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MEPS Annual Methodology Report 2023

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Introduction

The Household Component of the Medical Expenditure Panel Survey (MEPS-HC; Contract 290-2016-00004I, awarded July 1, 2016, and Contract 75Q80120D00024, awarded July 13, 2020) is the central component of the long-term research effort sponsored by the Agency for Healthcare Research and Quality (AHRQ) to provide timely and accurate data on access to, use of, and payments for healthcare services by the U.S. civilian noninstitutionalized population. The project has been in operation since 1996, each year producing a series of annual estimates of health insurance coverage, healthcare utilization, and healthcare expenditures. This report documents the principal design, training, data collection, and data processing activities of the MEPS-HC for survey year 2023.

Data are collected for the MEPS-HC through a series of overlapping household Panels. Each year a new Panel is enrolled for a series of five in-person interviews conducted over a 2.5-year period.

This report describes work performed for all of the Panels active during calendar year 2023. Data collection operations in 2023 were for Panel 24, Round 9; Panel 26, Round 5; Panel 27, Rounds 3 and 4; and Panel 28, Rounds 1 and 2. Data processing activity focused on delivery of full-year utilization and expenditure files for calendar year 2021.

The report touches lightly on procedures and operations that remained unchanged from prior years, focusing primarily on the results of the 2023 operations and features of the project that were new, changed, or enhanced for 2023. Tables in the body of the text highlight the 2023 results, with limited comparison to prior years. A set of tables showing data collection results over the history of the project is included in the appendix.

Chapter 1 of the report describes the 2023 sample and activities associated with preparing the sample for fielding. Chapters 2 through 5 discuss activities associated with the data collection for 2023: updates to the survey questionnaire and field procedures; field staff recruiting and training; data collection operations and results; and home office support of field activities. Chapter 6 describes data processing and data delivery activities.

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1. Sample

Each year, a new, nationally representative sample for the Medical Expenditure Panel Survey Household Component (MEPS-HC) is drawn from among households responding to the previous year's National Health Interview Survey (NHIS). Households in a new Panel typically participate in a series of five interviews that collect data covering two full calendar years. For each calendar year, the sample respondents from two Panels—one completing its first year in the study (Round 3) and one completing its second year (Round 5)—are combined for analysis purposes, resulting in a series of annual estimation files. Beginning in 2020, with the onset of the COVID-19 pandemic, and continuing through 2022, there were concerns of declining response rates as well as challenges in recruiting respondents by telephone. To help maintain the ongoing sample, Panel 23 was extended for a third year of data collection in 2020 and a fourth year in 2021, and Panel 24 was extended for a third year in 2021 and fourth year in 2022.

The sample for the new MEPS Panel in 2023, Panel 28, was selected from among households responding to the NHIS in the preceding year, where the NHIS sample was based on the NHIS sample design initially implemented in 2016 (as were Panels 22-27). Specifically, the MEPS household sample was randomly selected from among those that participated in the NHIS during the first three quarters of 2022 and who had been assigned to NHIS Panels 1 and 3, the NHIS Panels designated for MEPS.

This chapter describes the 2023 MEPS sample drawn from 2022 NHIS-responding households as well as steps taken to prepare the new sample for fielding.

1.1 Sample Composition

Table 1-1 shows the starting sample sizes in terms of the number of reporting units (RUs) for all MEPS Panels through Panel 28 and the number of MEPS primary sampling units (PSUs) from which each Panel was drawn. Note that the change in the number of PSUs for Panel 12 reflects the redesign of the NHIS sample implemented in 2006 (thus affecting MEPS in 2007), following the 2000 Decennial Census. The number of PSUs for Panel 28 is based on the number of PSUs associated with MEPS after the 2016 NHIS sample redesign, the seventh such MEPS Panel under

this design. The reduction in the number of PSUs after Panel 22 stemmed from further modifications to the NHIS design. The MEPS sample units presented are RUs, each of which represents a set of related persons living together within the same NHIS-responding household selected for MEPS participation. Related members of the NHIS households sampled for MEPS who move as a unit during the MEPS data collection period (as well as separate individuals) form new RUs for interviewing purposes. Each new RU is followed over the course of the five MEPS data collection Rounds and interviewed at their new address.

Table 1-1. Initial MEPS sample size (RUs) and number of National Health Interview Survey PSUs, all Panels

Panel	Initial sample size (RUs*)	MEPS PSUs*
1	10,799	195
2	6,461	195
3	5,410	195
4	7,103	100
5	5,533	100
6	11,026	195
7	8,339	195
8	8,706	195
9	8,939	195
10	8,748	195
11	9,654	195
12	7,467	183
13	9,939	183
14	9,899	183
15	8,968	183
16	10,417	183
17	9,931	183
18	9,950	183
19	9,970	183
20	10,854	183
21	9,851	183
22	9,835	168
23	9,960	143
24	9,976	139
25	10,008	139
26	9,674	150
27	9,700	150
28	9,800	139

* RUs: reporting units; PSUs: primary sampling units

MEPS data collection is conducted in two main fielding periods each year. Typically, during the January-June period, Round 1 of the new Panel and Rounds 3 and 5 of the two continuing Panels are fielded, with the Panel in Round 5 retiring at midyear. Normally, during the July-December period, Round 2 of the new Panel and Round 4 of the remaining continuing Panel are fielded.

However, with the extension of Panels 23 and 24 beginning in 2020, additional Rounds were fielded: In 2023, we fielded Round 9 for Panel 24, the last of the extension Panel Rounds. Table 1-2 summarizes the combined workload for the January-June and July-December periods from spring 2019 through fall 2023.

Over the years shown in Table 1-2, the combined spring and fall workload has ranged from a low of 28,566 in 2023 to a high of 40,168 in 2021. Typically, the interviewing workload during the spring field period, when three Panels are active, is substantially larger than during the fall, when there are only two. In 2023, there were four active Panels in the spring field period and two in the fall field periods. The spring field period still had more cases, with 18,155 cases fielded, while the fall workload had 10,411 RUs, the lowest of the 5 years shown.

Table 1-2. Data collection periods and starting reporting unit (RU)-level sample sizes, spring 2019 through fall 2023

Data collection period	RU-level sample size*	Data collection period	RU-level sample size*
January-June 2019	23,261	July-December 2019	13,403
Panel 22, Round 5	6,624	Panel 23, Round 4	6,569
Panel 23, Round 3	6,773	Panel 24, Round 2	6,834
Panel 24, Round 1	9,864		
January-June 2020	22,667	July-December 2020	15,633
Panel 23, Round 5	6,413	Panel 23, Round 6	5,264
Panel 24, Round 3	6,382	Panel 24, Round 4	5,574
Panel 25, Round 1	9,872	Panel 25, Round 2	4,795
January-June 2021	23,340	July-December 2021	16,828
Panel 23, Round 7	4,624	Panel 23, Round 8	4,093
Panel 24, Round 5	4,879	Panel 24, Round 6	4,048
Panel 25, Round 3	4,328	Panel 25, Round 4	3,768
Panel 26, Round 1	9,509	Panel 26, Round 2	4,919
January-June 2022	24,465	July-December 2022	12,491
Panel 23, Round 9	3,673		
Panel 24, Round 7	3,573	Panel 24, Round 8	3,174
Panel 25, Round 5	3,339		
Panel 26, Round 3	4,180	Panel 26, Round 4	3,866
Panel 27, Round 1	9,700	Panel 27, Round 2	5,451
January-June 2023	18,155	July-December 2023	10,411
Panel 24, Round 9	3,019		
Panel 26, Round 5	3,585		
Panel 27, Round 3	4,882	Panel 27, Round 4	4,564
Panel 28, Round 1	6,669	Panel 28, Round 2	5,847

*RU-level sample size for this table was derived from field management system counts and operational reports detailing the fielded sample.

Each new MEPS Panel includes some oversampling of population groups of particular analytic interest. Since 2010 (Panel 15), the set of sample domains has included oversamples of Asian, Black,

and Hispanic populations. All households set aside in the NHIS for MEPS that have at least one household member in any of these three categories (Asian, Black, or Hispanic) are included in the MEPS sample with certainty. "White and other race" households have been partitioned into two sample domains and subsampled at varying rates across the years. These domains reflect whether an NHIS-responding household characterized as "White or other race" provided "complete" information at the household level for the NHIS or if only "partially complete" information was provided.

As background, the partitioning of the "White, other" domain into these two domains began in 2011 (Panel 16). The partial completes were sampled at a lower rate than the full completes in order to lessen the impact on the field effort resulting from the difficulty of gaining the cooperation of these households. The last two columns in Table 1-3 show the subsampling rates for the two groups since Panel 16. The partial completes in the "White, other" domain have been subsampled at rates ranging from a low of 40 percent (Panel 17) to a high of 80 percent (Panel 27). Table 1-4 shows the Panel 28 sample distribution by domain.

Table 1-3. Percentage of National Health Interview Survey (NHIS) households with partially completed interviews in Panels 4 to 28

Panel	Percentage with partially completed interviews	Subsampling rate for NHIS completes in "White, other" domain*	Subsampling rate for partial completes in "White, other" domain
4	21		
5	24		
6	22		
7	17		
8	20		
9	19		
10	16		
11	23		
12	19		
13	25		
14	26		
15	21		
16	25	79	46
17	19	51	40
18	22	63	43
19	18	66	42
20	19	84	53
21	22	81	49
22	19	77	49
23	20	79	49
24	16	79	50

Table 1-3. Percentage of National Health Interview Survey (NHIS) households with partially completed interviews in Panels 4 to 28 (continued)

Panel	Percentage with partially completed interviews	Subsampling rate for NHIS completes in "White, other" domain*	Subsampling rate for partial completes in "White, other" domain
25	11	77	50
26**	15		
27	17	81	80
28	15	98	61

*The figures in the second column of the table are the proportion of partial completes in the total delivered sample, after subsampling. The figures in the third and fourth columns are subsampling rates applied to the two "White, other" subdomains in Panels 16 through 28.

**Note that Panel 26 rates were left blank due to subsampling being done by size of state rather than race/ethnicity domain.

Table 1-4. Distribution of Panel 28 sampled reporting units (RUs) by sample domain

Sample domain	Number	Percentage
Asian	691	7.05
Black	1,262	18.43
Hispanic	1,806	12.88
White, other	6,041	61.64
National Health Interview Survey (NHIS) complete	5,405	55.15
NHIS partial complete	636	6.49
Total	9,800	

1.2 Sample Delivery and Processing

The 2023 MEPS sample was received from AHRQ and the National Center for Health Statistics (NCHS) in two deliveries. The first delivery, containing households sampled from the first and second quarter of the 2022 NHIS, was received on September 14, 2022. Households selected from the third quarter of the NHIS were delivered on December 2, 2022.

The September delivery of the first majority of the new sample is instrumental to the project's schedule for launching interviewing each year in early January. The partial file gives insight into the demographic and geographic distribution of the households in the new Panel. This information, when combined with information on older Panels continuing in the new year, guides project decisions on the number and location of new interviewers to recruit.

Upon receipt of the first portion of the 2023 sample, project staff also reviewed the NHIS sample file formats to identify any new variables or values and to make any necessary changes to the project programs that use the sample file information. Following this initial review, staff proceeded with the

standard processing through which the NHIS households are reconfigured to conform to MEPS reporting unit definitions and prepared the files needed for advance mailouts and interviewer assignments. The early sample delivery also allows time for checking and updating NHIS addresses to improve the quality of the initial mailouts and to identify households that have moved since the NHIS interview.

2. Instrument and Materials Design

2.1 Introduction

Each year, the project makes numerous changes to the instrument used to collect MEPS-HC data, as well as to the field procedures followed by the interviewers who collect the data. The notable changes made for 2023 are detailed in this chapter.

2.2 Changes to the Computer-Assisted Personal Interviewing (CAPI) Instrument for 2023

The MEPS-HC CAPI instrument was modernized as part of a technology upgrade launched in spring 2018. For each data collection cycle since then, AHRQ and Westat have worked together to define a set of modifications to the CAPI instrument. Some modifications are new items or new sections, whereas others are updates or fixes to existing items.

Section-specific changes for the 2023 data collection period, both spring and fall, are summarized below.

Start/Restart (ST). While the MEPS informed consent process was previously handled outside of CAPI, recent changes in materials and procedures meant it was best to incorporate this at the beginning of the instrument to ensure it was consistently administered. A new item was added in the ST section to ensure that interviewers present the informed consent information to any new respondent. This item has an accompanying show card that matches the informed consent handout.

Reenumeration (RE). The interviewer instruction "IF NOT OBVIOUS, ASK:" was removed from all items collecting sex in the Reenumeration and Off-Path sections. The removal of the interviewer instruction promotes inclusivity and ensures consistent administration.

Provider Lookup. Two notable changes were made to the provider lookup based on analysis conducted as part of the recent National Provider Identifier (NPI) contract line item number (CLIN). First, the set of potential providers preloaded into the lookup for a specific household is now smaller and tailored based on urbanicity. Previously, all providers within 100 miles of a household were included. Now, the maximum distance varies based on urbanicity, according to

rural-urban commuting area (RUCA) code defined by the U.S. Department of Agriculture. For example, if the household is in a large city or metropolitan area, the lookup includes providers within 55 miles. For an RU in a rural area, the lookup includes providers within 90 miles. Reducing the maximum distance means that fewer unlikely providers will be displayed in the lookup search results. This should make the search process more efficient.

Second, a new facility checkbox feature was added to the provider lookup. If this box is checked, **only** facility-providers display in the search results. If this box is unchecked, both facility-providers and person-providers display in the search results (as was the prior convention). When the provider lookup is launched for HS (Hospital Stay), ER (Emergency Room), and OP (Outpatient) events, the facility box will be checked by default because the provider for these event types should be a facility. The ability to filter out person-providers should help interviewers find a matching hospital or facility entry more quickly and easily. It should also reduce the selection of the wrong provider type for certain event types, which triggers a hard check and requires searching the lookup again.

Pharmacy Lookup. The pharmacy lookup was updated to include mail-order and specialty pharmacies across every lookup, regardless of the household's ZIP Code. The lookup was also expanded to include mail-order pharmacies associated with the U.S. Department of Veterans Affairs (VA) or TRICARE, such as Express Scripts, VA Mail Order Pharmacy, and Meds by Mail. The inclusion of these mail-order pharmacies negates the need for the interviewer to manually enter these pharmacies. This may improve the Medical Provider Component (MPC) match rate for these newly added pharmacies. Finally, the pharmacy lookup was modified in the same way as the provider lookup (described above) with regards to a tailored approach based on a household's urbanicity.

Condition Lookup. A few minor changes were made to the condition lookup. For those entries directly selected from the condition pick list, the List ID is now saved along with the text of the selected entry for analytic purposes. Additionally, the hard check that is used to prevent adding duplicates of the same conditions to the roster was modified to only check the first 30 characters of the text string since that is the maximum length for existing condition entries. The condition lookup was also updated with a small number of additional entries.

Prescribed Medicine Lookup. Two minor behind-the-scenes changes were made to the prescribed medicine lookup for analytic purposes. As with the condition lookup, for those entries directly selected from the pick list, the List ID is now saved along with the text of the selected entry. Additionally, when entries are "edited" within the prescribed medicine lookup, a flag is now saved to indicate this. The edit functionality is only available from the prescribed medicine lookup, not any of the other MEPS CAPI lookups. The prescribed medicine lookup was also updated with several additional entries.

Provider Probes (PP). The extended family path was eliminated in the Provider Probes. Now, the initial family path also asks about extended family members by use of fills. These fills use variable question text to ask about each other RU member. Additionally, there was a change to an item that asked if extended-family RU members without events reported let the respondent know about their healthcare. This item was revised so that it is also asked of family RU members besides the respondent (for those with no events reported).

A minor revision was also made when there are multiple RU members with different reference period end dates. The PP question wording was previously using the earliest end date for any RU member, but it now uses the latest end date for any RU member. Displaying the latest end date ensures that the respondent is considering the broadest reference period possible and does not inadvertently miss reporting any events.

Other Medical Expenses (OM). In cross-round interviews where an RU member has Other Medical Expenses, two follow-up questions are asked to determine if the expenses occurred in Year 1 of the cross-round (OM60) or Year 2 of the cross-round (OM70). A soft check was added to OM70 to prevent the illogical recording of "No" to both items.

Charge/Payment (CP). The item collecting amount paid out of pocket (CP200) was reworded in response to audiorecordings of the interactions between interviewers and respondents. The item previously asked, how much of the total charge did anyone in the family pay "out of pocket," that is, before any reimbursements? The phrase "that is, before any reimbursements" was omitted from the question text to help increase understanding for respondents.

COVID-19 (CV) and Related Items. The CV section (which was added to the CAPI instrument in 2021) was removed for 2023. The two remaining items from this section regarding COVID-19

vaccinations were moved to the Additional Healthcare (AH) section. In addition, a new series of COVID-19-related items were added to the Priority Condition Enumeration (PE) section. These items ask if RU members ever had COVID-19 or long COVID symptoms, about the impacts of these symptoms, and when their most recent COVID-19 infection was.

Employment (EM) and Related Sections. A minor change was made to modify the routing to the question which asks why an RU member is not working during the interview reference period (EM750) so that more people are asked this question. The question is now asked for everyone who currently reports not working, and is also re-asked in Rounds 3 and 5 for those that continue to be unemployed (except for those that are retired).

Health Insurance (HX) and Related Sections. There were numerous changes to the Health Insurance sections for spring 2023. First, all questions related to premiums in Medicaid and some premium-related questions for Government Hospital-Physician (GHP) insurance in the HX and Old Public Related Insurance (PR) sections were removed, since these items were found to be not common for Medicaid and GHP programs. Moreover, Medicare Part B questions (specifically HX340 and HX350) were removed since these items are not being used much for policy-relevant research. Removing these aforementioned items also helps reduce respondent and interviewer burden.

Another update for spring 2023 was reducing the number of response options used for some HX questions and their corresponding show cards. Specifically:

- Show card HX-2 (used at HX190, HX200, and HX300) was reduced from 11 to 5 response options of direct purchase coverage.
- Show card HX-6 (used at HX620 and OE130) was reduced from 11 to 5 response options of health insurance coverage types.
- Show card HX-7 (used at HP40 to identify the insurance type for self-employed, firm-size-1 coverage) was reduced from 8 to 5 response options.

Additionally, the response options on these show cards were reordered so more prevalent options are listed first, which is expected to decrease burden.

Next, the introductory text at HX190 was removed to make the question more pointed and ensure key language is emphasized. Each year, hundreds of respondents report coverage at HX190 that

appears to duplicate coverage already reported in the Employment section. By removing the introductory text, the existing phrase "not counting insurance you already told me about" should be more noticeable to respondents, which will ideally reduce duplicate insurance coverage reporting. The question text at HX190 was also modified to explicitly include dental and vison to encourage responses that include these types of coverage.

Finally, new follow-up items were added to expand collection of dental coverage and ensure that stand-alone dental policies are not erroneously missed. This includes HX415 and PR35 to collect information about dental coverage related to Medicare Advantage plans, as well as HX625 and OE135 to collect information about dental coverage for private insurance plans.

Contacting Module (CM). The CM60 grid collects an email address and cellphone number for each adult household member. This information can be used by MEPS to send emails and texts to RU members regarding follow-up tasks like DocuSign authorization forms or self-administered questionnaires (SAQs). To ensure that email addresses and cellphone numbers are correctly formatted and valid for contacting (e.g., name@example.com), hard checks and soft checks were added to this grid in spring 2023. Analogous hard and soft checks were also added to CM47 and CM55_01, which is where the email address and cellphone number for proxy respondents are collected.

In fall 2023, minor changes were made to the wording of CM60 grid items to tailor the language to better match various situations that are encountered in the field. When updating an email address or cellphone number from what was provided in a prior Round, the question text was simplified. In contrast, when requesting email address or cellphone number information for someone that has not previously provided that information to MEPS, we added a short optional statement that interviewers can use to explain why MEPS collects contact information and how it will be used.

Respondent Forms (RF). In response from feedback from interviewers, an interviewer-only screen that summarized requested authorization forms for the household was removed. As the vast majority of authorization forms are no longer completed by paper, interviewers found this screen unnecessary for preparing authorization forms. Another improvement was carrying over any "other names" (e.g., maiden name or other legal name) under which RU members may have records filed

for use on authorization forms. The option is always available to update the carried over "other name" if needed.

Quality Supplement (QS). Supplemental SAQs are introduced and collected in the QS section of the CAPI instrument. For fall 2023, multiple changes were made to the QS section to accommodate the new multimode SAQ approach that allowed both web and paper response.

First, the QS section was moved to later in the CAPI instrument, immediately after RF and before Closing (CL). Since authorization forms collected in the RF section are extremely important to MEPS, we wanted to request those signatures **before** we introduced the SAQ request. The QS section was also revised so that each RU member that was eligible for the SAQ was assigned to the web or paper mode. The assigned mode was based on availability of email and/or cellphone information for each eligible RU member as collected in the CM section.

No significant change in follow-up procedures from prior years was made for RU members assigned to the paper mode. When RU members are assigned to the web mode, the interviewer introduces the web SAQ and provides a physical reminder card with further information. However, all web SAQ invitations and reminders were sent post-interview. For more details about the multimode SAQ procedures, see the next section.

Supplements to the CAPI Instrument

Table 2-1 shows the supplements for the Rounds administered in calendar year 2023. As mentioned above, the most notable change was the adoption of a multimode (web/paper) approach for the Your Health and Health Opinions SAQ. However, the content of the SAQ was unchanged from prior years; both the web and paper version of the SAQ were estimated to take about 7 minutes to complete. When RU members were assigned to the web mode for the SAQ, they were sent automated invitations and reminders by text and/or email. The first invitation was sent 2 days after the main interview was completed and transmitted to the home office. The web SAQ was hosted at www.MEPSDocs.org/survey. Every invitation and reminder message about the web SAQ included a link to this URL, as well as a unique personal identification number (PIN) the RU member used to log in to their survey.

Table 2-1. Supplements to the computer-assisted personal interviewing (CAPI) core questionnaire (including hard-copy materials) for 2023

Supplement	Round 1 (spring 2023)	Rounds 3, 5, 9 (spring 2023)	Rounds 2, 4 (fall 2023)
Child health			✓
Access to care			✓
Food security			✓
Income		✓	
Assets		Rounds 5 and 9 only	
Medical provider authorization forms for Hospital Stay (HS), Outpatient (OP), and Emergency Room (ER) events	✓	✓	✓
Medical provider authorization forms for Medical Visit (MV), Telehealth (TH), Home Health (HH), and Institutional Care (IC) events		✓	✓
Pharmacy authorization forms		✓	✓
Your Health and Health Opinions (self-administered questionnaire [SAQ]/preventive care self-administered questionnaire [PSAQ])		Rounds 2, 4, and 8 follow-up	✓
Diabetes Care Supplement (DCS)		✓	

2.3 Testing of the Questionnaire and Interviewer Management System

Testing for the spring 2023 (Rounds 1, 3, 5, and 9) instrument was conducted between September and December 2022. Testing for the fall 2023 (Rounds 2 and 4) instrument was conducted between March and June 2023. Since 2018, many of the testing approaches and procedures used for the technical upgrade have been continued or adapted to maintain a comprehensive testing plan that supports the ongoing instrument development schedule.

CAPI instrument development and testing included multiple programming/testing iterations that each lasted several weeks. Testing was conducted by a mix of corporate testers, MEPS project staff, and trained programming staff. Project and systems staff performed all testing in close coordination with the design team. For each of the spring and fall instruments, AHRQ received an alpha delivery and conducted its own testing. The following month, AHRQ received a beta delivery and conducted additional testing.

The testing ensured that CAPI followed the design as intended and assessed whether the layout of the overall screen for a given question, and across questions, consistently met the requirements

designed to minimize measurement error. Feature testing thoroughly tested all new features against specifications including wording, text fills, legal and illegal responses, boundary conditions, and skip patterns. Testers validated every possible variation allowed by the specifications.

Both scripted and free-form testing were used throughout the development and testing process. A full suite of scripted test cases was defined by the design staff and analytic leads at Westat and is updated each cycle. These scripted test cases represent approximately 80 percent of the cases fielded, including common paths through the CAPI instrument across all Panel Rounds. The test script suite was executed through alpha and beta for the spring and fall testing cycles.

In contrast, free-form testing focused on design changes in the current instrument build and ensured that any reported instrument bugs had been fixed. Free-form testing was also utilized to ensure the stability of the CAPI data model and to evaluate the stored data in new or unusual situations. Testers routinely pushed array limits, used back-up, changed answers, and used break-off and restart cases to challenge performance boundaries.

Additional testing components, including enhanced integration testing and ad hoc/free-form testing, were also conducted. The enhanced integration testing allowed project staff to check electronic face sheet information, test the RU Information module and the Interviewer Assignment Sheet (IAS), and make entries into the electronic record of calls and refusal evaluation form. The ad hoc testing component used information derived from actual cases to verify that all management information was brought forward correctly from previous Rounds. Using actual case data also allowed staff to check uncommon paths through the MEPS instrument so that specific changes to the questionnaire could be thoroughly tested.

The fall 2023 development cycle also included extensive testing related to multimode SAQs. This included unit and integrated testing of the revised screens and routing in the CAPI instrument and the web version of the SAQ, data entered via web, text and email invitations and reminders, the MEPSDocs website, and receipt procedures, including the use of various devices to access and complete the web surveys.

2.4 Changes to Materials and Procedures for 2023

The manuals and the materials for the 2023 field effort were updated as needed to reflect changes to the questionnaire and management systems. Below is a description of the key changes to the materials and procedures.

Instructional Manuals

The field interviewer procedures manual was updated to address changes in field procedures and updates to the Interviewer Management System (IMS).

The separate authorization form manual and *Computer-Assisted Video Interviewing (CAVI) Operations Manual* that were distributed in 2022 were incorporated into the 2023 field interviewer procedures manual.

The manual was available electronically on the MEPS laptop. Hard copies were distributed to new hires only.

Electronic Case Materials

To help prepare for upcoming interviews, the electronic face sheet in the IMS provides interviewers with information needed to contact their assigned households and familiarize themselves with the composition of the household and relevant details about their prior history with the survey. No changes were made to the face sheet in 2023.

The IMS also contains a Payment module to activate the debit card incentive after an interview is completed, an RU Information module for documenting operational information to help the next Round's interviewer effectively work each case, an RU Contact module for reporting address and telephone number changes identified prior to the CAPI interview, and the IAS, which supports follow-up for authorization forms and SAQs not completed at the time of the interview. No significant changes were made to the IMS in 2023.

Interviewers continued to be equipped with iPhones for their MEPS work. When changes were made to the laptop IMS, the iPhone mobile field operating system (mFOS) application generally had corresponding changes to match.

To facilitate follow-up efforts for web SAQs, a new SAQ Forms module was added to provide the current status for SAQs.

Respondent Materials

Annual updates were made to all respondent letters, the monthly planner, self-administered questionnaires, and the Income Job Aid. No significant changes were made to the design or content of other respondent materials.

The MEPSDocs.org website continued to be available to respondents to boost cooperation, ease legitimacy or COVID-19 concerns, and offer recordkeeping tools. The MEPSDocs website also has links to the show cards in both English and Spanish. These electronic show cards are accessed by interviewers during CAVI interviews (using Zoom to display the show cards), as well as by respondents during telephone interviews. Finally, the MEPSDocs website also hosted the web SAQ during the fall 2023 field period.

3. Recruiting and Training

3.1 Field Interviewer Recruiting for 2023

Overview. For spring 2023 data collection, MEPS attempted to recruit approximately 140 new interviewers across two recruiting periods to join the team of approximately 265 interviewers who were active on MEPS at the start of the 2023 data collection (early January). Our goal was to increase the team for spring data collection to about 400 interviewers.

To put the recruiting and attrition numbers into perspective, Table 3-1 summarizes the MEPS spring data collection staffing for the period of 2019-2023.

Table 3-1. Staffing for spring field period, 2019-2023

Data collection period	Experienced interviewers staffed	New interviewers staffed	Total Interviewers for spring data collection
Spring 2019	325	27	352
Spring 2020	269	121	390
Spring 2021	272	147*	419
Spring 2022	267	93**	360
Spring 2023	267	103***	370

Spring 2021 Supplemental Staffing – *Note that the total of 147 new interviewers includes the 36 interviewers who were not trained until mid-June to shore up fall staffing.

Spring 2022 Supplemental Staffing – **Note that the total of 93 new interviewers includes 18 interviewers who were trained mid-May to shore up the spring 2022 data collection staff.

Spring 2023 Supplemental Staffing – ***Note that the total of 103 new interviewers includes 37 interviewers who were trained mid-April to shore up the spring 2023 data collection staff.

Recruiting Goals. Based on a projected sample size of approximately 22,000 RUs across the four Panels to be fielded for spring 2023 and the likely number of experienced MEPS interviewers available at the end of fall 2022 data collection (about 265), including a MEPS travel team of 6 members, Westat estimated needing to recruit between 120 and 140 new interviewers for the standard staffing model. The goal was to start data collection with approximately 400 interviewers actively working during the spring 2023 data collection period.

Westat uses the Field Interviewer Recruitment Module (FIRM) software designed to manage the data collector recruiting process. This system works in conjunction with BrassRing, an online application system used to collect, track, and manage applications for all positions at Westat. The

BrassRing system collects applications from both external (new to Westat) and internal (current or former Westat field data collectors) applicants.

