

MEPS HC-225 Panel 24 Longitudinal Data File

September 2022

Due to the COVID-19 pandemic, 2020 data collection moved primarily to phone rather than in-person. This posed a challenge in Panel 25 Round 1, which is difficult to start via phone, resulting in a low response rate. To balance this and increase the number of completes to be comparable to previous years, Panels 23 and 24 were extended to nine rounds of data collection. Phone data collection and the challenges of the pandemic present concerns about data quality. Please take this into consideration when comparing to or pooling with previous years.

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Table of Contents

<u>Section</u>	<u>Page</u>
A. Data Use Agreement	A-1
B. Background	A-1
1.0 Household Component.....	B-1
2.0 Medical Provider Component	B-1
3.0 Survey Management and Data Collection	B-2
C. Technical and Programming Information	C-1
1.0 General Information.....	C-1
2.0 Data File Information.....	C-1
2.1 Variables.....	C-2
2.1.1 Variables from Annual Full-Year Consolidated Files	C-2
2.1.2 Constructed Variables for Selection of Group	C-5
2.1.3 Estimation Variables	C-6

A. Data Use Agreement

Individual identifiers have been removed from the micro-data contained in these files. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases is prohibited by law.

Therefore in accordance with the above referenced Federal Statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis; and
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director Office of Management AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity; and
3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey. Furthermore, linkage of the Medical Expenditure Panel Survey and the National Health Interview Survey may not occur outside the AHRQ Data Center, NCHS Research Data Center (RDC) or the U.S. Census RDC network.

By using these data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government 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.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

1.0 Household Component

The Medical Expenditure Panel Survey (MEPS) provides nationally representative estimates of health care use, expenditures, sources of payment, and health insurance coverage for the U.S. civilian non-institutionalized population. The MEPS Household Component (HC) also provides estimates of respondents' health status, demographic and socio-economic characteristics, employment, access to care, and satisfaction with healthcare. Estimates can be produced for individuals, families, and selected population subgroups. The panel design of the survey typically includes five rounds of interviews covering two full calendar years. In 2020, in order to increase the number of completed interviews, the panel design has been extended to include seven rounds of interviews covering three full calendar years. The panel design of MEPS provides data for examining person level changes in selected variables such as expenditures, health insurance coverage, and health status. Using computer assisted personal interviewing (CAPI) technology, information about each household member is collected, and the survey builds on this information from interview to interview. All data for a sampled household are reported by a single household respondent.

The MEPS-HC was initiated in 1996. Each year a new panel of sample households is selected. Because the data collected are comparable to those from earlier medical expenditure surveys conducted in 1977 and 1987, it is possible to analyze long-term trends. Each annual MEPS-HC sample size is about 15,000 households. Data can be analyzed at either the person or event level. Data must be weighted to produce national estimates.

The set of households selected for each panel of the MEPS HC is a subsample of households participating in the previous year's National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics. The NHIS sampling frame provides a nationally representative sample of the U.S. civilian noninstitutionalized population. In 2006, the NHIS implemented a new sample design, which included Asian persons in addition to households with Black and Hispanic persons in the oversampling of minority populations. NHIS introduced a new sample design in 2016 that discontinued oversampling of these minority groups.

2.0 Medical Provider Component

Upon completion of the household CAPI interview and obtaining permission from the household survey respondents, a sample of medical providers are contacted by telephone to obtain information that household respondents cannot accurately provide. This part of the MEPS is called the Medical Provider Component (MPC) and information is collected on dates of visit, diagnosis and procedure codes, charges and payments. The Pharmacy Component (PC), a subcomponent of the MPC, does not collect charges or diagnosis and procedure codes but does collect drug detail information, including National Drug Code (NDC) and medicine name, as well as amounts of payment. The MPC is not designed to yield national estimates. It is primarily used as an imputation source to supplement/replace household reported expenditure information.

3.0 Survey Management and Data Collection

MEPS HC and MPC data are collected under the authority of the Public Health Service Act. Data are collected under contract with Westat, Inc. (MEPS HC) and Research Triangle Institute (MEPS MPC). Data sets and summary statistics are edited and published in accordance with the confidentiality provisions of the Public Health Service Act and the Privacy Act. The National Center for Health Statistics (NCHS) provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports, micro data files, and tables via the [MEPS website](#).

