Household Component - Insurance Component Linked Data, 1997

RESEARCH FILE (non-nationally representative data)

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User Note

This documentation describes the second in a series of research files providing linked data from the household and insurance components of the Medical Expenditure Panel Survey (MEPS) – the HC-IC Link files. This file contains data from the 1997 Medical Expenditure Panel Survey that is being released for research purposes only.

Significant survey non-response, compounded by the multiple stages of the collection process, prevents these data from being used to make nationally representative estimates. There are also respondent confidentiality concerns that could not be addressed in a public use file without significant modifications to the data that would affect data analysis. There is no sampling weight included in this file and users are warned to exercise caution in generalizing their results beyond the sample of persons included in the file.

The data on this file are provided as a MEPS Research File, and as such are intended for sophisticated users who are familiar with the MEPS public use files and have experience analyzing complex survey data. The data file in this release has not been subjected to the same level of quality control as standard MEPS public use tapes. Therefore, the data from these files should be analyzed and interpreted with care.

A. Data Use Agreement

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

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

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

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

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

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

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

B. Background Survey Information

The Medical Expenditure Panel Survey (MEPS) provides nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS).

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

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

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

1.0 Household Component

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

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each

subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

2.0 Insurance Component

The MEPS IC is an annual survey that collects data on health insurance plans obtained through employers. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone follow-up for nonrespondents.

The sample for the 1997 MEPS IC is made up of two parts, the household sample and the list sample. The data included in this file are limited to the household sample but both samples are described here for background purposes. Similar information is collected for each sample although the sources of the samples and their purposes and uses are very different. Because of the similarity in data to be collected the parts are combined for collection purposes only. They are not combined for analytic purposes.

Household Sample

The MEPS IC household sample consists of employers of respondents to the HC and is the basis for the HC-IC Link file. These employers serve as proxy respondents for persons in the HC sample, providing details on health insurance choice and coverage, which are not readily known by employees. Data from the MEPS IC household sample are collected under the authority of AHRQ and NCHS and are linked with other person-level information from the HC survey in order to produce this research file. These data are only available to researchers using the CCFS research data center located in the AHRQ offices in Rockville, Maryland.

List Sample

The list sample is a nationally representative random sample of private-sector establishments and governments. Both of these groups were selected independent of one another and independent of the household sample. Private-sector establishments were selected from the most recent Census Bureau Business Register (a.k.a. the Standard Statistical Establishment List), a list of private-sector establishments maintained by Census. Governments were selected from the 1997 Census of Governments, maintained by the Census Bureau's Governments Division.

The list sample is designed to contain a large enough sample of private-sector establishments and governments to support employee and establishment estimates at the national level and at the state level for 40 States in a given year. Further details concerning strata used, sample and sample allocations can be found in Sommers, (1999).
<http://www.meps.ahrq.gov/PrintProducts/PrintProd_Detail.asp?ID=39>
Tables from the MEPS IC list sample providing both national and State level estimates are available on the MEPS web site at <http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm>.

3.0 Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians:

- Providing care for HC respondents receiving Medicaid.
- Associated with a 75-percent sample of HC households receiving care through an HMO (health maintenance organization) or managed care plan.
- Associated with a 25-percent sample of the remaining HC households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9-CM (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).
- Physician procedure codes classified by CPT-4 (Common Procedure Terminology, Version 4).
- Inpatient stay codes classified by DRGs (diagnosis-related groups).
- Prescriptions coded by national drug code (NDC), medication name, strength, and quantity dispensed.
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials. MPC data are released in conjunction with the MEPS HC.

4.0 Survey Management

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

As soon as data collection and editing are completed, MEPS HC survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files. By contrast, MEPS IC survey data including the HC-IC Link files are not released to the public.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at:

Center for Cost and Financing Studies
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850
E-mail address: MepsPD@ahrq.gov
Telephone number: 301 427-1406

C. Technical and Programming Information

1.0 General Information

This documentation describes the 1997 Household Component - Insurance Component (HC-IC) linked data file from the Medical Expenditure Panel Survey. The 1997 HC-IC Link file is available as a research file in SAS file format in the CCFS data center. The HC-IC Link files cannot be released as public use files due to:

- significant survey non-response, compounded by the multiple stages of the collection process, that prevents these data from being used to make nationally representative estimates, and
- respondent confidentiality concerns that cannot be addressed in a public use file without significant modifications to the data that would affect data analysis.

