

SECTION J

TOTAL PLAN COSTS

07/31/95

SEGMENT = SPCS

Section J is asked for each (sampled) plan. If offered at more than one MEF location in the NEHIS sample or not, section J is asked both about the company (000) and for each sampled establishment (001, 002..where offered.) If the plan is offered at only 1 location, Section J is administered for that estab only.

F4B2 = 1

SEF DISPLAYS ABOVE QUESTION. MEF CONDITIONS BELOW QUESTIONS.
DISPLAY BOX IS SHOWN ON J1 TO J14 SCREENS.

COMP_ORG: GLOBAL DISPLAY - B8=1, "company", ELSE, "organization".

TADDR: GLOBAL DISPLAY - INDICATE RESPONDENT'S ADDRESS "CURRADDR,
CURRCITY, CURRST"

FOOTER (ESTAB ADDRESS) ONLY SHOWS FOR ESTAB LEVEL (001, 002...)
PYEND: GLOBAL DISPLAY - DEFINED IN SECTION D TO INDICATE HEALTH
INSURANCE PLAN YEAR. IF D9=2, "the year that ended D10MONB, D10YEARB", else "1993".

PLANYEAR: GLOBAL DISPLAY - IF D9=2 (plan year other than calendar year), "plan year", else
" ".

COMSORGS: GLOBAL DISPLAY - B8 = 1, "company's", ELSE, "organization's"

DISPLAY1: " " FOR SEF, FOR MEF, "for your {COMP_ORG} as a whole" IF SECTION IS COMPANY LEVEL (000.) IF ESTAB LEVEL (001, 002...) "for the {CURRNAME} {TADDR} location only."

DISPLAY2: " " FOR SEF, FOR MEF, "[PROBE: This would include all locations considered part of your organization." IF COMPANY LEVEL (000.) NOT SHOWN FOR ESTAB LEVEL (001, 002...)

[ASK TO SPEAK WITH R. WHEN R ON PHONE, READ INTRODUCTION.]

{My name is {INTERVIEWER NAME} and I am calling for the United States Department of Health and Human Services regarding a study about health benefits. This study collects information on the cost of providing health benefits to employees. Results will be used to develop estimates of health care spending and to evaluate health care reform.}

NOTE: Introduction is only displayed for SEF/GOV cases. Lack of room on MEF screen.

JGATE1: (JGATE1 F/E)

The (next/first) questions are about the total costs for {PLAN NAME} The information I need is for {PLANYEAR} 1993. {DISPLAY1}

Would you be able to answer these questions?

{DISPLAY2}

(1)

1. CONTINUE SECTION J WITH {RESPNAME} (SKIP)
2. SKIP SECTION J, GO TO {RESPNAME'S} NEXT APPROPRIATE SECTION (JGATE2)
3. GO TO QUESTIONNAIRE MANAGEMENT SCREEN (QMS)
- {4. INFORMATION NOT AVAILABLE AT ALL FOR THIS LOCATION} (R'S NEXT AVAILABLE SECTION)
- GT. GO TO RESULT
8. *Not displayed - for dataprep purposes only.*
Indicates section was not asked and -9 was assigned to appropriate questions in this questionnaire section of partially complete plan
88. *Not displayed - for dataprep purposes only.*
Indicates section was not asked, this questionnaire section of unstarted plan left empty (all -1). 88.
Not displayed - for dataprep purposes only.
Indicates section was not asked, this questionnaire section of unstarted plan left empty (all -1).

Response category 4 shown for MEF company-level and estab-level when company-level has not previously given response #4.

1 = JGATE1, SIZE = C2

IF JGATE1 = 4 AND MEF COMPANY-LEVEL, SET PLAN.COJNOTAV = 1

ASK JGATE2 IF JGATE1 = 2 (SKIP SECTION J FOR NOW)

JGATE2

[ARE YOU SKIPPING SECTION J BECAUSE {RESPNAME} IS ...]

(1)

1. NOT APPROPRIATE FOR SECTION J, OR,
2. {RESPNAME} CAN ANSWER QUESTIONS LATER?

1 = JGATE2, SIZE=N2

GO TO RESPONDENT'S NEXT SECTION

ASK JGATE1A IF SEF AND B1 = -7, -8, OR 1 (THAT MAY HAVE OTHER BRANCHES IN THE U.S.) OR MEF AND LOCLNATL = L (LOCAL SUBSAMPLED PLAN)

LEVEL QUESTIONS ARE NOT APPROPRIATE FOR MEFs. DIFFERENT LEVELS, (COMPANY, ESTABLISHMENT) RESIDE ON DIFFERENT SEGMENTS. THERE IS A "COMPANY" LEVEL SECTION J FOR EACH PLAN AND APPROPRIATE SECTION Js FOR EACH ESTABLISHMENT THAT OFFERS THE PLAN.

