

SUPPORTING STATEMENT

Part A

Medical Expenditure Panel Survey – Insurance Component 2023-2025

Reauthorization of OMB #0935-0110

Agency of Healthcare Research and Quality (AHRQ)

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Table of contents

A. Justification.....3

- 1. Circumstances that make the collection of information necessary.....3
- 2. Purpose and Use of Information.....4
- 3. Use of Improved Information Technology.....6
- 4. Efforts to Identify Duplication.....6
- 5. Involvement of Small Entities.....7
- 6. Consequences if Information Collected Less Frequently.....7
- 7. Special Circumstances.....8
- 8. Federal Register Notice and Outside Consultations.....8
- 9. Payments/Gifts to Respondents.....10
- 10. Assurance of Confidentiality.....10
- 11. Questions of a Sensitive Nature.....10
- 12. Estimates of Annualized Burden Hours and Costs.....10
- 13. Estimates of Annualized Respondent Capital and Maintenance Costs.....11
- 14. Estimates of Annualized Cost to the Government.....11
- 15. Changes in Hour Burden.....12
- 16. Time Schedule, Publication and Analysis Plans.....12
- 17. Exemption for Display of Expiration Date.....14

List of Attachments.....14

A. Justification

1. Circumstances that make the collection of information necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see <https://www.ahrq.gov/policymakers/hrqa99a.html>), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

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.

In 2021 employer-sponsored health insurance was the source of coverage for 90.5 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

- 1) to provide data for Federal policymakers evaluating the effects of National and State health care reforms.
- 2) to provide descriptive data on the current employer-sponsored health insurance system and data for modeling the differential impacts of proposed health policy initiatives.
- 3) to supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.

To achieve the goals of this project the following data collections for both private sector and state and local government employers will be implemented:

- 1) Prescreener Questionnaire – The purpose of the Prescreener Questionnaire (Attachment A), which is collected via telephone, varies depending on the insurance status of the establishment contacted (establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments.) For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees. Collection is completed for these establishments through this telephone call. For establishments that do offer health insurance, contact name and address information is collected that is used for the mailout of the establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person in the establishment best equipped to complete them.
- 2) Establishment Questionnaire – The purpose of the Establishment Questionnaire (Attachment B), which is collected via internet or mail, is to obtain general information from employers that provide health insurance to their employees. Information such as total active enrollment in health insurance, other employee benefits, demographic characteristics of employees, and retiree health insurance is collected through the establishment questionnaire.
- 3) Plan Questionnaire – The purpose of the Plan Questionnaire (Attachment C), which is collected via internet or mail, is to collect plan-specific information on each plan (up to four plans) offered by establishments that provide health insurance to their employees. This questionnaire obtains information on total premiums, employer and employee contributions to the premium, and plan enrollment for each type of coverage offered – single, employee-plus-one, and family – within a plan. It also asks for information on deductibles, copays, and other plan characteristics.

This study is being conducted by AHRQ through its contractor, the Bureau of the Census, 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 quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299b-2(a), and 42 U.S.C. 299a.

2. Purpose and Use of Information

The primary objective of the MEPS-IC is to collect information on employer-sponsored health insurance. Such information is needed in order to provide the tools for Federal, State, and academic researchers to evaluate current and proposed health policies and to support the production of important statistical measures for other Federal agencies. An annual survey conducted primarily by web, mail and telephone, the MEPS-IC is collected and processed by the Bureau of the Census for AHRQ. Estimates are published at the National, State, and sub-State levels in annual tables on the MEPS website. Special

request data runs, for estimates not available in the published tables, are made for Federal and State agencies as needed.

The MEPS-IC provides annual National and State estimates of aggregate spending on employer-sponsored health insurance (annual premium expenditures) for the National Health Accounts (NHA) that are maintained by the Centers for Medicare and Medicaid Services (CMS) and for the Gross Domestic Product (GDP) produced by the Bureau of Economic Analysis (BEA).

MEPS-IC State-level premium estimates are the basis for determining the average premium limits for the federal tax credit available to small businesses that provide health insurance to their employees.

