

SUPPORTING STATEMENT

Part A

Medical Expenditure Panel Survey (MEPS) COVID-19 Changes

June 2022

Agency for Healthcare Research and Quality (AHRQ)

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A. JUSTIFICATION

1. Need for Information

The mission of the Agency for Healthcare Research and Quality (AHRQ) is to produce evidence to make health care safer, higher quality, more accessible, equitable and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

AHRQ shall promote health care quality improvement by collecting data on and producing measures of the quality, safety, effectiveness, and efficiency of American health care and health care systems; fostering the development of knowledge about improving health care, health care systems, and capacity; and partnering with stakeholders to implement proven strategies for health care improvement. Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

The MEPS survey consists of the following three components and has been conducted annually since 1996:

- **Household Component:** A sample of households participating in the National Health Interview Survey (NHIS) in the prior calendar year are interviewed 5 times over a 2 and one half (2.5) year period. These 5 interviews yield two years of information on use of, and expenditures for, health care, sources of payment for that health care, insurance status, employment, health status and health care quality.
- **Medical Provider Component:** The MEPS-MPC collects information from medical and financial records maintained by hospitals, physicians, pharmacies and home health agencies named as sources of care by household respondents.
- **Insurance Component (MEPS-IC):** The MEPS-IC collects information on establishment characteristics, insurance offerings and premiums from employers. The MEPS-IC is conducted by the Census Bureau for AHRQ and is cleared separately.

This request is for the MEPS-HC only. The OMB Control Number for the MEPS-HC and MPC is 0935-0118, which was last approved by OMB on 11/18/2020, and will expire on November 30, 2023.

The purpose of this request is to add questions related to COVID-19 diagnoses in MEPS (see Attachment A). New round 1 questions on COVID-19 capture information on whether household members have ever had COVID-19 and when they most recently had COVID-19. Follow-up questions in later rounds determine if household members have had COVID-19 in the interview reference period. These questions are intended to leverage the strengths of MEPS, including the

existing detailed healthcare event and expenditure reporting, in order to enable analysis of any potential increased healthcare burden following acute COVID-19 infections.

The questions will be asked of all MEPS sample members with a single household respondent reporting for the household. The first two questions serve as gate questions and only respondents who report having a COVID-19 diagnosis in the relevant time period will receive follow-up questions about the timing of their most recent infection. These questions will be administered in the existing Priority Conditions Enumeration section of MEPS, which includes a similar series of questions about whether household members have ever been diagnosed with certain medical conditions.

Historically, MEPS has been conducted using Computer Assisted Personal Interviewing (CAPI) where field interviews conduct interviews with household respondents in person. However, MEPS is currently being conducted via multiple modes, including face-to-face, phone, and virtual interviewing, due to the ongoing COVID-19 pandemic.

The information collected on COVID-19 diagnoses will undergo editing and be reviewed for data quality, including consistency with publicly available sources of data on COVID-19 infections. Additionally, the resulting variables will be included on the annual MEPS full-year consolidated public use data files after being assessed for any potential disclosure concerns.

This study is being conducted by AHRQ through its contractors, Westat and RTI International, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b-2.

2. How, by Whom, and for What Purpose Information Will Be Used

The new CAPI questions collecting information about COVID-19 will be folded into the regular processing stream of MEPS data to produce estimates of health care utilization and expenditures. The information collected on COVID-19 diagnoses will be used to compare healthcare utilization and expenditures between those who have had confirmed COVID-19 and those who have not. Additionally, the information collected on the timing of recent infections can be used to either include or exclude recent infections from calendar year or round-specific estimates of healthcare utilization and expenditures. This allows researchers to examine both shorter-term and longer-term impacts of a COVID-19 diagnosis on healthcare utilization and expenditures.

The first two questions are taken from the 2022 National Health Interview Survey (NHIS), with minor adjustments to account for a single household respondent in MEPS and multiple rounds of interviewing.

3. Use of Improved Information Technology

As in previous panels of the MEPS-HC, a CAPI instrument will be used as the primary mode for the core MEPS interview. Beginning in 2018, a new, modernized CAPI instrument was used for data collection. Programmed in Version 4.8 of Blaise commercial off the shelf (COTS), the new instrument is designed to streamline administration of the CAPI interview, simplify the response task for both the respondent and interviewer, and increase respondent reporting while maintaining or reducing costs.

Additionally, the use of Computer Assisted Virtual Interviewing (CAVI) has recently been offered to MEPS respondents who have COVID-19 concerns. Depending on COVID-19 circumstances, expanded use of CAVI interviewing may be implemented.

4. Efforts to Identify Duplication

There is no other survey that is now or has been recently conducted that meet all of the objectives of the MEPS. Collecting data related to COVID-19 is new due to the COVID-19 pandemic.

5. Involvement of Small Entities

The MEPS-HC collects information only from households.

6. Consequences if Information Collected Less Frequently

The CAPI questions on COVID-19 will become part of the core MEPS interview that is administered with all panels and rounds beginning with Panel 24 Round 9, and Panel 26 Round 5, Panel 27 Round 3, and Panel 28 Round 1 in January 2023.