JGATE1A:

The information I need is for the {TADDR} location. Can you tell me the total costs for this location only, for all of your locations, or for some other group of locations?

[IF R CAN ANSWER FOR BOTH THIS LOCATION AND THE FIRM AS A WHOLE, ENTER 1 FOR THIS LOCATION]

(1)

1. R CAN ANSWER FOR THIS LOCATION ONLY (BOX J1)
2. R CAN ANSWER FOR ALL LOCATIONS (J1A)
3. R CAN ANSWER ONLY FOR SOME OTHER GROUP (SPECIFY) (2)
(J1A)

DK/REF GO TO J1A

1 = JGATE1A, SIZE=N2
2 = JGATEOTH, SIZE=C25

ASK J1A IF JGATE1A = 2, 3, -7, -8 (R CAN NOT ANSWER FOR THIS LOCATION ONLY)

DISPLAY1: IF JGATE1A = 2, ... "for your firm", IF JGATE1A = 3, "for {JGATEOTH}", ELSE,
" "

J1A:

At the end of {PYEND}, how many employees were enrolled in {PLANNAME}
{DISPLAY1}? Do not include retirees or former employees.

[IF NONE, ENTER 0 (ZERO)]

(1) EMPLOYEES

ALL RESPONSES INCLUDING DK/REF GO TO BOX J1

IF 1 <= J1ANUM <= 100, SHOW OVERLAY:

J1AUNT:

[IS {J1ANUM} A NUMBER OR PERCENTAGE?]

(2)

1. NUMBER
2. PERCENTAGE

1 = J1ANUM, SIZE=N7, HR: 0 TO 9,999,999; SR: 1 TO 1,000
2 = J1AUNT, SIZE=N2

IF J1AUNT = 2, SET J1APCT = J1ANUM

BOX J1	IF PLAN.SELF = INAPPLICABLE OR NOT ASCERTAINED (SELF OR FULLY INSURED NOT DETERMINED) GO TO J1 ELSE IF PLAN.SELF = 1 (SELF INSURED) GO TO BOX J2 ELSE GO TO J8B (FULLY INSURED)
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ASK J1 IF PLAN.SELF = MISSING (-1, -9)

The self insured questions (J1 and J1C) are asked once per plan. Whichever section (company, estab) answers the question first, fills plan.self and the question is not asked again.

J1. Were you self-insured in {plan year} 1993, or were you fully insured by {PLAN NAME}?

[PROBE: Did your {COMP_ORG} bear the financial responsibility for your employees' medical claims, or did an insurance company?]

[CODE A MINIMUM PREMIUM PLAN, (MPP), AS SELF-INSURED.]

(1)

1. SELF-INSURED [INCLUDE "PARTIALLY"] (J1C)
2. FULLY-INSURED, DON'T KNOW (J8B)

DK/REF GO TO J8B

1 = J1, SIZE=N2

SET PLAN.SELF = 1 IF J1 = 1, ELSE SET PLAN.SELF=2 IF J1 = 2, DK/REF

Ask J1C if J1 = 1 (R STATED THAT SELF-INSURED BY PLAN)

J1C. Let me confirm that your {COMP_ORG} pays for your employees' medical claims out of your {COMSORGS} own funds. Is this correct?

[IF {COMP_ORG} HAS STOP-LOSS OR RE-INSURANCE COVERAGE, WHICH IS CONSIDERED "PARTIALLY" SELF-INSURED, CODE YES.]

(1)

1. YES, SELF-INSURED [INCLUDE "PARTIALLY" (BOX J2)
2. NO, FULLY-INSURED, DON'T KNOW (J8B)

DK/REF GO TO J8B

1 = PLAN.SELFCONF, SIZE = N2

IF PLAN.SELFCONF ^= 1, THEN SET PLAN.SELF=2

BOX J2

THE FOLLOWING VALUES ARE COPIED TO THE CURRENT SPCS SEGMENT WHEN PLAN.SELF = 1 (SELF-INSURED PLAN) BEFORE THE J2 - J6 STOP-LOSS COVERAGE QUESTIONS ARE ASKED. THIS IS TO RECORD THE CURRENT VALUES OF PLAN AND CASE LEVEL VARIABLES USED IN THE J2 - J6 SKIPS.

