



Health Care Expenses in the
United States, 1996

MEPS

Research #12 Findings

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



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Abstract

This report from the Agency for Healthcare Research and Quality presents descriptive data on health care spending in the United States. Data come from the 1996 Medical Expenditure Panel Survey (MEPS) and cover the civilian noninstitutionalized U.S. population. Information is given on total health care expenses combined and also for hospital inpatient services, ambulatory services, prescription medicines, dental services, home health services, and other medical equipment and supplies. The proportion of people with expenses; mean and median expenses; and the proportion of expenses paid by various sources, including out-of-pocket, Medicare, Medicaid, and private insurance, are shown for each type of service. In addition, distributions of expenses and sources of payment across the population are examined by selected demographic, socioeconomic, and health insurance characteristics.

The estimates in this report are based on the most recent data available from MEPS at the time the report was written. However, selected elements of MEPS data may be revised on the basis of additional analyses, which could result in slightly different estimates from those shown here. Please check the MEPS Web site for the most current file releases.

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The Medical Expenditure Panel Survey (MEPS)

Background

The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES) was conducted in 1977, the National Medical Expenditure Survey (NMES) in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features

include linkage with the National Health Interview Survey (NHIS), from which the sample for the MEPS HC is drawn, and enhanced longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for 2 calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the

HC. Also included in the MPC are all office-based physicians:

- Providing care for HC respondents receiving Medicaid.
- Associated with a 75-percent sample of households receiving care through an HMO (health maintenance organization) or managed care plan.
- Associated with a 25-percent sample of the remaining households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9 (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).
- Physician procedure codes classified by CPT-4 (Current Procedural Terminology, Version 4).
- Inpatient stay codes classified by DRG (diagnosis-related group).
- Prescriptions coded by national drug code (NDC), medication names, strength, and quantity dispensed.
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials.

Insurance Component

The MEPS IC collects data on health insurance plans obtained through private and public-sector employers. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, and employer characteristics.

Establishments participating in the MEPS IC are selected through three sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private-sector business establishments.
- The Census of Governments from the Bureau of the Census.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and other insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance. Beginning in 2000, national estimates of employer contributions to group health insurance from the MEPS IC are being used in the computation of Gross Domestic Product (GDP) by the Bureau of Economic Analysis.

The MEPS IC is an annual panel survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

Nursing Home Component

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and caregiving services for sampled nursing home residents were obtained from next-of-kin or other knowledgeable persons in the community.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sampling frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data collection over a 1½-year period using the CAPI system. Community data were collected by telephone using

computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample consisted of 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. 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 and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

Printed documents and CD-ROMs are available through the AHRQ Publications Clearinghouse. Write or call:

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Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Healthcare Research and Quality, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852 (301-594-1406).

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Health Care Expenses in the United States, 1996

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Introduction

The Medical Expenditure Panel Survey (MEPS) is the Nation's primary source of detailed, nationally representative data on medical care spending and sources of payment for the civilian noninstitutionalized population of the United States. One of the main objectives of the survey is to provide researchers and policymakers with data on the types of health care services Americans use, how frequently they use them, how much is paid for those services, and who pays what portion of the payments. Detailed information of this sort has not been available since the data from the 1987

The mean expense for people who had a medical expense was about \$2,400, but the median was less than \$559.

National Medical Expenditure Survey (NMES) were released in the early 1990s (for example, Hahn and Lefkowitz, 1992). Since that time, the health care system in the United States has undergone tremendous change, making the need for updated expenditure data critical. The rapid evolution of managed care, improvements in medical technologies and medical

practices, changes in reimbursement mechanisms, changes in the social insurance and safety net system, and increases in the number of uninsured have all contributed to changes in aggregate health care spending. In addition, these factors have contributed to changes in the distribution of expenses and sources of payments across the population.

This report presents descriptive data on spending in 1996 for hospital, office-based, home health, and other types of care by source of payment and characteristics of users. Data for all types of health care combined and for each type of service are presented: the proportion of people with expenses; mean and median expenses; and the proportion of expenses paid by various sources, including out-of-pocket, Medicare, Medicaid, and private insurance. In addition, distributions of expenses and sources of payment across the population are

examined by selected demographic, socioeconomic, and health insurance characteristics. Only differences between estimates that are statistically significant at the .05 level are discussed in the text. Detailed information on data sources and methods of estimation, along with definitions of the categories used in this report, are included in the Technical Appendix.

Type of Service

In 1996, about \$554 billion in payments were made for the health care services and supplies received by the approximately 269 million people in the U.S. civilian noninstitutionalized population. Table 1 shows that inpatient hospital care, the largest component, accounted for nearly 4 of every 10 dollars spent (38 percent), followed by ambulatory services, which accounted for about 1 in 3 dollars spent (33 percent). Prescribed medicines accounted for about 13 percent of the total. The remaining expenses were for dental care (8 percent), home health services (6 percent), and other medical services (3 percent).

A total of \$209.1 billion was paid for 25.1 million inpatient hospital stays for all people in the civilian noninstitutionalized population in 1996, and \$181.1 billion in payments were made for about 1.4 billion ambulatory visits to offices, clinics, and outpatient departments. In addition, a total of \$71.2 billion was paid for 2.2 billion acquisitions of prescribed medicines (including refills and free samples) and \$43.1 billion in expenses were incurred for nearly 295 million visits to dental professionals.

Total Expenses and Sources of Payment

In 1996, about 86 percent of the U.S. community population had medical expenses (Table 2). The average (mean) expense per person with expenses was \$2,398. However, half of all people with medical expenses had expenses of less than \$559 (the median

value). This large discrepancy between the mean and median values occurs because a small proportion of people incurred a disproportionately large share of medical expenses.

Third-party payers accounted for 82 percent of all health care expenses in 1996, while 18 percent were paid out of pocket. Private health insurance, which paid for about 45 percent of all expenses, was the largest third-party payer, followed by Medicare (21 percent) and Medicaid (9 percent).

Demographic Characteristics

The percent of people using health care services was highest among the elderly, who also had the highest per capita expenditures; 96 percent of those age 65 and over had expenses, with an average expense per person of \$5,644. In contrast, only 85 percent of people under 65 years of age had medical expenses, and their average expense was about one-third as large (\$1,865). The largest single payer of medical expenses for the elderly was Medicare, which paid for over half of their expenses (56 percent). For the non-elderly, private insurance was the largest payer, assuming half or more of total expenses in each age group under 65.

Ninety percent of children under age 6 incurred an expense for health services, compared with 83 percent of those aged 6-17. Private insurance was the largest single payer for both groups. However, the proportion paid out of pocket was substantially lower for children under 6 than for children 6-17 years old (10 vs. 28 percent), a disparity largely attributable to differences in the use of dental services.

A significantly higher percent of females than males had medical expenses (90 vs. 82 percent), and median expenses for females were \$224 higher than those for males. However, there was not a significant difference between males and females in average expenses per person, and the distributions by source of payment were generally similar.

Only three-quarters of blacks and Hispanics incurred expenses for health care services in 1996, compared to 89 percent of whites. A substantially higher percent of expenses for blacks and Hispanics than for whites was paid by Medicaid; a higher percent of expenses for whites than for blacks and Hispanics was paid out of pocket or by private health insurance. Among those with health care expenses, the average

expense was significantly higher for whites than for Hispanics (\$2,521 vs. \$1,666).

Neither the percent of the population with an expense nor the average annual expense per person varied significantly between metropolitan statistical areas (MSAs) and rural areas. However, private health insurance paid for a higher percent of expenses incurred by people living in urban areas. In contrast, Medicare paid for a higher proportion of expenses incurred by people in rural areas.

A slightly smaller proportion of people in the South and West than in other regions incurred a medical expense in 1996, yet average expenses per person did not vary significantly by region. Also, there were no dramatic differences in the distribution of expenses by source of payment among the regions.

Among people under 65 years of age, those reported to have fair or poor health were more likely to have incurred medical expenses than people in better health (92 vs. 84 percent), and their average per capita expenses were also substantially higher (\$6,438 vs. \$1,385). While the overwhelming majority of people age 65 and over had medical expenses in 1996, average expenses per person were substantially higher for elderly people in fair or poor health (\$9,729, compared to \$3,831 for elderly people in better health). Among the elderly, the Medicare and Medicaid programs paid for larger proportions of expenses incurred by those in fair or poor health, and larger proportions were paid out of pocket or by private health insurance for those in better health.

Insurance and Income

Among people under 65, only 63 percent of the uninsured had medical expenses, compared to 88 percent of those with private insurance coverage and 85 percent of those with public coverage at any time in 1996. The average expense per person with an expense was highest for those with public insurance (\$2,323) and lowest for the uninsured (\$942). About two-thirds of expenses for people under age 65 with public insurance were paid by the Medicaid program. Out-of-pocket payments constituted a substantially higher proportion of expenses for the uninsured (44 percent) than for people with private (20 percent) or public insurance (8 percent).

Among the population age 65 and over, people with Medicare and supplemental private insurance coverage

were slightly more likely to have expenses than Medicare beneficiaries with supplemental public insurance coverage or no supplemental coverage. Expenses were highest among people with combined Medicare and other public coverage; their average was \$7,727 per person with an expense, of which only 5 percent was paid out of pocket. Out-of-pocket spending was substantially higher for people with Medicare only (20 percent) and for those with Medicare plus additional private coverage (16 percent).

High-income individuals were more likely to have medical care expenses than those who were poor (91 vs. 80 percent). The proportions of expenses paid out of pocket and by private health insurance generally rose as income increased. Conversely, Medicaid paid for over one-quarter of total medical expenses for the poor (29 percent), but this percentage declined sharply with higher income.

Inpatient Hospital Services

The inpatient expenditure estimates shown in Table 3 include room and board and all hospital diagnostic and

Expenses for inpatient hospital and home health services were the highest, but relatively few people used these services.

laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays. As shown in the table, approximately 7 percent of the population had expenses for at least one inpatient hospital stay in 1996, with an average expense of \$11,492 per person for those

with inpatient expenses. The median expense per person with an expense was less than half that amount (\$5,330), reflecting the skewed distribution of expenses for inpatient care. The bulk of expenses were paid by private insurance (47 percent) and Medicare (32 percent), with relatively little paid out of pocket (2 percent).

Demographic Characteristics

The elderly were more likely than people in younger age groups to incur expenses for inpatient care, with almost 1 in 5 elderly people having inpatient expenses. In general, the elderly were more than three times as

likely to incur expenses as the non-elderly (18 vs. 5 percent). Average expenses per person, however, were not significantly higher for the elderly than for the non-elderly. About three-quarters of expenses for the elderly (77 percent) were paid by the Medicare program, but only 2 percent by Medicaid. In contrast, Medicare paid 6 percent of inpatient expenses for the population under 65, while Medicaid paid 15 percent. Moreover, although private insurance covered only 16 percent of inpatient expenses for the elderly, it paid nearly two-thirds of the expenses for the non-elderly.

Females were more likely than males to have inpatient expenses (8 vs. 6 percent), but average expense for those with an expense was higher for males (\$15,133 vs. \$9,090). There were no significant differences in the distribution of payment sources by sex.

There were no differences in the probability of expense by race/ethnicity, and there was no significant difference in average expenses between whites and blacks. However, average expense for those with an expense was higher for whites than for Hispanics (\$11,710 vs. \$7,976). There were some differences in the distribution of payments among whites, blacks, and Hispanics. For example, private insurance paid for half of inpatient hospital expenses for whites, but only about one-third for blacks. Similarly, Medicare paid for about one-third of inpatient expenses for whites, compared with only about one-fifth for blacks. In contrast, the Medicaid program covered a higher proportion of expenses for blacks and Hispanics than for whites. Medicaid paid for about one-quarter of inpatient hospital expenses for blacks and just under one-fifth for Hispanics, compared with less than one-tenth (7 percent) for whites.

The percent of people with hospital expenses did not vary by MSA, but there were some differences by Census Region. Those living in the West were less likely to incur inpatient expenses than people living in any of the other three regions (6 percent compared with approximately 7 percent in each of the other regions). The distribution of sources of payment did not vary significantly by Census Region. However, people living outside MSAs were less likely than those living in MSAs to have their expenses paid by private insurance (35 percent vs. 55 percent) and were more likely to have them paid by Medicare (44 percent vs. 25 percent).

For both the elderly and non-elderly, perceived health status was associated with both the probability of incurring inpatient expenses and the mean expense per

person with an expense. Among the group under age 65, those in fair or poor health were more than four times as likely to have inpatient expenses as those in good to excellent health (18 percent vs. 4 percent). In addition, their average annual expenses were more than twice as high (\$17,000 vs. \$8,000). The same pattern was true for the population 65 and over, although the differences were not quite as large. There were no significant differences in the distribution of sources of payment by health status.

Insurance and Income

For the population under age 65, the probability of incurring inpatient hospital expenses was lowest for the uninsured and highest for those with public insurance only. The average expense per person with an expense did not differ significantly between the publicly and privately insured, however. The sources of payment for the non-elderly population varied by insurance status, with the privately insured having the overwhelming majority (85 percent) of their expenses covered by private insurance and the publicly insured having the bulk of their expenses (70 percent) covered by Medicaid. For the elderly, no significant differences in the probability of incurring inpatient expenses were associated with insurance status.

People with high incomes were the least likely to have inpatient expenses (5 percent); those in the poor and near-poor groups were about twice as likely to incur expenses. Mean annual expenses per person with an expense did not vary significantly by income level, however. With respect to sources of payment, private insurance paid for more than half of the expenses for the middle- and high-income populations, compared with only one-third for the low-income population. The lower income groups had substantial portions of their expenses paid for by Medicaid (as much as one-quarter for those with incomes below poverty). Medicare was the other major payer of inpatient expenses for all income groups, with payments ranging from 22 percent of the total for those with high incomes to 41 percent of the total for the low-income group.

Ambulatory Services

Nearly three-quarters of the civilian noninstitutionalized population had expenses for physician and nonphysician medical providers seen in

office-based settings or clinics, hospital outpatient departments, emergency rooms, and clinics owned and operated by hospitals (Table 4). For those with expenses, annual expenses for ambulatory services during 1996 averaged \$920, while the median expense was \$274. Private insurance was the single largest payer, accounting for 52 percent of ambulatory expenses, while Medicare and Medicaid accounted for 16 and 7 percent, respectively. About 16 percent of all ambulatory expenses were paid out of pocket.

Demographic Characteristics

More than four-fifths (84 percent) of children under 6 had ambulatory expenses, compared to two-thirds (67 percent) of children ages 6-17. There were no differences between younger and older children in average expenses for those with expenses. Both younger and older children had substantially lower average expenses than adults age 45 and over (about \$400 vs. over \$1,300).

Among adults, those 65 and over were the most likely to have ambulatory expenses (89 percent) and had the highest average expenses (\$1,436) for those with expenses. People 45-64 years of age were more than 10 percentage points less likely than the elderly to have expenses, but they had a similar average expense. Adults ages 18-44 were about as likely (66 percent) as children ages 6-17 to have expenses, but their average expenses of \$829 were almost twice the average for children under age 18. The average expenses of adults ages 18-44 were more than 40 percent less than those for adults 65 and over.

