



A Survey of Health Care Use and Spending



What Is MEPS?

The Medical Expenditure Panel Survey (MEPS) is a family of surveys on the financing and use of medical care in the United States. It is conducted by the Agency for Healthcare Research and Quality (AHRQ). MEPS collects data on:

- The health services that Americans use and how frequently they use them.
- The cost of these services and how they are paid for.
- Health insurance coverage.
- Household income and employment.
- The quality of health care.

The survey features five rounds of interviewing covering two full calendar years of information. This panel design makes it possible to determine how changes in respondents' health status, income, employment, eligibility for public and private insurance coverage, use of services, and payment for care are related.

All data for a household are reported by a single household respondent. At each interview, information is collected about each household member, and the survey builds on this information from interview to interview.

A new MEPS panel is initiated each year. MEPS data collection started in 1996. However, because the data are comparable to those from earlier medical expenditure surveys conducted in 1977 and 1987, it is possible to analyze long-term trends. Each annual sample size is about 15,000 households. Data must be weighted to produce national estimates. Data can be analyzed at either the person, family, or event level.

MEPS: A Family of Surveys

MEPS consists of three separate but related surveys.

Household Component (HC):

The MEPS HC uses the sampling frame from the National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics. This sampling frame provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of blacks, Asians, and Hispanics. In certain years, MEPS oversamples additional policy-relevant subgroups, such as children with disabilities or people likely to have high medical expenses. This design allows linkage back to the previous year's NHIS for purposes of analysis.

Medical Provider Component (MPC):

After obtaining permission from the HC respondents, medical providers are contacted by telephone. They provide information that household respondents cannot accurately provide: dates of visits, 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 the date the prescription was filled and sources and amounts of payment. The MPC is not designed to yield national estimates on its own. These data are primarily used to supplement or replace expenditure information reported by the household.

Insurance Component (IC):

The MEPS IC is conducted each year. It is an independent survey of private and public-sector employers to collect data on employer-sponsored health insurance. This survey provides annual national and State-level estimates of the supply and cost

of private health insurance available to American workers and is used to evaluate policy issues pertaining to health insurance. Data obtained in the IC include the number and type of private health insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Who Uses MEPS?

MEPS provides policymakers, health care administrators, businesses, and the press with timely information on the determinants of health care use, spending, quality, and insurance coverage. In fact, the Institute of Medicine has indicated that MEPS produces the most comprehensive data on America's use of health services and how health care is paid for. The Bureau of Economic Analysis uses national estimates of employer contributions to group insurance derived from the MEPS IC when computing the Gross Domestic Product (GDP).

Data Availability

The primary method of MEPS data dissemination is through the MEPS Web site. All public-use data files can be downloaded free of charge from the MEPS Web site: www.meps.ahrq.gov.

Besides being the primary source of MEPS public-use data files, the Web site contains:

- Useful background information on MEPS.
- Electronic versions of MEPS publications (Statistical Briefs, Methods Reports, Chartbooks, and Findings Reports).
- Information on the onsite data center.
- Copies of survey instruments.
- Tabular data.
- MEPSnet—an interactive query tool that facilitates the analysis of MEPS HC and IC data in a nonprogramming easy-to-use environment.

The Web site also allows users to subscribe to mailing lists and receive email notifications when new data products and publications are available.

Researchers are invited to sign up to participate in the MEPS list server. It is a moderated forum designed to facilitate free exchange of ideas and information about MEPS. Currently more than 400 data users have subscribed.

Periodically, MEPS user workshops are conducted. The Web site contains information on planned workshops and enrollment information.

For reasons of confidentiality, some of the MEPS data cannot be publicly released. To allow outside researchers selected access to these data, AHRQ has established an onsite data center. The AHRQ Data Center is located in Rockville, Maryland. Outside researchers whose research meets certain AHRQ criteria are allowed to use confidential data for research purposes only, under AHRQ supervision. They are not allowed to take confidential data off the AHRQ premises. Data Center researchers conduct their own analyses on stand-alone PCs with minimal assistance from AHRQ staff. Arrangements can also be made to utilize nonpublic MEPS data at Census Bureau Research Data Centers.

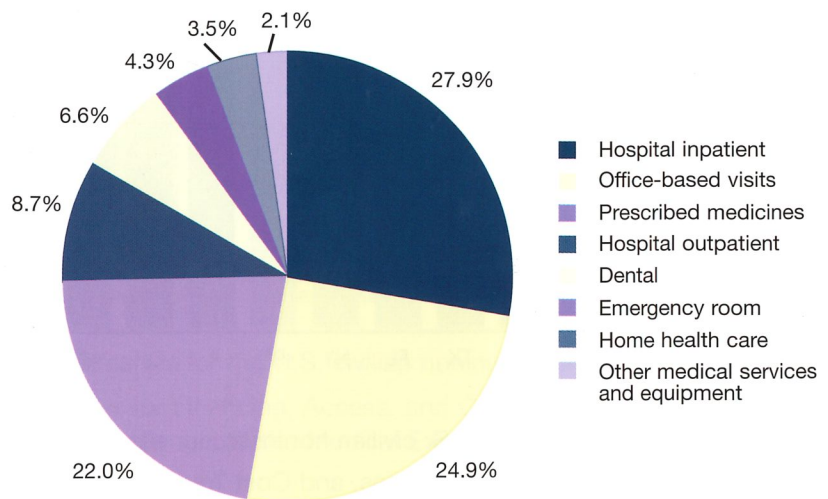
For more information and application procedures, see the Data Center section of the MEPS Web site.

