

**SUBMISSION OF INFORMATION COLLECTION UNDER THE
Request for Approval under AHRQ's Generic Clearance "Testing for Potential
Enhancements to the Medical Expenditure Panel Survey: Study on Insurance Plans
offered by State Governments" (OMB Control Number: 0935-0124)**

DATE OF REQUEST: January 11, 2019

SUB AGENCY (I/C): HHS/AHRQ

TITLE: Testing for Potential Enhancements to the Medical Expenditure Panel Survey: Study on Insurance Plans offered by State Governments

GENERIC CLEARANCE UNDER OMB#: 0935-0124 **EXP. DATE:** 11/30/2020

ABSTRACT: The purpose of this request is to conduct cognitive 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 a State Government employee's 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 are employed by state governments and hold insurance plans through their job. The findings will be used to design potential enhancements to the 2020 fielding of the MEPS Household Component.

This research has the following goal:

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

TOTAL ANNUAL BURDEN APPROVED: 8900 Hours Per year

BURDEN USED TO DATE: 300 hours.

BURDEN THIS REQUEST: 22.5 hours.

FEDERAL COST: The estimated annual cost to the Federal government is \$41,136.80_____.

IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?

_____ YES _____ NO _____ x_ N/A

OBLIGATION TO RESPOND:

VOLUNTARY
 REQUIRED TO OBTAIN OR RETAIN BENEFITS
 MANDATORY

HOW WILL THIS SURVEY BE OFFERED?

WEB SITE
 TELEPHONE INTERVIEW
 MAIL RESPONSE [email]
 IN PERSON INTERVIEW
 OTHER: _____

CONTACT INFORMATION:

NAME: Monica Wolford
TELEPHONE NUMBER: (301) 427-1651
EMAIL ADDRESS: Monica.Wolford@ahrq.hhs.gov