



Health Care Expenses in the
United States, 2000

MEPS

Research #21 Findings

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

Advancing Excellence in Health Care

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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. Estimates are based on data from the 2000 Medical Expenditure Panel Survey (MEPS) and cover the civilian noninstitutionalized U.S. population. Estimates of total health care expenses and expenses for hospital inpatient services, ambulatory services (including office-based, hospital outpatient, and emergency room visits), prescription medicines, dental services, home health services, and other medical equipment and supplies are provided. 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

The estimates in this report are based on the most recent data available 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.

are examined by selected demographic, geographic, and socioeconomic characteristics and by health insurance and health status.

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Advancing Excellence in Health Care

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 is cosponsored by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research, and the National Center for Health Statistics (NCHS).

MEPS comprises three component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. 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. Since 2000, the Bureau of Economic Analysis has used national estimates of employer contributions to group health insurance from the MEPS IC in the computation of Gross Domestic Product (GDP).

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.

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.

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Health Care Expenses in the United States, 2000

by Trena M. Ezzati-Rice, M.S., David Kashihara, M.S., and Steven R. Machlin, M.S., Agency for Healthcare Research and Quality

Introduction

The Medical Expenditure Panel Survey (MEPS) collects detailed information on health care use, expenses, sources of payment, and insurance coverage from a nationally representative sample of the U.S. civilian noninstitutionalized (community) population. The health care system in the United States is continually changing in keeping with technological advancements in medical care and other factors. As a result, aggregate spending on health care, sources of payment for services and care, and specific expenses such as prescription medicines also change.

This report primarily provides estimates of expenses for health care based on data from the 2000 MEPS, but it also includes selected comparisons with 1996 MEPS estimates. The expense estimates for 2000 and 1996 presented and/or cited in this report were obtained from the compendia of tables available on the MEPS Web site at <http://www.meps.ahrq.gov/data_public.htm>. Expenses are defined as direct payments for health services and care received during the year. Expenses include out-of-pocket payments made by individuals and payments made by private insurance, Medicare, Medicaid, and other sources. Payments for over-the-counter drugs and some alternative care services are not included. Indirect payments not related to specific medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, are also not included.

The report provides aggregate estimates of health care expenses, as well as estimates for hospital inpatient services, hospital outpatient services, emergency room services, office-based medical provider services, prescription medicines, dental services, home health services, and other medical equipment and services. It also shows the proportion of people whose expenses were paid by various sources, including out of pocket, private insurance, Medicare, Medicaid, and other sources, for each type of service. In addition,

Note: The authors wish to thank Kelly Carper for her invaluable assistance in reviewing the draft for statistical accuracy.

distributions of expenses and sources of payment across the population are examined by selected demographic, socioeconomic, and geographic characteristics and by health status and health insurance status.

All differences between estimates discussed in the text are statistically significant at the 0.05 level. Detailed information on data sources and methods of estimation, along with definitions of the variables and categories used in this report, are included in the Technical Appendix.

Total Health Care Expenses

Type of Service

In 2000, the approximately 278.4 million people in the U.S. community population had health care expenses of about \$627.9 billion. Table 1 shows that hospital inpatient care accounted for the largest share of total expenses (36.7 percent). The next largest share was for ambulatory services (31.9 percent), almost two-thirds of which were office-based medical services. Prescription medicines accounted for about 16.4 percent of total expenses. The remaining expenses were for dental care (8.8 percent), home health services (4.1 percent), and other medical equipment and services (2.1 percent).

Data on health expenses for 1996, shown on the MEPS Web site at <http://www.meps.ahrq.gov/data_public.htm>, reveal some interesting changes over the period 1996-2000. The percent of total health care expenses accounted for by prescription medicines rose from 11.9 percent in 1996 to 16.4 percent in 2000. On the other hand, the percent of total expenses going for home health services decreased from 6.2 percent in 1996 to 4.1 percent in 2000.

The mean expense for people who had a medical expense was \$2,700, but the median expense was substantially lower (\$721).

Source of Payment

In 2000, 83.5 percent of the U.S. community population had medical expenses (Table 2). The mean expense among those with expenses was \$2,700. The median expense was much lower, \$721. The large difference between the mean and median expenses results from a very small proportion of the population that accounts for a disproportionate share of the overall health care expenses. For example, in 2000, the 1 percent of the population with the highest health care expenses accounted for about one-quarter of the total health care expenses for the community population, and this level of skewed concentration of health care expenses has been fairly stable over time (Berk and Monheit, 2001). Because of the large difference between mean and median expenses, this report emphasizes medians rather than means when comparing subgroups.

Nearly one-fifth (19.4 percent) of total expenses were paid out of pocket, while the remainder was paid by third parties. Private health insurance was the largest third-party payer of medical expenses (40.5 percent), followed by Medicare (20.9 percent) and Medicaid (9.8 percent).

Demographic, Geographic, and Health Status Characteristics

In 2000, an estimated 95.5 percent of the population 65 and over had medical expenses. This compares to 81.8 percent of the population under 65 years old (Table 2). In addition to being more likely to have medical expenses, the older population also had much higher mean expenses than the younger population group (\$6,140 versus \$2,127). The largest single payer of medical expenses among the population 65 and over was Medicare (54.7 percent), while private health insurance was the largest source of payment (52.8 percent) for the under-65 population.

The median expense among those with an expense was lower for children under 6 (\$267) than for children 6-17 years (\$335). The proportion of expenses paid out of pocket was lower for children under 6 (10.3 percent) than for children 6-17 (27.7 percent).

A higher proportion of females than males had medical expenses (88.4 percent versus 78.4 percent). The median expense per person among females with an expense was \$871, as opposed to \$580 for males.

The proportion of people with medical expenses was lower for Hispanics (70.3 percent) and blacks (73.2 percent) than for whites/others (87.4 percent). (About 95 percent of the white/other category is white.) The median expense for people with an expense was lower for Hispanics (\$386) and blacks (\$411) than for whites/others (\$833).

A higher percentage of out-of-pocket expenses were paid by whites/others (20.3 percent) and Hispanics (18.9 percent) than by blacks (12.2 percent). The percent of expenses paid by Medicaid was lower for whites (7.8 percent) than for blacks (18.9 percent) and Hispanics (19.3 percent).

While the percent of people with medical expenses did not differ between people residing in metropolitan statistical areas (MSAs) and those living in non-MSAs, the median medical expense was lower for people living in MSAs (\$702, compared to \$816 for people living in non-MSAs). The percent of people with medical expenses was lower in the South (81.6) and West (81.3) than in the Northeast (86.5) or Midwest (86.2).

People with better perceived health status were less likely to have an expense and had generally lower expenses. For example, 79.3 percent of people with excellent perceived health status had medical expenses in 2000, and the median expense for those who had expenses was \$416. In contrast, 97.0 percent of people with poor perceived health status had medical expenses, with a median expense of \$5,129. In the aggregate, higher proportions of expenses were paid out of pocket or by private insurance for those with better health status, whereas Medicare and Medicaid paid for larger proportions of expenses incurred by those in poorer health.

Insurance and Income

Among people under 65 years of age, 57.3 percent of the uninsured, 83.3 percent of those with only public insurance, and 85.9 percent of those with any private insurance had medical expenses. The median total expense for uninsured people was \$305, lower than the figure for people with public insurance (\$465) or any private insurance (\$638). While out-of-pocket payments constituted a substantially higher proportion of expenses for the uninsured (40.4 percent) than for people with private insurance (21.0 percent) or public insurance (9.7 percent), other sources such as the Department of Veterans Affairs, public clinics, and other miscellaneous

public and private sources paid for a substantial portion (59.6 percent) of medical expenses for the uninsured.

There was no statistically significant difference between the percent of elderly people with medical expenses by type of insurance coverage (ranging from 94.7 percent to 96.4 percent). The proportion of out-of-pocket spending was about two times higher for those with Medicare only (22.2 percent) than for those with Medicare and other public coverage (10.4 percent).

In general, people with lower income were less likely than people with higher income to incur medical expenses and had lower median expenses. For example, 77.3 percent of poor people (those with incomes below the Federal poverty level) had medical expenses, with a median expense of \$524, while 88.2 percent of high-income people (those with incomes over 400 percent of the Federal poverty level) had medical expenses and their median expense was \$815. (The positive relationship for median expenses did not hold for mean expenses, however.) People with lower income paid a smaller percentage of their health care expenses out of pocket and more of their expenses were paid by Medicaid. For example, poor people paid only 13.9 percent of their medical expenses out of pocket, while Medicaid paid 34.3 percent. In contrast, 22.3 percent of expenses for high-income people were paid out of pocket and 55.6 percent by private insurance.

Hospital Inpatient Services

The expenditure estimates for hospital inpatient services shown in Table 3 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.

In 2000, 7.6 percent of the U.S. community population incurred hospital inpatient expenses totaling approximately \$230 billion. Like total

health care expenses, inpatient expenses are highly skewed, as evidenced by the approximately twofold

Compared to other types of services, mean and median annual expenses (for those with an expense) were by far the highest for inpatient services.

difference between the mean expense per person with an expense (\$10,917) and the median (\$5,195).

Slightly more than three-quarters of hospital inpatient expenses were paid by private insurance and Medicare (40.7 and 35.9 percent, respectively), while out-of-pocket payments accounted for only 2.2 percent.

Demographic, Geographic, and Health Status Characteristics

People 65 years of age and over were 3.2 times as likely to incur hospital inpatient expenses as people under 65 (19.0 percent versus 5.9 percent). Also, the median expense per person with an expense was higher for the elderly than the non-elderly (\$9,160 versus \$4,372).

The largest source of payment for the elderly was Medicare, which accounted for 75.7 percent of the payments for inpatient services for this age group. The largest source of payment for the non-elderly was private insurance, which accounted for 59.4 percent of their expenses.

Females were more likely than males to have had hospital inpatient expenses (9.2 percent and 5.9 percent, respectively). However, the median expense per person with an expense was higher for males (\$6,695) than for females (\$4,556).

The proportion of the population with a hospital inpatient expense was higher for blacks (7.7 percent) and whites/others (7.9 percent) than for Hispanics (5.3 percent). There were no statistically significant differences by race/ethnicity in the proportion of inpatient expenses paid by Medicare or private insurance. However, the share of expenses paid out of pocket was higher for Hispanics (4.5 percent) than for whites/others (2.1 percent) or blacks (1.7 percent; note: relative standard error equal to or greater than 30 percent). Further, the percent of expenses paid by Medicaid was higher for blacks (16.4 percent) and Hispanics (18.4 percent) than for whites/others (7.9 percent).

The percent of people with hospital inpatient expenses was higher in non-MSA areas (9.1 percent) than in MSAs (7.2 percent). A higher percentage of people in the South and Midwest Regions had hospital inpatient expenses (8.3 and 8.1 percent, respectively) compared to people in the West Region (6.2 percent).

The more negative people's perceived health status was, the more likely they were to incur inpatient expenses, and their mean and median expenses also

increased. For example, 3.7 percent of people with excellent perceived health had hospital inpatient expenses and the median total expense for those who had an expense was \$4,185. In contrast, 36.4 percent of people with poor perceived health had hospital inpatient expenses and their median expense of \$8,876 was about two times that of people with excellent health status.

Insurance and Income

Among people under 65 years of age, hospital inpatient expenses were incurred by 3.5 percent of uninsured people, 12.4 percent of those with public insurance only, and 5.4 percent of those with any private insurance. The median expense for people with any private insurance (\$4,925) was higher than the medians for public only insurance (\$3,761) and uninsured (\$3,426).

Among the elderly, people with Medicare and other public insurance were more likely to have hospital inpatient expenses (25.9 percent) than those with Medicare only (17.4 percent) or Medicare and private insurance (18.8 percent).

In general, people with lower incomes were more likely to have hospital inpatient expenses and lower median expenses. For example, among poor people, 11.3 percent had hospital inpatient expenses and the median expense for those with an expense was \$4,377. In contrast, among people with high income, 5.7 percent had hospital inpatient expenses and the median expense was \$6,477.

Office-Based Medical Provider Services

Expenses for visits to medical providers seen in office-based settings are shown in Table 4. In 2000, slightly more than two-thirds (68.8 percent) of the U.S. community population had office-based medical provider services and the expenses for these services totaled about \$126 billion (Table 4). The mean expense for those with an expense was \$657 and the median expense was \$243. Private insurance was the single largest payer, accounting for 48.5 percent of total expenses for office-based medical care. The next two largest payer sources were out-of-pocket payments (17.8 percent) and payments by Medicare (16.8 percent).

Demographic, Geographic, and Health Status Characteristics

The proportion of people with office-based medical provider expenses was higher among the elderly (87.6 percent) than the non-elderly (66.1 percent). There was a generally positive relationship between age and median expenses per person. For example, the median expense per person with an expense was \$490 for the elderly and \$212 for the non-elderly. Among the elderly, the largest single source of payment was Medicare, which accounted for 59.0 percent of the payments for office-based care. Private insurance paid for another 18.6 percent and out-of-pocket spending was 11.4 percent. In this age group, Medicaid paid for only 3.3 percent of office-based care. In comparison, for the non-elderly, private insurance accounted for 58.1 percent of expenses for office-based care, out-of-pocket spending 19.9 percent, and Medicaid 6.6 percent.

More than three-quarters (78.5 percent) of children under 6 had expenses for office-based medical provider services, compared to 60.9 percent of children 6-17. The median expense per child was higher for children under 6 (\$160) than for children 6-17 (\$127).

Females were more likely than males to have expenses for office-based medical care (75.4 percent versus 61.9 percent). Females also had a higher median total expense per person than males (\$278 versus \$207). The proportion of expenses paid out of pocket was higher for females (19.0 percent) than males (16.1 percent).

Whites/others were more likely than blacks or Hispanics to have had expenses for office-based medical care (73.2 percent versus 56.0 and 55.0 percent, respectively), and they had higher median expenses (\$268 versus \$150 and \$165, respectively). The proportion of expenses paid out of pocket was higher for Hispanics (19.4 percent) and whites/others (18.2 percent) than for blacks (12.0 percent). With respect to public coverage, Medicaid covered a higher proportion of expenses for blacks (13.5 percent) and Hispanics (12.4 percent) than for whites/others (4.6 percent), while Medicare covered a higher proportion of expenses for blacks (18.6 percent) and whites/others (17.1 percent) than for Hispanics (9.9 percent).

