SUPPORTING STATEMENT

Part A

Medical Expenditure Panel Survey (MEPS) Household Component and the MEPS Medical Provider Component through 2012

Version: August 3rd, 2009

Agency of Healthcare Research and Quality (AHRQ)

Table of contents

A. Justification....3

1. Circumstances that make the collection of information necessary....3
2. Purpose and use of information....4
3. Use of Improved Information Technology....9
4. Efforts to Identify Duplication....9
5. Involvement of Small Entities....9
6. Consequences if Information Collected Less Frequently....9
7. Special Circumstances....10
8. Federal Register and Outside Consultations....10
9. Payments/Gifts to Respondents....11
10. Assurance of Confidentiality....11
11. Questions of a Sensitive Nature....12
12. Estimates of Annualized Burden Hours and Costs....12
13. Estimates of Annualized Respondent Capital and Maintenance Costs....14
14. Estimates of Annualized Cost to the Government....14
15. Changes in Hour Burden....14
16. Time Schedule, Publication and Analysis Plans....14
17. Exemption for Display of Expiration Date....15

List of Attachments....15

A. Justification

This request is for clearance of data collections for the Household and Medical Provider Components of the Medical Expenditure Panel Survey (MEPS). The MEPS Household Component (MEPS-HC) and Medical Provider Component (MEPS-MPC) are two of three components of the MEPS.

$ Household Component (MEPS-HC): A sample of households participating in the National Health Interview Survey (NHIS) in the prior calendar year are interviewed 5 times over a 2 and 2 year period. These 5 interviews yield two years of information on use of and expenditures for health care, sources of payment for that health care, insurance status, employment, health status and health care quality.

$ Medical Provider Component (MEPS-MPC): The MEPS-MPC collects information from medical and financial records maintained by hospitals, physicians, pharmacies and home health agencies named as sources of care by household respondents.

$ Insurance Component (MEPS-IC): The MEPS-IC collects information on establishment characteristics, insurance offerings and premiums from employers. The MEPS-IC is conducted by the Census Bureau for AHRQ and is cleared separately.

This request is for the MEPS-HC and MEPS-MPC only.

1. Circumstances that make the collection of information necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see Attachment 1), is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by:

1. collecting data on and producing measures of the quality, safety, effectiveness, and efficiency of American health care and health care systems; and

2. fostering the development of knowledge about improving health care, health care systems, and capacity; and

3. partnering with stakeholders to implement proven strategies for health care improvement.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

For over thirty years, the results of MEPS and its predecessor surveys (the 1977 National Medical Care Expenditure Survey, the 1980 National Medical Care Utilization and Expenditure Survey and the 1987 National Medical Expenditure Survey) have been used by OMB, DHHS, Congress and a wide number of health services researchers to analyze health care use, expenses and health policy.

Major changes continue to take place in the health care delivery system. The MEPS is needed to provide information about the current state of the health care system as well as to track changes over time. The current MEPS design, unlike the previous periodic surveys, permits annual estimates of use of health care and expenditures and sources of payment for that health care. It also permits tracking individual change in employment, income, health insurance and health status over two years. The use of the National Health Interview Survey (NHIS) as a sampling frame expands the surveys= analytic capacity by providing another data point for comparisons over time.

2. Purpose and Use of Information

MEPS is a multi-purpose survey. In addition to collecting data to yield annual estimates for a variety of measures related to health care use and expenditures, MEPS also provides estimates of measures related to health status and consumer assessment of health care. MEPS measures health insurance coverage, demographic characteristics, employment and access to health care indicators. Estimates can be provided for individuals, families and population subgroups of interest. Data obtained in this study are used to provide, among others, the following national estimates:

$ annual estimates of health care use and expenditures for persons and families

$ annual estimates of sources of payment for health care utilizations, including public programs such as Medicare and Medicaid, private insurance, and out of pocket payments

$ annual estimates of health care use, expenditures and sources of payment of persons and families by type of utilization including inpatient stay, ambulatory care, home health, dental care and prescribed medications

$ the number and characteristics of the population eligible for public programs including the use of services and expenditures of the population(s) eligible for benefits under Medicare and Medicaid