Although the data in this file cannot support national estimates, they can serve many other research purposes. Nonetheless, AHRQ urges researchers to exercise caution in interpreting the HC-IC link data and generalizing beyond the sample of persons for whom data exists.

The household sample of the MEPS IC is a follow-back survey of employers of persons in Round 1 of the 1997 MEPS HC. The 1997 IC household results and the 1997 Round 1 HC results are linked to provide a data set with important information that cannot be obtained by a survey done solely of households or solely of establishments. For example, employers are able to supply information on plan choice and costs that is not known by jobholders. Information on health insurance premiums, contributions to premiums by employers and employees, employer characteristics, number and types of private insurance plans offered and benefits associated with these plans are collected from the IC household sample establishments and included in this file. Similarly, household respondents have information that is not easily obtainable from an employer, such as detailed demographic characteristics of the jobholder and their household. These data are collected in the MEPS HC and placed on the linked file.

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

- Data File Description
- Imputations in the HC-IC Link File
- Codebook Structure
- Data File Contents

For more information on MEPS HC survey design see:
S. Cohen, 1997 <http://www.meps.ahrq.gov/PrintProducts/PrintProd_Detail.asp?ID=35> and
J.Cohen, 1997 <http://www.meps.ahrq.gov/PrintProducts/PrintProd_Detail.asp?ID=32>.
Information on the MEPS IC and copies of the IC instruments are available on the MEPS web site at the following locations: <http://www.meps.ahrq.gov/MEPSDATA/ic/2000/techappendix.htm>
<http://www.meps.ahrq.gov/survey.htm#ic1997>

2.0 Data File Description

The 1997 MEPS IC household sample survey collected health insurance information from establishments identified in Panel 2- Round 1 of the MEPS HC survey as:

- a person's current main job, or
- a person's secondary job through which they obtained health insurance.

The HC-IC Link file contains records for those resulting establishment/person pairs where health insurance was offered to employees by the establishment in 1997 and the establishment provided some information about the health insurance plans.

There is no record on the HC-IC Link file for establishment/person pairs where:

- the household was unable or refused to provide the employer's address,
- the employer could not be located with the information provided from the household,
- the employer went out-of-business or closed the establishment before the IC collection date,
- the employer did not respond to the IC survey,
- the employer did not offer health insurance at that establishment, or
- the employer did offer health insurance but did not provide plan-level data.

There are multiple records on the HC-IC Link file for establishment/person pairs where the establishment offered a choice of health insurance plan to its employees and provided data for those plans. The number of plans reported was limited to the four plans with the highest enrollments for private-sector establishments and to three plans for the largest companies that face the heaviest respondent burden. No collection limits were placed on the number of plans reported for State and local governments or the Federal government. There are constructed flags that identify which plan is believed to be the one held by the policyholder (see Section 5.3 for more information.). A person can also have multiple records on this file if they hold more than one job.

In order to present all this information in one flat data file, there is a unique record for every person-establishment-plan combination.

- Person refers to the policyholder or jobholder.
- Establishment refers to the source of employment for that person. An establishment can be a private-sector or public-sector employer.
- Plan refers to each health insurance plan offered by the employer.

3.0 Imputations in the HC-IC Link File

This file contains both original and imputed variables. Variables from the MEPS IC survey whose names begin with the letter 'C' followed by three digits contain "collected" data while variables whose names begin with the letter 'I' followed by three digits contain 'imputed' data. Any differences between these two versions of the same variable are due to imputations. For a more detailed description of the imputation methods used for the core MEPS IC variables in both the household and the list samples see Sommers, 1999.
<http://www.meps.ahrq.gov/MEPSDATA/ic/2000/techappendix.htm>

4.0 Codebook Structure

For each variable on the file, unweighted frequencies are provided. Weighted frequencies are not provided with this file because there is no sample weight. As stated above this file is available for research purposes only and cannot support nationally representative estimates. The codebook and data file sequence list variables in the following order:

Unique person and establishment identifiers from Household Component (HC)
Unique establishment, government unit and plan identifiers from the Insurance Component (IC)
Constructed variables to aid researchers
Demographic variables from the Household Component (HC)
Employment section variables from the Household Component (HC)
Variables from the Insurance Component instruments (IC)

4.1 Reserved Codes

The following reserved code values are used for HC variables:

VALUE	DEFINITION
-1 INAPPLICABLE	Question was not asked due to skip pattern.
-3 NO DATA IN ROUND	Person has no data in round.
-6 MIXTURE	Both inapplicable cases and not ascertained cases in situations where they could not be distinguished
-7 REFUSED	Question was asked and respondent refused to answer question.
-8 DK	Question was asked and respondent did not know answer.
-9 NOT ASCERTAINED	Interviewer did not record the data.

4.2 Codebook Format

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

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

4.3 Variable Naming

In general, HC variable names reflect the content of the variable with an 8 character limitation. Variables from the IC survey beginning with the letter "C" followed by three digits refer to original collected data. Variables beginning with the letter "I" followed by three digits may contain imputed data.

5.0 Data File Contents

5.1 Identifiers from the HC

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

ESTBIDX is a unique four-digit ID number assigned to places of employment during the household interview. This identifier bears no relation to the establishment identifiers assigned during the Insurance Component survey.

5.2 Identifiers from the IC

FEHBP stands for the Federal Employees Health Benefits Program and the variable with this name contains a three-character code that uniquely identifies a specific federal employee health plan. The plan name and other plan identifiers were collected in the HC, but the FEHBP codes were assigned by MEPS staff using that data and information from the U.S. Office of Personnel Management. All plan-level data for federal health plans was abstracted from plan booklets available on the OPM website. <http://www.opm.gov/insure/health/brochures/index.asp> Plan options for federal employees were determined at the county level.

MID is a 6 character identifier that was assigned sequentially to identify each private establishment and governmental unit. MID = '006000' identifies the federal government. MPLANT is a 5 character identifier that can be used along with MID to identify subunits of State and local governments. PART_CD is a two character identifier that uniquely identifies each plan within each establishment or governmental unit.

5.3 Constructed Flags and Count Variables

ICSOURCE is a constructed variable in the HC-IC link file which indicates where the IC data were collected. Private employers and State and local governments were surveyed separately within the IC survey. Information on federal health plans for federal jobholders was added later to the file using household reported plan identifiers and plan data obtained from the U.S. Office of Personnel Management. MIDPLAN counts the number of plans per establishment. As noted earlier, there is a unique record in this file for every person-establishment-plan combination.

Three variables were constructed to describe the relationship between the person and the health insurance plan during the processing stages of creating this file: PICK, MATCHPLN, and MATCHPLR. These variables are new for 1997 and are in response to survey changes made between 1996 and 1997.

In the 1996 IC survey, a person-level questionnaire was used to ask the employer to identify the plan held by the specific HC person among the plans offered in the establishment. The link between the employee and their health insurance plan was made based on these data. There were significant processing problems and non-response issues with this data collection effort. Using a person-level form required the collection of a permission form from the person, granting the release of personal information from their employer, and distribution of this permission form to the employer as part of the data collection effort. In addition to employee concerns about AHRQ contacting their employers and asking for personal information, the employers also expressed significant reluctance in providing data from individual personnel files, even with signed permission forms from their employees. The large number of person-level forms also significantly increased the response burden for larger companies which, in turn, made them more reluctant to participate in the survey. In 1997, the collection process was changed to reduce respondent burden and collection costs, while hopefully maintaining or improving on the number of linked cases.

The 1997 IC survey dropped the person-level questionnaires and permission forms and opted instead for a name match of plan names from the person and the establishment. The person was asked in the HC survey to provide the name of their insurance plan and the employer from which they obtained their coverage. The employer was then interviewed in the IC survey about health insurance offerings to all employees. No person-level information was available to the IC survey collectors and no person-level information was collected from the employer.