MEPS-IC estimates are used extensively for additional analyses by federal agencies including:

- Department of Treasury;
- The U.S. Congress Joint Committee on Taxation (JCT);
- Department of Health and Human Services (HHS), including
 - Assistant Secretary for Planning and Evaluation (ASPE)
 - Centers for Medicare & Medicaid Services (CMS)
- Congressional Budget Office (CBO);
- Congressional Research Service (CRS).

Other regular users of MEPS-IC data have been:

- Council of Economic Advisors (CEA);
- HHS, Health Resources and Services Administration (HRSA);
- Department of Labor (DOL);
- General Accounting Office (GAO);
- Universities, private consulting firms, and policy groups;
- Government agencies from almost every State.

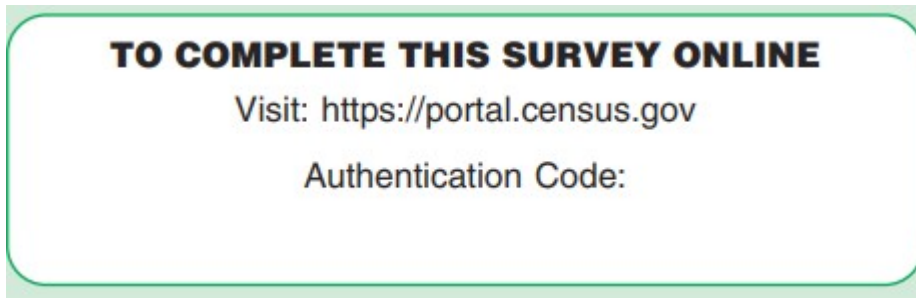
Examples of important uses of the MEPS-IC estimates include:

- Analysis of the extent of high premium plans, by size of firm and State (CRS, CBO, JCT);
- Analysis of offers and premiums amounts by wage level and gender, by size of firm (CRS, CBO, ASPE, CMS);
- Large scale analysis of employer health insurance (GAO);
- Estimation of the costs and tax consequences of potential new laws, modeling choices and decisions made by employees concerning their health insurance (JCT, Treasury, CBO);
- Cost adjustments to the National Vaccine Injury Compensation Program (HRSA);
- Identification of the effects of selected state regulatory initiatives in health care markets and estimation of possible costs of new State programs which use employer-sponsored health insurance to provide insurance coverage to individuals through State subsidy programs. (various State governments);

- Assessment of the cost of proposed COBRA subsidies (DOL, ASPE);
- Availability of, eligibility for, and enrollment in high deductible health plans and Health Savings Accounts (CEA).

3. Use of Improved Information Technology

Beginning with survey year 2009, web-based electronic collection has been used to collect MEPS-IC data, making it easier for respondents to report and also allowing for faster data processing. This has been used successfully for other Census Bureau surveys and has been very popular with respondents. Beginning with survey year 2020, email addresses are collected in order to email sample members with a link to respond to the survey using the internet. The Establishment Questionnaire, sent to each establishment selected for the MEPS-IC, has the following information printed on the front cover:



Computer Assisted Telephone Interviewing (CATI) technology has been an integral tool for prescreening of respondents and telephone follow-up in the MEPS-IC since the survey's inception.

A Business Help Site (BHS) was established on the Internet by Census for respondents to visit to view copies of the forms, definitions, and frequently asked questions. Secure messaging can be used by respondents through the BHS to ask reporting questions and receive quick responses.

4. Efforts to Identify Duplication

There is no survey or study that has been conducted or is currently underway that will meet the objectives of the MEPS-IC. Some federal household surveys, including the MEPS-HC, collect health insurance information. However, household respondents cannot supply much of the important information provided by the MEPS-IC respondents. Data on employer premiums or about employer-sponsored enrollments and offerings are only available through employers.

The Bureau of Labor Statistics' (BLS) National Compensation Survey (NCS) – also an employer survey -- collects a subset of information similar to the MEPS-IC. Although the two surveys can be used to produce certain overlapping National estimates, the two surveys have very different purposes and samples.

The NCS is designed to produce estimates by occupation while the MEPS-IC is not. To

support the collection of occupation information, the NCS must conduct personal visits to implement its occupation sampling processes. Because of this need for personal visits, the survey uses a cluster sampling approach.

