

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
178	179	APPT	HOW DIFFICULT TO GET SPECIALIST APPT?
161	162	BYEMPL	EMPLOYER PAID FOR PRIV PLAN PREMIUM
153	154	BYFED	FEDERAL GOVT PAID FOR PRIV PLAN PREMIUM
157	158	BYLOCAL	LOCAL GOVT PAID FOR PRIV PLAN PREMIUM
165	166	BYOTHER	OTHER PAID FOR PRIV PLAN PREMIUM
159	160	BYSOMGOV	SOME GOVT PAID FOR PRIV PLAN PREMIUM
155	156	BYSTATE	STATE GOVT PAID FOR PRIV PLAN PREMIUM
163	164	BYUNION	UNION PAID FOR PRIV PLAN PREMIUM
180	181	CHANPROV	DID HAVE TO CHANGE PRIMARY CARE PROVIDER
89	90	CMJINS	CMJ AS THE SOURCE OF PLAN: 1 YES, 2 NO
138	139	COBRA	COBRA COVERAGE: 1=YES, 2=NO
182	183	COSTQUAL	IMPORTANCE COST/QUALITY IN CHOOSING PLAN
140	141	COVTYPIN	COVERAGE @INTVW: 1=SINGLE, 2=FAMILY
184	185	CUSTSERV	HAS CALLED CUSTOMER SERVICE/ADMIN OFFICE
119	119	DECPHLDR	DECEASED POLICYHOLDER FLAG: 1 YES, 2 NO
130	131	DENTLINS	TYPE OF HI GOTTEN: DENTAL
92	92	DEPDNT	DEPENDENT OF POLICY HOLDER
186	187	DIFFREF	HOW DIFFICULT TO GET SPECIALIST REFERRAL
171	172	DRLIST	DOES PLAN HAVE A BOOK/LIST OF DOCTORS?
29	36	DUPERSID	PERSON CVRD BY POLCYHLDR-ESTABLISHMENT
1	28	EPCPIDX	EPRSIDX + RN + DUPERSID
56	74	EPRSIDX	ESTABLISHMENT ID + POLICYHOLDER ID
45	55	ESTBIDX	ESTABLISHMENT ID
93	94	EVALCOVR	COVERED @ INTERVIEW DATE OR 12/31
126	127	HOSPINSX	TYPE OF HI GOTTEN: HOSPITAL/HMO (EDITED)
76	86	JOBSIDX	JOBSIDX
134	135	LTCINS	TYPE OF HI GOTTEN: LTC-NURSING HOME
128	129	MSUPINSX	TYPE OF HI GOTTEN: MEDIGAP (EDITED)
175	176	NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME
121	121	NOPUFLG	PHLDR NOT IN HC001 OR HC012, OTH REASON
142	143	OPELIG	FLAG: POLICYHOLDER ESTB HAS PREMIUM
144	150	OOPPREM	MONTHLY OUT-OF-POCKET PREMIUM, R1 (ED)
120	120	OUTPHLDR	OUT-OF-RU POLICYHOLDER FLAG: 1 YES, 2 NO
188	189	PAIDLESS	HAS PLAN PAID LESS THAN EXPECTED?
37	44	PHLDRIDX	POLICY HOLDER'S DUPERSID
91	91	PHOLDER	POLICY HOLDER
190	191	PLANREF	PLAN REFUSED TO PAY FOR OR APPROVE CARE
192	193	PLANSAT	SATISFACTION WITH INSURANCE PLAN
136	137	PMEDINS	TYPE OF HI GOTTEN: PRESCRIPTION DRUG
151	152	PREMLEVX	EDITED PREMLEVEL
124	125	PRIVCAT	CATEGORY OF PRIVATE COVERAGE
88	88	PUF12FLG	1=IN HC012, ELSE 0
87	87	PUF1FLG	1=IN HC001, ELSE 0
194	195	RECPLAN	LIKELY TO RECOMMEND PLAN?
75	75	RN	ROUND NUMBER
196	197	SATAMT	SATISFIED WITH AMOUNT PAID
198	199	SATCHOIC	HOW SATISFIED WITH CHOICE OF PROVIDER
200	201	SATCOVH	HOW SATISFIED WITH HOSPITALIZATION?
