (i.e., appear on the National Institutes of Health’s list of rare diseases) were removed from the file for confidentiality reasons, and the corresponding variable CAOTHER, indicating diagnosis of a cancer that is not counted individually, was recoded to Yes (1), as necessary.

In data year 2022, the clinically rare cancers include the following:

- | | | |
|---------------|------------|-----------|
| • Bone | • Leukemia | • Stomach |
| • Brain | • Liver | • Testis |
| • Esophagus | • Mouth | • Throat |
| • Gallbladder | • Ovary | • Thyroid |
| • Kidney | • Pancreas | |
| • Larynx | • Rectum | |

The variable CABREAST, which indicates a diagnosis of breast cancer, was recoded to Inapplicable (-1) for males for confidentiality reasons. The corresponding value of the general cancer diagnosis variable, CANCERDX, was recoded to Cannot be Computed (-15), and the corresponding values of the remaining cancer variables were recoded to Inapplicable (-1).

Diabetes

Before 2018, the question about a diabetes diagnosis (DIABDX) was asked for each person aged 18 or older. Beginning in 2018, DIABDX_M18 replaced DIABDX, so questions about diabetes are now asked for all ages. DIABDX_M18 indicates whether each person had ever been diagnosed with diabetes (excluding gestational diabetes). The age of diagnosis of diabetes (DIABAGED) is included in this PC PUF. This variable was top-coded at 85 years of age.

Each person aged 18 or older said to have received a diagnosis of diabetes was asked to complete a special SAQ. The documentation for this questionnaire will appear in the DCS section of the Consolidated PUF.

Joint Pain

JTPAIN31_M18 indicates whether a person (aged 18 or older) had experienced pain, swelling, or stiffness around a joint in the last 12 months. This question is not intended to be used as an indicator of a diagnosis of arthritis. Persons aged 17 or younger were coded as Inapplicable (-1).

This question was skipped if the person already has an arthritis condition that is specified on the conditions roster in the PE section.

Arthritis

ARTHDX indicates whether a person (aged 18 or older) had ever been diagnosed with arthritis. Persons aged 17 or younger were coded as Inapplicable (-1). Respondents who answered “Yes” were asked a follow-up question to determine the type of arthritis. ARTHTYPE indicates

whether the diagnosis was for rheumatoid arthritis (1), osteoarthritis (2), or nonspecific arthritis (3). The age of diagnosis for arthritis (ARTHAGED) is included in this PC PUF and may have been recoded in some cases to Cannot be Computed (-15) for confidentiality reasons. This variable was top-coded at 85 years of age.

Asthma

ASTHDX indicates whether a person had ever been diagnosed with asthma. The age of diagnosis for asthma (ASTHAGED) is included in this PC PUF. This variable was top-coded at 85 years.

Respondents who answered “Yes” to having an asthma diagnosis were asked additional questions. One question (ASSTIL31) asked if the person still has asthma. Another question (ASATAK31) asked whether the person had experienced an episode of asthma or an asthma attack in the past 12 months. If the person did not experience an asthma attack in the past 12 months, a follow-up question (ASTHEP31) asked when the last asthma episode or asthma attack occurred.

Additional follow-up questions regarding asthma medication used for quick relief (ASACUT31), preventive medicine (ASPREV31), and peak flow meters (ASPKFL31) were asked if the person reported having been diagnosed with asthma (ASTHDX = 1). ASACUT31 indicates whether, during the last three months, the person had used the kind of prescription inhaler “that you breathe in through your mouth” to get quick relief from asthma symptoms. ASPREV31 indicates whether the person had ever taken the preventive kind of asthma medicine used every day to protect the lungs and prevent attacks, including both oral medicine and inhalers. ASPKFL31 indicates whether the person with asthma has a peak flow meter at home.

Respondents who answered “Yes” to ASACUT31 were asked whether the person had used more than three canisters of the quick-relief inhaler in the past three months (ASMRCN31). Respondents who answered “Yes” to ASPREV31 were asked whether the person now takes this kind of medication daily or almost daily (ASDALY31). Respondents who answered “Yes” to ASPKFL31 were asked if the person ever used a peak flow meter (ASEVFL31). Respondents who answered “Yes” to ASEVFL31 were asked when the person last used the peak flow meter (ASWNFL31).

Beginning in 2018, questions regarding asthma medication used for quick relief, as preventive medicine, and via peak flow meters have been implemented starting with Panel 22 Round 3 and Panel 23 Round 1. The following asthma variables are included in the PC PUF:

- ASSTIL31 - Does Person Still Have Asthma - Round 3/1
- ASATAK31 - Asthma Attack Last 12 Mos - Round 3/1
- ASTHEP31 - When Was Last Episode of Asthma - Round 3/1
- ASACUT31 - Used Acute Pres Inhaler Last 3 Mos- Round 3/1
- ASPREV31 - Ever Used Prev Daily Asthma Meds - Round 3/1

ASPKFL31 - Have Peak Flow Meter at Home - Round 3/1

ASMRCN31 - Used >3 Acute Cn Pres Inh Last 3 Mos - Round 3/1

ASDALY31 - Now Take Prev Daily Asthma Meds - Round 3/1

ASEVFL31 - Ever Used Peak Flow Meter - Round 3/1)

ASWNFL31 - When Last Used Peak Flow Meter - Round 3/1)

It may appear that there are discrepancies between the diagnosis variable and the follow-up variables. If a person reported asthma in the PE section in Panel 27 Round 3, ASATAK31 and ASSTIL31 were set to Inapplicable (-1), as the person had not reported asthma in Round 1.

Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder

ADHDADDX indicates whether persons aged 5 through 17 had ever been diagnosed with ADHD/ADD. Persons younger than 5 or older than 17 were coded as Inapplicable (-1). The age of diagnosis for ADHD/ADD (ADHDAGED) is included in this PC PUF.

Ever Had COVID-19 or Long COVID

Questions administered in Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3, determined whether a person had ever been diagnosed with COVID-19. When it was reported that a person had been diagnosed with COVID-19 (COVIDEVER53=Yes [1]), a series of Long COVID-19 questions or conditions that continued or developed after being diagnosed are asked. Although children under the age of 18 were asked this series of questions, they are coded to Inapplicable (-1) for confidentiality reasons. LCEVER53 indicates whether a person has had COVID-19 symptoms lasting three months or longer. If a person reports having symptoms due to COVID-19, the question COVSYNOW53 indicates whether each person currently shows symptoms of COVID-19 and how much these symptoms reduced the person's ability to carry out day-to-day activities (COVREDABIL53).

All persons who answer Yes (1) to COVIDEVER53 are asked whether their most recent COVID-19 diagnosis was within the past 12 months. If Yes (COVID12MO53=1), then the month (COVMNTHX53) and year (COVYRDX53) of diagnosis are asked.

2.5.5 Health Status Variables (RTHLTH31-COVAXNEW53)

Because the MEPS has an overlapping panel design (Round 7 for Panel 24, Round 3 for Panel 26, and Round 1 for Panel 27 overlapped; Round 8 for Panel 24, Round 4 for Panel 26, and Round 2 for Panel 27 overlapped; and Round 9 for Panel 24, Round 5 for Panel 26, and Round 3 for Panel 27 overlapped), data from the overlapping rounds have been combined across panels. For a description of variable naming for the overlapping panels, see Section 2.4. For FY 2020 and FY 2021, "53" versions of the Health Status variables were constructed to account for

extended panels and rounds due to the COVID-19 pandemic. Beginning in FY 2022, these variables are no longer constructed, and only the “31” versions appear on the PC PUF.

Health status variables in this PC PUF can be classified into the conceptually distinct sets listed below and described in this section:

- Perceived health status
- IADL (instrumental activities of daily living) and ADL (activities of daily living) limitations
- Functional and activity limitations
- Hearing, vision problems
- Disability status
- Any limitations
- Child health and preventive care
- Additional health

In general, health status variables involved the construction of person-level variables based on information collected in the Health Status section of the questionnaire. Many questions in this section were initially asked at the family level to ascertain whether anyone in the household had a particular problem or limitation. These questions were followed up with questions to determine which household member had each problem or limitation. All information ascertained at the family level has been brought to the person level for this PC PUF. Logical edits were performed in constructing the person-level variables to ensure that family-level and person-level values were consistent. Particular attention was given to cases in which missing values were reported at the family level to ensure that the appropriate information was carried to the person level.

Cases were considered inapplicable when a question was never asked because of a skip pattern in the survey (e.g., some follow-up verification questions were not asked about individuals who were aged 13 or older; questions pertaining to children’s health status were not asked about individuals older than 17). Inapplicable cases were coded as -1. Deceased persons were also coded as Inapplicable (-1).

Perceived Health Status

Data on perceived health status (RTHLTH31, RTHLTH42, and RTHLTH53) and perceived mental health status (MNHLTH31, MNHLTH42, and MNHLTH53) were collected in the PE section. The target persons of the questions in this section were current or institutionalized persons regardless of age. These questions (PE10 and PE20) asked the respondent to rate the general health and mental health of each person in the family according to the following categories: excellent, very good, good, fair, and poor.

IADL and ADL Limitations IADL Help

IADL Help

The IADL help or supervision variable IADLHP31 was constructed from a series of three questions administered in the Health Status section of the interview in Panel 24 Round 7, Panel 26 Round 3, and Panel 27 Round 1. I

The initial question (HE10) determined whether anyone in the family received help or supervision with IADLs such as using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping. If the response was “Yes,” a follow-up question (HE20) was asked to determine which household member(s) received this help or supervision. For persons under age 13, a final verification question (HE30) was asked to confirm that the IADL help or supervision was the result of an impairment or of a physical or mental health problem. If the response to the final verification question was “No,” IADLHP31 was coded No (2) for persons younger than 13.

If no one in the family was identified as receiving help or supervision with IADLs, all members of the family were coded as receiving no IADL help or supervision. When the response to the family-level question was Refused (-7), Don’t Know (-8), or Cannot be Computed (-15), all persons were coded according to the family-level response. When the response to the family-level question (HE10) was “Yes,” but no specific individuals were identified in the follow-up question as having IADL difficulties, all persons were coded as Don’t Know (-8).

ADL Help

The ADL help or supervision variable ADLHLP31 was constructed in the same manner, and for the same persons, as the IADL help variable, but it is based on questions HE40-HE60 in Panel 24 Round 7, Panel 26 Round 3 and Panel 27 Round 1. Coding conventions for missing data are the same as the conventions for the IADL variable.

Functional and Activity Limitations

A series of health status questions was asked about functional limitations; use of assistive technology and social/recreational limitations; work, housework, and school limitations; and cognitive limitations. The “31” versions of these variables incorporate data collected in Panel 24 Round 7, Panel 26 Round 3, and Panel 27 Round 1.

Functional Limitations

A series of questions were asked about functional limitations, which are defined as difficulty in performing certain specific physical actions. WLKLIM31 is the gate question. These variables were derived from a question (HE90) that was asked at the family level: “Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?” If the answer was “No,” then all family members were coded as No (2) on WLKLIM31. If the answer was “Yes,” then the specific persons who had any of these difficulties were identified and coded as Yes (1), and the remaining family members were coded as No (2). If the response to the family-level question was Don’t Know (-8), Refused (-7), Cannot be Computed (-15), or Inapplicable (-1), then the corresponding missing value code was applied to each family member’s value for WLKLIM31.

If the answer to HE90 was Yes, (1), but no specific individual was named as experiencing such difficulties, then each family member was coded as Don't Know (-8). Deceased persons were coded as Inapplicable (-1) for WLKLIM31.

If WLKLIM31 was coded Yes (1) for any family member, a subsequent series of questions was administered. The following variables correspond to the series of questions for which WLKLIM31 served as a filter:

LFTDIF31 -	Difficulty lifting 10 pounds
STPDIF31 -	Difficulty walking up 10 steps
WLKDIF31 -	Difficulty walking 3 blocks
MILDIF31 -	Difficulty walking a mile
STNDIF31 -	Difficulty standing 20 minutes
BENDIF31 -	Difficulty bending or stooping
RCHDIF31 -	Difficulty reaching over head
FNGRDF31 -	Difficulty using fingers to grasp

This series of questions was asked separately for each person whose response to WLKLIM31 was coded Yes (1). The series of questions was not asked for family members whose response to WLKLIM31 was No (2). In addition, this series was not asked about family members who were younger than 13 regardless of their status on WLKLIM31. These questions were also not asked about deceased family members. In such cases (i.e., WLKLIM31 = 2, or age < 13, or PSTATS31 = 23, 24, 31, or 61), each question in the series was coded as Inapplicable (-1). Finally, if responses to WLKLIM31 were Refused (-7), Don't Know (-8), Cannot be Computed (-15), or otherwise Inapplicable (-1), then each question in this series was coded as Inapplicable (-1).

Analysts should note that questions about functional limitations (WLKLIM31) were asked of all household members regardless of age. For the subsequent series of questions, however, persons younger than 13 were skipped and coded as Inapplicable (-1). Therefore, it is possible for someone aged 12 or younger to have been coded Yes (1) on WLKLIM31 and to have been coded Inapplicable (-1) on the subsequent series of questions.

Use of Assistive Technology and Social/Recreational Limitations

The variables indicating use of assistive technology (AIDHLP31 from question HE70) and social/recreational limitations (SOCLIM31 from question HE230) were collected initially at the family level. If there was a Yes (1) response to the family-level question, a second question identified the specific individual(s) to whom this response pertained. Each individual identified as having the difficulty was coded Yes (1) for the appropriate variable; all remaining family members were coded No (2). If the family-level response was Refused (-7), Don't Know (-8), or Cannot be Computed (-15), all persons were coded with the family-level response. When the

family-level response was “Yes,” but no specific individual was identified as having difficulty, all family members were coded as Don’t Know (-8).

Work, Housework, and School Limitations

The variable indicating any limitation in work, housework, or school (ACTLIM31) was constructed from questions HE190-HE200. Specifically, information was collected initially at the family level. If there was a Yes (1) response to the family-level question (HE190), a second question (HE200) identified the specific individual(s) to whom this response pertained. Each individual identified as having a limitation was coded Yes (1) for the appropriate variable; all remaining family members were coded No (2). If the family-level response was Refused (-7), Don’t Know (-8), or Cannot be Computed (-15), all persons were coded with the family-level response. When the family-level response was Yes (1), but no specific individual was identified as having the limitation, all family members were coded as Don’t Know (-8). Persons younger than 5 were coded as Inapplicable (-1) on ACTLIM31.

If ACTLIM31 was coded Yes (1), and the person was aged 5 or older, a follow-up question (HE210) was asked to identify the specific limitation or limitations for each person. These limitations included working at a job (WRKLIM31), doing housework (HSELIM31), or going to school (SCHLIM31). Respondents could answer Yes (1) or No (2) to each activity; thus, a person could report limitations in multiple activities. WRKLIM31, HSELIM31, and SCHLIM31 have values of Yes (1) or No (2) only if the value of ACTLIM31 was Yes (1); each variable was coded as Inapplicable (-1) if ACTLIM31 was No (2). When ACTLIM31 was Refused (-7), these variables were all coded as Refused (-7); when ACTLIM31 was Don’t Know (-8), these variables were all coded as Don’t Know (-8); and when ACTLIM31 was Cannot be Computed (-15), these variables were all coded as Cannot be Computed (-15). If a person was younger than 5 or was deceased, WRKLIM31, HSELIM31, and SCHLIM31 were each coded as Inapplicable (-1).

An additional question (corresponding to UNABLE31) asked whether the person was completely unable to work at a job, do housework, or go to school. Persons who were coded No (2), Refused (-7), Don’t Know (-8), or Cannot be Computed (-15) on ACTLIM31, were under aged 5, or were deceased were coded as Inapplicable (-1) on UNABLE31. The question related to UNABLE31 was asked once for whichever set of WRKLIM31, HSELIM31, and SCHLIM31 the person had limitations in; if a person was limited in more than one of these three activities, UNABLE31 did *not* specify whether the person was completely unable to perform all of them or only some of them.

Cognitive Limitations

The variable indicating any cognitive limitation (COGLIM31) was collected at the family level as a three-part question (HE250A to HE250C), asking whether any of the adults in the family (a) experience confusion or memory loss, (b) have problems making decisions, or (c) require supervision for their own safety. If a “Yes” response was obtained to any item, the persons affected were identified in HE260, and COGLIM31 was coded as Yes (1). Remaining family members not identified were coded as No (2) for COGLIM31.

If the responses to HE250A-HE250C were all No (2) or if two of the three were No (2), and the remaining one was Refused (-7), Don’t Know (-8), or Cannot be Computed (-15), all family

members were coded as No (2). If responses to the three questions were combinations of Don't Know (-8), Refused (-7), and missing, all persons were coded as Don't Know (-8). If the response to any of the three questions was Yes (1) but no individual was identified in HE260, all persons were coded as Don't Know (-8).

COGLIM31 reflects whether the answer to *any* of the three component questions was Yes (1). Family members with one, two, or three specific cognitive limitations cannot be distinguished from each other. In addition, because the question asked specifically about adult family members, all persons younger than 18 were coded as Inapplicable (-1) on this question.

Hearing and Vision Problems

A series of questions (HE270 to HE310) - asked in Panel 24 Round 8, Panel 26 Round 4, and Panel 27 Round 2 - provides information on hearing and visual impairment. Household members younger than 1 and deceased RU members were coded as Inapplicable (-1).

The hearing impairment variable, DFHEAR42, indicates whether a person has serious difficulty hearing. This variable is based on two questions, HE270 and HE280. The initial question (HE270) determined whether anyone in the family has difficulty hearing. If the response was Yes (1), a follow-up question (HE280) was asked to determine which household member(s) had a hearing impairment. If the family-level response was Don't Know (-8), Refused (-7), or Cannot be Computed (-15), all persons were coded with the family-level response. When the family-level response was Yes (1), but no specific individual was identified as having serious difficulty hearing, all family members were coded as Don't Know (-8).

The visual impairment variable, DFSEE42, indicates whether a person has serious difficulty seeing. This variable is based on two questions, HE290C and HE300. The initial question (HE290C) determined whether anyone in the family has difficulty seeing. If the response was Yes (1), a follow-up question (HE300) was asked to determine which household member(s) have a seeing impairment. If the family-level response was Don't Know (-8), Refused (-7), or Cannot be Computed (-15), all persons were coded with the family-level response. When the family-level response was Yes (1) but no specific individual was identified as having serious difficulty seeing, all family members were coded as Don't Know (-8).

Disability Status

A series of questions (HE310-HE380) in Panel 24 Round 8, Panel 26 Round 4, and Panel 27 Round 2 provides information on cognitive difficulty, difficulty walking or climbing stairs, difficulty dressing or bathing, and difficulty doing errands. Questions regarding cognitive difficulty, difficulty walking or climbing stairs, and difficulty dressing or bathing were asked for household members aged 5 or older. The question regarding difficulty doing errands was asked of household members aged 15 or older. Deceased RU members were coded as Inapplicable (-1).

DFCOG42 indicates whether a person has serious cognitive difficulty. This variable is based on two questions, HE310 and HE320. The initial question (HE310) determined whether anyone in the family has difficulty concentrating, remembering, or making decisions. If the response was

Yes (1), a follow-up question (HE320) was asked to determine which household member(s) have difficulty concentrating, remembering, or making decisions. If the family-level response was Don't Know (-8), Refused (-7), or Cannot be Computed (-15), all persons were coded with the family-level response. When the family-level response was Yes (1), but no specific individual was identified as having serious cognitive difficulty, all family members were coded as Don't Know (-8).

DFWLKC42 indicates whether a person has serious difficulty walking or climbing stairs. This variable is based on two questions, HE330 and HE340. The initial question (HE330) determined whether anyone in the family has serious difficulty walking or climbing stairs. If the response was Yes (1), a follow-up question (HE340) was asked to determine which household member(s) have difficulty walking or climbing stairs. If the family-level response was Don't Know (-8), Refused (-7), or Cannot be Computed (-15), all persons were coded with the family-level response. When the family-level response was Yes (1), but no specific individual was identified as having serious difficulty walking or climbing stairs, all family members were coded as Don't Know (-8).

DFDRSB42 indicates whether a person has difficulty dressing or bathing. This variable is based on two questions, HE350 and HE360. The initial question (HE350) determined whether anyone in the family has difficulty dressing or bathing. If the response was Yes (1), a follow-up question (HE360) was asked to determine which household member(s) have difficulty dressing or bathing. If the family-level response was Don't Know (-8), Refused (-7), or Cannot be Computed (-15), all persons were coded with the family-level response. When the family-level response was Yes (1), but no specific individual was identified as having difficulty dressing or bathing, all family members were coded as Don't Know (-8).

DFERND42 indicates whether a person has difficulty doing errands alone. This variable is based on two questions, HE370 and HE380. The initial question (HE370) determined whether anyone in the family has difficulty doing errands alone. If the response was Yes (1), a follow-up question (HE380) was asked to determine which household member(s) have difficulty doing errands alone. If the family-level response was Don't Know (-8), Refused (-7), or Cannot be Computed (-15), all persons were coded with the family-level response. When the family-level response was Yes (1), but no specific individual was identified as having difficulty doing errands alone, all family members were coded as Don't Know (-8).

Any Limitation Rounds 7 and 8 (Panel 24), Rounds 3 and 4 (Panel 26), Rounds 1 and 2 (Panel 27)

ANYLMI22 summarizes whether a person had any IADL, ADL, functional, or activity limitations in any of the pertinent rounds. ANYLMI22 was built from the component variables IADLHP31, ADLHLP31, WLKLIM31, ACTLIM31, DFSEE42, and DFHEAR42. If any of these components was coded Yes (1), then ANYLMI22 was coded Yes (1). If all components were coded No (2), then ANYLMI22 was coded No (2). If all the components were coded Inapplicable (-1), then ANYLMI22 was coded as Inapplicable (-1). If all the components had missing value codes (i.e., -7, -8, or -1), ANYLMI22 was coded as Cannot be Computed (-15). If some components were coded "No (2)," and others had missing value codes, ANYLMI22 was

coded as Cannot be Computed (-15). The exception to the last rule is for children younger than 5, for whom questions that are the basis for ACTLIM31 were not asked; for these RU members, if all other components were coded No (2), then ANYLMI22 was coded No (2). The variable name of ANYLMI22 departs slightly from conventions. Variables that end in “22” typically refer only to 2022. However, some of the variables used to construct ANYLMI22 were assessed in 2023, so some information from early 2023 was incorporated into this variable.

Child Health and Preventive Care

Questions were asked about each child (younger than 18 excluding deceased children) in the applicable age subgroups to which the questions pertain. For the Child Preventive Health (CS) variables, a code of Inapplicable (-1) was assigned if a person was deceased; was not in the appropriate round (2, 4, or 8); or was not in the applicable age subgroup as of the interview date. The PC PUF contains variables and frequency distributions from the CS section associated with 5,653 children who were eligible for this section. Children were eligible when PSTATS42 was not equal to 23, 24, 31, 61 (Deceased) and when $0 \leq \text{AGE42X} \leq 17$. Of these children, 4,199 were assigned a positive person-level weight for 2022 ($\text{PERWT22P} > 0$). Cases not eligible for the CS section should be excluded from estimates made with the data in this section.

Starting in 2018, the series of questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the Columbia Impairment Scale (CIS) has been administered every other year. CAHPS is an AHRQ-sponsored family of survey instruments designed to measure quality of care from the consumer’s perspective. CAPI is being used to administer the CAHPS and CIS series as follows:

- In Rounds 2 and 6 for the panels whose Round 1 collection occurred in an odd year and
- In Rounds 4 and 8 for the panels whose Round 1 collection occurred in an even year.

Therefore, because Panel 27 Round 1 collection started in 2022, the Panel 26 Round 1 collection started in 2021, and the Panel 24 Round 1 collection started in 2019, the CAHPS and CIS questions were not asked in 2022, and their corresponding variables are not included in the 2022 dataset.

In addition, the child preventive care series has been administered every other year since 2018. CAPI is being used to administer the child preventive care series as follows:

- In Rounds 2 and 6 for the panels whose Round 1 collection occurred in an even year and
- In Rounds 4 and 8 for the panels whose Round 1 collection occurred in an odd year.

Therefore, the child preventive care questions were asked in 2022 and are included in the 2022 dataset.

Table 12*Data Years in which the Subsections of the CS Section have been Asked*

Child Health Survey Section	2018	2019	2020	2021	2022
Special Health Care Needs	X	X	X	X	X
Child Preventive Care	X		X		X
Columbia Impairment Scale (CIS)		X		X	
Consumer Assessment of Healthcare Providers and Systems (CAHPS)		X		X	

Children with Special Health Care Needs Screener (ages 0-17)

The Children with Special Health Care Needs (CSHCN) Screener instrument was developed through a national collaborative process as part of the Child and Adolescent Health Measurement Initiative coordinated by the Foundation for Accountability. Bethel, Read, & Stein (2002) provide a key description and evaluation of this screener instrument. Questions in the screener are asked about children aged 0-17. In general, the screener identifies children with activity limitations or who need or use more health care or other services than is usual for most children of the same age. When a response to a gate question was set to No (2), Refused (-7), Don't Know (-8), or Cannot be Computed (-15), the variables corresponding to follow-up questions based on the gate question were coded as Inapplicable (-1).

The variable CSHCN42 identifies children with special health care needs and was created by using the CSHCN screener questions according to the specifications in Bethel, Read, & Stein (2002). The CSHCN screener consists of a series of question sequences about the following five health consequences: the need for or use of medicines prescribed by a doctor; the need for or use of more medical care, mental health, or education services than is usual for most children; being limited in or prevented from doing things most children can do; the need for or use of special therapy such as physical, occupational, or speech therapy; and the need for or use of treatment or counseling for emotional, developmental, or behavioral problems. Parents who responded "Yes" to any of the gate questions in the five question sequences were then asked to respond to up to two follow-up questions about whether the health consequence was attributable to a medical, behavioral, or other health condition lasting or expected to last at least 12 months. Children with positive responses to at least one of the five health consequences along with all of the follow-up questions were identified as having a special health care need. Children with a "No" to all five health consequences were *not* considered to have a special health care need. Children whose special health care need status could not be determined (because of missing data for any of the questions) were coded as Unknown (3) for CSHCN42. More [information about the CSHCN screener questions](#) can be obtained from the website for the Child and Adolescent Health Measurement Initiative.

The variables corresponding to the CSHCN screener questions include the following:

- CHPMED42 - Child needs or uses prescribed medicines
- CHPMHB42 - Prescribed medicines were because of a medical, behavioral, or other health condition
- CHPMC42 - Health condition that causes a person to need prescribed medicines has lasted or is expected to last for at least 12 months
- CHSERV42 - Child needs or uses more medical care, mental health, or education services than is usual for most children of the same age
- CHSRHB42 - Child needs or uses more medical and other service because of a medical, behavioral, or other health condition
- CHSRC42 - Health condition that causes a person to need or use more medical and other services has lasted or is expected to last for at least 12 months
- CHLIMI42 - Child is limited or prevented in any way in ability to do the things most children of the same age can do
- CHLIHB42 - Child is limited in the ability to do the things most children can do because of a medical, behavioral, or other health condition
- CHLICO42 - Health condition that causes a person to be limited in the ability to do the things most children can do has lasted or is expected to last for at least 12 months
- CHTHER42 - Child needs or gets special therapy such as physical, occupational, or speech therapy
- CHTHHB42 - Child needs or gets special therapy because of a medical, behavioral, or other health condition
- CHTHCO42 - Health condition that causes a person to need or get special therapy has lasted or is expected to last for at least 12 months
- CHCOUN42 - Child has an emotional, developmental, or behavioral problem for which they need or get treatment or counseling
- CHEMPB42 - Problem for which a person needs or gets treatment or counseling is a condition that has lasted or is expected to last for at least 12 months
- CSHCN42 - Identifies children with special health care needs

Child Preventive Care (age range depends on question)

A series of questions asked about amounts and types of preventive care a child may receive when going to see a doctor or other health provider. Questions were asked of children of different age

groups depending on the nature of the questions. When a response to a gate question was set to No (2), Refused (-7), Don't Know (-8), or Cannot be Computed (-15), follow-up variables based on the gate question were coded as Inapplicable (-1). Variables in this set include the following:

- MESHGT42 - Doctor or other health provider ever measured child's height (0-17)
- WHNHGT42 - When doctor or other health provider measured child's height (0-17)
- MESWGT42 - Doctor or other health provider ever measured child's weight (0-17)
- WHNWGT42 - When doctor or other health provider measured child's weight (0-17)
- CHBMIX42 - Child's Body Mass Index (BMI) as based on child's reported height and weight (6-17)
- MESVIS42 - Doctor or other health provider ever checked child's vision (3-6)
- EATHLT42 - Doctor or other health provider ever given advice about child's eating healthy (2-17)
- WHNEAT42 - When doctor or other health provider gave advice about eating healthy (2-17)
- PHYSCL42 - Doctor or other health provider ever given advice about the amount and kind of exercise, sports or physically active hobbies the child should have (2-17)
- WHNPHY42 - When doctor or other health provider gave advice about exercise (2-17)
- SAFEST42 - Doctor or other health provider ever given advice about using a safety seat when child rides in the car (weight \leq 40 pounds or age 0-4 if weight is missing)
- WHNSAF42 - When doctor or other health provider gave advice about using a safety seat (weight \leq 40 pounds or age 0-4 if weight is missing)
- BOOST42 - Doctor or other health provider ever given advice about using a booster seat when child rides in the car (weight between 41 and 80 pounds or age $>$ 4 and age \leq 9 if weight is missing)
- WHNBST42 - When doctor or other health provider gave advice about using a booster seat (weight between 41 and 80 pounds or age $>$ 4 and age \leq 9 if weight is missing)
- LAPBLT42 - Doctor or other health provider ever given advice about using lap and shoulder belts when child rides in the car (weight $>$ 80 pounds or age $>$ 9 if weight is missing)

- WHNLAP42 - When doctor or other health provider gave advice about using lap and shoulder belts (weight > 80 pounds or age > 9 if weight is missing)
- HELMET42 - Doctor or other health provider ever given advice about the child's using a helmet when riding a bicycle or motorcycle (2-17)
- WHNHEL42 - When doctor or other health provider gave advice about the child's using a helmet when riding a bicycle or motorcycle (2-17)
- NOSMOK42 - Doctor or other health provider ever given advice about how smoking in the house can be bad for child's health (0-17)
- WHNSMK42 - When doctor or other health provider gave advice about how smoking in the house can be bad for the child's health (0-17)
- TIMALN42 - During last health care visit, doctor or other health provider spent any time alone with the child (12-17)

Because of confidentiality concerns and restrictions, child height and weight variables are not included on the PC PUF. Instead, a Body Mass Index (BMI) variable, CHBMIX42, is included. For the 2001 and 2002 PUFs, CHBMIX42 was included for children aged 3-17; all children aged 2 or younger were given an Inapplicable (-1) code. Starting with the 2003 PC PUF, CHBMIX42 is included for children aged 6-17; children aged 5 or younger were given an Inapplicable (-1) code.

Please note: analysts can have access to the height and weight variables and/or can construct a BMI variable of their own through the [AHRQ Data Center](#).

The steps used to calculate the BMI for children aged 6-17 are as follows:

1. Construct child height and weight variables HGTFT42, HGTIN42, WGTLB42 using collected data
2. Create a preliminary dataset containing height, weight, sex, and age data
3. Generate a preliminary child BMI using the preliminary dataset and the procedure for calculating the BMI for children as described on the [Centers for Disease Control and Prevention website](#).
4. Create the child BMI variable CHBMIX42 using the preliminary child BMI, setting deceased persons, persons aged 18 or older, and persons aged 5 or younger to Inapplicable (-1)

As indicated in step 2 above, a preliminary SAS data set containing height, weight, sex, and age data for children aged 6-17 in FY 2022 was created. One SAS program and one SAS dataset were downloaded from the Centers for Disease Control and Prevention website for the purpose of calculating the BMI for children (step 3). The program used the preliminary dataset of

children to generate a preliminary child BMI based on the [2000 CDC growth charts](#). The program used the following formula to calculate the preliminary BMI for children:

$$\text{Weight in Kilograms} / [(\text{Height in Centimeters}/100)]^2$$

Note that weight in pounds and ounces was converted to weight in kilograms in the preliminary dataset. Similarly, height in feet and inches was converted to height in centimeters in the preliminary dataset.

