

Attachment 1 – MEPS-HC Section Summary and Changes

Summary of questionnaire sections and changes for the MEPS-HC since the previous OMB clearance. The only update to the MEPS instrument since the last OMB clearance in early 2015 has to do with measures related to the Affordable Care Act (ACA).

Specifically, we expanded the universe of persons eligible to answer two questions already part of the MEPS instrument. These two items are identified in the table below. Below the table, the remaining sections are listed in alphabetical order. However, no changes were made to any other section of the instrument since the last OMB submission.

Questions updated in the MEPS instrument - related to the ACA

Item	Text/Source	Previous Population	Expanded Population
RJ08AA	{Were/Was} {you/{PERSON}} offered health insurance through {ESTABLISHMENT}? Source: Existing MEPS question	All person-job pairs created in previous round where the person still works at a job that did not offer health insurance previously and the person still does not receive insurance in the current round from that job.	Will now also ask for: <ul style="list-style-type: none"> - Person-job pairs continued from a previous round, but insurance through that job stopped in the previous round - Person-job pairs continued from a previous round, and the person was offered insurance through this job in a previous round, but it was not taken
RJ08AA A:	Was health insurance offered to any employees at {ESTABLISHMENT}? Source: Existing MEPS question	All 'No' responses to RJ08AA	All 'No' responses to RJ08AA <i>(consistent with previously followed skip logic)</i>

The MEPS-HC questionnaires for Rounds 1–5 consist of many individual sections. Listed below is a brief description of each section, including changes that have been made since the last OMB clearance.

Access to Care (AC)

This supplemental section, asked in Rounds 2 and 4, identifies whether each household member has a medical provider who provides the usual source of care (USC), reasons why members without a USC do not have a USC, various aspects of satisfaction with usual care providers, and problems a household may have experienced in obtaining needed health care. It also includes questions on possible language barriers to health care and specific problems any household member may have experienced in obtaining needed health, dental, or prescription medicine care.

Changes: None

Adult Self-Administered Questionnaire (Adult SAQ)

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. 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)

Changes: None

Assets (AS)

To supplement financial data collected in the Income section, the Assets supplemental section, asked in Round 5, asks about household members' real estate, businesses, vehicles, investments, other assets, and debts.

Changes: None

Calendar Section (CA)

This section monitors the use of a health events calendar provided to the respondent during the MEPS pre-contact interview for use in recording visits to medical providers and medical places. This information determines the household's path through the sections of the questionnaire that collect information on medical events.

Changes: None

Charge Payment (CP)

The Charge Payment section tracks total charges and sources of payment for medical events reported in earlier sections. The section obtains specific information for each medical event reported on total charges, copayments, out-of-pocket payments, insurance payments, reimbursements, discounts, disallowed amounts, balance due, and other sources of payment. Additionally, it clarifies how prescription medicine claims are processed, including questions about third party payers for prescription medicines.

Changes: None

Child Preventive Health (CS)

This supplemental section, asked in Rounds 2 and 4, collects information on general health status, special health care needs, potential behavioral problems, accessibility to health care, preventative care, height, and weight of any child in the family.

Changes: None

Closing (CL)

At the end of each rounds interview, participants are asked to provide written authorization for the MEPS to collect additional information from the medical providers, insurance providers, and employers identified throughout each interview. The Closing section facilitates the completion of authorization forms for each unique person-provider pair and each unique person-establishment pair. During subsequent rounds of data collection, the MEPS-MPC on the medical visits directly from medical providers based on the authorization specified in these forms. This section also prompts the distribution of the Self Administered Questionnaire (SAQ) and Diabetes Care Survey (DCS). In addition, this section verifies the contact information for the household for use in the next interview and accounts for memory aids that were used by the household members throughout the current rounds interview.

Changes: None

Condition Enumeration (CE)

The Condition Enumeration section first obtains a summary assessment of each person's physical and mental health. It then identifies specific physical and mental health conditions, accidents, or injuries affecting each person. Using this information, this section creates a roster of conditions and health problems reported for each family member. Later in the interview, this roster links with health care utilization and disability day information.