The main recruiting of new field interviewers for 2023 began in early October 2022 and continued through mid-December 2022. Since MEPS was transitioning back to in-person interviewing, MEPS only recruited for in-person interviewers (both English-speaking and bilingual). In anticipation of difficulties in hiring enough new interviewers during the main recruiting period, MEPS planned and implemented an additional Round of recruiting that began in February and continued through mid-March for an in-person supplemental training in April.

Recruiting Outcomes. During the main recruiting period, 84 candidates accepted job offers and 66 were hired. With the addition of these new trainees, the project began 2023 data collection with a total of 331 interviewers.

The goal was to add 50 more interviewers during the supplemental recruiting period.

Interviewer Attrition during 2023 Data Collection. During the spring data collection, a total of 30 new interviewers and 40 experienced interviewers were lost to attrition. An additional 18 new interviewers and 22 experienced interviewers were lost during the fall Round. Total attrition for the year (see Table 3-4) was 29.7 percent, a rate more in line with the attrition level of 30 percent during the first year of the pandemic when the data collection mode switched from in-person to telephone interviewing. In looking forward to 2024, MEPS will again aim to expand the interviewing staff so that we can begin data collection with close to 400 interviewers. The breakdown of 2023 interviewer attrition is shown in Tables 3-2 (spring), 3-3 (fall), and 3-4 (total).

Table 3-2. Spring attrition rate among new and experienced interviewers, 2019-2023

Data collection period	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
	#	%	#	%	#	%
Spring 2019	8	29.6	56	17.2	64	18.2
Spring 2020	39	32.2	54	20.1	93	23.8
Spring 2021	64	40.8	33	12.1	97	22.6
Spring 2022	38	36.2	32	12.0	70	18.8
Spring 2023	30	29.1	40	15.0	70	18.9

Table 3-2 shows the overall attrition rate during the spring data collection period from 2019 through 2023. Note that the total spring 2023 attrition rate of 18.9 percent is equivalent to the 2022 attrition

rate. The new hire spring attrition rate remains high but has decreased to the level of new hire attrition experienced in spring 2019, the year before the pandemic hit and the data collection mode changed. In 2023, the main new interviewer training was conducted in person for the first time since 2020.

Table 3-3. Fall attrition rate among new and experienced interviewers, 2019-2023

	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
Data collection period	#	%	#	%	#	%
Fall 2019	4	21.0	20	7.4	24	8.3
Fall 2020	16	19.5	8	3.7	24	8.0
Fall 2021	30	31.6	27	11.3	57	17.1
Fall 2022	13	19.4	26	11.0	39	12.9
Fall 2023	18	24.6	22	9.7	40	13.3

Table 3-3 shows the overall attrition rate during the fall data collection period from 2019 through 2023. Note that the total fall 2023 attrition rate was 13.3 percent, comparable to the fall attrition rate in 2022. However, the fall 2023 rate is still higher than the 8.3 percent rate of fall 2019 and 8.0 percent of fall 2020.

Table 3-4. Annual attrition rate among new and experienced interviewers, 2019-2023

	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
Data collection period	#	%	#	%	#	%
2019	12	44.4	76	23.4	88	25.0
2020	55	45.0	62	23.0	117	30.0
2021	94	58.6	60	22.1	152	35.4
2022	51	48.6	57	21.4	108	29.0
2023	48	46.6	62	23.2	110	29.7

Over the past 5 years, the average annual combined attrition rate (new hires and experienced interviewers) has been 29.8 percent. The average annual attrition rate among new hires has been 48.6 percent and 22.6 percent among experienced interviewers.

3.2 2023 Interviewer Training

The overall structure for training new interviewers in 2023 was a departure from the virtual training approach conducted in 2022 due to the COVID-19 pandemic. The goals of the 2023 training were to address the challenges associated with the recruitment and retention of field data collectors through several approaches including engagement of new hires between the time of hire and in-

person training, the reduction of the length and complexity of training, and additional opportunities for interaction between new hires and existing field data collectors.

The 2023 training package reflected a blended training approach that included 5.5 days of in-person training that focused on Rounds 3 and 5 interviewing, preceded by asynchronous and synchronous virtual content; CAVI training as part of in-person training, with post-training follow-up; a post in-person asynchronous training on additional topics; and a 2-day virtual training that focused on Round 1 interviewing. An attrition training with the same components was also conducted in April 2023.

Welcome to MEPS Pre-training Activities: This package included a project laptop, phone equipment, and an interactive self-paced workbook with exercises and online modules, including videos and knowledge checks, administered through Westat's Learning Management System (LMS). The LMS generated regular reports, allowing home office and field management staff to monitor the completion of each trainee's home study. New hires received their home study package early enough to complete the assignments before the in-person training, but not so early that their introduction to important study concepts and project terminology would degrade before the in-person training. The training added additional practice with the Zoom platform prior to the in-person training. New hires also participated in a pre-classroom virtual Welcome to MEPS session. The goals of the session were to further familiarize the new hires with the Zoom platform in preparation for CAVI interviewing and future virtual sessions for Round 1 content, and to contextualize the MEPS training experience using both training staff and experienced field staff.

In-Person Training: For the 5.5 days of project-specific training, each trainee was assigned to one of six training classrooms (3 for the April attrition training) staffed by a primary trainer and a support trainer and one or two classroom runners. The selection of trainers for the 2023 new hire training was based on several criteria, including experience training with the CAPI instrument, overall project knowledge, and prior training experience. Prior to in-person training, all training and support staff received a training on the content, activities, and procedures, roles, responsibilities, and logistics associated with training.

The training sessions used a variety of formats for presenting material, including lecture, question-and-answer interactions, written exercises, group discussion of problems and resolutions, and

activities in which trainees were required to seek answers by consulting project resource materials. In addition, a full mock interview and "mini" mock interviews and dyad role plays were used throughout the training, and they were central to training on both the mechanics and substance of the CAPI instrument.

Mocks are scripted interviews usually led by a classroom trainer who serves as both trainer and "respondent" while trainees take turns as the interviewer. Full mocks present the entire interview from Reenumeration through Closing, while a "mini" mock relies on preloaded data to allow the training to begin at the desired questionnaire section.

Dyads paired trainees to conduct an interview with one in the role of interviewer and the other using a script to play the respondent. During dyad sessions, members of the classroom training team circulate to answer questions and/or work with individuals or pairs of trainees as needed. Dyads are an effective tool for reinforcing questionnaire concepts and building interviewer confidence in administering the instrument. They also provide trainers with an opportunity to assess each trainee's interviewing skills and mastery of the questionnaire application.

In order to prepare new hires for CAVI interviewing, CAVI was integrated into the training program. Trainees had the opportunity to practice technical setup and cooperation techniques at in-person training.

The in-person training component maintained the emphasis on interviewer behaviors and interviewing techniques that facilitate complete and accurate reporting. Trainers were instructed to reinforce good interviewing behaviors during mock interviews. Good interviewing behaviors include reading questions verbatim, training respondents to use records to aid recall, actively engaging respondents in the use of show cards, and using active listening and probing skills. Trainers called attention to instances in which interviewers demonstrated such behaviors. To enhance trainee awareness of behaviors that affect data quality, dyad scripts included instructions to take a "time-out" at certain items in the interview to highlight relevant data quality issues.

Trainees that required remedial practice worked one-on-one with their training team or the floater team, either prior to or after the training day, and were able to provide focused practice based on the needs of the trainee.

Sixty-four new hires successfully completed the main training, and 37 successfully completed the attrition training.

Bilingual trainees in January received an additional half-day of bilingual training immediately following the completion of regular project training. Trainees completed a Round 3 dyad in Spanish. Additionally, trainees practiced advanced cooperation in Spanish. Five new interviewers successfully completed 2023 in-person bilingual training. Bilingual training for new hires during the attrition training was performed virtually. Eleven new interviewers completed the bilingual attrition training virtually.

Post-training Activities: After the successful completion of in-person training, new interviewers completed a post-classroom home study. This component must be successfully completed by the new interviewer before beginning fieldwork. It contained interactive exercises in Basic Field Operation System (BFOS) Secure Messaging (BSM) and CAPI. The home study also included a memo from the field director reviewing their tasks in preparation to interview and provided an "early work period" documentation form to assist them in setting up a work plan with their supervisor and completing tasks in a timely manner.

In addition to the home study, field supervisors engaged in additional post-training activities with new hires. New hires sat in on the report call of an experienced field interviewer and also reviewed assigned cases to report the best contact strategy for each to their supervisor. Field managers and field supervisors coordinated and implemented a mentoring/buddy plan that paired new hires with experienced field interviewers.

The post-training activities also introduced "on-demand" training modules on special topics. These modules were assigned to all new hires as optional on the Westat LMS. The two topics, NHIS Students and MEPS Students, typically are relevant for a small number of field interviewers. While any new field interviewer could review the material, the goal was to provide targeted training for staff who would encounter these particular situations.

After the successful completion of in-person training, new interviewers participated in CAVI practice sessions with Westat staff. This follows the model of the 2022 CAVI interviewing training program.

2-Day Round 1 Virtual Training: Westat presented a 2-day training on Round 1 concepts in late February 2023. Trainees participated in one of three virtual classrooms (2 virtual classrooms in the May attrition training.) Both of the training sessions contained a synchronous virtual session and asynchronous sessions delivered by the LMS.

Day 1 of the training focused on the CAPI interview in Round 1, including how to train the MEPS respondent, important concepts in the Reenumeration section, and the differences from later Round interviewing and data quality in the Round 1 CAPI interview. The Day 1 asynchronous assignment contained mini-mock interviews that focused on the Reenumeration, Calendar, Employment, and Health Insurance sections.

Day 2 focused on the operational tasks associated with the Round 1 interview, including gaining cooperation in Round 1, practicing approaches at the door, and the tasks associated with locating Round 1 households. The asynchronous content on Day 2 of the training focused on advanced cooperation skills, exercises on the electronic record of calls, and data quality in Round 1.

Fifty-seven new hires completed the main Round 1 training, while 35 new hires completed the attrition Round 1 training.

3.2.1 Experienced Interviewer Training

Spring 2023 Round 1/3/5/9 Home Study. The Round 1/3/5/9 home study in December 2022 followed established formats. The content of the home study focused on new procedures and applications for the Interview Management System (including the Respondent Payment module and the electronic Household Health Care Summary [eHHCS]) and the BFOS. Topics also included follow-up procedures for self-administered questionnaires, the introduction of informed consent within the CAPI instrument, changes to the Provider Probes section, provider lookup, and new COVID-19-related questions. The 3-hour self-paced program contained an instructional memo and knowledge check.

In-Person Refresher Training. In 2023, AHRQ decided to forgo in-person refresher training.

3.2.2 Continuing Education for All Interviewers

Fall 2023 Round 2/4 Home Study. The Round 2/4 home study in July 2023 followed established formats. The 2-hour self-paced program contained an instructional memo, interactive self-paced modules on the LMS about multimode SAQ procedures, example materials, and a quiz. Topics included CAVI best practice reminders, updates to the MEPSDoc website, multimode SAQ collection, and CAPI updates. New interviewers hired in the spring (January and April) were required to complete a mock interview with their supervisor, field manager, or designated senior interviewer before beginning the fall Rounds of data collection.

Weekly Newsletter. In 2023, MEPS continued offering its field interviewer newsletter in a weekly format. The newsletter allows for additional training opportunities in a concise format and the ability to deliver content as needed to the field. Topics included CAPI questionnaire information, procedural content, and answers to field interviewer questions.

4. Data Collection

This chapter describes the MEPS-HC data collection operations and provides selected results for the six Rounds of MEPS-HC interviewing conducted in 2023. Selected comparisons to results of prior years are also presented. Tables showing results for all years of the study are provided in the appendix.

4.1 Data Collection Procedures

MEPS data collection management relies on a set of interrelated systems and procedures designed to accomplish three goals: efficiency, data quality, and cost containment. The systems include the BFOS, which facilitates case management through case assignment, case status and hours reporting, data quality reporting, and interviewer efficiency. Related systems include the computer-assisted recorded interviewing (CARI) system and the Efficiency Analysis through Geospatial Location Evaluation (EAGLE) Global Positioning System (GPS) validation module. The CARI system allows for review of recordings for selected interview items to assist in the assessment of interviewer performance and question assessment. The EAGLE system evaluates the location of an interviewer relative to a respondent's home and attempts to verify the interviewer was at the residence for the duration of the interview to help validate the interview took place. These tools, along with the implementation of models designed to identify cases with a higher propensity for completion, as well as on-hold procedures designed to prevent the overwork of cases in the field, form a comprehensive framework for the management of MEPS data collection.

As in prior years, respondent contact materials provided respondents with the link to the MEPS website (www.meps.ahrq.gov); a toll-free number to Alex Scott, a study representative at Westat; and the link to the Westat website (www.westat.com). Calls received from the Alex Scott line were logged into the call-tracking system, and the appropriate supervisor was notified so that they could take the proper course of action.

The advance contact calls to Panel 28, Round 1 households were made by a subset of the experienced MEPS interviewers.

Typically, for Round 1 households, interviewers are instructed, with a few exceptions, to make initial contact with the household in person. For later Rounds, interviewers are allowed to make initial contacts to set appointments by telephone, so long as the household had been cooperative in prior Rounds.

In 2023, MEPS interviews were conducted in three modes: in-person, CAVI, and limited telephone. Interviewers were given guidance throughout each field period about which modes were appropriate for their cases, and interview modes were closely monitored. CAVI interviews are conducted via Zoom meetings hosted by the interviewer. Both interviewer and respondent are visible and audible to one another and can share images of records, and interviewers can share show card images to allow respondents to select a response. CAVI interviewing started in late spring 2022 but became pervasive, now accounting for over 20 percent of completed interviews. Later Round cases were specifically targeted for CAVI interviews; however, these were permissible for Round 1 cases after initial contact. Interviewers typically offered CAVI when respondents were unwilling to have an interviewer in the respondent's home.

In 2023, authorization forms (AFs) were collected in one of three ways: eSignature, DocuSign, or paper (more detail in Section 4.3) The AF procedures varied based on the interview mode and household contact information provided to MEPS. During in-person interviews, available household members signed on the interviewer's laptop (eSignature). For household members not available during the in-person interview, or for CAVI or telephone interviews, respondents were sent a link via email or text to sign forms in DocuSign. Paper AFs were still used when requested or for household members unavailable and not eligible for DocuSign due to not providing an email address or cellphone number.

The interview follow-up procedures also varied by mode. For CAVI and telephone interviews, any paper AFs and SAQs were mailed by the interviewer shortly after the interview was completed. Pickup of the forms was arranged, or a business reply envelope (BRE) was enclosed for returning the forms directly to the home office. Anytime there were forms requested and not collected during the interview, the interviewer made up to three follow-up calls to ensure DocuSign AFs were signed and/or paper forms were completed and returned.

MEPS field managers, field directors, and the task leader for field operations continued to manage the field data collection in collaboration with the field supervisors, reinforcing the importance of

balancing data quality with production and cost goals across regions. Field staff referred to this collaborative effort as the "No Region Left Behind" approach.

Throughout the year, Westat continued to review data for all respondents reported to have been institutionalized in order to identify any individuals who might have been inappropriately classified and, as a result, treated as out of scope for MEPS data collection.

Data Collection Schedule. The sequence for beginning the spring Rounds of data collection, most recently adjusted in 2014, was maintained for the spring Round of 2023. Data collection began with Rounds 5 and 9, followed by Round 3, and then Round 1. For the Round 1 respondents, the later starting date allowed several additional weeks of elapsed time in which respondents could experience healthcare events to report in their Round 1 interview, with these additional events giving them a more realistic understanding of what to expect in the subsequent Rounds of the study.

The field period dates for the eight Rounds conducted in 2023 are shown in Table 4-1.

Table 4-1. Data collection schedule and number of weeks per Round of data collection, 2023

Round	Dates	No. of weeks in Round
1	January 24-July 14	24
2	July 28-December 7	19
3	January 17-June 15	21
4	July 21-December 7	20
5	January 10-May 15	18
7	January 10-May 15	18
8	July 21-December 7	20
9	January 10-May 15	18

Data Quality (DQ) Monitoring. The MEPS DQ field monitoring system and procedures allowed supervisors and field managers to identify interviewers whose work deviated from quality standards and who might need additional coaching on methods for getting respondents to report their healthcare events more completely. CARI review was further integrated into weekly monitoring activities, with supervisors listening to portions of roughly 1,000 interviews per field period from across all interview modes. These reviews were used to reinforce positive interviewing behaviors and techniques; in addition, listening to CARI gave field supervisors direct exposure to interviewing behaviors that needed to be addressed. In some cases, CARI recording results were such that interviewers were instructed to stop working until they could receive some retraining, including administering a practice interview to their field supervisor.

Case Potential Listing. The project continued the use of a model predicting a completed interview from a given case ("propensity to complete") relative to other pending cases in a region. The model is designed to identify cases with a high likelihood of completion at that point in the field period relative to other pending cases. The model is dynamic and is updated weekly based on the specific conditions for pending cases at that time. The model was tested in 2019 to determine if updates were necessary to better fit the data; however, the existing model remains well-suited to current interview conditions and remains in effect, even for telephone interviews.

Information from this model is integrated into the BFOS (the system used for case management), providing propensity to complete as part of a comprehensive view of a case for a given week. Supervisors were to instruct interviewers—in the absence of other field information that would dictate otherwise—to attempt these cases during the next production week. Table 4-2 illustrates the potential categories used to classify cases on a weekly basis to promote field efficiency.

Table 4-2. Case potential categories for classifying and prioritizing casework, spring 2023

Potential categories for pending MEPS cases
High potential (unworked)
High potential (worked)
Appointment
Low potential
Low-potential refusal
Remainder
Locating

4.2 Data Collection Results: Interviewing

Table 4-3 provides an overview of the data collection results for Panels 21 through 28, showing sample sizes, average interviewer hours per completed interview, and response rates. Table 4-4 shows the final response rates a second time, reformatted to facilitate Round-by-Round comparisons across Panels and years. In addition to the main Panel Rounds, both tables display the extended Panel Round data for Panels 23 and 24.

Of the data collection Rounds conducted in 2023, the response rates showed a moderate increase from 2022 but still lower than prior to 2020. While response rates have not returned to pre-pandemic levels despite a return to in-person interviews, they have continued to rebound. Hours per complete continue to increase higher than pre-pandemic for Round 1, at 13.7 hours.

Table 4-3. MEPS-HC data collection results, Panels 22 through 28*

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/complete	Response rate (%)	Response rate goal
Panel 22	Round 1	9,835	352	68	86	10,169	7,381	12.8	72.6	80
	Round 2	7,371	166	19	11	7,545	7,039	8.5	93.3	95
	Round 3	7,071	100	12	19	7,164	6,808	6.7	95.0	96
	Round 4	6,815	91	13	18	6,901	6,672	6.8	96.7	97
	Round 5	6,670	35	7	12	6,700	6,584	5.3	98.3	98
Panel 23	Round 1	9,960	193	46	110	10,089	7,351	12.5	72.9	80
	Round 2	7,387	106	14	15	7,492	6,960	8.2	92.9	95
	Round 3	6,987	102	11	18	7,082	6,703	6.1	94.6	96
	Round 4	6,704	74	10	12	6,776	6,522	6.6	96.2	97
	Round 5	6,503	34	4	5	6,536	6,383	5.3	97.7	98
	Round 6	6,498	90	10	18	6,480	5,120	4.8	79.0	90
	Round 7	5,176	36	5	6	5,170	4,513	5.2	87.3	85
	Round 8	4,558	27	3	10	4,548	3,984	5.8	87.6	80
	Round 9	4,006	10	4	10	3,996	3,603	4.7	90.2	90
Panel 24	Round 1	9,976	153	43	82	10,090	7,186	11.8	71.2	80
	Round 2	7,211	98	19	5	7,323	6,777	7.9	92.5	95
	Round 3	6,812	76	9	7	6,890	6,289	6.0	91.3	96
	Round 4	6,335	44	4	13	6,370	5,446	5.1	85.5	97
	Round 5	5,510	31	4	15	5,495	4,770	5.3	86.8	85
	Round 6	4,816	22	8	8	4,808	3,959	5.7	82.3	80
	Round 7	4,007	28	0	5	4,002	3,500	5.3	87.5	87
	Round 8	3,528	14	0	9	3,519	3,121	5.9	88.7	85
	Round 9	3,135	11	1	6	3,129	2,988	4.5	95.5	95
Panel 25	Round 1	10,008	184	38	78	10,152	6,265	9.6	61.7	80
	Round 2	5,907	49	14	12	5,958	4,677	5.5	78.5	95
	Round 3	5,191	38	5	2	5,189	4,230	6.1	81.5	80
	Round 4	4,314	40	10	7	4,307	3,685	7.3	85.6	97
	Round 5	3,712	11	5	6	3,706	3,278	5.3	88.4	85
Panel 26	Round 1	9,674	160	29	68	9,795	5,882	11.1	60.1	70
	Round 2	6,047	83	11	2	6,045	4,799	9.0	79.4	95
	Round 3	4,882	42	4	6	4,876	4,103	6.8	84.1	83
	Round 4	4,165	30	10	4	4,161	3,805	7.6	91.4	97
	Round 5									

Table 4-3. MEPS-HC data collection results, Panels 22 through 28 (continued)

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/complete	Response rate (%)	Response rate goal
Panel 27	Round 1	10,085	193	28	78	10,007	6,158	13.2	61.5	65
	Round 2	6,288	68	11	3	6,285	5,368	8.9	85.4	80
	Round 3	5,434	37	6	5	5,429	4,818	7.1	88.8	90
	Round 4	4,880	40	3	12	4,868	4,509	7.3	92.6	97
	Round 5									
Panel 28	Round 1	10,110	175	19	75	10,035	6,527	13.7	65.0	68
	Round 2	6,640	62	7	5	6,635	5,766	8.7	86.9	95
	Round 3									
	Round 4									
	Round 5									

*Figures in the table are weighted to reflect results of the interim nonresponse subsampling procedure implemented in the first Round of Panel 16.

Table 4-4. Response rates by data collection year, 2014-2023

Year/Panel	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7	Round 8	Round 9
2014									
Panel 19	71.8	93.6							
Panel 18			94.5	97.1					
Panel 17					98.5				
2015									
Panel 20	73.5	93.4							
Panel 19			94.7	96.7					
Panel 18					98.4				
2016									
Panel 21	74.4	93.0							
Panel 20			95.1	96.8					
Panel 19					98.3				
2017									
Panel 22	72.6	93.3							
Panel 21			94.1	96.8					
Panel 20					96.4				
2018									
Panel 23	72.9	92.9							
Panel 22			95.0	96.7					
Panel 21					97.8				
2019									
Panel 24	71.2	92.5							
Panel 23			94.6	96.2					
Panel 22					98.3				
2020									
Panel 25	61.7	78.5							
Panel 24			91.3	85.5					
Panel 23					97.7	79.0			
2021									
Panel 26	60.1	79.4							
Panel 25			81.5	85.6					
Panel 24					86.8	82.3			
Panel 23							87.3	87.6	

Table 4-4. Response rates by data collection year, 2014-2023 (continued)

Year/Panel	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7	Round 8	Round 9
2022									
Panel 27	61.5	85.4							
Panel 26			84.1	91.4					
Panel 25					88.6				
Panel 24							87.5	88.7	
Panel 23									90.2
2023									
Panel 28	65.0	86.9							
Panel 27			88.8	92.6					
Panel 26					93.0				
Panel 24									95.5

Table 4-5 illustrates the mode of data collection for each of the 2023 data collection Rounds. CAVI interviews were offered as the primary mode for Round 5 and Round 9, while telephone was the secondary mode, followed by in-person where necessary. For all other Rounds, the primary mode was in-person with CAVI as the secondary mode followed by telephone.

Table 4-5. Completed cases by mode of interviewing for Panels 24 through 28

Completes		Percentage of complete	In-person	Telephone	Computer-assisted video interviewing (CAVI)
Panel 24	Round 9	95.5	242	1,583	1,163
Panel 26	Round 5	93.0	440	1,513	1,588
Panel 27	Round 3	88.8	3,459	472	887
	Round 4	92.6	3,238	212	1,059
Panel 28	Round 1	65.0	5,438	326	763
	Round 2	86.9	5,096	146	524

Components of Response and Nonresponse

Table 4-6 summarizes components of nonresponse associated with the Round 1 households by Panel beginning in 2017. Prior to 2020, the components of nonresponse remained relatively stable. Starting in 2020, the "refusal" and "other nonresponse" categories have shown a significant increase. Increases and decreases in the percentage of refusals align closely with corresponding decreases and increases in the completion rate.

Table 4-6. Summary of MEPS Round 1 response and nonresponse, 2018-2023 Panels

Response and nonresponse components	2018 Panel 23, Round 1	2019 Panel 24, Round 1	2020 Panel 25, Round 1	2021 Panel 26, Round 1	2022 Panel 27, Round 1	2023 Panel 28, Round 1
Total sample	10,199	10,172	10,230	9,863	10,085	10,035
Out of scope (%)	1.1	0.8	0.8	0.7	0.8	0.7
Complete (%)	72.9	70.6	61.2	59.6	61.1	65.0
Nonresponse (%)	27.1	28.6	38.0	39.7	38.2	34.9
Refusal (%)	22.4	24.0	28.7	31.2	30.4	29.9
Not located (%)	3.1	3.1	3.2	4.3	3.3	2.6
Other nonresponse (%)	1.7	1.5	6.1	4.2	4.5	2.5

Tables 4-7 through 4-14 summarize results for additional aspects of the 2023 data collection. Because Round 1 is the most difficult of all the Rounds, the presentation focuses primarily on Panel 28, Round 1.

Table 4-7. Summary of MEPS Round 1 response, 2018-2023 Panels, by National Health Interview Survey (NHIS) completion status

NHIS completion status	2018 Panel 23, Round 1	2019 Panel 24, Round 1	2020 Panel 25, Round 1	2021 Panel 26, Round 1	2022 Panel 27, Round 1	2023 Panel 28, Round 1
Original NHIS sample (N)	9,839	9,864	9,866	9,509	9,707*	9,800
Percentage complete in NHIS	80.4	84.2	89.3	85.3	83.3	85.0
Percentage partial complete in NHIS	19.6	15.8	10.7	14.7	16.7	15.0
Percentage complete for NHIS completes	75.4	73.5	63.5	63.1	64.2	67.5
Percentage complete for NHIS partial completes	63.6	60.3	46.8	44.1	49.5	51.9

Note: Figures shown are based on original NHIS sample and exclude reporting units added to the sample as "splits" and "students."
* 2022 Panel 27, Round 1 original NHIS Sample (N) has been updated.

NHIS Completion Status

Each year, the MEPS sample includes a number of households classified in the NHIS as "partial completes," in which the interviewer was able to complete part, but not all, of the full NHIS interview. Given the NHIS redesign implemented in 2018, the partial completes included in the 2022 MEPS sample included some cases that completed only the Roster module of the NHIS. The MEPS experience has been that for many of these NHIS cases, the difficulty experienced by the NHIS interviewer carries over to the MEPS interview—the MEPS response rate for the NHIS partial completes is substantially lower than for the NHIS completes. As noted in Chapter 1, for the 2023 sample, AHRQ repeated the step taken in most years since 2012 of sampling the NHIS partial completes in the "White/other" category at a lower rate than the NHIS completes.

The upper portion of Table 4-7 shows the proportion of partial completes in the sample over recent years. Across all domains, there was a significant drop in the proportion of the sample classified as partial complete in 2020 from all previous years shown on the table. Since then, the proportion of partial completes has increased. The proportion in 2023 is comparable to 2022. The lower portion of the table shows the persistent and substantial difference in response rate between these two components of the sample. Prior to 2020, among the cases originally delivered from the NHIS (that is, with new reporting units discovered during the MEPS interviewing excluded from the counts), the response rate for the NHIS partial completes averaged around 13 percentage points fewer than that for the NHIS completes. In 2020, that difference jumped up to 16.7 percentage points, and

there is a 19-point difference in 2021. In 2023, the difference is more in line with years prior to 2020, at 15.6 percentage points.

Sample Domain

Table 4-8 breaks out response information for the NHIS completes and partial completes by sample domain categories for Panel 28. Table 4-8, unlike Table 4-7, does include reporting units added to the sample during Round 1 data collection; it shows the differential in response rates between the NHIS partial completes and full completes persisting across all of the domains. NHIS partial completes responded at a lower rate in all domains. Within the individual domains, the difference between the response rate for the NHIS completes and the NHIS partial completes was greatest for the White/other domain—19.3 percentage points.

Table 4-8. Summary of MEPS Panel 28, Round 1 response rates, by sample domain by National Health Interview Survey (NHIS) completion status

Domain/NHIS status	Net sample (N)	Complete (%)	Refusal (%)	Not located (%)	Other nonresponse (%)
Asian	715	61.1	32.6	3.2	3.1
NHIS complete	588	63.3	30.8	3.2	2.7
NHIS partial complete	127	51.2	40.9	3.2	4.7
Black	1,280	69.9	24.0	3.4	2.7
NHIS complete	998	73.5	21.4	2.8	2.3
NHIS partial complete	282	57.5	33.0	5.7	3.9
Hispanic	1,891	66.5	27.7	3.3	2.7
NHIS complete	1,443	69.8	24.3	3.4	2.5
NHIS partial complete	448	56.0	38.6	2.9	2.5
White/other	6,149	64.0	31.5	2.1	2.4
NHIS complete	5,485	66.1	29.6	2.1	2.2
NHIS partial complete	664	46.8	47.7	2.7	2.7
All groups	10,035	65.1	29.9	2.6	2.5
NHIS complete	8,514	67.4	27.8	2.4	2.4
NHIS partial complete	1,521	51.9	41.8	3.4	3.0

Note: Includes reporting units added to sample as "splits" and "students" from original NHIS households, which were given the same "complete" or "partial complete" designation as the original household.