IF PLAN.J2ASKED = 1, SET SPCS.J2ASKD = 1

IF PLAN.J5POS = 1, SET SPCS.J5POSTV = 1

IF PLAN.STOPLOSS ^= INAPPLICABLE, SET SPCS.STOPLOS = PLAN.STOPLOSS

IF BASE.STLSAMT = 1, SET SPCS.STLSAMTS = 1

ASK J2 IF BASE.STLSAMT (SPCS.STLSAMTS) = 1 (AN ESCS.Z3AMT > 0 OR A PREVIOUSLY COMPLETED SECTION J FOR ANOTHER PLAN HAD J5AMT > 0 i.e., STOP-LOSS PREMIUM > 0 FOR AT LEAST ONE PLAN OFFERED BY FIRM) & PLAN.J2ASKED (SPCS.J2ASKD) ^= 1 (J2 HAS NOT BEEN ASKED FOR THIS PLAN) & PLAN.J5POS (SPCS.J5POSTV) ^= 1 (NO J5AMT > 0 FOR THIS PLAN) & PLAN.STOPLOSS (SPCS.STOPLOS) ^= 2 (NOT DETERMINED THAT THIS PLAN DOES NOT HAVE STOP-LOSS COVERAGE)

STOP-LOSS COVERAGE QUESTIONS J2 - J6 ASKED OF SELF-INSURED PLANS, ARE ASKED ONCE PER PLAN FOR MEFS AND ARE PLAN LEVEL VARIABLES

J2. Does the stop-loss coverage I recorded earlier cover {PLAN NAME}?

(1)

1. YES (J8A)
2. NO (J3)

DK/REF GO TO J3

1 = J2, SIZE=N2

SET PLAN.J2ASKED = 1

ASKED IF J2 = 2, DK/REF (NOT COVERED BY OTHER PLAN'S STOP-LOSS) &
PLAN.STOPLOSS = INAPPLICABLE (NOT YET ASKED)

J3 is a plan level variable, asked once per plan for MEFs

J3. Does this plan have stop-loss coverage as well?

(1)

1. YES (J5)
2. NO (J8A)

DK/REF GO TO J8A

1 = J3, SIZE=N2

IF J3 = 1, 2, SET PLAN.STOPLOSS = J3.

ASK J4 IF PLAN.STOPLOSS = INAPPLICABLE (NOT YET ASKED) & PLAN.J2ASKED ^=1 (J2 NOT YET ASKED FOR THIS PLAN)

J4 is a plan level variable, asked once per plan for MEFs

J4. As a self-insured {COMP_ORG}, did you have "stop-loss" coverage or "reinsurance" or some other arrangement in {PLANYEAR} 1993 which limited the total medical expenses your {COMP_ORG} could incur?

[PROBE: Stop-loss or reinsurance protects self-insured firms from very large claims for an individual, or a large amount of total claims.]

(1)

1. YES [INCLUDE "PARTIALLY SELF-INSURED"] (J5)
2. NO (J8A)

DK/REF GO TO J8A

1 = J4, SIZE=N2

IF J4 = 1, 2, SET PLAN.STOPLOSS = J4

ASK J5 IF PLAN.STOPLOSS = 1 (HAS STOP=LOSS COVERAGE) & J2 ^= 1 (NOT COVERED BY OTHER PLAN'S STOP-LOSS)

DISPLAY1: " " FOR SEF, FOR MEF ... "for your {COMP_ORG} altogether" IF COMPANY LEVEL (000), ELSE "for the CURRNAME TADDR location only"

J5. What was the premium you paid for stop loss coverage or reinsurance for this plan in {PLANYEAR} 1993 {DISPLAY1}?

(1)

1. PREMIUM GIVEN \$(2) (SKIP)
2. INCLUDED IN ADMINISTRATIVE COSTS (J8A)

DK/REF GO TO J8A

1 = J5FMT, SIZE=N2

2 = J5AMT, SIZE=N9, ATM STYLE, HR: 0 TO 999,999 SR: 5,000 TO 100,000

NOTE: Some J5AMT were later assigned values > 999,999

SKIP: IF J5AMT = DK/REF, GO TO J8A, ELSE GO TO J6

IF J5AMT > 0, SET BASE.STLSAMT = 1

IF J5AMT > 0 & MEF, SET PLAN.J5POS = 1

ASK J6 IF J5AMT IS NOT MISSING (STOP-LOSS PREMIUM GIVEN)

J6. Was that...

