

Medical Expenditure Panel Survey

Health Care Utilization And Expenditures Data

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Health Care Utilization

- Utilization is called an "event" in MEPS
 - Event is a catch-all term for
 - Hospital and office-based medical provider visits
 - Dental visits
 - Purchases and refills of prescribed medicines
 - Home health care
 - Purchases of certain types of medical supplies and equipment
- Each event in MEPS is a unique record based on householdreported utilization data



Event Types

- Hospital Inpatient Stays (IP)
- Emergency Room Visits (ER)
- Outpatient Department Visits (OP)
- Office-Based Medical Provider Visits (OB)
- Dental Visits (DV)
- Prescription Medicine Purchases (RX)
- Home Health Care (HH)
- Other Medical Expenses (OM)



Health Care Expenditures

Collected at the event level

- Represent payments to providers of the health care
- Payments are shown by source, e.g., the individual, a private insurance plan, or a public program

Total expenditure is the sum of payments by all sources



Sources of Expenditure Data

Expenditures derived from two sources

- Household component (HC) of MEPS
- Medical provider component (MPC) of MEPS
- MPC data used to replace or supplement household -reported expenditures
- Incomplete data on expenditures for an event is imputed - no missing values



MPC Data

Collected for:

- Physician Office Visits
- Outpatient Department Visits
- Hospital Inpatient Stays
- Emergency Room Visits
- Prescribed Medicines (Pharmacy Component)
- Home Health Agency Care
- Not collected for:
 - Non-physician Office Visits
 - Dental Visits
 - Home Health Independent Providers
 - Other Medical Expenses



Event File Expenditures

Expenditure variables

Sources of data

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Source of Payment Categories

- Self or family (SF)
- Medicare (MR)
- Medicaid (MD)
- Private insurance (PV)
- Veterans (VA)
- **TRICARE (TR)**

- Other federal gov't (OF)
- State or local gov't (SL)
- Worker's comp (WC)
- Other private (OR)
- Other public (OU)
- Other insurance (OT)



Expenditures for Hospital Care (IP, ER, and OP Events)

Facility Expenditure Variables

- evFSF04X, ..., evFOT04X
- evFXP04X (total facility payments)
- evFTC04X (total facility charge)
- Separately Billing Doctor (SBD) Expenditure Variables
 - evDSF04X, ..., evDOT04X
 - evDXP04X (total SBD payments)
 - evDTC04X (total SBD charge)
- Total Charges and Expenditures for hospital event
 - evTC04X (evFTC04X + evDTC04X)
 - evXP04X (evFXP04X + evDXP04X)



Expenditures for OB, DV, OM, HH, and RX Events

12 Source of payment variables (evSF04X through evOT04X)

Total expenditure variable (evXP04X)
The sum of neuments by all courses

The sum of payments by all sources

Total charge variable (evTCH04X)

- The provider's charge before adjustment or discount
- Not included for RX events



General Expenditure Caveats

Flat fee events

Zero dollar events

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Flat Fee Payment Groups

What is a Flat Fee?

 A fixed dollar amount paid for a group of health care services (e.g., orthodontic care)

Flat fee structure

- Stem Initial medical visit expenditures
- Leaf subsequent medical visits zero expenditures



Flat Fee Variables

■ Flat Fee ID: FFEEIDX

■ Stem (1) or Leaf (2): FFevTYPE

Pre-2004 Events in group: FFBEF04

Post-2004 Events in group: FFTOT05



Zero Dollar Events

Leaf event in flat fee bundle from prior year

Bad debt

Free care

Post-operative care covered by a global surgical package



Expenditure Data Files

Full Year Consolidated File

- One record for each person in MEPS
- Summary of all events and expenditures
- No detail on expenditures for or characteristics of individual events
- Event Files (8)
 - One record for each reported event
 - Detail on expenditures for and characteristics of an event



Event File Detail

Common Variables

- Unique person/event ID
- Expenditures by source
- Total expenditure/charge
- Imputation flags
- Variance estimation variables
- Full year person weight

- Event specific variables
 - Type of provider
 - Medical conditions
 - Services/procedures
 - Date(s) of care
 - Reason for event
 - Any medicine prescribed



Inpatient Stay Information

Have operation?
Stay begin with ER visit?
Number of nights in hospital
Reason for stay (5 broad reasons)
Stay related to specific condition (yes or no)
VA facility?