Table 4-9 (shown on the next page) further breaks out response information for Panel 28 by interview mode.

Table 4-9. Summary of MEPS Panel 28, Round 1 response rates, per interview mode, by sample domain by National Health Interview Survey (NHIS) completion status

Domain/NHIS status	In-person	Telephone	Computer-assisted video interviewing (CAVI)
Asian	318	28	91
NHIS complete	271	23	78
NHIS partial complete	47	5	13
Black	773	38	84
NHIS complete	637	32	64
NHIS partial complete	136	6	20
Hispanic	1,047	83	128
NHIS complete	840	59	20
NHIS partial complete	207	24	108
White/other	3,300	177	460
NHIS complete	3,050	158	418
NHIS partial complete	250	19	42
All groups	5,438	326	763
NHIS complete	4,798	272	668
NHIS partial complete	640	54	95

Refusals and Refusal Conversion

Table 4-10 summarizes the results of refusal conversion efforts by Panel. The rate of "ever refused" for RUs in Panel 28 was down to 36.8 percent from its highest level in Panel 26.

Table 4-10. Summary of MEPS Round 1 results for reporting units who ever refused, Panels 22 through 28

Panel	Net sample (N)	Ever refused (%)	Converted (%)	Final refusal rate (%)	Final response rate (%)
Panel 22	10,169	30.1	27.6	21.8	72.6
Panel 23	10,089	31.3	25.6	22.4	72.9
Panel 24	10,090	32.6	23.4	24.2	71.2
Panel 25	10,152	34.8	12.3	28.9	61.7
Panel 26	9,795	40.4	19.3	31.4	60.0
Panel 27	10,007	37.7	14.8	30.6	61.5
Panel 28	10,035	36.8	16.4	29.9	65.0

Tracing and Locating

Table 4-11 shows results of locating efforts for households that required tracking during the Round 1 field period by Panel. The percentage of households that required some tracing in 2023 (10.2%) dropped 0.8 percent from 2022 and saw its lowest rate in many years; the final rate of households that were not located after tracing efforts also dropped to 2.5 percent from its highest point in 2021.

Table 4-11. Summary of MEPS Round 1 results for reporting units who were ever traced, Panels 22 through 28

Panel	Total sample (N)	Ever traced (%)	Not located (%)
Panel 22	10,228	13.0	3.9
Panel 23	10,199	12.7	3.0
Panel 24	10,172	12.6	3.0
Panel 25	10,230	11.7	3.2
Panel 26	9,863	11.3	4.3
Panel 27	10,085	11.0	3.3
Panel 28	10,110	10.2	2.5

Interview Length

Table 4-12 shows the mean length (in minutes) for interviews conducted without interruption in a single session in Panels 22 through 28. There were a larger number of telephone interviews in 2020 and 2021 due to the pandemic shutdown. These took longer as interviewers had to read the show cards aloud, thus adding time to the interview. In 2022, interview time was down. The reduction is largely attributable to the introduction of electronic signature and DocuSign for AFs. In most cases, interviewers no longer have the burden of preparing paper AFs for household member signature. In 2023, overall timings continued to drop, approaching pre-pandemic levels.

Table 4-12. Interview timing comparison, Panels 22 through 28 (mean minutes per interview, single-session interviews)

Round	Panel 22	Panel 23	Panel 24	Panel 25	Panel 26	Panel 27	Panel 28
Round 1	79.9	78.1	79.5	89.0	92.9	82.3	80.6
Round 2	88.8	88.2	87.0	89.7	93.3	79.3	79.6
Round 3	93.0	92.6	98.5	100.0	90.0	86.4	
Round 4	84.3	86.8	86.2	93.2	76.5	78.8	
Round 5	78.8	78.7	97.1	75.5	74.1		
Round 6		88.4	89.7				
Round 7		96.6	85.4				
Round 8		90.1	78.5				
Round 9		76.5	73.1				

Table 4-13 shows the mean length (in minutes) by mode for interviews conducted without interruption in a single session. While CAVI interviews tend to be slightly longer, some of this time is accounted for by the equipment setup and procedures necessary to conduct a Zoom interview.

Table 4-13. Interview timing comparison by interview mode for Panels 24 through 28 (mean minutes per interview, single-session interviews)

Panel/Round	In-person	Telephone	Computer-assisted video interviewing (CAVI)
Panel 24			
Round 9	75.9	69.8	77.1
Panel 26			
Round 5	76.9	69.3	78.0
Panel 27			
Round 3	86.8	78.8	88.7
Round 4	79.3	67.4	79.6
Panel 28			
Round 1	79.8	80.2	89.2
Round 2	80.2	68.5	78.1

Mean Contact Attempts Per Case

Table 4-14 shows mean contact attempts, by mode and NHIS completion status, for all cases in Round 1 of Panels 26 through 28. While overall contact attempts are comparable to 2022, contact attempts for NHIS completes dropped slightly in 2023, while the number of attempts for NHIS partials increased.

Table 4-14. Mean contact attempts by National Health Interview Survey (NHIS) completion status and interview mode, Round 1 of Panels 26 through 28

	Panel 26, Round 1			Panel 27, Round 1			Panel 28, Round 1		
Contact type	All RUs*	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial
N	9,509	8,113	1,396	9,700	8,077	1,623	9,800	8,326	1,474
% of all RUs	100.0	85.3	14.7	100.0	83.3	16.7	100	85.0	15.0
In-person	2.4	2.3	3.1	5.6	6.1	5.7	5.6	5.4	6.8
Telephone	8.8	8.7		2.6	2.5		2.0	1.9	2.4
CAVI*				0.8	0.8	0.9	0.9	0.8	1.1
Total	13.1	12.8	14.9	8.4	8.2	9.3	8.4	8.1	10.3

* RUs=reporting units; CAVI=computer-assisted video interviewing

4.3 Data Collection Results: Authorization Form Signing Rates

During the Respondent Forms section of the MEPS CAPI interview, interviewers are prompted to ask respondents to sign the AFs needed to conduct the MPC of MEPS. AFs are requested for each unique person-provider pairing identified during the interview as a source of care for a key member of the household. Medical provider AFs are requested for physicians seen in an office-based setting; for inpatient, outpatient, or emergency room care received in a hospital; for care received from a home health agency; for telehealth; and for certain stays in long-term-care institutions. Pharmacy

AFs are requested for each pharmacy from which a household member obtained prescription medicines.

There are three modes by which authorization forms can be signed. Respondents who are available at the time of the in-person interview may sign their forms electronically on the interviewer's laptop. If a respondent is not available or not willing to sign at the time of the in-person interview, or if the interview is being conducted by CAVI or telephone, the respondent may be sent a link via text or email to sign their forms electronically in DocuSign. AFs may be signed on paper if a respondent is not available to sign on the laptop and does not have a cellphone or email for DocuSign, if the respondent requests paper, or if the signer is outside the RU.

Table 4-15 shows Round-by-Round signing rates for the medical provider AFs for Panels 21 through 28. Prior to 2022, all authorization forms were paper. Starting with the Rounds fielded in 2022, the rates are shown for each signature mode and combined across all modes. In 2023 for Rounds 3 and 5, there was a drop in overall signature rate. For Panel 26, Round 5, this is due to a higher proportion of DocuSign AFs as compared to Panel 25, Round 5. For Panel 27, Round 3, there is a decrease in the signature rates for both DocuSign and paper AFs as compared to Panel 26, Round 3. The fall Rounds in 2023 saw an increase in the overall signature rate, with the biggest jump being in the signing rate for DocuSign AFs.

Table 4-15. Signing rates for medical provider authorization forms for Panels 21 through 28

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 21	Round 1		2,037	1,396	68.5
	Round 2		22,984	17,295	75.2
	Round 3		20,802	14,898	71.6
	Round 4		16,487	13,110	79.5
	Round 5		20,443	16,247	79.5
Panel 22	Round 1		2,274	1,573	69.2
	Round 2		22,913	17,530	76.5
	Round 3		26,436	19,496	73.7
	Round 4		23,249	18,097	77.8
	Round 5		17,171	12,168	70.9

Table 4-15. Signing rates for medical provider authorization forms for Panels 21 through 28 (continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 23	Round 1		1,982	1,533	77.3
	Round 2		29,576	21,850	73.9
	Round 3		23,365	14,575	62.4
	Round 4		19,220	13,483	70.2
	Round 5		17,569	10,903	62.1
	Round 6		12,701	8,002	63.0
	Round 7		13,254	8,108	61.2
	Round 8		11,589	7,624	65.8
	Round 9	eSignature	597	542	90.8
		DocuSign	5,867	4,528	77.2
		Paper	2,601	1,172	45.1
		Combined	9,065	6,242	68.9
Panel 24	Round 1		2,285	1,306	57.2
	Round 2		24,755	15,865	64.1
	Round 3		22,657	11,522	50.9
	Round 4		14,612	7,716	52.8
	Round 5		15,992	8,941	55.9
	Round 6		11,366	6,658	58.6
	Round 7	eSignature	860	799	92.9
		DocuSign	6,856	4,997	72.9
		Paper	3,032	1,254	41.4
		Combined	10,748	7,050	65.6
	Round 8	eSignature	1,121	1,055	94.1
		DocuSign	4,997	3,500	70.0
		Paper	1,625	661	40.7
		Combined	7,743	5,216	67.4
	Round 9	eSignature	520	497	95.6
		DocuSign	4,718	3,171	67.2
		Paper	1,946	733	37.7
		Combined	7,184	4,401	61.3
Panel 25	Round 1		3,110	1,242	39.9
	Round 2		15,259	7,292	47.8
	Round 3		15,932	8,100	50.8
	Round 4		11,252	7,204	64.0
	Round 5	eSignature	3,796	3,570	94.0
		DocuSign	3,336	2,339	70.1
		Paper	1,877	431	23.0
		Combined	9,009	6,340	70.4

Table 4-15. Signing rates for medical provider authorization forms for Panels 21 through 28 (continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 26	Round 1		2,432	1,151	47.3
	Round 2		17,765	10,564	59.5
	Round 3	eSignature	7,510	7,043	93.8
		DocuSign	4,668	2,980	63.8
		Paper	2,964	419	14.1
		Combined	15,142	10,442	69.0
	Round 4	eSignature	6,494	6,195	95.4
		DocuSign	2,544	1,420	55.8
		Paper	1,351	184	13.6
		Combined	10,389	7,799	75.1
	Round 5	eSignature	946	893	94.4
		DocuSign	6,057	4,250	70.2
		Paper	1,827	461	25.2
		Combined	8,830	5,604	63.5
Panel 27	Round 1	eSignature	1,222	1,147	93.9
		DocuSign	523	285	54.5
		Paper	477	39	8.2
		Combined	2,222	1,471	66.2
	Round 2	eSignature	10,831	10,286	95.0
		DocuSign	4,744	2,026	42.7
		Paper	2,855	192	6.7
		Combined	18,430	12,504	67.8
	Round 3	eSignature	8,199	7,648	93.3
		DocuSign	4,961	2,651	53.4
		Paper	2,941	197	6.7
		Combined	16,101	10,496	56.2
	Round 4	eSignature	7,345	7,120	96.9
		DocuSign	3,378	2,296	68.0
		Paper	1,773	197	11.1
		Combined	12,496	9,613	76.9
Panel 28	Round 1	eSignature	1,539	1,451	94.3
		DocuSign	469	241	51.4
		Paper	609	22	3.6
		Combined	2,617	1,714	65.5
	Round 2	eSignature	1,3940	13,318	95.5
		DocuSign	3,794	2,015	53.1
		Paper	3,442	135	3.9
		Combined	21,176	15,468	73.0

Calculation of the Round-by-Round collection rate for the medical provider AFs is based on **all** forms requested during a Round. For later Rounds (that is, Rounds after Round 1), this includes forms fielded but not signed in an earlier Round (nonresponse) as well as forms that were signed in an earlier Round but rendered obsolete because the person had another health event with the provider after the date on which the original form was signed.

Table 4-16 shows signing rates for pharmacy AFs for Panels 21 through 28. Pharmacy AFs are requested starting in Round 2, with follow-up for nonresponse in subsequent Rounds similar to that for medical provider AFs. As with the medical provider authorizations forms, the overall signing rate in the first half of 2023 dropped from the first half of 2022 but increased in the second half of 2023.

Table 4-16. Signing rates for pharmacy authorization forms for Panels 21 through 28

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 20	Round 2		12,074	8,796	72.9
	Round 3		10,577	7,432	70.3
	Round 4		9,099	6,945	76.3
	Round 5		8,312	6,339	76.3
Panel 21	Round 2		10,783	7,985	74.1
	Round 3		9,540	6,847	71.8
	Round 4		8,172	6,387	78.2
	Round 5		6,684	5,336	79.8
Panel 22	Round 2		10,510	7,919	75.4
	Round 3		8,053	5,953	73.9
	Round 4		7,284	5,670	77.8
	Round 5		8,048	5,726	71.1
Panel 23	Round 2		8,834	6,514	73.8
	Round 3		9,614	6,205	64.5
	Round 4		8,486	5,900	69.5
	Round 5		8,067	5,101	63.2
	Round 6		5,668	3,418	60.3
	Round 7		5,417	3,345	61.8
	Round 8		5,182	3,341	64.5
	Round 9	eSignature	303	269	88.8
		DocuSign	2,587	1,983	76.7
		Paper	1,240	563	45.4
		Combined	4,130	2,815	68.2
Panel 24	Round 2		10,265	6,676	65.0
	Round 3		9,096	4,831	53.1
	Round 4		7,100	3,636	51.2
	Round 5		6,528	3,682	56.4
	Round 6		4,783	2,663	55.7
	Round 7	eSignature	336	310	92.3
		DocuSign	2,763	2,073	75.0
		Paper	1,279	547	42.8
		Combined	4,378	2,930	66.9
	Round 8	eSignature	480	449	93.5
		DocuSign	2,238	1,527	68.2
		Paper	798	299	37.5
		Combined	3,516	2,275	64.7
	Round 9	eSignature	235	222	94.5
		DocuSign	2,217	1,511	68.2
		Paper	887	345	38.9
		Combined	3,339	2,078	62.2

Table 4-16. Signing rates for pharmacy authorization forms for Panels 21 through 28 (continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 25	Round 2		6,783	3,180	46.9
	Round 3		6,114	3,146	51.5
	Round 4		4,640	2,888	62.2
	Round 5	eSignature	1,667	1,572	94.3
		DocuSign	1,416	983	69.4
		Paper	787	181	23.0
		Combined	3,870	2,736	70.7
Panel 26	Round 2		6,961	4,105	59.0
	Round 3	eSignature	2,916	2,725	93.4
		DocuSign	1,749	1,121	64.1
		Paper	1,156	181	15.7
		Combined	5,821	4,027	69.2
	Round 4	eSignature	2,848	2,710	95.2
		DocuSign	1,212	652	53.8
		Paper	659	60	9.1
		Combined	4,719	3,422	72.5
	Round 5	eSignature	446	422	94.6
		DocuSign	2,853	1,945	68.2
		Paper	933	228	24.4
		Combined	4,232	2,595	61.3
Panel 27	Round 2	eSignature	4,412	4,178	94.7
		DocuSign	1,972	842	42.7
		Paper	1,272	73	5.7
		Combined	7,656	5,093	66.5
	Round 3	eSignature	3,420	3,215	94.0
		DocuSign	1,973	1,028	52.1
		Paper	1,151	66	5.7
		Combined	6,544	4,309	65.8
	Round 4	eSignature	3,115	3,008	96.6
		DocuSign	1,638	1,078	65.8
		Paper	821	68	8.3
		Combined	5,574	4,154	74.5
Panel 28	Round 2	eSignature	5,716	5,445	95.3
		DocuSign	1,669	853	51.1
		Paper	1,370	34	2.5
		Combined	8,755	6,332	72.3

4.4 Data Collection Results: Self-Administered Questionnaire (SAQ), Diabetes Care Supplement (DCS), and Collection Rates

SAQs are requested from key adult household members in Rounds 2 and 4. Forms that are not collected in Rounds 2 and 4 are requested again in Rounds 3 and 5. In 2023, we introduced multimode collection for SAQs. During the CAPI interview, eligible household members were notified that they would receive a link to complete their SAQ on the web. Paper SAQs were offered

only if the household member did not have an email address and/or mobile phone number to which a link to the web SAQ could be sent. Table 4-17 shows the SAQ response rates, including both the Round-specific rates and the combined rates after the follow-up Round was completed. This is shown by survey mode for the SAQs requested in 2023.

Response rates continue to decline, despite the multimode approach. In 2024, a new contact protocol for web SAQs and additional paper follow-up for web nonresponse will be implemented in an effort to increase response rates.

Table 4-17. Results of self-administered questionnaire (SAQ) collection for Panels 21 through 28

Panel	Round	Survey Mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 21	Round 2		13,143	10,212	1,170	1,761	77.7
	Round 3		2,585	1,123	893	569	43.4
	Combined, 2016		13,143	11,335	-	-	86.2
	Round 4		12,021	9,966	1,149	906	82.9
	Round 5		2,078	834	884	360	40.1
	Combined, 2017		12,021	10,800	-	-	89.8
Panel 22	Round 2		12,304	9,929	1,086	1,289	80.7
	Round 3		2,287	840	749	698	36.7
	Combined, 2017		12,304	10,769	-	-	87.5
	Round 4		11,333	8,341	1,159	1,833	73.6
	Round 5		2,090	811	896	383	38.8
	Combined, 2018		11,333	9,152	-	-	80.8
Panel 23	Round 2		12,349	8,711	1,364	1,289	70.5
	Round 3		2,364	819	907	638	34.6
	Combined, 2018		12,349	9,530	-	-	77.2
	Round 4		11,290	8,554	1,515	1,221	75.8
	Round 5		2,711	983	923	805	36.3
	Combined, 2019		11,290	9,537	-	-	84.5
	Round 6		8,537	4,732	682	3,123	55.4
	Round 7		3,229	1,123	707	1,399	34.8
	Combined, 2020		8,537	5,855	-	-	68.6
	Round 8		6,446	3,377	799	2,270	52.4
	Round 9		2,654	724	633	1,297	27.3
	Combined, 2021		6,446	4,101	-	-	63.6

Table 4-17. Results of self-administered questionnaire (SAQ) collection for Panels 21 through 28 (continued)

Panel	Round	Survey Mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 24	Round 2		12,027	8,726	1,641	1,660	72.6
	Round 3		2,810	860	832	1,118	30.6
	Combined, 2019		12,027	9,586	-	-	79.7
	Round 4		9,257	4,247	786	4,224	45.9
	Round 5		4,224	1,476	838	1,910	34.9
	Combined, 2020		9,257	5,723	-	-	61.8
	Round 6		6,440	3,196	819	2,425	49.6
	Round 7		2,695	696	628	1,371	25.8
	Combined, 2021		6,440	3,892	-	-	60.4
	Round 8		4,906	2,347	634	1,925	47.8
	Round 9		2,415	413	632	1,730	17.1
	Combined, 2022		4,906	2,760	-	-	56.2
Panel 25	Round 2		8,109	3,555	529	4,025	43.8
	Round 3		4,016	1,322	717	1,977	32.9
	Combined, 2020		8,109	4,877	-	-	60.1
	Round 4		6,089	3,309	850	1,930	54.3
	Round 5		2,325	655	583	1,087	28.2
	Combined, 2021		6,089	3,964	-	-	65.1
Panel 26	Round 2		8,419	4,609	1,009	2,801	54.7
	Round 3		2,950	853	732	1,365	28.9
	Combined, 2021		8,419	5,462	-	-	64.9
	Round 4		6,370	3,399	898	2,073	53.4
	Round 5		2,665	551	720	1,394	20.7
	Combined, 2022		6,370	3,950	-	-	62.0
Panel 27	Round 2		9,690	4,669	1,529	3,492	48.2
	Round 3		4,258	865	1,190	2,203	20.3
	Combined, 2022		9,690	5,534	-	-	57.1
	Round 4	Web	5,497	2,898	21	2,578	52.7
		Paper	2,400	671	1,104	625	28.0
		Combined	7,897	3,569	1,125	3,203	45.2
Panel 28	Round 2	Web	7,108	3,597	22	3,489	50.6
		Paper	3,237	890	1,530	817	27.5
		Combined	10,345	4,487	1,552	4,306	43.4

In Rounds 3 and 5, key adult household members who have been diagnosed with diabetes were asked to complete a short questionnaire called the DCS. Forms not completed for pickup at the time of the interviewer's visit were followed up on by telephone in the latter stages of Rounds 3 and 5, but unlike the SAQ, there was no follow-up in the subsequent Round for forms not collected in the

Round when first requested. Response rates for the DCS for Panels 20 through 27 are shown in Table 4-18. Completion rates for the DCS showed a modest but relatively steady decline over time. In 2023, the number of DCSs requested continued to decline with a noticeable drop in response rate.

Table 4-18. Results of Diabetes Care Supplement (DCS) collection for Panels 20 through 27

Panel	Round	DCSs requested	DCSs completed	Response rate (%)
Panel 20	Round 3	1,412	1,190	84.5
	Round 5	1,386	1,174	84.9
Panel 21	Round 3	1,422	1,170	82.5
	Round 5	1,481	1,212	81.8
Panel 22	Round 3	1,453	1,177	81.0
	Round 5	1,348	1,018	75.5
Panel 23	Round 3	1,464	1,101	75.2
	Round 5	1,350	933	69.1
	Round 7	1,018	648	63.7
	Round 9	813	446	54.9
Panel 24	Round 3	1,350	843	62.4
	Round 5	1,082	599	55.4
	Round 7	817	443	54.2
	Round 9	687	324	47.2
Panel 25	Round 3	963	514	53.4
	Round 5	758	419	55.3
Panel 26	Round 3	894	516	57.7
	Round 5	746	360	48.3
Panel 27	Round 3	1146	523	45.6

4.5 Quality Control

Interviewer performance was monitored through validation case review using GPS, CARI, and telephone interviews. The purpose of validation was to verify that the correct individual was contacted for the interview and that the interview was conducted according to MEPS-approved procedures.

Generally, all completed cases were validated by first examining the GPS data stored and encrypted on the laptop. Then, if the case could not be properly validated due to missing data, or the GPS information could not be verified to show the interviewer at the respondent address or another documented location at the time of the interview, the case was then reviewed in the CARI system. If a case could not be validated in CARI due to poor quality or missing CARI data, the case was referred for telephone validation. All interviews completed in less than 30 minutes were also referred for telephone validation. Finally, for cases assigned to telephone validation, if the household could not be reached, a validation questionnaire was mailed with a return envelope.

In both the spring and fall Rounds of 2023, over 98 percent of completed cases were validated. In the spring Rounds, cases were validated using GPS data and by CARI at about the same rate. In the fall Rounds, cases were validated using GPS data at a much higher rate due to a higher proportion of in-person interviews in the fall, as opposed to CAVI or telephone interviews. CAVI and telephone interviews cannot be validated using GPS data. A small percentage (8% in the spring and 4% in the fall) were validated by phone, and less than .5% of cases were validated by mail.

The percentage of each interviewer's completed cases that were validated averaged 85.5% of completed in the spring Rounds and 93% in the fall Rounds.

In addition to validating cases, MEPS field supervisors and managers conduct observations as part of a comprehensive mentoring process. Generally, MEPS uses technical solutions in place of in-person observations; however, there are specific needs met by specialized observation. As much as possible, observations are conducted in the early weeks of data collection so that problems can be detected and corrected as quickly as possible, and interviewers are given feedback on ways to improve specific interviewing skills. While CARI offers a high-quality portal for evaluating interviewers on question administration, observations are still a critical tool, particularly of newly hired staff. Compared with the observation process, CARI and other report mechanisms do not

allow for assessment of the full range of interviewer skills, including respondent contact, trip planning, gaining cooperation, and interviewer-respondent interactions. In addition, the observer serves as an on-site resource in situations where remedial training is necessary. Observation forms are processed and reviewed at the home office to determine the need for individual and field-wide follow-up on specific skills.

4.6 Security Incidents

To comply with the requirement of reporting incidents involving loss or theft of hard-copy materials with a respondent's personally identifiable information (PII) or laptops, field staff continued to use an automated Initial Loss Reporting System (ILRS) to report confirmed incidents. Incidents were entered in the MEPS Help Desk Incident Tracking System, investigated, and were then closed upon resolution. Results were recorded in an annual MEPS PII log. A security incident report was submitted to the Westat Institutional Review Board (IRB) for each confirmed incident.

In 2023, there were two confirmed laptop and three confirmed iPhone losses. There was also one reported FedEx loss of laptop, iPhone, and accessories in September that FedEx recovered in October. Over the course of the year, five additional iPhones were reported to the MEPS Help Desk as lost, but were then found by the interviewer. The password-protected laptops were shut down at the time of the loss. Since MEPS laptops are full-disk encrypted, respondent identity was not at risk. The MEPS iPhones are also password-protected. Interviewers were counseled about keeping MEPS equipment secure at all times.

5. Home Office Support of Field Activities

The home office supports the data collection effort in several important ways. This support can be described in two phases: One phase of activity supports the launch of each new Round of data collection; another phase supports the field operation while data collection is in progress. These two phases of activity are described in this chapter.

5.1 Preparation for Field Activities

Prior to the start of data collection for each period, interviewers connected remotely to the home office to download the CAPI software update for the upcoming Rounds and received a home study training package to prepare them for interviewing. Field interviewers also received a replenishment of supplies at the start of the Rounds.

Advance mailings to all respondent households were prepared and mailed by the home office staff prior to the start of data collection. Addresses were first standardized and sent through the National Change of Address (NCOA) database to obtain the most current addresses for mailing. SAQs requested in fall 2022 that were not completed were included in the advance mailing for Round 3 and Round 5 cases in the spring 2023 advance mailing. Any mail returned as undeliverable was recorded, and the appropriate supervisor was notified. Requests to re-mail the Round 1 advance package to households who reported not receiving it were prepared and mailed by home office staff.

Supervisors received a Supervisor Assignment Log, listing all of the cases to be released in their region, for each wave of cases to use to assign cases to their interviewers. They entered the ID of the interviewer assigned to each case and sent the log back to the home office. The logs with assignments were then used to make the electronic assignments in the BFOS. Cases were then available to be picked up upon transmission by the assigned field interviewer on the day data collection began for the Round.

5.2 Support During Data Collection

Respondent Contacts. Respondent contacts are an important component of home office support for the MEPS data collection effort. Printed materials mailed to respondents contain an email

address and toll-free telephone number that respondents can use to contact the project representative with questions and requests to make or to cancel interview appointments—respondents also could choose not to participate in the study. Home office staff received and initiated the response to all respondent contacts. They forwarded information received from respondent calls to the field supervisors, who initiated the appropriate follow-up and informed the home office of the results of their follow-up within 24 hours of notification. Table 5-1 shows the number and percentage of RUs that made calls to the respondent hotline in the spring and fall Rounds of 2019-2023. The percentage of households that called the hotline dropped in 2023, with a significant decrease in the fall Rounds.

Table 5-1. Number and percentage of respondents who called the respondent information line, 2019-2023

Round/Panel	Original sample size	Number of calls	Calls as a percentage of sample size
Round 1			
2019 – Panel 24, Round 1	9,864	343	3.5
2020 – Panel 25, Round 1	9,880	586	5.9
2021 – Panel 26, Round 1	9,509	335	3.5
2022 – Panel 27, Round 1	9,700	426	4.4
2023 – Panel 28, Round 1	9,800	347	3.5
Rounds 3/5			
2019 – Panel 22, Round 5/Panel 23, Round 3	13,594	486	3.6
2020 – Panel 23, Round 5/Panel 24, Round 3	13,241	592	4.5
2021 – Panel 23, Round 7/Panel 24, Round 5/ Panel 25, Round 3	15,616	555	3.6
2022 – Panel 23, Round 9/Panel 24, Round 7/ Panel 25, Round 5/Panel 26, Round 3	16,399	818	5.0
2023 – Panel 24, Round 9/Panel 26, Round 5/Panel 27, Round 3	12,267	569	4.6
Rounds 2/4			
2019 – Panel 23, Round 4/Panel 24, Round 2	13,844	531	3.8
2020 – Panel 23, Round 6/Panel 24, Round 4/ Panel 25, Round 2	18,480	1,163	6.3
2021 – Panel 23, Round 8/Panel 24, Round 6/ Panel 25, Round 4/Panel 26, Round 2	19,339	848	4.4
2022 – Panel 24, Round 8/Panel 26, Round 4/ Panel 27, Round 2	13,735	584	4.3
2023 – Panel 27, Round 4/Panel 28, Round 2	11,323	211	1.9

Table 5-2 shows the number and types of calls received on the respondent hotline during 2022 and 2023. As in prior years, a substantial portion of the Round 1 calls were for refusals. In later Rounds, there are more calls for appointments.

