# Imputation of Medical Out of Pocket (MOOP) Spending to CPS Records 

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## I. Introduction

In their final report, the NRC Panel on Poverty Measurement and Family Assistance recommended numerous changes to the method by which the US Census Bureau measures poverty. The Panel sought to make recommendations that could implemented. One of the Panel's proposals was to subtract from the family's resources the amount of medical out of pocket (MOOP) spending. Given that neither the Current Population Survey (CPS) nor the preferred data set, the Survey of Income and Program Participation (SIPP), collect information on the family's medical spending, a natural question is how well can one impute this needed data from other sources to either the CPS or SIPP? ${ }^{[ }$

The purpose of this paper is to examine the current imputation strategy, discuss its potential shortcomings, and report upon efforts to re-estimate the MOOP model on data from the Consumer Expenditure Survey (CEX).

## II. Current Imputation Strategy

The current strategy to impute MOOP spending is a two step procedure. First, national control totals for MOOP spending in families headed by an individual under 65 years old (Non Elderly) and those families headed by an individual at least 65 years old (Elderly) are determined. Second, these two aggregate amounts are then allocated to individual CPS families in a manner that reflects the distribution of MOOP spending reported in the National Medical Expenditure Survey (NMES) conducted in 1987 and subsequently 'aged' to reflect spending patterns in 1992.]

[^0]To formalize this procedure, let A denote the two age groups where NE signifies the non elderly families and E denotes the elderly families. In the first step, estimates of the total spending in the two age groups are determined. Let $C_{A}$ denote the estimate of total national MOOP spending for the $\mathrm{A}^{\text {th }}$ age group.

The next step is to allocate $C_{A}$ to the individual family records on the CPS file. This allocation is based upon the distribution of MOOP spending in a secondary data source such as the NMES or CEX. Using, this secondary data source, one can estimate a regression model that describes the distribution of MOOP spending. This regression model can be used to predict a level of MOOP each CPS record. The predicted values for MOOP in the CPS are not the expected value of MOOP spending for the CPS family based upon the estimated regression model. If the expected value of MOOP was used then the variation in MOOP in the CPS files would be smaller than the variation found in the secondary data source because of ignoring the unexplained errors in the imputation. To replicate the entire distribution of MOOP spending in the CPS, this unexplained variation needs to be included in the imputation procedure. This is accomplished by using the regression model to compute the expected value of the family's MOOP spending and then adding the 'unexplained error variance' through the use of a random number generator.

Let $m_{f A}$ denoted the $f^{h}$ family's predicted MOOP spending. The allocation of the national control totals to the individual family records is accomplished by using a proportional raking technique. In other words, the imputed MOOP value for the $f^{\text {th }}$ family record would be equal to

$$
m_{f A}^{*}=m_{f A} \times \sum_{i \in A} \frac{C_{A}}{m_{i A}}=m_{f A} \times S_{A} .
$$

The two scaling factors $\left(S_{A}\right)$, one for each age group, are computed by predicting MOOP for each record in the file and taking their sum for each age group. Then the scaling factor is expressed as the ratio of the age's group control to the sum of predicted MOOP values.

A few remarks on the current procedure are in order at this time. The importance of trying to replicate the entire distribution of MOOP spending must be stressed. Too often, the expected value of the variable is utilized for imputation. Given that MOOP spending is to be subtracted from the family's resources, the use of the expected value of MOOP will likely overstate the true proportion of families whose actual MOOP spending would place them in poverty. ${ }^{0}$ To avoid this

[^1]systematic bias in measurement, the imputation strategy must try to faithfully replicate what is known about the entire distribution of MOOP spending of similar families not just the expected amount.

Maintaining the appropriate correlation with other characteristics is equally important. Estimating the total number of individuals and families that are poor when accounting for MOOP spending, capturing the appropriate covariance between income and MOOP spending will be crucial. Accurately estimating the composition of the poverty population will depend upon how well we can reflect the covariance of demographic characteristics such as age and education with MOOP spending.

Finally, the regression approach taken in the current imputation strategy is not the only method to impute MOOP to the CPS or SIPP. Pat Doyle is investigating an alternative strategy utilizing a statistical matching technique known as 'hot decking'. Instead of predicting MOOP spending via a regression model, actual records from the secondary data source are merged onto the CPS or SIPP files. In theory, the imputation of a single variable to the primary data set (CPS or SIPP) via either method should yield approximately the same results. Any differences that occur will be the result of differences in the common variables taken into account via the matching process and the variables used in the regression models. This paper will not attempt to compare the relative merits of these two strategies but will focus upon the regression model approach.

## III. A Critical Examination of the Current Imputation Strategy

## A. Control Totals

The MOOP control totals were developed to reflect the actual amount of MOOP spending of families of a given age group in a given year. For the moment, let us assume that the primary data set to which we wish to impute MOOP is for the same year as the secondary data survey. Further, let us assume that aggregate amount of predicted MOOP is less than the control total for each age group

$$
\sum_{i \in A} m_{i A}<C_{A} .
$$

This is not an unanticipated result given that the predicted MOOP values should reflect not only individual MOOP spending but how the families report their actual spending to the surveys. Proportionally raking the predicted MOOP values to the controls implies that the imputation leads to estimates of actual MOOP spending.

The use of estimates of actual MOOP spending in poverty measurement is a mistake. Currently, all other sources of family resources reflect what is reported to the survey. We know that many sources of income are greatly under reported in many surveys. Even the SIPP that has better reporting of income than the CPS, has significant under reporting. If other sources of resources were similarly adjusted for under reporting then the current method would be appropriate. But since they are not adjusted, the use of estimates of actual MOOP in poverty measurement with reported amounts of other family resources will overstate the impact of the subtraction of MOOP spending on poverty counts.

The proportional raking adjustment, $S_{A}$, assumes that under reporting of MOOP spending is a constant proportion for all family units. Assuming a constant rate of under reporting for all levels of spending is dubious and most likely leads to overstating actual MOOP spending at the higher levels of spending and understating actual MOOP spending at lower levels.

The discussion to this point has assumed that we are imputing data from one survey to another survey where both surveys are for the same time period. Unfortunately, surveys that target medical expenditures are fielded very infrequently. The National Medical Expenditure Survey (NMES) was conducted only once every ten years with the most recent being in 1987. The Medical Expenditure Panel Survey (MPES) seeks to provide more frequent and hence current estimates of what individuals and families spend on health care. While MPES collects data similar to the NMES, a decision has been made that out of pocket expenditures for medical services, supplies and prescription drugs will not provided to the public with the family's cost of health care premiums. While the files will be made public separately, no identification number will be provided to match families across the two files. The aged 1992 NMES file represents the only specially targeted survey on health care that provides both out of pocket expenditures for medical care and premium payments.

Given that the regression model will be used to impute MOOP spending in years other than the year represented in the secondary data set (NMES), the question is how to reflect the changes in MOOP over time. The effect of changes in the number of individuals and families as well as the socio-economic composition of the population will be reflected in the out year primary data
base and their inclusion in the regression model. However, differences in the cost of medical care and how individuals respond to the movement in the relative price of medical care will not be reflected in the predicted MOOP levels.

Even if families do not change their utilization of health care in response to changes in its price, multiplying the predicted MOOP values by the change in the price index for medical care will only crudely reflect how medical cost inflation affects individual families. As medical costs increase, insurance premiums will increase and employers may ask their employees to bear a larger share of their health care utilization (the actual cost or price of health care may rise faster to the family than in the economy). But as the price of utilization rises to the family, the family may choose to utilize less health care. Without further research, it is not clear whether indexing predicted MOOP spending for changes in the cost of health care will over or understate MOOP spending.

## Recommendation 1:

Imputation of MOOP spending to the CPS should not control the aggregate imputed amounts to an aggregate control total reflecting actual MOOP spending or administrative estimates of MOOP spending. The only scaling of imputed values from the regression model should be done to reflect differences in the costs of medical care between the time between the year of the primary data set and the secondary data set.

[^2]
## Recommendation 2:

After periods of health care inflation, the basic imputation should be re-estimated using secondary data from a time period closer to the year of the primary data. This is needed to capture any changes in utilization of health care and shifting of health care costs from employers to families.