Therefore, the match of the plan held by the HC person with a plan offered by their employer had to be made based on the name of the plan and other plan characteristics such as provider type. While avoiding many of the problems associated with the 1996 matching, there were still data collection issues that contributed to non-response. Among these were non-unique plan names and limited or missing plan information from either the person or the establishment or both.

While more details of this matching process will be provided in a separate document, the process consisted of three basic steps:

- Step 1 – Automated, computerized matching of plan names based on HC and IC variable character strings.
- Step 2 – Manual matching of plan names by MEPS staff based on text and other variables.
- Step 3 – Random matching to one of the equally probable choices remaining.

PICK indicates the results of the automated process for matching plan names (Step 1) and provides details about the status of the match at that stage. MATCHPLN indicates the results of the matching after MEPS staff individually reviewed cases not matched by the automated process (Step 2) to determine if additional matches could reasonably be made. In some cases, a unique employer plan could not be matched to the person. In those cases, all of the equally possible plan matches were assigned a value MATCHPLN=2. MATCHPLR takes matching one step further (Step 3); by randomly selecting one of those plans for those cases where MATCHPLN=2. All policyholders are matched to a plan at this point.

For persons whose employer reported a choice of health insurance plans, the person-level and establishment-level data are repeated on each record while health insurance plan information is contained in the plan level variables, with each record reporting data on a different plan. If a person is not enrolled in any plan through a specific establishment, a value indicating that health insurance is not taken from that establishment is entered for PICK, MATCHPLN, and MATCHPLR for each plan record for the person-establishment pair. Examples are given below:

PERSID	MID + MPLANT	PART_CD	MATCHPLN	MATCHPLR
Person A	Employer 1	Health plan 1	1=unique match	1=unique match
Person B	Employer 1	Health plan 1	0=HI not taken fr job	0=HI not taken fr job
Person B	Employer 2	Health plan 1	1=unique match	1=unique match
Person C	Employer 3	Health plan 1	3=not matched	2=not matched
Person C	Employer 3	Health plan 2	1=unique match	1=unique match
Person C	Employer 3	Health plan 3	3=not matched	2=not matched
Person D	Employer 4	Health plan 1	2=mult. possbl mtchs	1=unique match
Person D	Employer 4	Health plan 2	2=mult. possbl mtchs	2=not matched
Person E	Employer 5	Health plan 1	3=not matched	2=not matched
Person E	Employer 5	Health plan 2	2=mult. possbl mtchs	1=unique match
Person E	Employer 5	Health plan 3	2=mult. possbl mtchs	2=not matched

The next three variables were constructed based on data from the HC. ENROLLED indicates whether the person is enrolled in a health insurance plan (not necessarily the plan on the record)

through that establishment. OFFERED indicates whether the person was offered health insurance through the establishment. JOBSTAT identifies whether the job status of the person is as an active or former employee. Retirees are excluded from this file because retiree plans are not collected in the IC survey.

SINGFAM is defined for cases where MATCHPLR=1 (a unique match) to persons who held health insurance. SINGFAM indicates whether the plan held was a single or family policy. SINGFAM was determined by the number of dependents linked to the policyholder in the household reported data or whether the plan covered a person outside of the household reporting unit.

5.4 Demographic Variables from the HC

Age as of Round 1, race/ethnicity, and sex are added to this file for the convenience of researchers. This information was collected in the household interview.

5.5 Job Specific Information from the HC

In addition to the demographic variables, information from the HC employment section was also appended to the file. Job specific information was linked at the person-establishment level. JOBSINFO indicates whether there was a valid link to the employment section file. Other HC job-related variables provide data on whether the person was self-employed or worked for someone else, an estimate of the total number of employees where the jobholder works, whether there was more than one location of the jobholder's firm, and other job-related benefits.

5.6 Variables from the IC Questionnaires

The last and largest set of variables on this file is the variables collected from establishments during the IC survey. The IC survey uses 10 different questionnaires and a computer-based telephone follow-up collection instrument in its collection process. All of the IC questionnaires are available for downloading from the MEPS web site. The questionnaires vary due to the type of establishment receiving the questionnaire (private-sector establishment, large firm with multiple establishments, governmental agencies, large governments) and the type of data being collected (establishment data, plan data). The questionnaires for different types and sizes of establishments have many of the same questions, but with slight wording variations and different question numbers due to their location on the forms. For this reason, each question is assigned a keycode (a 3-digit code that appears on the forms in small print next to each question, box or check-off) that remains consistent across all survey questionnaires. This keycode is used in construction of the variables on the data base.

