

MEPS NURSING HOME COMPONENT  
FILE NHC-004

PERSON CHARACTERISTICS, FULL-YEAR HEALTH INSURANCE

This file provides information collected on a nationally representative sample of the nursing home population of the United States for calendar year 1996. A person-level file (one record per person), it contains data obtained in Rounds 1, 2, and 3, for a sample of 5,899 persons. It includes persons sampled as January 1, 1996 residents, as well as those sampled as an admission during the year. The file variables pertain to health insurance coverage including date of first Medicaid coverage, place of first Medicaid coverage, and Medicaid coverage at the time of admission to the sampled nursing home. The remaining health insurance coverage items are measured as of January 1, 1996 for persons sampled as January 1, 1996 resident, and at the time of admission (key admission date) for persons sampled as an admission. These items include Medicare Part A coverage, Medicare Part B coverage, private health insurance (including Medigap), private long-term care coverage, CHAMPUS/CHAMPVA coverage, other VA coverage, and other public assistance health insurance coverage.

The data provided on this file correspond with the insurance questions from the Facility Background and Insurance Questionnaire (the IN questions) and the insurance section of the Community Questionnaire (the IN questions). The primary data sources for these data are from nursing home sources, missing data were obtained from community respondents (with the exception of long-term care insurance, where two measures are provided, one from the facility and another from the community).

The insurance coverage data are measured at a point in time and have not been reconciled with the sources of payment data, which are measured across the calendar year. Sources of payment data are provided on the expenditure files (NHC-00& and NHC-008).

To obtain national estimates for the variables on this file, the sampling weight provided on this file must be used.

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
23	28	BASEID	FAC ID FOR INS DATA COLLECTION
30	31	CAIDECOX	IN1ED SP EVER COVERED BY MEDICAID
51	52	CAIDFACX	IN8ED SP=CR COV BY MCAID ON KAD/SAD
55	56	CAIDLIVX	IN10ED WHERE LIVING WHEN MCAID BEGAN
32	46	CAIDNUMX	IN3ED MEDICAID ID NUMBER
49	50	CAIDYYX	IN7ED YR SP FIRST COV BY MCAID
97	111	CARENUMX	IN15ED MEDICARE ID NUMBER
57	86	CDLIVOSX	IN10ED OTHER SPECIFY: WHERE LIVED
95	96	HCAREFST	IN14a MEDICARE # BEGIN WITH LETTER/NUM
53	54	ICAIDMMX	IN9ED MONTH SP FIRST COV BY MCAID
93	94	ICAREFST	IN14a MEDICARE # BEGIN WITH LETTER/NUM
176	177	ICHACOV	IN22 COV BY CHMPUS/CHMPVA ON 1/1,KAD/SAD
178	179	IDVACOVX	IN23ED COV BY VA PROG ON 1/1/96 OR KAD
216	219	ILTCAMT	IN24COM WHAT WAS THE AMOUNT OF BENEFIT
214	215	ILTCHOWP	IN23COM DID LTC INSU PAY TO FACIL/FAMILY
212	213	ILTCPAID	IN22COM DID LTC INSU PAY FOR SP STAY
220	221	ILTCUNIT	IN24COM WAS BENEFIT PAID DAILY/MONTHLY
222	251	ILTCUNOS	IN24COM OTHER SPECIFY: AMOUNT PAID
180	181	IPUBCOV	IN24 COV BY OTHER PUBLIC ASSIST PROG/KAD
182	211	IPUBNAME	IN25 NAME OF THE PUBLIC ASSIST PROGRAM
252	253	IRELATE	IN25COM DID OTHR FAM MEMBER PAY SP BILL
144	145	LTCINSX	IN20ED COV BY LTC POLICY ON 1/1/96OR KAD
146	175	LTCNAMEX	IN21ED NAME OF THE LTC INSURANCE COMPANY
89	90	MCARPTAX	IN12ED COV BY MCARE PARTA ON 1/1,KAD/SAD
91	92	MCARPTBX	IN13ED COV BY MCARE PARTB ON 1/1,KAD/SAD
47	48	MEDICAIX	IN6ED COV BY MCAID ON 1/1 OR KAD/SAD
7	14	ORIGPERS	ORIGINAL (UNIQUE) ID FOR THIS PERS
15	22	PERSID	PERS ID FOR THE INS DATA IN NH
87	88	PLACTYPX	IN11ED WHERE IN THIS FAC WHEN MCAID BEG
114	143	PRINAMEX	IN19ED NAME OF THE INSURANCE COMPANY
112	113	PRVTINSX	IN18ED COV BY PRIV INSU ON 1/1OR KAD/SAD
276	281	PSU	PSU FOR VARIANCE ESTIMATION
29	29	SAMPTYP3	SAMPLE TYPE
1	6	SFID	ORIGINAL SAMPLED FACILITY ID
254	262	SOCSECX	IN26ED SOCIAL SECURITY NUMBER
274	275	STRATM7Y	STRATA FOR VARIANCE ESTIMATION
263	273	TRIMFAWT	TRIMMED, NR ADJ. SP WEIGHT