Sample MEPS Findings

MEPS produces a variety of publications that summarize important health information. Selected findings from MEPS have garnered significant national media attention. Some examples are shown here.

In 2013, an estimated total of \$1.4 trillion was spent for health care. This total includes hospital inpatient and outpatient care, emergency room services, office-based medical provider services, dental services, and others.

Percentage distribution of health care spending, by type of service, U.S. noninstitutionalized population, 2013



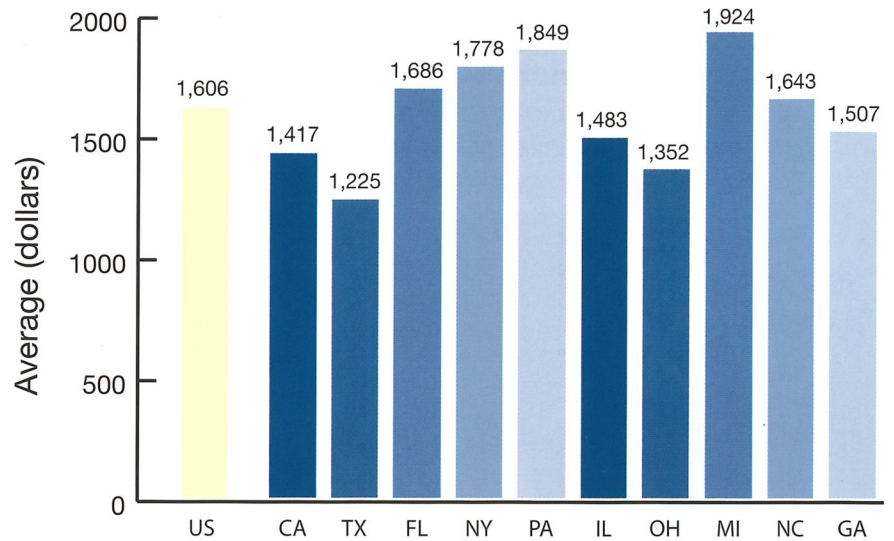
Total expenses = \$1.4 trillion

Note: Estimates are for the U.S. civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2013.

The national average expenditure for prescription drugs in 2013 for all persons who had an expenditure was \$1,606. The average expenditures for those in North Carolina (\$1,643), Florida (\$1,686), New York (\$1,778), Pennsylvania (\$1,849), and Michigan (\$1,924) were all higher than the national average.

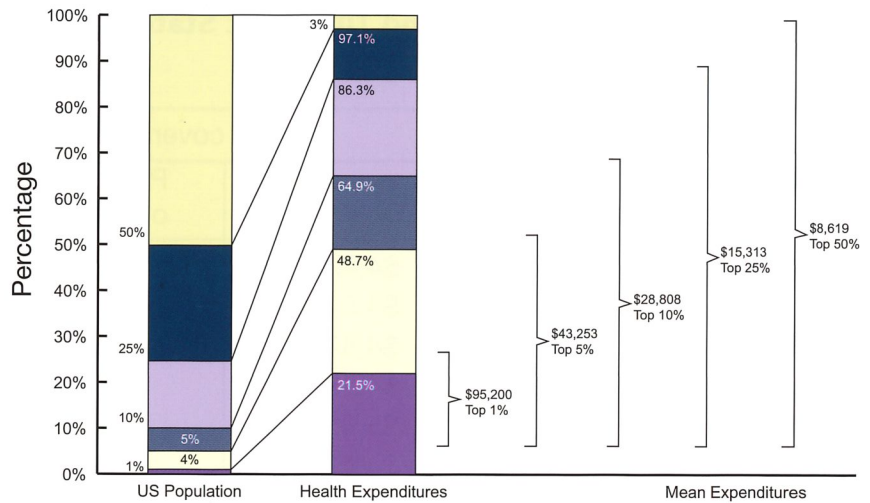
Average prescription drug expenditures for persons who had an expenditure in 2013, U.S. and 10 largest States



Note: Estimates are for the U.S. civilian noninstitutionalized population.
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2013.

In 2013, the top 1 percent of persons ranked by their health care expenses accounted for 21.5 percent of total health care expenditures with an annual mean expenditure of \$95,200.

Distribution of health expenditures for the U.S. population by magnitude of expenditure and mean expenditures, 2013



Note: Estimates are for the U.S. civilian noninstitutionalized population.
 Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2013.

Employee contributions for family premiums in Florida (\$5,653), Texas (\$4,892), North Carolina (\$4,685), California (\$4,518), Illinois (\$4,478) and Georgia (\$4,435) were higher than the national average of \$4,421; while those for Ohio (\$3,631), Michigan (\$3,968), Pennsylvania (\$4,017), and New York (\$4,232), were lower than the national average.

Average annual employee premium contributions for family health insurance coverage at private-sector establishments in 2013, U.S and 10 largest States

| State | Family coverage | |
|----------------------|-----------------|-----------------------|
| | Dollars | Percentage of premium |
| United States | \$4,421 | 27.6% |
| California | \$4,518 | 27.1% |
| Texas | \$4,892 | 30.5% |
| New York | \$4,232 | 24.1% |
| Florida | \$5,653 | 35.2% |
| Illinois | \$4,478 | 26.5% |
| Pennsylvania | \$4,017 | 25.1% |
| Ohio | \$3,631 | 22.8% |
| Michigan | \$3,968 | 26.0% |
| Georgia | \$4,435 | 30.0% |
| North Carolina | \$4,685 | 31.2% |

Note: Estimates are for the U.S. civilian noninstitutionalized population.
 Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2013.

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