

Medical Expenditure Panel Survey - Insurance Component

HEALTH INSURANCE COST STUDY

Location Worksheet

Start
here

A FEW IMPORTANT INSTRUCTIONS

- In this section, please report for the small sample of locations chosen to represent your company.
- In Column (c), mark "Yes" if the location listed in Column (b) is included in the corporate figures reported on the MEPS-15. Mark "No" if the location is not included in the corporate figures reported on the MEPS-15. Mark "NA" if the location is closed or no longer owned.
- In Column (d), enter the number of employees at the location listed in Column (b) for a typical pay period in 2022. Estimates are acceptable.
- In Columns (e), (f), and (g), please check the types of provider arrangements offered at the location specified in Column (b).

CENSUS USE ONLY		Have you included this location in your response on the MEPS-15?	Number of employee(s)	Types of provider arrangements offered (Mark (X) all that apply)		
Location Identification Number (a)	Name of location (b)			Exclusive 521 (e)	Any 522 (f)	Mixture 523 (g)
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐

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CENSUS USE ONLY		Have you included this location in your response on the MEPS-15? 524 (c)	Number of employee(s) 200 (d)	Types of provider arrangements offered (Mark (X) all that apply)		
Location Identification Number (a)	Name of location (b)			Exclusive	Any	Mixture
				521 (e)	522 (f)	523 (g)
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐
		1 ☐ Yes 2 ☐ No 3 ☐ NA		☐	☐	☐

