



What is the household component of MEPS?

The Medical Expenditure Panel Survey (MEPS) is a unique nationwide study that provides vital information on health care use and costs for the U.S. Department of Health and Human Services. MEPS has been collecting data continuously since 1996.

It is the only survey of its kind to develop a complete picture of the Nation's health care by combining data from two dynamic sources – households in the United States and their medical care providers.

Because of this innovative design, MEPS is unparalleled for the amount of detailed information it can provide to the health care community and the Nation. Now, more than ever, the impact of COVID-19 highlights the importance of accurate data on health care in our country.

This survey is conducted for the U.S. Department of Health and Human Services.

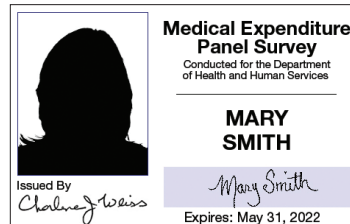
What if I have other questions?

If you have questions about this study, please call Alex Scott at this toll-free number: **1-800-945-MEPS (6377)**

To learn more about MEPS, we invite you to visit the web site of the Agency for Healthcare Research and Quality (www.ahrq.gov) or the web site the Agency maintains about this survey (www.meps.ahrq.gov) where you can access the Participants' Corner.

To learn more about Westat, visit www.westat.com.

Your interviewer will be wearing an identification badge that looks like this:



MEPS

Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services

MEPS
Medical Expenditure Panel Survey

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What is the survey about?

MEPS collects information about the use of medical care and about the costs and quality of that care. Individuals and families across the United States are asked about the medical care they receive and about other factors that affect their ability to get the medical care they need. The study also includes questions about age and education, health conditions, employment, health insurance, and other topics. Under the unique MEPS design, information collected from households is combined with information from the households' medical providers to provide a comprehensive picture of health care in the United States.

How is my household chosen?

Addresses across the entire U.S. are selected using scientific methods so that they represent all communities in the U.S. If your household is selected to participate in MEPS, you will represent thousands of other households like yours.

Does my family have to participate?

No. Participation in this survey is voluntary. At any time, you or any member of your household can decide not to participate or not to answer specific questions. If you choose not to participate, there is no penalty and your family will not lose any benefits to which you are entitled.

YOUR participation can make a difference

Who is conducting the survey?

The survey is being conducted for the Agency for Healthcare Research and Quality (AHRQ), part of the U.S. Department of Health and Human Services. AHRQ's mission is to produce evidence to make health care safer, more accessible, equitable, affordable, and of higher quality for all Americans. To make sure the evidence is understood and used, AHRQ works within the U.S. Department of Health and Human Services and other partners.

A team of trained interviewers from Westat, a national research company based in the Washington, DC area, conduct the interviews. All interviewers wear identification badges like the one on the back of this brochure and use laptop computers to record your answers to the survey.

What do I have to do?

If selected, the survey asks questions about health care visits, costs and payments for services, and information about your health care providers. Having notes or records of your family's health care makes it easier to answer the survey questions. We will contact you in advance of each interview and will be happy to schedule the interview at your convenience. Talking with a MEPS interviewer is an opportunity for valuable public service.

How do I know my answers will be kept confidential?

Because your rights to confidentiality are protected by law! This survey is authorized under 42 U.S.C. 299a. Privacy is protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure.

Personally identifiable information such as names and addresses is removed before survey information is released outside the U.S. Department of Health and Human Services.

How are the results used?

After the information is collected and compiled, AHRQ makes MEPS data available to public agencies and private entities of the health care community. The answers given by MEPS participants provide information that can be used to plan for future health care needs.

