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**National Medical Care Expenditure Survey, 1977:
Health Insurance/Employer Survey Data**

United States Department of Health and Human Services

ICPSR 8627

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U.S. Dept. of Health and Human Services
National Center for Health Services Research

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NATIONAL MEDICAL CARE EXPENDITURE SURVEY, 1977:
HEALTH INSURANCE/EMPLOYER SURVEY DATA
(ICPSR 8627)

Principal Investigator
United States Department of Health and Human Services
National Center for Health Services Research

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Acknowledgement of Assistance

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United States Department of Health and Human Services. National Center for Health Services Research.

NATIONAL MEDICAL CARE EXPENDITURE SURVEY, 1977: HEALTH INSURANCE/EMPLOYER SURVEY DATA (ICPSR 8627)

SUMMARY: The purpose of the National Medical Care Expenditure Survey (NMCES) was to assess the cost and extent of health insurance in the United States. Information on health insurance coverage was obtained in a household survey, then verified and supplemented with information from the Health Insurance/Employer Survey (HIES). Insurance companies, employers, unions, and other organizations identified in the household survey as sources of private insurance coverage were asked to verify reported coverage, to provide information on each subscriber's coverage and its cost, the parties responsible for payment of premiums, and the availability of alternative or optional plans. This release includes two distinct datasets. Dataset 1 contains one record for each individual respondent in the NMCES component on private health insurance status as verified in the HIES, and includes data on premiums and sources of premium payment. Dataset 2 contains one record for each individual respondent 65 years or older with private insurance as verified in the HIES, as well as information on the services covered by their private insurance benefits. CLASS IV

UNIVERSE: The civilian, noninstitutionalized population of the fifty states and the District of Columbia.

SAMPLING: The National Medical Care Expenditure Survey household sample was a national area probability sample of about 14,000 households selected through a four-stage process. Two national area probability samples were drawn independently and the final sampling units were drawn from them.

NOTE: This is the third set of public use data to be released from the 1977 National Medical Care Expenditure Survey. Two previous data sets have provided: (1) person-level data on sociodemographic characteristics, health status, access to care, household-reported health insurance coverage and use, expenditures, and sources of payment for medical and related services, and (2) event-level data on use and related conditions, expenditures, and sources of payment for this population. A fourth dataset to be released in the future contains data describing the private insurance benefits of each privately insured person under 65 in the sample. Data collection was done by Research Triangle Institute, North Carolina, and its subcontractors, National Opinion Research Center of the University of Chicago, and Abt Associates, Inc., of Cambridge, Massachusetts.

EXTENT OF COLLECTION: 2 data files + machine-readable documentation
DATA FORMAT: Logical Record Length

PART 1: Private Insurance Status
and Premium Data

FILE STRUCTURE: rectangular
CASES: 40,320
VARIABLES: 44
RECORD LENGTH: 251

PART 2: Private Insurance
Benefit Data for the
Population Age 65 and Older

FILE STRUCTURE: rectangular
CASES: 1,966
VARIABLES: 91
RECORD LENGTH: 116

RECORDS PER CASE: 1

RECORDS PER CASE: 1

RELATED PUBLICATIONS:

Cohen, S.B. and W.D. Kalsbeek. ``National Medical Care Expenditure Survey: Estimation and Sampling Procedures in the NMCES Insurance Surveys." Instruments and Procedures Series, 3, DHHS Publication No. (PHS) 84-3369. This publication is included in the documentation.

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National Medical Care Expenditure Survey

Health Insurance/Employer Survey Data:

Person Record EBCDIC Files

National Center for Health Services Research
and Health Care Technology Assessment
Mail Stop 3-50, Park Building
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4836

Public Use Tape Documentation
for
Private Insurance Status and
Premium Data for the U.S. Population, 1977
and
Private Insurance Benefit Data for the
Population Age 65 and Older, 1977

Prepared by
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R. Wilson, and J.C. Cantor

March 1986

The contributions of Cathy Doran and Ase Sewall of Social & Scientific Systems, Inc., and of William Ashby of NCHSR in the preparation of the codebooks and documentation are gratefully acknowledged.

This documentation describes the third set of public use data to be released from the 1977 National Medical Care Expenditure Survey (NMCES), a project of the Division of Intramural Research of the National Center for Health Services Research and Health Care Technology Assessment (NCHSR) that was cosponsored with the National Center for Health Statistics. The household component of NMCES obtained data from a national sample of the civilian, noninstitutionalized population on their insurance status and on health services use and expenditures for 1977. These data were complemented by a survey of employers and insurance companies responsible for the insurance coverage of household survey members, the Health Insurance/Employer Survey (HIES).

The private health insurance data obtained in the HIES for persons in the household component are being released as separate tapes containing several Extended Binary-Coded-Decimal Interchange Code (EBCDIC) data sets. The present tape, of which this documentation is File 1, contains two of these sets:

Data Set 1 (File 3) provides one record for each of the 40,320 respondents in the NMCES household component on private health insurance status and related information in 1977 as verified in HIES, and including data on premiums and sources of premium payment for those with private insurance.

Data Set 2 (File 5) provides one record and related information for each of 1,966 household respondents 65 years or older with private insurance in 1977 as verified in HIES, as well as information on the services covered by their private insurance benefits.

A third HIES data set, which will be released as a separate public use tape, contains data describing the private insurance benefits of each privately insured person under 65. The benefits of the elderly and of the population under 65 are described separately because of the substantial differences in their private insurance. These are due not only to nearly universal Medicare coverage of the elderly U.S. population, much of whose private insurance is specifically designed to cover Medicare gaps, but also to the differences in the availability of employment-related health insurance.

Two previous public use data sets have provided (1) person-level data on sociodemographic characteristics, health status, access to care, household-reported health insurance coverage, and use, expenditures, and sources of payment for medical and related services (NTIS No. PB 83-199539; Kasper, Walden and Wilson, 1985) and (2) event-level data on use and related conditions, expenditures, and sources of payment for this population (NTIS Nos. PB 85-246635 and PB 85-246643; Walden and Wilson, 1985).

Like the person file from the household component, the premium data set, in conjunction with the appropriate HIES sampling weights, represents the entire civilian noninstitutionalized U.S. population in 1977. However, the resulting estimates are based on a smaller sample, i.e., the population for whom responses were obtained in HIES. Nonetheless, sociodemographic characteristics, use of health services and expenditures, and related items from the person and event-level public use tapes from the NMCES household component can be used in conjunction with health insurance data for each person on the HIES premium data set, which also identifies persons by their household and permits analyses involving the characteristics and insurance status of all family members. Analogous linkages can be performed for the

data set that describes the private insurance benefits of the elderly 65 and older.

This documentation, which is file 1 on the tape, consists of the following:

- a description of NMCES (Section 1)

- data set description and variable definitions (Section 2)

- information on sample design, construction of population weights, and methods of variance estimation (Section 3)

- information on imputation of missing data and related procedures (Section 4)

- a description of file structure and contents, including codebooks (Section 5)

- programming information (Section 6)

1. The National Medical Care Expenditure Survey

The NMCES was conducted to collect data for the National Health Care Expenditures Study of the Division of Intramural Research, NCHSR. The survey provided an information base for studying a wide range of national health policy issues relating to patterns of health services use and expenditures, including the following:

- The cost, utilization, and budgetary implications of changes in federal financing programs for health care and of alternatives to the present structure of private health insurance.

- The breadth and depth of health insurance coverage of the U.S. population.

- The proportion of health care costs paid by various insurance mechanisms.

- The influence of the Medicare and Medicaid programs on the use and costs of medical care.

- How and why Medicaid participation changes over time.

- The cost and effectiveness of different federal, state, and local programs aimed at improving access to care.

- The loss of national revenue resulting from tax allowances for medical and health insurance expenses, particularly with regard to the benefits accruing to different categories of individuals and employers, and the potential effects on the federal budget of changes to tax laws.

- How costs of care vary for different diagnostic categories in various treatment settings.

Funding for NMCES was provided by NCHSR, which cosponsored the survey with the National Center for Health Statistics, both agencies of the Office of the Assistant Secretary for Health, Department of Health and Human Services. Data collection for the survey was done by Research Triangle Institute, North Carolina, and its subcontractors, National Opinion Research Center of the University of Chicago, and Abt Associates, Inc., of Cambridge, Massachusetts, under contract HRA 230-76-0268. Data processing support was provided by Social & Scientific Systems, Inc., of Bethesda, Maryland, under contracts 233-79-3022, 233-80-3012 and 282-83-3001.

1.1 The Household Interview Survey

A panel of about 14,000 households containing a total of 40,320 persons was interviewed in six separate rounds during 1977 and early 1978. The survey reference period was January 1 to December 31, 1977. The first interviews began in mid-January 1977; subsequent rounds were conducted at intervals of about three months. The first, second, and fifth rounds of interviews were conducted in person, as were about 20 percent of the third and fourth rounds and about half of the sixth round; the remainder were conducted by telephone. For the entire set of household interview instruments, see NHCES Instruments and Procedures, 1 (Bonham and Corder, 1981).

During each of five rounds of interviews, information was obtained on a set of care indicators of use of health services, charges for services and sources of payment, numbers and types of disability days, and status of health insurance coverage. At various stages during the second through fifth round, supplementary questionnaires were administered on employment status and type, health insurance, access to care, race/ethnicity, and income and assets. In the sixth round of interviewing, a final series of questions were asked on chronic limitations of activity or impairments, income tax filing status, and the amount of itemized medical deductions for 1977.

1.2 The Health Insurance Employer Survey

The Health Insurance/Employer Survey (HIES) verified and supplemented information reported by household respondents on all private health insurance coverage, excluding only coverage limited to "dread diseases" (e.g. stroke or cancer), "extra" cash coverage for hospital stays, and reimbursement of medical expenses for accidents or injuries under auto or homeowner insurance.

For each private health insurance policy reported in the household survey, permission was asked from the primary insured to contact the respective insurance company or group (e.g. employer, union, fraternal organization) through which the policy was obtained. In addition, permission was requested of all employed but not self-employed persons in the household survey who reported not being insured through their firm of employment, in order to verify lack of coverage with their employers in the Uninsured Validation Survey (UVS), a substudy of the HIES. In this way coverage reported by the household was verified; additional coverage not reported by the household was discovered; and information concerning benefits and the payment of premiums was obtained. For the entire set of health insurance interview instruments and a more detailed description of the HIES design, see NHCES Instruments and Procedures, 3 (Cohen and Farley, 1984, and Attachment 1 to the paper copy of this document).

Permission forms authorizing contact with employers and insurance carriers in HIES were obtained from approximately 90 percent of household respondents who were the primary insured and from approximately 70 percent of household respondents eligible for the UVS; they were mailed to employers, insurers, and insurance groups between October 1978 and August 1979. Responses were obtained for 85 percent of household members who had signed permission forms.

In order to obtain the specific insurance benefits of NMCES participants, the policies and certificates describing any insurance plan providing coverage to a household sample member were abstracted by highly trained coders, most of whom were health insurance claims examiners, onto forms initially developed for the Rand Corporation Health Insurance Study (this experiment is described by Newhouse, 1974). Basic and major medical benefits for specific health services were identified, as were deductibles, reimbursement rates, limitations, and other benefit provisions for each covered service. For a 15-percent subsample of NMCES reporting units, a longer form was used to code additional information. All data items on the short form were included on the long form, so that estimates for all short-form questions can be derived for household respondents with any abstract information. Copies of the abstracting forms are available from NCHSR upon request.

The variables constructed from the HIES are derived from all insurance plans covering each eligible person at any time during 1977. Multiple policies were obtained for about 15 percent of persons in the sample. Since dates of enrollment were not identified, it was impossible to distinguish coverage that was held simultaneously, and was essentially additive, from coverage that was held at different times during 1977 and was thus not additive. After reviewing the data, including changes in the employment of primary insured persons with multiple plans, it was determined that most of the coverage was simultaneous; accordingly, premiums were summed and benefits combined based on standards for coordination of benefits. However, in some instances this overstates both coverage and premiums.

2. Data File Contents

2.1 Insurance status, premiums, and sources of payment (data set 1)

This data set includes all persons ever in the NMCES household survey and identifies those with private insurance as verified in the HIES. (The private insurance indicators on the person file from the household component are unverified data reported by the household.) Here, a person is defined as privately insured if coverage at any time in the survey year by at least one plan reported in the household survey was confirmed in the HIES, or an employer contacted in the Uninsured Validation Survey (UVS) reported private insurance not reported in the household survey. A person with private insurance according to the household survey was defined as having no private insurance only if it was determined from valid responses in the HIES that the person was not in fact covered by any of the plans previously reported. Similarly, a person without private insurance according to the household survey but eligible for the UVS was defined as not having private insurance only if all employers responded and confirmed lack of employment related coverage.

All other persons eligible for the HIES but whose private insurance status could not be established from responses to the follow-up survey were

labeled as "No HIES data" and assigned coverage weights equal to zero; a record for them is on the file, but there are no data except identifying variables (person and household identification numbers, relationship to household head) and variables related to weights (including the key participant indicator). Persons eligible for the NMCES household survey but ineligible for the HIES, i.e., who had no household-reported private insurance and who were either unemployed or self-employed, were classified as having no private insurance but assigned positive HIES weights and suitable values of relevant HIES variables, so as to permit the derivation of national estimates of insured and uninsured persons from the HIES data.

2.1.1 Identification and family status

The first variable in this data set (PID; 10.10) identifies all persons on this file by their unique NMCES person identification number. Next, to take into account dependent coverage and the purchase of insurance on a family basis, the premium data set uniquely assigns all persons to a family or household through the variables RUIDHIES (10.11) and establishes their position within that household through the variable RELHEADF (10.12). At the outset of the household survey, persons within a dwelling unit who were related by blood, marriage, or adoption were designated as a household and as a reporting unit (RU). College students living away from a family in a sample dwelling unit were eligible for the NMCES survey but were designated as separate RUs. As key participants left their original RU and the composition of the households changed, new RUs were designated and persons were reassigned to households in each round of the household survey. The variable RUIDHIES is defined as each person's RUID (household identification number) in the last round of participation in the household survey. Two exceptions take into account coverage obtained by dependents under the family plans of a primary insured who was not in the same RU as the dependent at the end of their participation in the survey. First, insured college students who were not a primary insured, i.e., had no private health insurance of their own, were assigned to the same RUIDHIES as the primary insured and other family members covered by the same insurance. Second, privately insured persons in reporting units as defined at the end of the year that did not include a primary insured were reassigned to an earlier reporting unit that did contain a primary insured. Because RUIDHIES ignores the changing composition of families during the year in order to link persons uniquely to specific families, the primary insured and all dependents associated with a particular policy may not always share the same value of RUIDHIES. (Note that this is different from the person file from the household survey component, where people are assigned to households on a quarterly basis and an end-of-survey basis using the last known family; see Kasper, Walden and Wilson, 1983.)

For persons covered as dependents under a family or couple policy, a final identification variable links all privately insured persons on this file to the primary insured (PRMINPID; 10.13) on the covering policy by means of the latter's NMCES person identification number. Note that in the records of all primary insured persons, this variable is identical to the person identification number (PID). For persons privately insured as a dependent on the policies of more than one primary insured, PRMINPID is assigned the identification number of the primary insured with the lowest value of RELHEADF.

2.1.2 Private insurance status and characteristics

A person-level indicator of private insurance status is provided (INSPRVP; 11.10), as well as an indicator of primary insured status (PRIMINS; 12.10). A separate indicator of private insurance coverage of any family member (INSPRVF; 13.10) is shown on the records of household heads. These indicators relate to three levels of variables incorporated in this data set. The first (11.10 to 11.33) provides person-level information on insurance status, plan type(s), and related characteristics; the second (12.10 to 12.33) provides analogous information on primary insured persons only; the third (13.10 to 13.33) represents the insurance status of families. The family-level variables are valid on the records of household heads (RELHEADF=10) only. The use of family-level variables from these records in conjunction with the family-level weight (WTINSFAM; 14.11) is equivalent to using a file where the unit of analysis is the family; the family weight contains positive values only on the records of household heads and it sums to the average number of families in the U.S. during 1977.

Variables indicating whether the insurance was employment related and derived from a group policy are provided at the level of each privately insured (11.11-11.121) and at the primary insured level (12.11-12.121). For each privately insured person, they reflect all plans covering that person, whether as the primary insured or as a dependent under a family member's plan. For each primary insured, they reflect only those plans obtained in that person's name.

The indicator for employment-related health insurance was constructed from information about the administration of the insurance plan and the payment of all or part of the premiums by employers or unions. Nongroup insurance was considered work-related only if an employer or union at least contributed to the premium. Where insurance was obtained through a group, the size of the group is indicated as well, defined as the largest number of employees or union members enrolled in the group plan. For those covered by more than one plan, the group size of the largest plan is used. Furthermore, for the primary insured only, indicators are provided of type of coverage (individual, couple, or family) under both group and nongroup plans (12.13-12.14).

2.1.3 Premiums

Premium data are again provided at three levels:

Person-level premiums, which are suitable for analyses requiring a measure of the implicit cost of each person's insurance, even though the actual premium may have been a single figure covering everyone included in a family plan. Here, the premium associated with each plan was divided by the number of family members covered by that plan and assigned equally to each person. For persons covered by more than one plan, the premiums for each plan were summed to arrive at a person-level annual total (11.20-11.33).

Primary insured premiums, which assign the entire premium to the primary insured under each plan, regardless of the number of persons covered, summing across all plans designating that person as the primary insured. This approach resembles more closely the way health insurance

is actually sold and would be more suitable, for example, to analyses of employer contributions to health insurance premiums (12.20-12.33).

Family premiums, which are the sum of person-level premiums across all household members (13.20-13.33). Use of family premium variables is appropriate where the family is the relevant unit of analysis.

Within each type, premiums for nongroup insurance and group insurance are identified separately, as are respective sources of payment. An annual premium is defined as the total payment required in 1977 to keep a health insurance policy in force for a year. As indicated, information needed to adjust the premium data for policies held only part of the year was not available.

For information on weights to be used with this data set, see Section 3.2 on this file. Information specific to each variable or set of variables is provided in the codebook, which is File 2 on this tape.

2.2 Private insurance benefits of the population 65 and older (data set 2)

This data set comprises all persons 65 years or older with private insurance coverage according to the HIES (1,966 persons). For each, the following variables are provided.

2.2.1 Identification and insurance status

The first variable in this file (PID, 20.10) identifies the person to whom the insurance information in the file is linked by the NMES person identification number. The next variables (COVERAGE, 21.10; EMPREL, 21.11; and GROUPE and GROUPSZP (21.12 and 21.121)) describe whether the persons in this file hold household-reported public coverage (Medicare and/or Medicaid) in addition to private insurance, and the characteristics of the insurance held by each person on this file in terms of employment-related status, group insurance, and group size (see 2.1 above).

2.2.2 Primary insured characteristics

The next set of variables (22.10 to 22.12) identify primary-insured status and whether the policy (both group and nongroup) provides family, couple, or individual coverage.

2.2.3 Health services coverage

A Form Length indicator (23.00) is provided for each type of benefit to indicate use of the proper weight according to the type of benefit abstract used (see 1.2 and 3.2.2 on this file). Benefits are then listed for the two major types of private insurance coverage, basic and major medical plans. Basic coverage provides reimbursement for many of the services required during illnesses of limited duration but typically limits coverage in terms of the maximum expense for or utilization of each insured service. Major medical coverage is designed to provide additional protection; it usually obligates

the insurer to pay a specified portion of a wider range of medical expenses but provides for deductibles and copayments for most expenses. It is characterized by few limits for particular services and a high overall limit.

In this data set, basic and major medical coverage frequencies and variable descriptions are provided separately but for the same set of services, as follows:

	Basic	Major Medical
Inpatient hospital and physician services and extended care facility benefits	24.10-24.16	25.10-25.16
Outpatient hospital facility services	24.20-24.205	25.20-25.205
Ambulatory physician and nonphysician services	24.30-24.37	25.30-25.37
Services for inpatient and outpatient mental health conditions	24.40-24.403	25.40-25.403
Outpatient diagnostic procedures	24.50	25.50
Home health care	24.60	25.60
Maternity services	24.70	25.70
Supplemental accident benefit coverage	24.80	25.80
Coverage for medical supplies and equipment	24.90	25.90

Additionally, indicators of coverage are provided for outpatient prescribed medicines, dental, hearing and vision services, and for hospital indemnity coverage, which pays a specified amount per day, week, or month of hospitalization without reference to the actual expenses incurred for services (26.10-26.50).

Information specific to each variable or set of variables is provided in the codebook, which is File 4 on this tape.

2.2.4 Coverage of selected Medicare gaps

In addition to private insurance coverage for particular services, benefits available to the elderly population under policies supplementing Medicare coverage are described. In the main, this refers to deductibles and copayments and to hospital days not covered by Medicare. Based upon an analysis of the private health insurance policies of the Medicare enrollees in

the NMCES sample, persons were characterized as having full coverage for each of these Medicare cost sharing provisions if they were highly unlikely to incur any out-of-pocket expense as a result of using services. In 1977, these cost-sharing provisions under Parts A and B, respectively, included a \$124 deductible for inpatient hospital stays, a daily \$31 and \$62 hospital copayment (for days 61-90 and the lifetime reserve, respectively), a 150-day limit on payment for hospital stays, and a \$60-deductible and 20-percent coinsurance for physician services.

In addition to determining policies that specified as benefits full coverage of Medicare cost-sharing requirements, separate procedures were developed to identify persons with other types of private policies or, occasionally, several relatively limited plans, who would also incur no out-of-pocket expenses under normal circumstances. Also, because private insurance benefits often differ by site of care (e.g. inpatient versus outpatient services), a distinction not made by Medicare, the potential liability for out-of-pocket expense resulting from the Part B deductible and coinsurance is likely to vary for these types of services and was consequently developed for both sites of care, as described in detail in the following.

Part A (\$124) deductible. For policies where full coverage of the deductible was not explicitly specified, it was necessary to determine if the insurance would provide at least \$124 in benefits for a hospital stay, thus offsetting the Medicare deductible. As the total insurance benefits for a hospital stay often depend on the length of stay, a seven-day hospital stay as the modal length of stay for persons 65 and older in 1977 was assumed for the purposes of this report (NMCES, unpublished data). The calculation of whether an insured person would have any liability for the Part A deductible within this period was based on the person's basic or hospital indemnity benefits, if any, and/or their major medical benefits. If benefits are stated as a percent of the hospital's charges for the stay, the total benefit depends on the assumed charge per day; here, a semiprivate room rate of \$90 per day (Health Insurance Association of America, 1977), or a total expense per day of \$170 (American Hospital Association, 1978) was assumed. A policy consequently was considered to provide full coverage if the assumed or explicit daily benefit (times 7) exceeded the Medicare deductible (27.11).

Part B deductible (\$60) for physician care. Full coverage of the deductible was assumed when the insurance would pay a lump sum of at least \$60 for the first physician service delivered at either inpatient or outpatient sites, or when the plan had no deductible and the benefit was 100 percent of the usual, customary and reasonable charge. In view of the difference in insurance provisions regarding site of care, coverage for the Part B deductible is shown separately for inpatient and outpatient sites (27.12 and 27.13).

Part A copayments for days 61-90 (\$31) and 91-150 (\$62). Where full coverage of the Part A copayments was not explicitly specified, it was determined if payable benefits would equal or exceed the cost of Medicare copayments. (The net cost to a Medicare enrollee of a 90-day stay in 1977 would have been \$1,054, i.e., \$124 plus \$31/day for days 61-90; the net cost of a 150-day stay would have been \$4,774, i.e. the 90-day copayment plus \$62/day for days 91-150.) If payable benefits for room and board and ancillary expenses less any deductible equaled or exceeded a Medicare enrollee's liability, coverage is considered full; if not, coverage is designated partial (27.21 and 27.22).

Cost of hospital care for stays lasting 365 days. Where full coverage of a 365-day hospital stay was not explicitly specified, it was determined if

payable benefits would have covered the cost of such a stay beyond Medicare benefits, which provide for a 150-day life-time maximum. Liability for hospital charges during a stay lasting 365 days in 1977 can be estimated at \$41,324 net of Medicare, i.e., the Part A deductible, all Part A copayments, and all charges for days 151-365 (assumed at \$170 a day; American Hospital Association, 1978), but excluding expenses such as inpatient physician care.

Thus, a policy was considered to provide full coverage if indemnity benefits for a 365-day stay equaled or exceeded \$41,324 or if payable benefits from major medical coverage equaled or exceeded \$41,324 and the policy paid 100 percent of all costs exceeding \$25,500 (the total cost of days 1-150). For plans with more than one type of benefit (e.g. basic and major medical coverage), benefits were combined to estimate coverage. Plans with less than full coverage were examined to determine if they provided any benefits beyond the Medicare lifetime reserve (150 days). A plan was considered to provide partial coverage of days 151-365 if the benefits for hospital care were not full but exceeded the costs of the Part A deductible and copayments through day 150 (27.23).

Part B coinsurance for physician care. Coverage of the 20-percent Medicare coinsurance for Part B services was defined in relation to the first service provided after satisfaction of the policy deductible or the first visit or service if there was no deductible. Again, separate variables were constructed for benefits at inpatient or outpatient sites. Because a small fraction of policies (20 percent with coverage of inpatient physician care and less than 10 percent with benefits for physician office visits) provided for a flat amount per service or visit rather than a percentage, certain costs per visit were assumed to establish the percent paid (\$20 for a physician office visit, \$15 for an inpatient physician visit or other services). Policies with coverage of physician services which were obligated to pay 20 percent or more of total charges were assumed to provide full coverage; additionally, for both sites of care, the variables indicate if the policy stipulated payment only up to the Medicare allowable (UCR) limit (27.31 and 27.32).

3. Sampling Information, Weights, and Variance Estimation

3.1 Sampling

The NMCES household sample was a national area probability sample of about 14,000 households designed to represent the civilian, noninstitutionalized population of the 50 states and the District of Columbia. To maximize geographic dispersion of the sample and the statistical precision of resulting estimates, these households were selected through a four-stage process rather than by simple random sampling. Two national area samples were drawn independently from the national general purpose area samples of Research Triangle Institute (RTI) and National Opinion Research Center (NORC). Within each of these samples, the four stages of the design were primary sampling units (PSUs) that are counties, parts of counties, or groups of contiguous counties; secondary sampling units (SSUs) that are Bureau of the Census Block Groups or Enumeration Districts; smaller area segments generally consisting of at least 60 housing units; and residential housing units which were the final sampling units.

The household residing within each sample housing unit was designated as a reporting unit (RU) if all residents were related by blood, marriage or adoption. Separate reporting units were established within housing units that

contained unrelated persons. The NMCES response rate, measured as the percent of eligible reporting units providing data for all rounds of household data collection, was 82.2 percent for the RTI sample and 81.7 percent for the NORC sample.

All household survey participants, with the exception of unemployed or exclusively self-employed individuals and their dependents who were reported as uninsured in the household survey, were eligible for the Health Insurance Employer Survey. For a more detailed discussion of the HIES sample design, see NHCES Instruments and Procedures, 3 (Cohen and Farley, 1984).

3.2 Sample weights

The sample weights developed for all HIES data reflect the differential probability of selection into the sample resulting from the complex four-stage sample design. Furthermore, to obtain national estimates from the responses obtained in the HIES and its substudy, the UVS, the development of series of weights adjusting for various types of HIES/UVS nonresponse was required, in addition to adjustments for reporting unit nonresponse and poststratification to represent the civilian noninstitutionalized U.S. population as of 1977. (The latter adjustments are incorporated in the sample weights developed for key participants in the household survey; Cohen and Kalsbeek, 1981.) Weights were developed to adjust for the following types of nonresponse in the Health Insurance Employer Survey:

- (1) Permission form nonresponse. Eligible participants in the household survey refused to sign the permission form authorizing contact with their insurance carrier, insurance group, or employer;
- (2) Health insurer nonresponse. The insurance carrier, insurance group, or employer identified on a signed permission form did not respond at all or did not provide one of the following:
 - (a) the coverage questionnaire, requesting verification of private insurance coverage as reported by the household and information about premiums and the type of policy;
 - (b) a copy of the policy describing applicable benefits.

3.2.1 Data set 1

Two types of weights are provided for each record in the file. WTINSP is to be used when the unit of analysis is a person, WTINSFAM is to be used when the unit of analysis is a household.

The household survey weights were initially adjusted for unsigned HIES permission forms (item (1) above) and health insurance provider nonresponse (item (2)(a) above). The resulting person weight, WTINSP (14.10), must be used for items on insurance status, type of coverage, and amounts and sources of premium payment at the person level, including estimates of the primary insured population only. The positive values of WTINSP, summed across the person records on this file, yield the total civilian, noninstitutionalized population of the U.S. in 1977. A corresponding family weight, WTINSFAM (14.11), is supplied for use when the family as defined by RUIDHIES is the unit of analysis. The positive values of WTINSFAM, summed across household

heads (RELHEAD=10), yield the average number of families that existed at any given time during 1977. (See Section 2.1.1 with regard to the person file from the household survey component.)