There were no statistically significant differences by MSA status in the percent with office-based expenses,

the median expense, or the distribution of sources of payment. With respect to Census region, people in the South and West (66.8 and 65.2 percent) were less likely to have expenses for office-based medical care than people in the Northeast and Midwest (73.2 and 71.8 percent).

People with better perceived health status were less likely to have expenses for office-based care, and annual expenses for those receiving care tended to be lower. For example, 61.1 percent of people with excellent perceived health status had expenses for office-based medical care and the median expense for those who had an expense was \$174. In contrast, 87.1 percent of people with poor perceived health status had expenses for office-based medical care, with a median expense of \$676.

Insurance and Income

Among the non-elderly population, the proportion with expenses for office-based medical care was much lower for the uninsured (38.8 percent) than for those who had public insurance only (68.0 percent) or any private insurance (70.7 percent). The median expense of \$137 for uninsured people was lower than the median expense for those with public only insurance (\$163) or any private insurance (\$226).

Among the elderly, the proportion with expenses for office-based care was higher for those with Medicare and private insurance (89.0 percent) than those with Medicare only (85.6 percent). The median expense for those with an expense was also higher for people with Medicare and private insurance (\$548) than the Medicare-only group (\$393).

People with lower income were less likely than those with higher income to incur expenses for office-based medical provider services, and the median expense was also lower. For example, 61.2 percent of poor people had expenses for office-based care and their median expense was \$182. However, 73.9 percent of high-income people had these expenses and their median expense was \$270. As income increased, the proportion of expenses paid out of pocket or by private insurance increased. For example, 10.5 percent of expenses among the poor were paid out of pocket and 18.9 percent were paid by private insurance. In comparison, 21.7 percent of the expenses for the high-income group were paid out of pocket and 60.6 percent by private insurance. About one-third (33.9 percent) of expenses for poor people were paid by Medicaid.

Hospital Outpatient Services

The expenses for hospital outpatient services shown in Table 5 comprise expenses for visits to both physicians and other medical providers seen in hospital outpatient departments, including payments for services covered under the basic facility charge and those for separately billed physician services. In 2000, 13.1 percent of the U.S. community population incurred about \$55 billion in expenses for hospital outpatient services. The mean expense per person among those with an expense was \$1,501 and the median expense was \$555.

Approximately one-half of hospital outpatient services were paid for by private insurance (52.9 percent). Medicare was the second largest payer for hospital outpatient expenses (22.2 percent), while out-of-pocket payments and payments by Medicaid accounted for lower proportions—7.5 and 5.0 percent, respectively.

Demographic, Geographic, and Health Status Characteristics

Elderly people were 2.6 times as likely as non-elderly people to incur hospital outpatient expenses (28.3 percent versus 11.0 percent). The largest source of payment for the elderly was Medicare, which accounted for 56.5 percent of their expenses for hospital outpatient services. The largest source of payment for the non-elderly was private insurance, which accounted for 68.0 percent of their expenses.

Females were more likely than males to have hospital outpatient expenses (15.9 percent versus 10.2 percent). However, the median expense per person with an expense was higher for males (\$683) than for females (\$462).

The proportion of the population with any hospital outpatient expenses was lower for blacks (8.9 percent) and Hispanics (7.4 percent) than for whites/others (14.8 percent). The median expense was also lower for blacks (\$383) than whites/others (\$577).

A lower proportion of people incurred hospital outpatient expenses in the South (11.5 percent) and West (10.0 percent) than in the Northeast (16.4 percent) and Midwest (16.0 percent).

People with better perceived health status were less likely to incur expenses for hospital outpatient services and tended to have lower expenses. For example, 7.4 percent of people with excellent perceived health had

hospital outpatient service expenses, and the median expense for those who had expenses was \$362. In contrast, 30.8 percent of people with poor perceived health had these expenses, and their median expense was \$1,098.

Insurance and Income

Among the non-elderly population, hospital outpatient expenses were incurred by a smaller proportion of the uninsured (5.0 percent) than by people with any private insurance (12.0 percent) or public insurance only (11.1 percent). Among the elderly, those with Medicare and private insurance were more likely to incur hospital outpatient expenses (32.5 percent) than either those with Medicare only (22.5 percent) or those with Medicare and other public insurance (24.5 percent).

In general, people with lower income were less likely to incur hospital outpatient expenses and had lower median expenses. For example, 10.0 percent of poor people had hospital outpatient expenses, with a median expense for those who had expenses of \$377. However, 14.5 percent of people in the high-income category had these expenses, with a median expense of \$581.

Emergency Room Services

In 2000, 11.6 percent of the U.S. community population incurred expenses of \$19.2 billion for hospital emergency room services (Table 6). These expenses include payments for services covered under the basic facility charge and those for separately billed physician services, but exclude expenses for emergency room services followed by a hospital admission. The mean expense per person with an expense was \$594 and the median was \$315.

Private insurance paid for almost one-half of emergency room expenses (46.1 percent). Medicare was the second largest payer of emergency room expenses (17.9 percent), with lower shares for out-of-pocket (12.2 percent) and Medicaid payments (8.4 percent).

Demographic, Geographic, and Health Status Characteristics

The elderly were more likely to incur emergency room expenses than the non-elderly (16.8 percent versus 10.9 percent). The largest source of payment for emergency room expenses for the elderly was Medicare,

which paid for 67.3 percent of their expenses. The largest source of payment for the non-elderly was private insurance, which paid for 55.1 percent of their expenses.

A slightly higher proportion of females (12.3 percent) than males (10.9 percent) had emergency room expenses.

The proportion of the population with emergency room expenses was lower for Hispanics (9.7 percent) than for blacks (13.0 percent) or whites/others (11.7 percent). Hispanics had a lower median expense per person with an expense (\$260) than whites/others (\$333).

The proportion of people with emergency room expenses was lower in the West Region (9.7 percent) than in the Northeast (12.2 percent), South (11.9 percent), or Midwest (12.7 percent).

In general, the better people's perceived health status was, the less likely they were to incur emergency room expenses. For example, 8.9 percent of people with excellent perceived health, compared to 34.4 percent of people with poor perceived health, had emergency room expenses.

Insurance and Income

Among the non-elderly, the uninsured were the least likely to have emergency room expenses: only 7.4 percent of this group had expenses, compared to 17.7 percent of those with only public insurance and 10.4 percent of those with any private insurance.

In general, people with lower income were more likely to incur emergency room expenses. For example, 14.8 percent of poor people, but only 9.3 percent of people with high incomes, had emergency room expenses.

Prescription Medicines

The expenditure estimates for prescription medicines shown in Table 7 include expenses for all prescribed medicines initially purchased or otherwise obtained during 2000, including any refills.

In 2000, the U.S. community population incurred about \$103.0 billion in expenses for prescription medicines. This figure represents an increase over the \$65.3 billion (MEPS Web site) spent in 1996 (\$71.7 billion when inflated to 2000 dollars using the overall Consumer Price Index). Despite this increase in total dollars spent, the proportion of the population with

prescription medicine expenses decreased from 64.9 percent in 1996 to 62.3 percent in 2000.

The mean expense per person with an expense was \$594 and the median was \$186. Nearly half (46.1 percent) of prescription medicine expenses were paid out of pocket and about one-third (33.9 percent) of expenses were paid by private insurance. The next two largest sources of payment were Medicaid (11.2 percent) and Medicare (4.6 percent).

Demographic, Geographic, and Health Status Characteristics

The elderly were 1.5 times more likely than younger people to incur prescription medicine expenses (88.3 percent versus 58.5 percent). The median expense per person with an expense was \$695 for the elderly, but only \$136 for the non-elderly. For elderly people, the largest source of payment was out of pocket, which

Elderly people were much more likely than people under age 65 to have prescription medicine expenses, and their median prescription medicine expenses were about 5 times as high.

accounted for 56.6 percent of their expenses for prescribed medicines. For the non-elderly, the largest payment sources were private insurance (42.4 percent) and out of pocket (41.0 percent).

Females were more likely to incur prescription medicine expenses than males (69.2 percent compared to 54.9 percent). The median expense per person with an expense was \$219 for

females and \$146 for males.

Blacks (50.8 percent) and Hispanics (47.2 percent) were less likely to incur prescription medicine expenses than whites/others (66.6 percent). The median prescription medicine expense per person with an expense was lower for blacks (\$125) and Hispanics (\$92) than for whites/others (\$214).

The median prescription medicine expense per person with an expense was \$174 for people living in an MSA and \$239 for people not living in an MSA. People in the West Region were the least likely to have prescription medicine expenses: 58.1 percent versus 62.6 percent in the South, 64.1 percent in the Midwest, and 64.3 percent in the Northeast. People in the West

Region also had the lowest median prescription medicine expenses: \$135 versus \$172 in the Northeast, \$204 in the Midwest, and \$223 in the South.

People with better perceived health status were less likely than people in poor health to incur prescription medicine expenses and their total expenses were also lower. For example, 49.0 percent of people with excellent perceived health had prescription medicine expenses and their median expense per person with an expense was \$80. In contrast, 92.2 percent of people with poor perceived health had prescription medicine expenses, with a median expense of \$1,230.

Insurance and Income

Among the non-elderly, the percent of people with prescription medicine expenses was smallest for the uninsured: 37.6 percent, compared to 62.1 percent for those with public only insurance and 61.7 percent for those with any private insurance. The median expense for those with an expense was also lowest for uninsured people: \$89, compared to \$119 for those with public only insurance and \$144 for those with any private insurance.

Among the elderly, those with Medicare and other public insurance had higher median expenses (\$934) than those with either Medicare only (\$627) or Medicare and private insurance (\$708).

Poor people had a lower likelihood of having prescription medicine expenses (58.6 percent) than high-income people (64.8 percent), and the median expense was less among poor people (\$139) than for people with high income (\$205). (This positive relationship did not hold for mean expenses.)

Dental Services

The expenditure estimates for dental services shown in Table 8 include expenses for any type of dental care provider. In 2000, 40.1 percent of the U.S. community population incurred a total of about \$55.6 billion in expenses for dental services, an increase over the \$43.1 billion (MEPS Web site) spent in 1996 (\$47.4 billion when inflated to 2000 dollars using the overall Consumer Price Index).

The mean expense per person with an expense increased from \$384 in 1996 (\$421 when inflated to 2000 dollars using the overall Consumer Price Index) to \$498 in 2000. The median expense per person with an

expense increased from \$137 in 1996 (\$150 when inflated to 2000 dollars using the overall Consumer Price Index) to \$168 in 2000. About half (49.3 percent) of the payments for dental expenses were out of pocket and another 42.2 percent of dental expense payments came from private insurance.

Demographic, Geographic, and Health Status Characteristics

The median total expense per person with a dental expense was \$196 for the elderly and \$164 for the non-elderly. For the elderly, the largest source of payment for dental expenses (76.7 percent) was out of pocket. For the non-elderly, the largest source of payment was private insurance (46.3 percent), followed closely by out-of-pocket payments (45.2 percent).

Females were more likely than males to have dental expenses (43.2 percent versus 36.9 percent). Whites/others (45.0 percent) were much more likely than blacks (26.0 percent) or Hispanics (24.4 percent) to have dental expenses. Blacks (\$107) and Hispanics (\$128) also had lower median dental expenses than whites/others (\$178).

The proportion of people using dental services was greater in the Northeast (45.7 percent) and Midwest (45.0 percent) than in the South (35.4 percent) and West (37.8 percent). The median total dental expense per person with an expense also varied by region: lower in the South (\$154) and Midwest (\$149) and higher in the Northeast (\$185) and West (\$200). The median total dental expense was \$170 for people living in MSAs and \$151 for people not living in MSAs.

The proportion of people with dental expenses was higher for people with excellent (42.6 percent) or very good (42.8 percent) perceived health than those in poor health (26.4 percent). However, there was no statistically significant difference between the groups in the median expense for those who had an expense.

Insurance and Income

Among the non-elderly, 17.5 percent of those who were uninsured, 27.9 percent of those with only public insurance, and 46.1 percent of those who had any private insurance had dental expenses. The median expense among those who had an expense was \$151 for people who were uninsured. In comparison, the median expense was \$87 for those with public only insurance and \$174 for those with any private insurance. Among

the elderly, 32.6 percent of those with Medicare only, 47.9 percent of those with Medicare and private insurance, and only 16.4 percent of those with Medicare and other public insurance had dental expenses.

In general, people with lower income were less likely than higher income people to incur dental expenses, and their median expenses were lower. For example, 24.8 percent of poor people had dental expenses, and the median expense was \$105. However, 51.6 percent of people with high income had dental expenses, and their median expense was \$185.

Home Health Services

The expenditure estimates for home health services shown in Table 9 include expenses for care provided by home health agencies and paid independent home health providers. Even though a relatively small percentage of the community population had home health expenses (1.8 percent), expenses for home health ranked second in terms of mean and median expenses per person with an expense, with a mean expense of \$5,136 and a median of \$1,710. Only hospital inpatient services (Table 3) had higher per-user expenses.

Medicaid paid for the highest proportion of home health service expenses (48.2 percent), followed by Medicare (25.6 percent) and out of pocket (12.4 percent). The share of home health expenses covered by Medicaid tripled from 1996 (16.2 percent) to 2000 (48.2 percent). The share covered by Medicare decreased from 52.6 percent in 1996 (MEPS Web site) to 25.6 percent in 2000, while the proportion paid out of pocket was similar in 2000 and 1996, about 12 percent.

Demographic, Geographic, and Health Status Characteristics

The elderly were more likely to have home health expenses than the non-elderly (8.7 percent versus 0.8 percent). A lower proportion of the elderly had expenses in 2000 (8.7 percent) than in 1996 (13.2 percent). The share of home health expenses among the elderly paid by Medicare, the primary source of payment for home health services, decreased significantly, from 58.9 percent in 1996 to 38.4 percent in 2000. In addition, Medicaid payments for home health expenses for the elderly rose from 11.2 percent in 1996 to 28.1 percent in 2000. Another 21.2 percent of home health expenses for the elderly were paid out of pocket.

Females (2.1 percent) were more likely than males (1.5 percent) to have home health expenses; however, the median expense per person did not differ for females and males. Hispanics (1.0 percent) were less likely than whites/others (1.9 percent) to incur home health expenses; there were no statistically significant differences between blacks and the whites/others group or blacks and Hispanics.

There was no statistically significant difference in the proportion of people with home health expenses in terms of place of residence—either MSA status or region.