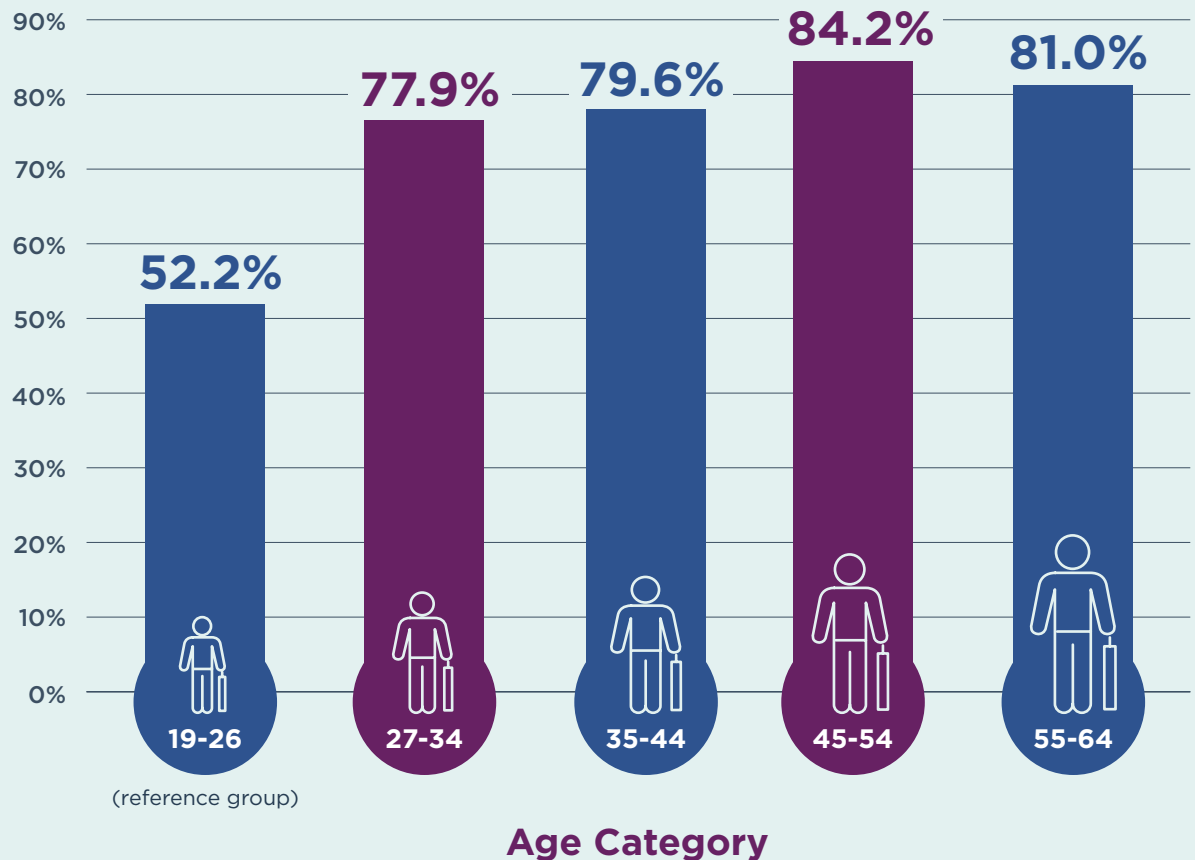
Data protection is word ONE with MEPS

Nothing is more important to us than protecting the personal information you share with the Medical Expenditure Panel Survey field representative. That is why we take a number of steps to ensure that no unauthorized persons will EVER have access to information that identifies you as a MEPS participant.

- **Each computer is password protected** – Passwords are changed at regular intervals.
- **Computer security is a major focus** – The field representative is trained to never leave the computer unattended or in plain view, even in a locked car. At home the computer is secured in an office and unavailable to other family members.
- **Information cannot be viewed or changed after the interview is complete** – Once the field representative completes the interview, he/she cannot review or change the information you provided.
- **No information that could identify survey participants is publicly released** – Information that could identify a survey participant (i.e., name; address) is removed before the data is made available to the public.
- **Pledge of confidentiality** – All contracting staff and government staff working on MEPS have signed an assurance of confidentiality agreement. If this assurance is violated, the violator is subject to penalties including fines and possible arrest.

What MEPS Tells Us: Prevalence of Paid Sick Leave Among Wage Earners

Paid Sick Leave (PSL) or Paid Vacation Leave (PVL), for U.S. Wage Earners, by Age, 2017



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2017.

- › Access to paid sick leave is an employment benefit that can provide financial support to families during periods when health difficulties, which may lead to increases in out-of-pocket spending, might otherwise result in lost earnings.
- › Older workers had more access to paid sick leave or vacation leave compared to younger workers aged 19-26.
- › Workers aged 45-54 had more access to paid sick leave or vacation leave than any other group, including workers aged 55-64.