## B. Regression Model for Allocation

The prediction of MOOP spending levels for an individual family on the CPS has been described as being the result of a regression model. To examine this characterization further, let us for the time being that all families are all similar to each other except that each family has a different level of MOOP spending. Specifically, let us assume that all the individuals have private insurance coverage, are non poor (incomes in excess of $150 \%$ of their respective poverty lines, non elderly single white individuals and all have MOOP spending. Given no differences in observed characteristics in the sample, we could assume that MOOP spending in this family group is distributed log normally, in other words,

$$
\ln \left(m_{f}\right)=\alpha+\varepsilon_{f}
$$

where $\alpha$ is a constant and $\varepsilon_{f}$ is a random normal variable with mean zero and standard deviation $\sigma$. Using the sample of households in the secondary data of this type, we could estimate $\alpha$ and $\sigma$. We will denote these estimates as $a$ and $s$ respectively. Next we would proceed to the primary data set and impute to each single with the same characteristics a value for MOOP spending by first drawing a random number from a standard normal random number generator, $e_{\rho}$ for the $f^{h}$ family in the primary data set and imputing

$$
\exp \left[a+s \times e_{f}\right]
$$

While this would have been the most straightforward way to implement a regression imputation strategy, it could not be used when the NRC Panel first received data from NMES. It was provided in tabular form (the percentage of the sample with a given set of characteristics that had values of MOOP within a given interval). Lacking data on individual families, a different
estimation strategy was employed. We assumed that the underlying MOOP spending was distributed as a log-logistic random variable $\square^{6}$ and hence

$$
\operatorname{Prob}[m \leq M]=F[M]=\frac{1}{1+\exp [-(\delta+\phi \ln (M))]}
$$

or alternatively as

$$
\ln \left\lfloor\frac{F[M]}{1-F[M]}\right\rfloor=\delta+\phi \ln (M) .
$$

Using the tabular information on families with the same characteristics, we had information on the cumulative probability of MOOP being less than M for various values of M . Based upon this data from the NMES, we could estimate $\delta$ and $\phi$ via OLS. These estimates will be denoted as $d$ and $f$ respectively.

To impute MOOP values, the first step would be to draw from an uniform random number generator. Let this draw be denoted as $u_{f}$ for the $f^{h}$ family. This draw represents where the $f^{h}$ household in the MOOP distribution for families with identical characteristics. Given this 'place' in the MOOP distribution, we then compute the value for MOOP that corresponds to this percentile

$$
\exp \left\lfloor\frac{\ln \left(\frac{u_{f}}{1-u_{f}}\right)-\delta}{\phi}\right\rfloor
$$

This value is then used as the imputed MOOP value in the primary data set.

This description of the regression approach presents the closest link between this approach and statistical matching via a hot deck method. In a statistical match, one would collect all the observation in the secondary data source that 'close' to the characteristics of the family to which we wish to impute a value in the primary data set and randomly select one of these observation to append to the primary data set. While there is no need for statistical matching to do this, let us assume that the random selection is done in the following manner. First all of the similar observations are sorted with respect to value of MOOP. Then for each observation, the

[^3]percentage of similar observations with values less than that observation's MOOP is then computed for all observations that are similar to the one you want to impute a value. Then take a random number from an uniform random number generator and pick the observation whose cumulative probability is closest to the random number. This value of MOOP is used for the observation in the primary data base. This is identical to the procedure employed in the loglogistic regression approach where the only difference is the statistical description of the MOOP distribution is used instead of the actual MOOP from the secondary data source.

This discussion has assumed that all families have the same characteristics which clearly not the case. To allow for differences in the characteristics of the families to affect the imputation of MOOP spending, one could estimate separate sets of parameters $(\alpha, \sigma)$ or $(\delta, \phi)$ for each family type.

This log-logistic regression approach was used for the preparation of the NRC Panel report. After the report was released, problems with the MOOP data were discovered. These problems were documented in Betson, Citro and Michael (2000). A new version of the MOOP data was provided that not only rectified the problems in the earlier data set but also provided the data from individuals observations that were used to compute the earlier tabular information provided to the Panel. Revisions to the log-logistic model are described in Betson (1998). However, when the new data was made available, a complete evaluation of modeling approach was not undertaken. However with the larger degrees of freedom provided by the individual data from the NMES, it is prudent to take a closer look at the regression strategy at this time.

To compare the modeling strategies, we will examine one family type: a white, non-poor, non-elderly single individual with private health care insurance and MOOP spending. In the NMES sample, there are 662 observations for this family type. ${ }^{\text {Examining the distribution of }}$ MOOP in this subgroup, we see that it is skewed toward zero with a long upper tail. This observation suggests that the assumption of log normality may be a reasonable assumption The $\log$ normal approach would use the sample to estimate the mean $(\alpha)$ and standard deviation $(\sigma)$ of the $\log$ of MOOP (lnmoop). For this subgroup, the estimates are -.784 and K 4 . Figure 1 plots the density of lnmoop implied by these estimates with a Kernel estimate of the Inmoop distribution in the sample.

Normal approximation

[^4]

Figure 1

Figure 1 shows that the sample distribution of lnmoop is not normally distributed but is also skewed. The use of the assumption of $\log$ normality would lead to imputing too many observations with large values of MOOP spending (note the larger or fatter upper tail of the normal approximation to lnmoop compared to the kernel estimate).

The second approach was to assume that MOOP has a log-logistic distribution. To estimate this model, the log of the ratio of the cumulative probability of MOOP for that value of MOOP over one minus the cumulative probability (lnodds) was regressed against a constant and the log of MOOP (lnmoop) ${ }^{\text {. }}$ The results of the regression are reported below.


```
Number of obs = 661
    F( 1, 659) =13438.41
    Prob > F = 0.0000
```

[^5]| Residual | 99.4291262 | 659 | . 150878795 |  |  | R-squared <br> Adj R-squared <br> Root MSE | $\begin{aligned} & =0.9533 \\ & =0.9532 \\ & =.38843 \end{aligned}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total | 2126.99951 | 660 | 3.2 | 2653 |  |  |  |  |
| lnodds | Coef. | Std. | Err. | t | $P>\|t\|$ | [95\% Conf. |  | terval] |
| lnmoop _cons | $\begin{aligned} & 1.226566 \\ & .9599494 \end{aligned}$ | $\begin{aligned} & .010 \\ & .017 \end{aligned}$ |  | $\begin{array}{r} 115.924 \\ 54.271 \end{array}$ | $\begin{aligned} & 0.000 \\ & 0.000 \end{aligned}$ | $\begin{array}{r} 1.20579 \\ .9252176 \end{array}$ |  | $\begin{array}{r} 1.247342 \\ .9946811 \end{array}$ |

Figure 2 plots the cumulative probability function based upon the sample observations, the log normal estimates described above and the current log-logistic estimates.


Figure 2

Figure 2 provides two important insights. First, the log normal and the log-logistic assumptions lead to almost identical cumulative probability functions. This result is not unexpected. Johnson and Kotz (1970) note that probit and logit models of discrete choice will lead to very similar results because of the similarity of cumulative probability functions of the normal and logistic distributions. Transforming the basis of the distribution to $\log$ scale should not alter this relationship. Secondly, we can conclude that our current strategy of the use of the log-logistic function will lead to too many observations with high values of MOOP spending (note that the

CDFs for the log normal and log-logistic approximations lie below the sample CDF at high values of MOOP).

What can be done to address this problem? The solution will require a better approximation. While this approach is ad hoc, I am suggesting that higher powers of the $\log$ of MOOP be included in the regression model. After some experimentation, I am proposing that a cubic approximation be employed. Specifically, the regression model will now be

$$
\ln \left\lfloor\frac{F[M]}{1-F[M]}\right\rfloor=\delta+\sum_{n=1}^{3} \phi_{n}(\ln (M))^{n}
$$

The regression results for this model are presented below

| Source | SS | df | MS |
| :---: | :---: | :---: | :---: |
| Model | 2115.81186 | 3 | 705.270619 |
| Residual | 11.1876545 | 657 | . 017028393 |
| Total | 2126.99951 | 660 | 3.22272653 |

Number of obs $=661$ F( 3, 657) $=41417.33$
Prob $>\mathrm{F}=0.0000$ R-squared $=0.9947$ Adj $R$-squared $=0.9947$ Root MSE $=.13049$

| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf | Interval] |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| lnmoop | 1.640223 | . 0067654 | 242.442 | 0.000 | 1.626939 | 1.653508 |
| lnmp2 | . 2358787 | .0043474 | 54.257 | 0.000 | . 2273422 | . 2444152 |
| 1 nmp 3 | . 0217826 | .0006417 | 33.947 | 0.000 | . 0205227 | . 0230426 |
| _cons | . 8545995 | . 0066664 | 128.195 | 0.000 | . 8415096 | . 8676895 |

In general, this approximation to the sample distribution will denoted as a ' n order log-logistic' distribution. Figure 3 plots the sample cumulative probability function with the log-logistic ( $1^{\text {st }}$ order), the $2^{\text {nd }}$ order and the $3^{\text {rd }}$ order log-logistic approximation. This figure focuses upon MOOP spending exceeding $\$ 1,000$ the top one third of the MOOP distribution.