Changes: None

Conditions (CN)

This section collects additional information about physical and mental health conditions identified through medical events or disability days. It obtains further details on each condition on each person's medical condition roster to determine if it was due to an accident or injury and whether it is on a priority list of conditions. If the condition is an accident or injury or a priority condition, subsequent questions ask whether a medical person has been consulted about the condition, when the condition was first noticed, the condition's severity, the current status of the condition, and any treatments received.

Changes: None

Dental Care (DN)

The Dental Care section obtains details on the nature of any dental care visit, type of dental care provider, treatments and services performed, and prescribed medicines.

Changes: None

Diabetes Care Self-Administered Questionnaire (Diabetes SAQ)

A brief self-administered paper-and-pencil questionnaire on the quality of diabetes care is administered once a year (during round 3 and 5) to persons identified as having diabetes. Included are questions about the number of times the respondent reported having a hemoglobin A1c blood test, whether the respondent reported having his or her feet checked for sores or irritations, whether the respondent reported having an eye exam in which the pupils were dilated and the last time the respondent had his or her blood cholesterol checked and whether the diabetes has caused kidney or eye problems. Respondents are also asked if their diabetes is being treated with diet, oral medications or insulin.

Changes: None

Disability Days (DD)

The Disability Days section assesses the impact of any physical illness, injury, or mental or emotional problem on household members' attendance at work or school. These questions specify how many days of work or school were missed, for what health condition they were missed, and how many days were missed because of someone else's illness, injury, or health care needs.

Changes: None

Emergency Room (ER)

The Emergency Room section obtains information on the health conditions requiring emergency room care, medical services provided, any surgical procedures performed, prescribed medicines, and the physicians and surgeons providing emergency room care. This section collects physicians and surgeons who are not already on the provider roster.

Changes: None

Employment (EM)

The Employment section covers questions about each person's employment or self-employment status. For jobs identified, this section asks questions to obtain contact information for each employer. For several types of jobs, questions are asked about type of business or industry, firm size, how long the person has worked at each job, whether health insurance was offered, hours worked, and job titles or main duties. For persons who are currently employed, questions ask about periods of unpaid leave at their job. For those not currently working, questions ask about previous jobs and the reasons for not working. Questions are asked about whether the person's job was temporary or seasonal, as well as questions about health insurance, including whether it was offered to the person, whether it was offered to any employee, and why the person was not eligible. Informed consent is obtained regarding contacting employers who provide health insurance.

Changes: None

Employment Wage (EW)

The Employment Wage section collects detailed information about the wage structure for all non-self employed, current jobs identified in the previous Employment (EM) section.

Changes: None

Event Driver (ED)

The Event Driver verifies and modifies information entered in the Provider Probes, Event Roster, and Provider Roster sections. It also provides an opportunity to add new medical events throughout the interview if the respondent recalls an event after completing the Provider Probes section.

Changes: None

Event Roster (EV)

Probes continue in this section for additional detail on event dates, type of event, and type of provider. This section creates a roster displaying this information as it is linked to each person. The Event Roster links to further sections that collect more detailed data on each specific type of event and then the charge and payment for each event.

Changes: None

Flat Fee (FF)

The Flat Fee section functions as a subsection of Charge Payment (CP). It captures information on those types of medical payment arrangements that charge a grouped amount, or flat fee, for multiple visits or services.

Changes: None

Health Insurance (HX)

The Health Insurance section collects information about private health insurance obtained through an employer, direct purchase private insurance plans, and public health insurance programs. It identifies the household members covered by health insurance, type of plan, name of each plan, nature of coverage under each plan, duration of coverage, and who pays various costs for the policy premiums. It also identifies the household members not covered by health insurance. For employer-sponsored coverage, this section creates a link to job characteristics collected in the Employment (EM) section of the questionnaire. For individuals who are uninsured at the beginning of the year, the section collects information on the length of time they have been uninsured. For private insurance policies, it obtains information on employer-related coverage and non-employer-related coverage (i.e., purchased through a group, association, school, small business group, insurance company, etc.). The Health Insurance section also collects information for public insurance on Medicare, Medicaid/SCHIP, Medicaid waiver programs, CHAMPUS/CHAMPVA (now TRICARE/CHAMPVA), and other government programs. Questions related to whether the insurance will cover part of the cost of an out-of-network provider are asked.