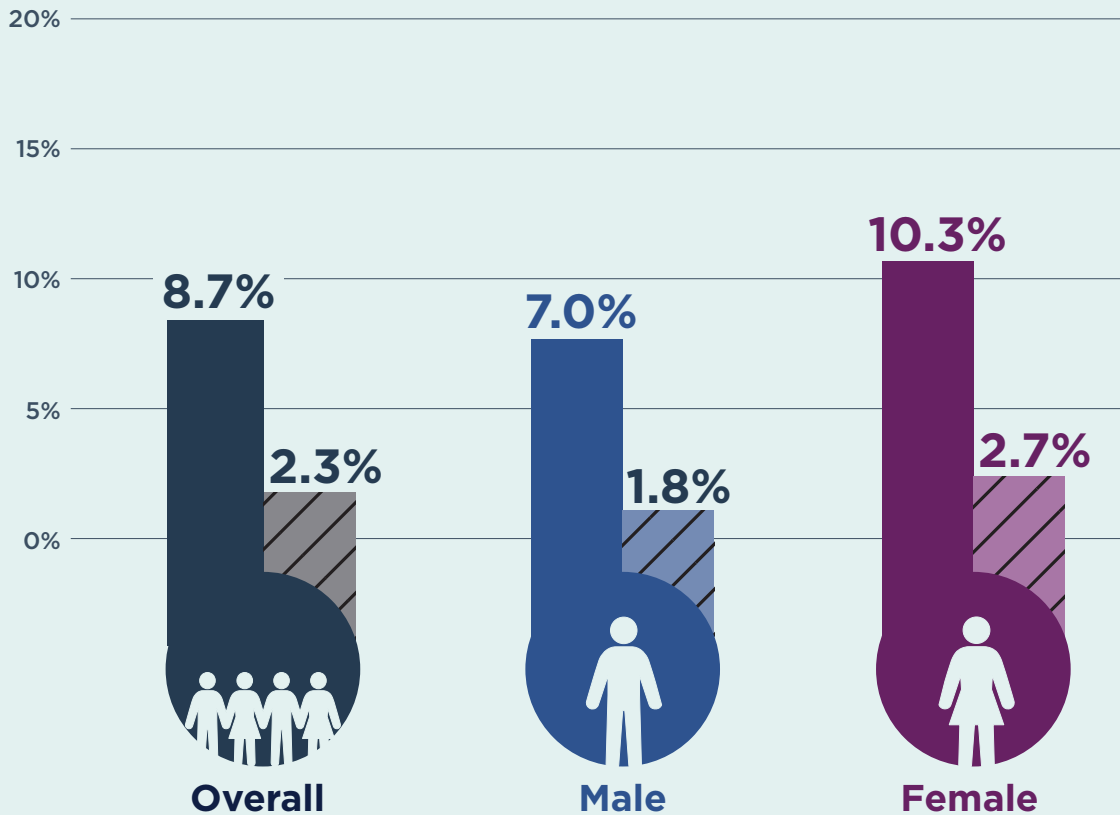
More Information



[Prevalence of Paid Sick Leave Among Wage Earners](#)

What MEPS Tells Us: Opioid Use

Average annual percentage of non-elderly adults who filled outpatient opioid prescriptions in 2018-2019, overall and by sex



- ● ● Any Opioid Use (fill at least 1 prescription a year)
- ● ● Frequent Opioid Use (fill 5 or more prescriptions a year)

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2018-2019.

- 】 Opioids are medicines commonly used to **treat pain**.
- 】 In the U.S., **8.7% of people age 18-64** fill at least one opioid prescription a year. Less than 2.5% are more frequent users—they fill 5 or more prescriptions a year.
- 】 **Women** are more likely to use opioids in general, and to use them more often.

