MEPS HC-044:
1999 Supplemental Public Use File

January 2003

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A. Data Use Agreement

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

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

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

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

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

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

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

B. Background

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

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

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

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1987, the National Medical Expenditure Survey (NMES-2) in 1997. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

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

1.0   Household Component

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

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

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

2.0   Medical Provider Component

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

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

3.0   Insurance Component

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

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

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.

- A Bureau of the Census list frame of private sector business establishments.

- The Census of Governments from Bureau of the Census.

- An Internal Revenue Service list of the self-employed.

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

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

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

4.0 Survey Management

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

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

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

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

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

Additional information on MEPS is available from the MEPS web site (www.meps.ahrq.gov).

C.   Technical and Programming Information

1.0   General Information

This documentation describes a series of MEPS variables that were obtained for calendar year 1999. This data release is intended to supplement the MEPS variables previously released for 1999. In order to use these variables, researchers will need to link them to the 1999 Consolidated Full-year Use and Expenditure File (HC-038) which contains all previously released 1999 person level data including demographic and socio-economic information. Please refer to the HC-038 documentation for further information.

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

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

A codebook of all the variables included in these 1999 Supplemental Files is provided in a separate file (H44CB.PDF).

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

2.0   Data File Information

This 1999 supplemental variable public use data set consists of one person-level file. Unweighted frequencies are provided for each variable on the files. In conjunction with the weight variable (WTDPER99) provided on MEPS HC-038: 1999 Full Year Consolidated Data File, data for these persons can be used to make estimates for the civilian non-institutionalized U. S. population for 1999. The records on this data release can be linked to all other 1999 MEPS-HC public use data files by using the sample person identifier (DUPERSID).

2.1   Codebook Structure

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

- Unique person identifiers
- Survey administration variables
- Health insurance variables
- Disability variables
- Access to care variables

2.2   Reserved Codes

The following reserved code values are used:

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

2.3   Codebook Format

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

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

2.4   Variable Naming

In general, variable names reflect the content of the variable, with an eight-character limitation. Edited variables end in an X, and are so noted in the variable label. The last two characters in round-specific variables denote the rounds of data collection, Round 3, 4, or 5 of Panel 3 and Round 1, 2, or 3 of Panel 4. Unless otherwise noted, variables that end in 99 represent status as of December 31, 1999.

Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in the section of the documentation entitled

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

2.5 File Contents

2.5.1 Survey Administration Variables

Dwelling Units

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

2.5.2 Health Insurance Variables

2.5.2.1 Managed Care Variables (MCDHMO31, MCDHMO42, MCDHMO99, MCDMC31, MCDMC42, MCDMC99, PRVHMO31, PRVHMO42, PRVHMO99, PRVMC31, PRVMC42, PRVMC99)

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

Managed care variables for calendar year 1999 are based on responses to health insurance questions asked during the round 3, 4, and 5 interviews of Panel 3, and the round 1, 2, and 3 interviews of Panel 4. Each variable ends in "xy" where x and y denote the interview round for panels 3 and 4, respectively. 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" variables for Panel 3 have been restricted to the 1999 portion of the reference period. Similarly, the Panel 3/round 5 and Panel 4/round 3 interviews have been restricted to the 1999 portion of these reference periods, and the corresponding managed care variables have been given the suffix "99" (as opposed to "53") to emphasize the restricted time frame.

Construction of the managed care variables is straightforward, but four caveats are appropriate. First, MEPS estimates of the number of persons in HMOs are higher than figures reported by other sources, particularly those based on HMO industry data. The differences stem from the use of

household-reported information, which may include respondent error, to determine HMO coverage in MEPS.

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

Third, the "99" versions of the HMO and gatekeeper variables for Panel 4 are developed from round 3 variables that cover different time frames. The health insurance variable for round 3 is restricted to the same calendar year as the round 1 and 2 data. The round 3 variables describing plan type, on the other hand, overlap the next calendar year. As a consequence, the round 3 managed care variables may not describe the characteristics of the last plan held in the calendar year if the person changed plans after the first of the year.

