

## MEPS Tip Sheet

A few tips to help you prepare for your MEPS interview

### HEALTH CARE



### What we will ask about:

Your interviewer will ask you about visits to all different types of health care providers, such as:

- hospitals -- for inpatient, outpatient, or emergency room care
- doctors' offices, clinics, or HMOs
- visits for blood tests, x-rays, or other tests
- visits to the dentist
- visits to chiropractors, physical therapists, optometrists, or other kinds of healthcare providers



The interviewer will also ask about health-related purchases, such as:

- prescription medicines
- eyeglasses or contact lenses
- diabetic supplies
- other health-related equipment



### Who we will ask about:

Your interviewer will ask questions about the healthcare received by each family member living with you. Check with family members who will not be present for the interview to find out about their health care.

### How to get ready:

Having records to look at during the interview can be very helpful. Records can include:

- a calendar -- on a phone, computer, or paper
- computerized health care records, including those from your provider or patient portal
- appointment cards
- bills and explanations of benefits
- medicine bottles or receipts



Your interviewer will be happy to help you use your records to find the information needed for the study.

If you have questions before your visit, please call Alex Scott toll-free at **1-800-945-6377**.

**Thank You!**

Dear Community Authority Representative,

In response to the need for accurate figures about the use, cost, and quality of medical care in this country, Westat, a national research organization, is conducting the Medical Expenditure Panel Survey (MEPS) on behalf of the Agency for Health Care Research and Quality (AHRQ), a part of the Department of Health and Human Services. This large-scale national survey will be conducted in your community and approximately 150 others across the nation.

During the next two and a half years, survey representatives will interview participants from selected households in your area. Every interviewer is professionally trained and carries an identification card certifying that the interviewer is an authorized survey representative.

***The impact of COVID-19 on communities highlights the importance of public health care data. We assure every household that safeguarding health is our highest concern. We monitor conditions week by week and adjust our interview protocol as needed.***

The purpose of the study is to understand how changes in the way Americans receive and pay for health care have affected health care use. This information will be used to help guide future changes in health care policy.

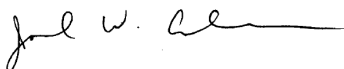
Because the entire U.S. population cannot be interviewed, we have chosen a sample of communities and households that represent the nation. This statistically reliable sample selection process ensures that the households selected represent thousands of other similar households across the country, as well as themselves. Their participation is very important if the survey is to provide a true picture of the health care experiences of people living in the United States in the 21st century.

All answers to the survey are confidential and will be kept private to the extent permitted by law. No identifying information is ever used in reports. Individual answers are summarized to give an overall picture of the health care use and expenses of people in this country.

We would greatly appreciate your help in reassuring persons who make inquiries as to both the importance and legitimacy of this undertaking. If you would like additional information about the study, please ask the survey representative. You also may visit the study website at: <http://www.meps.ahrq.gov>.

If you have any other questions about the survey, please contact Alex Scott, toll free, at 1-800-945-MEPS (6377).

Sincerely,



Joel W. Cohen  
Director  
Center for Financing, Access and Cost Trends  
Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services



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SORRY  
**I missed you**

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The Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services



SORRY  
**I missed you**

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SORRY  
**I missed you**

I will try again soon.

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Your participation in the  
**Medical Expenditure Panel Survey**  
is so very important.  
Thank you, in advance, for your cooperation.

# A Reminder from Your Friends at MEPS



*Medical Expenditure Panel Survey*

Dear: \_\_\_\_\_

*This card is to confirm our appointment for the Medical Expenditure Panel Survey on*

Date: \_\_\_\_\_

Time: \_\_\_\_\_ (a.m./p.m.)

*I'm looking forward to seeing you!*

*If you need to reschedule your appointment, please call.*

\_\_\_\_\_  
ID:  
\_\_\_\_\_

The Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services



THANK YOU



The Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services



THANK YOU

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Thank you  
for your participation in the  
Medical Expenditure Panel Survey.

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# *Certificate of Appreciation*

*In recognition of your participation  
in the Medical Expenditure Panel Survey  
for the U.S. Department of Health and Human Services*



Joel W. Cohen  
Director  
Center for Financing, Access and Cost Trends  
Agency for Healthcare Research and Quality



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • [www.ahrq.gov](http://www.ahrq.gov)



Medical Expenditure Panel Survey



## IMPORTANT INFORMATION ABOUT YOUR PARTICIPATION IN THE MEDICAL EXPENDITURE PANEL SURVEY

### The Purpose of This Research

The Medical Expenditure Panel Survey (MEPS) is one of the major research efforts of the U.S. Department of Health and Human Services. It is conducted by the Agency for Healthcare Research and Quality (AHRQ). MEPS is an on-going, nationwide survey that studies the cost of health care and the way Americans pay for that health care. **Information is collected through household interviews and linked to information collected from your medical providers.**

### How Your Household Can Participate

Information for this survey is collected for all family members living in your household. Generally, one adult family member answers the survey questions for the entire family although all family members are encouraged to be present. Interviews are conducted by trained field interviewers who call on you at home to conduct the interview. *We want to assure you that safeguarding your health during the coronavirus is our highest concern. We are monitoring conditions week by week.*

Each household is asked to complete 5 interviews over a 2 ½ year period. While the length of each in-person interview varies depending on family size and health experiences, the average interview can be completed in about 1 to 1 ½ hours. Having notes or records of your family's health care will make it easier to answer the survey questions. **The interviewer will ask about your family's visits for health care and about related topics that help researchers understand health care experiences such as age, education, health status, employment, and health insurance coverage.**

### Protecting the Confidentiality of the Information You Provide

This survey is authorized under 42 U.S.C. 299a. Privacy is protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure. All personally identifiable information such as names or addresses will be removed before information from this survey is released to researchers outside the Department of Health and Human Services.

### Participation in MEPS

**Households selected for MEPS have an opportunity to provide an important and valuable public service.** Participation in the study is voluntary. There is no penalty or loss of benefits if a household or an individual member of the household chooses not to participate in the study or in any particular part of the study.

### Benefits of This Research

MEPS data are used by researchers in Federal and State governments, universities, and the private sector to understand the costs of health care and inform decisions about health care issues.

### To Learn More About MEPS

To learn more about this study, you may visit the study website at: <http://www.meps.ahrq.gov> or contact Alex Scott, a study representative at 1-800-945-MEPS (6377).

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Your Health Care  
**Record  
Keeper**



Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services



1652538799.1021

OMB #0935-0118  
22-450

## Instructions

You may use this record keeper to help prepare for your MEPS interviews. Each time you or a family member receives health care, record the following information:

- household member's name
- date of the visit or phone call
- name of health care provider
- reason for the visit or phone call
- charge and payment information
- any medications prescribed

**On the back of the record keeper there is space to record your health care providers' contact information.**

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 Provider Name \_\_\_\_\_  
 Reason for Visit \_\_\_\_\_  
 Total Charge \_\_\_\_\_  
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 Reason for Visit \_\_\_\_\_  
 Total Charge \_\_\_\_\_  
 Payment by Family \_\_\_\_\_  
 Payment by Other \_\_\_\_\_  
 Prescriptions \_\_\_\_\_

Summer 2023

Dear Resident:

**You have a chance to continue playing a special role in national research on health care through the Medical Expenditure Panel Survey (MEPS).** It is the only survey of its kind to develop a complete picture of the Nation's health care and has been collecting data continuously since 1996.