Insurance and Income

Non-elderly people with public only insurance were about seven times as likely as those with private insurance to incur expenses for home health services—3.7 percent versus 0.5 percent. Among elderly people, those with Medicare and other public coverage were about three times as likely as those with Medicare and private coverage to have expenses for home health services—22.2 percent versus 6.9 percent.

The proportion with home health expenses was lower among high-income people (1.0 percent) than among the poor (3.1 percent) or near-poor (3.7 percent).

Other Medical Equipment and Services

The expenditure estimates for other medical equipment and services shown in Table 10 include expenses for eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year. About two-thirds of the expenses in this category were for vision-related items. In 2000, about 19 percent of the community population had expenses for other medical equipment and services, totaling about \$13.4 billion. As with other health care expenses, the median expense (\$180) was less than the mean expense (\$260). Approximately 71 percent of the total expenses were paid out of pocket, by far the most common source of payment.

Demographic, Geographic, and Health Status Characteristics

Elderly people were more likely than non-elderly people to have other medical expenses (26.7 percent versus 17.4 percent), and they had higher median expenses for those with an expense (\$200 versus \$178). Other medical expenses were more common for whites/others (20.6 percent) than either blacks (12.9 percent) or Hispanics (11.8 percent). They were also more common for people in fair health (24.1 percent) or poor health (31.9 percent) than for those in good, very good, or excellent health (19.4, 19.0, and 15.1 percent, respectively).

Insurance and Income

Among the non-elderly, the percent with other medical expenses was higher for people with any private insurance (19.2 percent) than those with public only (14.7 percent) or the uninsured (9.8 percent). High-income people were more likely than poor people to have other medical expenses (22.9 percent versus 14.0 percent), and they paid a higher percentage out of pocket (75.6 percent versus 52.4 percent).

Summary

In 2000, about 84 percent of the approximately 278.4 million people living in the U.S. civilian noninstitutionalized population at any time during the year had at least one health care expense. Aggregate health care spending by this population was approximately \$627.9 billion. The mean expense per person with an expense was \$2,700. The median expense was much lower at \$721, a differential primarily caused by the highly skewed distribution of medical expenses resulting from a small proportion of the population that accounts for a disproportionate share of high health care expenses.

Hospital inpatient care accounted for the largest share of total health care expenses (36.7 percent), and another 20.1 percent of the total was for office-based medical provider services. The nearly \$103 billion spent on prescription medicines was the third largest share of total expenses (16.4 percent).

Hospital inpatient services ranked first in terms of mean and median expenses per person with an expense (\$10,917 and \$5,195, respectively). Even though home

health services accounted for only 4.1 percent of total expenses, this category of health care ranked the second highest in terms of mean and median expenses per person with an expense, with a mean expense of about \$5,100 and a median of about \$1,700.

The largest source of payment for health care expenses was third-party payers. Specifically, private health insurance accounted for 40.5 percent of total payments, followed by two public sources of payment: Medicare (20.9 percent) and Medicaid (9.8 percent). Another 19.4 percent of health care expenses were paid out of pocket by individuals and/or family members.

The proportion of expenses paid by different sources varied by type of service provided. For example, 49.3 percent of dental expenses and 46.1 percent of prescription medicine expenses were paid out of pocket, while private insurance and Medicare were the largest sources of payment for hospital inpatient services (40.7 and 35.9 percent, respectively) and hospital outpatient services (52.9 and 22.2 percent, respectively).

The percent of people with an expense, as well as the mean and median level of spending, varied by demographic characteristics, income, health status, and geographic residence. Regardless of age, the majority of people had at least one health care expense during 2000. Specifically, 95.5 percent of the population age 65 and over had medical expenses and 81.8 percent of the under-65 population had expenses. The mean expense for the elderly was \$6,140, compared to \$2,127 for the non-elderly. With respect to race/ethnicity, the proportion of people with medical expenses was lower for Hispanics (70.3 percent) and blacks (73.2 percent) than for whites/others (87.4 percent). Further, among those with expenses, the median expenses of \$386 for Hispanics and \$411 for blacks were lower than the \$833 for whites/others. In the aggregate, people with better perceived health status were less likely to have health care expenses and they had generally lower expenses. For example, the median expense for those with excellent perceived health status was \$416, compared to \$5,129 for people with poor perceived health status. People with lower incomes were less likely to incur medical expenses and their median expenses were also lower than those of high-income people. For example, 77.3 percent of poor people had medical expenses (median of \$524), while 88.2 percent of high-income people had expenses (median of \$815). Variations in these patterns were observed across the various service types.

In summary, the health expenditure data from the 2000 MEPS indicate that the levels of expenses, proportions of people with expenses, and sources of payment vary by type of service and by sociodemographic, geographic, health insurance, and health status characteristics. These estimates, along with estimates from past and future MEPS surveys, provide researchers and health policymakers with critical data to study trends in health care expenses and the distribution of expenses and sources of payment in the U.S. population.

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Table I. Expenses by event type: United States, 2000

Event type	Expenses			
	Payments (in billions)		Percent distribution	
	All expenses	Ambulatory expenses	All expenses	Ambulatory expenses
Total ^a	\$627.9	NA	100.0	NA
Hospital inpatient ^b	230.2	NA	36.7	NA
Ambulatory ^c	200.1	NA	31.9	100.0
Office-based visits	NA	\$125.9	NA	62.9
Hospital outpatient visits	NA	54.9	NA	27.4
Emergency room visits	NA	19.2	NA	9.6
Prescription medicines ^d	103.0	NA	16.4	NA
Dental ^e	55.6	NA	8.8	NA
Home health ^f	25.6	NA	4.1	NA
Other medical ^g	13.4	NA	2.1	NA

^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 telephone contacts are excluded.

^bHospital admissions that did not involve an overnight stay are included. 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.

^dAll prescribed medicines initially purchased or otherwise obtained during 2000, as well as refills and free samples, 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 (87.5 percent) were for agency providers.

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

NA—Not applicable.

Note: These estimates are for a target population of approximately 278.4 million persons who were in the civilian noninstitutionalized population for all or part of 2000. Percents may not add to 100 because of rounding.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 2. Total health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	278,406	83.5	\$721	\$2,700	\$627,897	19.4	40.5	20.9	9.8	9.5
Age in years										
Under 65	243,624	81.8	586	2,127	423,933	20.3	52.8	4.6	12.3	10.0
Under 6	24,126	86.7	267	1,124	23,497	10.3	51.3	*0.3	31.6	6.5
6-17	48,405	80.0	335	1,117	43,241	27.7	49.1	*0.1	16.4	6.7
18-44	109,021	77.7	575	1,905	161,419	19.9	51.6	*3.9	14.2	10.4
45-64	62,072	88.5	1,287	3,562	195,776	20.2	54.7	6.7	7.5	10.9
65 and over	34,782	95.5	2,278	6,140	203,964	17.5	15.0	54.7	4.5	8.3
Sex										
Male	135,882	78.4	580	2,633	280,592	16.8	40.7	21.4	8.5	12.6
Female	142,524	88.4	871	2,757	347,305	21.5	40.4	20.5	10.8	6.9
Race/ethnicity										
White and other	209,401	87.4	833	2,832	518,202	20.3	41.7	21.1	7.8	9.0
Black	35,049	73.2	411	2,647	67,926	12.2	33.3	22.1	18.9	13.5
Hispanic	33,955	70.3	386	1,749	41,770	18.9	37.4	16.1	19.3	8.3
Health insurance status^d										
Under age 65:										
Any private	182,658	85.9	638	2,042	320,512	21.0	69.8	1.5	1.7	6.0
Public only	28,622	83.3	465	3,170	75,629	9.7	*0.0	19.7	61.8	8.7
Uninsured	32,344	57.3	305	1,500	27,793	40.4	*0.0	*0.0	*0.0	59.6
Age 65 and over:										
Medicare only	11,515	94.7	2,033	5,206	56,798	22.2	*0.0	62.5	*0.0	15.3
Medicare and private	19,570	95.9	2,362	6,276	117,811	17.0	25.9	51.7	*0.5	4.8
Medicare and other public	3,568	96.4	3,094	8,324	28,624	10.4	*0.0	53.1	29.8	6.7
Poverty status^e										
Poor	32,053	77.3	524	3,173	78,641	13.9	13.2	26.0	34.3	12.6
Near-poor	12,196	78.1	729	2,967	28,263	17.3	11.3	35.2	27.2	9.0
Low income	37,059	79.1	690	3,134	91,838	17.7	25.4	32.1	14.7	10.1
Middle income	90,343	82.7	664	2,555	190,908	19.0	44.5	20.5	4.4	11.6
High income	106,754	88.2	815	2,529	238,247	22.3	55.6	13.5	*2.1	6.5

Continued

Table 2. Total health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	226,861	83.3	\$702	\$2,641	\$498,915	19.2	40.6	20.4	9.8	9.9
Non-MSA	51,545	84.6	816	2,958	128,982	19.9	40.0	22.9	9.5	7.8
Census region										
Northeast	52,636	86.5	802	2,716	123,622	19.0	40.9	22.1	10.7	7.2
Midwest	64,536	86.2	737	2,900	161,354	18.5	39.3	22.2	8.6	11.4
South	97,373	81.6	727	2,747	218,206	20.3	39.7	21.2	9.0	9.7
West	63,861	81.3	646	2,402	124,715	19.2	43.0	17.4	11.8	8.7
Perceived health status										
Excellent	87,890	79.3	416	1,281	89,341	26.3	52.9	7.5	6.7	6.6
Very good	93,499	83.6	650	1,901	148,573	24.4	48.5	12.2	6.2	8.7
Good	67,922	84.5	994	2,856	163,835	19.7	44.7	16.9	9.4	9.4
Fair	20,666	93.3	2,432	6,689	128,956	14.8	29.5	33.6	14.0	8.1
Poor	7,720	97.0	5,129	12,051	90,204	11.5	23.3	36.4	13.8	*14.9

^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.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 3. Hospital inpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Expense per person with an expense			Total expenses (in millions)	Percent distribution of total expenses by source of payment				
		Percent with expense	Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	278,406	7.6	\$5,195	\$10,917	\$230,229	2.2	40.7	35.9	9.8	11.4
Age in years										
Under 65	243,624	5.9	4,372	9,437	136,609	2.9	59.4	8.6	15.7	13.4
Under 6	24,126	5.2	3,367	7,517	9,494	*3.7	62.9	*0.1	*26.0	*7.3
6-17	48,405	2.0	—	—	—	—	—	—	—	—
18-44	109,021	6.8	4,128	7,080	52,452	4.0	55.0	*7.6	20.4	13.0
45-64	62,072	7.8	6,491	14,175	68,577	1.8	62.6	11.2	9.0	*15.4
65 and over	34,782	19.0	9,160	14,157	93,620	1.2	13.3	75.7	1.3	8.5
Sex										
Male	135,882	5.9	6,695	14,676	116,831	1.9	40.9	33.8	9.3	14.1
Female	142,524	9.2	4,556	8,638	113,398	2.5	40.5	38.0	10.4	8.6
Race/ethnicity										
White and other	209,401	7.9	5,249	10,928	181,305	2.1	41.3	37.7	7.9	11.0
Black	35,049	7.7	5,339	12,386	33,238	*1.7	36.4	29.8	16.4	15.7
Hispanic	33,955	5.3	4,320	8,644	15,686	4.5	42.6	27.4	18.4	7.1
Health insurance status^d										
Under age 65:										
Any private	182,658	5.4	4,925	9,675	94,781	2.7	85.7	2.9	*2.6	*6.1
Public only	28,622	12.4	3,761	8,729	31,068	*1.6	*0.0	28.8	61.1	8.4
Uninsured	32,344	3.5	3,426	*9,603	*10,760	*8.0	*0.0	*0.0	*0.0	92.0
Age 65 and over:										
Medicare only	11,515	17.4	7,263	12,962	25,926	*1.8	*0.0	85.2	*0.0	13.0
Medicare and private	19,570	18.8	10,370	15,018	55,122	1.1	22.7	70.7	*0.0	*5.5
Medicare and other public	3,568	25.9	—	—	—	—	—	—	—	—
Poverty status^e										
Poor	32,053	11.3	4,377	10,956	39,565	2.4	*12.9	34.8	34.5	15.4
Near-poor	12,196	9.8	4,370	8,631	10,311	*1.9	9.2	54.7	*23.1	*11.1
Low income	37,059	10.1	4,590	9,820	36,720	2.7	28.2	50.1	9.3	*9.7
Middle income	90,343	7.2	5,630	10,821	70,036	2.2	48.4	34.4	3.4	11.6
High income	106,754	5.7	6,477	12,120	73,597	1.9	58.9	28.1	*1.2	*10.0

Continued

Table 3. Hospital inpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	226,861	7.2	\$5,349	\$11,234	\$184,037	2.2	39.7	35.4	10.5	12.3
Non-MSA	51,545	9.1	4,678	9,814	46,192	2.4	44.5	37.6	7.4	8.0
Census region										
Northeast	52,636	7.3	5,430	11,147	42,993	2.4	39.9	38.8	12.5	*6.4
Midwest	64,536	8.1	5,548	11,757	61,606	1.3	35.3	37.3	*11.0	*15.1
South	97,373	8.3	5,039	11,000	88,487	2.5	41.1	36.2	8.0	12.2
West	63,861	6.2	4,680	9,407	37,143	2.6	49.7	29.1	9.4	9.3
Perceived health status										
Excellent	87,890	3.7	4,185	6,667	21,726	6.4	59.3	17.3	9.8	*7.3
Very good	93,499	5.3	4,680	7,818	38,559	3.3	55.0	26.2	8.8	*6.7
Good	67,922	8.2	4,561	9,554	53,393	1.8	51.3	25.9	9.2	11.8
Fair	20,666	20.2	6,158	14,239	59,554	1.3	30.2	51.1	*9.4	*8.1
Poor	7,720	36.4	8,876	18,067	50,724	1.1	23.7	43.5	12.4	*19.4

^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 newborns who left the hospital on the same day as the mother are included in the mother's record.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