$ the number, characteristics, and use of services and expenditures of persons and families with various forms of insurance

$ annual estimates of consumer satisfaction with health care, and indicators of health care quality for key conditions

$ annual estimates to track disparities in health care use and access

In addition to national estimates, data collected in this ongoing longitudinal study are used to study the determinants of the use of services and expenditures, and changes in the access to and the provision of health care in relation to:

$ socio-economic and demographic factors such as employment or income
$ the health status and satisfaction with health care of individuals and families

- the health needs and circumstances of specific subpopulation groups such as the elderly and children

To meet the need for national data on healthcare use, access, cost and quality, MEPS collects information on:

- access to care and barriers to receiving needed care
- satisfaction with usual providers
- health status and limitations in activities
- medical conditions for which health care was used
- use, expense and payment (as well as insurance status of person receiving care) for health services

The strength of the survey as a health care quality measurement tool is based upon the following:

- An adult self-administered questionnaire to measure satisfaction with health care and health status directly from each adult (rather than through a household proxy). The satisfaction with health care items are a subset of items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The health status items are the Short Form 12 Version 2 (SF-12 version 2), which has been widely used as a measure of self-reported health status in the United States, the Kessler Index (K6) of non-specific psychological distress, and the Patient Health Questionnaire (PHQ-2).

- Ascertainment through the interview the prevalence of a key set of conditions. The conditions were selected based on the following criteria
    - the conditions were of sufficient prevalence to produce reliable estimates
    - already tested diagnostic measures used in surveys were available
    - accuracy of household reports for the condition
    - availability of evidence based quality measures
    - level of expenditure for the condition

  Based on these criteria the conditions included are: Cancer (of any body part), Diabetes, Emphysema, High Cholesterol, Hypertension, Coronary Heart Disease, Angina Pectoris, Myocardial Infarction, Transient Ischemic Attack (TIA), Arthritis, Asthma, Chronic Bronchitis, Joint Pain, and Attention Deficit Disorder (ADD).

MEPS is designed to meet the need for information to estimate health expenses, insurance coverage, access, use and quality. Households selected for participation in the MEPS are interviewed five times in person. These rounds of interviewing are spaced about 5 months apart. The interview will take place with a family respondent who will report for him/herself and for other family members.

After a preliminary mail contact containing an advance letter, households will be mailed MEPS record keeping materials and a DVD and brochure (see Attachments 2 to 27 for all of the respondent materials). After the advance contact, households will be contacted for the first of five in-person interviews. The interviews are conducted as a computer assisted personal interview (CAPI). The CAPI instrument is organized as a core instrument that will repeat unchanged in each of the rounds. Additional sections are asked only once a year and provide greater depth (see Attachments 28 to 69 for all of the CAPI

sections). Dependent interviewing methods in which respondents are asked to confirm or revise data provided in earlier interviews will be used to update information such as employment and health insurance data after the round in which such data are usually collected. Main data collection modules are as follows:

Household Component Core Instrument.
The core instrument collects data about persons in sample households. Topical areas asked in each round of interviewing include condition enumeration, health status, health care utilization including prescribed medicines, expense and payment, employment, and health insurance. Other topical areas that are asked only once a year include access to care, priority conditions, income, assets, satisfaction with health plans and providers, children's health, adult preventive care. While many of the questions are asked about the entire reporting unit (RU), which is typically a family, only one person normally provides this information.

Adult Self Administered Questionnaire (see Attachment 70). A brief self-administered questionnaire (SAQ) will be used to collect self-reported (rather than through household proxy) information on health status, health opinions and satisfaction with health care for adults 18 and older.

Diabetes Care SAQ (see Attachments 71 and 72). A brief self administered questionnaire on the quality of diabetes care is administered once a year (during round 3 and 5) to persons identified as having diabetes.

Permission forms for the Medical Provider Component (MPC) (see Attachments 73 and 74). As in previous panels of the MEPS, we will ask respondents for permission to obtain supplemental information from their medical providers (hospitals, physicians, home health agencies and pharmacies).