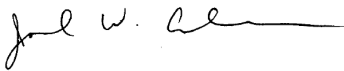
Analysts are already combining the information you gave in earlier interviews with information from thousands of other MEPS households to produce up-to-date study results. You can see findings from the study on the MEPS Participants' Corner at <http://www.meps.ahrq.gov>.

**To refresh your memory, here's what you need to know about the next interview:**

- We will call you soon to schedule an interview. Participation is voluntary.
- Having records available to look at during the interview can help in answering survey questions. A "Tip Sheet" is enclosed to provide additional reminders about the kinds of questions and records that are useful.
- As before, you will receive \$50 as a thank-you to show our appreciation.
- Your privacy continues to be a MEPS priority. We keep all your information private. It's the law<sup>1</sup>.
- Have questions? Call Alex Scott toll free at **1-800-945-6377** or email **AlexScott@westat.com**.
- If your address or telephone number has changed since the last interview, please let us know by completing and returning the enclosed change of address card.

On behalf of the Agency for Healthcare Research and Quality, thank you again for your continuing participation in the Medical Expenditure Panel Survey. We look forward to talking with you soon.

Sincerely,



Joel W. Cohen  
Director  
Center for Financing, Access and Cost Trends  
Agency for Healthcare Research and Quality

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<sup>1</sup> This survey is authorized under 42 U.S.C. 299a. Privacy is protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure.

## CONTACTING JOB AID ROUND 1

**REVIEW ELECTRONIC FACE SHEET BEFORE CONTACTING THE RU. RECORD NOTES NEEDED FOR CONTACTING THE RU IN YOUR INTERVIEWER NOTEBOOK AND BE SURE TO BRING NOTEBOOK PAGE WITH YOU.**

**THE INITIAL CONTACT MUST BE IN PERSON. MAKE SURE THAT YOUR MEPS I.D. BADGE IS VISIBLE TO THE RESPONDENT.**

Hello, my name is (NAME) from the Medical Expenditure Panel Survey that is being conducted for the Agency for Healthcare Research and Quality, part of the U.S. Department of Health and Human Services. We sent a letter explaining that (you have/your family has) been chosen to participate in the Medical Expenditure Panel Survey.

### **HAND R THE “IMPORTANT INFORMATION ABOUT YOUR PARTICIPATION IN MEPS” HANDOUT.**

This sheet describes the purpose of this research, how the data are used, and how the confidentiality of your information is protected. Please take a minute to read it and then I can answer any questions that you have about the study.

**IF SPEAKING WITH THE NHIS PRIMARY RESPONDENT:** Are you the best person to provide information on health care for your family?

**IF SPEAKING WITH ANOTHER RU MEMBER:** Who in your household would be the best person to provide information on the health care for your family? **ARRANGE TO SPEAK WITH PERSON BEST ABLE TO PROVIDE HEALTH CARE INFORMATION.**



**ENTER AN EROC FOR EVERY CONTACT ATTEMPT (SEE BACK FOR RESULT CODES).  
UPDATE RU CONTACT WITH ANY NEW INFORMATION OBTAINED AND CONFIRMED.  
TRANSMIT ON YOUR LAPTOP.**

**IF RU WAS INSTITUTIONALIZED BEFORE JANUARY 1 OF THE CURRENT YEAR, RECORD DATE OF INSTITUTIONALIZATION AND NAME, ADDRESS, AND PHONE NUMBER OF INSTITUTION IN AN EROC**



## RESULT CODES – ROUND 1

<u>Pending</u> 21 - Not home 22 - Eligible R not available 23 - Entire RU moved, tracing 24 - Temporary refusal 25 - Callback (no appointment) 26 - Appointment 27 - Broken appointment	28 - Locating problem 29 - Unable to enter structure 30 - Language problem 31 - Second + Refusal 32 - Interview started – breakoff 33 - Other pending 34 - RU moved too far to interview
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### MUST HAVE SUPERVISOR APPROVAL

<u>R1 – Out of Scope</u> 80 - Entire RU merged with other RU 81 - Entire RU deceased before Jan. 1 of current year 82 - Entire RU military before Jan. 1 of current year 83 - Entire RU institutionalized before Jan. 1 of current year 84 - Entire RU left US before Jan. 1 of current year	<u>Final Non-response</u> 88 - Unavailable during field period 89 - Too ill, no proxy 90 - Physically/mentally incompetent, no proxy 91 - Final refusal 92 - Final breakoff 93 - Unable to locate 94 - Entire RU military or left U.S. on or after Jan. 1 of current year 95 - Entire RU institutionalized on or after Jan. 1 of current year – no proxy 96 - Entire RU died after Jan. 1 of current year – no proxy 97 - Home office use 98 - RU moved too far to interview 99 - Final other nonresponse
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### ASSIGNED BY CAPI

<u>Complete</u> 60 - Complete with RU member 61 - Complete with proxy, All RU members deceased on or after Jan. 1 of current year 62 - Complete with proxy, All RU members institutionalized or deceased on or after Jan. 1 of current year 63 - Complete with proxy	<u>R1 – Out of Scope</u> 85 - Entire RU ineligible before Jan. 1 of current year, multiple reasons 86 - Entire RU ineligible, non-key NHIS student 87 - Reenum complete, no eligible members, ineligible
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## CONTACTING JOB AID - SPANISH ROUND 1

**REVIEW ELECTRONIC FACE SHEET BEFORE CONTACTING THE RU. RECORD NOTES NEEDED FOR CONTACTING THE RU IN YOUR INTERVIEWER NOTEBOOK AND BE SURE TO BRING NOTEBOOK PAGE WITH YOU.**

**THE INITIAL CONTACT MUST BE IN PERSON. MAKE SURE THAT YOUR MEPS I.D. BADGE IS VISIBLE TO THE RESPONDENT.**

Buenos días/Buenas tardes. Mi nombre es (NAME) y trabajo para la Encuesta de Registro de Gastos Médicos que se está llevando a cabo para la Agencia para la Investigación y la Calidad del Cuidado de la Salud, la cual forma parte del Departamento de Salud y Servicios Humanos de Estados Unidos. Le enviamos una carta explicándole que (usted/su familia) ha sido seleccionado(a) para participar en la Encuesta de Registro de Gastos Médicos.

### **HAND R THE “INFORMACIÓN IMPORTANTE ACERCA DE SU PARTICIPACIÓN EN LA ENCUESTA DE REGISTRO DE GASTOS MÉDICOS” HANDOUT.**

En esta hoja se describe el propósito de este estudio, cómo se usará la información y cómo se protegerá la confidencialidad de su información. Por favor, tómese un minuto para leerla y después le puedo responder cualquier pregunta que tenga sobre el estudio.

**IF SPEAKING WITH THE NHIS PRIMARY RESPONDENT:** ¿Es usted la persona más indicada para dar información sobre el cuidado de salud de su familia?

