

**EXHIBIT 48.** Access to and Experience of Care among Non-Institutionalized Individuals Age 19–64 by Primary Source of Health Coverage, 2022, MEPS Data

Characteristics	Primary coverage source at time of most recent interview <sup>1</sup>				
	Total	Medicare	Private <sup>2</sup>	Medicaid or CHIP <sup>3</sup>	Uninsured <sup>4</sup>
<b>Total (percent distribution across coverage sources)<sup>5</sup></b>	<b>100.0%</b>	<b>3.3%</b>	<b>67.8%</b>	<b>13.3%</b>	<b>13.5%</b>
<b>Access to Care</b>					
Has usual place for medical care	<b>63.9</b>	79.0*	68.2	64.4	36.4*
Travel time to usual source of care					
Less than 15 minutes	<b>58.4</b>	51.4*	59.2	60.1	56.1
15–30 minutes	<b>33.4</b>	36.4	33.6	30.2	34.0
31–60 minutes	<b>6.8</b>	8.7	6.2	7.4	8.1
More than an hour	<b>1.3</b>	†	0.9	†	†
Difficulty reaching usual medical provider by phone during business hours					
Very difficult	<b>5.0</b>	8.9	4.6	5.6	4.8
Somewhat difficult	<b>14.0*</b>	14.6	12.8*	17.4	16.3
Not too difficult	<b>32.6</b>	27.0	33.9	31.1	27.9
Not at all difficult	<b>48.4</b>	49.5	48.7	45.9	50.9
Difficulty reaching usual medical provider after hours for urgent medical needs					
Very difficult	<b>28.3*</b>	29.3*	25.7*	39.8	27.6*
Somewhat difficult	<b>21.7</b>	22.1	21.4	19.2	25.4
Not too difficult	<b>25.6*</b>	18.8	28.1*	19.5	23.3
Not at all difficult	<b>24.3</b>	29.7	24.9	21.5	23.8
Usual medical provider has night or weekend availability	<b>31.4</b>	25.2	32.1	30.4	33.1
Usual medical provider speaks preferred language or provides translator, among those with limited English abilities in family	<b>95.6</b>	100.0	91.2	97.1	98.8

## EXHIBIT 48. (continued)

Characteristics	Primary coverage source at time of most recent interview <sup>1</sup>				
	Total	Medicare	Private <sup>2</sup>	Medicaid or CHIP <sup>3</sup>	Uninsured <sup>4</sup>
Usual medical provider asks person to help decide between choice of treatments					
Never	7.4%*	10.9%	5.5%*	12.5%	13.4%
Sometimes	15.6	15.1	14.2*	18.7	22.6
Usually	22.3	17.8	23.4	20.5	20.5
Always	54.8*	56.2*	57.0*	48.3	43.5
Usual medical provider presents and explains all options	96.4*	95.4	97.2*	94.3	93.0

**Notes:** MEPS is the Medical Expenditure Panel Survey. Access to care variables are fielded for only a subset of MEPS respondents (to be eligible to receive the access to care section questions, individuals had to be current, non-institutionalized members of the responding unit in round two for panel members in relative year one and round four for panel members in relative year two). 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/exhibit-48-access-to-and-experience-of-care-among-non-institutionalized-individuals-age-19-64-by-primary-source-of-health-coverage-meps-data/>. 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 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.

The NHIS underwent substantial redesign in 2019, and users should be cautious about making any comparisons to prior years. More information about the redesign is available at [https://www.cdc.gov/nchs/nhis/2019\\_quest\\_redesign.htm/](https://www.cdc.gov/nchs/nhis/2019_quest_redesign.htm/).

\* 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.

<sup>1</sup> 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.

<sup>2</sup> Private health insurance coverage excludes plans that paid for only one type of service, such as accidents or dental care.

<sup>3</sup> Medicaid or CHIP also includes persons covered by other state-sponsored health plans.

<sup>4</sup> 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.

**EXHIBIT 48.** (continued)

<sup>5</sup> 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.

**Source:** MACPAC, 2024, analysis of MEPS data.