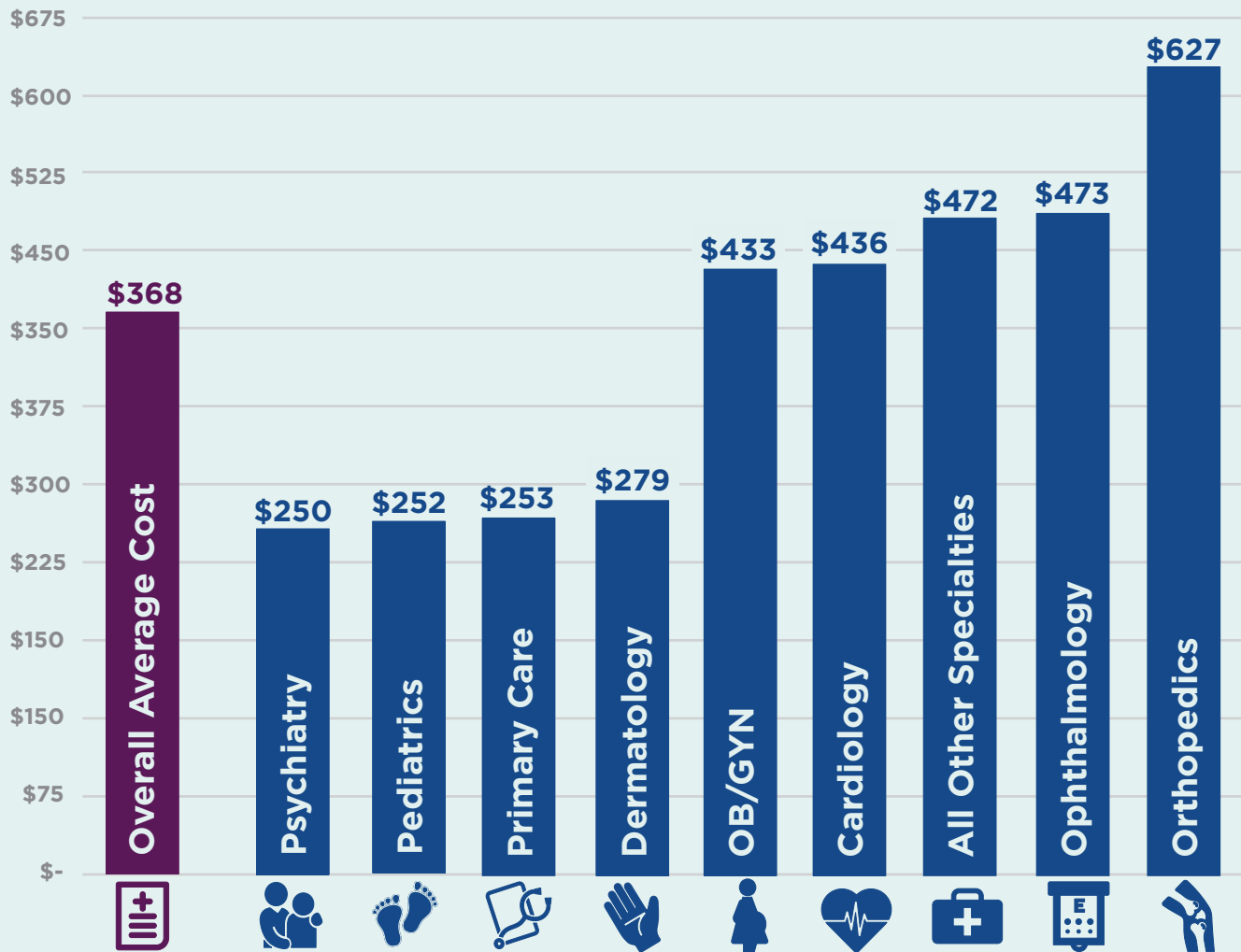
More Information



[Opioid Use Among Non-Elderly Adults](#)

What MEPS Tells Us: The Cost of Doctor Visits by Specialty

Mean expenses per office-based physician visit by specialty, 2021



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2021.

- › On average, a doctor's office visit in the U.S. costs **\$368**. That cost includes how much your insurance coverage—public or private—paid for, and how much you paid out of pocket.
- › The cost depends on the type of doctor you go to. As you can see here, there's a wide range.
- › Going to a pediatrician, psychiatrist, primary care, or dermatology provider costs less than average.
- › Going to a specialist like an ophthalmologist (eye doctor) or cardiologist (heart doctor) costs more than average.
- › Going to an orthopedist (doctors who treat bone injuries) costs the most—at an average of **\$627** per visit.