Each record also contains an indicator of whether a person was a key participant in the household survey (WTKEY, 14.20). Key participants were defined as persons in the sample households at the start of the survey along with babies born in to sample households, and initially ineligible household members (i.e. who had entered the military or an institution but who later became eligible by rejoining the household). Nonkey participants are persons who joined the households of key participants later in the survey year, as in the case of marriage. Because of the possibility that nonkey participants held insurance covering key participants, they were included in the HIES data collection.

For detailed information about the construction of HIES weights, see NHCES Instruments and Procedures, 3 (Cohen and Farley, 1984).

3.2.2 Data set 2

For the variables on the file for persons 65 or older, WTINSP (28.10) is the appropriate weight. While this file is not by itself suitable to family-level analyses, data for family members, including those less than 65 years, and the suitable family-level weight (WTINSFAM 14.11) can be obtained by linking to the premium file.

For individual benefit variables derived from the health insurance policies obtained in the HIES, two additional weights were developed, which further adjust WTINSP for estimates of the benefits under a person's coverage. Variables that were abstracted on the short form (see Section 1.2 of this documentation) are indicated by an "S" as the last character in the variable name. Variables abstracted onto the long form are indicated by an "L" in the variable name and are available only for the long-form subsample. The variable FORMLENG (23.00) identifies each person as having no abstract data (FORMLENG=9), short-form data only (FORMLENG=2), or having both short- and long-form data (FORMLENG=1). (Because items on the short form were a subset of items on the long form, both short-form and long-form variables are available for the long-form subsample.) The short-form weight, WTSFPID (28.21) is appropriate for estimates for short-form variables, and the long-form weight, WTLFPID (28.20) is suitable for estimates using any abstract variable.

Values of WTINSP, WTSFPID, or WTLFPID (28.20) summed separately across the person-level records in this file yield the number of privately insured persons 65 years or older in 1977. The estimates from these weights differ slightly because of rounding.

Again, each record indicates key participant status in the household survey for each person on the data file (WGKEY, 28.30).

3.3 Variance estimation

Variance estimates of sample statistics for the construction of confidence intervals and hypothesis testing require that the complex nature of the HIES sample survey design be taken into account. Here, the assumptions of independence and equal probability of selection inherent in simple random sampling are not satisfied. Several methods are available that approximate the sampling variance for statistics derived from HIES data. Three generally

accepted and frequently used techniques for obtaining variance estimates for various types of statistics have been incorporated in several widely used statistical packages. They are:

Balanced Repeated Replication (Bean, 1975; McCarthy, 1966),
the jack-knife method (Kish and Frankel, 1974; Brillinger, 1964), and
the Taylor Series linearization method (Woodruff, 1971; Tepping, 1968).

See Note 1 for information on the programs available for specific types of estimates.

Each variance estimation method is compatible with a multistage, stratified sampling design with at least two primary sampling units drawn from each stratum. Due to the sampling design, the requirement of paired sampling units was not initially satisfied, as primary sampling units were selected from two independently drawn national samples; the primary sampling units were, therefore, paired as members of pseudo strata to allow for variance computations. To obtain variance estimates of sample statistics by means of standard statistical packages, two additional variables must be used for all insurance status, premium, and benefit information in both data sets:

WGPSEUDO (14.30; Data Set 1), (28.40; Data Set 2), which indicates the respective pseudo stratum, and

WGMEMBER (14.31), (28.41) which denotes the pseudo primary sampling unit to which an individual belongs within a given pseudo stratum.

For a more complete discussion of the NMCES sample design and estimation and variance procedures, see NHCES Instruments and Procedures, 2 (Cohen and Kalsbeek, 1981).

In some instances, relative variance curves are a cost-effective alternative to direct methods of variance estimation. This technique was used for a range of parameter estimates derived from NMCES data on different types of health care variables (see Cohen, 1979, and the NHCES Data Preview series).

4. Missing Data: Imputation and Adjustment for Partial Response

The HIES was a separate survey component of NMCES in which eligible members of the household survey were asked for permission to contact their insurers or employers (the respondents in HIES) to provide insurance and premium information. Consequently, missing data on these files are due to one or several of the following:

- (1) refusal of household members to sign the permission form;
- (2) health insurer nonresponses to

the coverage questionnaire requesting verification of private insurance coverage as reported by the household and information about premiums and the type of policy; or

a copy of the insurance policy describing applicable benefits;

(3) partial response on multiple coverage, where some but not all HIES respondents identified for a particular participant in the household survey responded in the HIES. In cases of multiple coverage, failure by one or more insurance carriers or groups to provide premium information yielded only partial response on the total premiums associated with an individual's coverage.

In addition to record editing and consistency checks, three techniques were used to adjust for these types of nonresponse, sometimes in conjunction with one another:

Imputation of missing items and missing records

Weight adjustments (see also Section 3.2)

Adjustment for partial response (see Attachment 1, NHCES Instruments and Procedures 3, p. 15)

The following discusses the type of missing data and describes the procedures used.

4.1 Private health insurance status

Where the private insurance status of any person eligible for the HIES could not be established from responses to the HIES, that case was treated as a nonresponse and a weight adjustment was made. A similar weight adjustment was used to correct for missing data with respect to a family's health insurance status, but the weight adjusts only for complete nonresponse (i.e., individual nonresponse for all family members eligible for the HIES). Families with partial responses regarding individual members were treated like families with complete responses in the construction of family weights, i.e., their insurance status was defined from the insurance status of the individual member(s) for whom responses were received.

4.2 Plan type

Group plans were defined as employment-related if a union or employer administered the plan or a union or employer contributed to the premium. Thus, a group plan with missing data regarding the administration of the plan was classified as employment related provided a union or employer contributed to the premium. If the employer or insurer contacted in the HIES did not identify a plan as being for an individual, couple, or family, the type of coverage was defined based on the number of family members reporting the applicable insurance company as a source of coverage in the household survey.

4.3 Premiums

For approximately 3.6 percent of primary insured persons in the HIES, the response received from at least one employer or insurance company had missing or incomplete data on annual premiums and sources of premium payments. These data were imputed by the so-called "hot-deck" procedure developed at the U.S.

Bureau of the Census for their Current Population Reports series. This procedure randomly assigns data from individuals with complete data to individuals with missing data but similar characteristics; here the primary insured's age, sex, marital status, employment, and industry of employment as well as the type of insurance policy (group or nongroup contract), the number of people covered under the policy (an individual, couple, or family), and types of benefits. In addition, not all employers or insurance companies who provided a primary insured with coverage during the survey year responded. A partial response inflation factor was used to adjust the available premium data for such missing plans.

4.4 Private health insurance benefits

For 111 persons in the sample of privately insured persons 65 years and older, the employer or insurance company contacted in the HIES confirmed coverage and provided the premium amount but did not enclose the policy. Since the weights, WTSFPID (28.21) and WTLFPID (28.20), adjust for this type of total benefit nonresponse, persons are shown as having missing or unknown benefit data only when the information in the policy or policies received for abstracting was incomplete with regard to that variable. With regard to coverage for particular health services, missing values were sometimes eliminated on individual abstracts by edits and consistency checks. The remaining missing data, i.e., where a policy or policies did not clearly specify coverage or lack of coverage for a service, were not imputed, and are denoted as unknown. Likewise, where the abstracted policy or insurance brochure did not provide a clear or complete description of benefits and it was consequently impossible to determine the extent of supplementary coverage of selected Medicare cost-sharing provisions, no adjustments were made and variables are left as unknown.

5. Codebook Information

Two codebooks are included as FILE 2 and FILE 4 on this tape. File 2 contains variable information and frequency distributions for a total of 40,320 person records representing private health insurance status, premiums and sources of premium payment, as described in Section 2.1 of this documentation. File 4 contains variable information and frequency distributions for a total of 1,966 person records representing health service coverage and related characteristics for the privately insured Medicare population age 65 and above, as described in Section 2.2 of this documentation. Each codebook describes a EBCDIC data set providing the following programming identifiers for each variable:

Identifier	Description
NAME	Variable name (8 characters or less)
DESCRIPTION	Variable description
LENGTH	Length of variable in bytes
START	Beginning column position of variable within the record
END	Ending column position of variable within the record

The codebooks describe each variable in some detail, including instructions for use, sources of data by NMCES component, and cross-references to other variables. Unweighted counts of records and weighted frequencies, where appropriate, are presented for each category of the discrete variables. For continuous variables, unweighted counts and weighted frequencies for various ranges are presented to indicate the distribution of cases.

Weighted frequencies for both types of variables were tabulated using the SUMMARY procedure from the SAS (Statistical Analysis System) computer software system with the length indicated in the specification (LENGTH). Other means of tabulating weighted frequencies may yield a slightly different estimate. Also, as a result of continued cleaning and editing of the data, the weighted estimates in this codebook may differ from previously published estimates of NMCES data. The use of weights to produce weighted estimates is discussed in Section 3.2. For a discussion of variance calculation, see Section 3.3. Several computer packages which produce variance estimates appropriate for complex survey data are listed in Note 1.

The sequence of variables in each codebook reflects major components of information provided. A multi-digit numerical identifier (TAG) was developed for this purpose, where the first digit indicates the universe to which the data file was assigned. The second digit before the decimal point indicates the type of data subsumed by the variables in that sequence, and the digits following the decimal point designate either a subsection within each category and are simple sequence indicators. Note that the TAG numbers are for information only. They are not part of each record.

6. Programming Information

This documentation is the first file on the tape. Each codebook file is followed by its accompanying data file. The specifications for each file on the tape are as follows:

VOLUME: HIES02

FILE 1:

Description - HIES Public Use Tape Documentation
Dataset Name - HIES.PERSON.EBCDIC.DOCUMENT

FILE 2:

Description - HIES Public Use Data -- Private Insurance Status
and Premiums: Codebook
Dataset Name - HIES.PERSON.EBCDIC.PREMCODE

FILE 3:

Description - HIES Public Use Data -- Private Insurance Status
and Premiums: Data File
Dataset Name - HIES.PERSON.EBCDIC.PREMIUMS
Number of Observations - 40,320
Number of Variables - 44

FILE 4:

Description - HIES Public Use Data -- Private Insurance
Benefits for Persons 65 and Older: Codebook
Dataset Name - HIES.PERSON.EBCDIC.MEDICODE

FILE 5:

Description - HIES Public Use Data -- Private Insurance
Benefits for Persons 65 and Older: Data File
Dataset Name - HIES.PERSON.EBCDIC.MEDIGAP
Number of Observations - 1,966
Number of Variables - 91

The codebook files contain information and frequency distributions for each variable in each of the data files. The documentation and the codebooks are stored as Operating System (OS) EBCDIC files containing American Standard Association (ASA) carriage control characters in the first position in each record which will direct the line printer during output to skip lines, begin a new page, etc.

Using a text editor computer program such as WYLBUR, the documentation or a codebook that has been copied to disk can be retrieved on-line to view and/or modify. The ASA control characters will direct the line printer if a hard copy listing is desired.

The data sets contain identifiers of private insurance status, premiums and sources of payment and, respectively, characteristics of coverage of the population 65 and older with private insurance. Both data files were created in SAS (Statistical Analysis System) and converted to EBCDIC format using the SAS computer software system, and are stored as EBCDIC data sets (see SAS User's Guide, SAS Institute, 1982).

Note 1

To obtain variance estimates for the data in this codebook, the variables WGPSEUDO, 14.30 (Data Set 2), 28.40 (Data set 2), and WGMEMBER, 14.31 (Data Set 1), 28.41 (Data Set 2) must be used. The following indicates several well-known variance calculation programs using different procedures for this purpose (see Section 3.3 for a discussion of variance estimation in complex survey designs):

Type of estimate	Program for calculating variance
Regression coefficients	SURREGR: Standard errors of regression coefficients from Sample data accessible through SAS (Holt, 1977). Generates standard errors of regression coefficients using the Taylor series linearization method for complex survey data.
	REPERR: Repeated Replication Sampling Error analysis procedure, accessible through OSIRIS IV (Van Eck, 1979). Generates standard errors of regression coefficients through three repeated replication procedures: (a) balanced half-sample, (b) jack-knife, or (c) user specified.
Means, proportions, population totals	SESUDAAN: Standard errors program for computing of Standardized Rates from Sample Survey Data, accessible through SAS (Shah, 1979). Generates standard errors for these types of estimates using the Taylor series linearization method for complex survey data.
	Health Examination Survey Variance and Cross Tabulation Program: Developed by the National Center for Health Statistics (Jones, 1977). Generates standard errors for these types of estimates based on a balanced half-sample method.
Ratios	RATIOEST: Standard Errors Program for Computing Ratio Estimates from Sample Survey Data accessible through SAS (Shah, 1981). Generates standard errors of ratios using the Taylor series linearization method for complex survey data.

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HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

ALPHABETICAL VARIABLE LISTING BY NAME

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>
11.11	EMPRELP	PERSON'S INDIC OF EMPLR REL INS
12.11	EMPRELS	PRIM INSD'S INDIC OF EMPLR REL INS
11.12	GROUPP	PERSON'S INSURANCE TYPE
12.12	GROUPS	PRIM INSD'S INSURANCE TYPE
11.121	GROUPSZP	PERSON'S INS GROUP SIZE
12.121	GROUPSZS	PRIM INSD'S INS GROUP SIZE
13.10	INSPRVF	PRIVATE INS COVG - FAMILY
11.10	INSPRVP	PRIVATE INS COVG - PERSON
10.10	PID	PERSON IDENTIFICATION NUMBER
12.14	PLNTYPG	GROUP INDIV/CPL/FAMILY COVG INDIC
12.13	PLNTYPNG	NONGRP INDIC/CPL/FAMILY COVG INDIC
13.32	PRFEPRG	EMPLR \$ - FAMILY'S GROUP INS
13.22	PRFEPRNG	EMPLR \$ - FAMILY'S NONGRP INS
13.31	PRFFAMG	FAMILY \$ - FAMILY'S GROUP INS
13.21	PRFFAMNG	FAMILY \$ - FAMILY'S NONGRP INS
13.33	PRFOTHG	OTH \$ - FAMILY'S GROUP INS
13.23	PRFOTHNG	OTH \$ - FAMILY'S NONGRP INS
13.30	PRFTOTG	TOTAL \$ - FAMILY'S GROUP INS
13.20	PRFTOTNG	TOTAL \$ FAMILY'S NONGRP INS
12.10	PRIMINSD	PRIMARY INSURED INDICATOR
10.13	PRMINPID	ID NUMBER OF THE PRIMARY INSURED
11.32	PRPEPRG	EMPLR \$ - PERSON'S GROUP INS
11.22	PRPEPRNG	EMPLR \$ - PERSON'S NONGRP INS
11.31	PRPFAMG	FAMILY \$ - PERSON'S GROUP INS
11.21	PRPFAMNG	FAMILY \$ - PERSON'S NONGRP INS
11.33	PRPOTHG	OTH \$ - PERSON'S GROUP INS
11.23	PRPOTHNG	OTH \$ - PERSON'S NONGRP INS
11.30	PRPTOTG	TOTAL \$ - PERSON'S GROUP INS
11.20	PRPTOTNG	TOTAL \$ -PERSON'S NONGRP INS
12.32	PRSEPRG	EMPLR \$ - PRIM INSD'S GROUP INS
12.22	PRSEPRNG	EMPLR \$ - PRIM INSD'S NONGRP INS
12.31	PRSFAMG	FAMILY \$ - PRIM INSD'S GROUP INS
12.21	PRSFAMNG	FAMILY \$ - PRIM INSD'S NONGRP INS
12.33	PRSOTHG	OTH \$ - PRIM INSD'S GROUP INS
12.23	PRSOTHNG	OTH \$ - PRIM INSD'S NONGRP INS
12.30	PRSTOTG	TOTAL \$ - PRIM INSD'S GROUP INS
12.20	PRSTOTNG	TOTAL \$ - PRIM INSD'S NONGRP INS
10.12	RELHEADF	RELATIONSHIP TO HEAD-HIES
10.11	RUIDHIES	HIES HOUSEHOLD ID
14.20	WGKEY	IDENTIFIER OF PID, KEY/NON-KEY
14.31	WGMEMBER	MEMBERSHIP IN PSEUDO PSU
14.30	WGPSEUDO	PSEUDO STRATA ID OF PAIRED PSUS
14.11	WTINSFAM	HIES FAMILY PREMIUM/COVERAGE WEIGHT
14.10	WTINSP	HIES PERSON PREMIUM/COVERAGE WEIGHT

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

SEQUENTIAL VARIABLE LISTING BY TAG

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>
10.10	PID	PERSON IDENTIFICATION NUMBER
10.11	RUIDHIES	HIES HOUSEHOLD ID
10.12	RELHEADF	RELATIONSHIP TO HEAD-HIES
10.13	PRMINPID	ID NUMBER OF THE PRIMARY INSURED
11.10	INSPRV	PRIVATE INS COVG - PERSON
11.11	EMPRELP	PERSON'S INDIC OF EMPLR REL INS
11.12	GROUPP	PERSON'S INSURANCE TYPE
11.121	GROUPSZP	PERSON'S INS GROUP SIZE
11.20	PRPTOTNG	TOTAL \$ -PERSON'S NONGRP INS
11.21	PRPFAMNG	FAMILY \$ - PERSON'S NONGRP INS
11.22	PRPEPRNG	EMPLR \$ - PERSON'S NONGRP INS
11.23	PRPOTHNG	OTH \$ - PERSON'S NONGRP INS
11.30	PRPTOTG	TOTAL \$ - PERSON'S GROUP INS
11.31	PRPFAMG	FAMILY \$ - PERSON'S GROUP INS
11.32	PRPEPRG	EMPLR \$ - PERSON'S GROUP INS
11.33	PRPOTHG	OTH \$ - PERSON'S GROUP INS
12.10	PRIMINS	PRIMARY INSURED INDICATOR
12.11	EMPRELS	PRIM INSD'S INDIC OF EMPLR REL INS
12.12	GROUPS	PRIM INSD'S INSURANCE TYPE
12.121	GROUPSZS	PRIM INSD'S INS GROUP SIZE
12.13	PLNTYPNG	NONGRP INDIC/CPLE/FAMILY COVG INDIC
12.14	PLNTYPG	GROUP INDIV/CPLE/FAMILY COVG INDIC
12.20	PRSTOTNG	TOTAL \$ - PRIM INSD'S NONGRP INS
12.21	PRSFAMNG	FAMILY \$ - PRIM INSD'S NONGRP INS
12.22	PRSEPRNG	EMPLR \$ - PRIM INSD'S NONGRP INS
12.23	PRSOHNG	OTH \$ - PRIM INSD'S NONGRP INS
12.30	PRSTOTG	TOTAL \$ - PRIM INSD'S GROUP INS
12.31	PRSFAMG	FAMILY \$ - PRIM INSD'S GROUP INS
12.32	PRSEPRG	EMPLR \$ - PRIM INSD'S GROUP INS
12.33	PRSOHNG	OTH \$ - PRIM INSD'S GROUP INS
13.10	INSPRVF	PRIVATE INS COVG - FAMILY
13.20	PRFTOTNG	TOTAL \$ FAMILY'S NONGRP INS
13.21	PRFFAMNG	FAMILY \$ - FAMILY'S NONGRP INS
13.22	PRFEPRNG	EMPLR \$ - FAMILY'S NONGRP INS
13.23	PRFOHNG	OTH \$ - FAMILY'S NONGRP INS
13.30	PRFTOTG	TOTAL \$ - FAMILY'S GROUP INS
13.31	PRFFAMG	FAMILY \$ - FAMILY'S GROUP INS
13.32	PRFEPRG	EMPLR \$ - FAMILY'S GROUP INS
13.33	PRFOHNG	OTH \$ - FAMILY'S GROUP INS
14.10	WTINSP	HIES PERSON PREMIUM/COVERAGE WEIGHT
14.11	WTINSFAM	HIES FAMILY PREMIUM/COVERAGE WEIGHT
14.20	WGKEY	IDENTIFIER OF PID, KEY/NON-KEY
14.30	WGPSEUDO	PSEUDO STRATA ID OF PAIRED PSUS
14.31	WGMEMBER	MEMBERSHIP IN PSEUDO PSU

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

1

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>10.10</u>	<u>PID</u>	<u>PERSON IDENTIFICATION NUMBER</u>	8	1	8
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Unique identifier assigned to each person on this file and corresponding to the identifier assigned to all NMES persons in the household survey. PIDs from the NORC sample have IDs ranging from 000001 to 999999 and for the RTI sample IDs range from 1000000 to 9999999. Weighted totals are constructed using WTINSP, 14.10.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
NORC PIDS	19,999	105,884,812
RTI PIDS	20,321	106,232,490

<u>10.11</u>	<u>RUIDHIES</u>	<u>HIES HOUSEHOLD ID</u>	7	9	15
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Identifies the household to which a person is assigned. See 10.12, RELHEADF, for the relationship of each person in the household to the household head, and Documentation, Section 2.1.1 (File 1 on this tape) for the derivation of this variable. RUIDHIES and RELHEADF should be used to construct HIES family level records. For family level estimates, the family premium/coverage weight (WTINSFAM, 14.11) on the record of the family head must be used.

VALUE	UNWEIGHTED	WEIGHTED
18-1313410	40,320	N/A

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>10.12</u>	<u>RELHEADF</u>	<u>RELATIONSHIP TO HEAD-HIES</u>	<u>2</u>	<u>16</u>	<u>17</u>
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For every PID on this file, shows the relationship of each household member to the head of the household as defined in HIES (see 10.11) and derived from the household survey. 10 = head of household. 11 = unmarried persons 18-22 years, living away from home and attending college and privately insured as a dependent of another household member. This category was created to avoid more than one household head in the same RUIDHIES and does not represent all persons in college. 21-22 = spouse of head. 31-32 = children of the head or spouse or sons-in-law and daughters-in-law. 41-42 = grandchildren of the head or spouse. 51-52 = male and female parent of the head or spouse. 60 = a grandparent, great-aunt or -uncle, or great-grandparent of the head or spouse. 70 = other relative of the head or spouse, including brothers, sisters, nieces, nephews, aunts, uncles, and cousins, but excluding sons-in-law or daughters-in-law. 80 = an unrelated individual, such as a roommate, friend, etc. 90 = surrogate PIDs for persons in the sample who died after January 1, 1977 but before the first interview took place. No data were obtained for these PIDs but data obtained for PIDs who died between January 1 and April 1, 1978 were substituted. These PIDs, who were randomly assigned to Round 1 households with similar age, race, and family structure characteristics, require no special treatment in most analyses but may be inconsistent with other members of the RUIDHIES to which there are assigned. 99 = an individual in the household not eligible for interview (e.g., institutionalized or in the military).

VALUE	UNWEIGHTED	WEIGHTED WTINSP
10 HEAD	14,417	78,925,058
11 DEPEND-COLLG	39	333,802
21 MALE SPOUSE	116	150,587
22 FEM SPOUSE	8,614	46,976,449
31 MALE CHILD	7,944	41,462,416
32 FEM CHILD	7,148	37,777,917
41 MALE (G)GCHLD	334	1,225,115
42 FEM (G)GCHLD	344	1,122,862
51 MALE PARENT	105	229,221
52 FEM PARENT	346	1,409,653
60 GP/GGP/ANT/UN	14	53,685
70 OTHER REL	729	2,043,678
80 UNRELATED PID	50	207,720
90 SURROGATE PID	56	190,310
99 NOT ELIGIBLE	64	8,829

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

3

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>10.13</u>	<u>PRMINPID</u>	<u>ID NUMBER OF THE PRIMARY INSURED</u>	7	18	24
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The person identification number of the primary insured associated with at least one of the policies under which this person is covered. For persons privately insured as dependents on the policies of more than one primary insured, PRMINPID is equal to the identification number of the primary insured with the lowest value of RELHEADF. A value of 0 indicates no private insurance or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED
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0 NOT APPLIC	20,823	N/A
400010-1684299	19,497	

<u>11.10</u>	<u>INSPRVP</u>	<u>PRIVATE INS COVG - PERSON</u>	1	25	25
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Indicates private insurance coverage at any time during 1977 for each person with responses establishing his or her insurance status in the HIES. A value of 9 indicates person not eligible for HIES or with unverified private insurance status (see Documentation, Section 2.1.2, and NMCES Instruments and Procedures, 3).

VALUE	UNWEIGHTED	WEIGHTED WTINSP
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0 NO PRV INS	6,715	43,642,787
1 PRV INS	19,497	168,474,515
9 NO HIES DATA	14,108	0

<u>11.11</u>	<u>EMPRELP</u>	<u>PERSON'S INDIC OF EMPLR REL INS</u>	1	26	26
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Indicates whether any of the coverage held by the privately insured in 11.10 was employment related, e.g., obtained through current or former employers or through labor unions.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
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1 NO WORK REL	3,051	25,150,990
2 WORK REL ONLY	15,728	137,204,649
3 BOTH	718	6,118,876
8 NO PRV INS	6,715	43,642,787
9 NO HIES DATA	14,108	0

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

4

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>11.12</u>	<u>GROUPP</u>	<u>PERSON'S INSURANCE TYPE</u>	<u>1</u>	<u>27</u>	<u>27</u>
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Indicates whether the insured as described in 11.10 is covered under a nongroup and/or group plan. A nongroup plan provides coverage under a contract directly between the insurer and the primary insured. Under a group plan, which covers several or many otherwise unrelated persons, specified benefits are provided to group members, and often their spouses and children, under a contract between the insurer and the sponsoring organization, such as an employer, a labor union, or a voluntary association.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
1 NONGROUP ONLY	2,909	23,887,193
2 GROUP ONLY	15,916	138,870,213
3 BOTH	672	5,717,109
8 NO PRV INS	6,715	43,642,787
9 NO HIES DATA	14,108	0

<u>11.121</u>	<u>GROUPSZP</u>	<u>PERSON'S INS GROUP SIZE</u>	<u>6</u>	<u>28</u>	<u>33</u>
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The number of primary insured (excluding all insured dependents) enrolled in a person's group plan. For persons covered under more than one group plan, GROUPSZP refers to the plan with the largest number of enrollees. The maximum group size value is 815,000. A value of 999998 indicates an unknown group size. A value of 999999 indicates a nongroup policy, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
LESS THAN 26	1,547	13,852,711
26-250	3,393	28,995,727
251-2,500	4,266	36,609,522
OVER 2,500	4,855	43,381,727
999998 UNKNOWN	2,527	21,747,635
999999 NOT APP	23,732	67,529,980

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

5

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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11.20	<u>PRPTOTNG</u>	<u>TOTAL \$ -PERSON'S NONGRP INS</u>	8.2	34	41
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Total annual premium(s) for all nongroup plans providing coverage to each privately insured (see 11.10 and 11.12). The premium amount applicable to each person under each covering nongroup policy was calculated by dividing the total premium(s) by the number of persons covered according to responses in the household survey. The maximum dollar value of PRPTOTNG is \$2,604.73. A value of 99999 indicates coverage under group insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
\$1-\$50	246	2,167,665
\$51-\$100	743	5,889,841
\$101-\$150	758	6,329,888
\$151-\$200	606	5,012,352
\$201-\$300	581	4,709,559
\$301-\$500	449	3,826,299
\$501-\$1,000	151	1,315,573
\$1,001-\$2,500	45	345,841
\$2,501-\$5,000	2	7,284
99999 NOT APPLIC	36,739	182,513,000

11.21	<u>PRPFAMNG</u>	<u>FAMILY \$ - PERSON'S NONGRP INS</u>	8.2	42	49
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Amount paid out-of-pocket by the family for all nongroup insurance premiums as derived under 11.20. The maximum dollar value of PRPFAMNG is \$2,604.73. A value of 99999 indicates coverage under group insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	40	348,493
\$1-\$50	290	2,512,296
\$51-\$100	748	5,889,693
\$101-\$150	747	6,243,098
\$151-\$200	592	4,926,899
\$201-\$300	567	4,599,919
\$301-\$500	410	3,526,235
\$501-\$1,000	143	1,239,617
\$1,001-\$2,500	42	310,768
\$2,501-\$5,000	2	7,284
99999 NOT APPLIC	36,739	182,513,000

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

6

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>11.22</u>	<u>PRPEPRNG</u>	<u>EMPLR \$ - PERSON'S NONGRP INS</u>	<u>8.2</u>	<u>50</u>	<u>57</u>
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Amount paid by employer(s) for all nongroup insurance premiums as derived under 11.20. The maximum dollar value of PRPEPRNG is \$2,000.00. A value of 99999 indicates coverage under group insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	3,461	28,632,522
\$1-\$50	38	269,195
\$51-\$100	18	146,553
\$101-\$150	7	70,008
\$151-\$200	20	169,328
\$201-\$300	16	147,827
\$301-\$500	16	117,362
\$501-\$1,000	3	32,625
\$1,001-\$2,500	2	18,882
99999 NOT APPLIC	36,739	182,513,000