Table 5-2. Calls to the respondent information line, 2022 and 2023

Reason for call	Spring 2022 (Panel 27, Round 1/Panel 26, Round 3/ Panel 25, Round 5/Panel 24, Round 7/ Panel 23, Round 9)				Fall 2022 (Panel 27, Round 2/ Panel 26, Round 4/ Panel 24, Round 8)	
	Round 1		Rounds 3, 5, 7, 9		Rounds 2, 4, and 8	
	N	%	N	%	N	%
Address/telephone change	4	0.9	42	5.1	25	4.3
Appointment	91	21.4	215	26.3	99	17.0
Request callback	130	30.5	236	28.9	260	44.5
No message	13	3.1	23	2.8	22	3.8
Other	21	4.9	236	28.9	84	14.4
Proxy needed	4	0.9	6	0.7	6	1.0
Request self-administered questionnaire (SAQ) help	0	0.0	0	0.0	0	0.0
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	0	0.0	0	0.0	0	0.0
Refusal	119	27.9	58	7.1	82	14.0
Willing to participate	44	10.3	2	0.2	6	1.0
Total	426		818		584	

Reason for call	Spring 2023 (Panel 28, Round 1/Panel 27, Round 3/Panel 26, Round 5/Panel 24, Round 9)				Fall 2023 (Panel 28, Round 2/ Panel 27, Round 4)	
	Round 1		Rounds 3, 5, 9		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	9	2.6	27	4.7	5	2.4
Appointment	45	13.0	131	23.0	39	18.5
Request callback	99	28.5	207	36.4	49	23.2
No message	8	2.3	18	3.2	6	2.8
Other	21	6.1	129	22.7	69	32.7
Proxy needed	1	0.3	3	0.5	1	0.5
Request SAQ help	0	0.0	0	0.0	0	0.0
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	0	0.0	0	0.0	1	0.5
Refusal	88	25.4	46	8.1	38	18.0
Willing to participate	76	21.9	8	1.4	3	1.4
Total	347		569		211	

Monitoring Production. Home office staff monitored production, cost, and data quality, and provided reports and feedback to field managers and supervisors for review and follow-up. Reports were generated weekly and distributed to AHRQ, showing weekly and cumulative field production data, response rates, and costs.

Home Office Support. Refusal letters were generated and mailed by home office staff as requested by the field. Home office staff also responded to supply requests from the field, replenishing interviewer and supervisor stocks of materials as needed.

Receipt Control. As interviewers completed cases, they transmitted the data electronically and shipped any hard-copy documents to the home office receipt operation. Interviewers shipped all hard-copy material containing PII via FedEx, which facilitates tracking of late or lost shipments. When preparing a shipment to the home office receipt department, interviewers used the Ship to Receipt module in BFOS to indicate exactly what materials were included in the package and recorded the FedEx tracking number. This information was sent directly to the receipt control system so it was known what materials were expected. For interviews completed by phone or CAVI, and for which pickup of hard-copy documents could not be arranged, interviewers provided a BRE for the respondent to send their documents directly to the home office. AFs signed electronically, either on the laptop or in DocuSign, were uploaded to a secure server to be accessed for receipt. Paper AFs were reviewed by receipt staff, then scanned and uploaded to the secure server. When a problem was found in an AF, the problem was documented and feedback was sent to the field supervisor to review with the interviewer. All self-administered questionnaires, including SAQs/preventive care self-administered questionnaires (PSAQs) and DCSs, were receipted and sent out for TeleForm scanning.

Helpdesk Support. The MEPS CAPI Helpdesk continued to provide technical support for field interviewing activities during 2023. Helpdesk staff were available 7 days a week to help field staff resolve CAPI, field management system, transmission, laptop, and iPhone problems. Incoming calls were documented for follow-up, as needed, to resolve individual issues and to identify issues reported by multiple interviewers. The MEPS CAPI Helpdesk coordinated tracking and shipping of all field laptops, field laptop assignments, and laptop and phone repairs.

6. Data Processing and Data Delivery

This chapter briefly describes the activities that supported Westat's data delivery work during the year and identifies the principal files related to data year 2021, delivered in 2023.

6.1 Processing to Support Data Delivery

6.1.1 Schedules for Data Delivery

Adhering to the schedule for delivery of the key MEPS public-use files is of paramount importance to the project. Throughout 2023, data processing activities to support the major file deliveries for the year proceeded simultaneously along several different delivery paths, with activity focused separately on each of the Panels for the annual full-year files. As in past years, the project used a set of comprehensive data delivery schedules to guide management of the effort. The schedules integrate key dates for the data collection, data capture, coding, editing and imputation, weights construction, and documentation production tasks. These schedules provide a framework for assessing the potential impact of proposed changes at the start of each processing cycle and for coordinating the succession of processes that comprise the delivery effort.

6.1.2 Data Quality Control System

The data quality control (DQC) system consists of both a consolidated database that preserves data as returned from the field and a DQC-specific database that shows the current values of data following any required updates. DQC technicians access the data through a secure portal.

Technicians review and edit the data using the Blaise database model that is used in the field for data collection. All DQC work occurs at a "case" level. The DQC system automatically creates a unique "issue" for each instance of text entered as a comment and includes the comment category selected by the field interviewer associated with the text entry. As cases are loaded into DQC, each comment and category is checked by a natural language processing (NLP) algorithm that identifies the most likely category. During processing, data technicians have the opportunity to accept or update this category. Technicians then follow standardized procedures for data review and editing based on the comment category.

The DQC system also runs a series of programmatic checks and assigns a new "issue" for each instance that triggers a consistency or edit check. These checks are designed to ensure that data changed during editing conform fully to the rules of the CAPI instrument before the data are released. In addition, issues are, on rare occasion, added manually to individual cases by DQC staff from MEPS Help Desk reports, such as when a name or email address is discovered to be misspelled after completion of the interview; these issues are included among the number of cases with at least one interviewer comment. During spring 2023, 11.9 percent of cases received from the field included a comment (Table 6-1). Cases with any issue, a field comment, or a consistency check totaled 31.4 percent in spring 2023. For fall 2023, 11.2 percent of cases received from the field included a comment, while cases with any issue totaled 25.5 percent.

Table 6-1. 2023 cases with comments or data check issues

Field period	Cases processed	Cases with at least 1 comment	% cases with comments	Cases with at least 1 issue	% cases with issues	Not actionable (NA) comments	% NA comments
Spring 2023	17,928	2,136	11.9	5,629	31.4	1,990	58.3
Fall 2023	10,284	1,154	11.2	2,620	25.5	937	51.1

Field interviewers must select 1 of 10 categories for each comment text string. After selecting a category, CAPI provides category-specific guidance on information to include in the comment (e.g., RU member name, event date). They receive training to help identify the most meaningful category and avoid overuse of the category "Other." Table 6-2 shows the number of comments made in each category as assigned by the NLP algorithm and confirmed by the data technicians.

Table 6-2. Total number of comments by category

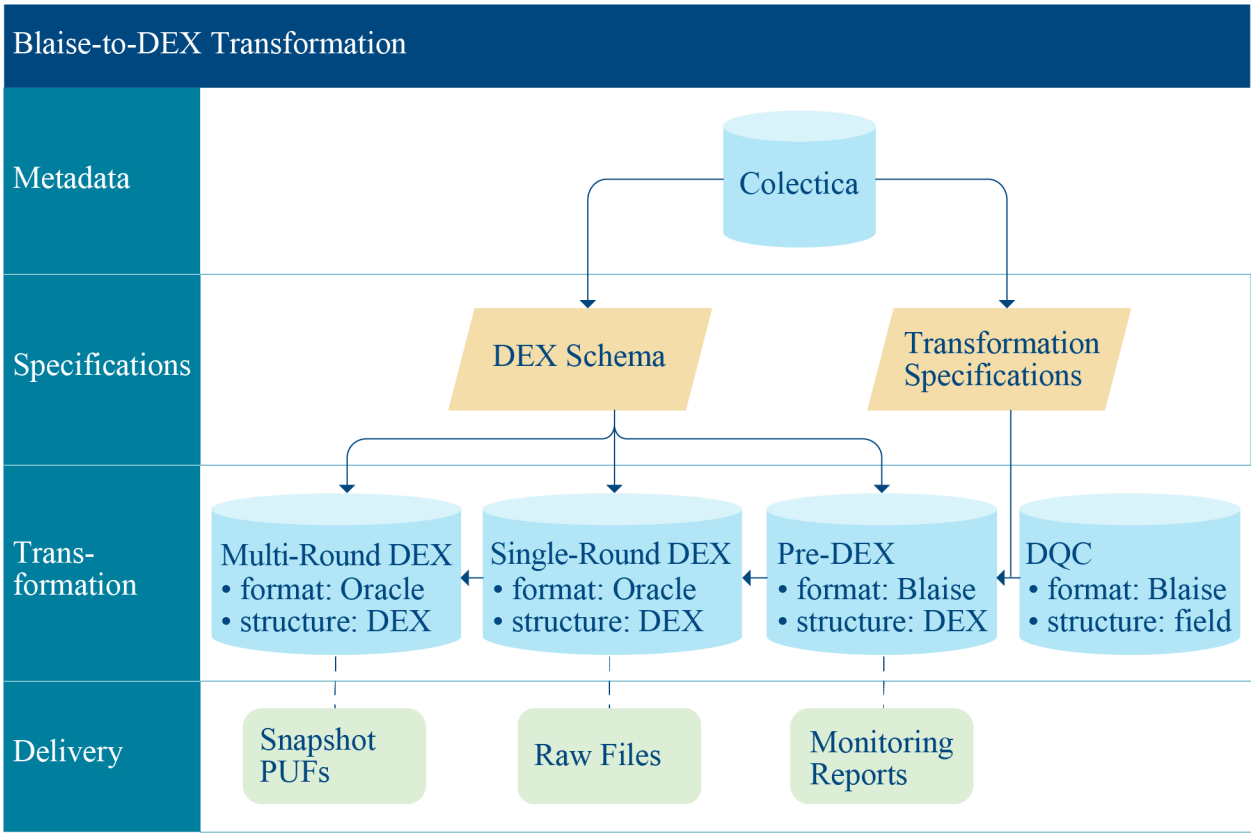
Total number of comments by category	#	%
1. Reporting Unit (RU)/RU Member	270	6.7
2. RU Member Refusal	46	1.1
3. Condition	127	3.1
4. Healthcare Events	2167	53.5
5. Glasses/Contact Lenses	41	1.0
6. Other Medical Expenses	64	1.6
7. Prescribed Medicines	417	10.3
8. Employment	244	6.0
9. Health Insurance	391	6.9
10. Other	286	7.1
Total	4,053	

6.1.3 Transformation

Transformation is the process of extracting data from the Blaise data models optimized for data collection and writing them to the data exchange format (Dex) required by the data delivery teams. The transformation has two logical activities: First is transforming the structure of the data from data collection to Dex and then transforming the format of the data from Blaise to Oracle. The resulting data, now stored in Oracle using the Dex structure, serves as input to the analytic editing, variable construction, public-use files (PUFs), and other file deliveries. The goal is to dislocate the delivery activities as little as possible in order to provide data of the highest quality as efficiently as possible.

As shown in Figure 6-1, data transformation has four distinct layers. The metadata layer contains all the variable definitions—including names, tables, or segments or blocks—and transformation logic, sometimes known as "plain-language transformation specifications." The analytic group leads at Westat are typically responsible for the metadata and the transformation logic.

Figure 6-1. Blaise to Dex transformation



Note: DEX=data exchange format; DQC=data quality control; PUFs=public-use files

Based on the metadata, two specifications are developed. The first describes the Dex structure using a formal schema, which is expressed as a set of SQL statements to create the empty Oracle Dex database. The second specification is the detailed transformation specification. Each variable is assigned to a set of similar variables called a "transformation class." A unique transformation class is defined by the information needed to specify the transformation. For instance, some variables simply need to be copied to an appropriate location in the Dex. These are known as passthrough variables and belong to the "passthrough" class. "Code All That Apply" variables are transformed based on the value selected by the interviewer, so the specification requires an additional Dex variable for each possible value. "Code All That Apply" is another transformation class. All of the classes are developed through discussions with AHRQ and sent to AHRQ for approval.

The third layer is the transformation (or programming) layer. Using the specifications just described, the data are read from the Blaise database in the data collection structure, the transformation logic is applied, and a data file for each Dex table is written. Next, the format is transformed from the Blaise format to Oracle, writing to the single-round database (SRD). The single-round structure is necessary because the data collection instrument does not contain all data for all Rounds for a given case; rather, only the data required to field the case in that specific Round are included. The SRD data are then merged into the existing data, yielding a cumulative multi-round database (MRD).

The final layer relates the different databases to selected key deliverables. This layer is intentionally general. For example, while the MRD is the source for the PUF deliveries, there are many additional steps to edit the data, construct variables, and deliver a data file and codebook.

6.1.4 TeleForm/Data Editing of Scanned Forms

TeleForm, a commercial off-the-shelf software system for intelligent data capture and image processing, was used in 2023 to capture data collected in the DCS and the SAQ. TeleForm software reads the form image files and extracts data according to the project specifications. Supporting software checks the data for conformity with project specifications and flags data values that violate the validation rules for review and resolution.

As SAQs evolve to be multimode (web and paper) in 2023, including follow-up hard-copy-only in spring 2024, we will update this section to discuss data harmonization and web data collection.

6.1.5 Coding

Coding refers to the process of converting data items collected in text format to prespecified numeric codes. For the MEPS-HC, five types of information require coding:

- Medical conditions;
- Prescribed medicines;
- Source of payment for medical events and prescriptions;
- Industry and occupation; and
- Geographic identifiers.

Medical Conditions and Prescribed Medicine Coding

In 2023, coding was performed on the medical conditions and prescribed medicine text strings reported by household respondents for calendar year 2022. An automated system enabled coders to easily search for and assign the appropriate International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code (for conditions) or Generic Product Identifier (GPI) code (for medicines). The system supports the verifier's review of all codes and, as needed, correction of the coder's initial decision. For the prescribed medicine coding, a pharmacist provided a further review of text strings questioned by the verifier, uncodable text strings, foreign medicines, and compound drugs. All coding actions were tracked in the systems, and error rates were calculated weekly. Both the condition and prescribed medicine coding efforts were staffed by three coders.

Medical conditions text strings for data year 2022 were coded to include the greatest specificity indicated by the text string. The fully specified ICD-10 code is needed to accurately match to the Clinical Classification Software Refined (CCSR) diagnosis codes. A total of 2,715 unique strings were manually coded, and the authority table was constructed with AHRQ-approved code assignments. The overall error rate for coders was 1.8 percent, below the contractual error rate goal of 2 percent.

Prescription medicine text strings for data year 2022 were coded to the set of GPI codes, associated with the Master Drug Data Base (MDDB) maintained by Medi-Span, a part of Wolters Kluwer. The codes characterize medicines by therapeutic class, form, and dosage. To augment the assignment of

codes to less specified and ambiguous text strings, AHRQ developed procedures for assigning partial GPI codes and higher level drug categories that were implemented in 2017 and continued through subsequent coding cycles.

AHRQ also developed a set of exact and inexact matching programs to reduce the number of prescribed medicine strings sent for manual coding. Westat's implementation of these matching programs reduces the number of prescribed medicine text strings sent for manual coding by approximately 50 percent each year. The matching programs are reviewed and approved each year. A total of 2,503 strings were manually coded from the 2022 data year.

In a process similar to condition text strings, the prescription medicine text strings undergo two Rounds of deduplication to identify the unique strings to be coded. AHRQ's exact and inexact matching programs are then run to further reduce the number of strings to be coded. In the spring of 2022, the prescribed medicine pick list and search tool was integrated into the CAPI instrument, which impacted the number of strings that need manually coding in 2023. The overall coding error rate (across all coders) was less than 1 percent, which is lower than the contractual goal of 2 percent. As with conditions, all prescription text strings/codes were reviewed by a verifier, with additional review of selected strings provided by a pharmacist.

Source of Payment Coding

Source of payment (SOP) information is collected in both the household and the medical provider components. In the HC charge payment section of the CAPI instrument, the names of the sources of payment are collected in three places: when the bill was paid by a source identified in response to a direct question about payment (REIMNAM); when the bill was sent to a source other than the respondent and the respondent names that source (WHOBILL1); and in response to a question about a direct payment source for prescription medicines (SRCNAME). The responses are coded to one of the sources of payment options in which healthcare expenditures are reported in the MEPS PUFs. These payment sources include:

- Out of pocket;
- Medicare;
- Medicaid;

- Private health insurance;
- Veterans Administration;
- TRICARE;
- Other Federal;
- Other state and local;
- Workers' compensation;
- Uncollected liability;
- Indian Health Service;
- Contractual allowance; and
- Charity or free care.

The *SOP Coding Guidelines* is a manual updated each year before the start of the annual coding cycle, submitted for AHRQ approval, and distributed to the coders. Health insurance show cards and data from the health insurance plan file for CAPI are available to coders as resource materials. Since the MPC of MEPS uses the same set of SOP codes as the Household Component, coding rules and decisions are coordinated with the MPC contractor (RTI) to ensure consistency in the coding. Before the start of the coding cycle, Westat compares RTI's authority tables with its own to identify any inconsistencies. AHRQ adjudicates any inconsistencies to ensure the authority tables from each contractor are aligned.

Each year, the SOP text strings extracted from the reference year data are matched to a historical file of previously coded SOP text strings to create a file of matched strings with suggested or "matched" codes. These match-coded strings are reviewed by coders and verified or modified as needed. This review is required because insurance companies change their product lines and coverage offerings very frequently, and as a result, the SOP code for a given text string (e.g., the name of an insurance company or plan) can change from year to year. For example, from one year to the next an insurer or insurance product may participate in or drop out of state exchanges; may offer Medicare Part D or dental or vision insurance, or may drop it; may add Medicare Advantage plans in addition to Medicaid health maintenance organizations (HMO)s; or may gain or lose state contracts as Medicaid service providers. As a result of these changes, the appropriate code for a company or specific plan

may also change from year to year. Strings that do not match to a string in the history table are researched and have an appropriate SOP code assigned by coding staff.

SOP coding during 2023 was for the payment sources reported for 2022 events. For cases when the bill was paid by a source identified in response to a direct question about payment (REIMNAM), a total of 1,746 previously coded sources of payment text strings were reviewed and updated as needed. After deduplication of the strings reported for 2022, coders reviewed and coded 1,718 strings. If the bill was sent to a source other than the respondent and the respondent names that source (WHOBILL1), coders reviewed and coded 2,997 strings. For text strings reported as direct payers for prescription medicine (SRCNAME), 447 new text strings were reviewed and coded by coders.

Industry and Occupation Coding

Industry and occupation coding is performed for MEPS by the Census Bureau using the U.S. Census Bureau's Demographic Surveys Division's computer-assisted industry and occupation (I&O) codes, which can be cross-walked to the 2007 North American Industrial Classification System (NAICS) and the 2010 Standard Occupational Classifications (SOC) system. The codes characterize the jobs reported by household respondents and are released annually on the full-year (FY) JOBS file. During 2023, 11,282 jobs were coded for the 2022 JOBS file.

Geographic Coding

The Westat Geographic Information Systems (GIS) division geocodes household addresses, assigning the latitude and longitude coordinates as well as other variables such as county and state Federal Information Processing Standards (FIPS) codes, Metropolitan Statistical Area (MSA) status, Designated Market Area, Census Place, and county. RU-level data are expanded to the person level and delivered to AHRQ as part of the set of "master files" sent yearly. These data are not included in a PUF, but some variables are used for the FY weights processing.

During the calendar year 2023 coding cycle, 16,168 unique address records for full-year reporting units were processed.

6.2 Data Delivery

The primary objective of MEPS is to produce a series of data files for public release each calendar year. The inter-round processing, editing, and variable construction tasks all serve to prepare these PUFs. Each file addresses one or more aspects of the U.S. civilian noninstitutional population's access to, use of, and payments for healthcare.

The Oracle system has a separate database for each data year. The MEPS 2023 database contains Panels 27 and 28.

After the data are in the Oracle delivery database, each analytical team performs basic edit checks on the data to begin the process. These edits ensure the data conform to the CAPI instrument's flow as well as to AHRQ's analytical needs. These edits can be run in SAS, using SAS datasets extracted from the delivery database, or in SQL, directly on the delivery database. Problems identified through the basic edits process may require updates to the data. If updating is required, these updates may be accomplished in one of two ways:

- Programmatic updates can correct problems affecting a large volume of cases that fail a basic edit.
- Manual updates can be set up with audit trails maintained to correct data anomalies.

Once all the edits have been completed for an analytical team, and quality control (QC) frequencies and univariates have been approved, notification is sent to all other analytical teams so that work can be coordinated in those areas.

6.2.1 Variable Construction

Analytical groups at AHRQ work with Westat analysts to define the variables of interest for inclusion on the PUF and other key data deliveries. Variables are named according to standard naming conventions, and once the list is approved, descriptive specifications are written to define each variable and to provide detailed information for programming.

Specifications are written at two levels. The high-level specification is a descriptive specification intended to document the concept of the variable and provide high-level information regarding the variable construction requirements. The detailed-level specifications contain the details required to develop programming code for building the variables. Specifications are written and sent to AHRQ

for approval. Once approval is received for the specification, program development can proceed for that variable.

Specifications guide programming development, and once programs have been written, code reviewers compare newly developed code against specifications to identify problems in either code or specifications. This program development process includes a number of steps and checkpoints to ensure that all new programs meet all specification requirements:

- Review approved high- and detailed-level specifications
- Write programs for each specification using SAS or SQL
- Test all programmed code for accuracy
- Conduct detailed code reviews to review specifications and code
- Test code on SAS production files or Oracle database without committing
- Construct variables either in SAS (and either load variables to Oracle or continue development in SAS, depending on the file) or directly in the Oracle production database
- Review frequencies and cross-tabulations for accuracy

This model is followed for the development of all new programs required for data delivery. For mature programs that are reused in subsequent deliveries with only minor modifications, the process is appropriately streamlined to ensure both accuracy and efficiency on all programs.

6.2.2 File Deliveries

Public-Use File Deliveries

The principal files delivered during calendar year 2023 are listed below:

- Full-Year 2021 Population Characteristics file
- Full-Year 2021 Use and Expenditure file
- Full-Year 2021 Expenditure Event files for events included in the MPC data collection including hospital inpatient, outpatient, and emergency room events; office-based physician visits; and home health agency events

- Full-Year 2021 Expenditure Event files for events not included in the MPC data collection, including dental events, office-based nonphysician events, and other medical expenses
- Full-Year 2021 Prescribed Medicines Expenditure file
- Full-Year 2021 Medical Conditions file
- Full-Year 2021 JOBS file
- 2021 Food Security file
- Full-Year 2021 Appendix to MEPS Event files
- 2021 Person Round Plan file

Ancillary File Deliveries

In addition to the principal data files delivered for public release each year, the project also produces a number of ancillary files for delivery to AHRQ. These include an extensive series of person- and family-level weights, "raw" data files reflecting MEPS data at intermediate stages of capture and editing, and files generated at the end of each Round or as needed to support analysis of both substantive and methodological topics. A comprehensive list of the files delivered during 2023 appears in the appendix.

Medical Provider Component (MPC) Files

During each year's processing cycle, Westat also creates files for the MPC contractor and, in turn, receives data files back from the MPC. As in prior years, Westat provided sample files for the MPC in three waves, with the first two waves delivered while HC data collection was still in progress. In preparing the sample files to be delivered in 2023 for MPC collection of data about 2022 health events, Westat again deduplicated the sample of providers. This process, developed in consultation with AHRQ, was designed to reduce the numberof duplicate providers reported from the household data collection.

Early in 2023, following completion of MPC data collection and processing for 2021 events, Westat received the files containing data collected in the MPC with linkages to matching events collected in the MPC with events collected in the HC. In processing at Westat, matched events from the MPC

served as the primary source for imputing expenditure variables for the 2021 events. A similar file of prescribed medicines was also delivered to support matching and imputation of expenditures for the prescribed medicines at AHRQ. Timely and well-coordinated data handoffs between Westat and the MPC are critical to the timely delivery of the full-year expenditure files. With each additional year of interaction and cooperation, the handoffs between the MPC and HC have gone more and more smoothly.

Appendix A

Comprehensive Tables – Household Survey

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Appendix A
Comprehensive Tables – Household Survey

Table A-1. Data collection periods and starting RU-level sample sizes, all Panels

Data collection period	RU-level sample size*	Data collection period	RU-level sample size*
January–June 1996	10,799	July–December 1996	9,485
Panel 1, Round 1	10,799	Panel 1, Round 2	9,485
January–June 1997	15,689	July–December 1997	14,657
Panel 1, Round 3	9,228	Panel 1, Round 4	9,019
Panel 2, Round 1	6,461	Panel 2, Round 2	5,638
January–June 1998	19,269	July–December 1998	9,871
Panel 1, Round 5	8,477	Panel 2, Round 4	5,290
Panel 2, Round 3	5,382	Panel 3, Round 2	4,581
Panel 3, Round 1	5,410		
January–June 1999	17,612	July–December 1999	10,161
Panel 2, Round 5	5,127	Panel 3, Round 4	4,243
Panel 3, Round 3	5,382	Panel 4, Round 2	5,918
Panel 4, Round 1	7,103		
January–June 2000	15,447	July–December 2000	10,222
Panel 3, Round 5	4,183	Panel 4, Round 4	5,567
Panel 4, Round 3	5,731	Panel 5, Round 2	4,655
Panel 5, Round 1	5,533		
January–June 2001	21,069	July–December 2001	13,777
Panel 4, Round 5	5,547	Panel 5, Round 4	4,426
Panel 5, Round 3	4,496	Panel 6, Round 2	9,351
Panel 6, Round 1	11,026		
January–June 2002	21,915	July–December 2002	15,968
Panel 5, Round 5	4,393	Panel 6, Round 4	8,977
Panel 6, Round 3	9,183	Panel 7, Round 2	6,991
Panel 7, Round 1	8,339		
January–June 2003	24,315	July–December 2003	13,814
Panel 6, Round 5	8,830	Panel 7, Round 4	6,655
Panel 7, Round 3	6,779	Panel 8, Round 2	7,159
Panel 8, Round 1	8,706		
January–June 2004	22,552	July–December 2004	14,068
Panel 7, Round 5	6,578	Panel 8, Round 4	6,878
Panel 8, Round 3	7,035	Panel 9, Round 2	7,190
Panel 9, Round 1	8,939		
January–June 2005	22,548	July–December 2005	13,991
Panel 8, Round 5	6,795	Panel 9, Round 4	6,843
Panel 9, Round 3	7,005	Panel 10, Round 2	7,148
Panel 10, Round 1	8,748		
January–June 2006	23,278	July–December 2006	14,280
Panel 9, Round 5	6,703	Panel 10, Round 4	6,708
Panel 10, Round 3	6,921	Panel 11, Round 2	7,572
Panel 11, Round 1	9,654		
January–June 2007	21,326	July–December 2007	12,906
Panel 10, Round 5	6,596	Panel 11, Round 4	7,005
Panel 11, Round 3	7,263	Panel 12, Round 2	5,901
Panel 12, Round 1	7,467		

Table A-1. Data collection periods and starting RU-level sample sizes, all Panels (continued)

Data collection period	RU-level sample size*	Data collection period	RU-level sample size*
January–June 2008	22,414	July–December 2008	13,384
Panel 11, Round 5	6,895	Panel 12, Round 4	5,376
Panel 12, Round 3	5,580	Panel 13, Round 2	8,008
Panel 13, Round 1	9,939		
January–June 2009	22,960	July–December 2009	15,339
Panel 12, Round 5	5,261	Panel 13, Round 4	7,670
Panel 13, Round 3	7,800	Panel 14, Round 2	7,669
Panel 14, Round 1	9,899		
January–June 2010	23,770	July–December 2010	13,785
Panel 13, Round 5	7,576	Panel 14, Round 4	6,974
Panel 14, Round 3	7,226	Panel 15, Round 2	6,811
Panel 15, Round 1	8,968		
January–June 2011	23,693	July–December 2011	14,802
Panel 14, Round 5	6,845	Panel 15, Round 4	6,254
Panel 15, Round 3	6,431	Panel 16, Round 2	8,548
Panel 16, Round 1	10,417		
January–June 2012	24,247	July–December 2012	16,161
Panel 15, Round 5	6,156	Panel 16, Round 4	8,048
Panel 16, Round 3	8,160	Panel 17, Round 2	8,113
Panel 17, Round 1	9,931		
January–June 2013	25,788	July–December 2013	15,347
Panel 16, Round 5	7,969	Panel 17, Round 4	7,656
Panel 17, Round 3	7,869	Panel 18, Round 2	7,691
Panel 18, Round 1	9,950		
January–June 2014	24,857	July–December 2014	14,665
Panel 17, Round 5	7,485	Panel 18, Round 4	7,203
Panel 18, Round 3	7,402	Panel 19, Round 2	7,462
Panel 19, Round 1	9,970		
January–June 2015	25,185	July–December 2015	15,247
Panel 18, Round 5	7,163	Panel 19, Round 4	6,946
Panel 19, Round 3	7,168	Panel 20, Round 2	8,301
Panel 20, Round 1	10,854		
January–June 2016	24,694	July–December 2016	15,390
Panel 19, Round 5	6,856	Panel 20, Round 4	7,729
Panel 20, Round 3	7,987	Panel 21, Round 2	7,661
Panel 21, Round 1	9,851		
January–June 2017	24,774	July–December 2017	14,395
Panel 20, Round 5	7,611	Panel 21, Round 4	7,025
Panel 21, Round 3	7,328	Panel 22, Round 2	7,370
Panel 22, Round 1	9,835		
January–June 2018	23,573	July–December 2018	13,766
Panel 21, Round 5	6,842	Panel 22, Round 4	6,726
Panel 22, Round 3	6,892	Panel 23, Round 2	7,040
Panel 23, Round 1	9,839		
January–June 2019	23,261	July–December 2019	13,403
Panel 22, Round 5	6,624	Panel 23, Round 4	6,569
Panel 23, Round 3	6,773	Panel 24, Round 2	6,834
Panel 24, Round 1	9,864		
January–June 2020	22,667	July–December 2020	15,633
Panel 23, Round 5	6,413	Panel 23, Round 6	5,264
Panel 24, Round 3	6,382	Panel 24, Round 4	5,574
Panel 25, Round 1	9,872	Panel 25, Round 2	4,795

Table A-1. Data collection periods and starting RU-level sample sizes, all Panels (continued)

Data collection period	RU-level sample size*	Data collection period	RU-level sample size*
January–June 2021	23,340	July–December 2021	16,828
Panel 23, Round 7	4,624	Panel 23, Round 8	4,093
Panel 24, Round 5	4,879	Panel 24, Round 6	4,048
Panel 25, Round 3	4,328	Panel 25, Round 4	3,768
Panel 26, Round 1	9,509	Panel 26, Round 2	4,919
January–June 2022	24,465	July–December 2022	12,491
Panel 23, Round 9	3,673		
Panel 24, Round 7	3,573	Panel 24, Round 8	3,174
Panel 25, Round 5	3,339		
Panel 26, Round 3	4,180	Panel 26, Round 4	3,866
Panel 27, Round 1	9,700	Panel 27, Round 2	5,451
January–June 2023		July–December 2023	
Panel 24, Round 9	3,019		
Panel 26, Round 5	3,585		
Panel 27, Round 3	4,882	Panel 27, Round 4	4,564
Panel 28, Round 1	6,669	Panel 28, Round 2	5,847

*RU-level sample size for this table derived from the field management system counts and operational reports detailing the fielded sample.