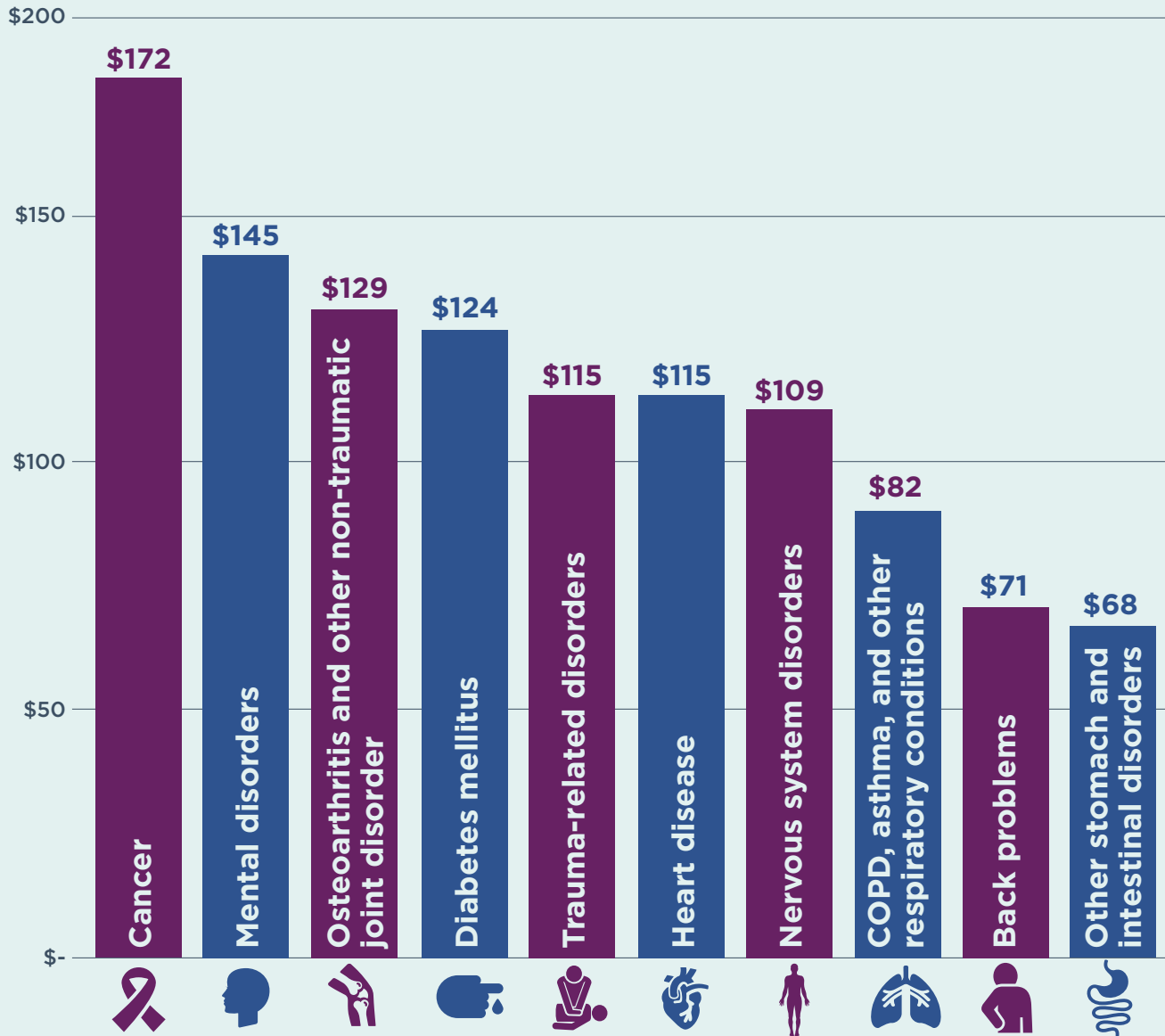
More Information



[2021 Office-Based Medical Provider Visits File](#)

What MEPS Tells Us: Top Ten Most Costly Conditions Among Adults

Expenditures (in billions) for all visits/ events for 10 most costly conditions, 2020



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2020.

- › In 2020, cancer, mental disorders, osteoarthritis and other joint disorders, and diabetes were among the top most costly conditions.
- › The highest condition-related expenditure total was for the treatment of cancer (\$172 billion). The other conditions in order of expenditures were mental disorders (\$145 billion), osteoarthritis and other joint disorders (\$129 billion), and diabetes (\$124 billion).

