

Music



The introduction screen features a 2x6 grid of images. The top row includes a male doctor, a green hospital icon, a blue pharmacy icon, a purple caduceus icon, a blank white square, and a couple jogging. The bottom row includes two blank white squares, a male pharmacist, a blank white square, a female surgeon, and a female couple. The text 'Medical Provider Component' is centered below the grid, with 'MEDICAL EXPENDITURE PANEL SURVEY' underneath. A 'Skip Intro' button is located at the bottom center of the screen.

Medical Provider Component
MEDICAL EXPENDITURE PANEL SURVEY

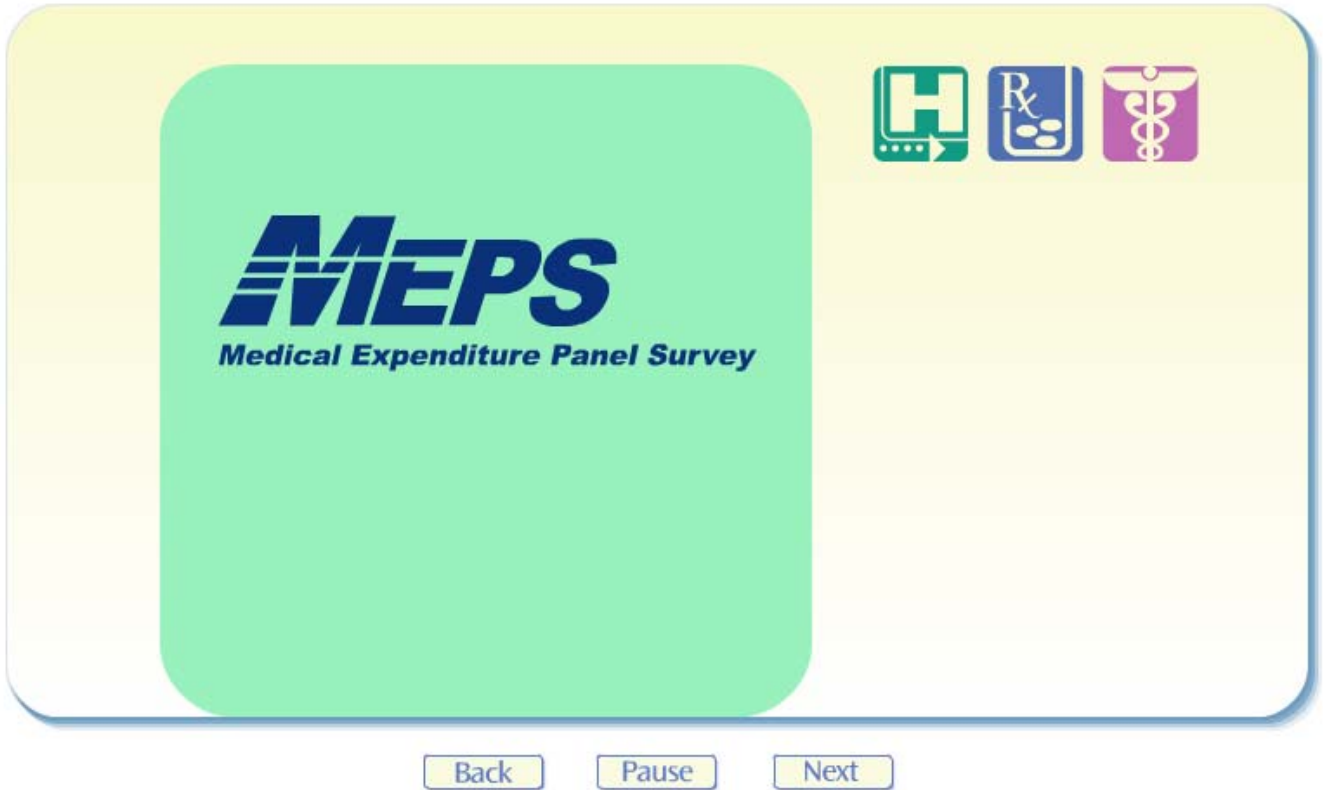
Skip Intro

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Music



The Medical Expenditure Panel Survey, or MEPS, is a principal source of information about how people in the United States receive and pay for health care.

The image shows a graphical user interface for the Medical Expenditure Panel Survey (MEPS). On the left, a green rounded rectangle contains the MEPS logo and the text "Medical Expenditure Panel Survey". To the right of this rectangle are three icons: a hospital, a pharmacy, and a medical symbol. Below these icons are six small photographs of diverse people: a man and woman, a boy and man playing chess, a woman kissing a baby, a woman and girl, a man holding a baby, and a man and woman walking.

[Back](#) [Pause](#) [Next](#)

MEPS information is drawn from two main sources: a nationally representative group of households who are interviewed each year in the MEPS Household Component,



and medical providers and pharmacies identified by these households, who are contacted in the MEPS Medical Provider Component. This video is an introduction to the MEPS Medical Provider Component, or MPC.



