

---

Supporting Statement Part A Feasibility  
Study for a MEPS Monthly Check-In –  
0935-0124

**TABLE OF CONTENTS**

SUPPORTING STATEMENT:.....1

Feasibility Study for a MEPS Monthly Check-In.....1

Introduction.....1

A. Justification.....2

    A1. Necessity of Information Collection.....2

    A2. Purpose and Use of Information.....2

    A3. Use of Information Technology.....3

    A4. Identifying Duplication.....3

    A5. Impact on Small Businesses.....3

    A6. Consequences of Less Frequent Data Collection.....3

    A7. Special Circumstances.....3

    A8. CMS Federal Register Notice.....3

    A9. Respondent Payments or Gifts.....4

    A10. Assurance of Confidentiality.....4

    A11. Sensitive Questions.....4

A12. Burden of Information Collection.....4

    A13. Capital Costs.....5

    A14. Estimates of Annualized Cost to the Government.....5

    A15. Program Changes or Adjustments to Annual Burden.....6

    A16. Time Schedule, Tabulation and Publication of Results.....6

    A17. Display of OMB Expiration Date.....6

**SUPPORTING STATEMENT:  
Feasibility Study for a MEPS Monthly Check-In**

The Agency for Healthcare Research and Quality (AHRQ) requests generic clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to conduct a feasibility study to test a self-administered monthly check-in for Medical Expenditure Panel Survey (MEPS) respondents.

**Introduction**

The Agency for Healthcare Research and Quality (AHRQ) requests clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to conduct a feasibility study to test the use of a monthly check-in for MEPS respondents.

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

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

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

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

This request is for the MEPS-HC only. The OMB Control Number is 0935-0124, which will expire on January 31, 2024.

## **A. Justification**

### **A1. Necessity of Information Collection**

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).

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

### **A2. Purpose and Use of Information**

This data collection effort is a one-time feasibility study to be completed in 2022.

**Study 1** consists of building a short-term panel consisting of adults who have no familiarity with the MEPS study. The panel will consist of approximately 25 individuals who will be asked to complete two monthly check-ins while being observed by an interviewer on Zoom, and then will be asked to participate in a final interview that incorporates monthly check-in data into the utilization module of the MEPS interview.

**Study 2** consists of exiting MEPS respondents who have recently completed their final MEPS interview. A sample of 10 respondents will be asked to complete one monthly check-in with a qualitative debriefing, and then will participate in a focus group. The focus group will gather their general reactions to their MEPS experience as it relates to improving the quality of the information collected on the survey, as well as other ways to conducting the survey that could improve quality and reduce burden.

Together, these two studies will provide feedback on the usability of the monthly check in instrument, as well as the perceived burden and benefits of this design from experienced MEPS respondents.

### **A3. Use of Information Technology**

Study 1 will utilize a web survey for completing the two monthly check-ins, with concurrent participation in a Zoom interview to facilitate gathering usability feedback from the participants. The final part of Study 1 will be a Zoom interview in which the interviewer administers the MEPS questionnaire and uses the screen-sharing feature on Zoom to display show cards for particular survey questions.

Study 2 will also utilize the Zoom-facilitated web interview for the monthly check-in. The focus group will also be conducted over Zoom.

### **A4. Identifying Duplication**

The proposed information collection does not duplicate any other effort and the information cannot be obtained from any other source.

### **A5. Impact on Small Businesses**

Participants are members of the general population (Study 1) and exiting respondents from the MEPS panel (Study 2). Small businesses or other small entities will be not significantly impacted by this feasibility study.

### **A6. Consequences of Less Frequent Data Collection**

This is a one-time feasibility study.

### **A7. Special Circumstances**

There are no special circumstances associated with this information collection request.

### **A8. CMS Federal Register Notice**

This proposed information collection is being submitted under AHRQ's generic clearance (OMB No. 0935-0118). Therefore, publication in the Federal Register is not required.

### **A9. Respondent Payments or Gifts**

Participants in Study 1 will be provided with a \$25 electronic incentive after each 30 minute interview, and a \$75 incentive for the 90-minute Zoom interview. Incentives for Study 2 will include a \$25 electronic incentive provided after the monthly check-in

interview, and a \$75 electronic incentive for participation in the 90-minute Zoom focus group.

#### **A10. Assurance of Confidentiality**

All participants will be told that their participation in the study is voluntary. An informed consent document will be emailed to each study participant upon recruitment into the study, and the beginning of each interview will include a review of key aspects of the consent document and a request for verbal consent to participate.