Table A-2. MEPS household survey data collection results, all Panels*

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/ complete	Response rate (%)
Panel 1	Round 1	10,799	675	125	165	11,434	9,496	10.4	83.1
	Round 2	9,485	310	74	101	9,768	9,239	8.7	94.6
	Round 3	9,228	250	28	78	9,428	9,031	8.6	95.8
	Round 4	9,019	261	33	89	9,224	8,487	8.5	92.0
	Round 5	8,477	80	5	66	8,496	8,369	6.5	98.5
Panel 2	Round 1	6,461	431	71	151	6,812	5,660	12.9	83.1
	Round 2	5,638	204	27	54	5,815	5,395	9.1	92.8
	Round 3	5,382	166	15	52	5,511	5,296	8.5	96.1
	Round 4	5,290	105	27	65	5,357	5,129	8.3	95.7
	Round 5	5,127	38	2	56	5,111	5,049	6.7	98.8
Panel 3	Round 1	5,410	349	44	200	5,603	4,599	12.7	82.1
	Round 2	4,581	106	25	39	4,673	4,388	8.3	93.9
	Round 3	4,382	102	4	42	4,446	4,249	7.3	95.5
	Round 4	4,243	86	17	33	4,313	4,184	6.7	97.0
	Round 5	4,183	23	1	26	4,181	4,114	5.6	98.4
Panel 4	Round 1	7,103	371	64	134	7,404	5,948	10.9	80.3
	Round 2	5,918	197	47	40	6,122	5,737	7.2	93.7
	Round 3	5,731	145	10	39	5,847	5,574	6.9	95.3
	Round 4	5,567	133	35	39	5,696	5,540	6.8	97.3
	Round 5	5,547	52	4	47	5,556	5,500	6.0	99.0
Panel 5	Round 1	5,533	258	62	103	5,750	4,670	11.1	81.2
	Round 2	4,655	119	27	27	4,774	4,510	7.7	94.5
	Round 3	4,496	108	17	24	4,597	4,437	7.2	96.5
	Round 4	4,426	117	20	41	4,522	4,396	7.0	97.2
	Round 5	4,393	47	12	32	4,420	4,357	5.5	98.6
Panel 6	Round 1	11,026	595	135	200	11,556	9,382	10.8	81.2
	Round 2	9,351	316	49	50	9,666	9,222	7.2	95.4
	Round 3	9,183	215	23	41	9,380	9,001	6.5	96.0
	Round 4	8,977	174	32	66	9,117	8,843	6.6	97.0
	Round 5	8,830	94	14	46	8,892	8,781	5.6	98.8

Table A-2. MEPS household survey data collection results, all Panels* (continued)

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/ complete	Response rate (%)
Panel 7	Round 1	8,339	417	76	122	8,710	7,008	10.0	80.5
	Round 2	6,991	190	40	24	7,197	6,802	7.2	94.5
	Round 3	6,779	169	21	32	6,937	6,673	6.5	96.2
	Round 4	6,655	133	17	34	6,771	6,593	7.0	97.4
	Round 5	6,578	79	11	39	6,629	6,529	5.7	98.5
Panel 8	Round 1	8,706	441	73	175	9,045	7,177	10.0	79.3
	Round 2	7,159	218	52	36	7,393	7,049	7.2	95.4
	Round 3	7,035	150	13	33	7,165	6,892	6.5	96.2
	Round 4	6,878	149	27	53	7,001	6,799	7.3	97.1
	Round 5	6,795	71	8	41	6,833	6,726	6.0	98.4
Panel 9	Round 1	8,939	417	73	179	9,250	7,205	10.5	77.9
	Round 2	7,190	237	40	40	7,427	7,027	7.7	94.6
	Round 3	7,005	189	24	31	7,187	6,861	7.1	95.5
	Round 4	6,843	142	23	44	6,964	6,716	7.4	96.5
	Round 5	6,703	60	8	43	6,728	6,627	6.1	98.5
Panel 10	Round 1	8,748	430	77	169	9,086	7,175	11.0	79.0
	Round 2	7,148	219	36	22	7,381	6,940	7.8	94.0
	Round 3	6,921	156	10	31	7,056	6,727	6.8	95.3
	Round 4	6,708	155	13	34	6,842	6,590	7.3	96.3
	Round 5	6,596	55	9	38	6,622	6,461	6.2	97.6
Panel 11	Round 1	9,654	399	81	162	9,972	7,585	11.5	76.1
	Round 2	7,572	244	42	24	7,834	7,276	7.8	92.9
	Round 3	7,263	170	15	25	7,423	7,007	6.9	94.4
	Round 4	7,005	139	14	36	7,122	6,898	7.2	96.9
	Round 5	6,895	51	7	44	6,905	6,781	5.5	98.2
Panel 12	Round 1	7,467	331	86	172	7,712	5,901	14.2	76.5
	Round 2	5,901	157	27	27	6,058	5,584	9.1	92.2
	Round 3	5,580	105	13	12	5,686	5,383	8.1	94.7
	Round 4	5,376	102	12	16	5,474	5,267	8.8	96.2
	Round 5	5,261	50	8	21	5,298	5,182	6.4	97.8

Table A-2. MEPS household survey data collection results, all Panels* (continued)

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/ complete	Response rate (%)
Panel 13	Round 1	9,939	502	97	213	10,325	8,017	12.2	77.6
	Round 2	8,008	220	47	23	8,252	7,809	9.0	94.6
	Round 3	7,802	204	14	38	7,982	7,684	7.2	96.2
	Round 4	7,670	162	17	40	7,809	7,576	7.5	97.0
	Round 5	7,576	70	15	38	7,623	7,461	6.1	97.9
Panel 14	Round 1	9,899	394	74	140	10,227	7,650	12.3	74.8
	Round 2	7,669	212	29	27	7,883	7,239	8.3	91.8
	Round 3	7,226	144	23	34	7,359	6,980	7.3	94.9
	Round 4	6,974	112	23	30	7,079	6,853	7.7	96.8
	Round 5	6,845	55	9	30	6,879	6,761	6.2	98.3
Panel 15	Round 1	8,968	374	73	157	9,258	6,802	13.2	73.5
	Round 2	6,811	171	19	21	6,980	6,435	8.9	92.2
	Round 3	6,431	134	23	22	6,566	6,261	7.2	95.4
	Round 4	6,254	116	15	26	6,359	6,165	7.8	97.0
	Round 5	6,156	50	5	19	6,192	6,078	6.0	98.2
Panel 16	Round 1	10,417	504	98	555	10,940	8,553	11.4	78.2
	Round 2	8,353	248	40	32	8,821	8,351	7.6	94.7
	Round 3	8,160	223	19	27	8,375	8,236	6.4	96.1
	Round 4	8,048	151	16	13	8,390	8,162	6.6	97.3
	Round 5	7,969	66	13	25	8,198	7,998	5.5	97.6
Panel 17	Round 1	9,931	490	92	127	10,386	8,121	11.7	78.2
	Round 2	8,113	230	35	19	8,359	7,874	7.9	94.2
	Round 3	7,869	180	15	15	8,049	7,663	6.3	95.2
	Round 4	7,656	199	19	30	7,844	7,494	7.4	95.5
	Round 5	7,485	87	10	23	7,559	7,445	6.1	98.5
Panel 18	Round 1	9,950	435	83	111	10,357	7,683	12.3	74.2
	Round 2	7,691	264	32	16	7,971	7,402	9.2	92.9
	Round 3	7,402	235	21	22	7,635	7,213	7.6	94.5
	Round 4	7,203	189	14	22	7,384	7,172	7.5	97.1
	Round 5	7,163	94	12	15	7,254	7,138	6.2	98.4

Table A-2. MEPS household survey data collection results, all Panels* (continued)

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/ complete	Response rate (%)
Panel 19	Round 1	9,970	492	70	115	10,417	7,475	13.5	71.8
	Round 2	7,460	222	23	24	7,681	7,188	8.4	93.6
	Round 3	7,168	187	12	17	7,350	6,962	7.0	94.7
	Round 4	6,946	146	20	23	7,089	6,858	7.4	96.7
	Round 5	6,856	75	7	24	6,914	6,794	5.9	98.3
Panel 20	Round 1	10,854	496	85	117	11,318	8,318	12.5	73.5
	Round 2	8,301	243	39	22	8,561	7,998	8.3	93.4
	Round 3	7,987	173	17	26	8,151	7,753	6.8	95.1
	Round 4	7,729	161	19	31	7,878	7,622	7.2	96.8
	Round 5	7,611	99	13	23	7,700	7,421	6.0	96.4
Panel 21	Round 1	9,851	462	92	89	10,316	7,674	12.6	74.4
	Round 2	7,661	207	32	17	7,883	7,327	8.5	93.0
	Round 3	7,327	166	14	19	7,488	7,043	7.2	94.1
	Round 4	7,025	119	14	20	7,138	6,907	7.0	96.8
	Round 5	6,914	42	8	34	6,930	6,778	5.9	97.8
Panel 22	Round 1	9,835	352	68	86	10,169	7,381	12.8	72.6
	Round 2	7,371	166	19	11	7,545	7,039	8.5	93.3
	Round 3	7,071	100	12	19	7,164	6,808	6.7	95.0
	Round 4	6,815	91	13	18	6,901	6,672	6.8	96.7
	Round 5	6,670	35	7	12	6,700	6,584	5.3	98.3
Panel 23	Round 1	9,960	1,931	46	110	10,089	7,351	12.5	72.9
	Round 2	7,387	106	14	15	7,492	6,960	8.2	92.9
	Round 3	6,987	102	11	18	7,082	6,703	6.1	94.6
	Round 4	6,704	74	10	12	6,776	6,522	6.6	96.2
	Round 5	6,503	34	4	5	6,536	6,383	5.3	97.7
	Round 6	6,498	90	10	18	6,480	5,120	4.8	79.0
	Round 7	5,176	36	5	6	5,170	4,513	5.2	87.3
	Round 8	4,558	27	3	10	4,548	3,984	5.8	87.6
	Round 9	4,006	10	4	10	3,996	3,603	4.7	90.2

Table A-2. MEPS household survey data collection results, all Panels* (continued)

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/ complete	Response rate (%)
Panel 24	Round 1	9,976	153	43	82	10,090	7,186	11.8	71.2
	Round 2	7,211	98	19	5	7,323	6,777	7.9	92.5
	Round 3	6,812	76	9	7	6,890	6,289	6.0	91.3
	Round 4	6,335	44	4	13	6,370	5,446	5.1	85.5
	Round 5	5,510	31	4	15	5,495	4,770	5.3	86.8
	Round 6	4,816	22	8	8	4,808	3,959	5.7	82.3
	Round 7	4,007	28	0	5	4,002	3,500	5.3	87.5
	Round 8	3,528	14	0	9	3,519	3,121	5.9	88.7
	Round 9	3,135	11	1	6	3,129	2,988	4.5	95.5
Panel 25	Round 1	10,008	184	38	78	10,152	6,265	9.6	61.7
	Round 2	5,907	49	14	12	5,958	4,677	5.5	78.5
	Round 3	5,191	38	5	2	5,189	4,230	6.1	81.5
	Round 4	4,314	40	10	7	4,307	3,685	7.3	85.6
	Round 5	3,712	11	5	6	3,706	3,278	5.3	88.4
Panel 26	Round 1	9,674	160	29	68	9,795	5,882	11.1	60.1
	Round 2	6,047	83	11	2	6,045	4,799	9.0	79.4
	Round 3	4,882	42	4	6	4,876	4,103	6.8	84.1
	Round 4	4,165	30	11	4	4,161	3,805	7.6	94.4
	Round 5								
Panel 27	Round 1	10,085	193	28	78	10,007	6,158	13.2	61.5
	Round 2	6,288	68	11	3	6,285	5,368	8.9	85.4
	Round 3	5,434	37	6	5	5,429	4,818	7.1	88.8
	Round 4	4,880	40	3	12	4,868	4,509	7.3	92.6
	Round 5								
Panel 28	Round 1	10,110	175	19	75	10,035	6,527	13.7	65.0
	Round 2	6,640	62	7	5	6,635	5,766	8.7	86.9
	Round 3								
	Round 4								
	Round 5								

* Figures in the table are weighted to reflect results of the interim nonresponse subsampling procedure implemented in the first Round of Panel 16.

Table A-3. Response rates by data collection year

Year/Panel	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7	Round 8	Round 9
2010									
Panel 15	73.5	92.2							
Panel 14			94.9	96.8					
Panel 13					97.9				
2011									
Panel 16	78.2	94.8							
Panel 15			95.4	97					
Panel 14					98.3				
2012									
Panel 17	78.2	94.2							
Panel 16			96.1	97.3					
Panel 15					98.2				
2013									
Panel 18	74.2	92.9							
Panel 17			95.2	95.5					
Panel 16					97.6				
2014									
Panel 19	71.8	93.6							
Panel 18			94.5	97.1					
Panel 17					98.5				
2015									
Panel 20	73.5	93.4							
Panel 19			94.7	96.7					
Panel 18					98.4				
2016									
Panel 21	74.4	93.0							
Panel 20			95.1	96.8					
Panel 19					98.3				
2017									
Panel 22	72.6	93.3							
Panel 21			94.1	96.8					
Panel 20					96.4				
2018									
Panel 23	72.9	92.9							
Panel 22			95.0	96.7					
Panel 21					97.8				

Table A-3. Response rates by data collection year (continued)

Year/Panel	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7	Round 8	Round 9
2019									
Panel 24	71.2	92.5							
Panel 23			94.6	96.2					
Panel 22					98.3				
2020									
Panel 25	61.7	78.5							
Panel 24			91.3	85.5					
Panel 23					97.7	79.0			
2021									
Panel 26	60.1	79.4							
Panel 25			81.5	85.6					
Panel 24					86.8	82.3			
Panel 23							87.3	87.6	
2022									
Panel 27	61.5	85.4							
Panel 26			84.1	91.4					
Panel 25					88.6				
Panel 24							87.5	88.7	
Panel 23									90.2
2023									
Panel 28	65.0	86.9							
Panel 27			88.8	92.6					
Panel 26					93.0				
Panel 24									95.5

Table A-4. Summary of MEPS Round 1 response and nonresponse

Response and nonresponse components	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	P19R1	P20R1	P21R1	P22R1	P23R1	P24R1	P25R1	P26R1	P27R1	P28R1
Total sample	10,532	11,435	10,405	10,255	10,199	10,172	10,230	9,863	10,085	10,035
Out of scope (%)	1.1	1.0	0.9	0.8	1.1	0.8	0.8	0.7	0.8	0.7
Complete (%)	71.8	73.5	74.4	72.6	72.1	70.6	61.2	59.6	61.1	65.0
Nonresponse (%)	28.2	26.5	25.6	27.4	26.9	28.6	38.0	39.7	38.2	34.9
Refusal (%)	22.4	21.0	20.2	21.8	22.1	24.0	28.7	31.2	30.4	29.9
Not located (%)	4.2	4.3	3.7	3.9	3.1	3.1	3.2	4.3	3.3	2.6
Other nonresponse (%)	1.6	1.2	1.7	1.7	1.7	1.5	6.1	4.2	4.5	2.5

Table A-5. Summary of Round 1 response by NHIS completion status

NHIS completion status	2014 P19R1	2015 P20R1	2016 P21R1	2017 P22R1	2018 P23R1	2019 P24R1	2020 P25R1	2021 P26R1	2022 P27R1	2023 P28R1
Original NHIS sample (N)	9,970	10,854	9,851	9,835	9,839	9,864	9,866	9,509	9,700	9,800
Percentage complete in NHIS	81.9	80.6	77.6	81.0	80.4	84.2	89.3	85.3	83.3	85.0
Percentage partial complete in NHIS	18.1	19.4	22.4	19.0	19.6	15.8	10.7	14.7	16.7	15.0
MEPS Round 1 response rate:										
Percentage complete for NHIS completes	74.5	75.9	77.3	75.4	75.4	73.5	63.5	63.1	64.2	67.5
Percentage complete for NHIS partial completes	58.9	63.1	64.8	62.0	63.6	60.3	46.8	44.1	49.5	51.9

Note: Figures shown are based on original NHIS sample and exclude reporting units added to the sample as “splits” and “students.”

Table A-6. Summary of MEPS Round 1 results for all RUs who ever refused, Panels 15-28

Panel	Net sample (N)	Ever refused (%)	Converted (%)	Final refusal rate (%)	Final response rate (%)
Panel 15	9,258	29.4	26.6	21.0	73.5
Panel 16	10,940	26.3	30.9	17.6	78.2
Panel 17	10,386	25.3	30.2	17.2	78.2
Panel 18	10,357	25.5	25.0	18.1	74.2
Panel 19	10,418	30.1	23.3	22.4	71.8
Panel 20	11,318	30.1	29.2	21.0	73.5
Panel 21	10,316	29.1	29.0	20.2	74.4
Panel 22	10,169	30.1	27.6	21.8	72.6
Panel 23	10,089	31.3	25.6	22.4	72.9
Panel 24	10,090	32.6	23.4	24.2	71.2
Panel 25	10,152	34.8	12.3	28.9	61.7
Panel 26	9,795	40.4	19.3	31.4	60.0
Panel 27	10,007	37.7	14.8	30.6	61.5
Panel 28	10,035	36.8	16.4	29.9	65.0

Table A-7. Summary of MEPS Round 1 results for RUs who were ever traced, Panels 15-28

Panel	Total sample (N)	Ever traced (%)	Not located (%)
Panel 15	9,415	16.7	4.1
Panel 16	11,019	18.2	3.0
Panel 17	10,513	18.7	3.6
Panel 18	10,468	16.0	4.3
Panel 19	10,532	19.5	4.1
Panel 20	11,435	14.0	4.3
Panel 21	10,405	12.8	3.7
Panel 22	10,228	13.0	3.9
Panel 23	10,199	12.7	3.0
Panel 24	10,172	12.6	3.0
Panel 25	10,230	11.7	3.2
Panel 26	9,863	11.3	4.3
Panel 27	10,085	11.0	3.3
Panel 28	10,110	10.2	2.5

Table A-8. Interview timing comparison (mean minutes per interview, single-session interviews)

Round	Panel 17	Panel 18	Panel 19	Panel 20	Panel 21	Panel 22	Panel 23	Panel 24	Panel 25	Panel 26	Panel 27	Panel 28
Round 1	67.8	78.0	85.5	76.4	75.5	79.9	78.1	79.5	89.0	92.9	82.3	80.6
Round 2	90.2	102.9	92.3	86.3	85.3	88.8	88.2	87.0	89.7	93.3	79.3	79.6
Round 3	94.3	103.1	94.5	89.7	93.4	93.0	92.6	98.5	100.0	76.5		
Round 4	99.6	89.0	84.6	80.5	82.7	84.3	86.8	86.2	93.2			
Round 5	92.2	87.4	84.1	85.3	76.0	78.8	78.7	97.1	75.5			
Round 6							88.4	89.7				
Round 7							96.6	85.4				
Round 8							90.1	78.5				
Round 9							76.5					

Table A-9. Mean contact attempts by NHIS completion status, Round 1

Contact type	Panel 21, Round 1			Panel 22, Round 1			Panel 23, Round 1			Panel 24, Round 1		
	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial
N	9,851	7,645	2,206	9,835	7,963	1,872	9,839	7,913	1,926	9,864	8,306	1,558
% of all RUs	100	77.6	22.4	100	81	19	100	80.4	19.6	100	84.2	15.8
In-person	7	6.9	8.3	6.3	6.1	7.3	6.2	6	7.2	5.5	5.4	6.3
Telephone	2	1.9	2.4	1.5	1.5	1.7	1.5	1.4	1.7	1.3	1.2	1.6
Total	9.3	8.9	11	8.4	8.1	9.6	8.2	7.9	9.5	7.3	7.1	8.5

Contact type	Panel 25, Round 1			Panel 26, Round 1			Panel 27, Round 1			Panel 28, Round 1		
	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial
N	9,866	8,814	1,052	9,509	8,113	1,396	9,700	8,077	1,623	9,800	8,326	1,474
% of all RUs	100	89.3	10.7	100	85.3	14.7	100	83.3	16.7	100	85.0	15.0
In-person	2.6	2.5	2.6	2.4	2.3	3.1	5.6	6.1	5.7	5.6	5.4	6.8
Telephone	9.7	9.5	11.6	8.8	8.7	9.8	8.7	8.7	9.4	2.0	1.9	2.4
CAVI	–	–	–	–	–	–	10.6	10.6	11.3	0.9	0.8	1.1
Total	14.4	14.1	17.0	13.1	12.8	14.9	8.4	8.2	9.3	8.4	8.1	10.3

Table A-10. Signing rates for medical provider authorization forms

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 1	Round 1		3,562	2,624	73.7
	Round 2		19,874	14,145	71.2
	Round 3		17,722	12,062	68.1
	Round 4		17,133	10,542	61.5
	Round 5		12,544	6,763	53.9
Panel 2	Round 1		2,735	1,788	65.4
	Round 2		13,461	9,433	70.1
	Round 3		11,901	7,537	63.3
	Round 4		11,164	6,485	58.1
	Round 5		8,104	4,244	52.4
Panel 3	Round 1		2,078	1,349	64.9
	Round 2		10,335	6,463	62.5
	Round 3		8,716	4,797	55.0
	Round 4		8,761	4,246	48.5
	Round 5		6,913	2,911	42.1
Panel 4	Round 1		2,400	1,607	67.0
	Round 2		12,711	8,434	66.4
	Round 3		11,078	6,642	60.0
	Round 4		11,047	6,888	62.4
	Round 5		8,684	5,096	58.7
Panel 5	Round 1		1,243	834	67.1
	Round 2		14,008	9,618	68.7
	Round 3		12,869	8,301	64.5
	Round 4		13,464	9,170	68.1
	Round 5		10,888	7,025	64.5
Panel 6	Round 1		2,783	2,012	72.3
	Round 2		29,861	22,872	76.6
	Round 3		26,068	18,219	69.9
	Round 4		27,146	20,082	74.0
	Round 5		21,022	14,581	69.4
Panel 7	Round 1		2,298	1,723	75.0
	Round 2		22,302	17,557	78.7
	Round 3		19,312	13,896	72.0
	Round 4		16,934	13,725	81.1
	Round 5		14,577	11,099	76.1
Panel 8	Round 1		2,287	1,773	77.5
	Round 2		22,533	17,802	79.0
	Round 3		19,530	14,064	72.0
	Round 4		19,718	14,599	74.0
	Round 5		15,856	11,106	70.0
Panel 9	Round 1		2,253	1,681	74.6
	Round 2		22,668	17,522	77.3
	Round 3		19,601	13,672	69.8
	Round 4		20,147	14,527	72.1
	Round 5		15,963	10,720	67.2
Panel 10	Round 1		2,068	1,443	69.8
	Round 2		22,582	17,090	75.7
	Round 3		18,967	13,396	70.6
	Round 4		19,087	13,296	69.7
	Round 5		15,787	10,476	66.4

Table A-10. Signing rates for medical provider authorization forms (continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 11	Round 1		2,154	1,498	69.5
	Round 2		23,957	17,742	74.1
	Round 3		20,756	13,400	64.6
	Round 4		21,260	14,808	69.7
	Round 5		16,793	11,482	68.4
Panel 12	Round 1		1,695	1,066	62.9
	Round 2		17,787	12,524	70.4
	Round 3		15,291	10,006	65.4
	Round 4		15,692	10,717	68.3
	Round 5		12,780	8,367	65.5
Panel 13	Round 1		2,217	1,603	72.3
	Round 2		24,357	18,566	76.2
	Round 3		21,058	14,826	70.4
	Round 4		21,673	15,632	72.1
	Round 5		17,158	11,779	68.7
Panel 14	Round 1		2,128	1,498	70.4
	Round 2		23,138	17,739	76.7
	Round 3		19,024	13,673	71.9
	Round 4		18,532	12,824	69.2
	Round 5		15,444	10,201	66.1
Panel 15	Round 1		1,680	1,136	67.6
	Round 2		18,506	13,628	73.6
	Round 3		16,686	11,652	69.8
	Round 4		16,260	11,139	68.5
	Round 5		13,443	8,420	62.6
Panel 16	Round 1		1,811	1,223	67.5
	Round 2		23,718	17,566	74.1
	Round 3		21,780	14,828	68.1
	Round 4		21,537	16,329	75.8
	Round 5		16,688	12,028	72.1
Panel 17	Round 1		1,655	1,117	67.5
	Round 2		21,749	17,694	81.4
	Round 3		19,292	15,125	78.4
	Round 4		20,086	15,691	78.1
	Round 5		15,064	11,873	78.8
Panel 18	Round 1		1,677	1,266	75.5
	Round 2		22,714	18,043	79.4
	Round 3		20,728	15,827	76.4
	Round 4		17,092	13,704	80.2
	Round 5		15,448	11,796	76.4
Panel 19	Round 1		2,189	1,480	67.6
	Round 2		22,671	17,190	75.8
	Round 3		20,582	14,534	70.6
	Round 4		17,102	13,254	77.5
	Round 5		15,330	11,425	74.5
Panel 20	Round 1		2,354	1,603	68.1
	Round 2		25,334	18,479	72.9
	Round 3		22,851	15,862	69.4
	Round 4		18,234	14,026	76.9
	Round 5		16,274	12,100	74.4

Table A-10. Signing rates for medical provider authorization forms (continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 21	Round 1		2,037	1,396	68.5
	Round 2		22,984	17,295	75.2
	Round 3		20,802	14,898	71.6
	Round 4		16,487	13,110	79.5
	Round 5		20,443	16,247	79.5
Panel 22	Round 1		2,274	1,573	69.2
	Round 2		22,913	17,530	76.5
	Round 3		26,436	19,496	73.7
	Round 4		23,249	18,097	77.8
	Round 5		17,171	12,168	70.9
Panel 23	Round 1		1,982	1,533	77.3
	Round 2		29,576	21,850	73.9
	Round 3		23,365	14,475	62.4
	Round 4		19,220	13,483	70.2
	Round 5		17,569	10,903	62.1
	Round 6		12,701	8,002	63.0
	Round 7		13,254	8,108	61.2
	Round 8		11,589	7,624	65.8
	Round 9	eSignature	597	542	90.8
		DocuSign	5,867	4,528	77.2
		Paper	2,601	1,172	45.1
		Combined	9,065	6,242	68.9
Panel 24	Round 1		2,285	1,306	57.2
	Round 2		24,755	15,865	64.1
	Round 3		22,657	11,522	50.9
	Round 4		14,612	7,716	52.8
	Round 5		15,992	8,941	55.9
	Round 6		11,366	6,658	58.6
	Round 7	eSignature	860	799	92.9
		DocuSign	6,856	4,997	72.9
		Paper	3,032	1,254	41.4
		Combined	10,748	7,050	65.6
	Round 8	eSignature	1,121	1,055	94.1
		DocuSign	4,997	3,500	70.0
		Paper	1,625	661	40.7
		Combined	7,743	5,216	67.4
	Round 9	eSignature	520	497	95.6
		DocuSign	4,718	3,171	67.2
		Paper	1,946	733	37.7
		Combined	7,184	4,401	61.3
Panel 25	Round 1		3,110	1,242	39.9
	Round 2		15,259	7,292	47.8
	Round 3		15,932	8,100	50.8
	Round 4		11,252	7,204	64.0
	Round 5	eSignature	3,796	3,570	94.0
		DocuSign	3,336	2,339	70.1
		Paper	1,877	431	23.0
		Combined	9,009	6,340	70.4