Among the non-elderly, private insurance paid for approximately three-fifths (61 percent) of ambulatory expenses, out-of-pocket spending accounted for about one-fifth (19 percent), and Medicaid accounted for 8 percent. Among the elderly, Medicare paid for almost three-fifths (58 percent) of expenses, private insurance paid for another quarter (25 percent), out-of-pocket spending accounted for only 9 percent, and Medicaid paid for only 2 percent.

Females were more likely than males to have ambulatory expenses (79 vs. 68 percent) and had higher expenses on average (\$972 vs. \$855). A slightly higher proportion of expenses for females than for males was paid by Medicaid, but there were no differences in the other sources of payment.

Whites were more likely than blacks or Hispanics to have ambulatory expenses (77 vs. 63 and 61 percent, respectively) and also had higher average ambulatory expenses (\$984 vs. \$639 and \$688, respectively). The distribution of sources of payment also varied by race/ethnicity. Private insurance paid for a greater percent of expenses for whites, while blacks and Hispanics had significantly greater percents paid for by

Elderly people were much more likely than people under age 65 to have a prescription medicine expense, and their average prescription expenses were more than twice as high.

Medicaid. Whites and Hispanics also spent a greater proportion out of pocket (16-17 percent) than blacks (12 percent). Medicare paid for more than twice the share of expenses for blacks (21 percent) as for Hispanics (10 percent).

There were no differences by MSA status in either the percent with ambulatory expenses or average expenses. However,

private insurance paid a slightly higher proportion of expenses in urban areas, while Medicare paid a higher proportion in rural areas. In terms of regional comparisons, the Northeast and Midwest had the largest percent of people with ambulatory expenses. The distribution of sources of payment was fairly similar across the four regions.

People in fair or poor health were substantially more likely to have ambulatory expenses, and they had higher average expenses than those in good to excellent health. Among the population under 65, 86 percent of those in poor or fair health had ambulatory expenses (average expense, \$1,894), compared with 70 percent of those in good to excellent health (average expense, \$712). Differences between those in fair or poor health and those in better health were smaller among those 65 and over than for the non-elderly.

Insurance and Income

Among people under 65, there was no difference between the privately and publicly insured in the percent with ambulatory expenses (75 percent), but the uninsured were substantially less likely to have any expenses (47 percent). Among the non-elderly who had ambulatory expenses, those with private insurance had the highest level of expenditures, \$877, compared to

\$751 for those with public insurance only and \$490 for the uninsured. As expected, the uninsured also had the highest levels of out-of-pocket expenses for ambulatory services; they paid 41 percent of their expenses out of pocket, compared to 8 percent for those with public insurance and 18 percent for those with private insurance.

Among people age 65 and over, those with Medicare and supplemental private coverage were more likely than those with Medicare only to have ambulatory expenses (91 vs. 85 percent), and they had higher average expenses (\$1,604 vs. \$961). Sources of payment also varied depending on insurance status for people 65 and over. In particular, those with Medicare only had the highest level of out-of-pocket spending (15 percent).

The percent of people with any ambulatory expenses tended to increase with income. There was little difference in average ambulatory expenses across most income groups. However, of people with expenses, those in the highest income group had significantly higher average expenses (\$986) than those with family incomes near (\$810) or below (\$831) the poverty level. As income increased, a smaller portion of ambulatory care was paid for by public sources and a larger portion was paid for by private insurance. Those in the high-income group paid somewhat more out of pocket (18 percent) than those in the low-income (15 percent) and poor groups (12 percent).

Prescribed Medicines

Nearly two-thirds of the population incurred expenses for prescription medicines in 1996 (Table 5). The average annual expense for those incurring expenses was \$406. However, the median was only about one-quarter as large (\$107). Out-of-pocket spending and private insurance paid the bulk of these expenses: 45 and 40 percent, respectively. In contrast, Medicare and Medicaid combined paid a total of only about 12 percent of prescribed medicine expenses, most of which (10 percent) was paid by Medicaid.

Demographic Characteristics

The population age 65 and over was much more likely to have a prescription medicine expense than the non-elderly population (87 vs. 62 percent) and had average expenses that were more than twice as large

(\$825 vs. \$321). The elderly paid just over half of these expenses out of pocket (52 percent), compared with 41 percent for people under 65. Private insurance paid only 31 percent of expenses for the elderly, compared to 45 percent for the population under age 65. Medicaid paid for a larger percent of prescribed medicine expenses for children under 18 than for the older age groups.

Females were more likely than males to have a prescription medicine expense (71 percent compared to 59 percent). In addition, females had higher average annual expenses for those with expenses than males (\$434 vs. \$371).

About two-thirds of whites had prescription medicine expenses, compared to 56 percent of blacks and 54 percent of Hispanics. Whites with expenses also had higher mean annual expenses (\$430) than blacks (\$333) or Hispanics (\$281). In addition, a higher proportion of expenses were paid out of pocket and by private insurance for whites than for blacks or Hispanics. Blacks and Hispanics had higher proportions of their prescribed medicine expenses paid by Medicaid (28 percent and 22 percent, respectively) than whites did (7 percent).

There was no significant difference between MSA and non-MSA areas in the percent of people with a prescribed medicine expense in 1996, but a small amount of variation existed among regions, ranging from 61 percent in the West to 68 percent in the Midwest. The mean annual expenses per person with expenses were highest in the South and Midwest.

In general, people in fair or poor health were more likely than people in better health to have a prescribed medicine expense and had higher average expenses. Among the population age 65 and over, approximately 94 percent of those in fair or poor health had a prescribed medicine expense in 1996, compared to 85 percent of those in excellent, very good, or good health. In addition, the elderly in fair or poor health had higher mean annual expenses (\$1,133) than those in better health (\$703). For the population under 65 there were larger discrepancies by perceived health status; 84 percent of those in fair or poor health had a prescribed medicine expense, compared to 60 percent of those in better health, and average expenses for those groups were \$844 and \$258, respectively.

Insurance and Income

In the population under 65, about two-thirds of people with public or private insurance, but only 41 percent of the uninsured, had expenses for prescription medicines. Non-elderly people with public insurance had higher mean annual expenses (\$408) than those with private insurance (\$318) or the uninsured (\$232). The uninsured paid 88 percent of their prescription expenses out of pocket, compared to 40 percent for those with private insurance and 27 percent for those with public insurance.

In the population age 65 and over, people with only Medicare coverage were the least likely to have prescription medicine expenses (79 percent). Among elderly people with expenses, those with Medicare and other public insurance had the highest mean annual expenditures (\$1,048). Expenses paid out of pocket varied by type of insurance. People with Medicare only paid nearly three-fourths of their expenses out of pocket, compared to about half for those with Medicare and private insurance, and about one-fourth for those with Medicare and other public coverage. Medicaid paid 63 percent of expenses for those with Medicare and other public coverage, while private insurance paid 45 percent of expenses for those with Medicare and private insurance.

There was little variation by income group in the percent of the population with prescription medicine expenses or in average expenses. The proportion of prescribed medicine expenses paid by private insurance increased with income, rising from about 13 percent for the poor to just over half for those with high incomes (52 percent). As expected, the percent paid by Medicaid was highest for the poor (about 41 percent) and decreased steadily with increasing income. Out-of-pocket payments as a proportion of total prescribed medicine expenses were highest for the near-poor (53 percent) and lowest for the poor (39 percent).

Dental Services

In 1996, less than half (42 percent) of the civilian noninstitutionalized population of the United States had dental care expenses (Table 6). The average and median expenses for those with an expense were \$384 and \$136 per year, respectively. The overwhelming majority of

dental expenses were paid either out of pocket (52 percent) or by private insurance (43 percent). Public programs were not a major source of payment for dental care. Medicare does not cover most dental services, and Medicaid paid for only about 3 percent of all dental services in 1996.

Demographic Characteristics

Children under age 6 were the least likely to have any dental expenses (21 percent), and their average expenses were significantly less than those for any other age group. In contrast, children ages 6-17 were the most likely to have expenses for dental care (51 percent). The elderly paid the highest percent of dental expenses out of pocket (75 percent) and had the lowest percent reimbursed by private insurance (18 percent).

Females were slightly more likely to have dental expenses than males (45 percent vs. 39 percent), but average expenses did not vary significantly by sex. There were no differences between males and females in the distribution of payments by source.

Nearly half of whites had a dental expense (47 percent), compared to only one-quarter of blacks and 28 percent of Hispanics. Whites also had higher average expenses. Whites paid a slightly higher percent out of pocket (52 percent) than Hispanics (46 percent), but there were no differences by racial/ethnic background in the amount paid by private insurance. Medicaid paid a higher percentage of dental expenses for blacks (8 percent) and Hispanics (9 percent) than for whites (2 percent).

People living in metropolitan areas were slightly more likely to have a dental expense than people in nonmetropolitan areas (43 vs. 38 percent) and had higher average expenses (\$406 vs. \$282). The proportion of people with an expense ranged among regions from 37 percent in the South to 48 percent in the Midwest. Average dental expenses for those with an expense were greater in the Northeast and West than in the South and Midwest. People in the Northeast and South paid a higher proportion out of pocket (56 and 59 percent, respectively) than those in the Midwest and West (45 percent in both regions).

Among people under age 65, those in excellent, very good, or good health were more likely to have a dental expense (43 percent) than people in fair or poor health (34 percent). Although the average dental expense and the percent paid out of pocket were similar, the percent paid by private insurance was less for those

in fair or poor health (36 percent) than for those in better health (47 percent). Medicaid paid a significantly greater proportion of dental expenses for non-elderly people in fair or poor health (12 percent) than for those in excellent, very good, or good health (3 percent).

Health status was also associated with the likelihood of having a dental expense for people 65 years and over. About 44 percent of elderly people in excellent, very good, or good health had an expense, compared to only 27 percent of those in fair or poor health. For both the non-elderly and elderly populations, average dental expenses for those with expenses did not differ significantly across health status groups.

Insurance and Income

Among people under age 65, those with private insurance were more likely to have a dental expense (49 percent) than those with public coverage only (27 percent) or without health insurance (19 percent). Average expenses for those with an expense were much lower for people with public coverage only (\$207) than for those with any private insurance (\$390) or the uninsured (\$362). The proportion of dental expenses paid out of pocket was more than three times higher for the uninsured (79 percent) than for those with public coverage only (26 percent) and was 1.7 times greater for the uninsured than for those with any private insurance (47 percent).

Private insurance was also associated with an increased likelihood of having a dental expense among people 65 years and over. Forty-six percent of the elderly with a combination of Medicare and private insurance had dental care expenses, about three times the rate for people with Medicare and other public coverage (15 percent) and 1.6 times the rate for those with only Medicare coverage (30 percent).

Generally, the percent of people with an expense and average expenses tended to increase with income. Only about one-quarter of people in the poor and near-poor categories had a dental expense, compared to over half of people with high incomes (55 percent). Of all income groups, the high- and middle-income groups had the highest average expenses (\$424 and \$392, respectively). The percent paid by private insurance also generally increased with family income. Medicaid paid for about one-third of dental expenses for the poor (32 percent) and 14 percent for the near-poor. The percent paid out of pocket did not vary by income group.

Home Health Services

Only a small proportion (about 2 percent) of the population had home health expenses in 1996 (Table 7). Expenses per person for those individuals were relatively high, however, averaging about \$5,200 for the year, with a median of \$1,540. The majority of home health expenses were paid for by Medicare (53 percent), followed by Medicaid (16 percent) and out-of-pocket spending (12 percent). Private insurance accounted for approximately 9 percent of total payments, and other public programs for another 9 percent.

Demographic Characteristics

The elderly were by far the most likely to have home health expenses. Thirteen percent of people age 65 and over had expenses for home health care, compared with less than 1 percent of people under age 65. In addition, the average annual expense per person for those with expenses was much higher for the elderly than the non-elderly (\$6,041 vs. \$3,342). As would be expected, Medicare was the primary source of payment for home health services for the elderly, covering almost 60 percent of all payments, but it was also a major source of payment for the population under 65, covering more than one-quarter of the payments for this group. The elderly paid a relatively large proportion of home health care expenses out of pocket (15 percent) but had less than 5 percent of their expenses covered by private insurance.

Females were more likely than males to have home health expenses, but average expenses per person with any expense did not differ significantly by sex. Among racial and ethnic groups, Hispanics were the least likely to have home health expenses; there was no difference between blacks and whites in the probability of incurring expenses. Not surprisingly, among both the non-elderly and the elderly, people in fair or poor health were far more likely than those in good to excellent health to have expenses for home health services. Among those 65 and over, average expenses per person with expenses were more than 1½ times as high for those in fair or poor health as for those in better health (\$7,365 vs. \$4,321).

People living outside of MSAs were slightly more likely to have home health expenses than those living in MSAs and also had a higher proportion of their expenses paid for by Medicare (68 vs. 48 percent). There were no significant differences by region in the

percent of people with an expense, mean expenses, or the distribution of mean expenses across sources of payment, at least partly because of small sample sizes.

Insurance and Income

Non-elderly people with public insurance were approximately five times as likely as the non-elderly with private insurance to incur expenses for home health care. Elderly people with both Medicare and other public insurance were nearly three times as likely as those with Medicare only or Medicare and private insurance to incur expenses for home health care. In addition, the average annual expense per person with an expense was nearly twice as high for people with Medicare and other public insurance (\$9,984) as it was for those who had Medicare and private insurance (\$5,550).

High-income people were less likely than the poor or near-poor to have home health expenses. The average expense per person with an expense was significantly higher for poor people than for high-income people, and the poor had a much higher proportion of expenses paid for by Medicare. There were few other significant differences by income, largely because of small sample sizes.

Other Medical Equipment and Services

In 1996, about one out of five people had expenses for other medical equipment and services (Table 8), totaling \$15.3 billion. The mean and median expenses for those with expenses were \$286 and \$158, respectively. Over half of all expenses (54 percent) were paid out of pocket, while private insurance paid 28 percent.

The elderly were more likely than the non-elderly to have other medical expenses (33 percent vs. 18 percent), and they had higher average expenses among those with an expense (\$432 vs. \$248). The elderly with Medicare only paid a significantly higher proportion out of pocket (60 percent) than the elderly with Medicare and either other public insurance (29 percent) or private insurance (44 percent). In addition, whites were more likely to have other medical expenses than either blacks or Hispanics (22 percent vs. 13 percent for both blacks and Hispanics). Among both the elderly and non-elderly, those in poor or fair health were more likely to have

other medical expenses, and paid a significantly smaller portion out of pocket, than those in better health. Finally, high-income people were more likely than poor people to have an expense (24 percent vs. 14 percent) and paid a much larger percentage out of pocket (59 percent vs. 37 percent).

Summary

In 1996, 86 percent of the U.S. civilian noninstitutionalized population incurred health care expenses. Aggregate expenses totaled \$554 billion. The average expense per person with any medical expense was about \$2,400, but half of these individuals had expenses totaling less than \$559 (the median value). Average expenses varied considerably across the population by age, race/ethnicity, health insurance status, and health status. For example, the average expense for uninsured people with expenses was less than half the average expense for those with private or public health insurance.

