EXHIBIT 46. Use of Care among Non-Institutionalized Individuals Age 19–64 by Primary Source of Health Coverage, 2023, MEPS Data

Characteristics	Primary coverage source at time of most recent interview[1]				
	Total	**Medicare**	**Private**[2]	**Medicaid or CHIP**[3]	**Uninsured**[4]
Total (percent distribution across coverage sources)[5]	**100.0%**	**3.7%**	**67.0%**	**12.1%**	**14.7%**
Contact with health care professionals (past 12 months)					
Number of office-based visits to a doctor or other health professional, excluding dental visits and inpatient hospital stays					
None	**32.1**	12.8*	26.0*	34.4	62.2*
At least 1	**67.9**	87.2*	74.0*	65.6	37.8*
1	**13.7**	5.9*	14.2	14.0	13.2
2–3	**17.4**	20.4*	19.4*	15.1	9.8*
4 or more	**36.8**	60.9*	40.4*	36.4	14.8*
Had more than 15 office-based or hospital outpatient visits	**13.1**	27.8*	14.1	13.6	5.1*
Had at least 1 dental care visit[6]	**40.7***	36.8*	49.1*	25.9	16.8*
Received care at home	**1.8***	13.2*	1.0*	3.8	†
Receipt of appropriate care					
Needed to see a specialist	**38.7***	62.3*	42.5*	33.6	13.7*
How often easy to see a specialist					
Never	**7.0**	6.8	6.9	7.9	†
Sometimes	**20.6**	16.5*	19.8	26.6	22.1
Usually	**34.0**	38.1	34.2	29.3	36.0
Always	**38.4**	38.6	39.1	36.1	33.5
Annual total of days received visits from paid/unpaid home health care providers					
None	**98.2***	86.8*	99.0*	96.2	99.1*
1	**0.2**	†	†	†	†
2–30	**0.8**	3.6*	0.6	1.2	†
31–90	**0.2**	†	†	†	†
91–200	**0.3***	3.4	–	†	†
More than 200	**†**	†	†	†	†

EXHIBIT 46. (continued)

Characteristics	Primary coverage source at time of most recent interview[1]				
	Total	**Medicare**	**Private**[2]	**Medicaid or CHIP**[3]	**Uninsured**[4]
Number of emergency room visits					
None	87.4%*	68.3%*	89.6%*	79.1%	89.8%*
At least 1	12.6*	31.7*	10.4*	20.9	10.2*
1	9.4*	21.0*	8.1*	13.7	8.4*
2–3	2.7*	8.4	2.1*	5.7	1.5*
4 or more	0.5*	2.3	†	†	†
Had at least 1 overnight hospital stay	5.2*	15.1*	4.5*	9.0	3.3*
Count of all prescribed medications purchased during the year, including initial purchases and refills					
None	41.5	12.5*	37.8	40.8	67.7*
1	8.2	3.1*	9.2*	6.5	6.3
2	6.3	†	6.8	7.4	3.8*
3–5	10.8	5.1*	12.0	9.8	7.1*
6–12	14.3*	15.4*	16.6*	10.5	6.9*
13–24	10.0	21.1*	10.4	9.5	5.3*
More than 24	8.9*	40.0*	7.2*	15.5	3.0*

Notes: Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. Standard errors are available in the Excel version of this exhibit at https://www.macpac.gov/publication/use-of-care-among-non-institutionalized-individuals-age-19-64-by-primary-source-of-health-coverage-data-from-medical-expenditures-panel-survey/. Due to differences in methodology (such as the wording of questions, length of recall periods, and prompts or probes used to elicit responses), estimates obtained from different survey data sources will vary. For example, the National Health Interview Survey (NHIS) is known to produce higher estimates of service use than the Medical Expenditure Panel Survey (MEPS). For purposes of comparing groups of individuals, the NHIS provides the most recent information available. For other purposes, such as measuring levels of use relative to a particular benchmark or goal, it may be appropriate to consult estimates from MEPS or another source.

* Difference from Medicaid or CHIP is statistically significant at the 0.05 level.

† Estimate is unreliable because it has a relative standard error greater than or equal to 30 percent.

– Dash indicates zero

[1] Total includes all non-institutionalized individuals age 19–64, regardless of coverage source. In this exhibit, the following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, and uninsured. Not separately shown are the estimates for those covered by any type of military health plan or other federal government-sponsored programs. Coverage source is defined as of the time of the most recent survey interview. Because an individual may have multiple coverage sources or changes over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this exhibit.

EXHIBIT 46. (continued)

[2] Private health insurance coverage excludes plans that paid for only one type of service, such as accidents or dental care.

[3] Medicaid or CHIP also includes persons covered by other state-sponsored health plans.

[4] Individuals were defined as uninsured if they did not have any private health insurance, Medicaid, CHIP, Medicare, state- or other government-sponsored health plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

[5] Because a hierarchy was used in this exhibit to assign individuals with multiple coverage sources to a primary source (see note 1), the Medicaid or CHIP percentages shown in this row exclude individuals who also have Medicare or private coverage. Components do not sum to 100 percent because not all coverage sources are shown.

[6] This measure should not be compared to other dental measures included in databooks before 2019. Dental visit is defined as a visit to any person for dental care, including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists. Additional dental variables included in previous years (general dentist, orthodontist, dental check-up) are no longer available.

Source: MACPAC, 2025, analysis of MEPS data.