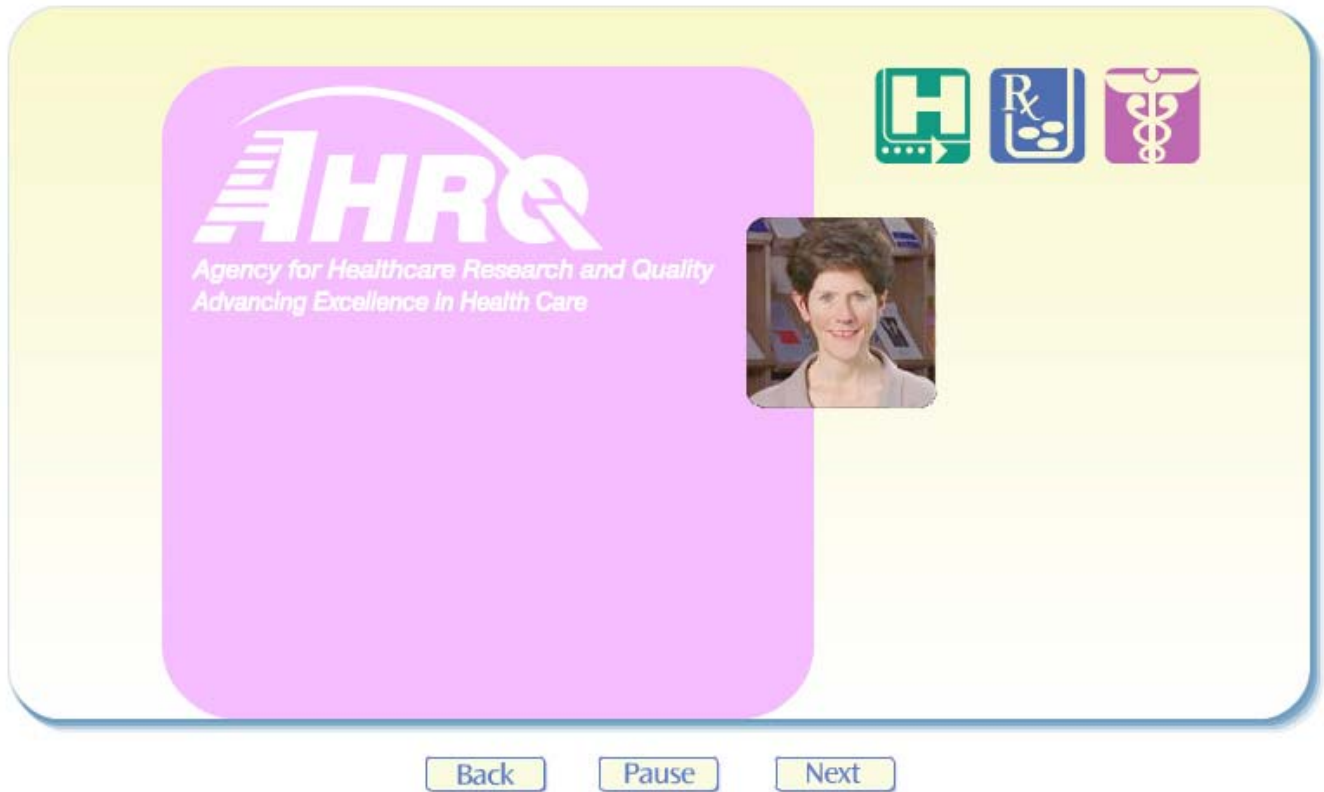
MEPS is sponsored by the Agency for Healthcare Research and Quality, or AHRQ,




and cosponsored by the Centers for Disease Control and Prevention, or CDC.





Both agencies are part of the U.S. Public Health Service.

The image shows a presentation slide with a light yellow background. On the left, there is a large purple rounded rectangle containing the AHRQ logo in white. The logo consists of the letters 'AHRQ' in a bold, sans-serif font, with a white arc above the 'R' and 'Q'. Below the logo, the text 'Agency for Healthcare Research and Quality' and 'Advancing Excellence In Health Care' is written in a smaller, white, sans-serif font. To the right of the purple rectangle, there are three icons: a green 'H' with a white arrow pointing right, a blue 'Rx' with a white mortar and pestle, and a purple caduceus. Below these icons is a small, square video inset showing a woman with short brown hair, identified as Dr. Carolyn Clancy. At the bottom of the slide, there are three buttons: 'Back', 'Pause', and 'Next', each in a white rounded rectangle with a blue border.

The Director of the Agency for Healthcare Research and Quality is Dr. Carolyn Clancy. She and her staff manage the project and disseminate MEPS data to users across the country. AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans. The agency sponsors research on a wide range of topics, but with a common set of goals.