Fourth, the 1999 Full Year Population Characteristics file contain panel 3/round 2 crossover persons who had 4 rounds of data collected for the year (rounds 2-5). The panel 3/round 2 information was ignored because crossover persons represent a relatively small proportion of the 1999 full year file sample, and the 1999 portion of their round 2 interview covered a relatively short period. Anyone interested in identifying this group can use the R2FLAG in the 1999 public use file.

Medicaid Managed Care Plans

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

Medicaid HMOs

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

1   Under {{Medicaid/{STATE NAME FOR MEDICAID}/the program sponsored by a state

or local government agency which provides hospital and physician benefits} (are/is) (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization?

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

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

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

  1   The person was covered by a Medicaid/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.
  -9 The person was covered by Medicaid/SCHIP but the plan type was not ascertained.
  -1 The person was out-of-scope.

Medicaid Gatekeeper Plans

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

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

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

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

  1   The person was covered by a Medicaid/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.
  -9 The person was covered by Medicaid/SCHIP but the plan type was not ascertained.
  -1 The person was out-of-scope.

Private Managed Care Plans

Persons with private insurance were identified from their responses to questions in the health insurance section of the MEPS questionnaire. In some cases, persons were assigned private insurance as a result of comments collected during the interview, but data editing was minimal. As

a consequence, most persons with private insurance were asked about the characteristics of their plan, and their responses were used to identify HMO and gatekeeper plans.

Private HMOs

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

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

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

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

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

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

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

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

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

Private Gatekeeper Plans

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

1. (Do/Does) (POLICYHOLDER)'S insurance plan require (POLICYHOLDER) to sign up with

a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)'s routine care?

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

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

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

2.5.2.2   Unedited Health Insurance Variables (PREVCOVR-LIMITOT)

Duration of Uninsurance

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

Pre-Existing Condition Exclusions/ Denial of Insurance

All individuals, regardless of their insurance status, were also asked in Round 1 if they had ever been denied insurance (DENYINSR) and if so, due to what conditions (DNYCANC, DNYHYPER, DNYDIAB, DNYCORON, DENYOTH). Individuals insured in January were asked whether there were any limitations or restrictions on their plans due to any physical or mental health condition (INSLIMIT) and if so, which conditions caused these limitations or

restrictions (LMTASTHM, LMTBACK, LMTMIGRN, LMTCATAR, LIMITOT). Individuals under age 65 without any coverage in January were also asked if they had ever tried to purchase health insurance (INSLOOK). It should be noted that conditions collected in these questions were not recorded on the condition roster.

Note that the duration of uninsurance, limitation, denial and ever looked for insurance questions were only asked in Round 1. These variables are included on the file only for individuals in Panel 4 since Panel 4's Round 1 occurred in 1999 but Panel 3's Round 1 occurred in 1998. Round 1 data for Panel 3 members is contained on the 1998 Supplemental File (HC-043). The unedited health insurance variables are included on this supplemental file to facilitate longitudinal analysis. However, since they are not available for Panel 3, Round 3, they can not be used to generate national estimates for the estimation year.

2.5.2.3 Health Insurance Coverage Variables (CHAMP31X-STPRAT99)

Constructed and edited variables are provided that indicate health insurance coverage at any time in the 1999 portion of Rounds 3/1, at any time in Rounds 4/2, at any time in Rounds 5/3, at any time in Rounds 5/3 through December 31st, 1999, on the MEPS interview dates and on December 31st, 1999. Note that for respondents who left the RU before the MEPS interview date or before December 31st, the variables measuring coverage at the interview date or on December 31st represent coverage at the date the person left the RU. In addition, since Round 5 only covers the time period from the Round 4 interview date up to December 31st, values for the December 31st variables are equivalent to those for Round 5 variables for Panel 3 members.