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	6	SFID	ORIGINAL SAMPLED FACILITY ID
7	14	ORIGPERS	ORIGINAL (UNIQUE) ID FOR THIS PERS
15	22	PERSID	PERS ID FOR THE INS DATA IN NH
23	28	BASEID	FAC ID FOR INS DATA COLLECTION
29	29	SAMPTYP3	SAMPLE TYPE
30	31	CAIDECOX	IN1ED SP EVER COVERED BY MEDICAID
32	46	CAIDNUMX	IN3ED MEDICAID ID NUMBER
47	48	MEDICAIX	IN6ED COV BY MCAID ON 1/1 OR KAD/SAD
49	50	CAIDYYX	IN7ED YR SP FIRST COV BY MCAID
51	52	CAIDFACX	IN8ED SP=CR COV BY MCAID ON KAD/SAD
53	54	ICAIDMMX	IN9ED MONTH SP FIRST COV BY MCAID
55	56	CAIDLIVX	IN10ED WHERE LIVING WHEN MCAID BEGAN
57	86	CDLIVOSX	IN10ED OTHER SPECIFY: WHERE LIVED
87	88	PLACTYPX	IN11ED WHERE IN THIS FAC WHEN MCAID BEG
89	90	MCARPTAX	IN12ED COV BY MCARE PARTA ON 1/1,KAD/SAD
91	92	MCARPTBX	IN13ED COV BY MCARE PARTB ON 1/1,KAD/SAD
93	94	ICAREFST	IN14a MEDICARE # BEGIN WITH LETTER/NUM
95	96	HCAREFST	IN14a MEDICARE # BEGIN WITH LETTER/NUM
97	111	CARENUMX	IN15ED MEDICARE ID NUMBER
112	113	PRVTINSX	IN18ED COV BY PRIV INSU ON 1/1OR KAD/SAD
114	143	PRINAMEX	IN19ED NAME OF THE INSURANCE COMPANY
144	145	LTCINSX	IN20ED COV BY LTC POLICY ON 1/1/96OR KAD
146	175	LTCNAMEX	IN21ED NAME OF THE LTC INSURANCE COMPANY
176	177	ICHACOV	IN22 COV BY CHMPUS/CHMPVA ON 1/1,KAD/SAD
178	179	IDVACOVX	IN23ED COV BY VA PROG ON 1/1/96 OR KAD
180	181	IPUBCOV	IN24 COV BY OTHER PUBLIC ASSIST PROG/KAD
182	211	IPUBNAME	IN25 NAME OF THE PUBLIC ASSIST PROGRAM
212	213	ILTCPAID	IN22COM DID LTC INSU PAY FOR SP STAY
214	215	ILTCHOWP	IN23COM DID LTC INSU PAY TO FACIL/FAMILY
216	219	ILTCAMT	IN24COM WHAT WAS THE AMOUNT OF BENEFIT
220	221	ILTCUNIT	IN24COM WAS BENEFIT PAID DAILY/MONTHLY
222	251	ILTCUNOS	IN24COM OTHER SPECIFY: AMOUNT PAID
252	253	IRELATE	IN25COM DID OTHR FAM MEMBER PAY SP BILL
254	262	SOCSECX	IN26ED SOCIAL SECURITY NUMBER
263	273	TRIMFAWT	TRIMMED, NR ADJ. SP WEIGHT
274	275	STRATM7Y	STRATA FOR VARIANCE ESTIMATION
276	281	PSU	PSU FOR VARIANCE ESTIMATION