**IF SPEAKING WITH ANOTHER RU MEMBER:** ¿Quién en su hogar sería la persona más indicada para dar información sobre el cuidado de salud de su familia? **ARRANGE TO SPEAK WITH PERSON BEST ABLE TO PROVIDE HEALTH CARE INFORMATION.**



**ENTER AN EROC FOR EVERY CONTACT ATTEMPT (SEE BACK FOR RESULT CODES).  
UPDATE RU CONTACT WITH ANY NEW INFORMATION OBTAINED AND CONFIRMED.  
TRANSMIT ON YOUR LAPTOP.**

**IF RU WAS INSTITUTIONALIZED BEFORE JANUARY 1 OF THE CURRENT YEAR, RECORD DATE OF INSTITUTIONALIZATION AND NAME, ADDRESS, AND PHONE NUMBER OF INSTITUTION IN AN EROC**

## RESULT CODES – ROUND 1

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### MUST HAVE SUPERVISOR APPROVAL

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## CONTACTING JOB AID ROUNDS 2 - 5

**REVIEW ELECTRONIC FACE SHEET AND HOUSEHOLD HEALTH CARE SUMMARY BEFORE CONTACTING THE RU.**

**RECORD NOTES NEEDED FOR CONTACTING THE RU IN YOUR INTERVIEWER NOTEBOOK.**

Hello, my name is (NAME) from the Medical Expenditure Panel Survey that is being conducted for the Agency for Healthcare Research and Quality. As you may remember, you were interviewed a few months ago about your family's health care and medical expenses. (IF PREVIOUS ROUND INTERVIEW WAS CONDUCTED BY ANOTHER INTERVIEWER, MENTION HIS/HER NAME.) A letter was sent to you reminding you of the next interview.

I would like to schedule an appointment for another interview. If you'd like to have other household members available during the interview to help out, let me know so we can schedule a time that works for everyone.

To make it easier to answer the survey questions, please have records about your family's health care available when we conduct the interview.



**ENTER AN EROC FOR EVERY CONTACT ATTEMPT (SEE BACK FOR RESULT CODES).  
UPDATE RU CONTACT WITH ANY NEW INFORMATION OBTAINED AND CONFIRMED.  
TRANSMIT ON YOUR LAPTOP.**

**IF NEW RESPONDENT, HAND R THE "IMPORTANT INFORMATION ABOUT YOUR PARTICIPATION IN MEPS" HANDOUT AND SAY:**

This sheet describes the purpose of this research, how the data are used, and how the confidentiality of your information is protected. Please take a minute to read it and then I can answer any questions that you have about the study.

## RESULT CODES

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### MUST HAVE SUPERVISOR APPROVAL

<u>R2-9 – Out of Scope</u> 70 - Entire RU merged with other RU	<u>Final Non-response</u> 88 - Unavailable during field period 89 - Too ill, no proxy 90 - Physically/mentally incompetent, no proxy 91 - Final refusal 92 - Final breakoff 93 - Unable to locate 94 - Entire RU military or left U.S. 95 - Entire RU institutionalized – no proxy 96 - Entire RU died – no proxy 97 - Home office use 98 - RU moved too far to interview 99 - Final other nonresponse
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### ASSIGNED BY CAPI

<u>Complete</u> 60 - Complete with RU member 61 - Complete with proxy, All RU members deceased 62 - Complete with proxy, All RU members institutionalized or deceased 63 - Complete with proxy	<u>R2-9 – Out of Scope</u> 71 – Re-enum Complete, no eligible RU members, ineligible 72 – RU institutionalized prior round, still institutionalized
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An Employee-Owned  
Research Corporation

1600 Research Boulevard  
Rockville, MD 20850-3129  
tel: 301-251-1500  
fax: 301-294-2040  
www.westat.com

December 20, 2023

Dear «RESPONDENTNAME»,

On behalf of the Department of Health and Human Services, I thank you for participating in the Medical Expenditure Panel Survey (MEPS). By being a participant in this important national research effort, you are fulfilling a valuable public service.

As a member of the quality assurance team, it is my responsibility to see that all interviews are completed according to study procedures. The questions on the enclosed form refer to your most recent MEPS interview. Please answer these questions for me, and feel free to offer any comments you may have about the interview or the interviewer.

Thank you for your time and participation in this important survey. Please return the form using the enclosed postage-paid envelope.

Sincerely,

A handwritten signature in black ink that reads "Cheryl E Douglas". The signature is written in a cursive style.

Cheryl E. Douglas  
MEPS Quality Assurance Team

Encl (2)

RUID: «PROJECTSUID»  
FIID: «PROJECTSTAFFID»  
Round: «Round»

MEPS POST-INTERVIEW FORM

1. Approximately how long did your most recent MEPS interview take?

\_\_\_\_\_ HOURS AND \_\_\_\_\_ MINUTES

2. Were you interviewed in person or over the telephone?

IN PERSON

*Comment:* \_\_\_\_\_

VIDEO (GO TO Q4)

\_\_\_\_\_

TELEPHONE (GO TO Q4)

\_\_\_\_\_

3. Did the interviewer use a laptop computer to record your answers?

YES

*Comment:* \_\_\_\_\_

NO (Please comment.)

\_\_\_\_\_

\_\_\_\_\_

4. Were you asked about everyone living in your household?

YES

*Comment:* \_\_\_\_\_

NO (Please comment.)

\_\_\_\_\_

NOT APPLICABLE

\_\_\_\_\_

5. Did you receive a monetary gift from the interviewer at the end of the interview?

YES —————> **5a.** How much did you receive? \_\_\_\_\_

NO

6. Did you receive any token gifts for your participation?

YES —————> **6a.** What gifts did you receive? \_\_\_\_\_

NO

7. Was your interviewer courteous and professional?

YES

*Comment:* \_\_\_\_\_

NO (Please comment.)

\_\_\_\_\_

\_\_\_\_\_

8. Please add any comments you have about the interview or the person who interviewed you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Tips for making your MEPS interview easier

## Use records like these to make it easier to answer the MEPS survey questions:

### ▶ Records covering **health care appointments** for all household members

- MEPS monthly planner with your notes added
- A family calendar, or each person's own calendar
- Electronic calendars (e.g., cell phone, laptop, iPad)
- Appointment cards or email reminders from a medical provider
- Receipts
- Explanation of Benefits (EOB) from your health insurance provider
- Computerized health care records, including those from your provider or patient portal

### ▶ Records covering health care received **without an appointment**

- Emergency room (ER) or walk-in clinic discharge instructions or receipts
- Payment records (e.g., credit card statements, debit card records, checkbook log)
- Health care provider business cards
- Prescription medicine bottles
- Pharmacy print-outs
- Explanation of benefits (EOB) from your health insurance provider
- Lab referral or result records

THANK YOU for gathering this information for **all** household members!

Your MEPS interviewer is happy to work with you using these documents during the interview.