Note that the 1999 Full Year Population Characteristics file contains panel 3/round 2 crossover persons who had 4 rounds of data collected for the year (rounds 2-5). The panel 3/round 2 information was ignored in calculating the any time in round and at the interview date variables described above because crossover persons represent a relatively small proportion of the 1999 full year file sample, and the 1999 portion of their round 2 interview covered a relatively short period. Anyone interested in identifying this group can use the R2FLAG in the 1999 public use file.

The health insurance variables are constructed for the sources of health insurance coverage collected during the MEPS interviews (Panel 3, Rounds 3 through 5 and Panel 4, Rounds 1 through 3). Note that the Medicare variables on this file as well as the private insurance variables that indicate the particular source of private coverage (rather than "any" private coverage) only measure coverage at the interview date and on December 31st. Users should also note that while the same general editing rules were followed for the month-by-month health insurance variables released on other MEPS public use files and those on this file, in a small number of cases the month-by-month variables experienced further edits performed after the variables on this file were completed. Since editing programs checking for consistencies between these sets of variables developed over time, there should be fewer discrepancies in data for calendar year 1998 and beyond than in data for the years 1996 and 1997.

In Rounds 2, 3, 4 and 5, insurance that was in effect at the previous round's interview date was reviewed with the respondent. Most of the insurance variables have been logically edited to address issues that arose during such reviews in Rounds 2, 3, 4, and 5. One edit to the private

insurance variables corrects for a problem concerning covered benefits that occurred when respondents reported a change in any of their private health insurance plan names. Additional edits address issues of missing data on the time period of coverage for both public and private coverage that was either reviewed or initially reported in a given round. For TRICARE (formerly CHAMPUS/CHAMPVA) coverage (CHAMP31X, CHAMP42X, CHAMP53X, CHAMP99X, CHMAT31X, CHMAT42X, CHMAT53X, CHMAT99X), respondents who were age 65 and over had their reported TRICARE coverage overturned. Additional edits, described below, were performed on the Medicare and Medicaid/SCHIP variables to assign persons to coverage from these sources. Observations that contain edits assigning person to Medicare or Medicaid/SCHIP coverage can be identified by comparing the edited and unedited versions of the Medicare and Medicaid/SCHIP variables.

Public sources include Medicare, TRICARE, Medicaid, SCHIP, and other public hospital/physician coverage. State-specific program participation (STAPR31, STAPR42, STAPR53, STAPR99, STPRAT31, STPRAT42, STPRAT53, STPRAT99) in non-comprehensive coverage was also identified but is not considered health insurance for the purpose of this survey.

Medicare

Medicare (MCARE31, MCARE42, MCARE53 and MCARE99) coverage was edited (MCARE31X, MCARE42X, MCARE53X and MCARE99X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

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

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

> Their spouse was covered by Medicare.

> They reported TRICARE coverage.

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

The Medicaid variables (MCAID31, MCAID42, MCAID53, MCAID99) have been edited to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics (MCAID31X, MCAID42X, MCAID53X, MCAID99X, MCDAT31X,

MCDAT42X, MCDAT53X, MCDAT99X). The Medicaid variables also include those identified as covered by State Children's Health Insurance Program (SCHIP).

To assist users in further editing sources of insurance, this file contains variables constructed from the other public hospital/physician series that measure whether:

>The respondent reported some type of managed care and paid something for the coverage, Other Public A Insurance (OTPUBA31, OTPUBA42, OTPUBA53, OTPUBA99, OTPAAT31, OTPAAT42, OTPAAT53, OTPAAT99); and

>The respondent did not report any managed care, Other Public B insurance (OTPUBB31, OTPUBB42, OTPUBB53, OTPUBB99, OTPBAT31, OTPBAT42, OTPBAT53, OTPBAT99).