(1) (J8A)

1. per month,
2. per quarter,
3. for the year, or
4. per claim (Not Displayed. For DP Use Only.)
91. for some other period? (SPECIFY) (2)

DK/REF GO TO J8A

1 = J6, SIZE=N2
2 = J6OTH, SIZE = C40

ASK J8A IF PLAN.SELF = 1 (SELF-INSURED PLAN)

DISPLAY1: " " IF SEF, "for your {COMP_ORG} altogether" IF MEF ... FIRM-LEVEL, ELSE "for the CURRNAME TADDR location only" IF MEF ESTAB-LEVEL.

DISPLAY2: "stop-loss or reinsurance premium," IF J4=1 OR J3=1, ELSE " ".

J8A. In {plan year} 1993, what were your {COMP_ORG} total costs for {PLAN NAME} {DISPLAY1}, including claims, administrative costs, {DISPLAY2} and any other costs associated with the plan?

\$ (1) (J10)

DK/REF GO TO J10

1 = J8AMT, SIZE=N12, HR: 0 TO 999,999,999 SR: 10,000 TO 1,000,000

ASKED IF PLAN.SELF ^ = 1 (NOT SELF-INSURED PLAN)

DISPLAY1: " " FOR SEF. FOR MEF ... IF ESTAB (001, 002...) "for the CURRNAME TADDR location only?", ELSE "for your COMP_ORG altogether?"

J8B. In {plan year} 1993, what was the total annual premium your {COMP_ORG} paid for {PLAN NAME} {DISPLAY1}? Please include premiums paid by employees and any other costs, such as lump sum payments, associated with the plan.

(1)

1 = J8BAMT, SIZE=N12, HR: 0 TO 999,999,999, SR: 2,000 TO 1,000,000

NOTE: One J8BAMT was later assigned a value > 999,999,999.

ALL RESPONSES INCLUDING DK/REF GO TO J10

ALWAYS ASK J10 FOR SEF, FOR MEF

DISPLAY1: " " IF SEF, ELSE IF MEF ... IF ESTAB (001, 002...) "for the CURRNAME TADDR location only", ELSE "for your COMP_ORG altogether"

J10. What was the total amount of benefits paid for claims incurred under {PLAN NAME} {DISPLAY1} in {plan year} 1993?

\$ (1) (SKIP)

1 = J10AMT, SIZE=N12, ATM STYLE, HR: 0 TO 999,999,999, SR: 5,000 TO 500,000

NOTE: One J10AMT was later assigned a value > 999,999,999.

SOFT EDIT: IF SELF = 1 AND J10AMT >= J8AMT, OR SELF ^=1 & J10AMT >= J8BAMT, SHOW REVERSE VIDEO MESSAGE BELOW. REASK J10. IF DISCREPANCY RESOLVED, SET CCFLAGJ1=1, ELSE SET CCFLAGJ1=2. **BENEFITS PAID FOR CLAIMS INCURRED MUST BE LESS THAN THE TOTAL COSTS OF {J8AMT/J8BAMT} FOR {PLAN NAME}.**

SKIP: IF MEF & PLAN.J13LEVEL ^= INAPPLICABLE (J13 ALREADY DONE FOR THIS PLAN), SET SPCS.J13DONE = 1

IF MEF & PLAN.J14LEVEL ^= INAPPLICABLE (J14 ALREADY DONE FOR THIS PLAN), SET SPCS.J14DONE = 1

IF PLAN.SELF ^= 1 (NOT SELF INSURED) & J13DONE ^= 1 (J13 NOT YET DONE FOR THIS PLAN), GO TO J13

ELSE, IF PLAN.SELF = 1 (SELF-INSURED) & J14DONE ^= 1 (J14 NOT YET DONE FOR THIS PLAN), GO TO J14.

ASK J13 IF PLAN.SELF ^ = 1 (NOT SELF-INSURED PLAN) & J13DONE ^= 1 (J13 NOT YET DONE FOR THIS PLAN)

J13 SHOULD BE PLAN LEVEL, FILLED BY WHICHEVER LEVEL GETS THERE FIRST

J13. Is this a Blue Cross/Blue Shield plan?