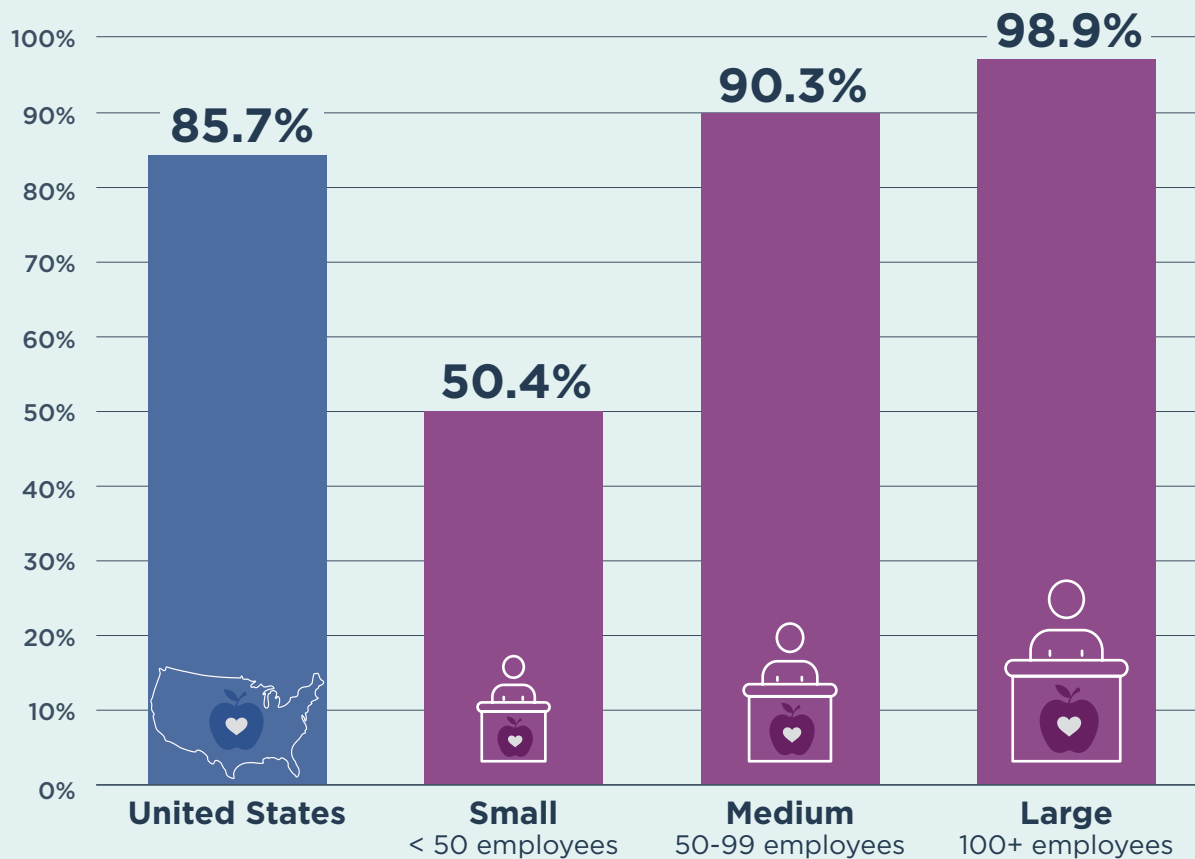
More Information



[MEPS Household Component Data Tools](#)

What MEPS Tells Us: Employer-Sponsored Health Insurance

Offer rate: Percentage of private-sector employees in establishments that offer health insurance, overall and by firm size, 2021



Source: Center for Financing, Access, and Cost Trends, AHRQ, Medical Expenditure Panel Survey-Insurance Component, private-sector establishments, 2008–2021.

- › Most people in the U.S.—**nearly 86%**—are offered health insurance by their employer. This number hasn't changed much in the last 10 years.
- › Large companies offer insurance to almost all their employees. This trend has also held steady since **2008**.
- › At small companies—with less than 50 employees—more than **60%** of employees in 2008 were offered health insurance. By **2021**, the number was down to **50%**.

More Information



[Trends in Health Insurance
at Private Employers](#)