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857 (301-427-1406).

C. Technical and Programming Information

1.0 General Information

This documentation describes the Panel 24 longitudinal data file from the Medical Expenditure Panel Survey Household Component (MEPS-HC). Released as an ASCII file (with related SAS, STATA, SPSS, and R programming statements and data user information), a SAS data set, a SAS transport dataset, a STATA dataset, and an Excel file, this public use file provides information collected on a nationally representative sample of the civilian noninstitutionalized population of the United States for the two-year period 2019-2020. The file contains 2,761 variables and has a logical record length of 7,842 with an additional 2-byte carriage return/line feed at the end of each record.

This file consists of MEPS survey data obtained in Rounds 1-5 of MEPS Panel 24 and can be used to analyze changes over a two-year period. Variables in the file pertaining to survey administration, demographics, employment, health status, disability days, quality of care, patient satisfaction, health insurance and medical care use and expenditures were obtained from the MEPS 2019 and 2020 Full-Year Consolidated Files (HC-216 and HC-224, respectively).

The following documentation offers a brief overview of the contents and structure of the files and programming information. A codebook of all the variables included in the Panel 24 data file is provided in a separate file (H225CB.PDF). A database of all MEPS products released to date and a variable locator indicating the major MEPS data items on public use files that have been released to date can be found on the [MEPS website](#).

2.0 Data File Information

This public use file contains records for 9,797 persons in Panel 24 who were respondents for the period they were in-scope for the survey (i.e., a member of the civilian non-institutionalized population) during the two-year period. Only persons with positive person-level weights (PERWT19F or PERWT20F) are included in the longitudinal PUF data. Data are available for all five rounds for 93.1% of the cases (9,120). The remaining 6.9% (677 persons) do not have data for one or more rounds but were in-scope for all rounds they participated in the survey. These persons are those who were born, died, were in the military or an institution, or left the country during the two-year period. In contrast, persons in the panel who participated in the survey for only part of the period they were in-scope are not included in this file. To compensate for this attrition, adjustments were made in the construction of the panel weight variable included in this file (LONGWT). The codebook provides both weighted and unweighted frequencies for each variable on the data file. The LONGWT variable should be used to produce national estimates for the two-year period.

2.1 Variables

2.1.1 Variables from Annual Full-Year Consolidated Files

Most variables on this file were obtained from the MEPS 2019 and 2020 Full-Year Consolidated Files (HC-216 and HC-224, respectively). However, names for time dependent variables from these files were modified in order to: 1) eliminate duplicate variable names for data reflecting different time periods during the panel, and 2) standardize variable names to facilitate pooling of multiple MEPS panels for analysis.¹ Generally, annual variables with a suffix of “19” and “20” are renamed with a suffix of “Y1” and “Y2”, respectively. Variables with a suffix of “31”, “42”, and “53” are renamed with a suffix denoting the round the data was collected (i.e., “1”, “2” or “3” for variables originating from Rounds 1-3 on the 2019 full-year file and “3”, “4”, or “5” for variables originating from Rounds 3-5 on the 2020 full-year file).² It is necessary to use this crosswalk in conjunction with documentation for the 2019 and 2020 full-year consolidated files to obtain a full description of variables on this file. Table 1 below provides the crosswalk summarizing the scheme used for renaming variables from the annual files.

Table 1. Crosswalk of Variable Names between the Full-Year Consolidated Files and the Longitudinal File

Type of Variable	Full-Year Consolidated File Variable Name Suffix	Longitudinal File Variable Name Suffix	Specific cases or examples
Constant (i.e., not round or year specific)	No suffixes	No suffixes	All variables: BORNUSA=BORNUSA DOBMM=DOBMM DOBY=DOBY DUID=DUID PID=PID DUPERSID=DUPERSID EDUCYR=EDUCYR HIDE=HIDE HISPANX=HISPANX HISPNCAT=HISPNCAT HWELLSPK=HWELLSPK INTVLANG=INTVLANG OTHLGSPK=OTHLGSPK PANEL=PANEL PID=PID RACEAX=RACEAX RACEBX=RACEBX RACEWX=RACEWX

¹ A variable named PANEL is also included to facilitate pooling across panels. This variable is simply the panel number and is therefore constant across all records within a longitudinal file. The ten-character variable DUPERSID uniquely identifies each person represented on the file and is the combination of the variables DUID (PANEL + Dwelling Unit ID) and PID (Person Number).