Changes: None

Health Status (HE)

The Health Status section assesses the physical and mental health status for both children and adults. Specific areas assessed include limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), the use of health aids, physical limitations, activity limitations, mental impairments, vision impairments, and hearing difficulties. For children, this section obtains additional information on participation in special education or therapy services, general health status, height, weight and child care. Also included are questions assessing whether a person has had difficulty with or has required supervision for at least 3 months when performing daily activities.

Changes: None

Home Health (HH)

For those persons using home health care, the Home Health section obtains information on the types of health care workers providing home health services, reasons for home health care, the nature of home health services provided, frequency of visits, length per visits, and duration of visits.

Changes: None

Hospital Stay (HS)

The Hospital Stay section obtains details on the length of stay, reasons or conditions requiring hospitalization, surgical procedures performed, medicines prescribed at discharge, and the physicians and surgeons providing hospital care. This section collects physicians and surgeons who are not already on the provider roster.

Changes: None

Income (IN)

This supplemental section, asked in Rounds 3 and 5, collects information about the household members' income and Federal income tax filing status, specifically about itemized deductions for health insurance premiums, tax credits, wages, other private income sources, and public assistance income.

Changes: None

Managed Care (MC)

This section determines whether household members are covered under a private managed care plan. The section groups the types of coverage as either HMO, other type of managed care plan, or non-managed care plan based on questions about the characteristics of the insurance plan.

Changes: None

Medical Provider Visits (MV)

The Medical Provider Visits section obtains details on the nature of any contacts or visits, the type of provider, health conditions requiring medical provider services, treatments and services performed, surgical procedures, and prescribed medicines. This section also probes for any follow up or repeat visits that cost the same amount as the original visit. Questions are asked about the medical provider's specialty and the medical provider's place type (e.g., managed care plan center or doctor's office).

Changes: None

Old Employment/ Private Related Insurance (OE)

For RU members that still hold the same job in Rounds 2 through 5 that was reported during the previous round as providing health insurance, this section collects information about the continuation of insurance coverage. Included are questions about whether the policyholder was responsible for any amount of the charge, whether there was an additional name for the insurance, and payments to out-of-network providers were added.

Changes: None

Old Public Related Insurance (PR)

For RU members who were covered during the previous round by Medicare, Medicaid/SCHIP, CHAMPUS/CHAMPVA (now TRICARE/CHAMPVA), or other state or local government sponsored programs, this section collects information about the continuation of coverage provided through these public programs.

Changes: None

Other Medical Expenses (OM)

This section serves to direct the CAPI program to other sections in cases where respondents report expenses for glasses or contact lenses or for insulin and other diabetic equipment or supplies.

Changes: None

Outpatient Department (OP)

If any outpatient visits were made during the reference period, this section obtains details on the nature of the contact, type of care received, health conditions requiring outpatient services, treatments and services performed, surgical procedures, prescribed medicines, and the physicians and surgeons providing outpatient services. This section collects physicians and surgeons who are not already on the provider roster. It also probes for any follow up or repeat visits that cost the same amount as the original outpatient visit.

Changes: None

Overall Structure of Employment (EM-O)

Because most private health insurance is provided through employment, the MEPS interview collects detailed information on jobs held by each person in the household aged 16 or older. This section functions to direct the CAPI program through the loop of employment-related questions for each person 16 or older.

Changes: None

Prescribed Medicines (PM)

The Prescribed Medicines section obtains details on prescribed medicines reported in earlier medical events sections as well as additional prescriptions reported in this section. Questions determine whether free pharmaceutical samples were obtained, the specific health problems for which the medicine was prescribed, the number of refills obtained during the reference period, the first date of use of each medicine, and the name and address of the pharmacy that filled each prescription.

Changes: None

Preventive Care (AP)

The Preventive Care supplemental section, asked in Round 3 and 5, gathers information on any preventive care received. Questions ask about frequency of dental and physical check-ups, flu shots, and other preventative health exams.