Table A-10. Signing rates for medical provider authorization forms (continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 26	Round 1		2,432	1,151	47.3
	Round 2		17,765	10,564	59.5
	Round 3	eSignature	7,510	7,043	93.8
		DocuSign	4,668	2,980	63.8
		Paper	2,964	419	14.1
		Combined	15,142	10,442	69.0
	Round 4	eSignature	6,494	6,195	95.4
		DocuSign	2,544	1,420	55.8
		Paper	1,351	184	13.6
		Combined	10,389	7,799	75.1
	Round 5	eSignature	946	893	94.4
		DocuSign	6,057	4,250	70.2
		Paper	1,827	461	25.2
		Combined	8,830	5,604	63.5
Panel 27	Round 1	eSignature	1,222	1,147	93.9
		DocuSign	523	285	54.5
		Paper	477	39	8.2
		Combined	2,222	1,471	66.2
	Round 2	eSignature	10,831	10,286	95.0
		DocuSign	4,744	2,026	42.7
		Paper	2,855	192	6.7
		Combined	18,430	12,504	67.8
	Round 3	eSignature	8,199	7,648	93.3
		DocuSign	4,961	2,651	53.4
		Paper	2,941	197	6.7
		Combined	16,101	10,496	56.2
	Round 4	eSignature	7,345	7,120	96.9
		DocuSign	3,378	2,296	68.0
		Paper	1,773	197	11.1
		Combined	12,496	9,613	76.9
Panel 28	Round 1	eSignature	1,539	1,451	94.3
		DocuSign	469	241	51.4
		Paper	609	22	3.6
		Combined	2,617	1,714	65.5
	Round 2	eSignature	1,3940	13,318	95.5
		DocuSign	3,794	2,015	53.1
		Paper	3,442	135	3.9
		Combined	21,176	15,468	73.0

Table A-11. Interview length by mode for Panels 24-28

Panel/Round	In-person	Telephone	CAVI
Panel 24			
Round 9	75.9	69.8	77.1
Panel 26			
Round 5	76.9	69.3	78.0
Panel 27			
Round 3	86.8	78.8	88.7
Round 4	79.3	67.4	88.7
Panel 28			
Round 1	79.8	80.2	89.2
Round 2	80.2	68.5	78.1

Table A-12. Signing rates for pharmacy authorization forms

Panel	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
Panel 1	Round 3		19,913	14,468	72.7
	Round 5		8,685	6,002	69.1
Panel 2	Round 3		12,241	8,694	71.0
	Round 5		8,640	6,297	72.9
Panel 3	Round 3		9,016	5,929	65.8
	Round 5		7,569	5,200	68.7
Panel 4	Round 3		11,856	8,280	69.8
	Round 5		10,688	8,318	77.8
Panel 5	Round 3		9,248	6,852	74.1
	Round 5		8,955	7,174	80.1
Panel 6	Round 3		19,305	15,313	79.3
	Round 5		17,981	14,864	82.7
Panel 7	Round 3		14,456	11,611	80.3
	Round 5		13,428	11,210	83.5
Panel 8	Round 3		14,391	11,533	80.1
	Round 5		13,422	11,049	82.3
Panel 9	Round 3		14,334	11,189	78.1
	Round 5		13,416	10,893	81.2
Panel 10	Round 3		13,928	10,706	76.9
	Round 5		12,869	10,260	79.7

Table A-12. Signing rates for pharmacy authorization forms (continued)

Panel	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
Panel 11	Round 3		14,937	11,328	75.8
	Round 5		13,778	11,332	82.3
Panel 12	Round 3		10,840	8,242	76.0
	Round 5		9,930	8,015	80.7
Panel 13	Round 3		15,379	12,165	79.1
	Round 4		10,782	7,795	72.3
	Round 5		9,451	6,635	70.2
Panel 14	Round 2		11,841	9,151	77.3
	Round 3		9,686	7,091	73.2
	Round 4		9,298	6,623	71.2
	Round 5		8,415	6,011	71.4
Panel 15	Round 2		9,698	7,092	73.1
	Round 3		8,684	6,189	71.3
	Round 4		8,163	5,756	70.5
	Round 5		7,302	4,485	66.9
Panel 16	Round 2		12,093	8,892	73.5
	Round 3		10,959	7,591	69.3
	Round 4		10,432	8,194	78.6
	Round 5		8,990	6,928	77.1
Panel 17	Round 2		14,181	12,567	88.6
	Round 3		9,715	7,580	78.0
	Round 4		9,759	7,730	79.2
	Round 5		8,245	6,604	80.1
Panel 18	Round 2		10,977	8,755	79.8
	Round 3		9,757	7,573	77.6
	Round 4		8,526	6,858	80.4
	Round 5		7,918	6,173	78.0
Panel 19	Round 2		10,749	8,261	76.9
	Round 3		9,618	6,902	71.8
	Round 4		8,557	6,579	76.9
	Round 5		7,767	5,905	76.0
Panel 20	Round 2		12,074	8,796	72.9
	Round 3		10,577	7,432	70.3
	Round 4		9,099	6,945	76.3
	Round 5		8,312	6,339	76.3
Panel 21	Round 2		10,783	7,985	74.1
	Round 3		9,540	6,847	71.8
	Round 4		8,172	6,387	78.2
	Round 5		6,684	5,336	79.8
Panel 22	Round 2		10,510	7,919	75.4
	Round 3		8,053	5,953	73.9
	Round 4		7,284	5,670	77.8
	Round 5		8,048	5,726	71.1

Table A-12. Signing rates for pharmacy authorization forms (continued)

Panel	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
Panel 23	Round 2		8,834	6,514	73.8
	Round 3		9,614	6,205	64.5
	Round 4		8,486	5,900	69.5
	Round 5		8,067	5,101	63.2
	Round 6		5,668	3,418	60.3
	Round 7		5,417	3,345	61.8
	Round 8		5,182	3,341	64.5
	Round 9	eSignature	303	269	88.8
		DocuSign	2,587	1,983	76.7
		Paper	1,240	563	45.4
		Combined	4,130	2,815	68.2
Panel 24	Round 2		10,265	6,676	65.0
	Round 3		9,096	4,831	53.1
	Round 4		7,100	3,636	51.2
	Round 5		6,528	3,682	56.4
	Round 6		4,783	2,663	55.7
	Round 7	eSignature	336	310	92.3
		DocuSign	2,763	2,073	75.0
		Paper	1,279	547	42.8
		Combined	4,378	2,930	66.9
	Round 8	eSignature	480	449	93.5
		DocuSign	2,238	1,527	68.2
		Paper	798	299	37.5
		Combined	3,516	2,275	64.7
	Round 9	eSignature	235	222	94.5
		DocuSign	2,217	1,511	68.2
		Paper	887	345	38.9
		Combined	3,339	2,078	62.2
Panel 25	Round 2		6,783	3,180	46.9
	Round 3		6,114	3,146	51.5
	Round 4		4,640	2,888	62.2
	Round 5	eSignature	1,667	1,572	94.3
		DocuSign	1,416	983	69.4
		Paper	787	181	23.0
		Combined	3,870	2,736	70.7
Panel 26	Round 2		6,961	4,105	59.0
	Round 3	eSignature	2,916	2,725	93.4
		DocuSign	1,749	1,121	64.1
		Paper	1,156	181	15.7
		Combined	5,821	4,027	69.2
	Round 4	eSignature	2,848	2,710	95.2
		DocuSign	1,212	652	53.8
		Paper	659	60	9.1
		Combined	4,719	3,422	72.5
	Round 5	eSignature	446	422	94.6
		DocuSign	2,853	1,945	68.2
		Paper	933	228	24.4
		Combined	4,232	2,595	61.3

Table A-12. Signing rates for pharmacy authorization forms (continued)

Panel	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
Panel 27	Round 2	eSignature	4,412	4,178	94.7
		DocuSign	1,972	842	42.7
		Paper	1,272	73	5.7
		Combined	7,656	5,093	66.5
	Round 3	eSignature	3,420	3,215	94.0
		DocuSign	1,973	1,028	52.1
		Paper	1,151	66	5.7
		Combined	6,544	4,309	65.8
	Round 4	eSignature	3,115	3,008	96.6
		DocuSign	1,638	1,078	65.8
		Paper	821	68	8.3
		Combined	5,574	4,154	74.5
Panel 28	Round 2	eSignature	5,716	5,445	95.3
		DocuSign	1,669	853	51.1
		Paper	1,370	34	2.5
		Combined	8,755	6,332	72.3

Table A-13. Results of self-administered questionnaire (SAQ) collection

Panel	Round	Survey Mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 1	Round 2		16,577	9,910	–	–	59.8
	Round 3		6,032	1,469	840	3,723	24.3
	Combined, 1996		16,577	11,379	–	–	68.6
Panel 4*	Round 4		13,936	12,265	288	1,367	87.9
	Round 5		1,683	947	314	422	56.3
	Combined, 2000		13,936	13,212	–	–	94.8
Panel 5*	Round 2		11,239	9,833	191	1,213	86.9
	Round 3		1,314	717	180	417	54.6
	Combined, 2000		11,239	10,550	–	–	93.9
	Round 4		7,812	6,790	198	824	86.9
	Round 5		1,022	483	182	357	47.3
	Combined, 2001		7,812	7,273	-	-	93.1
Panel 6	Round 2		16,577	14,233	412	1,932	85.9
	Round 3		2,143	1,213	230	700	56.6
	Combined, 2001		16,577	15,446	-	-	93.2
	Round 4		15,687	13,898	362	1,427	88.6
	Round 5		1,852	967	377	508	52.2
	Combined, 2002		15,687	14,865	-	-	94.8
Panel 7	Round 2		12,093	10,478	196	1,419	86.6
	Round 3		1,559	894	206	459	57.3
	Combined, 2002		12,093	11,372	-	-	94.0
	Round 4		11,703	10,125	285	1,292	86.5
	Round 5		1,493	786	273	434	52.7
	Combined, 2003		11,703	10,911	-	-	93.2
Panel 8	Round 2		12,533	10,765	203	1,565	85.9
	Round 3		1,568	846	234	488	54.0
	Combined, 2003		12,533	11,611	-	-	92.6
	Round 4		11,996	10,534	357	1,105	87.8
	Round 5		1,400	675	344	381	48.2
	Combined, 2004		11,996	11,209	-	-	93.4
Panel 9	Round 2		12,541	10,631	381	1,529	84.8
	Round 3		1,670	886	287	496	53.1
	Combined, 2004		12,541	11,517	-	-	91.9
	Round 4		11,913	10,357	379	1,177	86.9
	Round 5		1,478	751	324	403	50.8
	Combined, 2005		11,913	11,108	-	-	93.2
Panel 10	Round 2		12,360	10,503	391	1,466	85.0
	Round 3		1,626	787	280	559	48.4
	Combined, 2005		12,360	11,290	-	-	91.3
	Round 4		11,726	10,081	415	1,230	86.0
	Round 5		1,516	696	417	403	45.9
	Combined, 2006		11,726	10,777	-	-	91.9
Panel 11	Round 2		13,146	10,924	452	1,770	83.1
	Round 3		1,908	948	349	611	49.7
	Combined, 2006		13,146	11,872	-	-	90.3
	Round 4		12,479	10,771	622	1,086	86.3
	Round 5		1,621	790	539	292	48.7
	Combined, 2007		12,479	11,561	-	-	92.6

Table A-13. Results of self-administered questionnaire (SAQ) collection (continued)

Panel	Round	Survey Mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 12	Round 2		10,061	8,419	502	1,140	83.7
	Round 3		1,460	711	402	347	48.7
	Combined, 2007		10,061	9,130	-	-	90.7
	Round 4		9,550	8,303	577	670	86.9
	Round 5		1,145	541	415	189	47.3
	Combined, 2008		9,550	8,844	-	-	92.6
Panel 13	Round 2		14,410	12,541	707	1,162	87.0
	Round 3		1,630	829	439	362	50.9
	Combined, 2008		14,410	13,370	-	-	92.8
	Round 4		13,822	12,311	559	952	89.1
	Round 5		1,364	635	476	253	46.6
	Combined, 2009		13,822	12,946	-	-	93.7
Panel 14	Round 2		13,335	11,528	616	1,191	86.5
	Round 3		1,542	818	426	298	53.1
	Combined, 2009		13,335	12,346	-	-	92.6
	Round 4		12,527	11,041	644	839	88.1
	Round 5		1,403	645	497	261	46.0
	Combined, 2010		12,527	11,686	-	-	93.3
Panel 15	Round 2		11,857	10,121	637	1,096	85.4
	Round 3		1,491	725	425	341	48.6
	Combined, 2010		11,857	10,846	-	-	91.5
	Round 4		11,311	9,804	572	935	86.7
	Round 5		1,418	678	461	279	47.8
	Combined, 2011		11,311	10,482	-	-	92.6
Panel 16	Round 2		15,026	12,926	707	1393	86.0
	Round 3		1,863	949	465	449	50.9
	Combined, 2011		15,026	13,875	-	-	92.3
	Round 4		13,620	12,415	582	623	91.2
	Round 5		1,112	516	442	154	46.4
	Combined, 2012		13,620	12,931	-	-	94.9
Panel 17	Round 2		14,181	12,567	677	937	88.6
	Round 3		1,395	690	417	288	49.5
	Combined, 2012		14,181	13,257	-	-	93.5
	Round 4		13,086	11,566	602	918	88.4
	Round 5		1,429	655	504	270	45.8
	Combined, 2013		13,086	12,221	-	-	93.4
Panel 18	Round 2		13,158	10,805	785	1,568	82.1
	Round 3		2,066	1,022	547	497	48.5
	Combined, 2013		13,158	11,827	-	-	89.9
	Round 4		12,243	10,050	916	1,277	82.1
	Round 5		2,063	936	721	406	45.4
	Combined, 2014		12,243	10,986	-	-	89.7
Panel 19	Round 2		12,664	10,047	1,014	1,603	79.3
	Round 3		2,306	1,050	694	615	44.5
	Combined, 2014		12,664	11,097	-	-	87.6
	Round 4		11,782	9,542	1,047	1,175	81.0
	Round 5		2,131	894	822	414	42.0
	Combined, 2015		11,782	10,436	-	-	88.6

Table A-13. Results of self-administered questionnaire (SAQ) collection (continued)

Panel	Round	Survey Mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 20	Round 2		14,077	10,885	1,223	1,966	77.3
	Round 3		2,899	1,329	921	649	45.8
	Combined, 2015		14,077	12,214	-	-	86.8
	Round 4		13,068	10,572	1,127	1,371	80.9
	Round 5		2,262	1,001	891	370	44.3
	Combined, 2016		13,068	11,573	-	-	88.6
Panel 21	Round 2		13,143	10,212	1,170	1,761	77.7
	Round 3		2,585	1,123	893	569	43.4
	Combined, 2016		13,143	11,335	-	-	86.2
	Round 4		12,021	9,966	1,149	906	82.9
	Round 5		2,078	834	884	360	40.1
	Combined, 2017		12,021	10,800	-	-	89.8
Panel 22	Round 2		12,304	9,929	1,086	1,289	80.7
	Round 3		2,287	840	749	698	36.7
	Combined, 2017		12,304	10,769	-	-	87.5
	Round 4		11,333	8,341	1,159	1,833	73.6
	Round 5		2,090	811	896	383	38.8
	Combined, 2018		11,333	9,152	-	-	80.8
Panel 23	Round 2		12,349	8,711	1,364	1,289	70.5
	Round 3		2,364	819	907	638	34.6
	Combined, 2018		12,369	9,530	-	-	77.2
	Round 4		11,290	8,554	1,515	1,221	75.8
	Round 5		2,711	983	923	805	36.3
	Combined, 2019		11,290	9,537	-	-	84.5
	Round 6		8,537	4,732	682	3,123	55.4
	Round 7		3,229	1,123	707	1,399	34.8
	Combined, 2020		8,537	5,855	-	-	68.6
	Round 8		6,446	3,377	799	2,270	52.4
	Round 9		2,654	724	633	1,297	27.3
	Combined, 2021		6,446	4,101	-	-	63.6
Panel 24	Round 2		12,027	8,726	1,641	1,660	72.6
	Round 3		2,810	860	832	1,118	30.6
	Combined, 2019		12,027	9,586	-	-	79.7
	Round 4		9,257	4,247	786	4,224	45.9
	Round 5		4,224	1,476	838	1,910	34.9
	Combined, 2020		9,257	5,723	-	-	61.8
	Round 6		6,440	3,196	819	2,425	49.6
	Round 7		2,695	696	628	1,371	25.8
	Combined, 2021		6,440	3,892	-	-	60.4
	Round 8		4,906	2,347	634	1,925	47.8
	Round 9		2,415	413	632	1,730	17.1
	Combined, 2022		4,906	2,760	-	-	56.2
Panel 25	Round 2		8,109	3,555	529	4,025	43.8
	Round 3		4,016	1,322	717	1,977	32.9
	Combined, 2020		8,109	4,877	-	-	60.1
	Round 4		6,089	3,309	850	1,930	54.3
	Round 5		2,325	655	583	1,087	28.2
	Combined, 2021		6,089	3,964	-	-	65.1
Panel 26	Round 2		8,419	4,609	1,009	2,801	54.7
	Round 3		2,950	853	732	1,365	28.9
	Combined, 2021		8,419	5,462	-	-	64.9
	Round 4		6,370	3,399	898	2,073	53.4

Table A-13. Results of self-administered questionnaire (SAQ) collection (continued)

Panel	Round	Survey Mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 27	Round 2		9,690	4,669	1,529	3,492	48.2
	Round 3		4,258	865	1,190	2,203	20.3
	Combined, 2022		9,690	5,534	-	-	57.1
	Round 4	Web	5,497	2,898	21	2,578	52.7
		Paper	2,400	671	1,104	625	28.0
		Combined	7,897	3,569	1,125	3,203	45.2
Panel 28	Round 2	Web	7,108	3,597	22	3,489	50.6
		Paper	3,237	890	1,530	817	27.5
		Combined	10,345	4,487	1,552	4,306	43.4

* Totals represent combined collection of the SAQ and the parent-administered questionnaire (PAQ).

Table A-14. Results of Diabetes Care Supplement (DCS) collection*

Panel	Round	DCSs requested	DCSs completed	Response rate (%)
Panel 4	Round 5	696	631	90.7
Panel 5	Round 3	550	508	92.4
	Round 5	570	500	87.7
Panel 6	Round 3	1,166	1,000	85.8
	Round 5	1,202	1,166	97.0
Panel 7	Round 3	870	848	97.5
	Round 5	869	820	94.4
Panel 8	Round 3	971	885	91.1
	Round 5	977	894	91.5
Panel 9	Round 3	1,003	909	90.6
	Round 5	904	806	89.2
Panel 10	Round 3	1,060	939	88.6
	Round 5	1,078	965	89.5
Panel 11	Round 3	1,188	1,030	86.7
	Round 5	1,182	1,053	89.1
Panel 12	Round 3	917	825	90.0
	Round 5	883	815	92.3
Panel 13	Round 3	1,278	1,182	92.5
	Round 5	1,278	1,154	90.3
Panel 14	Round 3	1,174	1,048	89.3
	Round 5	1,177	1,066	90.6
Panel 15	Round 3	1,117	1,000	89.5
	Round 5	1,097	990	90.3
Panel 16	Round 3	1,425	1,283	90.0
	Round 5	1,358	1,256	92.5
Panel 17	Round 3	1,315	1,177	89.5
	Round 5	1,308	1,174	89.8
Panel 18	Round 3	1,362	1,182	86.8
	Round 5	1,342	1,187	88.5

Table A-14. Results of Diabetes Care Supplement (DCS) collection* (continued)

Panel	Round	DCSs requested	DCSs completed	Response rate (%)
Panel 19	Round 3	1,272	1,124	88.4
	Round 5	1,316	1,144	87.2
Panel 20	Round 3	1,412	1,190	84.5
	Round 5	1,386	1,174	84.9
Panel 21	Round 3	1,422	1,170	82.5
	Round 5	1,481	1,212	81.8
Panel 22	Round 3	1,453	1,177	81.0
	Round 5	1,348	1,018	75.5
Panel 23	Round 3	1,464	1,101	75.2
	Round 5	1,350	933	69.1
	Round 7	1,018	648	63.7
	Round 9	813	446	54.9
Panel 24	Round 3	1,350	843	62.4
	Round 5	1,082	599	55.4
	Round 7	817	443	54.2
	Round 9	687	324	47.2
Panel 25	Round 3	963	514	53.4
	Round 5	758	419	55.3
Panel 26	Round 3	894	516	57.7
	Round 5	746	360	48.3
Panel 27	Round 3	1146	523	45.6

* Tables represent combined DCS/proxy DCS collection.

Table A-15. Results of patient profile collection

Pharmacy	Total number	Total received	Percentage received	Total complete	Completes as a percentage of total
2019 – P22R5 all mail collection					
Total RUs	921	173	18.8%	125	13.6%
Total Pairs	1,387	199	14.3%	183	13.2%
2018 – P21R5 all mail collection					
Total RUs	2,920	417	20.7%	316	15.6%
Total Pairs	4,116	486	16.6%	425	14.5%
2017 – P20R5 all mail collection					
Total RUs	1,953	342	17.5%	254	13.0%
Total Pairs	2,723	372	13.7%	326	12.0%
2016 – P19R5 all mail collection					
Total RUs	2,038	374	18.4%	285	14.0%
Total Pairs	2,854	430	15.1%	394	13.8%
2015 – P18R5 all mail collection					
Total RUs	1,404	260	18.5%	186	13.2%
Total Pairs	2,042	289	14.2%	255	12.5%
2014 – P17R5 all mail collection					
Total RUs	2,230	372	16.7%	269	12.1%
Total Pairs	3,233	443	13.7%	386	11.9%
2013 – P16R5 all mail collection					
Total RUs	2,014	417	20.7%	316	15.6%
Total Pairs	2,911	486	16.6%	425	14.5%
2012 – P15R5 all mail collection					
Total RUs	1,390	290	20.8%	203	14.6%
Total Pairs	1,990	348	17.4%	290	14.5%

Table A-16. Calls to respondent information line

Reason for call	Spring 2000 (Panel 5, Round 1/Panel 4, Round 3/ Panel 3, Round 5)				Fall 2000 (Panel 5, Round 2/ Panel 4, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address change	23	4.0	13	8.3	8	5.7
Appointment	37	6.5	26	16.7	28	19.9
Request callback	146	25.7	58	37.2	69	48.9
Refusal	183	32.2	20	12.8	12	8.5
Willing to participate	10	1.8	2	1.3	0	0.0
Other	157	27.6	35	22.4	8	5.7
Report a respondent deceased	5	0.9	1	0.6	0	0.0
Request a Spanish-speaking interview	8	1.4	1	0.6	0	0.0
Request SAQ help	0	0.0	0	0.0	16	11.3
Total	569		156		141	

Reason for call	Spring 2001 (Panel 6, Round 1/Panel 5, Round 3/ Panel 4, Round 5)				Fall 2001 (Panel 6, Round 2/ Panel 5, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	27	3.7	17	12.7	56	15.7
Appointment	119	16.2	56	41.8	134	37.5
Request callback	259	35.3	36	26.9	92	25.8
No message	8	1.1	3	2.2	0	0.0
Other	29	4.0	7	5.2	31	8.7
Request SAQ help	0	0.0	2	1.5	10	2.8
Special needs	5	0.7	3	2.2	0	0.0
Refusal	278	37.9	10	7.5	25	7.0
Willing to participate	8	1.1	0	0.0	9	2.5
Total	733		134		357	

Reason for call	Spring 2002 (Panel 7, Round 1/Panel 6, Round 3/ Panel 5, Round 5)				Fall 2002 (Panel 7, Round 2/ Panel 6, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	28	4.5	29	13.9	66	16.7
Appointment	77	12.5	71	34.1	147	37.1
Request callback	210	34.0	69	33.2	99	25.0
No message	6	1.0	3	1.4	5	1.3
Other	41	6.6	17	8.2	10	2.5
Request SAQ help	0	0.0	0	0.0	30	7.6
Special needs	1	0.2	0	0.0	3	0.8
Refusal	232	37.6	14	6.7	29	7.3
Willing to participate	22	3.6	5	2.4	7	1.8
Total	617		208		396	

Table A-16. Calls to respondent information line (continued)

Reason for call	Spring 2003 (Panel 8, Round 1/Panel 7, Round 3/ Panel 6, Round 5)				Fall 2003 (Panel 8, Round 2/ Panel 7, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	20	4.2	33	13.7	42	17.9
Appointment	83	17.5	87	36.1	79	33.8
Request callback	165	34.9	100	41.5	97	41.5
No message	16	3.4	7	2.9	6	2.6
Other	9	1.9	8	3.3	3	1.3
Request SAQ help	0	0.0	0	0.0	1	0.4
Special needs	5	1.1	0	0.0	0	0.0
Refusal	158	33.4	6	2.5	6	2.6
Willing to participate	17	3.6	0	0.0	0	0.0
Total	473		241		234	

Reason for call	Spring 2004 (Panel 9, Round 1/Panel 8, Round 3/ Panel 7, Round 5)				Fall 2004 (Panel 9, Round 2/ Panel 8, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	8	1.6	26	13.2	42	10.9
Appointment	67	13.3	76	38.6	153	39.7
Request callback	158	31.5	77	39.1	139	36.1
No message	9	1.8	5	2.5	16	4.2
Other	8	1.6	5	2.5	5	1.3
Proxy needed	5	1.0	2	1.0	0	0.0
Request SAQ help	0	0.0	0	0.0	2	0.5
Special needs	0	0.0	0	0.0	0	0.0
Refusal	228	45.4	6	3.0	27	7.0
Willing to participate	19	3.8	0	0.0	1	0.3
Total	502		197		385	

Reason for call	Spring 2005 (Panel 10, Round 1/Panel 9, Round 3/ Panel 8, Round 5)				Fall 2005 (Panel 10, Round 2/ Panel 9, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	16	3.3	23	8.7	27	6.8
Appointment	77	15.7	117	44.3	177	44.4
Request callback	154	31.4	88	33.3	126	31.6
No message	14	2.9	11	4.2	28	7.0
Other	13	2.7	1	0.4	8	2.0
Proxy needed	0	0.0	0	0.0	0	0.0
Request SAQ help	0	0.0	0	0.0	1	0.3
Special needs	1	0.2	1	0.4	0	0.0
Refusal	195	39.8	20	7.6	30	7.5
Willing to participate	20	4.1	3	1.1	2	0.5
Total	490		264		399	

Table A-16. Calls to respondent information line (continued)

Reason for call	Spring 2006 (Panel 11, Round 1/Panel 10, Round 3/ Panel 9, Round 5)				Fall 2006 (Panel 11, Round 2/ Panel 10, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	7	1.3	24	7.5	11	4.1
Appointment	61	11.3	124	39.0	103	38.1
Request callback	146	27.1	96	30.2	101	37.4
No message	72	13.4	46	14.5	21	7.8
Other	16	3.0	12	3.8	8	3.0
Proxy needed	0	0.0	0	0.0	0	0.0
Request SAQ help	0	0.0	0	0.0	0	0.0
Special needs	4	0.7	0	0.0	0	0.0
Refusal	216	40.1	15	4.7	26	9.6
Willing to participate	17	3.2	1	0.3	0	0.0
Total	539		318		270	

Reason for call	Spring 2007 (Panel 12, Round 1/Panel 11, Round 3/ Panel 10, Round 5)				Fall 2007 (Panel 12, Round 2/ Panel 11, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	8	2.1	21	7.3	23	7.6
Appointment	56	14.6	129	44.8	129	42.6
Request callback	72	18.8	75	26.0	88	29.0
No message	56	14.6	37	12.8	33	10.9
Other	20	5.2	15	5.2	6	2.0
Proxy needed	0	0.0	0	0.0	0	0.0
Request SAQ help	0	0.0	0	0.0	0	0.0
Special needs	5	1.3	0	0.0	1	0.3
Refusal	160	41.8	10	3.5	21	6.9
Willing to participate	6	1.6	1	0.3	2	0.7
Total	383		288		303	

Reason for call	Spring 2008 (Panel 13, Round 1/Panel 12, Round 3/ Panel 11, Round 5)				Fall 2008 (Panel 13, Round 2/ Panel 12, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	20	3.4	12	4.7	21	5.7
Appointment	92	15.5	117	45.9	148	39.9
Request callback	164	27.6	81	31.8	154	41.5
No message	82	13.8	20	7.8	22	5.9
Other	13	2.2	12	4.7	8	2.2
Proxy needed	0	0.0	0	0.0	0	0.0
Request SAQ help	0	0.0	0	0.0	0	0.0
Special needs	4	0.7	0	0.0	0	0.0
Refusal	196	32.9	13	5.1	18	4.9
Willing to participate	24	4.0	0	0.0	0	0.0
Total	595		255		371	

Table A-16. Calls to respondent information line (continued)

Reason for call	Spring 2009 (Panel 14, Round 1/Panel 13, Round 3/ Panel 12, Round 5)				Fall 2009 (Panel 14, Round 2/ Panel 13, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	10	2.2	13	4.3	19	5.1
Appointment	49	10.8	87	29.0	153	41.1
Request callback	156	34.4	157	52.3	153	41.1
No message	48	10.6	23	7.7	20	5.4
Other	3	0.7	8	2.7	3	0.8
Proxy needed	0	0.0	0	0.0	0	0.0
Request SAQ help	0	0.0	0	0.0	0	0.0
Special needs	4	0.9	0	0.0	0	0.0
Refusal	183	40.3	11	3.7	24	6.5
Willing to participate	1	0.2	1	0.3	0	0.0
Total	454		300		372	