For example, the first question in the MEPS-10 questionnaire (administered to establishments), asks whether the establishment provided health insurance to its employees in 1997. The question is identified on the questionnaire with two numbers. The questionnaire number (A1a) guides the

respondent through the instrument. Next to the response box for question A1a is the keycode 001 which corresponds to the variable name used in the data file; thus the variable named C001 indicates whether the establishment offered health insurance to its employees. The "C" stands for collected data (as opposed to imputed data) and the 001 indicates the keycode.

Variables are positioned on the file in numeric order even when item numbers do not always follow consecutively through the instrument. Descriptive labels have been added to the variables in order to make the file easier to use. In addition, a crosswalk table is provided below that indicates the item number on the IC questionnaire(s) corresponding to each variable. Some variables are not found in the questionnaires because they were collected during telephone follow-up.

5.7 Annualized Premium Variables in the Insurance Component

For a typical employee, C130, C131, and C132 contain the total single premium and contributions while C134, C135, and C136 contain the total family premium and contributions for a family of four. Imputed versions of these six variables follow the collected versions and are named I130, I131, I132, I134, I135, and I136. The premium values in all twelve of these variables have already been annualized. C133 contains the periodicity of premiums as originally

D. 1997 Variable - Source Crosswalk to IC Questionnaires

VARIABLE	LABEL	QUESTIONNAIRE									
		10	11	11C	12	15	10 (S)	11 (S)	12 (S)	11C (S)	15 (S)
C001	ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES	A1a	A1a	A1a	A1a	A2a					
C003	NUMBER OF H.I. PLANS OFFERED	A1b	A1b	A1b	A1b	A2b					
C016	% EMPLOYEES/MEMBERS - WOMEN	D4a	D4a	D4a	D2a	B5a					
C017	% EMPLOYEES/MEMBERS - AGE 50+	D4b	D4b	D4b	D2b	B5b					
C018	% EMPLOYEES WHO WERE UNION MEMBERS	D4c	D4c	D4c		B5c					
C022	% EMPLOYEES/MEMBERS EARN $6.50/HR OR LESS	D4d	D4d	D4d	D2c	B5d					
C023	% EMPLOYEES/MEMBERS EARN $6.50-$15/HR	D4d	D4d	D4d	D2c	B5d					
C024	% EMPLOYEES/MEMBERS EARN $15/HR OR MORE	D4d	D4d	D4d	D2c	B5d					
C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS	F1a									
C032	LAST YEAR HEALTH INSURANCE OFFERED	F1b									
C034	TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS	E7			D4	B1a					
C041	NUMBER OF HOURS CONSIDERED FULL-TIME	D5	D5	D5							
C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE	F3a									
C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE	F3b	F3b								
C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE	F3c									
C048	VOUCHER PAYMENT CYCLE	F3d									
C049	BUSINESS PAID PROVIDERS DIRECTLY	F2									
C050	ESTABLISHMENT OFFERS PAID VACATION	E1a	D6	D6	D3a	E2a					
C051	ESTABLISHMENT OFFERS PAID SICK LEAVE	E1a	D6	D6	D3a	E2a					

Questionnaire key:
10=Establishment 11=Government 11C=Certainty Government 12=Union 15=Company-level
S=Plan-level Information Sheet

