

MEPS

Medical Expenditure Panel Survey



Medical Care Provider Participants' Corner



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1. What is the Medical Expenditure Panel Survey?

The Medical Expenditure Panel Survey (MEPS) is a nationwide study conducted to learn more about the health care services people use, the charges for those services, and how those services are paid for. MEPS is conducted annually by the U.S. Public Health Service through the Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention. Major components of MEPS include surveys of:

- a nationally representative sample of households;
- hospitals, physicians, and other medical providers including pharmacies reported by the household participants; and
- providers of health insurance.

MEPS is the most complete source of data available on health care use and expenses in the United States.

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2. Who is sponsoring the study?

This study is sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC). Both organizations are part of the U.S. Public Health Service.

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3. How is Westat involved in MEPS?

Westat, a social science research firm, is working under contract with the U.S. Public Health Service to collect the data for MEPS.

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4. Why is the government conducting this survey?

The U.S. Public Health Service is committed to improving the nation's health care system. In recent years, many important changes have taken place in:

- the ways people choose their providers of medical care;
- the ways in which health care is paid for; and
- the kinds of health insurance plans available and the services covered by those plans.

These and other changes have created a critical need for continuous up-to-date information on the types of health care people obtain and how this care is paid for. MEPS is designed to provide this information to the public, the health care community, and leaders in government and the private sector.

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5. Doesn't the government already have this information?

Although the government does sponsor a variety of studies of health care, none of them matches the unique design of MEPS. By combining information from medical providers with information from a nationally representative sample of the general population, MEPS provides researchers with a rich and comprehensive source of data that can be used to estimate health care measures for the country as a whole. Moreover, its continuing design makes MEPS a valuable resource for tracking changes over time.

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6. What will happen to the data collected in this study?

MEPS data are used by a wide variety of researchers and policy analysts in both the private and public sectors. After individually identifying information has been removed, MEPS data are made available to researchers through an annual series of Public Use Files. The series includes files with data on health insurance coverage at a point-in-time, the use of health care services during the calendar year, and expenditures for health care during the calendar year. Additional files provide information on health care events, health conditions, employment characteristics, and other aspects of the MEPS household samples.

Staff at the Agency for Healthcare Research and Quality, the agency with primary responsibility for the project, provide a wide range of services to support users of MEPS data.

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7. Will the information collected be used to regulate fees?

The legislation authorizing this study specifies that the data be collected for research purposes. It is designed to provide government policy makers and private researchers with accurate information about the rapidly changing health care situation in this country and to inform decisions made about health care policy.

The study is **not** being conducted to assess the charging practices of specific medical providers or pharmacies or to support any specific regulatory purpose. By law, the identity of the individual medical providers, pharmacies, and patients who participate in the study cannot be released to persons outside the sponsoring agencies without specific written authorization.

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8. Will this information be kept confidential?

The confidentiality of data collected for MEPS is protected by Federal law under Sections 924(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 242m(d)]. Identifying information collected for the study cannot be released without the permission of the individuals or establishments who provided the information.

Personal identifying information such as names or addresses are removed before information from the survey is made available to researchers. Findings are published in statistical summaries and tables and micro-data is released on “public use” data files.

Users of MEPS Public Use Data Files are subject to a data use agreement that stipulates data can only be used for statistical analysis. Non-compliance violates Title 18 part 1 Chapter 47 Section 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

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9. What should be done with the Authorization Forms?

There is no study requirement that you keep the authorization forms. You may handle them in accordance with your privacy procedures.

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10. Has MEPS been reviewed by an Institutional Review Board (IRB)?

MEPS has been reviewed and approved by the Westat IRB, established under a multi-project assurance (MPA M-1531) granted by the Office for Protection from Research Risks, (OPRR). The project is reviewed and the approval renewed annually.

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11. We gave you information last year. Why are you calling again?

The Medical Expenditure Panel Survey is a continuing data collection effort designed to track changes in health status, use of health care services, costs for health care and access to health care. Each year a new sample of households is selected to provide data for the study for two full calendar years. And each year the MEPS Medical Provider Component contacts the pharmacies/hospitals/medical providers reported by the household participants. A provider may be contacted in successive years if a household reports receiving care in consecutive years or if households in a new sample report seeing the same providers as households in a previous sample.

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12. We are too busy to participate.

We appreciate the many demands made for the time and attention of MPC participants and designed the study to minimize the effort required to provide this critically needed information. The design allows for information to be given by the phone or through the mail, and MEPS staff are prepared to work with providers to facilitate their participation.