Figure 3



While employing a quadratic term improves the fit of the cumulative probability function, adding a cubic term continues to improve the fit. ${ }^{10}$

Even with this improvement to the regression strategy, the probability of being in the upper tail of the MOOP distribution is still overstated by the higher order smoothing strategies. My ad hoc recommendation is to limit imputation to be less than the estimated $99^{\text {th }}$ percentile of the estimated MOOP distribution. This can be easily accomplished by limiting the value of the uniform random, $u_{f}$, to a maximum value of .99 . Hence once the parameters, $\delta, \phi_{l}, \phi_{2}$ and $\phi_{3}$ have been determined for a family type, we would impute to the $f^{h}$ observation of the same type in the primary data set a value of M that solves the following equation

$$
\ln \left(\frac{\min \left(.99, u_{f}\right)}{1-\min \left(.99, u_{f}\right)}\right)=\delta+\sum_{n=1}^{3} \phi_{n}\left(\ln \left(M_{f}\right)\right)^{n}
$$

In summary, I would make the following recommendations.

[^6]
## Recommendation 3:

A $3^{\text {rd }}$ order log-logistic approximation to the cumulative probability used to describe the distribution of MOOP for subgroups of the population.

## Recommendation 4:

When imputing values to the primary data set, MOOP values be limited to the lower 99\% of the estimated MOOP distribution.

## C. Dealing with Zero MOOP

We have focused upon imputing MOOP to those observations with MOOP spending. However, not all observations in the NMES sample have MOOP spending. To impute MOOP to all of the observations in the primary data set would be wrong. While estimation problems akin to sample selection bias issues are most likely present, these issues are going to be ignored. Assignment of a non zero MOOP amount to observations will be based upon the proportion of a family type that have reported MOOP in the secondary data base. Random assignment will utilize this estimated proportion in conjunction with a draw from an uniform random number generator. If $P$ is the proportion of the secondary data base of a given family type then a non zero MOOP level will be assigned to the $f^{h}$ observation in the primary data base if

$$
v_{f}<P
$$

where $v_{f}$ is a draw from uniform random number generator. Otherwise, a zero value for MOOP will be assigned.
D. Qualified Medicare Benefit (QMB) and MOOP

Individuals who qualify for Medicare and have incomes less than 100 percent of poverty, the Medicare program waives all cost sharing provisions and Part B premiums. For Medicare eligible individuals between $100 \%$ and $120 \%$ of poverty, Part B premiums are waved. These benefits are referred to as the Qualified Medicare Benefit (QMB). This benefit was implemented
in 1990. In the current imputation procedure that uses the NMES, Part B Medicare premiums were not included in the definition of MOOP. Hence all elderly individuals are accessed a Part B premium unless they report receiving Medicaid. This procedure does not take into account the QMB portion of Medicare and leads to an overstatement of MOOP spending for this portion of the elderly population. A simple solution will be to add a Part B premium only for those elderly individual's income exceeds $120 \%$ of poverty.

QMB also waives the cost sharing provisions of Medicare eligible medical services and supplies. Given that the NMES is based upon 1987 data aged to 1992, it is doubtful that aging procedure took this provision into account. While the current imputation imputes no MOOP for elderly individuals reporting the receipt of Medicaid, not all poor elderly receive Medicaid. Hence for these individuals, the current procedure overstates their MOOP spending due to the QMB. However, to include zero MOOP for all poor elderly would also be wrong since Medicare accepts not all medical expenses. The largest single exception is prescription drugs. Since the current NMES data does not separate MOOP spending on drugs, I have chosen to continue the current practice of imputing MOOP spending to all poor elderly who do not report Medicaid.

## Recommendation 5:

For those individuals over 65 years old living in a family whose income is less than $120 \%$ of poverty, no Medicare Part B premiums will be assigned.

## E. Concluding Remarks

One conclusion that could be drawn is that the estimation and imputation strategy currently employed by myself and the Census Bureau produces too many observations with relatively large values for MOOP. In this section, I have proposed five recommendations aimed at improving the imputation of MOOP throughout the entire distribution. In this next section, I will discuss my reestimation of the model on the NMES. The following section reports upon a comparison of various imputation approaches using the March 1993 CPS.

## IV. Re-fitting the Model on NMES data

Before proceeding to estimate the imputation model on more recent data, I thought it would be instructive to re-fit the modified model on the economic and demographic aged NMES data.

In the previous section, the case was made for the inclusion of squared and cubed terms of the log of MOOP in the model. That is the approach that will be taken in this re-estimation.

In the former version of the model, 36 separate family types were constructed for the non elderly population. These groups were based upon the insurance coverage, the family size, poverty status, and race of the family. The elderly population was subdivided into 8 groups based upon age, family size and poverty status. For each of these 42 groups, the cumulative probability was constructed by sorting the observations and computing the percentage of the group that had MOOP spending less than the observation. The cumulative probability was then transformed into the log 'odds' that is the dependent variable of the regression analysis. Previous analysis of the data were separately performed on the non elderly and elderly samples. This analysis allowed for only the main effects of the group's other characteristics to affect the estimation of the intercept $(\delta)$ and slope coefficients $(\phi)$. All interaction effects between characteristics were assumed to be zero. In retrospect, this was an unfortunate assumption. Significant interaction effects where found when the $1^{\text {st }}$ order log-logistic model was recently re-estimated. This lead to separate estimates of the model for each of the 42 groups. The regression estimates for the $3^{\text {rd }}$ order loglogistic model are reported in Appendixes A and B.

Since the imputation of zero MOOP values has not changed, the previous estimates of the probability of having MOOP spending will be used.

## V. Comparison of MOOP Imputations on the 1993 CPS

In this section, I will report upon a Monte Carlo experiment I conducted to empirically examine the consequences of the various recommendations that I have proposed. Since the NMES data represents 1992, the choice of the March 1993 CPS was ideal since the imputation would not require any out year projections. I chose three alternative imputation implementations that were the following:

Original Imputation: This is strategy that I have employed and forms the basis of the Census Bureau's imputations. This strategy uses a proportional rake to established national totals. For 1992 , the control totals were $\$ 153$ billion for the non elderly population and $\$ 55.5$ billion for the elderly non Part B premium MOOP. The regression model was estimated for the non elderly and elderly populations separately as described in the previous section. Finally, limitation were made on MOOP imputations. The maximum MOOP for a non elderly family was $\$ 8,200$ while $\$ 18,000$ for an elderly family. These limits represent the $99^{\text {th }}$ percentile of the two populations and were provided by Pat Doyle.

No Control Totals: This implementation was identical to the previous one except that no raking was performed to 'hit' the control totals.

New Implementation: This implementation reflects recommendations 1,3, 4, and 5 made earlier. The $3^{\text {rd }}$ order log-logistic model was estimated for each of the 42 different family types. Limits were placed on the maximum MOOP that was assigned. No family was assigned a MOOP that exceed the $99^{\text {th }}$ percentile of the MOOP distribution for their respective family type. Elderly adults living in families whose income is less than $120 \%$ of poverty were not assigned Medicare Part B premium. And no raking was performed to achieve a control total.

For each of the three implementations, I performed 100 MOOP imputations to the entire March 1993 CPS ${ }^{12}$ The first variable that I examined was the mean MOOP (includes both zero and positive values) in each of the two age groups. The following table presents the Monte Carlo results for the simulations as well as the averages from the NMES (secondary file).

[^7]
## Average MOOP in:

|  | Non Elderly | Elderly |
| :--- | :---: | :---: |
| NMES | $\$ 1,432$ | $\$ 2,304$ |
| Original Imputation | $\$ 1,815$ | $\$ 2,600$ |
| No Control Totals | $\$ 1,735$ | $\$ 1,771$ |
| New Imputation | $\$ 1,398$ | $\$ 2,238$ |

The use of the control totals significantly raises the average imputed MOOP from their respective averages in the original NMES file. While this difference could represent the difference between actual and reported MOOP, the differences are striking. But what is also shown is how the raking dramatically hides what a rather poor job the original regression model does in replicating the mean MOOP. Average non elderly spending is overstated while elderly spending is understated. While the previous discussion made us question the appropriateness of the model representing the upper tail of the MOOP distribution, these figures suggests it does a poor job replicating means. Given the similarity between the log-logistic and log normal models, moving toward a log normal model would not be a desirable path to follow.