202	203	SATCOVMH	HOW SATISFIED WITH MENTAL HEALTH SERVICE
204	205	SATCOVP	HOW SATISFIED W/ PREVENTIVE HEALTH CARE?
206	207	SATCOVPM	HOW SATISFIED WITH PRESCRIPTION MEDS?
208	209	SATCS	HOW SATISFIED WITH HOW CALL HANDLED
177	177	SATELIG	ELIG. FOR SATIS. PLAN QUEST: 1=YES, 2=NO
210	211	SATPAPER	SATISFIED W/ AMOUNT/DIFFICULTY PAPERWORK
95	96	STATUS1	STATUS -MONTH 1
113	114	STATUS10	STATUS -MONTH 10
115	116	STATUS11	STATUS -MONTH 11
117	118	STATUS12	STATUS -MONTH 12
97	98	STATUS2	STATUS -MONTH 2

MEPS HC-024
1996 PERSON ROUND PLAN FILE
CODEBOOK

PAGE: 2

DATE: September 5, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
99	100	STATUS3	STATUS -MONTH 3
101	102	STATUS4	STATUS -MONTH 4
103	104	STATUS5	STATUS -MONTH 5
105	106	STATUS6	STATUS -MONTH 6
107	108	STATUS7	STATUS -MONTH 7
109	110	STATUS8	STATUS -MONTH 8
111	112	STATUS9	STATUS -MONTH 9
122	123	TYPEFLAG	TYPE OF ESTABLISHMENT
167	168	UPRHMO	HMO COVERAGE (FROM PRPL)
169	170	UPRMNC	PLAN REQRD COVRD PERS USE GATEKEEPER
132	133	VISIONIN	TYPE OF HI GOTTEN: VISION
173	174	VISTPAYX	PLAN PAY NON-HMO, NON-REFER DR VISIT(ED)

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	28	EPCPIDX	EPRSIDX + RN + DUPERSID
29	36	DUPERSID	PERSON CVRD BY POLCYHLDR-ESTABLISHMENT
37	44	PHLDRIDX	POLICY HOLDER'S DUPERSID
45	55	ESTBIDX	ESTABLISHMENT ID
56	74	EPRSIDX	ESTABLISHMENT ID + POLICYHOLDER ID
75	75	RN	ROUND NUMBER
76	86	JOBSIDX	JOBSIDX
87	87	PUF1FLG	1=IN HC001, ELSE 0
88	88	PUF12FLG	1=IN HC012, ELSE 0
89	90	CMJINS	CMJ AS THE SOURCE OF PLAN: 1 YES, 2 NO
91	91	PHOLDER	POLICY HOLDER
92	92	DEPDNT	DEPENDENT OF POLICY HOLDER
93	94	EVALCOVR	COVERED @ INTERVIEW DATE OR 12/31
95	96	STATUS1	STATUS -MONTH 1
97	98	STATUS2	STATUS -MONTH 2
99	100	STATUS3	STATUS -MONTH 3
101	102	STATUS4	STATUS -MONTH 4
103	104	STATUS5	STATUS -MONTH 5
105	106	STATUS6	STATUS -MONTH 6
107	108	STATUS7	STATUS -MONTH 7
109	110	STATUS8	STATUS -MONTH 8
111	112	STATUS9	STATUS -MONTH 9
113	114	STATUS10	STATUS -MONTH 10
115	116	STATUS11	STATUS -MONTH 11
117	118	STATUS12	STATUS -MONTH 12
119	119	DECPHLDR	DECEASED POLICYHOLDER FLAG: 1 YES, 2 NO
120	120	OUTPHLDR	OUT-OF-RU POLICYHOLDER FLAG: 1 YES, 2 NO
121	121	NOPUFLG	PHLDR NOT IN HC001 OR HC012, OTH REASON
122	123	TYPEFLAG	TYPE OF ESTABLISHMENT
