

the previous year's National Health Interview Survey (NHIS) sponsored by NCHS. The NHIS is a household survey which collects health data from approximately 50,000 households and 110,000 individuals. The NHIS is used as the sampling frame for the MEPS and several other surveys as part of efforts by the Department of Health and Human Services (DHHS) to integrate survey data collection activities.

Data to be collected from each household include detailed information on demographics, health conditions, current health status, utilization of health care providers, charges and payments for health care services, quality of care received, medications, employment and health insurance.

The purpose of the MEPS-MPC is to supplement the information provided by household respondents in the MEPS-HC about the use of medical services in the United States based on a nationally representative sample. The MEPS-HC will be conducted with the permission of members of the households surveyed in the MEPS-HC. The AHRQ contractor will contact the medical providers of the HC Survey respondents to determine the actual dates of service, the diagnoses, the services provided, the amount that was charged, the amount that was paid and the source of payment. Thus, the MPC is derived from or is based upon the core survey, (MEPS-HC). The MPC confirms and/or improves the quality of the core survey data.

Data from household respondents in the MEPS Household Component for calendar year 2004, will be collected, beginning in 2004, and continuing into the year 2005, data for calendar year

2005 will be collected, beginning in 2005, and continuing into the year 2006.

Data from medical providers linked to household respondents in the MEPS Household Component for calendar year 2004, will be collected, beginning in 2005, and continuing into the year 2006, provider data for calendar year 2005 will be collected, beginning in 2006, and continuing into the year 2007.

Data Confidentiality Provisions

MEPS data confidentiality is protected under the AHRQ and NCHS Confidentiality statutes, section 308(d) and section 924(c) of the Public Health Service Act (42 U.S.C. 242m(d) and 42 U.S.C. 299c-3(c), respectively).

In accordance with AHRQ and NCHS confidentiality statutes, statistical and non-identifying data will be made available through publications, articles in major journals as well as public use data files. The statistical and analytic data are intended to be used for purposes such as:

- Generating national estimates of individual and family health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits among Americans;
- Examining the effects of changes in how chronic care and disability are managed and financed;
- Evaluating the growing impact of managed care and of enrollment in different types of managed care plans; and,
- Examining access to and costs of health care for common diseases and conditions, health care quality,

prescription drug use, and other health issues.

Statisticians and researchers will use these data to make important generalizations about the health care of civilian non-institutionalized population of the United States, as well as to conduct research in which the household is the unit of analysis.

Methods of Collection

Data from the MEPS-HS will be collected using a combination of modes. For example, the AHRQ intends to introduce study participants to the survey through advance mailings. The first contact will provide the household the information regarding the importance and uses of the information obtained. The AHRQ will then conduct five (in-person) interviews with each household to obtain health care use and expense data for 2 calendar years. Data will be collected using a computer-assisted personal interviewing method (CAPI). In certain cases, AHRQ will conduct interviews over the telephone, if necessary respondents may be asked to respond to 1 or more short self-administered questionnaires over the course of the survey.

The medical provider survey will be conducted predominantly by telephone, but may include self-administered mail surveys, if requested by the respondent.

Estimated Annual Respondent Burden per year for the MEPS HC: Each MEPS participant is asked to complete 5 interviews over two and one half years. Each interview averages 1.8 hours in length. Total burden is estimated in the following chart:

MEPS HOUSEHOLD COMPONENT ESTIMATED BURDEN FOR 2004 AND 2005

Survey period	Number of completes	Burden per complete (hours)	Total burden (hours)
January–July '04	22,037	1.8	39,667
August–December '04	14,746	1.8	26,543
January–July '05	22,418	1.8	40,352
August–December '05	15,003	1.8	27,005
January–July '06	14,838	1.8	26,708
Total	160,275

Estimated Annual Respondent Burden per year for the MEPS MPC: The MPC for Calendar Year 2004 and 2005

estimated annual hour burden is as follows:

Type of provider	Number of respondents	Average No. of patents/ provider	Number of patients/pro-vider pairs	Average No. of events/ patient	Average burden/ event (minutes)	Total hours of burden
MPC 2004:						
Hospital Office-based	5,502	2.2	12,105	3.2	5	3,227
Doctor	23,077	1.3	30,000	3.5	5	8,750
Separately billing doctor	17,143	1.4	24,000	1.3	5	2,600