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

Any Public Insurance

The file includes summary measures that indicate whether or not a sample person has public coverage at any time in the 1999 portion of Rounds 3/1, at any time in Rounds 4/2, at any time in Rounds 5/3, at any time in Rounds 5/3 through December 31st, 1999, on the MEPS interview dates and on December 31st, 1999. (PUB31X, PUB42X, PUB53X, PUB99X, PUBAT31X, PUBAT42X PUBAT53X and PUBAT99X). Persons identified as covered by public insurance are those reporting coverage under TRICARE, Medicare, Medicaid or SCHIP, or other public hospital/physician programs. Persons covered only by state-specific programs that did not provide comprehensive coverage (STAPR31, STAPR42, STAPR53, STAPR99, STPRAT31, STPRAT42, STPRAT53, STPRAT99), for example, the Maryland Kidney Disease Program, were not considered to have public coverage when constructing the variables PUB31X.....PUBAT99X.

Private Insurance

Variables identifying private insurance in general (PRIV31, PRIV42, PRIV53, PRIV99, PRIVAT31, PRIVAT42, PRIVAT53, PRIVAT99) and specific private insurance sources [such as employer/union group insurance (PRIEU31, PRIEU42, PRIEU53, PRIEU99); non-group (PRING31, PRING42, PRING53, PRING99); and other group (PRIOG31, PRIOG42, PRIOG53, PRIOG99)] were constructed. Variables indicating any private insurance coverage are available for the following time periods: any time in the 1999 portion of Rounds 3/1, at any time in Rounds 4/2, at any time in Rounds 5/3, at any time in Rounds 5/3 through December 31st, 1999, on the MEPS interview dates and on December 31st, 1999. The variables for the specific sources of private coverage are only available for coverage on the interview dates and on December 31st. Note that these variables indicate coverage within a source and do not distinguish between persons who are covered on one or more than one policy within a given source. In some cases, the policyholder was unable to characterize the source of insurance (PRIDK31, PRIDK42, PRIDK53, PRIDK99). Covered persons are also identified when the policyholder is living outside the RU (PROUT31, PROUT42, PROUT53, PROUT99). An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and

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

Health insurance through a job or union (PRIEU31, PRIEU42, PRIEU53, PRIEU99) was initially asked about in the Employment Section of the interview and later confirmed in the Health Insurance Section. Respondents also had an opportunity to report employer and union group insurance for the first time in the Health Insurance Section, but this insurance was not linked to a specific job.

All insurance reported to be through a job classified as self-employed with firm size of 1 (PRIS31, PRIS42, PRIS53, PRIS99) was initially reported in the Employment Section and verified in the Health Insurance Section. Unlike the other employment-related variables, self-employed-firm size 1 health insurance could not be reported in the Health Insurance section for the first time. The variables PRIS31, PRIS42, PRIS53, and PRIS99 have been constructed to allow users to determine if the insurance should be considered employment-related. Private insurance that was not employment-related was reported in the Health Insurance section only.

Any Insurance in Month

Summary measures that indicate whether or not a person has any insurance any time in the 1999 portion of Rounds 3/1, at any time in Rounds 4/2, at any time in Rounds 5/3, at any time in Rounds 5/3 through December 31st, 1999, on the MEPS interview dates and on December 31st, 1999 (INS31X, INS42X, INS53X, INS99X, INSAT31X, INSAT42X, INSAT53X, INSAT99X) were constructed. Persons identified as insured are those reporting coverage under TRICARE, Medicare, Medicaid, SCHIP, or other public hospital/physician or private hospital/physician insurance (including Medigap plans). A person is considered uninsured if not covered by one of these insurance sources.

Persons covered only by state-specific programs that provide non-comprehensive coverage (STAPR31, STAPR42, STAPR53, STAPR99, STPRAT31, STPRAT42, STPRAT53, STPRAT99), for example, the Maryland Kidney Disease Program, and those without hospital/physician benefits (for example, private insurance for dental or vision care, accidents or specific diseases only) were not considered to be insured when constructing the variables INS31X, INS42X, INS53X, INS99X, INSAT31X, INSAT42X, INSAT53X and INSAT99X.