Agency for Healthcare Research and Quality
Advancing Excellence In Health Care

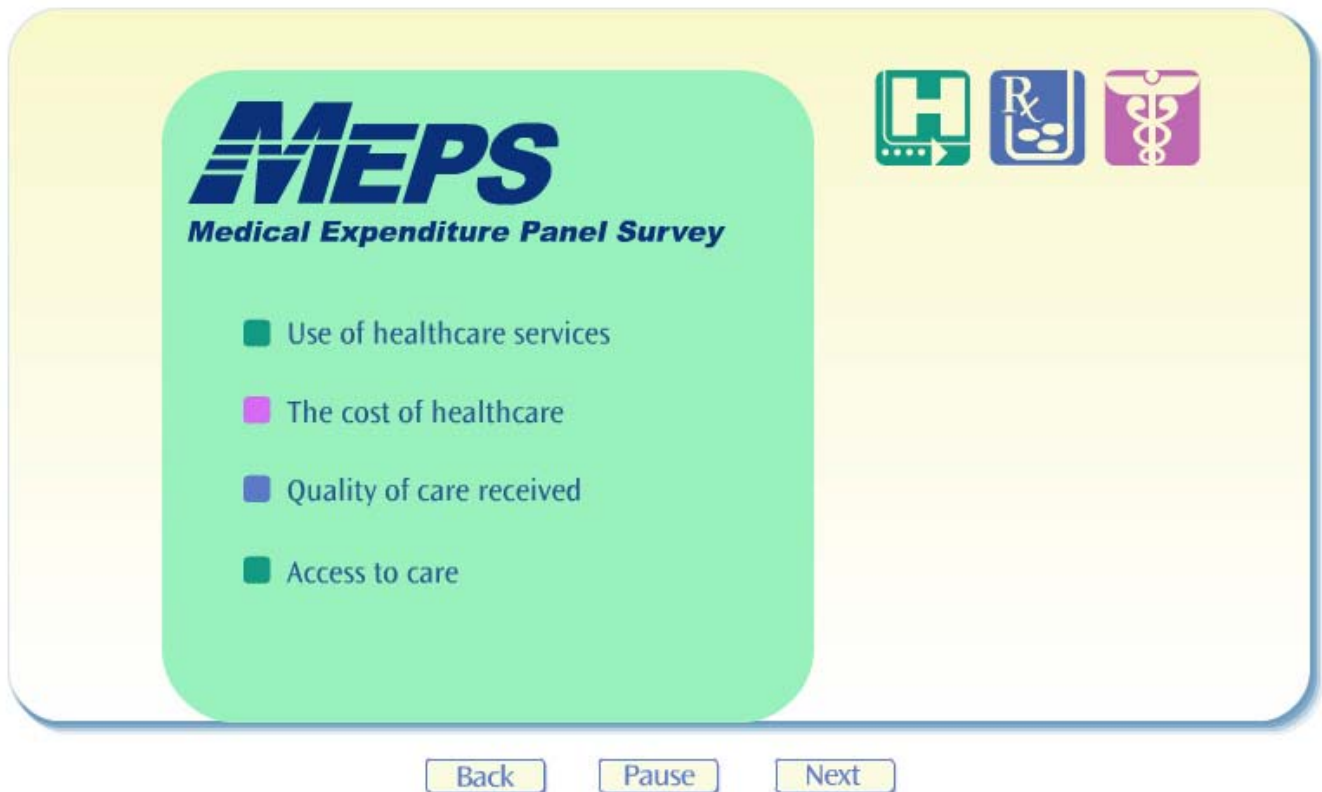


- Identify the most effective ways to organize, manage, finance, and deliver high-quality health care;
- Reduce medical errors; and
- Improve patient safety.

Back Pause Next

This research seeks to:

- Identify the most effective ways to organize, manage, finance, and deliver high-quality health care;
- Reduce medical errors; and
- Improve patient safety.



The image shows a graphical user interface for the Medical Expenditure Panel Survey (MEPS). It features a light green background with a darker green rounded rectangle on the left containing the MEPS logo and a list of survey topics. To the right of this rectangle are three icons: a hospital, a pharmacy, and a medical symbol. At the bottom, there are three buttons labeled 'Back', 'Pause', and 'Next'.

MEPS

Medical Expenditure Panel Survey

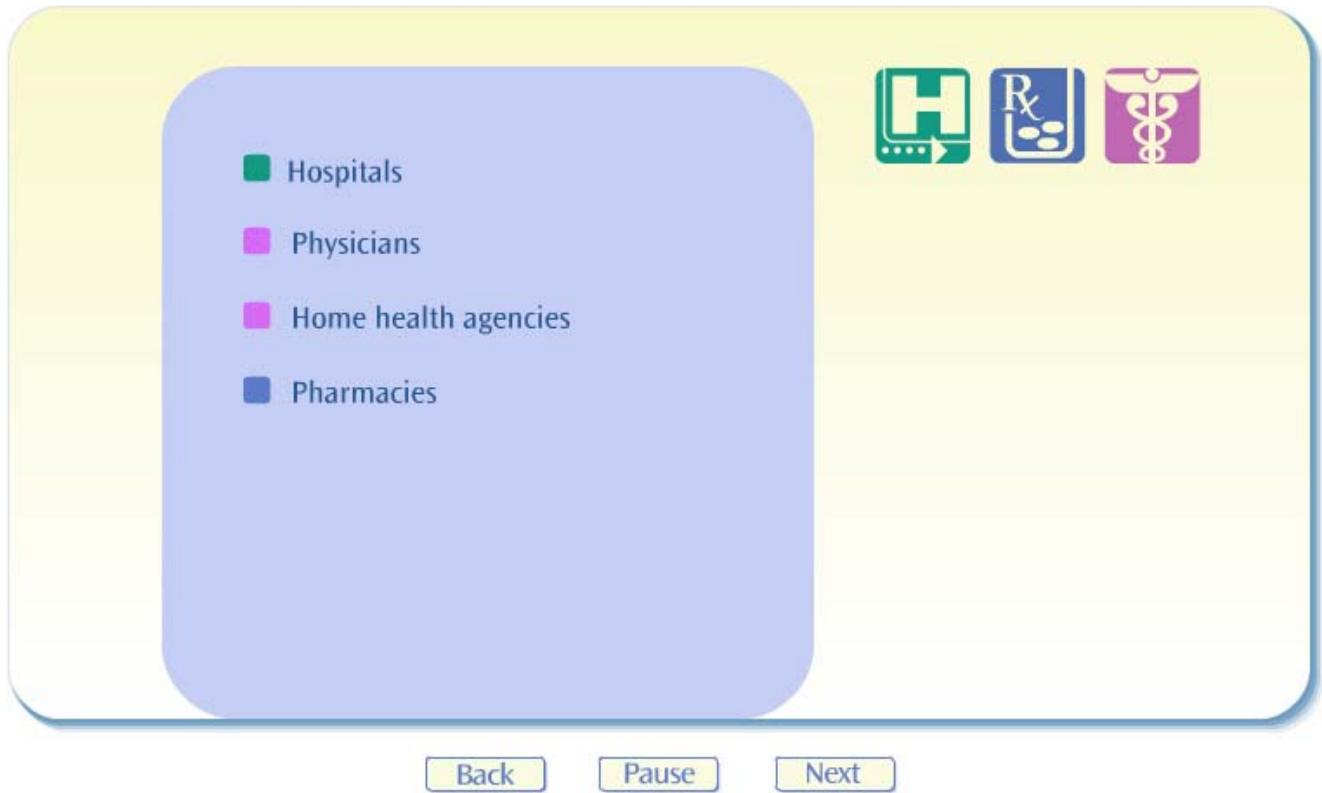
- Use of healthcare services
- The cost of healthcare
- Quality of care received
- Access to care

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Within this broader mission, the Medical Expenditure Panel Survey – MEPS – focuses specifically on the use, cost, quality, and access to health care in the United States.