Hospital inpatient care, despite declining substantially as a proportion of total expenses over the last two decades (Hahn and Lefkowitz, 1992), was still the largest component of health care expenses in 1996, making up 38 percent of the total. The second largest category of expenses in 1996, ambulatory services from both physicians and nonphysician providers, accounted for approximately one-third of the total. The proportion of expenses attributable to purchases of prescription medicines was 13 percent in 1996, a substantial increase over the proportion a decade earlier (Hahn and Lefkowitz, 1992).

Private insurance was the largest source of payments in 1996, comprising 45 percent of total expenses, while Medicare accounted for 21 percent and Medicaid 9 percent. The proportion of total expenses paid out of pocket, which has declined in recent years (Hahn and Lefkowitz, 1992), was about 18 percent in 1996. The proportion paid by different sources varied considerably by type of service. For example, 45 percent of prescription medicine expenses and 52 percent of dental expenses were paid out of pocket, compared to only 2 percent for inpatient services.

In summary, MEPS data for 1996 indicate that levels of expenses and the distribution of payments by source varied by both type of service and characteristics of the population. The estimates presented here represent the first in a series of annual estimates based

on the ongoing Medical Expenditure Panel Survey. Future MEPS surveys will allow for a more thorough examination of trends in total health care expenses and the distribution of those expenses and sources of payment across the population.

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Table 1. Events, charges, and expenses by event type: United States, 1996

Event type	Events (in millions)	Charges (in billions)	Expenses	
			Payments (in billions)	Percent distribution
Total ^a	NA	NA	\$548.0	100.0
Hospital inpatient ^b	25.1	\$336.8	209.1	38.2
Ambulatory ^c	1,423.6	275.5	181.1	33.0
Prescription medicines ^d	1,865.4	NA	65.3	11.9
Dental ^e	294.5	50.2	43.1	7.9
Home health ^f	NA	43.4	34.1	6.2
Other medical ^g	NA	16.7	15.3	2.8

^aTotal includes inpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and various other medical equipment, supplies, and services that were purchased or rented during the year. Over-the-counter medications, alternative care services, and phone contacts are excluded.

^bHospital admissions that did not involve an overnight stay are excluded but are counted as ambulatory events. Expenses include room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays. Events for newborns who left the hospital on the same day as the mother are treated as separate events, but associated expenses are included in expense estimates.

^cEvents and expenses for both physician and nonphysician medical providers seen in office-based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals are included, as are events and expenses for hospital admissions without an overnight stay.

^dAll prescribed medicines that were initially purchased or refilled during 1996 are included.

^eServices provided by general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists are included.

^fExpenses for care provided by home health agencies and independent home health providers are included. Most home health expenses (82.5 percent) were for agency providers.

^gExpenses for eyeglasses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous items or services that were obtained, purchased, or rented during the year are included.

NA—not available.

Note: These estimates are for a target population of approximately 268.9 million persons who were in the civilian noninstitutionalized population for all or part of 1996. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table 2. Total health services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	268,905	85.3	\$566	\$2,389
Age in years				
Under 65	234,856	83.8	461	1,855
Under 6	23,861	89.0	233	1,183
6-17	47,634	82.5	279	918
18-44	109,149	80.5	476	1,751
45-64	54,212	89.5	1,017	3,096
65 and over	34,050	95.5	1,964	5,622
Sex				
Male	131,527	81.2	467	2,316
Female	137,379	89.3	688	2,453
Race/ethnicity				
White and other	205,258	88.6	638	2,506
Black	33,668	75.9	352	2,180
Hispanic	29,979	73.5	320	1,663
Health insurance status^{b,c}				
Under age 65:				
Any private	174,231	87.8	522	1,904
Public only	27,845	84.4	382	2,327
Uninsured	32,780	62.1	227	941
Age 65 and over:				
Medicare only	7,535	91.5	1,575	4,644
Medicare and private	22,811	97.5	1,985	5,626
Medicare and other public	3,555	94.1	2,747	7,672
Poverty status^d				
Poor	38,298	79.3	400	2,998
Near-poor	12,946	79.7	555	2,812
Low income	40,460	80.1	521	2,523
Middle income	88,262	86.2	514	2,131
High income	88,939	90.3	707	2,295
Metropolitan statistical area (MSA)^c				
MSA	213,820	85.4	570	2,245
Non-MSA	52,443	85.1	526	2,325
Census Region				
Northeast	51,965	87.3	593	2,526
Midwest	62,673	89.5	581	2,638
South	93,901	83.2	560	2,295
West	60,366	82.6	545	2,133
Perceived health status^c				
Under 65 years				
Excellent, very good, or good	214,716	83.3	420	1,374
Fair or poor	18,902	91.8	1,778	6,426
65 years and over				
Excellent, very good, or good	24,372	94.7	1,491	3,792
Fair or poor	9,222	98.1	4,271	9,731

Continued

^aInpatient hospital and physician services, ambulatory physician and nonphysician services, prescribed medicines, home health services, dental services, and various other medical equipment and services that were purchased or rented during the year are included. Over-the-counter medications, alternative care services, and telephone contacts are excluded.

^bFor health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period; individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cNumber of persons and amount of expenses do not add to overall total because data on this variable were not available for some sample persons.

^dPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Table 2. Total health services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private ^e	Medicare	Medicaid	Other public ^f	Other ^g
Total	\$548,045	17.7	44.6	21.3	8.6	3.6	4.3
Age in years							
Under 65	365,193	18.9	57.5	3.6	10.9	*3.7	5.4
Under 6	25,107	9.4	61.2	*0.2	25.9	*0.5	*2.7
6-17	36,044	27.7	50.9	*0.5	15.0	*1.0	*4.9
18-44	153,782	18.6	61.4	2.3	10.4	1.3	6.0
45-64	150,260	18.8	54.4	6.3	7.8	*7.4	5.3
65 and over	182,852	15.3	18.8	56.6	4.0	3.3	2.1
Sex							
Male	247,271	15.8	45.5	20.4	7.2	6.5	4.7
Female	300,774	19.3	43.8	22.0	9.7	1.1	4.0
Race/ethnicity							
White and other	455,739	18.8	46.9	21.8	5.9	2.7	3.9
Black	55,690	10.6	30.6	20.1	24.2	*10.1	4.4
Hispanic	36,615	15.3	37.2	16.7	17.5	4.5	*8.7
Health insurance status^{b,c}							
Under age 65:							
Any private	291,354	19.5	72.0	1.3	1.2	*2.5	3.4
Public only	54,671	7.3	0.1	17.5	65.8	2.6	6.7
Uninsured	19,168	43.2	0.2	0.0	0.1	24.9	31.5
Age 65 and over:							
Medicare only	32,019	19.7	0.1	65.1	*0.1	*6.5	8.4
Medicare and private	125,137	16.2	27.4	53.2	0.4	2.3	*0.5
Medicare and other public	25,671	5.3	0.1	62.2	26.5	3.7	2.2
Poverty status^d							
Poor	90,998	9.9	18.5	28.0	28.4	*9.5	5.7
Near-poor	29,000	14.5	16.9	43.9	17.8	3.2	*3.8
Low income	81,725	16.3	32.8	30.7	11.1	4.6	4.5
Middle income	162,112	19.5	52.9	20.0	2.7	1.4	3.6
High income	184,209	21.2	59.7	11.4	1.4	2.1	4.2
Metropolitan statistical area (MSA)^c							
MSA	409,864	18.7	48.9	17.1	8.2	2.6	4.6
Non-MSA	103,760	18.3	35.6	28.4	10.9	2.7	4.1
Census Region							
Northeast	114,522	16.8	46.1	21.5	11.2	1.0	3.3
Midwest	147,873	15.6	48.1	23.3	6.2	2.3	4.4
South	179,241	20.0	38.6	22.4	9.2	*5.7	4.1
West	106,409	17.8	48.2	16.3	7.8	*4.4	5.5
Perceived health status^c							
Under 65 years							
Excellent, very good, or good	245,699	23.4	61.1	1.2	8.0	1.3	5.0
Fair or poor	111,517	10.3	52.1	9.0	16.3	5.7	6.5
65 years and over							
Excellent, very good, or good	87,504	18.8	22.5	50.8	2.9	2.7	2.3
Fair or poor	87,993	13.0	14.1	62.0	5.3	3.5	*2.1

^aFor source of payment, private includes CHAMPUS and CHAMPVA (Armed-Forces-related coverage).

^bFor source of payment, other public includes Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); other State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).

^cFor source of payment, other includes Worker's Compensation; other unclassified sources (e.g., automobile, homeowner's, liability, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for persons without private health insurance coverage during the year, as defined in MEPS).

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table 3. Hospital inpatient services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	268,905	6.8	\$5,330	\$11,492
Age in years				
Under 65	234,856	5.1	4,366	10,902
Under 6	23,861	4.4	—	—
6-17	47,634	2.1	—	—
18-44	109,149	5.8	3,768	8,936
45-64	54,212	6.7	7,665	14,388
65 and over	34,050	18.2	7,135	12,638
Sex				
Male	131,527	5.5	7,113	15,133
Female	137,379	8.0	4,504	9,090
Race/ethnicity				
White and other	205,258	7.0	5,515	11,710
Black	33,668	6.2	5,572	13,008
Hispanic	29,979	6.0	3,782	7,976
Health insurance status^{b, c}				
Under age 65:				
Any private	174,231	4.8	4,869	12,030
Public only	27,845	10.4	3,215	8,656
Uninsured	32,780	2.4	—	—
Age 65 and over:				
Medicare only	7,535	17.3	—	—
Medicare and private	22,811	17.9	7,477	13,097
Medicare and other public	3,555	22.0	—	—
Poverty status^d				
Poor	38,298	9.4	4,332	12,740
Near-poor	12,946	9.8	—	—
Low income	40,460	8.7	5,382	9,247
Middle income	88,262	6.1	5,520	10,476
High income	88,939	5.0	5,890	13,741
Metropolitan statistical area (MSA)^c				
MSA	213,820	6.1	5,053	11,021
Non-MSA	52,443	7.2	5,263	9,743
Census region				
Northeast	51,965	6.8	6,095	12,077
Midwest	62,673	7.4	5,834	13,728
South	93,901	7.1	4,883	10,023
West	60,366	5.5	4,314	10,724
Perceived health status^c				
Under 65 years				
Excellent, very good, or good	214,716	3.9	3,932	7,681
Fair or poor	18,902	17.9	6,165	17,246
65 years and over				
Excellent, very good, or good	24,372	12.9	6,554	9,947
Fair or poor	9,222	29.5	8,442	14,685

Continued

^aRoom and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays are included. Expenses for hospital discharges that did not involve an overnight stay, which are included as ambulatory expenses (Table 4) are excluded. Expenses for newborns who left the hospital on the same day as the mother are included in the mother's record.

^bFor health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period; individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cNumber of persons and amount of expenses do not add to overall total because data on this variable were not available for some sample persons.

^dPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Table 3. Hospital inpatient services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private ^e	Medicare	Medicaid	Other public ^f	Other ^g
Total	\$209,092	1.9	46.7	32.3	9.9	*4.7	4.5
Age in years							
Under 65	130,884	2.3	65.0	5.6	14.9	*6.3	5.9
Under 6	—	—	—	—	—	—	—
6-17	—	—	—	—	—	—	—
18-44	56,195	1.8	73.8	*3.5	12.4	*1.1	*7.3
45-64	52,590	3.0	57.3	9.8	*10.0	*14.2	5.8
65 and over	78,208	1.4	16.0	76.9	1.6	*2.0	2.1
Sex							
Male	109,452	1.8	47.0	29.4	8.6	*8.0	5.2
Female	99,641	2.1	46.3	35.5	11.3	*1.0	3.7
Race/ethnicity							
White and other	167,497	2.1	49.9	35.1	6.5	*2.6	3.8
Black	27,306	*0.9	31.6	19.1	26.7	*16.4	*5.3
Hispanic	14,290	2.1	38.0	24.0	17.7	*6.6	*11.6
Health insurance status^{b,c}							
Under age 65:							
Any private	100,147	2.3	85.0	*2.2	*2.0	*4.8	*3.7
Public only	25,022	*0.8	0.0	20.4	70.1	*1.4	7.3
Uninsured	—	—	—	—	—	—	—
Age 65 and over:							
Medicare only	—	—	—	—	—	—	—
Medicare and private	53,544	1.2	23.4	74.1	*0.1	*0.4	*0.8
Medicare and other public	—	—	—	—	—	—	—
Poverty status^d							
Poor	45,625	1.1	*23.2	31.5	25.1	*14.1	*5.1
Near-poor	—	—	—	—	—	—	—
Low income	32,669	2.2	33.6	41.0	15.0	*3.4	4.7
Middle income	56,208	2.1	58.4	33.2	*2.0	*1.0	*3.3
High income	61,162	*2.3	67.5	21.6	*1.3	*2.2	*5.1
Metropolitan statistical area (MSA)^c							
MSA	143,663	2.0	54.9	25.2	9.8	*2.8	5.3
Non-MSA	36,834	2.6	34.8	44.0	13.2	*2.0	3.5
Census region							
Northeast	42,570	*2.4	48.8	31.0	*14.0	*0.1	*3.6
Midwest	63,561	1.8	52.1	35.1	*6.4	*0.6	*4.0
South	67,229	1.7	37.9	34.7	11.2	*10.0	4.5
West	35,732	*2.0	51.1	24.1	*8.9	*7.2	*6.6
Perceived health status^c							
Under 65 years							
Excellent, very good, or good	64,693	3.5	72.9	*2.7	14.2	*1.3	5.4
Fair or poor	58,467	1.1	62.4	9.1	*14.7	*5.6	*7.1
65 years and over							
Excellent, very good, or good	31,169	2.2	17.4	74.2	*1.1	*2.8	*2.4
Fair or poor	39,967	*0.9	12.2	82.2	*2.0	*0.6	*2.2

^aFor source of payment, private includes CHAMPUS and CHAMPVA (Armed-Forces-related coverage).

^fFor source of payment, other public includes Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); other State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).

^gFor source of payment, other includes Worker's Compensation; other unclassified sources (e.g., automobile, homeowner's, liability, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for persons without private health insurance coverage during the year, as defined in MEPS).

—Less than 100 sample cases with expenses.

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table 4. Ambulatory services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	268,905	73.2	\$274	\$920
Age in years				
Under 65	234,856	71.0	239	826
Under 6	23,861	83.8	171	389
6-17	47,634	66.9	139	427
18-44	109,149	66.4	259	829
45-64	54,212	78.1	418	1,327
65 and over	34,050	89.0	583	1,436
Sex				
Male	131,527	67.5	239	855
Female	137,379	78.7	307	972
Race/ethnicity				
White and other	205,258	76.7	304	984
Black	33,668	63.0	189	639
Hispanic	29,979	61.1	175	688
Health insurance status^{b, c}				
Under age 65:				
Any private	174,231	74.9	259	877
Public only	27,845	74.5	211	751
Uninsured	32,780	47.1	129	490
Age 65 and over:				
Medicare only	7,535	85.3	441	961
Medicare and private	22,811	90.8	682	1,604
Medicare and other public	3,555	87.5	494	1,313
Poverty status^d				
Poor	38,298	67.9	212	831
Near-poor	12,946	69.6	253	810
Low income	40,460	68.5	283	888
Middle income	88,262	73.4	254	913
High income	88,939	78.1	316	986
Metropolitan statistical area (MSA)^c				
MSA	213,820	73.5	278	917
Non-MSA	52,443	72.7	258	927
Census region				
Northeast	51,965	76.0	309	994
Midwest	62,673	76.3	283	931
South	93,901	71.6	253	875
West	60,366	70.2	266	909
Perceived health status^c				
Under 65 years				
Excellent, very good, or good	214,716	69.8	218	712
Fair or poor	18,902	86.0	694	1,894
65 years and over				
Excellent, very good, or good	24,372	87.9	519	1,301
Fair or poor	9,222	93.6	836	1,804

Continued

^aExpenses for visits to medical providers seen in office-based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals, as well as expenses for events reported as hospital admissions without an overnight stay, are included.