Medical Provider Component Instruments.
The main objective of the MEPS-MPC is a collection of data from medical providers that will serve as an imputation source of medical expenditure and source of payment data reported by household respondents. This data will supplement, replace and verify information provided by household respondents about the charges, payments, and sources of payment associated with specific health care encounters.

Given the twin problems of nonresponse and response error of some household reported data, information is collected directly from medical providers in the MEPS-MPC to improve the accuracy of expenditure estimates derived from the MEPS-HC. Because of their greater level of precision and detail, we also use MEPS-MPC data as the main source of imputations of missing expenditure data. Thus, the MEPS-MPC is designed to satisfy the following analytical objectives:

- Serve as source data for household reported events with missing expenditure information

- Serve as an imputation source to reduce the level of bias in survey estimates of medical expenditures due to item nonresponse and less complete and less accurate household data

- Serve as the primary data source for expenditure estimates of medical care provided by separately billing doctors in hospitals, emergency rooms, and outpatient departments, Medicaid recipients and expenditure estimates for pharmacies

- Allow for an examination of the level of agreement in reported expenditures from household respondents and medical providers

The MEPS-MPC will contact hospitals, physicians, home health agencies and pharmacies identified by household respondents in the MEPS-HC as sources of medical care for the time period covered by the interview. The MEPS-MPC sample will be designed to target types of individuals and providers for whom household reported expenditure data was expected to be insufficient. Households with one or more Medicaid enrollee are targeted for inclusion in the MEPS-MPC because this group is expected to have limited information about payments for their medical care. In addition, all hospitals providing inpatient and/or outpatient services to household members will be contacted. The hospital-physician sample includes all physicians identified by either the hospital or the household respondent.

The following types of care and providers are included in the MEPS-MPC sample:

- Office-based medical doctors (MDs), doctors of osteopathy (DOs), and other medical providers under the supervision of MDs and DOs

- Hospital facilities providing inpatient, outpatient, and emergency room care; for hospital care, the provider was defined so as to include both the hospital facility and all individually identified physicians who treated the patient at the hospital, but who bill separately

- Home health care agencies

- Institutional (non-hospital) facilities

- Pharmacies

Dentists, optometrists, psychologists, podiatrists, chiropractors, and others not providing care under the supervision of a MD or DO are considered out of scope for the MPC.

The MEPS-MPC collects event level data about medical care received by sampled persons during the relevant time period. A signed permission form from the patient (or parent/guardian) is required to collect any information from medical providers and pharmacies. The data collected from medical providers include:

a) Dates on which medical encounters during the reference period occurred
b) Data on the medical content of each encounter, including ICD-9 and CPT-4 codes
c) Data on the charges associated with each encounter, the sources paying for the medical care-including the patient/family, public sources, and private insurance, and amounts paid by each source

Data collected from pharmacies include:

a) Date of prescription fill
b) Prescription name
c) National Drug Code (NDC) code

d) Payments, by source

An initial screening call is placed to determine the following:

a) The type of facility
b) Whether the place is in scope for the MEPS-MPC
c) The appropriate MEPS-MPC respondent
d) Some details about the organization and availability of medical records and billing at the practice/facility

All hospitals, physician offices and pharmacies are screened by telephone. The data collection is also conducted by telephone, although many providers choose to fax or mail in records with the requested data rather than report by phone.

The questionnaires used in the MEPS-MPC vary according to type of provider. The data collection instruments are as follows:

Home Care Provider Questionnaire (see Attachment 75)**.** This questionnaire is used to collect data from home health care agencies which provide medical care services to household respondents. Information collected includes type of personnel providing care, hours or visits provided per month, and the charges and payments for services received. See Attachments 77 to 83 for other home care materials.

Home Care Provider Questionnaire for Non-Health Care Providers (see Attachment 76)**.** This is used to collect information about services provided in the home by non-health care workers to household respondents because of a medical condition; for example, cleaning or yard work, transportation, shopping, or child care. See Attachments 78 to 83 for other home care materials.

Medical Event Questionnaire for Office-based Providers (see Attachment 84)**.** This questionnaire is for the office-based physician sample, including doctors of medicine (MDs) and osteopathy (DOs), as well as providers practicing under the direction or supervision of an MO or DO (e.g., physician assistants and nurse practitioners working in clinics). Providers of care in private offices as well as staff model HMOs are included. See Attachments 85 to 91 for other office-based provider materials.