Each year since 1996 MEPS has interviewed a cross-section of the American public, collecting detailed information on their health and medical care.



Each year MEPS also collects information directly from hospitals, physicians, home health agencies, and pharmacies.



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Pause

Next

These providers are contacted by telephone in the MEPS Medical Provider Component, or MPC.



Back

Pause

Next

Through its unique design, MEPS is able to link data from households and their health care providers to create a rich and comprehensive picture of how people use and pay for health care in America.

How are medical establishments chosen to participate in this study?



FORM HHS-00000001-0000

AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL AND BILLING RECORDS
MEDICAL EXPENDITURE PANEL SURVEY - U.S. PUBLIC HEALTH SERVICE

A. Provider Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____

B. Case concerned, participating in the Medical Expenditure Panel Survey (MEPS), a study of health care use and expenditures conducted by the U.S. Public Health Service. I authorize you to provide the U.S. Public Health Service and its contractors with medical and financial information that appears on my health services records in any format during the period January 1, 2000 to December 31, 2006. This authorization does not restrict the use of information at your facility during the period, including information for medical health delivery along with other uses of MEPS. It also cannot limit or restrict sharing the patient's data with other providers associated with your facility or other providers who are in your facility.
Consent that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) enables you from obtaining any information without my authorization. This form is a reference of the form given you by authorization. I have signed this form voluntarily, with the understanding that my signature is legal to use for the form and that I have no other way regarding the business process mentioned in regarding my healthcare which I am satisfied.
I understand that the Public Health Service and its contractors will use the information to implement the information that already exist in the MEPS except on health care use and expenditures. I also understand that any use of information contained in the study is in no way limited by HIPAA law as provided by the Public Health Service, but I understand the release of information that would identify me or my medical services would be necessary to ensure quality and to maintain without any restriction on that of my medical procedure.
I authorize the staff to use information I have given in the survey to help you identify the records. I also understand that I can revoke this authorization at any time by contacting a study administrator in writing at the telephone. However, this authorization cannot be revoked from the date of signature.

C. 1. Patient Name: _____
2. Date of Birth: _____ **3. Other Names Under Which Records May be Filed:** _____
4. Social Security Number: _____

D. 1. "Patient's Signature" (if not an agent): _____ **2. Date Signed:** _____

IF PATIENT IS NOT THE PATIENT AND PATIENT'S AGENT SEE NEXT AND FINAL

E. 1. "Agent's Signature" (Witness of Patient's Signature): _____ **2. Date Signed:** _____
3. Reason for Patient Unavailable, Witness of Patient's Signature:
 Patient is in Foreign Country Patient is Deceased
 Patient is of Young Age Patient is Inmate

F. 1. "Agent's Relationship to Patient": _____

FORM HHS-00000001-0000

Back

Pause

Next

Each of the providers contacted for the MPC was identified by a survey participant who voluntarily signed a HIPAA compliant authorization form.

MEDICAL EXPENDITURE PANEL SURVEY - U.S.





A. Provider Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ - _____
Area Code

B. I am voluntarily participating in the Medical Expenditure Panel Survey (MEPS), a study of health care use and expenses being conducted by the U.S. Public Health Service. I authorize and request that you provide the U.S. Public Health Service and its contractors with the medical and financial information they request about prescriptions filled or refilled for my use during the period January 1, 2004 to December 31, 2005. This authorization form applies to any and all prescribed medicines received by me during this period.

I understand that the Health Insurance Portability and Accountability Act of 1996 (HIPAA)¹ prohibits you from releasing my information without my authorization. This form (or a photocopy of this form) gives you my authorization. I have signed this form voluntarily, with the understanding that my decision to sign or not to sign the form will have no effect on my eligibility for treatment, payment, enrollment, or eligibility for any benefits to which I am entitled.

I understand that the Public Health Service and its contractors will use this information to supplement the information I have already given for MEPS research on health care use and expenditures. I also understand that once my information is released to the study, it is no longer covered by HIPAA but is covered by the Public Health Service Act², which prohibits the release of information that would identify me, my medical providers, or my pharmacies outside the sponsoring agency and its contractors without my permission or that of my medical providers and pharmacies.

I authorize the study to use information I have given in the survey to help you identify my records. I also understand that I can revoke this authorization at any time by contacting a study representative in writing or by telephone. Otherwise, this authorization expires 30 months from the date of signature.

C. 1. Patient Name: _____
 2. Date of Birth ____/____/____
Month Day Year 3. Other Names Under Which Records May be Filed

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The signed forms authorize and request providers to release information about their care to the study.

medical providers, or my pharmacies outside the sponsoring agency and its co-providers and pharmacies.
 I authorize the study to use information I have given in the survey to help you identify authorization at any time by contacting a study representative in writing or by telephone from the date of signature.



C. 1. Patient Name: _____
 2. Date of Birth / / 3. Other Names Under Which Records May Be Filed _____
 Month Day Year
 3A. Social Security Number⁽¹⁾ - -

D. 4. _____
 Patient's Signature - 14 and over sign
 5. Date Signed _____

IF PATIENT IS 14-17, BOTH PATIENT AND PARENT/GUARDIAN MUST SIGN AND DATE.