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
SFID	ORIGINAL SAMPLED FACILITY ID	6.0	CHAR	1	6
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	100000-199999	5,899		3,096,528	
	TOTAL	5,899		3,096,528	
ORIGPERS	ORIGINAL (UNIQUE) ID FOR THIS PERS	8.0	CHAR	7	14
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	100000-199999	5,899		3,096,528	
	TOTAL	5,899		3,096,528	
PERSID	PERS ID FOR THE INS DATA IN NH	8.0	NUM	15	22
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	10000000-19999999	5,899		3,096,528	
	TOTAL	5,899		3,096,528	
BASEID	FAC ID FOR INS DATA COLLECTION	6.0	NUM	23	28
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	100000-199999	5,899		3,096,528	
	TOTAL	5,899		3,096,528	
SAMPTYP3	SAMPLE TYPE	1.0	NUM	29	29
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	1 CR	3,209		1,560,003	
	2 Rd2 FA	1,381		814,896	
	3 Rd3 FA	1,309		721,629	
	TOTAL	5,899		3,096,528	
CAIDCOX	IN1ED SP EVER COVERED BY MEDICAID	2.0	NUM	30	31
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-8 DK	107		103,130	
	-7 REFUSED	1		120	
	-5 NEVER WILL KNOW	25		25,399	
	0 NO	2,307		1,362,282	
	1 YES	3,383		1,579,591	
	2 PENDING	76		26,007	
	TOTAL	5,899		3,096,528	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
CAIDNUMX	IN3ED MEDICAID ID NUMBER	15.0	CHAR	32	46
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-1 INAPPLICABLE	2,383	1,388,289		
	-5 NEVER WILL KNOW	63	43,275		
	-7 REFUSED	6	2,918		
	-8 DK	111	104,387		
	-9 NOT ASCERTAINED	4	1,767		
	TEXT	3,332	1,555,893		
	TOTAL	5,899	3,096,528		
MEDICAIX	IN6ED COV BY MCAID ON 1/1 OR KAD/SAD	2.0	NUM	47	48
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	0 NO	303	117,110		
	1 YES	2,845	1,357,138		
	99 UNKNOWN	2,751	1,622,281		
	TOTAL	5,899	3,096,528		
CAIDYYX	IN7ED YR SP FIRST COV BY MCAID	2.0	NUM	49	50
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	309	147,045		
	-8 DK	811	373,144		
	-7 REFUSED	17	5,070		
	-5 NEVER WILL KNOW	13	8,231		
	-1 INAPPLICABLE	2,819	1,634,047		
	60-70	27	11,311		
	71-80	81	35,196		
	81-90	362	175,582		
	91-96	1,460	706,902		
	TOTAL	5,899	3,096,528		
CAIDFACX	IN8ED SP=CR COV BY MCAID ON KAD/SAD	2.0	NUM	51	52
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-1 INAPPLICABLE	5,890	3,093,341		
	1 YES	9	3,187		
	TOTAL	5,899	3,096,528		
ICAIDMMX	IN9ED MONTH SP FIRST COV BY MCAID	2.0	NUM	53	54
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	610	283,491		
	-8 DK	870	401,837		
	-7 REFUSED	17	5,070		
	-5 NEVER WILL KNOW	13	8,231		
	-1 INAPPLICABLE	3,562	1,992,070		
	1-12	827	405,829		
	TOTAL	5,899	3,096,528		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
CAIDLIVX	IN10ED WHERE LIVING WHEN MCAID BEGAN	2.0	NUM	55	56
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	4		2,004	
	-8 DK	650		367,346	
	-7 REFUSED	7		2,553	
	-5 NEVER WILL KNOW	24		25,179	
	-1 INAPPLICABLE	4,196		2,245,094	
	1 IN THIS FACILITY	245		116,019	
	2 OTHER NURSING HOME	134		62,807	
	3 RESIDENTIAL CARE FACILITY	65		27,246	
	4 CCRC/RETIREMENT HOME/CENTER	13		5,437	
	5 HOSPITAL	55		24,937	
	6 PRIVATE HOME OR APARTMENT	501		215,714	
	91 OTHER SPECIFY	5		2,193	
	TOTAL	5,899		3,096,528	
CDLIVOSX	IN10ED OTHER SPECIFY: WHERE LIVED	30.0	CHAR	57	86
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-1 INAPPLICABLE	5,894		3,094,335	
	TEXT	5		2,193	
	TOTAL	5,899		3,096,528	
PLACTYPX	IN11ED WHERE IN THIS FAC WHEN MCAID BEG	2.0	NUM	87	88
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	4		2,004	
	-8 DK	650		367,346	
	-7 REFUSED	7		2,553	
	-5 NEVER WILL KNOW	24		25,179	
	-1 INAPPLICABLE	4,653		2,428,706	
	1 Eligible LTC	525		254,403	
	2 Ineligible LTC	27		12,574	
	3 Hospital	9		3,763	
	TOTAL	5,899		3,096,528	
MCARPTAX	IN12ED COV BY MCARE PARTA ON 1/1,KAD/SAD	2.0	NUM	89	90
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	0 NO	511		269,913	
	1 YES	5,266		2,755,460	
	99 UNKNOWN	122		71,155	
	TOTAL	5,899		3,096,528	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
MCARPTBX	IN13ED COV BY MCARE PARTB ON 1/1,KAD/SAD	2.0	NUM	91	92
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	0 NO	1,192	619,520		
	1 YES	4,390	2,287,492		
	99 UNKNOWN	317	189,517		
	TOTAL	5,899	3,096,528		
ICAREFST	IN14a MEDICARE # BEGIN WITH LETTER/NUM	2.0	NUM	93	94
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	1	491		
	-8 DK	150	88,260		
	-7 REFUSED	10	5,261		
	-1 INAPPLICABLE	4,117	2,056,436		
	1 NUMBER	1,588	928,714		
	2 LETTER	33	17,365		
	TOTAL	5,899	3,096,528		
HCAREFST	IN14a MEDICARE # BEGIN WITH LETTER/NUM	2.0	NUM	95	96
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-8 DK	33	15,874		
	-7 REFUSED	4	2,222		
	-1 INAPPLICABLE	1,745	1,042,430		
	1 NUMBER	3,571	1,769,218		
	2 LETTER	73	35,393		
	3 SP HAS NO MEDICARE NUMBER	473	231,392		
	TOTAL	5,899	3,096,528		
CARENUMX	IN15ED MEDICARE ID NUMBER	15.0	CHAR	97	111
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-1 INAPPLICABLE	473	252,230		
	-7 REFUSED	16	8,142		
	-8 DK	171	99,510		
	-9 NOT ASCERTAINED	1	491		
	TEXT	5,238	2,736,155		
	TOTAL	5,899	3,096,528		
PRVTINSX	IN18ED COV BY PRIV INSU ON 1/1OR KAD/SAD	2.0	NUM	112	113
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	0 NO	2,732	1,272,028		
	1 YES	3,053	1,758,556		
	99 UNKNOWN	114	65,944		
	TOTAL	5,899	3,096,528		