Reason for call	Spring 2010 (Panel 15, Round 1/Panel 14, Round 3/ Panel 13, Round 5)				Fall 2010 (Panel 15, Round 2/ Panel 14, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	2	0.8	42	8.2	25	5.3
Appointment	44	18.0	214	41.6	309	66.0
Request callback	87	35.7	196	38.1	46	9.8
No message	17	7.0	33	6.4	17	3.6
Other	7	2.9	8	1.6	14	3.0
Request SAQ help	0	0.0	0	0.0	12	2.6
SAQ refusal	0	0.0	0	0.0	1	0.2
Special needs	1	0.4	1	0.2	1	0.2
Refusal	86	35.2	20	3.9	43	9.2
Willing to participate	0	0.0	0	0.0	0	0.0
Total	244		514		468	

Reason for call	Spring 2011 (Panel 16, Round 1/Panel 15, Round 3/ Panel 14, Round 5)				Fall 2011 (Panel 16, Round 2/ Panel 15, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	16	3.4	46	8.0	72	9.8
Appointment	175	37.6	407	71.0	466	63.5
Request callback	81	17.4	63	11.0	69	9.4
No message	24	5.2	26	4.5	23	3.1
Other	12	2.6	8	1.4	25	3.4
Request SAQ help	1	0.2	2	0.3	32	4.4
SAQ refusal	0	0.0	0	0.0	46	6.3
Special needs	0	0.0	0	0.0	1	0.1
Refusal	157	33.7	21	3.7	0	0.0
Willing to participate	0	0.0	0		0	0.0
Total	466		573		734	

Table A-16. Calls to respondent information line (continued)

Reason for call	Spring 2012 (Panel 17, Round 1/Panel 16, Round 3/ Panel 15, Round 5)				Fall 2012 (Panel 17, Round 2/ Panel 16, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	18	5.0	107	13.4	108	12.2
Appointment	130	36.1	517	64.9	584	65.8
Request callback	60	16.7	94	11.8	57	6.4
No message	21	5.8	17	2.1	18	2.0
Other	10	2.8	25	3.1	16	1.8
Proxy needed	0	0.0	1	0.1	2	0.2
Request SAQ help	2	0.6	6	0.8	42	4.7
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	1	0.3	0	0.0	0	0.0
Refusal	117	32.5	30	3.8	60	6.8
Willing to participate	1	0.3	0	0.0	0	0.0
Total	360		797		887	

Reason for call	Spring 2013 (Panel 18, Round 1/Panel 17, Round 3/ Panel 16, Round 5)				Fall 2013 (Panel 18, Round 2/ Panel 17, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	18	4.4	82	10.8	53	9.0
Appointment	143	35.0	558	73.0	370	62.6
Request callback	71	17.4	88	11.5	70	11.8
No message	8	2.0	11	1.4	16	2.8
Other	2	0.5	4	.5	5	0.9
Proxy needed	1	0.2	1	0.1	1	0.2
Request SAQ help	1	0.2	0	0.0	31	5.3
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	2	0.5	0	0.0	2	0.3
Refusal	162	39.5	19	2.5	43	7.3
Willing to participate	1	0.2	1	0.1	0	0.0
Total	409		764		591	

Reason for call	Spring 2014 (Panel 19, Round 1/Panel 18, Round 3/ Panel 17, Round 5)				Fall 2014 (Panel 19, Round 2/ Panel 18, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	11	3.2	71	11.1	62	8.4
Appointment	75	22.1	393	61.5	490	66.5
Request callback	70	20.6	113	17.7	70	9.5
No message	11	3.2	12	1.9	28	3.9
Other	0	0.0	5	0.8	7	0.9
Proxy needed	0	0.0	0	0.0	1	0.1
Request SAQ help	0	0.0	1	0.2	4	0.5
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	0	0.0	0	0.0	0	0.0
Refusal	165	48.5	44	6.9	74	10.0
Willing to participate	8	2.4	0	0.0	1	0.1
Total	340		639		737	

Table A-16. Calls to respondent information line (continued)

Reason for call	Spring 2015 (Panel 20, Round 1/Panel 19, Round 3/ Panel 18, Round 5)				Fall 2015 (Panel 20, Round 2/ Panel 19, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	10	2.3	61	8.8	55	9.6
Appointment	95	21.8	438	63.4	346	60.7
Request callback	85	19.5	112	16.2	52	9.1
No message	14	3.2	17	2.5	4	0.7
Other	2	0.5	3	0.4	3	0.5
Proxy needed	1	0.2	7	1.0	8	1.4
Request SAQ help	1	0.2	3	0.4	11	1.9
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	0	0.0	0	0.0	0	0.0
Refusal	206	47.2	47	6.8	91	16.0
Willing to participate	22	5.0	3	0.4	0	0.0
Total	436		691		570	

Reason for call	Spring 2016 (Panel 21, Round 1/Panel 20, Round 3/ Panel 19, Round 5)				Fall 2016 (Panel 21, Round 2/ Panel 20, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	8	2.7	64	11.7	48	7.9
Appointment	93	30.9	362	66.2	373	61.7
Request callback	47	15.6	59	10.8	83	13.7
No message	1	0.3	7	1.3	6	1.0
Other	2	0.7	1	0.2	3	0.5
Proxy needed	0	0.0	5	0.9	6	1.0
Request SAQ help	0	0.0	3	0.5	11	1.8
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	1	0.3	0	0.0	0	0.0
Refusal	139	46.2	46	8.4	75	12.4
Willing to participate	10	3.3	0	0.0	0	0.0
Total	301		547		605	

Reason for call	Spring 2017 (Panel 22, Round 1/Panel 21, Round 3/ Panel 20, Round 5)				Fall 2017 (Panel 22, Round 2/ Panel 21, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	10	2.9	51	9.6	35	6.8
Appointment	86	24.9	355	66.6	318	61.4
Request callback	59	17.1	90	16.9	64	12.4
No message	1	0.3	2	0.4	5	1.0
Other	2	0.6	3	0.6	4	0.8
Proxy needed	1	0.3	7	1.3	5	1.0
Request SAQ help	1	0.3	0	0.0	15	2.9
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	0	0.0	1	0.2	1	0.2
Refusal	172	49.7	23	4.3	70	13.5
Willing to participate	14	4.0	1	0.2	1	0.2
Total	346		533		518	

Table A-16. Calls to respondent information line (continued)

Reason for call	Spring 2018 (Panel 23, Round 1/Panel 22, Round 3/ Panel 21, Round 5)				Fall 2018 (Panel 23, Round 2/ Panel 22, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	5	1.3	37	7.9	38	7.3
Appointment	59	15.4	318	68.1	335	63.9
Request callback	50	13.1	50	10.7	60	11.5
No message	4	1.0	5	1.1	1	0.2
Other	0	0.0	1	0.2	3	0.6
Proxy needed	2	0.5	4	0.9	6	1.1
Request SAQ help	0	0.0	1	0.2	15	2.9
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	1	0.3	0	0.0	0	0.0
Refusal	211	55.1	46	9.9	61	11.6
Willing to participate	51	13.3	5	1.1	5	1.0
Total	383		467		524	

Reason for call	Spring 2019 (Panel 24 Round 1/Panel 23, Round 3/ Panel 22, Round 5)				Fall 2019 (Panel 24, Round 2/ Panel 23, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	5	1.5	36	7.4	30	5.6
Appointment	59	17.2	328	67.5	344	64.8
Request callback	39	11.4	56	11.5	56	10.5
No message	2	0.6	4	0.8	7	1.3
Other	2	0.6	4	0.8	0	0.0
Proxy needed	2	0.6	6	1.2	11	2.1
Request SAQ help	0	0.0	2	0.4	5	0.9
SAQ refusal	0	0.0	48	9.9	0	0.0
Special needs	0	0.0	0	0.0	0	0.0
Refusal	185	53.9	0	0.0	78	14.7
Willing to participate	49	14.3	2	0.4	0	0.0
Total	353		486		531	

Reason for call	Spring 2020 (Panel 25, Round 1/Panel 24, Round 3/ Panel 23, Round 5)				Fall 2020 (Panel 25, Round 2/ Panel 24, Round 4/ Panel 23, Round 6)	
	Round 1		Rounds 3 and 5		Rounds 2, 4, and 6	
	N	%	N	%	N	%
Address/telephone change	5	0.9	37	6.3	28	2.4
Appointment	142	24.2	332	56.1	278	23.9
Request callback	102	17.4	121	20.4	276	23.7
No message	22	3.8	18	3.0	60	5.2
Other	2	0.3	5	0.8	5	0.4
Proxy needed	6	1.0	3	0.5	10	0.9
Request SAQ help	0	0.0	1	0.2	35	3.0
SAQ refusal	0	0.0	0	0.0	1	0.1
Special needs	0	0.0	0	0.0	1	0.1
Refusal	209	35.7	62	10.5	203	17.5
Willing to participate	98	16.7	13	2.2	266	22.9
Total	586		592		1,163	

Table A-16. Calls to respondent information line (continued)

Reason for call	Spring 2021 (Panel 26, Round 1/Panel 25, Round 3/ Panel 24, Round 5/Panel 23, Round 7)				Fall 2021 (Panel 26, Round 2/ Panel 25, Round 4/ Panel 24, Round 6/ Panel 23, Round 8)	
	Round 1		Rounds 3, 5, 7		Rounds 2, 4, 6, 8	
	N	%	N	%	N	%
Address/telephone change	2	0.6	19	3.4	59	7.0
Appointment	27	8.1	76	13.7	233	27.5
Request callback	101	30.1	240	43.2	287	33.8
No message	34	10.1	21	3.8	41	4.8
Other	8	2.4	48	8.6	8	0.9
Proxy needed	0	0.0	7	1.3	13	1.5
Request SAQ help	3	0.9	17	3.1	15	1.8
SAQ refusal	0	0.0	1	0.2	0	0.0
Special needs	0	0.0	2	0.4	1	0.1
Refusal	87	26.0	87	15.7	176	20.8
Willing to participate	73	21.8	37	6.7	15	1.8
Total	335		555		848	

Reason for call	Spring 2022 (Panel 27, Round 1/Panel 26, Round 3/ Panel 25, Round 5/Panel 24, Round 7/ Panel 23, Round 9)				Fall 2022 (Panel 27, Round 2/ Panel 26, Round 4/ Panel 24, Round 8)	
	Round 1		Rounds 3, 5, 7, 9		Rounds 2, 4, 8	
	N	%	N	%	N	%
Address/telephone change	4	0.9	42	5.1	25	4.3
Appointment	91	21.4	215	26.3	99	17.0
Request callback	130	30.5	236	28.9	260	44.5
No message	13	3.1	23	2.8	22	3.8
Other	21	4.9	236	28.9	84	14.4
Proxy needed	4	0.9	6	0.7	6	1.0
Request SAQ help	0	0.0	0	0.0	0	0.0
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	0	0.0	0	0.0	0	0.0
Refusal	119	27.9	58	7.1	82	14.0
Willing to participate	44	10.3	2	0.2	6	1.0
Total	426		818		584	

Reason for call	Spring 2023 (Panel 28, Round 1/Panel 27, Round 3/ Panel 26, Round 5/Panel 24, Round 9)				Fall 2023 (Panel 28, Round 2/ Panel 27, Round 4)	
	Round 1		Rounds 3, 5, 9		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	9	2.6	27	4.7	5	2.4
Appointment	45	13.0	131	23.0	39	18.5
Request callback	99	28.5	207	36.4	49	23.2
No message	8	2.3	18	3.2	6	2.8
Other	21	6.1	129	22.7	69	32.7
Proxy needed	1	0.3	3	0.5	1	0.5
Request SAQ help	0	0.0	0	0.0	0	0.0
SAQ refusal	0	0.0	0	0.0	0	0.0
Special needs	0	0.0	0	0.0	1	0.5
Refusal	88	25.4	46	8.1	38	18.0
Willing to participate	76	21.9	8	1.4	3	1.4
Total	347		569		211	

Table A-17. Files delivered during 2023

Date	Description
1/3/2023	PRPL0179.01: Output and Frequencies from 2021 PRPL Program #1
1/3/2023	UEGN3638.03: Deliver to AHRQ for approval specifications for the FY21 MPC (OB, OP, ER, and IP) Expenditure Event files
1/3/2023	UEGN3640.01: Deliver to AHRQ for approval variable lists for the FY21 non-MPC (DN, OM, and HH) Expenditure Event files
1/3/2023	WGTS2098.01: Derivation of the MEPS Panel 26 Full Year 2021 Person Use Weights (Rounds 1-3)
1/3/2023	WGTS2100.01: Panel 24 Full Year 2021: Derivation of the MEPS Person Use Weights (Rounds 5-7)
1/4/2023	DOCM0714.01: Delivery of the 2023 NPI Provider Directory from the Panel 28 MEPS Laptop
1/4/2023	EMPL2279.05: Delivery of the Full Year 2021 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes
1/5/2023	UEPD1227.06: 2021 INSURC21 variable for use in the Prescribed Medicines Imputation
1/9/2023	GNRL4104.01: Delivery of the Single Round Data Exchange (SRD) for Panel 27 Round 2
1/9/2023	INCO0761.01: Delivery of the 2021 Income File
1/9/2023	UEGN2933.01: 2021 Specification for Rolling Events Before Edits, and UEGN 2935.01 2021 Specifications for Preparing SBD Nodes for Editing
1/9/2023	UEGN2934.01: 2021 Specifications for Imputing Expenditures for Capitated Events
1/9/2023	UEGN2936.01: 2021 Specs for Attaching SBDs Expenditures to Facility Events (SBDATTACH), and UEGN2937.01: 2021 Specifications for Mom-Baby SBD Rollups
1/10/2023	EMPL2281.01: Full Year 2021 Wage Top Coding Results
1/10/2023	UEGN2939.01: 2021 Specifications for HHA Free Donor Fix, UEGN 2947.01 2021 Specifications for MPC Free Donor Fix, and UEGN 2948.01 2021 Specifications for SBD Free Donor Fix
1/11/2023	ADMN0929.01: Delivery of 2021 FAMID Variables and CPS Family Identifier
1/11/2023	COND1006.04: 2021 CLNK File Specifications
1/11/2023	GNRL4101.01: FY 2021 (Panel 23, Panel 24, Panel 25, and Panel 26) Snapshots of HC Source Tables Including the COND21X, JOBS21X, SAQ, DCS and SDOH Tables
1/11/2023	GNRL4102.01: Delivery of the Single Round Data Exchange (SRD) for Panel 24 Round 8
1/11/2023	GNRL410301: Delivery of the Single Round Data Exchange (SRD) for Panel 26 Round 4
1/11/2023	GNRL4105.01- GNRL4105.03: Delivery of the RU-Level End-Of-Round Files - P24R8/P26R4/P27R2
1/11/2023	GNRL4106.01- GNRL4106.03: Delivery of the Person-Level End-Of-Round Files - P24R8/P26R4/P27R2
1/11/2023	UEGN 2940.01: 2021 Specifications for Global Fee Bundle Processing, and UEGN 2941.01 2021 Specifications for LOS Imputations
1/12/2023	COND1006.06: 2021 CLNK File Specifications
1/12/2023	DOCM0711.02: Delivery of the 2022 MPC files for Sample selection - Wave 1
1/12/2023	DOCM0712.02: Delivery of the 2022 PC Sample file - Wave 1
1/12/2023	DOCM0713.02: Delivery of the 2022 Provider file for NPI coding - Wave 1
1/12/2023	PCND0166.01: FY21 Person-Level Priority Conditions Cross-Tabulations
1/13/2023	DEMO1020.02: Delivery of the Output Listings for Final Case Review of the MOPID and DAPID Variables' Construction for FY2021
1/13/2023	GNRL3137.01: Preliminary Version of the 2021 Full-Year Use PUF Dataset
1/13/2023	GNRL3138.01: Full-Year 2021 CAPI Specifications and Help Text in HTML Format for Web Release
1/13/2023	PRPL0180.01: FY21 PRPL Specifications for the OOPELIG, Imputation and final file creation programs
1/13/2023	UEGN2942.01: 2021 Specifications for MPC Edits, UEGN 2944.01 2021 Specifications for Post-Edit Rollups, and UEGN 2945.01 2021 Specifications for Household Discount Adjustment

Table A-17. Files delivered during 2023 (continued)

Date	Description
1/17/2023	PRPL0179.08: Output and Frequencies from 2021 PRPL Program #1
1/17/2023	PRPL0181.01: Output and Frequencies from 2021 PRPL Program #2
1/18/2023	WGTS2096.01: Creation of CPS Control Total Files Containing the Raking Dimensions for the Full Year 2021 Self-Administered Questionnaire Use Person Weight
1/19/2023	PRPL0180.06: FY21 PRPL Specifications for the OOPELIG, Imputation and final file creation programs
1/19/2023	UEGN2946.01: 2021 Specifications for SBD Edits and UEGN 2949.01 2021 Specs for Rolling SBDs to Facility Event Level
1/19/2023	WGTS2107.01: Full Year 2021 Person Weights Nursing Home and Mortality Adjustment review output
1/24/2023	DSDY0070.01: Delivery of the DSDY "Missed Days" top code values for AHRQ approval
1/24/2023	WGTS2108.01: MEPS - Full Year 2021 Combined Panels Population Characteristics PUF Person Weights review output
1/24/2023	WGTS2075.01: MEPS Panel 26 Round 1 - Creation of Housing Units Populations Control Totals for Calibrating NHTS Household Weights
1/24/2023	WGTS2077.01: MEPS Panel 26 Round 1 - Proposed Alternative Weighting Approaches for 2020 NHIS Weights to account for Subsampling of States
1/24/2023	WGTS5049.01: Delivery of the Variance Strata and PSU Variables for FY2021
1/30/2023	WGTS2113.01: Panel 23 Full Year 2021 SDOH Person Weight review output
1/30/2023	WGTS2111.01: MEPS Panel 25 Full Year 2021: Developing the MEPS Person-Level Social Determinants of Health Questionnaire (SDOH) Use Weights
1/30/2023	WGTS2064.01: Creating Factors to Adjust the Panels 23 and 24 2020 Full Year Person Weights to Better Reflect the Number of Persons who Died or Spent Part of the year in a Nursing Home
1/31/2023	FOOD0011.01: Full-Year 2021 Food Security PUF Constructed Variable Specifications
1/31/2023	PRPL0182.01: Output and Frequencies from 2021 PRPL Program #3a
2/1/2023	DEMO1020.03: Delivery of the MOPID and DAPID Variables for FY2021
2/1/2023	WGTS2095.01: Creation of CPS Control Total Files Containing the Ranking Dimensions for the Full Year 2021 Social Determinants of Health Questionnaire (SDOH) Use Person Weight
2/1/2023	WGTS5050.01: Delivery of Person-Level Use PUF Weight, Single Panel Person Weight, and MSA21_13 Variables for FY21
2/2/2023	PRPL0183.01: Insurance Status in PRPL Public Use File
2/3/2023	ADMN0930.01: FY22 Basic edit specs
2/3/2023	HINS1367.01: FY2022 Design Change Memo: Summary of the MEPS Household Component CAPI for FY2022 (P24 R7-9, P26 R3-5, and P27 R1-3) and Potential Effect on 2022 Data Delivery Content
2/3/2023	UEGN2958.01: 2021 Listing of Events with Questionable MPC Reported Expenditures
2/6/2023	PRPL0182.02: Output and Frequencies from 2021 PRPL Program #3a
2/6/2023	UEGN3642.01: Deliver to AHRQ for approval variable lists for the FY21 MPC (OP, ER, OB, and IP) Expenditure Event files
2/6/2023	WGTS2114.01: Full Year 2021 Combined Panels Population Characteristics PUF SDOH Person Weight review output
2/7/2023	GNRL3139.01: NCHS Checklist and Preliminary Version of the 2021 JOBS File Delivery Document for Review
2/7/2023	GNRL3140.01: NCHS Checklist and FY 2021 Use PUF Preliminary Delivery Document
2/8/2023	PRPL0182.03: Output and Frequencies from 2021 PRPL Program #3a
2/8/2023	HLTH1073.01: Summary of the MEPS Household Component CAPI and Teleform Changes for HLTH FY2022 and Potential Effect on Data Delivery
2/8/2023	HLTH1073.03: Summary of the MEPS Household Component CAPI and Teleform Changes for HLTH FY2022 and Potential Effect on Data Delivery

Table A-17. Files delivered during 2023 (continued)

Date	Description
2/10/2023	HINS1368.01: Redelivery of the FY2021 Ever Insured, Month-by-Month, and Medicare Part D files with Census-adjusted Person Weight
2/10/2023	INCO0760.02: Re-Delivery of the 2020 NHIS Link File
2/10/2023	PRPL0181.08: Output and Frequencies from 2021 PRPL Program #2
2/10/2023	PRPL0182.04: Output and Frequencies from 2021 PRPL Program #3a
2/10/2023	WGTS2118.01: Panel 26 Full Year 2021 SAQ Population Characteristics person weight
2/10/2023	WGTS5051.01: Delivery of the SDOH Use Person Raked Weight and Individual Panel SDOH Use Person Weight Variables for FY2021
2/15/2023	GNRL3141.01: Preliminary Version of the 2021 Jobs File Codebook and Updated Delivery Document for AHRQ and NCHS Review
2/15/2023	GNRL3142.01: Preliminary Version of the 2021 Jobs PUF Data Set
2/15/2023	GNRL3143.01: Preliminary Versions of the Codebook and Delivery Document of the FY 2021 Use PUF for Use in AHRQ and NCHS Review
2/15/2023	GNRL3144.01: Preliminary Version of the 2021 Use PUF Data Set
2/15/2023	HLTH1073.02: Updated Summary of the MEPS Household Component CAPI and Teleform Changes for HLTH FY2022 and Potential Effect on Data Delivery
2/16/2023	PCND0167.01: Summary of the MEPS Household Component CAPI for PCND FY2022 and Potential Effect on 2022 Data Delivery Content
2/16/2023	UEGN3643.01: Overlapping ER/HS Events
2/17/2023	ACCS0200.01: Access to Care - Summary of the MEPS HC CAPI for FY 2022 and Potential Effect on Data Delivery
2/17/2023	WGTS2114.01: Combined Panels Full Year 2021: Derivation of the MEPS Full Year Person-Level Social Determinants of Health Questionnaire (SDOH) Use Weights for the Population Characteristics Public Use File
2/23/2023	PRPL0184.01: Output and Frequencies from 2021 PRPL Program #3b
2/24/2023	CODE0955.01: 2021 File of GEO Coded Addresses for the MEPS Master Files
2/27/2023	WGTS2119.01: Panel 25 Full Year 2021 SAQ Population Characteristics person weight
2/28/2023	GNRL3141.03: Final Versions of the 2021 Jobs File Codebook and Delivery Document for AHRQ and NCHS Review
2/28/2023	GNRL3143.02: Final Versions of the Codebook and Delivery Document of the FY 2021 Use PUF for Use in AHRQ and NCHS Review
2/28/2023	HLTH1074.01: Full-Year 2022 HLTH Basic Edit Specifications
3/1/2023	PRPL0185.01: Output and Frequencies from 2021 PRPL Program #4
3/2/2023	ADMN0931.01: FY22 Design changes for ADMN/DEMO
3/2/2023	UEGN2960.01: 2021 SBD Reconciliation Table
3/2/2023	UEGN2961.01: 2021 Benchmark Tables: Initial Delivery
3/2/2023	UEGN3644.01: Delivery of 2021 Final Imputation Files for DN, OM, HHP, HHA, and MVN
3/7/2023	EMPL2285.01: Why Employment Data May Not Be Reflected in PUFs
3/7/2023	PRPL0186.01: FY2021 COVRUNOS = 91 Editing Decisions
3/7/2023	WGTS2121.01: Panel 23 Full Year 2021 SAQ Person Weight review output
3/9/2023	INCO0762.01: MEPS HC Income CAPI for FY 2022
3/9/2023	PRPL0185.07: Output and Frequencies from 2021 PRPL Program #4
3/9/2023	UEGN3645.01: Delivery of the 2021 Intermediate Files Before and After MPC Editing
3/9/2023	WGTS2120.01: Panel 24 Full Year 2021 SAQ Person Weight review output
3/10/2023	GNRL3146.01: HC-227: 2021 Jobs Public Use File Delivery for Web Release
3/10/2023	GNRL3147.01: HC-228: Delivery of the Full Year 2021 Use PUF for Web Release
3/13/2023	EMPL2284.02: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3) – Set 2
3/13/2023	GNRL3145.01: FY 2021 Person-Level Consolidated PUF Variable List Changes for AHRQ Review

Table A-17. Files delivered during 2023 (continued)

Date	Description
3/14/2023	EMPL2284.09: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3) – Set 2
3/14/2023	PRPL0185.12: Output and Frequencies from 2021 PRPL Program #4
3/14/2023	PRPL0185.15: Output and Frequencies from 2021 PRPL Program #4
3/16/2023	DSDY0071.01: Delivery of the DSDY Variable Specifications FY22 for AHRQ Approval
3/16/2023	EMPL2284.13: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3) - Set 2
3/17/2023	ACCS0201.01: Access to Care Variable Construction Specifications
3/17/2023	HINS1369.01: Delivery of the Basic and Inter-round Edit Specifications for FY22 HINS Panels 24, 26, and 27
3/17/2023	EMPL2284.15: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3) – Set 1
3/20/2023	WGTS2083.01: Deriving location Variables (Region and MSA) for Panel 26 Round1 based on GEO FIPS Codes using OMB MSA definitions of both year 2013 and most recent OMG MSA Updates
3/22/2023	EMPL2284.16: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3) – Set 1
3/23/2023	ACCS0201.03: Access to Care Variable Construction Specifications
3/23/2023	HLTH1074.06: Full-Year 2022 HLTH Basic Edit Specifications
3/24/2023	DSDY0071.04: Delivery of the DSDY Variable Specifications FY22 for AHRQ Approval
3/24/2023	EMPL2284.22: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3) – Set 1
3/27/2023	HLTH1073.13: Updated Summary of the MEPS Household Component CAPI and Teleform Changes for HLTH FY2022 and Potential Effect on Data Delivery
3/28/2023	WGTS2135.01: Full Year 2021 Combined Panels Consolidated PUF Expenditure Person Weight review output
3/30/2023	DSDY0072.01: Delivery of the DSDY Variable Specifications FY21 for AHRQ Approval
3/30/2023	HINS1370.01: Delivery of the New/Revised Specifications for the FY2022 Panel 24, Panel 26, and Panel 27 HINS Variables
3/30/2023	PCND0169.01: 2022 PCND Constructed Variable Specifications
3/31/2023	HINS1369.06: Delivery of the Basic and Inter-round Edit Specifications for FY22 HINS Panels 24, 26, and 27
3/31/2023	PRPL0185.19: Output and Frequencies from 2021 PRPL Program #4
4/3/2023	WGTS2133.01: Panel 24 Full Year 2021: Derivation of Eligibility and Response Indicators for the CPS-like Families
4/5/2023	EMPL2286.01: Full Year 2022 Employment Source Variable Editing Specifications
4/6/2023	COND1007.01: 2021 Conditions PUF Specifications
4/6/2023	DOCM0711.03: Delivery of the 2022 MPC files for Sample selection - Wave 2
4/6/2023	DOCM0712.03: Delivery of the 2022 PC Sample file - Wave 2
4/6/2023	DOCM0713.03: Delivery of the 2022 Provider file for NPI coding - Wave 2
4/6/2023	EMPL2287.01: Delivery of 2021 Covered Person Records for Employment Variable Imputation

Table A-17. Files delivered during 2023 (continued)