—Less than 100 sample cases.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 4. Office-based medical provider services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense			Percent distribution of total expenses by source of payment					
			Median	Mean	Total expenses (in millions)	Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c	
Total	278,406	68.8	\$243	\$657	\$125,946	17.8	48.5	16.8	5.8	11.1	
Age in years											
Under 65	243,624	66.1	212	592	95,400	19.9	58.1	3.2	6.6	12.2	
Under 6	24,126	78.5	160	299	5,654	17.2	59.5	*0.3	15.7	7.3	
6-17	48,405	60.9	127	269	7,930	23.8	57.4	*0.1	12.9	5.8	
18-44	109,021	60.6	222	600	39,611	20.9	56.9	1.9	6.9	13.4	
45-64	62,072	75.2	335	904	42,206	18.5	59.2	5.5	3.9	12.9	
65 and over	34,782	87.6	490	1,003	30,546	11.4	18.6	59.0	3.3	7.7	
Sex											
Male	135,882	61.9	207	614	51,693	*16.1	47.7	16.9	4.8	14.4	
Female	142,524	75.4	278	691	74,253	19.0	49.1	16.6	6.5	8.8	
Race/ethnicity											
White and other	209,401	73.2	268	703	107,778	18.2	49.4	17.1	4.6	10.7	
Black	35,049	56.0	150	511	10,026	12.0	39.7	18.6	13.5	16.2	
Hispanic	33,955	55.0	165	436	8,142	19.4	47.2	9.9	12.4	11.1	
Health insurance status^d											
Under age 65:											
Any private	182,658	70.7	226	620	80,104	20.3	69.2	1.2	0.7	8.6	
Public only	28,622	68.0	163	526	10,238	5.2	*0.0	21.1	55.7	*18.0	
Uninsured	32,344	38.8	137	404	5,058	42.9	*0.0	*0.0	*0.0	57.1	
Age 65 and over:											
Medicare only	11,515	85.6	393	783	7,720	11.3	*0.0	71.7	*0.0	17.0	
Medicare and private	19,570	89.0	548	1,099	19,144	12.1	29.6	53.5	*0.2	4.5	
Medicare and other public	3,568	87.8	442	1,174	3,676	8.2	*0.0	60.4	26.4	*5.0	
Poverty status^e											
Poor	32,053	61.2	182	555	10,893	10.5	18.9	22.8	33.9	13.9	
Near-poor	12,196	62.4	207	549	4,174	13.1	21.5	33.1	20.5	11.9	
Low income	37,059	64.3	225	641	15,258	15.9	30.1	32.4	9.8	11.9	
Middle income	90,343	68.2	238	630	38,854	15.5	49.3	17.0	2.2	15.9	
High income	106,754	73.9	270	719	56,767	21.7	60.6	10.0	0.7	7.0	

Continued

Table 4. Office-based medical provider services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	226,861	68.4	\$242	\$650	\$100,923	18.2	48.8	16.1	5.6	11.3
Non-MSA	51,545	70.5	246	688	25,023	16.3	47.3	19.3	6.7	10.5
Census region										
Northeast	52,636	73.2	253	647	24,946	17.1	50.7	16.3	7.0	8.9
Midwest	64,536	71.8	240	651	30,162	18.6	46.3	18.7	4.8	11.7
South	97,373	66.8	237	610	39,710	20.2	46.2	17.1	5.3	11.3
West	63,861	65.2	246	747	31,128	14.6	51.9	14.8	6.4	12.2
Perceived health status										
Excellent	87,890	61.1	174	438	23,514	24.0	56.4	6.8	4.1	8.7
Very good	93,499	68.8	225	574	36,923	20.3	52.6	10.8	3.6	12.6
Good	67,922	72.4	277	722	35,496	16.5	50.7	17.0	6.0	9.8
Fair	20,666	84.8	500	1,115	19,540	11.8	37.9	27.4	10.0	13.0
Poor	7,720	87.1	676	1,521	10,224	10.9	27.4	40.1	8.8	12.7

^aExpenses for visits to medical providers seen in office-based settings are included.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 5. Hospital outpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	278,406	13.1	\$555	\$1,501	\$54,880	7.5	52.9	22.2	5.0	12.4
Age in years										
Under 65	243,624	11.0	528	1,376	36,767	8.6	68.0	*5.3	6.3	11.8
Under 6	24,126	6.3	325	962	1,465	4.8	71.1	*1.6	*17.2	*5.3
6-17	48,405	5.3	353	1,175	3,012	6.8	64.8	*0.2	*17.5	10.8
18-44	109,021	9.7	535	1,364	14,431	10.3	65.2	*3.7	5.1	15.6
45-64	62,072	19.4	605	1,480	17,860	7.8	70.5	7.7	4.6	9.5
65 and over	34,782	28.3	615	1,841	18,113	5.4	22.2	56.5	*2.4	*13.5
Sex										
Male	135,882	10.2	683	1,781	24,716	8.0	51.4	21.3	4.5	14.8
Female	142,524	15.9	462	1,329	30,163	7.2	54.1	22.9	5.4	10.4
Race/ethnicity										
White and other	209,401	14.8	577	1,506	46,613	7.5	55.0	23.1	2.7	11.7
Black	35,049	8.9	383	1,468	4,558	*10.7	41.3	17.4	15.7	14.9
Hispanic	33,955	7.4	527	1,482	3,709	4.3	40.5	*16.8	21.1	17.3
Health insurance status^d										
Under age 65:										
Any private	182,658	12.0	570	1,391	30,505	8.6	81.9	1.2	1.0	7.4
Public only	28,622	11.1	337	1,364	4,330	*3.1	*0.0	36.7	46.9	13.3
Uninsured	32,344	5.0	*380	1,190	1,932	21.1	*0.0	*0.0	*0.0	78.9
Age 65 and over:										
Medicare only	11,515	22.5	549	2,012	5,215	*2.9	*0.0	62.7	*0.0	*34.4
Medicare and private	19,570	32.5	704	1,824	11,613	5.3	34.7	54.8	*0.6	*4.7
Medicare and other public	3,568	24.5	—	—	—	—	—	—	—	—
Poverty status^e										
Poor	32,053	10.0	377	1,215	3,882	7.4	20.8	26.2	29.9	15.8
Near-poor	12,196	13.3	*295	*1,441	*2,334	*3.7	*9.8	58.5	*15.3	*12.6
Low income	37,059	12.7	585	1,654	7,785	7.6	37.5	30.3	8.6	16.1
Middle income	90,343	12.8	590	1,601	18,538	6.3	51.6	21.4	2.2	18.5
High income	106,754	14.5	581	1,444	22,340	9.0	69.3	15.5	*0.8	5.4

Continued

Table 5. Hospital outpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense			Percent distribution of total expenses by source of payment					
			Median	Mean	Total expenses (in millions)	Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c	
Metropolitan statistical area (MSA)											
MSA	226,861	12.6	\$563	\$1,457	\$41,592	7.6	53.4	20.8	4.8	13.4	
Non-MSA	51,545	15.6	532	1,656	13,288	7.4	51.2	26.5	5.8	9.1	
Census region											
Northeast	52,636	16.4	528	1,325	11,415	3.7	55.1	29.1	4.4	*7.7	
Midwest	64,536	16.0	482	1,594	16,504	8.1	51.5	22.6	2.5	*15.3	
South	97,373	11.5	658	1,495	16,743	7.8	54.7	18.2	6.0	13.2	
West	63,861	10.0	547	1,596	10,217	10.4	49.5	20.3	8.2	11.6	
Perceived health status											
Excellent	87,890	7.4	362	1,031	6,721	7.0	68.7	10.4	2.9	10.9	
Very good	93,499	12.1	480	1,291	14,652	10.6	59.3	13.8	4.7	11.6	
Good	67,922	16.1	600	1,500	16,430	5.3	52.4	21.3	5.5	*15.5	
Fair	20,666	25.8	709	1,879	10,001	5.2	43.4	32.4	7.1	11.8	
Poor	7,720	30.8	1,098	2,933	6,981	*9.9	38.8	38.8	3.6	9.0	

^aExpenses for visits to medical providers seen in hospital outpatient departments are included.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Worker's Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

—Less than 100 sample cases.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 6. Emergency room services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	278,406	11.6	\$315	\$594	\$19,248	12.2	46.1	17.9	8.4	15.3
Age in years										
Under 65	243,624	10.9	312	557	14,781	14.6	55.1	3.0	10.4	16.9
Under 6	24,126	13.3	245	454	1,461	12.0	57.2	*0.4	22.9	*7.5
6-17	48,405	9.8	253	425	2,019	9.2	53.2	*0.4	15.1	*22.1
18-44	109,021	10.9	348	582	6,894	17.5	53.6	*1.2	10.4	17.3
45-64	62,072	10.8	383	654	4,407	13.3	57.7	7.8	4.0	17.2
65 and over	34,782	16.8	341	764	4,467	4.6	16.4	67.3	2.1	*9.7
Sex										
Male	135,882	10.9	306	618	9,193	12.1	43.1	15.3	7.0	22.5
Female	142,524	12.3	328	574	10,056	12.4	48.9	20.3	9.8	8.6
Race/ethnicity										
White and other	209,401	11.7	333	602	14,777	12.0	48.5	18.8	6.5	14.1
Black	35,049	13.0	296	575	2,608	9.4	37.4	16.5	13.0	23.7
Hispanic	33,955	9.7	260	566	1,863	18.0	39.6	*12.7	17.3	12.3
Health insurance status^d										
Under age 65:										
Any private	182,658	10.4	336	574	10,956	11.7	74.4	0.9	*2.4	10.7
Public only	28,622	17.7	218	432	2,185	5.5	*0.0	16.0	58.0	20.5
Uninsured	32,344	7.4	349	681	1,640	45.8	*0.0	*0.0	*0.0	54.2
Age 65 and over:										
Medicare only	11,515	15.2	349	815	1,423	5.6	*0.0	75.2	*0.0	*19.2
Medicare and private	19,570	16.2	328	733	2,329	5.0	31.4	60.0	*0.5	*3.1
Medicare and other public	3,568	25.6	—	—	—	—	—	—	—	—
Poverty status^e										
Poor	32,053	14.8	245	566	2,686	9.7	*15.0	21.2	32.0	22.1
Near-poor	12,196	14.4	320	568	999	*8.3	24.8	30.5	15.8	*20.5
Low income	37,059	14.1	301	642	3,356	15.7	26.6	23.1	8.3	26.2
Middle income	90,343	11.8	349	594	6,351	13.9	50.0	19.1	3.3	13.7
High income	106,754	9.3	344	588	5,856	10.3	71.0	10.0	*2.1	6.6

Continued

Table 6. Emergency room services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	226,861	11.3	\$318	\$613	\$15,695	11.7	47.3	17.9	8.0	15.1
Non-MSA	51,545	13.2	300	523	3,553	14.7	41.0	18.1	10.3	16.0
Census region										
Northeast	52,636	12.2	285	504	3,246	9.5	47.6	21.2	9.7	12.0
Midwest	64,536	12.7	361	710	5,816	10.0	45.7	16.7	9.0	*18.6
South	97,373	11.9	301	562	6,519	16.4	43.8	17.1	7.3	15.4
West	63,861	9.7	317	595	3,668	10.8	49.7	18.5	8.5	12.5
Perceived health status										
Excellent	87,890	8.9	290	526	4,123	11.3	58.8	4.2	9.1	16.5
Very good	93,499	9.5	300	588	5,222	13.3	50.0	7.9	7.3	21.4
Good	67,922	12.6	349	586	4,997	13.9	48.5	19.5	8.4	9.7
Fair	20,666	20.7	341	656	2,806	11.1	34.0	38.1	8.5	8.3
Poor	7,720	34.4	373	733	1,945	9.3	23.0	39.4	10.6	17.8

^aExpenses for visits to medical providers seen in emergency rooms (except visits resulting in an overnight hospital stay) are included.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

—Less than 100 sample cases.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 7. Prescription medicines^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	278,406	62.3	\$186	\$594	\$102,992	46.1	33.9	4.6	11.2	4.2
Age in years										
Under 65	243,624	58.5	136	485	69,171	41.0	42.4	0.9	12.9	2.8
Under 6	24,126	56.9	32	86	1,174	42.9	34.0	*0.1	21.7	*1.2
6-17	48,405	46.2	61	213	4,752	32.9	47.0	*0.1	17.7	*2.4
18-44	109,021	56.0	121	382	23,297	39.6	43.0	*0.3	15.8	1.2
45-64	62,072	73.3	434	878	39,948	42.8	41.7	*1.4	10.4	3.9
65 and over	34,782	88.3	695	1,102	33,821	56.6	16.6	12.1	7.7	7.0
Sex										
Male	135,882	54.9	146	546	40,780	41.0	35.0	4.4	10.7	9.0
Female	142,524	69.2	219	631	62,212	49.5	33.2	4.7	11.5	1.1
Race/ethnicity										
White and other	209,401	66.6	214	626	87,381	46.6	36.0	4.5	8.9	4.1
Black	35,049	50.8	125	487	8,657	44.2	22.4	4.6	22.3	6.5
Hispanic	33,955	47.2	92	434	6,954	42.4	22.4	5.4	26.5	3.2
Health insurance status^d										
Under age 65:										
Any private	182,658	61.7	144	445	50,128	38.4	58.5	*0.4	*1.4	1.5
Public only	28,622	62.1	119	810	14,396	35.7	*0.0	*3.1	57.1	4.1
Uninsured	32,344	37.6	89	382	4,647	86.3	*0.0	*0.0	*0.0	13.7
Age 65 and over:										
Medicare only	11,515	87.6	627	1,041	10,504	69.4	*0.0	17.9	*0.0	12.7
Medicare and private	19,570	88.8	708	1,059	18,410	54.0	30.5	10.1	*0.7	4.7
Medicare and other public	3,568	89.0	934	1,541	4,895	38.6	*0.0	6.9	50.6	*3.9
Poverty status^e										
Poor	32,053	58.6	139	691	12,984	44.5	9.2	4.1	38.8	3.4
Near-poor	12,196	60.2	213	749	5,496	55.6	8.0	*5.0	27.4	4.0
Low income	37,059	59.6	181	685	15,148	51.3	20.2	5.3	16.5	6.8
Middle income	90,343	61.9	176	569	31,787	47.4	35.7	5.9	6.6	4.4
High income	106,754	64.8	205	543	37,578	42.2	50.3	3.2	*1.0	3.3