7. Special Circumstances

Aside from offering compensation to respondents, the MEPS-HC will fully comply with 5 CFR 1320.6.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on July 11, 2022, vol. 87, No. 131 Page 41126 (see Attachment C). There were no public comments. AHRQ received one comment from The Bureau of Economic Analysis (BEA) in strong support of the questions for this proposed data collection (see Attachment D).

8.b. Outside Consultations

Individuals or groups outside the Agency consulted about the MEPS project over the last several years are listed below:

Table 1. MEPS Consultants

Name	Affiliation
Stephen Blumberg, Ph.D.	National Center for Health Statistics, Division of Health Interview Statistics
J. Michael Brick, Ph.D.	Westat
Ralph DiGaetano, Ph.D.	Westat
Ting Yan, Ph.D.	Westat

9. Payments/Gifts to Respondents

MEPS-HC respondents will be offered a monetary incentive as a token of appreciation for their participation in the MEPS. An incentive has been offered to respondents at the end of each round since the inception of MEPS in 1996; the current amount of \$50 per round has been in place since 2011 (OMB approval obtained January 26, 2010 version 1). For household respondents, participation includes not only time being interviewed, but also keeping track of their medical events and expenditures between interviews. Household respondents will be informed of the incentive at the first in-person contact and all eligible respondents will be given the same amount. No incentive will be offered to respondents to the Adult SAQs, Diabetes Care SAQ, or Veteran SAQ.

10. Assurance of Confidentiality

Confidentiality is protected by Sections 944(c) and 308(d) of the Public Health Service Act (42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)). This research project will be carried out in compliance with these confidentiality statutes. Respondents will be told the purposes for which the information is being collected, that the confidentiality of their responses will be maintained, and that no information that could identify an individual or establishment will be disclosed unless that individual or establishment has consented to such disclosure.

11. Questions of a Sensitive Nature

As additions to the MEPS core CAPI questionnaire, the sensitivity of questions related to COVID-19 are comparable to the rest of the MEPS interview.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for respondents' time to participate in this research. The addition of several questions related to COVID-19 adds minimal burden in hours and costs to the core CAPI interview, estimated to add 1 minute per interview and a total of 222 burden hours.

Exhibit 2 shows the estimated annualized cost burden associated with respondents' time to participate in this research. The total cost burden is estimated to be \$6,218 annually.

Exhibit 1: Estimated annualized burden hours

Activity	Number of	Number of	Hours per	Total
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	respondents	responses per respondent	response	burden hours
COVID-19 questions included in the MEPS questionnaire	13,338*	1	1/60	222

*While the expected number of responding units for the annual estimates is 12,804, it is necessary to adjust for survey attrition of initial respondents by a factor of 0.96 (13.338=12/804/0.96)

Exhibit 2: Estimated annualized cost burden

Activity	Number of respondents	Total burden hours	Average hourly wage rate*	Respondent costs
COVID-19 questions included in the MEPS questionnaire	13,338	222	\$28.01	\$6,218

*Based upon mean hourly wage, “May 2021 National Occupational Employment and Wage Estimates United States,” U.S. Department of Labor, Bureau of Labor Statistics, retrieved at https://www.bls.gov/oes/current/oes_nat.htm#00-0000

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3a shows the estimated total cost for the COVID-19 conditions questions. The estimated annualized cost is approximately \$70,500.

Exhibit 3a. Estimated Annualized Cost

Cost Component	Annualized Cost
Project Development	\$32,000
Data Collection Activities	\$8,500
Data Processing and Analysis	\$30,000
Total	\$70,500

Exhibit 3b shows the estimated federal government personnel costs. The estimated federal government personnel cost is approximately \$49,133.40.

Exhibit 3b. Federal Government Personnel Cost

Tasks/Personnel	Staff Count	Annual Salary	% of Time	Cost
Management Support: GS-15, Step 5 average	1	\$168,282	5%	\$8,414.1
Survey/Statistical Support: GS-14, Step 5 average	2	\$143,064	10%	\$28,612.8
Research Support: GS-13, Step 5 average	1	\$121,065	10%	\$12,106.5
Total				\$49,133.4

Annual salaries based on 2022 OPM Pay Schedule for Washington/DC area: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/html/DCB.aspx>

15. Change in Burden

The total estimated annual burden hours for the MEPS have increased from 88,309 hours in the previous clearance to 88,531 hours in this clearance request, an increase of 222 hours due to the addition of the COVID-19 related questions.

16. Time Schedule, Publication and Analysis Plans

The questions related to COVID-19 will become part of the core MEPS interview that is administered with all panels and rounds beginning with Panel 24 Round 9, and Panel 26 Round 5, Panel 27 Round 3, and Panel 28 Round 1 in January 2023.

Data collected from the MEPS will be used in a variety of descriptive analyses. Our website www.meps.ahrq.gov contains examples of publications. Those publications include statistical briefs, research findings, chartbooks, and journal articles. In addition, tabular data is presented on an online data analysis tools website (datatools.ahrq.gov) as interactive graphs and tables. Special analytic reports will be issued on an ad-hoc basis, and other analyses will be presented at annual meetings of professional associations and in professional journals.

To the extent possible, we release public use data files from this project as soon as possible.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments

Attachment A – COVID-19 Questions

Attachment B - MEPS New COVID-19 Items Crosswalk

Attachment C – 60 Day FRN

Attachment D – Public Comment (The Bureau of Economic Analysis (BEA)).