^bFor health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period; individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cNumber of persons and amount of expenses do not add to overall total because data on this variable were not available for some sample persons.

^dPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Table 4. Ambulatory services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private ^e	Medicare	Medicaid	Other public ^f	Other ^g
Total	\$181,112	16.3	52.4	16.1	6.7	2.3	6.3
Age in years							
Under 65	137,605	18.5	60.9	2.8	8.1	2.3	7.4
Under 6	7,776	17.9	62.1	*0.5	15.5	*0.9	3.1
6-17	13,586	21.2	57.0	*0.2	10.9	*1.2	*9.4
18-44	60,075	19.8	61.1	1.5	9.1	1.2	7.2
45-64	56,168	16.4	61.5	5.1	5.4	4.0	7.6
65 and over	43,507	9.4	25.4	58.1	2.1	2.0	*3.0
Sex							
Male	75,991	15.4	52.2	16.5	5.5	3.9	6.5
Female	105,121	16.9	52.5	15.9	7.5	1.1	6.1
Race/ethnicity							
White and other	154,957	16.7	54.2	16.1	4.7	2.2	6.0
Black	13,558	11.5	39.4	21.1	18.7	3.3	6.0
Hispanic	12,596	16.5	43.9	10.2	17.9	1.6	9.9
Health insurance status^{b,c}							
Under age 65:							
Any private	114,480	18.4	73.2	1.1	1.0	1.5	4.8
Public only	15,570	8.2	0.0	16.6	64.7	*2.0	8.5
Uninsured	7,555	40.8	0.0	0.0	0.0	15.9	43.3
Age 65 and over:							
Medicare only	6,181	14.6	0.0	64.5	0.0	5.4	*15.6
Medicare and private	33,230	8.9	33.3	55.7	*0.3	1.3	0.4
Medicare and other public	4,084	*4.9	0.0	68.3	19.5	*2.7	*4.6
Poverty status^d							
Poor	21,591	12.0	16.8	21.5	34.3	3.9	11.5
Near-poor	7,305	15.8	25.7	36.0	13.5	3.9	5.0
Low income	24,617	15.3	43.4	25.1	7.9	2.6	5.7
Middle income	59,120	15.9	57.9	17.0	2.3	1.4	5.5
High income	68,477	18.4	64.9	8.3	0.6	2.2	5.7
Metropolitan statistical area (MSA)^c							
MSA	144,060	16.4	54.2	14.8	6.2	2.2	6.1
Non-MSA	35,362	16.1	45.7	20.2	8.4	2.3	7.3
Census region							
Northeast	39,234	14.5	55.0	18.3	7.1	0.8	4.3
Midwest	*44,512	14.6	54.0	17.3	4.9	1.7	7.4
South	58,847	18.6	48.6	16.2	7.4	3.2	6.0
West	38,518	16.5	53.6	12.3	7.1	2.9	*7.5
Perceived health status^c							
Under 65 years							
Excellent, very good, or good	106,693	20.1	64.6	1.1	5.7	1.6	6.9
Fair or poor	30,793	12.9	48.0	8.9	16.5	4.8	8.9
65 years and over							
Excellent, Very good, or good	27,857	10.6	27.5	56.6	1.3	2.1	2.0
Fair or poor	15,564	7.2	21.6	60.9	3.5	2.0	*4.8

^aFor source of payment, private includes CHAMPUS and CHAMPVA (Armed-Forces-related coverage).

^bFor source of payment, other public includes Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); other State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).

^cFor source of payment, other includes Worker's Compensation; other unclassified sources (e.g., automobile, homeowner's, liability, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for persons without private health insurance coverage during the year, as defined in MEPS).

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table 5. Prescription medicines^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	268,905	64.9	\$113	\$374
Age in years				
Under 65	234,856	61.6	86	291
Under 6	23,861	65.9	34	79
6-17	47,634	50.4	39	124
18-44	109,149	59.6	86	242
45-64	54,212	73.6	241	556
65 and over	34,050	87.6	466	776
Sex				
Male	131,527	58.3	90	332
Female	137,379	71.3	134	407
Race/ethnicity				
White and other	205,258	68.4	124	394
Black	33,668	54.4	96	323
Hispanic	29,979	52.7	59	253
Health insurance status^{b,c}				
Under age 65:				
Any private	174,231	65.2	90	285
Public only	27,845	64.0	85	387
Uninsured	32,780	40.6	57	212
Age 65 and over:				
Medicare only	7,535	80.2	435	687
Medicare and private	22,811	90.4	472	777
Medicare and other public	3,555	87.7	488	948
Poverty status^d				
Poor	38,298	59.1	88	374
Near-poor	12,946	63.4	137	419
Low income	40,460	60.5	128	415
Middle income	88,262	64.4	102	366
High income	88,939	70.1	125	359
Metropolitan statistical area (MSA)^c				
MSA	213,820	64.8	110	362
Non-MSA	52,443	65.4	122	415
Census Region				
Northeast	51,965	64.6	102	349
Midwest	62,673	68.4	120	394
South	93,901	65.2	131	404
West	60,366	61.1	87	323
Perceived health status^c				
Under 65 years				
Excellent, very good, or good	214,716	59.9	75	230
Fair or poor	18,902	84.5	339	789
65 years and over				
Excellent, very good, or good	24,372	85.5	382	638
Fair or poor	9,222	95.2	782	1,118

Continued

^aAll prescribed medicines that were initially purchased or refilled during 1996 are included.

^bFor health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period; individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cNumber of persons and amount of expenses do not add to overall total because data on this variable were not available for some sample persons.

^dPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Table 5. Prescription medicines^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private ^e	Medicare	Medicaid	Other public ^f	Other ^g
Total	\$65,292	44.4	40.0	1.5	10.0	2.4	1.6
Age in years							
Under 65	42,144	40.2	44.9	0.2	11.0	2.2	1.5
Under 6	1,239	40.6	42.3	0.0	15.9	*0.6	*0.5
6-17	2,989	36.8	46.7	0.0	15.1	*0.9	*0.5
18-44	15,733	40.1	43.7	*0.2	12.1	*1.5	*2.4
45-64	22,183	40.6	45.7	0.3	9.4	3.0	*1.0
65 and over	23,147	52.1	31.1	3.8	8.3	2.8	1.9
Sex							
Male	25,481	42.0	40.5	1.5	9.6	5.0	1.3
Female	39,811	45.9	39.7	1.4	10.3	0.8	1.8
Race/ethnicity							
White and other	55,385	45.3	41.8	1.5	7.3	2.4	1.6
Black	5,910	40.2	26.9	*1.1	27.7	3.0	*1.1
Hispanic	3,998	37.8	34.5	*2.0	22.1	*1.4	*2.2
Health insurance status^{b,c}							
Under age 65:							
Any private	32,417	39.2	58.1	0.1	1.2	*0.9	*0.5
Public only	6,906	26.1	0.7	0.9	61.1	6.1	*5.1
Uninsured	2,821	85.7	1.6	0.0	1.0	8.3	3.5
Age 65 and over:							
Medicare only	4,152	72.1	1.1	13.1	0.9	6.1	6.8
Medicare and private	16,036	51.2	44.5	1.4	0.8	1.7	*0.4
Medicare and other public	2,955	29.1	0.9	*3.8	59.3	*3.9	*3.0
Poverty status^d							
Poor	8,464	39.0	15.2	1.1	38.7	4.2	*1.9
Near-poor	3,433	52.2	19.5	*5.0	17.1	2.7	*3.4
Low income	10,164	49.9	30.5	*1.8	12.2	3.1	*2.6
Middle income	20,812	43.7	46.4	1.3	4.9	2.1	1.6
High income	22,419	43.5	50.9	*1.1	1.9	1.8	*0.8
Metropolitan statistical area (MSA)^c							
MSA	50,111	42.9	41.9	1.6	9.4	2.4	1.7
Non-MSA	14,243	49.6	34.1	*0.6	12.0	2.4	1.3
Census Region							
Northeast	11,725	40.7	44.6	*1.2	9.2	*2.4	*1.8
Midwest	16,911	44.5	40.3	1.1	9.9	2.6	*1.7
South	24,744	48.4	35.5	1.1	11.1	2.6	1.3
West	11,912	39.6	44.6	3.1	8.8	1.9	*2.0
Perceived health status^c							
Under 65 years							
Excellent, very good, or good	29,510	40.8	49.5	0.2	6.9	1.2	*1.4
Fair or poor	12,609	38.7	34.2	*0.2	20.5	4.7	*1.7
65 years and over							
Excellent, very good, or good	13,289	53.5	33.0	4.0	4.8	2.6	2.1
Fair or poor	9,816	50.3	28.5	3.6	13.0	3.0	*1.6

^aFor source of payment, private includes CHAMPUS and CHAMPVA (Armed-Forces-related coverage).

^fFor source of payment, other public includes Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); other State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).

^gFor source of payment, other includes Worker's Compensation; other unclassified sources (e.g., automobile, homeowner's, liability, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for persons without private health insurance coverage during the year, as defined in MEPS).

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table 6. Dental services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	268,905	41.8	\$136	\$384
Age in years				
Under 65	234,856	42.2	131	375
Under 6	23,861	20.7	80	127
6-17	47,634	51.2	123	437
18-44	109,149	40.2	124	333
45-64	54,212	47.9	176	434
65 and over	34,050	39.0	180	452
Sex				
Male	131,527	38.6	134	371
Female	137,379	44.9	138	394
Race/ethnicity				
White and other	205,258	46.6	143	395
Black	33,668	25.1	103	311
Hispanic	29,979	27.5	106	329
Health insurance status^{b, c}				
Under age 65:				
Any private	174,231	49.0	139	390
Public only	27,845	26.9	69	207
Uninsured	32,780	19.1	113	362
Age 65 and over:				
Medicare only	7,535	29.5	196	493
Medicare and private	22,811	46.3	177	442
Medicare and other public	3,555	14.7	—	—
Poverty status^d				
Poor	38,298	25.4	96	277
Near-poor	12,946	23.8	111	304
Low income	40,460	28.8	124	294
Middle income	88,262	44.0	136	392
High income	88,939	55.3	148	424
Metropolitan statistical area (MSA)^c				
MSA	213,820	43.2	143	406
Non-MSA	52,443	38.0	115	282
Census region				
Northeast	51,965	43.4	148	450
Midwest	62,673	48.1	124	321
South	93,901	36.6	124	349
West	60,366	42.1	164	447
Perceived health status^c				
Under 65 years				
Excellent, very good, or good	214,716	43.2	132	373
Fair or poor	18,902	34.1	127	398
65 years and over				
Excellent, very good, or good	24,372	44.2	170	433
Fair or poor	9,222	27.2	228	534

Continued

^aExpenses from any type of dental care providers are included.

^b For health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period; individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cNumber of persons and amount of expenses do not add to overall total because data on this variable were not available for some sample persons.

^dPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Table 6. Dental services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private ^e	Medicare	Medicaid	Other public ^f	Other ^g
Total	\$43,147	51.5	42.5	*0.2	2.8	*0.6	2.3
Age in years							
Under 65	37,142	47.7	46.4	*0.0	3.2	0.4	2.4
Under 6	624	35.1	48.0	*0.0	14.2	*0.7	*1.9
6-17	10,642	47.4	45.2	*0.0	4.4	*0.4	*2.6
18-44	14,625	45.7	48.8	*0.0	3.0	*0.3	2.1
45-64	11,251	51.1	44.3	*0.0	*1.6	*0.4	2.5
65 and over	6,005	75.1	18.4	*1.4	0.8	*2.3	*2.0
Sex							
Male	18,878	50.6	42.9	0.1	2.8	*1.1	2.5
Female	24,269	52.1	42.2	*0.4	2.9	*0.3	2.2
Race/ethnicity							
White and other	37,808	52.2	42.8	0.1	2.1	*0.7	2.1
Black	2,628	46.6	40.0	*2.2	7.7	*0.5	*3.0
Hispanic	2,711	45.5	40.3	*0.2	8.5	*0.3	*5.2
Health insurance status^{b,c}							
Under age 65:							
Any private	33,318	46.5	51.7	*0.0	*0.3	*0.2	1.2
Public only	1,554	26.0	*0.0	*0.4	69.3	*0.7	*3.6
Uninsured	2,270	79.0	*0.0	*0.0	*0.0	*2.8	18.2
Age 65 and over:							
Medicare only	1,096	84.1	*0.0	*5.7	*0.0	*3.0	7.2
Medicare and private	4,662	73.5	23.7	0.4	*0.0	*2.2	*0.3
Medicare and other public	—	—	—	—	—	—	—
Poverty status^d							
Poor	2,691	45.4	16.3	0.1	32.3	*1.6	*4.4
Near-poor	936	56.8	23.5	*0.2	*14.2	*3.1	*2.1
Low income	3,418	58.2	37.2	*0.5	*2.4	*0.2	1.5
Middle income	15,226	50.8	44.9	*0.4	*0.7	*1.1	2.1
High income	20,876	51.4	45.8	0.1	*0.1	*0.2	2.4
Metropolitan statistical area (MSA)^c							
MSA	37,481	50.3	43.9	*0.3	2.7	*0.6	2.4
Non-MSA	5,621	59.3	33.7	*0.0	3.9	*1.0	2.0
Census region							
Northeast	10,144	56.1	38.0	*0.0	2.9	*0.1	2.7
Midwest	9,661	44.6	51.5	0.1	1.7	*0.2	1.8
South	11,999	59.3	34.6	0.1	3.0	*0.8	2.2
West	11,342	44.9	47.2	*0.7	3.5	*1.3	*2.5
Perceived health status^c							
Under 65 years							
Excellent, very good, or good	34,576	47.6	47.1	*0.0	2.5	*0.3	2.4
Fair or poor	2,566	48.0	36.4	*0.1	11.7	*1.8	*2.0
65 years and over							
Excellent, very good, or good	4,664	75.2	19.3	*1.8	*0.8	*0.9	2.0
Fair or poor	1,340	74.7	15.1	*0.3	*0.8	*6.9	*2.2

^cFor source of payment, private includes CHAMPUS and CHAMPVA (Armed-Forces-related coverage).

^fFor source of payment, other public includes Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); other State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).

^gFor source of payment, other includes Worker's Compensation; other unclassified sources (e.g., automobile, homeowner's, liability, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for persons without private health insurance coverage during the year, as defined in MEPS).