Continued

Table 7. Prescription medicines^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	226,861	61.1	\$174	\$576	\$79,881	45.0	35.1	5.2	10.9	3.8
Non-MSA	51,545	67.1	239	668	23,111	50.1	29.9	2.5	12.1	5.5
Census region										
Northeast	52,636	64.3	172	605	20,470	44.3	35.2	6.4	11.0	3.1
Midwest	64,536	64.1	204	622	25,745	46.1	38.0	3.6	8.8	3.6
South	97,373	62.6	223	622	37,963	49.0	33.0	2.2	11.4	4.3
West	63,861	58.1	135	507	18,814	42.3	28.8	8.6	14.1	6.1
Perceived health status										
Excellent	87,890	49.0	80	251	10,810	43.8	43.8	2.7	*7.4	2.2
Very good	93,499	61.6	150	422	24,345	44.9	41.6	4.2	6.0	3.3
Good	67,922	69.7	282	676	32,007	45.9	37.1	4.2	8.2	4.5
Fair	20,666	86.9	692	1,275	22,892	47.3	26.3	5.7	17.2	3.5
Poor	7,720	92.2	1,230	1,805	12,842	48.7	16.7	5.5	20.9	8.2

^aExpenses for all prescribed medicines initially purchased or otherwise obtained during the year, as well as any refills, are included. Free samples are included in the estimate of percent of persons with any expense.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 8. Dental services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense			Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean	Out of pocket		Private insurance ^b	Medicare	Medicaid	Other ^c	
Total	278,406	40.1	\$168	\$498	\$55,551	49.3	42.2	0.5	4.0	3.9	
Age in years											
Under 65	243,624	40.2	164	492	48,209	45.2	46.3	*0.0	4.6	3.9	
Under 6	24,126	20.1	99	193	937	25.4	43.3	*0.0	25.6	*5.7	
6-17	48,405	51.1	155	654	16,172	44.0	47.6	*0.0	6.5	1.9	
18-44	109,021	36.8	155	404	16,223	42.0	49.1	*0.0	*4.6	4.3	
45-64	62,072	45.4	209	528	14,876	51.2	42.0	*0.0	1.1	5.6	
65 and over	34,782	39.5	196	534	7,341	76.7	15.2	3.6	0.4	4.1	
Sex											
Male	135,882	36.9	162	464	23,274	49.8	40.3	*0.4	*4.6	4.9	
Female	142,524	43.2	172	525	32,277	49.0	43.6	*0.5	3.6	3.3	
Race/ethnicity											
White and other	209,401	45.0	178	524	49,390	49.8	42.3	0.5	3.6	3.8	
Black	35,049	26.0	107	354	3,224	40.3	47.4	*0.3	7.1	4.9	
Hispanic	33,955	24.4	128	354	2,936	51.7	35.3	*0.6	7.3	5.1	
Health insurance status^d											
Under age 65:											
Any private	182,658	46.1	174	515	43,411	44.1	51.4	*0.0	*1.6	2.8	
Public only	28,622	27.9	87	287	2,290	26.9	*0.0	*0.4	66.4	6.2	
Uninsured	32,344	17.5	151	444	2,508	79.8	*0.0	*0.0	*0.0	20.3	
Age 65 and over:											
Medicare only	11,515	32.6	195	661	2,480	86.8	*0.0	*5.3	*0.0	*8.0	
Medicare and private	19,570	47.9	200	490	4,601	72.6	24.3	1.6	*0.0	1.5	
Medicare and other public	3,568	16.4	—	—	—	—	—	—	—	—	
Poverty status^e											
Poor	32,053	24.8	105	345	2,744	44.1	23.3	*2.2	22.2	*8.2	
Near-poor	12,196	25.4	150	495	*1,533	*31.0	*25.1	*0.3	*36.8	*6.8	
Low income	37,059	28.6	144	392	4,157	59.5	25.1	*0.5	10.5	*4.5	
Middle income	90,343	38.6	166	490	17,093	51.1	40.5	*0.6	*3.3	4.5	
High income	106,754	51.6	185	545	30,025	48.3	48.2	0.3	*0.2	3.0	

Continued

Table 8. Dental services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	226,861	40.9	\$170	\$502	\$46,597	48.1	42.9	0.6	4.4	4.1
Non-MSA	51,545	36.5	151	476	8,954	56.0	38.7	*0.1	2.2	3.1
Census region										
Northeast	52,636	45.7	185	519	12,469	51.6	39.5	*0.7	3.9	4.3
Midwest	64,536	45.0	149	449	13,024	46.7	45.7	*0.3	*3.3	4.0
South	97,373	35.4	154	472	16,278	54.1	40.3	*0.4	1.3	3.9
West	63,861	37.8	200	571	13,780	44.2	43.6	*0.7	*8.0	3.5
Perceived health status										
Excellent	87,890	42.6	160	477	17,845	45.7	48.3	*0.1	3.0	2.8
Very good	93,499	42.8	165	514	20,587	49.2	44.8	*0.5	1.9	3.6
Good	67,922	37.5	176	480	12,235	50.6	35.1	*0.7	*8.4	5.2
Fair	20,666	32.3	200	560	3,740	62.3	26.7	*0.6	3.8	6.7
Poor	7,720	26.4	185	561	1,144	53.2	26.9	*2.6	*12.6	*4.7

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

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

—Less than 100 sample cases.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 9. Home health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	278,406	1.8	\$1,710	\$5,136	\$25,640	12.4	*4.2	25.6	48.2	*9.6
Age in years										
Under 65	243,624	0.8	1,507	6,551	12,960	*3.7	*3.6	*13.2	68.0	*11.5
Under 6	24,126	1.2	—	—	—	—	—	—	—	—
6-17	48,405	*0.5	—	—	—	—	—	—	—	—
18-44	109,021	0.5	—	—	—	—	—	—	—	—
45-64	62,072	1.4	—	—	—	—	—	—	—	—
65 and over	34,782	8.7	1,800	4,207	12,680	21.2	*4.7	38.4	28.1	7.6
Sex										
Male	135,882	1.5	1,592	4,081	8,320	*13.0	*5.1	37.8	36.0	8.0
Female	142,524	2.1	1,775	5,863	17,321	*12.1	*3.7	19.8	54.1	*10.4
Race/ethnicity										
White and other	209,401	1.9	1,500	4,831	19,552	15.7	*4.6	23.9	45.3	*10.4
Black	35,049	1.7	—	—	—	—	—	—	—	—
Hispanic	33,955	1.0	—	—	—	—	—	—	—	—
Health insurance status^d										
Under age 65:										
Any private	182,658	0.5	—	—	—	—	—	—	—	—
Public only	28,622	3.7	—	—	—	—	—	—	—	—
Uninsured	32,344	*0.2	—	—	—	—	—	—	—	—
Age 65 and over:										
Medicare only	11,515	7.6	—	—	—	—	—	—	—	—
Medicare and private	19,570	6.9	1,290	3,289	4,436	*32.7	*13.5	42.6	*7.8	*3.5
Medicare and other public	3,568	22.2	—	—	—	—	—	—	—	—
Poverty status^e										
Poor	32,053	3.1	1,775	4,743	4,762	*16.0	*1.7	41.1	33.4	*7.9
Near-poor	12,196	3.7	—	—	—	—	—	—	—	—
Low income	37,059	2.7	—	—	—	—	—	—	—	—
Middle income	90,343	1.6	1,524	3,252	4,695	*8.6	*4.5	*24.4	*35.8	*26.7
High income	106,754	1.0	—	—	—	—	—	—	—	—

Continued

Table 9. Home health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense			Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean	Out of pocket		Private insurance ^b	Medicare	Medicaid	Other ^c	
Metropolitan statistical area (MSA)											
MSA	226,861	1.7	\$1,540	\$4,917	\$19,219	*13.1	*4.8	21.8	49.2	*11.2	
Non-MSA	51,545	2.1	1,867	5,924	6,422	10.2	2.3	37.3	45.4	4.8	
Census region											
Northeast	52,636	2.2	—	—	—	—	—	—	—	—	—
Midwest	64,536	1.9	—	—	—	—	—	—	—	—	—
South	97,373	1.7	1,733	4,939	*8,118	*14.0	*4.9	*27.6	*49.2	*4.2	
West	63,861	1.5	—	—	—	—	—	—	—	—	—
Perceived health status											
Excellent	87,890	0.5	—	—	—	—	—	—	—	—	—
Very good	93,499	0.7	—	—	—	—	—	—	—	—	—
Good	67,922	1.7	—	—	—	—	—	—	—	—	—
Fair	20,666	6.8	1,602	*6,280	*8,810	*10.5	*2.1	*21.0	60.0	*6.3	
Poor	7,720	16.3	1,775	4,309	5,412	*10.0	*9.0	45.6	32.0	*3.5	

^aExpenses for care provided by home health agencies and independent home health providers are included. Most home health expenses (87.5 percent) were for agency providers.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

—Less than 100 sample cases.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table 10. Other medical equipment and services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense			Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean	Out of pocket		Private insurance ^b	Medicare	Medicaid	Other ^c	
Total	278,406	18.6	\$180	\$260	71.3	\$13,412	16.0	3.0	6.7	3.0	3.0
Age in years											
Under 65	243,624	17.4	178	237	71.1	10,037	18.6	*0.5	7.4	2.3	2.3
Under 6	24,126	2.4	—	—	—	—	—	—	—	—	—
6-17	48,405	13.2	150	182	63.5	1,166	18.4	*0.1	16.7	*1.3	*1.3
18-44	109,021	17.9	160	209	72.5	4,072	17.7	*0.1	6.9	2.7	2.7
45-64	62,072	25.7	223	292	72.0	4,653	19.3	*1.0	5.6	2.2	2.2
65 and over	34,782	26.7	200	364	71.6	3,375	8.1	10.3	4.7	5.3	5.3
Sex											
Male	135,882	15.7	179	271	70.2	5,787	15.8	*2.9	6.3	4.9	4.9
Female	142,524	21.2	182	252	72.1	7,625	16.1	3.1	7.1	1.7	1.7
Race/ethnicity											
White and other	209,401	20.6	187	264	72.8	11,406	16.0	3.0	5.1	3.0	3.0
Black	35,049	12.9	136	214	67.6	965	11.2	3.6	13.9	3.6	3.6
Hispanic	33,955	11.8	175	260	57.2	1,041	20.2	1.6	*18.3	*2.7	*2.7
Health insurance status^d											
Under age 65:											
Any private	182,658	19.2	180	236	74.7	8,268	22.6	*0.1	*1.2	1.4	1.4
Public only	28,622	14.7	147	245	30.9	1,027	*0.0	*4.2	63.0	*1.8	*1.8
Uninsured	32,344	9.8	160	233	87.4	742	*0.0	*0.0	*0.0	12.6	12.6
Age 65 and over:											
Medicare only	11,515	24.8	180	323	69.0	923	*0.0	21.1	*0.0	9.9	9.9
Medicare and private	19,570	28.4	215	388	77.5	2,156	12.7	5.9	*0.1	*3.8	*3.8
Medicare and other public	3,568	24.0	176	343	36.4	293	*0.0	*9.2	52.6	*1.7	*1.7
Poverty status^e											
Poor	32,053	14.0	150	251	52.4	1,124	4.8	*3.7	33.6	*5.5	*5.5
Near-poor	12,196	14.8	156	245	55.4	442	*12.1	*8.2	*22.4	*2.0	*2.0
Low income	37,059	16.3	165	255	72.5	1,536	8.6	6.3	9.1	3.5	3.5
Middle income	90,343	16.5	168	239	70.4	3,555	16.3	*3.6	*5.0	*4.7	*4.7
High income	106,754	22.9	200	276	75.6	6,755	19.6	1.4	*1.6	1.7	1.7

Continued

Table 10. Other medical equipment and services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	226,861	18.5	\$182	\$261	\$10,973	71.5	16.0	2.2	7.1	3.2
Non-MSA	51,545	18.6	173	254	2,439	70.3	15.9	*6.3	5.1	2.4
Census region										
Northeast	52,636	19.7	200	258	2,678	72.3	17.2	*3.1	5.0	2.3
Midwest	64,536	20.3	180	267	3,504	76.0	15.5	1.4	3.3	3.8
South	97,373	17.6	174	256	4,389	72.3	11.8	*3.9	*9.0	*3.0
West	63,861	17.2	180	258	2,842	62.8	21.9	*3.3	9.1	2.9
Perceived health status										
Excellent	87,890	15.1	175	243	3,220	77.9	17.0	*1.5	2.2	1.5
Very good	93,499	19.0	185	239	4,236	73.3	18.7	*1.3	*4.0	*2.8
Good	67,922	19.4	180	258	3,411	69.7	14.7	*4.9	7.7	2.9
Fair	20,666	24.1	190	323	1,613	70.9	12.0	5.0	8.1	4.0
Poor	7,720	31.9	181	379	933	45.2	12.1	5.1	29.1	*8.4

^aExpenses for eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year are included. About two-thirds of the expenditures in this category were for vision items.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

—Less than 100 sample cases.

*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 Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Technical Appendix

The data source for this report is the Medical Expenditure Panel Survey (MEPS), an ongoing annual survey of the civilian noninstitutionalized population that collects detailed information on health care use and expenditures (including sources of payment), health insurance, health status, access, and quality. MEPS also collects detailed demographic and economic information on the people in the households surveyed. Expenditure data in MEPS are obtained from both the household interview and the Medical Provider Component, which collects data from a sample of respondents' hospitals, physicians, home health care providers, and pharmacies. (See the section "MEPS Expenditures Methodology" in this appendix for more details.)

The expenditure estimates for 2000 and 1996 presented and cited in this report were obtained from the compendia of tables available on the MEPS Web site: <http://www.meps.ahrq.gov/data_public.htm>. However, the 2000 estimates by place of residence (MSA and non-MSA) presented here differ slightly from those on the Web site. These published estimates were based on complete information for all persons, whereas those on the Web site classified a small proportion of persons with missing MSA status.

More information about MEPS can be found at <<http://www.meps.ahrq.gov>>. Detailed descriptions of the survey and its methodology have been previously published (Cohen JW, 1997; Cohen SB, 2000; Cohen SB, 2003).

Definitions

Expenditures. Expenditures in this report refer to what is actually paid for health care services. More specifically, in MEPS, expenditures are defined as the sum of direct payments for care received, including out-of-pocket payments for care received and payments made by private insurance, Medicare, Medicaid, and other sources. Payments for over-the-counter drugs and alternative care services are not included in MEPS total expenditures. Indirect payments not related to specific

medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, are also not included.

This definition of expenditures differs somewhat from that used in predecessor surveys, the 1987 National Medical Expenditure Survey and the 1977 National Medical Care Expenditure Survey, in which charges rather than payments were used to measure medical expenditures. Users who wish to compare the expenditure data presented in this report with data from the 1987 survey should consult Zuvekas and Cohen (2002).