The similarity of the average MOOP imputed with the New Implementation and the averages found in the NMES file are extremely comforting. They provide evidence of the gain in imputation accuracy provided by the new regression model and other recommendations.

I computed the average poverty rates for children, the elderly and for the total population for each of three implementation. For purposes of comparison, I have provided the official poverty rates for 1992. One might be concerned that the random noise in the imputation may lead to large variation in the poverty rates based upon the imputations. In the following table, I have also included the standard deviation of the estimated poverty rates.

Poverty Rate of:

|  | Poverty Rate of: |  |
| :--- | :---: | :---: | :---: |
| Clderly |  |  |$\quad$ All Persons

The use of the control totals did lead to higher poverty rates. For children, the effect of not raking the data was minor compared to the elderly. However, the raking masked the rather poor imputation of the underlying model. When the improved model is employed, less MOOP is assigned to the non elderly and more is attributed to the elderly. This shift in the distribution between the two age groups has the expected impact on poverty rates. Children's rates fall and elderly rates rise when compared to the rates produced by the previous regression model without control totals.

The standard deviations (in parenthesis) of the poverty rates show how little possible variation in the rates can be caused by imputation procedure. In my opinion, they are quite small.
V. Imputation Model based upon CEX data

TO BE COMPLETED NEXT WEEK
V. Conclusions

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## Appendix A

## $3^{\text {rd }}$ Order Log-Logistic Regression Results for the Non Elderly - 1992 NMES









| $\begin{aligned} & \text {-> ipl= } \\ & \text { Source } \end{aligned}$ | 22 SS | df MS |  |  | Number of obs | $=\quad 58$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | F( 3, 54) | $=1114.55$ |
| Model | 173.539553 | 357. | 176 |  | Prob > F | $=0.0000$ |
| Residual | 2.80267227 | 54.051 | 338 |  | R -squared | $=0.9841$ |
|  |  |  |  |  | Adj R-squared | $=0.9832$ |
| Total | 176.342225 | 573.0 | 325 |  | Root MSE | $=.22782$ |
| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| lnmoop | . 8611484 | .0454843 <br> .0279733 <br> .0039589 <br> .0522935 | $\begin{array}{r} 18.933 \\ -0.624 \\ 0.026 \\ 36.585 \end{array}$ | 0.000 | $\begin{array}{r} .7699578 \\ -.0735264 \\ -.0078331 \\ 1.808323 \end{array}$ | $\begin{array}{r} .952339 \\ .0386398 \\ .0080411 \\ 2.018008 \end{array}$ |
| 1 nmp 2 | -. 0174433 |  |  | 0.536 |  |  |
| 1 nmp 3 | . 000104 |  |  | 0.979 |  |  |
| _cons | 1.913165 |  |  | 0.000 |  |  |
| $\begin{aligned} & \text {-> ipl= } \\ & \text { Source } \end{aligned}$ | $23$ <br> SS | df | S |  | Number of obs F( 3, 57) Prob > F R-squared <br> Adj R-squared Root MSE | $=\quad 61$ |
| Model | 184.506921 | 361 | 307 |  |  | $=0.0000$ |
| Residual | 2.21218187 | 57.038 | 208 |  |  | $=0.9882$ |
|  |  |  |  |  |  | $=0.9875$ |
| Total | 186.719103 | 603.11 | 505 |  |  | $=.197$ |
| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| lnmoop | 1.267037 | $\begin{array}{r} .0278727 \\ .0179956 \\ .0028976 \\ .035423 \end{array}$ | $\begin{array}{r} 45.458 \\ 7.238 \\ 4.652 \\ 23.893 \end{array}$ | 0.000 | 1.211223 <br> .0942223 <br> .0076772 <br> .7754377 | $\begin{aligned} & 1.322851 \\ & .1662935 \\ & .0192817 \\ & .9173045 \end{aligned}$ |
| 1 nmp 2 | . 1302579 |  |  | 0.000 |  |  |
| 1 nmp 3 | . 0134795 |  |  | 0.000 |  |  |
| _cons | . 8463711 |  |  | 0.000 |  |  |
| -> ipl= | 24 SS | df |  |  | Number of obs <br> F( 3, 29) <br> Prob > F <br> R-squared <br> Adj R-squared <br> Root MSE | $\begin{array}{lr} = & 33 \\ = & 231.95 \\ = & 0.0000 \\ = & 0.9600 \\ = & 0.9559 \\ = & .33492 \end{array}$ |
| Source |  |  |  |  |  |  |
| Model | 78.0530688 | 326. | 6896 |  |  |  |
| Residual | 3.25291544 |  | 9498 |  |  |  |
| Total | 81.3059842 | 322. | 1201 |  |  |  |
| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| lnmoop | . 7206272 | . 1347306 | 5.349 | 0.000 | . 4450722 | . 9961822 |
| 1 nmp 2 | -. 1105214 | . 0740161 | -1.493 | 0.146 | -. 2619013 | . 0408585 |
| 1 nmp 3 | -. 0121664 | . 0096213 | -1.265 | 0.216 | -. 0318442 | . 0075113 |
| _cons | 2.101374 | . 1117858 | 18.798 | 0.000 | 1.872747 | 2.330002 |






## Appendix B

## $3^{\text {rd }}$ Order Log-Logistic Regression Results for the Elderly - 1992 NMES

| -> ipl= <br> Source | $1$ SS | df | MS |
| :---: | :---: | :---: | :---: |
| Model | 969.687286 | 3 | 323.229095 |
| Residual | 13.6713752 | 267 | . 051203652 |
| Total | 983.358661 | 270 | 3.64206911 |

Number of obs $=\quad 271$
F( 3, 267) $=6312.62$
Prob $>$ F $=0.0000$
R -squared $=0.9861$
Adj R-squared $=0.9859$
Root MSE $=.22628$

| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 nmoop | 1.492615 | .0138132 | 108.057 | 0.000 | 1.465418 | 1.519811 |
| 1 nmp 2 | . 2132053 | . 0081531 | 26.150 | 0.000 | . 1971528 | . 2292577 |
| 1 nmp 3 | . 0216962 | . 0014721 | 14.739 | 0.000 | . 0187979 | . 0245945 |
| _cons | . 0970413 | . 0172941 | 5.611 | 0.000 | . 0629911 | . 1310916 |


| $\begin{aligned} & ->\text { ipl= } \\ & \text { Source } \end{aligned}$ | 2 SS | df | MS |
| :---: | :---: | :---: | :---: |
| Model | 896.414127 | 3 | 298.804709 |
| Residual | 13.0099841 | 282 | . 046134695 |
| Total | 909.424111 | 285 | 3.19096179 |

Number of obs $=286$
$\mathrm{F}($ 3, 282) $=6476.79$
Prob $>\mathrm{F}=0.0000$
R -squared $=0.9857$
Adj R-squared $=0.9855$
Root MSE $=.21479$

| lnodds | Coef. | Std. Err. | t | $\mathrm{P}>\|\mathrm{t}\|$ | [95\% Conf. Interval] |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| lnmoop | 1.870395 | . 014838 | 126.054 | 0.000 | 1.841187 | 1.899602 |
| 1 nmp 2 | . 2991561 | . 0099501 | 30.066 | 0.000 | . 2795703 | . 3187419 |
| 1 nmp 3 | . 0202544 | . 0018981 | 10.671 | 0.000 | .0165181 | . 0239906 |
| _cons | -. 2493622 | . 0153731 | -16.221 | 0.000 | -. 2796228 | -. 2191017 |


| $\begin{array}{r} ->\text { ipl= } \\ \text { Source } \end{array}$ | 3 SS | df | MS |
| :---: | :---: | :---: | :---: |
| Model | 383.006522 | 3 | 127.668841 |
| Residual | 1.9428987 | 125 | . 01554319 |
| Total | 384.949421 | 128 | 3.00741735 |