Medical Event Questionnaire for Separately Billing Doctors (see Attachment 92)**.** Information from physicians identified by hospitals as providing care to sampled persons during the course of inpatient, outpatient department or emergency room care, but who bill separately from the hospital, is collected in this questionnaire. See Attachments 93 to 98 for other separately billing doctor materials.

Hospital Event Questionnaire (see Attachment 99)**.** This questionnaire is used to collect information about hospitals events, including inpatient stays, outpatient department, and emergency room visits. Hospital data are collected not only from the billing department, but from medical records and administrative records departments as well. Medical records departments are contacted to determine the names of all the doctors who treated the patient during a stay or visit. In many cases, the hospital administrative office also has to be contacted to determine whether the doctors identified by medical records billed separately from the hospital itself. See Attachments 100 to 108 for other hospital materials.

Institutions Event Questionnaire (see Attachment 109)**.** This questionnaire is used to collect information about institution events, including nursing homes, rehabilitation facilities and skilled nursing facilities. Institution data are collected not only from the billing department, but from medical records and administrative records departments as well. Medical records departments are contacted to determine the names of all the doctors who treated the patient during a stay. In many cases, the institution administrative office also has to be contacted to determine whether the doctors identified by medical records billed separately from the institution itself. See Attachments 110 and 111 for other institution materials (Attachments 101 to 108 from the hospital materials are also used for the institutions).

Pharmacy Data Collection Questionnaire (see Attachment 112)**.** This questionnaire requests the prescription name, NDC code, date prescription was filled, payments by source, prescription strength, form and quantity, and person for whom the prescription was filled. Most pharmacies have the requested information available in electronic format and respond by providing a computer generated printout of the patient's prescription information. If the computerized form is unavailable, the pharmacy can report their data to a telephone interviewer. See Attachments 113 to 119 for other pharmacy materials.

3. Use of Improved Information Technology

As in previous panels of the MEPS-HC, a CAPI instrument will be used (except the SAQs). The mode of administration for the MEPS-MPC (including the pharmacy component) varies based on the preferences of the provider and includes phone interviews, mail and electronic submission of information. The information collected for the MEPS-MPC will primarily be captured in a secure web portal (Integrated Data Collection System (ICDS)) as opposed to paper and pencil (hard copy) data collection instruments.

4. Efforts to Identify Duplication

There is no other survey that is now or has been recently conducted that will meet all of the objectives of the MEPS. Some federal surveys do collect health insurance information from households (SIPP, NHIS); however these surveys do not collect the depth of information on health care use and expenses available in the MEPS. Moreover, MEPS is the only survey which links information collected from households with information collected from medical providers to inform the estimation of expenditures.

5. Involvement of Small Entities

The MEPS-HC collects information only from households. The MEPS-MPC will survey medical facilities, physicians, and pharmacies. Some of the MPC respondents may be small businesses. The MEPS-MPC instrument and procedures used to collect data are designed to minimize the burden on all respondents.

6. Consequences if Information Collected Less Frequently

Household respondents are asked to participate in the MEPS-HC only once. The design of the MEPS-HC in which households are contacted 5 times over the course of 2 2 years enables the gathering of medical use data at the event level and permits the estimation of expenditures and payments for persons by event type. Reducing the number of rounds in which the data are collected would hamper the availability and quality of information due to long recall periods.

MEPS-MPC respondents are contacted once during the calendar year for the preceding data collection year. Contacts on a less frequent basis than the envisioned timetable jeopardizes the access of the study to information from records that could otherwise be destroyed or archived.

Data from the MEPS, both the HC and MPC components, are intended for a number of annual reports required to be produced by the Agency, including the National Health Care Quality Report and the National Health Care Disparities Report.

7. Special Circumstances

Aside from offering compensation to respondents, the MEPS-HC and MPC will fully comply with 5 CFR 1320.6.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on May 6th, 2009, for 60 days (see Attachment 120). No comments were received.