The cluster sample used by NCS does not allow for the efficient development of State level estimates. The MEPS-IC uses a sample design which allows for efficient estimation at the State and sub-State level. Also, no occupation sampling is needed within an establishment. These factors allow the MEPS-IC to collect data via less expensive mail, telephone, and Internet-based methods rather than through personal visits. However, personal visits are used on a limited basis for the very largest state and local governments and private sector firms reporting for multiple establishments.

Another important difference between the surveys is that the NCS collects information about many benefits other than health insurance such as pensions, vacation time, disability insurance, etc. Because of the scope of benefits covered, limited data on each benefit are collected. In contrast, the MEPS-IC only asks for health insurance information but requests much more detail on coverage and plan specifics than does NCS.

The Interagency Committee on Employer-Related Health Insurance Surveys (1997-2002) was charged with exploring the similarities and differences between the MEPS-IC and NCS, and making recommendations for changes to the surveys based on its findings. This committee -- which was comprised of staff from OMB, AHRQ, BLS, and other stakeholder agencies -- recommended that the two separate surveys continue due to the reasons discussed above.

While many of the concerns regarding survey overlap have been resolved, MEPS-IC staff continues its communication and coordination efforts with NCS staff.

5. Involvement of Small Entities

The MEPS-IC collects information from business and government units of all sizes. The information is collected using two basic forms. The establishment form requests information about overall business characteristics (i.e., number of employees, whether health insurance is offered). The plan form requests information about the specific health insurance plans offered (i.e., premium costs, deductibles).

Many small businesses are able to entirely skip the questionnaire related to specific plans – or complete the survey during the telephone prescreener – because they do not offer health insurance. Even small firms that offer coverage to current employees usually do not offer retiree coverage, which eliminates the need for them to answer two pages of survey questions on the establishment form.

In general, the MEPS-IC is designed to minimize respondent burden. Questions have been held to an absolute minimum required for the intended use of the data.

6. Consequences if Information Collected Less Frequently

The MEPS-IC is an annual data collection activity. This clearance covers the survey years of 2023 and 2024.

Because employers make decisions about health insurance coverage and costs on an annual basis, less frequent collection would harm the quality of trend analysis and the ability to analyze employers' reactions to changes in state and federal policies.

In addition, less frequent data collection would also be harmful to the support of the Gross Domestic Product and National Health Accounts production, which are annual measures.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on September 6, 2022 for 60 days on page 54508. No substantive comments were received. See Attachment D.

8.b. Outside Consultations

Staff of the MEPS-IC has regular contact with Federal users of the survey's data when they have questions about the published estimates or request special runs to produce estimates not found in the published tables.

The MEPS-IC has contacts within the Center for Consumer Information and Insurance Oversight (CCIIO). CCIIO staff and MEPS-IC staff have determined the impact of the State Health Insurance Exchanges on MEPS-IC data collection for small businesses, and what assistance CCIIO might be able to provide to assist collection.

A key part of MEPS-IC outreach efforts involves input from the Census staff that collects and processes the survey. At one time, for example, the collection staff reported that it was receiving questions from respondents as to how to provide information on a type of health insurance plan that fit neither the definition of single coverage nor family coverage on the survey form. This type of plan – employee-plus-one coverage – limited coverage to the employee plus either a spouse or a child. Due to the information received from the collection staff, a new section was added to the questionnaire to obtain information on employee-plus-one coverage.

Another source of respondent input is the Census dedicated staff that deal with the

concerns of large employers who – because of their size – are asked to respond to many different surveys run by Census. These large employers provide input into all aspects of survey collection.

Internal AHRQ researchers also provide important input into the usefulness of existing questions and needed revisions. An annual meeting is held to get their suggestions. These internal researchers also bring to the table ideas to improve the usefulness of the survey from their colleagues in academia and at non-profit research organizations.