Number of obs $=\quad 129$
$\mathrm{F}(\mathrm{3}, \mathrm{125})=8213.81$
Prob $>\mathrm{F}=0.0000$
R -squared $=0.9950$
Adj R-squared $=0.9948$
Root MSE $=.12467$

| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| lnmoop | 1.052572 | . 0108431 | 97.073 | 0.000 | 1.031112 | 1.074032 |
| 1 nmp 2 | . 2052475 | . 0067467 | 30.422 | 0.000 | . 191895 | . 2185999 |
| 1 nmp 3 | . 0425626 | . 0017337 | 24.550 | 0.000 | . 0391314 | . 0459939 |
| _cons | . 0244914 | . 0158575 | 1.544 | 0.125 | -. 0068926 | . 0558753 |


| $\begin{gathered} \text {-> ipl= } \\ \text { Source } \end{gathered}$ | 4 SS | df MS |  |  | Number of obs | 540 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | F( 3, 536) | $=77806.15$ |
| Model | 1776.08577 | 3592 | 028591 |  | Prob > F | $=0.0000$ |
| Residual | 4.0784351 | 536.007 | 609021 |  | R -squared | $=0.9977$ |
|  |  |  |  |  | Adj R-squared | $=0.9977$ |
| Total | 1780.16421 | 5393.3 | 271653 |  | Root MSE | $=.08723$ |
| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| lnmoop | 1.456565 | .0047581 <br> .0017526 <br> .0006072 <br> .0046334 | $\begin{array}{r} 306.125 \\ 56.473 \\ 29.730 \\ -178.298 \end{array}$ | 0.000 | $\begin{array}{r} 1.447218 \\ .095535 \\ .0168593 \\ -.8352274 \end{array}$ | $\begin{array}{r} 1.465912 \\ .1024208 \\ .019245 \\ -.8170236 \end{array}$ |
| 1 nmp 2 | . 0989779 |  |  | 0.000 |  |  |
| 1 nmp 3 | . 0180522 |  |  | 0.000 |  |  |
| _cons | -. 8261255 |  |  | 0.000 |  |  |
| $\begin{gather*} \text {-> ipl= }  \tag{SS}\\ \text { Source } \end{gather*}$ | $5$ | df MS |  |  | Number of obs F( 3, 325) Prob > F R-squared <br> Adj R-squared Root MSE | $=329$ |
| Model | 1164.88921 | 3388 | 296405 |  |  | $=0.0000$ |
| Residual | 33.4497098 | 325.10 | 922184 |  |  | $=0.9721$ |
|  |  |  |  |  |  | $=0.9718$ |
| Total | 1198.33892 | 328 3.6 | 347233 |  |  | $=.32081$ |
| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| lnmoop | 1.353372 | .0170589 <br> .0069065 <br> .0015246 <br> .0211457 | $\begin{array}{r} 79.335 \\ 19.611 \\ 5.078 \\ -1.364 \end{array}$ | $\begin{aligned} & 0.000 \\ & 0.000 \\ & 0.000 \\ & 0.174 \end{aligned}$ | $\begin{array}{r} 1.319812 \\ .121858 \\ .0047423 \\ -.0704339 \end{array}$ | $\begin{array}{r} 1.386932 \\ .1490322 \\ .010741 \\ .0127655 \end{array}$ |
| 1 nmp 2 | . 1354451 |  |  |  |  |  |
| 1 nmp 3 | . 0077417 |  |  |  |  |  |
| _cons | -. 0288342 |  |  |  |  |  |
| $\begin{gathered} \text {-> ipl= } \\ \text { Source } \end{gathered}$ | ${ }^{6}$ SS | df MS |  |  | Number of obs F( 3, 268) Prob $>\mathrm{F}$ R-squared <br> Adj R-squared Root MSE | $\begin{array}{lr} = & 272 \\ = & 4425.14 \\ = & 0.0000 \\ = & 0.9802 \\ = & 0.9800 \\ = & .27225 \end{array}$ |
|  |  |  |  |  |  |  |
|  |  | 3327 | 986356 |  |  |  |
| Model | $\begin{aligned} & 983.959069 \\ & 19.8638414 \end{aligned}$ |  |  |  |  |  |
| Residual |  | $268 \quad .0$ | 118811 |  |  |  |
|  | 1003.82291 |  |  |  |  |  |
| Total |  | 2713. | 414358 |  |  |  |
| lnodds | Coef. | Std. Err. | t | $P>\|t\|$ | [95\% Conf. Interval] |  |
| lnmoop | 1.716371 | . 0276049 | 62.176 | 0.000 | 1.662021 | 1.770722 |
| 1 nmp 2 | . 1079747 | . 0080613 | 13.394 | 0.000 | . 0921032 | . 1238463 |
| 1 nmp 3 | -. 0074709 | . 0050011 | -1.494 | 0.136 | -. 0173173 | . 0023754 |
| _cons | -. 563099 | . 0209306 | -26.903 | 0.000 | -. 6043084 | -. 5218897 |



## Appendix C

## Fortran Source Code for Imputation of MOOP

The following variables are needed prior to calling either yngoop3 or oldoop3:

For units headed by a person less than 65 years old:
Let:

```
        icov = 2 if Medicaid or Medicare only
            3 if uninsured
        1 if single individual
        isize = 2 if family size 2 or 3
            3 if family size is 4 or more
        npoor = 1 if census money income is less than 150% of poverty
            2 otherwise
        irace = 2 if Black
                        1 otherwise
```