# What does MEPS count?

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## **MEPS counts many things you might not think of as “health care”...**

- ▶ Diagnostic tests such as blood work, X-rays, mammograms, MRI or CAT scans
- ▶ Vaccinations for children and adults
- ▶ Flu shots and allergy shots
- ▶ All types of preventive care, including wellness visits
- ▶ Dental check-ups, and orthodontic care (braces)
- ▶ Blood pressure checks and other types of heart health monitoring
- ▶ Eye exams and prescription glasses or contact lenses
- ▶ Counseling and other care from psychologists or mental health specialists
- ▶ Physical, speech or occupational therapy
- ▶ Chiropractic care, acupuncture, homeopathic or other alternative care
- ▶ Prescription medicines including birth control, insulin and diabetic supplies
- ▶ Care received at home by visiting nurses or other home health aides
- ▶ Phone calls to medical providers or labs to check test results

## **Of course, MEPS also counts...**

- ▶ Hospital stays, even if just part of a day or longer
- ▶ Care received at the Emergency Room or Urgent Care Centers
- ▶ Care at walk-in clinics such as clinics at work, or in a pharmacy (Minute Clinics)
- ▶ Sick visits to a doctor, nurse or physician assistant
- ▶ Pre-natal care, and all other obstetrician/gynecological care
- ▶ Pre-op care before surgery, the surgery and the follow-up care
- ▶ Cancer treatments including chemotherapy and radiation
- ▶ Dialysis and other long term treatments
- ▶ Oral surgery

**...and much more. Ask your interviewer if you are not sure what to include.**

RE 363



\* 6 7 7 7 . 0 4 . 0 1 . 0 1 . 0 1 \*

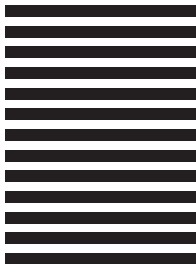


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 433 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

Medical Expenditure Panel Survey  
c/o Westat  
1600 Research Blvd.  
Rockville, MD 20897-5001



***Has your address or phone number changed? Please let us know by completing this card and putting it in the mail. If you prefer, contact Alex Scott at 1-800-945-MEPS (6377) or AlexScott@westat.com.***

**Your New Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

What was your previous city and state (if different from above):

City \_\_\_\_\_ State \_\_\_\_\_

For office use only: Region \_\_\_\_\_ RUID \_\_\_\_\_

Winter 2024

Dear Resident,

Welcome to the Medical Expenditure Panel Survey, known as MEPS. MEPS is the only study that gives a complete picture of how we use and pay for health care in the U.S.

Your household has been chosen to represent your community and the nation in this important study. Now, more than ever, accurate data on health care and the impact of COVID-19 on households like yours is very important. The cost of health care is a growing concern for many Americans. You have a chance to make a difference. Help us understand how people pay for health care and how it can be made more affordable.

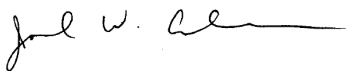
As a MEPS participant, we'll interview you five times over a two-year period. We'll ask you questions about how much you and your family spent on health care in the past year. Safeguarding your health is our highest concern. We are monitoring COVID-19 on a weekly basis and will adjust our in-person interviews as appropriate.

**Here's what you need to know about participating in MEPS.**

- The U.S. Department of Health and Human Services conducts the study. Westat, a nationally known research company, helps carry it out.
- We'll call you soon to personally invite you to join MEPS.
- You'll get \$50 as a thank-you after each interview.
- We keep all your information private. It's the law.
- You don't have to participate. It's your choice. But we hope you'll agree to help.
- Have questions? Call Alex Scott toll-free at **1-800-945-6377** or email **AlexScott@westat.com**.

We've included a planner you can use to record information about your family's health care and a brochure that tells you about MEPS. There's more information at [www.meps.ahrq.gov](http://www.meps.ahrq.gov).

We look forward to talking with you soon,



Joel W. Cohen  
Director  
Center for Financing, Access and Cost Trends  
Agency for Healthcare Research and Quality

This survey is authorized under 42 U.S.C. 299a. Privacy is protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure.

Winter 2024

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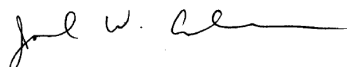
**You have a chance to continue playing a special role in national research on health care through the Medical Expenditure Panel Survey (MEPS).** It is the only survey of its kind to develop a complete picture of the Nation's health care and has been collecting data continuously since 1996.

Analysts are already combining the information you gave in earlier interviews with information from thousands of other MEPS households to produce up-to-date study results. You can see findings from the study on the MEPS Participants' Corner at <http://www.meps.ahrq.gov>.

**To refresh your memory, here's what you need to know about the next interview:**

- We will call you soon to schedule an interview.
- Having records available to look at during the interview can help in answering survey questions. A "Tip Sheet" is enclosed to provide additional reminders about the kinds of questions and records that are useful.
- A Monthly Planner for 2024 is also enclosed to help record information about your family's healthcare.
- As before, you will receive \$50 as a thank-you to show our appreciation.
- Your privacy continues to be a MEPS priority. We keep all your information private. It's the law<sup>1</sup>.
- Have questions? Call Alex Scott toll free at **1-800-945-6377** or email **AlexScott@westat.com**.
- If your address or telephone number has changed since the last interview, please let us know by completing and returning the enclosed change of address card.

On behalf of the Agency for Healthcare Research and Quality, thank you again for your continuing participation in the Medical Expenditure Panel Survey. We look forward to talking with you soon.



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Director  
Center for Financing, Access and Cost Trends  
Agency for Healthcare Research and Quality

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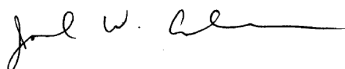
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- Your health opinions matter to us! Select household members are receiving a survey booklet to answer questions about their health and health opinions. Please give the completed booklet(s) to your MEPS interviewer or mail the booklet(s) using the enclosed return envelope.
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Winter 2024

Dear Resident,

Thank you for your participation in this important national study. Your contribution has been valuable! **It's just about time for your final Medical Expenditure Panel Survey interview, which will ask only about healthcare visits that occurred through December 31, 2023.**

As before, your interviewer will be contacting you in the coming weeks to schedule the interview. If you prefer, you can request an appointment by calling Alex Scott toll-free at 1-800-945-6377 or by sending an email to [AlexScott@westat.com](mailto:AlexScott@westat.com). To make scheduling your interview easier, we are now offering video interviews at a time of your convenience. If your address or telephone number has changed since the last interview, please let us know by completing and returning the enclosed change of address card.

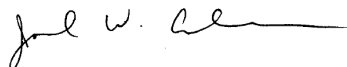
**Things to know for this final interview:**

- It is helpful to have paper or electronic records (i.e. calendar, healthcare bills, receipts, or insurance statements) available during the interview.
- The enclosed "Tip Sheet" has additional reminders about the kinds of questions the interviewer will ask and the kinds of records that may be useful during the interview.
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**The information from your earlier interviews has already been combined with information from thousands of other MEPS households across the country. You can read about recent findings from the study at the MEPS website: <http://www.meps.ahrq.gov>.**

Your participation in MEPS has been vital in our efforts to obtain complete and accurate information about our healthcare system. On behalf of the Agency for Healthcare, we thank you for your valuable contribution to this important research effort<sup>1</sup>.

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Director  
Center for Financing, Access and Cost Trends  
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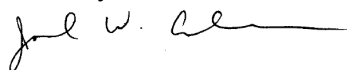
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## Frequently Asked Questions about your MEPS Prepaid Mastercard®

With the prepaid Mastercard, you can spend up to the amount on the card anywhere Debit Mastercard is accepted. Below are responses to Frequently Asked Questions about using the prepaid card.

### **Can I use my prepaid card immediately, or does it need to be activated?**

Your prepaid card will generally be activated within 24 hours of receiving the card.