124	125	PRIVCAT	CATEGORY OF PRIVATE COVERAGE
126	127	HOSPINSX	TYPE OF HI GOTTEN: HOSPITAL/HMO (EDITED)
128	129	MSUPINSX	TYPE OF HI GOTTEN: MEDIGAP (EDITED)
130	131	DENTLINS	TYPE OF HI GOTTEN: DENTAL
132	133	VISIONIN	TYPE OF HI GOTTEN: VISION
134	135	LTCINS	TYPE OF HI GOTTEN: LTC-NURSING HOME
136	137	PMEDINS	TYPE OF HI GOTTEN: PRESCRIPTION DRUG
138	139	COBRA	COBRA COVERAGE: 1=YES, 2=NO
140	141	COVTYPIN	COVERAGE @INTVW: 1=SINGLE, 2=FAMILY
142	143	OPELIG	FLAG: POLICYHOLDER ESTB HAS PREMIUM
144	150	OOPPREM	MONTHLY OUT-OF-POCKET PREMIUM, R1 (ED)
151	152	PREMLEVX	EDITED PREMLEVEL
153	154	BYFED	FEDERAL GOVT PAID FOR PRIV PLAN PREMIUM
155	156	BYSTATE	STATE GOVT PAID FOR PRIV PLAN PREMIUM
157	158	BYLOCAL	LOCAL GOVT PAID FOR PRIV PLAN PREMIUM
159	160	BYSOMGOV	SOME GOVT PAID FOR PRIV PLAN PREMIUM
161	162	BYEMPL	EMPLOYER PAID FOR PRIV PLAN PREMIUM
163	164	BYUNION	UNION PAID FOR PRIV PLAN PREMIUM
165	166	BYOTHER	OTHER PAID FOR PRIV PLAN PREMIUM
167	168	UPRHMO	HMO COVERAGE (FROM PRPL)
169	170	UPRMNC	PLAN REQD COVRD PERS USE GATEKEEPER
171	172	DRLIST	DOES PLAN HAVE A BOOK/LIST OF DOCTORS?
173	174	VISTPAYX	PLAN PAY NON-HMO, NON-REFER DR VISIT(ED)
175	176	NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME
177	177	SATELIG	ELIG. FOR Satis. PLAN QUEST: 1=YES, 2=NO
178	179	APPT	HOW DIFFICULT TO GET SPECIALIST APPT?
180	181	CHANPROV	DID HAVE TO CHANGE PRIMARY CARE PROVIDER
182	183	COSTQUAL	IMPORTANCE COST/QUALITY IN CHOOSING PLAN
184	185	CUSTSERV	HAS CALLED CUSTOMER SERVICE/ADMIN OFFICE
186	187	DIFFREF	HOW DIFFICULT TO GET SPECIALIST REFERRAL

MEPS HC-024
1996 PERSON ROUND PLAN FILE
CODEBOOK

PAGE: 4

DATE: September 5, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
188	189	PAIDLESS	HAS PLAN PAID LESS THAN EXPECTED?
190	191	PLANREF	PLAN REFUSED TO PAY FOR OR APPROVE CARE
192	193	PLANSAT	SATISFACTION WITH INSURANCE PLAN
194	195	RECPLAN	LIKELY TO RECOMMEND PLAN?
196	197	SATAMT	SATISFIED WITH AMOUNT PAID
198	199	SATCHOIC	HOW SATISFIED WITH CHOICE OF PROVIDER
200	201	SATCOVH	HOW SATISFIED WITH HOSPITALIZATION?
202	203	SATCOVMH	HOW SATISFIED WITH MENTAL HEALTH SERVICE
204	205	SATCOVP	HOW SATISFIED W/ PREVENTIVE HEALTH CARE?
206	207	SATCOVPM	HOW SATISFIED WITH PRESCRIPTION MEDS?