Westat will transmit and store data files and files containing contact information for data collection following procedures reviewed and approved by Westat's Human Subjects Protection Committee (its Institutional Review Board).

#### **A11. Sensitive Questions**

There are no known questions that are considered to be sensitive as part of this study.

#### **A12. Burden of Information Collection**

Table 1 shows the estimated annualized burden and cost for survey respondents' time to participate in this data collection.

The May 2020 National Employment and Wage Estimates reported by the Bureau of Labor Statistics indicate an average hourly wage of \$27.07 across the 50 U.S. states and the District of Columbia. We have used the national average to estimate the wages of survey respondents.

**Table 1. Estimated annualized burden hours and cost**

<b>Collection Task</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Hours per Response</b>	<b>Total Burden hours</b>	<b>Average Hourly Wage Rate*</b>	<b>Total Cost Burden</b>
Study 1: Web recruitment screener (Att. 1.B)	50	1	0.08	4.0	\$27.07	\$108.28
Study 1: Phone recruitment script (Att. 1.C)	35	1	0.08	2.8	\$27.07	\$75.80
Study 1: MCI-1 (Att. 1.F)	25	1	0.5	12.5	\$27.07	\$338.38
Study 1: MCI-2 (Att. 1.G)	25	1	0.5	12.5	\$27.07	\$338.38
Study 1: Final interview (Att. 1.H, 1.I)	25	1	1.5	37.5	\$27.07	\$1,015.13
Study 2: Phone Recruitment (Att. 2.B)	15	1	0.08	1.2	\$27.07	\$32.48
Study 2: MCI (Att. 2.E)	10	1	0.5	5	\$27.07	\$135.35
Study 2: Focus group (Att. 2.F)	10	1	1.5	15	\$27.07	\$406.05
<b>Total</b>	<b>195</b>			<b>90.5</b>		<b>\$2,449.84</b>

\*Based upon mean hourly wage, “May 2020 National Occupational Employment and Wage Estimates United States,” U.S. Department of Labor, Bureau of Labor Statistics, retrieved at [https://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm#00-0000)

As indicated in Table 1 above, the annual burden hours are estimated to be 90.5 hours in total for 35 individuals.

### **A13. Capital Costs**

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

### **A14. Estimates of Annualized Cost to the Government**

Exhibit 1 shows the estimated annualized cost to the Government, which is estimated at \$14,317.

#### **Exhibit 1. Estimated Annual cost to AHRQ for Project Oversight**

<b>AHRQ Position</b>	<b>% Time</b>	<b>Annualized Cost</b>
----------------------	---------------	------------------------

GS 15 Step-5	5%	\$8,264
GS 14 Step 5	5%	\$6,053
Total		\$14,317

### **A15. Program Changes or Adjustments to Annual Burden**

This is a new information collection request.

### **A16. Time Schedule, Tabulation and Publication of Results**

For planning purposes, we anticipate data collection will begin as early as February 2022 and no later than November 2022. Table 3 provides an approximate timeline for survey tasks including tabulation of data following review and approval of this field test.

**Table 3: Time Schedule of Survey Tasks**

<b>Activity</b>	<b>Proposed Timing of Activity</b>
Prepare field materials	Months 1 and 2
Identify target respondents	Months 1 and 2
Collect data	Months 2 through 4
Analyze data	Months 4 and 5

Results of the three studies may be published in a peer-reviewed journal, and disseminated via conferences.

### **A17. Display of OMB Expiration Date**

The expiration date for OMB approval of this information collection will be displayed on respondent communication materials and will be available to interviewers to read aloud during the Zoom sessions as requested.

## **List of Attachments**

Attachment 1-A. Study 1 Study Ad  
Attachment 1-B. Study 1 Recruitment screener  
Attachment 1-C. Study 1 Recruitment script  
Attachment 1-D. Study 1 Consent form  
Attachment 1-E. Study 1 Zoom instructions  
Attachment 1-F. Study 1 MCI Protocol 1  
Attachment 1-G. Study 1 MCI Protocol 2  
Attachment 1-H. Study 1 Protocol 3 (R2)  
Attachment 1-I. Study 1 MEPS Abbreviated R2 Interview

Attachment 2-A. Study 2 Recruitment letter  
Attachment 2-B. Study 2 Recruitment telephone script + scheduling MCI interview  
Attachment 2-C. Study 2 Consent form  
Attachment 2-D. Study 2 Zoom instructions  
Attachment 2-E. Study 2 MCI Protocol  
Attachment 2-F. Study 2 Focus group protocol