8.b. Outside Consultations

Individuals or groups outside the Agency consulted about the MEPS project over the last several years are listed below:

Jane F. Gentleman, Ph.D.
Centers for Disease Control and Prevention
National Center for Health Statistics
Hyattsville, MD

Brenda G. Cox
Battelle Memorial Institute
Arlington VA

Jim Wright
General Accounting Office (retired)
Annandale, VA 22003
Judith H. Mopsik, M.H.S.
Vice President for Business Development
Abt Associates Inc.
Bethesda, MD

Constance F. Citro, Ph.D.
Committee on National Statistics
Division of Behavioral and Social Sciences and Education
Washington, DC
Sarah Q. Duffy, Ph.D.

National Institute on Drug Abuse, National Institutes of Health
Bethesda, MD

Llewellyn Cornelius, Ph.D.
University of Maryland
Baltimore, Maryland

Michael L. Cohen, Ph.D.
Committee on National Statistics
Washington, DC

Joan S Cwi, Ph.D.
Independent Consultant
Baltimore, MD

9. Gifts/Payments to Respondents

As in previous years, MEPS-HC and MPC respondents will be offered a monetary gift as a token of appreciation for their participation in the MEPS. For household respondents, participation includes not only time being interviewed, but also keeping track of their medical events and expenditures between interviews.

The MEPS-HC incorporates the same gift policy as previous MEPS-HC and NMES projects. Each household respondent will be provided a gift of $30 for the effort they put forth in being interviewed and maintaining records for the survey at the end of each round. Household respondents will also be given a gift of $5 for completing the Adult SAQ. Household respondents will be informed of the gift at the first in-person contact and all eligible respondents will be given the same amount. No gift will be offered to respondents of the Diabetes Care SAQ.

The MEPS-MPC interviewer will be authorized to offer remuneration to providers who present cost as a salient objection to responding. The amount offered will not exceed $50 per patient. Past experiences indicate that fewer than 30 percent of providers will request remuneration.

10. Assurance of Confidentiality

Confidentiality is protected by Federal Statutes, Section 924(c) and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 242m(d)]. Respondents will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information collected for the study cannot be released without the permission of the individuals or establishments who provided the information. Section 543 of the PHS Act [42 U.S.C. 290dd-2,] and regulations at 42 CFR Part 2, provide additional confidentiality restrictions on records of alcohol and substance abuse patients. This research project will be carried out in compliance with all these provisions.

Personal identifying information such as names or addresses are removed before information from the study is made available to researchers. Findings are published in statistical summaries and tables and micro-data is released on “public use” data files.

The confidentiality statement provided to respondents of the MEPS-HC and MPC is in accordance with the provisions of Federal Statutes, Section 924(c) and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 242m(d)]. The complete statute is included in Attachment 1. The statement, provided in the cover letter given to respondents (see Attachment 9) reads:

> All information collected is protected by Federal Statutes, Sections 934(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c – 3(c) and 242m(d)] and will be kept private to the extent permitted by law. All personal identifying information such as names or addresses will be removed before information from this survey is released to researchers outside the Department of Health and Human Services.

11. Questions of a Sensitive Nature

The MEPS questionnaires for the Household Component include questions on income and medical conditions that some respondents may perceive as sensitive.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in the MEPS-HC and MEPS-MPC. The MEPS-HC Core Interview will be completed by 15,000 "family level" respondents, also referred to as RU respondents. Since the MEPS-HC consists of 5 rounds of interviewing covering a full two years of data, the annual average number of responses per respondent is 2.5 responses per year. The MEPS-HC core requires an average response time of 1 and ½ hours to administer. The Adult SAQ will be completed once a year by each person in the RU that is 18 years old and older, an estimated 21,000 persons. The Adult SAQ requires an average of 7 minutes to complete. The Diabetes care SAQ will be completed once a year by each person in the RU identified as having diabetes, an estimated 1,800 persons, and takes about 3 minutes to complete. Permission forms for the MEPS-MPC will be completed once for each medical provider seen by any RU member. Each of the 15,000 RUs in the MEPS-HC will complete an average of 5.2 forms, which require about 3 minutes each to complete. The total annual burden hours for the MEPS-HC is estimated to be 62,690 hours.