(1)

1. YES
2. NO

ALL RESPONSES INCLUDING DK/REF GO TO SKIP

1 = J13, SIZE=N2

IF MEF & J13 NOT MISSING, SET PLAN.J13LEVEL = SPCS.ESTBNUM

*SKIP: IF PLANTYPE = 2, 3 OR PLANTYPE = 1 & E3 = 4 (PPO, CONVENTIONAL, OR HMO WITH INDEMNITY COMPONENT) THEN IF J13 ^= 1 (NOT BLUE CROSS/BUE SHIELD PLAN), GO TO J13A, ELSE GO TO J13B
ELSE IF ^ (PLANTYPE = 1 & E3 ^= 4) (NOT A PURE HMO) GO TO J12
ELSE GO TO RESPONDENT'S NEXT SECTION*

ASKED IF (PLANTYPE = 2,3) OR (PLANTYPE = 1 AND E3 = 4) AND J13 ^= 1 AND PLAN.SELF ^= 1.

J13A IS FOR COMPREHENSIVE NON-HMO, NON-BC/BS, FULLY INSURED PLANS
J13A SHOULD BE PLAN LEVEL, FILLED BY WHICHEVER LEVEL GETS THERE FIRST

J13A What is the name of the insurance company that wrote the policy for this plan?

(1) (J13B)

1. Aetna
2. Cigna
3. Metropolitan
4. Traveler's
5. Prudential
91. Other (SPECIFY) (2)

DK/REF GO TO J12

1 = J13A, SIZE=N2
2 = J13AOTH, SIZE=C40

IF MEF & J13A NOT MISSING, SET PLAN.J13LEVEL = SPCS.ESTBNUM

ASKED IF (PLANTYPE = 2,3) OR (PLANTYPE = 1 AND E3 = 4) AND J13A ^= DK/REF
ASKED FOR COMPREHENSIVE NON-HMO FULLY INSURED PLANS WHOSE INSURANCE
COMPANY NAME ^= DK/REF

J13A SHOULD BE PLAN LEVEL, FILLED BY WHICHEVER LEVEL GETS THERE FIRST

J13B. What is the policy number for this plan? The policy number will be
 used to request some general information about the plan from your
 insurance company.

(_____)

ALL RESPONSES INCLUDING DK/REF GO TO J14

1 = J13B, SIZE = C20

IF MEF & J13B NOT MISSING, SET PLAN.J13LEVEL = SPCS.ESTBNUM

ASK ONLY IF PLAN.SELF=1 (SELF-INSURED PLAN) & J14DONE ^= 1 (J14 NOT YET DONE FOR THIS PLAN)

J14 SHOULD BE PLAN LEVEL, FILLED BY WHICHEVER LEVEL GETS THERE FIRST

J14. Who administered this plan in {plan year} 1993, that is, who processed the claims? Was it...

(1) (SKIP)

1. Blue Cross/Blue Shield,
2. An insurance company
3. A Third Party Administrator (TPA),
4. Your Own Firm, or
5. Commercial or TPA, Can't tell (Not Displayed. For DP use only)
6. Combination (Not Displayed. For DP use only)
91. did you have some other arrangement?(SPECIFY) (2)

DK/REF GO TO NEXT SECTION

1 = J14, SIZE=N2
2 = J14OTH, SIZE=C40

IF MEF & J14 NOT MISSING, SET PLAN.J14LEVEL = SPCS.ESTBNUM

SKIP: IF ^ (PLANTYPE = 1 & E3 ^= 4) (NOT A PURE HMO), GO TO J12 ELSE GO TO RESPONDENT'S NEXT SECTION

ASKED ONLY WHEN (PLANTYPE ^ = 1) OR (PLANTYPE = 1 AND E3=4) (PLAN IS NOT AN HMO OR PLAN IS AN HMO WITH AN INDEMNITY COMPONENT)

DISPLAY1: " " IF SEF, ELSE IF MEF ESTAB LEVEL (001, 002...) "for the CURRNAME TADDR location only", ELSE "for your COMP_ORG altogether"

RESPONSE 3 AND PROBE SHOWN ONLY WHEN PLAN.SELF ^ = 1
RESPONSE 4 SHOWN ONLY WHEN A PREVIOUS SECTION J = DONE

J12. In {plan year} 1993, how much did your {COMP_ORG} pay for {PLAN NAME}'s administration (claims processing) {DISPLAY1}?