² While Round 3 values were obtained for most observations from the 2020 Full Year Consolidated File, they were obtained from the 2019 Full Year Consolidated File for sample persons where YEARIND=2 (i.e., in 2019 only).

Type of Variable	Full-Year Consolidated File Variable Name Suffix	Longitudinal File Variable Name Suffix	Specific cases or examples
			RACEV1X=RACEV1X RACEV2X=RACEV2X RACETHX=RACETHX SEX=SEX VARPSU=VARPSU VARSTR=VARSTR WHTLGSPK=WHTLGSPK YRSINUS=YRSINUS
Annual, family related variables	YR	Y1 or YR1 Y2 or YR2	All variables: FAMIDYR=FAMIDYR1 (2019 file) FAMRFPYR=FAMRFPY1 (2019 file) FAMSZEYR=FAMSZYR1 (2019 file) FAMIDYR=FAMIDYR2 (2020 file) FAMRFPYR=FAMRFPY2 (2020 file) FAMSZEYR=FAMSZYR2 (2020 file)
Annual, CPS family identifiers	No suffix	Y1 Y2	All variables: CPSFAMID= CPSFAMY1 (2019 file) CPSFAMID= CPSFAMY2 (2020 file)
Annual, health insurance eligibility units	No suffix	Y1 Y2	All variables: HIEUIDX=HIEUIDY1 (2019 file) HIEUIDX=HIEUIDY2 (2020 file)
Annual, in-scope variables	No suffixes	YR1 YR2	All variables: INSCOPE=INSCPYPY1 (2019 file) INSCOPE=INSCPYPY2 (2020 file)
12/31 status variables	1231 in 2019 file 1231 in 2020 file	Y1 Y2	All variables: FAMS1231=FAMSY1 (2019 file) FCRP1231=FCRPY1 (2019 file) FCSZ1231= FCSZY1 (2019 file) FMRS1231= FMRSY1 (2019 file) INSC1231=INSCY1 (2019 file) FAMS1231=FAMSY2 (2020 file) FCRP1231=FCRPY2 (2020 file) FCSZ1231= FCSZY2 (2020 file) FMRS1231= FMRSY2 (2020 file) INSC1231=INSCY2 (2020 file)
Annual	19, 19X, 19F, or 19C 20, 20X, 20F, or 20C	Y1, Y1X, Y1F, or Y1C Y2, Y2X, Y2F, or Y2C	Examples: TOTEXP19=TOTEXPY1 AGE19X=AGEY1X TOTEXP20=TOTEXPY2 AGE20X=AGEY2X

Type of Variable	Full-Year Consolidated File Variable Name Suffix	Longitudinal File Variable Name Suffix	Specific cases or examples
Diabetes preventive care	1853, 1953, and 2053 in 2019 file 1953, 2053, and 2153 in 2020 file	Y0R3 for 2018 Y1R3 for 2019 Y2R3 for 2020 Y1R5 for 2019 Y2R5 for 2020 Y3R5 for 2021	Examples: DSEB1853=DSEBY0R3 (2019 file) DSEY1853=DSEYY0R3 (2019 file) DSEY1953=DSEYY1R3 (2019 file) DSEY2053=DSEYY2R3 (2019 file) DSEB1953=DSEBY1R5 (2020 file) DSEY1953=DSEYY1R5 (2020 file) DSEY2053=DSEYY2R5 (2020 file) DSEY2153=DSEYY3R5 (2020 file)
Job Change	3142 or 4253	12 for 2019 23 for 2019 34 for 2020 45 for 2020	All cases: CHGJ3142=CHGJ12 (2019 file) CHGJ4253=CHGJ23 (2019 file) YCHJ3142=YCHJ12 (2019 file) YCHJ4253=YCHJ23 (2019 file) CHGJ3142=CHGJ34 (2020 file) CHGJ4253=CHGJ45 (2020 file) YCHJ3142=YCHJ34 (2020 file) YCHJ4253=YCHJ45 (2020 file)
Cancer/ Cancer in remission ⁴	No suffixes ⁵	Y1 for 2019 Y2 for 2020	Example: CALUNG=CALUNGY1 (2019 file) CALUNG=CALUNGY2 (2020 file)
Age of Diagnosis	No suffixes ⁵	Y1 for 2019 Y2 for 2020	Example: CHDAGED=CHDAGY1 (2019 file) CHOLAGED=CHOLAGY1(2019 file) CHDAGED=CHDAGY2 (2020 file) CHOLAGED=CHOLAGY2 (2020 file)