D. Variable-Source Crosswalk

File 1:

SURVEY ADMINISTRATION VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DUID	DWELLING UNIT ID	Assigned in Sampling
PID	PERSON NUMBER	Assigned in Sampling or by CAPI
DUPERSID	PERSON ID (DUID+PID)	Assigned in Sampling

HEALTH INSURANCE VARIABLES

Managed Care/HMO Indicators

VARIABLE	DESCRIPTION	SOURCE
MCDHMO31	PID COV BY MEDICAID/SCHIP HMO AT ANY TIME IN RD 31 (ED)	Constructed
MCDHMO42	PID COV BY MEDICAID/SCHIP HMO AT ANY TIME IN RD 42 (ED)	Constructed
MCDHMO99	PID COV BY MEDICAID/SCHIP HMO ANY TIME – 12/31/99 (ED)	Constructed
MCDMC31	PID COV BY MEDICAID/SCHIP GATEKEEPER PLAN AT ANY TIME IN RD 31 (ED)	Constructed
MCDMC42	PID COV BY MEDICAID/SCHIP GATEKEEPER PLAN AT ANY TIME IN RD 42 (ED)	Constructed
MCDMC99	PID COV BY MEDICAID/SCHIP GATEKEEPER PLAN – ANY TIME 12/31/99 (ED)	Constructed
PRVHMO31	PID COV BY PRIVATE HMO AT ANY TIME IN RD 31 (ED)	Constructed
PRVHMO42	PID COV BY PRIVATE HMO AT ANY TIME IN RD 42 (ED)	Constructed
PRVHMO99	PID COV BY PRIVATE HMO ANY TIME –12/31/99 (ED)	Constructed
PRVMC31	PID COV BY PRIVATE GATEKEEPER PLAN AT ANY TIME IN RD 31 (ED)	Constructed
PRVMC42	PID COV BY PRIVATE GATEKEEPER PLAN AT ANY TIME IN RD 42 (ED)	Constructed
PRVMC99	PID COV BY PRIVATE GATEKEEPER PLAN ANY TIME – 12/31/99 (ED)	Constructed

Duration of being without insurance (non-insurance)

VARIABLE	DESCRIPTION	SOURCE
PREVCOVR	WAS PERSON COVERED BY INS IN PREVIOUS TWO YEARS – PANEL 4 ONLY	HX64
COVRMM	MONTH MOST RECENTLY COVERED – PANEL 4 ONLY	HX65
COVRYY	YEAR MOST RECENTLY COVERED – PANEL 4 ONLY	HX65
WASESTB	WAS PREV INS BY EMPLOYER OR UNION – PANEL 4 ONLY	HX66, HX78
WASMCARE	WAS PREV INS BY MEDICARE – PANEL 4 ONLY	HX66, HX78
WASMCAID	WAS PREV INS BY MEDICAID – PANEL 4 ONLY	HX66, HX78
WASCHAMP	WAS PREV INS BY CHAMPUS/CHAMPVA – PANEL 4 ONLY	HX66, HX78
WASVA	WAS PREV INS BY VA/MILITARY CARE – PANEL 4 ONLY	HX66, HX78
WASPRIV	WAS PREV INS BY GROUP/ASSOC/INS CO – PANEL 4 ONLY	HX66, HX78
WASOTGOV	WAS PREV INS BY OTHER GOVT PROG – PANEL 4 ONLY	HX66, HX78
WASAFDC	WAS PREV INS BY PUBLIC AFDC – PANEL 4 ONLY	HX66, HX78
WASSSI	WAS PREV INS BY SSI PROGRAM – PANEL 4 ONLY	HX66, HX78
WASSTAT1	WAS PREV INS BY STATE PROGRAM 1 – PANEL 4 ONLY	HX66, HX78
WASSTAT2	WAS PREV INS BY STATE PROGRAM 2 – PANEL 4 ONLY	HX66, HX78
WASSTAT3	WAS PREV INS BY STATE PROGRAM 3 – PANEL 4 ONLY	HX66, HX78
WASOTHER	WAS PREV INS BY SOME OTHER SOURCE – PANEL 4 ONLY	HX66, HX78
NOINSBEF	EVER WITHOUT HEALTH INSURANCE IN PREVIOUS YEAR – PANEL 4 ONLY	HX70
NOINSTM	NUM WEEKS/MONTHS WITHOUT HI IN PREVIOUS YEAR – PANEL 4 ONLY	HX71
NOINUNIT	UNIT FOR TIME WITHOUT HEALTH INSURANCE – PANEL 4 ONLY	HX71OV
MORECOVR	COVERED BY MORE COMPREHENSIVE PLAN IN PREVIOUS TWO YEARS – PANEL 4 ONLY	HX76
INSENDMM	MONTH MOST RECENTLY COVERED – PANEL 4 ONLY	HX77
INSENDYY	YEAR MOST RECENTLY COVERED – PANEL 4 ONLY	HX77