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PRINAMEX	IN19ED NAME OF THE INSURANCE COMPANY	30.0	CHAR	114	143
	VALUE	UNWEIGHTED		WEIGHTED BY TRIMFAWT	
	-1 INAPPLICABLE	2,732		1,272,028	
	-7 REFUSED	2		240	
	-8 DK	112		65,704	
	TEXT	3,053		1,758,556	
	TOTAL	5,899		3,096,528	
LTCINSX	IN20ED COV BY LTC POLICY ON 1/1/96OR KAD	2.0	NUM	144	145
	VALUE	UNWEIGHTED		WEIGHTED BY TRIMFAWT	
	0 NO	5,489		2,801,269	
	1 YES	200		117,869	
	99 UNKNOWN	210		177,391	
	TOTAL	5,899		3,096,528	
LTCNAMEX	IN21ED NAME OF THE LTC INSURANCE COMPANY	30.0	CHAR	146	175
	VALUE	UNWEIGHTED		WEIGHTED BY TRIMFAWT	
	-1 INAPPLICABLE	5,489		2,801,269	
	-7 REFUSED	2		7,368	
	-8 DK	208		170,023	
	TEXT	200		117,869	
	TOTAL	5,899		3,096,528	
ICHACOV	IN22 COV BY CHMPUS/CHMPVA ON 1/1,KAD/SAD	2.0	NUM	176	177
	VALUE	UNWEIGHTED		WEIGHTED BY TRIMFAWT	
	-8 DK	230		154,449	
	0 NO	5,638		2,930,182	
	1 YES	31		11,897	
	TOTAL	5,899		3,096,528	
IDVACOVX	IN23ED COV BY VA PROG ON 1/1/96 OR KAD	2.0	NUM	178	179
	VALUE	UNWEIGHTED		WEIGHTED BY TRIMFAWT	
	-8 DK	232		151,218	
	0 NO	5,503		2,861,997	
	1 YES	164		83,314	
	TOTAL	5,899		3,096,528	