The following list includes MEPS-IC contacts at various Federal, State, and research organizations:

Bill Wiatrowski
Deputy Commissioner
Bureau of Labor Statistics

Cathy Cowan
Office of the Actuary
Center for Medicare and Medicaid Services, DHHS

Elaine Zimmerman
Office of Policy and Research
Employee Benefits and Security Administration

Jacob Berman
Office of Tax Analysis
US Department of the Treasury

Michael Berry
Bureau of Economic Analysis
U.S. Department of Commerce

Alexandra Minicozzi
Health and Human Resources Analyst
Congressional Budget Office

Lynn Blewitt
Principal Investigator and Director
State Health Access Data Assistance Center

Jean Abraham
Deputy Director
State Health Access Data Assistance Center

Kenneth Yeates-Trotman
Acting Director, Center for Analysis and Information Systems
Maryland Health Care Commission

Pamela Moomau, PhD.
Joint House/Senate Taxation Committee

9. Payments/Gifts to Respondents

There are no payments to respondents.

10. Assurance of Confidentiality

The MEPS-IC is subject to rules and provisions set by the Bureau of the Census since its sample is drawn from the Business Register, a Census frame. Because of the use of the sampling frame from the Bureau of the Census, the MEPS-IC is bound by the confidentiality standards that apply to the Bureau of the Census. These standards, located in Title 13, Sections 8 and 9 of the United States Code are shown in Attachment E.

Because the Census frame is developed using Internal Revenue Service (IRS) tax information, the data also fall under the review of the IRS which conducts regular audits of the data collection, storage, and use.

The confidentiality statement provided to respondents is:

The U.S. Census Bureau is required by Title 13 United States Code, Section 9, to keep your information confidential and can use your responses only to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify your business, organization, or institution. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Confidentiality is further 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.

Respondents are told by the interviewer that confidentiality of their individual response is protected by Federal law prior to answering questions during telephone collection.

11. Questions of a Sensitive Nature

The MEPS-IC contains no questions generally considered sensitive.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the MEPS-IC. The Prescreener questionnaire will be completed by 25,200

respondents and takes 5 minutes to complete. The Establishment questionnaire will be completed by 21,738 respondents and takes 20 minutes to complete. The Plan questionnaire will be completed by 19,246 respondents and will require an average of 2.3 responses per respondent. Each Plan questionnaire takes 11 minutes to complete. The total annualized burden hours are estimated to be 17,461 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The annualized cost burden is estimated to be \$619,691.

Exhibit 1. Estimated annualized burden hours for the 2023-2025 MEPS-IC

Form Name	Number of Respondents	Number of responses per respondent	Hours per response	Total Burden hours
Prescreener Questionnaire	25,200	1	5/60	2,100
Establishment Questionnaire	21,738	1	20/60*	7,246
Plan Questionnaire	19,246	2.3	11/60	8,115
Total	66,184	na	na	17,461

* The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire and two plan questionnaires (on average, each establishment completes 2.3 plan questionnaires). The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

Exhibit 2. Estimated annualized cost burden for the 2023-2025 MEPS-IC

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
Prescreener Questionnaire	25,200	2,100	35.49	\$74,529
Establishment Questionnaire	21,738	7,246	35.49	\$257,161
Plan Questionnaire	19,246	8,115	35.49	\$288,001
Total	66,184	17,461	na	\$619,691

*Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13-1141, at <https://www.bls.gov/oes/current/oes131141.htm> (U.S. Department of Labor, Bureau of Labor Statistics.)

13. Estimates of Annualized Respondent Capital and Maintenance Costs

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 3 shows the estimated annualized cost of this data collection is \$10,092,686. The total cost over the 2 years of this clearance is \$20,185,372.

Exhibit 3. Estimated Total and Annualized Cost

Cost Component	Total Cost	Annualized Cost
Project Development	\$2,958,102	\$1,479,051
Data Collection Activities	\$6,902,238	\$3,451,119
Data Processing and Analysis	\$6,902,238	\$3,451,119
Project Management	\$2,436,760	\$1,218,380
Overhead	\$986,034	\$493,017
Total	\$20,185,372	\$10,092,686

Exhibit 4: Annual Cost to AHRQ for IAA Oversight

Tasks/Personnel	Staff Count	Annual Salary	% of Time	Cost
Survey/Statistical Support: GS-14, Step 5 average	2	\$143,064	50.0%	\$ 143,064
Management Support: GS-15, Step 5 average	2	\$168,282	12.5%	\$ 42,071
Research Support: GS-14, Step 5 average	3	\$143,064	11.0%	\$ 47,211
Grand Total				\$ 232,346

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/pdf/2022/DCB.pdf>

Note that these oversight costs are included in “Overhead” in Exhibit 3.

