

**SUPPORTING STATEMENT**

**Part B**

Cognitive Testing of the Medical Expenditure Panel Survey Health Insurance  
Verification Module

**April 14, 2017**

Agency for Healthcare Research and Quality (AHRQ)

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## B. Statistical methods

### 1. Potential Respondent Universe and Sample Selection Method

The potential respondent universe will be all residents of the metropolitan Washington, D.C. area and surrounding areas who fulfil the criteria required to test the questioning included in the MEPS health insurance verification module.

Ideally, the stimuli to which cognitive interview respondents are exposed mirrors as closely as possible that to which respondents in the main study are exposed. For this pretesting effort we face several challenges in that regard. One is that we cannot screen respondents for cognitive interview with the knowledge that they will misreport health insurance status for themselves or other household members when answering the main MEPS interview questions and therefore be administered the health insurance verification module. Another is that the vast majority of people do in fact, report their household health insurance status accurately. So even if we could screen on the likelihood of misreporting, that screening effort would be massive indeed. We also want to avoid priming respondents during screening, to the extent possible, to ensure a reliable test of the health insurance verification module items. Our design addresses these challenges while maintaining the integrity of the pretesting methodology and ensuring useful, high quality results. For screening, we propose identifying households with characteristics that we know from past research are prone to health insurance misreporting.

A pre-screener will be administered to all those who respond to the recruitment advertisement. A purposive sample of 44 English-speaking adults aged 18 or over will be recruited. This will be through: 1) follow-up with previous MEPS respondents who have agreed to take part in future research of this nature; 2) Westat's database of individuals who have expressed interest in participating in qualitative research activities; 3) advertisements on Craigs List; 4) online ads using social media, or 5) contacts at local groups, including churches and other community organizations.

To adequately test all of the questions, a mix of respondents with the following characteristics will be recruited at each round of cognitive testing. The focus will be on recruiting larger households containing indirect family relationships, for example someone who lives with an elderly relative or adult sibling, in order to be able to test adequately the proxy reporting on other members of the RU/household. Table 1 lists the criteria for selection. Interviewees may fulfill one or more of the criteria listed.

**Table 1. Sample selection criteria for each round of cognitive testing**

Household Characteristic
At least four household members
At least one indirect family relationship within household
At least one child under the age of 18
As least one household member aged 65 or over
At least one household member with a disability age <65
At least one household member currently unemployed
At least one household member who is employed (non-military)

At least one self-employed household member
At least one household member who is active duty or retired military
At least one household member on Medicaid
At least one household member with coverage through the Marketplace
Household income \$30,000 or less
Household income \$90,000 or more
<b>Respondent Characteristic</b>
High school diploma or less
Lived in the U.S. for less than 5 years

In addition to the mix shown in Table 1, we will also aim to achieve a spread of respondent characteristics related to age, sex and race/ethnicity.

## 2. Information Collection Procedures

We plan to conduct in-person interviews for all three rounds of cognitive testing to further refine the survey’s items and composites/dimensions. The MEPS health verification module questionnaire will be administered by the cognitive interviewer thereby replicating the approach used in the main MEPS survey. We plan to use valid cognitive interviewing techniques, which include scripted non-biasing retrospective cognitive probing, card sorting and respondent narrative, to identify any issues related to question comprehension and response processes. All interviews will be audio recorded for quality assurance and analysis purposes.

The questionnaire for this study is actually very short, although respondents will be asked to report on all members of their RU/household, very few questions are asked about any one household member.

## 3. Methods to Maximize Response Rate

We are using a cash remuneration as noted in #9 in Supporting Statement Part A.

## 4. Tests of Procedures

The procedures for this specific project have not been subjected to testing. However, the contractor, Westat, has conducted many similar projects and is using well established research methods, that comply with the OMG standards and guidance for cognitive testing, with this project.

## 5. Statistical Consultation and Independent Review

The following individuals have been consulted on the design of the pretest questionnaire:

Jessica Vistnes, Agency of Healthcare research and Quality	Martha Stapleton, Westat, Inc.
Brandy Lipton, Agency of Healthcare research and Quality	Amanda Wilmot, Westat, Inc.
Wendy Hicks, Westat, Inc.	Karen Stein, Westat, Inc.
Angie Kistler, Westat, Inc.	Heather Brotsos, Summit
	Oswaldo Urdapilleta, Summit