—Less than 100 sample cases with expenses.

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table 7. Home health services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	268,905	2.4	\$1,540	\$5,191
Age in years				
Under 65	234,856	0.9	*495	3,342
Under 6	23,861	1.2	—	—
6-17	47,634	*0.2	—	—
18-44	109,149	0.7	—	—
45-64	54,212	1.7	—	—
65 and over	34,050	13.2	2,293	6,041
Sex				
Male	131,527	1.8	1,544	4,495
Female	137,379	3.1	1,493	5,580
Race/ethnicity				
White and other	205,258	2.7	1,524	4,912
Black	33,668	2.2	—	—
Hispanic	29,979	1.2	—	—
Health insurance status^{b, c}				
Under age 65:				
Any private	174,231	0.6	—	—
Public only	27,845	3.1	—	—
Uninsured	32,780	*0.3	—	—
Age 65 and over:				
Medicare only	7,535	11.5	—	—
Medicare and private	22,811	11.3	2,124	5,550
Medicare and other public	3,555	29.7	6,451	9,984
Poverty status^d				
Poor	38,298	3.9	2,356	7,370
Near-poor	12,946	5.6	—	—
Low income	40,460	3.7	—	—
Middle income	88,262	1.8	—	—
High income	88,939	1.5	864	4,033
Metropolitan statistical area (MSA)^c				
MSA	213,820	2.0	1,491	5,174
Non-MSA	52,443	2.8	2,180	5,910
Census region				
Northeast	51,965	2.5	*2,049	6,314
Midwest	62,673	2.8	2,139	5,170
South	93,901	2.6	1,344	4,932
West	60,366	1.8	—	—
Perceived health status^c				
Under 65 years				
Excellent, very good, or good	214,716	0.4	—	—
Fair or poor	18,902	5.7	—	—
65 years and over				
Excellent, very good, or good	24,372	7.2	1,503	4,321
Fair or poor	9,222	28.6	3,009	7,365

Continued

^aExpenses for care provided by home health agencies and independent home health providers are included. Most home health expenses (82.5 percent) were for agency providers.

^bFor health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period; individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cNumber of persons and amount of expenses do not add to overall total because data on this variable were not available for some sample persons.

^dPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Table 7. Home health services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private ^e	Medicare	Medicaid	Other public ^f	Other ^g
Total	\$34,123	12.1	8.8	52.6	16.2	9.1	*1.2
Age in years							
Under 65	6,922	*2.7	*24.9	27.6	35.9	*7.6	*1.3
Under 6	—	—	—	—	—	—	—
6-17	—	—	—	—	—	—	—
18-44	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—
65 and over	27,201	14.5	4.7	58.9	11.2	9.5	*1.1
Sex							
Male	10,596	*14.6	10.6	43.9	*9.2	21.8	0.0
Female	23,527	*11.0	*8.0	56.5	19.4	*3.4	*1.7
Race/ethnicity							
White and other	26,926	15.1	10.1	50.8	13.3	*9.3	*1.4
Black	—	—	—	—	—	—	—
Hispanic	—	—	—	—	—	—	—
Health insurance status^{b,c}							
Under age 65:							
Any private	—	—	—	—	—	—	—
Public only	—	—	—	—	—	—	—
Uninsured	—	—	—	—	—	—	—
Age 65 and over:							
Medicare only	—	—	—	—	—	—	—
Medicare and private	14,302	24.4	8.9	52.6	*1.3	*12.9	0.0
Medicare and other public	10,549	*0.1	0.0	66.4	27.2	*6.0	*0.3
Poverty status^d							
Poor	10,911	*7.3	*5.4	56.8	21.6	*8.5	*0.4
Near-poor	—	—	—	—	—	—	—
Low income	—	—	—	—	—	—	—
Middle income	—	—	—	—	—	—	—
High income	5,293	*18.5	*24.2	32.1	*16.4	*8.8	0.0
Metropolitan statistical area (MSA)^c							
MSA	22,390	*13.6	11.7	48.4	18.2	6.5	*1.6
Non-MSA	8,591	*3.6	*3.2	68.1	15.2	*9.5	*0.5
Census region							
Northeast	8,076	*4.1	*6.9	49.9	32.8	*5.8	*0.5
Midwest	9,119	*16.0	*7.8	44.3	*10.1	*19.0	*2.8
South	12,146	*16.2	*10.9	55.4	10.9	*5.8	*0.8
West	—	—	—	—	—	—	—
Perceived health status^c							
Under 65 years							
Excellent, very good, or good	—	—	—	—	—	—	—
Fair or poor	—	—	—	—	—	—	—
65 years and over							
Excellent, very good, or good	7,601	*9.3	6.4	60.0	14.7	*6.2	*3.4
Fair or poor	19,446	*16.7	*4.0	58.3	9.9	*10.8	*0.3

^eFor source of payment, private includes CHAMPUS and CHAMPVA (Armed-Forces-related coverage).

^fFor source of payment, other public includes Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); other State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).

^gFor source of payment, other includes Worker's Compensation; other unclassified sources (e.g., automobile, homeowner's, liability, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for persons without private health insurance coverage during the year, as defined in MEPS).

—Less than 100 sample cases with expenses.

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table 8. Other medical equipment and services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	268,905	19.9	\$158	\$286
Age in years				
Under 65	234,856	18.0	150	248
Under 6	23,861	3.5	—	—
6-17	47,634	14.0	138	196
18-44	109,149	18.4	137	225
45-64	54,212	27.2	190	301
65 and over	34,050	32.6	179	432
Sex				
Male	131,527	17.0	159	307
Female	137,379	22.6	157	271
Race/ethnicity				
White and other	205,258	22.0	160	292
Black	33,668	12.9	132	225
Hispanic	29,979	13.2	137	287
Health insurance status^{b, c}				
Under age 65:				
Any private	174,231	20.2	158	251
Public only	27,845	13.2	126	252
Uninsured	32,780	10.7	136	209
Age 65 and over:				
Medicare only	7,535	29.7	227	459
Medicare and private	22,811	33.6	180	439
Medicare and other public	3,555	32.4	153	336
Poverty status^d				
Poor	38,298	13.8	139	324
Near-poor	12,946	16.9	140	260
Low income	40,460	18.0	143	301
Middle income	88,262	20.1	159	272
High income	88,939	23.6	171	285
Metropolitan statistical area (MSA)^c				
MSA	213,820	19.8	157	287
Non-MSA	52,443	20.9	159	284
Census region				
Northeast	51,965	19.5	165	274
Midwest	62,673	22.5	165	292
South	93,901	18.7	147	244
West	60,366	19.4	165	353
Perceived health status^c				
Under 65 years				
Excellent, very good, or good	214,716	17.5	150	222
Fair or poor	18,902	25.0	168	446
65 years and over				
Excellent, very good, or good	24,372	31.1	179	385
Fair or poor	9,222	37.8	189	534

Continued

^aExpenses for eyeglasses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous items or services that were obtained, purchased, or rented during the year are included. About half the expenses in this category were for vision items.

^bFor health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period; individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cNumber of persons and amount of expenses do not add to overall total because data on this variable were not available for some sample persons.

^dPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Table 8. Other medical equipment and services^a—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private ^e	Medicare	Medicaid	Other public ^f	Other ^g
Total	\$15,283	53.6	28.2	6.8	5.5	*4.5	1.4
Age in years							
Under 65	10,497	56.9	30.1	*0.5	6.1	*5.3	1.1
Under 6	—	—	—	—	—	—	—
6-17	1,309	57.0	23.5	0.0	*17.0	*1.8	0.7
18-44	4,533	57.1	31.0	0.0	3.4	*7.1	1.4
45-64	4,430	58.2	30.6	*1.1	4.5	*4.7	0.8
65 and over	4,785	46.3	24.0	20.5	4.1	*2.9	2.1
Sex							
Male	6,875	50.7	26.4	10.0	2.9	*8.9	1.2
Female	8,407	56.0	29.8	4.1	7.6	*0.9	1.6
Race/ethnicity							
White and other	13,170	55.0	29.8	7.7	3.4	*2.7	1.3
Black	979	49.8	*24.2	*1.6	21.8	*1.4	*1.3
Hispanic	1,134	40.9	*12.9	*0.2	*15.2	*28.5	*2.2
Health insurance status^{b,c}							
Under age 65:							
Any private	8,842	59.4	35.8	*0.1	*0.2	*4.0	*0.6
Public only	927	23.0	0.0	*4.5	67.1	*3.1	*2.3
Uninsured	733	70.5	0.0	0.0	0.0	*23.8	*5.6
Age 65 and over:							
Medicare only	1,027	60.4	0.0	24.7	0.0	*7.5	*7.3
Medicare and private	3,364	44.2	34.2	19.7	*0.4	*1.2	*0.4
Medicare and other public	388	28.6	0.0	*17.5	46.5	*3.5	*3.9
Poverty status^d							
Poor	1,716	36.9	*19.5	*7.5	31.0	*2.2	*2.7
Near-poor	571	49.1	14.7	*11.8	*19.2	*4.0	*1.2
Low income	2,187	44.4	21.6	*12.1	4.7	*15.0	*2.2
Middle income	4,824	57.7	29.3	*9.0	1.3	*1.6	1.1
High income	5,985	58.9	33.6	*2.3	*0.4	*3.7	*1.0
Metropolitan statistical area (MSA)^c							
MSA	12,162	53.9	27.6	7.1	5.1	*5.0	1.3
Non-MSA	3,110	52.6	30.8	*5.6	6.6	*2.8	*1.7
Census region							
Northeast	2,774	62.0	28.2	3.6	*3.0	*1.4	*1.8
Midwest	4,110	52.6	34.3	*5.0	*4.5	*2.5	*1.1
South	4,277	61.5	18.4	*8.1	5.7	*4.9	1.4
West	4,123	40.8	32.4	*9.3	*7.7	*8.3	1.5
Perceived health status^c							
Under 65 years							
Excellent, very good, or good	8,333	63.7	29.1	0.1	*5.3	*0.8	1.1
Fair or poor	2,107	31.7	*33.6	*2.2	*8.3	*23.1	*1.2
65 years and over							
Excellent, very good, or good	2,925	50.5	27.4	15.3	2.2	*2.1	*2.5
Fair or poor	1,859	39.8	*18.8	28.7	*6.9	*4.2	*1.6

^aFor source of payment, private includes CHAMPUS and CHAMPVA (Armed-Forces-related coverage).

^fFor source of payment, other public includes Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); other State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).

^gFor source of payment, other includes Worker's Compensation; other unclassified sources (e.g., automobile, homeowner's, liability, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for persons without private health insurance coverage during the year, as defined in MEPS).

—Less than 100 sample cases with expenses.

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Technical Appendix

The data in this report were obtained in the first three rounds of interviews for the Household Component (HC) of the 1996 Medical Expenditure Panel Survey (MEPS). MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). The focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments for those services, access to care, health insurance coverage, income, and employment of the U.S. civilian noninstitutionalized population. In other components of MEPS, data are collected on the use, charges, and payments reported by providers (Medical Provider Component), residents of licensed or certified nursing homes (Nursing Home Component), and the supply side of the insurance market (Insurance Component).

The sample for the MEPS HC was selected from respondents to the 1995 National Health Interview Survey (NHIS), which was conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks. The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of five rounds of interviews over a period of 2½ years. Interviews are conducted with one member of each family, who reports on the health care experiences of the entire family. Two calendar years of medical expenditure and utilization data are collected in each household and captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping samples of survey data that will provide continuous and current estimates of health care expenditures.

The reference period for Round 1 of the MEPS HC was from January 1, 1996, to the date of the first interview, which occurred during the period from March through August 1996. The reference period for Round 2 of the MEPS HC was from the date of the first interview (March-August 1996) to the date of the second interview, which took place during the period from August through December 1996. While the reference period for Round 3 was from the date of the

second interview (August-December 1996) to the date of the third interview (February-July 1997), only expenditures from the 1996 portion of the Round 3 interview are included in the estimates contained in this report.

The estimates of total expenditures in each table are based on 21,571 sample persons. They are weighted to develop population estimates for a total of 268,905,490 persons who were in the U.S. civilian noninstitutionalized population for part or all of 1996. For persons who were in the target population for the full year, all expenditures from January 1 through December 31, 1996, were included in the estimates. People with part-year information include newborns, people who died during the year, and people who resided in an institution, were in the military, or lived outside the country for part of the year. Expenditures for deceased persons were measured for the period from January 1 through the date of death, while those for newborns were measured from the date of birth through December 31. Expenses incurred during periods of full-time active-duty military service, institutionalization, or residency outside the country were not included.

The estimates in this report are based on the most recent data available from MEPS at the time the report was written. However, selected elements of MEPS data may be revised on the basis of additional analyses, which could result in slightly different estimates from those shown here. Please check the MEPS Web site for the most current file releases.

MEPS Expenditures

Definition

Expenditures in this report refer to payments for health care services. More specifically, expenditures in MEPS are defined as the sum of direct payments for care provided during the year, including out-of-pocket payments and payments by private insurance, Medicaid, Medicare, and other sources. Payments for over-the-counter drugs, alternative care services, and phone contacts with medical providers are not included in MEPS total expenditure estimates. Indirect payments not related to specific medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, also are not included.

The definition of expenditures used in MEPS is somewhat different from the definition used in its predecessor surveys, the 1987 National Medical Expenditure Survey (NMES) and the 1977 National Medical Care Expenditure Survey (NMCES), where “charges” rather than “sum of payments” were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990s due to the increasingly common practice of discounting charges. One impact of this change is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures.

Differences Between MEPS and National Health Accounts Estimates

MEPS and the National Health Accounts (NHA) of the Health Care Financing Administration (HCFA) have substantial differences in methodologies and objectives. In particular, the NHA are based on a composite of data from multiple sources at the national level and are used primarily to track aggregate medical expenditures in the U.S. economy. In contrast, MEPS collects survey data on individuals that can be used to estimate direct payments made for medical care and services purchased by the civilian noninstitutionalized population. Data from MEPS are widely used for behavioral and socioeconomic analyses of the relationship between individual characteristics and health care spending.

National health care expenditure estimates from MEPS are lower than those from the NHA for several reasons. First, the NHA include a larger range of expenditures. For example, the NHA include expenditures for over-the-counter drugs, nursing home care, program administration, government public health activities, and construction, as well as some hospital and physician revenues not associated with patient care. Second, the NHA include health care expenditures for individuals who are not members of the civilian noninstitutionalized population, such as individuals in the military and those residing in nursing homes, assisted living facilities, and prisons. Researchers at AHRQ and HCFA estimate that adjustments for differences in the scope of included expenditures and population reduce the NHA’s national estimate to about \$604 billion, compared to the corresponding MEPS national estimate of \$554 billion (Selden, Levit, Cohen,

et al., 2000). For the most part, the remaining difference is likely to reflect some combination of (a) irreconcilable definition and measurement differences between the NHA and MEPS and (b) statistical uncertainty associated with sampling error in both MEPS and the NHA.

