

AHRQ's Response to OMB's Questions About The MEPS ICR

MEPS-HC & MPC

1. When will the incentives report be available? We really need that to support your justification to make such a substantial increase in the incentive payment. AHRQ needs to make the case that the higher incentive is improving the quality of the information being collected, such as through bringing in respondents who otherwise would not participate or reducing bias in estimates. Information on the cost effectiveness would also be useful; although I doubt that the incentive is "paying for itself" through reduced field costs, it would be helpful to know what impact an increased incentive has on your costs.

Our current analysis is limited to whether increasing the incentive amount improves survey participation, including unweighted and weighted response rates by population subdomains. We propose withdrawing the requested increase at this time. First, it is too late to implement it for the start of the 2010 field period anyway. Second, we would like to more thoroughly review whether increasing the incentive amount affects reporting and thus data quality as well as potentially reducing the level of survey effort. We would then come back to you this summer with a fuller analysis and to discuss an appropriate respondent incentive strategy for MEPS.

In addition, although A.9 may have used similar language in previous submissions, I don't believe it is correct to describe the incentive given to household members as remuneration or reimbursement for effort (for providers, it is). The incentive should be a token of appreciation to motivate their participation (and I believe the research shows this is the more effective way to portray incentives).

It is too late to change the print run for the current round of data collection. We will change the language for all future communications (see below)

Dear Resident:

In January you were sent a letter with a brochure about your selection to participate in a health care study called the Medical Expenditure Panel Survey (MEPS). This study is being conducted by Westat for the Agency for Health Care Research and Quality, an agency of the Department of Health and Human Services.

Within a few weeks, you will be contacted by a Westat interviewer to set an appointment for your first MEPS interview. If you would like to request a specific time for the interview, please complete and return the enclosed appointment card. At the end of the interview, you will receive a gift of \$30 as a token of our appreciation for your participation.

If you have moved or plan to move soon, please complete and return the enclosed postage-paid change of address card.

To learn more about the study before your interviewer contacts you, please visit our web site at <http://www.meps.ahrq.gov> and access the Participants' Corner. For more information about Westat, visit the Westat web site at <http://www.westat.com>. To speak with a study representative, call Alex Scott at 1-800-945-MEPS (6377).

Please be assured that privacy is a priority for this study. The confidentiality of information given to the study is protected by law.^[4]

Your participation is important to MEPS. The interviewer who contacts you will be happy to answer your questions and to arrange the interview at a time convenient for you. We greatly appreciate your help.

Sincerely,

MEPS –IC

1. It was stated in Part B that: “The total budgeted sample size is approximately 45,000 sample units before non-response and out-of-scope units (in some past survey years, individual States have paid to increase the sample for their State in order to provide more accurate or detailed State or sub-State estimates; none of those units are included in these sample sizes).” I wasn't clear why AHRQ is not including the burden for the entire sample, regardless of whether some States have paid for additional sample or not.

The burden for the entire MEPS-IC sample is included in this submission. No additional units have been paid for by individual States for 2011 or 2012 and none are anticipated. In the early years of the MEPS Insurance Component survey there were several instances where states purchased additional sample - either individually or through the HRSA State Planning Grant program. However, the last year that an individual state added sample to the MEPS-IC survey was Virginia in 2003. In the event that a state does request additional sample in the MEPS-IC survey in future years, we will either include that sample in our biannual clearance request or submit a request to the existing clearance to change the burden level of the survey.