### **How does the card work?**

You can use the card to shop in stores, online, or over the phone anywhere that Debit Mastercard is accepted but can **charge only up to the amount available on the card**.

### **Can I use the card as a debit card?**

Yes. If you choose to use it as a debit card, the default PIN is the last four digits of the card number.

### **Can I use my card at a restaurant?**

Yes, however you should confirm that the restaurant is able to charge a certain amount to the card prior to dining. If the purchase is more than the amount on the card, you must inform your server/cashier to charge only the available amount to the card. You will use a separate form of payment to pay the remaining balance.

### **Can I use my card to “pay at the pump” at a gas station?**

No, you cannot “pay at the pump” at a gas station. To use the card for a gas purchase, it must be given to the attendant inside the station. If you do attempt to use the card to “pay at the pump,” the card may be declined and a hold may be put on the preauthorized funds.

### **Where else can I use my card?**

Your card can be used in stores and restaurants, similar to the way you would use your plastic debit or credit card. You can even add them to your favorite retailer, service or fast-food mobile apps as a method of payment.

### **When using my card, do I to select CREDIT or DEBIT?**

You can select either CREDIT or DEBIT. If you select **CREDIT**, you should give the card to the cashier and sign the receipt. The amount of the purchase will be deducted from the balance on the card.

If you select **DEBIT**, you should use the last four digits of the card as the default PIN. You may also update the PIN, if needed at [www.prepaidcardstatus.com](http://www.prepaidcardstatus.com). To use as a debit card, you must swipe the card through the card reader, select DEBIT, enter the PIN, and confirm the transaction amount. The amount of the purchase will be deducted from the balance.

**Can I use the card for a purchase greater than the amount of the card?**

Yes, however if the purchase is more than the balance on the card, you must ask the cashier to split the transaction and to charge only the available amount to the card. You must use a separate form of payment to pay the extra amount. **The card will be declined if you attempt to use it for an amount over the balance.** Note that some merchants may not support split transactions.

**Can I purchase merchandise on-line with my card?**

To use the card for an online purchase, you must use the following address at checkout for billing: MEPS, 1600 Research Boulevard, Rockville, MD 20850

**Can I get cash back with my card?**

No, you cannot use the card to obtain cash from an ATM, Point-of-Sale (POS) device, or by any other means.

**What should I do if I lose my card, or it gets stolen?**

You should treat the card just as you would cash and store the card in a secure location. Anyone who finds or steals the card can use the card to make a purchase. If you believe the card has been stolen, you should call MEPS at 1-855-964-1354 for assistance to cancel a lost/stolen card and request a new one. When a new card is received, it will be active and can be used right away.

**Is the card reloadable?**

No, the card is not reloadable, and you do not need to keep the card once the balance is spent. You will receive a new debit card after each MEPS interview.

**Are there any fees if I don't use my card right away?**

No fees will be deducted for inactivity. However, you should use the card before the expiration date.

**Does the card expire and if so, when does it expire?**

The expiration date is printed on the front of the card. The card expires on the last day of the month listed.

**What if the card expires and I haven't used all of my money?**

After the expiration date, the card will stop working and the value will be deducted.

**How do I check the card balance or transaction history?**

You can call the phone number listed on the back of the card or you can log into [www.prepaidcardstatus.com](http://www.prepaidcardstatus.com). You will need the card number and the security code on the back of the card to be able to see the balance. There is no fee to check the balance or transaction history.

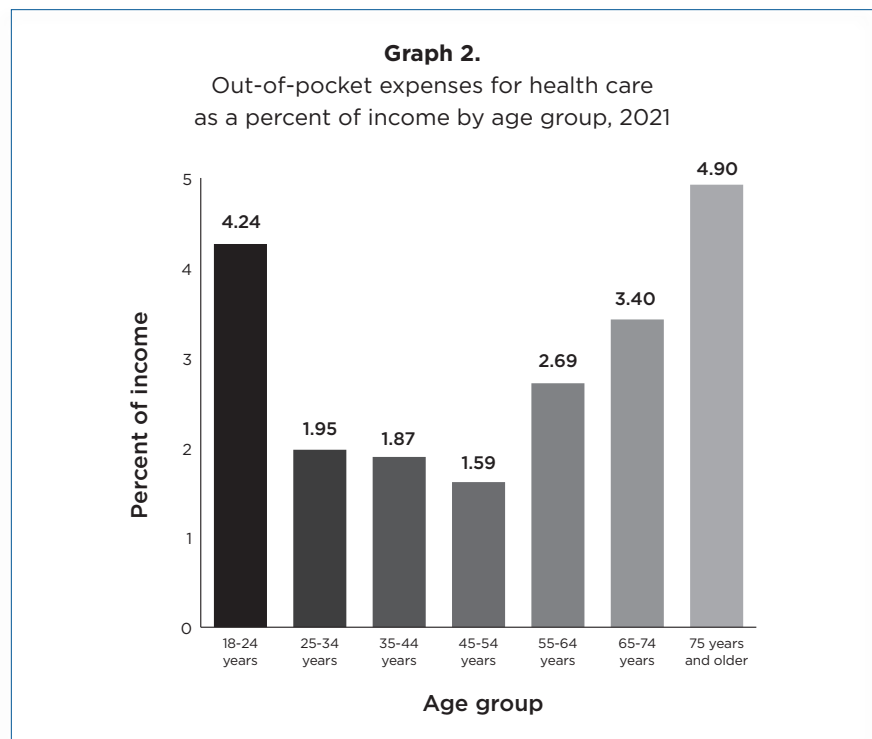
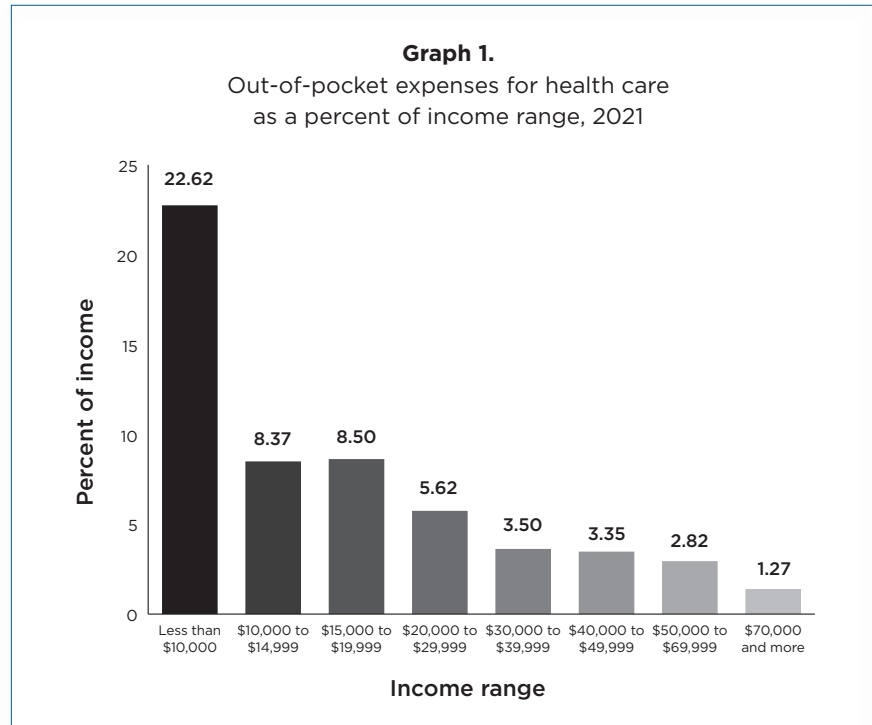
# Medical Expenditure Panel Survey | Income

The cost of health care is a growing concern for many Americans. Often families' health care expenses are not fully covered by health insurance, and the COVID-19 crisis makes the ability to pay for health care even more uncertain.