        v a random draw from a uniform distribution
        u a random draw from a uniform distribution
    ipl \(=(i c o v-1) * 12+(i s i z e-1) * 4+(n p o o r-1) * 2+i r a c e\)
    then
            oop \(=\) yngoop3(ipl,v,u) ! returns with value of MOOP in \(\$ 1\)
    For Units headed by a person 65 years old or older:
iage $=\quad 1$ if head is less than 75 years old
2 if head is 75 years old or older
isize = $\quad 1$ if single individual
2 if family size is 2 or more
npoor $=1$ if census money income is less than $150 \%$ of poverty
2 otherwise
ipl $=($ iage -1$) * 4+(i s i z e-1) * 2+$ npoor
then
oop $=$ oldoop3(ipl,v,u) ! returns with value of MOOP in $\$ 1$
Then add Medicare Part B premiums:
partB $=\begin{aligned} & 0 \\ & \text { PREM*NOLD }\end{aligned} \quad$ if income less than $120 \%$ of poverty
Where PREM is the yearly premium and NOLD is the number of Elderly.
Source Code for yngoop3, oldoop3 and other need functions:

```
    function yngoop3(ipl,v,u)
    real ypzero(36),\operatorname{cof}(4,36)
    data ypzero/
& . 065,.041,.075,.143,.061,.083,.012,.012,.031,.024,.003,.006,
& . 397,.606,.219,.628,.371,.408,.212,.279,.237,.507,.256,.345,
& . 378,.482,.248,.420,.151,.194,.103,.128,.043,.126,.036,.213/
data (cof(n,1),n=1,4)/1.028337,.32799,.10397,.24814/
    data (\operatorname{cof (n,2),n=1,4)/1.2757,.19217,.01234,.89205/}
    data (cof (n, 3),n=1,4)/1.64022,.23587,.021783,.85459/
    data (\operatorname{cof (n,4),n=1,4)/2.067369,.5307119,.06683,.92506/}
    data (cof (n,5),n=1,4)/1.20965,.090416,.005267,-.27258/
    data (\operatorname{cof (n, 6), n=1,4)/1.216438,-.077237,.00577,.550253/}
    data (cof(n,7),n=1,4)/1.530963,.20106,.01849,-.528312/
    data (\operatorname{cof (n, 8),n=1,4)/1.710414,.28429,.0336115,.054332/}
data (cof (n,9),n=1,4)/1.52113,.11033,.019345,-.41831/
    data (cof (n,10), n=1,4)/1.85638,.26369,.01517,.40114/
    data (cof(n,11),n=1,4)/1.59292,.2332,.03035,-.87723/
    data (\operatorname{cof (n,12), n=1,4)/1.635539,.36623,.079546,-.69926/}
    data (cof (n,13),n=1,4)/1.19225,.108119,.006368,1.68074/
    data (\operatorname{cof (n,14),n=1,4)/.93525,.02688,.0052166,1.59168/}
    data (cof (n,15),n=1,4)/.8886,.21168,.059186,.66006/
    data (cof (n,16),n=1,4)/.75758,-.15343,-.03596,.725266/
data (cof (n,17),n=1,4)/1.26425,.25548,.03703,1.47475/
    data (cof (n,18), n=1,4)/1.3131,.180135,.017995,2.001622/
    data (\operatorname{cof (n,19),n=1,4)/1.34225,.2363857,.0221976,.652647/}
    data (cof (n, 20), n=1,4)/.971117,.0686191,.011707,1.2748/
    data (\operatorname{cof (n,21),n=1,4)/1.1589,.186283,.030229,.86654/}
    data (\operatorname{cof (n,22),n=1,4)/.861148,-.017444,.000104,1.913165/}
    data (cof (n,23),n=1,4)/1.26704,.13025,.01348,.84627/
    data (\operatorname{cof (n,24),n=1,4)/.720627,-.1105214,-.012166,2.101374/}
data (\operatorname{cof (n,25),n=1,4)/1.410947,.089113,.003098,1.995875/}
    data (cof (n, 26), n=1,4)/.8881,-.17736,-.02393,1.67948/
    data (\operatorname{cof}(n,27),n=1,4)/1.476446,.17504,.024407,1.6491/
    data (cof (n,28),n=1,4)/1.048392,-.1262209,-.010678,2.294564/
    data (cof (n,29), n=1,4)/1.383701,.151055,.03293,1.28901/
    data (cof (n,30),n=1,4)/1.76309,.21584,.01526,2.11164/
    data (\operatorname{cof (n,31),n=1,4)/1.664321,.1682311,.017338,.917911/}
    data (cof (n, 32),n=1,4)/1.08568,.45543,.098097,.648884/
data (cof (n,33),n=1,4)/1.377571,.1627608,.0156125,.4258514/
    data (cof(n,34),n=1,4)/1.303318,.24766,.05697,1.1964/
    data (cof (n,35),n=1,4)/1.455078,.400624,.0720243,.04608/
    data (cof (n,36),n=1,4)/1.02722,-.1764032,.076258,.561813/
yngoop3=0.0
havemp=1.-ypzero(ipl)
if(v.gt.havemp) return
d=cof(4,ipl)
f1=cof(1,ipl)
f2=cof(2,ipl)
f3=cof(3,ipl)
z=amin1 (.99,u)
odds=alog(z/(1.-z))
yngoop3=root3(odds,d,f1,f2,f3)
return
end
function oldoop3(ipl,v,u)
real opzero(8),\operatorname{cof}(4,8)
data (cof (n,1),n=1,4)/1.4926,.2132,.02169,.09704/
data (cof (n,2),n=1,4)/1.8704,.2992,.2025,-.2494/
```

```
data (cof(n,3),n=1,4)/1.05257,.20525,.04256,.02449/
data (cof(n,4),n=1,4)/1.45657,.098978,.01805,-.82613/
data (cof (n,5),n=1,4)/1.3534,.13545,.00774,-.02883/
```



```
data (cof(n,7),n=1,4)/.9226,.15232,.034374,-.30606/
data (cof (n,8),n=1,4)/1.34343,.020997,.00585,-.90765/
data opzero/.1666,.0233,.1010,.016,.0872,.0220,.0536,.0165/
oldoop3=0.0
havemp=1.-opzero(ipl)
if(v.gt.havemp) return
d=cof(4,ipl)
f1=cof(1,ipl)
f2=cof(2,ipl)
f3=cof(3,ipl)
z=amin1(.99,u)
odds=alog(z/(1.-z))
oldoop3=root3(odds,d,f1,f2,f3)
return
end
```

```
function root3(odds,d,f1,f2,f3)
data tol/.001/
con=d-odds
y0=-con/f1
zero0=cube(y0,con,f1,f2,f3)
do inter=1,20
    slope=dcube(y0,f1,f2,f3)
    step=zero0/slope
    istep=1
    y1=y0-step/float (istep)
    zero1=cube (y1, con,f1,f2,f3)
    if(abs(zero1).lt.abs(zero0)) go to 5
    istep=istep+1
    if(istep.gt.3) go to 4
    go to 1
    y1=y0-zero0/f1
    zero1=cube(y1,con,f1,f2,f3)
    if(abs(zero1).lt.tol) go to 10
        y0=y1
        zero0=zero1
repeat
root3=1000.*exp(y1)
return
end
function cube(y,con,f1,f2,f3)
cube=con+f1*y+f2*y*y+f3*y*y*y
return
end
function dcube(y,f1,f2,f3)
dcube=f1+2.0*y*f2+3.0*f3*y*y
return
end
```


# Imputation of Medical Out-of-Pocket (MOOP) Expenditures to CPS Analysis Files 

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The purpose of this memo is to describe the methods that were employed to impute medical out-ofpocket (MOOP) expenditures to the various years of CPS data which were utilized to analyze the NRC Panel's poverty measure recommendations. The imputation procedure consisted of two parts: estimating the total amount of MOOP which would be used for a control total for the imputation, and a procedure of allocating the totals to individual records.

## Constructing Control Totals for MOOP

After much searching and questioning of researchers both inside and outside of government, I concluded there did not exist a consistent series for how much the non-institutionalized population spends directly out of their own pockets for medical services and supplies. In the absence of an official series, I decided to construct one for the research project of back casting the NRC Panel's recommendation to years prior to 1992 -- the year that was reported in the Panel's report.

I began with a simple accounting relationship that states that the aggregate amount of MOOP in current dollars is equal to the real per capita MOOP (RPCMOOP) at time $t$ times the current price of health care (PHC) times the size of the population (POP), i.e.,

$$
\mathrm{MOOP}_{\mathrm{t}} \equiv \mathrm{POP}_{\mathrm{t}} \times \mathrm{PHC}_{\mathrm{t}} \times \mathrm{RPCMOOP}_{\mathrm{t}}
$$

Using this identity, a rather simple estimate of MOOP at $t$ could be based upon the assumption that RPCMOOP remains constant over time? Utilizing this assumption, we could estimate MOOPt using only a single years estimate of MOOP and a historical series of population estimates and the price of health care. If B is the base year in which we have an estimate of MOOP then the specific estimate in any year $t$ would be

$$
\begin{aligned}
\mathrm{MOOP}_{t} & =\mathrm{POP}_{t} \times \mathrm{PHC}_{t} \times \mathrm{RPCMOOP}_{B} \\
& =\mathrm{MOOP}_{\mathrm{B}} \times \frac{\mathrm{POP}_{t}}{\mathrm{POP}_{\mathrm{B}}} \times \frac{\mathrm{PHC}_{t}}{\mathrm{PHC}_{B}} .
\end{aligned}
$$

To evaluate how well this simple estimate performs, I used a historical series published by DHHS (Table 124 in Health, United States 1992) which reports on the aggregate amount of MOOP (direct out-of-
pocket payments for services and supplies plus the total amount of health care insurance premiums paid by households) in the total population (including the institutionalized population). Given I would be back casting data, I chose the last year of the series, 1991, as my base year. Using a historical series for the total population and medical price index, I employed the above equation to predict MOOP in each of the previous ten years in the published DHHS series. The results of this evaluation is presented in the following table.

| YEAR | MOOP (in billions) |  | Percentage |
| :---: | :---: | :---: | :---: |
|  | DHHS | Estimate | Difference |
| 1965 | 23.6 | 21.5 | -8.8\% |
| 1967 | 23.8 | 24.6 | 3.5\% |
| 1970 | 31.6 | 30.6 | -3.1\% |
| 1975 | 48.4 | 45.1 | -6.9\% |
| 1980 | 76.1 | 75.0 | -1.5\% |
| 1985 | 124.4 | 118.9 | -4.4\% |
| 1987 | 146.3 | 138.8 | -5.1\% |
| 1988 | 156.2 | 149.2 | -4.5\% |
| 1989 | 168.9 | 162.3 | -3.9\% |
| 1990 | 183.1 | 178.8 | -2.4\% |
| 1991 | 196.5 | 196.5 | 0.0\% |

I feel that this comparison suggests two conclusions. While the naive model consistently underestimates the published data, it does a fairly good job of predicting previous years MOOP especially during the period which we will be imputing, 1979 to the present. Second, the consistent underestimation of the model suggests that real per capita MOOP has over time been declining not constant as assumed by the model. While it is true that over this period, the percentage of all health care directly financed out households' pockets has been significantly declining, what has not been documented has been real per capita spending.