The MEPS-MPC uses 7 different questionnaires; 6 for medical providers and 1 for pharmacies. Each questionnaire is relatively short and requires 3 to 5 minutes to complete. The total annual burden hours for the MEPS-MPC is estimated to be 20,077 hours. The total annual burden hours for the MEPS-HC and MPC is estimated to be 82,767 hours.

Exhibit 2 shows the estimated annual cost burden associated with the respondents' time to participate in this information. The annual cost burden for the MEPS-HC is estimated to be $1,226,216; the annual cost burden for the MEPS-MPC is estimated to be $285,965.

Exhibit 1. Estimated annualized burden hours

Form Name	Number of Respondents	Number of responses per respondent	Hours per response	Total Burden hours
MEPS-HC				
MEPS-HC Core Interview	15,000	2.5	1.5	56,250
Adult SAQ	21,000	1	7/60	2,450

Diabetes care SAQ	1,800	1	3/60	90
Permission forms for the MEPS-MPC	15,000	5.2	3/60	3,900
Subtotal for the MEPS-HC	52,800	na	na	62,690
MEPS-MPC				
Home care for health care providers questionnaire	441	6.5	5/60	239
Home care for non-health care providers questionnaire	23	6.6	5/60	13
Office-based providers questionnaire	13,665	5.8	5/60	6,605
Separately billing doctors questionnaire	12,450	2	3/60	1,245
Hospitals questionnaire	5,402	6.5	5/60	2,926
Institutions (non-hospital) questionnaire	72	1.5	5/60	9
Pharmacies questionnaire	7,760	23.3	3/60	9,040
Subtotal for the MEPS-MPC	39,813	na	na	20,077
Grand Total	92,613	na	na	82,767

Exhibit 2. Estimated annualized cost burden

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
MEPS-HC				
MEPS-HC Core Interview	15,000	56,250	$19.56	$1,100,250
Adult SAQ	21,000	2,450	$19.56	$47,922
Diabetes care SAQ	1,800	90	$19.56	$1,760
Permission forms for the MEPS-MPC	15,000	3,900	$19.56	$76,284
Subtotal for the MEPS-HC	52,800	62,690	na	$1,226,216
MEPS-MPC				
Home care for health care providers questionnaire	441	239	$14.24	$3,403
Home care for non-health care providers questionnaire	23	13	$19.56	$254
Office-based providers questionnaire	13,665	6,605	$14.24	$94,055
Separately billing doctors questionnaire	12,450	1,245	$14.24	$17,729
Hospitals questionnaire	5,402	2,926	$14.24	$41,666
Institutions (non-hospital) questionnaire	72	9	$14.24	$128
Pharmacies questionnaire	7,760	9,040	$14.24	$128,730
Subtotal for the MEPS-MPC	39,813	20,077	na	$285,965
Grand Total	92,613	82,767	na	$1,512,181

*Based upon the mean of the average wages for Healthcare Support Workers, All Other (31-9099) and All Occupations (00-0000), Occupational Employment Statistics, May 2007 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics. http://www.bls.gov/oes/current/oes_nat.htm#b29-0000

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the total and annualized cost of this information collection. The cost associated with the design and data collection of the MEPS-HC and MEPS-MPC is estimated to be $47.6 million in each of the next three fiscal years.

Exhibit 3. Estimated Total and Annualized Cost

Cost Component	Total Cost	Annualized Cost
Sampling Activities	$2.79 million	$0.93 million
Interviewer Recruitment and Training	$8.52 million	$2.84 million
Data Collection Activities	$86.7 million	$28.9 million
Data Processing	$21.39 million	$7.13 million
Production of Public Use Data Files	$19.53 million	$6.51 million
Project Management	$3.93 million	$1.31 million
Total	$142.8 million	$47.6 million

15. Changes in Hour Burden

The slight decrease in burden hours from the previous clearance is due to a more accurate accounting of burden in this clearance.