Inpatient Stay File Caveats

Number of newborns in year

Mother/Newborn expenditures

IP stays beginning with an ER visit

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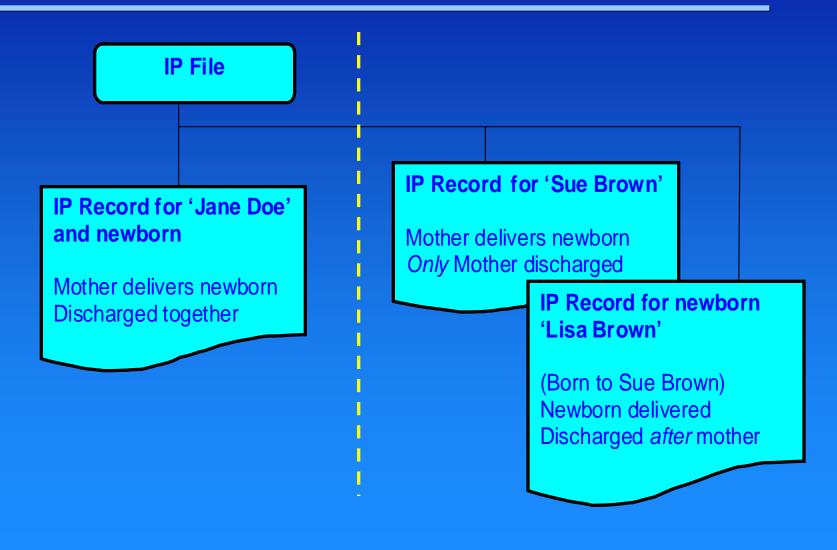


Number of Newborns

- Cannot use "reason entered hospital" to determine number of newborns in the calendar year
- RSNINHOS = 4 (to give birth to a baby) does not always indicate a live birth—false labor pains or a still birth
- Infants born during 2003 should be identified by using AGE03X = 0 in the Full Year Consolidated File



Mother/Newborn Expenditures





IP Stays Beginning with ER Visit

- EMERROOM is an unedited variable showing whether the IP stay began with an ER visit
- ERHEVIDX is a constructed variable identifying the corresponding ER event in the ER file
- In the 2004 IP file, only 562 of the 1,597 events identified as beginning with an ER visit could be linked to the corresponding event in the ER file.



IP Stays Beginning with ER Visit (cont'd)

- If ERHEVIDX is a valid ID, facility expenditures for the corresponding ER event are on the IP record
- The corresponding ER record can have separately billing doctor expenses but no facility expenses
 - ERFXP04X = \$0
 - ERDXP04X > \$0



Services Received During ER, OP or OB Visit

Laboratory tests
Sonogram/Ultrasound
X-ray
Mammogram
MRI/CAT SCAN
EKG/ECG
EEG
Vaccination
Anesthesia
Other tests or exams



Main Medical Provider (OP and OB Visits)

VA facility?
Specialty if a physician

33 specialties plus "other"

Type of provider if not a physician

17 types plus "other"



Main Medical Provider (OP and OB Visits)

Specialty if a physician: ALLERGY/IMMUNOLOGY ANESTHESIOLOGY **CARDIOLOGY (HEART) DERMATOLOGY (SKIN)** ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) **FAMILY PRACTICE** GASTROENTEROLOGY **GENERAL PRACTICE GENERAL SURGERY GERIATRICS (ELDERLY) GYNECOLOGY-OBSTETRICS HEMATOLOGY (BLOOD) HOSPITAL RESIDENCE INTERNAL MEDICINE (INTERNIST) NEPHROLOGY (KIDNEYS) NEUROLOGY** NUCLEAR MEDICINE

ONCOLOGY (TUMORS, CANCER) OPHTHALMOLOGY (EYES) ORTHOPEDICS OSTEOPATHY (DO) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) PATHOLOGY PEDIATRICIAN PHYSICAL MEDICINE/REHAB PLASTIC SURGERY PROCTOLOGY **PSYCHIATRY/PSYCHIATRIST** PULMONARY RADIOLOGY **RHEUMATOLOGY (ARTHRITIS) THORACIC SURGERY (CHEST) UROLOGY OTHER DR SPECIALTY**



Main Medical Provider (OP and OB Visits)

Type of provider if not a physician: **CHIROPRACTOR DENTIST**/ **DENTAL CARE PERSON** MIDWIFE **NURSE/NURSE** PRACTITIONER **OPTOMETRIST** PODIATRIST **PHYSICIAN'S ASSISTANT PHYSICAL THERAPIST OCCUPATIONAL** THERAPIST

PSYCHOLOGIST SOCIAL WORKER **TECHNICIAN** ACUPUNCTURIST **MASSAGE THERAPIST HOMEOPATHIC/ NATUROPATHIC/ HERBALIST ALTERNATIVE** COMPLEMENTARY **CARE PROVIDER**



Treatments During an OP or OB Visit

Physical therapy

- Occupational therapy
- Speech therapy
- Chemotherapy
- Radiation therapy

- Kidney dialysis
- IV therapy
- Treatment for drug or alcohol
- Received allergy shot
- Psychotherapy or counseling



File includes information on 3 types of home health care providers:

- Formal providers such as home health agencies, hospitals, and nursing homes
- Paid independent providers
- Informal providers such as family and friends



What Is a Home Health Event?