Not all people face financial health care burdens equally. People with low income tend to pay a much larger share of their income for health care than do people with high income (Graph 1). Older people tend to pay a higher percentage of their income for medical care than younger people (Graph 2).

To help researchers and others working on these problems, the Medical Expenditure Panel Survey examines how much medical costs affect American families by asking questions, including questions about income. **With your help, we gain greater understanding about the impact of the cost of health care.** We need to ask questions about your income.

THANK YOU for your continued participation in the Medical Expenditure Panel Survey!



Source: The Medical Expenditure Panel Survey

# Common questions that others ask about the **income section** of the Medical Expenditure Panel Survey

**Q.** Why will you ask questions about income?

**A.** To get a complete picture of the effects of health care costs on American families, we need to collect information on income. This information can show how health care affects an individual's as well as our nation's economic well-being and show how financial resources affect the choice and use of health care services.

Approximately every six months we collect information on a number of topics related to health care use and cost. We will ask about your health insurance coverage and medical services received, including where those services were received, who provides them, and charges and payments for services.

**Q.** What will you do with this information?

**A.** We have found that there is an association between income and the use of health care. Your answers to the questions on income will be analyzed with your responses to other questions, such as how often you see a doctor. This will allow policy makers to compare the relationship between personal finances and an individual's expenses for health care.

**Q.** Is this information confidential?

**A.** Yes. All information collected by the Medical Expenditure Panel Survey is protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure.

**Q.** What will you ask me about?

**A.** We will ask for the same type of information that is recorded on your Federal income tax return, such as taxable income from salaries or wages, social security, pensions, investments, etc. In fact, most of the information can be taken directly from your 2023 Federal income tax return. There are some additional questions on nontaxable income such as worker's compensation, Supplemental Security Income (S.S.I.), public assistance, and Veterans' payments.

**Q.** Do I need records, such as my income tax records, to respond to these questions?

**A.** No. However, if you have completed your 2023 Federal income tax return, it will be very useful. If you have not completed your 2023 tax return, it might be helpful to use some of your household's financial records that are used to complete the tax return, such as year-end bank statements, financial summaries, pay stubs, W-2 forms, etc.

**Q.** What if I do not know an answer?

**A.** Just do the best you can. If you do not know an answer to a question, tell the interviewer that you don't know that information.

**Q.** Do I have to answer these questions?

**A.** No. Your participation is voluntary. You may refuse to answer any question or series of questions. However, because information about income is very important to help us understand health care, we hope you will be willing to provide us with this information.

**Q.** What should I do if I have more questions?

**A.** If you or other members of your household have any concerns about these questions, please call Alex Scott, a survey representative, at this toll-free number: 1-800-945-MEPS (6377).



# About the MEPS Authorization Form

## Medical Expenditure Panel Survey



OMB #0935-0118

24-401

Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services



1-800-945-MEPS (6377)

If you have questions about how to complete these forms, please call Alex Scott, a survey representative, at this toll-free number:



## Questions about **participating** in the Medical Expenditure Panel Survey (MEPS)

**Q.** I've already given you this information. Why do you need to contact my health care providers?

**A.** We contact health care providers for additional information about your health care services and prescribed medicines. They are also asked about the charges for their services and whether those charges were paid for out of pocket, by insurance, or by another source. Their answers supplement the information you have given and make MEPS data more complete and useful to researchers.

**Q.** My providers are very busy. Isn't this a bother to them?

**A.** Your signature on an authorization form simply gives your doctor, hospital, or pharmacy the opportunity to participate in the study if they choose. It allows them to make their own decisions. Our experience indicates that most health care providers are willing to participate in important research such as MEPS. Usually, an office staff person can provide the requested information and the pharmacist can produce a simple computer printout.

**Q.** Will this affect my Medicare, Medicaid, VA benefits, or any other public assistance I am receiving?

**A.** No. Signing or not signing this authorization form will not affect your eligibility for any program benefits.

**Q.** How will you contact my doctor, hospital, or pharmacy?

**A.** Most providers will be contacted by telephone. Usually, a clerk in your doctor's office or hospital will be able to provide the information we request. Pharmacies often have a simpler approach—they print out a computerized summary of medications prescribed for you.

**Q.** Will my doctor (or pharmacist) bill me for the time he or she spent participating in this survey?

**A.** No. If a doctor, hospital, or pharmacy has a policy of charging for the information we request, MEPS will pay this charge directly.

As part of your household's participation in this important survey, MEPS is asking for authorization to contact your family's health care providers to supplement the information given to us during the in-person interviews. In order to contact the medical providers and pharmacies used by members of your household, we need to have the enclosed authorization forms signed.

The information we receive from these providers will allow researchers to better understand how your family's health care needs are being met and paid for. For example, we will obtain additional information about services received from medical providers, prescriptions filled or refilled from pharmacies, and sources that helped pay for your health care.

Any medical provider or pharmacy has the right to refuse to participate, just as you do. However, our experience has been that most doctors, hospitals, and pharmacies are very willing to provide this information if they know that the patient has signed an authorization form.

Thank you for your support of this important research effort.

Sincerely,



Joel W. Cohen  
Director  
Center for Financing, Access and Cost Trends  
Agency for Healthcare Research and Quality

## Questions about the **authorization forms**

**Q.** How do I sign my authorization forms?

**A.** In an effort to go paperless, reduce burden, and maximize security, we provide two options for electronically signing MEPS authorization forms.

Household members who are present during the interview may sign their forms electronically on the laptop.

Household members who are not present during the interview may use DocuSign. DocuSign is an electronic method for signing forms and documents at your convenience using a smartphone, tablet, or computer. If it is determined that you are eligible to use DocuSign, you will receive an email or text message with a link to your pre-filled forms and easy instructions to sign where indicated. (See DocuSign authorization form instructions.)

Paper forms may be signed if DocuSign is not an option or if you prefer not to sign the authorization forms electronically. If paper forms are left to be signed by someone not present during the interview, your interviewer will schedule a time to return and pick up the signed forms. (See paper authorization form instructions.)

**Q.** If I have technical issues signing the form, who do I contact?

**A.** If you have any questions about the authorization form, please call Alex Scott at 1-800-945-MEPS (6377) or email at [AlexScott@westat.com](mailto:AlexScott@westat.com).



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*...information released to  
**MEPS is protected by the  
Public Health Service Act...***

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**Q.** How is my signature protected after I sign?

**A.** There are built-in security measures to maintain data confidentiality and prevent unauthorized access.

**Q.** Why does this form have an expiration date that is past the period of time you are interested in?

**A.** This is only to allow enough time for contact with all of the health care providers in this survey. Large surveys such as this take time.

# Paper authorization form instructions

Please follow these instructions as you review and sign paper authorization forms in black ink.