As indicated in step 4 above, the child BMI variable CHBMIX42 was calculated using this preliminary BMI from step 3. Deceased persons, persons aged 18 or older, and children aged 6 or younger were set to Inapplicable (-1) for CHBMIX42. Children aged 6-17 with a missing value for height in feet (HGTFT42 is Refused [-7], Don't Know [-8], or Cannot be Computed [-15]) and/or weight in pounds (WGTLB42 is Refused [-7], Don't Know [-8], or Cannot be Computed [-15]) were set to Cannot be Computed [-15] for CHBMIX42. Children whose height in feet was 0 and height in inches was missing (HGTIN42 is Refused [-7], Don't Know [-8], or Cannot be Computed [-15]) were set to Cannot be Computed [-15] for CHBMIX42.

CHBMIX42 is top-coded at 50 and bottom-coded at 10. CHBMIX42 was recoded to Cannot be Computed (-15) for children with a height of fewer than 3 feet or greater than 8 feet.

All other children aged 6-17 have a calculated BMI for FY 2022.

Additional Health Variables

The Additional Healthcare (AH) section of the MEPS includes questions that correspond to the following variables: LSTETH53 (has person lost all natural [permanent] teeth), PHYEXE53 (currently spends half hour or more in moderate to vigorous physical activity at least five times a week), and OFTSMK53 (how often smokes cigarettes). These questions are asked every year of each person aged 18 or older. A code of Inapplicable (-1) was assigned if the person was deceased or younger than 18. In 2022, these variables include data collected in Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3.

COVID-19 Vaccination Status

The CV section gathered information regarding vaccination and booster shots ever received for COVID-19 for all members of the RU in Panel 24 Rounds 7 and 8, Panel 26 Rounds 3 and 4, and Panel 27 Round 2. COVAXEVR31 and COVAXEVR42 are round-specific measures of ever having received a COVID-19 vaccination. Sample members who were reported as ever vaccinated as of 2021 (CVVACCINE42=1 in the 2021 Consolidated PUF) had COVAXEVR31/42 coded Yes (1). BOOSTERSHOT31/42 indicates whether the person had ever received a COVID-19 vaccine booster shot. In Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3, the COVID-19 vaccination variables transitioned from being collected in the CV section to the AH section, and COVAXEVR53 was constructed from the AH questions. Persons who previously answered questions about receiving a COVID-19 vaccination were only asked

whether they received a vaccination since the prior round, which is indicated by COVAXNEW53.

Self-Administered Questionnaire (SAQ)

The SAQ variables will be released on the 2022 Consolidated PUF.

Diabetes Care Survey (DCS)

The DCS is a self-administered paper-and-pencil questionnaire fielded during Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3. The survey data and documentation of the data will be included only in the full year Consolidated PUF (HC-243).

2.5.6 Disability Days Indicator Variables (DDNWRK22-OTHNDD22)

The Disability Days (DD) section of the core interview contains questions about time lost from work because of a physical illness or injury, or a mental or emotional problem. Data were collected on each individual in the household. The questions were repeated in each round of interviews; this PC PUF contains data from Rounds 7, 8, and 9 for Panel 24, initiated in 2019; Rounds 3, 4, and 5 for Panel 26, initiated in 2021; and Rounds 1, 2, and 3 for Panel 27, initiated in 2022.

Beginning in FY 2015, annualized versions of these variables were constructed for release rather than using the previously released versions, which were round- and panel-specific. The number at the end of the variable name (22) identifies the variable as representing data from 2022. Because of confidentiality concerns, the annual DD variables, which represent the number of days a person missed work (DDNWRK22 and OTHNDD22), were top-coded to mask values that exceed the top half of 1 percent of the population.

The reference period for the DD questions runs from the beginning of the panel or the previous interview date to the current interview date. Analysts should be aware that Round 7 of Panel 24, Round 3 of Panel 26, and Round 3 of Panel 27 are conducted across years. The DD variables reflect only the data pertinent to the calendar year (i.e., the current delivery year of 2022). Analysts who are interested in examining DD data across years can link to other person-level PUFs using the DUPERSID.

The flow of the DD section relies on the person's age as of the interview date. Therefore, the round-specific constructed age variables (AGE31X, AGE42X, and AGE53X) were used to construct the comparable round-specific DD building-block variables. Because of the age-specific nature of the DD section, age data from other rounds should not be used when the person's age for the round is missing.

The variable DDNWRK22 represents the number of times the person lost a half-day or more from work because of illness, injury, or mental or emotional problems during the calendar year. A response of No work days lost was coded 0; if the person did not work, this variable was

coded Inapplicable (-1). Analysts should note that there are cases when EMPST## = 1 or 2 (Has current job or job to return to), and DDNWRK22 contains a positive value, indicating the number of times the person lost a half-day or more from work. This situation arises because the responses to the DD questions are independent of the responses to the employment questions. Persons who were younger than 16 or whose age is missing (AGE##X was set to -1) were not asked about work days lost, so the variable was coded Inapplicable (-1) for these persons.

A final set of DD variables indicates both whether an individual took a half-day or more off from work to care for the health problems of another individual in the family and the number of days missed. OTHDYS22 indicates whether a person missed work because of someone else's illness, injury, or health care needs, for example, to take care of a sick child or relative. This variable has three possible answers based on the setting of DDNWRK22: Yes - missed work to care for another (1); No - did not miss work to care for another (2); or the person does not work (-1). Persons younger than 16 and persons whose age is missing were not asked this question and were also coded as -1 (in a small number of cases, this was not done for the 1996 data, so analysts will need to make this edit when doing longitudinal analyses).

OTHNDD22 indicates the number of days in which work was lost because of another's health problem. Persons younger than 16, those whose age is missing, those who do not work, and those who answered "No" to OTHDYS22 were skipped out of OTHNDD22 and coded as Inapplicable (-1).

Note that because DD variables use only the data from Round 7 of Panel 24, Round 3 of Panel 26, and Round 3 of Panel 27 that are pertinent to the data year, it is possible for a person to report missing work to care for the health problems of another individual (OTHDYS22 = 1) but to also report no days missed (OTHNDD22 = 0). This combination indicates that the person did not miss those workdays during the data year. These variables were edited to preserve the skip patterns. Data were not imputed for persons with missing data.

The variables DDNWRK22 and OTHNDD22 are annualized variables derived from responses to questions at each interview round. If the round-specific responses included a mix of missing values (-1, -7, -8, or 0), then the annualized variables were set to Cannot be Computed (-15) on the PC PUF. This editing results in elevated rates of -15 values for these variables compared with other variables on the PC PUF.

2.5.7 Access to Care Variables (ACCELI42-AFRDPM42)

The variables ACCELI42 through AFRDPM42 describe data from the Access to Care (AC) section of the MEPS HC questionnaire, which was administered in Panel 24 Round 8, Panel 26 Round 4, and Panel 27 Round 2. This supplement gathers information on family members' usual source of health care (USC); characteristics of the USC provider; access to and satisfaction with the USC provider; and affordability of medical treatment, dental treatment, and prescription medicines.

The variable ACCELI42 indicates whether persons were eligible to receive the AC section. Persons with ACCELI42 set to Inapplicable (-1) should be excluded from estimates made with the AC data.

Family Members' Usual Source of Health Care

For each family member, the AC section ascertains whether there is a particular doctor's office, clinic, health center, or other place that the individual usually goes to if they are sick or need advice about their health (HAVEUS42).

PRACTP42 indicates whether a USC provider has their own practice that is not part of a group practice, health center, clinic, or other facility. For family members who have a USC provider, question AC30 ascertains the type of practice, which was coded as follows:

- 1 - Own Practice, Not Part of Group/Facility
- 2 - Practice Associated with Group/Facility

YNOUSC42_M18 indicates the main reason why a person does not have a USC provider. For family members who do not, question AC40 ascertains the main reason why. The reasons were coded as follows:

- 1 - Seldom or Never Sick
- 2 - Recently Moved to Area
- 3 - Just Changed Insurance Plans
- 4 - No Health Insurance, Oth Insurance-Related Issue
- 5 - Don't Know Where to Go for Care
- 6 - USC in This Area No Longer Available
- 7 - Likes to Go to Different Places for Different Health Needs
- 8 - Don't Use Doctors/Treat Self
- 9 - Cost of Medical Care
- 10 - No Health Insurance
- 91 - Other Reason

In 2018, YNOUSC42 was renamed as YNOUSC42_M18 because the list of answer categories changed.

Characteristics of Usual Source of Health Care Providers

The AC section collects information about the characteristics of each unique USC provider for a given family. If a person does not have a USC provider - that is, HAVEUS42 was set to No (2),

Refused (-7), Don't Know (-8), or Cannot be Computed (-15) - these variables were set to Inapplicable (-1).

The basis for the AC provider questions is PROVTY42_M18. This variable indicates whether the person's provider is a Facility (1), a Person (2), or a Person-in-Facility (3). PROVTY42_M18 is a copy of PROVTYPE_M18 (Provider Type) for persons who have a USC provider.

Depending on how PROVTYPE_M18 is set, persons are asked about the provider's location, the provider's personal characteristics (e.g., race), the provider's accessibility, and the person's satisfaction with the provider. In 2018, PROVTY42 was renamed PROVTY42_M18 because of changes to CAPI.

Provider Location

Two variables indicate the location of the provider. For facility or person-in-facility types of providers, PLCTYP42 indicates whether the person's facility is a Hospital Clinic or Outpatient Department (1), Hospital Emergency Room (2), or Other Kind of Place (3). According to the CAPI flow, persons do not report the type of facility for person-type providers; therefore, if PROVTY42_M18 was set to Person (2), PLCTYP42 was set to Inapplicable (-1). For all provider types, including person-type, LOCATN42 indicates whether the person's provider is located in an Office (1), a Hospital but Not the Emergency Room (2), or a Hospital Emergency Room (3).

Personal Characteristics of Providers

For person and person-in-facility types of providers, TYPEPE42 indicates the person's type of doctor or other medical provider. The possible values include the following:

- 1 - MD - General/Family Practice
- 2 - MD - Internal Medicine
- 3 - MD - Pediatrics
- 4 - MD - OB/Gyn
- 5 - MD - Surgery
- 6 - MD - Other
- 7 - Chiropractor
- 8 - Nurse
- 9 - Nurse Practitioner
- 10 - Physician's Assistant
- 11 - Other non-MD Provider
- 12 - Unknown

- 13 - MD - Cardiologist
- 14 - Doctor of Osteopathy
- 15 - MD - Endocrinologist
- 16 - MD - Gastroenterologist
- 17 - MD - Geriatrician
- 18 - MD - Nephrologist
- 19 - MD - Oncologist
- 20 - MD - Pulmonologist
- 21 - MD - Rheumatologist
- 22 - Psychiatrist/Psychologist
- 23 - MD - Neurologist
- 24 - Alternative Care Provider

TYPEPE42 was constructed from variables collected at several questions:

- AC70: “Is provider a medical doctor?” (PROV.MEDTYPE_M18);
- AC80: “Is provider a nurse, nurse practitioner, physician’s assistant, midwife, or some other kind of person?” (PROV.OTHTYPE_M18); and
- AC90: “What is provider’s specialty?” (PROV.MDSPECLT_M18).

If respondents chose Other (91) at AC80 or AC90, they were asked at AC80OS or AC90OS, respectively, to verbally explain the type of provider or medical doctor. These explanations, known as text strings, can be recoded to one of the existing categorical values listed above or, if the frequency of the response warrants it, to additional categorical values. Recoding is described in greater detail below under Satisfaction with the Provider.

The AC section also collects demographic information about person and person-in-facility types of providers (PROVTY42 = 2 or 3). Six variables indicate the provider’s race: WHITPR42 (White), BLCKPR42 (Black/African American), ASIANP42 (Asian), NATAMP42 (Indian/Native American/Alaska Native), PACISP42 (Other Pacific Islander), and OTHRCP42 (Other Race). The respondent may choose more than one race for a single provider. These variables reflect the answer categories given at AC110.

In addition to the race variables, two other demographic variables were created: HSPLAP42 indicates whether the provider is Hispanic or Latino, and GENDRP42 indicates whether the provider is Male (1) or Female (2).

Using Constructed Variables to Describe the Usual Source of Care Provider

The variables describing a person's USC provider can be used in combination to present a broader picture of the provider. For example, a person-in-facility provider with a particular person named who is a White, Hispanic, female pediatrician with no other race specified and whose location is in a hospital is coded as follows:

3 - PROVTY42_M18	2 - ASIANP42
1 - PLCTYP42	2 - NATAMP42
3 - TYPEPE42	2 - PACISP42
1 - HSPLAP42	2 - OTHRCP42
1 - WHITPR42	2 - GENDRP42
2 - BLCKPR42	2 - LOCATN42

Access to and Satisfaction with the Provider

The AC section collects information regarding the person's ability to access the USC provider as well as the person's satisfaction with the USC provider.

Access to the Provider

TMTKUS42 indicates how long it takes the person to travel to the USC provider: Less Than 15 Minutes (1), 15 to 30 Minutes (2), 31 to 60 Minutes (3), 61 to 90 Minutes (4), 91 Minutes to 120 Minutes (5), or More than 120 Minutes (6).

OFFHOU42, PHNREG42, and AFTHOU42 assess aspects of the USC provider that may make it difficult for the person to contact this provider. OFFHOU42 indicates whether the provider has office hours at night or on the weekend. The remaining two variables reflect the person's rating of the difficulty of accessing the USC provider by phone (PHNREG42) and after hours (AFTHOU42). The person has the following choices: Very Difficult (1), Somewhat Difficult (2), Not Too Difficult (3), or Not at All Difficult (4).

Satisfaction with the Provider

The variables in this section reflect the person's satisfaction with the USC provider. The level of satisfaction was examined through four questions: Does the USC provider (a) usually ask about prescription medications and treatments other doctors may give them (TREATM42), (b) ask the person to help make decisions about treatment options (DECIDE42), (c) present and explain all options to the person (EXPLOP42), and (d) speak the person's language or provide translator services (PRVSPK42).

PRVSPK42 was set to a value other than Inapplicable (-1) for persons eligible for the AC supplement who had a usual source of care, were identified as speaking a language other than English at home (OTHLGSPK = 1), and speak English either Not Well or Not at All

(HWELLSPK = 3 or 4). PRVSPK42 was set to Inapplicable (-1) for all persons not meeting these criteria or who were deceased, institutionalized, or younger than 5.

If the person was younger than 5 in Round 1 and aged 5 in Round 2 of the first-year panel or in Round 4 of the second-year panel, and if the source data are missing, PRVSPK42 was set to Inapplicable (-1); if the source data are available, PRVSPK42 was set per specifications.

Affordability of Medical Care, Dental Care, and Prescription Medicines

The AC supplement gathers information on whether care was not received or was delayed because of cost in the past 12 months. These questions are split into three sections that ask about medical care, dental care, and prescription medicines. Each section asks whether the person did not receive care because they could not afford it (AFRDCA42, AFRDDN42, AFRDPM42). The affordability variables indicate with a value of Yes (1) that the person needed care but was unable to afford it and a value of No (2) that the person did not have any unmet needs for that type of care because of the cost.

Respondents were also asked if anyone in the household delayed receiving care because of worry about cost (DLAYCA42, DLAYDN42, DLAYPM42). The delay variables indicate with a value of Yes (1) that the person was delayed in receiving that type of care because of worry about the cost and a value of No (2) that the person was not delayed in seeking that type of care because of the worry about the cost.

Editing the Access to Care Variables

Editing consisted primarily of logical editing for consistency with skip patterns. Other editing included the construction of new response values and new variables describing the recoding of “other specify” text items into existing or new categorical values, which are described in the section directly below.

Not all variables or categories that appear in the AC section of the MEPS questionnaire are included on the PC PUF, as some small cells have been suppressed to maintain confidentiality.

Recoding of Additional Other Specify Text Items

For items AC80 and AC90, the “other specify” text responses were reviewed and coded as an existing or new value for the related categorical variables.

OTHTYPE_M18 and MDSPECLT_M18 were used to construct the variable TYPEPE42. The variables’ text strings can be recoded to each other’s categories. For example, for persons who indicated that their USC provider is not a medical doctor (PROV.MEDTYPE = 2), the other type of USC provider is other (PROV.OTHTYPE = 91), and the text string collected, which is GYNECOLOGIST, TYPEPE42, would be set to MD - OB/GYN (4) instead of OTHER NON-MD PROVIDER (11).

Delayed Medical Care, Dental Care, and Prescription Medicines due to the Coronavirus Pandemic

Questions that ascertained whether anyone in the household delayed receiving care because of the COVID-19 pandemic are no longer asked, and the variables CVDLAYCA31, CVDLAYCA42, CVDLAYCA53 (Delay Med Care For COVID R3/1, R4/2, R5/3), CVDLAYDN31, CVDLAYDN42, CVDLAYDN53 (Delay Getting Dental For COVID R3/1, R4/2, R5/3), and CVDLAYPM31, CVDLAYPM42, CVDLAYPM53 (Delay Getting PMED For COVID R3/1, R4/2, R5/3) have been removed from the PC PUF.

COVID-19 Vaccination Status

The variables CVVACCINE42 and CVVACCINE53, which were round-specific measures of ever having received the COVID-19 vaccination, and BOOSTERSHOT53, which indicated whether a person had received a COVID-19 vaccine booster shot before December 31, 2021, are no longer constructed for the PC PUF. New indicators of COVID-19 vaccination status are found in Sections 2.5.4 and 2.5.5.

2.5.8 Employment Variables (EMPST31-OFREMP53)

Employment questions were asked of all persons aged 16 or older at the time of the interview. Employment variables consist of person-level indicators such as employment status and job-related variables such as hourly wage for persons whose edited age is 16 or older. All job-specific variables refer to a person's current main job (CMJ). This job, defined by the respondent, indicates the main source of employment.

Historically, most employment variables pertain to the interview date for Rounds 1- 4, and to December 31 of the delivery year for Round 5 of a second-year panel. In 2022, employment variables were constructed to reflect responses from an additional panel. Panel 24 was fielded for a fourth year and includes responses from the Round 7, Round 8, and Round 9 interviews. (Panel 25 is not included in the 2022 file because it ended after five rounds, on December 31, 2021.)

In 2022, Panel 26 Round 3 and Panel 24 Round 7 were fielded as cross-year rounds in which respondents were asked to provide information about the reference period between the prior interview date in 2021 (Rounds 2 and 6, respectively) and the current round interview date in 2022. Panel 27 Round 3 was also fielded as a cross-year round in which respondents were asked to provide information about the reference period between the prior interview date in 2022 (Round 2) and the Round 3 interview date (occurring in 2023).

In contrast, Panel 26 Round 5 and Panel 24 Round 9 were fielded as 2022 terminal rounds in which respondents were asked to provide relevant information between the prior interview date in 2022 (Rounds 4 and 8, respectively) and December 31, 2022.

Table 13**Reference Periods Used in the Construction of Employment Variables**

Panel/round	Reference period (construction)	EM variable reference year(s)
Panel 24		
<i>Round 7</i>	Round 6 2021 intvw thru Round 7 2022 intvw date	2021-2022
<i>Round 8</i>	Round 7 2022 intvw thru Round 8 2022 intvw date	2022
<i>Round 9</i>	Round 8 2022 intvw thru Dec 31, 2022	2022
Panel 26		
<i>Round 3</i>	Round 2 2021 thru Round 3 2022 intvw date	2021-2022
<i>Round 4</i>	Round 3 2022 intvw thru Round 4 2022 intvw date	2022
<i>Round 5</i>	Round 4 2022 intvw thru Dec 31, 2022	2022
Panel 27		
<i>Round 1</i>	Jan 1, 2022 thru Round 1 2022 intvw date	2022
<i>Round 2</i>	Round 1 2022 intvw thru Round 2 2022 intvw date	2022
<i>Round 3</i>	Round 2 2022 intvw thru Round 3 2023 intvw date	2022-2023

No additional adjustments were necessary for the 2022 variables. When performing longitudinal analyses, users combining 2022 data with 2021 and 2020 MEPS data should refer to the 2020 documentation to fully understand the adjustments that were made for Panel 23 variables in Round 5 and Round 6 in the 2020 file.

The variable naming protocol for 2022 is consistent with all prior years. As mentioned in Section 2.4, the dates of rounds have historically been indicated by two numbers following the variable name. The first number represents the round for second-panel persons (Panel 26), and the second number represents the round for first-panel persons (Panel 27). For example, EMPST31 refers to employment status on the Round 3 interview date for Panel 26 persons and to employment status on the Round 1 interview date for Panel 27 persons. In 2022, a fourth-year panel is included in each of the “31,” “42,” and “53” variables, but the round numbers of this panel (7/8/9) are not included in the variable names. For example, the 2022 version of EMPST31 (noted above) will also include employment status on the Round 7 interview date for Panel 24. All employment variables reflect the inclusion of the fourth year of Panel 24. Panel 24 Round 7 information is contained in the “31” variables, Panel 24 Round 8 information is contained in the “42” variables, and Panel 24 Round 9 information is contained in the “53” variables. (Some users might find it helpful to think of these variables as [7]31, [8]42, and [9]53, even though the naming convention remains as 31, 42, and 53).

With the exception of some health insurance and wage variables, no attempt has been made to logically edit any employment variables. When missing, values were imputed for certain persons’ hourly wages. Because of confidentiality concerns, hourly wages greater than or equal to \$119.23 were top-coded to -10, and the variable for the number of employees was top-coded at 500. With the exception of a variable indicating whether the employer has more than one

location (MORE31, MORE42, MORE53), all employer-specific variables on the PC PUF refer to the specific establishment that is the location of a person's CMJ.

For users interested in additional jobs (i.e., current miscellaneous, former main job, and others) or in additional details about the CMJ (including any wage update NHRWGrr that occurred in a prior year), please refer to the Jobs Public Use File (hereafter referred to as the Jobs PUF) for the current delivery year.

The MEPS Employment (EM) section used dependent interviewing in Rounds 2-9. If employment status and certain job characteristics did not change from the previous round, as identified in the Review of Employment (RJ) section, the respondent was skipped through the main EM section. The code Determined in Previous Round (-2) is used to indicate that the information in the question was obtained in a previous round. Determined in Previous Round (-2) is not an allowed value for any "31" variables. It may only be used on "42" or "53" variables.

For example, if HRWG42X (Round 8 interview date hourly wage for Panel 24 persons or Round 4 interview date hourly wage for Panel 26 persons or Round 2 interview date hourly wage for Panel 27 persons) is coded as Determined in Previous Round (-2), it means that hourly wage was collected in a previous round. In this case, users would need to refer to HRWG31X (Round 7 interview date hourly wage for Panel 24 persons or Round 3 interview date hourly wage for Panel 26 persons or Round 1 interview date hourly wage for Panel 27 persons) to obtain the value for HRWG42X. The -2 value for HRWG42X indicates that the person was skipped past the hourly wage question at the time of the Round 8/4/2 interview. The same coding applies to HRWG53X when a person was skipped past the Round 9/5/3 interview. Note that users may find a positive value in the HRWG31X (Round 7/3/1 hourly wage), or they may find that the variable was coded Inapplicable (-1). Unlike HRWG42X and HRWG53X, HRWG31X does not contain -2 values.

The following variables contain information from the first report of the CMJ and will be set to -2 in subsequent rounds as long as the person is still employed at the CMJ. If a person changes CMJs, the variable will not contain -2. Instead, it will reflect the value as reported in the round at the new CMJ or it will be set to -1 in cases where a person has no CMJ in the round. With the exception of wage variables, questions associated with these variables are asked only one time for a CMJ.

- | | | |
|----------|----------|----------|
| • BSNTY | • JOBORG | • SICPAY |
| • CHOIC | • MORE | • STJBMM |
| • HOUR | • NUMEMP | • STJBYY |
| • HRHOW | • OCCCAT | • SELFCM |
| • HRWGX | • PAYDR | • SSNLJB |
| • HRWGIM | • PAYVAC | • TEMPJB |
| • INDCAT | • RETPLN | • UNION |

For persons who skipped the associated CAPI question for these variables in Round 7/3, the prior year hourly wage value is used to populate the “31” variable HRWG31X. The prior year round from which information was collected for such cases is contained in the RNDFLG31 variable. These cases are discussed in more detail below when RNDFLG31 is described.

To determine who should be skipped through the various employment questions, certain information, such as employment status (EMPST), had to be asked in every round. Note that -2 codes do not apply to questions asked in every round, such as questions about employment status. Moreover, questions about whether the person currently works at more than one job (MORJOB) or whether the person holds health insurance from a current main employer (HELDX) are asked in every round, so these variables also do not have a -2 code. Therefore, in addition to “31” variables, variables that do not use -2 codes because associated questions may be asked in every round or in multiple rounds are as follows:

- Person’s Work Experience/Status Variables

- CHGJ/CHGJ
- EMPST
- EVRETIRE
- EVRWRK
- MORJOB
- NWK
- YCHJ/YCHJ

- Insurance Variables

- DISVWX
- HELDX
- OFFERX
- OFREMP

While wage questions are asked in each round, responses are stored differently. As noted above, HRWG31X will contain the value calculated from responses of the initial report of the job. In subsequent rounds, when the respondent indicates the wage has changed (DIFFWG=1), NHRWG stores the updated wage information. For this reason, -2 is not applicable to either DIFFWG or NHRWG. Because -2 processing does not apply to these variables, it is important to note, that DIFFWG and NHRWG on this 2022 PC PUF will not contain any information related to a wage change for the CMJ if it occurred before 2022. Users must access the prior year PC

PUF(s) or the 2022 Jobs PUF to obtain the value of NHRWG when the most recent CMJ wage update occurred in a prior year.

For variables using the -2 dependent interviewing, CMJ job characteristic values from the prior year Round 53 are carried forward into Round 31 if the CMJ continues into the next year. Therefore, (a) Panel 24 persons who had a CMJ in Round 7 that continued from a job first reported in Round 1 or 2 of 2019, (b) Panel 24 persons who had a CMJ in Round 7 that continued from a job first reported in Round 3 or 4 of 2020, (c) Panel 24 persons who had a CMJ in Round 7 that continued from a job first reported in Round 5 or Round 6 of 2021, and (d) Panel 26 persons who have a CMJ in Round 3 that continued from a job first reported in Round 1 or Round 2 of 2021 will not have the -2 code in the 2022 PC PUF Round 31 variables. Instead, the 2022 PC PUF Round 31 variables will have values copied forward from a prior year PC PUF from the year and round in which the CMJ was first reported. The reason for not using code -2 in these cases is that prior year employment variables are not included in the current year PC PUF and, therefore, are not easily accessible for users (and in some cases, the data could be impossible to obtain). Instead, the values for the variables resulting from skipped questions were copied from the appropriate prior year files (2019, 2020, or 2021) to the 2022 PC PUF “31” variable, depending on the round in which the job first became the CMJ, as follows:

- The Panel 24 Round 1 or 2 constructed variable from the 2019 PC PUF, or
- The Panel 24 Round 3 or 4 constructed variable from the 2020 PC PUF, or
- The Panel 24 Round 5 or 6 constructed variable from the 2021 PC PUF, or
- The Panel 26 Round 1 or 2 constructed variable from the 2021 PC PUF.

The accompanying 2022 variable RNDFLG31 indicates the round from which these employment data were collected. For example, if a Panel 26 person has a Round 3 CMJ that continues from Round 2 and was first reported as the CMJ in Round 2, then HRWG31X in the 2022 PC PUF will be a copy of the HRWG42X variable from the 2021 PC PUF, and RNDFLG31 in the 2022 PC PUF will be 2, indicating the round in which the job was first reported as the CMJ. More information regarding construction of “31” variables is found throughout this section.

Employment Status (EMPST31, EMPST42, and EMPST53)

All persons aged 16 or older were asked about their employment status. Allowable responses to these questions were as follows:

- “Currently employed” if the person had a job at the interview date;
- “Has a job to return to” if the person did not work during the reference period but had a job to return to as of the interview date;
- “Employed during the reference period” if the person had no job at the interview date but did work during the round; and

- “Not employed with no job to return to” if the person did not have a job at the interview date, did not work during the reference period, and did not have a job to which they could return.

These responses were mutually exclusive. A CMJ was defined for persons who either reported that they were currently employed and identified a CMJ or who reported and identified a job to return to. Therefore, job-specific information such as hourly wage exists for persons not currently working at the interview date but who have a job to return to as of the interview date. EMPST is constructed using the edited age variable AGEX described in Section 2.5.3 Demographic Variables. Due to differences between reported and edited age values, job records may appear on the Jobs PUF where the person’s edited age is less than 16. In these cases, the full year person-level variables will indicate no employment, even though the job records for these individuals will continue to contain valid employment information. While this typically occurs in the second panel of a full year delivery, it may, in rare instances, occur in the first panel as well.

Analysts should note that there are cases in which EMPST = 4 (not employed during round), and DDNWRK22 has a positive value, indicating the number of times the person lost a half-day or more from work. This situation occurs because the responses to the Disability Days (DD) section questions are independent of the responses to the employment questions.

Data Collection Round for Current Main Job in Round 7, 3, or 1 (RNDFLG31)

As mentioned, the values for most “31” variables were copied forward from the variable in the 2019, 2020, or 2021 PC PUF that represents the round in which the job was first reported as the CMJ for the following persons: (a) a Panel 26 person with a Round 3 CMJ that is a continuation CMJ from Round 1 or Round 2 or (b) a Panel 24 person with a Round 7 CMJ that is a continuation CMJ from Round 1, 2, 3, 4, 5, or 6. Therefore, for persons in Panel 24 or Panel 26, RNDFLG31 indicates the 2019, 2020, or 2021 round in which the Round 7 or Round 3 CMJ was first reported as the CMJ. This variable also provides a time frame for the reported wage information and other job details. RNDFLG31 is used with many “31” variables to indicate the round in which the reported information is based.

- | | | |
|----------|----------|-----------|
| • BSNTY | • JOBORG | • SICPAY |
| • CHOIC | • MORE | • STJBMM |
| • HOUR | • NUMEMP | • STJBYY |
| • HRHOW | • OCCCAT | • SELFCEM |
| • HRWGX | • PAYDR | • SSNLJB |
| • HRWGIM | • PAYVAC | • TEMPJB |
| • INDCAT | • RETPLN | • UNION |

RNDFLG31 was set to Inapplicable (-1) for persons in any panel who were younger than 16 or who did not have a CMJ in Panel 24 Round 7, Panel 26 Round 3, or Panel 27 Round 1. For persons who were part of Panel 24, RNDFLG31 was also set to “Inapplicable” (-1) if the person was out-of-scope in the 2022 portion of Round 7. For persons who were part of Panel 26, RNDFLG31 was also set to Inapplicable (-1) if the person was out-of-scope in the 2022 portion of Round 3. For persons who were part of Panel 27, RNDFLG31 was also set to Inapplicable (-1) if the person was out-of-scope in Round 1. Values for RNDFLG31 were set as follows:

- 1 - Continuing Panel 24 Round 7, Panel 26 Round 3 CMJ reported first in Round 1, or Panel 27 Round 1 CMJ newly reported as current main in Round 1
- 2 - Continuing Panel 24 Round 7 or Panel 26 Round 3 CMJ reported first in Round 2
- 3 - Continuing Panel 24 Round 7 or Panel 26 Round 3 CMJ newly reported as current main in Round 3
- 4 - Continuing Panel 24 Round 7 CMJ reported first in Round 4
- 5 - Continuing Panel 24 Round 7 CMJ reported first in Round 5
- 6 - Continuing Panel 24 Round 7 CMJ reported first in Round 6
- 7 - Panel 24 Round 7 CMJ newly reported as current main in Round 7
- 15 - Panel 24 Round 7 or Panel 26 Round 3 CMJ is a continuation CMJ (wage information and other details were not collected in Round 7/Round 3), but the Round 6/Round 2 CMJ record either does not exist or is not the same job. This setting applies even when there is a corresponding Round 1, 2, 3, 4, or 5 CMJ for Panel 24 or Round 1 CMJ for Panel 26. This pattern can occur in rare instances when corrections made to a person’s record in a current file cannot be made to that record in an earlier file because of database processing constraints. Corrections are made on the basis of respondents’ comments in subsequent rounds that affect employment information previously reported. Users may refer to previously released Jobs PUFs to review rosters as follows:
 - 2019 Jobs PUF - for Panel 24 Rounds 1-3 rosters, or
 - 2020 Jobs PUF - for Panel 24 Rounds 3-5 rosters, and
 - 2021 Jobs PUF - for Panel 24 Rounds 5-7 rosters or Panel 26 Rounds 1-3 rosters

Variable Construction Where CMJ is New in Cross-Year Round

As noted above, in cases where a person’s CMJ continues from a prior PUF, data are copied from prior year PUF files using RNDFLG31 to select the correct year-round.