E. 6. _____
 Parent, Guardian, Witness or Proxy's Signature
 7. Date Signed _____
 8. _____
 Signer's Relationship to Patient
 9. Reason for Parent, Guardian, Witness or Proxy's Signature:
 Patient 13 or Younger Patient Disabled
 Patient 14-17 Years Old Patient Deceased

FIELD USE ONLY: RU ID: _____ PROVIDER: _____ PID: _____

(1) Health Insurance Portability and Accountability Act: 42 U.S.C. 1320a-2 and 1320a-4 and the implementing regulation, 45 CFR 164.508, require a detailed authorization for your health care provider to disclose health information from your records for research purposes.
 (2) Public Health Service (PHS) Act: Sections 924(c) and 308(d) [42 U.S.C. 290c-3(c), and 42 U.S.C. 242m(d)] protect the confidentiality of data collected under the research authorities of the Agency for Healthcare Research and Quality and the National Center for Health Statistics in the U.S. Public Health Service. Section 533 of the PHS Act [42 U.S.C. 290dd-2.] regulations at 42 CFR Part 2, provide additional confidentiality restrictions on records of alcohol and substance abuse patients. This research project will be carried out in compliance with these provisions.

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Each authorization form is signed and dated by the person, parent, guardian, or HIPAA acceptable substitute, who received medical care or prescription drugs.



PATIENT ACCOUNT RECORD

IKE SMITH, JR., MD., P.A. 233333
 7771 MAIN STREET SUITE 41 YOURTOWN, MD 55555
 DE B. JACKSON, PA Tax I.D. 11-1111111 INSURANCE I.D.

PROCEDURES***		90707	MMR	86140	CRP	84450	AST (SGOT)
92552	AUDIO	90713	IPV-POLIO/MYEL	82550	CPK	84480	TOTAL T3
✓ 17000	DESTRUCTION O	90733	MENINGOCOCCAL	86255	PANA	84436	T-4, RIA ASSA
11200	SKIN TAG REMO	86580	PPD	82728	FERRITIN	84443	TSH
97530	CRYOKINETIC-1	90723	PEDIARIX	83001	FSH	84550	URIC ACID
93000	EKG	90669	PREVNAR	82947	GLUCOSE	81000	UA / MICRO
-1	INJ	90718	Td	83036	HEMO Alc	87210	WEST MOUNT
-4	95115 ALL,1	90716	VARIVAX	80061	LIPID PANEL	** CULTURES *****	
-11	95117 ALL-2,3	94760	PULSE OXIMETR	80076	LIVER PANEL	87081	THROAT CULTURE
-17	90471 ADM OF VACC	10060	I&D ABSCESS	86618	LYME TITRE	87490	CHLAMYDIA CUL
-39	90472 ADM ADD VACC	**LABORATORY*****		86308	MONO SCREEN	87590	GC CULTURE
90700	DTaP (<7 year	99211	NURSE FEE	82270	OCC BLOOD	87045	STOOL C&S
90702	DT-PED	99000	SPECIMEN HAND	88150	PAP SMEAR	87086	URINE C&S
90658	INFLUENZA IMM	36415	VENOUS SPECIM	84703	PREG/QUALITAT	82043	MIRO ALBUMIN

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Hospitals, physicians, and home health agencies contacted for the MPC are asked to supply information from their records about the care they provided to the household participants for a specific calendar year.

** E,E,N,T ***	493.90	ASTHMA	616.10			
380.4 WAX IN EAR	466.0	BRONCHITIS	V76.44			
372.00 ACUTE CONJUNCTI	496	COPD/CHRON				
✓ 381.81 EUSTACHIAN TUBE	786.00	DYSPEA	**ENDOCRINE			
380.10 OTITIS EXTERNA,	486	PNUMONIA	250.01 D:			
382.9 OTITIS MEDIA			250.00 DIABETES, NIDDM	719.46	KNEE PAIN	
462 PHARYNGITIS ACU	**GASTROINTESTINAL**		242.90 HYPERTHYROIDISM	719.47	FOOT PAIN	
✓ 477.9 ALL. RHINITIS	789.00	ABD PAIN UNSPEC	244.9 HYPOTHYROIDISM	723.1	NECK PAIN	
461.9 SINUSITIS	558.9	GASTROENTERITIS	627.8 MENOPUSAL SYND	719.41	SHOULDER PAIN	
465.9 URI	455.8	HEMORRHOIDS				
386.9 VERTIGINOUS SYN	564.1	IRRITABLE BOWEL	**INFECTIVE DISEASES **	** INJURY ***		
	533.90	PEPTIC ULCER	075 MONO	959.3	INJURY, WRIST	
CARDIOVASCULAR *	530.81	ESOPHAGEL REFL	078.10	VIRAL WARTS, UN	959.7	LEG, EXC THIG
286.5 ANTICOAGULATION	787.99	CHANGE IN BOWEL	487.1	INFLUENEA WITH	847.0	CERVICAL STRA

Account: 50046	Date: 05/24	Charge \$75.00	Current Pr:
Patient Name	Birthdate Sex Home Phone		SSN# 393-40
LINDA ANN RICE	10/04/65 F 555-555-555		
Insured:	Insurance Company:	Co-pay \$10 Check/Cash	Schedule
DAVID RICE	CARE INSURANCE		
2225 7 TH STREET		Payment Check/Cash	
YOURTOWN, MD 21771			
Member ID#	Group No. Other Insurance?		Return D
XIC902688308	DF20 NO		
Relation Phone Employer			Signature

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They are asked for dates of service, diagnoses, services provided, charges, and payments – details that household participants often cannot report.



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Providers can respond to the study request by giving information by telephone or by sending in copies of records.

Pharmacies are asked to report on prescription medicines dispensed to the survey participants for a specific calendar year.