208	209	SATCS	HOW SATISFIED WITH HOW CALL HANDLED
210	211	SATPAPER	SATISFIED W/ AMOUNT/DIFFICULTY PAPERWORK

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EPCPIDX	EPRSIDX + RN + DUPERSID	28.0	CHAR	1	28
	VALUE				UNWEIGHTED
	VALID ID				50,778
	TOTAL				50,778
DUPERSID	PERSON CVRD BY POLCYHLDR-ESTABLISHMENT	8.0	CHAR	29	36
	VALUE				UNWEIGHTED
	VALID ID				50,778
	TOTAL				50,778
PHLDRIDX	POLICY HOLDER'S DUPERSID	8.0	CHAR	37	44
	VALUE				UNWEIGHTED
	VALID ID				50,778
	TOTAL				50,778
ESTBIDX	ESTABLISHMENT ID	11.0	CHAR	45	55
	VALUE				UNWEIGHTED
	VALID ID				50,778
	TOTAL				50,778
EPRSIDX	ESTABLISHMENT ID + POLICYHOLDER ID	19.0	CHAR	56	74
	VALUE				UNWEIGHTED
	VALID ID				50,778
	TOTAL				50,778
RN	ROUND NUMBER	1.0	NUM	75	75
	VALUE				UNWEIGHTED
	1				17,010
	2				17,517
	3				16,251
	TOTAL				50,778
JOBSIDX	JOBSIDX	11.0	CHAR	76	86
	VALUE				UNWEIGHTED
	BLANK				8,666
	VALID ID				42,112
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PUF1FLG	1=IN HC001, ELSE 0	1.0	NUM	87	87
	VALUE				UNWEIGHTED
	0 NO				1,401
	1 YES				49,377
	TOTAL				50,778
PUF12FLG	1=IN HC012, ELSE 0	1.0	NUM	88	88
	VALUE				UNWEIGHTED
	0 NO				3,710
	1 YES				47,068
	TOTAL				50,778
CMJINS	CMJ AS THE SOURCE OF PLAN: 1 YES, 2 NO	2.0	NUM	89	90
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				7,601
	1 YES				35,952
	2 NO				7,225
	TOTAL				50,778
PHOLDER	POLICY HOLDER	1.0	NUM	91	91
	VALUE				UNWEIGHTED
	0 DEPENDENT				25,003
	1 POLICYHOLDER				25,775
	TOTAL				50,778
DEPDNT	DEPENDENT OF POLICY HOLDER	1.0	NUM	92	92
	VALUE				UNWEIGHTED
	0 POLICYHOLDER				25,775
	1 DEPENDENT				25,003
	TOTAL				50,778
EVALCOVR	COVERED @ INTERVIEW DATE OR 12/31	2.0	NUM	93	94
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				2
	-1 INAPPLICABLE				825
	1 YES				47,394
	2 NO				2,557
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
STATUS1	STATUS -MONTH 1	2.0	NUM	95	96
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				34,081
	1 YES				16,299
	2 NO				398
	TOTAL				50,778
STATUS2	STATUS -MONTH 2	2.0	NUM	97	98
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				34,041
	1 YES				16,357
	2 NO				380
	TOTAL				50,778
STATUS3	STATUS -MONTH 3	2.0	NUM	99	100
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				27,904
	1 YES				22,213
	2 NO				661
	TOTAL				50,778
STATUS4	STATUS -MONTH 4	2.0	NUM	101	102
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				28,149
	1 YES				21,749
	2 NO				880
	TOTAL				50,778
STATUS5	STATUS -MONTH 5	2.0	NUM	103	104
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				30,586
	1 YES				19,154
	2 NO				1,038
	TOTAL				50,778
STATUS6	STATUS -MONTH 6	2.0	NUM	105	106
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				31,958
	1 YES				17,759
	2 NO				1,061
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
STATUS7	STATUS -MONTH 7	2.0	NUM	107	108
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				33,019
	1 YES				16,599
	2 NO				1,160
	TOTAL				50,778
STATUS8	STATUS -MONTH 8	2.0	NUM	109	110
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				31,768
	1 YES				17,711
	2 NO				1,299
	TOTAL				50,778
STATUS9	STATUS -MONTH 9	2.0	NUM	111	112
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				28,281
	1 YES				21,159
	2 NO				1,338
	TOTAL				50,778
STATUS10	STATUS -MONTH 10	2.0	NUM	113	114