Information for new CMJs reported in cross-year rounds, such as Round 7 for Panel 24 and Round 3 for Panel 26 in 2022, have RNDFLG31 of 7 and 3, respectively and are processed differently. Data for these rounds are constructed twice, once in the first delivery year of the round and a second time in the second delivery year of the round. In the first delivery year, new CMJ information is constructed on “53” variables. In the second delivery year, new CMJ information is constructed for a second time and stored on “31” variables. Values from “53” variables are not copied into “31” variables. Instead, variables are constructed for a second time. Thus, users may notice different values.

For instance, a Panel 24 Round 7 respondent reports working 30 hours per week at a new Round 7 CMJ. Therefore, in the 2021 PC PUF, which was the first delivery year of Panel 24 Round 7, HOUR53 was set to 30. However, a comment provided in Round 8 indicates that the job holder has always worked 40 hours per week at the job. The variable on which the PC PUF variable HOUR is based, HRSPRWK, is updated from 30 to 40. Then, in the second delivery year, RNDFLG31 is set to 7 and HOUR31 is set to 40.

Constructing variables in the second delivery year ensures that more current feedback provided by respondents in Round 8 or Round 9 for Panel 24 or Round 4 or Round 5 for Panel 26 to questions only asked in the first report of the job is reflected in “31” variables.

In cases where a wage at a new CMJ reported in a cross-year round requires imputation, the wage is imputed separately in each delivery year. Similarly, the bottom code value of the variable STJBYY is also recalculated based on the second delivery year. Refer to the section below that describes STJBYY. Remaining “31” variables, such as HELD or OFFER, are set based on updated information collected in the current round and reflect responses from the current round.

Self-Employed (SELFCM31, SELFCM42, and SELFCM53)

Information on whether an individual is self-employed at the CMJ was obtained for all persons who reported a CMJ. If an individual reported that they are self-employed at their CMJ, they were also asked to identify whether the self-employed business is incorporated, a proprietorship, or a partnership (BSNTY31, BSNTY42, BSNTY53). These questions were not asked of individuals who are not self-employed and, as a result, individuals who are not self-employed are coded with Inapplicable (-1).

Alternatively, several variables were constructed for wage earners only, not for self-employed individuals. These variables include benefits, employment characteristics, and hourly wage variables (covered in the following two sections). As noted in these sections, self-employed individuals were coded with Inapplicable (-1) for benefits, employment characteristics, and hourly wage variables.

Benefits and Employment Characteristics (PAYDR31/42/53, SICPAY31/42/53, PAYVAC31/42/53, RETPLN31/42/53, MORE31/42/53, JOBORG31/42/53)

Several variables were constructed only for individuals who reported not being self-employed at their CMJ. These individuals were asked questions to indicate whether the establishment reported as the main source of employment offered any of the following benefits:

- Paid leave to visit a doctor (PAYDR31, PAYDR42, and PAYDR53),
- Paid sick leave (SICPAY31, SICPAY42, and SICPAY53),
- Paid vacation (PAYVAC31, PAYVAC42, and PAYVAC53), or
- Pension plan (RETPLN31, RETPLN42, and RETPLN53).

These individuals were also asked about whether the firm had more than one business location (MORE31, MORE42, MORE53) and whether it was a private for-profit, nonprofit, or a government entity (JOBORG31, JOBORG42, JOBORG53). These questions are only asked once, in the round when the CMJ is first reported. For persons who are self-employed at their CMJ, all of the variables detailed in this section were coded as Inapplicable (-1).

Hourly Wage (HRWG31X, HRWG42X, HRWG53X), Wage Update Variable (DIFFWG31, DIFFWG42, DIFFWG53), and Updated Hourly Wage (NHRWG31, NHRWG42, NHRWG53)

Hourly wage was constructed for all persons who reported a CMJ that is not self-employment (SELFCM). HRWG31X, HRWG42X, and HRWG53X provide the wage amount reported initially for a person's CMJ. HRWGrrX is collected only once, in the round when the CMJ is first reported. It does not reflect any changes in CMJ wage over time.

Changes in wage are captured in variables for updated wage (NHRWG31, NHRWG42, and NHRWG53). If the CMJ continues into subsequent rounds, DIFFWG31, DIFFWG42, and DIFFWG53 indicate whether the wage changed in the current round, and NHRWG31, NHRWG42, and NHRWG53 indicate the updated wage reported in the current round. It is important to note that DIFFWGrr and NHRWGrr apply only to the current round of the current year. Users wishing to collect the most recent wage will need to consider a combination of HRWGrrX and NHRWGrr in all rounds of the CMJ, potentially including rounds from prior years. For example, consider a Panel 26 person who reported a CMJ in Round 1 (2021) with an initial wage (HRWG31X on the 2021 PC PUF), and then reported a wage change in Round 2 (2021) (NHRWG42 on the 2021 PC PUF), and continued the job through 2022 with no other wage changes. HRWG31X from 2021 would be copied forward to HRWG31X on the 2022 file, but NHRWG31, NHRWG42, and NHRWG53 on the 2022 file would contain -1 because the wage was not updated during Rounds 3-5. In order to obtain the updated wage for this scenario, users would need to link back to the 2021 PC PUF to collect the 2022 value of NHRWG42 or link to the 2022 Jobs PUF (where more detailed job information is stored).

The initial hourly wage variables (HRWG31X, HRWG42X, HRWG53X) in this PC PUF should be considered along with their accompanying variables, HRHOW31, HRHOW42, and HRHOW53, which indicate how the hourly wage was constructed for the respective round.

HRWGX and HRHOW will use -2 to indicate the first reported wage may be found in a preceding round. RNDFLG31 is also applicable to HRWG31X/HRHOW31 since it will indicate the round the initial “31” CMJ was reported. In cases where more than one HRWGX variable is set to a positive value, it indicates the person has changed CMJs in the round. HRWGX will reflect the wage at the new CMJ. Because NHRWG reflects an updated wage amount in the round, values for NHRWG do not copy forward, nor does it use -2. Therefore, in order to determine the current wage in the round, users may obtain complete information from the 2022 Jobs PUF or refer to NHRWG values from prior year PC PUFs.

Hourly wage could be derived, as applicable, from a large number of source variables. In the simplest case, hourly wage was reported directly by the respondent. For other persons, the construction of the hourly wage was based on salary, the time period on which the salary was based, and the number of hours worked per time period. If the number of hours worked per time period was not available, a value of 40 hours per week was assumed, as identified in the HRHOW variable.

To assist interviewers during the collection of wage amounts, CAPI prompts the respondent to confirm wages reported in the Employment Wage section if a wage amount falls outside a specified range. Ranges vary depending on the unit of pay, as follows:

Table 14

Units of Pay and Corresponding Wage Ranges

Unit of pay	Wage range
Per year	\$5,000-\$200,000
Per month	\$375-\$20,000
Per 2-week period	\$150-\$10,000
Per week	\$75-\$5,000
Per day	\$10-\$750
Per hour	\$1-\$125

When there was not enough information to calculate the initial hourly wage, the initial hourly wage variables HRWG31X, HRWG42X, and HRWG53X were imputed by using a weighted sequential hot-deck procedure for individuals who reported a CMJ (and were not self-employed) but did not know their wage or refused to report a wage. The hourly wage for persons whose employment status was not known was coded as Cannot be Computed (-15). Wages were also imputed for earners who reported a wage range instead of a specific wage value. For each of these persons, a value was imputed from other persons on the file who did report a specific value that fell within the reported range. Wages from 2019, 2020, 2021, and 2022 were eligible “donors” in this process, expanding the donor pool to cover 4 years instead of the typical 2 years. This expansion of the donor pool allowed AHRQ to maintain a donor pool that is the similar in

size to pools in prior releases, but it does mean that some recipients were assigned a donor wage from 4 years prior.

The variables HRWGIM31, HRWGIM42, and HRWGIM53 identify persons whose wages were imputed. Note that wages were imputed only for persons with a positive person-level and/or a positive family-level weight.

The variables DIFFWG31, DIFFWG42, and DIFFWG53 indicate whether a person's wage amount changed in the current round from the amount in the previous round at a continuing CMJ. NHRWG31, NHRWG42, and NHRWG53 contain the updated wage amount that was reported in the current round. Neither DIFFWG nor NHRWG use -2 or RNDFLG31 since they reflect responses (or lack thereof) in the current round. DIFFWG and NHRWG apply only to the current round.

While the question regarding wage changes pertains to the primary wage at the CMJ, respondents occasionally update a person's supplemental wage at this question. In these cases, users should note that DIFFWGrr will indicate an updated wage in the round, but the HRWGrrX variable may contain the same value as the NHRWGrr variable for that round.

For all Panel 27 Round 1 persons, DIFFWG31 and NHRWG31 were set to Inapplicable (-1) because this was the first round that wages could be reported for these persons. In Rounds 2-9 for all panels, no imputation was performed on NHRWG31, NHRWG42, or NHRWG53. Instead, when an updated wage amount was Don't Know (-8) or Refused (-7), NHRWG31, NHRWG42, and/or NHRWG53 were set to Cannot be Computed (-15).

For persons whose hourly wage variable (HRWG31X, HRWG42X, and/or HRWG53X) was imputed, and the respondent provides an updated wage amount in a subsequent round, the new wage in that round (NHRWG31, NHRWG42, and/or NHRWG53) is not presented. Instead, NHRWG31, NHRWG42, and/or NHRWG53 for that round was set to Initial Wage Imputed (-13) to indicate that the initial HRWG31X, HRWG42X, and/or HRWG53X was imputed. Users are able to access the value reported for updated wage for these jobs by referring to the Jobs PUF. Lastly, because NHRWG and DIFFWG always reflect current round of current year, NHRWG31 and DIFFWG31 were constructed from the current round response and are not a copy of NHRWG53 and DIFFWG53 from the prior year.

In 2022, wage information has been logically edited for consistency by using established rules and guidance from AHRQ. Outliers are checked for persons who report a wage change, and the new reported wage is (a) substantially different from the prior wage (change $\geq 100\%$), (b) no different from prior wage, (c) low in value ($\$0 < \text{wage} < \1), or (d) higher in value than the prior year's top-code value. There are numerous sources for these types of errors, including keystroke or respondent error. In 2022, approximately 100 wages were reviewed per panel, resulting in approximately 64 persons whose wage variables, HRWG31X/NHRWG, were edited overall. In rare circumstances, updates were applied to HRWG31X that contained a value reported in a PC PUF from a previous year. These decisions were made by AHRQ when reviewing extreme wage reports. Editing of wage outliers is another reason a "53" wage may differ from a "31" wage across delivery years.

Users should note that outliers were not edited in 2020, which included Panel 24, and should therefore be mindful when using the wage variables, especially when comparing 2020 wages to wages in other data years. To help users identify cases that would have been reviewed (but not necessarily edited) in this process, the 2020 data includes variables that flag outliers. These round-specific flag variables OUTFLAG31, OUTFLAG42, and OUTFLAG53 indicate that a person's updated wage at the CMJ would have been programmatically selected for review during the 2020 wage outlier editing process (but not necessarily edited). Although the OUTFLAGrr variables only appear on the 2020 PC PUF, they could be relevant to continuing wages on the 2021 PC PUF that were first reported in 2020. More information on these variables may be found in the documentation MEPS HC-224: 2020 Full-Year Consolidated Public Use File. OUTFLAGrr variables were not constructed for the 2021 or 2022 PC PUF because outliers were reviewed in 2021 and 2022.

For reasons of confidentiality, the hourly wage variables were top-coded. A value of -10 indicates that the hourly wage was greater than or equal to \$119.23. The top-coding process used the highest calculated wage for an individual regardless of whether it was reported in the HRWG31X, HRWG42X, and HRWG53X variable or the NHRWG31, NHRWG42, and NHRWG53 variable. All wages for a person were top-coded if any wage variable was at or above the top-code amount.

To protect the confidentiality of persons across deliveries, the same top-code amount of \$119.23 used in this PC PUF was also applied to the 2022 Jobs PUF. Moreover, any person who was top coded in the PC PUF also had their job records top coded in the Jobs PUF. Because a person can have other jobs besides a CMJ that are included in the corresponding 2022 Jobs PUF, wages at these other jobs were reviewed in the top-coding process. In some cases, wages reported at the CMJ were below the top-code amount, while the wage at another job (i.e., former main job or current miscellaneous job) had to be top-coded. Therefore, to further protect the confidentiality of such persons across deliveries, wages reported at all jobs in the 2022 Jobs PUF were top-coded at \$119.23 and the wages at the CMJ (HRWG31X, HRWG42X, HRWG53X, NHRWG31, NHRWG42, and NHRWG53) included in this PC PUF were also top-coded at \$119.23.

In rare cases, additional top coding may be required due to CMJ wages reported in the 2022 Jobs PUF that were last delivered in the 2019-2021 PC PUF for Panel 24 or in the 2021 PC PUF for Panel 26. These are cases where the wage at a continuing Round 7 of Panel 24 or Round 3 of Panel 26 CMJ was updated in a prior PUF and it has not changed since. That wage exists on the 2022 Jobs PUF and, when greater than or equal to the top coded value, was top coded in the current year. Therefore, wages for these persons were also top coded in the 2022 PC PUF.

Health Insurance (HELD31X, HELD42X, HELD53X, OFFER31X, OFFER42X, OFFER53X, CHOIC31, CHOIC42, CHOIC53, DISVW31X, DISVW42X, DISVW53X, OFREMP31, OFREMP42, OFREMP53)

Several employment-related health insurance measures are included in this PC PUF: health insurance held at a CMJ (HELD31X, HELD42X, HELD53X), health insurance offered through a CMJ (OFFER31X, OFFER42X, OFFER53X), health insurance offered to anyone through the CMJ employer (OFREMP31, OFREMP42, OFREMP53), and choice of health plans available

through the CMJ (CHOIC31, CHOIC42, CHOIC53). This collection of variables reflects the insurance status in the current round. They were logically edited for consistency in each round.

MEPS asks whether the person holds health insurance through the CMJ (HELDX) in the first round in which the person is reported as having that job. If the person does not hold health insurance at the job, then a follow-up question is asked as to whether the person was offered insurance but declined coverage (OFFERX). If the person neither holds nor was offered health insurance at the job, then an additional question is asked to determine whether any other employees at the CMJ were offered health insurance (OFREMP). If the person either holds insurance from the job or was offered insurance at the job, then an additional question is asked to determine whether a choice of health plans is available at the job (CHOIC). Before Panel 23 Round 9, Panel 24 Round 7, Panel 25 Round 5, and Panel 26 Round 3, when the responses to the questions that correspond to HELDX or OFFERX were Refused (-7) or Don't Know (-8), CHOIC was also coded -7/-8 even though the question that populates CHOIC was not asked. As of Panel 23 Round 9, Panel 24 Round 7, Panel 25 Round 5, and Panel 26 Round 3, CHOIC is coded Cannot be Computed (-15) for these variables if the responses were Refused (-7) or Don't Know (-8) to reflect that a value cannot be calculated for CHOIC as a result of skip patterns.

In the rounds after a job is first reported, the Review of Jobs (RJ) section has the same series of insurance questions with one exception; it does not ask whether there is a choice of health insurance plans at an employer. This question is only asked in the round in which the job is first reported (in the EM section).

In rounds after the job is first reported, one of two “held” questions (whether a person now holds health insurance through the employer) is asked in the RJ section to determine whether there was any change in coverage.

Question RJ70 (HELDX) is asked if insurance was offered but not taken by the employee when the job was first reported and when no coverage has been reported since the initial round.

Question RJ80 (HELDX) is asked under the following circumstances:

- Insurance coverage through the job ended in a prior round; or
- Insurance coverage through the job was never reported, and the person was not offered insurance through the job in the round in which the job was first reported; or
- The respondent disavowed insurance coverage in the Health Insurance (HX) section despite having previously indicated insurance coverage through the job in the EM section of the interview; or
- Beginning in Panel 23 Round 9, Panel 24 Round 7, Panel 25 Round 5, and Panel 26 Round 3, persons who reported new employer-sponsored health insurance coverage in the prior round through the CMJ, but the insurance covered the person for only part of that round (see the detailed explanation in the remainder of this section).

MEPS then includes several clarifying questions regarding health insurance status and availability of coverage to the job holder through an employer. When the person did not report, did not know, or refused to indicate having health insurance through their job at RJ70, or when the person did not report having health insurance coverage through their job at RJ80, the respondent was asked if the person was offered insurance (OFFERX). Last, when a respondent indicated that the job holder of a reviewed job neither holds nor was offered health insurance at the job, the respondent was asked whether *any other* employees at the job were offered health insurance (OFREMP).

If a person does hold insurance through their job, then that person was not asked the offer question, and the OFFERX variable was automatically set to Yes (1). Data users should note that OFREMP was automatically set to 1 when the job holder has health insurance coverage through the job (HELDX=1) or when health insurance is offered to the employee at their job (OFFERX=1).

Responses in the EM and RJ sections for health insurance held were recoded to be consistent with the variables in the HX section of the survey.

For persons who responded in the EM or RJ sections that they held health insurance coverage through the employer but then disavowed (said they did not have) the coverage in the HX section, the MEPS includes follow-up questions regarding whether health insurance was offered (either to the employee or to any other employee, depending on responses to questions) and whether more than one plan was available. This information was used in an edit process whereby responses to these questions in the Health Insurance section were transferred to insurance variables set in the EM section or the RJ section. The round-specific flag variable DISVWX reflects the respondent's disavowal of coverage at the CMJ in the current round.

Beginning with Panel 23 Round 9, Panel 24 Round 7, Panel 25 Round 5, and Panel 26 Round 3, two CAPI changes have affected how insurance information is collected in the EM and RJ sections.

1. RJ80 (HELDX) is asked if a person reported new health insurance in the prior round, but that coverage was not active at the interview date; that is, a response of No (2) at HQ01 "Was {PERSON} covered the whole time from {START DATE} until {END DATE}?" and at HQ02 "Is {PERSON} covered now?". This CAPI change means that more respondents could be asked whether the person was offered insurance or whether other employees were offered insurance at the employer establishment. The result is that HELDX, OFFERX, OFREMP could have fewer Cannot be Computed (-15) values.
2. If a jobholder has insurance through the employer (Yes [1] at EM660), and that person belongs to a union (Yes [1] at EM700), respondents were asked to indicate whether the health insurance is from the employer/business or the union at EM710. Either or both establishments may be the source of insurance. Before the CAPI change, when both establishments were selected, two sets of private insurance coverage were created in the HX section. Now, only the primary source of private insurance coverage is created in the HX section. As part of the CAPI change, respondents are now required to identify the *primary* source - either the

employer/business or the union - if the person indicates both provide insurance, as follows.

- 1 - Employer
- 2 - Union
- 3 - Both Employer and Union (Employer Is Primary)
- 4 - Both Employer and Union (Union Is Primary)

The result of these CAPI changes is that persons who report having insurance through both union and employer sources in the EM section will no longer have the secondary source of insurance coverage recorded in the HX section. However, respondents continue to have the opportunity to report any additional private coverage in the HX section at HX190/HX200.

Hours (HOUR31, HOUR42, HOUR53)

The hours variables refer to usual hours worked per week at the CMJ. Note that when the respondent estimated hours worked per week at 35 hours or more, HOUR31, HOUR42, and HOUR53 were set to 40.

Temporary (TEMPJB31, TEMPJB42, TEMPJB53) and Seasonal (SSNLJB31, SSNLJB42, SSNLJB53) Jobs

The temporary job variables (TEMPJB31, TEMPJB42, TEMPJB53) indicate whether a *newly reported* CMJ lasts for only a limited amount of time or until a project is completed.

The seasonal job variables (SSNLJB31, SSNLJB42, SSNLJB53) indicate whether the *newly reported* CMJ is only available during certain times of the year. SSNLJB was coded Yes (1) if the job is only available during certain times of the year; SSNLJB was coded No (2) if the job is year round. Teachers and other school personnel who work only during the school year are considered to work year round.

Both variables are set on CMJs regardless of whether a person is self-employed or not. These questions were asked only in the round in which the job was newly reported. Consequently, in rounds following the initial report, a code of Determined in Previous Round (-2) is used to indicate that the information in the question was obtained in a previous round. This differs from some previous files in which both questions were asked in each round, and -2 was not an allowed value. Analysts using either of these variables over multiple years of MEPS should refer to documentation for each year to ensure that the data they are using for the variable are consistent.

Number of Employees (NUMEMP31, NUMEMP42, NUMEMP53)

NUMEMP indicates the number of employees at the location of the person's CMJ. For confidentiality reasons, this variable has been top-coded at 500 or more employees. For respondents who do not know the specific number of employees at the establishment, a categorical question was offered as an alternative. In these cases, a numerical value for NUMEMP was constructed by using a median estimated size calculated from donors within the reported categorical range. As always, median values may vary across panels/rounds because calculations are panel/round specific. One noticeable difference in 2022, however, was on medians calculated for NUMEMP53 in the highest estimated range (101-500 employees). The median establishment sizes were 200 in Round 3 of Panel 27, 150 in Round 5 of Panel 26, and 300 in Round 9 of Panel 24. Otherwise, differences were generally less pronounced.

CAPI does not accept an establishment size value of 0 as an indication of the total number of employees working at a *self-employed business*. However, CAPI does allow a person who is *not self-employed* at a job to indicate an establishment size of 0. NUMEMP was set to "Cannot be Computed" (-15) when 0 was entered as establishment size for *not self-employed*.

Other Employment CMJ Characteristic Variables

Information about industry and occupation types for a person's CMJ at the interview date is also in this PC PUF. Based on verbatim text strings collected during the interview, numeric industry and occupation codes are assigned by trained coders at the Census Bureau. The coders used 2007 Census Industry and 2010 Census Occupation Coding schemes, which were developed for the Bureau's Current Population Survey (CPS) and American Community Survey. Users should note that coding schemes are comparable for the FY 2010 through FY 2022 data files. Earlier versions of Census coding schemes were used in files before FY 2010.

CMJs were initially coded at the 4-digit level for both industry and occupation. For confidentiality reasons, these codes were then condensed into broader groups for release on the file. INDCAT31, INDCAT42, and INDCAT53 represent the condensed industry codes for a person's CMJ at the interview date. OCCCAT31, OCCCAT42, and OCCCAT53 represent the condensed occupation codes for a person's CMJ at the interview date.

This PC PUF incorporates crosswalks showing how the detailed 2007 Census industry codes (Appendix 2) and the 2010 Census occupation codes (Appendix 3) were collapsed into the condensed codes on the file. The schemes used in this file can be linked directly to the 2007 North American Industry Code System and the 2010 Standard Occupation Code scheme by going to the [U.S. Census Bureau website](https://www.census.gov) where a variety of additional crosswalks is also available.

Information indicating whether a person belonged to a labor union (UNION31, UNION42, and UNION53) is also contained in this release.

The month and year in which a person's CMJ started are provided in this PC PUF (STJBMM31, STJBYY31, STJBMM42, STJBYY42, STJBMM53, and STJBYY53). A value for start month

and start year will only appear in the round in which the job is first reported (as the job continues, other rounds will contain -2).

In the 2022 PC PUF, STJBYY31, STJBYY42, and STJBYY53 were bottom-coded to a value of 1952 to keep the respondents' age confidential if the CMJ was newly reported in 2022. This value was calculated by taking the delivery year of 2022 and subtracting the age top-code value of 85, then adding back 15, the age of a person in the year before entering the work force as defined in the MEPS.

Because a current main job that continues from prior rounds into Panel 24 Round 7, or Panel 26 Round 3 may have been reported in a previous delivery year, bottom code values vary for each panel. Therefore, the bottom codes on STJBYY31 are as follows:

- For Panel 24 Round 7 the value is 1949 since the job may have first been reported in Round 1 or Round 2 of 2019
- For Panel 26 Round 3 the value is 1951 since the job may have first been reported in Round 1 or Round 2 of 2021
- For Panel 27 Round 1 the value is 1952 - 2022

Other Employment Status-Related Variables

Two measures in this PC PUF relate to a person's work history over a lifetime. One indicates whether a person ever retired from a job as of the Round 9 interview date for Panel 24 persons, or as of the Round 5 interview date for Panel 26 persons, or as of the Round 3 interview date for Panel 27 persons (EVRETIRE). All persons who reported or reviewed a job in the current round and were aged 55 or older as of the interview date were asked if they "ever retired."

EVRETIRE was constructed differently for the 2022 PC PUF than in prior years. This analytic change was not prompted by a change to CAPI. Persons indicating retirement at EM750 (NWK) now supercede persons who, when asked if they retired in the round at EM350, indicated not having retired in the round. Instead of setting EVRETIRE to No (2) due to the response to the retirement question at EM350, these persons are now set to Yes (1) based on their response at EM750. This revision more accurately represents whether persons have "ever" retired.

The other measure indicates whether a person ever worked for pay as of the Round 9 interview date for Panel 24 persons, as of the Round 5 interview date for Panel 26 persons, or as of the Round 3 interview date for Panel 27 persons (EVRWRK). The response to question EM300 that sets EVRWRK was asked of persons in the round of their first interview who indicated that they were not working as of the round interview date. After the person's first round, anyone who indicated current employment status or who had a job during any of the previous or current rounds was skipped past the question identifying whether the person ever worked for pay. These individuals were coded as Inapplicable (-1).

Since both of EVRETIRE and EVRWRK are not round specific, there are no Determined in Previous Round (-2).

The PC PUF contains variables indicating the main reason for a person not working since the start of the reference period (NWK31, NWK42, and NWK53). If a person was not employed at all during the reference period (at the interview date or at any time during the reference period) but was employed at some time before the start of the round, the person was asked to choose the main reason why they did not work during the reference period from a list of reasons at EM750.

Beginning Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3, two new groups are now asked to select a reason for not working.

1. Persons who are in their first MEPS interview in Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3 who did not report a job, that is, either a) the person did not work prior to MEPS or b) the respondent ‘does not know’ or ‘refuses’ to indicate if the person worked prior to MEPS. The job roster for these persons is empty in first MEPS interview.
2. Persons in cross-over Panel 27 Round 3, terminal Panel 24 Round 9, or terminal Panel 26 Round 5 who are not new to the MEPS in the round and who have never reported a job either before or during the MEPS. The job roster for these persons is empty.

Prior to Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3, these persons were skipped past this question.

The Inapplicable (-1) category for the NWK variables includes the following:

- Persons who were employed during the reference period,
- Prior to Panel 24 Round 9, Panel 26 Round 5, and Panel 27 Round 3, persons who were not employed during the reference period and who were never employed,
- Persons who were out-of-scope for the entire reference period, and
- Persons who were younger than 16.

Note that CAPI flow changed in other ways that will impact this variable, however, the changes are not applicable to rounds contained in the 2022 PC PUF. These changes will be addressed in the 2023 PC PUF.

A measure of whether an individual had more than one job on the round interview date (MORJOB31, MORJOB42, and MORJOB53) is provided in this PC PUF. For the MORJOB variable, the Inapplicable (-1) category includes individuals who were younger than 16, individuals who were out-of-scope, and individuals who did not report having a CMJ. Because this variable is not job-specific, no responses were coded as Determined in Previous Rounds (-2).

This PC PUF also contains a variable indicating whether a CMJ changed between the seventh and eighth rounds for Panel 24 persons, between the third and fourth rounds for Panel 26 persons, or between the first and second rounds for Panel 27 persons (CHGJ3142). It contains another variable indicating whether a CMJ changed between the eighth and ninth rounds for

Panel 24 persons, between the fourth and fifth rounds for Panel 26 persons, or between the second and third rounds for Panel 27 persons (CHGJ4253). In addition to the Inapplicable (-1), Refused (-7), Don't Know (-8), and Cannot be Computed (-15) codes, the change-job variables were coded to represent the following:

- 1 - Person left previous round current main job and now has a new current main job
- 2 - Person still working at the previous round's current main job but as of the new round no longer considers this job to be the current main job and defines a new current main job (previous round's current main job is now a current miscellaneous job)
- 3 - Person left previous round's current main job and does not have a new job
- 4 - Person did not change current main job

Finally, this PC PUF contains the reason given by the respondent for the job change (YCHJ3142 and YCHJ4253). The reasons for a job change were listed in the CAPI questionnaire, and a respondent was asked to choose the main reason from this list. Beginning with Panel 23 Round 9, Panel 24 Round 7, Panel 25 Round 5, and Panel 26 Round 3, in addition to those out-of-scope, those younger than 16, those not having a CMJ, and workers who did not change jobs, the Inapplicable (-1) category for YCHJ3142 and YCHJ4253 now also includes workers who continue to work at the CMJ but no longer consider it their main job (CHGJrrrr = Changed CMJ/Previous CMJ is Now Current Miscellaneous job [2]). These persons did not leave the job and therefore were not asked why they left a job. Before this change, the YCHJ values for persons who remained at their job (but no longer had it as their CMJ) were set to Cannot be Computed (-15).

Retirement from a Job/Workforce

MEPS reflects the complex status of "retired" in several ways. For persons aged 55 years or older who either (a) worked at some point in the round, or (b) are in their first MEPS interview and did not work in the round, but worked prior to MEPS, the question EM350 probes for instances of retirement in the round. The respondent may select an existing former job (at question EM380) or create a new retirement job whose Jobs PUF variables SUBTYPE is set to Retirement Job (6) at question EM390. More than one job may be selected, as well.

In the case of persons who worked in the round (i.e., person has a former main job [SUBTYPE=3] or former miscellaneous job [SUBTYPE=4]), a setting of Yes (1) on the Jobs PUF variable RETIRJOB indicates the job holder was actively employed at the job in the round but stopped working due to retirement. This information is represented in the PC PUF variable EVRETIRE if the person is in scope and aged 55 or older in the round. These persons may continue to work in the round and have current job records, that is, jobs with SUBTYPE values of Current Main Job (1) and Current Miscellaneous Job (2).

Jobs reported by persons in their first interview who worked prior to MEPS but not in the round where SUBTYPE is Last Job Outside Reference Period (5), may also be selected at EM380 and

RETIRJOB will be set to Yes (1). The designation is automatic when a new retirement job is reported instead of selected at EM390. These persons will have EVRETIRE set to Yes (1) where the person is in scope and edited age of 55 years or older in the round.

As long as CAPI conditions are met, a person may report any number of retirement jobs in any round.

When a person aged 55 years or older is not employed in a round (i.e., not actively employed at any point in the round), the retirement question EM350 is skipped. Instead, the MEPS collects information for periods of unemployment at question EM750 where a workforce status of “retired” can be selected. This question is also asked in a person’s first MEPS round, when the person was employed prior to MEPS but not in the current round or never employed at all. The response selected at EM750 to indicate why the person is not employed is captured in the PC PUF variable NWKrr.

Lastly, the construction logic of the PC PUF variable EVRETIRE also impacts how “retirement” is reflected. Beginning with the 2022 PC PUF, EVRETIRE now prioritizes persons indicating “retirement” at EM750 (reflected in NWKrr) over whether “retirement” is indicated in the current round at EM350. With this change, along with improved response rates, users will notice an increase of almost 8% of persons who have ever retired reflected in the variable EVRETIRE.

It is important to note that the retirement job classification is independent of any retirement response in the following variables included in the Jobs PUF:

- YNOBUSN_M18 (EM530), which indicates why a person no longer has a self-employed business;
- WHY_LEFT_M18 (RJ110), which indicates why a person left a job in the current round.

Responses to these questions and to EM750 (reflected in NWKrr) are not age-dependent. Therefore, users may also derive information regarding retirement status for persons aged 55 or younger using YNOBUSN_M18 and WHY_LEFT_M18 from the Jobs PUF and NWKrr from the PC PUF.