2.1.2 Constructed Variables for Selection of Group

The following eight variables were constructed and included on the file to facilitate the selection of appropriate cases for various analyses. Table 2 below contains descriptive statistics for these variables.

YEARIND 1=both years, 2=in 2019 only, and 3=in 2020 only
ALL5RDS In scope and data collected in all 5 rounds (0=no, 1=yes)

⁴ Starting in 2010, variables were added to indicate whether each reported cancer was in remission.

⁵ To maintain a previously implemented 8-character naming convention, some variable names had the last character or two dropped in the renaming process.

DIED	Died during the two-year survey period (0=no, 1=yes)
INST	Institutionalized for some time during the two-year survey period (0=no, 1=yes)
MILITARY	Active duty military for some time during the two-year survey period (0=no, 1=yes)
ENTRSRVY	Entered survey after beginning of panel (mainly births; also includes persons who had no initial chance of selection who moved into a MEPS sample household) (0=no, 1=yes)
LEFTUS	Moved out of the country after beginning of panel (0=no, 1=yes)
OTHER	Not identified in any of the above analytic groups (0=no, 1=yes)

Table 2. Frequencies and Percentage for Constructed Variables

Variable	Number of Records	Percentage of Records (N=9,797)
YEARIND=1 (i.e., person in both years)	9,569	97.7
ALL5RDS=1 (yes)	9,120	93.1
DIED=1 (yes)	211	2.2
INST=1 (yes)	29	0.3
MILITARY=1 (yes)	27	0.3
ENTRSRVY=1 (yes)	362	3.7
LEFTUS=1 (yes)	25	0.3
OTHER=1 (yes)	34	0.4

Following are examples of situations where these variables would be useful in selecting records for analysis:

- Analysts interested in working only with persons who were in-scope and had data for all five rounds of the panel should subset to cases where ALL5RDS=1.
- If a researcher wanted to include persons who were in-scope and had data for all five rounds of the panel as well as those in the survey at the beginning of the panel who subsequently died, then they would include cases where ALL5RDS=1 or (ENTRSRVY=0 and DIED=1).
- If a researcher wanted to include persons who were in-scope and had data for all five rounds of the panel as well as those who died in the second year of the panel, then they would include cases where ALL5RDS=1 or (DIED=1 and YEARIND=1).

2.1.3 Estimation Variables

Longitudinal Estimations for Panel 24

The file contains a weight variable (LONGWT) and variance estimation variables (VARSTR, VARPSU) that should be applied when producing national estimates for longitudinal analyses. For example, LONGWT applied to the 9,120 cases where ALL5RDS=1 produces a weighted population estimate of 307.0 million. This represents an estimate of the number of persons in the civilian noninstitutionalized population for the entire two-year period from 2019-2020. To obtain estimates of variability (such as the standard error of sample estimates or corresponding

confidence intervals) for estimates based on MEPS survey data, one needs to take into account the complex sample design of MEPS by specifying the estimation variables including stratum of sample selection (VARSTR), primary sampling unit (VARPSU) and longitudinal weight (LONGWT).