Patient Profile Report

PHARMACY
ADDRESS - CITY, STATE ZIP PHONE NUMBER



PATIENT INFORMATION JANUARY 01 - DECEMBER 31

PATIENT NAME SSN: 000-00-0000
STREET ADDRESS MM/DD/YYYY
CITY, STATE, ZIP

PRESCRIPTION INFORMATION

RX #	REFILL	DATE FILLED	NDC #	DRUG NAME	DSF	BIG	QTY			
								PAT AMT PD	3 RD PTY./AMT PD	TOT CHG
33333	0/2	MM/DD/YY	00168-0139-60	FLUOCINONIDE	05% CR FOU	GNRC	60 OZ	\$5.00	PRIVATE/\$10.35	15.35
33333	0/2	MM/DD/YY	00168-0139-60	FLUOCINONIDE	05% CR FOU	GNRC	60 OZ	\$5.00	PRIVATE/\$10.35	15.35
44444	0/12M	MM/DD/YY	00173-0494-00	FLOVENT 110MCG 13GRAM		BRAND	13 GRAM	\$5.00	PRIVATE/\$44.77	\$49.77
55555	0/12M	MM/DD/YY	59930-1560-01	ALBUTEROL INHALER		GNRC	17 GRAM	\$5.00	PRIVATE/\$6.43	\$11.43

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They are asked for date filled, NDC code, quantity dispensed, and payment sources and amounts. Pharmacies contacted for the study most frequently respond by providing copies of printed 'patient profiles' for their customers who are participating in the study.



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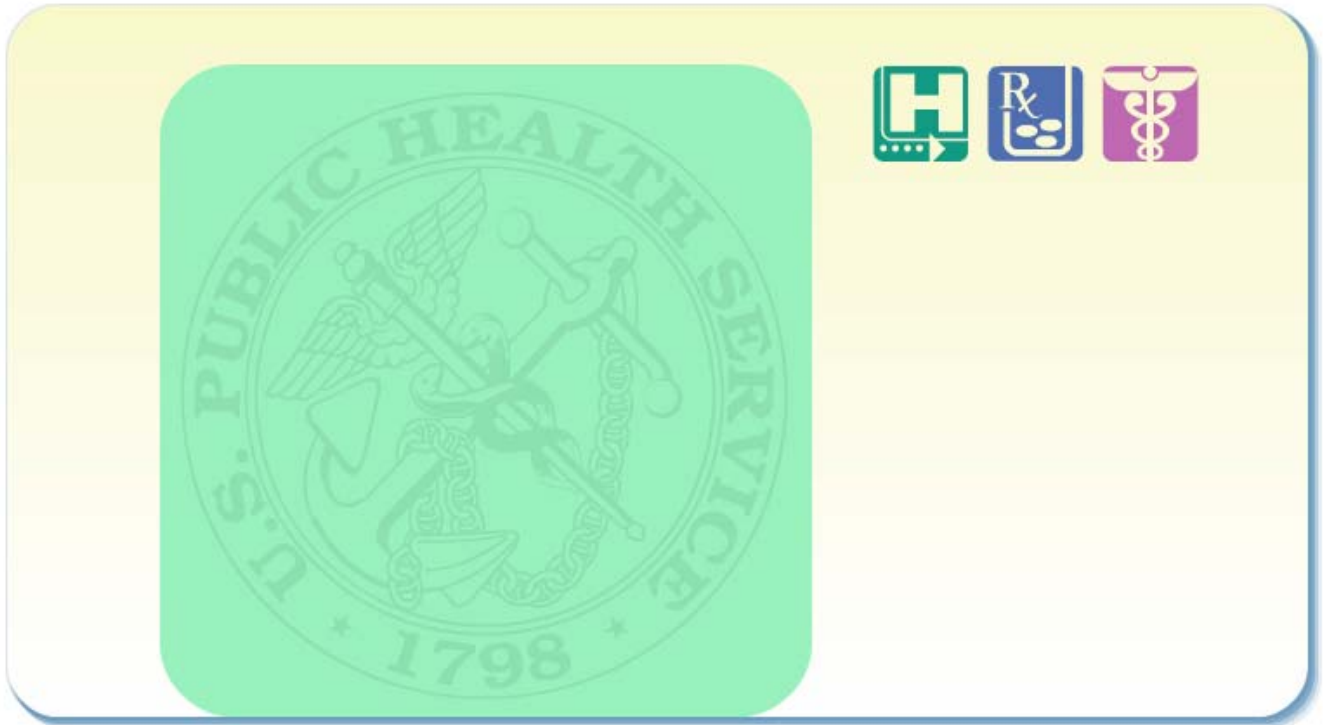
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When convenient for a pharmacy, the data can be submitted by disk or CD.



Westat, a nationally known survey research organization with headquarters in the Washington, D.C. area, collects the MEPS data under contract with the U.S. Public Health Service.



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MEPS is authorized by the Public Health Service Act, which mandates that the information collected for the study be used only for research purposes.

How do I know that the information will be kept confidential?

Section 924(c) Section 308(d)

Public Health Service Act
[42 U.S.C. 299c-3(c) and 242m(d)]

U.S. PUBLIC HEALTH SERVICE
1798

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The law also prohibits the release of any information collected in the study that might identify a participating individual or establishment without the consent of the individual or establishment. Before any MEPS data are released to the public, identifying information such as names, addresses, or telephone numbers are removed from the data files.

How do I know that the information will be kept confidential?