D. 1997 Variable - Source Crosswalk to IC Questionnaires

VARIABLE	LABEL	QUESTIONNAIRE									
		10	11	11C	12	15	10 (S)	11 (S)	12 (S)	11C (S)	15 (S)
C052	ESTABLISHMENT OFFERS LIFE INSURANCE	E1a	D6	D6	D3a	E2a					
C053	ESTABLISHMENT OFFERS DISABILITY INSURANCE	E1a	D6	D6	D3a	E2a					
C054	ESTABLISHMENT OFFERS PENSION PLAN	E1a	D6	D6	D3a	E2a					
C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS	E1a	D6	D6	D3a	E2a					
C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS	E1a	D6	D6	D3a	E2a					
C057	ESTABLISHMENT OFFERS CAFETERIA PLAN	E1a	D6	D6	D3a	E2a					
C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN	E1b	D6	D6	D3b	E2b					
C060	PRINCIPAL BUSINESS ACTIVITY	E4				E6					
C062	TYPE OF OWNERSHIP	E2				E5					
C063	NON-PROFIT BUSINESS	E3									
C064	NUMBER OF YEARS COMPANY IN BUSINESS	E6				E3					
C099	PREMIUMS VARIATION: OTHER SPECIFY	B11a	B10a	B7a	B9a		B11a	B10a	B9a	B7a	10a
C103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE	B2	B2		B2		B2	B2	B2		1
C104	REFERRAL REQUIRED TO SEE SPECIALISTS	B3	B3		B3		B3	B3	B3		3
C105	INDEMNIFICATION: PURCHASED/SELF-INSURED	B4	B4	B2	B4		B4	B4	B4	B2	4
C106	SI PLAN: SELF-ADMINISTERED OR TPA	B6a	B5a	B3a	B5a		B6a	B5a	B5a	B3a	5a
C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE	B6b	B5b	B3b	B5b		B6b	B5b	B5b	B3b	5b
C108	TOTAL COST OF COVERAGE	B6c	B5c		B5c		B6c	B5c	B5c		5c
C109	MONTHLY PREM EQUIVALENT - SINGLE COVERAGE	B6d	B5d		B5d		B6d	B5d	B5d		5d

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		10	11	11C	12	15	10 (S)	11 (S)	12 (S)	11C (S)	15 (S)
C110	MONTHLY PREM EQUIVALENT - FAMILY COVERAGE	B6e	B5e		B5e		B6e	B5e	B5e		5e
C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA	B6f	B5f				B6f	B5f			5f
C112	PURCHASED THROUGH A POOLING ARRANGEMENT	B5					B5				
C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER	B7	B6				B7	B6			6
C122	OUTSIDE CONTRIBUTION TOWARD PREMIUM	B11c	B10c		B9c		B11c	B10c	B9c		10c
C123	MONTH PLAN YEAR BEGIN	B20	B19	B10	B18		B20	B19	B18	B10	19
C124	FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE										
C124TOT	FED ONLY: TOTAL # ENROLLEES IN PLAN - USA										
C125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED	B8a	B7a	B4a	B6a		B8a	B7a	B6a	B4a	7a
C125TOT	FED ONLY: TOT. ACT. EMPLS ENROLLED - USA										
C127	FED ONLY: TOT. # RETIREES ENROLLED - STATE										
C127TOT	FED ONLY: TOT. # RETIREES ENROLLED - USA										
C128	FED ONLY: TOT. # RET 65+ ENROLLED - STATE										
C128TOT	FED ONLY: TOT. # RET 65+ ENROLLED - USA										
C129	TOTAL ENROLLEES WITH SINGLE COVERAGE	B8b	B7b	B4b	B6b		B8b	B7b	B6b	B4b	7b
C129TOT	FED ONLY: TOT ENROLLED-SINGLE COV.-USA										
C130	TOTAL PREMIUM: SINGLE COVERAGE	B9c	B8c	B5c	B7c		B9c	B8c	B7c	B5c	8c
C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE	B9a	B8a	B5a	B7a		B9a	B8a	B7a	B5a	8a
C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE	B9b	B8b	B5b	B7b		B9b	B8b	B7b	B5b	8b