<u>11.23</u>	<u>PRPOTHNG</u>	<u>OTH \$ - PERSON'S NONGRP INS</u>	<u>8.2</u>	<u>58</u>	<u>65</u>
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Amount paid by other sources for all nongroup insurance premiums as derived under 11.20. Other sources include labor unions, voluntary associations, friends and relatives, and unspecified sources. The maximum dollar value of PRPOTHNG is \$1,017.33. A value of 99999 indicates coverage under group insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	3,486	28,884,279
\$1-\$50	43	330,713
\$51-\$100	26	167,352
\$101-\$150	12	92,200
\$151-\$200	3	29,817
\$201-\$300	6	52,852
\$301-\$500	3	26,819
\$501-\$1,000	1	16,191
\$1,001-\$2,500	1	4,079
99999 NOT APPLIC	36,739	182,513,000

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

7

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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11.30	PRPTOTG	TOTAL \$ - PERSON'S GROUP INS	8.2	66	73
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Total annual premium(s) for all group plans providing coverage to each privately insured (see 11.10 and 11.12). The premium amount applicable to each person under each covering group policy was calculated by dividing the total premium(s) by the number of persons covered according to responses in the household survey. The maximum dollar value of PRPTOTG is \$3,981.61. A value of 99999 indicates coverage under nongroup insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
\$1-\$50	376	3,330,139
\$51-\$100	916	7,344,759
\$101-\$150	1,775	14,886,318
\$151-\$200	2,266	19,511,897
\$201-\$300	4,077	36,568,544
\$301-\$500	4,145	36,146,080
\$501-\$1,000	2,511	22,267,234
\$1,001-\$2,500	499	4,342,570
\$2,501-\$5,000	23	189,781
99999 NOT APPLIC	23,732	67,529,980

11.31	PRPFAMG	FAMILY \$ - PERSON'S GROUP INS	8.2	74	81
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Amount paid by the family out-of-pocket for all group insurance premiums as derived under 11.30. The maximum dollar value of PRPFAMG is \$3,000.00. A value of 99999 indicates coverage under nongroup insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	6,867	60,402,937
\$1-\$50	2,712	23,499,786
\$51-\$100	2,324	19,910,946
\$101-\$150	1,645	13,997,760
\$151-\$200	881	7,671,722
\$201-\$300	1,130	10,089,761
\$301-\$500	696	6,093,625
\$501-\$1,000	293	2,583,758
\$1,001-\$2,500	39	329,833
\$2,501-\$5,000	1	7,194
99999 NOT APPLIC	23,732	67,529,980

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

8

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>11.32</u>	<u>PRPEPRG</u>	<u>EMPLR \$ - PERSON'S GROUP INS</u>	<u>8.2</u>	<u>82</u>	<u>89</u>
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Amount paid by employer(s) for all group insurance premiums as derived under 11.30. The maximum dollar value of PRPEPRG is \$3,880.06. A value of 99999 indicates coverage under nongroup insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	2,014	17,636,092
\$1-\$50	992	8,157,667
\$51-\$100	1,647	13,818,779
\$101-\$150	1,952	16,218,455
\$151-\$200	2,008	18,245,165
\$201-\$300	3,118	27,960,164
\$301-\$500	2,994	26,073,037
\$501-\$1,000	1,532	13,546,014
\$1,001-\$2,500	315	2,792,223
\$2,501-\$5,000	16	139,726
99999 NOT APPLIC	23,732	67,529,980

<u>11.33</u>	<u>PRPOTHG</u>	<u>OTH \$ - PERSON'S GROUP INS</u>	<u>8.2</u>	<u>90</u>	<u>97</u>
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Amount paid by other sources for all group insurance premiums as derived under 11.30. Other sources include labor unions, voluntary associations, friends and relatives, and unspecified sources. The maximum dollar value of PRPOTHG is \$2,606.76. A value of 99999 indicates coverage under nongroup insurance only, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	15,873	138,281,549
\$1-\$50	82	689,656
\$51-\$100	65	523,411
\$101-\$150	86	844,020
\$151-\$200	96	746,155
\$201-\$300	164	1,658,102
\$301-\$500	152	1,273,198
\$501-\$1,000	57	482,518
\$1,001-\$2,500	12	78,752
\$2,501-\$5,000	1	9,961
99999 NOT APPLIC	23,732	67,529,980

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

9

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>12.10</u>	<u>PRIMINS</u>	<u>PRIMARY INSURED INDICATOR</u>	<u>1</u>	<u>98</u>	<u>98</u>
		Indicates for each person on this file whether coverage is under at least one policy issued or carried in his/her name, in contrast to being covered as a dependent.			
		VALUE	UNWEIGHTED	WEIGHTED	WTINSP
		1 PRIMARY INS	9,501	80,206,492	
		2 NOT PRIMRY INS	9,996	88,268,023	
		8 NO PRV INS	6,715	43,642,787	
		9 NO HIES DATA	14,108	0	
<u>12.11</u>	<u>EMPRELS</u>	<u>PRIM INSD'S INDIC OF EMPLR REL INS</u>	<u>1</u>	<u>99</u>	<u>99</u>
		Indicates whether any of the coverage held by the primary insured under 12.10 was employment related, e.g., obtained through current or former employers or through labor unions.			
		VALUE	UNWEIGHTED	WEIGHTED	WTINSP
		1 NO WORK REL	2,225	17,776,758	
		2 WORK REL ONLY	6,915	59,405,809	
		3 BOTH	361	3,023,925	
		7 NOT PRIM INSD	9,996	88,268,023	
		8 NO PRV INS	6,715	43,642,787	
		9 NO HIES DATA	14,108	0	
<u>12.12</u>	<u>GROUPS</u>	<u>PRIM INSD'S INSURANCE TYPE</u>	<u>1</u>	<u>100</u>	<u>100</u>
		Indicates whether the insured as described in 12.10 is covered under a nongroup and/or group plan. A nongroup plan provides coverage under a contract directly between the insurer and the primary insured. Under a group plan, which covers several or many otherwise unrelated persons, specified benefits are provided to group members, and often their spouses and children, under a contract between the insurer and the sponsoring organization, such as an employer, a labor union, or a voluntary association.			
		VALUE	UNWEIGHTED	WEIGHTED	WTINSP
		1 NONGROUP ONLY	2,175	17,301,878	
		2 GROUP ONLY	6,987	60,058,756	
		3 BOTH	339	2,845,858	
		7 NOT PRIM INSD	9,996	88,268,023	
		8 NO PRV INS	6,715	43,642,787	
		9 NO HIES DATA	14,108	0	

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

10

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>12.121</u>	<u>GROUPSZS</u>	<u>PRIM INSD'S INS GROUP SIZE</u>	6	101	106
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The number of primary insured (excluding all insured dependents) enrolled in a primary insured's group plan. The For persons covered under more than one group plan, GROUPSZS refers to the plan with the largest number of enrollees. The maximum group size value is 815,000. A value of 999998 indicates an unknown group size. A value of 999999 indicates not applicable, i.e., not primary insured, a nongroup policy, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
LESS THAN 26	711	6,307,551
26-250	1,558	13,109,839
251-2,500	1,889	15,999,887
OVER 2,500	1,970	17,225,876
999998 UNKNOWN	1,198	10,261,461
999999 NOT APP	32,994	149,212,688

<u>12.13</u>	<u>PLNTYPNG</u>	<u>NONGRP INDIC/CPL/FAMILY COVG INDIC</u>	1	107	107
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For primary insured (see 12.10), indicates whether nongroup insurance covered only self (individual), extended to one other person only (couple), or covered all eligible household or family members regardless of family size.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0 GROUP ONLY	6,987	60,058,756
1 INDIV COVG	1,792	14,205,420
2 COUPLE COVG	280	2,152,967
3 FAMILY COVG	414	3,537,822
4 OTHER COVG	28	251,527
7 NOT PRIM INSD	9,996	88,268,023
8 NO PRV INS	6,715	43,642,787
9 NO HIES DATA	14,108	0

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

11

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>12.14</u>	<u>PLNTYPG</u>	<u>GROUP INDIV/CPLE/FAMILY COVG INDIC</u>	<u>1</u>	<u>108</u>	<u>108</u>
For primary insured (see 12.10), indicates whether group insurance covered only self (individual), extended to one other person only (couple), or covered all eligible household family members regardless of family size.					

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0 NONGROUP ONLY	2,175	17,301,878
1 INDIV COVG	2,528	21,474,526
2 COUPLE COVG	420	3,587,443
3 FAMILY COVG	4,275	36,997,508
4 OTHER COVG	103	845,137
7 NOT PRIM INSD	9,996	88,268,023
8 NO PRV INS	6,715	43,642,787
9 NO HIES DATA	14,108	0

<u>12.20</u>	<u>PRSTOTNG</u>	<u>TOTAL \$ - PRIM INSD'S NONGRP INS</u>	<u>8.2</u>	<u>109</u>	<u>116</u>
For primary insured only, total annual premium(s) for all nongroup plans designating this primary insured (see 12.10 and 12.12). The maximum dollar value of PRSTOTNG is \$2,604.73. A value of 99999 indicates coverage under a group policy only, not a primary insured, no private insurance, or no HIES data.					

VALUE	UNWEIGHTED	WEIGHTED WTINSP
\$1-\$50	90	741,814
\$51-\$100	381	2,935,401
\$101-\$150	466	3,603,143
\$151-\$200	358	2,816,577
\$201-\$300	407	3,356,471
\$301-\$500	417	3,345,263
\$501-\$1,000	307	2,622,599
\$1,001-\$2,500	85	703,457
\$2,501-\$5,000	3	23,011
99999 NOT APPLIC	37,806	191,969,566

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

12

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>12.21</u>	<u>PRSFAMNG</u>	<u>FAMILY \$ - PRIM INSD'S NONGRP INS</u>	<u>8.2</u>	<u>117</u>	<u>124</u>
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For primary insured only, amount paid out-of-pocket for all nongroup insurance premiums as described under 12.20. The maximum dollar value of PRSFAMNG is \$2,604.73. A value of 99999 indicates coverage under group insurance only, not a primary insured, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	28	230,738
\$1-\$50	104	836,358
\$51-\$100	386	2,970,867
\$101-\$150	462	3,566,492
\$151-\$200	360	2,850,958
\$201-\$300	403	3,322,947
\$301-\$500	398	3,233,971
\$501-\$1,000	294	2,485,801
\$1,001-\$2,500	76	626,593
\$2,501-\$5,000	3	23,011
99999 NOT APPLIC	37,806	191,969,566

<u>12.22</u>	<u>PRSEPRNG</u>	<u>EMPLR \$ - PRIM INSD'S NONGRP INS</u>	<u>8.2</u>	<u>125</u>	<u>132</u>
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For primary insured only, amount paid by employer(s) for all nongroup insurance premiums as described under 12.20. The maximum dollar value of PRSEPRNG is \$2,000.00. A value of 99999 indicates coverage under group insurance only, not a primary insured, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	2,438	19,542,680
\$1-\$50	16	119,790
\$51-\$100	12	96,096
\$101-\$150	7	59,865
\$151-\$200	8	64,468
\$201-\$300	10	71,191
\$301-\$500	10	68,359
\$501-\$1,000	9	90,275
\$1,001-\$2,500	4	35,012
99999 NOT APPLIC	37,806	191,969,566

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

13

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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12.23	<u>PRSOETHNG</u>	<u>OTH \$ - PRIM INSD'S NONGRP INS</u>	8.2	133	140
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For primary insured only, amount paid by other sources for all nongroup insurance premiums as described under 12.20. Other sources include labor unions, voluntary associations, friends and relatives, and unspecified sources. The maximum dollar value of PRSOETHNG is \$1,107.33. A value of 99999 indicates coverage under group insurance only, not a primary insured, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	2,468	19,798,591
\$1-\$50	6	43,700
\$51-\$100	11	83,236
\$101-\$150	7	47,100
\$151-\$200	3	26,672
\$201-\$300	12	93,182
\$301-\$500	4	24,345
\$501-\$1,000	2	26,831
\$1,001-\$2,500	1	4,079
99999 NOT APPLIC	37,806	191,969,566

12.30	<u>PRSTOTG</u>	<u>TOTAL \$ - PRIM INSD'S GROUP INS</u>	8.2	141	148
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For primary insured only, total annual premium(s) for all group plans designating this primary insured (see 12.10 and 12.12). The maximum dollar value of PRSTOTG is \$6,239.88. A value of 99999 indicates coverage under nongroup insurance only, not a primary insured, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
\$1-\$50	86	735,409
\$51-\$100	149	1,325,812
\$101-\$150	190	1,550,891
\$151-\$200	207	1,700,470
\$201-\$300	696	5,851,925
\$301-\$500	1,228	10,104,437
\$501-\$1,000	2,712	23,194,481
\$1,001-\$2,500	1,958	17,605,207
\$2,501-\$5,000	98	819,072
OVER \$5,000	2	16,910
99999 NOT APPLIC	32,994	149,212,688

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>12.31</u>	<u>PRSFAMG</u>	<u>FAMILY \$ - PRIM INSD'S GROUP INS</u>	8.2	149	156
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For primary insured only, amount paid out-of-pocket for all group insurance premiums as described under 12.30. The maximum dollar value of PRSFAMG is \$3,000.00. A value of 99999 indicates coverage under nongroup insurance only, not a primary insured, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	3,269	28,368,519
\$1-\$50	412	3,465,766
\$51-\$100	570	4,823,954
\$101-\$150	467	4,013,706
\$151-\$200	366	3,012,272
\$201-\$300	648	5,535,782
\$301-\$500	690	5,894,319
\$501-\$1,000	672	5,703,776
\$1,001-\$2,500	223	2,018,426
\$2,501-\$5,000	9	68,094
99999 NOT APPLIC	32,994	149,212,688

<u>12.32</u>	<u>PRSEPRG</u>	<u>EMPLR \$ - PRIM INSD'S GROUP INS</u>	8.2	157	164
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For primary insured only, amount paid by employer(s) for all group insurance premiums as described under 12.30. The maximum dollar value of PRSEPRG is \$5,120.98. A value of 99999 indicates coverage under nongroup insurance only, not a primary insured, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	1,025	8,865,132
\$1-\$50	93	755,709
\$51-\$100	154	1,281,881
\$101-\$150	234	1,931,505
\$151-\$200	301	2,472,690
\$201-\$300	910	7,509,740
\$301-\$500	1,236	10,357,640
\$501-\$1,000	2,154	18,755,635
\$1,001-\$2,500	1,161	10,479,844
\$2,501-\$5,000	57	483,949
OVER \$5,000	1	10,889
99999 NOT APPLIC	32,994	149,212,688

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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12.33	<u>PRSOTHG</u>	<u>OTH \$ - PRIM INSD'S GROUP INS</u>	8.2	165	172
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For primary insured only, amount paid by other sources for all group insurance premiums as described under 12.30. Other sources include labor unions, voluntary associations, friends and relatives, and unspecified sources. The maximum dollar value of PRSOTHG is \$3,083.40. A value of 99999 indicates coverage under nongroup insurance only, not a primary insured, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0	7,049	60,512,158
\$1-\$50	12	90,981
\$51-\$100	16	146,311
\$101-\$150	19	147,728
\$151-\$200	12	105,575
\$201-\$300	27	273,042
\$301-\$500	46	339,695
\$501-\$1,000	79	740,333
\$1,001-\$2,500	64	532,809
\$2,501-\$5,000	2	15,982
99999 NOT APPLIC	32,994	149,212,688

13.10	<u>INSPRVF</u>	<u>PRIVATE INS COVG - FAMILY</u>	1	173	173
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Shown in the records of heads of household only (RELHEADF=10; see 10.12). A value of 1 indicates a family with at least one member covered by private insurance according to HIES. A value of 0 indicates no private insurance coverage for those families with members whose insurance status could be determined in HIES. A value of 9 indicates no HIES data for any household member or not a household head. This variable and the weight WTINSFAM (14.11) should be used for family level analyses only and represents the average number of families with and without private health insurance in 1977.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
0 NO PRV INS	2,190	13,816,227
1 PRV INS	7,890	60,061,126
9 NOT APPLIC	30,240	0

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

16

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>13.20</u>	<u>PRFTOTNG</u>	<u>TOTAL \$ FAMILY'S NONGRP INS</u>	<u>8.2</u>	<u>174</u>	<u>181</u>
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Shown in the records of heads of household only, total annual premiums for all nongroup plans held by or covering at least one member of the family (see INSPRVF, 13.10 and Documentation, Section 2.1.3.) The maximum dollar value of PRFTOTNG is \$2,736.90. A value of 99999 indicates not a household head or, for that household, only group insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
\$1-\$50	69	501,742
\$51-\$100	287	1,982,814
\$101-\$150	383	2,630,364
\$151-\$200	299	2,134,314
\$201-\$300	351	2,562,165
\$301-\$500	415	2,990,873
\$501-\$1,000	334	2,572,771
\$1,001-\$2,500	99	731,002
\$2,501-\$5,000	4	28,909
99999 NOT APPLIC	38,079	57,742,399

<u>13.21</u>	<u>PRFFAMNG</u>	<u>FAMILY \$ - FAMILY'S NONGRP INS</u>	<u>8.2</u>	<u>182</u>	<u>189</u>
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Shown in the records of heads of household only, amount paid out-of-pocket for all nongroup insurance premiums as described under 13.20. The maximum dollar value of PRFFAMNG is \$2,736.90. A value of 99999 indicates not a household head or, for that household, only group insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
0	26	195,420
\$1-\$50	81	587,621
\$51-\$100	290	2,006,679
\$101-\$150	384	2,625,596
\$151-\$200	298	2,130,756
\$201-\$300	349	2,538,889
\$301-\$500	399	2,912,282
\$501-\$1,000	323	2,468,717
\$1,001-\$2,500	87	640,085
\$2,501-\$5,000	4	28,909
99999 NOT APPLIC	38,079	57,742,399

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

17

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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13.22	<u>PRFEPRNG</u>	<u>EMPLR \$ - FAMILY'S NONGRP INS</u>	8.2	190	197
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Shown in the records of heads of household only, amount paid by employer(s) for all nongroup insurance premiums as described under 13.20. The maximum dollar value of PRFEPRNG is \$2,000.00. A value of 99999 indicates not a household head or, for that household, only group insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
0	2,166	15,586,722
\$1-\$50	15	103,918
\$51-\$100	11	81,233
\$101-\$150	8	55,669
\$151-\$200	8	70,935
\$201-\$300	10	63,910
\$301-\$500	10	59,542
\$501-\$1,000	9	82,831
\$1,001-\$2,500	4	30,194
99999 NOT APPLIC	38,079	57,742,399

13.23	<u>PRFOTHNG</u>	<u>OTH \$ - FAMILY'S NONGRP INS</u>	8.2	198	205
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Shown in the records of heads of households only, amount paid by other sources for all nongroup insurance premiums as described under 13.20. Other sources include labor unions, voluntary associations, friends and relatives, and unspecified sources. The maximum dollar value of PRFOTHNG is \$1,017.33. A value of 99999 indicates not a household head or, for that household, only group insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
0	2,195	15,817,001
\$1-\$50	7	40,598
\$51-\$100	12	91,639
\$101-\$150	6	35,734
\$151-\$200	3	24,364
\$201-\$300	10	69,487
\$301-\$500	5	31,244
\$501-\$1,000	2	21,177
\$1,001-\$2,500	1	3,710
99999 NOT APPLIC	38,079	57,742,399

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

18

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>13.30</u>	<u>PRFTOTG</u>	<u>TOTAL \$ - FAMILY'S GROUP INS</u>	<u>8.2</u>	<u>206</u>	<u>213</u>
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Shown in the records of heads of household only, total annual premiums for all group plans held by and covering at least one member of that household (see INSPRVF 13.10 and Documentation, Section 2.1.3). The maximum dollar value of PRFTOTG is \$6,239.88. A value of 99999 indicates not a household head or, for that household, only nongroup insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
\$1-\$50	53	396,309
\$51-\$100	105	794,256
\$101-\$150	115	852,340
\$151-\$200	135	981,539
\$201-\$300	448	3,419,439
\$301-\$500	875	6,490,944
\$501-\$1,000	2,242	17,302,126
\$1,001-\$2,500	2,094	16,773,051
\$2,501-\$5,000	175	1,379,432
OVER \$5,000	4	32,411
99999 NOT APPLIC	34,074	25,455,506

<u>13.31</u>	<u>PRFFAMG</u>	<u>FAMILY \$ - FAMILY'S GROUP INS</u>	<u>8.2</u>	<u>214</u>	<u>221</u>
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Shown in the records of heads of household only, amount paid out-of-pocket for all group insurance premiums as described under 11.30. The maximum dollar value of PRFFAMG is \$3,111.54. A value of 99999 indicates not a household head or, for that household, only nongroup insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
0	2,513	19,667,462
\$1-\$50	333	2,575,504
\$51-\$100	480	3,611,226
\$101-\$150	404	3,110,512
\$151-\$200	323	2,479,349
\$201-\$300	573	4,353,640
\$301-\$500	693	5,374,373
\$501-\$1,000	677	5,223,725
\$1,001-\$2,500	239	1,941,257
\$2,501-\$5,000	11	84,799
99999 NOT APPLIC	34,074	25,455,506

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

19

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>13.32</u>	<u>PRFEPRG</u>	<u>EMPLR \$ - FAMILY'S GROUP INS</u>	<u>8.2</u>	<u>222</u>	<u>229</u>
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Shown in the records of heads of household only, amount paid by employer(s) for all group insurance premiums as described under 13.30. The maximum dollar value of PRFEPRG is \$5,798.24. A value of 99999 indicates not a household head or, for that household, only nongroup insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
0	782	6,067,501
\$1-\$50	64	463,011
\$51-\$100	112	842,911
\$101-\$150	165	1,249,194
\$151-\$200	214	1,564,196
\$201-\$300	653	4,869,393
\$301-\$500	964	7,247,768
\$501-\$1,000	1,910	14,971,920
\$1,001-\$2,500	1,288	10,407,692
\$2,501-\$5,000	92	720,342
OVER \$5,000	2	17,919
99999 NOT APPLIC	34,074	25,455,506

<u>13.33</u>	<u>PRFOTHG</u>	<u>OTH \$ - FAMILY'S GROUP INS</u>	<u>8.2</u>	<u>230</u>	<u>237</u>
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Shown in the records of heads of household only, amount paid for all group insurance premiums as described under 13.30. The maximum dollar of PRFOTHG is \$3,083.40. A value of 99999 indicates not a household head or, for that household, only nongroup insurance, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSFAM
0	5,967	46,219,502
\$1-\$50	14	100,616
\$51-\$100	15	116,171
\$101-\$150	19	145,173
\$151-\$200	12	91,974
\$201-\$300	29	255,409
\$301-\$500	45	341,793
\$501-\$1,000	78	659,913
\$1,001-\$2,500	65	476,729
\$2,501-\$5,000	2	14,567
99999 NOT APPLIC	34,074	25,455,506

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>14.10</u>	<u>WTINSP</u>	<u>HIES PERSON PREMIUM/COVERAGE WEIGHT</u> Greater than zero for all key individuals (see 14.20) with responses establishing the PID's private insurance status in the HIES as defined by INSPRVP (11.10). Poststratified to Census Bureau figures for 1977 to represent the civilian noninstitutionalized population of the United States in 1977. This weight should be used for all estimates at the person level. See Documentation, Section 3.2.1.	<u>5</u>	<u>238</u>	<u>242</u>
		VALUE	UNWEIGHTED	WEIGHTED	
		0-38495	40,320	N/A	
<u>14.11</u>	<u>WTINSFAM</u>	<u>HIES FAMILY PREMIUM/COVERAGE WEIGHT</u> Greater than zero on the records of all household heads (RELHEADF=10) assigned by RUIDHIES (10.11) to families where at least one member has a positive value of WTINSP (14.10). Represents the average number of families in the civilian noninstitutionalized population of the United States during 1977. This weight should be used for all estimates on the family level. See Documentation, Section 3.2.1.	<u>5</u>	<u>243</u>	<u>247</u>
		VALUE	UNWEIGHTED	WEIGHTED	
		0-28954	40,320	N/A	
<u>14.20</u>	<u>WGKEY</u>	<u>IDENTIFIER OF PID, KEY/NON-KEY</u> Indicates whether an individual was a key sample member in the household survey. These are defined as members of responding households initially selected into the sample; they also include (a) children born into the sample households during the study and (b) initially ineligible household members (e.g., in the military or an institution at the time of interview) who subsequently became eligible by returning to a sample household. Others who joined sample households after the first interview are considered nonkey individuals.	<u>1</u>	<u>248</u>	<u>248</u>
		VALUE	UNWEIGHTED	WEIGHTED	
		0 NONKEY	1,505	N/A	
		1 KEY	38,815		

HIES CODEBOOK 1:
PRIVATE INSURANCE STATUS AND PREMIUMS
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>14.30</u>	<u>WGPSEUDO</u>	<u>PSEUDO STRATA ID OF PAIRED PSUS</u>	<u>2</u>	<u>249</u>	<u>250</u>
		Indicates the respective pseudo strata created to derive variances for population estimates. WGPSEUDO must be used in variance calculations; see Documentation, Section 3.3.			
		VALUE	UNWEIGHTED	WEIGHTED	
		0-99	40,320	N/A	
<u>14.31</u>	<u>WGMEMBER</u>	<u>MEMBERSHIP IN PSEUDO PSU</u>	<u>1</u>	<u>251</u>	<u>251</u>
		Indicates to which pseudo primary sampling unit in each stratum an individual belongs. Pseudo primary sampling units were created to facilitate the variance estimation process. Must be used together with WGPSEUDO in variance calculations; see Documentation, Section 3.3.			
		VALUE	UNWEIGHTED	WEIGHTED	
		1	20,219	N/A	
		2	20,101		

HIES PRIVATE INSURANCE STATUS AND PREMIUMSDATE: 01MAR86

<u>START</u>	<u>END</u>	<u>LENGTH</u>	<u>TAG</u>	<u>NAME</u>
1	8	8	10.10	PID
9	15	7	10.11	RUIDHIES
16	17	2	10.12	RELHEADF
18	24	7	10.13	PRMINPID
25	25	1	11.10	INSPRV
26	26	1	11.11	EMPRELP
27	27	1	11.12	GROUPP
28	33	6	11.121	GROUPSZP
34	41	8.2	11.20	PRPTOTNG
42	49	8.2	11.21	PRPFAMNG
50	57	8.2	11.22	PRPEPRNG
58	65	8.2	11.23	PRPOTHNG
66	73	8.2	11.30	PRPTOTG
74	81	8.2	11.31	PRPFAMG
82	89	8.2	11.32	PRPEPRG
90	97	8.2	11.33	PRPOTHG
98	98	1	12.10	PRIMINS
99	99	1	12.11	EMPRELS
100	100	1	12.12	GROUPS
101	106	6	12.121	GROUPSZS
107	107	1	12.13	PLNTYPNG
108	108	1	12.14	PLNTYPG
109	116	8.2	12.20	PRSTOTNG
117	124	8.2	12.21	PRSFAMNG
125	132	8.2	12.22	PRSEPRNG
133	140	8.2	12.23	PRSOTHNG
141	148	8.2	12.30	PRSTOTG
149	156	8.2	12.31	PRSFAMG
157	164	8.2	12.32	PRSEPRG
165	172	8.2	12.33	PRSOTHG
173	173	1	13.10	INSPRVF
174	181	8.2	13.20	PRFTOTNG
182	189	8.2	13.21	PRFFAMNG
190	197	8.2	13.22	PRFEPRNG
198	205	8.2	13.23	PRFOTHNG
206	213	8.2	13.30	PRFTOTG
214	221	8.2	13.31	PRFFAMG
222	229	8.2	13.32	PRFEPRG
230	237	8.2	13.33	PRFOTHG
238	242	5	14.10	WTINSP
243	247	5	14.11	WTINSFAM
248	248	1	14.20	WGKEY
249	250	2	14.30	WGPSEUDO
251	251	1	14.31	WGMEMBER

RULE: 1234567 101234567 201234567 301234567 401234567 501234567 601234567 701234567 801234567 901234567 00

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HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