2.5.9 Health Insurance Variables (TRIJAyyX-PMEDPY53)

Throughout this section, references to “yy” represent the year (22), references to mm indicate the month (JA through DE); and references to “rr” indicate either a combination of rounds (“31”/“42”/“53”), where the first r denotes the interview round for Panel 26, and the second r denotes the round for Panel 27 or the end of the calendar year (22). For the extended panel, Panel 24, the “31” variables contain data from Round 7, the “42” variables contain data from Round 8, and the “53” variables contain data from Round 9.

Beginning with Panel 22 Round 3, Panel 23 Round 1, design changes to the Health Insurance section may impact trend analyses. Analysts should note that a series of questions was added to the Health Insurance section of the questionnaire to confirm whether a person who did not

initially report any comprehensive coverage during a round has insurance. Starting at HX210, questions were presented to respondents who at that point in the instrument had not yet reported any sources of health insurance coverage, or they had only reported a source of health insurance without hospital and physician benefits, to determine whether they had coverage that included hospital and physician benefits. If the respondent answered affirmatively at HX210, subsequent questions identified the specific type of coverage (e.g., Medicaid, private, etc.). This may cause analysts to see changes to the insurance variables, and in particular, changes both to the monthly health insurance coverage indicators PUBmmyyX, PRImmyyX, INSmmmyyX and to the summary health insurance coverage indicators UNINSyy, INSCOVyy, INSURCyy, PUBrrX, PUBATrrX, PRIVrr, PRIVATrr, INSrrX, and INSATrrX.

Other changes were made in FY 2018 to the health insurance questions that may affect the continuity of estimates. These changes include modifications to the Medicaid/SCHIP and the TRICARE/CHAMPVA questions to ask whether each person in the household is covered by referencing the person's name in the question text (e.g., Was Person 1 covered? What about Person 2?, and so on). Moreover, in Rounds 2 and 3, respondents are now required to answer "Yes" or "No" for each person individually when reviewing coverage from a previous round for these insurance sources. Changes to the Medicare Round 1 series were also made to probe separately for persons in the RU who were aged 65 or older versus RU members who were younger than 65. Similar to the Medicaid and TRICARE series, Medicare coverage questions were asked for each RU member who was at least aged 65.

The aforementioned changes to the administration of the insurance section may also be evident in the managed care variables (TRISTyyX-PRVHMOyy) because more respondents are now more likely to be asked about managed care.

Respondents were allowed to simultaneously report Medicaid and other public hospital/physician coverage. As a result, analysts should be aware that they might see changes in coverage trends in the constructed variables relating to Medicaid, edited Medicaid, or other public coverage as well as respondents reporting both types of coverage after FY 2018.

The variables VERFLG31, VERFLG42, and VERFLGyy indicate the round in which comprehensive health insurance coverage was first reported through the verification series of questions collected in the loop that starts at HX210 (HXLoop_40). These values will be carried through to subsequent rounds (e.g., from VERFLG31 to VERFLG42) if the coverage initially added through the verification loop continues and if no other comprehensive source of coverage is reported for that person outside of the verification loop. If previously reported coverage through the verification series ends and, in a future round, new comprehensive coverage is reported through the verification loop, then the VERFLG31/42/yy variable will reflect the corresponding round of the newly reported coverage. The VERFLG variables were set to 95 to indicate that (a) coverage was reported outside verification, (b) the person did not have coverage, or (c) the person would have been assigned edited coverage even though they may have reported coverage in the verification loop. As an example of the last condition, a person who is aged 65 or older and reports Medicare coverage through verification but also reports the receipt of Social Security would have MCARErrX set to "1" because of the reporting of Social Security, so the report of coverage in the verification module would not have changed the person's coverage status in the MEPS. In FY 2019, the construction of the VERFLG variables was modified such

that all persons aged 65 or older who gained edited Medicare through the Medicare coverage of their spouse also have a value of 95 in the verification variables, provided that the coverage of the spouse was added outside of the verification series.

Persons who report coverage under the Indian Health Service (IHS) are identified in the constructed variables IHSrr, IHSATrr, and IHSmmyy. Persons reporting only IHS coverage are not considered covered for the summary insurance measures, including: PUBmmyyX, PUByyX, INSmmyyX, INSCOVyy, and INSURCyy. Persons who report coverage under the Veteran's Administration (VA) can be identified in this file in the constructed variables VAPROGrr, VAPRATrr, and VAEVyy, as well as in the monthly variables VAPmmyy.

Several design changes were made beginning with the Spring 2023 CAPI instrument to eliminate underutilized questions and/or response categories. Several response options for the source of private, direct purchase coverage and coverage from an employer were dropped, including purchase from an HMO and purchase through a school. Additionally, several response options for types of services covered were eliminated. Respondents now have the options: hospital/physician coverage, Medicare supplemental, dental, vision, prescription medicine, and "other" coverage. All items on the types of Medicare coverage, including participation in Medicare Part B, were eliminated. Questions on coverage through a school were also eliminated. All questions on Medicaid premium payments were dropped, and questions on amounts for premiums for other government-sponsored coverage were also eliminated. Two questions on dental coverage were added: one question on private standalone dental coverage, and, for respondents reporting Medicare Advantage enrollment, a question on dental coverage through their Medicare Advantage plan.

Monthly Health Insurance Indicators (TRIJAyyX-INSDEyyX)

Constructed and edited variables in the PC PUF indicate any coverage in each month of 2022 for the sources of health insurance coverage collected during the MEPS interviews (Panel 24 Rounds 7-9, Panel 26 Rounds 3-5, and Panel 27 Rounds 1-3). 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. Other edits described in this section were performed on the Medicare and Medicaid or State Children's Health Insurance Program (SCHIP) variables to assign persons to coverage from these sources. Observations that were edited to assign persons to Medicare or Medicaid/SCHIP coverage can be identified by comparing the edited and unedited versions of the Medicare and Medicaid/SCHIP variables. Starting on October 1, 2001, persons aged 65 or older have been able to retain TRICARE coverage in addition to Medicare. Therefore, unlike in earlier MEPS PUFs, persons aged 65 or older do not have their reported TRICARE coverage (TRIJAyyX-TRIDEyyX) overturned. TRICARE acts as supplemental insurance for Medicare, similar to Medigap insurance.

Public sources of coverage include Medicare, TRICARE/CHAMPVA, VA, Medicaid, SCHIP, and other public hospital/physician coverage. Reported enrollment in the IHS is not included as a public source of coverage.

Medicare

Medicare (MCRJAyy-MCRDEyy) coverage was edited (MCRJAyyX-MMCRDEyyX) for persons aged 65 or older. Within this age group, individuals were assigned Medicare coverage if:

- They answered “Yes” to a follow-up question on whether they received Social Security benefits; or
- They were covered by Medicaid/SCHIP, other public hospital/physician coverage or Medigap coverage; or
- Their spouse was aged 65 or older and covered by Medicare; or
- They reported TRICARE coverage.

Note that age (AGErrX) is checked for edited Medicare, but date of birth is not considered. Edited Medicare is somewhat imprecise with regard to a person’s 65th birthday.

Medicaid/SCHIP and Other Public Hospital/Physician Coverage

Questions about other public hospital/physician coverage were asked in an attempt to identify Medicaid or SCHIP recipients who may not have recognized their coverage as such. Beginning with Panel 22 Round 3, Panel 23 Round 1, these questions were asked even if a respondent reported Medicaid or SCHIP directly. (In interviews from previous years, questions about other public hospital/physician coverage were asked only of respondents who did not report Medicaid or SCHIP.) Respondents reporting other public hospital/physician coverage were asked follow-up questions to determine whether the coverage was through a specific Medicaid HMO or if it included some other managed care characteristics. Respondents who identified managed care from either source were asked whether the recipient paid anything for the coverage and/or whether a government source paid for the coverage.

The Medicaid/SCHIP variables (MCDJAyy-MCDDEyy) have been edited (MCDJAyyX-MCDDEyyX) 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.

To assist users in further editing sources of insurance, this PC PUF contains variables constructed from the other public hospital/physician series that indicate the following:

- Respondents who reported coverage through other public hospital/physician insurance (GVAJAyy-GVADEyy);
- Respondents who reported coverage through other public hospital/physician insurance, and the source was identified as an HMO, or the source required the covered person to sign up with a doctor or clinic (GVBJAyy-GVBDEyy); and
- Respondents who reported coverage through other public hospital/physician insurance and they pay a monthly premium for this coverage (GVCJAyy-GVCDEyy).

The variables GVAJAyy-GVADEyy, GVBJAyy-GVBDEyy, and GVCJAyy-GVCDEyy 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 in Month

The PC PUF also includes summary measures that indicate whether a sample person had any public insurance in a month (PUBJAyyX-PUBDEyyX). Persons identified as covered by public insurance are those who reported coverage under TRICARE/CHAMPVA, Medicare, Medicaid or SCHIP, other public hospital/physician programs, or the VA. As mentioned, the IHS is not included as a public source of coverage. Note that further edits may be made to the public insurance variables in later MEPS data releases to address cases in which private coverage through a federally facilitated, or a state-based or state partnership exchange/marketplace may have been originally reported as public insurance. These potential edits could affect the variables MCAIDyyX, GOVTAyy, GOVTByy, GOVTCyy, and PUByyX.

Private Insurance

Variables identifying private insurance in general (PRIJAyy-PRIDEyy) and specific private insurance sources such as employer/union group insurance (PEGJAyy - PEGDEyy); non-group (PNGJAyy - PNGDEyy); other group (POGJAyy - POGDEyy); and private insurance through a federally facilitated, or a state-based or state partnership exchange/marketplace (PRXJAyy-PRXDEyy) were constructed. Private insurance sources identify coverage in effect at any time during each month of 2022. Separate variables beginning with the letter “H” identify policyholders (e.g., HPEJAyy-HPEDEyy). Both types of variables indicate the coverage or policyholder status for a particular source of insurance but do not identify persons who may be covered by more than one policy from the same type of insurance but under a different status (for example, someone who is a policyholder for one employer/union group plan and also a dependent on another employer/union group plan held by his/her spouse). In some cases, the policyholder was unable to characterize the source of insurance (PDKJAyy-PDKDEyy).

Before FY 2018, persons covered under a policy held by someone living outside the RU were identified in POUJAyy-POUDEyy and in PROUTrr. Beginning in FY 2018, the constructed variables PRIEUorr and PRINEorr were included instead. PRIEUorr indicates coverage from a policyholder living outside the RU when the source of coverage is through an employer, and PRINEorr indicates coverage from a policyholder living outside the RU when the source is not through an employer. These variables are based on responses to a follow-up question for respondents who indicated that they have coverage from a policyholder outside the household. The question HP130 asks: “Is the {INSURANCE SOURCE NAME} health coverage {POLICYHOLDER} has through an employer or previous employer?” If the respondent’s answer to HP130 was unknown, their coverage is now included in PRIDKrr.

An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and physician services (including Medicare supplemental coverage). Note, however, that persons covered by private insurance through an exchange/marketplace (PRSTXrr and PRXJAyy-PRXDEyy) were considered to have private health coverage if that coverage provided hospital/physician services but excluded coverage that was explicitly identified as Medicare supplemental coverage (HX620/OE130 = 5). If a person reported Medicare supplemental coverage through the exchange/marketplace, then the source of

the insurance purchased was edited to reflect coverage “from a professional association” (HP40 = 1) or coverage “from a group or association” (HX200/HX300 = 4). The exchange variables are further described at the end of this section. Sources of insurance with missing information regarding the type of coverage were assumed to include hospital/physician coverage. Persons who reported private insurance that did not provide hospital/physician insurance were not counted as privately insured. Coverage indicated by these variables may be from any type of job, whereas the Employment section insurance variables in this PC PUF reflect only coverage through a CMJ.

Questions about health insurance through a job or union (PEGJAyy-PEGDEyy) were initially asked in the Employment section of the interview and were later confirmed in the Health Insurance section.

Insurance that was reported in the Employment section through a job classified as self-employed with a firm size of 1 is included in the other private insurance variables: PEGJAyy-PEGDEyy; PNGJAyy-PNGDEyy; POGJAyy-POGDEyy; PDKJAyy-PDKDEyy; HPEJAyy-HPEDEyy; HPNJAyy-HPNDEyy; HPOJAyy-HPODEyy; HPDJAyy-HPDDEyy; and PRIEUrr, PRINGrr, PRIOGrr, and PRIDKrr based on responses at HP40.

Private insurance that was not employment related (POGJAyy-POGDEyy, PNGJAyy-PNGDEyy, PDKJAyy-PDKDEyy, PNEJAyy-PNEDEyy, and PRXJAyy-PRXDEyy) was reported in the Health Insurance section only.

Federal/State Exchange is included in the list of private insurance categories (HP40 = 4 and HX200/HX300=2). Information on federal/state exchanges is also collected at question HP50 (“Is this coverage through {state exchange name}?”) for respondents reporting insurance from a group, directly from an insurance company or insurance agent or from an “other” unspecified source, and at OE40 in Round 3 for Panels 26 and 27, and Rounds 5 and 7 for Panel 24 only (“Is this coverage through {state exchange name}?”) for respondents who previously reported private insurance coverage from an insurance company or HMO, or from an insurance agent that was not through an exchange/marketplace. Note that the state-specific name for the exchange/marketplace was used when asking these questions and also in the list of private insurance categories at HP40, HX200, and HX300. The variables PRSTXrr were constructed to include persons younger than 65 who reported private insurance through a federally facilitated, or a state-based or state partnership exchange/marketplace at HP40, HX200, or HX300, or persons aged 65 or older who reported private insurance through a federally facilitated, or a state-based or state partnership exchange/marketplace at HP40, HX200, or HX300 and who were not covered by Medicare. In addition, persons who reported a source of insurance at HX200 or HX300 that was not through an exchange/marketplace (e.g., through a group or directly from an insurance company) but who answered “Yes” to HP50 or OE40 were also classified as having exchange/marketplace coverage instead of being assigned to the category they originally reported. In addition to reporting coverage through an exchange/marketplace, respondents had to identify coverage as hospital/physician coverage at HX620/OE130 (= 1 or missing [-7, -8]) but not as having Medicare supplemental coverage (HX620/OE130 = 5). The variables PRSTXrr contain information on private coverage that was reported as obtained through a federally facilitated, or a state-based or state partnership marketplace. Consistent with the approach used in the CPS and the NHIS, MEPS respondents reporting public coverage were asked whether this

coverage was obtained through a federal or state marketplace in case respondents were confused about whether the source of coverage was public or private. Responses to these questions were not used to edit the PRSTXrr variables.

Any Insurance in Month

The PC PUF also includes summary measures that indicate whether a person had any insurance in a month (INSJAyyX-INSDEyyX). Persons identified as insured are those reporting coverage under TRICARE/CHAMPVA, Medicare, Medicaid, SCHIP, other public hospital/physician, or private hospital/physician insurance (including Medigap plans), or the VA. A person is considered uninsured if they are not covered by one of these insurance sources. The IHS is not included as a source of coverage.

Summary Insurance Coverage Indicators (PRVEVyy-INSURCyy)

The variables PRVEVyy-UNINSyy summarize health insurance coverage for the person in 2022 for the following types of insurance: private (PRVEVyy), TRICARE/CHAMPVA (TRIEVyy, VA (VAEVyy), Medicaid or SCHIP (MCDEVyy), Medicare (MCREVyy), other public coverage (GVAEVyy), other public coverage that is an HMO (GVBEVyy), and other public coverage in which a premium is paid (GVCEVyy). Each variable was constructed on the basis of the values of the corresponding 12 month-by-month health insurance variables described above in Monthly Health Insurance Indicators. For persons not in scope for the full year, these summary variables are based on the period of eligibility. If the person was not in scope for all 12 months throughout the year, the values are based on the months in which the person was eligible. A value of 1 indicates that the person was covered for at least 1 day of at least 1 month during 2022. A value of 2 indicates that the person was not covered for a given type of insurance for all of 2022. The variable UNINSyy summarizes PRVEVyy-GVAEVyy. When PRVEVyy - GVAEVyy are all equal to 2, then UNINSyy equals 1, the person was uninsured for all of 2022. Otherwise, UNINSyy was set to 2, insured for all or part of 2022.

For the user's convenience, this PC PUF contains the constructed variable INSCOVyy, which summarizes health insurance coverage for the person in 2022 and has the following three values:

- 1 - Any private (Person had any private insurance coverage [including TRICARE/CHAMPVA] at any time during 2022)
- 2 - Public only (Person had only public insurance coverage [excluding TRICARE/CHAMPVA] during 2022)
- 3 - Uninsured (Person was uninsured during all of 2022)

INSURCyy summarizes health insurance coverage for the person in 2022 using eight categories of insurance defined by the person's age on December 31, 2022:

- 1 - Any private (0-64) (Person is 0-64 years old and is covered by private insurance or TRICARE/CHAMPVA in 2022)

- 2 - Public only (0-64) (Person is 0-64 years old and is covered by public insurance only (excluding TRICARE/CHAMPVA) in 2022)
- 3 - Uninsured (0-64) (Person is 0-64 years old and is uninsured for all of 2022)
- 4 - Edited Medicare only (65+) (Person is aged 65 or older and is covered by edited Medicare only in 2022)
- 5 - Edited Medicare & priv (65+) (Person is aged 65 or older and is covered by edited Medicare and private insurance or TRICARE/CHAMPVA in 2022)
- 6 - Edited Medicare & oth pub only (65+) (Person is aged 65 or older and is covered by edited Medicare and public insurance, including edited Medicaid/SCHIP or other public coverage but excluding TRICARE/CHAMPVA in 2022)
- 7 - Uninsured (65+) (Person is aged 65 or older and is uninsured for all of 2022)
- 8 - No Medicare but any public/private (65+) (Person is aged 65 or older and is not covered by Medicare but is covered by private insurance, Medicaid, TRICARE/CHAMPVA, VA, or other public coverage in 2022)

Please note the following:

- Beginning in 2012, Category 7 was revised to categorize persons who are aged 65 or older and uninsured, and Category 8 was added to include persons aged 65 or older who do not have Medicare but are covered by public or private insurance.
- The IHS is not included as a source of coverage for either INSCOVyy or INSURCyy.
- Both INSCOVyy and INSURCyy categorize TRICARE as private coverage. All other health insurance indicators included in this data release categorize TRICARE as public coverage. If an analyst wishes to consider TRICARE public coverage, the variable can easily be reconstructed by using the PRVEVyy and TRIEVyy variables. Also note that these categories are mutually exclusive, with preference given to private insurance and TRICARE. Persons with both private insurance/TRICARE and public insurance are coded as 1 for INSCOVyy and INSURCyy.

Users wishing to compare INSCOVyy and INSURCyy across years should also note at least two changes beginning in 2018 that may affect the continuity of estimates: (1) an increase in the number of reports of coverage because the coverage verification series was included and (2) the inclusion of VA coverage as a public coverage source.

Flexible Spending Accounts (FSAGT31-PFSAMT31)

Respondents in Rounds 1, 3, and 7 were asked whether any RU members set aside pre-tax dollars of their own money to pay for out-of-pocket health care expenses. If an RU has a flexible

spending account (FSA), then FSAGT31 was set to Yes (1), and two follow-up questions were asked: HASFSA31 and PFSAMT31. HASFSA31 was set for each RU member to indicate which one has an FSA. The constructed variable PFSAMT31 indicates the total amount the individual RU member contributed to their FSA. If no RU member has an FSA, then both HASFSA31 and PFSAMT31 were set to Inapplicable (-1).

Unedited Health Insurance Variables (PREVCOVR-MORECOVR)

Duration of Uninsurance

If a person was identified as being without insurance as of January 1 in the MEPS Round 1 interview, a series of follow-up questions was asked to determine the duration of uninsurance before the start of the MEPS survey. Persons who were insured as of January 1 and persons with a date of birth on or after December 31, 2022, or whose age was younger than 1 were skipped past this loop of questions. These questions were asked in Round 1 only.

PREVCOVR indicates whether the person was covered by insurance in the 2 years before the MEPS Round 1 interview. For persons who reported only noncomprehensive coverage as of January 1, a question was asked to determine whether they had been covered by more comprehensive coverage that paid for medical and doctors' bills in the previous 2 years (MORECOVR). Beginning with Panel 23 Round 1, several follow-up questions to PREVCOVR and MORECOVR are no longer being asked. These questions collected information on the most recent month and year of coverage (COVRMM, COVRY, INSENDMM, INSENDY) and on type of coverage, including employer-sponsored (WASESTB), Medicare (WASMCARE), Medicaid/SCHIP (WASMCAID), TRICARE/CHAMPVA (WASCHAMP), VA/Military Care (WASVA), other public (WASOTGOV, WASAFDC, WASSSI, WASSTAT1-4, WASOTHER), as well as private coverage purchased through a group, association, or insurance company (WASPRIV). Therefore, these variables will no longer be constructed.

Note that these variables are unedited and have been taken directly as they were recorded from the raw data. There may be inconsistencies in the health insurance variables released in PUFs that indicate that an individual is uninsured in January. Out-of-scope persons have been set to Inapplicable (-1) for PREVCOVR and MORECOVR. For all other persons, PREVCOVR and MORECOVR were copied directly from the value of the unedited source variable.

Persons whose January 1 insurance coverage status could not be determined because their reference period began after January 1 were also asked the follow-up questions described at the beginning of this section. In these cases, persons who reported comprehensive coverage were asked whether they were ever without insurance. Those who were uninsured were asked to determine the duration of uninsurance before the start of their reference period. Those who reported only noncomprehensive coverage were asked whether they had been covered by comprehensive coverage that paid for medical and doctors' bills in the previous 2 years. Coverage is determined by health insurance status during the whole reference period or the month of January and ignores that these persons were not in the household on January 1.

Health Insurance Coverage Variables: At Any Time/At Interview Date/At 12-31 (TRICR31X-INSATyyX)

Constructed and edited variables in the PC PUF indicate that the person had health insurance coverage at any time in a given round, at the MEPS interview dates, and on December 31, 2022. Note that for persons who left the RU before the MEPS interview date or before December 31, the variables measuring coverage at the interview date or on December 31 represent coverage on the date that the person left the RU.

Variables indicating coverage for Panel 26 members for any time in the round that end in “31” reflect the portion of Round 3 that occurred in calendar year 2022 unless otherwise noted (see the section Dental and Prescription Drug Private Insurance). This is also true for data from Panel 24 Round 7: the 2022 portion of this round is contained in the “31” variables. Variables indicating coverage for Panel 27 members that end in “53” indicate coverage at any time in Round 3, including the portion of the round that occurred in calendar year 2023. For Round 3 data for Panel 27 members, users should use variables ending in “yy.” The Panel 24 Round 8 data, Panel 26 Round 4 data, and Panel 27 Round 2 data are contained in the “42” variables.

As mentioned at the beginning of this section, the health insurance variables were constructed for the sources of health insurance coverage collected during the MEPS interviews (Panel 24 Rounds 7-9, Panel 26 Rounds 3-5, and Panel 27 Rounds 1-3). Note that the Medicare variables on this PC PUF 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 date and on December 31, 2022. Users should also note that the same general editing rules were followed for the month-by-month health insurance variables released on this PC PUF (see the section Monthly Health Insurance Indicators for details). Editing programs checking for consistencies between these sets of variables were developed to ensure as much consistency as possible between the round-specific indicators and the month-by-month indicators of insurance.

Public sources of coverage include Medicare, TRICARE/CHAMPVA, the VA, Medicaid/SCHIP, and other public hospital/physician coverage. The IHS was not considered a public coverage source.

Medicare

Medicare coverage variables (MCARErr) and the edited versions of these variables (MCARErrX) were constructed in a way that is similar to how the month-by-month Medicare variables were constructed. Since Medicare coverage is logically edited to continue for a person once it has been reported in the MEPS, the Medicare coverage variables can be considered as either “coverage at any time in the round” or “coverage at the interview date,” with the same caveats noted above regarding (a) persons who left the RU before the interview date, (b) coverage on the December 31, 2022 variables, and (c) the restrictions on Round 3 and Round 7 coverage to reflect coverage in 2022.

Medicaid/SCHIP and Other Public Hospital/Physician Coverage

Medicaid/SCHIP variables (MCAIDrr) and the edited versions of these variables (MCAIDrrX, and MCDATrrX) were constructed in a way that is similar to how the month-by-month Medicaid/SCHIP variables were constructed.

The variables indicating coverage through other public hospital/physician insurance (GOVTArr and GOVAATrr); other public coverage that is an HMO (GOVTBrr and GOVBATrr); and other public coverage for which a premium is paid (GOVTCrr and GOVCATrr) were constructed in a way that is similar to how the month-by-month other public variables were constructed.

Any Public Insurance

The any public insurance variables (PUBrrX and PUBATrrX) were constructed in a way that is similar to how the month-by-month any public insurance variables were constructed. The variables indicating coverage through the VA (VAPROGrr and VAPRATrr) are included this PC PUF and were constructed in a way that is similar to how the VA month-by-month variables were constructed.

Private Insurance

The variables identifying private insurance were constructed in a way that is similar to how the month-by-month variables in the Monthly Health Insurance Indicators section were constructed. These variables indicate private insurance in general (PRIVrr and PRIVATrr) and specific private insurance sources (such as employer/union group insurance [PRIEUrr], other group coverage [PRIOGrr], coverage through an unknown private category [PRIDKrr], coverage from a policyholder living outside the RU that is employer-based coverage [PRIEUorr], coverage from a policyholder living outside the RU that is not employer-based coverage [PRINEOrr], and coverage through an exchange [PRSTXrr]). Variables indicating any private insurance coverage are available for the following time periods: at any time in a given round, at the interview date, and on December 31, 2022. The variables for the specific sources of private coverage are only available for coverage on the interview dates and on December 31, 2022.

Any Insurance in Period

The any insurance variables (INSrrX and INSATrrX) were constructed in a way that is similar to how the month-by-month any insurance variables were constructed.

2022 PC PUF Managed Care Variables (TRICH31X-PRVHMOyy)

In addition to the month-by-month indicators of coverage, there are round-specific health insurance variables indicating coverage by an HMO or another type of managed care plan. Managed care variables have been constructed from information on health insurance coverage at any time in a reference period and from the characteristics of the plan. A separate set of managed care variables has been constructed for private insurance, Medicaid/SCHIP, and Medicare 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 2022 are based on responses to health insurance questions asked during the Round 7, 8, and 9 interviews of Panel 24; the Round 3, 4, and 5 interviews of Panel 26; and the Round 1, 2, and 3 interviews of Panel 27. Each managed care variable ends in “rr,” where the first r denotes the interview round for Panel 26, and the second r denotes the round for Panel 27. For the extended panel, Panel 24, the “31” variables contain data from Round 7, the “42” variables contain data from Round 8, and the “53” variables contain data

from Round 9. The variables ending in “31” and “42” correspond to the first two interviews of each panel in the calendar year. Because Round 3 interviews typically overlap the final months of one year and the beginning months of the next year, the “31” managed care variables for Panel 26 indicate whether a person had coverage from a managed care plan in the 2022 calendar year. This is also the case for the Panel 24 Round 7 data: the “31” managed care variables are limited to the 2022 calendar year. Similarly, Panel 27 Round 3 managed care variables indicate whether a person had coverage from a managed care plan in the 2022 calendar year, and the variables have been given the suffix “yy” (as opposed to “53”) to emphasize the restricted time frame. The implications for managed care plan coverage resulting from the overlapping calendar year in Rounds 3 and 7 are described in more detail directly below.

Constructing the managed care variables is straightforward, but three caveats are appropriate. First, the MEPS estimates of the number of persons in HMOs are higher than figures reported by other sources, particularly for estimates 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 the MEPS.

Second, the managed care questions focus on the last plan held by a person through their establishment (employer or insurer) even though the person could have had a different plan through the establishment at an earlier point during the interview period. As a result, when a person changed their establishment-related insurance, the managed care variables describe the characteristics of the last plan held through the establishment.

Third, the “yy” versions of the managed care variables were developed from two sets of Round 3 source variables that cover different time frames. Using Round 3 managed care variables as an example, the first set of source variables - Round 3 health insurance status variables for Round 3 are restricted to the same calendar year as the Round 1 and 2 data. The second set of source variables - Round 3 variables describing plan type - overlap with the next calendar year, 2023. As a consequence, the “yy” managed care variables may not describe the characteristics of the last plan held in the calendar year if the person changed plans in the beginning of the following year.

The variables PRVHMOr indicate coverage by a private HMO in Panel 27 Rounds 1-3, Panel 26 Rounds 3-5, and Panel 24 Rounds 7-9. The variables MCRPHOr indicate coverage by a Medicare managed care plan (or Medicare Advantage plan) in Panel 27 Rounds 1-3, Panel 26 Rounds 3-5, and Panel 24 Rounds 7-9. The variables MCRPDrr indicate coverage by the Medicare prescription drug benefit, also known as Part D, in Panel 27 Rounds 1-3, Panel 26 Rounds 3-5, and Panel 24 Rounds 7-9. The edited version of the Medicare prescription drug coverage variables (MCRPDrrX) include persons who are covered by both edited Medicare and edited Medicaid. The variables MCDHMOr and MCDMCrr indicate coverage by a Medicaid or SCHIP HMO or a managed care plan in Panel 27 Rounds 1-3, Panel 26 Rounds 3-5, and Panel 24 Rounds 7-9. The TRICARE plan variables are similarly defined.

For Panel 27, the “31” version indicates coverage at any time in Round 1, the “42” version indicates coverage at any time in Round 2, and the “yy” version represents coverage at any time during the 2022 portion of Round 3. For Panel 26, the “31” version indicates coverage at any time during the 2022 portion of Round 3, the “42” version indicates coverage at any time in

Round 4, and the “yy” version represents coverage at any time during Round 5, since Round 5 ends on December 31, 2022, for Panel 26. For Panel 24, the “31” version indicates coverage at any time during the 2022 portion of Round 7, the “42” version indicates coverage at any time during Round 8, and the “yy” version represents coverage at any time during Round 9, since Round 9 ends on December 31, 2022, for Panel 24.

In the Health Insurance section of the questionnaire, respondents reporting private health insurance were asked to identify what types of coverage a person had via a checklist. If the respondent selected prescription drug or dental coverage from this checklist, variables were constructed to indicate these two coverages. It should be noted, however, that in some cases, respondents may have failed to identify prescription drug or dental coverage that was part of a hospital and physician plan.

TRICARE Plan Variables

In fall 2022, the response options for the CAPI TRICARE questions HX125_01, HX260, and PR280_01 were changed. The options TRICARE Standard, TRICARE Prime, TRICARE Extra, and TRICARE for Life were replaced by the single response option TRICARE. As a result, the previous plan-specific variables TRICARE Standard (TRISTrrX), TRICARE Prime (TRIPRrrX), TRICARE Extra (TRIEXrrX), and TRICARE for Life (TRILrrX) were dropped from the 2021 PC PUF, and the new variable TRlrrX (Person covered by TRICARE at any Time During the reference period) was added.

Beginning in Panel 9 Rounds 4 and 5, Panel 10 Rounds 1-3, CHAMPVA was added to the list of TRICARE/CHAMPVA plans for which data were collected, so the corresponding variables TRICH42/yyX were created. The “31” version of this variable was constructed starting in 2006. It should be noted that the TRICARE plan information was elicited from a pick-list, code-all-that-apply question that asked which type of TRICARE plan the person obtained. Beginning with Panel 22 Round 3, Panel 23 Round 1, questions related to military health coverage were asked at the person level. If it was reported that someone in the RU had coverage through military health care, a follow-up question was asked to determine who in the RU was covered; the pick-list, code-all-that-apply question was asked to determine the type of military coverage the person obtained. VA was added to this list beginning with Panel 22 Round 3, Panel 23 Round 1.

In each round, the TRICARE variable has four possible values:

- 1 The person was covered by TRICARE
- 2 The person was covered by CHAMPVA but not TRICARE
- 3 The person was not covered by TRICARE/CHAMPVA
- 1 The person was out of scope

Medicare Managed Care Plans and Prescription Drug Benefit

Questions on Medicare Part B were dropped from the survey in spring 2023; as a result, variables MCRPB31/42/yy will no longer be constructed.