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				28,765
	1 YES				20,894
	2 NO				1,119
	TOTAL				50,778
STATUS11	STATUS -MONTH 11	2.0	NUM	115	116
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				31,745
	1 YES				18,265
	2 NO				768
	TOTAL				50,778
STATUS12	STATUS -MONTH 12	2.0	NUM	117	118
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				34,165
	1 YES				16,023
	2 NO				590
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DECPHLDR	DECEASED POLICYHOLDER FLAG: 1 YES,2 NO	1.0	NUM	119	119
	VALUE				UNWEIGHTED
	1 YES				356
	2 NO				50,422
	TOTAL				50,778
OUTPHLDR	OUT-OF-RU POLICYHOLDER FLAG: 1 YES,2 NO	1.0	NUM	120	120
	VALUE				UNWEIGHTED
	1 YES				1,927
	2 NO				48,851
	TOTAL				50,778
NOPUFLG	PHLDR NOT IN HC001 OR HC012, OTH REASON	1.0	NUM	121	121
	VALUE				UNWEIGHTED
	1 YES				175
	2 NO				50,603
	TOTAL				50,778
TYPEFLAG	TYPE OF ESTABLISHMENT	2.0	NUM	122	123
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				481
	-8 DK				18
	-7 REFUSED				3
	1 EMPLOYER				39,973
	2 UNION				1,962
	3 GROUP				1,395
	4 HEALTH ALLIANCE				53
	5 INSURANCE COMPANY- FROM AN AGENT				1,409
	6 INSURANCE COMPANY				1,778
	7 HMO				805
	8 COBRA				229
	9 PREVIOUS EMPLOYER- NOT COBRA				312
	10 SPOUSE PREVIOUS EMPLOYER				502
	11 SCHOOL				139
	12 UNKNOWN TYPE-OUTSIDE RU				1,544
	13 UNKNOWN TYPE-COLLECTED AT OTHER				175
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PRIVCAT	CATEGORY OF PRIVATE COVERAGE	2.0	NUM	124	125
	VALUE				UNWEIGHTED
	0 NOT HOSP/PHYS OR MEDIGAP COVERAGE				1,080
	1 EMPLOYER/UNION				42,299
	2 NONGROUP				3,561
	3 OTHER GROUP				1,415
	4 OUT OF HOUSEHOLD				1,494
	5 SELF-EMPLOYED				261
	99 DONT KNOW WHAT KIND PRIV COV				668
	TOTAL				50,778
HOSPINSX	TYPE OF HI GOTTEN: HOSPITAL/HMO (EDITED)	2.0	NUM	126	127
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				161
	-8 DK				380
	-7 REFUSED				25
	-1 INAPPLICABLE				1
	1 YES				48,242
	2 NO				1,969
	TOTAL				50,778
MSUPINSX	TYPE OF HI GOTTEN: MEDIGAP (EDITED)	2.0	NUM	128	129
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				580
	-8 DK				382
	-7 REFUSED				25
	-1 INAPPLICABLE				18
	1 YES				2,583
	2 NO				47,190
	TOTAL				50,778
DENTLINS	TYPE OF HI GOTTEN: DENTAL	2.0	NUM	130	131
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				875
	-8 DK				384
	-7 REFUSED				32
	-1 INAPPLICABLE				332
	1 YES				30,416
	2 NO				18,739
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VISIONIN	TYPE OF HI GOTTEN: VISION	2.0	NUM	132	133
	VALUE			UNWEIGHTED	
	-9 NOT ASCERTAINED				876
	-8 DK				384
	-7 REFUSED				32
	-1 INAPPLICABLE				333
	1 YES				22,615
	2 NO				26,538
	TOTAL				50,778
LTCINS	TYPE OF HI GOTTEN: LTC-NURSING HOME	2.0	NUM	134	135
	VALUE			UNWEIGHTED	
	-9 NOT ASCERTAINED				869
	-8 DK				384
	-7 REFUSED				32
	-1 INAPPLICABLE				331
	1 YES				3,059
	2 NO				46,103
	TOTAL				50,778
PMEDINS	TYPE OF HI GOTTEN: PRESCRIPTION DRUG	2.0	NUM	136	137
	VALUE			UNWEIGHTED	
	-9 NOT ASCERTAINED				855
	-8 DK				387
	-7 REFUSED				32
	-1 INAPPLICABLE				339
	1 YES				39,495
	2 NO				9,670
	TOTAL				50,778
COBRA	COBRA COVERAGE: 1=YES, 2=NO	2.0	NUM	138	139
	VALUE			UNWEIGHTED	
	-9 NOT ASCERTAINED				2,508
	-8 DK				63
	-7 REFUSED				2
	-1 INAPPLICABLE				43,557
	1 YES				1,135
	2 NO				3,513