ALPHABETICAL VARIABLE LISTING BY NAME

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>
24.12	BAMBS	BB AMBULANCE
24.13	BANSTS	BB ANESTHESIA
24.00	BASICS	ANY BASIC BENEFITS (BB)
24.36	BCHIRL	BB CHIROPRACTIC
24.33	BDREXAMS	BB ROUTINE PHYSICAL
24.32	BDRHOML	BB DOCTOR - HOME
24.14	BDRHS	BB DOCTOR - INPATIENT
24.31	BDROPS	BB DOCTOR-OP HOSPITAL
24.30	BDROS	BB DOCTOR - OFFICE
24.16	BECFS	BB EXTENDED CARE FACILITY
24.60	BHHCS	BB HOME HEALTH CARE
24.11	BMISCS	BB HOSPITAL MISC INPT
24.201	BOPACCL	BB ACCIDENT - OUTPT HOSP
24.50	BOPDXS	BB XRAY/LAB OUTPATIENT
24.202	BOPEMERL	BB EMERGENCY - OUTPT HOSP
24.20	BOPHS	BB HOSPITAL OUTPATIENT
24.203	BOPSICKL	BB ILLNESS - OUTPT HOSP
24.204	BOPSURGL	BB SURGERY - OUTPT HOSP
24.205	BOTHERL	BB THERAPY - OUTPT HOSP
24.402	BPDRIPS	BB PSYCH DOCTOR INPT
24.403	BPDROPS	BB PSYCH DOCTOR OUTPT
24.37	BPODL	BB PODIATRY
24.70	BPREGS	BB MATERNITY
24.401	BPSIPS	BB PSYCH HOSPITAL INPT
24.40	BPSYCHS	BB ANY PSYCHIATRIC COVG
24.34	BPTL	BB PHYSICAL THERAPY
24.10	BRBS	BB HOSPITAL ROOM AND BOARD
24.80	BSAEL	BB SUPPLEMENTAL ACCIDENT
24.90	BSDEL	BB SUPPLIES/EQUIPMENT
24.35	BSPCHL	BB SPEECH THERAPY
24.15	BSURGS	BB SURGERY
27.31	COINDRH	PART B COINSURANCE-INPT MD
27.32	COINDRO	PART B COINSURANCE-MD OFFICE VISITS
27.21	COP6190	PART A COPAYMENT HOSPITAL DAYS 61-90
27.22	COP91150	PART A COPAYMENT HOSPITAL DAYS 91-150
21.10	COVERAGE	TYPE OF INSURANCE COVERAGE
27.12	DEDDRH	PART B DEDUCTIBLE-INPT MD
27.13	DEDDROF	PART B DEDUCTIBLE-MD OFFICE VISITS
27.11	DEDHOSP	PART A HOSPITAL DEDUCTIBLE
26.20	DENTS	DENTAL COVERAGE
26.30	EARS	HEARING COVERAGE
21.11	EMPRELP	PERSON'S INDIC OF EMPLR REL INS
26.40	EYES	VISION COVERAGE
23.00	FORMLENG	PERSON'S FORM LENGTH INDIC
21.12	GROUPP	PERSON'S INSURANCE TYPE
21.121	GROUPSZP	PERSON'S INS GROUP SIZE
26.50	HIS	HOSPITAL INDEMNITY
27.23	HOSPDAY	HOSPITAL DAYS 151-365

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

ALPHABETICAL VARIABLE LISTING BY NAME

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>
25.12	MAMBS	MM AMBULANCE
25.13	MANSTL	MM ANESTHESIA
25.36	MCHIRL	MM CHIROPRACTIC
25.33	MDREXAMS	MM ROUTINE PHYSICAL
25.32	MDRHOML	MM DOCTOR - HOME
25.14	MDRHS	MM DOCTOR - INPATIENT
25.31	MDROPS	MM DOCTOR-OP HOSPITAL
25.30	MDROS	MM DOCTOR - OFFICE
25.16	MECFS	MM EXTENDED CARE FACILITY
25.60	MHHCS	MM HOME HEALTH CARE
25.11	MMISCS	MM HOSPITAL MISC INPT
25.00	MMS	ANY MAJOR MEDICAL COVERAGE (MM)
25.01	MMSUPS	SUPPLEMENTARY MAJOR MEDICAL COVERAGE
25.201	MOPACCL	MM ACCIDENT - OUTPT HOSP
25.50	MOPDXS	MM XRAY/LAB OUTPATIENT
25.202	MOPEMERL	MM EMERGENCY - OUTPT HOSP
25.20	MOPHS	MM HOSPITAL OUTPATIENT
25.203	MOPSICKL	MM ILLNESS - OUTPT HOSP
25.204	MOPSURGL	MM SURGERY - OUTPT HOSP
25.205	MOPOTHERL	MM THERAPY - OUTPT HOSP
25.402	MPDRIPS	MM PSYCH DOCTOR INPT
25.403	MPDROPS	MM PSYCH DOCTOR OUTPT
25.37	MPODL	MM PODIATRY
25.70	MPREGS	MM MATERNITY
25.401	MPSIPS	MM PSYCH HOSPITAL INPT
25.40	MPSYCHS	MM ANY PSYCHIATRIC COVG
25.34	MPTL	MM PHYSICAL THERAPY
25.10	MRBS	MM HOSPITAL ROOM AND BOARD
25.80	MSAEL	MM SUPPLEMENTAL ACCIDENT
25.90	MSDEL	MM SUPPLIES/EQUIPMENT
25.35	MSPCHL	MM SPEECH THERAPY
25.15	MSURGS	MM DOCTOR - SURGERY
20.10	PID	PERSON IDENTIFICATION NUMBER
22.12	PLNTYPG	GROUP INDIV/CPL/FAMILY COVG INDIC
22.11	PLNTYPNG	NONGRP INDIC/CPL/FAMILY COVG INDIC
22.10	PRIMINS	PRIMARY INSURED INDICATOR
26.10	RXOPS	PRESCRIPTION DRUG COVG
28.30	WGKEY	IDENTIFIER OF PID, KEY/NON-KEY
28.41	WGMEMBER	MEMBERSHIP IN PSEUDO PSU
28.40	WGPSEUDO	PSEUDO STRATA ID OF PAIRED PSUS
28.10	WTINSP	HIES PERSON PREMIUM/COVG WEIGHT
28.20	WTLFPID	PERSON LONG BENEFITS ABST FORM WGT
28.21	WTSFPID	PERSON SHORT BENEFITS ABST FORM WGT

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

SEQUENTIAL VARIABLE LISTING BY TAG

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>
20.10	PID	PERSON IDENTIFICATION NUMBER
21.10	COVERAGE	TYPE OF INSURANCE COVERAGE
21.11	EMPRELP	PERSON'S INDIC OF EMPLR REL INS
21.12	GROUPP	PERSON'S INSURANCE TYPE
21.121	GROUPSZP	PERSON'S INS GROUP SIZE
22.10	PRIMINS	PRIMARY INSURED INDICATOR
22.11	PLNTYPNG	NONGRP INDIC/CPLE/FAMILY COVG INDIC
22.12	PLNTYPG	GROUP INDIV/CPLE/FAMILY COVG INDIC
23.00	FORMLENG	PERSON'S FORM LENGTH INDIC
24.00	BASICS	ANY BASIC BENEFITS (BB)
24.10	BRBS	BB HOSPITAL ROOM AND BOARD
24.11	BMISCS	BB HOSPITAL MISC INPT
24.12	BAMBS	BB AMBULANCE
24.13	BANSTS	BB ANESTHESIA
24.14	BDRHS	BB DOCTOR - INPATIENT
24.15	BSURGS	BB SURGERY
24.16	BECFS	BB EXTENDED CARE FACILITY
24.20	BOPHS	BB HOSPITAL OUTPATIENT
24.201	BOPACCL	BB ACCIDENT - OUTPT HOSP
24.202	BOPEMERL	BB EMERGENCY - OUTPT HOSP
24.203	BOPSICKL	BB ILLNESS - OUTPT HOSP
24.204	BOPSURGL	BB SURGERY - OUTPT HOSP
24.205	BOPTHERL	BB THERAPY - OUTPT HOSP
24.30	BDROS	BB DOCTOR - OFFICE
24.31	BDROPS	BB DOCTOR-OP HOSPITAL
24.32	BDRHOML	BB DOCTOR - HOME
24.33	BDREXAMS	BB ROUTINE PHYSICAL
24.34	BPTL	BB PHYSICAL THERAPY
24.35	BSPCHL	BB SPEECH THERAPY
24.36	BCHIRL	BB CHIROPRACTIC
24.37	BPODL	BB PODIATRY
24.40	BPSYCHS	BB ANY PSYCHIATRIC COVG
24.401	BPSIPS	BB PSYCH HOSPITAL INPT
24.402	BPDRIPS	BB PSYCH DOCTOR INPT
24.403	BPDROPS	BB PSYCH DOCTOR OUTPT
24.50	BOPDXS	BB XRAY/LAB OUTPATIENT
24.60	BHHCS	BB HOME HEALTH CARE
24.70	BPREGS	BB MATERNITY
24.80	BSAEL	BB SUPPLEMENTAL ACCIDENT
24.90	BSDEL	BB SUPPLIES/EQUIPMENT
25.00	MMS	ANY MAJOR MEDICAL COVERAGE (MM)
25.01	MMSUPS	SUPPLEMENTARY MAJOR MEDICAL COVERAGE
25.10	MRBS	MM HOSPITAL ROOM AND BOARD
25.11	MMISCS	MM HOSPITAL MISC INPT
25.12	MAMBS	MM AMBULANCE
25.13	MANSTL	MM ANESTHESIA
25.14	MDRHS	MM DOCTOR - INPATIENT
25.15	MSURGS	MM DOCTOR - SURGERY

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

SEQUENTIAL VARIABLE LISTING BY TAG

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>
25.16	MECFS	MM EXTENDED CARE FACILITY
25.20	MOPHS	MM HOSPITAL OUTPATIENT
25.201	MOPACCL	MM ACCIDENT - OUTPT HOSP
25.202	MOPEMERL	MM EMERGENCY - OUTPT HOSP
25.203	MOPSICKL	MM ILLNESS - OUTPT HOSP
25.204	MOPSURGL	MM SURGERY - OUTPT HOSP
25.205	MOTHERL	MM THERAPY - OUTPT HOSP
25.30	MDROS	MM DOCTOR - OFFICE
25.31	MDROPS	MM DOCTOR-OP HOSPITAL
25.32	MDRHOML	MM DOCTOR - HOME
25.33	MDREXAMS	MM ROUTINE PHYSICAL
25.34	MPTL	MM PHYSICAL THERAPY
25.35	MSPCHL	MM SPEECH THERAPY
25.36	MCHIRL	MM CHIROPRACTIC
25.37	MPODL	MM PODIATRY
25.40	MPSYCHS	MM ANY PSYCHIATRIC COVG
25.401	MPSIPS	MM PSYCH HOSPITAL INPT
25.402	MPDRIPS	MM PSYCH DOCTOR INPT
25.403	MPDROPS	MM PSYCH DOCTOR OUTPT
25.50	MOPDXS	MM XRAY/LAB OUTPATIENT
25.60	MHHCS	MM HOME HEALTH CARE
25.70	MPREGS	MM MATERNITY
25.80	MSAEL	MM SUPPLEMENTAL ACCIDENT
25.90	MSDEL	MM SUPPLIES/EQUIPMENT
26.10	RXOPS	PRESCRIPTION DRUG COVG
26.20	DENTS	DENTAL COVERAGE
26.30	EARS	HEARING COVERAGE
26.40	EYES	VISION COVERAGE
26.50	HIS	HOSPITAL INDEMNITY
27.11	DEDHOSP	PART A HOSPITAL DEDUCTIBLE
27.12	DEDDRH	PART B DEDUCTIBLE-INPT MD
27.13	DEDDROF	PART B DEDUCTIBLE-MD OFFICE VISITS
27.21	COP6190	PART A COPAYMENT HOSPITAL DAYS 61-90
27.22	COP91150	PART A COPAYMENT HOSPITAL DAYS 91-150
27.23	HOSPDAY	HOSPITAL DAYS 151-365
27.31	COINDRH	PART B COINSURANCE-INPT MD
27.32	COINDRO	PART B COINSURANCE-MD OFFICE VISITS
28.10	WTINSP	HIES PERSON PREMIUM/COVG WEIGHT
28.20	WTLFPID	PERSON LONG BENEFITS ABST FORM WGT
28.21	WTSFPID	PERSON SHORT BENEFITS ABST FORM WGT
28.30	WGKEY	IDENTIFIER OF PID, KEY/NON-KEY
28.40	WGPSEUDO	PSEUDO STRATA ID OF PAIRED PSUS
28.41	WGMEMBER	MEMBERSHIP IN PSEUDO PSU

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>20.10</u>	<u>PID</u>	<u>PERSON IDENTIFICATION NUMBER</u>	8	1	8
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Unique identifier assigned to each person on this file and corresponding to the identifier assigned to all NMCES persons in the household survey. PIDs from the NORC sample have IDs ranging from 000001 to 999999 and for the RTI sample IDs range from 1000000 to 9999999. In this file, all PIDs are age 65 or above and were covered under at least one private insurance policy in 1977. (See NMCES Instruments and Procedures, 3, for criteria of inclusion into the Health Insurance Employer Survey.) Weighted totals are constructed using WTINSP, 28.10.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
NORC PIDS	972	7,595,967
RTI PIDS	994	7,604,739

<u>21.10</u>	<u>COVERAGE</u>	<u>TYPE OF INSURANCE COVERAGE</u>	1	9	9
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For every PID on this file, indicates coverage in 1977 additional to private insurance according to household survey reports.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
1 PRIV, NO MCARE	50	360,732
2 PRIV, MEDICARE	1,871	14,528,105
3 PRV, MCR, MCAID	45	311,869

<u>21.11</u>	<u>EMPRELP</u>	<u>PERSON'S INDIC OF EMPLR REL INS</u>	1	10	10
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Indicates whether any of the coverage held by the persons on this file was work related, e.g., obtained through current or former employers or through labor unions.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
1 NO WORK REL	1,243	9,467,646
2 WORK REL ONLY	576	4,569,094
3 BOTH	147	1,163,966

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

2

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>21.12</u>	<u>GROUPP</u>	<u>PERSON'S INSURANCE TYPE</u>	<u>1</u>	<u>11</u>	<u>11</u>
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Indicates whether the insured as described in 21.10 is covered under a nongroup and/or group plan. A nongroup plan provides coverage under a contract directly between the insurer and the primary insured. Under a group plan, which covers several or many otherwise unrelated persons, specified benefits are provided to group members, and often their spouses and children, under a contract between the insurer and the sponsoring organization, such as an employer, a labor union, or a voluntary association.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
1 NONGROUP ONLY	1,233	9,396,438
2 GROUP ONLY	594	4,697,962
3 BOTH	139	1,106,306

<u>21.121</u>	<u>GROUPSZP</u>	<u>PERSON'S INS GROUP SIZE</u>	<u>6</u>	<u>12</u>	<u>17</u>
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The number of primary insured (excluding all insured dependents) enrolled in a person's group plan. For persons covered under more than one group plan, GROUPSZP refers to the plan with the largest number of enrollees. The maximum group size value is 694,959. A value of 999998 indicates an unknown group size. A value of 999999 indicates a nongroup policy, no private insurance, or no HIES data.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
LESS THAN 26	39	341,142
26-250	84	665,247
251-2,500	145	1,108,012
OVER 2,500	241	1,934,610
999998 UNKNOWN	224	1,755,257
999999 NOT APP	1,233	9,396,438

<u>22.10</u>	<u>PRIMINS</u>	<u>PRIMARY INSURED INDICATOR</u>	<u>1</u>	<u>18</u>	<u>18</u>
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Indicates for each person on this file whether coverage is under at least one policy issued or carried in his/her name, in contrast to being covered as a dependent.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
1 PRIMARY INS	1,718	13,234,848
2 NOT PRIMRY INS	248	1,965,858

HIES CODEBOOK 2:

3

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>22.11</u>	<u>PLNTYPNG</u>	<u>NONGRP INDIC/CPLE/FAMILY COVG INDIC</u>	<u>1</u>	<u>19</u>	<u>19</u>
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For primary insured, indicates whether nongroup insurance covered only self (individual), extended to one other person only (couple), or covered all eligible household or family members, regardless of family size.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0 GROUP ONLY	452	3,548,969
1 INDIV COVG	1,046	8,085,208
2 COUPLE COVG	179	1,311,950
3 FAMILY COVG	41	288,721
7 NOT PRIM INSD	248	1,965,858

<u>22.12</u>	<u>PLNTYPG</u>	<u>GROUP INDIV/CPLE/FAMILY COVG INDIC</u>	<u>1</u>	<u>20</u>	<u>20</u>
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For primary insured, indicates whether group insurance covered only self (individual), extended to one other person only (couple), or covered all eligible household or family members regardless of family size.

VALUE	UNWEIGHTED	WEIGHTED WTINSP
0 NONGROUP ONLY	1,174	8,957,035
1 INDIV COVG	276	2,152,740
2 COUPLE COVG	114	864,942
3 FAMILY COVG	151	1,228,816
4 OTHER COVG	3	31,315
7 NOT PRIM INSD	248	1,965,858

<u>23.00</u>	<u>FORMLENG</u>	<u>PERSON'S FORM LENGTH INDIC</u>	<u>1</u>	<u>21</u>	<u>21</u>
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Indicates whether person's private insurance benefits were abstracted on a long form or a short form. All persons with any abstract data have a positive short-form weight (WTSFPID, 28.21); in addition, persons with long-form abstract data have a positive long-form weight (WTLFPID, 28.20). The long-form weight must be used for all variables describing benefits only abstracted on the long form. (See Documentation, Section 3.2.2 (File 1 on this tape), for a description of benefit abstracting and the use of form-length weights for estimates concerning short-form and long-form variables.)

VALUE	UNWEIGHTED	WEIGHTED WTINSP
1 LONG	762	5,944,127
2 SHORT	1,093	8,405,201
9 NO ABS DATA	111	851,378

HIES CODEBOOK 2:

4

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>24.00</u>	<u>BASICS</u>	<u>ANY BASIC BENEFITS (BB)</u>	<u>1</u>	<u>22</u>	<u>22</u>
		Indicates presence of any basic benefits (see Documentation, Section 2.2.3) for at least one of the services described under 24.10 to 24.90. A value of 8 indicates that coverage was not discernible from the policy or brochure describing benefits.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	1,705	13,976,062	
		2 NOT COVERED	147	1,191,824	
		8 DONT KNOW	3	32,810	
		9 NO ABS DATA	111	0	
<u>24.10</u>	<u>BRBS</u>	<u>BB HOSPITAL ROOM AND BOARD</u>	<u>1</u>	<u>23</u>	<u>23</u>
		Indicates basic coverage for short-term general hospital charges for room and board.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	1,617	13,224,873	
		2 NOT COVERED	218	1,805,655	
		8 DONT KNOW	20	170,168	
		9 NO ABS DATA	111	0	
<u>24.11</u>	<u>BMISCS</u>	<u>BB HOSPITAL MISC INPT</u>	<u>1</u>	<u>24</u>	<u>24</u>
		Indicates basic coverage for miscellaneous hospital charges other than room and board.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	1,505	12,311,557	
		2 NOT COVERED	328	2,701,463	
		8 DONT KNOW	22	187,676	
		9 NO ABS DATA	111	0	
<u>24.12</u>	<u>BAMBS</u>	<u>BB AMBULANCE</u>	<u>1</u>	<u>25</u>	<u>25</u>
		Indicates basic coverage for ambulance trips.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	744	6,051,203	
		2 NOT COVERED	817	6,707,190	
		8 DONT KNOW	294	2,442,303	
		9 NO ABS DATA	111	0	

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>24.13</u>	<u>BANSTS</u>	<u>BB ANESTHESIA</u>	<u>1</u>	<u>26</u>	<u>26</u>
		Indicates basic coverage for the professional administration of anesthesia.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	1,233	10,142,403	
		2 NOT COVERED	376	3,106,622	
		8 DONT KNOW	246	1,951,671	
		9 NO ABS DATA	111	0	
<u>24.14</u>	<u>BDRHS</u>	<u>BB DOCTOR - INPATIENT</u>	<u>1</u>	<u>27</u>	<u>27</u>
		Indicates basic coverage for physician services other than surgical procedures provided during an inpatient stay.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	1,346	10,989,407	
		2 NOT COVERED	469	3,881,156	
		8 DONT KNOW	40	330,133	
		9 NO ABS DATA	111	0	
<u>24.15</u>	<u>BSURGS</u>	<u>BB SURGERY</u>	<u>1</u>	<u>28</u>	<u>28</u>
		Indicates basic coverage for a surgical procedure by a physician.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	1,467	11,953,726	
		2 NOT COVERED	361	3,008,257	
		8 DONT KNOW	27	238,713	
		9 NO ABS DATA	111	0	
<u>24.16</u>	<u>BECFS</u>	<u>BB EXTENDED CARE FACILITY</u>	<u>1</u>	<u>29</u>	<u>29</u>
		Indicates basic coverage for care provided in a skilled nursing or extended care facility.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	971	7,938,169	
		2 NOT COVERED	635	5,212,329	
		8 DONT KNOW	249	2,050,198	
		9 NO ABS DATA	111	0	

HIES CODEBOOK 2:

6

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>24.20</u>	<u>BOPHS</u>	<u>BB HOSPITAL OUTPATIENT</u>	<u>1</u>	<u>30</u>	<u>30</u>
		Indicates basic coverage for any outpatient service provided by a hospital.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	1,267	10,435,709	
		2 NOT COVERED	477	3,925,582	
		8 DONT KNOW	111	839,405	
		9 NO ABS DATA	111	0	
<u>24.201</u>	<u>BOPACCL</u>	<u>BB ACCIDENT - OUTPT HOSP</u>	<u>1</u>	<u>31</u>	<u>31</u>
		Indicates basic coverage for hospital outpatient treatment of accidents. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	527	10,576,968	
		2 NOT COVERED	201	3,941,633	
		8 DONT KNOW	34	682,115	
		9 NO ABS/NO LF	1,204	0	
<u>24.202</u>	<u>BOPEMERL</u>	<u>BB EMERGENCY - OUTPT HOSP</u>	<u>1</u>	<u>32</u>	<u>32</u>
		Indicates basic coverage for hospital outpatient treatment of emergencies. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	358	7,245,009	
		2 NOT COVERED	357	6,980,547	
		8 DONT KNOW	47	975,160	
		9 NO ABS/NO LF	1,204	0	

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

7

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>24.203</u>	<u>BOPSICKL</u>	<u>BB ILLNESS - OUTPT HOSP</u>	<u>1</u>	<u>33</u>	<u>33</u>
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Indicates basic coverage for outpatient treatment for any illness other than accidents or emergency treatment. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	261	5,359,308
2 NOT COVERED	463	9,160,353
8 DONT KNOW	38	681,055
9 NO ABS/NO LF	1,204	0

<u>24.204</u>	<u>BOPSURGL</u>	<u>BB SURGERY - OUTPT HOSP</u>	<u>1</u>	<u>34</u>	<u>34</u>
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Indicates basic coverage for hospital outpatient surgery. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	539	10,828,375
2 NOT COVERED	202	3,977,076
8 DONT KNOW	21	395,265
9 NO ABS/NO LF	1,204	0

<u>24.205</u>	<u>BOPOTHERL</u>	<u>BB THERAPY - OUTPT HOSP</u>	<u>1</u>	<u>35</u>	<u>35</u>
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Indicates basic coverage for outpatient radiation therapy, chemotherapy, and physical therapy. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	417	8,408,368
2 NOT COVERED	294	5,739,277
8 DONT KNOW	51	1,053,071
9 NO ABS/NO LF	1,204	0

HIES CODEBOOK 2:

8

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>24.30</u>	<u>BDR0S</u>	<u>BB DOCTOR - OFFICE</u>	<u>1</u>	<u>36</u>	<u>36</u>
		Indicates basic coverage for services provided in a physician's office, but not necessarily extending to psychiatric or accident care or minor surgery.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	771	6,259,062	
		2 NOT COVERED	1,031	8,477,271	
		8 DONT KNOW	53	464,363	
		9 NO ABS DATA	111	0	
<u>24.31</u>	<u>BDR0PS</u>	<u>BB DOCTOR-OP HOSPITAL</u>	<u>1</u>	<u>37</u>	<u>37</u>
		Indicates basic coverage for physician services as described under BOPHS, 24.20, provided in a hospital outpatient facility.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	694	5,574,004	
		2 NOT COVERED	1,048	8,674,731	
		8 DONT KNOW	113	951,961	
		9 NO ABS DATA	111	0	
<u>24.32</u>	<u>BDRHOML</u>	<u>BB DOCTOR - HOME</u>	<u>1</u>	<u>38</u>	<u>38</u>
		Indicates basic coverage for physician services provided in the patient's home. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	385	7,788,752	
		2 NOT COVERED	352	6,926,678	
		8 DONT KNOW	25	485,286	
		9 NO ABS/NO LF	1,204	0	
<u>24.33</u>	<u>BDREXAMS</u>	<u>BB ROUTINE PHYSICAL</u>	<u>1</u>	<u>39</u>	<u>39</u>
		Indicates basic coverage for routine physical examinations (e.g., an annual checkup).			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	62	483,983	
		2 NOT COVERED	1,704	13,945,118	
		8 DONT KNOW	89	771,595	
		9 NO ABS DATA	111	0	

HIES CODEBOOK 2:

9

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>24.34</u>	<u>BPTL</u>	<u>BB PHYSICAL THERAPY</u>	<u>1</u>	<u>40</u>	<u>40</u>
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Indicates basic coverage for physical therapy. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	124	2,481,336
2 NOT COVERED	593	11,905,799
8 DONT KNOW	45	813,581
9 NO ABS/NO LF	1,204	0

<u>24.35</u>	<u>BSPCHL</u>	<u>BB SPEECH THERAPY</u>	<u>1</u>	<u>41</u>	<u>41</u>
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Indicates basic coverage for speech therapy. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	22	399,200
2 NOT COVERED	723	14,478,839
8 DONT KNOW	17	322,677
9 NO ABS/NO LF	1,204	0

<u>24.36</u>	<u>BCHIRL</u>	<u>BB CHIROPRACTIC</u>	<u>1</u>	<u>42</u>	<u>42</u>
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Indicates basic coverage treatment by a doctor of chiropractic. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	15	313,814
2 NOT COVERED	704	14,077,011
8 DONT KNOW	43	809,891
9 NO ABS/NO LF	1,204	0

<u>24.37</u>	<u>BPODL</u>	<u>BB PODIATRY</u>	<u>1</u>	<u>43</u>	<u>43</u>
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Indicates basic coverage for podiatric care. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	90	1,928,121
2 NOT COVERED	632	12,513,733
8 DONT KNOW	40	758,862
9 NO ABS/NO LF	1,204	0

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>24.40</u>	<u>BPSYCHS</u>	<u>BB ANY PSYCHIATRIC COVG</u>	<u>1</u>	<u>44</u>	<u>44</u>
		Indicates presence of basic coverage for the diagnosis or treatment of psychiatric conditions.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	832	6,845,612	
		2 NOT COVERED	549	4,399,722	
		8 DONT KNOW	474	3,955,362	
		9 NO ABS DATA	111	0	
<u>24.401</u>	<u>BPSIPS</u>	<u>BB PSYCH HOSPITAL INPT</u>	<u>1</u>	<u>45</u>	<u>45</u>
		Indicates basic coverage for hospital charges for inpatient care for a psychiatric condition.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	674	5,565,582	
		2 NOT COVERED	556	4,478,795	
		8 DONT KNOW	625	5,156,319	
		9 NO ABS DATA	111	0	
<u>24.402</u>	<u>BPDRIPS</u>	<u>BB PSYCH DOCTOR INPT</u>	<u>1</u>	<u>46</u>	<u>46</u>
		Indicates basic coverage for physician inpatient visits for a psychiatric condition.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	580	4,770,819	
		2 NOT COVERED	604	4,888,497	
		8 DONT KNOW	671	5,541,380	
		9 NO ABS DATA	111	0	
<u>24.403</u>	<u>BPDROPS</u>	<u>BB PSYCH DOCTOR OUTPT</u>	<u>1</u>	<u>47</u>	<u>47</u>
		Indicates basic coverage for physician outpatient visits for a psychiatric condition.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	314	2,664,579	
		2 NOT COVERED	829	6,718,478	
		8 DONT KNOW	712	5,817,639	
		9 NO ABS DATA	111	0	

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

11

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>24.50</u>	<u>BOPDXS</u>	<u>BB XRAY/LAB OUTPATIENT</u>	1	48	48
Indicates basic coverage for diagnostic procedures such as x-rays or laboratory tests other than during a hospital stay.					

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	1,017	8,286,667
2 NOT COVERED	615	5,083,145
8 DONT KNOW	223	1,830,884
9 NO ABS DATA	111	0

<u>24.60</u>	<u>BHHCS</u>	<u>BB HOME HEALTH CARE</u>	1	49	49
Indicates basic coverage for any home health care service provided by nonphysician personnel, e.g., care by a registered nurse, licensed practical nurse, home health aide, or physical therapist, and respiration or inhalation therapy.					

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	377	3,152,710
2 NOT COVERED	1,420	11,560,540
8 DONT KNOW	58	487,446
9 NO ABS DATA	111	0

<u>24.70</u>	<u>BPREGS</u>	<u>BB MATERNITY</u>	1	50	50
Indicates basic coverage for any inpatient or outpatient maternity services.					