Estimation Methodology

Expenditure estimates in this report are based on the sum of total payments for 1996 medical events reported in Rounds 1-3 of the MEPS HC. The HC collected annual data on the use of and associated expenditures for office and hospital-based care, home health care, dental services, prescribed medicines, vision aids, and other medical supplies and equipment. In addition, the MEPS Medical Provider Component (MPC) collected expenditure data from a sample of medical and pharmaceutical providers that provided care and medicines to sample people in 1996. Expenditure data collected in the MPC are generally regarded as more accurate than comparable data collected in the HC and were used to improve the overall quality of MEPS expenditure data in this report. For a more detailed description of the MPC, see Machlin and Taylor (2000).

Expenditure data were imputed to replace missing data, provide estimates for care delivered under capitated reimbursement arrangements, and adjust household-reported insurance payments because respondents were often unaware that their insurer paid a discounted amount to the provider. This section contains a general description of the approaches used for these three situations. A more detailed description of the editing and imputation procedures is provided in the documentation for the MEPS event-level files, which are available through the AHRQ Web site at <http://www.ahrq.gov/>. For more information on the approach used to impute missing expenditure data on prescribed medicines, see Moeller, Stagnitti, Horan, et al. (2000).

Missing data on expenditures were imputed using a weighted sequential hot-deck procedure for most medical visits and services. In general, this procedure imputes data from events with complete information to events with missing information but similar characteristics. For each event type, selected predictor variables with known values (e.g., total charge; demographic characteristics; region; provider type; and characteristics of the event of care, such as whether it

involved surgery) were used to form groups of donor events with known data on expenditures, as well as identical groups of recipient events with missing data. Within such groups, data were assigned from donors to recipients, taking into account the weights associated with the complex MEPS survey design. Only MPC data were used as donors for hospital-based events, while data from both the HC and MPC were used as donors for office-based physician visits.

Because payments for medical care provided under capitated reimbursement arrangements and through public clinics and Department of Veterans Affairs (VA) hospitals are not tied to particular medical events, expenditures for events covered under those types of arrangements and settings were also imputed. Events covered under capitated arrangements were imputed from events covered under managed care arrangements that were paid based on a discounted fee-for-service method, while imputations for visits to public clinics and VA hospitals were based on similar events that were paid on a fee-for-service basis. As for other events, selected predictor variables were used to form groups of donor and recipient events for the imputations.

An adjustment also was applied to some HC-reported expenditure data because an evaluation of matched HC/MPC data showed that respondents who reported that charges and payments were equal were often unaware that insurance payments for the care had been based on a discounted charge. To compensate for this systematic reporting error, a weighted sequential hot-deck imputation procedure was implemented to determine an adjustment factor for HC-reported insurance payments when charges and payments were reported to be equal.

In some situations, it was reported that one charge covered multiple contacts between a sample person and a medical provider (e.g., obstetrical services, orthodontia). In these situations, total payments for the fee (sometimes called a flat or global fee) were included if the initial service was provided in 1996. For example, all payments for an orthodontist's fee that covered multiple visits over 3 years were included if the initial visit occurred in 1996. However, if a 1996 visit to an orthodontist was part of a flat fee for which the initial visit occurred in 1995, then none of the payments for the flat fee were included. Most of the expenditures for medical care reported by MEPS participants were associated with medical events that were not part of a flat-fee arrangement.

Respondents sometimes reported medical events for which, in actuality, no payments were made. This situation could occur for several reasons, including when free care or a free sample of medicine was provided, bad debt was incurred, or no charge was made for a followup visit (e.g., after a surgical procedure). These types of events were treated as valid \$0 payments when developing the estimates contained in this report.

Type-of-Service Categories

In addition to expenditures for total health services (Table 2), expenses are classified in this report into six broad types of service: hospital inpatient, ambulatory, prescribed medicines, dental, home health, and other medical equipment and services. These categories are described below and, where relevant, in the footnotes to the tables in this report.

- *Hospital inpatient services (Table 3)*—This category includes room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays. It excludes expenses for hospital discharges that did not involve an overnight stay, which are classified as ambulatory expenses.
- *Ambulatory services (Table 4)*—This category includes expenses for visits to medical providers seen in office-based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals. It also includes expenses for events reported as hospital admissions without an overnight stay.
- *Prescribed medicines (Table 5)*—This category includes expenses for all prescribed medications that were initially purchased or otherwise obtained during 1996, as well as any refills.
- *Dental services (Table 6)*—This category covers expenses for any type of dental care provider, including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists.
- *Home health services (Table 7)*—This category includes expenses for care provided by home health agencies and independent home health providers.

Agency providers accounted for most (about 83 percent) of the expenses in this category.

- *Other medical equipment and services (Table 8)*—This category includes expenses for eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous items or services that were obtained, purchased, or rented during the year. About half the expenditures in this category were for vision items.

Source-of-Payment Categories

Estimates of sources of payment presented in this report represent the percentage of the total sum of expenditures paid for by each source. Sources of payment are classified as follows.

- *Out of pocket by user or family.*
- *Private insurance*—Includes payments made by insurance plans covering hospital and medical care (excluding payments from Medicare, Medicaid, and other public sources). Payments from Medigap plans or CHAMPUS and CHAMPVA (Armed-Forces-related coverage) are included. Payments from plans that provide coverage for a single service only, such as dental or vision coverage, are not included.
- *Medicare*—A federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and most persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and can be purchased for a monthly premium.
- *Medicaid*—A means-tested government program jointly financed by Federal and State funds that provides health care to those who are eligible. Program eligibility criteria vary significantly by State, but the program is designed to provide health coverage to families and individuals who are unable to afford necessary medical care.
- *Other public programs*—Includes payments from the Department of Veterans Affairs (excluding CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); various State and local sources (community and neighborhood

clinics, State and local health departments, and State programs other than Medicaid); and Medicaid payments reported for people who were not enrolled in the Medicaid program at any time during the year.

- *Other sources*—Includes payments from Worker's Compensation; other unclassified sources (automobile, homeowner's, or liability insurance, and other miscellaneous or unknown sources); and other private insurance (any type of private insurance payments reported for people without private health insurance coverage during the year as defined in MEPS).

Population Characteristics

In general, estimates in this report are based on characteristics as of December 31, 1996, or the last date that the sample person was part of the civilian noninstitutionalized population living in the United States prior to December 31, 1996.

Age

The respondent was asked to report the age of each family member as of the date of each interview for Rounds 1, 2, and 3. In this report, age is usually based on the sample person's age as of December 31, 1996. If data were not collected during Round 3 because the sample person was out of scope (e.g., deceased or institutionalized), then age at the time of the Round 2 interview was used. Similarly, if age at Round 2 was not collected because the person was out of scope, then age at Round 1 was used.

Race/Ethnicity

Classification by race and ethnicity is based on information reported for each family member. Respondents were asked if the race of the sample person was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if the sample person's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, are classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, and other

Hispanic, the race categories of black, white, and other do not include Hispanic people.

Health Insurance Status

Individuals under age 65 were classified into the following three insurance categories based on household responses to health insurance status questions administered during Rounds 1-3 of the MEPS HC.

- *Any private health insurance*—Individuals who, at any time during the year, had insurance that provides coverage for hospital and physician care (other than Medicare, Medicaid, or other public hospital/physician coverage) are classified as having private insurance. Coverage by CHAMPUS/CHAMPVA (Armed-Forces-related coverage) is also included as private health insurance. Insurance that provides coverage for a single service only, such as dental or vision coverage, is not included.
- *Public coverage only*—Individuals are considered to have public coverage only if they met both of the following criteria:
 - They were not covered by private insurance at any time during the year.
 - They were covered by one of the following public programs at any point during the year: Medicare, Medicaid, or other public hospital/physician coverage.
- *Uninsured*—The uninsured are defined as people not covered by Medicare, CHAMPUS/CHAMPVA, Medicaid, other public hospital/physician programs, or private hospital/physician insurance at any time during the entire year or period of eligibility for the survey. Individuals covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program, Colorado Child Health Plan) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) are not considered to be insured.

Individuals age 65 and over were classified into the following three insurance categories:

- *Medicare only.*
- *Medicare and private.*
- *Medicare and other public.*

Poverty Status

Each sample person was classified according to the total 1996 income of his or her family. Within a household, all individuals related by blood, marriage, or adoption were considered to be a family. Personal income from all family members was summed to create family income. Possible sources of income included annual earnings from wages, salaries, bonuses, tips, and commissions; business and farm gains and losses; unemployment and Worker's Compensation; interest and dividends; alimony, child support, and other private cash transfers; private pensions, individual retirement account (IRA) withdrawals, Social Security, and Department of Veterans Affairs payments; Supplemental Security Income and cash welfare payments from public assistance, Aid to Families with Dependent Children and Aid to Dependent Children; gains or losses from estates, trusts, partnerships, S corporations, rent, and royalties; and a small amount of "other" income.

Poverty status is the ratio of family income to the 1996 Federal poverty thresholds, which control for family size and age of the head of family. Categories are defined as follows:

- *Poor*—This refers to persons in families with income less than or equal to the poverty line and includes those who reported negative income.
- *Near-poor*—This group includes persons in families with income over the poverty line through 125 percent of the poverty line.
- *Low income*—This category includes persons in families with income over 125 percent through 200 percent of the poverty line.
- *Middle income*—This category includes persons in families with income over 200 percent through 400 percent of the poverty line.
- *High income*—This category includes persons in families with income over 400 percent of the poverty line.

Place of Residence

Individuals are identified as residing either inside or outside a metropolitan statistical area (MSA) as designated by the U.S. Office of Management and Budget, which applied 1990 standards using population counts from the 1990 U.S. census. An MSA is a large population nucleus combined with adjacent communities that have a high degree of economic and

social integration with the nucleus. Each MSA has one or more central counties containing the area's main population concentration. In New England, metropolitan areas consist of cities and towns rather than whole counties. MSA data are based on MSA status as of December 31, 1996. If MSA status as of December 31 was not known, then MSA status at the time of the Round 3 interview was used.

Region

Each MEPS sample person was classified as living in one of the following four regions as defined by the Bureau of the Census:

- *Northeast*—Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania.
- *Midwest*—Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas.
- *South*—Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas.
- *West*—Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Alaska, and Hawaii.

Perceived Health Status

The MEPS respondent was asked to rate the health of each person in the family at the time of the Round 1 and Round 2 interviews according to the following categories: excellent, very good, good, fair, and poor. Perceived health status in this report is based primarily on responses obtained in the Round 2 interview. For persons with missing health status in Round 2, however, the response for health status at Round 1 was used, if available. In the tables in this report, the five health status categories were collapsed into the following two broad categories: (1) excellent, very good, or good health and (2) fair or poor health.

Sample Design and Accuracy of Estimates

The sample selected for the 1996 MEPS, a subsample of the 1995 NHIS, was designed to produce national estimates that are representative of the civilian noninstitutionalized population of the United States. Round 1 data were obtained for approximately 9,400 households in MEPS, resulting in a survey response rate of 78 percent. This figure reflects participation in both NHIS and MEPS. For Round 2, the response rate was 95 percent, resulting in a response rate of 74 percent overall from the NHIS interview through Round 2 of MEPS. For Round 3, the response rate was 95 percent, resulting in a full-year response rate of 70 percent.

The statistics presented in this report are affected by both sampling error and sources of nonsampling error, which include nonresponse bias, respondent reporting errors, and interviewer effects. For a detailed description of the MEPS survey design, the adopted sample design, and methods used to minimize sources of nonsampling error, see J. Cohen (1997), S. Cohen (1997), and Cohen, Monheit, Beauregard, et al. (1996).

The MEPS person-level estimation weights include nonresponse adjustments and poststratification adjustments to population totals obtained from the March 1997 Current Population Survey (CPS) to reflect Census Bureau estimated population distributions as of December 1996. The person-level poststratification incorporated the following variables: poverty status, region, MSA, race/ethnicity, sex, and age. The weighting process also included poststratification to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries in 1996, and poststratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted to nursing homes.

Overall, the weighted population estimate for the civilian noninstitutionalized population as of December 31, 1996, is 265,439,511. The inclusion of people who were in scope at some time in 1996 but were out of scope (deceased, institutionalized, active-duty military, or out of the country) as of December 31, 1996, brings the estimated total number of people represented by MEPS respondents over the course of the year up to 268,905,490.

Tests of statistical significance were used to determine whether the differences between populations exist at specified levels of confidence or whether they occurred by chance. Differences were tested using Z-scores having asymptotic normal properties at the 0.05 level of significance. Unless otherwise noted, only statistically significant differences between estimates are discussed in the text.

Rounding

Estimates presented in the tables are rounded as follows:

- Percentages are rounded to the nearest 0.1 percentage point.
- Mean and median expenditures are rounded to the nearest dollar.
- Total expenditures are rounded to the nearest million dollar unit.

Some of the estimates for population totals of subgroups presented in the tables will not add exactly to the overall estimated population total as a consequence of rounding.

Table A. Standard errors for events, charges, and expenses, by event type: United States, 1996
Corresponds to Table 1

Event type	Events (in millions)	Charges (in billions)	Expenses	
			Payments (in billions)	Percent distribution
Total	NA	NA	\$19.2	NA
Hospital inpatient	1.1	\$20.7	15.7	1.8
Ambulatory	39.7	8.5	5.6	1.1
Prescription medicines	66.8	NA	2.4	0.5
Dental	9.7	2.0	1.7	0.4
Home health	NA	4.4	3.6	0.6
Other medical	NA	1.0	0.9	0.2

NA—not available.