This longitudinal file also contains a longitudinal SAQ weight variable (LSAQWT). This weight variable should be used to perform longitudinal analyses involving any variables from the self-administered questionnaire (SAQ) which was administered to persons age 18 and older in both rounds 2 and 4 of the survey. The variable SAQRDS24 can be used to identify which persons have SAQ data for both versus only one of the two rounds. Table 3 below provides the estimated population size (i.e., the sum of LSAQWT values) for cases with only one round of SAQ data (i.e., SAQRDS24=0) and for cases with both rounds of SAQ data (i.e., SAQRDS24=1). The estimated population size for analyses based on the 4,737 cases with SAQ data for both rounds (i.e., SAQRDS24=1) is 229.3 million.

Table 3. Number of Respondents and Estimated Population Size for SAQ Analyses

Value of SAQRDS24	Description	Number of Respondents (Unweighted)	Estimated Population Size (Weighted by LSAQWT)
0	Persons with one round of SAQ data	5,060	23,602,504
1	Persons with both rounds of SAQ data	4,737	229,285,551
Total	All SAQ respondents	9,797	252,888,055

Pooled Estimations

When analyzing subpopulations and/or low-prevalence events, it may be necessary to pool together data from multiple MEPS-HC panels to accumulate a large enough sample size for producing reliable estimates. To ensure accurate variance estimation in such pooled analyses, a consistent and appropriate variance structure must be applied.

MEPS longitudinal weight files for Panels 1–6 were released using panel-specific variance structures. Beginning with Panel 7, however, longitudinal files adopted a common variance structure. This common structure was subsequently revised starting with Panel 24.

To ensure correct variance estimation when pooling longitudinal files, the guidance below should be followed:

1. **Pooling within Panels 7–23 or within Panels 24 and beyond:**
Simply use the variance strata and PSU variables (**VARSTR**, **VARPSU**)⁶ provided on the longitudinal files.
2. **Pooling that involves either:**

⁶ Note that variable names for strata and PSU are VARSTR and VARPSU, respectively, in longitudinal files for Panel 9 and beyond. These variables were named differently in the longitudinal files for Panel 7 (VARSTRP7, VARPSUP7) and Panel 8 (VARSTRP8, VARPSUP8) and need to be standardized when pooling with subsequent panels.

- a) Any panel from Panels 1–6, or
- b) Any earlier panel in combination with Panels 24 and beyond:
Use the variance structure from the pooled linkage public use file [HC-036](#), which contains the appropriate consistent variance structure for such combinations.

The [HC-036](#) file is updated annually to include the correct variance structures through the most recent year. Additional information, including a summary chart outlining the appropriate variance structures for various pooling scenarios, can be found in the public use documentation for [HC-036](#) (see Page C-1 for the chart).

Notable Changes from Previous Longitudinal Files

The reference period for Panel 24 Round 5 is longer than the Round 5 reference period for previous panels. The extension of Panel 24 to nine rounds led to the fielding of Round 5 as a cross-year round where respondents were asked to provide information about the reference period between the Round 4 interview in 2020 and the Round 5 interview date in 2021. Thus, the Round 5 reference period generally ended in 2021.⁷ In previous panels, the Round 5 reference period ended on or before December 31 during respondents' second year of participation (for example, the Panel 23 Round 5 reference period generally ended on December 31, 2019).

The extension of Round 5 for Panel 24 may affect certain survey administration variables (e.g., PSTATS5), demographic variables (e.g., AGE5X), person-level condition variables, disability days indicator variables, access to care variables, employment variables, and health insurance variables with names ending in 5 or 5X. Variables in these categories may include transitions, events, or information that occurred in 2021. Users should be aware of this distinction when pooling and/or comparing data across panels. Income and tax filing variables, other health insurance variables, and utilization, expenditures, and sources of payment variables are not affected by the Round 5 extension and include data from 2020 only, consistent with previous longitudinal files. Please refer to the documentation for HC-224, the 2020 Full Year Consolidated File, for additional details about variable construction.

⁷ The end date of the reference period for a person is prior to the date of the interview if the person was deceased during the round, left the reporting unit (RU), was institutionalized prior to that round's interview, or left the RU to join the military.