While this exercise built some confidence in what I was going to do, I felt that some other information could also be used. The Annual Statistical Supplement to the Social Security Bulletin provides annual data on the amount of premiums paid by households to Medicare Part B. My strategy was to begin where there was some consensus, MOOP in 1992. As part of the NRC Panel's work, we received from AHCPR their estimate of MOOP for the non-institutionalized population in 1992. Their estimate was $\$ 219.4$ billion dollars which included premium payments to Medicare Part B. In 1992, there was $\$ 11.0$ billion of Medicare Part B payments. What I decided to do was to forecast and backcast the difference between these two numbers in 1992 (\$208.4) by changes in population (using the CPS counts of total population) and prices (Medical Care Component of the CPI) employing the above naive accounting model. To arrive at the aggregate MOOP figure, I would add the published Medicare Part B payments to this estimate. The
following table presents the results of the calculations for the years of the CPS to which I will be imputing MOOP values. The numbers in bold type face represent figures from published sources or figures which I believe there is some consensus.

## Aggregate Control Totals for MOOP

|  | Medicare <br> Part B | OTHER <br> MOOP | TOTAL <br> MOOP |
| :---: | :---: | :---: | :---: |
| 1979 | $\mathbf{2 . 3}$ | 65.2 | 67.5 |
| 1983 | $\mathbf{3 . 5}$ | 101.2 | 104.7 |
| 1989 | $\mathbf{1 0 . 5}$ | 158.6 | 169.1 |
| 1992 | $\mathbf{1 1 . 0}$ | $\mathbf{2 0 8 . 4}$ | $\mathbf{2 1 9 . 4}$ |
| 1994 | $\mathbf{1 6 . 2}$ | 236.1 | 252.3 |

## Allocating Aggregate MOOP to Elderly and Non Elderly Households

The next step is to allocate these aggregates to individual households. I first disaggregated the aggregate totals into what households (families) headed by non-elderly and headed by elderly adults would spend on MOOP. In conversations with Urban Institute and researchers in ASPE (Health), there seemed to be consensus that roughly $27 \%$ of all MOOP was made by elderly units. This percentage was based upon examination of NMES data from 1987 which was aged to 1992. However, in article by Acs and Sablehouse (Monthly Labor Review, 1995) the authors report that in 1992, 34\% of MOOP expenditures were made by elderly families reported in the CEX survey (my own calculations on the CEX suggest that $33 \%$ of MOOP expenditures were made by the elderly). To be honest, I am not sure which estimate is to believe so I decided to average the two estimates and use the figure of $30.3 \%$ for split between the elderly and non-elderly populations in 1992.

The Acs and Sablehouse article show that over the period of 1980 to 1992, the share of MOOP paid by the elderly has grown. The share of MOOP of the elderly in 1992 was $9.2 \%$ higher than in 1980. To replicate the general pattern of changes in the elderly share, I assumed the following splits of the aggregate amount of MOOP :

| Year: | 1979 | 1983 | 1989 | 1992 | 1994 |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Elderly Share | $27.4 \%$ | $28.9 \%$ | $30.3 \%$ | $30.3 \%$ | $30.0 \%$ |

These shares were based upon the change in the relative number of families units headed by an elderly individual. In particular, I used the following adjustment process :

Elderly Share of MOOP in Year $\mathrm{t}=\frac{\% \text { of Families Headed by Elderly in Year } \mathrm{t}}{\% \text { of Families Headed by Elderly in } 1992} \times 30.3$

The following controls were derived for the Elderly and NonElderly subpopulations. Again the numbers in bold type face, represent figures from published sources or figures which I believe there is some consensus.

## Subaggregate Control Totals for MOOP (in Billions)

| YEAR | Aggregate | Medicare <br> Part B | Other <br> Elderly MOOP | NonElderly |
| :---: | :---: | :---: | :---: | :---: |
| 1979 | 67.5 | $\mathbf{2 . 3}$ | 16.1 | 49.1 |
| 1983 | 104.7 | $\mathbf{3 . 5}$ | 26.7 | 74.5 |
| 1989 | 169.1 | $\mathbf{1 0 . 5}$ | 40.7 | 117.9 |
| 1992 | $\mathbf{2 1 9 . 4}$ | $\mathbf{1 1 . 0}$ | 55.4 | 153.0 |
| 1994 | 252.3 | $\mathbf{1 6 . 2}$ | 59.4 | 176.7 |

## Allocating the Subaggregate Control Totals to Individual Records

The next step is allocate these subaggregates to individual family records. One procedure could be to compute the average family MOOP expenditure for each subgroup and then assign this average value to each record. However, given the rather skewed distribution of MOOP spending, this procedure would greatly overstate the amount of MOOP for the majority of families and hence potentially lead to an overstatement of poverty in the population.

For the NRC Panel, AHCPR produced tables from the 1987 NMES file which had been aged to 1992. These tables provided information on the cumulative distribution of MOOP for households which had MOOP expenditures as well as the percentage of households whom had MOOP expenditures. These detail tables were produced for various subgroups of the population defined by type of insurance coverage, age of the head of the family, race, income, and family size. Using the information, I was able to estimate the probability that a household with a given set of characteristics ( $\mathrm{X}_{\mathrm{h}}$ ) would have MOOP. Let us denote this probability by

$$
\mathrm{P}\left(\mathrm{X}_{\mathrm{h}}\right)
$$

I was also able to estimate for Elderly and NonElderly populations of the following form describing the cumulative distribution of MOOP :

$$
\begin{equation*}
\operatorname{Ln}(\mathrm{C} /(1-\mathrm{C}))=\alpha+\beta \mathrm{X}_{\mathrm{h}}+\gamma \operatorname{LNMOOP} \tag{1}
\end{equation*}
$$

where
$\mathrm{C}=$ the percentile in the MOOP distribution
$\mathrm{X}_{\mathrm{h}}=\mathrm{a}$ vector of family characteristics (age, race, income, and insurance coverage)
LNMOOP $=$ Log of Moop Spending.

The estimated relationship ( $\alpha, \beta, \gamma$ ) was utilized in the following manner. For each household, a uniform random number was drawn from a random number generator, $R N_{1}$. If $R N_{1}$ was less than $P\left(X_{h}\right)$ then the household would be assigned a level of MOOP otherwise the household would be assigned a zero value. If the household was to be assigned a non zero value of MOOP, a second random was drawn, $\mathrm{RN}_{2}$, which was to represent the percentile in the MOOP distribution to which the family was to be assigned. The level of MOOP that corresponds to this percentile was then estimated as

$$
\mu \times \operatorname{EXP}\left[\frac{\operatorname{Ln}\left(\mathrm{RN}_{2} /\left(1-\mathrm{RN}_{2}\right)\right)-\alpha-\beta \mathrm{X}_{\mathrm{h}}}{\gamma}\right]
$$

where $\mu$ is a proportional factor computed so that weighted sum of MOOP adds up to the control totals for the two subgroups of the population: the elderly and nonelderly.

This past summer (1997), I was able to acquire the micro (family) data from which the original AHCPR tables were constructed. Using this data I was able to reestimate the above equation (1) using the micro data instead of the aggregated tabular data. Given the larger sample size, I was able to estimate a more comprehensive model that included interaction terms of the family characteristics and level of MOOP. The description of variables used and regression results are provided below. Other than using the newly estimated regression results, the procedures to impute MOOP to the individual records remains the same as utilized for the NRC Panel report.

## Description of Independent Variables

| LNMOOP | Log of Medical Out of Pocket Expenses |
| :--- | :--- |
| PUBLIC | 1 if Insured by Medicare or Medicaid only; 0 otherwise |
| UNINS | 1 if Uninsured; 0 otherwise |
| FS23 | 1 if Family Size is 2 or $3 ; 0$ otherwise |
| FS4M | 1 if Family Size is 4 or more; 0 otherwise |
| FS2M | 1 if Family Size is 2 or more; 0 otherwise |
| AGE75 | 1 if Head is 75 years or older; 0 otherwise |
| NONPOOR | 1 if the ratio of the Family's Census Money Income to Poverty Line exceeds |
| $1.50 ; 0$ otherwise |  |
| BLACK | 1 if Black; 0 otherwise |
| PUBLMP | $=$ LNMOOP $*$ PUBLIC |
| UNLMP | $=$ LNMOOP $*$ UNINS |
| NPLMP | $=$ LNMOOP $*$ NONPOOR |
| F23LMP | $=$ LNMOOP $*$ FS23 |
| F4MLMP | $=$ LNMOOP $*$ FS4M |
| F2MLMP | $=$ LNMOOP $*$ FS2M |
| A75LMP | $=$ LNMOOP $*$ AGE75 |