Note: These estimates are for a target population of approximately 268.9 million persons who were in the civilian noninstitutionalized population for all or part of 1996. Percents may not add to 100 because rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table B. Standard errors for total health services—median and mean expenses per person with expense and distribution of expenses by source of payment:
United States, 1996
Corresponds to Table 2

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	†	0.33	14	79
Age in years				
Under 65	†	0.36	9	80
Under 6	†	0.90	10	176
6-17	†	0.85	9	70
18-44	†	0.49	14	145
45-64	†	0.53	35	175
65 and over	†	0.43	80	263
Sex				
Male	†	0.49	13	146
Female	†	0.34	20	84
Race/ethnicity				
White and other	†	0.35	18	94
Black	†	0.96	19	241
Hispanic	†	0.99	14	138
Health insurance status				
Under age 65:				
Any private	4,618	0.37	12	102
Public only	1,401	0.88	24	181
Uninsured	1,394	1.12	13	101
Age 65 and over:				
Medicare only	480	1.26	177	596
Medicare and private	906	0.42	101	325
Medicare and other public	271	1.43	445	731
Poverty status				
Poor	†	0.86	26	289
Near-poor	†	1.63	75	378
Low income	†	0.90	26	158
Middle income	†	0.49	17	91
High income	†	0.49	23	161
Metropolitan statistical area (MSA)				
MSA	†	0.38	16	86
Non-MSA	†	0.81	23	136
Census region				
Northeast	†	0.73	31	154
Midwest	†	0.61	33	235
South	†	0.56	23	117
West	†	0.80	28	136
Perceived health status				
Under 65 years				
Excellent, very good, or good	5,092	0.39	8	44
Fair or poor	803	0.78	109	691
65 years and over				
Excellent, very good, or good	868	0.53	65	172
Fair or poor	513	0.56	365	712

Continued

Table B. Standard errors for total health services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)
Corresponds to Table 2

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private	Medicare	Medicaid	Other public	Other
Total	19,231	0.7	1.8	1.3	0.8	0.8	0.4
Age in years							
Under 65	16,700	0.9	2.0	0.5	1.1	1.2	0.6
Under 6	3,945	1.5	6.4	0.1	5.9	0.2	1.1
6-17	2,971	2.3	3.2	0.3	2.7	0.3	2.7
18-44	13,203	1.6	3.3	0.6	1.4	0.3	1.1
45-64	9,553	1.1	2.2	1.1	1.4	2.7	0.6
65 and over	10,713	1.0	1.4	1.6	0.5	0.6	0.4
Sex							
Male	15,875	1.1	3.2	2.0	1.2	1.7	0.7
Female	11,716	0.8	1.5	1.3	0.9	0.2	0.5
Race/ethnicity							
White and other	18,868	0.8	1.9	1.4	0.7	0.5	0.4
Black	7,278	1.1	3.6	3.8	4.0	6.3	1.2
Hispanic	3,531	1.4	4.0	3.0	1.9	1.6	3.3
Health insurance status							
Under age 65:							
Any private	16,251	1.1	1.7	0.3	0.3	1.4	0.7
Public only	5,102	0.8	0.0	2.8	3.1	0.7	1.2
Uninsured	2,213	4.5	0.0	0.0	0.0	6.6	3.9
Age 65 and over:							
Medicare only	4,705	2.5	0.0	4.4	0.0	2.1	1.9
Medicare and private	9,000	1.3	1.7	1.8	0.1	0.6	0.3
Medicare and other public	3,125	0.8	0.0	2.9	2.4	1.0	0.6
Poverty status							
Poor	9,309	1.1	4.7	3.2	3.6	4.2	1.6
Near-poor	3,883	2.2	3.6	7.0	3.7	0.9	1.2
Low income	5,678	1.2	2.4	2.6	1.7	1.1	0.8
Middle income	8,481	1.1	1.9	1.8	0.5	0.4	0.4
High income	13,262	1.6	2.7	1.6	0.3	0.6	0.8
Metropolitan statistical area (MSA)							
MSA	16,161	0.8	2.0	1.1	0.9	0.5	0.5
Non-MSA	8,611	1.1	2.4	3.2	1.5	0.5	0.6
Census region							
Northeast	7,446	1.0	2.2	2.1	1.8	0.2	0.6
Midwest	12,823	1.5	4.8	2.7	1.6	0.6	0.7
South	11,219	1.3	2.1	2.3	1.2	2.2	0.5
West	7,119	1.3	3.2	1.8	1.1	1.4	1.5
Perceived health status							
Under 65 years							
Excellent, very good, or good	9,848	0.8	1.3	0.3	0.8	0.2	0.6
Fair or poor	12,835	1.3	6.0	1.7	3.0	1.7	1.5
65 years and over							
Excellent, very good, or good	5,079	1.1	1.5	1.9	0.5	0.6	0.5
Fair or poor	8,060	1.6	1.6	2.5	0.8	0.9	0.7

† Standard error approximately zero because of poststratification to Census Bureau population control totals.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table C. Standard errors for hospital inpatient services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996
Corresponds to Table 3

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	†	0.22	220	824
Age in years				
Under 65	†	0.19	185	1,157
Under 6	†	0.50	—	—
6-17	†	0.27	—	—
18-44	†	0.27	187	1,935
45-64	†	0.41	705	1,623
65 and over	†	0.86	534	1,044
Sex				
Male	†	0.27	443	1,854
Female	†	0.30	181	696
Race/ethnicity				
White and other	†	0.26	249	963
Black	†	0.56	619	2,477
Hispanic	†	0.47	323	1,088
Health insurance status				
Under age 65:				
Any private	4,618	0.22	275	1,639
Public only	1,401	0.59	288	986
Uninsured	1,394	0.33	—	—
Age 65 and over:				
Medicare only	480	1.82	—	—
Medicare and private	906	1.04	634	1,292
Medicare and other public	271	2.41	—	—
Poverty status				
Poor	†	0.57	479	2,092
Near-poor	†	1.05	—	—
Low income	†	0.63	390	783
Middle income	†	0.32	406	746
High income	†	0.29	453	2,741
Metropolitan statistical area (MSA)^f				
MSA	†	0.23	232	1,041
Non-MSA	†	0.51	462	908
Census region				
Northeast	†	0.53	620	1,490
Midwest	†	0.47	545	2,662
South	†	0.42	342	982
West	†	0.34	412	1,527
Perceived health status^f				
Under 65 years				
Excellent, very good, or good	5,092	0.17	178	704
Fair or poor	803	1.03	556	3,211
65 years and over				
Excellent, very good, or good	868	0.91	569	677
Fair or poor	513	1.89	1,032	1,790

Continued

Table C. Standard errors for hospital inpatient services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)
Corresponds to Table 3

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private	Medicare	Medicaid	Other public	Other
Total	15,684	0.3	4.1	3.1	1.6	2.0	0.8
Age in years							
Under 65	14,318	0.4	4.6	1.2	2.8	3.1	1.3
Under 6	—	—	—	—	—	—	—
6-17	—	—	—	—	—	—	—
18-44	12,254	0.5	6.3	1.4	3.4	0.4	2.9
45-64	7,236	0.8	5.3	2.5	3.3	6.8	1.6
65 and over	7,667	0.3	2.9	2.8	0.4	0.8	0.6
Sex							
Male	14,367	0.4	6.5	4.5	2.5	3.7	1.4
Female	8,514	0.3	3.7	3.1	1.9	0.4	0.8
Race/ethnicity							
White and other	15,176	0.3	4.5	3.8	1.4	1.0	0.7
Black	6,198	0.3	6.6	5.5	7.6	11.7	2.4
Hispanic	2,370	0.6	7.5	5.9	3.6	3.4	6.9
Health insurance status							
Under age 65:							
Any private	14,356	0.5	4.0	0.7	0.8	3.8	1.4
Public only	3,471	0.3	0.0	4.6	5.1	0.9	2.1
Uninsured	—	—	—	—	—	—	—
Age 65 and over:							
Medicare only	—	—	—	—	—	—	—
Medicare and private	6,660	0.3	3.6	3.6	0.1	0.3	0.6
Medicare and other public	—	—	—	—	—	—	—
Poverty status							
Poor	8,202	0.3	8.8	6.3	6.1	7.9	2.6
Near-poor	—	—	—	—	—	—	—
Low income	3,352	0.5	4.2	3.9	3.8	1.5	1.4
Middle income	5,337	0.4	4.5	4.1	0.8	0.8	1.0
High income	12,294	0.7	6.6	5.1	0.7	1.1	1.9
Metropolitan statistical area (MSA)							
MSA	13,791	0.4	4.7	2.9	2.0	1.1	1.2
Non-MSA	5,131	0.5	4.6	5.9	3.3	0.9	0.9
Census region							
Northeast	5,515	0.8	4.5	4.1	4.2	0.1	1.4
Midwest	12,139	0.5	9.4	7.0	3.0	0.3	1.4
South	7,848	0.3	4.0	5.0	2.2	5.3	1.2
West	5,491	0.7	8.3	4.6	2.7	4.1	3.1
Perceived health status							
Under 65 years							
Excellent, very good, or good	6,642	0.7	3.4	1.1	2.6	0.4	1.3
Fair or poor	11,372	0.3	8.8	2.6	4.8	2.7	2.7
65 years and over							
Excellent, very good, or good	3,232	0.5	3.5	3.7	0.4	1.4	1.1
Fair or poor	5,756	0.3	3.4	3.5	0.6	0.3	0.8

† Standard error approximately zero because of poststratification to Census Bureau population control totals.

—Less than 100 sample cases with expenses.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table D. Standard errors for ambulatory services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996

Corresponds to Table 4

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	†	0.43	6	21
Age in years				
Under 65	†	0.45	5	22
Under 6	†	1.07	7	27
6-17	†	1.04	5	37
18-44	†	0.60	8	28
45-64	†	0.72	15	60
65 and over	†	0.74	28	65
Sex				
Male	†	0.59	7	31
Female	†	0.50	8	27
Race/ethnicity				
White and other	†	0.46	7	26
Black	†	1.22	9	41
Hispanic	†	1.15	8	49
Health insurance status				
Under age 65:				
Any private	4,618	0.51	6	26
Public only	1,401	1.13	12	53
Uninsured	1,394	1.24	8	49
Age 65 and over:				
Medicare only	480	1.76	30	96
Medicare and private	906	0.84	44	87
Medicare and other public	271	2.08	53	154
Poverty status				
Poor	†	0.94	13	55
Near-poor	†	1.8	25	76
Low income	†	1.07	14	50
Middle income	†	0.67	9	37
High income	†	0.72	10	38
Metropolitan statistical area (MSA)				
MSA	†	0.48	7	24
Non-MSA	†	1.08	12	51
Census region				
Northeast	†	0.98	14	51
Midwest	†	0.74	14	44
South	†	0.72	8	35
West	†	1.02	11	48
Perceived health status				
Under 65 years				
Excellent, very good, or good	5,092	0.49	5	20
Fair or poor	803	1.08	45	111
65 years and over				
Excellent, very good, or good	868	0.86	24	61
Fair or poor	513	1.09	58	146

Continued

Table D. Standard errors for ambulatory services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)

Corresponds to Table 4

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private	Medicare	Medicaid	Other public	Other
Total	5,642	0.5	1.0	0.9	0.5	0.3	0.7
Age in years							
Under 65	4,908	0.6	1.2	0.4	0.7	0.4	0.8
Under 6	587	1.3	2.5	0.4	1.8	0.5	0.6
6-17	1,266	2.1	4.1	0.1	1.4	0.5	6.1
18-44	2,694	0.7	1.5	0.3	0.9	0.2	0.8
45-64	2,949	0.9	1.9	0.9	0.9	0.9	1.0
65 and over	2,423	0.6	1.2	1.3	0.3	0.3	1.1
Sex							
Male	3,225	0.7	1.5	1.3	0.6	0.6	0.7
Female	3,702	0.6	1.2	1.0	0.6	0.2	1.1
Race/ethnicity							
White and other	5,385	0.5	1.1	0.9	0.5	0.4	0.8
Black	1,232	0.9	2.3	3.0	2.0	0.6	1.3
Hispanic	1,091	1.7	3.7	1.7	2.2	0.3	2.6
Health insurance status							
Under age 65:							
Any private	4,465	0.6	1.0	0.2	0.1	0.3	0.9
Public only	1,352	1.5	0.0	2.8	3.2	0.7	1.4
Uninsured	807	3.7	0.0	0.0	0.0	4.7	3.9
Age 65 and over:							
Medicare only	734	2.0	0.0	5.1	0.0	1.1	6.3
Medicare and private	2,211	0.6	1.4	1.5	0.1	0.3	0.1
Medicare and other public	573	1.5	0.0	2.6	1.9	1.9	1.8
Poverty status							
Poor	1,697	1.3	1.5	2.3	2.6	1.0	2.4
Near-poor	784	2.0	3.1	4.3	2.4	0.8	1.1
Low income	1,670	1.3	2.6	2.4	1.0	0.5	1.1
Middle income	3,063	0.8	1.7	1.6	0.4	0.3	0.6
High income	3,413	0.8	1.5	0.8	0.1	0.6	1.4
Metropolitan statistical area (MSA)							
MSA	5,011	0.5	1.2	0.9	0.6	0.4	0.8
Non-MSA	2,674	1.0	2.3	2.1	1.2	0.4	1.4
Census region							
Northeast	2,063	0.8	1.8	1.8	1.0	0.2	0.6
Midwest	44,512	0.9	2.1	1.8	0.7	0.3	1.3
South	3,645	0.9	2.1	1.7	1.1	0.7	0.8
West	2,520	1.2	2.3	1.3	0.9	0.7	2.4
Perceived health status							
Under 65 years							
Excellent, very good, or good	4,005	0.6	1.1	0.2	0.4	0.3	1.0
Fair or poor	2,245	1.0	3.1	1.5	2.1	1.4	1.4
65 years and over							
Excellent, very good, or good	1,636	0.7	1.6	1.6	0.2	0.4	0.3
Fair or poor	1,505	0.9	1.8	2.5	0.6	0.5	2.8

† Standard error approximately zero because of poststratification to Census Bureau population control totals.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table E. Standard errors for prescription medicines—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996
Corresponds to Table 5

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	†	0.43	3	10
Age in years				
Under 65	†	0.44	2	9
Under 6	†	1.27	2	15
6-17	†	1.00	2	17
18-44	†	0.65	3	11
45-64	†	0.72	10	22
65 and over	†	0.83	19	33
Sex				
Male	†	0.58	3	15
Female	†	0.54	4	12
Race/ethnicity				
White and other	†	0.51	4	12
Black	†	1.05	6	23
Hispanic	†	1.22	3	29
Health insurance status				
Under age 65:				
Any private	4,618	0.51	3	11
Public only	1,401	1.16	7	28
Uninsured	1,394	1.11	5	24
Age 65 and over:				
Medicare only	480	1.92	41	46
Medicare and private	906	0.89	25	41
Medicare and other public	271	2.26	69	102
Poverty status				
Poor	†	1.08	7	23
Near-poor	†	1.92	15	40
Low income	†	1.17	7	26
Middle income	†	0.74	5	20
High income	†	0.69	5	15
Metropolitan statistical area (MSA)				
MSA	†	0.47	4	11
Non-MSA	†	1.03	8	25
Census region				
Northeast	†	0.97	7	18
Midwest	†	0.92	8	24
South	†	0.69	5	17
West	†	0.95	5	22
Perceived health status				
Under 65 years				
Excellent, very good, or good	5,092	0.47	2	8
Fair or poor	803	1.10	23	47
65 years and over				
Excellent, very good, or good	868	1.01	18	31
Fair or poor	513	1.07	58	65

Continued

Table E. Standard errors for prescription medicines—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)
Corresponds to Table 5