**A**

▶ Check the name and address of the hospital, pharmacy, or other medical provider.

▶ If any information is not correct, please make changes and initial each correction.

**B**

▶ Read the statement.

▶ On the form that you sign, these dates will represent the 2-year reference period for which we are collecting data, based on the year you began MEPS.

**C**

▶ Check the patient's name and date of birth.

▶ If any information is incorrect, please make changes and initial each correction.

▶ If your records might be filed under another name (a maiden name or alternate spelling), please complete Item 3.

**D & E**

▶ Who should sign the form?

IF PATIENT IS:	THEN FORM SHOULD BE SIGNED BY:
a. Age 18 or older	Only patient for Items 4 and 5, unless one of d-f below applies
b. Age 14 through 17	Patient and parent or guardian (Items 4-9)
c. Age 13 or younger	Parent (Items 6-9)
d. Unable to sign name but able to make mark	Witness (Items 6-9)
e. Deceased	Proxy (Items 6-9)
f. Unable to sign name or make mark	Proxy (Items 6-9)

▶ Paper authorization forms have been left for: \_\_\_\_\_

# DocuSign authorization form instructions

Please follow these instructions to sign authorization forms in DocuSign. The link to your authorization form(s) will be sent via email and/or text message. For text messaging, please first respond to the text from DocuSign confirming that you are willing to receive links to forms via text message.

**A**

▶ Check the box next to "I agree to use electronic records and signatures" and click the "Continue" button.

▶ Click the "Start" button to review the forms.

▶ Check the information on the form, including name and address of the hospital, pharmacy, or other provider. Contact Alex Scott at 1-800-945-MEPS (6377) with any changes.

**B**

▶ Read this section.

**C**

▶ Check the patient's name, date of birth, and alternate names/spellings.

If any information is incorrect, check "To skip this form, check this box" at the bottom of the page.

**D & E**

▶ Click the "Sign" button in the highlighted section.

▶ Confirm your legal name and initials, or "Draw" your signature.

▶ Click the "Adopt and Sign" button.

▶ Once each form is signed, click the "Finish" button.

### Special instructions for the parent/guardian of a teen age 14 through 17:

The signing parent/guardian will receive authorization forms for the teen to the contact information on file for that parent/guardian. Two emails will be sent to the parent/guardian (one for the parent/guardian, and one for the teen). Forms should be signed only by the person addressed on the first page of the DocuSign authorization form file.

If you have any questions or technical issues, please call Alex Scott at 1-800-945-MEPS (6377) or email AlexScott@westat.com.

▶ DocuSign forms will be sent to: \_\_\_\_\_

## Confidentiality is primary

**Q.** Who must sign the authorization forms?

**A.** Authorization forms for adults must be signed by the person who received the services from the provider or pharmacy named in Box A of the authorization form. For teens age 14 through 17, both the teen who received the services and a parent/guardian must sign the form. For children age 13 or younger, only a parent or guardian must sign the authorization form.

**Q.** What if I change my mind?

**A.** You can revoke an authorization at any time by contacting the MEPS study. You can contact the study by telephone by calling 1-800-945-MEPS (6377). You can contact the study by mail at the following address:

Medical Expenditure Panel Survey  
Attn: Alex Scott  
c/o Westat  
1600 Research Blvd., Room RE 363  
Rockville, MD 20850

If you decide to revoke an authorization, we will stop any efforts to contact that provider. If the provider already has given us information about you, we will erase that information from the study records—unless it is already incorporated into research files in which you cannot be identified.

**Q.** Why do you need this form?

**A.** Your providers cannot release information about you to a study like MEPS without your written authorization. The Health Insurance Portability and Accountability Act, or HIPAA for short, sets guidelines for the authorization forms that must be signed to allow a provider to release health care information. The MEPS authorization form follows these guidelines.

**Q.** How do you protect my information?

**A.** Just like the information you have already given to the MEPS interviewer, any information your provider gives us will be protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure.

The HIPAA law creates additional protection for personal health information held by medical providers and pharmacies. But HIPAA protections end when the information is released to others. When information is released to MEPS, the requirements of the Public Health Service Act provide continuing assurance of confidentiality.

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*This information provides a critical link to understanding how we use and pay for health care in the US.*

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## Protecting your personal health information

**Q.** What information will you tell my doctor (or pharmacist) about me?

**A.** To allow medical and pharmacy staff to identify your records, we will provide your name, date of birth, and the signed authorization form. We also will share other information such as your address or name of the policyholder for your health insurance, if needed, to help a doctor or hospital identify the correct records.

**Q.** Why do you need to contact my psychiatrist? That information is too personal.

**A.** Should they choose to participate in the study, psychiatrists, like other doctors, will be asked about the costs, dates, diagnoses, and type of service they provide. They will not be asked about treatment details.

**Q.** My children have advised me not to sign anything. Why should I?

**A.** A vital part of the research is directed at understanding the special health care needs of older Americans. Many research groups use the results of this survey in their attempts to improve access to medical care for older people. We understand that your children only want to protect you. If they have a particular concern that we could address, the interviewer will be happy to talk to them or they can call Alex Scott at 1-800-945-MEPS (6377).

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*Research groups use the results of this survey in their attempts to improve access to medical care for older people, veterans, minorities, and children.*

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**MEPS**  
Medical Expenditure Panel Survey

If you have questions about how to complete these forms, please call Alex Scott, a survey representative, at this toll-free number:

**1-800-945-MEPS (6377)**





**MEPS**  
*Medical Expenditure Panel Survey*

## Agency for Healthcare Research and Quality

Medical Expenditure Panel Survey

c/o Westat

1600 Research Blvd., Room RE 363

Rockville, Maryland 20850

First Class Mail  
U. S. Postage  
PAID  
Suburban MD  
Permit No. 6379

You may remember getting a letter a little while ago about the **Medical Expenditure Panel Survey (MEPS)**. We just wanted to let you know that we haven't forgotten about you!

The COVID-19 coronavirus affects every aspect of our lives, the health and safety of our families, and the cost and quality of our medical care. The impact of COVID-19 highlights the importance of accurate data on health care in our country. You have a chance to play a special role in national research on health care by taking part in the Medical Expenditure Panel Survey (MEPS) sponsored by the Agency for Healthcare Research and Quality (AHRQ).

Your MEPS interviewer will be in touch soon to set up your interview. You can also call Alex Scott toll-free at **1-800-945-6377** or send an email to **AlexScott@westat.com** to ask for a time that works best for you.

At the end of the interview, you will receive a gift of \$50 to show our appreciation.

**Thank you for taking part in this important research effort!**

Case ID  
Respondent Name  
Address  
City, State Zip

Agency for Healthcare Research and Quality  
Medical Expenditure Panel Survey  
c/o Westat  
1600 Research Blvd., Room RE 363  
Rockville, MD 20850

First Class Mail  
U. S. Postage  
PAID  
Suburban MD  
Permit No. 6379

<<RUID>> <<PID>>  
<<name>>  
<<address1>>  
<<address2>>  
<<city>>, <<state>>, <<zip>>-<<zip4>>

Your reply is requested

*Medical Expenditure Panel Survey*  
**MEPS**



# Time is Running Out!



<<FIRST NAME>>,

Don't miss your opportunity to participate in the MEPS Your Health and Health Opinions Survey. Please complete the online survey soon to ensure your voice is heard!