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	297	2,425,803
2 NOT COVERED	883	7,244,520
8 DONT KNOW	675	5,530,373
9 NO ABS DATA	111	0

<u>24.80</u>	<u>BSAEL</u>	<u>BB SUPPLEMENTAL ACCIDENT</u>	1	51	51
Indicates basic coverage for treatment of an accident. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.					

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	57	1,159,959
2 NOT COVERED	638	12,690,320
8 DONT KNOW	67	1,350,437
9 NO ABS/NO LF	1,204	0

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>24.90</u>	<u>BSDEL</u>	<u>BB SUPPLIES/EQUIPMENT</u>	<u>1</u>	<u>52</u>	<u>52</u>
		Indicates basic coverage for medical supplies and/or durable medical equipment, including prosthetic devices. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	226	4,609,667	
		2 NOT COVERED	479	9,423,345	
		8 DONT KNOW	57	1,167,704	
		9 NO ABS/NO LF	1,204	0	
<u>25.00</u>	<u>MMS</u>	<u>ANY MAJOR MEDICAL COVERAGE (MM)</u>	<u>1</u>	<u>53</u>	<u>53</u>
		Indicates presence of any major medical coverage (see Documentation, Section 2.2.3) for at least one of the services described under 25.10 to 25.90. A value of 8 indicates that coverage was not discernible from the policy or brochure describing benefits.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	753	6,108,470	
		2 NOT COVERED	1,033	8,522,491	
		8 DONT KNOW	69	569,735	
		9 NO ABS DATA	111	0	
<u>25.01</u>	<u>MMSUPS</u>	<u>SUPPLEMENTARY MAJOR MEDICAL COVERAGE</u>	<u>1</u>	<u>54</u>	<u>54</u>
		Indicates presence of at least one major medical plan designed to supplement coverage under a basic plan.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	544	4,433,176	
		2 NOT COVERED	1,242	10,197,785	
		8 DONT KNOW	69	569,735	
		9 NO ABS DATA	111	0	
<u>25.10</u>	<u>MRBS</u>	<u>MM HOSPITAL ROOM AND BOARD</u>	<u>1</u>	<u>55</u>	<u>55</u>
		Indicates major medical coverage for short-term general hospital charges for room and board.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	623	5,012,385	
		2 NOT COVERED	1,154	9,548,325	
		8 DONT KNOW	78	639,986	
		9 NO ABS DATA	111	0	

HIES CODEBOOK 2:

13

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER

DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
25.11	MMISCS	MM HOSPITAL MISC INPT	1	56	56
		Indicates major medical coverage for miscellaneous hospital charges other than room and board.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	598	4,814,372	
		2 NOT COVERED	1,179	9,746,338	
		8 DONT KNOW	78	639,986	
		9 NO ABS DATA	111	0	
25.12	MAMBS	MM AMBULANCE	1	57	57
		Indicates major medical coverage for ambulance trips.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	422	3,500,586	
		2 NOT COVERED	1,256	10,253,529	
		8 DONT KNOW	177	1,446,581	
		9 NO ABS DATA	111	0	
25.13	MANSTL	MM ANESTHESIA	1	58	58
		Indicates major medical coverage for the professional administration of anesthesia. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	132	2,662,529	
		2 NOT COVERED	555	11,041,109	
		8 DONT KNOW	75	1,497,078	
		9 NO ABS/NO LF	1,204	0	
25.14	MDRHS	MM DOCTOR - INPATIENT	1	59	59
		Indicates major medical coverage for physician services other than surgical procedures provided during an inpatient stay.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	516	4,221,970	
		2 NOT COVERED	1,225	10,039,869	
		8 DONT KNOW	114	938,857	
		9 NO ABS DATA	111	0	

HIES CODEBOOK 2:

14

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>25.15</u>	<u>MSURGS</u>	<u>MM DOCTOR - SURGERY</u>	<u>1</u>	<u>60</u>	<u>60</u>
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Indicates major medical coverage for a surgical procedure by a physician.

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	500	4,083,912
2 NOT COVERED	1,266	10,370,202
8 DONT KNOW	89	746,582
9 NO ABS DATA	111	0

<u>25.16</u>	<u>MECFS</u>	<u>MM EXTENDED CARE FACILITY</u>	<u>1</u>	<u>61</u>	<u>61</u>
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Indicates major medical coverage for care provided in a skilled nursing or extended care facility.

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	235	1,956,104
2 NOT COVERED	1,323	10,863,892
8 DONT KNOW	297	2,380,700
9 NO ABS DATA	111	0

<u>25.20</u>	<u>MOPHS</u>	<u>MM HOSPITAL OUTPATIENT</u>	<u>1</u>	<u>62</u>	<u>62</u>
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Indicates major medical coverage for any outpatient service provided by a hospital.

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	481	3,919,042
2 NOT COVERED	1,231	10,096,317
8 DONT KNOW	143	1,185,337
9 NO ABS DATA	111	0

<u>25.201</u>	<u>MOPACCL</u>	<u>MM ACCIDENT - OUTPT HOSP</u>	<u>1</u>	<u>63</u>	<u>63</u>
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Indicates major medical coverage for hospital outpatient treatment of accidents. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	89	1,841,648
2 NOT COVERED	592	11,693,722
8 DONT KNOW	81	1,665,346
9 NO ABS/NO LF	1,204	0

HIES CODEBOOK 2:

15

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>25.202</u>	<u>MOPEMERL</u>	<u>MM EMERGENCY - OUTPT HOSP</u>	<u>1</u>	<u>64</u>	<u>64</u>
Indicates major medical coverage for hospital outpatient treatment of emergencies. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Long Form Indicator.					

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	95	1,904,605
2 NOT COVERED	586	11,630,765
8 DONT KNOW	81	1,665,346
9 NO ABS/NO LF	1,204	0

<u>25.203</u>	<u>MOPSICKL</u>	<u>MM ILLNESS - OUTPT HOSP</u>	<u>1</u>	<u>65</u>	<u>65</u>
Indicates major medical coverage for hospital outpatient treatment for any illness other than accidents or emergency treatment. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.					

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	120	2,442,662
2 NOT COVERED	565	11,205,668
8 DONT KNOW	77	1,552,386
9 NO ABS/NO LF	1,204	0

<u>25.204</u>	<u>MOPSURGL</u>	<u>MM SURGERY - OUTPT HOSP</u>	<u>1</u>	<u>66</u>	<u>66</u>
Indicates major medical coverage for hospital outpatient surgery. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.					

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	125	2,578,751
2 NOT COVERED	561	11,089,410
8 DONT KNOW	76	1,532,555
9 NO ABS/NO LF	1,204	0

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

16

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>25.205</u>	<u>MOPHTHERL</u>	<u>MM THERAPY - OUTPT HOSP</u>	<u>1</u>	<u>67</u>	<u>67</u>
Indicates major medical coverage for outpatient radiation therapy, chemotherapy, and physical therapy. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.					

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	108	2,219,195
2 NOT COVERED	562	11,116,435
8 DONT KNOW	92	1,865,086
9 NO ABS/NO LF	1,204	0

<u>25.30</u>	<u>MDROS</u>	<u>MM DOCTOR - OFFICE</u>	<u>1</u>	<u>68</u>	<u>68</u>
Indicates major medical coverage for services provided in a physician's office, but not necessarily extending to psychiatric or accident care or minor surgery.					

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	511	4,174,196
2 NOT COVERED	1,240	10,161,808
8 DONT KNOW	104	864,692
9 NO ABS DATA	111	0

<u>25.31</u>	<u>MDROPS</u>	<u>MM DOCTOR-OP. HOSPITAL</u>	<u>1</u>	<u>69</u>	<u>69</u>
Indicates major medical coverage for physician services as described under MOPHS, 25.20, provided in a hospital outpatient facility.					

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	499	4,070,001
2 NOT COVERED	1,248	10,228,690
8 DONT KNOW	108	902,005
9 NO ABS DATA	111	0

HIES CODEBOOK 2:

17

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER

DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>25.32</u>	<u>MDRHOML</u>	<u>MM DOCTOR - HOME</u>	<u>1</u>	<u>70</u>	<u>70</u>
		Indicates major medical coverage for physician services provided in the patient's home. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	124	2,497,371	
		2 NOT COVERED	562	11,174,601	
		8 DONT KNOW	76	1,528,744	
		9 NO ABS/NO LF	1,204	0	
<u>25.33</u>	<u>MDREXAMS</u>	<u>MM ROUTINE PHYSICAL</u>	<u>1</u>	<u>71</u>	<u>71</u>
		Indicates major medical coverage for routine physical examinations (e.g., an annual checkup).			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	2	12,179	
		2 NOT COVERED	1,742	14,254,003	
		8 DONT KNOW	111	934,514	
		9 NO ABS DATA	111	0	
<u>25.34</u>	<u>MPTL</u>	<u>MM PHYSICAL THERAPY</u>	<u>1</u>	<u>72</u>	<u>72</u>
		Indicates major medical coverage for physical therapy. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	99	1,963,286	
		2 NOT COVERED	605	12,050,056	
		8 DONT KNOW	58	1,187,374	
		9 NO ABS/NO LF	1,204	0	
<u>25.35</u>	<u>MSPCHL</u>	<u>MM SPEECH THERAPY</u>	<u>1</u>	<u>73</u>	<u>73</u>
		Indicates major medical coverage for speech therapy. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.			
		VALUE	UNWEIGHTED	WEIGHTED	WTLFPID
		1 COVERED	1	24,437	
		2 NOT COVERED	703	13,988,905	
		8 DONT KNOW	58	1,187,374	
		9 NO ABS/NO LF	1,204	0	

HIES CODEBOOK 2:

18

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER

DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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25.36	MCHIRL	MM CHIROPRACTIC	1	74	74
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Indicates major medical coverage for treatment by a doctor of chiropractic. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
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1 COVERED	2	26,751
2 NOT COVERED	701	13,960,670
8 DONT KNOW	59	1,213,295
9 NO ABS/NO LF	1,204	0

25.37	MPODL	MM PODIATRY	1	75	75
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Indicates major medical coverage for podiatric care. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
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1 COVERED	15	330,941
2 NOT COVERED	689	13,682,401
8 DONT KNOW	58	1,187,374
9 NO ABS/NO LF	1,204	0

25.40	MPSYCHS	MM ANY PSYCHIATRIC COVG	1	76	76
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Indicates presence of major medical coverage for the diagnosis or treatment of psychiatric conditions.

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
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1 COVERED	499	4,089,605
2 NOT COVERED	1,180	9,697,031
8 DONT KNOW	176	1,414,060
9 NO ABS DATA	111	0

25.401	MPSIPS	MM PSYCH HOSPITAL INPT	1	77	77
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Indicates major medical coverage for hospital charges for inpatient care for a psychiatric condition.

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
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1 COVERED	406	3,347,996
2 NOT COVERED	1,200	9,860,628
8 DONT KNOW	249	1,992,072
9 NO ABS DATA	111	0

HIES CODEBOOK 2:

19

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER

DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>25.402</u>	<u>MPDRIPS</u>	<u>MM PSYCH DOCTOR INPT</u>	<u>1</u>	<u>78</u>	<u>78</u>
		Indicates major medical coverage for physician inpatient visits for a psychiatric condition.			
		VALUE	UNWEIGHTED	WEIGHTED WTSFPID	
		1 COVERED	380	3,149,957	
		2 NOT COVERED	1,202	9,867,989	
		8 DONT KNOW	273	2,182,750	
		9 NO ABS DATA	111	0	
<u>25.403</u>	<u>MPDROPS</u>	<u>MM PSYCH DOCTOR OUTPT</u>	<u>1</u>	<u>79</u>	<u>79</u>
		Indicates major medical coverage for physician outpatient visits for a psychiatric condition.			
		VALUE	UNWEIGHTED	WEIGHTED WTSFPID	
		1 COVERED	423	3,473,046	
		2 NOT COVERED	1,215	10,000,899	
		8 DONT KNOW	217	1,726,751	
		9 NO ABS DATA	111	0	
<u>25.50</u>	<u>MOPDXS</u>	<u>MM XRAY/LAB OUTPATIENT</u>	<u>1</u>	<u>80</u>	<u>80</u>
		Indicates major medical coverage for diagnostic procedures such as x-rays or laboratory tests other than during a hospital stay.			
		VALUE	UNWEIGHTED	WEIGHTED WTSFPID	
		1 COVERED	504	4,100,716	
		2 NOT COVERED	1,234	10,125,150	
		8 DONT KNOW	117	974,830	
		9 NO ABS DATA	111	0	
<u>25.60</u>	<u>MHHCS</u>	<u>MM HOME HEALTH CARE</u>	<u>1</u>	<u>81</u>	<u>81</u>
		Indicates major medical coverage for any home health care service provided by nonphysician personnel, e.g., care by a registered nurse, licensed practical nurse, certified home health aide, or physical therapist, and respiration or inhalation therapy.			
		VALUE	UNWEIGHTED	WEIGHTED WTSFPID	
		1 COVERED	63	537,410	
		2 NOT COVERED	1,690	13,812,789	
		8 DONT KNOW	102	850,497	
		9 NO ABS DATA	111	0	

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

20

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>25.70</u>	<u>MPREGS</u>	<u>MM MATERNITY</u>	<u>1</u>	<u>82</u>	<u>82</u>
Indicates major medical coverage for any inpatient or outpatient maternity services.					

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	175	1,407,365
2 NOT COVERED	1,368	11,198,702
8 DONT KNOW	312	2,594,629
9 NO ABS DATA	111	0

<u>25.80</u>	<u>MSAEL</u>	<u>MM SUPPLEMENTAL ACCIDENT</u>	<u>1</u>	<u>83</u>	<u>83</u>
Indicates major medical coverage for treatment of an accident. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.					

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	1	12,247
2 NOT COVERED	643	12,836,286
8 DONT KNOW	118	2,352,183
9 NO ABS/NO LF	1,204	0

<u>25.90</u>	<u>MSDEL</u>	<u>MM SUPPLIES/EQUIPMENT</u>	<u>1</u>	<u>84</u>	<u>84</u>
Indicates major medical coverage for medical supplies and/or durable medical equipment, including prosthetic devices. A value of 9 indicates lack of abstract data or not part of long-form abstract subsample. See 23.00, Form Length Indicator.					

VALUE	UNWEIGHTED	WEIGHTED WTLFPID
1 COVERED	89	1,798,279
2 NOT COVERED	569	11,336,115
8 DONT KNOW	104	2,066,322
9 NO ABS/NO LF	1,204	0

<u>26.10</u>	<u>RXOPS</u>	<u>PRESCRIPTION DRUG COVG</u>	<u>1</u>	<u>85</u>	<u>85</u>
Indicates any coverage for medicines obtained out of hospital by a doctor's prescription. Coverage may be under a separate policy or part of major medical and/or basic coverage.					

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 COVERED	762	6,345,637
2 NOT COVERED	1,082	8,763,355
8 DONT KNOW	11	91,704
9 NO ABS DATA	111	0

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>IAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>26.20</u>	<u>DENTS</u>	<u>DENTAL COVERAGE</u>	<u>1</u>	<u>86</u>	<u>86</u>
		Indicates coverage for dental services other than surgery or treatment of dental accidents or injuries. Coverage may be under a separate policy or part of major medical and/or basic coverage.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	88	754,631	
		2 NOT COVERED	1,767	14,446,065	
		9 NO ABS DATA	111	0	
<u>26.30</u>	<u>EARS</u>	<u>HEARING COVERAGE</u>	<u>1</u>	<u>87</u>	<u>87</u>
		Indicates coverage for hearing examinations or the purchase of hearing aids. Coverage may be under a separate policy or part of major medical and/or basic coverage.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	39	315,795	
		2 NOT COVERED	1,810	14,831,195	
		8 DONT KNOW	6	53,706	
		9 NO ABS DATA	111	0	
<u>26.40</u>	<u>EYES</u>	<u>VISION COVERAGE</u>	<u>1</u>	<u>88</u>	<u>88</u>
		Indicates coverage for vision examinations, lenses, or frames. Coverage may be under a separate policy or part of major medical and/or basic coverage.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	55	501,147	
		2 NOT COVERED	1,785	14,578,238	
		8 DONT KNOW	15	121,311	
		9 NO ABS DATA	111	0	
<u>26.50</u>	<u>HIS</u>	<u>HOSPITAL INDEMNITY</u>	<u>1</u>	<u>89</u>	<u>89</u>
		Indicates any coverage under a hospital indemnity policy, i.e., the payment of a stipulated amount per day of hospital stay, irrespective of hospital expenses.			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 COVERED	287	2,360,226	
		2 NOT COVERED	1,549	12,702,541	
		8 DONT KNOW	19	137,929	
		9 NO ABS DATA	111	0	

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>27.11</u>	<u>DEDHOSP</u>	<u>PART A HOSPITAL DEDUCTIBLE</u>	<u>1</u>	<u>90</u>	<u>90</u>
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Indicates coverage of the Medicare part A deductible. (See Documentation, Section 2.2.4.)

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 NO HOSP COVRG	44	373,026
2 PARTIAL COVRG	104	863,072
3 FULL COVRG	1,639	13,422,229
7 NO MEDICARE	50	352,009
8 DONT KNOW	23	190,360
9 NO ABS DATA	106	0

<u>27.12</u>	<u>DEDDRH</u>	<u>PART B DEDUCTIBLE-INPT MD</u>	<u>1</u>	<u>91</u>	<u>91</u>
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Indicates coverage of Medicare's part B deductible for inpatient physician care. (See Documentation, Section 2.2.4.)

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 NO INPT MD COV	337	2,746,204
2 PARTIAL COVRG	725	5,923,981
3 FULL COVRG	722	5,944,029
7 NO MEDICARE	50	352,009
8 DONT KNOW	26	234,473
9 NO ABS DATA	106	0

<u>27.13</u>	<u>DEDDROF</u>	<u>PART B DEDUCTIBLE-MD OFFICE VISITS</u>	<u>1</u>	<u>92</u>	<u>92</u>
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Indicates coverage of Medicare's part B deductible for care provided in a physician's office. (See Documentation Section 2.2.4.)

VALUE	UNWEIGHTED	WEIGHTED WTSFPID
1 NO MD OFF COV	703	5,801,893
2 PARTIAL COVRG	616	5,036,984
3 FULL COVRG	473	3,864,606
7 NO MEDICARE	50	352,009
8 DONT KNOW	18	145,204
9 NO ABS DATA	106	0

HIES CODEBOOK 2:

23

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>27.21</u>	<u>COP6190</u>	<u>PART A COPAYMENT HOSPITAL DAYS 61-90</u>	<u>1</u>	<u>93</u>	<u>93</u>
		Indicates coverage of Medicare's part A copayments for days 61-90 of a hospital stay. (See Documentation, Section 2.2.4.)			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 NO HOSP COVRG	44	373,026	
		3 PARTIAL COVRG	177	1,470,399	
		4 FULL COVRG	1,570	12,849,425	
		7 NO MEDICARE	50	352,009	
		8 DONT KNOW	19	155,837	
		9 NO ABS DATA	106	0	
<u>27.22</u>	<u>COP91150</u>	<u>PART A COPAYMENT HOSPITAL DAYS 91-150</u>	<u>1</u>	<u>94</u>	<u>94</u>
		Indicates coverage of Medicare's part A copayments for days 91-150 of a hospital stay (the Medicare lifetime reserve). (See Documentation, Section 2.2.4.)			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 NO HOSP COVRG	44	373,026	
		3 PARTIAL COVRG	422	3,442,291	
		4 FULL COVRG	1,325	10,877,533	
		7 NO MEDICARE	50	352,009	
		8 DONT KNOW	19	155,837	
		9 NO ABS DATA	106	0	
<u>27.23</u>	<u>HOSPDAY</u>	<u>HOSPITAL DAYS 151-365</u>	<u>1</u>	<u>95</u>	<u>95</u>
		Indicates coverage of hospital charges for a stay extending past Medicare's Part A lifetime maximum (150 days) up to 365 days. (See Documentation, Section 2.2.4.)			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 NO HOSP COV	44	373,026	
		2 NO COVRG 151+	597	4,917,326	
		3 PART 151+ DAYS	617	4,918,626	
		4 FULL 151+ DAYS	508	4,251,673	
		7 NO MEDICARE	50	352,009	
		8 DONT KNOW	44	388,036	
		9 NO ABS DATA	106	0	

HIES CODEBOOK 2:
PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>27.31</u>	<u>COINDRH</u>	<u>PART B COINSURANCE-INPT MD</u>	<u>1</u>	<u>96</u>	<u>96</u>
		Indicates coverage of Medicare's part B 20% coinsurance for inpatient physician care. (See Documentation Section 2.2.4.)			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 NO INPT MD COV	337	2,746,204	
		2 PARTIAL COV	6	48,097	
		3 FULL UCR LIM	406	3,279,469	
		4 FULL UCR NOLIM	1,045	8,650,960	
		7 NO MEDICARE	50	352,009	
		8 DONT KNOW	16	123,957	
		9 NO ABS DATA	106	0	
<u>27.32</u>	<u>COINDRO</u>	<u>PART B COINSURANCE-MD OFFICE VISITS</u>	<u>1</u>	<u>97</u>	<u>97</u>
		Indicates coverage of Medicare's part B 20% coinsurance for care provided in a physician's office. (See Documentation, Section 2.2.4.)			
		VALUE	UNWEIGHTED	WEIGHTED	WTSFPID
		1 NO MD OFF COV	703	5,801,893	
		2 PARTIAL COV	60	499,947	
		3 FULL UCR LIM	261	2,082,361	
		4 FULL UCR NOLIM	778	6,417,837	
		7 NO MEDICARE	50	352,009	
		8 DONT KNOW	8	46,649	
		9 NO ABS DATA	106	0	
<u>28.10</u>	<u>WTINSP</u>	<u>HIES PERSON PREMIUM/COVG WEIGHT</u>	<u>5</u>	<u>98</u>	<u>102</u>
		Greater than zero for all key individuals (see 28.30) with responses establishing the PID as privately insured in the HIES. Poststratified to Census Bureau figures for 1977 to represent the entire civilian noninstitutionalized population of the United States who were 65 years of age or older, regardless of insurance status. This weight should be used for all estimates concerning persons in this file so as to represent the privately insured population age 65 and older. See Documentation, Section 3.2.2.			
		VALUE	UNWEIGHTED	WEIGHTED	
		0-25075	1,966	N/A	

HIES CODEBOOK 2:

25

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDERDATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
<u>28.20</u>	<u>WTLFPID</u>	<u>PERSON LONG BENEFITS ABST FORM WGT</u>	<u>5</u>	<u>103</u>	<u>107</u>
		Greater than zero for all individuals with positive values of WTSFPID (see 28.21) who were selected for long-form abstracting of insurance benefits. This weight should be used for all estimates involving benefit variables available only for the long-form subsample. See Documentation Section 3.2.2.			
		VALUE	UNWEIGHTED	WEIGHTED	
		0-61148	1,966	N/A	
<u>28.21</u>	<u>WTSFPID</u>	<u>PERSON SHORT BENEFITS ABST FORM WGT</u>	<u>5</u>	<u>108</u>	<u>112</u>
		Greater than zero for all individuals with positive values of WTINSP (see 28.10) and information abstracted from the private insurance policy or policies concerning this person. Represents the civilian noninstitutionalized population of the United States who were 65 years or older and privately insured in 1977. This weight should be used for all estimates involving benefit variables unless the indicated weight is WTLFPID (see 28.20). See Documentation, Section 3.2.2.			
		VALUE	UNWEIGHTED	WEIGHTED	
		0-25908	1,966	N/A	
<u>28.30</u>	<u>WGKEY</u>	<u>IDENTIFIER OF PID, KEY/NON-KEY</u>	<u>1</u>	<u>113</u>	<u>113</u>
		Indicates whether an individual was a key sample member in the household survey. These are defined as members of responding households initially selected into the sample; they also include (a) children born into the sample of households during the study and (b) initially ineligible household members (e.g., in the military or an institution at the time of interview) who subsequently became eligible by returning to a sample household. Others who joined households after the first interview are considered nonkey individuals.			
		VALUE	UNWEIGHTED	WEIGHTED	
		0 NONKEY	10	N/A	
		1 KEY	1,956		

HIES CODEBOOK 2:

26

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER

DATE: 01MAR86

<u>TAG</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>START</u>	<u>END</u>
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<u>28.40</u>	<u>WGPSEUDO</u>	<u>PSEUDO STRATA ID OF PAIRED PSUS</u>	<u>1</u>	<u>114</u>	<u>115</u>
		Indicates the respective pseudo strata created to derive variances for population estimates. WGPSEUDO must be used in variance calculation; see Documentation, Section 3.3.			

VALUE	UNWEIGHTED	WEIGHTED
0-99	1,966	N/A

<u>28.41</u>	<u>WGMEMBER</u>	<u>MEMBERSHIP IN PSEUDO PSU</u>	<u>1</u>	<u>116</u>	<u>116</u>
		Indicates to which pseudo primary sampling unit in each stratum an individual belongs. Pseudo primary sampling units were created to facilitate the variance estimation process. Must be used together with WGPSEUDO in variance calculation; see Documentation, Section 3.3.			

VALUE	UNWEIGHTED	WEIGHTED
1	956	N/A
2	1,010	

HIES PRIVATE INSURANCE BENEFITS
FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>START</u>	<u>END</u>	<u>LENGTH</u>	<u>TAG</u>	<u>NAME</u>
1	8	8	20.10	PID
9	9	1	21.10	COVERAGE
10	10	1	21.11	EMPRELP
11	11	1	21.12	GROUPE
12	17	6	21.121	GROUPSZP
18	18	1	22.10	PRIMINS
19	19	1	22.11	PLNTYPNG
20	20	1	22.12	PLNTYPG
21	21	1	23.00	FORMLENG
22	22	1	24.00	BASICS
23	23	1	24.10	BRBS
24	24	1	24.11	BMISCS
25	25	1	24.12	BAMBS
26	26	1	24.13	BANSTS
27	27	1	24.14	BDRHS
28	28	1	24.15	BSURGS
29	29	1	24.16	BECFS
30	30	1	24.20	BOPHS
31	31	1	24.201	BOPACCL
32	32	1	24.202	BOPEMERL
33	33	1	24.203	BOPSICKL
34	34	1	24.204	BOPSURGL
35	35	1	24.205	BOPOTHERL
36	36	1	24.30	BDROS
37	37	1	24.31	BDROPS
38	38	1	24.32	BDRHOML
39	39	1	24.33	BDREXAMS
40	40	1	24.34	BPTL
41	41	1	24.35	BSPCHL
42	42	1	24.36	BCHIRL
43	43	1	24.37	BPODL
44	44	1	24.40	BPSYCHS
45	45	1	24.401	BPSIPS
46	46	1	24.402	BPDRIPS
47	47	1	24.403	BPDROPS
48	48	1	24.50	BOPDXS
49	49	1	24.60	BHHCS
50	50	1	24.70	BPREGS
51	51	1	24.80	BSAEL
52	52	1	24.90	BSDEL
53	53	1	25.00	MMS
54	54	1	25.01	MMSUPS
55	55	1	25.10	MRBS
56	56	1	25.11	MMISCS
57	57	1	25.12	MAMBS
58	58	1	25.13	MANSTL
59	59	1	25.14	MDRHS
60	60	1	25.15	MSURGS

HIES PRIVATE INSURANCE BENEFITS
FOR PERSONS 65 AND OLDER
DATE: 01MAR86

<u>START</u>	<u>END</u>	<u>LENGTH</u>	<u>TAG</u>	<u>NAME</u>
61	61	1	25.16	MECFS
62	62	1	25.20	MOPHS
63	63	1	25.201	MOPACCL
64	64	1	25.202	MOPEMERL
65	65	1	25.203	MOPSICKL
66	66	1	25.204	MOPSURGL
67	67	1	25.205	MOPOTHERL
68	68	1	25.30	MDROS
69	69	1	25.31	MDROPS
70	70	1	25.32	MDRHOML
71	71	1	25.33	MDREXAMS
72	72	1	25.34	MPTL
73	73	1	25.35	MSPCHL
74	74	1	25.36	MCHIRL
75	75	1	25.37	MPODL
76	76	1	25.40	MPSYCHS
77	77	1	25.401	MPSIPS
78	78	1	25.402	MPDRIPS
79	79	1	25.403	MPDROPS
80	80	1	25.50	MOPDXS
81	81	1	25.60	MHHCS
82	82	1	25.70	MPREGS
83	83	1	25.80	MSAEL
84	84	1	25.90	MSDEL
85	85	1	26.10	RXOPS
86	86	1	26.20	DENTS
87	87	1	26.30	EARS
88	88	1	26.40	EYES
89	89	1	26.50	HIS
90	90	1	27.11	DEDHOSP
91	91	1	27.12	DEDDRH
92	92	1	27.13	DEDDROF
93	93	1	27.21	COP6190
94	94	1	27.22	COP91150
95	95	1	27.23	HOSPDAY
96	96	1	27.31	COINDRH
97	97	1	27.32	COINDRO
98	102	5	28.10	WTINSP
103	107	5	28.20	WTLFPID
108	112	5	28.21	WTSFPID
113	113	1	28.30	WGKEY
114	115	1	28.40	WGPSEUDO
116	116	1	28.41	WGMEMBER

PRIVATE INSURANCE BENEFITS FOR PERSONS 65 AND OLDER
10 EBCDIC RECORDS

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NCHSR National Health Care Expenditures Study

Estimation and Sampling Procedures in the NMCES Insurance Surveys

Instruments
and
Procedures **3**

Abstract

This report describes the design and weighting procedures developed for the insurance surveys of the National Medical Care Expenditures Study (NMCES), which produced national estimates of the insurance status and benefits of the civilian, noninstitutionalized U.S. population in 1977. Information on health insurance coverage obtained in the household survey was verified and supplemented in the Health Insurance/Employer Survey (HIES) and two substudies, the Uninsured Validation Survey (UVS) and the Health Insurance Options Survey (HIOS). Insurance companies, employers, unions, and other organizations identified in the household survey as the source of private insurance coverage were asked to verify reported coverage and to provide information on each subscriber's coverage, its cost, the parties responsible for payment of the premiums, and the availability of alternative or optional plans. Lack of employment-related insurance coverage as reported in the household survey by employed adults was verified through their employers and if coverage was in fact available, premium and benefit information was obtained.