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private	Medicare	Medicaid	Other public	Other
Total	2,355	1.1	1.2	0.2	0.8	0.3	0.3
Age in years							
Under 65	1,745	1.2	1.4	0.0	1.0	0.4	0.4
Under 6	265	3.3	4.7	0.0	2.7	0.2	0.2
6-17	432	4.5	6.1	0.0	2.6	0.5	0.2
18-44	898	1.8	2.0	0.1	1.5	0.5	0.8
45-64	1,128	1.5	1.9	0.1	1.3	0.7	0.4
65 and over	1,267	1.9	1.9	0.5	1.2	0.4	0.4
Sex							
Male	1,281	1.7	1.8	0.2	1.2	0.7	0.4
Female	1,542	1.3	1.4	0.3	0.9	0.1	0.3
Race/ethnicity							
White and other	2,208	1.2	1.3	0.2	0.8	0.3	0.3
Black	565	2.5	2.3	0.3	3.6	0.8	1.3
Hispanic	493	3.7	5.6	0.9	3.0	0.4	0.9
Health insurance status							
Under age 65:							
Any private	1,566	1.2	1.2	0.0	0.2	0.3	0.2
Public only	651	2.4	0.0	0.2	3.0	1.5	2.0
Uninsured	367	2.3	0.0	0.0	0.0	2.1	0.7
Age 65 and over:							
Medicare only	406	2.5	0.0	2.2	0.2	1.1	1.8
Medicare and private	1,055	2.4	2.4	0.3	0.2	0.4	0.1
Medicare and other public	420	2.5	0.0	1.3	4.0	2.2	1.1
Poverty status							
Poor	609	2.4	1.6	0.2	3.2	1.0	0.9
Near-poor	381	3.3	2.9	1.5	3.3	0.7	2.5
Low income	739	2.2	2.2	0.8	1.8	0.7	0.7
Middle income	1,298	1.8	2.3	0.2	0.9	0.5	0.4
High income	1,161	1.5	1.6	0.3	0.4	0.5	0.3
Metropolitan statistical area (MSA)							
MSA	1,997	1.2	1.3	0.2	0.9	0.4	0.3
Non-MSA	1,200	2.7	2.9	0.2	1.6	0.4	0.3
Census region							
Northeast	688	1.8	1.8	0.4	1.4	0.7	0.8
Midwest	1,210	2.3	2.6	0.3	1.3	0.6	0.6
South	1,630	1.8	1.9	0.3	1.7	0.5	0.2
West	1,070	2.2	2.8	0.4	1.5	0.5	0.7
Perceived health status							
Under 65 years							
Excellent, very good, or good	1,313	1.2	1.4	0.0	0.7	0.3	0.4
Fair or poor	928	2.3	3.0	0.1	2.7	1.1	0.7
65 years and over							
Excellent, very good, or good	751	2.5	2.6	0.7	0.9	0.4	0.5
Fair or poor	821	2.4	2.6	0.7	2.5	0.8	0.5

† Standard error approximately zero because of poststratification to Census Bureau population control totals.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table F. Standard errors for dental services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996
Corresponds to Table 6

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	†	0.69	2	10
Age in years				
Under 65	†	0.71	3	10
Under 6	†	1.04	4	9
6-17	†	1.24	4	30
18-44	†	0.77	3	13
45-64	†	1.00	7	16
65 and over	†	1.37	10	28
Sex				
Male	†	0.80	3	15
Female	†	0.72	3	13
Race/ethnicity				
White and other	†	0.81	3	11
Black	†	1.03	6	33
Hispanic	†	1.14	5	25
Health insurance status				
Under age 65:				
Any private	4,618	0.75	3	12
Public only	1,401	1.29	5	17
Uninsured	1,394	1.04	8	36
Age 65 and over:				
Medicare only	480	2.32	37	64
Medicare and private	906	1.64	12	32
Medicare and other public	271	2.09	—	—
Poverty status				
Poor	†	1.08	7	22
Near-poor	†	1.95	11	37
Low income	†	1.21	8	18
Middle income	†	0.87	4	18
High income	†	0.95	4	17
Metropolitan statistical area (MSA)				
MSA	†	0.77	3	11
Non-MSA	†	1.48	4	16
Census region				
Northeast	†	1.55	7	25
Midwest	†	1.41	4	20
South	†	1.15	4	14
West	†	1.33	6	22
Perceived health status				
Under 65 years				
Excellent, very good, or good	5,092	0.74	3	11
Fair or poor	803	1.38	15	40
65 years and over				
Excellent, very good, or good	868	1.60	10	31
Fair or poor	513	1.94	26	79

Continued

Table F. Standard errors for dental services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)
Corresponds to Table 6

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private	Medicare	Medicaid	Other public	Other
Total	1,690	0.9	0.9	0.1	0.4	0.2	0.4
Age in years							
Under 65	1,566	1.0	1.0	0.0	0.4	0.1	0.4
Under 6	58	3.4	3.5	0.0	2.6	0.4	0.8
6-17	894	2.2	2.1	0.0	0.7	0.2	1.1
18-44	727	1.4	1.3	0.0	0.6	0.1	0.5
45-64	595	1.5	1.5	0.0	0.5	0.2	0.7
65 and over	441	2.1	1.7	0.9	0.2	1.5	0.6
Sex							
Male	1,022	1.3	1.4	0.0	0.5	0.5	0.5
Female	1,059	1.2	1.1	0.2	0.4	0.1	0.5
Race/ethnicity							
White and other	1,617	1.0	1.0	0.0	0.4	0.3	0.4
Black	345	3.6	2.9	2.0	1.9	0.3	1.3
Hispanic	250	2.8	2.7	0.1	1.5	0.1	2.3
Health insurance status							
Under age 65:							
Any private	1,523	1.0	1.1	0.0	0.1	0.1	0.3
Public only	169	4.1	0.0	0.2	4.3	0.3	1.4
Uninsured	263	5.0	0.0	0.0	0.0	1.2	5.0
Age 65 and over:							
Medicare only	175	4.5	0.0	4.7	0.0	1.7	2.0
Medicare and private	415	2.5	2.0	0.1	0.0	1.9	0.1
Medicare and other public	—	—	—	—	—	—	—
Poverty status							
Poor	260	4.3	3.0	0.0	4.3	0.9	1.5
Near-poor	135	5.6	3.7	0.1	4.6	2.1	0.9
Low income	266	2.8	2.7	0.2	0.8	0.1	0.4
Middle income	931	1.5	1.6	0.4	0.3	0.6	0.5
High income	1,190	1.3	1.3	0.0	0.1	0.1	0.7
Metropolitan statistical area (MSA)							
MSA	1,607	1.0	1.0	0.1	0.4	0.3	0.4
Non-MSA	545	2.2	1.9	0.0	1.0	0.5	0.3
Census region							
Northeast	874	1.9	1.8	0.0	0.7	0.1	0.8
Midwest	918	1.9	2.1	0.0	0.4	0.1	0.3
South	923	1.8	1.6	0.0	0.7	0.3	0.6
West	635	1.5	1.8	0.5	0.8	0.8	1.0
Perceived health status							
Under 65 years							
Excellent, very good, or good	1,516	1.1	1.1	0.0	0.3	0.1	0.5
Fair or poor	282	3.0	3.8	0.1	2.8	1.0	0.8
65 years and over							
Excellent, very good, or good	397	2.2	2.0	1.2	0.3	0.4	0.5
Fair or poor	237	6.6	3.2	0.2	0.4	6.4	1.6

† Standard error approximately zero because of poststratification to Census Bureau population control totals.

—Less than 100 sample cases with expenses.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table G. Standard errors for home health services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996
Corresponds to Table 7

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	†	0.14	226	456
Age in years				
Under 65	†	0.08	161	571
Under 6	†	0.23	—	—
6-17	†	0.09	—	—
18-44	†	0.11	—	—
45-64	†	0.21	—	—
65 and over	†	0.84	331	578
Sex				
Male	†	0.17	298	749
Female	†	0.19	303	535
Race/ethnicity				
White and other	†	0.18	221	497
Black	†	0.29	—	—
Hispanic	†	0.19	—	—
Health insurance status				
Under age 65:				
Any private	4,618	0.08	—	—
Public only	1,401	0.45	—	—
Uninsured	1,394	0.13	—	—
Age 65 and over:				
Medicare only	480	1.73	—	—
Medicare and private	906	0.98	403	823
Medicare and other public	271	3.02	1,390	1,135
Poverty status				
Poor	†	0.38	581	1,058
Near-poor	†	0.89	—	—
Low income	†	0.48	—	—
Middle income	†	0.23	—	—
High income	†	0.15	204	735
Metropolitan statistical area (MSA)				
MSA	†	0.14	219	563
Non-MSA	†	0.29	565	1,044
Census region				
Northeast	†	0.29	672	926
Midwest	†	0.33	529	618
South	†	0.28	293	900
West	†	0.21	—	—
Perceived health status				
Under 65 years				
Excellent, very good, or good	5,092	0.06	—	—
Fair or poor	803	0.73	—	—
65 years and over				
Excellent, very good, or good	868	0.78	287	620
Fair or poor	513	1.96	556	832

Continued

Table G. Standard errors for home health services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)
Corresponds to Table 7

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private	Medicare	Medicaid	Other public	Other
Total	3,559	3.6	2.1	4.2	2.5	2.4	0.7
Age in years							
Under 65	1,334	1.1	8.4	8.0	7.7	3.4	1.3
Under 6	—	—	—	—	—	—	—
6-17	—	—	—	—	—	—	—
18-44	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—
65 and over	3,148	4.3	1.2	4.5	2.0	2.8	0.9
Sex							
Male	2,083	8.0	2.8	8.0	3.8	5.6	0.0
Female	2,704	3.6	2.8	4.4	3.0	1.7	1.1
Race/ethnicity							
White and other	3,274	4.4	2.6	4.8	2.6	2.9	0.9
Black	—	—	—	—	—	—	—
Hispanic	—	—	—	—	—	—	—
Health insurance status							
Under age 65:							
Any private	—	—	—	—	—	—	—
Public only	—	—	—	—	—	—	—
Uninsured	—	—	—	—	—	—	—
Age 65 and over:							
Medicare only	—	—	—	—	—	—	—
Medicare and private	2,491	7.2	2.0	6.9	0.9	5.0	0.0
Medicare and other public	1,728	0.1	0.0	4.9	4.4	1.9	0.2
Poverty status							
Poor	1,810	5.2	2.6	5.5	5.0	3.0	0.2
Near-poor	—	—	—	—	—	—	—
Low income	—	—	—	—	—	—	—
Middle income	—	—	—	—	—	—	—
High income	1,097	9.4	10.4	7.1	7.0	4.5	0.0
Metropolitan statistical area (MSA)							
MSA	2,796	4.7	3.2	4.6	3.3	1.9	1.1
Non-MSA	1,980	2.1	1.0	7.7	4.2	3.3	0.3
Census region							
Northeast	1,412	2.2	3.3	6.7	6.0	2.6	0.3
Midwest	1,714	6.6	2.5	7.5	4.6	7.3	2.5
South	2,421	8.0	4.9	8.0	3.1	2.3	0.8
West	—	—	—	—	—	—	—
Perceived health status							
Under 65 years							
Excellent, very good, or good	—	—	—	—	—	—	—
Fair or poor	—	—	—	—	—	—	—
65 years and over							
Excellent, very good, or good	1,382	4.2	1.9	5.8	4.2	1.9	2.9
Fair or poor	2,815	5.7	1.5	5.6	2.2	3.9	0.1

† Standard error approximately zero because of poststratification to Census Bureau population control totals.

—Less than 100 sample cases with expenses.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

Table H. Standard errors for other medical equipment and services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996
Corresponds to Table 8

Population characteristic	Total population (in thousands)	Percent with expense	Annual total expense per person with expense	
			Median	Mean
Total	†	0.37	3	15
Age in years				
Under 65	†	0.38	3	16
Under 6	†	0.46	—	—
6-17	†	0.68	7	22
18-44	†	0.51	4	26
45-64	†	0.77	5	20
65 and over	†	1.01	8	33
Sex				
Male	†	0.46	5	24
Female	†	0.47	4	19
Race/ethnicity				
White and other	†	0.45	3	15
Black	†	0.77	10	24
Hispanic	†	0.73	9	78
Health insurance status				
Under age 65:				
Any private	4,618	0.43	4	19
Public only	1,401	0.77	11	43
Uninsured	1,394	0.74	9	41
Age 65 and over:				
Medicare only	480	2.08	22	62
Medicare and private	906	1.31	10	44
Medicare and other public	271	3.17	16	70
Poverty status				
Poor	†	0.69	9	41
Near-poor	†	1.51	15	35
Low income	†	0.89	5	47
Middle income	†	0.53	6	19
High income	†	0.65	5	24
Metropolitan statistical area (MSA)				
MSA	†	0.41	4	18
Non-MSA	†	0.84	6	21
Census region				
Northeast	†	0.80	8	24
Midwest	†	0.71	6	22
South	†	0.68	5	19
West	†	0.72	7	50
Perceived health status				
Under 65 years				
Excellent, very good, or good	5,092	0.40	3	9
Fair or poor	803	1.29	11	105
65 years and over				
Excellent, very good, or good	868	1.09	11	35
Fair or poor	513	2.29	18	68

Continued

Table H. Standard errors for other medical equipment and services—median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 1996 (continued)
Corresponds to Table 8

Population characteristic	Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Out of pocket	Private	Medicare	Medicaid	Other public	Other
Total	912	2.5	2.9	1.3	1.0	2.1	0.2
Age in years							
Under 65	751	3.5	3.8	0.3	1.4	3.0	0.2
Under 6	—	—	—	—	—	—	—
6-17	162	5.7	4.3	0.0	8.2	1.3	0.2
18-44	544	6.3	6.5	0.0	0.7	6.1	0.4
45-64	348	4.0	3.8	0.8	1.3	3.2	0.2
65 and over	446	3.5	3.5	3.5	1.1	1.0	0.6
Sex							
Male	552	3.5	3.2	2.7	0.7	4.4	0.3
Female	664	3.7	4.4	1.0	1.6	0.5	0.3
Race/ethnicity							
White and other	830	2.7	3.1	1.5	1.0	1.1	0.2
Black	124	5.9	7.7	0.6	5.1	0.6	0.8
Hispanic	317	11.3	4.6	0.1	5.7	18.6	0.9
Health insurance status							
Under age 65:							
Any private	696	4.1	4.2	0.1	0.1	3.2	0.2
Public only	165	4.3	0.0	3.7	6.7	1.9	0.9
Uninsured	158	14.0	0.0	0.0	0.0	15.0	1.9
Age 65 and over:							
Medicare only	171	6.6	0.0	5.6	0.0	4.0	2.4
Medicare and private	399	3.8	4.2	4.4	0.2	0.5	0.2
Medicare and other public	90	7.9	0.0	13.3	11.3	3.3	2.9
Poverty status							
Poor	234	5.0	6.4	2.9	6.7	1.1	1.0
Near-poor	91	5.6	4.3	4.3	7.0	2.9	0.7
Low income	338	7.0	5.4	4.1	1.2	11.5	0.8
Middle income	377	3.5	3.0	3.1	0.3	0.8	0.3
High income	579	4.7	5.2	1.0	0.2	2.4	0.3
Metropolitan statistical area (MSA)							
MSA	849	3.1	3.5	1.4	1.2	2.6	0.2
Non-MSA	331	3.9	3.9	3.0	1.7	1.2	0.7
Census region							
Northeast	304	5.3	5.9	0.9	0.9	0.9	0.7
Midwest	359	3.6	3.7	2.6	1.6	0.9	0.4
South	453	3.2	2.6	2.7	1.4	3.2	0.4
West	646	5.8	8.2	2.8	2.9	6.7	0.4
Perceived health status							
Under 65 years							
Excellent, very good, or good	447	2.6	2.7	0.0	1.6	0.4	0.2
Fair or poor	523	7.3	12.6	1.7	2.6	12.8	0.5
65 years and over							
Excellent, very good, or good	300	5.2	4.7	4.0	0.6	1.0	0.8
Fair or poor	287	5.4	5.7	6.0	2.6	2.1	0.7

† Standard error approximately zero because of poststratification to Census Bureau population control totals.

—Less than 100 sample cases with expenses.

Note: Restricted to civilian noninstitutionalized population. Percents may not add to 100 because of rounding.

Source: Center for Cost and Financing Studies, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1996.

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