 A home health event is a month of similar services provided by the same provider



- Type of home health worker was asked for home health care provided by an agency, hospital or nursing home
 - Check all that apply can have more than one type of worker on a single record, for example:
 - Nurses
 - Physical therapists
 - Home health aides
 - Homemakers
 - Hospice workers



Treatments, therapies and services variables

- For all home health events
 - Was event due to a hospitalization
 - Was event due to a condition
 - Was person helped with daily activities
 - Did person receive companionship services
 - Did person receive other type of services
- Additional variables on file for formal providers only

Was person taught how to use medical equipment

Did person receive medical treatment



Frequency of visits variables

- Weeks per month
- Days per week
- Days per month
- Summary variable number of home health days person received care in a month (HHDAYS)

Length of visits variables

- Times per day
- Length of visit (hours, minutes)



From where are the expenditure data derived? Home health agency, hospital, and nursing home Sampled at a rate of 100% for MPC No household responses Independent paid providers Not included in MPC Household responses only Informal providers No expenditure data



- each record represents a unique prescribed medicine purchase and includes drug characteristics associated with that purchase
- includes all prescribed medicines purchases reported by household respondents for the year (includes diabetic supply/equipment and insulin)
- Includes data collected from the household component and pharmacy component



Household Component (HC) variables collected in each round

- Medicine name
- Number of times purchased
- Used to treat a condition
- Date first used
- Pharmacy information
- Names of free samples
- Who files prescribed drug insurance claims



Pharmacy Component (PC)

- Sample of approximately 8,000 pharmacies per year
- Need signed permission form from respondent
- Telephone and mail contact
- Ask for computerized printout or "patient profile" to include:
 - Date filled
 - National drug code (NDC)
 - Drug name
 - Drug characteristics
 - Sources and amounts of payment



Data Editing/Imputation

- Pharmacy Component used as edit/imputation source
- Generic codes assigned to each Household Component and Pharmacy Component event to assist with matching
- Utilization is based on what the household reports
- Outliers, data inconsistencies and missing data were identified and edited, as necessary



- Drug characteristics included for each prescribed medicine event
 - Medication name
 - National drug code (NDC)
 - Quantity dispensed (e.g., 50)
 - Form (e.g., suspension)
 - Strength (e.g., 10)
 - Unit of measurement of form (e.g., cc) and strength (e.g., mg)
 - Brand/generic designation (from Multum Lexicon)
 - Therapeutic class, sub-class, and sub sub-class (from Multum Lexicon)
 - Pregnancy category (from Multum Lexicon)



- Additional information included for each prescribed medicine record
 - Round purchased
 - Date prescribed medicine was first taken
 - Type(s) of pharmacy
 - Conditions associated with prescribed medicine
 - Sources and amounts of payment
 - Total payment



Caveats of the Prescribed Medicines File

Does not include expenditure imputation flag
 Does not include a total charge variable
 Does not include flat fee

variables



Type of Provider Seen in Dental Visit

- General dentist
 Orthodontist
- Dental Hygienist Endodontist
- Dental Technician Periodontist
- Dental Surgeon Other



Dental Services and Procedures

- Diagnostic or preventative
- Restorative or endodontic
- Periodontic
- Oral surgery
- Prosthetics
- Orthodontics
- Other procedures



Other Medical Expenses

- **Glasses/contacts**
- Insulin/diabetic supplies
- Ambulance services
- Orthopedic items
- Hearing devices

- Prostheses
- Medical equipment
- Disposable supplies
- Bathroom aids
- Home alterations



OM Data Collection

- Not included in MPC
- Expenses are collected in Round 3 as a summary for the entire year

Exceptions -- collected every round
 Glasses
 Insulin and diabetic supplies



OM File Caveats

A record can represent 1 or more purchases of an item or service; e.g.,

 A \$1,000 expenditure for ambulance services represents an unknown number of trips

Not linked to conditions

 It is not known which condition required the use of an ambulance



OM File Caveats (cont'd)

Purchases of insulin and diabetic supplies are shown on the OM file

Expenditures for the insulin and diabetic supplies are shown on the Prescribed Medicines File

All expenditure variables for insulin and diabetic supplies on the OM file have a value of "-1"