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
COVTYPIN	COVERAGE @INTVW: 1=SINGLE, 2=FAMILY	2.0	NUM	140	141
	VALUE				UNWEIGHTED
	-1 INAPPLICABLE				2,358
	1 SINGLE				12,508
	2 FAMILY				35,912
	TOTAL				50,778
OOPELIG	FLAG: POLICYHOLDER ESTB HAS PREMIUM	2.0	NUM	142	143
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				160
	1 YES				3,311
	2 NO				47,307
	TOTAL				50,778
OOPPREM	MONTHLY OUT-OF-POCKET PREMIUM, R1 (ED)	7.2	NUM	144	150
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				258
	-8 DK				398
	-7 REFUSED				38
	-1 INAPPLICABLE				47,467
	0 NO PREMIUM CONTRIBUTION				668
	>0 VALUES AS OF RD1				1,949
	TOTAL				50,778
PREMLEVX	EDITED PREMLEV1	2.0	NUM	151	152
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				244
	-8 DK				80
	-7 REFUSED				10
	-1 INAPPLICABLE				47,467
	1 FAMILY PAYS ALL PREMIUM COST				1,706
	2 FAMILY PAYS SOME PREMIUM COST				511
	3 FAMILY DOES NOT KNOW				117
	4 FAMILY DOES NOT PAY PREMIUM COST				643
	TOTAL				50,778
BYFED	FEDERAL GOVT PAID FOR PRIV PLAN PREMIUM	2.0	NUM	153	154
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				8
	-8 DK				50
	-7 REFUSED				6
	-1 INAPPLICABLE				49,500
	1 YES				135
	2 NO				1,079
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
BYSTATE	STATE GOVT PAID FOR PRIV PLAN PREMIUM	2.0	NUM	155	156
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				8
	-8 DK				50
	-7 REFUSED				6
	-1 INAPPLICABLE				49,501
	1 YES				101
	2 NO				1,112
	TOTAL				50,778
BYLOCAL	LOCAL GOVT PAID FOR PRIV PLAN PREMIUM	2.0	NUM	157	158
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				8
	-8 DK				50
	-7 REFUSED				6
	-1 INAPPLICABLE				49,500
	1 YES				46
	2 NO				1,168
	TOTAL				50,778
BYMOMGOV	SOME GOVT PAID FOR PRIV PLAN PREMIUM	2.0	NUM	159	160
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				8
	-8 DK				50
	-7 REFUSED				6
	-1 INAPPLICABLE				49,500
	1 YES				8
	2 NO				1,206
	TOTAL				50,778
BYEMPL	EMPLOYER PAID FOR PRIV PLAN PREMIUM	2.0	NUM	161	162
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				8
	-8 DK				50
	-7 REFUSED				6
	-1 INAPPLICABLE				49,500
	1 YES				632
	2 NO				582
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
BYUNION	UNION PAID FOR PRIV PLAN PREMIUM	2.0	NUM	163	164
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				8
	-8 DK				50
	-7 REFUSED				6
	-1 INAPPLICABLE				49,500
	1 YES				101
	2 NO				1,113
	TOTAL				50,778
BYOTHER	OTHER PAID FOR PRIV PLAN PREMIUM	2.0	NUM	165	166
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				8
	-8 DK				50
	-7 REFUSED				6
	-1 INAPPLICABLE				49,501
	1 YES				225
	2 NO				988
	TOTAL				50,778
UPRHMO	HMO COVERAGE (FROM PRPL)	2.0	NUM	167	168
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				475
	-8 DK				363
	-7 REFUSED				7
	-1 INAPPLICABLE				1,080
	1 PRIVATE PLAN IS HMO				21,649
	2 PRIVATE PLAN IS NOT HMO				27,204
	TOTAL				50,778
UPRMNC	PLAN REQD COVRD PERS USE GATEKEEPER	2.0	NUM	169	170
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				2,188
	-8 DK				646
	-7 REFUSED				7
	-1 INAPPLICABLE				1,080
	1 YES				3,403
	2 NO				43,454
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DRLIST	DOES PLAN HAVE A BOOK/LIST OF DOCTORS?	2.0	NUM	171	172
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				2,160
	-8 DK				774