Type of service. In addition to expenditures for total health services (Table 2), expenses are classified in this report into eight broad types of service: hospital inpatient, office-based medical provider services, hospital outpatient, emergency room, prescription medicines, dental services, 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. Expenses for reported hospital stays with the same admission and discharge dates are also included. Expenses for newborns who left the hospital on the same day as the mother are included in the mother's record.
- **Office-based medical provider services (Table 4).** This category includes expenses for visits to medical providers seen in office-based settings or clinics.
- **Hospital outpatient services (Table 5).** This category includes expenses for visits to both physicians and other medical providers seen in hospital outpatient departments, including payments for services covered under the basic facility charge and those for separately billed physician services.
- **Emergency room services (Table 6).** This category includes expenses for visits to medical providers

seen in emergency rooms (except visits resulting in a hospital admission). These expenses include payments for services covered under the basic facility charge and those for separately billed physician services.

- *Prescription medicines (Table 7)*. This category includes expenses for all prescribed medications initially purchased or otherwise obtained during 2000, as well as any refills.
- *Dental services (Table 8)*. 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 9)*. This category includes expenses for care provided by home health agencies and independent home health providers.
- *Other medical equipment and services (Table 10)*. This category includes expenses for eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year. About two-thirds of the expenditures in this category were for vision items.

Sources of payment. 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 TRICARE (Armed-Forces-related coverage) are also 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*—Includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

Age. The respondent was asked to report the age of each family member as of the date of each interview. In this report, age is based on the sampled person's age as of December 31st of the reported year. If data were not collected at the end of the year because the sample person was out of scope (e.g., deceased or institutionalized), then age at the time of the last in-scope interview(s) was used.

Race/ethnicity. Classifications by race/ethnicity in this report are based on the following three race/ethnicity groups: white/other, black, and Hispanic. Classification by race and ethnicity is based on information reported in MEPS for each family member.

First, respondents were asked if the sample person's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported as one of these Hispanic groups, regardless of racial background, are classified as Hispanic. The second category is comprised of people who were not classified as Hispanic but whose race was reported as black. All other persons were classified as white/other. In this group, only about 5 percent were reported as a race other than white (e.g., American Indians, Aleutian Islanders and Eskimos, Asian and Pacific Islanders, and unspecified races).

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 Household Component.

- *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 TRICARE (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, TRICARE, 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.*

Income. Each year persons were classified according to their family's income. In this report, income is expressed in terms of poverty status, the ratio of the family's income to the Federal poverty thresholds, which control for the size of the family and the age of the head of the family. In this report, the following classification was used.

- *Poor*—Persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income.
- *Near-poor*—Persons in families with income from 100 percent to less than 125 percent of the poverty line.
- *Low income*—Persons in families with income from 125 percent to less than 200 percent of the poverty line.
- *Middle income*—Persons in families with income from 200 percent to less than 400 percent of the poverty line.
- *High income*—Persons in families with income at or over 400 percent of the poverty line.

In MEPS, personal income from each household member was summed to create family income. Potential income sources asked about in the survey interview include annual earnings from wages, salaries, bonuses, tips, and commissions; business and farm gains and losses; unemployment and Workers' Compensation payments; interests 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; TANF (Temporary Assistance for Needy Families, formerly known as Aid to Families with Dependent Children or AFDC); gains or losses from estates, trusts, partnerships, C corporations, rent, and royalties; and a small amount of other income.

Perceived health status. In every round of MEPS, the respondent was asked to rate the health of every member of the family. The exact wording of the question is as follows: “In general, compared to other people of (PERSON)’s age, would you say that (PERSON)’s health is excellent, very good, good, fair, or poor?” In the tables, this variable usually reflects responses to the last interview for the calendar year (Round 3 or Round 5). However, if no response was obtained from that interview, then reported health status was based on the most recent of the prior two interviews. A small proportion of persons had no valid response for health status on any of the three interviews.

Place of residence. Each MEPS sample person was classified 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 the end of the reference year. If MSA status as of December 31 was not known, then MSA status at the time of the previous interview was used.

Region of residence. Each MEPS sample person was classified as living in one of the following four regions as defined by the U.S. Census Bureau.

- *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.

Sample Design

Each year, the MEPS Household Component (HC) sample is drawn from those households that completed the prior year’s National Health Interview Survey (NHIS). For example, households selected for participation in MEPS Panel 5 (beginning in 2000) completed interviews in the 1999 NHIS, the sample for MEPS Panel 4 (beginning in 1999) was drawn from the 1998 NHIS, and so on. Because NHIS is used as a sampling frame, the MEPS design is not only nationally representative of the civilian noninstitutionalized population, but also includes an oversampling of Hispanics and blacks. NHIS is conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention.

MEPS collects data via an overlapping panel design. Each household completes five interviews (“rounds” of data collection) over a period of 2½ years, providing data for two full calendar years. Data from Rounds 1, 2, and 3 provide information for the first year of estimation, and data from Rounds 3, 4, and 5 provide data for the second year of estimates. The estimates in this report for calendar year 2000 were based on data collected from Rounds 3, 4, and 5 of MEPS Panel 4 and Rounds 1, 2, and 3 of MEPS Panel 5. (Note that the reference period for Round 3 of a MEPS panel overlaps two calendar years.) In MEPS, a single respondent provides most of the information on the health care experience of the entire family via computer-assisted personal interviewing (CAPI).

The MEPS response rate reflects response to both MEPS and NHIS. The overall response rate for MEPS Panel 4 in 2000, including the NHIS response rate, was 63.7 percent. The overall response rate for Panel 5 in 2000, including the NHIS response rate, was 68.3 percent. The response rate for 2000 MEPS annual estimates after combining both panels was 65.8 percent.

Accuracy of Estimates

The estimates of total expenditures in each table are based on 23,839 sample persons. They were weighted to develop population estimates for a total of 278,405,516 persons who were in the U.S. civilian noninstitutionalized population for part or all of 2000. All expenditures for persons who were in the target population for the full year, from January 1 through December 31, 2000, 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.

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. Only statistically significant differences between estimates are discussed in the text. However, it should be noted that each individual significance test was conducted at the 0.05 level, which does not control the error rate for all significance tests conducted simultaneously at the 0.05 level.

The statistics presented in this report are affected by both sampling error and sources of nonsampling error, which include nonresponse bias, respondent reporting errors (response errors), interviewer effects, and data processing misspecifications. The nonsampling errors,

such as response errors, are difficult to measure, but every effort is made to minimize such errors at each step of the MEPS operation. The sampling error, however, can be measured by the variance of the estimator. A Taylor-series approach in SUDAAN is used to produce appropriate standard errors for weighted estimates from MEPS with its complex survey design. Standard errors for the MEPS estimates in this report are shown in Tables A-J. The MEPS person-level estimation weights include nonresponse adjustments and poststratification adjustments to population estimates derived from the Current Population Survey based on cross-classifications by region, MSA status, age, race/ethnicity, and sex. For a detailed description of the MEPS survey design, sample design, estimation strategies, and methods used to minimize sources of nonsampling error, see JW Cohen (1997), SB Cohen (1997), and SB Cohen (2003).

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.

MEPS Expenditures Methodology

Expenditure estimates in this report are based on the sum of total payments for medical events in 2000 reported in the MEPS HC. The HC collected annual data on the use of and associated expenditures for office- and hospital-based care, emergency room services, home health care, dental services, prescription medicines, and vision aids and other medical equipment and services. 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 2000.

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.meps.ahrq.gov/>. For more information on the approach used to impute missing expenditure data on prescription medicines, see Moeller, Stagnitti, Horan, et al. (2001).

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. As for the other imputations, selected predictor variables were used to form groups of donor and recipient events for the imputation process.

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 2000. For example, all payments for an orthodontist's fee that covered multiple visits over 3 years were included if the initial visit occurred in 2000. However, if a 2000 visit to an orthodontist was part of a flat fee for which the initial visit occurred in 1999, 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.

Sample respondents sometimes reported medical events for which no payments actually 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, no charge was made for a followup visit (e.g., after a surgical procedure), or care was covered under a flat-fee arrangement beginning

in an earlier year. These types of events were treated as valid \$0 payments when developing the estimates contained in this report.

Because of methodological differences, caution should be used when comparing the estimates in this report with data from other sources. National health care expenditures from MEPS, for example, are lower than the expenditures for personal health care typically cited from the National Health Accounts (NHA) of the Centers for Medicare & Medicaid Services. The primary reasons for the differences are that the NHA include a wider variety of expenses and also include expenses for people who are not part of the community population. A comparison of MEPS and NHA estimates for comparable expenditures and population has been previously published (Selden, Levit, Cohen, et al., 2001).

Table A. Standard errors for expenses by event type: United States, 2000

Corresponds to Table I

Event type	Expenses			
	Payments (in billions)		Percent distribution	
	All expenses	Ambulatory expenses	All expenses	Ambulatory expenses
	Standard error			
Total ^a	31.1	NA	NA	NA
Hospital inpatient ^b	16.7	NA	1.4	NA
Ambulatory ^c	10.2	NA	0.8	NA
Office-based visits	NA	6.9	NA	1.0
Hospital outpatient visits	NA	3.4	NA	1.1
Emergency room visits	NA	1.3	NA	0.4
Prescription medicines ^d	4.9	NA	0.5	NA
Dental ^e	2.9	NA	0.4	NA
Home health ^f	3.8	NA	0.6	NA
Other medical ^g	0.8	NA	0.1	NA

^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 telephone contacts are excluded.

^bHospital admissions that did not involve an overnight stay are included. 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.

^dAll prescribed medicines initially purchased or otherwise obtained during 2000, as well as refills and free samples, 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 (87.5 percent) were for agency providers.

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

NA—Not applicable.

Note: These estimates are for a target population of approximately 278.4 million persons who were in the civilian noninstitutionalized population for all or part of 2000.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table B. Standard errors for total health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 2

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Standard error										
Total	†	0.4	18	78	31,076	0.5	1.3	1.0	0.8	1.0
Age in years										
Under 65	†	0.5	15	70	25,977	0.6	1.4	0.8	1.1	1.3
Under 6	†	1.0	14	170	3,962	1.6	7.8	0.1	8.0	1.7
6-17	†	0.8	13	60	3,184	1.6	2.5	0.0	2.2	2.0
18-44	†	0.6	16	83	11,862	0.9	2.0	2.0	1.9	1.4
45-64	†	0.6	40	177	13,566	1.0	2.5	0.9	1.0	2.3
65 and over	†	0.5	84	271	10,625	0.9	1.2	1.6	0.7	1.0
Sex										
Male	†	0.6	19	127	18,854	0.8	1.8	1.7	1.1	1.9
Female	†	0.4	23	95	17,412	0.7	1.3	1.0	1.0	0.8
Race/ethnicity										
White and other	†	0.4	22	88	27,175	0.6	1.4	1.1	0.9	1.2
Black	†	1.2	26	283	10,353	1.4	2.6	3.2	2.6	2.5
Hispanic	†	1.0	19	107	4,373	1.2	2.7	2.2	1.9	0.9
Health insurance status^d										
Under age 65:										
Any private	8,688	0.5	17	67	19,664	0.6	1.1	0.3	0.3	0.8
Public only	1,863	1.0	40	279	8,155	1.0	0.0	4.1	3.8	1.4
Uninsured	1,710	1.2	17	271	5,310	7.2	0.0	0.0	0.0	7.2
Age 65 and over:										
Medicare only	729	0.8	141	334	4,858	1.5	0.0	2.6	0.0	2.3
Medicare and private	971	0.6	107	368	8,668	1.2	2.1	2.2	0.3	1.2
Medicare and other public	280	1.2	421	855	3,866	1.4	0.0	4.3	3.3	1.9
Poverty status^e										
Poor	†	1.1	43	246	8,456	1.1	2.2	3.9	3.2	1.9
Near-poor	†	1.9	65	273	3,081	1.8	1.5	4.5	4.7	1.6
Low income	†	1.0	45	209	6,655	1.1	2.1	2.7	2.1	1.6
Middle income	†	0.6	21	106	11,963	0.9	1.8	1.9	0.6	1.6
High income	†	0.5	25	118	15,557	1.0	2.1	1.4	1.0	1.8

Continued

Table B. Standard errors for total health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 2

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	†	0.5	20	85	28,346	0.6	1.4	1.2	0.8	1.2
Non-MSA	†	0.7	44	197	12,959	1.2	2.9	2.0	1.6	0.9
Census region										
Northeast	†	0.9	35	140	11,555	1.2	2.5	2.0	1.6	1.1
Midwest	†	0.8	53	167	13,592	1.0	2.8	2.9	1.5	3.0
South	†	0.6	21	131	17,216	1.0	2.6	1.4	1.4	1.7
West	†	0.9	36	133	15,525	0.9	2.4	2.2	1.8	0.9
Perceived health status										
Excellent	3,445	0.6	14	55	5,436	1.3	2.1	1.2	1.0	0.8
Very good	4,684	0.6	22	71	9,030	0.9	1.9	1.6	0.7	1.3
Good	3,479	0.7	39	138	11,228	0.9	2.0	1.4	1.2	1.3
Fair	1,105	0.6	168	557	12,732	1.3	2.3	2.9	2.5	1.5
Poor	443	0.7	360	937	8,241	1.1	3.7	3.5	2.4	4.6

^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.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

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

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table C. Standard errors for hospital inpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 3