{[IF "Included in premium", ENTER 3 & PROBE: About what percent of total premiums did administrative costs account for?]}

(1)

1. DOLLAR AMOUNT (2)
2. PERCENT OF PAID CLAIMS (3)
- {3. PERCENT OF PREMIUMS (4)}
- {4. COSTS INCLUDED IN PREVIOUSLY RECORDED PLAN}

DK/REF GO TO RESPONDENT'S NEXT SECTION

IF J12UNT = 1 & J12AMT ^ = 0 GO TO J12A, ELSE GO TO RESPONDENT'S NEXT SECTION

1 = J12UNT
2 = J12AMT, SIZE=N12, ATM STYLE, HR: 0 TO 999,999,999, SR: 100 TO 1,000,000 NOTE: SOME J12AMT WERE LATER ASSIGNED VALUES DK OR NOT ASCERTAINED
3 = J12PCT, SIZE=N3, HR: 1 TO 100 NOTE: ONE J12PCT WAS LATER ASSIGNED THE VALUE 0
4 = J12PCB, SIZE=N3, HR: 1 TO 100 NOTE: ONE J12PCB WAS LATER ASSIGNED THE VALUE 0

J12A. Was that...

(1)

1. per month,
2. for the year, or
91. for some other period? (SPECIFY) (2)

J12A AND J12B (AS OVERLAY) ARE ON THE SAME SCREEN

1 = J12A, SIZE=N2
2 = J12AOTH, SIZE=C25

J12B. Was that...

(1)

1. per employee, or
2. for the plan altogether,
91. OTHER (SPECIFY) (2)

GO TO RESPONDENT'S NEXT SECTION

1 = J12B, SIZE=N2
2 = J12BOTH, SIZE=C25

SECTION J APPENDIX

SPCS.JGATE1A

Are these cost figures for the establishment or the firm as a whole?
 JGATE1A was set to "firm as a whole" or "some other level" based on interviewer notes. JGATE1A was set regardless of previous responses in section B, such as "no other locations" and the skip (JGATE1A = -1 if B1 ^= 1) was knowingly disregarded. JGATE1A was used on govt cases as well.

SPCS.AGG

Plan costs figures are aggregate (include other plans)
 Variable added. AGG was set to 1 even if the included plan was not sampled, and had no SPCS segment. The AGG flag was set based on the responses in J8AMT or J8BAMT.

Values:

- 1 Default, these figures are not aggregate
- 1 The cost figures for this plan include costs for other enumerated plans
- 2 The cost figures for this plan were included in another plan
- 3 The cost figures for this plan include costs for plans not enumerated

Note: The AGG flag was set when other PLANS were included in the cost figures, if other ESTABLISHMENTS were included, see JGATE1A.

SPCS.AGGLINK

SPCS that holds the aggregate cost figures

Variable added.

Values:

- 1 Default, no costs were flagged as aggregate

000001 - _____ SPCS.ESTBNUM + SPCS.PLANNUM points to aggregate SPCS

Note: AGGLINK should be filled when AGG ^= -1.

SPCS.J1AALLEN

J1ANUM is all enrollees, not just active employees

Variable added.

Values:

- 1 Default, J1ANUM is only active employees enrolled in the plan
- 1 J1ANUM represents all enrollees, not just active employees

SPCS.J8BAMT

Total plan costs for fully insured plans

Data retrieval item. Prep updated J8BAMT from DK to the new answer. If J8BAMT was not DK, the new answer was coded in the Update File.

SPCS.J10AMT

Total claims paid

When the total claims provided included more than one plan, and the respondent was able to give the total costs separately for each plan, then the claims were proportioned using the separate plan costs. The calculated claims figures were coded in each J10AMT. Data retrieval item. Prep updated J10AMT from DK to the new answer. If J10AMT was not DK, the new answer was coded in the Update File. If the new J10AMT was greater than or equal to the total plan costs (J8AMT or J8BAMT) then CCFLAGJ1 was set to 2 (unresolved).

SPCS.J12UNT

Total costs for plan administration

The response category 4 INCLUDED IN A PREVIOUSLY RECORDED PLAN was recoded to -9 if no other plan on that case collected an administration cost. Data retrieval item. Prep coded J12UNT from DK to the new response. When both a dollar amount and a percent were collected, prep coded the dollar amount. When J12UNT was not DK, the new answer was coded in the Update File. Plan administration costs collected for HMO plans were disregarded. When a percent was collected on a fully insured plan, it was coded as PERCENT OF PREMIUM a new percent on a self-insured plan was coded as a PERCENT OF CLAIMS PAID.