Pre-existing conditions exclusions

VARIABLE	DESCRIPTION	SOURCE
DENYINSR	PERSON EVER DENIED INSURANCE – PANEL 4 ONLY	HX67,HX74, HX79
DNYCANC	CANCER CAUSED INSURANCE DENIAL – PANEL 4 ONLY	HX68,HX75, HX80
DNYHYPER	HYPERTENSION CAUSED INSURANCE DENIAL – PANEL 4 ONLY	HX68,HX75, HX80
DNYDIAB	DIABETES CAUSED INSURANCE DENIAL – PANEL 4 ONLY	HX68,HX75, HX80
DNYCORON	CORONARY ARTERY DISEASE CAUSED INSURANCE DENIAL – PANEL 4 ONLY	HX68,HX75, HX80
DENYOTH	OTHER REASON CAUSED INSURANCE DENIAL – PANEL 4 ONLY	HX68,HX75, HX80
INSLOOK	PERSON EVER LOOKED FOR INSURANCE – PANEL 4 ONLY	HX69
INSLIMIT	ANY LIMIT/RESTRICTIONS ON INSURANCE – PANEL 4 ONLY	HX72
LMTASTHM	CONDITION CAUSED LIMIT: ASTHMA – PANEL 4 ONLY	HX73
LMTBACK	CONDITION CAUSED LIMIT: BACK PROBLEMS – PANEL 4 ONLY	HX73
LMTMIGRN	CONDITION CAUSED LIMIT: MIGRAINE – PANEL 4 ONLY	HX73
LMTCATAR	CONDITION CAUSED LIMIT: CATARACT – PANEL 4 ONLY	HX73
LIMITOT	CONDITION CAUSED LIMIT: OTHER – PANEL 4 ONLY	HX73

Health Insurance Coverage

VARIABLE	DESCRIPTION	SOURCE
CHAMP31X	PID COV BY CHAMPUS/CHAMPVA - RD 31 INT (ED)	Constructed
CHAMP42X	PID COV BY CHAMPUS/ CHAMPVA - RD 42 INT (ED)	Constructed
CHAMP53X	PID COV BY CHAMPUS/ CHAMPVA - RD 53 INT (ED)	Constructed
CHAMP99X	PID COV BY CHAMPUS/ CHAMPVA - 12/31/99 (ED)	Constructed
CHMAT31X	AT ANY TIME COVERAGE BY CHAMPUS - RD 31	Constructed
CHMAT42X	AT ANY TIME COVERAGE BY CHAMPUS - RD 42	Constructed
CHMAT53X	AT ANY TIME COVERAGE BY CHAMPUS - RD 53	Constructed
CHMAT99X	AT ANY TIME COV BY CHAMPUS - 12/31/99	Constructed
INS31X	PID IS INSURED - RD 31 INT (ED)	Constructed
INS42X	PID IS INSURED - RD 42 INT (ED)	Constructed