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment					
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c	
Total	†	0.2	203	544	16,747	0.2	2.5	2.1	1.3	2.2	
Standard error											
Age in years											
Under 65	†	0.2	167	608	12,974	0.3	3.4	1.7	2.2	3.4	
Under 6	†	0.6	659	2,012	2,730	1.7	11.5	0.1	8.8	3.5	
6-17	†	0.3	—	—	—	—	—	—	—	—	
18-44	†	0.3	147	577	6,256	0.7	4.8	4.8	3.9	3.2	
45-64	†	0.4	582	1,333	8,722	0.3	6.1	2.3	2.4	5.9	
65 and over	†	0.9	797	947	7,770	0.3	2.5	2.5	0.3	1.7	
Sex											
Male	†	0.3	469	1,125	11,999	0.3	3.8	3.4	2.1	3.8	
Female	†	0.3	184	504	9,421	0.3	2.9	2.2	1.2	1.6	
Race/ethnicity											
White and other	†	0.3	259	637	13,661	0.2	3.0	2.5	1.6	2.6	
Black	†	0.5	564	2,099	7,589	0.5	4.4	4.8	3.9	4.5	
Hispanic	†	0.4	381	834	2,315	1.2	5.7	5.1	3.2	1.6	
Health insurance status^d											
Under age 65:											
Any private	8,688	0.2	266	660	9,204	0.4	2.4	0.8	1.0	2.0	
Public only	1,863	0.8	278	1,180	5,036	0.6	0.0	7.3	6.8	2.2	
Uninsured	1,710	0.4	721	3,824	4,498	3.7	0.0	0.0	0.0	3.7	
Age 65 and over:											
Medicare only	729	1.4	1,449	1,205	3,243	0.6	0.0	3.5	0.0	3.5	
Medicare and private	971	1.1	949	1,505	6,533	0.3	4.2	3.8	0.0	2.1	
Medicare and other public	280	3.0	—	—	—	—	—	—	—	—	
Poverty status^e											
Poor	†	0.7	366	1,261	5,969	0.6	3.9	6.4	5.5	3.4	
Near-poor	†	1.1	450	1,316	1,893	0.6	2.4	6.9	7.4	3.8	
Low income	†	0.6	304	917	4,191	0.6	4.3	5.1	2.1	3.1	
Middle income	†	0.3	362	856	7,141	0.4	4.2	3.9	0.8	3.1	
High income	†	0.3	444	1,117	9,271	0.4	5.5	4.2	0.5	5.4	

Continued

Table C. Standard errors for hospital inpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 3

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	†	0.2	248	626	15,528	0.3	2.9	2.5	1.6	2.7
Non-MSA	†	0.5	407	965	6,120	0.4	5.0	4.0	1.2	1.8
Census region										
Northeast	†	0.5	426	1,370	6,729	0.7	5.5	5.6	3.5	2.3
Midwest	†	0.6	511	1,162	8,089	0.2	5.7	5.8	3.4	6.3
South	†	0.3	262	754	10,423	0.4	4.7	3.1	1.6	3.2
West	†	0.4	400	1,012	4,633	0.7	3.9	3.5	2.7	1.5
Perceived health status										
Excellent	3,445	0.3	335	819	3,187	1.6	6.2	4.3	2.4	2.3
Very good	4,684	0.3	349	758	4,375	0.6	5.5	4.9	1.7	2.2
Good	3,479	0.4	330	783	5,769	0.4	3.9	2.9	2.3	3.0
Fair	1,105	1.1	768	1,752	9,778	0.2	4.3	4.2	3.2	2.6
Poor	443	2.1	1,212	2,269	7,013	0.3	6.0	6.3	3.5	7.4

^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 newborns who left the hospital on the same day as the mother are included in the mother's record.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

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

—Less than 100 sample cases.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table D. Standard errors for office-based medical provider services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 4

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	†	0.5	5	16	6,871	0.6	1.3	0.9	0.4	0.9
Age in years										
Under 65	†	0.6	5	17	5,936	0.8	1.4	0.5	0.5	1.1
Under 6	†	1.2	7	20	581	1.5	2.9	0.1	1.6	1.5
6-17	†	1.1	4	13	558	1.2	1.8	0.0	1.6	0.9
18-44	†	0.8	6	20	2,736	1.2	1.4	0.4	0.8	1.3
45-64	†	0.8	13	39	2,889	1.1	2.4	1.1	0.5	2.1
65 and over	†	0.7	20	48	1,845	0.9	1.0	1.3	0.7	0.9
Sex										
Male	†	0.7	5	23	3,614	0.8	1.7	1.3	0.5	1.2
Female	†	0.6	8	19	3,775	0.8	1.5	1.1	0.5	1.3
Race/ethnicity										
White and other	†	0.6	6	19	6,724	0.8	1.4	0.9	0.5	1.0
Black	†	1.3	6	41	1,228	1.6	3.8	3.6	1.8	2.4
Hispanic	†	1.2	7	27	847	1.6	2.1	1.6	1.3	1.1
Health insurance status^d										
Under age 65:										
Any private	8,688	0.6	6	20	5,191	0.9	1.2	0.3	0.1	0.8
Public only	1,863	1.4	8	45	1,125	0.8	0.0	3.3	4.8	6.6
Uninsured	1,710	1.2	7	39	586	3.8	0.0	0.0	0.0	3.8
Age 65 and over:										
Medicare only	729	1.3	22	61	790	1.1	0.0	2.5	0.0	2.1
Medicare and private	971	0.9	32	64	1,408	1.3	1.4	1.6	0.1	1.1
Medicare and other public	280	2.1	51	233	829	2.3	0.0	2.1	2.6	1.9
Poverty status^e										
Poor	†	1.3	9	35	1,081	1.0	2.8	2.1	2.7	1.9
Near-poor	†	2.2	19	47	455	1.8	3.5	4.1	3.0	2.1
Low income	†	1.3	13	45	1,277	1.0	2.5	3.4	1.4	1.8
Middle income	†	0.8	7	24	2,803	0.8	1.9	1.6	0.2	2.4
High income	†	0.7	8	27	3,672	1.1	1.7	0.8	0.2	0.7

Continued

Table D. Standard errors for office-based medical provider services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 4

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	†	0.6	6	17	6,372	0.7	1.4	1.0	0.4	1.0
Non-MSA	†	1.0	9	43	2,733	1.3	3.2	2.3	0.9	1.7
Census region										
Northeast	†	1.0	9	33	2,001	1.1	2.4	1.4	1.2	1.5
Midwest	†	1.2	11	28	2,489	1.3	2.4	1.9	0.9	2.8
South	†	0.8	8	32	3,374	1.0	1.8	1.2	0.6	1.1
West	†	1.3	12	27	4,954	1.2	3.3	2.5	0.7	1.5
Perceived health status										
Excellent	3,445	0.9	5	20	1,699	1.5	1.8	0.8	0.6	1.2
Very good	4,684	0.8	8	22	2,644	1.1	2.0	0.9	0.4	2.4
Good	3,479	0.9	10	34	2,615	1.0	2.3	1.5	0.7	1.0
Fair	1,105	0.9	31	53	1,184	0.8	2.3	2.2	1.4	1.8
Poor	443	1.3	51	128	1,017	1.6	2.8	4.1	1.4	2.3

^aExpenses for visits to medical providers seen in office-based settings are included.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

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

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table E. Standard errors for hospital outpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 5

Population characteristic	Population (in thousands)	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c	
Total	†	28	67	3,396	0.9	2.2	2.1	0.7	1.8	
Standard error										
Age in years										
Under 65	†	37	69	2,523	1.2	2.1	1.9	0.9	1.6	
Under 6	†	91	164	311	1.2	6.9	1.0	5.6	2.2	
6-17	†	73	173	523	1.8	6.9	0.2	5.7	2.8	
18-44	†	56	132	1,610	2.4	2.7	2.3	0.9	3.0	
45-64	†	55	92	1,377	1.2	3.2	2.2	1.2	1.4	
65 and over	†	61	181	1,985	1.2	2.5	3.4	0.9	4.5	
Sex										
Male	†	48	143	2,411	1.6	3.6	2.5	1.1	3.5	
Female	†	31	60	1,940	0.9	2.4	2.6	0.7	1.6	
Race/ethnicity										
White and other	†	31	72	3,166	1.0	2.5	2.4	0.4	2.1	
Black	†	78	223	815	4.0	7.3	3.9	4.6	3.5	
Hispanic	†	70	166	564	0.8	5.5	5.3	4.9	3.9	
Health insurance status^d										
Under age 65:										
Any private	8,688	49	76	2,275	1.5	2.0	0.3	0.3	1.6	
Public only	1,863	52	216	825	1.4	0.0	10.4	8.4	3.5	
Uninsured	1,710	125	183	343	4.9	0.0	0.0	0.0	4.9	
Age 65 and over:										
Medicare only	729	83	481	1,358	1.3	0.0	10.4	0.0	10.9	
Medicare and private	971	90	170	1,389	1.3	2.3	2.7	0.2	1.5	
Medicare and other public	280	—	—	—	—	—	—	—	—	
Poverty status^e										
Poor	†	68	111	470	2.0	3.6	3.3	4.7	2.8	
Near-poor	†	126	445	792	2.0	4.0	14.3	7.8	5.4	
Low income	†	59	198	1,031	2.2	5.3	4.4	2.1	2.8	
Middle income	†	57	133	1,782	1.1	4.2	3.2	0.6	4.4	
High income	†	42	94	2,042	1.8	2.7	2.1	0.3	1.3	

Continued

Table E. Standard errors for hospital outpatient services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 5

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	†	0.5	33	77	2,888	1.1	2.4	1.9	0.7	2.3
Non-MSA	†	0.9	54	133	1,785	0.9	5.2	6.5	1.7	2.4
Census region										
Northeast	†	1.0	51	110	1,343	0.5	4.6	6.6	0.8	2.7
Midwest	†	1.1	39	147	2,023	1.6	4.8	3.4	0.5	4.8
South	†	0.7	69	100	1,637	1.3	3.3	1.9	1.5	2.5
West	†	0.7	78	194	1,731	3.0	4.6	5.1	2.0	1.9
Perceived health status										
Excellent	3,445	0.4	46	80	645	1.2	3.9	2.3	0.8	2.3
Very good	4,684	0.6	39	82	1,182	1.9	3.4	2.0	1.2	2.4
Good	3,479	0.8	46	138	1,762	0.8	4.6	3.3	1.3	4.9
Fair	1,105	1.4	76	179	1,162	1.3	4.5	4.6	2.0	2.7
Poor	443	2.2	177	468	1,226	4.8	6.1	7.3	0.9	2.1

^aExpenses for visits to medical providers seen in hospital outpatient departments are included.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

[†]Standard error approximately zero because of poststratification to Census Bureau population control tables.

—Less than 100 sample cases.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table F. Standard errors for emergency room services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 6

Population characteristic	Population (in thousands)	Expense per person with an expense			Percent distribution of total expenses by source of payment					
		Percent with expense	Median	Mean	Total expenses (in millions)	Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	†	0.3	10	22	1,263	0.9	2.1	1.7	0.8	2.2
Standard error										
Age in years										
Under 65	†	0.3	10	23	1,086	1.1	2.2	0.7	1.1	2.7
Under 6	†	0.9	17	52	198	2.5	5.7	0.2	4.9	2.7
6-17	†	0.6	22	58	335	1.7	7.8	0.4	3.3	10.3
18-44	†	0.4	18	31	649	1.9	2.9	0.5	1.7	2.7
45-64	†	0.5	32	41	368	1.7	4.1	2.0	0.9	3.8
65 and over	†	1.0	27	62	468	0.9	2.3	3.2	0.5	3.3
Sex										
Male	†	0.3	14	36	739	1.1	3.0	1.9	1.2	3.9
Female	†	0.4	12	27	776	1.2	2.6	2.6	1.1	1.1
Race/ethnicity										
White and other	†	0.3	11	26	1,151	0.9	2.6	2.1	1.0	2.6
Black	†	0.7	20	50	333	1.9	4.2	3.5	2.1	6.3
Hispanic	†	0.5	17	59	271	3.9	5.8	4.4	2.9	2.5
Health insurance status^d										
Under age 65:										
Any private	8,688	0.3	15	23	872	0.9	1.9	0.3	0.8	1.9
Public only	1,863	1.0	14	32	245	1.5	0.0	3.9	4.4	3.7
Uninsured	1,710	0.8	31	120	346	9.3	0.0	0.0	0.0	9.3
Age 65 and over:										
Medicare only	729	1.3	46	129	265	1.6	0.0	8.5	0.0	8.7
Medicare and private	971	1.2	33	77	317	1.4	3.3	2.8	0.3	1.7
Medicare and other public	280	2.7	—	—	—	—	—	—	—	—
Poverty status^e										
Poor	†	0.8	18	58	370	1.8	5.3	5.7	4.1	4.9
Near-poor	†	1.4	36	82	192	2.5	7.2	7.4	4.5	8.1
Low income	†	0.7	19	66	420	3.7	4.0	4.6	1.6	7.7
Middle income	†	0.5	21	32	659	1.4	2.9	3.0	0.6	2.6
High income	†	0.4	24	30	414	1.1	2.7	2.1	1.3	0.9

Continued

Table F. Standard errors for emergency room services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 6

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Standard error										
Metropolitan statistical area (MSA)										
MSA	†	0.3	11	25	1,180	1.0	2.4	1.9	0.9	2.6
Non-MSA	†	0.8	24	41	421	1.8	4.4	4.4	1.9	3.1
Census region										
Northeast	†	0.8	22	38	392	1.5	3.9	3.1	2.2	3.1
Midwest	†	0.6	19	55	600	0.9	4.4	3.3	2.1	5.6
South	†	0.5	14	38	754	2.1	3.1	2.6	1.1	3.1
West	†	0.6	26	41	694	1.3	5.6	5.1	1.2	2.4
Perceived health status										
Excellent	3,445	0.4	18	43	420	1.4	4.0	1.1	2.1	4.1
Very good	4,684	0.4	18	46	572	1.6	5.1	1.7	1.7	6.3
Good	3,479	0.5	23	46	570	2.0	2.9	3.3	1.4	1.9
Fair	1,105	1.2	32	60	305	2.1	4.2	4.7	2.0	1.7
Poor	443	2.0	43	85	260	1.9	4.0	6.4	2.4	4.8

^aExpenses for visits to medical providers seen in emergency rooms (except visits resulting in an overnight hospital stay) are included.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

[†]Standard error approximately zero because of poststratification to Census Bureau population control tables.