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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IPUBCOV	IN24 COV BY OTHER PUBLIC ASSIST PROG/KAD	2.0	NUM	180	181
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-8 DK	309		170,073	
	0 NO	5,541		2,902,356	
	1 YES	49		24,100	
	TOTAL	5,899		3,096,528	
IPUBNAME	IN25 NAME OF THE PUBLIC ASSIST PROGRAM	30.0	CHAR	182	211
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-1 INAPPLICABLE	5,850		3,072,429	
	TEXT	49		24,100	
	TOTAL	5,899		3,096,528	
ILTCPAID	IN22COM DID LTC INSU PAY FOR SP STAY	2.0	NUM	212	213
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	1,209		710,887	
	-8 DK	11		6,555	
	-1 INAPPLICABLE	4,536		2,303,440	
	0 NO	32		14,678	
	1 YES	111		60,967	
	TOTAL	5,899		3,096,528	
ILTCHOWP	IN23COM DID LTC INSU PAY TO FACIL/FAMLY	2.0	NUM	214	215
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	1,209		710,887	
	-8 DK	3		894	
	-1 INAPPLICABLE	4,579		2,324,674	
	1 FACILITY	79		47,234	
	2 FAMILY	29		12,840	
	TOTAL	5,899		3,096,528	
ILTCAMT	IN24COM WHAT WAS THE AMOUNT OF BENEFIT	4.0	NUM	216	219
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	1,209		710,887	
	-8 DK	4		2,011	
	-1 INAPPLICABLE	4,661		2,372,801	
	15-2100	25		10,828	
	TOTAL	5,899		3,096,528	

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
ILTCUNIT	IN24COM WAS BENEFIT PAID DAILY/MONTHLY	2.0	NUM	220	221
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	1,209		710,887	
	-1 INAPPLICABLE	4,661		2,372,801	
	1 DAILY	22		9,082	
	2 MONTHLY	6		3,121	
	91 OTHER SPECIFY	1		638	
	TOTAL	5,899		3,096,528	
ILTCUNOS	IN24COM OTHER SPECIFY: AMOUNT PAID	30.0	CHAR	222	251
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-1 INAPPLICABLE	4,689		2,385,004	
	-9 NOT ASCERTAINED	1,209		710,887	
	TEXT	1		638	
	TOTAL	5,899		3,096,528	
IRELATE	IN25COM DID OTHR FAM MEMBER PAY SP BILL	2.0	NUM	252	253
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-9 NOT ASCERTAINED	1,209		710,887	
	-8 DK	34		18,140	
	-7 REFUSED	6		8,929	
	0 NO	4,311		2,203,141	
	1 YES	339		155,431	
	TOTAL	5,899		3,096,528	
SOCSECX	IN26ED SOCIAL SECURITY NUMBER	9.0	CHAR	254	262
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	-7 REFUSED	15		7,847	
	-8 DK	43		18,595	
	TEXT	5,841		3,070,086	
	TOTAL	5,899		3,096,528	
TRIMFAWT	TRIMMED, NR ADJ. SP WEIGHT	11.6	NUM	263	273
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	13-6,909	5,899		3,096,528	
	TOTAL	5,899		3,096,528	
STRATM7Y	STRATA FOR VARIANCE ESTIMATION	2.0	NUM	274	275
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	11-17	5,899		3,096,528	
	TOTAL	5,899		3,096,528	

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NAME _____	DESCRIPTION	FORMAT	TYPE	START	END
PSU _____	PSU FOR VARIANCE ESTIMATION _____	6.0	NUM	276	281
	VALUE	UNWEIGHTED	WEIGHTED BY TRIMFAWT		
	100016 - 112391	5,899		3,096,528	
	TOTAL	5,899		3,096,528	