SUBMISSION OF INFORMATION COLLECTION UNDER THE

<u>Request for Approval under AHRQ's Generic Clearance "Cognitive Testing of the Medical Expenditure Panel Survey (MEPS) Health Insurance Verification Module" (OMB Control Number: 0935-0124)</u>

DATE OF REQUEST: April 17, 2017

SUB AGENCY (I/C): HHS/AHRQ

TITLE: Testing for Potential Enhancements to the Medical Expenditure Panel Survey: Study on Employer-sponsored Insurance Plans

GENERIC CLEARANCE UNDER OMB#: 0935-0124 **EXP. DATE:** 11/30/202020

ABSTRACT: The purpose of this request is to conduct focus groups and in-home interviews to test the ability of respondents to accurately provide a set of requested documentation about their insurance coverage (e.g., their plan's Summary of Benefits and Coverage (SBC)) during a MEPS Household Component interview. Further, the study aims to assess the ability to link information from the materials provided by the respondent to publicly available information about the details on their coverage. For example, AHRQ will assess whether information that is available on standard insurance cards can be used to retrieve detailed information about an insurance policy. Lastly, the study will assess the level of increased burden that is placed on respondents when asking them to locate and produce the requested documentation to determine whether such a request will diminish their willingness to participate in MEPS. This study will target individuals who hold employer-sponsored insurance plans. The findings will be used to design potential enhancements to the 2020 fielding of the MEPS Household Component.

This research has the following goal:

1. Assess the feasibility of implementing the collection of health policy coverage and benefits information for employer-sponsored plans during the MEPS Household Component interview.

TOTAL ANNUAL BURDEN APPROVED: 8900 Hours Per year

101AL ANNUAL BURDEN APPROVED: 8900 Hours Per year
BURDEN USED TO DATE: 300 hours.
BURDEN THIS REQUEST: 45 hours.
FEDERAL COST: The estimated annual cost to the Federal government is \$41,136.80
IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?YESNOx_ N/A

HOW WILL THIS SURVEY BE OFFERED?

____ REQUIRED TO OBTAIN OR RETAIN BENEFITS

OBLIGATION TO RESPOND:

MANDATORY

x VOLUNTARY

WEB SITE	
X_ TELEPHONE INTERVIEW	
MAIL RESPONSE [email]	
X_ IN PERSON INTERVIEW	
OTHER:	
CONTACT INFORMATION:	
NAME: _Marie Stagnitti	
TELEPHONE NUMBER: _ (301) 427-1469	
EMAIL ADDRESS: Marie.Stagnitti@AHRQ.HHS.gov	