Persons were assigned Medicare coverage based on their responses to the health insurance questions or through logical editing of the survey data. A small number of persons were edited to have Medicare, most often because a person had a spouse receiving Social Security or Medicare and they were aged 65 or older but did not report receiving Medicare. This group was not asked about coverage through a managed care plan or a prescription drug plan. Since no Medicare establishment-person pair exists for this group, the persons' status in terms of Medicare managed care and the prescription drug benefit were set to Cannot be Computed (-15). Persons who reported Medicare coverage based on their responses to the health insurance questions were asked about a Medicare managed care plan and the prescription drug benefit. Questions about a Medicare managed care plan and the prescription drug benefit were asked for persons who, in each round, indicated Medicare coverage. The Medicare prescription drug benefit variables (MCRPDrr) have been edited (MCRPDrrX) to turn on coverage for all persons who are covered by both edited Medicare and edited Medicaid regardless of the status on their unedited Medicare prescription drug benefit variable.

The Medicare Advantage dental coverage variable (MCRPHDyy) was created from the Medicare managed care information and the new Medicare Advantage dental coverage question added in spring 2023. Because this question was not asked in spring or fall of 2022, the variables MCRPHD31 and MCRPHD42 cannot be constructed for the 2022 PC PUF.

In each round, the variables MCRPHOr have five possible values:

- 1 The person was covered by Medicare and covered through a Medicare managed care or Medicare Advantage plan
- 2 The person was covered by Medicare but not covered through a Medicare managed care or Medicare Advantage plan
- 3 The person was not covered by Medicare
- 15 The person was covered by Medicare, but whether the coverage is through a Medicare managed care or Medicare Advantage plan cannot be computed
- 1 The person was out of scope

In each round, the variables MCRPDrr/MCRPDrrX have five possible values:

- 1 The person was covered by Medicare and covered by prescription drug benefit
- 2 The person was covered by Medicare but not covered by prescription drug benefit
- 3 The person was not covered by Medicare
- 15 The person was covered by Medicare, but prescription drug benefit coverage cannot be computed
- 1 The person was out of scope

Variable MCRPHDyy has five possible values:

- 1 The person was covered by a Medicare managed care plan and reported dental coverage
- 2 The person was covered by a Medicare managed care plan but did not report dental coverage
- 3 The person was covered by Medicare that was not a managed care plan
- 4 The person was not covered by Medicare
- 15 The person was covered by Medicare, but managed care dental coverage was not ascertained
- 1 The person was out of scope

Medicaid/SCHIP Managed Care Plans

Persons were assigned Medicaid or SCHIP 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 or SCHIP coverage is small. These persons indicated coverage through an other government program that was identified as a Medicaid HMO or gatekeeper plan that did not require a premium payment from the insured party. By definition, respondents were asked about the managed care characteristics of this insurance coverage.

Medicaid/SCHIP HMOs

If Medicaid/SCHIP or other government programs were identified as the source of hospital/physician coverage, the respondent was asked about the characteristics of the plan. The variables MCDHMOrr were set to Yes (1) if the respondent answered in the affirmative to the following question:

Under {Medicaid}, also known as {STATE NAME FOR MEDICAID}, or {STATE CHIP NAME}/{PROGRAM NAME FROM HX160/HX270}, the program sponsored by a state or local government agency which provides hospital and physician benefits, {
{are/is}/{were/was}} {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N}
enrolled in an HMO, that is a Health Maintenance Organization {between {START DATE} and {END DATE}}?

[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, for persons who were previously identified as covered by Medicaid, the respondent was asked whether the name of the person's insurance plan had changed since the previous interview. An affirmative response triggered the previous set of questions about managed care (name on a list of Medicaid HMOs or signed up with an HMO).

In each round, the variables MCDHMOrr have five possible values:

- 1 The person was covered by a Medicaid/SCHIP HMO
- 2 The person was covered by Medicaid/SCHIP, but the plan was not an HMO
- 3 The person was not covered by Medicaid/SCHIP
- 15 The person was covered by Medicaid/SCHIP, but the plan type cannot be computed
- 1 The person was out of scope

Medicaid/SCHIP Gatekeeper Plans

If a person did not belong to a Medicaid/SCHIP HMO, a third question was used to determine whether the person was in a gatekeeper plan. The variables MCDMCrr were set to Yes (1) if the respondent answered in the affirmative to the following question:

{Does/Between {START DATE} and {END DATE}, did} {Medicaid{, {STATE NAME FOR MEDICAID}}, or {STATE CHIP NAME}/{PROGRAM NAME FROM HX160/HX270}, the program sponsored by a state or local government agency which provides hospital and physician benefits,} require {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} 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 they were referred to.

In each round, the variables MCDMCrr have five possible values:

- 1 The person was covered by a Medicaid/SCHIP gatekeeper plan
- 2 The person was covered by Medicaid/SCHIP, but it was not a gatekeeper plan
- 3 The person was not covered by Medicaid/SCHIP
- 15 The person was covered by Medicaid/SCHIP, but the plan type cannot be computed
- 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 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 HMOs and other gatekeeper plans.

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 their insurance was purchased directly through an HMO,
2. The person reporting private insurance coverage identified the type of insurance company as an HMO, or
3. The person answered “Yes” to the following question:

{Is/Was} {your/{POLICYHOLDER}'s} {NAME OF INSURER} an HMO {as of {END DATE}}? {When answering this question, do not consider {your/his/her} insurance through Medicare.}

[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.]

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 under item 3 above about managed care (i.e., whether the insurer was an HMO).

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as an HMO, the variables PRVHMOrr were set to Yes (1). If a person had multiple plans and one or more were identified as not being an HMO, and the other(s) were missing plan type information, the person-level variable was set to missing. Moreover, if a person had multiple plans and none was identified as an HMO, the person-level variable was set to No (2). In each round, the variables PRVHMOrr have five possible values:

- | | |
|-----|---|
| 1 | The person was covered by a private HMO |
| 2 | The person was covered by private insurance, but it was not an HMO |
| 3 | The person was not covered by private insurance |
| -15 | The person was covered by private insurance, but the plan type cannot be computed |
| -1 | The person was out of scope |

Dental and Prescription Drug Private Insurance Variables (DENTIN31-PMDINSyy)

Dental Private Insurance Variables

Round-specific variables (DENTINrr) on the PC PUF indicate that the person was covered by a private health insurance plan that included at least some dental coverage for each round of 2022. 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 a person obtained through an establishment. The list

comprised hospital and physician benefits, including coverage through an HMO, Medigap coverage, vision coverage, and dental and prescription drug coverage. An additional question asking whether policyholders also had a separate policy with dental coverage was included beginning in the spring 2023 interview. Affirmative responses to that question were included in the coding of the DENTIN53 variable. As a result of this change to the logic, the variable name was changed to DENTIN53_M23.

It is possible that some dental coverage provided by hospital and physician plans was not independently enumerated in these questions. Users should also note that persons with missing information on dental benefits for all reported private plans and those who reported that they did not have dental coverage for one or more plans but had missing information on other plans were coded as not having private dental coverage. Persons who reported having dental coverage from at least one reported private plan or who reported a separate policy with dental coverage were coded as having private dental coverage.

DENTIN53_M23 reflects coverage for all of Panel 27 Round 3, all of Panel 26 Round 5, and all of Panel 24 Round 9, where the end of the reference year for Panel 27 could extend into 2023. DENTIN31 for Panel 26 Round 3, and Panel 24 Round 7 reflects coverage in 2021 and 2022, since the reference period for all three rounds spans both years. A second version of these dental coverage indicators was built to reflect only current year coverage (DNTINSrr). Note that variable DNTINSyy also includes data from the new question on dental coverage noted above, and thus also has been renamed as DNTINSyy_M23.

Prescription Drug Private Insurance Variables

Round-specific variables (PMEDINrr) on the PC PUF indicate that the person was covered by a private health insurance plan that included at least some prescription drug coverage for each round of 2022. 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 a person obtained through an establishment. The list comprised hospital and physician benefits, Medicare supplemental coverage, vision coverage, and dental and prescription drug coverage. It is possible that some prescription drug coverage provided by hospital and physician plans was not independently enumerated in this question. Persons who reported prescription drug coverage from at least one reported private plan were coded as having private prescription drug coverage. Users should note that 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.

PMEDIN53 reflects coverage for all of Panel 27 Round 3, all of Panel 26 Round 5, and all of Panel 24 Round 9, where the end of the reference year for Panel 27 could extend into 2023. PMEDIN31 for Panel 26 Round 3, and Panel 24 Round 7 reflects coverage in 2021 and 2022, since the reference period for both rounds spans both years. A second version of these prescription drug coverage indicators was built to reflect only current year coverage (PMDINSrr).

Medical Debt Variables (PROBPY42-PYUNBL42)

Questions relating to medical debt were asked in the Health Insurance section. Respondents in Round 2, Round 4, or Round 8 were asked the following questions: HX770 (“In the past 12 months did anyone in the family have problems paying or were unable to pay any medical bills?”), HX780 (“Does anyone in your family currently have any medical bills that are being paid off over time?”), and HX790 (“Does anyone in your family currently have any medical bills that you are unable to pay at all?”). The corresponding constructed variables PROBPY42, CRFMPY42, and PYUNBL42 are included in this PC PUF. PROBPY42 was set to Yes (1) if the respondent indicated that someone in their family had problems paying or were unable to pay any medical bills. Additional questions ascertained whether anyone in the family currently had medical bills that were being paid off over time (CRFMPY42) and whether anyone in the family currently had any medical bills that could not be paid at all (PYUNBL42). If the respondent indicated that someone in their family currently had any medical bills that were being paid off over time, then CRFMPY42 was set to Yes (1). Note that if the respondent indicated that no one in their family had problems paying medical bills, then PYUNBL42 was set to Inapplicable (-1).

Prescription Drug Usual Third Party Payer Variables (PMEDUP31-PMEDPY53)

Round-specific variables on the PC PUF indicate whether the sample member had a usual third-party payer for prescription medications (PMEDUPrr), and if so, what type of payer this was (PMEDPYrr). These questions were asked only of sample members who reportedly had at least one prescription medication purchase in the round. In each interview, if the sample member reportedly had a third-party payer, then the respondent was asked the name of the sample member’s usual third-party payer. These responses were coded into the following source of payment categories in PMEDPYrr: Private Insurance, Medicare, Medicaid, VA/CHAMPVA, TRICARE, State/Local Government, and Other. Users should note that the questions were asked in the Prescribed Medicines section of the questionnaire and that no attempt was made to reconcile the responses with information collected in the Health Insurance section of the questionnaire. In particular, respondents may report the names of private entities (such as insurance companies) that contract with public programs, and these may be coded as private insurance instead of the public programs.

2.5.10 Person-Level Medical Utilization Variables (OBTOTV22-HHINFD22)

The person-level medical utilization variables will be provided in the forthcoming Consolidated PUF.

2.5.11 Changes in Variable List

Variables were added and deleted from the file because of changes in the questions asked in 2022 relative to prior years. The [MEPS HC questionnaires](#) from these years are on the MEPS website. The following variables were added to or deleted from the 2022 PC PUF.

Added

- BOOSTERSHOT31
- BOOSTERSHOT42
- COVAXEVR31
- COVAXEVR42
- COVAXEVR53
- COVAXNEW53
- COVID12MO53
- COVIDEVER53
- COVMNTHX53
- COVREDABIL53
- COVRYDX53
- COVSYMNOW53
- DATAYEAR
- INTVTYPE31
- INTVTYPE42
- INTVTYPE53
- LCEVER53
- MCRPHD22

Added (included in alternating years only, will not be included in 2023)

- BOOST42
- CHBMIX42
- EATHLT42
- HELMET42
- LAPBLT42
- MESHGT42
- MESVIS42
- MESWGT42
- NOSMOK42
- PHYSCL42
- SAFEST42
- TIMALN42
- WHNBST42
- WHNEAT42
- WHNHEL42
- WHNHGT42
- WHNLAP42
- WHNPHY42
- WHNSAF42
- WHNSMK42
- WHNWGT42

Deleted

- ACTLIM53
- ADLHLP53
- AIDHLP53
- ASACUT53
- ASATAK53
- ASDALY53
- ASEVFL53
- ASMRCN53
- ASPKFL53
- ASPREV53
- ASSTIL53
- ASTHEP53
- ASWNFL53
- BENDIF53
- BOOSTERSHOT53

• CHBRON53	• SDAFRDHOME	• SDHMDEPR
• COGLIM53	• SDCHURCH	• SDHMDIV
• CVDLAYCA31	• SDCLUBORG	• SDHMDRG
• CVDLAYCA42	• SDCMPM	• SDHMJAIL
• CVDLAYCA53	• SDCMPY	• SDHOME
• CVDLAYDN31	• SDCOMM	• SDHURTCHLD
• CVDLAYDN42	• SDCOMPAN	• SDINSCHLD
• CVDLAYDN53	• SDDAYEXER	• SDINSULT
• CVDLAYPM31	• SDDEBT	• SDISOL
• CVDLAYPM42	• SDDSCRMDR	• SDLATERENT
• CVDLAYPM53	• SDDSCRMHS	• SDLATEUTIL
• CVVACCINE42	• SDDSCRMJOB	• SDLEFTOUT
• CVVACCINE53	• SDDSCRMPOL	• SDLIFE
• FNGRDF53	• SDDSCRMPUB	• SDMEDCARE
• HSELIM53	• SDDSCRMSTR	• SDMINSEXER
• IADLHP53	• SDDSCRMWRK	• SDMISSCCLN
• JTPAIN53_M18	• SDENICPROD	• SDNOFOOD
• LFTDIF53	• SDFAMILY	• SDNOTRANS
• MCRPB31	• SDFRCSXCH	• SDOHELIG
• MCRPB42	• SDFRIENDS	• SDOHWTypP
• MCRPByy	• SDGETTGT	• SDPARKS
• MILDIF53	• SDHLTHFOOD	• SDPAYBASICS
• RCHDIF53	• SDHMALC	• SDPHYSHURT
• SCHLIM53	• SDHMBEAT	• SDPROBCOOK

- SDPROBHEAT
- SDSCREAM
- SDWRRYFD
- SDPROBLEAD
- SDSFCRIME
- SOCLIM53
- SDPROBLEAKS
- SDSHUTUTIL
- STNDIF53
- SDPROBMOLD
- SDSTRESS
- STPDIF53
- SDPROBNONE
- SDTCHADLT
- UNABLE53
- SDPROBPEST
- SDTCHCHLD
- WLKDIF53
- SDPROBSMKDET
- SDTHRARM
- WLKLIM53
- SDPROX
- SDTLKPHN
- WRKLIM53
- SDPUBTRANS
- SDUNEXPEXP

Deleted (included in alternating years only, will be included in 2023)

- ADUPRO42
- CHRESP42
- MOMPRO42
- CHAPPT42
- CHRTCR42
- NERVAF42
- CHEXPL42
- CHRTWW42
- SCHLBH42
- CHEYRE42_M18
- CHSPEC42_M18
- SCHPRO42
- CHHECR42
- DADPRO42
- SIBPRO42
- CHILCR42
- GETTRB42
- SPRPRO42
- CHILWW42
- HAVFUN42
- UNHAP42
- CHLIST42
- HOMEBH42
- CHPRTM42
- KIDPRO42

2.6 Linking to Other Files

2.6.1 Event and Condition Files

Records on this file PC PUF can be linked to the 2022 MEPS HC Public Use Event and Conditions files by using the sample person identifier (DUPERSID). The Panel 26 cases on the PC PUF (PANEL=26) and the Panel 24 cases (PANEL=24) can also be linked back to the 2021 MEPS HC Public Use Event and Condition files. In addition, the Panel 24 cases can be linked back to the 2020 and 2019 MEPS HC Public Use Event and Conditions files.

2.6.2 National Health Interview Survey

The set of households selected for the MEPS is a subsample of persons participating in the NHIS; thus, each MEPS panel can also be linked back to the previous year's NHIS public use data files. For information on obtaining the MEPS-NHIS linked files, please see the [AHRQ website](#).

2.6.3 Longitudinal Analysis

Panel-specific longitudinal files can be downloaded from the [data section of the MEPS website](#). For all three panels (Panel 24, Panel 26, and Panel 27), the longitudinal file comprises MEPS data obtained in all rounds of the panels and can be used to analyze changes over the entire length of the panel. Variables on the file pertaining to survey administration, demographics, employment, health status, disability days, quality of care, patient satisfaction, health insurance, and medical care use and expenditures were obtained from the MEPS Consolidated PUF from the years covered by that panel.

For more details or to download the data files, please see Longitudinal Weight files on the [AHRQ website](#).

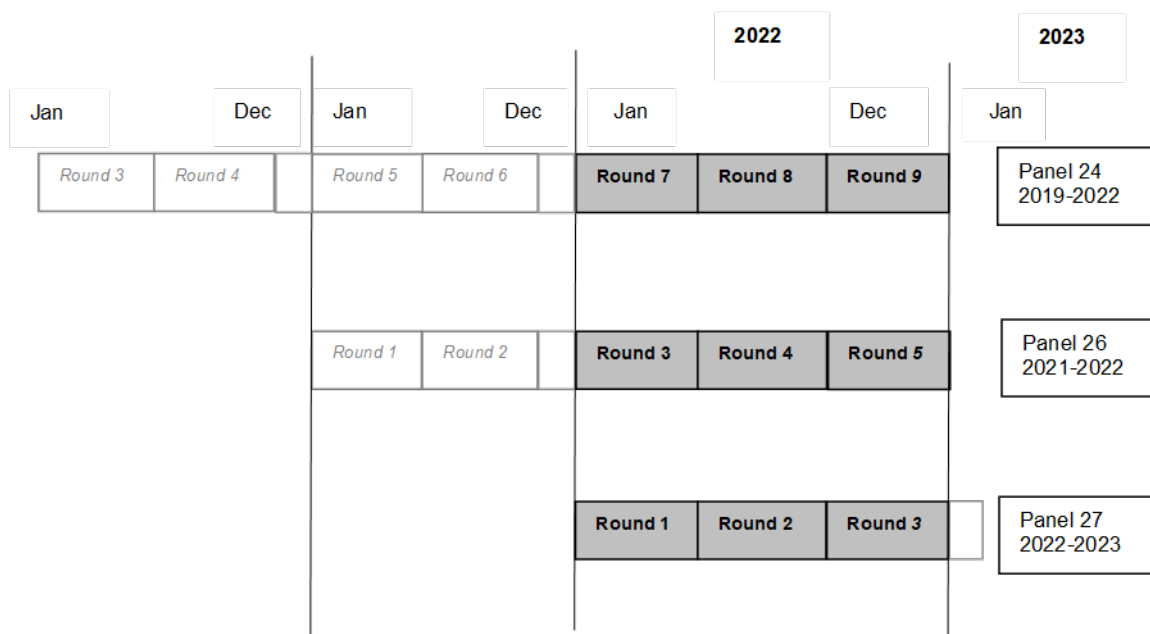
3.0 Survey Sample Information

3.1 Background on Sample Design and Response Rates

The MEPS is designed to produce estimates at the national and regional level over time for the U.S. civilian noninstitutionalized population and some subpopulations of interest. The data in this PUF pertain to calendar year 2022.

Modifications to the MEPS sample design in 2020 and 2021 because of the COVID-19 pandemic continued into 2022 in two forms. First, AHRQ decided to collect data for Panel 24 for nine rounds so that this panel ultimately contributes to MEPS estimates for 4 calendar years. In so doing, the number of respondents to the MEPS is kept at a relatively high level despite potential

decline in response rates resulting from the pandemic. Thus, the data in this PUF were collected in Rounds 1, 2, and 3 for Panel 27, Rounds 3, 4, and 5 for Panel 26, and Rounds 7, 8, and 9 for MEPS Panel 24. (Note that Round 3 for a MEPS panel is designed to overlap two calendar years, as illustrated below.)



Second, given the issues in the NHIS discussed later in Section 3.1.1, the MEPS Panel 26 sample was selected from responding households in all four NHIS Panels in Quarter 1 of 2020 and from NHIS Panels 1 and 3 of Quarter 3 of 2020, as opposed to the usual NHIS Panels 1 and 3 of Quarters 1, 2, and 3. As an adjunct to this modification, AHRQ also took advantage of and oversampled from the additional primary sampling units (PSUs, i.e., sampled localities) available from NHIS Panels 2 and 4 and appearing in the MEPS sample for the first time. State-level estimation is of interest to MEPS users, and the added PSUs would increase the precision of these estimates. The estimates that would be expected to benefit the most from the added PSUs were for the “middle-sized” states. The largest states already had large samples, while precision for the smallest states would remain low.

A sample design feature shared by both Panel 24 and Panel 27 involves the partitioning of the sample domain “Other” (serving as the catchall stratum and consisting mainly of households with “White” members) into two sample domains. This was done for the first time in Panel 16. The two domains distinguished between households characterized as “complete” respondents to the NHIS and those characterized as “partial completes.” Starting with Panel 25, the “Other, Partial” domain also includes NHIS households that have provided only a roster of household members. NHIS partial completes typically have a lower response rate to MEPS, and for both MEPS panels, the partial domain was sampled at a lower rate than the complete domain. This approach has reduced survey costs because the partials tend to have higher costs in gaining survey participation, but it has also increased sample variability stemming from the resulting increased variability in sampling rates. For detailed information on the MEPS sample design, see

Chowdhury, et al. (2019). This feature was not particularly emphasized in Panel 26 because of the oversampling of “middle-sized” states discussed in the paragraph above.

3.1.1 MEPS Links to the National Health Interview Survey

Each responding household in the 2022 MEPS dataset is associated with one of the three separate and overlapping panels: Panel 24, Panel 26, and Panel 27. These panels consist of subsamples of households that participated in the 2018, 2020, and 2021 NHIS, respectively. The full-year 2018 PC PUF was the first one in which all MEPS panels reflect the new NHIS sample design first implemented in 2016.

Whenever there is a change in sample or study design, it is good survey practice to assess whether such a change could affect the sample estimates. For example, increased coverage of the target populations with an updated sample design based on data from the latest Census can improve the accuracy of the sample estimates. MEPS estimates have been and will continue to be evaluated to determine whether an important change in the survey estimates might be associated with a change in design. Background on the two NHIS sample redesigns of interest here is discussed directly below, followed by a discussion of potential effects on MEPS estimates stemming from data quality concerns of the NHIS during the pandemic.

Background on the NHIS Sample Redesign Implemented in 2016

Beginning in 2016, NCHS implemented another new sample design for the NHIS, which differed substantially from the prior design. Each of the 50 states as well as the District of Columbia served as explicit strata for sample selection purposes with the intent of providing the capability of state-level NHIS estimates obtained through pooling across years if the sample size for a single year would result in unreliable estimates. In contrast to the previous design, households in areas with relatively high concentrations of minorities were not oversampled. PSUs are still formed at the county level. However, within the sampled PSUs, the clusters of addresses that have been sampled for each year of the NHIS are not in the form of segments (consisting of one or more Census blocks) as they were in the previous NHIS designs. For the 2016 NHIS, each such cluster consisted of roughly 25 subclusters selected by using random systematic sampling across the full geography of the PSU. Each subcluster is made up of, generally, 4 nearby addresses or roughly 100 addresses in all. The number of subclusters per cluster can vary from year to year.

Another major change is that the list of DUs (addresses) was obtained from the Computerized Delivery Sequence File (CDSF) of the U.S. Postal Service, and its approach differs from the standard listing process for area probability samples used in the pre-2016 designs. While addresses in the CDSF provide very high coverage of most areas of the country, coverage in rural areas can be somewhat lower. For rural areas in which this was a concern, address lists were created through the conventional listing process. NCHS [describes the NHIS sample design](#) on the NHIS website.

Panel 24 Household Sample Size

A subsample of 9,700 households was randomly selected for Panel 24 from the households responding to the 2018 NHIS, 9,684 of which were fielded for MEPS after the elimination of any units characterized as ineligible for fielding.

Panel 26 Household Sample Size

A subsample of 9,510 households was randomly selected for Panel 26 from the households responding to the 2020 NHIS, all 9,510 of which were fielded for MEPS after the elimination of any units characterized as ineligible for fielding.

Panel 27 Household Sample Size

A subsample of 9,700 households was randomly selected for Panel 27 from the households responding to the 2021 NHIS, 9,694 of which were fielded for MEPS after the elimination of any units characterized as ineligible for fielding.

Implications of the New Design on MEPS Estimates

Under the new design, the MEPS sampled households reflect the clustering of the NHIS as described above but to a somewhat lesser degree because of the sampling from NHIS respondents. Because the NHIS sample is spread in small subclusters across the PSU, and because the sampling is limited to NHIS respondents only, the impact of clustering on the variance of MEPS estimates may be more limited. Also, in contrast to the previous design, the NHIS sampling rates at the address level currently do not vary as a function of the oversampling of minorities (although this could change in subsequent years). On balance, the overall variation in sampling rates/weights at the national level for the NHIS is expected to be lower, with a corresponding positive impact on the precision of MEPS estimates. However, with a reduction in the sample sizes of minority households, the precision levels of MEPS estimates for Blacks, Hispanics, and Asians may be reduced to some extent.

Impact on the MEPS Sample Associated with Data Quality Concerns for the 2020 NHIS

Households fielded for Round 1 of the MEPS in each year have been selected as a subsample from among the NHIS responding households from the prior year (e.g., Panel 25 of the MEPS was selected from NHIS respondents in 2019). It is important to note here that the NHIS households eligible for use in the MEPS are restricted to NHIS Panels 1 and 3 of the first three quarters of the NHIS, as the fourth-quarter households cannot be made available in time for the MEPS data collection early in the next calendar year, and households in NHIS Panels 2 and 4 of each quarter are reserved by NCHS for other use.

The onset of the pandemic at a national level took place in mid-March of 2020, when the NHIS data collection for Quarter 1 of 2020 was virtually completed and that of Quarter 2 was about to

begin. The NHIS rapidly shifted from in-person to telephone interviewing in an attempt to gather data from Quarter 2 of 2020. While NCHS was able to make this transition, the agency's assessments at the time showed a much lower response rate than is typically seen during Quarter 2 and the quality of the Quarter 2 data was of particular concern. NCHS thus modified the 2020 NHIS sample design for Quarters 3 and 4. A randomly selected subset of the sampled housing units originally selected for fielding in Quarters 3 and 4 of 2020 was removed from the sample to be fielded. The reduced sample for Quarters 3 and 4 was then enhanced by randomly selecting responding households from the 2019 NHIS for re-interviewing in 2020.

Given the issues and modification of the 2020 NHIS, two key factors were expected to raise concerns for the MEPS plans for fielding a 2021 sample. First, 2020 NHIS data quality and sample size issues were of particular concern for Quarter 2 of that year. Second, roughly half of the NHIS sampled households for Quarter 3 would also have been respondents in the 2019 NHIS, so many of the Quarter 3 NHIS respondents were expected to have already been sampled and fielded for Panel 25 of the MEPS. It thus became clear that the 2021 sample design for Panel 26 of the MEPS would need to be modified.

AHRQ proposed, and NCHS approved, for responding households in NHIS Panels 2 and 4 from Quarter 1 of 2020 to be made available for the MEPS Panel 26 sample selection. Virtually all of these households were interviewed in person before the major onset of the pandemic, so the Quarter 1 response rates for all four NHIS panels were consistent with prior years, and the data quality issues associated with the pandemic could be avoided. Thus, for MEPS Panel 26, the NHIS responding households subsampled for the MEPS were selected from among all NHIS responding households in Quarter 1 and from those responding in Quarter 3 that were not originally sampled for the 2019 NHIS.

3.1.2 Discussion of Pandemic Effects on Quality of MEPS Data

The challenges associated with MEPS data collection in 2020 after the onset of the COVID-19 pandemic continued through 2021 and possibly into 2022. The major modifications to the standard MEPS study design remained in effect, permitting data to be collected safely but with accompanying concerns related to the quality of the data obtained. The suggestion made in the documentation for the FY 2020 and FY2021 MEPS Consolidated PUF data still holds. Researchers are counseled to take care in the interpretation of estimates based on data collected from these three calendar years. This includes the comparison of such estimates to those of other years and corresponding trend analyses.

Section 3.1 of the documentation for the [2020 Consolidated PUF](#) provides a general discussion of the impact of the COVID-19 pandemic on several other major in-person federal surveys as well as on MEPS. In addition, it offers a detailed look at how MEPS was modified to permit safe data collection and the development of useful estimates at a time when the way the U.S. health care system functioned underwent many transformations in order to meet population needs. Three sources of potential bias were identified for MEPS for FY 2020: (1) long recall period for Round 6 of Panel 23, (2) switching from in-person to telephone interviewing which likely had a larger impact on Panel 25, and (3) the impact of CPS bias on the MEPS weights. A number of

statistically significant differences were found between panels for FY 2020. Those findings are discussed in MEPS HC-224.

Concerns of potential bias for FY 2021 and between panel differences are discussed in Section 3.1 of the documentation for the 2021 Consolidated PUF. Additional analysis has also uncovered a concerning trend on event reporting in MEPS following the COVID-19 pandemic. While reporting of other event types has rebounded from the dip experienced in 2020, inpatient (IP) and emergency room (ER) utilization reports collected in FY 2021 have not rebounded. This finding is more concerning as key benchmarks suggest the event counts are depressed even though these are the most salient event types. Modifications made to the MEPS sample design discussed in earlier sections may have partially contributed to the concerning trend.

- The impact of the pandemic on NHIS data collection and the resulting Panel 26 MEPS sample (Section 3.1.1). NHIS response rates in the pandemic and shifts in the resulting MEPS sample may have increased the likelihood that the MEPS Panel 26 respondents differed in composition compared to previous years.
- The extension of panels (beginning of Section 3.1). While there is a benefit in boosting the MEPS sample size by keeping pre-pandemic panels active for an additional two years to counter reduced response rates, there are two risks with this approach: attrition in these panels beyond what is experienced in two years, which may lead households with more serious health issues to leave MEPS, and a conditioning effect whereby respondents learn over time that reporting events results in a longer interview.
- Significantly lower response rates (Section 3.2) that could differentially exclude households more likely to experience IP stays. The demographic shifts on MEPS between 2019 and 2021 suggest a more educated, higher-income, older MEPS. With the exception of a slightly higher proportion of older persons, this represents a general decrease in demographic groups more likely to report IP visits.

It was concluded for FY 2021 that recent differences in propensity to respond, due in part to changes in respondent behavior beginning with and following the onset of the pandemic, have produced a lingering effect whereby fewer persons with a higher probability of an IP stay are part of the MEPS responding households.

Preliminary analyses undertaken to examine the quality of the MEPS FY 2022 data appearing on the PC PUF have been focused on the comparison of health care utilization for the MEPS target population between the panels fielded. These comparisons were undertaken for the full sample and the three age groups of 0-17, 18-64, and 65+.

The analyses undertaken thus far suggest no major differences in IP or ER visits between the three panels. Slight differences were observed in dental visits and outpatient visits. For dental visits, Panel 26 reported at a higher rate than Panel 24 or Panel 27 in the age range 18-64. For outpatient visits, Panel 24 reported at a lower rate than Panel 26 and Panel 27 in the age range 18-64.

In summary, the FY 2022 PC PUF weights can be expected to produce useful estimates for initial analyses of MEPS 2022 data. Further analyses of MEPS estimates will be conducted as part of the production of the FY 2022 Consolidated PUF to be released later in 2024. This will help identify any additional data quality issues as well as possible improvements that could be implemented.

The various actions taken in the development of the person-level weights for the MEPS FY 2022 PC PUF were designed to limit the potential for bias in the data due to changes in data collection and response bias. However, evaluations of MEPS data quality in 2021 and 2022 suggest that users of the MEPS FY 2022 PC PUF should continue to exercise caution when interpreting estimates and assessing analyses based on these data, as well as in comparing 2022 estimates to those of prior years.

3.1.3 Sample Weights and Variance Estimation

Weight variables in the 2022 PC PUF can be used to generate estimates of totals, means, percentages, and rates for persons and families in the U.S. civilian noninstitutionalized population. Procedures and considerations associated with the construction and interpretation of person- and family-level estimates using these and other variables are discussed in this section. It should be noted that NCHS has made a modification to the NHIS sample design that has affected the MEPS variance structure. This is discussed in detail in Section 3.6.1.