## Regression Model for NonElderly Population :



## Regression Model for Elderly Population :




## Code Segments for Imputation of MOOP <br> (FORTRAN)

here is the call from the main routine :
where

```
hage=reference person's age
sage=spouse's age
insstat = insurance status of reference person
premimum = yearly medicare part b premimum
    iold=0
    if(hage.gt.64) then
        out (21)=oldoop (iseed)
        iold=1
        if(sage.gt.64)iold=2
        iage=2
    else
        out (21)=yngoop (iseed)
        if(sage.gt.64) iold=1
        iage=1
    end if
medicare=0
if(insstat.gt.0.and.insstat.ne.4) then
    medicare=float (iold)*premimum
    if(ew.eq.0.0) medicare=0
end if
out (21)=out (21)+medicare
```

function yngoop (iseed)
real $\operatorname{cof}(7)$, dum (7),ycof0(7)
real ypzero(37)
data ypzero/
\& . $065, .041, .075, .143, .061, .083, .012, .012, .031, .024, .003, .006$,
\& . 397,. $606, .219, .628, .371, .408, .212, .279, .237, .507, .256, .345$,
\& . $378, .482, .248, .420, .151, .194, .103, .128, .043, .126, .036, .213$,
\& 0.1
data cof/.90283,1.256,1.007,-.87023,-1.1897,-.19126,.38658/
data ycof0/1.2549,-.40385,-.13039,.092141,.14905,.064415,-.0692/
yngoop=0.0
do $k=2,7$
dum (k) $=0.0$
repeat
if(insstat.eq.0) then ! insurance status of reference person
insure=3 ! uninsured
dum (3) $=1$. 0
else if(insstat.eq.2.or.insstat.eq.4) then
insure=2 ! public insurance only
$\operatorname{dum}(2)=1.0$
else
insure=1 ! private
end if
ifam=xin(13)
if(ifam.eq.1) then
isize=1 ! family size $=1$
else if(ifam.eq.2.or.ifam.eq.3) then
isize=2 ! family size 2 or 3
dum (4)=1. 0
else
isize=3 ! family size is four or more
dum (5) $=1.0$
end if
rneeds $=0.0 \quad$ ! census money income to needs (poverty line) ratio
pline=xin(14)

```
    if(pline.ne.0.0) rneeds=cminc/pline
    if(rneeds.lt.1.5) then
        ipoor=1
    else
        ipoor=2
        dum (6) =1.0
    end if
    if(xin(29).ne.2) then ! race
    irace=1 ! non black
    else
        irace=2 ! black
        dum (7) =1.0
    end if
    ipl=(insure-1)*12+(isize-1)*4+(ipoor-1)*2+irace
    if(ran1(iseed).lt.ypzero(ipl)) return
    cons=cof(1)
    do k=2,7
        cons=cons+dum(k)* cof (k)
    repeat
    ycof=ycof0 (1)
    do k=2,7
    ycof=ycof+dum(k)*ycof0(k)
    repeat
c ran1 is an uniform random number generator RN[0,1]
C
c If imax99 equals 1 then the distribution of MOOP is bounded at the
c pmax percentile -- this is an alternative way to bound "high values"
c of MOOP compared to the Pat Doyle's way (imax99 equal 2) which limits
c the elderly to $8200 of MOOP which she estimated to be 99th percentile
c of the elderly MOOP Distribution -- see below
C
```

```
    p=ran1 (iseed)
```

    p=ran1 (iseed)
    if(imax99.eq.1) p=p*pmax
    if(imax99.eq.1) p=p*pmax
    odds=alog(p/(1.-p))
    odds=alog(p/(1.-p))
    yngoop=1000.*exp((odds-cons)/ycof)
    yngoop=1000.*exp((odds-cons)/ycof)
    if(imax99.eq.2) then
    if(imax99.eq.2) then
    yngoop=amin1(amax1(1.,yngoop), 8200.)
    yngoop=amin1(amax1(1.,yngoop), 8200.)
    end if
    end if
    yngoop=yngoop*yfac ! yfac multiplicative factor to hit aggregrate
    yngoop=yngoop*yfac ! yfac multiplicative factor to hit aggregrate
    return
    return
    end
    ```
    end
```

```
    function oldoop(iseed)
    real dum(4),\operatorname{cof(4),ycof0(4)}
    real opzero(9)
    data opzero/.1666,.0233,.1010,.016,.0872,.0220,.0536,.0165,0./
    data cof/.50786,-.2682,-.46551,-.63639/
    data ycof0/1.2170,-.05147,-.18101,.44104/
    oldoop=0.0
    do k=2,4
        dum(k) =0.0
    repeat
    if(hage.lt.75) then ! age of reference person
        iage=1
    else
        iage=2
        dum (2) =1.0
    end if
    if(xin(13).eq.1) then ! family size
    isize=1
    else
        isize=2
        dum (3) =1.0
    end if
    rneeds=0.0 ! census money income to needs (Poverty line) ratio
    pline=xin(14)
    if(pline.ne.0) rneeds=cminc/pline
    if(rneeds.lt.1.5) then
        ipoor=1
    else
        ipoor=2
        dum(4)=1.0
    end if
    ipl=(iage-1)*4+(isize-1)*2+ipoor
    if(ran1(iseed).lt.opzero(ipl)) return ! pzero is the probability of not
having MOOP
    ycof=ycof0(1)
    do j=2,4
        ycof=ycof+dum(j)*ycof0(j)
        repeat
        cons=cof(1)
        do k=2,4
        cons=cons+dum(k)* cof (k)
        repeat
        p=ran1(iseed) ! p is the random percentile in the MOOP distribution
c ran1 is an uniform random number generator RN[0,1]
C
c If imax99 equals 1 then the distribution of MOOP is bounded at the
c pmax percentile -- this is an alternative way to bound "high values"
c of MOOP compared to the Pat Doyle's way (imax99 equal 2) which limits
c the elderly to $18000 of MOOP which she estimated to be 99th percentile
c of the elderly MOOP Distribution -- see below
C
    if(imax99.eq.1) p=p*pmax
```

```
odds=alog(p/(1.-p))
oldoop=1000.*exp((odds-cons)/ycof)
if(imax99.eq.2) then
    oldoop=amin1(amax1(1.,oldoop),18000.)
end if
oldoop=oldoop*ofac ! ofac = a multiplicative factor to hit aggregate total
return
end
```


## Appendix A

NMES Regression Results for the Non Elderly


[^0]:    ${ }^{1}$ See Citro and Michael (1995).
    ${ }^{2}$ Data on an individual family's out of pocket medical spending has been collected only in three nationally representative surveys: the National Medical Expenditure Survey (NMES), the Consumer Expenditure Survey (CEX) and currently, the Medical Expenditure Panel Survey (MEPS).
    ${ }^{3}$ A fuller description can be found in Betson (1998) which is attached to the paper.

[^1]:    ${ }^{4}$ See Betson (2000)

[^2]:    ${ }^{5}$ Estimates of the price elasticity of health care demand range from zero to -1.00 . See Phelps (1997)

[^3]:    ${ }^{6}$ The log-logistic distribution was initially defined by Shah and Dave(1963) in a manner similar to the definition of the log normal distribution. This citation was found in Johnson and Kotz (1970).

[^4]:    ${ }^{7}$ In the sample, 60 observations of this family type do not have MOOP spending reported. In the next section, we will discuss how we plan to deal these zero observations.
    ${ }^{8}$ In the remainder of the paper, I will be analyzing the $\log$ of MOOP spending where MOOP is expressed in $\$ 1,000$. Further all of the results in the paper are weighted statistics.

[^5]:    , The value for the cumulative probability for a given observation was computed in the following manner. For each subgroup, the observations were sorted. Then for each observation, the number of weighted observations with a value of MOOP less than or equal to the current observation's value of MOOP divided by the total number of observations was recorded as the cumulative probability.

[^6]:    ${ }^{10}$ A $4^{\text {th }}$ order approximation continues to improve the fit but increase in goodness of fit was judged to marginal. I should note that this was observation was subjective and not based upon any statistical test. The other consideration favoring the cubic approximation is that explicit solutions exist for cubic equations while they do not for $4^{\text {th }}$ order equations. This will simplify the imputation procedure by not requiring numerical techniques for solving for M given a value of $\mathrm{u}_{\mathrm{i}}$.

[^7]:    ${ }^{11}$ See Betson (1998) for more a detailed description of the regression model and estimates. This paper is attached.
    ${ }^{12}$ Appendix C contains the FORTRAN source code for the new imputation routines.