	-7 REFUSED				7
	-1 INAPPLICABLE				26,132
	1 YES				6,374
	2 NO				15,331
	TOTAL				50,778
VISTPAYX	PLAN PAY NON-HMO, NON-REFER DR VISIT(ED)	2.0	NUM	173	174
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				23
	-8 DK				542
	-1 INAPPLICABLE				41,001
	1 YES				7,133
	2 NO				2,079
	TOTAL				50,778
NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME	2.0	NUM	175	176
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				742
	-8 DK				93
	-7 REFUSED				6
	-1 INAPPLICABLE				22,220
	1 YES				4,358
	2 NO				23,359
	TOTAL				50,778
SATELIG	ELIG. FOR SATIS. PLAN QUEST: 1=YES, 2=NO	1.0	NUM	177	177
	VALUE				UNWEIGHTED
	1 YES				15,354
	2 NO				35,424
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
APPT	HOW DIFFICULT TO GET SPECIALIST APPT?	2.0	NUM	178	179
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				949
	-8 DK				1,372
	-7 REFUSED				20
	-1 INAPPLICABLE				35,153
	1 VERY DIFFICULT				367
	2 SOMEWHAT DIFFICULT				1,033
	3 NOT TOO DIFFICULT				2,867
	4 NOT AT ALL DIFFICULT				5,682
	95 NEVER MADE APPOINTMENT				3,335
	TOTAL				50,778
CHANPROV	DID HAVE TO CHANGE PRIMARY CARE PROVIDER	2.0	NUM	180	181
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				278
	-7 REFUSED				19
	-1 INAPPLICABLE				35,153
	1 YES				2,348
	2 YES, MOVED TO ANOTHER AREA				419
	3 NO				10,928
	95 DIDN'T HAVE A PRIMARY CARE PROVIDER				694
	TOTAL				50,778
COSTQUAL	IMPORTANCE COST/QUALITY IN CHOOSING PLAN	2.0	NUM	182	183
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				383
	-7 REFUSED				15
	-1 INAPPLICABLE				35,153
	1 PRIMARILY QUALITY				1,298
	2 PRIMARILY COST				1,374
	3 COST/QUALITY EQUALLY IMPORTANT				5,922
	95 HAD NO CHOICE				5,694
	TOTAL				50,778
CUSTSERV	HAS CALLED CUSTOMER SERVICE/ADMIN OFFICE	2.0	NUM	184	185
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				278
	-7 REFUSED				15
	-1 INAPPLICABLE				35,153
	1 YES				4,420
	2 NO				9,973
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
<u>DIFFREF</u>	<u>HOW DIFFICULT TO GET SPECIALIST REFERRAL</u>	<u>2.0</u>	<u>NUM</u>	<u>186</u>	<u>187</u>
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				942
	-8 DK				2,379
	-7 REFUSED				18
	-1 INAPPLICABLE				35,153
	1 VERY DIFFICULT				437
	2 SOMEWHAT DIFFICULT				1,014
	3 NOT TOO DIFFICULT				3,521
	4 NOT AT ALL DIFFICULT				7,314
	TOTAL				50,778
<u>PAIDLESS</u>	<u>HAS PLAN PAID LESS THAN EXPECTED?</u>	<u>2.0</u>	<u>NUM</u>	<u>188</u>	<u>189</u>
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				621
	-7 REFUSED				15
	-1 INAPPLICABLE				35,153
	1 YES				1,493
	2 NO				12,557
	TOTAL				50,778
<u>PLANREF</u>	<u>PLAN REFUSED TO PAY FOR OR APPROVE CARE</u>	<u>2.0</u>	<u>NUM</u>	<u>190</u>	<u>191</u>
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				377
	-7 REFUSED				15
	-1 INAPPLICABLE				35,153
	1 YES				1,630
	2 NO				12,664
	TOTAL				50,778
<u>PLANSAT</u>	<u>SATISFACTION WITH INSURANCE PLAN</u>	<u>2.0</u>	<u>NUM</u>	<u>192</u>	<u>193</u>
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				946
	-8 DK				595
	-7 REFUSED				12
	-1 INAPPLICABLE				35,153
	1 NOT AT ALL LIKELY				8,078
	2 NOT TOO LIKELY				4,682
	3 SOMEWHAT LIKELY				948
	4 VERY LIKELY				364
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
RECPLAN	LIKELY TO RECOMMEND PLAN?	2.0	NUM	194	195