3.2 The MEPS Sampling Process and Response Rates: An Overview

For most MEPS panels, a sample representing about three-eighths of the NHIS responding households is made available. This was the case for MEPS Panel 24, Panel 26, and Panel 27.

Because the MEPS subsampling has to be done soon after the NHIS responding households are identified, a small percentage of the NHIS households initially characterized as NHIS respondents are later classified as nonrespondents for the purposes of NHIS data analysis. This adjustment actually increases the overall MEPS response rate slightly, since the percentage of NHIS households designated for use in the MEPS (all those characterized initially as respondents from the NHIS panels and quarters used by the MEPS for a given year) is slightly larger than the final NHIS household-level response rate, and some NHIS nonresponding households do participate in the MEPS. However, as a result, these NHIS nonrespondents who are MEPS participants have no NHIS data that can be linked with MEPS data. Once the MEPS sample is selected from among the NHIS households, characterized as NHIS respondents, RUs consisting entirely of military personnel are deleted from the sample. Military personnel not living in the same RU as civilians are ineligible for the MEPS. After these exclusions, all RUs associated with households, selected from among those identified as NHIS responding households, are then fielded in the first round of the MEPS.

Table 15 shows in Rows A, B, and C the three informational components just discussed. Row A indicates the percentage of NHIS households eligible for the MEPS. Row B indicates the number of NHIS households sampled for the MEPS. Row C indicates the number of sampled households

actually fielded for the MEPS (after the military members discussed above were dropped, and a small number of NHIS households were sampled in error). Note that all response rates discussed here are unweighted.

Table 15

***Sample Size and Unweighted Response Rates for the 2022 PC PUF
(Panel 27 Rounds 1-3/Panel 26 Rounds 3-5/ Panel 24 Rounds 7-9)***

Components	Panel 24	Panel 26	Panel 27	2022 Combined
A. Percentage of NHIS households designated for use in the MEPS (those initially characterized as responding) ^a	64.3%	60.6%	59.4%	-
B. Number of households sampled from the NHIS	9,700	9,510	9,700	-
C. Number of households sampled from the NHIS and fielded for the MEPS	9,684	9,510	9,694	-
D. Round 1 - Number of RUs eligible for interviewing	10,090	9,795	10,007	-
E. Round 1 - Number of RUs with completed interviews	7,186	5,882	6,158	-
F. Round 2 - Number of RUs eligible for interviewing	7,323	6,045	6,285	-
G. Round 2 - Number of RUs with completed interviews	6,777	4,799	5,368	-
H. Round 3 - Number of RUs eligible for interviewing	6,890	4,876	5,429	-
I. Round 3 - Number of RUs with completed interviews	6,289	4,103	4,818	-
J. Round 4 - Number of RUs eligible for interviewing	6,371	4,159	-	-
K. Round 4 - Number of RUs with completed interviews	5,446	3,805	-	-
L. Round 5 - Number of RUs eligible for interviewing	5,495	3,809	-	-

Components	Panel 24	Panel 26	Panel 27	2022 Combined
M. Round 5 - Number of RUs with completed interviews	4,770	3,541	-	-
N. Round 6 - Number of RUs eligible for interviewing	4,808	-	-	-
O. Round 6 - Number of RUs with completed interviews	3,959	-	-	-
P. Round 7 - Number of RUs eligible for interviewing	4,002	-	-	-
Q. Round 7 - Number of RUs with completed interviews	3,500	-	-	-
R. Round 8 - Number of RUs eligible for interviewing	3,519	-	-	-
S. Round 8 - Number of RUs with completed interviews	3,121	-	-	-
T. Round 9 - Number of RUs eligible for interviewing	3,156	-	-	-
U. Round 9 - Number of RUs with completed interviews	3,015	-	-	-
Overall annual unweighted response rates				
P27: A x (E/D) x (G/F) x (I/H)				
P26: A x (E/D) x (G/F) x (I/H) x (K/J) x (M/L)	17.5% (Panel 24 through Round 9)	20.7% (Panel 26 through Round 5)	27.7% (Panel 27 through Round 3)	23.4%
P24: A x (E/D) x (G/F) x (I/H) x (K/J) x (M/L) x (O/N) x (Q/P) x (S/R) x (U/T)				
Combined: 0.22 x P24 + 0.29 x P26 + 0.49 x P27				

^a Among the panels and quarters of the NHIS allocated to the MEPS, the percentage of households that were considered to be NHIS respondents when the MEPS sample was selected.

3.2.1 Response Rates

To produce annual health care estimates for calendar year 2022 based on the full MEPS sample, data from Panel 24, Panel 26, and Panel 27 were combined. More specifically, full calendar year 2022 data collected in Rounds 7 - 9 for Panel 24 and Rounds 3 - 5 for Panel 26 sample were

pooled with data from the first three rounds of data collection for the Panel 27 sample (the general approach is described below).

As mentioned above, all response rates discussed in this section are unweighted. To understand how the MEPS response rates were calculated, some features related to data collection should be noted. When an RU is visited for a round of data collection, changes in RU membership are identified. Such changes include the formation of student RUs as well as other new RUs created when RU members from a previous round have moved to another location in the United States. Thus, the number of RUs eligible for an interview in a given round is determined after data collection is fully completed. The ratio of the number of RUs completing the interview in a given round to the number of RUs characterized as eligible to complete the interview for that round represents the “conditional” response rate for that round expressed as a proportion. It is “conditional” in that it pertains to the set of RUs characterized as eligible for the MEPS in that round and is thus “conditioned” on prior participation rather than on representing the overall response rate through that round. For example, in Table 15, for Panel 27 Round 2, the ratio of 5,368 (Row G) to 6,285 (Row F) multiplied by 100 represents the response rate for the round (85.4 percent when computed), conditioned on the set of RUs characterized as eligible for the MEPS for that round. Taking the product of the percentage of the NHIS sample eligible for the MEPS (Row A) with the product of the ratios for a consecutive set of MEPS rounds beginning with Round 1 produces the overall response rate through the last round specified.

The overall unweighted response rate for 2022 for the combined sample after pooling the respondents across the three panels was obtained by computing the product of the compositing factor associated with each panel (discussed in Section 3.4.6, which describes the development of the final weight for the PC PUF) and the corresponding overall panel response rate and then summing the three products. Panel 27 represents about 48.8 percent of the combined sample size, Panel 26 represents about 29.3 percent of the combined sample size, and Panel 24 represents the remaining 21.9 percent. Thus, the combined response rate of 23.4 percent was computed as 0.22 times 17.5 (17.5 is the overall Panel 24 response rate through Round 9) plus 0.29 times 20.7 (20.7 is the overall Panel 26 response rate through Round 5) plus 0.49 times 27.7 (27.7 is the overall Panel 27 response rate through Round 3.)

3.2.2 Panel 27 Response Rates

For Panel 27 Round 1, 9,694 households were fielded in 2022 (Row C of Table 15), which is a randomly selected subsample of the households responding to the 2021 NHIS.

Table 15 shows the number of RUs eligible for interviewing in each round of Panel 27 as well as the number of RUs completing the interview. Computing the individual round “conditional” response rates as described in Section 3.2.1 and then taking the product of these three response rates and the factor 59.4 (the percentage of the NHIS sampled households characterized as responding when the household sample was selected for the MEPS) yields an overall response rate of 27.7 percent for Panel 27 through Round 3.

3.2.3 Panel 26 Response Rates

A total of 9,510 households were fielded in 2021 for MEPS Panel 26 (as indicated in Row C of Table 15), a randomly selected subsample of the households responding to the 2020 NHIS.

Table 15 shows the number of RUs eligible for interviewing and the number completing the interview for all five rounds of Panel 26. The overall response rate for Panel 26 was computed in a similar fashion to that of Panel 27, but it covered all five rounds of interviewing as well as the factor representing the percentage of NHIS sampled households eligible for the MEPS. The overall response rate for Panel 26 through Round 5 is 20.7 percent.

3.2.4 Panel 24 Response Rates

A total of 9,684 households were fielded in 2019 for MEPS Panel 24 (as indicated in Row C of Table 15), a randomly selected subsample of the households responding to the 2018 NHIS.

Table 15 shows the number of RUs eligible for interviewing and the number completing the interview for all nine rounds of Panel 24. The overall response rate for Panel 24 was computed in a similar fashion to that of Panel 26, but it covered all nine rounds of MEPS interviewing as well the factor representing the percentage of NHIS sampled households eligible for the MEPS. The overall response rate for Panel 23 through Round 9 is 17.5 percent.

3.2.5 Annual (Combined Panel) Response Rate

A combined panel response rate for this dataset was obtained by taking a weighted average of the panel-specific response rates. The Panel 24 response rate was weighted by a factor of 0.22, the Panel 26 response rate was weighted by a factor of 0.29, and the Panel 27 response rate was weighted by a factor of 0.49, reflecting approximately the distribution of the overall sample across the three panels. The resulting combined response rate for the combined panels was computed as $(0.22 \times 17.2) + (0.29 \times 20.7) + (0.49 \times 20.7)$, or 23.4 percent (as shown in Table 15).

3.2.6 Oversampling

Oversampling is a feature of the MEPS sample design that helps to increase the precision of estimates for some subgroups of interest. This section discusses the concept of oversampling and how it relates to the MEPS.

For a sample in which all persons in a population are selected with the same probability, and survey coverage of the population is high, the sample distribution is expected to be proportionate to the population distribution. For example, if Hispanics represent 15 percent of the general population, one would expect roughly 15 percent of the persons sampled to be Hispanic. However, in order to improve the precision of estimates for specific subgroups of a population, one might decide to select samples from those subgroups at higher rates than the remainder of the population. Thus, one might select Hispanics at twice the rate (i.e., at double the probability) of persons not oversampled. As a result, an oversampled subgroup comprises a higher proportion

of the sample than it represents in the general population. Sample weights ensure that population estimates are not distorted by a disproportionate contribution from oversampled subgroups. Base sample weights for oversampled groups are smaller than for the portion of the population not oversampled. For example, if a subgroup is sampled at roughly twice the rate of sample selection for the remainder of the population not oversampled, members of the oversampled subgroup will receive base or initial sample weights (before nonresponse or poststratification adjustments) that are roughly half the size of the group not oversampled.

As mentioned above, oversampling is implemented to increase the sample size and thus improve the precision of survey estimates for particular subgroups of the population. The “cost” of oversampling is that the precision of estimates for the general population and the subgroups not oversampled will be reduced to some extent compared with the precision one could have achieved if the same overall sample size were selected without any oversampling.

The NHIS no longer oversamples households with members who are Asian, Black, or Hispanic. Nevertheless, these minority groups are still of analytic interest for the MEPS. As a result, for Panels 24 and 27, all households in the Asian, Hispanic, and Black domains were sampled with certainty (i.e., all households assigned to those domains were included in the MEPS). For Panel 24, the corresponding sampling rates for the Other, complete domain and the Other, partial complete domain were about 79 percent and 50 percent, respectively. For Panel 27, the corresponding sampling rates for the Other, complete domain and the Other, partial complete domain were a little over 80 percent and slightly under 80 percent, respectively.

Within the “noncertainty” strata (the “Other” domains) for both Panel 24 and Panel 27, responding NHIS households were selected for the MEPS by using a systematic sample selection procedure from among the eligible households. Households were selected with probability proportionate to size, where the size measure was the inverse of the NHIS initial probability of selection. The purpose of pps sampling was to help reduce the variability in the MEPS weights incurred as a result of the variability of the NHIS sampling rates.

As discussed in Section 3.1, the Panel 26 sample focused on oversampling the “middle-sized” states rather than Hispanics, Blacks, and Asians.

A note with respect to the interpretation of the MEPS response rates, which are unweighted. Sample allocations across sample domains typically change from one MEPS panel to another. The sample domains may also vary by panel, as is the case for Panel 26 versus Panel 24 and Panel 27. When one compares unweighted measures (e.g., response rates) between panels and years, one should take into account such differences. Suppose, for example, that members of one domain have a lower propensity to respond than those of another domain. If the former domain has been allocated a higher proportion of the sample, the corresponding panel may have a lower unweighted response rate simply because of the differences in sample allocation.

3.3 Background on Person-Level Estimation Using the 2022 PC PUF

3.3.1 Overview

The 2022 PC PUF contains a single, full-year, person-level weight variable called PERWT22P. However, care should be taken in applying it because it permits both cross-sectional and longitudinal estimates, depending on the variables used to define the set of persons of interest for analysis. The person-level weight was assigned for each Key, in-scope person who responded to the MEPS for the full period of time in which they were in scope during 2022. A Key person was either a member of a responding NHIS household at the time of the interview or joined a family associated with such a household after being out of scope at the time of the NHIS (the latter circumstance includes newborns as well as those returning from military service, an institution, or residence in a foreign country). A person is in scope whenever they are a member of the civilian noninstitutionalized portion of the U.S. population.

3.3.2 Developing Person-Level Estimates

The data in this PC PUF can be used to develop estimates on persons in the civilian noninstitutionalized population at any time during 2022 and for the slightly smaller population of persons in the civilian, noninstitutionalized population on December 31, 2022. To obtain a cross-sectional estimate for in scope persons living in the country on December 31, 2022, the analysis should be restricted to cases in which INSC1231=1 (the person was in scope on December 31, 2022). The weight variable PERWT22P must be applied to the analytic variable(s) of interest to obtain either type of national estimate. Table 16 summarizes the cases to include and the sample sizes for the two populations described above in Section 3.3.1.

Table 16

Identifying Populations of Interest at the Person Level and Corresponding Sample Sizes

Population of interest	Cases to include	Sample size
Civilian noninstitutionalized persons over the course of 2022	PERWT22P>0	21,747
Civilian noninstitutionalized persons on December 31, 2022	PERWT22P>0 and INSC1231=1	21,491

3.4 Details on Constructing Person-Level Weights

3.4.1 Overview

The person-level weight PERWT22P was developed in two stages. First, the weight for Panel 24 was created, including both an adjustment for nonresponse over time and raking. The raking involved controlling to several sets of marginal control totals reflecting CPS population estimates

based on six variables (identified in the following sections. Similarly, the person-level weights for Panel 26 and Panel 27 were created with an adjustment for nonresponse over time and raking, where the raking established consistency with CPS population estimates based on the same six variables. Secondly, a composite weight was formed from the Panel 24, Panel 26, and Panel 27 weights by multiplying the weights by factors corresponding to the relative effective sample sizes of the three panels. A final raking based on the same six variables was then performed on this composite weight variable.

3.4.2 Panel 24 Weight Development Process

The person-level weight for MEPS Panel 24 was developed using the 2021 full-year weight for an individual as a “base” weight for survey participants present in 2022. For Key, in-scope members who joined an RU at some time in 2022 after being out-of-scope in 2021, the initially assigned person-level weight was the corresponding 2021 family-level weight. The weighting process included an adjustment for person-level nonresponse over Rounds 8 and 9 as well as raking to population control figures for December 2022 for Key, responding persons in-scope on December 31, 2022. These control totals were derived by scaling back the population distribution obtained from the March 2023 CPS to reflect the December 31, 2022 estimated population total (estimated based on Census projections for January 1, 2023). Variables used for person-level raking included: education of the reference person (three categories: no degree; high school/GED only or some college; bachelor’s or a higher degree); Census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic; Black, non-Hispanic; Asian, non-Hispanic; and other); sex; and age. (Note, however, that for confidentiality reasons, the MSA status variables are no longer released for public use.) The final weight for Key responding persons who were not in-scope on December 31, 2022 but were in-scope earlier in the year was the nonresponse-adjusted person-level weight without raking.

The 2021 full-year weight used as the base weight for Panel 24 was derived from the 2019 MEPS Round 1 weight and reflected an adjustment for nonresponse over the remaining data collection rounds in 2019, 2020, and 2021 as well as raking to the December 2019, December 2020, and December 2021 population control figures.

3.4.3 Panel 26 Weight Development Process

The person-level weight for Panel 26 was developed by using the 2021 full-year weight for an individual as a “base” weight for survey participants present in 2022.

For Key, in-scope members who joined an RU at some time in 2022 after being out of scope in 2021, the initially assigned person-level weight was the corresponding 2021 family-level weight. The weighting process also included an adjustment for person-level nonresponse over Rounds 4 and 5 as well as raking to the same population control figures for December 2022 that were used for the Panel 24 weight for Key, responding persons in scope on December 31, 2022. The same six variables used for Panel 24 raking (education level, Census region, MSA status, race/ethnicity, sex, and age) were also used for Panel 26 raking. Similar to Panel 24, the Panel 26 final weight for Key, responding persons not in scope on December 31, 2022, but in scope earlier in the year was the nonresponse-adjusted person-level weight without raking.

Note that the 2021 full-year weight that was used as the base weight for Panel 26 was derived from the 2021 MEPS Round 1 weight and reflected an adjustment for nonresponse over the remaining data collection rounds in 2021 as well as raking to the December 2021 population control figures.

3.4.4 Panel 27 Weight Development Process

The person-level weight for Panel 27 was developed by using the 2022 Round 1 person-level weight as a “base” weight. The Round 1 weights incorporated the following components: the original household probability of selection for the NHIS and for the NHIS subsample reserved for the MEPS, an adjustment for NHIS nonresponse, the probability of selection for the MEPS from the NHIS, an adjustment for nonresponse at the DU level for Round 1, and raking to control figures at the person level obtained from the March CPS of the corresponding year. For Key, in-scope members who joined an RU after Round 1, the Round 1 DU weight served as a base weight.

The weighting process also included an adjustment for nonresponse over the remaining data collection rounds in 2022 as well as raking to the same population control figures for December 2022 that were used for the Panel 24 and Panel 26 weights for Key, responding persons in scope on December 31, 2022. The same six variables used for Panel 24 and Panel 26 raking (education level of the reference person, Census region, MSA status, race/ethnicity, sex, and age) were also used for Panel 27 raking. Similar to Panel 24 and Panel 26, the Panel 27 final weight for Key, responding persons who were not in scope on December 31, 2022, but were in scope earlier in the year was the nonresponse-adjusted person-level weight without raking.

3.4.5 Raking

Beginning with the 2002 PC PUF, raking has been used to calibrate survey weights to match designated population control totals, replacing the previous poststratification process. Raking is commonly used to adjust survey weights so that estimates of subpopulation totals match more stable figures available from independent sources. It can be thought of as multidimensional poststratification that requires an iterative solution. Survey weights are poststratified to several sets of control figures (dimensions) in a sequential and continuous fashion until convergence is achieved. Convergence is the state in which survey weights satisfy the criteria that the sums of the survey weights for the subgroups represented by the various dimensions are simultaneously within a specified distance from the corresponding control figures (e.g., within 1, 5, 10, etc., of the control totals). For instance, if one dimension in a raking effort was sex by MSA status, and the specified distance was 5, then after convergence has been achieved, the sum of the survey weights for males in MSA areas would be within ± 5 of the control figure for males in MSA areas, the sum for females in MSA areas would be within ± 5 of the control figure for females in the MSA areas, and so on.

3.4.6 The Final (Non-Poverty-Adjusted) Weight for the 2022 Population Characteristics Public Use File

As mentioned earlier, after raking the weights from each panel separately, a composited weight for use in representing the full set of MEPS respondents was formed from the individual panel weights by multiplying the weights of persons in a given panel by the corresponding compositing factor associated with that panel. A final raking was then performed on this composited weight variable based on the same six variables used previously for raking (education level of the reference person, Census region, MSA status, race/ethnicity, sex, and age).

The purpose of the compositing factors is to establish an appropriate weight for estimation purposes across all FY 2022 MEPS respondents from the three panels after pooling their records into a single, full-sample database. If estimates from each of the three panels were unbiased, any three factors that are all less than 1 and that sum to 1 would be suitable. Using the relative nominal sample sizes (the proportions that the number of respondents in a panel represent among the total number of respondents in the three panels) has worked well for the MEPS in previous years. However, choosing factors that reflect the relative “effective” sample size (the inverse of the relative amount of variability in the individual panel estimates attributable to the variability of the sample weights and sample size) helps limit the variability of the estimates obtained from the composited weights across the three samples pooled. Beginning with the 2020 full-year PC PUF, we have chosen to use the relative effective sample size in order to increase the effectiveness of the compositing factors to some extent. One reason for doing this is to account for the more variable panel weights that stem from increasing nonresponse.

The effective sample size for each panel was computed by dividing the sample size of each panel by the design effect associated with the variability of the nonresponse-adjusted person-level weights (i.e., before raking the weights of a panel) across the person-level respondents in the panel. The relative effective sample size was then computed by taking the ratio of the effective sample size for a panel to the sum of the effective sample sizes across the three panels.

Variables used in the raking of the composited person-level weights were the same variables used in forming control totals for the individual panels (derived from CPS data). As mentioned previously, these variables were education of the reference person (no degree, high school/GED only or some college, bachelor’s or a higher degree); Census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic; Black, non-Hispanic; Asian, non-Hispanic; other); sex; and age. Persons included in the raking process were those in scope on December 31, 2022. (It is worth noting that poverty status is included as a raking variable for producing the weight for the full-year Consolidated PUF but is not included in this version of the MEPS weights. This is because the poverty status variable was not available when this version of the MEPS weights was created. Additional time is required to process the income data collected and then to assign persons to a poverty status category.)

In addition, the weights of some persons who were out of scope on December 31, 2022 were poststratified. Specifically, the weights of persons who were out of scope on December 31, 2022, but in scope at some time during the year but were residing in a nursing home at the end of the year were adjusted to compensate for expected undercoverage of this subpopulation.

Overall, the population estimate for the civilian noninstitutionalized population over the course of the year (PERWT22P>0) is 333,053,243 (see Table 17). The estimated population total for those in-scope on December 31, 2022 (PERWT22P>0 and INSC1231=1) is 329,059,733.

Table 17

Persons with a Person-Level Weight in the 2022 PC PUF

Persons	Panel 24	Panel 26	Panel 27	Combined	Population estimate (weighted total of combined sample)
Number	5,222	6,632	9,893	21,747	333,053,243

3.4.7 A Note on the MEPS Population Estimates

Beginning with the 2021 PC PUF, the MEPS was transitioned to 2020 Census-based population estimates from the CPS for poststratification and raking. CPS estimates began reflecting 2020 Census-based data in 2022, and the March 2023 CPS data serve as the basis for the 2022 MEPS weight calibration efforts.

The updated population controls will have a noticeable effect on estimated totals for some population subgroups. In the article “[Adjustments to Household Survey Population Estimates in January 2022](#),” the Bureau of Labor Statistics (2023) compares some 2021 CPS estimates for those aged 16 or older “as published” with estimates that would have been generated had the updated population controls been used. The more notable increases in estimated totals occurred in the following subgroups: those aged 16-19 (about a half million more, a 3.5 percent increase) and Asians (170,000 more, a 1 percent increase). Corresponding changes were thus anticipated for the MEPS full-year data beginning with the 2021 PC PUF.

3.4.8 Coverage

The target population associated with this MEPS database is the 2022 U.S. civilian noninstitutionalized population. However, the MEPS sampled households are a subsample of the NHIS households interviewed in 2018 (Panel 24), 2020 (Panel 26), and 2021 (Panel 27). New households created after the NHIS interviews for the respective panels and consisting exclusively of persons who entered the target population after 2018 (Panel 24), after 2020 (Panel 26), or after 2021 (Panel 27) are not covered by the 2022 MEPS. Nor are previously out-of-scope persons who joined an existing household but are not related to the current household residents. Persons not covered by a given MEPS panel thus include some members of the following groups: immigrants, persons leaving the military, U.S. citizens returning from residence in another country, and persons leaving institutions. Those not covered represent a small proportion of the MEPS target population.

3.5 No Family, SAQ, or DCS Weights on this PC PUF

Because of relatively limited opportunities for family-level analysis with the data on this PC PUF, family-level weights are not included on the file. However, these weights will be created for the 2022 Consolidated PUF, in which expenditure and income data are provided. To maintain consistency in terms of file structure between this PC PUF and the upcoming Consolidated PUF, which has expenditure and income data, records for persons who will receive a positive family-level weight but not a positive person-level weight in the Consolidated PUF have been placed on this PC PUF. These records will be the only records without a positive person-level weight on this file.

While not appearing on this PC PUF, the family weights and those associated with the SAQ and the DCS will be provided on the Consolidated PUF.

3.6 Variance Estimation

To obtain estimates of variability in the MEPS estimates (such as the standard error of sample estimates or corresponding confidence intervals), analysts should take into account the complex sample design of the MEPS for both person-level and family-level analyses. Several methodologies have been developed for estimating standard errors for surveys with a complex sample design, including the Taylor-series linearization method, balanced repeated replication (BRR), and jackknife replication. Various software packages provide analysts with the capability of implementing these methodologies. MEPS analysts most commonly use the Taylor-series approach. Although this PC PUF does not contain replicate weights, analysts can use the BRR methodology to construct replicate weights to develop variances for more complex estimators (see Section 3.6.2).

3.6.1 Taylor-series Linearization Method

The variables needed to calculate appropriate standard errors based on the Taylor-series linearization method are included on this and all other MEPS PUFs. Software packages that permit the use of the Taylor-series linearization method include SUDAAN, R, Stata, SAS (version 8.2 and higher), and SPSS (version 12.0 and higher). For complete information on the capabilities of a package, analysts should refer to the user documentation for the software.

With the Taylor-series linearization method, variance estimation strata and the variance estimation PSUs within these strata must be specified. The variables VARSTR and VARPSU on this PC PUF identify the sampling strata and primary sampling units required by the variance estimation programs. Specifying a “with replacement” design in one of the previously mentioned software packages will provide estimated standard errors appropriate for assessing the variability of the MEPS estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the number available. For variables of interest distributed throughout the country (and thus the MEPS sample PSUs), one can generally expect to see at least 100 degrees of freedom associated with the estimated standard errors for national estimates based on this MEPS database.

Before 2002, the MEPS variance strata and PSUs were developed independently from year to year, and the last two characters of the strata and PSU variable names denoted the year. Beginning with the 2002 point-in-time PUF, the approach changed with the intention that variance strata and PSUs would be developed to be compatible with all future PUFs until the NHIS design changed. Thus, when pooling data across years 2002 through the Panel 11 component of the 2007 files, analysts can use the variance strata and PSU variables provided without modifying them for variance estimation purposes for estimates covering multiple years of data. There are 203 variance estimation strata, each stratum with either two or three variance estimation PSUs.

From Panel 12 of the 2007 files, a new set of variance strata and PSUs was developed because of the introduction of a new NHIS design. There are 165 variance strata with either two or three variance estimation PSUs per stratum. Therefore, there are a total of 368 (203+165) variance strata in the 2007 PC PUF, as it consisted of two panels that were selected under two independent NHIS sample designs. Since both MEPS panels in the full-year files from 2008 through 2016 were based on the next NHIS design, there are only 165 variance strata. These strata (VARSTR values) have been numbered from 1001 to 1165 so that they can be readily distinguished from those developed under the former NHIS sample design if data are pooled for several years.

The NHIS sample design was changed again in 2016, effectively changing the MEPS design beginning with calendar year 2017. From Panel 22 of the 2017 files, a new set of variance strata and PSUs were developed. There are 117 variance strata with either two or three variance estimation PSUs per stratum. Therefore, there are a total of 282 (165+117) variance strata in the 2017 PC PUF, as it consisted of two panels that were selected under two independent NHIS sample designs. To make the pooling of data across multiple years of the MEPS more straightforward, the numbering system for the variance strata was changed. The strata associated with the new design are numbered from 2001 to 2117.

However, the NHIS sample design was further modified in 2018, so the MEPS variance structure for the 2019 PC PUF was also modified, reducing the number of variance strata to 105. Consistency was maintained with the prior structure in that the 2019 variance strata were also numbered within the range of values from 2001 to 2117, although there are now gaps in the values assigned within this range. Because of the modification, each stratum could contain up to 5 variance estimation PSUs.

For Panel 26 in the 2021 and 2022 PC PUF, an additional NHIS sample was used for the MEPS to account for increasing nonresponse during the pandemic (as discussed in Section 3.1). The additional sample was assigned to the existing variance strata, so the PC PUF continues to have 105 variance strata, numbered 2001-2117, with a few gaps in the values in that range. In many cases, the additional sample was assigned to new variance estimation PSUs, so in the PC PUF, each stratum could contain up to eight variance estimation PSUs.

Some analysts may be interested in pooling data across multiple years of MEPS data. When doing so, analysts should note that to obtain appropriate standard errors, it is necessary to specify a common variance structure. Before 2002, each annual PUF was released with a variance structure unique to the particular MEPS sample in that year. Starting in 2002, the annual PUFs

were released with a common variance structure that allowed users to pool data from 2002 through 2018. However, analysts can no longer do this routinely because the variance structure had to be modified beginning with 2019.

To ensure that variance strata are identified appropriately for variance estimation purposes when pooling MEPS data across several years, analysts can proceed as follows:

1. When pooling any year from 2002 through 2018, use the variance strata numbering as is.
2. When pooling (a) any year from 1996 to 2001 with any year from 2002 or later, or (b) the year 2019 and beyond with any earlier year, use the pooled linkage PUF HC-036, which contains the proper variance structure. The HC-036 file is updated every year so that appropriate variance structures are available with pooled data. Further details on the HC-036 file are included in the public use documentation of the HC-036 file.

3.6.2 Balanced Repeated Replication Method

BRR replicate weights are not provided on this MEPS PUF for the purposes of variance estimation. However, a file containing a BRR replication structure is made available so that users can form replicate weights, if desired, from the final MEPS weight to compute variances of MEPS estimates using either BRR or Fay's modified BRR (Fay, 1989) methods. The replicate weights are useful for computing variances of complex nonlinear estimators for which a Taylor linear form is neither easy to derive nor available in commonly used software. For instance, it is not possible to calculate the variances of a median or the ratio of two medians by using the Taylor linearization method. For these types of estimators, users can calculate a variance using BRR or Fay's modified BRR methods. However, it should be noted that the replicate weights have been derived from the final weight through a shortcut approach. Specifically, the replicate weights are not computed starting with the base weight, and all adjustments made in different stages of weighting are not applied independently in each replicate. Thus, the variances computed by using this one-step BRR do not capture the effects of all weighting adjustments that would be captured in a set of fully developed BRR replicate weights. The Taylor series approach does not fully capture the effects of the different weighting adjustments either.

The dataset HC-036BRR, MEPS 1996-2022 Replicates for Variance Estimation File contains the information necessary to construct the BRR replicates. It includes a set of 128 flags (BRR1-BRR128) in the form of half sample indicators, each of which is coded 0 or 1 to indicate whether the person should or should not be included in that particular replicate. These flags can be used in conjunction with the full-year weight to construct the BRR replicate weights. For an analysis of MEPS data pooled across years, the BRR replicates can be formed in the same way by using the HC-036, MEPS 1996-2021 Pooled Linkage Variance Estimation File. For more information about creating BRR replicates, users can refer to the documentation for the [HC-036BRR pooled linkage file](#) on the AHRQ website.

3.7 Using MEPS Data for Trend Analysis

For analysts using the MEPS data for trend analysis, we note that there are uncertainties associated with 2020, 2021, and possibly 2022 data quality for reasons discussed throughout Section 3. Preliminary evaluations of a set of MEPS estimates of particular importance suggest that they are of reasonable quality. Nevertheless, analysts are advised to exercise caution in interpreting these estimates, particularly in terms of trend analyses, since access to health care was substantially affected by the COVID-19 pandemic, as were related factors such as health insurance and employment status for many people.

The MEPS began in 1996, and the utility of the survey for analyzing health care trends expands with each additional year of data; however, when examining trends over time using the MEPS, the length of time being analyzed should be considered. In particular, large shifts in survey estimates over short periods of time (e.g., from one year to the next) that are statistically significant should be interpreted with caution unless they are attributable to known factors such as changes in public policy, economic conditions, or the MEPS methodology.