**Thank  
You!**

Log in to the website below and enter your PIN to complete the survey.

**[www.MEPSDOCS.org/survey](http://www.MEPSDOCS.org/survey)**

Your PIN is: <<XXXXXXXX>>

Questions? Email [MEPSDOCSHelp@westat.com](mailto:MEPSDOCSHelp@westat.com) or call 1-855-964-1354.

# Multimode SAQ

Email and Text Message Content

## EMAIL INVITATION (MEPS-EMAIL-INV)

**Sender:** MEPSDOCShelp@westat.com

**Subject line:** Invitation to participate in the MEPS Your Health and Health Opinions Survey

Dear [FIRST NAME],

Your household recently participated in the Medical Expenditure Panel Survey (MEPS).

As a follow-up to MEPS, you are invited to participate in the Your Health and Health Opinions Survey. This online survey is an important addition to your household's participation in MEPS. It will help us understand how people feel about their health and health care.

The survey should only take about 7 minutes to complete. Please visit the website below to begin the survey.

[www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

**Your PIN: XXXXXXXX**

While your participation in this online follow-up study is voluntary, your answers will be combined with others around the country to help us study the connections between people's lives and the health services they receive. Your answers will be kept confidential as required by law.

If you have questions, email MEPSDOCShelp@westat.com or call 1-855-964-1354.

Thank you and we look forward to receiving your response.

## EMAIL REMINDER 1 (MEPS-EMAIL-REM1)

**Sender:** MEPSDOCSHelp@westat.com

**Email subject line:** MEPS Your Health and Health Opinions Survey – Reminder

Dear [FIRST NAME],

Recently we invited you to participate in the MEPS Your Health and Health Opinions Survey. If you have already responded, thank you! Otherwise, please go online in the next few days to complete the short 7-minute survey.

[www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

**Your PIN: XXXXXXXX**

Your participation is voluntary, but it is important to help us understand how people feel about their health and health care.

Your answers will be kept confidential as required by law.

If you have questions, email MEPSDOCSHelp@westat.com or call 1-855-964-1354.

Thank you and we look forward to receiving your response.

## EMAIL REMINDER 2 (MEPS-EMAIL-REM2)

**Sender:** MEPSDOCSHelp@westat.com

**Email subject line:** **There's still time!** Complete your MEPS web survey

Dear [FIRST NAME],

There's still time to respond to the MEPS Your Health and Health Opinions Survey! If you have already responded to the survey, thank you. If not, we are sending this reminder in the hopes that you will participate in this short 7-minute survey.

[www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

**Your PIN: XXXXXXXX**

This online survey is voluntary, but will help us better understand how people feel about their health and health care. Your answers will be kept confidential as required by law.

If you have questions, email MEPSDOCSHelp@westat.com or call 1-855-964-1354.

Thank you, and we look forward to receiving your response.



## EMAIL PARTIAL COMPLETE REMINDER 1 (MEPS-EMAIL-PAR1)

**Sender:** MEPSDOCSHelp@westat.com

**Email subject line:** It's not too late to finish your MEPS web survey!

Dear [FIRST NAME],

Our records show that you started to fill out the MEPS Your Health and Health Opinions Survey, but you have not finished it. Your experiences are very important to us and your answers can only be counted if you finish and submit the survey.

[www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

**Your PIN: XXXXXXXX**

If you have questions, email MEPSDOCSHelp@westat.com or call 1-855-964-1354.

Thank you and we look forward to receiving your response.

## EMAIL PARTIAL COMPLETE REMINDER 2 (MEPS-EMAIL-PAR2)

**Sender:** MEPSDOCSHelp@westat.com

**Email subject line: Final Chance:** MEPS Your Health and Health Opinions Survey

Dear [FIRST NAME],

Our records show that you started to fill out the MEPS Your Health and Health Opinions Survey, but you have not yet finished it. We are nearing the end of the data collection period and would like to include your responses.

Your answers will only be counted if you finish and submit the survey in the next few days.

[www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

**Your PIN: XXXXXXXX**

We appreciate your help to get us past the finish line!

TEXT INVITATION (MEPS-TEXT-INV / MEPS-TEXTBP-INV / MEPS-TEXTSP-INV)

Please complete your MEPS Health and Health Opinions Survey at [www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

Your PIN: **XXXXXXXX**

Reply STOP to cancel. Msg&Data rates may apply.

TEXT REMINDER 1 (MEPS-TEXT-REM1 / MEPS-TEXTBP-REM1 / MEPS-TEXTSP-REM1)

It's time to complete your MEPS Health and Health Opinions Survey at [www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

Your PIN: **XXXXXXXX**

Reply STOP to cancel. Msg&Data rates may apply.

TEXT REMINDER 2 (MEPS-TEXT-REM2 / MEPS-TEXTBP-REM2 / MEPS-TEXTSP-REM2)

Don't forget! Fill out your MEPS Health and Health Opinions Survey at: [www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

Your PIN: **XXXXXXXX**

Reply STOP to cancel. Msg&Data rates may apply.

TEXT PARTIAL COMPLETE REMINDER 1 (MEPS-TEXT-PAR1 / MEPS-TEXTBP-PAR1 / MEPS-TEXTSP-PAR1)

Don't forget! Finish your MEPS Health and Health Opinions Survey at [www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

Your PIN: **XXXXXXXX**

Reply STOP to cancel. Msg&Data rates may apply.

TEXT PARTIAL COMPLETE REMINDER 2 (MEPS-TEXT-PAR2 /  
MEPS-TEXTBP-PAR2 / MEPS-TEXTSP-PAR2)

Final Reminder: Finish your MEPS Health and Health Opinions Survey at  
[www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)

Your PIN: **XXXXXXXX**

Reply STOP to cancel. Msg&Data rates may apply.

<<NAME>>  
<<ADDRESS>>  
<<CITY, STATE ZIP>>  
<<RUID>>  
<<PID>>

<<MONTH>> 2023

DEAR <<FIRST NAME>>,

**Please complete a survey for the Medical Expenditure Panel Survey (MEPS).**

**Why did you receive this letter?**

Your household recently participated in the Medical Expenditure Panel Survey (MEPS). As a follow-up to MEPS, you are invited to participate in the Your Health and Health Opinions Survey. A paper copy of the questionnaire is enclosed and should only take about 7 minutes to complete. It will help us understand how people feel about their health and health care.

**What do you need to do?**

Please complete the survey and use the enclosed envelope to return the survey as soon as possible. If you misplace the envelope, you can mail the survey to:

MEPS  
c/o Westat  
1600 Research Blvd. Room GA51  
Rockville, MD 20850

If you'd prefer, you can complete this survey online by visiting the website below.

**[www.mepsdocs.org/survey](http://www.mepsdocs.org/survey)**

**Your PIN: XXXXXXXX**

**How does this help?**

This survey asks questions about your health, your opinions about health, and health care you have recently received. This survey is an important addition to your household's participation in MEPS. Your participation is voluntary, and your answers will be kept confidential as required by law. For questions, call Alex Scott toll-free at **1-800-945-MEPS (6377)** or email **[AlexScott@westat.com](mailto:AlexScott@westat.com)**.

**Thank you for your participation!**