Taking household-reported public coverage into account, information similar to that obtained for private policies was obtained for benefits offered by Medicare, CHAMPUS/CHAMPVA, and the different state Medicaid programs. The HIES data base thus encompasses public as well as private health insurance benefits.

The Employer Health Insurance Cost Survey (EHICS) was designed to provide national estimates for 1977 of the cost of health insurance to employers and of some characteristics of employees eligible for employment-related health insurance. Particular attention was given to a sampling strategy that allowed for the selection of employers as a consequence of their linkage to key participants in the NMCES household sample. A multiplicity framework for deriving national estimates of the health insurance costs of civilian employers and their employees in the U.S. for 1977 is described. In addition, detailed specifications are provided for the computation of the EHICS sampling weights. These procedures permit derivation of national estimates of the number of employees in firms with employment-related health insurance plans and those eligible for such plans, the proportion of payroll expenses going to health insurance, mean insurance premiums, the respective percentages of premiums paid by employers and employees, and the extent to which employers bear the entire premium cost.

Glossary of Acronyms and Terms

EHICS: Employer Health Insurance Cost Survey

HIES: Health Insurance Employer Survey

HIOS: Health Insurance Options Survey

HIPF: Health Insurance Permission Form(s)

NMCES: National Medical Care Expenditure Survey

UVS: Uninsured Validation Survey

Annual premium: The total payment required in 1977 to keep a health insurance policy in force. For a family, this includes all premiums for all policies covering family members eligible for the NMCES survey.

Employment-related insurance: For group health insurance, any coverage obtained through employers or labor unions, whether or not they pay all or part of the premium. Nongroup insurance is considered employment related only if an employer or union contributed to the premium.

Primary insured: The person in whose name the insurance is issued or carried.

Private health insurance: Any insurance for medical or related expenditures, but excluding "extra cash" coverage (small supplemental payments in the event of hospitalization); medical benefits linked to diseases such as stroke or cancer ("dread disease"); and casualty benefits.

Reporting unit: A reporting unit in this study is composed of individuals related by blood, marriage, or adoption. Any persons 17 years or older unrelated to any other person in the housing unit of the individual's usual residence were considered to be separate reporting units, unless they were college students not living at home but covered through their family's insurance policy.

Size of group: The (largest) number of members, but excluding insured spouses and children, enrolled in a person's group plan(s).

Type of contract: This report distinguishes between group and nongroup coverage. Under a group policy specified benefits are provided to group members, and often their spouses and children, under a contract between the insurer and an organization, such as an employer, a labor union, or a voluntary association. A nongroup policy provides coverage under a contract directly between the insurer and the insured individual or family obtaining the insurance.



National
Health Care Expenditures
Study

Estimation and Sampling Procedures in the NMCES Insurance Surveys

Instruments
and
Procedures **3**

Steven B. Cohen
Pamela J. Farley

May 1984

Authors

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The National Medical Care Expenditure Survey (NMCES) was a collaborative effort by many different people in a number of organizations. Much of the overall survey design is based on specification documents prepared by the NMCES data collection contractor, Research Triangle Institute, and its subcontractor, the National Opinion Research Center of the University of Chicago. The sampling plan for the household survey was developed jointly by William D. Kalsbeek of Research Triangle Institute and Martin Frankel of the National Opinion Research Center. The advice in this respect of E. Earl Bryant and James Massey of the National Center for Health Statistics (NCHS) is gratefully acknowledged.

Much of the material is based on survey methodology documents prepared by Ralph E. Folsom and Judith T. Lessler of the Research Triangle Institute. Ralph Folsom was responsible for the sample design of the Health Insurance Employer Survey and preliminary sampling weights specifications. Judith Lessler had major responsibility for the Employer Health Insurance Cost Survey sampling plan and weighting strategy. Social and Scientific Systems, Inc. (SSS) of Bethesda, Maryland provided data processing support for sample weight construction. Leif Karell of SSS provided programming assistance in the construction of sampling weights and implementation of quality control checks.

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Contents

1	Introduction
3	Survey Procedures
	Health Insurance/Employer Survey
	Data Collection
4	Abstracting of Policy Information
5	Assignment of Benefits to Dependents
6	Employer Health Insurance Cost Survey
7	The Health Insurance/Employer Survey
	HIES Sample Weights
8	Eligibility
10	Insurance Coverage
14	Premiums for Multiple Coverage
16	Benefits From Policy Abstracts
19	Coverage Options in Employment-Related Groups
20	HIOS Eligibility
21	Availability of Optional Coverage
22	Health Insurance Options
25	Summary
27	The Employer Health Insurance Cost Survey
	Sampling Frame
28	Sample Weights
32	Missing Employment Status
33	Unidentified Employers
34	Missing Multiplicity
36	Missing EHICS Data
38	Summary
39	References
	Appendix
	A-1. Health Insurance Permission Form
	A-2. Unemployed Verification Survey Permission Form
	A-3. Unemployed Verification Survey Questionnaire
	A-4. Health Insurance Options Survey Questionnaire
	B. EHICS Questionnaire

Introduction

This report is the third in a series on instruments and sampling procedures in the National Medical Care Expenditure Survey (NMCES). It describes the questionnaires, sample design, and weighting procedures developed for two NMCES components, the Health Insurance/Employer Survey (HIES) and the Employer Health Insurance Cost Survey (EHICS). These two insurance surveys supplement and extend the data obtained in the NMCES household component, in which information on sociodemographic characteristics, health status, and use of services during 1977 was obtained from approximately 14,000 randomly selected households in the civilian noninstitutionalized population of the United States. (See Bonham and Corder 1981, and Cohen and Kalsbeek, 1981, Instruments and Procedures 1 and 2 in this series, for detailed information on the household survey.)

The design of the National Medical Care Expenditure Survey was guided by the information requirements and analytic goals of the National Health Care Expenditures Study of the Division of Intramural Research, National Center for Health Services Research (NCHSR). These included an assessment of issues related to the cost and extent of health insurance in the U.S. population, in particular

- o The breadth and depth of health insurance coverage;
- o The loss of revenue resulting from current tax treatment of medical and health insurance expenses, particularly with regard to the benefits currently accruing to different categories of individuals and employers, and the potential effects on the federal budget of proposed changes to tax laws;
- o The extent and availability of work-related insurance;
- o The cost of insurance to employers and employees;
- o The extent and depth of private insurance supplementing Medicare benefits;
- o The cost, utilization, and budgetary implications of changes in federal financing programs for health care and of alternatives to the present structure of private health insurance;
- o The extent and type of optional health insurance plans offered by employers to their employees.

The NMCES household survey sample was chosen as the basic sampling frame for the insurance surveys. Both insurance surveys and their design and sampling strategy reflect this interrelationship with the household sample and the characteristics of its members. The analytical goals of the overall study required comprehensive national estimates of the health insurance provided by private and public programs in the United States in 1977. These estimates thus reflect coverage of the population by age, sex, and sociodemographic characteristics; insurance premiums and sources of premium payment; type, breadth and depth of coverage; the availability of private health insurance options and associated premiums and specific benefits; and the extent and nature of coverage for catastrophic illness.

The Health Insurance/Employer Survey verified and supplemented information reported by household respondents on private health insurance coverage, particularly as to whether it was

obtained in relation to the insured's employment, and ascertained the availability of such coverage to household sample members who reported that they were not covered by employment related health insurance. Also, the existence of optional insurance coverage available from but not obtained from employers was established.

Insurance companies, employers, unions, and other organizations identified by respondents in the household survey as the source of their private insurance coverage were surveyed to obtain detailed data on insurance, including verification of reported coverage, information on the provisions of coverage, its cost, and the parties responsible for payment of the premiums. Also, where the employers of persons reporting that they were not covered by employment-related insurance could be identified, these were surveyed to confirm lack of coverage and to collect policy and premium information for both existing and available coverage. Coverage by public insurance mechanisms (Medicare, Medicaid, and CHAMPUS/CHAMPVA) was not verified, but the benefits provided by these public programs were obtained from the administering agencies and included in the HIES data.

National estimates of the cost of health insurance to employers and of the characteristics of employees eligible for employment-related health insurance were obtained in the Employer Health Insurance Cost Survey. In this survey component, employers provided data on the number of their employees according to wage-rate categories; level of unionization; total annual payroll; total annual health insurance premiums and the share of employer and employee contributions; and the number and salary level of employees eligible to participate in health insurance plan(s) sponsored by their employer (see Taylor and Lawson, 1981).

The next section of this report briefly describes the data collection methods and instruments used in HIES and EHICS. In subsequent sections, the sample design of each survey is outlined, and weighting and adjustment procedures for various types of nonresponse and missing information are described in detail. Proper use of the weights will yield national estimates compatible with household survey data of insurance premiums and sources of premium payments, types of coverage for the civilian noninstitutionalized population in 1977, and of the health insurance premium costs of all U.S. employers.

Survey Procedures

Health Insurance/Employer Survey

Data Collection

HIES data collection procedures were initiated on the basis of information obtained in each round of the household survey regarding the enrollment of household members in private and public insurance programs. For each health insurance policy reported by members of the household survey, permission was asked from the household to contact the respective insurance company or group (e.g. employer, union, fraternal organization) through which the policy was obtained. In this way coverage reported by the household was verified; additional coverage not reported by the household was discovered; and information concerning benefits and the payment of premiums was obtained. Exceptions were policies covering "dread diseases" only (e.g., stroke or cancer), cash coverage for hospital stays limited to small supplemental payments, and reimbursement of medical expenses for accidents or injuries under motor vehicle or homeowner insurance. These were not considered health insurance for the purposes of this phase of the study.

For all employed but not self-employed persons in the household survey who reported not being insured through their firm of employment, permission was requested to verify lack of coverage with their employers in the Uninsured Validation Survey (UVS), a substudy of the HIES. For these purposes, employment status was determined from a supplementary set of questions on employment asked in either the third or fourth and again in the fifth round of the household survey (see Bonham and Corder, 1981). It should be noted that persons reporting no coverage through their own employment were not necessarily without private insurance according to the household report. In fact, a significant proportion were covered as a dependent under another family member's policy.

The only household survey participants whose private insurance status could not be verified were unemployed or self-employed respondents and their dependents who reported being uninsured during all of 1977. These individuals were assumed to be in fact uninsured. Household reports of public coverage were accepted without verification. It should be noted that although verification of insurance status was one reason for undertaking the HIES, classification by private and/or public insurance was in fact changed for less than one percent of the eligible population on the basis of this information (see however, Walden, Horgan, and Cafferata, 1982, for discrepancies in reported and verified premiums and specific benefits).

Permission forms for HIES were obtained in two stages. In the second interview of the household survey, all participants identified as the primary insured under policies obtained directly from a health insurer (in the following, referred to as nongroup coverage) were asked to sign a Health Insurance Permission Form (HIPF; see Appendix A.1) authorizing use of a questionnaire to obtain verification of coverage and benefit and premium information from the

insurer. During the second round, a 25-percent sample of households reporting any group insurance coverage was asked to sign a permission form authorizing contact with the group; most often this was an employer, but unions and other sources of group coverage were included. In the fifth household interview, permission forms were obtained from the remaining households with members covered by group insurance, from persons who had obtained new or different coverage since the second interview round, and from persons eligible for the Uninsured Validation Survey (UVS). In all, signed permission forms were obtained from approximately 90 percent of household respondents who were the primary insured under group insurance or privately purchased plans, and from approximately 70 percent of household respondents eligible for the UVS.

Approximately 16,000 permission forms were mailed to insurance carriers and insurance groups between October 1978 and August 1979. Responses were obtained for 85 percent of household members who had signed either the HIPF or UVS questionnaires or both. These forms served as the HIES data collection instrument for all household-reported insurance plans and for those discovered in the UVS. The forms asked each HIES respondent for verification of coverage; whether the policy covered a family, a couple, or an individual; whether it was for group or nongroup insurance (employers contacted in the UVS were assumed to provide group coverage); and for data on the total annual premium, the amount paid by the insured, and the payment of premiums by other sources such as the person's employer. A copy of the policy or certificate describing insurance benefits was also requested. Where multiple coverage was held by a person or family, the information obtained was subsequently compiled to represent the person or family's overall coverage.

In addition, a questionnaire was sent to all employment-related group plans (including UVS respondents) in a second substudy, the Health Insurance Option Survey (HIOS), which was designed to obtain estimates of optional coverage available to household respondents and their dependents. Here, information was requested on the number of employees enrolled in the specific group plan or plans and on the existence, financing, and benefit provisions of health insurance options available from the group but not elected by household survey participants. (See Appendix A for all HIES survey forms.)

Abstracting of Policy Information

The policies and certificates describing both insurance plans actually held or available to a household were abstracted by highly trained coders, most of whom were health insurance claims examiners, onto forms initially developed for the Rand Corporation Health Insurance Study (this experiment is described by Newhouse, 1974). Basic and major medical benefits for specific health services were identified, as were deductibles, reimbursement rates, limitations, and other benefit provisions for each covered service. For a 15-percent subsample of NMCES reporting units who had signed at least one Health Insurance Permission Form, a longer form

was used to code additional information. All data items on the short form were included on the long form, so that estimates for all short-form questions can be derived for household respondents with any abstract information.

The same abstracting procedures were used to include public insurance benefits in the HIES data set. Separate forms were coded for Medicare, CHAMPUS/CHAMPVA (active), CHAMPUS/CHAMPVA (retired), and each state Medicaid program. Different Medicaid abstracts were used for categorically needy and medically needy recipients in states where this was appropriate. Because household respondents reporting Medicaid coverage were not asked to classify themselves as either medically or categorically needy, Medicaid respondents who had received Supplemental Security Income or welfare payments during 1977, or who belonged to a household receiving such benefits, were assigned to the categorically needy benefit group. Otherwise, they were assigned to the medically needy benefit group.

Assignment of Benefits to Dependents

Since private health insurance policies generally neither enumerate nor identify dependents by name, insurance carriers and groups were only asked to confirm the coverage of the primary insured reported by the household. Coverage or lack of coverage for family members was inferred from confirmation that the primary insured was covered by the carrier or group and that the coverage extended to an individual, a couple, or a family. Verification of coverage for dependents and their plan benefits used information concerning the insurers for each primary insured in a family as reported in the household survey. HIES data for a family or couple insured by a particular insurer were then attributed to all appropriate family members for whom coverage from that insurer had been reported in the household survey. An analogous procedure was used to exclude coverage reported in the household survey but not confirmed by an insurance carrier or group in the HIES.

The exception to this extension of benefits to dependents was insurance not reported in the household survey but ascertained when a HIES respondent, e.g., an insurance carrier or group, reported coverage additional to that shown on the permission form signed by the household respondent, or when a UVS respondent (an employer) confirmed previously unreported coverage for an employee. In these cases, family and couple coverage was assigned to the appropriate dependents by either of the following methods:

- o If the primary insured under a plan newly ascertained in the survey also subscribed to a family or couple plan that had already been reported in the household survey, household members linked to the reported plans were linked to the discovered plan as well.
- o In all other cases, benefits and coverage under discovered plans were assigned on the basis of family relationships, such that family plans held by persons under 65 years of

age were linked to their children under 21 or who were unmarried college students without their own insurance; and family and couple plans were linked to the spouse of the primary insured.

- o Discovered UVS plans were linked to dependents through family relationships as described above, and the same rules were used to identify spouses and children who were eligible for assignment of UVS data through the employment of someone else in the family.

The identification of these dependents as HIES eligibles was a consideration in the construction of the HIES sample weights.

Employer Health Insurance Cost Survey

For purposes of EHICS, the Health Insurance Permission Forms signed by privately insured, employed household survey participants and the Uninsured Validation Survey Permission Forms signed by employed participants not reporting employment-related insurance were used to identify the employer's name and address. Also, a 10-percent systematic sample of persons in the household survey who provided a permission form not associated with an employment-related policy but who had reported being employed throughout 1977 or for part of the year, as well as those who did not sign any permission forms, were telephoned and asked to provide the name of their 1977 employers. Another 10-percent systematic sample of individuals for whom employment status was missing were likewise telephoned and asked to report their employment status in 1977 and, if applicable, to provide the names of their employers.

Firms identified as employers of EHICS sample individuals were contacted by mail or telephone to provide data on their health insurance costs, number of employees, size of payroll, and related information (see Appendix B for the survey forms). EHICS data collection resulted in the completion of questionnaires by 5,845 unique employers (including those with multiplicity-only responses; see pages 28 to 36). The total response rate was 85 percent.

The Health Insurance/Employer Survey

The Health Insurance/Employer Survey produces national estimates of the health insurance of the civilian noninstitutionalized population of the U.S. in 1977. Based on responses in the household survey, enrollment in various types and combinations of public and private insurance plans was determined and private coverage was verified. Health insurance premiums; the amounts paid by employers, employees, and other sources; and variations in these for different types of plans and individuals can be described, and benefits held under both private and public insurance plans can be shown in considerable detail. These data, however, are for a one-year period and do not distinguish between policies held at different times in 1977 or for only part of the year. For example, total health insurance premiums in 1977 are the sum of the annual premium for each policy held during the year and not the sum of premiums in fact paid between January 1, 1977 and December 31, 1977. Data are also provided on the availability, cost, and benefit provisions of health insurance options offered through employer groups.

HIES Sample Weights

To obtain national estimates from the responses obtained in the HIES and its substudies, the UVS and the HIOS, the development of a series of weights adjusting for various types of nonresponse was required (Folsom, 1981). Adjustments for reporting unit nonresponse and poststratification to represent the civilian noninstitutionalized U.S. population as of 1977 had been incorporated in the sample weights developed for key participants in the household survey (Cohen and Kalsbeek, 1981; there, key participants were defined as persons initially selected into the household sample, babies born into sample households during the study, and initially ineligible household members, i.e., who had entered the military or an institution but who later became eligible by rejoining the household). Given complete response from all private insurance carriers and insurance groups associated with members of the NMCES household survey eligible for HIES, these household survey weights theoretically allowed for the derivation of national health insurance estimates. In the absence of full HIES participation and response rates, an additional and analogous set of weights was developed to adjust for the following types of nonresponse in the Health Insurance Employer Survey:

- (1) Permission form nonresponse. Eligible participants in the household survey refused to sign the permission form authorizing contact with their insurance carrier or insurance group (employer in the case of UVS).
- (2) Health insurer nonresponse. The insurance carrier, insurance group, or employer identified on a signed permission form did not respond at all or did not respond to or provide one or several of the following:

-
- a) the coverage questionnaire, requesting verification of private insurance coverage as reported by the household and information about premiums and the type of policy;
 - b) a copy of the policy describing applicable benefits;
 - c) the options questionnaire, requesting information about the availability of other health options from the group and their cost;
 - d) a copy of the policy of each optional plan.
- (3) Partial health insurer response on multiple coverage. Some but not all insurance carriers, insurance groups, and/or employers identified for a particular participant in the household survey responded in the HIES.

First, the household survey weights were adjusted for unsigned HIES permission forms and health insurance provider nonresponse. Alternative weights were derived for estimates relating to items (2)a-(2)d above. A fifth factor was developed to adjust premium estimates for partial responses in the case of multiple coverage (item (3)).

Eligibility

As described previously, key household survey participants were eligible for the Health Insurance/Employer Survey with the exception of the unemployed or self-employed reported as uninsured in the household survey and their uninsured dependents. For the development of national sampling weights, an HIES eligibility indicator, ELG_i , was constructed to estimate the eligible HIES population, where

$ELG_i = 1$
 if

- the household survey data implied that key participant i had health insurance coverage (public or private) at any time during 1977;
- participant i was employed but not self-employed, more than 17 years old, and reported no insurance obtained through his or her employer (UVS eligibility);
- the participant was the spouse or child of someone meeting the criteria for eligibility above; or
- if any HIES response was obtained from an employer, group, or insurance carrier for persons not otherwise eligible.

$= 0$ otherwise.

In addition to this eligibility indicator, mutually exclusive classes of insurance coverage were specified to obtain population estimates according to household-reported health insurance coverage. This indicator took the form

$$INSCOV_{ki} = 1 \quad \text{if participant } i \text{ was assigned to insurance coverage category } k \text{ by the household survey data}$$

where

$$\begin{aligned} k = 1 & \quad \text{indicates only public coverage in 1977,} \\ k = 2 & \quad \text{indicates any private coverage, and} \\ k = 3 & \quad \text{indicates uninsured throughout the year,} \end{aligned}$$

and

$$= 0 \quad \text{otherwise.}$$

To allow for nonresponse adjustments within homogeneous weighting classes determined by cross-classification of the age, race, and sex of household survey participants, another indicator, C_{hi} , was specified as

$$C_{hi} = 1 \quad \text{if key participant } i \text{ was in age-race-sex class } h$$

and

$$= 0 \quad \text{otherwise}$$

where h contains 32 age-race-sex weighting classes resulting from cross-classification of the following characteristics:

<u>Age</u>		<u>Race</u>	<u>Sex</u>
0-4	35-44	White	Male
5-17	45-54	Other	Female
18-24	55-64		
25-34	65+		

The weighted estimate of the population of eligible individuals in insurance coverage class k and age-race-sex class h was then determined as

$$WE_{hk} = \sum_{i \in NMCS} ELG_i C_{hi} INSCOV_{ki} w_i$$

where

w_i is the NMCES household sample weight which reflects the i th individual's selection probability, adjusted for household nonresponse and poststratified,

and

$i \in \text{NMCES}$ indicates key participants in the household survey.

Household survey participants ineligible for the HIES, i.e., the unemployed or self-employed reported as uninsured in the household survey, were also considered to be uninsured in the HIES. The population of ineligible individuals in age-race-sex class h was estimated as WI_h , where

$$WI_h = \sum_{i \in \text{INELG}} C_{hi} w_i$$

and

$i \in \text{INELG}$ refers to key participants in the household survey who were ineligible for the HIES and were assumed to be uninsured as reported in the household survey ($ELG_i = 0$).

Insurance Coverage

To compensate for both permission form and health insurer nonresponse in the analysis of coverage and premium data collected in the coverage questionnaire, HIES sample weights were developed for all individuals with a coverage questionnaire response. To this end, their household survey sampling weights, w_i , were inflated to represent all individuals eligible for the HIES, including those for whom HIES respondents returned a copy of an insurance policy but no coverage questionnaire response; these individuals were presumed to have coverage. Nonresponse adjustments were then made within weighting classes defined by cross-classifications of age, race, sex, and household-reported insurance coverage.

To account for the possibility of different levels of nonresponse for UVS eligibles who reported no private insurance whatever and those household respondents who reported that they were covered by private plans, a separate indicator, U , was specified for all individuals with $ELG_i = 1$ such that

$U = 1$ for UVS eligibles without any household-reported private insurance,

$= 2$ for household survey participants who reported only public coverage and were not eligible for the UVS,

- = 3 all others eligible for the HIES, including UVS eligibles who did not report their own work-related coverage but were reported to be covered by private insurance from some other source.

For $U=1$, the weighting classes for nonresponse included an indicator distinguishing between full and part-time employees; here, spouses and children who did not themselves satisfy the employment criteria for eligibility were characterized according to the employment characteristics of the primary UVS eligible. This indicator, E_{ti} , was specified for part- and full-time employees such that

$E_{ti} = 1$ if the individual was assigned to employment category t by the household employment data, where

$t = 1$ indicates the individual worked only in jobs limited to less than 35 hours/week (part-time)

$t = 2$ indicates full-time

and

= 0 otherwise

To adjust all weighting classes for coverage questionnaire nonresponse, a response indicator, Q_i , was specified, where

$Q_i = 1$ if one or more of the following for person i : any response to a UVS coverage question if person i had no private insurance according to the household survey; verification of coverage on at least one permission form, or negative responses accounting for all household-reported insurance plans; policy information for a private plan; or the individual reported only public coverage, was not eligible for UVS, and therefore was assigned the coverage reported in the household survey,

and

= 0 otherwise.

Weighted counts of individuals with responses to the coverage questionnaire $WR_{h'kl}$ were derived separately for each value of U . For UVS eligibles without household-reported private insurance ($U=1$), 48 weighting classes were defined by cross-classification of age (collapsed into

three categories: 0-17, 18-64, 65+), race, sex, the two remaining categories of household reported insurance coverage (public only, $k=1$, or uninsured, $k=3$), and full-time employment, such that

$$WR_{h'kt} = \sum_{i \in U=1} Q_i C_{h'i} INSCOV_{ki} E_{ti} w_i$$

where

$i \in U = 1$ considers only individuals eligible for UVS without household-reported private insurance

and

$C_{h'i}$ is an indicator for age-race-sex class h' ($h'=1, 2 \dots 12$) where age is collapsed into three categories (0-17, 18-64, 65+).

Here, the nonresponse adjustment factor for UVS eligibles without household-reported private insurance is defined as

$$A_{h'kt} = \frac{WE_{h'kt}}{WR_{h'kt}}$$

with $WE_{h'kt}$ representing the weighted eligible population of UVS individuals with $U=1$ in class $h'kt$ and

$$WE_{h'kt} = \sum_{i \in U=1} ELG_i C_{h'i} INSCOV_{ki} E_{ti} w_i$$

Weighting classes were generally collapsed when these nonresponse adjustment factors exceeded the value of 4, or the weighting class consisted of less than 20 respondents.

Household survey participants who reported only public coverage and were not eligible for the UVS ($U=2$) were assumed to have only public coverage and were uniformly treated as coverage questionnaire respondents. Their nonresponse adjustment was consequently equal to one.

Among individuals in class $U=3$ and $k=2$, weighted counts (WR_{h2}) of those with HIES coverage questionnaire responses were used for nonresponse adjustment factors. These counts were constructed for weighting classes by age, race, and sex, such that

$$WR_{h2} = \sum_{i \in U=3} Q_i C_{hi} INSCOV_{2i} w_i$$

where

$i \in U = 3$ considers the individuals eligible for the HIES who had private coverage according to the household report.

The nonresponse adjustment factors for individuals with an HIES questionnaire response in class $U=3$ took the form

$$A_{h2} = \frac{WE_{h2}}{WR_{h2}}$$

where

$$WE_{h2} = \sum_{i \in NMCEs} ELG_i C_{hi} INSCOV_{2i} w_i$$

This factor adjusts for the nonresponse of HIES eligibles in class $U=3$. For each of the classes, $U=1,2,3$, the nonresponse adjusted HIES coverage questionnaire weight $W_i^{Q'}$ was constructed for individuals with an HIES coverage questionnaire response ($Q_i=1$) as

$$W_i^{Q'} = A_1 w_i$$

where

$$\begin{aligned} A_1 &= A_{h'kt} & \text{for } U &= 1 \\ &= 1 & \text{for } U &= 2 \\ &= A_{h2} & \text{for } U &= 3 \end{aligned}$$

and

$$W_i^{Q'} = 0 \quad \text{otherwise (individuals without an HIES coverage questionnaire response, } Q_i=0).$$

The distribution of those eligible for HIES with a coverage questionnaire response, classified by household reported coverage, is shown in Table 1.