Changes: None

Priority Conditions (Quality Supplement) (PC)

The Priority Conditions section collects information about diabetes and asthma. This is a supplemental section asked in Rounds 3 and 5.

Changes: None

Priority Conditions Enumeration (PE)

The Priority Conditions Enumeration section includes questions which obtain a summary assessment of each person's physical and mental health. Additionally, information is collected about a select group of medical conditions including attention deficit hyperactivity disorder, attention deficit disorder, diabetes, asthma, high cholesterol, hypertension, coronary heart disease, angina, heart attacks, other heart disorders, strokes, emphysema, chronic bronchitis, cancer, joint pain, and arthritis. Using this information, this section creates a roster of conditions and health problems reported for each family member. Later in the interview, this roster links with health care utilization and disability day information.

Changes: None

Private Health Insurance Detail (HP)

This section collects additional detail on each private health insurance policy, including the name of the insurance company, the policyholder of each plan identified, and the household members covered by each policy. Informed consent information regarding contacting employers who provide health insurance is obtained.

Changes: None

Provider Directory (PD)

The Provider Directory section compiles a directory of all medical persons and medical facilities reported by MEPS respondents. It clarifies the relationship of each medical provider to the person's insurance plan and verifies the name, address, and telephone number of the provider.

Changes: None

Provider Probes (PP)

The Provider Probes section collects the information required to create a medical event in the database, i.e., the type of event, the person incurring the event, the health care provider, and the date(s) of the event. This section links with the Event Roster, Provider Roster, and Event Driver sections. Included are questions about independent labs/testing facilities and alternative care.

Changes: None

Provider Roster (PV)

This section creates a roster to display the name and street address of each provider and/or facility associated with each person's medical events detailed in the Event Roster. This information is strictly confidential.

Changes: None

RU Information Screen (RS)

To assist in conducting subsequent interviews, the interviewer records helpful information in this section, such as special instructions, special problems, locating directions, difficulties with the CAPI administration, and whether the household moved.

Changes: None

Reenumeration-A (RE-A)

Reenumeration refers to the process of collecting eligibility and demographic data on each person associated with a household participating in MEPS. The Reenumeration section has two parts, Reenumeration-A and Reenumeration-B. RE-A -- Reenumeration-A Part A includes questions RE01 through RE75, which identify and define the eligibility status for each person and family unit living within each MEPS sampled household, as well as any family members who are temporarily living away from the household. Part A identifies the reference period for each family unit and the person that serves as the primary respondent for the family is identified. It also obtains age, gender, and marital status for each person.

Changes: None

Reenumeration-B (RE-B)

Reenumeration-B Part B of the Reenumeration section includes questions RE76 through RE112. This section details how family members are related to one another and the size of the family unit. Race, ethnicity, educational attainment, and military status for each person are specified.

Changes: None

Review of Employment Information (RJ)

In Rounds 2 through 5, the Review of Employment Information reviews employment information for any current job identified during the previous round. It collects updated information on job status, salary where changes in wages occur, full- or part-time work, health insurance benefits, and size of employment establishment if the jobholder is self employed. Questions are asked about whether the person's job was temporary or seasonal, and additional questions are asked about health insurance, including whether it was offered to the person, whether it was offered to any employee, and why the person was not eligible.

Changes: See those reported in ACA section at top of document

Satisfaction with Health Plan (SP)

The Satisfaction with Health Plan section collects satisfaction information for private insurance, Medigap, Medicare managed care programs, Medicaid/SCHIP, and TRICARE insurance. The information collected includes ease of access to medical care, need to seek approval for medical treatments and delays in care experienced while waiting for approval, ease of access to understandable plan information and repercussions of poor access, need to complete paperwork and problems filling out paperwork, and an overall rating of the health plan.

Changes: None

Time Period Covered Detail (HQ)

This section clarifies the timeframe for which each person was covered by each reported health insurance policy. It links to the Health Insurance (HX), Private Health Insurance Detail (HP), and Old Public Related Insurance (PR) sections.

Changes: None

Method of Collection:

There are no changes to the current data collection methods.

Estimated Annual Respondent Burden:

There are no changes to the current burden estimates.

Estimated Annual Costs to the Federal Government:

There are no changes to the current cost estimates.