16a. Time Schedule, Publication and Analysis Plans

Data collected from the MEPS will be used in a variety of descriptive analysis. Our website www.meps.ahrq.gov contains examples of publications. Those publications include statistical briefs, research findings, chartbooks, and journal articles. In addition, tabular data is presented on the website as static tables, as interactive tables, and through an interactive tool – MEPSnet. Special analytic reports will be issued on an ad-hoc basis, and other analyses will be presented at annual meetings of professional associations and in professional journals.

To the extent possible, given our commitment to respondent confidentiality, we have endeavored to release public use files from this project as soon as possible.

16b. Schedule for Data Collection

Data collection for the MEPS under this request begins in late January 2010. Rounds 1, 3, and 5 start in January and February and continue through mid June. Rounds 2 and 4 begin in July of each year and continue through early December. The dates for each round of data collection are included in the response rate tables in Section B.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment 1 -- Healthcare Research and Quality Act of 1999
Attachment 2 -- HC About MEPS Booklet
Attachment 3 -- HC About the MEPS-MPC Permission Form
Attachment 4 -- HC Appointment Reminder Postcard
Attachment 5 -- HC Community Authority Letter
Attachment 6 -- HC Data protection is word ONE with MEPS
Attachment 7 -- HC DVD Companion Booklet
Attachment 8 -- HC Respondent Recruitment DVD
Attachment 9 -- HC Important Information About Your Participation in MEPS
Attachment 10 -- HC MEPS Change of Address Card
Attachment 11 -- HC MEPS Data Example & FAQs
Attachment 12 -- HC Rd 1 Prenotification Letter
Attachment 13 -- HC Rd 1 Respondent Materials Cover Letter
Attachment 14 -- HC Rd 3 Advance Letter 1
Attachment 15 -- HC Rd 3 Advance Letter 2
Attachment 16 -- HC Rd 5 Advance Letter 1
Attachment 17 -- HC Rd 5 Advance Letter 2
Attachment 18 -- HC Rds 2 & 4 Advance Letter
Attachment 19 -- HC MEPS FAQs Brochure
Attachment 20 -- HC MEPS Monthly Planner
Attachment 21 -- HC MEPS Record Keeper
Attachment 22 -- HC MEPS-MPC Permission Form FAQs
Attachment 23 -- HC Showcards
Attachment 24 -- HC Sorry I Missed You Note
Attachment 25 -- HC Thank You Note
Attachment 26 -- HC Validation Letter
Attachment 27 -- HC Users of MEPS Data Handout
Attachment 28 -- HC Access to Care Section
Attachment 29 -- HC Accident, Injury & Conditions Section
Attachment 30 -- HC Assets Section
Attachment 31 -- HC Calendar Section
Attachment 32 -- HC Charge Payment Section
Attachment 33 -- HC Child Preventive Health Supplement Section
Attachment 34 -- HC Condition Enumeration Section
Attachment 35 -- HC Dental Care Section
Attachment 36 -- HC Disability Days Section