To correct for potential under-representation of some population subgroups and ensure consistency with Census Bureau population estimates for 1977, the nonresponse adjusted HIES weights were poststratified within each of the 32 initially specified age-race-sex weighting classes (h). While the HIES weight for household survey participants who reported only public coverage ($U=2$) was not altered, the weights for the remaining eligible individuals ($U=1,3$) were adjusted by the factor, P_h , where

$$P_h = \frac{\sum_{i \in U=1,3} C_{hi} w_i}{\sum_{i \in U=1,3} C_{hi} w_i^{Q'}}$$

and, as before, w_i is the poststratified household sampling weight for each household survey participant. Consequently, the poststratified HIES coverage questionnaire weight took the form

$$w_i^Q = A_2 w_i^{Q'} \quad \text{for } Q_i = 1$$

where

$$A_2 = 1 \quad \text{for } U = 2$$

$$A_2 = P_h \quad \text{for } U = 1,3 \text{ and } i \in h$$

and

$$w_i^Q = 0 \quad \text{otherwise } (Q_i = 0).$$

To provide national population estimates incorporating ineligible uninsured persons ($ELG_i = 0$), each individual's poststratified NMCES household weight was assigned to w_i^Q i.e.,

$$w_i^Q = w_i \quad \text{for all those with } ELG_i = 0.$$

Premiums for Multiple Coverage

In addition to private health insurance coverage, the HIES analysis also required information about premiums and the respective amounts paid by the insured and others, such as the subscriber's employer. In cases of multiple coverage, failure by one or more insurance carrier or group to provide premium information yielded only partial response on premiums associated

Table 1.
HIES Response Distribution for Household Survey Participants,
by Household Reported Insurance Coverage

Household reported coverage	Number of household survey participants eligible for HIES	Questionnaire response
Public only	6,187	4,591
Eligible for UVS (U = 1)	2,285	689
Ineligible for UVS (U = 2)	3,902	3,902
Some private (U = 3)	28,898	19,099
Uninsured (U = 1)	2,424	828
Total eligible	37,509	24,518
Total ineligible ^a	1,306	n/a

^aInsured neither by private nor public insurance and not employed or self-employed.

with an individual's coverage. For those with only partial premium information but who were considered as having coverage questionnaire responses, the available premium data were adjusted to account for additional unreported premiums.

First, valid HIES responses received for each primary insured who signed more than one permission form were matched against permission forms in order to identify partial responses. Subscribers with complete and partial responses were then categorized into three groups according to the number of permission forms they had signed (2,3, and 4 or more). An inflation factor, I_n , was defined for those with partial responses in each group ($n = 1, 2, 3$) as

$$I_n = \frac{\overline{PREM}_n^C}{\overline{PREM}_n^P}$$

where

I_n = the inflation factor for subscribers with partial responses in group n ,

\overline{PREM}_n^C = average of the sum of premiums per subscriber with complete responses in group n ,

and

\overline{PREM}_n^P = average of the sum of premiums per subscriber with partial responses in group n .

The total premium for the coverage of each subscriber with partial premium response in group n was then computed by multiplying reported premiums by $1/n$. This adjustment produced an estimate of total national premium expenditures in 1977 that is consistent with estimates made by the health insurance industry (Health Insurance Association of America, 1982).

Benefits From Policy Abstracts

An additional weighting strategy was necessary to account for missing policy abstracts, i.e., insurance benefit information for individuals classified in HIES as having private coverage but for whom insurance carriers or groups, while verifying coverage, had not provided the requested policy description. Therefore, an HIES determined indicator of verified private insurance status was developed and used in conjunction with the nonresponse adjusted, poststratified HIES weight, w_i^Q , to derive the required abstract weights. Also, in order to construct national estimates from the subsample for which long-form abstract information was obtained, a separate long-form abstract weight was required.

No separate policy information adjustment was made for individuals classified in the "public only" coverage category. Where only public insurance coverage was reported in the household survey, the benefits offered under these programs were abstracted from available public information and assigned to the appropriate individuals. Complete benefit information was consequently available for all persons so classified, and in their case the appropriate weight for analyzing benefits corresponded to the household-reported coverage weight.

The indicator of insurance status as verified by HIES respondents (or, in the case of public insurance, as reported in the household survey) was defined as PC_{ki} . It took the form

$$PC_{ki} = \begin{cases} 1 & \text{if the household survey participant was assigned to insurance coverage} \\ & \text{category } k \text{ on the basis of HIPF or UVS responses} \\ 0 & \text{otherwise} \end{cases}$$

where

$k = 1$ indicates only public coverage,

$k = 2$ indicates some private coverage,

and

$k = 3$ indicates uninsured.

National estimates of the civilian noninstitutionalized population with only public or at least some private insurance coverage, falling into the 32 age-race-sex classes, h , were then determined by

$$WP_{hk} = \sum_{i \in QR} C_{hi} PC_{ki} W_i^Q$$

where QR represents individuals with an HIES coverage questionnaire response, $Q_i = 1$.

Here, to incorporate all those without any coverage, a national estimate for the uninsured population ($k=3$), was derived by adding WI_h , the estimate of persons in age-race-sex class h without health insurance and ineligible for HIES, to WP_{h3} .

To describe the benefits of individuals with public and/or private coverage, a short-form abstract indicator, SA_i , was constructed as follows:

$$SA_i = \begin{cases} 1 & \text{if short or long-form abstract data for a private plan were ascribed to an} \\ & \text{individual in category } k=2 \text{ (some private coverage) or} \\ & \text{if individual } i \text{ was assigned to category } k=1 \text{ (only public coverage), i.e., a} \\ & \text{category for which complete benefit information was available;} \\ 0 & \text{otherwise.} \end{cases}$$

Since the short-form abstract used to code insurance policies was an abbreviated version of the long form, the completion of a long form provided responses to all short form items. Thus, $SA_i = 1$ for all individuals with any abstract data on private or public insurance.

Two types of weights corresponded to the long and short form. Weighted counts of individuals with short-form abstract responses, WS_{hk} , were derived within the 64 age-race-sex, insurance coverage (public only, some private) weighting classes such that

$$WS_{hk} = \sum_{i \in QR} SA_i C_{hi} PC_{ki} W_i^Q$$

The nonresponse adjustment factor for short-form abstracts within age-race-sex insurance coverage class hk (given an HIES coverage response) consequently took the form

$$RS_{hk} = \frac{WP_{hk}}{WS_{hk}}$$

When fewer than 20 respondents were observed in any of the hk classes, or the factor RS_{hk} was noticeably greater than 2, the classes were collapsed to reduce variation among sampling weights. The HIES short-form abstract weights, w_i^S , were therefore defined for all participants in weighting class hk as

$$w_i^S = RS_{hk} w_i^Q \quad \text{for} \quad SA_i = 1$$

and

$$w_i^S = 0 \quad \text{otherwise.}$$

Long-form abstract weights were constructed only for individuals with some private insurance coverage ($k=2$). A 15-percent subsample of reporting units with at least one signed Health Insurance Permission Form was designated for long-form coding. As no long-form subsample was drawn from the reporting units where only a UVS permission form was signed, survey participants from households or reporting units eligible only for UVS were, therefore, certain to be underrepresented in the long-form abstracts. A nonresponse subsampling adjustment was developed to account simultaneously for undercoverage of UVS-only reporting units, long-form nonresponse, and the long-form subsampling rate. To derive this adjustment factor, a long-form abstract indicator, LA_i , was specified such that

$$LA_i = 1 \quad \text{if private insurance by the HIES insurance indicator, } PC_{2i} = 1, \text{ and long-form but no short-form abstract data for private insurance plans were ascribed to the eligible individual}$$

$$= 0 \quad \text{otherwise.}$$

Individuals with private policies abstracted on short forms as well as long forms were not classified as having a long-form response, because items available only on the long form were missing for some insurance plans. Weighted counts of HIES long-form abstract data response, WL_{h2} , were derived within the 32 age-race-sex weighting classes used for insurance class $k=2$, where

$$WL_{h2} = \sum_{i \in QR} LA_i C_{hi} PC_{2i} w_i^Q$$

The nonresponse subsampling adjustment factor within weighting class $h2$, RL_{h2} , was expressed as

$$RL_{h2} = \frac{WP_{h2}}{WL_{h2}}$$

where, as before,

$$WP_{h2} = \sum_{i \in QR} C_{hi} PC_{2i} w_i^Q$$

Again, when fewer than 20 respondents were observed in any of the $h2$ weighting classes, they were collapsed. Long form abstract weights, w_i^L , are expressed as

$$w_i^L = RL_{h2} w_i^Q \quad \text{for all participants in weighting class } h2 \text{ with } LA_i = 1,$$

$$w_i^L = 0 \quad \text{otherwise.}$$

Since individuals classified as uninsured in both the household survey and the HIES were not assigned abstract data by definition, they were uniformly attributed short and long-form response indicators with zero values. However, to allow for their inclusion as individuals without coverage in the reporting of short-form data, their HIES questionnaire weight, w_i^Q , was assigned to w_i^S i.e.,

$$w_i^S = w_i^Q \quad \text{for those with } PC_{3i} = 1.$$

Coverage Options in Employment-Related Groups

When coverage from an employment-related group was reported in the household survey, the group was also asked to complete a Health Insurance Options Survey (HIOS) questionnaire requesting information on optional coverage available to but not obtained by the household respondent, as well as policies and premium information for such optional plans.

Similar information was collected from employers contacted in the UVS. As most of the UVS eligibles were not in fact uninsured but covered as a dependent under a family member's insurance, the UVS usually confirmed that they had not enrolled in their employer's insurance plan. In these cases, the "optional plan" was therefore not a true alternative plan, but rather the only plan in which they could have enrolled had they elected coverage at their own place of work. The main effect of the UVS options questionnaire was, therefore, to ascertain whether

individuals not enrolled in an employment-related plan had one available to them. Only where the UVS revealed that the employee was in fact enrolled in a plan did optional plan(s) reported by a UVS respondent represent additional choices offered by the group.

There were two types of nonresponse in the HIOS. Some employers or groups did not return the optional coverage questionnaire, while others provided this information, but did not forward policy documents describing the benefits offered as options. Both an optional coverage weight and an optional policy abstract weight were consequently required for the analysis of these data.

HIOS Eligibility

Eligibility for the Health Insurance Options Survey (HIOS) was restricted to participants in the household survey holding employment-related group insurance that was confirmed through a HIES Health Insurance Permission Form and to those UVS eligibles whose employment was confirmed by an employer contacted in the UVS.

A first requirement for HIOS eligibility was a HIES coverage questionnaire response for an individual either as a primary insured or as a dependent. The population that was eligible for an optional coverage questionnaire then consisted of three groups. The first group, $g=1$, comprised the primary insured named on Health Insurance Permission Forms and the accompanying Health Insurance Options Survey. The second group, $g=2$, comprised individuals not in $g=1$ but eligible for the UVS; these were employed individuals whose lack of coverage through their employer was confirmed. The third group, $g=3$, comprised dependents of those in the first two groups but who were not themselves in either group.

To estimate the population eligible for an optional coverage questionnaire among those with w_i^Q greater than zero, i.e., with an HIES coverage response, an eligibility indicator, OE_{gi} , was defined, where

$OE_{1i} = 1$ if individual i subscribed to an employment-related group plan that was verified on an HIPF or if information describing an optional plan available to such an individual from an employment-related group was received with an HIPF;

$OE_{2i} = 1$ if $OE_{1i} \neq 1$ and individual i was an employee eligible for the UVS or information describing an optional plan available to such an individual was received with a UVS questionnaire;

$OE_{3i} = 1$ if $OE_{1i} \neq 1$ and $OE_{2i} \neq 1$ and individual i was the dependent of an individual who was eligible according to any of the criteria above;

$OE_{gi} = 0$ otherwise.

Employment-related group plans were defined for these purposes as group plans either administered by an employer or union or the premiums for which were at least partially paid by an employer or union. Family members who were ascribed the coverage data of a primary insured from a Health Insurance Permission Form or an Uninsured Validation Survey questionnaire were identified as the person's dependents in defining $g = 3$.

Availability of Optional Coverage

To produce a set of weights for analyzing the availability of optional plans, an HIOS response indicator was established for individuals in each group. Here,

$OR_{1i} = 1$ if there was a response to at least one optional coverage question in the Health Insurance Options Survey, or benefit or premium data for an optional plan were received with an HIPF for employee i ($g = 1$);

$OR_{2i} = 1$ if there was a response to at least one optional coverage question in the UVS, or benefit or premium data for an optional plan were received with the UVS questionnaire for employee i ($g = 2$);

$OR_{3i} = 1$ if individual i ($g = 3$) was the dependent of some individual with OR_{1i} or $OR_{2i} = 1$;

$OR_{gi} = 0$ otherwise.

Weighted counts, WOR_{ghk} , of respondents within weighting classes defined by the previously described age-race-sex groups, HIES-determined insurance coverage, and optional coverage eligibility were produced as

$$WOR_{ghk} = \sum_{i \in NMCS} OR_{gi} C_{hi} PC_{ki} W_i^Q$$

These totals were included in the nonresponse adjustment factor, NOR_{ghk} , which was defined as

$$NOR_{ghk} = \frac{WOE_{ghk}}{WOR_{ghk}}$$

where

$$WOE_{ghk} = \sum_{i \in NMCS} OE_{gi} C_{hi} PC_{ki} W_i^Q$$

is the sum of individuals eligible for optional coverage in weighting class ghk , using the eligibility indicator, OE_{gi} . Again, W_i^Q is the HIES coverage questionnaire weight. Classes were generally collapsed whenever there were fewer than 20 respondents so classified or this factor exceeded the value of 2. The optional coverage weight was then constructed as

$$W_i^O = NOR_{ghk} W_i^Q \quad \text{for eligible individuals with an optional coverage response } (OR_{gi} = 1)$$

and

$$= 0 \quad \text{otherwise.}$$

To incorporate individuals who were ineligible for the optional coverage questions and were presumed to have no optional employment-related group coverage, poststratified HIES coverage weights were assigned to W_i^O , where $W_i^O = W_i^Q$.

Health Insurance Options

Optional plan policies were abstracted in addition to policies describing the coverage actually selected so as to describe all private insurance benefits available to individuals as a result of their employment. First, in constructing a set of weights to describe the extent of optional insurance benefits, an indicator of the availability of optional coverage for persons in group g with HIOS responses ($OR_{gi} = 1$) was established, namely,

$$OC_{1i} = 1 \quad \text{if at least one optional coverage questionnaire in the HIOS indicated that there was an employment-related group plan available to but not selected by employee } i (g=1);$$

$$OC_{2i} = 1 \quad \text{if at least one optional coverage questionnaire in the UVS indicated that there was an employment-related group plan available to but not selected by employee } i (g=2);$$

$$OC_{3i} = 1 \quad \text{if individual } i (g=3) \text{ was the dependent of an individual with } OC_{1i} \text{ or } OC_{2i} = 1;$$

$$OC_{gi} = 0 \quad \text{otherwise.}$$

A similar indicator was considered for each HIPF or UVS questionnaire in conjunction with the actual coverage reported on the form, in order to determine the policy abstract data necessary to represent the various benefits available to the individual from the group. The abstracts required to make this determination for any employee for a particular group fell into four categories (r):

Category (r)	Employee enrolled in group	Any coverage option	Abstracts required
1	yes	yes	held and optional policy
2	no	yes	optional policy
3	yes	no	held policy
4	no	no	none

Here $r=1$ relates to individuals who selected a policy from their group and also had optional coverage available; $r=2$ to individuals whose lack of coverage from their employer was verified but who could have enrolled in a plan had they so desired; $r=3$ to individuals who enrolled in the only plan offered by their group; and $r=4$ to those who were offered no employment-related health insurance benefits whatever. No distinction was made between long-form and short-form optional policy abstracts because there were too few long forms available for analysis.

A policy abstract indicator for each person was then specified for the construction of a set of weights to analyze the benefit data. This indicator took the form

$SO_{1i} = 1$ if the policy abstract data necessary for the respective category, r , were available for at least one HIPF naming individual i ($g=1$) as the primary insured;

$SO_{2i} = 1$ if the necessary policy abstract data were available for at least one UVS questionnaire for individual i ($g=2$);

$SO_{3i} = 1$ if individual i ($g=3$) was the dependent of an individual with SO_{1i} or SO_{2i} equal to 1;

$SO_{gi} = 0$ otherwise.

Each individual with $OR_{gi}=1$ was also assigned to a weighting class defined by the type of abstracts required for $SO_{gi}=1$ ($r=1,2,3,4$). Individuals with complete abstract data for more than one insurance group were assigned to the lowest value of r which was applicable to any one HIPF or UVS questionnaire. An adjustment factor to account for abstract nonresponse was computed within weighting classes defined by the previously defined demographic and coverage groups, the three eligibility groups g , and the values of r . It took the form

$$RSO_{hkgr} = \frac{WOR_{hkgr}}{WOS_{hkgr}}$$

where

$$WOS_{hkgr} = \sum_{i \in r} SO_{gi} C_{hi} PC_{ki} W_i^O$$

and

$$WOR_{hkgr} = \sum_{i \in r} OR_{gi} C_{hi} PC_{ki} W_i^O$$

For individuals with $r=4$, for whom no abstract information was required, $RSO_{hkgr}=1$. Whenever the minimum weighting class size constraint of 20 respondents was not satisfied, cells were collapsed. The final optional policy abstract weights were computed as

$$W_i^{OS} = RSO_{hkgr} W_i^O \quad \text{for } SO_{gi} = 1$$

and

$$W_i^{OS} = 0 \quad \text{otherwise.}$$

As before, to incorporate individuals ineligible for the options coverage questions and presumed to have no employment-related group coverage options, poststratified HIES short-form weights were assigned to W_i^{OS} ($W_i^{OS} = W_i^S$).

Summary

Information on health insurance coverage obtained from the households participating in the National Medical Care Expenditure Survey was verified and supplemented in the Health Insurance/Employer Survey (HIES). Insurance companies, employers, unions, and other organizations identified by respondents in the household survey as the source of their private insurance coverage were asked both to verify the coverage reported in the household survey and to provide information on the provisions of each subscriber's coverage, its cost, and the parties responsible for payment of the premiums. In a substudy, the Uninsured Validation Survey (UVS), lack of employment-related insurance coverage reported in the household survey by employed adults was verified through their employers and if coverage was in fact available, premium and benefit information was obtained. The only household survey participants whose private insurance status could not be verified were unemployed or self-employed respondents and their dependents who reported being uninsured during all of 1977. These individuals were assumed to be in fact uninsured.

Although no attempt was made to verify enrollment in public insurance programs reported during the household survey, information similar to that obtained for private policies was obtained for benefits offered by Medicare, CHAMPUS/CHAMPVA, and the different state Medicaid programs. By taking household-reported public coverage into account, the HIES data base thus encompasses public as well as private health insurance benefits.

For household respondents whose employment-related insurance was verified, the Health Insurance Options Survey (HIOS) obtained information about the availability of alternative or optional plans from HIES respondents, as well as data on enrollment and the payment of premiums for optional plans similar to those collected for coverage actually held.

Particular attention has been given to the sampling strategy adopted to survey the insurance carriers, insurance groups, and employers identified by NMCES household survey participants. Detailed specifications are presented for the weighting strategies employed in the HIES and its substudies. To illustrate the procedures which allow for the derivation of national estimates of the health insurance coverage of the U.S. civilian population in 1977, the discussion includes a description of weighting adjustments employed to account for the different probabilities of selection that characterize sampling units and for different levels of nonresponse.

The Employer Health Insurance Cost Survey

In addition to the Health Insurance Employer Survey (HIES), the National Medical Care Expenditure Survey incorporated an Employer Health Insurance Cost Survey (EHICS). Designed to produce national estimates of the availability of employment related health insurance and its costs in the United States for 1977, it obtained information from employers identified in the household survey on firm-level characteristics not otherwise available, such as size of firm, unionization, distribution of wages within their workforce, and access to employment-related health insurance.

Instead of constructing a separate sample frame defining employers as sampling units, the strategy adopted in this survey to obtain a national sample of employers was based on data already collected in the household survey. Specifically, the employer sample for EHICS was defined as the employers associated with persons in the household sample, which was designed to represent the civilian noninstitutionalized population of the U.S. (Cohen and Kalsbeek, 1981). The rationale for this strategy was that since each employer in the nation is linked to one or more employed persons, the NMCES sample of employed individuals yields an associated sample of employers (Lessler, McNeill, and Waddell, 1980) with the probability of selection for an employer contingent upon the number of persons employed by each firm and the respective probability of an employee being drawn into the NMCES household sample. The EHICS design thus involved the definition of a frame of employed individuals at a particular point in time or period of time; the selection of a sample of employed individuals; the identification of firms linked to the sample of employees; and a survey of these firms concerning health insurance costs.

Sampling Frame

The design of the EHICS sample allows for the selection of employers as a consequence of their linkage to employed (but not self-employed) persons in the NMCES household sample. Since knowledge of the number of employees linked to a sampled employer was required in this estimation strategy, the questionnaire was designed to obtain from each employer a count of civilian employees as of December 31, 1977. While the optimal strategy would have been the construction of a frame of persons who were employed as of December 31, 1977, the Employment Supplement in the household survey (Bonham and Corder, 1981) did not reflect employment status for a single point in time. Consequently, the frame of employees was constructed to permit membership in the sample for any person who was employed at any time during 1977.

A second measure of employment status of NMCES participants was obtained during Rounds 3, 4, or 5 of household data collection (see Bonham and Corder, 1981). Briefly, all privately insured household survey participants 14 years old or older were asked to sign a Health Insurance Permission Form; employed participants not reporting coverage by employment-related insurance were asked to sign an Uninsured Validation Survey Permission Form. For purposes of EHICS, these permission forms were used only to identify the employer's name and

address. At the completion of Round 5, household survey participants were then divided into five groups for the development of the EHICS sampling frame.

The first group, which was drawn into the EHICS sample with certainty, consisted of NMCES participants who reported being employed and holding employment-related insurance in Rounds 3, 4, or 5 of the household survey, and who signed the Health Insurance Permission Form. Individuals in the second and third group, from which 10-percent systematic samples were drawn, were those reporting employment in either Rounds 3, 4, or 5 in the Employment Supplement Questionnaires but providing a permission form not associated with an employment-related policy, and, respectively, those who did not sign permission forms. Members of these two noncertainty sample groups were telephoned and asked to provide the names of their 1977 employers. Another 10-percent systematic sample was drawn from a fourth group consisting of individuals for whom employment status was missing. Members of this group were likewise telephoned and asked to report their employment status in 1977 and, if employed, to provide the names of their employers. A fifth group consisted of all NMCES participants with survey nonrespondent status in rounds 3, 4, or 5 or who were not employed. This group was excluded from the EHICS sample frame.

The initial counts for the groups constituting the EHICS sample frame (Table 2) included NMCES ineligible, i.e., military personnel, institutionalized persons, or other than key participants. This was due to limitations in the availability of data necessary to identify ineligible at the time of frame construction.

Once the employers of the sample individuals were identified, they were contacted by mail or telephone to provide the required data. EHICS data collection resulted in the completion of questionnaires (including those with multiplicity-only responses) by 5,845 unique employers, a response rate of 85 percent. (See Appendix B for the survey forms.)

Sample Weights

To derive national estimates of employer characteristics and health insurance costs from the sample described, it was necessary to define a set of weights which accurately reflected the probability of inclusion in the sample for each employer who completed the EHICS questionnaire.

Since this employer sample was based upon a subsample of household survey participants, knowledge of their selection probabilities was required in the weighting process. For all eligible employees in the EHICS certainty sample (Group 1; see Table 2), these were equivalent to their NMCES household selection probabilities, π_i . Given the 10-percent subsampling rate for the NMCES household participants selected in each of EHICS sampling groups 2-4, their probability of inclusion in EHICS was $\pi_i/10$. The EHICS employee level weight was then defined as the reciprocal of its selection probability.

Table 2.
Sampling Frame for the Employer Health Insurance Cost Survey

Group	Employment status	Total number	Total eligible ^a
1	Employed, with HIES employer permission form	8,634	8,523
2	Employed, nonemployer HIES permission form	2,692	267 ^b
3	Employed, no permission forms	3,952	384 ^b
4	Employment status uncertain	5,845	559 ^{b,c}
5	Not employed or inactive	17,921	0

^aEligibility was restricted to key participants in the household survey.

^bBased on a 10-percent sample.

^cOf whom 120 were shown to be employed.

SOURCE: Lessler, McNeill and Waddell, 1980.

Further, the possibility had to be taken into account that several employees in the household sample were linked to the same employer. Thus, the transformation from a sample of employed household survey participants to a sample of their employers required an adjustment to the EHICS sample employee weights to account for the possibility of selecting more than one NMCES household survey respondent for a given employer. The extent of such multiple linkages can be understood by considering a person-based survey in which all eligible employees in the U.S. are included, and then enumerating all unique employee-employer linkages for each employer. The resulting count would equal the number of eligible employees working for the employer in 1977 and is referred to as the employer's multiplicity. The sum of all such linkages is equal to the total number of employee-employer linkages, which is the total number of jobs or employment positions in the nation in 1977.

Thus, in order to produce estimates from the EHICS sample that are related to the number of employers rather than to the number of employee-employer linkages (or employment positions), it was necessary to account for the number of employees in each firm or the employer multiplicity. This adjustment was incorporated into the EHICS employer sample weight specifications, the weight being derived by dividing the sum of sample weights for NMCES household survey participants associated with a specific employer by the employer's multiplicity. Barring missing data and nonresponse, application of these weights will yield statistically unbiased

national estimates of relevant employer population parameters for 1977 (Sirken, 1970). Specifically, if one considers the sum, Y , of a relevant employer characteristic determined from an enumeration of all employers, that sum can be expressed as

$$Y = \sum_{j=1}^M Y_j$$

where

Y_j is the value of the relevant characteristic for the j th employer,

and

$j = 1, 2, \dots, M$, with M denoting the total number of employers in the employer universe.

Within the multiplicity framework of the EHICS sample, the enumerated total, Y , can be estimated by

$$\hat{Y} = \sum_{j=1}^m w_j Y_j$$

where

$\sum_{j=1}^m$ is the sum over the distinct m ($j=1, 2, \dots, m$) sample employers linked to members of the EHICS sample of employees.

Here, w_j , the sample weight for the j th sample employer, is determined by

$$w_j = \frac{1}{Y_j} \sum_{i=1}^{L_j} \frac{1}{\pi_i}$$

where

γ_j is the number of persons who are 14 years old or older and who are employed by the j th employer (referred to as the multiplicity),

π_i is the probability of selection for the i th sample NMCES participant for EHICS,

and

$\sum_{i=1}^{L_j}$ is the sum over all (L_j) participants in the sample reporting the j th employer.

Thus, the EHICS sample person weight was initially denoted as

$$w_i^E = (\pi_i)^{-1}$$

As in most surveys, however, the assumption of complete response and fully answered questionnaires was not met, restricting the EHICS data base to responding employers. Corresponding adjustments in the weighting strategy had to take into account the following types of nonresponse affecting the EHICS sample:

- o Housing units drawn for the NMCES household sample refused to participate or contact could not be made;
- o Information on employment status was missing for active household survey participants;
- o The name of the employer was not obtained;
- o Data on the number of employees employed by a particular employer (essential for the multiplicity factor) were missing on the returned employer questionnaire;
- o All other data items were missing on the returned employer questionnaire.

A set of poststratified NMCES household participant sampling weights, w_i , that adjusted for housing unit nonresponse were available (Cohen and Kalsbeek, 1981). For the EHICS certainty sample (group 1), the initial EHICS employee weight, w_i^E , was set equal to the initial NMCES household participant weight ($w_i^E = w_i$), since all eligible members of this frame were included in the EHICS sample of employees. For all NMCES household respondents selected in EHICS sampling groups 2-4, household sampling weights were multiplied by a factor of ten to

account for the 10-percent subsampling rate. Consequently, the initial EHICS employee weights took the form

$$w_i^E = 10 w_i$$

Additional adjustments to the EHICS sample weights to control for the remaining types of nonresponse are discussed in the following.

Missing Employment Status

The original sample size for those with unknown employment status (group 4; see Table 2) was 584, leaving a sample of 559 after excluding nonkey household survey participants. For 409 members of this group who were telephoned and asked to report their employment status in 1977, employment status was determined; 14 individuals were found to be less than 14 years of age and ineligible; and 136 did not respond. There were 120 employed individuals in this respondent group. The EHICS sample weights of responding employed NMCES participants in this group were then adjusted to account for employed but nonresponding individuals. On the assumption of an equivalent employment status distribution for respondents and nonrespondents, the total employed in this group was estimated by inflating the weight for each employed responding participant by the ratio of the sum of sampling weights for the 545 eligible participants to the sum of weights of the 409 respondents.

Consequently, the EHICS weights of group 4 members known to be employed were adjusted by the factor

$$A_o = \frac{\sum_{i \in R'} w_i^E}{\sum_{i \in R} w_i^E}$$

where

$i \in R'$ considers eligible group 4 sample respondents and nonrespondents

and

$i \in R$ considers eligible group 4 sample respondents only,

such that

$w_i^{E'} = A_0 w_i^E$ for employed group 4 respondents ($i \in R$) and

$w_i^{E'} = 0$ otherwise ($i \notin R$).