VARIABLE	DESCRIPTION	SOURCE
INS53X	PID IS INSURED - RD 53 INT (ED)	Constructed
INS99X	PID IS INSURED - 12/31/99 (ED)	Constructed
INSAT31X	INSURED ANY TIME IN RD31	Constructed
INSAT42X	INSURED ANY TIME IN RD42	Constructed
INSAT53X	INSURED ANY TIME IN RD53	Constructed
INSAT99X	INSURED ANY TIME 12/31/99	Constructed
MCAID31	COV BY MEDICAID OR SCHIP - RD 31 INT	Constructed
MCAID42	COV BY MEDICAID OR SCHIP - RD 42 INT	Constructed
MCAID53	COV BY MEDICAID OR SCHIP - RD 53 INT	Constructed
MCAID99	COV BY MEDICAID OR SCHIP - 12/31/99	Constructed
MCAID31X	PID COV BY MEDICAID OR SCHIP - RD 31 INT (ED)	Constructed
MCAID42X	PID COV BY MEDICAID OR SCHIP - RD 42 INT (ED)	Constructed
MCAID53X	PID COV BY MEDICAID OR SCHIP - RD 53 INT (ED)	Constructed
MCAID99X	PID COV BY MEDICAID OR SCHIP - 12/31/99 (ED)	Constructed
MCARE31	PID COV BY MEDICARE - RD 31 INT	Constructed
MCARE42	PID COV BY MEDICARE - RD 42 INT	Constructed
MCARE53	PID COV BY MEDICARE - RD 53 INT	Constructed
MCARE99	PID COV BY MEDICARE - 12/31/99	Constructed
MCARE31X	PID COV BY MEDICARE - RD 31 INT (ED)	Constructed
MCARE42X	PID COV BY MEDICARE - RD 42 INT (ED)	Constructed
MCARE53X	PID COV BY MEDICARE - RD 53 INT (ED)	Constructed
MCARE99X	PID COV BY MEDICARE - 12/31/99 (ED)	Constructed
MCDAT31X	AT ANY TIME COVERAGE BY MEDICAID OR SCHIP - RD 31	Constructed
MCDAT42X	AT ANY TIME COVERAGE BY MEDICAID OR SCHIP - RD 42	Constructed
MCDAT53X	AT ANY TIME COVERAGE BY MEDICAID OR SCHIP - RD 53	Constructed
MCDAT99X	AT ANY TIME COV BY MEDICAID OR SCHIP - 12/31/99	Constructed
OTPAAT31	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 31	Constructed
OTPAAT42	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 42	Constructed
OTPAAT53	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 53	Constructed
OTPAAT99	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - 12/31/99	Constructed
OTPBAT31	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 31	Constructed
OTPBAT42	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 42	Constructed
OTPBAT53	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 53	Constructed
OTPBAT99	ANY TIME COV BY OTH GOV NOT MCAID HMO -12/31/99	Constructed
OTPUBA31	COV BY/PAYS OTH GOV MCAID - RD 31 INT	Constructed