—Less than 100 sample cases.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table G. Standard errors for prescription medicines^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 7

Population characteristic	Population (in thousands)	Expense per person with an expense			Total expenses (in millions)	Percent distribution of total expenses by source of payment							
		Percent with expense	Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c			
Total	†	0.5	5	12	4,936				0.8	1.0	0.5	0.9	0.4
Age in years													
Under 65	†	0.6	3	12	4,061				0.9	1.2	0.3	1.1	0.4
Under 6	†	1.4	3	7	118				2.7	3.4	0.1	3.9	0.8
6-17	†	1.0	4	20	492				2.9	4.3	0.1	3.6	1.9
18-44	†	0.7	4	16	1,749				1.4	2.1	0.1	2.5	0.2
45-64	†	0.9	20	30	2,431				1.4	1.5	0.4	1.1	0.6
65 and over	†	0.7	26	31	1,551				1.4	1.3	1.1	1.0	0.7
Sex													
Male	†	0.7	7	16	2,555				1.0	1.4	0.5	1.5	0.8
Female	†	0.7	7	18	2,921				1.1	1.3	0.6	1.0	0.1
Race/ethnicity													
White and other	†	0.6	7	14	4,662				0.9	1.1	0.6	0.9	0.4
Black	†	1.3	9	31	895				2.3	2.1	1.1	3.3	1.8
Hispanic	†	1.1	5	25	739				2.3	1.9	1.0	3.1	0.9
Health insurance status^d													
Under age 65:													
Any private	8,688	0.7	4	14	3,103				1.0	1.0	0.2	0.6	0.3
Public only	1,863	1.5	12	48	1,443				2.5	0.0	1.0	2.4	1.2
Uninsured	1,710	1.0	6	28	445				2.2	0.0	0.0	0.0	2.2
Age 65 and over:													
Medicare only	729	1.3	49	51	861				2.4	0.0	2.4	0.0	1.7
Medicare and private	971	0.9	32	42	1,201				1.7	1.6	1.2	0.5	0.6
Medicare and other public	280	2.1	89	121	520				3.1	0.0	1.5	3.7	1.3
Poverty status^e													
Poor	†	1.2	17	41	1,212				2.5	1.6	0.9	3.0	0.7
Near-poor	†	2.0	39	68	627				3.5	1.5	1.5	3.4	1.0
Low income	†	1.3	17	41	1,087				2.4	1.9	1.0	3.1	1.2
Middle income	†	0.8	8	17	1,709				1.2	1.3	1.0	1.1	0.7
High income	†	0.8	8	20	2,321				1.2	1.3	0.5	0.3	0.5

Continued

Table G. Standard errors for prescription medicines^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 7

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	†	0.6	6	13	4,517	0.9	1.1	0.6	1.1	0.4
Non-MSA	†	1.1	15	29	2,008	1.7	1.9	0.5	1.3	0.9
Census region										
Northeast	†	1.2	11	28	1,597	2.2	2.5	1.3	1.7	0.7
Midwest	†	1.4	14	28	2,339	1.8	2.4	0.7	2.1	0.5
South	†	0.8	10	19	2,488	1.1	1.5	0.2	1.5	0.5
West	†	1.3	8	19	3,051	1.4	1.8	2.5	1.3	1.1
Perceived health status										
Excellent	3,445	0.9	3	11	700	1.8	2.1	0.5	2.7	0.5
Very good	4,684	0.7	7	13	1,582	1.0	1.4	0.7	1.2	0.4
Good	3,479	0.9	16	23	1,781	1.3	1.3	0.8	1.2	0.6
Fair	1,105	0.9	50	64	1,709	2.1	2.3	1.0	1.8	0.7
Poor	443	1.2	94	79	901	2.5	2.1	1.2	2.4	2.0

^aExpenses for all prescribed medicines initially purchased or otherwise obtained during the year, as well as any refills, are included. Free samples are included in the estimate of percent of persons with any expense.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

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

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table H. Standard errors for dental services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 8

Population characteristic	Population (in thousands)	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment					
		Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c	
Total	†	4	14	2,879	1.1	1.1	0.1	0.9	0.4	
Standard error										
Age in years										
Under 65	†	4	17	2,545	1.3	1.2	0.0	1.0	0.4	
Under 6	†	7	21	128	3.3	4.2	0.0	6.7	2.5	
6-17	†	7	50	1,466	2.9	3.3	0.0	1.6	0.4	
18-44	†	6	17	1,000	1.7	1.9	0.0	2.4	0.7	
45-64	†	9	23	908	1.5	1.6	0.0	0.3	0.8	
65 and over	†	11	34	668	2.2	1.9	0.9	0.1	1.0	
Sex										
Male	†	5	18	1,506	1.3	1.5	0.2	1.6	0.7	
Female	†	5	23	1,898	1.6	1.7	0.2	0.8	0.4	
Race/ethnicity										
White and other	†	4	16	2,793	1.2	1.1	0.1	1.0	0.4	
Black	†	6	41	453	4.1	4.7	0.1	1.5	1.0	
Hispanic	†	9	32	298	3.1	2.6	0.2	1.1	1.2	
Health insurance status^d										
Under age 65:										
Any private	8,688	4	20	2,400	1.3	1.1	0.0	0.8	0.4	
Public only	1,863	6	33	367	4.6	0.0	0.3	4.7	1.8	
Uninsured	1,710	10	50	369	3.7	0.0	0.0	0.0	3.7	
Age 65 and over:										
Medicare only	729	25	72	337	3.0	0.0	2.0	0.0	2.6	
Medicare and private	971	11	38	518	2.6	2.4	0.4	0.0	0.4	
Medicare and other public	280	—	—	—	—	—	—	—	—	
Poverty status^e										
Poor	†	8	36	348	4.1	4.6	1.8	4.4	2.5	
Near-poor	†	22	134	495	9.4	8.5	0.2	16.2	3.1	
Low income	†	10	31	453	3.2	2.5	0.2	2.7	1.4	
Middle income	†	7	26	1,534	2.2	1.9	0.3	1.4	0.7	
High income	†	5	28	1,812	1.6	1.6	0.1	0.1	0.5	

Continued

Table H. Standard errors for dental services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 8

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Standard error										
Metropolitan statistical area (MSA)										
MSA	†	0.8	5	16	2,599	1.2	1.3	0.2	1.0	0.4
Non-MSA	†	1.5	10	43	1,369	1.9	1.9	0.1	0.5	0.9
Census region										
Northeast	†	1.7	8	27	1,548	1.7	2.0	0.4	1.1	0.8
Midwest	†	1.6	7	25	1,143	1.5	1.6	0.1	1.4	0.7
South	†	1.1	6	28	1,432	2.6	2.7	0.2	0.2	0.7
West	†	1.4	9	45	1,556	2.9	2.3	0.4	3.0	0.7
Perceived health status										
Excellent	3,445	0.9	5	28	1,099	2.6	2.6	0.1	0.8	0.5
Very good	4,684	0.9	5	25	1,600	1.5	1.6	0.2	0.4	0.6
Good	3,479	1.0	7	24	1,089	2.9	2.0	0.4	3.4	1.0
Fair	1,105	1.6	15	42	385	3.4	2.7	0.2	0.9	1.7
Poor	443	2.2	35	71	187	5.7	4.8	1.5	7.7	1.6

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

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

[†]Standard error approximately zero because of poststratification to Census Bureau population control tables.

—Less than 100 sample cases.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table I. Standard errors for home health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 9

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	†	0.1	176	664	3,821	3.1	1.3	4.8	7.1	3.5
Age in years										
Under 65	†	0.1	278	1,446	3,284	2.3	1.4	5.6	9.4	6.7
Under 6	†	0.4	—	—	—	—	—	—	—	—
6-17	†	0.2	—	—	—	—	—	—	—	—
18-44	†	0.1	—	—	—	—	—	—	—	—
45-64	†	0.2	—	—	—	—	—	—	—	—
65 and over	†	0.7	204	468	1,713	5.1	2.2	5.7	6.2	1.6
Sex										
Male	†	0.2	205	600	1,623	5.1	1.8	8.0	7.1	2.0
Female	†	0.2	240	1,088	3,845	3.8	1.8	3.7	8.2	5.2
Race/ethnicity										
White and other	†	0.2	184	779	3,572	4.0	1.6	5.6	9.3	4.6
Black	†	0.3	—	—	—	—	—	—	—	—
Hispanic	†	0.2	—	—	—	—	—	—	—	—
Health insurance status^d										
Under age 65:										
Any private	8,688	0.1	—	—	—	—	—	—	—	—
Public only	1,863	0.5	—	—	—	—	—	—	—	—
Uninsured	1,710	0.1	—	—	—	—	—	—	—	—
Age 65 and over:										
Medicare only	729	1.2	—	—	—	—	—	—	—	—
Medicare and private	971	0.9	235	735	1,124	10.9	5.3	11.5	5.9	1.7
Medicare and other public	280	2.6	—	—	—	—	—	—	—	—
Poverty status^e										
Poor	†	0.4	360	941	1,132	8.0	1.3	9.4	7.6	3.2
Near-poor	†	0.9	—	—	—	—	—	—	—	—
Low income	†	0.4	—	—	—	—	—	—	—	—
Middle income	†	0.2	268	713	1,166	4.4	2.0	7.5	10.9	14.4
High income	†	0.1	—	—	—	—	—	—	—	—

Continued

Table I. Standard errors for home health services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table 9

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Standard error										
Metropolitan statistical area (MSA)										
MSA	†	0.1	167	744	3,196	3.9	1.6	4.3	7.5	4.6
Non-MSA	†	0.3	406	1,363	1,975	3.8	1.2	16.1	18.2	1.8
Census region										
Northeast	†	0.3	—	—	—	—	—	—	—	—
Midwest	†	0.3	—	—	—	—	—	—	—	—
South	†	0.2	172	1,460	2,465	6.7	2.3	9.4	15.4	1.6
West	†	0.2	—	—	—	—	—	—	—	—
Perceived health status										
Excellent	3,445	0.1	—	—	—	—	—	—	—	—
Very good	4,684	0.1	—	—	—	—	—	—	—	—
Good	3,479	0.2	—	—	—	—	—	—	—	—
Fair	1,105	0.7	267	2,013	3,043	5.2	1.1	8.1	12.7	2.7
Poor	443	1.8	426	714	1,053	5.5	4.6	10.2	6.2	1.1

^aExpenses for care provided by home health agencies and independent home health providers are included. Most home health expenses (87.5 percent) were for agency providers.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

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

—Less than 100 sample cases.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

Table J. Standard errors for other medical equipment and services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000
Corresponds to Table 10

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense			Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean	Standard error		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Total	†	0.4	4	6	765	1.6	1.3	0.6	1.0	0.5	
Age in years											
Under 65	†	0.4	5	6	664	1.7	1.5	0.2	1.2	0.4	
Under 6	†	0.4	—	—	—	—	—	—	—	—	
6-17	†	0.7	7	10	100	3.1	2.1	0.1	3.8	0.4	
18-44	†	0.5	4	9	285	2.0	1.8	0.1	2.1	0.6	
45-64	†	0.9	7	13	403	2.8	2.6	0.5	1.7	0.4	
65 and over	†	1.2	7	24	310	2.8	1.1	1.9	1.3	1.4	
Sex											
Male	†	0.5	6	11	394	2.4	1.7	1.0	1.7	1.0	
Female	†	0.6	6	8	454	1.8	1.4	0.6	1.2	0.4	
Race/ethnicity											
White and other	†	0.5	5	6	721	1.7	1.4	0.7	1.0	0.5	
Black	†	0.7	11	23	125	4.6	2.1	0.9	3.5	1.0	
Hispanic	†	0.7	11	20	177	3.7	4.3	0.5	5.5	0.8	
Health insurance status^d											
Under age 65:											
Any private	8,688	0.5	6	6	571	1.7	1.7	0.0	0.6	0.3	
Public only	1,863	1.1	9	37	188	3.7	0.0	2.3	3.8	0.7	
Uninsured	1,710	0.7	12	20	89	2.9	0.0	0.0	0.0	2.9	
Age 65 and over:											
Medicare only	729	1.8	15	39	130	5.5	0.0	5.8	0.0	2.3	
Medicare and private	971	1.6	9	33	245	3.1	1.8	1.2	0.1	2.1	
Medicare and other public	280	2.5	29	53	59	7.8	0.0	3.2	8.4	0.9	
Poverty status^e											
Poor	†	0.8	8	24	137	5.1	1.3	1.2	5.8	1.8	
Near-poor	†	1.4	16	28	74	7.5	5.2	4.8	7.3	0.9	
Low income	†	0.9	9	21	173	3.2	1.8	1.9	1.8	0.8	
Middle income	†	0.7	5	12	319	2.7	1.6	1.7	1.6	1.4	
High income	†	0.7	3	10	492	2.2	2.2	0.3	1.2	0.4	

Continued

Table J. Standard errors for other medical equipment and services^a—Median and mean expenses per person with expense and distribution of expenses by source of payment: United States, 2000 (continued)
Corresponds to Table I 0

Population characteristic	Population (in thousands)	Percent with expense	Expense per person with an expense		Total expenses (in millions)	Percent distribution of total expenses by source of payment				
			Median	Mean		Out of pocket	Private insurance ^b	Medicare	Medicaid	Other ^c
Metropolitan statistical area (MSA)										
MSA	†	0.4	6	7	706	1.9	1.5	0.4	1.2	0.5
Non-MSA	†	1.2	7	13	305	2.9	2.7	2.4	0.9	0.7
Census region										
Northeast	†	0.9	9	14	196	1.6	2.4	1.3	0.9	0.7
Midwest	†	1.0	9	14	357	3.1	2.9	0.3	0.9	1.0
South	†	0.6	6	12	343	3.2	1.3	1.3	2.7	1.0
West	†	0.9	9	9	545	2.9	3.3	1.0	1.8	0.5
Perceived health status										
Excellent	3,445	0.7	7	14	295	2.6	2.5	0.7	0.5	0.4
Very good	4,684	0.7	7	10	321	2.2	2.0	0.6	1.9	1.1
Good	3,479	0.6	6	11	241	2.6	1.6	1.8	1.6	0.7
Fair	1,105	1.2	13	37	202	3.8	2.1	1.1	1.9	0.8
Poor	443	2.0	18	45	130	6.1	2.9	1.3	7.6	2.6

^aExpenses for eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year are included. About two-thirds of the expenditures in this category were for vision items.

^bPrivate insurance includes TRICARE (Armed-Forces-related coverage).

^cOther includes payments from the Department of Veterans Affairs (except TRICARE); 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); Workers' Compensation; various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for persons who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

^dUninsured 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 TRICARE (Armed-Forces-related coverage) are classified as having private insurance.

^ePoor—persons in families with income less than 100 percent of the poverty line, including those whose losses exceeded their earnings, resulting in negative income; near-poor—persons in families with income from 100 percent to less than 125 percent of the poverty line; low income—persons in families with income from 125 percent to less than 200 percent of the poverty line; middle income—persons in families with income from 200 percent to less than 400 percent of the poverty line; high income—persons in families with income at or over 400 percent of the poverty line.

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

—Less than 100 sample cases.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2000.

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