Unidentified Employers

Employer identification was missing for members of sample groups 2 to 4 if contact was not established or household survey participants refused to identify their employer. Also, for group 1, the certainty sample, some of the organizations named on the permission forms were not in fact employers. All employees with missing employer identifiers were defined as not linked to an employer, and all employees with identified employers were defined as linked to an employer. A nonresponse adjustment was used to allow the sampling weight of those participants linked to employers to characterize the total population of persons 14 years old or older who were employed at some time during 1977. On the assumption that linked and nonlinked EHICS employees were similarly distributed by type of employer, the weights of linked employees were inflated by the ratio of the weighted sum of those employed to the weighted sum of those employed and linked. This was done separately for each sample group (1-4). The number of linkages and nonlinkages and the corresponding adjustment factors are shown in Table 3. Here, the EHICS sample weights, w_i^E , of the linked employees ($w_i^{E'}$ for members of sample group 4, adjusted for missing employment status) were adjusted by the factor A_1 within sample groups. The new weights, w_i^A , for the linked employees took the form

$w_i^A = A_1 w_i^E$ for employees linked to an employer ($i \in L$) and

$= 0$ otherwise ($i \notin L$).

Table 3.
Employer Linkages, Nonlinkages, and Adjustment Factors

Sample	Sample size of employees ^a	Number of employees linked to EHICS employers	Number of employees not linked to EHICS employers	Adjustment factor (A_1)
Group 1	8,523	8,361	162	1.109
Group 2	267	198	69	1.352
Group 3	384	216	168	1.781
Group 4	120	95	25	1.245

^aAs derived from employed key household survey participants.

SOURCE: Lessler, McNeill and Waddell, 1980.

where

$$A_1 = \frac{\sum_{i \in L'} w_i^E}{\sum_{i \in L} w_i^E}$$

$i \in L'$ considers all (L') EHICS employed individuals

and

$i \in L$ considers only the employed EHICS participants linked (L) to an identified employer.

The sum of these adjusted sampling weights provides national estimates of the number of employment positions held in 1977.

Missing Multiplicity

On the assumption that employees of both responding and nonresponding employers were similarly distributed, the employee sampling weights adjusted for missing employment status and employer linkage were further adjusted for missing employer multiplicity, i.e., the number

of sample employees in a nonresponding firm. Adjustment factors were derived separately within each primary sampling unit (or within each pseudo-PSU; see Cohen and Kalsbeek, 1981) as defined in the household survey. Specifically, the EHICS person weights w_i^A of employees linked to employers providing multiplicity information were adjusted by factor $A_{2\lambda}$ within each PSU (λ). This resulted in the new employee weight w_i^M such that

$$w_i^M = A_{2\lambda} w_i^A \quad \text{for linked employees with employers providing multiplicity information and}$$

$$= 0 \quad \text{otherwise}$$

where

$$A_{2\lambda} = \frac{\sum_{j \in M'\lambda} k_{\lambda j}}{\sum_{j \in M\lambda} k_{\lambda j}}$$

is computed within each PSU(λ), and

$$k_{\lambda j} = \sum_{i=1}^{L_{j(\lambda)}} w_i^A$$

where

$\sum_{i=1}^{L_{j(\lambda)}}$ is the sum over all $L_{j(\lambda)}$ EHICS employees linked to the j th employer in PSU(λ),

$j \in M'\lambda$ considers all identified employers linked to sample employees in PSU(λ), and

$j \in M\lambda$ considers all identified employers linked to sample employees in PSU(λ) and responding to the multiplicity question.

There were 6,956 employer records with multiplicity information and 254 records with missing multiplicity response. An employer with sample employees in S PSUs is represented by S em-

ployer weights. The adjustment factors range from 1.000 to 1.755 and the data characterize 5,845 unique employers.

EHICS employer weights were then constructed by determining the respective EHICS employees that were linked to a distinct employer within a particular PSU, summing the weights of all linked employees, and dividing this weight by the multiplicity of the employer. This weight, w_j^C , is expressed as

$$w_j^C = \sum_{i=1}^{L_{j(\lambda)}} \frac{w_i^M}{\gamma_j}$$

where

w_i^M is the EHICS person weight adjusted for missing multiplicity,

$\sum_{i=1}^{L_{j(\lambda)}}$ is the sum over all EHICS employees reporting the j th employer within the λ th PSU,

and

γ_j is the j th employer's multiplicity.

Missing EHICS Data

Of 6,956 records for responding employers, 723 contained information only on multiplicity. Consequently, the final EHICS employer weights had to be further adjusted for questionnaire nonresponse attributable to these 723 employer records.

Assuming the EHICS employers who answered only the multiplicity question to be distributed similarly to fully responding employers of similar size, the EHICS weights of responding employers were adjusted to account for questionnaire nonresponse. These adjustments were derived within weighting classes (p) determined by 20 equal intervals on the multiplicity percentile distribution, specified by increments of 5 percent, to control for number of employees. Consequently, the final employer EHICS sample weight, w_j^F , took the form

$$w_j^F = A_{jp} w_j^C \quad \text{for employers responding to the EHICS questionnaire in addition to providing multiplicity information and}$$

$$= 0 \quad \text{otherwise}$$

where

w_j^C is the EHICS employer weight adjusted for missing multiplicity

and

$$A_{jp} = \frac{\sum_{j \in Q', p} w_j^C}{\sum_{j \in Q, p} w_j^C}$$

$j \in Q'$ considers all responding employers,

$j \in Q$ considers responding employers excluding those reporting multiplicity only, and

p considers all employers within the p th class ($p = 1, 2, \dots, 20$) of the multiplicity distribution.

It should be noted that the differential adjustments for multiplicity and nonresponse imparted noticeable variation to the final sampling weights. The application of these differential sampling weights in the derivation of population estimates will generally increase variance.

After adjusting for this type of questionnaire nonresponse, the EHICS analysis file contained 6,233 records which characterized 5,176 unique employers. An employer associated with EHICS sample employees in more than one pseudo-PSU would have a positive EHICS sampling weight for each PSU represented. The sum of these EHICS employer sampling weights yielded an estimate of 5,068,000 employers in the nation for 1977 and, when used in conjunction with the multiplicity data, yielded a national estimate of 97,131,000 employee positions.

Summary

The design of the Employer Health Insurance Cost Survey has been described in detail. Particular attention has been given to the sampling strategy that allowed for the selection of employers as a consequence of their linkage to key participants in the NMCES household sample. The multiplicity framework for deriving national estimates of the health insurance costs of civilian employers and their employees in the U.S. for 1977 is also presented. In addition, detailed specifications for the computation of the EHICS sampling weights have been provided to ensure a better understanding of the estimation procedures. They include a description of the selection probabilities characterizing sampled EHICS employees for multiplicity estimation, and adjustments for nonresponse at both the employee and employer level.

The final EHICS employer sample weights, w_j^F , allow for the examination of employment-related health expenditures for 1977 through the derivation of national estimates of the number of employees in firms with employment-related health insurance plans and those eligible for such plans; the proportion of payroll expenses going to health insurance; mean insurance premiums; the respective percentages of premiums paid by employers and employees; and the extent to which employers bear the entire premium cost.

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National Medical Care Expenditure Survey

Dear _____

Name

Street

City State Zip Code

I am participating in a study being conducted for the United States Public Health Service to gather information about medical care expenditures, utilization of health services, and health insurance coverage. This information will benefit all Americans by enabling our public and private agencies to better understand the health of our people and our medical care system. My family is one of twelve thousand American households participating in this study.

To supplement the information provided by families like my own, health insurance companies and the groups, employers, or unions that administer health insurance plans, are being asked to provide information about health insurance benefits, coverage, and premiums of sampled families.

By this statement or by a facsimile of it, I hereby authorize and request that you furnish to the National Medical Care Expenditure Survey a copy of each health insurance policy I hold with your company or group and information about each policy's premiums and coverage.

Please cooperate with these researchers by providing them with the information requested on the following pages and a copy of each health insurance policy I hold with your company or group. If you have questions about this study that are not covered by the instructions in the enclosed booklet, or need assistance to complete this request, please call one of the coordinators for the National Medical Care Expenditure Survey at their toll-free number 1-800-225-1970.

Please be assured that this information is subject to the Privacy Act of 1974 (Public Law 93-579) and is therefore strictly confidential. Personal information about survey participants will not be disclosed to any parties outside of this survey and will be destroyed upon completion of this study.

Sincerely,

Policyholder, Certificateholder, or Guardian of Person whose
name appears on policy.

Date _____

Participant I.D.

R.U. #

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308 of the Public Health Service Act (42 USC 242m).

→ PLEASE TURN TO PAGE 2

NATIONAL MEDICAL CARE EXPENDITURE SURVEY

Sponsored by: U.S. Public Health Service

NATIONAL OPINION RESEARCH CENTER
300 N. ZEEB RD.
ANN ARBOR, MI 48106

ART ASSOCIATES, INC.
1400 BRIDGE ST.
CAMBRIDGE, MASS 02142
(617) 452-1100


Dear Friend,

You have been asked to participate in the National Medical Care Expenditures Survey which is being conducted for the National Centers for Health Statistics and Health Services Research of the U.S. Public Health Service. The information collected in this survey will benefit all Americans by enabling our public and private agencies to better understand the health of our people and our medical care system. Because accurate insurance information cannot be collected from any other source, your help in completing this questionnaire is essential. The importance of your cooperation cannot be overstated.

Please examine the identifying information for the health insurance policies presented here. For each policy, please answer all questions contained in this folder. *Detailed instructions for you to follow in answering these questions appear on pages 3 thru 5 of the attached booklet. When answering question 2 for group insurance policies, please do not enter the premium for the entire health insurance group. After you complete this questionnaire, please be sure to enclose a copy of each insurance policy or group insurance certificate in the postage paid envelope that we have supplied.*

If you have questions about this survey or need assistance to complete this request, please call one of the coordinators for the National Medical Care Expenditure Survey at their toll-free number (1-800-225-1970).

Sincerely,



Donald N. Muse, Ph.D.
Associate Project Director
National Medical Care Expenditure Survey

If no identifying numbers are available for one or more of the policies listed on this form, the policyholder's Social Security Number should be entered here.

				-			-				
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PLEASE NOTE: Your Social Security Number is needed only to allow your health insurance policy to be easily and accurately located and identified. In accordance with the Privacy Act of 1974, provision of your Social Security Number is voluntary. The National Medical Care Expenditure Survey is being conducted under Section 306 of the Public Health Service Act (42 USC 242k). This is the authority for voluntary disclosure.

Health Insurance Policy A _____

Name of Insurance Company _____

Policy # or Group # _____

Certificate # _____

Name of Policyholder or Certificateholder (as it appears on policy)

Type of Policy

☐ Group ☐ Individual

☐ Other (please specify) _____

Health Insurance Policy B _____

Name of Insurance Company _____

Policy # or Group # _____

Certificate # _____

Name of Policyholder or Certificateholder (as it appears on policy)

Type of Policy

☐ Group ☐ Individual

☐ Other (please specify) _____

Health Insurance Policy C _____

Name of Insurance Company _____

Policy # or Group # _____

Certificate # _____

Name of Policyholder or Certificateholder (as it appears on policy)

Type of Policy

☐ Group ☐ Individual

☐ Other (please specify) _____

A1 Has the indicated policy or certificate-holder been covered by this policy at any time during 1977? (Please check one box)

☐ Yes → Is this a family, couple, or individual insurance policy?

☐ Individual
☐ Couple
☐ Family
☐ Other (please specify) _____

☐ no (Please SKIP TO POLICY B)
☐ Other (please specify) _____

A2 For this individual, couple, or family coverage, please specify the 1977 annual premium, the payors, and the amount that each payor will contribute toward the total annual premium.

1. Total Annual Premium:

Amount \$.

2. Insured's Contribution:

Amount \$.

3. Other Payor's Name(s)

1. _____

Amount \$.

2. _____

Amount \$.

A3 Please enclose a copy of this policy or a group insurance certificate in the return envelope with this questionnaire.

☐ Please check this box to indicate policy enclosure.

B1 Has the indicated policy or certificate-holder been covered by this policy at any time during 1977? (Please check one box)

☐ Yes → Is this a family, couple, or individual insurance policy?

☐ Individual
☐ Couple
☐ Family
☐ Other (please specify) _____

☐ no (Please SKIP TO POLICY C)
☐ Other (please specify) _____

B2 For this individual, couple, or family coverage, please specify the 1977 annual premium, the payors, and the amount that each payor will contribute toward the total annual premium.

1. Total Annual Premium:

Amount \$.

2. Insured's Contribution:

Amount \$.

3. Other Payor's Name(s)

1. _____

Amount \$.

2. _____

Amount \$.

B3 Please enclose a copy of this policy or a group insurance certificate in the return envelope with this questionnaire.

☐ Please check this box to indicate policy enclosure.

C1 Has the indicated policy or certificate-holder been covered by this policy at any time during 1977? (Please check one box)

☐ Yes → Is this a family, couple, or individual insurance policy?

☐ Individual
☐ Couple
☐ Family
☐ Other (please specify) _____

☐ no (Please TURN TO PAGE 4)
☐ Other (please specify) _____

C2 For this individual, couple, or family coverage, please specify the 1977 annual premium, the payors, and the amount that each payor will contribute toward the total annual premium.

1. Total Annual Premium:

Amount \$.

2. Insured's Contribution:

Amount \$.

3. Other Payor's Name(s)

1. _____

Amount \$.

2. _____

Amount \$.

C3 Please enclose a copy of this policy or a group insurance certificate in the return envelope with this questionnaire.

☐ Please check this box to indicate policy enclosure.

4. During 1977, has the insured been covered by any other health insurance policy that you administered which was not listed on page 2? (Please check one box)

- ☐ yes —→
- ☐ no
- ☐ don't know

If yes: please specify the insurance company that writes this policy, the policy and certificate numbers, any dependents who are covered by this policy, annual premium for 1977, the payment sources, and amounts that each contributor has or will pay toward this annual premium.

5. In case we need to contact you about this questionnaire, please indicate your name, title, address, and phone number.

Name

Title:

Address:

Street

City

State

Zip Code

Phone:

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area code

Thank you for completing this Questionnaire.
Please return it and a copy of each insurance policy in the enclosed prepaid envelope addressed to:
 National Medical Care Expenditure Survey
 55 Wheeler Street
 Cambridge, Massachusetts 02138

OMB No. 68-R1528

National Medical Care Expenditure Survey

P.O. Box 12138, Research Triangle Park, North Carolina 27709

Dear _____
Name

Street Address

City State Zip

I am participating in a study being conducted for the United States Public Health Service to gather information about medical care expenditures, utilization of health services, and health insurance coverage. As part of the survey, any employer for whom I have worked and any union to which I belonged between January 1977 and April 1978, are being asked to supplement the information that I have provided to the study.

By this statement or a photocopy of it, I hereby authorize and request you to furnish to the National Medical Care Expenditure Survey any information, including copies of policies, requested in regard to health insurance plans or programs available to me from January 1977 to April 1978.

Please cooperate with this study by providing the data requested on group health insurance plans or programs that were in effect from January 1977 to April 1978, regardless of whether or not I participated in such programs.

Sincerely,

Signature of employee or union member
(If 14 or over, please sign above)

Parent or Guardian
(Please sign for person under 18)

Name of employee or union member

Date signed

Date signed

to
(Dates of employment or membership, if
other than from January 1977 to April 1978)

____-____-____
Social Security Number of employee or
union member

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308 of the Public Health Service Act (42 USC 242m). No information will be disclosed where prohibited by federal laws and regulations governing the confidentiality of alcohol and drug abuse patient records, 21 USC 1175 or 42 USC 4582, 42 CFR Part 2.

NOTICE — Your Social Security Number is needed only to allow your employer or union to accurately identify and locate your employment or membership records. In accordance with the Privacy Act of 1974, provision of your Social Security Number is voluntary. The National Medical Care Expenditure Survey is being conducted under Section 306 of the Public Health Service Act (42 USC 242k). This is the authority for voluntary disclosure.

Reporting Unit # _____

Participant ID # _____

Permission Form # _____

NATIONAL MEDICAL CARE EXPENDITURE SURVEY

HEALTH INSURANCE QUESTIONNAIRE

Questionnaire Concerning:

Person: _____ ID: _____

1. At any time between January 1, 1977 and December 31, 1977, was the above named person an employee of your organization or a member of your union?

Yes () 1

No () 2 → Please skip to question 12

Don't know () 94

2. During this time period, did your organization *administer* or *provide* any health or dental insurance policies to your employees or union members?

Yes () 1

No () 2 → Please skip to question 12

Don't know () 94

3. Between January 1, 1977 and December 31, 1977, was the above named person *eligible* to either purchase or enroll in any of these health or dental insurance policies?

Yes () 1

No () 2 → Please skip to question 12

Don't know () 94

Other () 4 → Please specify and skip to question 10

4. At any time between January 1, 1977 and December 31, 1977, was the above person *covered* by any of your organization's health or dental insurance policies?

Yes () 1

No () 2 → Please skip to question 10

Don't know () 94

Other () 4 → Please specify and skip to question 10

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

5. For the policy which covered the previously mentioned person, please indicate the name of the insurance company or the prepaid practice.

6. Was this an individual, couple, or family insurance policy?

Individual () 1

Couple () 2

Family () 3

Other () 4 → Please specify and continue to question 7

7. For the policy being discussed, please specify the 1977 annual premium, who pays the premium, and the amount that each source contributes toward the total annual premium.

- A) Total annual premium:

Amount \$.

Don't know () 94

- B) What your employee (union member) paid:

Amount \$.

Don't know () 94

- C) Other persons or organizations that help pay the premium:

a. _____

Amount \$.

Don't know () 94

b. _____

Amount \$.

Don't know () 94

8. How many employees (or union members) were covered at the end of the 1977 plan year by this plan? Include employees (or union members) covered in all of your company or union locations.

No. Covered: _____

9. Please enclose a group insurance certificate or a copy of the policy described above and check here.

() 1 → Please continue to Question 10.

10. Through your organization between January 1, 1977 and December 31, 1977, could the previously named person voluntarily have purchased an option (or a *different* option) of health or dental benefits (such as major medical, high or low option, dental, drug, prepaid group practice) through additional riders, or among alternative plans?

Yes () 1

No () 2

Don't know () 94 → Please skip to question 12

11. Please answer questions A - F below for each of the different options or plans this person could have purchased or enrolled in between January 1, 1977 and December 31, 1977, but did not.

OPTION OR PLAN # 1	OPTION OR PLAN # 2
<p>A. Please indicate the name of the insurance company or prepaid practice.</p> <p>Name: _____</p>	<p>A. Please indicate the name of the insurance company or prepaid practice.</p> <p>Name: _____</p>
<p>B. What type of option or plan was that (such as major medical, high or low option, dental, drug, prepaid group practice)?</p> <p>_____</p>	<p>B. What type of option or plan was that (such as major medical, high or low option, dental, drug, prepaid group practice)?</p> <p>_____</p>
<p>C. Please specify the 1977 total <i>annual</i> premium or enrollment cost for . . .</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	<p>C. Please specify the 1977 total <i>annual</i> premium or enrollment cost for . . .</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>
<p>D. Please specify the 1977 <i>annual</i> premium or enrollment cost which the person named on the label would have had to contribute for . . .</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	<p>D. Please specify the 1977 <i>annual</i> premium or enrollment cost which the person named on the label would have had to contribute for . . .</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>
<p>E. How many employees (or union members) were covered at the end of the 1977 plan year by this option or plan? Include employees (or union members) covered in all of your company or union locations.</p> <p>No. covered: _____</p>	<p>E. How many employees (or union members) were covered at the end of the 1977 plan year by this option or plan? Include employees (or union members) covered in all of your company or union locations.</p> <p>No. covered: _____</p>
<p>F. Please enclose a group insurance certificate or a copy of the policy described above and check here. <input type="checkbox"/> 1</p>	<p>F. Please enclose a group insurance certificate or a copy of the policy described above and check here. <input type="checkbox"/> 1</p>

12. In case we need to contact you, please indicate your name, title, address, and phone number.

Name: _____

Title: _____

Address: _____

street

city state zip code

Phone:

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area code extension

Thank you for completing this questionnaire. Please return it and a copy of each insurance policy you have described in the enclosed prepaid envelope addressed to:

National Medical Care Expenditure Survey
55 Wheeler Street
Cambridge, Massachusetts 02138

If you have questions or need additional forms, please call our toll free number (1-800-225-1970).

Health Insurance Options Survey

OMB No. 68 - R1528

The person listed below has indicated that he was covered during 1977 by those work-related health or dental plans listed on the label. Please answer questions 1 - 3 below regarding this person's coverage.

1. How many employees (or union members) were covered at the end of the 1977 plan year by each plan listed on the label? Include employees (or union members) covered in all of your company or union locations.

Plan A _____
 Plan B (if any) _____
 Plan C (if any) _____

Person:
 Work-related plans listed in the gray booklet as held during 1977:

Plan A _____
 Plan B _____
 Plan C _____

2. Through your organization in 1977, could the above named person have purchased a *different* option of health or dental benefits (such as major medical, high or low option, dental, drug, prepaid group practice) either within the plan(s) listed above, through additional riders, or among alternative plans? (Do not consider the choice between individual and family coverage as a different option.)

Yes () ☐ 1 → Please answer question 3 below and return this survey with a copy of each certificate/policy described below in the prepaid envelope.
 No () ☐ 2
 Don't Know () ☐ 3 → Please return this questionnaire in the enclosed prepaid envelope. Do not complete question 3 below.

3. Please answer questions A - F below for each of the different options or plans this person could have purchased in 1977, but did not.

OPTION OR PLAN #1 Do not list option(s) shown on the label.	OPTION OR PLAN #2 Do not list option(s) shown on the label.
<p>A. Please indicate the name of the insurance company or prepaid practice.</p> <p>Name: _____</p> <p>B. What type of option or plan was that (such as major medical, high or low option, dental, drug, prepaid group practice)?</p> <p>_____</p> <p>C. Please specify the 1977 total <u>annual</u> premium or enrollment cost for ...</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>D. Please specify the 1977 <u>annual</u> premium or enrollment cost which the person named on the label would have had to contribute for ...</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>E. How many employees (or union members) were covered at the end of the 1977 plan year by this option or plan? Include employees (or union members) covered in all of your company or union locations.</p> <p>No. covered: _____</p> <p>F. Please enclose a group insurance certificate or a copy of the policy described above and check here. <input type="checkbox"/> 1</p>	<p>A. Please indicate the name of the insurance company or prepaid practice.</p> <p>Name: _____</p> <p>B. What type of option or plan was that (such as major medical, high or low option, dental, drug, prepaid group practice)?</p> <p>_____</p> <p>C. Please specify the 1977 total <u>annual</u> premium or enrollment cost for ...</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>D. Please specify the 1977 <u>annual</u> premium or enrollment cost which the person named on the label would have had to contribute for ...</p> <p>Individual coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Family coverage: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>E. How many employees (or union members) were covered at the end of the 1977 plan year by this option or plan? Include employees (or union members) covered in all of your company or union locations.</p> <p>No. covered: _____</p> <p>F. Please enclose a group insurance certificate or a copy of the policy described above and check here. <input type="checkbox"/> 1</p>

If you have questions or need additional forms, please call our toll free number (1-800-225-1970).

OMB No. 85-S-78016
Expires 03/31/79

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308 of the Public Health Service Act (42 USC 242m).

EMPLOYER HEALTH INSURANCE COST SURVEY

Please answer the following questions as accurately as possible, as specific answers are essential in our attempt to estimate the cost of health insurance to American business. Please return in the envelope enclosed. Thank you for your time, help, and cooperation.

Project Address: Research Triangle Institute, P.O. Box 12194, Research Triangle Park, N.C. 27709

1. How many persons did you employ as of DECEMBER 31, 1977? Please include the total number of employees at all locations and/or branches of your organization.

(If these figures are unavailable, please base your figures on those from the end of your most recent fiscal year, or as of last month, and check the appropriate box below.)

TOTAL EMPLOYEES _____ FULL-TIME EMPLOYEES _____ PART-TIME EMPLOYEES _____

(1) ☐ Figures as of 12/31/77 (2) ☐ Figures from fiscal year ending _____ (3) ☐ For the month of _____

2. Please provide a further breakdown of your employees in the chart below.

Full-Time Employees				Part-Time Employees		
	Salaried	Hourly	TOTAL	Salaried	Hourly	TOTAL
Permanent						
Temporary						
TOTAL						

3. Are any of these union employees? (1) ☐ Yes (2) ☐ No

4. Equivalent hourly, weekly, monthly, and annual wage rate categories are shown below. Please provide a breakdown of the number of employees (both full-time and part-time) that you listed in Question 1 into these rate categories.

HOURLY RATE	WEEKLY RATE	MONTHLY RATE	ANNUAL RATE	NUMBER OF EMPLOYEES
Under \$2.65	Under \$106	Under \$445	Under \$5,329	_____
\$2.65 - \$2.89	\$106 - \$115	\$445 - \$486	\$5,329 - \$5,843	_____
\$2.90 - \$3.24	\$116 - \$129	\$487 - \$544	\$5,844 - \$6,528	_____
\$3.25 - \$3.74	\$130 - \$149	\$545 - \$628	\$6,529 - \$7,536	_____
Over \$3.75	Over \$150	Over \$628	Over \$7,537	_____

5. What was your total annual payroll for your employees for 1977?

(If your annual figures are unavailable, please provide figures for your most recent fiscal year or last month's total payroll, and check the appropriate box below.)

TOTAL PAYROLL \$ _____

(1) ☐ For 1977 (2) ☐ For the fiscal year ending _____ (3) ☐ For the month of _____

6. What was the total annual premium, regardless of who paid, for the health insurance benefits provided by your company in 1977?

(If these figures are unavailable, please base your figures on those from the end of your most recent fiscal year, or last month's total premium, and check the appropriate box below.)

TOTAL ANNUAL PREMIUM \$ _____

(1) ☐ For 1977 (2) ☐ For the fiscal year ending _____ (3) ☐ For the month of _____

7. How much of the amount in Question 6 was contributed by your company or organization, and how much was contributed by your employees?

(A) EMPLOYER'S CONTRIBUTION \$ _____

(B) EMPLOYEES' CONTRIBUTION \$ _____

8. Does your premium cover health care only or does it also include other benefits, such as life insurance or disability insurance?

(1) ☐ Health care only (2) ☐ Includes other benefits in addition to health care

9. Does the contribution per employee paid by your company or organization for health insurance vary by the employee's salary level?

(1) ☐ Yes (2) ☐ No

10. Are all your employees eligible to participate in your health insurance plan?

(1) ☐ Yes (2) ☐ No → *(Please check all categories of employees eligible to participate in your health insurance plan. Indicate whether only salaried or only hourly employees in each category are eligible or whether both hourly and salaried employees are eligible.)*

(1) <input type="checkbox"/> Permanent Full-Time Employees →	(1) <input type="checkbox"/> Salaried	(2) <input type="checkbox"/> Hourly	(3) <input type="checkbox"/> Both
(1) <input type="checkbox"/> Permanent Part-Time Employees →	(1) <input type="checkbox"/> Salaried	(2) <input type="checkbox"/> Hourly	(3) <input type="checkbox"/> Both
(1) <input type="checkbox"/> Temporary Full-Time Employees →	(1) <input type="checkbox"/> Salaried	(2) <input type="checkbox"/> Hourly	(3) <input type="checkbox"/> Both
(1) <input type="checkbox"/> Temporary Part-Time Employees →	(1) <input type="checkbox"/> Salaried	(2) <input type="checkbox"/> Hourly	(3) <input type="checkbox"/> Both
(1) <input type="checkbox"/> Other (Specify)	_____		

In case we need to contact you about this questionnaire, please indicate your name, title, address, and phone number.

Name _____

Title _____

Address _____

Street

City

State

Zip Code

Phone - -

Area Code

PLEASE RETURN IN THE ENVELOPE ENCLOSED

REPORT DOCUMENTATION PAGE	1. REPORT NO. NCHSR 84-74	2.	3. Recipient's Accession No.
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7. Author(s) NCHSR Staff			6.
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16. Abstract (Limit: 200 words) Describes the design and weighting procedures developed for the insurance surveys of the National Medical Care Expenditures Study (NMCES), which produced national estimates of the insurance status and benefits of the civilian, noninstitutionalized U.S. population in 1977. Information on health insurance coverage obtained in the household survey was verified and supplemented in the Health Insurance/Employer Survey (HIES) and two sub-studies, the Uninsured Validation Survey (UVS) and the Health Insurance Options Survey (HIOS). Taking household-reported public coverage into account, information similar to that obtained for private policies was obtained for benefits offered by Medicare, CHAMPUS/CHAMPVA, and the different state Medicaid programs. The HIES data base thus encompasses public as well as private health insurance benefits. The Employer Health Insurance Cost Survey (EHICS) was designed to provide national estimates for 1977 of the cost of health insurance to employers and of some characteristics of employees eligible for employment related health insurance. Procedures permit derivation of national estimates of the number of employees in firms with employment-related health insurance plans and those eligible for such plans, the proportion of payroll expenses going to health insurance, mean insurance premiums, the respective percentages of premiums paid by employers and employees, and the extent to which employers bear the entire premium cost.			
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