VARIABLE	DESCRIPTION	SOURCE
OTPUBA42	COV BY/PAYS OTH GOV MCAID - RD 42 INT	Constructed
OTPUBA53	COV BY/PAYS OTH GOV MCAID - RD 53 INT	Constructed
OTPUBA99	COV BY/PAYS OTH GOV MCAID - 12/31/99	Constructed
OTPUBB31	COV BY OTH GOV NOT MCAID HMO - RD 31 INT	Constructed
OTPUBB42	COV BY OTH GOV NOT MCAID HMO - RD 42 INT	Constructed
OTPUBB53	COV BY OTH GOV NOT MCAID HMO - RD 53 INT	Constructed
OTPUBB99	COV BY OTH GOV NOT MCAID HMO - 12/31/99	Constructed
PRIDK31	PID COV BY PRIV INS (DK PLAN)- RD 31 INT	Constructed
PRIDK42	PID COV BY PRIV INS (DK PLAN) -RD 42 INT	Constructed
PRIDK53	PID COV BY PRIV INS (DK PLAN) -RD 53 INT	Constructed
PRIDK99	PID COV BY PRIV INS (DK PLAN) - 12/31/99	Constructed
PRIEU31	PID COV BY EMPL/UNION GRP INS- RD 31 INT	Constructed
PRIEU42	PID COV BY EMPL/UNION GRP INS- RD 42 INT	Constructed
PRIEU53	PID COV BY EMPL/UNION GRP INS- RD 53 INT	Constructed
PRIEU99	PID COV BY EMPL/UNION GRP INS - 12/31/99	Constructed
PRING31	PID COV BY NON-GROUP INS - RD 31 INT	Constructed
PRING42	PID COV BY NON-GROUP INS - RD 42 INT	Constructed
PRING53	PID COV BY NON-GROUP INS - RD 53 INT	Constructed
PRING99	PID COV BY NON-GROUP INS - 12/31/99	Constructed
PRIOG31	PID COV BY OTHER GROUP INS - RD 31 INT	Constructed
PRIOG42	PID COV BY OTHER GROUP INS- RD 42 INT	Constructed
PRIOG53	PID COV BY OTHER GROUP INS - RD 53 INT	Constructed
PRIOG99	PID COV BY OTHER GROUP INS - 12/31/99	Constructed
PRIS31	PID COV BY SELF-EMP-1 INS - RD 31 INT	Constructed
PRIS42	PID COV BY SELF-EMP-1 INS - RD 42 INT	Constructed
PRIS53	PID COV BY SELF-EMP-1 INS - RD 53 INT	Constructed
PRIS99	PID COV BY SELF-EMP-1 INS - 12/31/99	Constructed
PRIV31	PID HAS PRIVATE HLTH INS - RD 31 INT	Constructed
PRIV42	PID HAS PRIVATE HLTH INS- RD 42 INT	Constructed
PRIV53	PID HAS PRIVATE HLTH INS - RD 53 INT	Constructed
PRIV99	PID HAS PRIVATE HLTH INS - 12/31/99	Constructed
PRIVAT31	ANY TIME COV BY PRIVATE - RD 31	Constructed
PRIVAT42	ANY TIME COV BY PRIVATE - RD 42	Constructed
PRIVAT53	ANY TIME COV BY PRIVATE - RD 53	Constructed
PRIVAT99	ANY TIME COV BY PRIVATE - 12/31/99	Constructed
PROUT31	PID COV BY SOMEONE OUT OF RU - RD 31 INT	Constructed
PROUT42	PID COV BY SOMEONE OUT OF RU - RD 42 INT	Constructed
PROUT53	PID COV BY SOMEONE OUT OF RU - RD 53 INT	Constructed

VARIABLE	DESCRIPTION	SOURCE
PROUT99	PID COV BY SOMEONE OUT OF RU - 12/31/99	Constructed
PUB31X	PID COV BY PUBLIC INS-RD 31 INT (ED)	Constructed
PUB42X	PID COV BY PUBLIC INS-RD 42 INT (ED)	Constructed
PUB53X	PID COV BY PUBLIC INS-RD 53 INT (ED)	Constructed
PUB99X	PID COV BY PUBLIC INS - 12/31/99 (ED)	Constructed
PUBAT31X	AT ANY TIME COV BY PUBLIC - RD 31	Constructed
PUBAT42X	AT ANY TIME COV BY PUBLIC - RD 42	Constructed
PUBAT53X	AT ANY TIME COV BY PUBLIC - RD 53	Constructed
PUBAT99X	AT ANY TIME COV BY PUBLIC - 12/31/99	Constructed
STAPR31	PID COV BY STATE-SPECIFIC PROG-RD 31 INT	Constructed
STAPR42	PID COV BY STATE-SPECIFIC PROG-RD 42 INT	Constructed
STAPR53	PID COV BY STATE-SPECIFIC PROG-RD 53 INT	Constructed
STAPR99	PID COV BY STATE-SPECIFIC PROG-12/31/99	Constructed
STPRAT31	AT ANY TIME COVERAGE BY STATE INS - RD 31	Constructed
STPRAT42	AT ANY TIME COVERAGE BY STATE INS - RD 42	Constructed
STPRAT53	AT ANY TIME COVERAGE BY STATE INS - RD 53	Constructed
STPRAT99	AT ANY TIME COV BY STATE INS - 12/31/99	Constructed