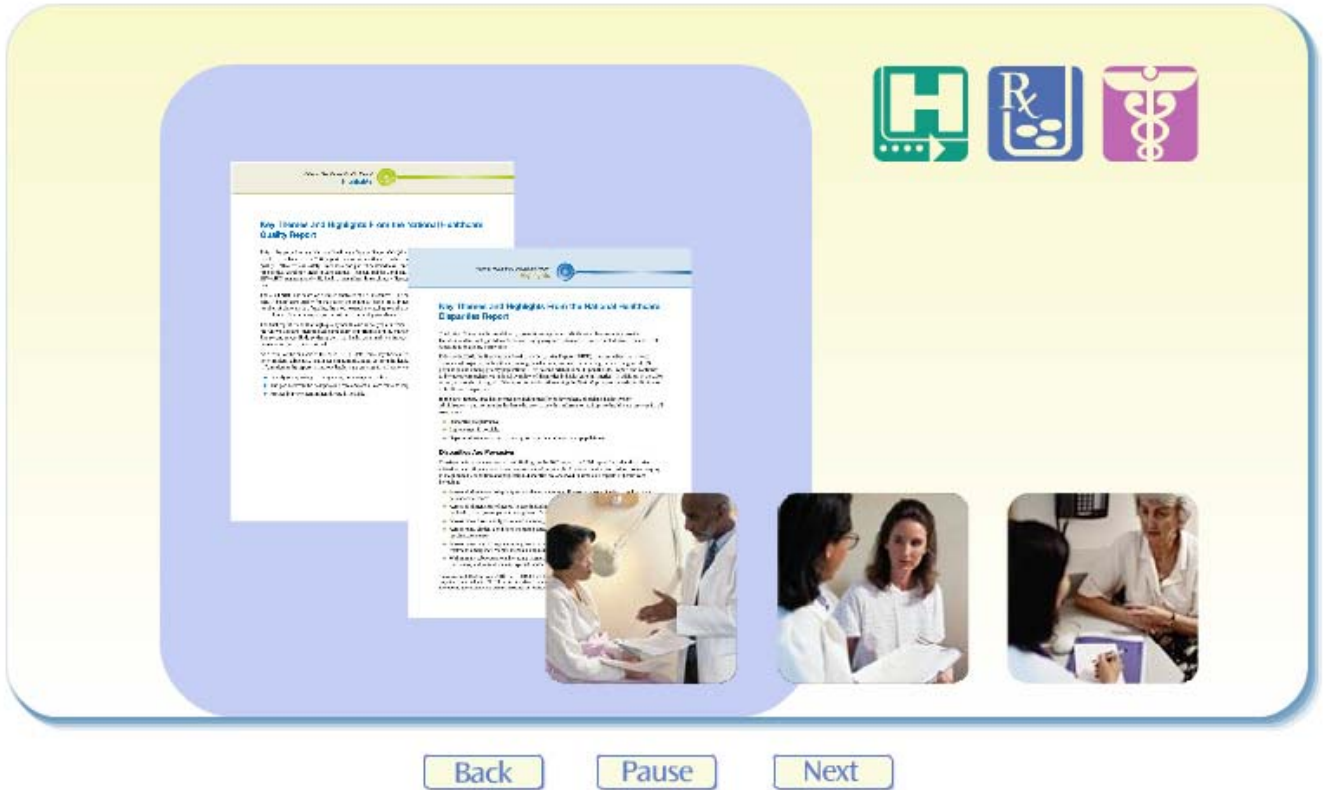


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Data items such as health conditions or prescription medicines are edited to avoid inadvertent disclosure through the presence of rare characteristics.



Each year, MEPS data provide national estimates of how frequently people in the United States use different kinds of health care services and what is paid for those services.



Key Themes and Highlights From the National Healthcare Disparities Report

The United States health care delivery system is among the world's finest with outstanding providers, facilities, and technology. Many Americans enjoy easy access to care. However, not all Americans have full access to high quality health care.

Released in 2003, the first National Healthcare Disparities Report (NHDR) is a comprehensive national overview of disparities in health care among racial, ethnic, and socioeconomic groups in the general U.S. population and among priority populations. This second NHDR is built upon the 2003 report and continues to include a comprehensive national overview of disparities in health care in America. In addition, in the 2004 report, a second critical goal of the report is developed: tracking the Nation's progress towards the elimination of health care disparities.

In the 2004 report, three key themes are highlighted for policymakers, clinicians, health system administrators, and community leaders who seek to use this information to improve health care services for all.

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Information from the study contributes to discussion of important health policy issues and to the evaluation of alternative ideas for improving the health care system.

Americans:

- Disparities are pervasive.
- Improvement is possible.
- Gaps in information exist, especially for specific conditions and po



Disparities Are Pervasive

Consistent with extensive research and findings in the 2003 report, the 2004 report finds that disparities related to race, ethnicity, and socioeconomic status¹ pervade the American health care system. While varying in magnitude by condition and population, disparities are observed in almost all aspects of health care, including:

- Across all dimensions of quality of health care including effectiveness, patient safety, timeliness, and patient centeredness.
- Across all dimensions of access to care including getting into the health care system, getting care within the health care system, patient perceptions of care, and health care utilization.
- Across many levels and types of care including preventive care, acute care, and chronic care.
- Across many clinical conditions including cancer, diabetes, end stage renal disease, heart disease, and respiratory diseases.
- Across many care settings including primary care, dental care, mental health care, substance abuse treatment, emergency rooms, hospitals, and nursing homes.
- Within many subpopulations including women, children, elderly, persons with disabilities, residents of rural areas, and individuals with special health care needs.

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Annual MEPS data allow researchers to study how the changes and trends in health care that occur over time affect individuals and families.