15. Changes in Hour Burden

Total burden hours will go down by an estimated 4,150 hours, about 24.3 percent from the 2020-2021 clearance estimates. The change reflects a decrease in expected response to the Establishment questionnaires completed by each establishment offering insurance. There has been a steady decline in response by businesses to establishment surveys in recent years with the impact of the ongoing COVID-19 pandemic.

16. Time Schedule, Publication and Analysis Plans

The following is a schedule of major milestones for the survey for the year 2023 data collection. The schedule for 2024 data collection will be similar.

- Select sample January 2023-March 2023
- Telephone number research for the sample April 2023-June 2023

- Telephone Prescreener June 2023-August 2023
- First mailout June 2023-August 2023
- Follow-up mailout August 2023-October 2023
- Telephone follow-up September 2023-December 2023
- Analyst review, edits and callbacks August 2023-April 2024
- Private sector
 - Imputation and reweighting April 2024-May 2024
 - Produce and format final tables and files June 2024-July 2024
 - Tables available July 2024
- Governments
 - Imputation and reweighting August 2024-September 2024
 - Produce and format final tables and files October 2024-November 2024
 - Tables available December 2024

As part of the tabulation plans, AHRQ publishes tables of key estimates. For the 2021 MEPS-IC (the most recently released), approximately 430 tables of estimates were produced for the private sector and approximately 60 tables for governments. These included a set of important variables, such as average premiums, average contributions, percent of establishments that offer health insurance, percent of eligible employees, percent of employees enrolled, and percent of self-insured establishments.

Each variable is estimated for a variety of employer characteristics in the private sector. Published cells are determined by crossing combinations of industry, size of firm, State and other characteristics. For instance, a set of estimates would be defined as the average single coverage premium for each cell – with cell defined by the State in which the establishment is located and the size of the firm that owns the establishment.

State and local government estimates are available by Census Division and government size category. Twenty-six civilian tables, combining private sector plus state and local government data by Census Division, have been released for 2008 forward.

AHRQ also produces sets of estimates of total expenditures and enrollments for

employer-sponsored health insurance by industry, state and whether a plan is purchased or self-insured. This information is produced by request of CMS and BEA, and is also of general interest.

Tables containing estimates are placed on the AHRQ website in a variety of formats (PDF, Excel, HTML, and CSV).

The underlying sample microdata are also made available to the research community for analytic purposes through Census research data centers. The data centers require that a user submit a research proposal; proposals are thoroughly reviewed before access is given to the microdata. When working with the microdata, analysts must follow strict confidentiality procedures set forth by the Census Bureau. Census also imposes rigorous guidelines limiting the types of research tabulations that can be released. These procedures are followed to assure that the promise of confidentiality given to survey respondents is kept.

As with any survey, Census and AHRQ perform various methodological studies to assess the quality of the data and sample design. Among studies done are benchmarking against results from other surveys, such as the NCS, when similar national estimates can be made.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

- Attachment A -- Prescreener Questionnaire
- Attachment B -- Establishment Questionnaire
- Attachment C -- Plan Questionnaire
- Attachment D -- Federal Register Notice
- Attachment E -- Confidentiality Form
- Attachment F -- Sample Allocation
- Attachment G -- Sample Strata
- Attachment H -- Noncertainty Government Initial Letter
- Attachment I -- Certainty Government Advance Letter
- Attachment J -- Certainty Government Initial Letter
- Attachment K -- CMU Advance Letter
- Attachment L -- Initial Letter for Single Unit Private Sector
- Attachment M -- Initial Letter for Multi-Unit Private Sector
- Attachment N -- Definitions
- Attachment O -- Non-response Bias Analysis