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		10	11	11C	12	15	10 (S)	11 (S)	12 (S)	11C (S)	15 (S)
C133	PREMIUM PERIOD : TOTAL PREMIUM	B9d	B8d	B5d	B7d		B9d	B8d	B7d	B5d	8d
C134	TOTAL PREMIUM : FAMILY COVERAGE	B10d	B9d	B6d	B8d		B10d	B9d	B8d	B6d	9d
C135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE	B10b	B9b	B6b	B8b		B10b	B9b	B8b	B6b	9b
C136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE	B10c	B9c	B6c	B8c		B10c	B9c	B8c	B6c	9c
C137	FAMILY COVERAGE OFFERED	B10a	B9a	B6a	B8a		B10a	B9a	B8a	B6a	9a
C138	PREMIUMS VARIED BY AGE	B11a	B10a	B7a	B9a		B11a	B10a	B9a	B7a	10a
C139	PREMIUMS VARIED BY SEX	B11a	B10a	B7a	B9a		B11a	B10a	B9a	B7a	10a
C140	PREMIUMS VARIED BY # PERSONS IN FAMILY	B11a	B10a	B7a	B9a		B11a	B10a	B9a	B7a	10a
C141	PREMIUMS VARIED BY WAGE LEVELS	B11a	B10a	B7a			B11a	B10a		B7a	10a
C142	PREMIUMS VARIED BY OTHER REASON (SPECIFY)	B11a	B10a	B7a	B9a		B11a	B10a	B9a	B7a	10a
C143	EMPLOYEE CONTRIBUTION VARIED BY STATUS	B11b	B10b	B7b	B9b		B11b	B10b	B9b	B7b	10b
C144	PREMIUM INCLUDED LIFE INSURANCE	B12	B11		B10		B12	B11	B10		11
C145	PREMIUM INCLUDED DISABILITY INSURANCE	B12	B11		B10		B12	B11	B10		11
C146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL	B13b	B12b		B11b		B13b	B12b	B11b		12b
C147	DEDUCTIBLE - PHYSICIAN CARE	B13b	B12b		B11b		B13b	B12b	B11b		12b
C148	DEDUCTIBLE - HOSPITAL CARE	B13b	B12b		B11b		B13b	B12b	B11b		12b
C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY	B14c	B13c		B12c		B14c	B13c	B12c		13c
C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE	B14b	B13b		B12b		B14b	B13b	B12b		13b
C151	PLAN HAS A DEDUCTIBLE	B13a	B12a		B11a		B13a	B12a	B11a		12a

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		10	11	11C	12	15	10 (S)	11 (S)	12 (S)	11C (S)	15 (S)
C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET	B15b	B14b		B13b		B15b	B14b	B13b		14b
C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET	B15b	B14b		B13b		B15b	B14b	B13b		14b
C154	COST PER DAY / PER STAY	B15b	B14b		B13b		B15b	B14b	B13b		14b
C155	HOSPITAL CARE COVERED	B15a	B14a		B13a		B15a	B14a	B13a		14a
C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE	B15d	B14d		B13d		B15d	B14d	B13d		14d
C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE	B15d	B14d		B13d		B15d	B14d	B13d		14d
C158	NO MAXIMUM PLAN PAYMENT	B16a	B15a		B14a		B16a	B15a	B14a		15a
C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME	B16a	B15a		B14a		B16a	B15a	B14a		15a
C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY	B16b	B15b		B14b		B16b	B15b	B14b		15b
C161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL	B17a	B16a		B15a		B17a	B16a	B15a		16a
C162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY	B17b	B16b		B16b		B17b	B16b	B15b		16b
C163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT	B17a	B16a		B15a		B17a	B16a	B15a		16a
C164	PLAN INCLUDES ROUTINE MAMMOGRAMS	B21	B20		B19		B21	B20	B19		20
C165	PLAN INCLUDES ADULT ROUTINE PHYSICALS	B21	B20		B19		B21	B20	B19		20
C166	PLAN INCLUDES ROUTINE PAP SMEARS	B21	B20		B19		B21	B20	B19		20
C167	PLAN INCLUDES OFFICE VISITS PRENATAL CARE	B21	B20		B19		B21	B20	B19		20
C168	PLAN INCLUDES ADULT IMMUNIZATIONS	B21	B20		B19		B21	B20	B19		20
C169	PLAN INCLUDES CHILD IMMUNIZATIONS	B21	B20		B19		B21	B20	B19		20
C170	PLAN INCLUDES WELL-BABY CARE, UNDER 1YEAR	B21	B20		B19		B21	B20	B19		20

