***SUBMISSION OF INFORMATION COLLECTION UNDER THE***

***Request for Approval under AHRQ’s Generic Clearance “Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality” (OMB Control Number: 0935-0124)***

***DATE OF REQUEST:*** 02/10/2022

***SUB AGENCY (I/C):*** HHS/AHRQ

***TITLE:*** Feasibility Study for a MEPS Monthly Check-In

***GENERIC CLEARANCE UNDER OMB#:*** 0935-0124 ***EXP. DATE: 0***1/31/2024

***ABSTRACT:***  The purpose of this request is to test the feasibility and usability of an instrument that would augment the current semi-annual MEPS interview with a series of web-based monthly check-ins that are designed to improve reporting accuracy. The concept is designed to invite MEPS respondents to provide information more frequently but in shorter, self-administered sessions.

To test the usability of the monthly check-in instrument, this request includes a study of non-MEPS participants who will focus on reacting to the display and functionality of the proposed instrument and the incorporation of that information into the MEPS interview (Study 1). This request also includes an exploration of feasibility of the monthly check-in with experienced MEPS respondents to assess perceived burden and to explore other alternatives to a monthly check-in that could also serve to improve data quality (Study 2).

***TOTAL ANNUAL BURDEN APPROVED: 8,900.***

***BURDEN USED TO DATE:*** ***800***.

***BURDEN THIS REQUEST:* 90.5 *hours.***

***FEDERAL COST:*** \_\_\_\_$14,317\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?***

\_\_\_\_\_x \_YES \_\_\_ NO \_\_\_\_\_\_ N/A

***OBLIGATION TO RESPOND:***

\_\_\_\_x\_VOLUNTARY

\_\_\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS

\_\_\_\_\_\_ MANDATORY

***HOW WILL THIS SURVEY BE OFFERED?***

\_\_\_x\_\_\_ WEB SITE

\_\_ \_ TELEPHONE INTERVIEW

\_\_ \_X\_\_ MAIL RESPONSE [email]

\_\_\_X\_ IN PERSON INTERVIEW

\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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