With respect to methodological considerations, changes in data collection methods, such as interviewer training, were introduced in 2013 to obtain more complete information about health care utilization from MEPS respondents; the changes were fully implemented in 2014. This effort likely resulted in improved data quality and a reduction in underreporting starting in the second half of 2013 and continuing throughout 2014 full-year files; the changes have also had some impact on analyses involving trends in utilization across years. The changes in the NHIS sample design in 2016 and 2018 could also potentially affect trend analyses. The new NHIS sample design is based on more up-to-date information related to the distribution of housing units across the United States. As a result, it can be expected to better cover the full civilian noninstitutionalized population, the target population for MEPS, as well as many of its subpopulations. Better coverage of the target population helps to reduce the potential for bias in both NHIS and MEPS estimates.

Another change with the potential to affect trend analysis involved major modifications to the MEPS instrument design and data collection process, particularly in the events sections of the instrument. These were introduced in the spring of 2018 and thus affected data beginning with Round 1 of Panel 23, Round 3 of Panel 22, and Round 5 of Panel 21. Since the full-year 2017 PC PUFs were established from data collected in Rounds 1-3 of Panel 22 and Rounds 3-5 of Panel 21, they reflected two instrument designs. To mitigate the effect of such differences within the same full-year file, the Panel 22 Round 3 data and the Panel 21 Round 5 data were transformed to make them as consistent as possible with data collected under the previous design. The changes in the instrument were designed to make the data collection effort more efficient and easy to administer. In addition, expectations were that data on some items, such as those related to health care events, would be more complete with the potential of identifying more events. Increases in service use reported since the implementation of these changes are consistent with these expectations. *Data users should be aware of the possible impacts of these changes on the data and especially on trend analyses that include the year 2018 because of the design transition.*

Process changes, such as data editing and imputation, may also affect trend analyses. For example, users should refer to Section 2.5.11: Utilization, Expenditures, and Sources of Payment Variables in the Consolidated PUF and, for more detail, to the documentation for the prescription drug file (HC-229A) when analyzing prescription drug spending over time. As always, it is recommended that, before conducting trend analyses, users should review relevant sections of the documentation for descriptions of these types of changes that might affect the interpretation of changes over time.

To smooth or stabilize trend analyses based on the MEPS data, analysts may also wish to consider using statistical techniques such as comparing pooled time periods (e.g., 1996-1997 versus 2011-2012), working with moving averages or using modeling techniques with several consecutive years of the data to test the fit of specified patterns over time.

Finally, statistical significance tests should be conducted to assess the likelihood that observed trends are not attributable to sampling variation. In addition, researchers should be aware of the impact of multiple comparisons on Type I error. Without making appropriate allowance for multiple comparisons, the use of numerous statistical significance tests of trends will increase the likelihood of concluding that a change has taken place when one has not.

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D. Variable-Source Crosswalk

FOR MEPS HC 238: 2022 FULL-YEAR POPULATION CHARACTERISTICS DATA FILE

SURVEY ADMINISTRATION VARIABLES - PUBLIC USE

Variable	Description	Source
DUID	Panel # + encrypted DU identifier	Assigned in Sampling
PID	Person Number	Assigned in Sampling or by CAPI
DUPERSID	Person ID (DUID + PID)	Assigned in Sampling
PANEL	Panel Number	Constructed
DATAYEAR	Survey Data Year	Constructed
FAMID31	Family ID (Student Merged In) - R3/1	CAPI Derived
FAMID42	Family ID (Student Merged In) - R4/2	CAPI Derived
FAMID53	Family ID (Student Merged In) - R5/3	CAPI Derived
FAMID22	Family ID (Student Merged In) - 12/31/22	CAPI Derived
FAMIDYR	Annual Family Identifier	Constructed
RULETR31	RU Letter - R3/1	CAPI Derived
RULETR42	RU Letter - R4/2	CAPI Derived
RULETR53	RU Letter - R5/3	CAPI Derived
RULETR22	RU Letter as of 12/31/22	CAPI Derived
RUSIZE31	RU Size - R3/1	CAPI Derived
RUSIZE42	RU Size - R4/2	CAPI Derived
RUSIZE53	RU Size - R5/3	CAPI Derived
RUSIZE22	RU Size as of 12/31/22	CAPI Derived
RUCLAS31	RU fielded as: Standard/New/Student - R3/1	CAPI Derived
RUCLAS42	RU fielded as: Standard/New/Student - R4/2	CAPI Derived
RUCLAS53	RU fielded as: Standard/New/Student - R5/3	CAPI Derived
RUCLAS22	RU fielded as: Standard/New/Stud - 12/31/22	CAPI Derived
FAMSZE31	RU Size Including Students - R3/1	CAPI Derived
FAMSZE42	RU Size Including Students - R4/2	CAPI Derived
FAMSZE53	RU Size Including Students - R5/3	CAPI Derived

Variable	Description	Source
FAMSZE22	RU Size Including Students as of 12/31/22	CAPI Derived
FMRS1231	Member of Responding 12/31 Family	Constructed
FAMS1231	Family Size of Responding 12/31 Family	Constructed
FAMSZEYR	Size of Responding Annualized Family	Constructed
FAMRFPYR	Reference Person of Annualized Family	Constructed
REGION31	Census Region - R3/1	Assigned in Sampling
REGION42	Census Region - R4/2	Assigned in Sampling
REGION53	Census Region - R5/3	Assigned in Sampling
REGION22	Census Region as of 12/31/22	Assigned in Sampling
REFPRS31	Reference Person at - R3/1	RE480-RE500
REFPRS42	Reference Person at - R4/2	RE480-RE500
REFPRS53	Reference Person at - R5/3	RE480-RE500
REFPRS22	Reference Person as of 12/31/22	RE480-RE500
RESP31	1st Respondent Indicator for R3/1	ST 30
RESP42	1st Respondent Indicator for R4/2	ST 30
RESP53	1st Respondent Indicator for R5/3	ST 30
RESP22	1st Respondent Indicator as of 12/31/22	ST 30
PROXY31	Was Respondent a Proxy in R3/1	ST 30
PROXY42	Was Respondent a Proxy in R4/2	ST 30
PROXY53	Was Respondent a Proxy in R5/3	ST 30
PROXY22	Was Respondent a Proxy as of 12/31/22	ST 30
INTVLANG	Language Interview Was Completed	CL350
INTVTYPE31	Was Interview In-Person, By Phone, Or By Video R3/1	ST65
INTVTYPE42	Was Interview In-Person, By Phone, Or By Video R4/2	ST65
INTVTYPE53	Was Interview In-Person, By Phone, Or By Video R5/3	ST65
BEGRFM31	R3/1 Reference Period Begin Date: Month	CAPI Derived
BEGRFY31	R3/1 Reference Period Begin Date: Year	CAPI Derived
ENDRFM31	R3/1 Reference Period End Date: Month	CAPI Derived
ENDRFY31	R3/1 Reference Period End Date: Year	CAPI Derived
BEGRFM42	R4/2 Reference Period Begin Date: Month	CAPI Derived
BEGRFY42	R4/2 Reference Period Begin Date: Year	CAPI Derived

Variable	Description	Source
ENDRFM42	R4/2 Reference Period End Date: Month	CAPI Derived
ENDRFY42	R4/2 Reference Period End Date: Year	CAPI Derived
BEGRFM53	R5/3 Reference Period Begin Date: Month	CAPI Derived
BEGRFY53	R5/3 Reference Period Begin Date: Year	CAPI Derived
ENDRFM53	R5/3 Reference Period End Date: Month	CAPI Derived
ENDRFY53	R5/3 Reference Period End Date: Year	CAPI Derived
ENDRFM22	2022 Reference Period End Date: Month	RE Section
ENDRFY22	2022 Reference Period End Date: Year	RE Section
KEYNESS	Person Key Status	RE Section
INSCOP31	In-scope - R3/1	RE Section
INSCOP42	In-scope - R4/2	RE Section
INSCOP53	In-scope - R5/3	RE Section
INSCOP22	In-scope - R5/3 Start through 12/31/22	RE Section
INSC1231	In-scope Status on 12/31/22	Constructed
INSCOPE	Was Person Ever In scope in 2022	RE Section
ELGRND31	Eligibility - R3/1	RE Section
ELGRND42	Eligibility - R4/2	RE Section
ELGRND53	Eligibility - R5/3	RE Section
ELGRND22	Eligibility Status as of 12/31/22	RE Section
PSTATS31	Person Disposition Status - R3/1	RE Section
PSTATS42	Person Disposition Status - R4/2	RE Section
PSTATS53	Person Disposition Status - R5/3	RE Section
RURSLT31	RU Result - R3/1	Assigned by CAPI
RURSLT42	RU Result - R4/2	Assigned by CAPI
RURSLT53	RU Result - R5/3	Assigned by CAPI

DEMOGRAPHIC VARIABLES - PUBLIC USE

Variable	Description	Source
AGE31X	Age - R3/1 (Edited/Imputed)	RE80, 650, 680, 750
AGE42X	Age - R4/2 (Edited/Imputed)	RE80, 650, 680, 750
AGE53X	Age - R5/3 (Edited/Imputed)	RE80, 650, 680, 750
AGE22X	Age as of 12/31/22 (Edited/Imputed)	RE80, 650, 680, 750
AGELAST	Person's Age Last Time Eligible	AGE21X, AGE42X, AGE31X
DOBMM	Date of Birth: Month	RE70, 650, 680, 730
DOBY	Date of Birth: Year	RE70, 650, 680, 730
SEX	Sex	RE60, 650, 680, RE 720
RACEV1X	Race (Edited/Imputed)	RE1170
RACEV2X	Race (Edited/Imputed)	RE1170
RACEAX	Asian Among Races Rptd (Edited/Imputed)	RE1170
RACEBX	Black Among Races Rptd (Edited/Imputed)	RE1170
RACEWX	White Among Races Rptd (Edited/Imputed)	RE1170
RACETHX	Race/Ethnicity (Edited/Imputed)	RE1170
HISPANX	Hispanic Ethnicity (Edited/Imputed)	RE1170
HISPNCAT	Hispanic Ethnicity (Edited/Imputed)	RE1170
MARRY31X	Marital Status - R3/1 (Edited/Imputed)	RE100, 1170
MARRY42X	Marital Status - R4/2 (Edited/Imputed)	RE100, 1170
MARRY53X	Marital Status - R5/3 (Edited/Imputed)	RE100, 1170
MARRY22X	Marital Status - 12/31/22 (Edited/Imputed)	RE100, 1170
SPOUID31	Spouse ID - R3/1	RE900
SPOUID42	Spouse ID - R4/2	RE900
SPOUID53	Spouse ID - R5/3	RE900
SPOUID22	Spouse ID - 12/31/22	RE900
SPOUIN31	Marital Status w/ Spouse Present - R3/1	RE900
SPOUIN42	Marital Status w/ Spouse Present - R4/2	RE900
SPOUIN53	Marital Status w/ Spouse Present - R5/3	RE900
SPOUIN22	Marital Status w/ Spouse Present - 12/31/22	RE900
EDUCYR	Years of Educ When First Entered MEPS	RE1180-1200
HIDEG	Highest Degree When First Entered MEPS	RE1180-1200
FTSTU31X	Student Status if Ages 17-23 - R3/1	RE50, 1210

Variable	Description	Source
FTSTU42X	Student Status if Ages 17-23 - R4/2	RE50, 1210
FTSTU53X	Student Status if Ages 17-23 - R5/3	RE50, 1210
FTSTU22X	Student Status if Ages 17-23 - 12/31/22	RE50, 1210
ACTDTY31	Military Full-Time Active Duty - R3/1	RE110, 1050, 1080, 1100
ACTDTY42	Military Full-Time Active Duty - R4/2	RE110, 1050, 1080, 1100
ACTDTY53	Military Full-Time Active Duty - R5/3	RE110, 1050, 1080, 1100
REFRL31X	Relation to Ref Pers - R3/1 (Edit/Imp)	RE900
REFRL42X	Relation to Ref Pers - R4/2 (Edit/Imp)	RE900
REFRL53X	Relation to Ref Pers - R5/3 (Edit/Imp)	RE900
REFRL22X	Relation to Ref Pers - 12/31/22 (Edit/Imp)	RE900
OTHLGSPK	Speak Other Language at Home	RE 1170
WHTLGSPK	What Language Spoken Other Than English	RE 1170
HWELLSPK	How Well Person Speaks English	RE 1170
BORNUSA	Person Born in the US	RE1170
YRSINUS	Years Person Lived in the US	RE1170

PERSON-LEVEL CONDITION VARIABLES - PUBLIC USE

Variable	Description	Source
HIBPDX	High Blood Pressure Diag (>17)	PE30A
HIBPAGED	Age of Diagnosis-High Blood Pressure	PE40
BPMLDX	Mult Diag High Blood Press (>17)	PE50
CHDDX	Coronary Hrt Disease Diag (>17)	PE30B
CHDAGED	Age of Diagnosis-Coronary Heart Disease	PE60
ANGIDX	Angina Diagnosis (>17)	PE30C
ANGIAGED	Age of Diagnosis-Angina	PE70
MIDX	Heart Attack (MI) Diag (>17)	PE30D
MIAGED	Age of Diagnosis-Heart Attack (MI)	PE80
OHRTDX	Other Heart Disease Diag (>17)	PE30E
OHRTAGED	Age of Diagnosis-Other Heart Disease	PE100
OHRTTYPE	Type of Other Heart Disease (>17)	PE90
STRKDX	Stroke Diagnosis (>17)	PE30F
STRKAGED	Age of Diagnosis-Stroke	PE110
EMPHDX	Emphysema Diagnosis (>17)	PE30G
EMPHAGED	Age of Diagnosis-Emphysema	PE120
CHBRON31	Chronc Bronchits Last 12 Mths (>17)-R3/1	PE330
CHOLDX	High Cholesterol Diagnosis (>17)	PE30H
CHOLAGED	Age of Diagnosis-High Cholesterol	PE130
CANCERDX	Cancer Diagnosis (>17)	PE30I
CABLADDR	Cancer Diagnosed - Bladder (>17)	PE140
CABREAST	Cancer Diagnosed - Breast (>17)	PE140
CACERVIX	Cancer Diagnosed - Cervical (>17)	PE140
CACOLON	Cancer Diagnosed - Colon (>17)	PE140
CALUNG	Cancer Diagnosed - Lung (>17)	PE140
CALYMPH	Cancer Diagnosed - Lymphoma (Non-Hodgkin's) (>17)	PE140
CAMELANO	Cancer Diagnosed - Skin Melanoma (>17)	PE140
CAOTHER	Cancer Diagnosed - Other (>17)	PE140
CAPROSTA	Cancer Diagnosed - Prostate (>17)	PE140
CASKINNM	Cancer Diagnosed - Skin-Nonmelano (>17)	PE140
CASKINDK	Cancer Diagnosed - Skin-Unknown Type (>17)	PE140

Variable	Description	Source
CAUTERUS	Cancer Diagnosed - Uterine (>17)	PE140
DIABDX_M18	Diabetes Diagnosis	PE30K
DIABAGED	Age of Diagnosis - Diabetes	PE190
JTPAIN31_M18	Joint Pain Last 12 Months (>17) - RD 3/1	PE320
ARTHDX	Arthritis Diagnosis (>17)	PE30J
ARTHTYPE	Type Of Arthritis Diagnosed (>17)	PE170
ARTHAGED	Age of Diagnosis - Arthritis	PE180
ASTHDX	Asthma Diagnosis	PE30L
ASTHAGED	Age of Diagnosis - Asthma	PE200
ASSTIL31	Does Person Still Have Asthma - RD 3/1	PE210
ASATAK31	Asthma Attack Last 12 Mos - RD 3/1	PE220
ASTHEP31	When Was Last Episode Of Asthma - RD 3/1	PE230
ASACUT31	Used Acute Pres Inhaler Last 3 Mos - RD 3/1	PE260
ASMRCN31	Used >3 Acute Cn Pres Inh Last 3 Mos - RD 3/1	PE270
ASPREV31	Ever Used Prev Daily Asthma Meds - RD 3/1	PE240
ASDALY31	Now Take Prev Daily Asthma Meds - RD 3/1	PE250
ASPKFL31	Have Peak Flow Meter At Home - RD 3/1	PE280
ASEVFL31	Ever Used Peak Flow Meter - RD 3/1	PE290
ASWNFL31	When Last Used Peak Flow Meter - RD 3/1	PE300
ADHDADDX	ADHD/ADD Diagnosis (5-17)	PE30M
ADHDAGED	Age of Diagnosis - ADHD/ADD	PE310
COVIDEVER53	Ever Had COVID-19 - RD 5/3	PE350
LCEVER53	Ever had COVID-19 Symptoms Lasting ≥ 3 Months (Long Covid) - RD 5/3	PE362
COVSYMNOW53	Has COVID-19 or Long COVID-19 Symptoms Now - RD 5/3	PE364
COVREDABIL53	Reduced Ability from Long COVID-19 Symptoms- RD 5/3	PE366
COVID12MO53	Had COVID-19 in the Past 12 MONTHS - RD 5/3	PE370
COVMNTHX53	Month Last had COVID-19 - RD 5/3	PE380 01
COVYRDX53	Year Last had COVID-19 - RD 5/3	PE380 02

HEALTH STATUS VARIABLES - PUBLIC USE

Variable	Description	Source
RTHLTH31	Perceived Health Status - RD 3/1	PE10
RTHLTH42	Perceived Health Status - RD 4/2	PE10
RTHLTH53	Perceived Health Status - RD 5/3	PE10
MNHLTH31	Perceived Mental Health Status - RD 3/1	PE20
MNHLTH42	Perceived Mental Health Status - RD 4/2	PE20
MNHLTH53	Perceived Mental Health Status - RD 5/3	PE20
IADLHP31	IADL Screener - RD 3/1	HE10-30
ADLHLP31	ADL Screener - RD 3/1	HE40-60
AIDHLP31	Used Assistive Devices - RD 3/1	HE70-80
WLKLIM31	Limitation in Physical Functioning - RD 3/1	HE90-100
LFTDIF31	Difficulty Lifting 10 Pounds - RD 3/1	HE110
STPDIF31	Difficulty Walking up 10 Steps - RD 3/1	HE120
WLKDIF31	Difficulty Walking 3 Blocks - RD 3/1	HE130
MILDIF31	Difficulty Walking a Mile - RD 3/1	HE140
STNDIF31	Difficulty Standing 20 Minutes - RD 3/1	HE150
BENDIF31	Difficulty Bending/Stooping - RD 3/1	HE160
RCHDIF31	Difficulty Reaching Overhead - RD 3/1	HE170
FNGRDF31	Difficulty Using Fingers to Grasp - RD 3/1	HE180
ACTLIM31	Any Limitation Work/Housewrk/Schl - RD 3/1	HE190-200
WRKLIM31	Work Limitation - RD 3/1	HE210
HSELIM31	Housework Limitation - RD 3/1	HE210
SCHLIM31	School Limitation - RD 3/1	HE210
UNABLE31	Completely Unable to Do Activity - RD 3/1	HE220
SOCLIM31	Social Limitations - RD 3/1	HE230-240
COGLIM31	Cognitive Limitations - RD 3/1	HE250A, 250B, 250C, 260
DFHEAR42	Serious Difficulty Hearing - RD4/2	HE270-280
DFSEE42	Serious Difficulty See w/Glasses - RD4/2	HE290C-300
DFCOG42	Serious Cognitive Difficulties - RD4/2	HE310-320
DFWLKC42	Serious Difficulty Wlk/Climb Stairs - RD4/2	HE330-340
DFDRSB42	Difficulty Dressing/Bathing - RD4/2	HE350-360
DFERN42	Difficulty Doing Errands Alone - RD4/2	HE370-380

Variable	Description	Source
ANYLMI22	Any Limitation in P24R7,8/P26R3,4/P27R1,2	Constructed
CHPMED42	CSHCN: Child Needs Prescrib Med(0-17) - R4/2	CS10
CHPMHB42	CSHCN: Pmed for Hlth/Behv Cond (0-17) - R4/2	CS20
CHPMC42	CSHCN: Pmed Cond Last 12+ Mos (0-17) - R4/2	CS30
CHSERV42	CSHCN: Chld Needs Med&Oth Serv (0-17) - R4/2	CS40
CHSRHB42	CSHCN: Serv for Hlth/Behv Cond(0-17) - R4/2	CS50
CHSRCN42	CSHCN: Serv Cond Last 12+ Mos (0-17) - R4/2	CS60
CHLIMI42	CSHCN: Limited in Any Way (0-17) - R4/2	CS70
CHLIHB42	CSHCN: Limt for Hlth/Behv Cond (0-17) - R4/2	CS80
CHLICO42	CSHCN: Limit Cond Last 12+ Mos (0-17) - R4/2	CS90
CHTHER42	CSHCN: Chld Needs Spec Therapy (0-17) - R4/2	CS100
CHTHHB42	CSHCN: Spec Ther for Hlth+Cond (0-17) - R4/2	CS110
CHTHCO42	CSHCN: Ther Cond Last 12+ Mos (0-17) - R4/2	CS120
CHCOUN42	CSHCN: Child Needs Counseling (0-17) - R4/2	CS130
CHEMPB42	CSHCN: Couns Prob Last 12+ Mos (0-17) - R4/2	CS140
CSHCN42	CSHCN:Child w/Spec HC Needs (0-17) - R4/2	CS10-CS140
MESHGT42	Doctor Ever Measured Height (0-17) - R4/2	CS310
WHNHGT42	When Doctor Measured Height (0-17) - R4/2	CS320
MESWGT42	Doctor Ever Measured Weight (0-17) - R4/2	CS340
WHNWGT42	When Doctor Measured Weight (0-17) - R4/2	CS350
CHBMIX42	Child's Body Mass Index (6-17) - R4/2	Constructed
MESVIS42	Doctor Checked Child's Vision (3-6) - R4/2	CS370
EATHLT42	Dr Advise Eat Healthy (2-17) - R4/2	CS380
WHNEAT42	When Dr Advise Eat Healthy (2-17) - R4/2	CS390
PHYSCL42	Dr Advise Exercise (2-17) - R4/2	CS400
WHNPHY42	When Dr Advise Exercise (2-17) - R4/2	CS410
SAFEST42	Dr Advise Chld Safety Seat (Wt<=40) - R4/2	CS420
WHNSAF42	When Dr Advise Safety Seat (Wt<=40) - R4/2	CS430
BOOST42	Dr Advise Booster Seat (40<Wt<=80) - R4/2	CS440
WHNBST42	Whn Dr Advise Booster Seat(40<Wt<=80) - R4/2	CS450
LAPBLT42	Dr Advise Lap/Shoulder Belt (80<Wt) - R4/2	CS460
WHNLAP42	Whn Dr Advise Lap/Shldr Blt (80<Wt) - R4/2	CS470
HELMET42	Dr Advise Bike Helmet (2-17) - R4/2	CS480

Variable	Description	Source
WHNHEL42	When Dr Advise Bike Helmet (2-17) - R4/2	CS490
NOSMOK42	Dr Advise Smkg in Home is Bad(0-17) - R4/2	CS500
WHNSMK42	Whn Dr Advise Smkg in Home Bad(0-17) - R4/2	CS510
TIMALN42	Doctor Spend Any Time Alone (12-17) - R4/2	CS520
LSTETH53	Lost All Uppr And Lowr Teeth (>17) - RD 5/3	AH100
PHYEXE53	Mod/Vig Phys Exec 5X Wk (>17) - RD 5/3	AH110
OFTSMK53	How Ofn Smoke Cigarettes (>17) - RD 5/3	AH120
COVAXEVR31	Ever Had COVID-19 Vaccine-RD 3/1	CV70-80
COVAXEVR42	Ever Had COVID-19 Vaccine-RD 4/2	CV70-80
COVAXEVR53	Ever Had COVID-19 Vaccine-RD 5/3	AH91-93
BOOSTERSHOT31	Ever Had COVID-19 Booster Shot-RD 3/1	CV90
BOOSTERSHOT42	Ever Had COVID-19 Booster Shot-RD 4/2	CV90
COVAXNEW53	Had COVID-19 Vaccine Since Prior Round-RD 5/3	AH91-93

DISABILITY DAYS VARIABLES - PUBLIC USE

Variable	Description	Source
DDNWRK22	# Days Missed Work Due to Ill/Inj 2022	AH10, 20, 30
OTHDYS22	Miss Any Work Day to Care for Oth 2022	AH40
OTHNDD22	# Day Missed Work to Care for Oth 2022	AH50, 60

ACCESS TO CARE VARIABLES - PUBLIC USE

Variable	Description	Source
ACCELI42	Pers Eligible for Access Supplement - R4/2	Constructed
HAVEUS42	Does Person Have USC Provider - R4/2	AC10, 20
PRACTP42	Provider Own/Group Practice - R4/2	AC20, 30
YNOUSC42_M18	Main Reas Pers Doesnt Have USC - R4/2	AC40
PROVTY42_M18	Provider Type - R4/2	PV30LU, 70
PLCTYP42	USC Type of Place - R4/2	AC50
TMTKUS42	How Long It Takes Get to USC - R4/2	AC60
TYPEPE42	USC Type of Provider - R4/2	AC70, 80, 90
LOCATN42	USC Location - R4/2	Constructed
HSPLAP42	Is Provider Hispanic or Latino - R4/2	AC100
WHITPR42	Is Provider White - R4/2	AC110
BLCKPR42	Is Provider Black/African Amer - R4/2	AC110
ASIANP42	Is Provider Asian - R4/2	AC110
NATAMP42	Is Provider Native American - R4/2	AC110
PACISP42	Is Provider Oth Pacific Islndr - R4/2	AC110
OTHRCP42	Is Provider Some Other Race - R4/2	AC110
GENDRP42	Is Provider Male or Female - R4/2	AC120
PHNREG42	How Diff Contact USC By Phone - R4/2	AC140
OFFHOU42	USC Has Office Hrs Nghts/Wkends - R4/2	AC150
AFTHOU42	How Diff Contact USC Aft Hours - R4/2	AC160
TREATM42	Prov Ask About Oth Treatments - R4/2	AC170
DECIDE42	Prov Asks Pers to Help Decide-R4/2	AC180
EXPLOP42	Prov Explns Options to Pers - R4/2	AC190
PRVSPK42	Prov Speaks Person's Language - R4/2	AC200
DLAYCA42	Delay Med Care For Cost - R4/2	AC210, 220
AFRDCA42	Could Not Afford Med Care - R4/2	AC230, 240
DLAYDN42	Delay Getting Dental for Cost - R4/2	AC250, 260
AFRDDN42	Could Not Afford Dental Care - R4/2	AC270, 280
DLAYPM42	Delay Getting Pmed For Cost - R4/2	AC290, 300
AFRDPM42	Could Not Afford Pmed Care - R4/2	AC310, 320

EMPLOYMENT VARIABLES - PUBLIC USE

Variable	Description	Source
EMPST31	Employment Status RD 3/1	EM10-30; RJ10, 60
EMPST42	Employment Status RD 4/2	EM10-EM30; RJ10, 60
EMPST53	Employment Status RD 5/3	EM10-EM30; RJ10, 60
RNDFLG31	Data Collection Round for RD 3/1 CMJ	RJ10; Constructed
MORJOB31	Has More than One Job RD 3/1 Int Date	EM40, 230; RJ10, 60; Constructed
MORJOB42	Has More than One Job RD 4/2 Int Date	EM40, 230; RJ10, 60; Constructed
MORJOB53	Has More than One Job RD 5/3 Int Date	EM40, 230; RJ10, 60; Constructed
EVRWRK	Ever Wrkd for Pay in Life as of 12/31/21	EM300; Constructed
HRWG31X	Hourly Wage RD 3/1 CMJ (Imp)	EW10, 20, 30, 40, 50, 60, 70, 110, 120, 130, 140, 180, 190, 260, 270, 280, 290, EM420, 540, 550
HRWG42X	Hourly Wage RD 4/2 CMJ (Imp)	EW10, 20, 30, 40, 50, 60, 70, 110, 120, 130, 140, 180, 190, 260, 270, 280, 290, EM420, 540, 550
HRWG53X	Hourly Wage RD 5/3 CMJ (Imp)	EW10, 20, 30, 40, 50, 60, 70, 110, 120, 130, 140, 180, 190, 260, 270, 280, 290, EM420, 540, 550
HRWGIM31	HRWG31X Imputation Flag	Constructed
HRWGIM42	HRWG42X Imputation Flag	Constructed
HRWGIM53	HRWG53X Imputation Flag	Constructed
HRHOW31	How Hourly Wage Was Calculated RD 3/1	EM420, 540, EW20-220, 260, 270, 280, 290
HRHOW42	How Hourly Wage Was Calculated RD 4/2	EM420, 540, EW20-220, 260, 270, 280, 290

Variable	Description	Source
HRHOW53	How Hourly Wage Was Calculated RD 5/3	EM420, 540, EW20-220, 260, 270, 280, 290
DIFFWG31	Persons Wages Different this RD 3/1 at CMJ	EM420, RJ10, 30
DIFFWG42	Persons Wages Different this RD 4/2 at CMJ	EM420, RJ10, 30
DIFFWG53	Persons Wages Different this RD 5/3 at CMJ	EM420, RJ10, 30
NHRWG31	Updated Hrly Wage RD 3/1 CMJ (Edited)	EW10, 20, 30, 40, 50 60, 70, 110, 120, 130, 140, 180, 190, 260, 270, 280, 290; RJ10, RJ30, 60, EM420, 540, 550
NHRWG42	Updated Hrly Wage RD 4/2 CMJ (Edited)	EW10, 20, 30, 40, 50 60, 70, 110, 120, 130, 140, 180, 190, 260, 270, 280, 290; RJ10, 30, 60, EM420, 540, 550
NHRWG53	Updated Hrly Wage RD 5/3 CMJ (Edited)	EW10, 20, 30, 40, 50 60, 70, 110, 120, 130, 140, 180, 190, 260, 270, 280, 290; RJ10, 30, 60, EM420, 540, 550
HOUR31	Hours Per Week at RD 3/1 CMJ	EM540-550
HOUR42	Hours Per Week at RD 4/2 CMJ	EM540-550, RJ10
HOUR53	Hours Per Week at RD 5/3 CMJ	EM540-550, RJ10
TEMPJB31	Is CMJ a Temporary Job RD 3/1	EM560
TEMPJB42	Is CMJ a Temporary Job RD 4/2	EM560
TEMPJB53	Is CMJ a Temporary Job RD 5/3	EM560
SSNLJB31	Is CMJ a Seasonal Job RD 3/1	EM570
SSNLJB42	Is CMJ a Seasonal Job RD 4/2	EM570
SSNLJB53	Is CMJ a Seasonal Job RD 5/3	EM570
SELFCM31	Self-Employed at RD 3/1 CMJ	EM420
SELFCM42	Self-Employed at RD 4/2 CMJ	EM420, RJ10
SELFCM53	Self-Employed at RD 5/3 CMJ	EM420, RJ10

Variable	Description	Source
DISVW31X	Disavowed Health Ins at RD 3/1 CMJ (Ed)	EM480, 660-670, 710-720, 740; RJ70, 80; HX and OE Sections
DISVW42X	Disavowed Health Ins at RD 4/2 CMJ (Ed)	EM480, 660-670, 710-720, 740; RJ70, 80; HX and OE Sections
DISVW53X	Disavowed Health Ins at RD 5/3 CMJ (Ed)	EM480, 660-670, 710-720, 740; RJ70, 80; HX and OE Sections
CHOIC31	Choice of Health Plans at RD 3/1 CMJ	EM480, 660 - 680, 740
CHOIC42	Choice of Health Plans at RD 4/2 CMJ	EM480, 660 - 680, 740, RJ10
CHOIC53	Choice of Health Plans at RD 5/3 CMJ	EM480, 660 - 680, 740, RJ10
INDCAT31	Industry Group RD 3/1 CMJ	EM50, 80, 110, 240, 480, 490, 500, 510; RJ10; Constructed
INDCAT42	Industry Group RD 4/2 CMJ	EM50, 80, 110, 240, 480, 490, 500, 510; RJ10; Constructed
INDCAT53	Industry Group RD 5/3 CMJ	EM50, 80, 110, 240, 480, 490, 500, 510; RJ10; Constructed
NUMEMP31	Number of Employees at RD 3/1 CMJ	EM420, 430-440, 740; Imputed
NUMEMP42	Number of Employees at RD 4/2 CMJ	EM420, 430-440, 740; Imputed
NUMEMP53	Number of Employees at RD 5/3 CMJ	EM420, 430-440, 740; Imputed
MORE31	RD 3/1 CMJ Firm Has More than 1 Location	EM420, 450
MORE42	RD 4/2 CMJ Firm Has More than 1 Location	EM10-30, 230, 420, 450; RJ10
MORE53	RD 5/3 CMJ Firm Has More than 1 Location	EM10-30, 230, 420, 450; RJ10
UNION31	Union Status at RD 3/1 CMJ	EM10-30, 230, 480, 700; RJ10