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				947
	-8 DK				673
	-7 REFUSED				18
	-1 INAPPLICABLE				35,153
	1 NOT AT ALL LIKELY				1,685
	2 NOT TOO LIKELY				1,572
	3 SOMEWHAT LIKELY				4,447
	4 VERY LIKELY				6,283
	TOTAL				50,778
SATAMT	SATISFIED WITH AMOUNT PAID	2.0	NUM	196	197
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				947
	-8 DK				398
	-7 REFUSED				21
	-1 INAPPLICABLE				35,153
	1 VERY SATISFIED				7,132
	2 SOMEWHAT SATISFIED				4,177
	3 NOT TOO SATISFIED				1,276
	4 NOT AT ALL SATISFIED				749
	95 NO AMOUNT PAID				925
	TOTAL				50,778
SATCHOIC	HOW SATISFIED WITH CHOICE OF PROVIDER	2.0	NUM	198	199
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				951
	-8 DK				487
	-7 REFUSED				14
	-1 INAPPLICABLE				35,153
	1 VERY SATISFIED				8,487
	2 SOMEWHAT SATISFIED				3,177
	3 NOT TOO SATISFIED				763
	4 NOT AT ALL SATISFIED				363
	95 PLAN LETS FAMILY CHOOSE ANY DOCTOR				1,383
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SATCOVH	HOW SATISFIED WITH HOSPITALIZATION?	2.0	NUM	200	201
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				2,225
	-7 REFUSED				15
	-1 INAPPLICABLE				35,153
	1 VERY SATISFIED				8,099
	2 SOMEWHAT SATISFIED				3,283
	3 NOT TOO SATISFIED				433
	4 NOT AT ALL SATISFIED				194
	95 SERVICE NOT COVERED				41
	96 DON'T KNOW IF SERVICE IS COVERED				396
	TOTAL				50,778
SATCOVMH	HOW SATISFIED WITH MENTAL HEALTH SERVICE	2.0	NUM	202	203
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				940
	-8 DK				4,199
	-7 REFUSED				24
	-1 INAPPLICABLE				35,153
	1 VERY SATISFIED				4,328
	2 SOMEWHAT SATISFIED				1,901
	3 NOT TOO SATISFIED				322
	4 NOT AT ALL SATISFIED				304
	95 SERVICE NOT COVERED				331
	96 DON'T KNOW IF SERVICE IS COVERED				3,276
	TOTAL				50,778
SATCOVP	HOW SATISFIED W/ PREVENTIVE HEALTH CARE?	2.0	NUM	204	205
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				844
	-7 REFUSED				14
	-1 INAPPLICABLE				35,153
	1 VERY SATISFIED				8,048
	2 SOMEWHAT SATISFIED				3,640
	3 NOT TOO SATISFIED				818
	4 NOT AT ALL SATISFIED				483
	95 SERVICE NOT COVERED				343
	96 DON'T KNOW IF SERVICE IS COVERED				496
	TOTAL				50,778

MEPS HC-024
 1996 PERSON ROUND PLAN FILE
 CODEBOOK

DATE: September 5, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SATCOVPM	HOW SATISFIED WITH PRESCRIPTION MEDS?	2.0	NUM	206	207
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				939
	-8 DK				903
	-7 REFUSED				16
	-1 INAPPLICABLE				35,153
	1 VERY SATISFIED				8,655
	2 SOMEWHAT SATISFIED				2,940
	3 NOT TOO SATISFIED				638
	4 NOT AT ALL SATISFIED				477
	95 SERVICE NOT COVERED				758
	96 DON'T KNOW IF SERVICE IS COVERED				299
	TOTAL				50,778
SATCS	HOW SATISFIED WITH HOW CALL HANDLED	2.0	NUM	208	209
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				41
	-8 DK				16
	-1 INAPPLICABLE				46,317
	1 VERY SATISFIED				2,107
	2 SOMEWHAT SATISFIED				1,153
	3 NOT TOO SATISFIED				615
	4 NOT AT ALL SATISFIED				529
	TOTAL				50,778
SATPAPER	SATISFIED W/ AMOUNT/DIFFICULTY PAPERWORK	2.0	NUM	210	211
	VALUE				UNWEIGHTED
	-9 NOT ASCERTAINED				950
	-8 DK				782
	-7 REFUSED				18
	-1 INAPPLICABLE				35,153
	1 VERY SATISFIED				5,954
	2 SOMEWHAT SATISFIED				2,638
	3 NOT TOO SATISFIED				608
	4 NOT AT ALL SATISFIED				442
	95 NO PAPERWORK				4,233
	TOTAL				50,778