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		10	11	11C	12	15	10 (S)	11 (S)	12 (S)	11C (S)	15 (S)
C171	PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS	B21	B20		B19		B21	B20	B19		20
C173	PLAN INCLUDES CHIROPRACTIC CARE	B21	B20		B19		B21	B20	B19		20
C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS	B21	B20		B19		B21	B20	B19		20
C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS	B21	B20		B19		B21	B20	B19		20
C176	PLAN INCLUDES ROUTINE DENTAL CARE	B21	B20		B19		B21	B20	B19		20
C177	PLAN INCLUDES ORTHODONTIC CARE	B21	B20		B19		B21	B20	B19		20
C178	PLAN INCLUDES SKILLED NURSING FACILITY	B21	B20		B19		B21	B20	B19		20
C179	PLAN INCLUDES HOME HEALTH CARE	B21	B20		B19		B21	B20	B19		20
C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS	B21	B20		B19		B21	B20	B19		20
C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS	B21	B20		B19		B21	B20	B19		20
C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT	B21	B20		B19		B21	B20	B19		20
C183	COULD REFUSE COVERAGE: PRE-EXISTING COND	B18a	B17a	B8a	B16a		B18a	B17a	B16a	B8a	17a
C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR	B18b	B17b	B8b	B16b		B18b	B17b	B16b	B8b	17b
C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS	B19	B18	B9	B17		B19	B18	B17	B9	18
C186	PLAN OFFERED IN CURRENT YEAR (1998)	B22a	B21a	B11a	B20a		B22a	B21a	B20a	B11a	21a
C187	PLAN WAS REPLACED SIM/DIFF/DROPPED (1998)	B22b	B21b	B11b	B20b		B22b	B21b	B20b	B11b	21b
C188	1998 PLAN-TOTAL SINGLE ENROLLMENT	B22c	B21c	B11c	B20c		B22c	B21c	B20c	B11c	21c
C189	1998 PLAN-TOTAL FAMILY ENROLLMENT	B22d	B21d	B11d	B20d		B22d	B21d	B20d	B11d	21d
C190	1998 PLAN PREMIUM - SINGLE COVERAGE	B22e	B21e	B11e	B20e		B22e	B21e	B20e	B11e	21e

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C191	1998 PLAN PREMIUM - FAMILY COVERAGE	B22f	B21f	B11f	B20f		B22f	B21f	B20f	B11f	21f
C192	OFFERED OPTIONAL COVERAGE DENTAL	C9a	C9a		C9a	D1a					
C193	OFFERED OPTIONAL COVERAGE VISION	C9a	C9a		C9a	D1a					
C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG	C9a	C9a		C9a	D1a					
C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE	C9a	C9a		C9a	D1a					
C196	TOTAL AMT PAID OPTIONAL COVERAGE 1997	C9b	C9b		C9b	D1b					
C197	WAITING PERIOD FOR NEW EMPLOYEES	C2a	C2a		C2a	E4a					
C198	LENGTH OF TYPICAL WAITING PERIOD	C2b	C2b		C2b	E4b					
C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS	C1	C1	C1	C1	A3					
C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION	D1a	D1a	D1a	D1a	*					
C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS.	D1b	D1b	D1b	D1b	B1b					
C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS.	D1c	D1c	D1c	D1c	B1c					
C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION	D2a	D2a	D2a		B2a					
C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS.	D2b	D2b	D2b		B2b					
C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS	D2c	D2c	D2c		B2c					
C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION	D3a	D3a	D3a		B3a					
C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS.	D3b	D3b	D3b		B3b					
C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS.	D3c	D3c	D3c		B3c					
C209	RETIREES LT 65 ELIGIBLE HEALTH INS	C4a	C4a	C3a	C4a	C2a					

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		10	11	11C	12	15	10 (S)	11 (S)	12 (S)	11C (S)	15 (S)
C210	RETIREES 65+ ELIGIBLE HEALTH INS	C4b	C4b	C3b	C4b	C2b					
C219	RETIREES ELIGIBLE HEALTH INSURANCE	C3	C3	C2	C3	C1					

* - Number prorated from company total and percentage identified at this location

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