Variable	Description	Source
UNION42	Union Status at RD 4/2 CMJ	EM10-30, 230, 480, 700; RJ10
UNION53	Union Status at RD 5/3 CMJ	EM10-30, 230, 480, 700; RJ10
NWK31	Reason Not Working During RD 3/1	EM300, 750
NWK42	Reason Not Working During RD 4/2	EM300, 750
NWK53	Reason Not Working During RD 5/3	EM300, 750
CHGJ3142	Changed Job between RD 3/1 and RD 4/2	RJ10
CHGJ4253	Changed Job between RD 4/2 and RD 5/3	RJ10
YCHJ3142	Why Chngd Job between RD 3/1 and RD 4/2	RJ10, 130
YCHJ4253	Why Chngd Job between RD 4/2 and RD 5/3	RJ10, 130
STJBMM31	Month Started RD 3/1 CMJ	EM60_01-02, 90_01-02, 110_01-02, 250_01-02; RJ10
STJBYY31	Year Started RD 3/1 CMJ	EM60_01, 90_01, 110_01, 250_01; RJ10
STJBMM42	Month Started RD 4/2 CMJ	EM60_01-02, 90_01-02, 110_01-02, 250_01-02; RJ10
STJBYY42	Year Started RD 4/2 CMJ	EM60_01, 90_01, 110_01, 250_01; RJ10
STJBMM53	Month Started RD 5/3 CMJ	EM60_01-02, 90_01-02, 110_01-02, 250_01-02; RJ10
STJBYY53	Year Started RD 5/3 CMJ	EM60_01, 90_01, 110_01, 250_01; RJ10
EVRETIRE	Person Has Ever Retired	EM350, Constructed
OCCCAT31	Occupation Group RD 3/1 CMJ	EM480, 490, 500, 510; Constructed
OCCCAT42	Occupation Group RD 4/2 CMJ	EM480, 490, 500, 510; RJ10; Constructed
OCCCAT53	Occupation Group RD 5/3 CMJ	EM480, 490, 500, 510; RJ10; Constructed

Variable	Description	Source
PAYVAC31	Paid Vacation at RD 3/1 CMJ	EM420, 600
PAYVAC42	Paid Vacation at RD 4/2 CMJ	EM420, 600; RJ10
PAYVAC53	Paid Vacation at RD 5/3 CMJ	EM420, 600; RJ10
SICPAY31	Paid Sick Leave at RD 3/1 CMJ	EM420, 580
SICPAY42	Paid Sick Leave at RD 4/2 CMJ	EM420, 580; RJ10
SICPAY53	Paid Sick Leave at RD 5/3 CMJ	EM420, 580; RJ10
PAYDR31	Paid Leave to Visit Dr RD 3/1 CMJ	EM420, 580-590
PAYDR42	Paid Leave to Visit Dr RD 4/2 CMJ	EM420, 580-590; RJ10
PAYDR53	Paid Leave to Visit Dr RD 5/3 CMJ	EM420, 580-590; RJ10
RETPLN31	Pension Plan at RD 3/1 CMJ	EM420, 610
RETPLN42	Pension Plan at RD 4/2 CMJ	EM420, 610; RJ10
RETPLN53	Pension Plan at RD 5/3 CMJ	EM420, 610; RJ10
BSNTY31	Sole Prop, Partner, Corp, RD 3/1 CMJ	EM420 ,460-470
BSNTY42	Sole Prop, Partner, Corp, RD 4/2 CMJ	EM420, 460-470; RJ10
BSNTY53	Sole Prop, Partner, Corp, RD 5/3 CMJ	EM420, 460-470; RJ10
JOBORG31	Priv (Profit,Nonprofit) Gov RD 3/1 CMJ	EM420, 480
JOBORG42	Priv (Profit,Nonprofit) Gov RD 4/2 CMJ	EM420, 480; RJ10
JOBORG53	Priv (Profit,Nonprofit) Gov RD 5/3 CMJ	EM420, 480; RJ10
HELD31X	Health Insur Held from RD 3/1 CMJ (Ed)	EM480, 660, 670, 710, 740; RJ70, 80, 110; HX, HP, and OE Sections
HELD42X	Health Insur Held from RD 4/2 CMJ (Ed)	EM480, 660, 670, 710, 740; RJ70, 80, 110; HX, HP, and OE Sections
HELD53X	Health Insur Held from RD 5/3 CMJ (Ed)	EM480, 660, 670, 710, 740; RJ70, 80, 110; HX, HP, and OE Sections
OFFER31X	Health Insur Offered by RD 3/1 CMJ (Ed)	EM480, 660, 670, 710, 740; RJ70-90, 110, HX Sections

Variable	Description	Source
OFFER42X	Health Insur Offered by RD 4/2 CMJ (Ed)	EM480, 660, 670, 710, 740; RJ70-90, 110, HX Sections
OFFER53X	Health Insur Offered by RD 5/3 CMJ (Ed)	EM480, 660, 670, 710, 740; RJ70-90, 110, HX Sections
OFREMP31	Employer Offers Health Ins RD 3/1 CMJ	EM690, 740; RJ100
OFREMP42	Employer Offers Health Ins RD 4/2 CMJ	EM690, 740; RJ100
OFREMP53	Employer Offers Health Ins RD 5/3 CMJ	EM690, 740; RJ100

HEALTH INSURANCE VARIABLES - PUBLIC USE

MONTHLY HEALTH INSURANCE COVERAGE INDICATORS

Variable	Description	Source
TRImm22X	Covered by TRICARE/CHAMPVA in mm 22 (Ed), where mm = JA-DE	HX120_01, 125_01, 230, PR260_01-280_01, HQ Section
MCRmm22	Covered by Medicare in mm 22, where mm = JA-DE	HX40_01, 50_01, 60, 230
MCRmm22X	Covered by Medicare in mm 22 (Ed), where mm = JA-DE	HX40_01, 50_01, 60, 230, see Section 2.5.9 for additional edit specifications
MCDmm22	Cov by Medicaid or SCHIP in mm 22, where mm = JA-DE	HX100, 230, PR150_01-160_01 and HQ Section
MCDmm22X	Cov by Medicaid or SCHIP in mm 22 (Ed), where mm = JA-DE	HX100_01, 230, PR150_01-160_01 and MCDmm20, Section 2.5.9 for additional edit specifications
GVAm22	Cov by Other Public Coverage in mm 22, where mm = JA-DE	HQ Section, HX170_01, 230, PR310_01-320_01 and HQ Section
GVBmm22	Cov by Other Public HMO in mm 22, where mm = JA-DE	HX170_01, 230, 530-540, PR310_01-320_01, 340-350 and HQ Section

Variable	Description	Source
GVCmm22	Cov by Other Public Pays Prem in mm 22, where mm = JA-DE	HX170_01, 230, 560-570, PR310_01- 320_01, 370-380 and HQ Section
VAPmm22	Covered by VA in mm 22, where mm=JA-DE	HX120_01- 125_01, 230, PR260_01 - 280_01
IHSmm22	Cov by Indian Health Service in mm 22, where mm = JA-DE	HX140, PR290_01, 300_01
PUBmm22X	Covr by Any Public Ins in mm 22 (Ed), where mm = JA-DE	TRImm22X, MCRmm22X, MCDmm22X, GVAm22, VAPmm22
PEGmm22	Covered by Empl Union Ins in mm 22, where mm = JA-DE	HX20, HX200, 300, 620; HP, OE, HQ, EM, RJ Sections
PDKmm22	Covr by Priv Ins (Source Unknwn) mm 22, where mm = JA-DE	HX200, 300, 620, HP, OE, and HQ Sections
PNGmm22	Covered by Nongroup Ins in mm 22, where mm = JA-DE	HX200, 300, 620, HP, OE, and HQ Sections
POGmm22	Covered by Other Group Ins in mm 22, where mm = JA-DE	HX200, 300, 620, HP, OE, and HQ Sections
POEmm22	Cov by ESI, Pholder Outside RU in mm 22, where mm = JA-DE	HX200, 300, 620, HP130, HQ, OE, RJ and EM sections
PNEmm22	Cov by Non-ESI, PhldrOutside RU in mm 22, where mm = JA-DE	HX200, 300, 620, HP130, OE, and HQ Sections
PRXmm22	Cov by Priv Ins through Exchng in mm 22, where mm = JA-DE	HX200, 300, 620,HP, OE, and HQ Sections

Variable	Description	Source
PRImm22	Covered by Private Ins in mm 22, where mm = JA-DE	POGmm22, PDKmm22, PEGmm22, PNEmm22, POEmm22, PNGmm22, PRXmm22
HPEmm22	Pholder of Empl Union Ins in mm 22, where mm = JA-DE	PEGmm22, HP70
HPDmm22	Pholder of Priv Ins (Source Unknwn) mm 22, where mm = JA-DE	PDKmm22; HP90
HPNmm22	Pholder of Nongroup Ins in mm 22, where mm = JA-DE	PNGmm22; HP90
HPOmm22	Pholder of Other Group Ins in mm 22, where mm = JA-DE	POGmm22; HP90
HPXmm22	Pholder of Priv Ins through Exch in mm 22, where mm = JA-DE	PRXmm22; HP90
HPRmm22	Pholder of Private Insurance in mm 22, where mm = JA-DE	HPEmm22, HPNmm22, HPDmm22, HPXmm22
INSmm22X	Covr by Hosp/Med Ins in mm 22 (Ed), where mm = JA-DE	PUBmm22X, PRImm22

SUMMARY HEALTH INSURANCE COVERAGE INDICATORS

Variable	Description	Source
PRVEV22	Ever Have Private Insurance during 2022	Constructed
TRIEV22	Ever Have TRICARE/CHAMPVA during 2022	Constructed
MCREV22	Ever Have Medicare during 2022 (ED)	Constructed
MCDEV22	Ever Have MCAID/SCHIP during 2022 (ED)	Constructed
VAEV22	Ever Have VA during 2022	Constructed
GVAEV22	Ever Have Other Public during 2022	Constructed
GVBEV22	Ever Have Other Public HMO during 2022	Constructed
GVCEV22	Ever Have Oth Pub Pays Prem during 2022	Constructed
UNINS22	Uninsured All of 2022	Constructed
INSCOV22	Health Insurance Coverage Indicator 2022	Constructed
INSURC22	Full Year Insurance Coverage Status 2022	Constructed

MANAGED CARE VARIABLES

Variable	Description	Source
TRICH31X	Covered By CHAMPVA - Any Time in R3/1	HX230, 260, PR260_01, 270_01, 280_01, HQ Section
TRICH42X	Covered By CHAMPVA - Any Time in R4/2	HX230, 260, PR260_01, 270_01, 280_01, HQ Section
TRICH22X	Covered By CHAMPVA - R5/3 Until 12/31/22	HX230, 260, PR260_01, 270_01, 280_01, HQ Section
TRI31X	Cov By TRICARE - Any Time in R3/1	HX125_01, 260, PR280_01
TRI42X	Cov By TRICARE - Any Time in R4/2	HX125_01, 260, PR280_01
TRI22X	Cov By TRICARE - R5/3 Til 12/31/22	HX125_01, 260, PR280_01
MCRPHD22	Cov By Medicare Mnged Care Dntl Benefit - 12/31/22	HX40_01, 50_01, 60, 390, 415, PR10, 35

Variable	Description	Source
MCRPD31	Cov By Medicare Pmed Benefit - R3/1	HX40_01, 50_01, 60, 230, 410, 470, PR30, 90, HQ Section
MCRPD42	Cov By Medicare Pmed Benefit - R4/2	HX40_01, 50_01, 60, 230, 410, 470, PR30, 90, HQ Section
MCRPD22	Cov By Medicare Pmed Benefit - 12/31/22	HX40_01, 50_01, 60, 230, 410, 470, PR30, 90, HQ Section
MCRPD31X	Cov By Medicare Pmed Benefit - R3/1 (ED)	MCARE31X, MCAID31X, MCRPD31
MCRPD42X	Cov By Medicare Pmed Benefit - R4/2 (ED)	MCARE42X, MCAID42X, MCRPD42
MCRPD22X	Cov By Mcare Pmed Benefit - 12/31/22 (ED)	MCARE22X, MCAID22X, MCRPD22
MCRPHO31	Cov By Medicare Managed Care/Medicare Advantage - R3/1	HX40_01, 50_01, 60, 230, 390, PR10, HQ Section
MCRPHO42	Cov By Medicare Managed Care/Medicare Advantage - R4/2	HX40_01, 50_01, 60, 230, 390, PR10,, HQ Section
MCRPHO22	Cov By Medicare Managed Care/Medicare Advantage - 12/31/22	HX40_01, 50_01, 60, 230, 390, PR10, HQ Section
MCDHMO31	Cov By Mcaid/SCHIP HMO - Any Time in R3/1	MCDAT31X, HX100, 230, 530 PR150_01-160_01, 180, 340, and HQ Section
MCDHMO42	Cov By Mcaid/SCHIP HMO - Any Time in R4/2	MCDAT42X, HX100, 230, 530 PR150_01-160_01, 180, 340, and HQ Section

Variable	Description	Source
MCDHMO22	Cov By Mcaid/SCHIP HMO - R5/3 Til 12/31/22	MCDAT20X, HX100, 230, 530 PR150_01-160_01, 180, 340, and HQ Section
MCDMC31	Cv Mcaid/CHIP Gtpr Pln - Any Time in R3/1	MCDHMO31, MCDAT31X, HX100, 230, 540 PR150_01-160_01, 190, 350, and HQ Section
MCDMC42	Cv Mcaid/CHIP Gtpr Pln - Any Time in R4/2	MCDHMO42, MCDAT42X, HX100, 230, 540, PR150_01-160_01, 190, 350 and HQ Section
MCDMC22	Cv Mcd/CHIP Gtpr Pln - R5/3 Til 12/31/22	MCDHMO20, MCDAT20X, HX100, 230, 540, PR150_01-160_01, 190, 350 and HQ Section
PRVHMO31	Covered By Private HMO - Any Time in R3/1	MC10, HX200, 300, 620; HP, OE, HQ, EM, and RJ Sections
PRVHMO42	Covered By Private HMO - Any Time in R4/2	MC10, HX200, 300, 620; HP, OE, HQ, EM, and RJ Sections
PRVHMO22	Covered By Private HMO - R5/3 Til 12/31/22	MC10, HX620; HP, OE, HQ, EM, and RJ Sections

FLEXIBLE SPENDING ACCOUNT VARIABLES

Variable	Description	Source
FSAGT31	Anyone in RU Have FSA - R3/1	HX720
HASFSA31	Person is FSA Holder - R3/1	HX730

Variable	Description	Source
PFSAMT31	Person-level FSA Total Amount - R3/1	HX740_01

DURATION OF HEALTH INSURANCE VARIABLES

Variable	Description	Source
PREVCOVR	Per Cov by Ins in Prev 2 Yrs - Pnl 25 Only	HX750
MORECOVR	Cov by Mor Compr Pl Prev 2 Yr - Pn 25 Only	HX760

OTHER HEALTH INSURANCE COVERAGE VARIABLES

Variable	Description	Source
TRICR31X	Cov by TRICR/CHAMV - R3/1 Int Dt (Ed)	Constructed
TRICR42X	Cov by TRICR/CHAMV - R4/2 Int Dt (Ed)	Constructed
TRICR53X	Cov by TRICR/CHAMV - 12-31/R3 Int Dt (Ed)	Constructed
TRICR22X	Cov by TRICR/CHAMV - 12/31/22 (Ed)	Constructed
TRIAT31X	Cov TRICARE/CHAMPVA - Any Time in R3/1	Constructed
TRIAT42X	Cov TRICARE/CHAMPVA - Any Time in R4/2	Constructed
TRIAT53X	Cov TRICARE/CHAMPVA - Any Time in R5/3	Constructed
TRIAT22X	Cov TRICARE/CHAMPVA - R5/3 Until 12/31/22	Constructed
MCAID31	Cov by Medicaid or SCHIP - R3/1 Int Dt	Constructed
MCAID42	Cov by Medicaid or SCHIP - R4/2 Int Dt	Constructed
MCAID53	Cov by Medicaid or SCHIP - 12-31/R3 Int Dt	Constructed
MCAID22	Cov by Medicaid or SCHIP - 12/31/22	Constructed
MCAID31X	Cov by Medicaid/SCHIP - R3/1 Int Dt (Ed)	Constructed
MCAID42X	Cov by Medicaid/SCHIP - R4/2 Int Dt (Ed)	Constructed
MCAID53X	Cov Medicaid/SCHIP - 12-31/R3 Int Dt (Ed)	Constructed
MCAID22X	Cov by Medicaid or SCHIP - 12/31/22 (Ed)	Constructed
MCARE31	Cov by Medicare - R3/1 Int Dt	Constructed
MCARE42	Cov by Medicare - R4/2 Int Dt	Constructed
MCARE53	Cov by Medicare - 12-31/R3 Int Dt	Constructed
MCARE22	Cov by Medicare - 12/31/22	Constructed
MCARE31X	Cov by Medicare - R3/1 Int Dt (Ed)	Constructed
MCARE42X	Cov by Medicare - R4/2 Int Dt (Ed)	Constructed
MCARE53X	Cov by Medicare - 12-31/R3 Int Dt (Ed)	Constructed
MCARE22X	Cov by Medicare - 12/31/22 (Ed)	Constructed
MCDAT31X	Cov Medicaid Or SCHIP - Any Time in R3/1	Constructed
MCDAT42X	Cov Medicaid Or SCHIP - Any Time in R4/2	Constructed
MCDAT53X	Cov Medicaid Or SCHIP - Any Time in R5/3	Constructed
MCDAT22X	Cv Mcd/CHIP - Any Tme In R5/3 Til 12/31/22	Constructed
GOVTA31	Cov by Other Public Cov - R3/1 Int Dt	Constructed
GOVTA42	Cov by Other Public Cov - R4/2 Int Dt	Constructed
GOVTA53	Cov by Other Public Cov - 12-31/R3 Int Dt	Constructed

Variable	Description	Source
GOVTA22	Cov by Other Public Cov - 12/31/22	Constructed
GOVAAT31	Cov by Other Public - Any Time in R3/1	Constructed
GOVAAT42	Cov by Other Public - Any Time in R4/2	Constructed
GOVAAT53	Cov by Other Public - Any Time in R5/3	Constructed
GOVAAT22	Cv Oth Pub - Any Time in R5/3 Til 12/31/22	Constructed
GOVTB31	Cov By Oth Pub HMO - R3/1 Int Dt	Constructed
GOVTB42	Cov By Oth Pub HMO - R4/2 Int Dt	Constructed
GOVTB53	Cov By Oth Pub HMO - 12-31/R3 Int Dt	Constructed
GOVTB22	Cov By Oth Pub HMO - 12/31/22	Constructed
GOVBAT31	Cov By Oth Pub HMO - Any Time in R3/1	Constructed
GOVBAT42	Cov By Oth Pub HMO - Any Time in R4/2	Constructed
GOVBAT53	Cov By Oth Pub HMO - Any Time in R5/3	Constructed
GOVBAT22	Cov Oth Pb HMO - Any Tm R5/3 Til 12/31/22	Constructed
GOVTC31	Cov By Oth Pub Pays Prem - R3/1 Int Dt	Constructed
GOVTC42	Cov By Oth Pub Pays Prem - R4/2 Int Dt	Constructed
GOVTC53	Cov By Oth Pub Pays Prem - 12-31/R3 Int Dt	Constructed
GOVTC22	Cov By Oth Pub Pays Prem - 12/31/22	Constructed
GOVCAT31	Cv By Oth Pub Pays Prem - Any Time in R3/1	Constructed
GOVCAT42	Cv By Oth Pub Pays Prem - Any Time in R4/2	Constructed
GOVCAT53	Cv By Oth Pub Pays Prem - Any Time in R5/3	Constructed
GOVCAT22	Cv Oth Pub Pays Prem - R5/3 Til 12/31/22	Constructed
VAPROG31	Cov By VA - R3/1 Int Dt	Constructed
VAPROG42	Cov By VA - R4/2 Int Dt	Constructed
VAPROG53	Cov By VA - 12-31/R3 Int Dt	Constructed
VAPROG22	Cov By VA - 12/31/22	Constructed
VAPRAT31	Cov By VA - Any Time in R3/1	Constructed
VAPRAT42	Cov By VA - Any Time in R4/2	Constructed
VAPRAT53	Cov By VA - Any Time in R5/3	Constructed
VAPRAT22	Cov By VA - Any Tme In R5/3 Til 12/31/22	Constructed
IHS31	Cv By Indian Health Service - R3/1 Int Dt	Constructed
IHS42	Cv By Indian Health Service - R4/2 Int Dt	Constructed
IHS53	Cv By IHS - 12-31/R3 Int Dt	Constructed
IHS22	Cov By IHS - 12/31/22	Constructed

Variable	Description	Source
IHSAT31	Cov By IHS - Any Time in R3/1	Constructed
IHSAT42	Cov By IHS - Any Time in R4/2	Constructed
IHSAT53	Cov By IHS - Any Time in R5/3	Constructed
IHSAT22	Cov By IHS - Any Tme In R5/3 Til 12/31/22	Constructed
PRIDK31	Cov by Priv Ins (Dk Plan) - R3/1 Int	Constructed
PRIDK42	Cov by Priv Ins (Dk Plan) - R4/2 Int	Constructed
PRIDK53	Cov by Priv Ins (Dk Plan) - 12-31/R3 Int	Constructed
PRIDK22	Cov by Priv Ins (Dk Plan) - 12/31/22	Constructed
PRIEU31	Cov by Empl/Union Grp Ins - R3/1 Int Dt	Constructed
PRIEU42	Cov by Empl/Union Grp Ins - R4/2 Int Dt	Constructed
PRIEU53	Cov by Empl/Union Grp Ins - 12-31/R3 Int	Constructed
PRIEU22	Cov by Empl/Union Grp Ins - 12/31/22	Constructed
PRING31	Cov by Non-Group Ins - R3/1 Int Dt	Constructed
PRING42	Cov by Non-Group Ins - R4/2 Int Dt	Constructed
PRING53	Cov By Non-Group Ins - 12-31/R3 Int Dt	Constructed
PRING22	Cov by Non-Group Ins - 12/31/22	Constructed
PRIOG31	Cov by Other Group Ins - R3/1 Int Dt	Constructed
PRIOG42	Cov by Other Group Ins - R4/2 Int Dt	Constructed
PRIOG53	Cov by Other Group Ins - 12-31/R3 Int Dt	Constructed
PRIOG22	Cov by Other Group Ins - 12/31/22	Constructed
PRINEO31	Cov By Non-ESI, PHoldr Out RU - R3/1 Int Dt	Constructed
PRINEO42	Cov By Non-ESI, PHoldr Out RU - R4/2 Int Dt	Constructed
PRINEO53	Cov By Non-ESI, PHoldr Out RU - 12-31/R3 Int Dt	Constructed
PRINEO22	Cov By Non-ESI, PHoldr Out RU - 12/31/22	Constructed
PRIEUO31	Cov By ESI, Pholdr Outside RU - R3/1 Int	Constructed
PRIEUO42	Cov By ESI, Pholdr Outside RU - R4/2 Int	Constructed
PRIEUO53	Cv By ESI, Phldr Outside RU - 12-31/R3 Int	Constructed
PRIEUO22	Cov By ESI, PHoldr Outside RU - 12/31/22	Constructed
PRSTX31	Cov by Priv Exchange Ins - R3/1 Int Dt	Constructed
PRSTX42	Cov by Priv Exchange Ins - R4/2 Int Dt	Constructed
PRSTX53	Priv Exchange Ins on 12-31 R5/R3 Int Dt	Constructed
PRSTX22	Priv Exchange Insurance on 12/31/22	Constructed
PRIV31	Cov by Priv Hlth Ins - R3/1 Int Date	Constructed

Variable	Description	Source
PRIV42	Cov by Priv Hlth Ins - R4/2 Int Date	Constructed
PRIV53	Cov by Priv Hlth Ins - 12-31/R3 Int Date	Constructed
PRIV22	Cov by Priv Hlth Ins - 12/31/22	Constructed
PRIVAT31	Cov by Private Ins - Any Time in R3/1	Constructed
PRIVAT42	Cov by Private Ins - Any Time in R4/2	Constructed
PRIVAT53	Cov by Private Ins - Any Time in R5/3	Constructed
PRIVAT22	Cov by Private Ins - R5/3 Until 12/31/22	Constructed
PUB31X	Cov by Public Ins - R3/1 Int Dt (Ed)	Constructed
PUB42X	Cov by Public Ins - R4/2 Int Dt (Ed)	Constructed
PUB53X	Cov by Public Ins - 12-31/R3 Int Dt (Ed)	Constructed
PUB22X	Cov by Public Ins - 12/31/22 (Ed)	Constructed
PUBAT31X	Cov by Public - Any Time in R3/1	Constructed
PUBAT42X	Cov by Public - Any Time in R4/2	Constructed
PUBAT53X	Cov by Public - Any Time in R5/3	Constructed
PUBAT21X	Cov by Public - R5/3 Until 12/31/21	Constructed
VERFLG31	PID Gained Covg Thru Verification R3/1	Constructed
VERFLG42	PID Gained Covg Thru Verification R4/2	Constructed
VERFLG22	PID Gained Covg Thru Verification in R5/R3 Until 12/31/22	Constructed
INS31X	Insured - R3/1 Int Date (Ed)	Constructed
INS42X	Insured - R4/2 Int Date (Ed)	Constructed
INS53X	Insured - 12-31/R3 Int Date (Ed)	Constructed
INS22X	Insured - 12/31/22 (Ed)	Constructed
INSAT31X	Insured Any Time in R3/1	Constructed
INSAT42X	Insured Any Time in R4/2	Constructed
INSAT53X	Insured Any Time in R5/3	Constructed
INSAT22X	Insured Any Time in R5/R3 Until 12/31/22	Constructed

DENTAL AND PRESCRIPTION DRUG PRIVATE INSURANCE VARIABLES

Variable	Description	Source
DENTIN31	Dental Insurance - Any Time in RD 3/1	Constructed
DENTIN42	Dental Insurance - Any Time in RD 4/2	Constructed
DENTIN53_M23	Dental Insurance - Any Time in RD 5/3	Constructed
DNTINS31	Dental Ins - Any Time In Rd 3/1 in 2022	Constructed
DNTINS22_M23	Dentl Ins - Any Time in R5/R3 Til 12/31/22	Constructed
PMEDIN31	PMED Ins - Any Time in Rd 3/1	Constructed
PMEDIN42	PMEDINS - Any Time in Rd 4/2	Constructed
PMEDIN53	PMEDINS - Any Time in Rd 5/3	Constructed
PMDINS31	Pmed Ins - RD 3/1 in 2022	Constructed
PMDINS22	Pmed Ins - R5/R3 Until 12/31/22	Constructed

MEDICAL DEBT VARIABLES

Variable	Description	Source
PROBPY42	Family Having Prob Paying Medical Bills	HX770
CRFMPY42	Family Med Bills Being Paid Over Time	HX780
PYUNBL42	Unable to Pay Family Medical Bills	HX790

THIRD PARTY PAYER VARIABLES - PUBLIC USE

Variable	Description	Source
PMEDUP31	Has Usual 3rd Party Payer for Pmeds - R3/1	Constructed
PMEDUP42	Has Usual 3rd Party Payer for Pmeds - R4/2	Constructed
PMEDUP53	Has Usual 3rd Party Payer for Pmeds - R5/3	Constructed
PMEDPY31	Usual 3rd Party Payer for Pmeds - R3/1	Constructed
PMEDPY42	Usual 3rd Party Payer for Pmeds - R4/2	Constructed
PMEDPY53	Usual 3rd Party Payer for Pmeds - R5/3	Constructed

WEIGHTS VARIABLES - PUBLIC USE

Variable	Description	Source
PERWT22P	Use File Person Weight - 2022	Constructed
VARSTR	Variance Estimation Stratum - 2022	Constructed
VARPSU	Variance Estimation PSU - 2022	Constructed

Appendix 1

CAPI Section Abbreviations

MEPS CAPI Section Abbreviations and their Meanings FY2022

Section Abbreviation	Full Section Name
AC	Access to Care
AH	Additional Healthcare Questions
AS	Assets
CA	Calendar
CL	Closing
CP	Charge/Payment
CS	Child Preventive Health
CV	COVID Delays
DN	Dental Visit
ED	Event Driver
EE	Event Enumeration
EF	Event Follow-Up
EMA	Employment
EMO	Employment
ER	Emergency Room
EV	Event Roster
EW	Employment Wages
FF	Flat Fee
FS	Food Security
HE	Health Status
HH	Home Health
HP	Health Insurance Detail
HQ	Time Period Covered Detail
HS	Hospital Stay
HX	Health Insurance

Section Abbreviation	Full Section Name
IC	Institutional Care Stay
IN	Income
MC	Managed Care
MV	Medical Visit
OE	Old Empl\Priv Related Ins
OF	Off Path Navigation
OM	Other Medical Expenses
OP	Outpatient Department
PE	Priority Condition Enumeration
PM	Prescribed Medicines
PP	Provider Probes
PR	Old Public Related Insurance
PV	Provider Roster
QS	Quality Supplement
REA	Reenumeration A
REB	Reenumeration B
RF	Respondent Forms
RJ	Review of Employment
SHE	Social and Health Experiences
ST	Start/Restart
TH	Telehealth

Appendix 2

MEPS Industry Codes Condensing Rules

MEPS Industry Codes Condensing Rules FY2010 and Subsequent Files

Condensed industry code	Census industry code range	Description
1	0170-0290	Natural Resources
2	0370-0490	Mining
3	0770	Construction
4	1070-3990	Manufacturing
5	4070-4590, 4670-5790	Wholesale and Retail Trade
6	0570-0690, 6070-6390	Transportation and Utilities
7	6470-6780	Information
8	6870-7190	Financial Activities
9	7270-7790	Professional and Business Services
10	7860-8470	Education, Health, and Social Services
11	8560-8690	Leisure and Hospitality
12	8770-9290	Other Services
13	9370-9590	Public Administration
14	9890	Military
15	9990	Unclassifiable Industry

MEPS uses the 4-digit Census occupation and industry coding systems developed for the Current Population Survey and the American Community Survey.

For industry coding, MEPS uses the 2007 4-digit Census industry codes. Descriptions of the 4-digit Census industry codes and their cross-walk to North American Industry Classification System (NAICS) can be found at the [U.S. Census Bureau website](http://www.census.gov).

See [Census IO Index](#) for more information on the Census coding systems used by MEPS.

Appendix 3

MEPS Occupation Codes Condensing Rules

MEPS Occupation Codes Condensing Rules FY2010 and Subsequent Files

Condensed occupation code	Census occupation code range	Description
1	0010-0950	Management, Business, and Financial Operations Occupations
2	1005-3540	Professional and Related Occupations
3	3600-4650	Service Occupations
4	4700-4965	Sales and Related Occupations
5	5000-5940	Office and Administrative Support Occupations
6	6005-6130	Farming, Fishing, and Forestry Occupations
7	6200-7630	Construction, Extraction, and Maintenance Occupations
8	7700-9750	Production, Transportation, and Material Moving Occupations
9	9840	Military Specific Occupations
10	9920	Not in Labor Force
11	9990	Unclassifiable Occupation

MEPS uses the 4-digit Census occupation and industry coding systems developed for the Current Population Survey and the American Community Survey.

For occupation coding, MEPS uses the 2010 4-digit Census occupation codes. Descriptions of the 4-digit Census occupation codes and their cross-walk to Standard Occupational Classification (SOC) system can be found at the [U.S. Census Bureau website](#).

See the [Census IO Index](#) for more information on the Census coding systems used by the MEPS.