Attachment 37 -- HC Emergency Room Section
Attachment 38 -- HC Employment Driver Section
Attachment 39 -- HC Employment Section
Attachment 40 -- HC Employment Wage Section
Attachment 41 -- HC Event Roster Section
Attachment 42 -- HC Flat Fee Section
Attachment 43 -- HC Health Insurance Section
Attachment 44 -- HC Health Status Section
Attachment 45 -- HC Home Health Section
Attachment 46 -- HC Hospital Stay Section
Attachment 47 -- HC Income Section
Attachment 48 -- HC Managed Care Section
Attachment 49 -- HC Medical Provider Visits Section
Attachment 50 -- HC Old Employment & Private Related Insurance Section
Attachment 51 -- HC Old Public Related Insurance Section
Attachment 52 -- HC Other Medical Expenses Section
Attachment 53 -- HC Outpatient Department Section
Attachment 54 -- HC Prescribed Medicines Section
Attachment 55 -- HC Preventive Care Section
Attachment 56 -- HC Priority Conditions Enumeration Section
Attachment 57 -- HC Private Health Insurance Detail Section
Attachment 58 -- HC Provider Directory Section
Attachment 59 -- HC Provider Probes Section
Attachment 60 -- HC Provider Roster Section
Attachment 61 -- HC Quality (Priority Conditions) Supplement Section
Attachment 62 -- HC Reenumeration Subsection A
Attachment 63 -- HC Reenumeration Subsection B
Attachment 64 -- HC Review of Employment Information Section
Attachment 65 -- HC Satisfaction with Health Plan Section
Attachment 66 -- HC Time Period Covered Detail Section
Attachment 67 -- HC Information Screen Section
Attachment 68 -- HC F1 Help Text
Attachment 69 -- HC Closing Section
Attachment 70 -- HC Adult SAQ
Attachment 71 -- HC Diabetes SAQ – Proxy
Attachment 72 -- HC Diabetes SAQ – Self
Attachment 73 -- HC Permission Form for the MEPS-MPC – Pharmacy
Attachment 74 -- HC Permission Form for the MEPS-MPC – Provider
Attachment 75 -- MPC Home Care for Health Care Providers Questionnaire
Attachment 76 -- MPC Home Care for Non-health Care Providers Questionnaire
Attachment 77 -- MPC Home Health Contact Guide for Organizations
Attachment 78 -- MPC Home Health Cover Letter
Attachment 79 -- MPC Home Health FAQs BROCHURE
Attachment 80 -- MPC Home Health Fax Cover Sheet
Attachment 81 -- MPC Home Health Fax or Mail Return Form
Attachment 82 -- MPC Home Health Instructions & Client Check List - FAX Version
Attachment 83 -- MPC Home Health Instructions & Client Check List - Phone Version

Attachment 84 -- MPC Office Based Providers Questionnaire
Attachment 85 -- MPC Office Based Cover Letter
Attachment 86 -- MPC Office Based FAQs Brochure
Attachment 87 -- MPC Office Based Fax Cover Sheet
Attachment 88 -- MPC Office Based Fax or Mail Return Form
Attachment 89 -- MPC Office Based Instructions & Patient List - FAX Version
Attachment 90 -- MPC Office Based Instructions & Patient List - Phone Version
Attachment 91 -- MPC Office Based Contact Guide
Attachment 92 -- MPC SBD Questionnaire
Attachment 93 -- MPC SBD Contact Guide
Attachment 94 -- MPC SBD Cover Letter
Attachment 95 -- MPC SBD FAQs Brochure
Attachment 96 -- MPC SBD Fax Cover Sheet
Attachment 97 -- MPC SBD Fax or Mail Return Form
Attachment 98 -- MPC SBD Instructions & Patient List - Phone Version
Attachment 99 -- MPC Hospital Questionnaire
Attachment 100 -- MPC Hospital Contact Guide
Attachment 101 -- MPC Hospital Cover Letter
Attachment 102 -- MPC Hospital FAQs BROCHURE
Attachment 103 -- MPC Hospital Fax Cover Sheet
Attachment 104 -- MPC Hospital Fax or Mail Return Form
Attachment 105 -- MPC Hospital Instructions & Patient Accounts Check List - FAX Version
Attachment 106 -- MPC Hospital Instructions & Patient Accounts Check List - Phone Version
Attachment 107 -- MPC Hospital Instructions & Patient Records Check List - Fax Version
Attachment 108 -- MPC Hospital Instructions & Patient Records Check List - Phone Version
Attachment 109 -- MPC Institutions (non-hospital) Questionnaire
Attachment 110 -- MPC Institution Contact Guide
Attachment 111 -- MPC Instructions & Patient Check List - FAX Version
Attachment 112 -- MPC Pharmacies Questionnaire
Attachment 113 -- MPC Pharmacy Contact Guide
Attachment 114 -- MPC Pharmacy Cover Letter
Attachment 115 -- MPC Pharmacy Instructions & Customer List - FAX Version
Attachment 116 -- MPC Pharmacy Instructions & Customer List - Phone Version
Attachment 117 -- MPC Pharmacy FAQs BROCHURE
Attachment 118 -- MPC Pharmacy Fax Cover Sheet
Attachment 119 -- MPC Pharmacy Fax or Mail Return Form
Attachment 120 -- 60 Day Federal Register Notice
Attachment 121 -- MPC Announcement