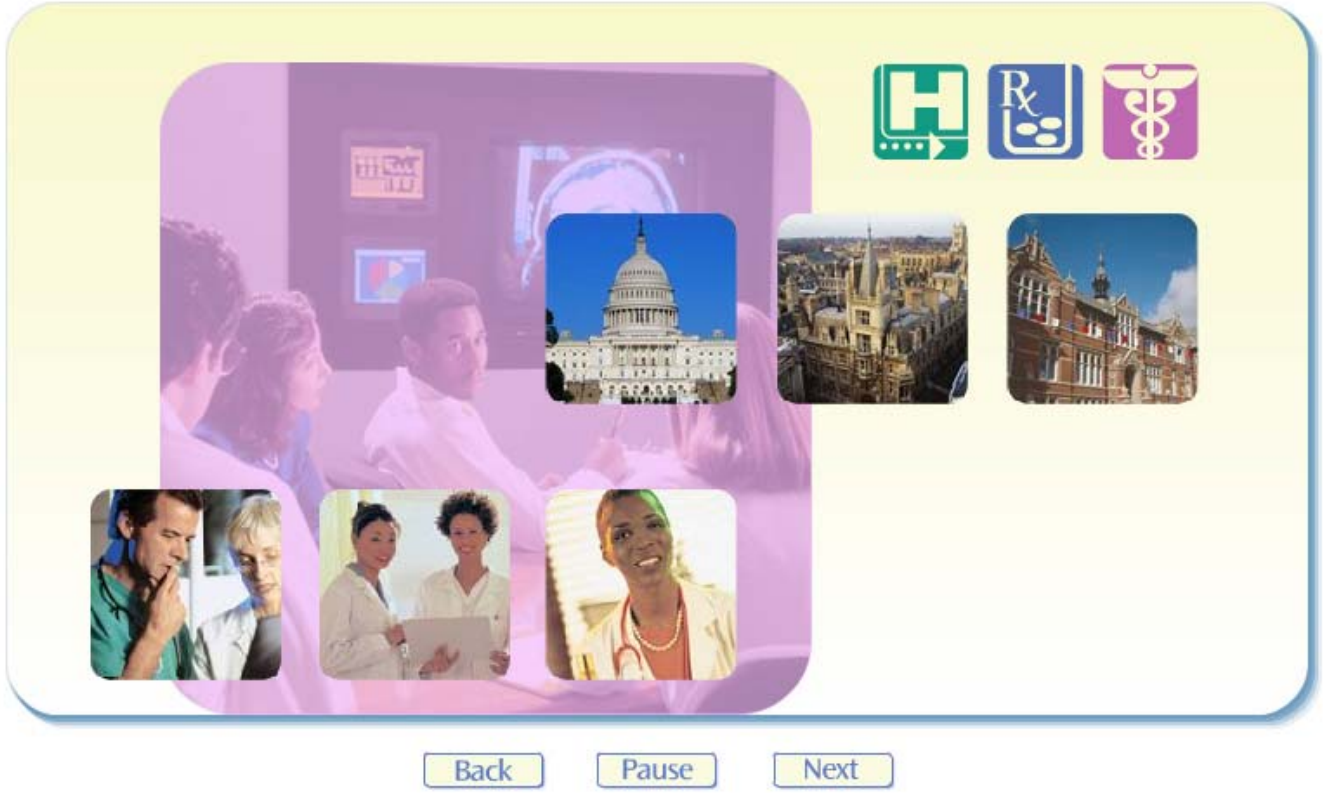


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MEPS data are used by a wide variety of people in both the private and public sectors.



Hospitals, health care planners, and Federal, state, and local governments use MEPS data.

STATISTICAL BRIEF #80

The Five Most Costly Medical Conditions, 1997 and 2002: Estimates for the U.S. Chronic Nonfatal and Fatal Population



David C. Daley, PhD and others, © Chronic DISEASE

Highlights

- Five costly conditions—heart disease, cancer, stroke, chronic lung disease, and diabetes—accounted for 40 percent of total U.S. health care expenditures in 2002.
- Expenditures for these five conditions increased 10 percent from 1997 to 2002.
- Expenditures for these five conditions increased 10 percent from 1997 to 2002.
- Expenditures for these five conditions increased 10 percent from 1997 to 2002.

Important findings from the study are published in journals and as separate reports. (Many are available on this website.)-

What kinds of questions does MEPS address?



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What kinds of questions does MEPS address? Here are a few examples of questions examined with MEPS data:

Have practices for prescribing antibiotics for children changed over time?

**Antibiotic use by children age 14 years and under:
United States, 1996-2001**

1996	1997	1998	1999	2000	2001
39%	33.7%	30.6%	28.9%	28.6%	29.0%

Source: AHRQ, Medical Expenditure Panel Survey, 1996 - 2001

MEPS data tells us from 1996 to 2001, the proportion of children who used an antibiotic during the year declined from 39 percent to 29 percent.

Which medical conditions are the most expensive to treat?



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Which medical conditions are the most expensive to treat?

**Expenditures for the five most expensive conditions,
1997 and 2002 (in thousands of 2002 dollars)**

	Heart Conditions	Cancer	Trauma	Mental Disorders	Pulmonary Conditions
2002	\$67,621	\$55,423	\$53,748	\$36,195	\$35,272
1997	\$70,002	\$48,425	\$55,834	\$47,508	\$45,263

Source: AHRQ, Medical Expenditure Panel Survey, 1997 and 2002

In terms of health care expenditures, the five most costly chronic diseases and acute conditions affecting the U.S. community population in 1997 and 2002 included heart conditions, cancer, trauma, mental disorders, and pulmonary conditions.

Total prescription drug expenditures for the U.S. civilian noninstitutionalized population (in billions of dollars)

1996	1997	1998	1999	2000	2001	2002
\$65.3	\$72.3	\$78.0	\$94.2	\$103.0	\$134.1	\$150.6

Source: AHRQ, Medical Expenditure Panel Survey, 2002

How have expenditures for prescription drugs changed over time?
The total prescription drug expenditures rose more than 130% from 1996 to 2002.

The logo for the Medical Expenditure Panel Survey (MEPS), featuring the letters 'MEPS' in a bold, blue, sans-serif font with horizontal lines through the letters.

Medical Expenditure Panel Survey

www.MEPS.AHRQ.GOV

Medical Provider Component



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For much more information about uses of MEPS data, or for access to MEPS data for your own research, continue to navigate on this website when the video has ended. Thanks for watching this introduction to the MEPS Medical Provider Component. If contacted by the study, we hope that you and your organization will cooperate with us in this important national research effort. Your participation is vital to the success of the Medical Expenditure Panel Survey. Thank you.