Date	Description
4/6/2023	PRPL0187.01: Delivery of the FY 2021 OOPELIG2 Dataset for Approval
4/7/2023	PRPL0187.06: Delivery of the FY 2021 OOPELIG2 Dataset for Approval
4/10/2023	HINS1370.05: Delivery of the New/Revised Specifications for the FY2022 Panel 24, Panel 26, and Panel 27 HINS Variables
4/11/2023	EMPL2284.25: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3) – Set 1
4/11/2023	GNRL3148.01: NCHS Checklists and Preliminary Versions of Documents for the FY 2021 Non-MPC Event (DV, OM, and HH) PUFs
4/11/2023	GNRL3149.01: NCHS Checklist and Preliminary Version of the 2021 Conditions File Delivery Document and Recode Materials for Review
4/11/2023	INCO0762.01: Delivery of the 2021 NHIS Link File
4/11/2023	UEGN3644.02: Delivery of 2021 Final Imputation Files for ER, HS, MVE, OP and MVN
4/11/2023	UEGN2950.01: 2021 Predictive Mean Match Imputation Method Applied to the Expenditure Imputation of the non-MPC Event Types
4/11/2023	UEGN2961.02: 2021 Benchmark Tables: Second Delivery
4/11/2023	WGTS5052.01: Delivery of the FY 2021 Expenditure File Original Person Weight
4/12/2023	GNRL4113.01: Delivery of the File Containing Variables Recoded or Dropped from the USE PUF Due to DRB Review – P23/P24/P25/P26
4/12/2023	WGTS2135.03: Full Year 2021 Combined Panels Consolidated PUF Expenditure Person Weight review output
4/14/2023	HLTH1076.01: Full-Year 2022 HLTH Constructed Variable Specifications
4/14/2023	UEGN2951.01: 2021 Predictive Mean Matching Imputation Method Applied to the Expenditure Imputation of the MPC Event Types
4/17/2023	PCND0169.06: 2022 PCND Constructed Variable Specifications
4/17/2023	WGTS5053.01: Delivery of the FY 2021 Expenditure File Final Person Weight – PERWT21F
4/18/2023	UEGN3644.03: Delivery of the Final Imputation File for HHA Version 2
4/18/2023	UEPD1229.01: Delivery of the FY2022 PMED Basic Edit specifications
4/19/2023	GNRL3150.01: FY 2021 Preliminary Conditions File, Codebook, and Delivery Document
4/19/2023	GNRL3151.01: Preliminary Versions of the 2021 Non-MPC Event (DV, OM, and HH) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
4/19/2023	GNRL3152.01: 2021 Preliminary Non-MPC Event (DV, OM, and HH) PUF Data Sets
4/20/2023	PRPL0188.01: Delivery of the FY 2021 PRPL Hot Deck Imputation Results for Approval
4/20/2023	UEGN3646.01: The FY2022 UEGN Basic Edit Specifications - P24/P26/P27
4/21/2023	CODE0946.01: Specifications for the FY 2022 Person-level GEO Coded Address File
4/21/2023	CODE0959.01: Condition Coding Progress Report - Week 1
4/21/2023	PRPL0189.01: FY2020 PRPL Premium Inflation Factors for Continuing Employment Coverage
4/21/2023	UEGN3641.02: The 2021 Utilization Standard Error Benchmarking Tables Using PERWT21F Weight
4/25/2023	GNRL3151.02: Final Versions of the 2021 Non-MPC Event (DV, OM, and HH) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
4/25/2023	PRPL0189.02: Redelivery of the FY 2020 OOPELIG3_ENCRYPT Dataset and Benchmarking results
4/28/2023	CODE0959.02: Condition Coding Progress Report - Week 2
4/28/2023	EMPL2286.04: Full Year 2022 Employment Source Variable Editing Specifications
4/28/2023	EMPL2284.28: Employment Person-Level Variable & Related Variable Processing Specifications for the Full Year 2022 Population Characteristics/ Consolidated PUFs (Panel 24 Round 7-Round 9/Panel 26 Round 3-Round 5/Panel 27 Round 1-Round 3)

Table A-17. Files delivered during 2023 (continued)

Date	Description
5/2/2023	WGTS2139.01: MEPS - Full Year 2021 combined panels SAQ expenditure person weight review output
5/3/2023	WGTS2154.01: Combined Panels Full Year 2021: Create the MEPS Full Year Person-Level Social Determinant of Health Questionnaire (SDOH) Expenditure Weight Delivery File
5/4/2023	PCND0170.01: 2022 PCND Basic Edit Specifications
5/4/2023	PRPL0190.01: Editing Probable Duplicate Employment Insurance
5/5/2023	ACCS0201.01: 2022 ACCS and COVID Section Basic Edits Specifications
5/5/2023	CODE0959.03: Condition Coding Progress Report - Week 2
5/5/2023	GNRL3132.02: HC-223: Delivery of the 2020 Person Round Plan (PRPL) PUF and Related Files for Web Release – Updated
5/9/2023	GNRL3153.01: NCHS Checklists and Preliminary Versions of Documents for the FY 2021 MPC Event (IP, ER, OP, OB) PUFs
5/12/2023	CODE0959.04: Condition Coding Progress Report - Week 4
5/12/2023	DEMO1020.04: Re-delivery of the MOPID and DAPID Variables for FY2021
5/12/2023	GNRL3154.01: HC-229b, HC-229c, and HC-229h: 2021 Expenditure Event PUFs for Non-MPC Event Types (DV, OM, and HH) and All Related Files for Web Release
5/15/2023	COND1008.01: FT 2021 Preliminary CLNK File
5/15/2023	EMPL2283.04: 2022 EMPL Kick-Off Meeting, FOLLOW-UP
5/16/2023	WGTS2153.01: Full Year 2021 Combined Panels Consolidated PUF SDOH Expenditure Person Weight review output
5/17/2023	GNRL3155.01: Preliminary Versions of the 2021 MPC Event (IP, ER, OP, OB) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
5/17/2023	GNRL3156.01: Preliminary Versions of the 2021 MPC Event (IP, ER, OP, OB) PUF Data Sets
5/17/2023	WGTS2138.01: Individual Panels Full Year 2021: Create the P23 (Rounds 7-9), P24 (Rounds 5-7), P25 (Rounds 3-5), and P26 (Rounds 1-3) Individual Panel Person Expenditure Weight Delivery File
5/18/2023	ADMN0941.01: FY22 ADMN/DEMO Constructed Variable Specs
5/18/2023	EMPL2288.01: Report on MEPS Wage Top Code Practices
5/18/2023	UEPD1230.02: Delivery of the 2021 PMED PUF (RX21V01 and RX21V02)
5/18/2023	UEPD1230.03: Delivery of 2021 PMED PUF (TC21XTABS.lst, TC21XTABS.xlsx)
5/19/2023	CODE0959.05: Condition Coding Progress Report - Week 5
5/22/2023	WGTS2143.01: Panel 23 Full Year 2021 SAQ Expenditure Person Weight review output
5/23/2023	GNRL3155.02: Final Versions of the 2021 MPC Event (IP, ER, OP, OB) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
5/23/2023	PCND0170.05: 2022 PCND Basic Edit Specifications
5/23/2023	WGTS2147.01: Full Year 2021 Consolidated PUF Family Weight review output
5/24/2023	WGTS5054.01: Delivery of the 2021 Food Security Weight – FSWT
5/26/2023	CODE0959.06: Condition Coding Progress Report - Week 6
5/26/2023	WGTS5055.01: Delivery of the FY 2021 SDOH Expenditure Person Weight – SDOHWT21F
5/30/2023	PCND0170.09: 2022 PCND Basic Edit Specifications
5/30/2023	WGTS2141.01: Panel 25 Full Year 2021 SAQ Expenditure Person Weight review output
5/30/2023	WGTS5056.01: Delivery of the Individual Panel Raked Person Weights for P23/P24/P25/P26 FY21
6/1/2023	CODE0960.01: PMED Matching Programs LOG and LST Files for FY22 Wave 1
6/1/2023	PRPL0191.01: Delivery of the FY 2021 OOPELIG3 Dataset, Benchmarking results, POSTIMPFIN results for final approval of OOPPREM variables, the Preliminary Encrypted Delivery Dataset, and the Preliminary Unencrypted Delivery Dataset
6/1/2023	WGTS2142.01: Panel 24 Full Year 2021 SAQ Expenditure Person Weight review output
6/2/2023	CODE0959.07: Condition Coding Progress Report - Week 7

Table A-17. Files delivered during 2023 (continued)

Date	Description
6/2/2023	WGTS2145.01: Full Year 2021 Consolidated PUF DCS Expenditure Person Weight review output
6/5/2023	ADMN0941.02: FY22 ADMN Constructed Variable Specs - Updated version
6/5/2023	WGTS2140.01: MEPS - Panel 26 Full Year 2021 SAQ Expenditure Person Weight review output
6/7/2023	GNRL4101.02: Addendum to the FY 2023 (Panel 23, Panel 24, Panel 25 and Panel 26) Delivery Database Snapshots: Edited Segments since the Previous Delivery of 1/11/23
6/7/2023	PRPL0191.05: Delivery of the FY 2021 OOPELIG3 Dataset, Benchmarking results, POSTIMPFIN results for final approval of OOPPREM variables, the Preliminary Encrypted Delivery Dataset, and the Preliminary Unencrypted Delivery Dataset
6/8/2023	UEPD1230.07: Delivery of the 2021 PMED PUF: pregnancy related confidentiality risks
6/8/2023	UEPD1230.08: Delivery of 2021 PMED PUF (RX21V05X) SAS dataset and the format files (RX21V05X.sas7bcat, rx21v05xf.sas and rxexpf2.sas)
6/9/2023	CODE0959.08: Condition Coding Progress Report - Week 8
6/9/2023	GNRL3157.01: HC-229d, HC-229e, HC-229f, and HC-229g: 2021 Expenditure Event PUFs for MPC Event Types (IP, ER, OP, and OB) and All Related Files for Web Release
6/9/2023	PCND0171.01: 2021 Priority Conditions Benchmarking Table
6/9/2023	PRPL0191.10: Delivery of the FY 2021 OOPELIG3 Dataset, Benchmarking results, POSTIMPFIN results for final approval of OOPPREM variables, the Preliminary Encrypted Delivery Dataset, and the Preliminary Unencrypted Delivery Dataset
6/9/2023	UEPD1230.09: Redelivery of the 2021 PMED PUF (RX21V05X) SAS dataset
6/12/2023	WGTS5057.01: Delivery of the Poverty-Adjusted Family Level Weight, CPS Like Family Level Weight, Poverty-Adjusted DCS and SAQ Weights for FY2021
6/13/2023	GNRL3158.01: NCHS Checklist and Preliminary Version of the 2021 Food Security File Delivery Document for Review
6/13/2023	GNRL3159.01: FY2022 Person-Level Use PUF Variable List Changes for AHRQ Review
6/13/2023	GNRL3160.01: NCHS Checklist and Preliminary Version of Delivery Document for the FY 2021 Prescribed Medicines (PMED) PUF
6/13/2023	UEGN2962.01: 2022 Specs for Proposed Changes in Creating an ERHSFLAG and SBD Data File Associated with MPC linked ER and HS events
6/13/2023	WGTS5058.01: Delivery of the Individual Panel 23, Panel 24, Panel 25 and Panel 26 SAQ Expenditure Weight for FY2021
6/14/2023	UEPD1230.10: Deliver the 2021 PMED PUF data (RX21V06.sas7bdat) and the format files (RX21V06.sas7bcat, rxexpv06f.sas and rxexpv06f2.sas)
6/16/2023	CODE0959.09: Condition Coding Progress Report - Week 9
6/16/2023	INCO0763.01: Delivery of the 2022 NHIS Link File
6/21/2023	GNRL3161.01: Preliminary Versions of the 2021 Prescribed Medicines (PMED) Event PUF Codebook and Delivery Document for Use in AHRQ and NCHS Review
6/21/2023	GNRL3162.01: Preliminary Versions of 2021 Food Security File Codebook and Delivery Document
6/21/2023	GNRL3163.01: Preliminary Version of the 2021 PMED Event PUF Data Set
6/21/2023	GNRL3164.01: HC230: Preliminary Version of the 2021 Food Security Data Set
6/21/2023	UEGN 2962.02: 2022 Specs for Proposed Changes in Creating an ERHSFLAG and SBD Data File Associated with MPC linked ER and HS events
6/22/2023	PRPL0192.01: Comparison of 2020 and 2021 PRPL PUF datasets
6/23/2023	CODE0959.10: Condition Coding Progress Report - Week 10
6/23/2023	PRPL0192.02: Comparison of 2020 and 2021 PRPL PUF datasets
6/26/2023	GNRL3159.02: FY2022 Person-Level Use PUF Variable List Changes for AHRQ Review
6/27/2023	GNRL3161.02: Final Versions of the 2021 Prescribed Medicines (PMED) Event PUF Delivery Document and Codebook for Use in AHRQ and NCHS Review
6/27/2023	GNRL4116.01: Delivery of the Single Round Data Exchange (SRD) for Panel 24 Round 9
6/27/2023	GNRL4117.01: Delivery of the Single Round Data Exchange (SRD) for Panel 26 Round 5

Table A-17. Files delivered during 2023 (continued)

Date	Description
6/27/2023	GNRL4121.01: GNRL4121.02: Delivery of the RU-Level End-Of-Round Files - P24R9/P26R5
6/27/2023	GNRL4122.01: GNRL4122.02: Delivery of the Person-Level End-Of-Round Files - P24R9/P26R5
6/27/2023	UEGN3647.01: Delivery of the Dropped Variables Due to DRB Review – FY21 EXP PUFs for ER, OP, OB, IP, DV, and RX
6/29/2023	COND1010.01: Delivery: 2022 Conditions Basic Edit Specifications
6/30/2023	CODE0959.11: Condition Coding Progress Report - Week 11
7/7/2023	CODE0959.12: Conditions Coding Progress Report - Week 12
7/7/2023	FOOD0012.01: FY22 Food Security design change memo (No Changes)
7/11/2023	GNRL3165.01: NCHS Checklist and Preliminary Version of the Delivery Document for the Full Year 2021 Consolidated Data PUF
7/11/2023	GNRL3168.01: NCHS Checklist and Preliminary Version of Delivery Document for the Full Year 2021 Person-Round-Plan (PRPL) PUF
7/12/2023	COND1010.03: Delivery: 2022 Conditions Basic Edit Specifications
7/12/2023	INCO0764.01: Westat Delivery of Industry and Occupation Coding File for 2022 MEPS
7/13/2023	UEGN3648.01: The 2021/2020 QC Finding Tables of the PUF Event Expenditures
7/14/2023	DOCM0711.04: Delivery of the 2022 MPC files for Sample selection - Wave 3
7/14/2023	DOCM0712.04: Delivery of the 2022 PC Sample file - Wave 3
7/14/2023	DOCM0713.04: Delivery of the 2022 Provider file for NPI coding - Wave 3
7/14/2023	GNRL3166.01: HC-229a: Delivery of the 2021 Prescribed Medicines (PMED) PUF and all Related Files for Web Release
7/14/2023	GNRL3167.01: HC-230: Delivery of the 2021 Food Security PUF and Related Files for Web Release
7/14/2023	GNRL3169.01: HC233: Preliminary Version of the 2021 Consolidated File
7/17/2023	UEGN3649.01: The Telehealth Visit Type Other Specify Text Strings Recoding for FY2022
7/19/2023	GNRL3170.01: FY 2021 Person-Round-Plan PUF Preliminary Versions of Codebook and Delivery Document for Use in AHRQ and NCHS Review
7/19/2023	GNRL3171.01: Preliminary Version of the 2021 Person-Round-Plan (PRPL) PUF Data Set
7/19/2023	GNRL3172.01: Preliminary Version of the 2021 Appendix to the Event PUFs Delivery Document, and Codebooks for Review
7/19/2023	GNRL3173.01: HC229I: Preliminary Version of the 2021 Appendix to the Event PUFs Data Sets
7/19/2023	GNRL3174.01: Full Year 2021 Conditions PUF Preliminary Versions of Codebook and Delivery Document for Use in AHRQ Review
7/19/2023	GNRL3175.01: HC231: Preliminary Version of the 2021 Conditions Data Set
7/19/2023	GNRL3176.01: Preliminary Versions of the Codebook and Document for the FY 2021 Consolidated Data PUF for Use in AHRQ and NCHS Review
7/21/2023	CODE0961.01: Prescribed Medicine Coding Progress Report - First Report - Weeks 1 – 3
7/21/2023	UEGN3650.01: The FY2022 Initial Variable Construction Specifications
7/25/2023	GNRL3170.02: FY 2021 Person-Round-Plan PUF Final Versions of Codebook and Delivery Document for Use in AHRQ and NCHS Review
7/25/2023	GNRL3174.02: Full Year 2021 Conditions PUF Final Versions of Codebook and Delivery Document for Use in AHRQ Review
7/25/2023	GNRL3176.02: Final Versions of the Codebook and Document for the FY 2021 Consolidated Data PUF for Use in AHRQ and NCHS Review
7/26/2023	GNRL3177.01: Final Versions of the 2021 Appendix to the Event PUFs Delivery Document, Codebook, and Dataset for AHRQ Review
7/28/2023	CODE0961.02: Prescribed Medicine Coding Progress Report - Week 4
7/28/2023	GNRL4118.01: Delivery of the Single Round Data Exchange (SRD) for Panel 27 Round 3
7/28/2023	GNRL4121.03 and GNRL4122.03: Delivery of End-Of-Round files (RU-Level and Person-Level) -P27R3

Table A-17. Files delivered during 2023 (continued)

Date	Description
8/1/2023	FOOD0013.01: Full-Year 2022 Food Security Basic Edit Specifications
8/1/2023	FOOD0013.03: Full-Year 2022 Food Security Basic Edit Specifications
8/1/2023	HINS1380.01: HINS_B42 editing rules
8/2/2023	EMPL2284.29: 2022 MEPS Wage Top Coding
8/2/2023	UEGN3651.01: The DN Text Strings Recoding for FY2022
8/4/2023	CODE0961.03: Prescribed Medicine Coding Progress Report - Week 5
8/4/2023	CODE0963.01: Attachment A State-Specific Sopcodes DY2022.xlsx
8/4/2023	DOCM0715.01: File of Provider Names for FY 2022
8/7/2023	CODE0962.01: MEPS Delivery of the ICD-10-CM/CCSR Crosswalk and COND Coding Uncodeable Text Strings for FY22
8/8/2023	COND1011.01: 2022 Preliminary Conditions File Specifications
8/9/2023	UEGN3652.01: Question About Editing an Open Event Case
8/11/2023	CODE0961.04: Prescribed Medicine Coding Progress Report - Week 6
8/11/2023	EMPL2289.01: 2022 Wage Outlier Editing Process Specification
8/11/2023	GNRL3178.01: HC-233: Full Year 2021 Consolidated Use, Expense, and Insurance PUF Delivery for Web Release
8/11/2023	GNRL3179.01: HC-229I: Delivery of the Final Appendix to the 2021 Event Files and all Related Files for Web Release
8/11/2023	GNRL3180.01: HC-231: Delivery of the Final 2021 Conditions File and All Related Files for Web Release
8/11/2023	GNRL3181.01: HC-232: Delivery of the 2021 Person Round Plan (PRPL) PUF and Related Files for Web Release
8/11/2023	UEGN3629.02: The Machine Learning Imputation Test Files Version 2
8/14/2023	EMPL2290.01: Implementation of EM BOX_350 in Fall 2023
8/17/2023	ACCS0202.01: 2022 ACCS Other Specify Text String Recoding
8/18/2023	CODE0961.05: Prescribed Medicine Coding Progress Report - Week 7
8/25/2023	GNRL4119.01: Delivery of the Single Round Data Exchange (SRD) for Panel 28 Round 1
8/25/2023	GNRL4121.04 and GNRL4122.04: Delivery of End-Of-Round files (RU-Level and Person-Level) -P28R1
8/28/2023	COND1011.04: 2022 Preliminary Conditions File Specifications
8/28/2023	WGTS2101.01: New Weighting Memo #2101.01_Do_Not_Email: Derivation of the MEPS Panel 23 Full Year 2021 Person Weights (Rounds 7-9)
8/30/2023	WGTS2132.01: NEW Weighting Memo #2132.01: Panel 25 Full Year 2021: Derivation of Eligibility and Response Indicators for the CPS-like Families
8/30/2023	WGTS2141.01: New Weighting Memo #2141.01: Panel 25 Full Year 2021: Developing MEPS Person-Level Self-Administered Questionnaire (SAQ) Expenditure Weights
8/30/2023	WGTS2085.01: New Weighting Memo #2085.01: MEPS Panel 26 Round 1 - DU Level Weights
8/31/2023	DOCM1002.31: 2022 Westat Pharmacy Profiles DOCM1002.31
9/1/2023	DOCM0716.01: MEPS – 2022 Conditions Authority File After the 2022 HC Condition Coding
9/1/2023	UEGN3653.01: Specifications for the 2022 Pre-Imputation UEGN Files
9/7/2023	DOCM1002.33: 2022 Westat Pharmacy Profiles DOCM1002.33
9/8/2023	HINS1381.01: Delivery of the P2722 EPCP Cross-tabs, with additional requested tables
9/11/2023	COND1011.08: 2022 Preliminary Conditions File Specifications
9/12/2023	HINS1381.06: Delivery of the P2722 EPCP Cross-tabs, with additional requested tables
9/14/2023	DOCM1002.35: 2022 Westat Pharmacy Profiles DOCM1002.35
9/15/2023	EMPL2291.01: FY2022 JOBS File Specifications for Approval
9/15/2023	UEGN3654.01: The 2022 Utilization Count Variables Construction Specification
9/15/2023	UEPD1231.01: Delivery of 2022 PMED Pre-imp files spec
9/18/2023	UEGN2964.01: 2022 Specifications for Creating an ER-HS Link on Unmatched HC Events

Table A-17. Files delivered during 2023 (continued)

Date	Description
9/19/2023	PRPL0193.01: Full Year 2022 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
9/21/2023	DOCM1002.37: 2022 Westat Pharmacy Profiles DOCM1002.37
9/21/2023	HINS1382.01 and HINS1383.01: Delivery of the P2622 and P2422 EPCP Cross-tabs, with additional requested tables
9/22/2023	EMPL2289.09: 2022 Wage Outlier Editing Process Specification
9/24/2023	CODE0964.01: Delivery of the Coded FY2022 Industry and Occupation Files
9/25/2023	CODE0965.02: MEPS 2022 Delivery of PMED Final Reports for Uncodeable, Compounds, Foreign Meds, No-MDDB, Drug Groupings
9/25/2023	HLTH1077.01: COVID Vaccine Constructed Variables Dataset
9/25/2023	WGTS3001.01: NEW Weighting Memo # 3001.01 Combined Panels Full Year 2022: Derive Location Variables (Region and MSA) Based On Geo FIPS Codes, Using OMB MSA definitions of Both Year 2013 and the Current (2023) Year
9/27/2023	DOCM0718.01: Delivery of 2022 Static Tables for SOP After the 2022 HC SOP Coding
9/27/2023	EMPL2289.14: 2022 Wage Outlier Editing Process Specification
9/27/2023	HINS1384.01: HINS Panel 27 Rounds 1-3 At Any Time/At Interview Date/At 12/31/22 Variables
9/27/2023	UEPD1231.04: Delivery of 2022 PMED Pre-imp files spec
9/29/2023	CODE0965.02: MEPS 2022 Delivery of PMED Final Reports for Uncodeable, Compounds, Foreign Meds, No-MDDB, Drug Groupings
10/4/2023	UEGN2963.01: 2022 Specifications for Processing Flat-Fee Bundles
10/4/2023	UEGN2965.01: 2022 Specifications for SBD Disavowal Imputation
10/5/2023	DOCM1002.39: 2022 Westat Pharmacy Profiles DOCM1002.39
10/5/2023	PRPL0193.10: Full Year 2022 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
10/6/2023	EMPL2291.04: FY2022 JOBS File Specifications for Approval
10/6/2023	HLTH1077.02: COVID Vaccine Constructed Variables Dataset
10/6/2023	PRPL0193.17: Full Year 2022 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
10/9/2023	HINS1385.01 and HINS1386.01: HINS Panel 26 Rounds 3-5 and HINS Panel 24 Rounds 7-9 At Any Time/At Interview Date/At 12/31/22 Variables
10/9/2023	UEGN2970.01: 2022 Specifications for Imputing SBD nodes for hospital events where a provider used a patient's account
10/10/2023	PRPL0193.21: Full Year 2022 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
10/12/2023	DOCM1002.41: 2022 Westat Pharmacy Profiles DOCM1002.41
10/13/2023	DOCM0719.01: Delivery of 2022 Static Tables for SRCS After the 2022 HC SRCS Coding
10/13/2023	PRPL0193.32: Full Year 2022 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
10/13/2023	HINS1384.02: Redelivery of HINS Panel 27 Rounds 1-3 At Any Time/At Interview Date/At 12/31/22 Variables
10/13/2023	WGTS2107.01: NEW Weighting Memo #2107.01 - Combined Panels Full Year 2021: Adjust the MEPS Full Year Person Use Weight to Better Reflect those who Died or Spent Part of the Year in a Nursing Home
10/13/2023	WGTS2112.01: NEW Weighting Memo #2112.01 - Panel 24 Full Year 2021: Developing the MEPS Person-Level Social Determinant of Health Questionnaire (SDOH) Use Weights
10/13/2023	WGTS2113.01: NEW Weighting Memo #2113.01 - Panel 23 Full Year 2021: Developing the MEPS Person-Level Social Determinant of Health Questionnaire (SDOH) Use Weights
10/13/2023	WGTS2122.01: NEW Weighting Memo #2122.01 - Combined Panels Full Year 2021: Derivation of the MEPS Full Year Person-Level Self-Administered Questionnaire (SAQ) Use Weights for the Population Characteristics Public Use File

Table A-17. Files delivered during 2023 (continued)

Date	Description
10/13/2023	WGTS2140.01: NEW Weighting Memo #2140.01 - Panel 26 Full Year 2021: Developing the MEPS Person-Level Self-Administered Questionnaire (SAQ) Expenditure Weights
10/13/2023	WGTS5059.01: Delivery of the ADMN/DEMO Variables Used for Weights Development for FY22 (P24, P26, and P27)
10/18/2023	DOCM0717.01: Delivery of the 2022 HC pre-matching file
10/18/2023	EMPL2291.07: FY2022 JOBS File Specifications for Approval
10/20/2023	UEGN2974.01: 2022 Specifications for Initializing MPSAMTs
10/23/2023	HLTH1077.14: COVID Vaccine Constructed Variables Dataset
10/24/2023	WGTS2103.01: New Weighting Memo #2103.01: Derivation of the annualized MEPS Families and Identification of the Responding MEPS Families for the Panel 25 Full Year 2021
10/24/2023	WGTS2105.01: New Weighting Memo # 2105.01 - Derivation of the annualized MEPS Families and Identification of the Responding MEPS Families for the Panel 23 Full Year 2021
10/25/2023	CODE0966.01: Delivery of the 2022 PMED Authority File and Files for Matching Programs after PMED Coding
10/26/2023	UEGN2967.01: 2022 Specifications for Preparing Prior Year Donors
10/26/2023	UEGN2968.01: 2022 HHA Duplicate Rollups
10/27/2023	CODE0967.01: Delivery of 2022 Static Table for WHOBILL After the 2022 HC WHOBILL Coding
10/31/2023	EMPL2292.01: FY2022 Panel 27 Editing of High Wage Outliers, Substantially Different, or Multiple Extreme Wages – Request for Approval
10/31/2023	EMPL2293.01: FY2022 Panel 27 Editing of Low Wage Outliers or Wages that Do Not Change – Request for Approval
10/31/2023	WGTS3001-2022-FYLOC: NEW Weighting Memo: 3001-2022-FYLOC - Combined Panels Full Year 2022: Derive Location Variables (Region and MSA) Based On Geo FIPS Codes and Using OMB MSA definitions of Both Year 2013 and the Current (2023) Year
10/31/2023	WGTS3002-2022-CPSMAR: NEW Weighting Memo: 3002-2022-CPSMAR - MEPS Computation of the Person and Family Poststratification Control Totals for March 2023 from the March 2023 CPS (including the poverty level variable)
10/31/2023	WGTS3003-2022-CPSDEC: NEW Weighting Memo: 3003-2022-CPSDEC - MEPS Computation of the Person and Family Poststratification Control Totals for December 2022 from the March 2023 CPS (including the poverty level variable)
10/31/2023	WGTS3015-2022-P27FAMID: NEW Weighting Memo: 3015-2022-P27FAMID - Derivation of the Annualized MEPS Families and Identification of the Responding MEPS Families for MEPS Panel 27 Full Year 2022
10/31/2023	WGTS3017-2022-P24FAMID: NEW Weighting Memo: 3017-2022-P24FAMID - Panel 24 Full Year 2022: Derivation of the Annualized MEPS Families and Identification of the Responding MEPS Families
11/2/2023	UEGN #s 2971.01 and 2976.01: 2022 Specifications for Mom-Baby Linking and MPC Rolling Event Edits
11/3/2023	DOCM0720.01: Delivery of Person-Level Base and Family Pseudo Weight for FY22
11/3/2023	EMPL2294.02: FY 2022 Wage Imputation Specification
11/3/2023	UEGN2972.01:2022 Specification for Total Charge Imputation
11/6/2023	EMPL2291.08: FY2022 JOBS File Specifications for Approval
11/6/2023	UEGN #s 2973.01 and 2977.01: 2022 Specifications for Post-PMM Expenditure Imputation and HHA Rolling Event Edits
11/6/2023	WGTS5060.01: Delivery of Person-Level Base Weight, Individual Panel Base Weight, Family Membership Flag, and MSA variables for FY22 (P24, P26, and P27)
11/7/2023	HINS1387.01: Results of the QC Cross Tabs for the HINS 2022 HMO/Gatekeeper FY variables

Table A-17. Files delivered during 2023 (continued)

Date	Description
11/8/2023	EMPL2295.01: FY2022 Panel 24 Editing of High Wage Outliers, Substantially Different, or Multiple Extreme Wages – Request for Approval
11/8/2023	EMPL2296.01: FY2022 Panel 24 Editing of Low Wage Outliers or Wages that Do Not Change – Request for Approval
11/9/2023	DSDY0073.01: Delivery of the DSDY "Missed Days" top code values for AHRQ approval
11/9/2023	EMPL2292.02: FY2022 Panel 27 Editing of High Wage Outliers, Substantially Different, or Multiple Extreme Wages – Request for Approval
11/9/2023	EMPL2292.08: FY2022 Panel 27 Editing of High Wage Outliers, Substantially Different, or Multiple Extreme Wages – Request for Approval
11/10/2023	HINS1388.01: Additional updates to the HINS 2022 Benchmarking data for panels 24 and 27
11/10/2023	UEGN #s 2978.01 and 2979.01: 2022 Specifications for Last Step Edits and Rolling Events Before Edits
11/13/2023	COND1012.01: 2022 CLNK File Specifications
11/13/2023	EMPL2297.01: FY2022 Panel 26 Editing of High Wage Outliers, Substantially Different, or Multiple Extreme Wages – Request for Approval
11/13/2023	EMPL2298.01: FY2022 Panel 26 Editing of Low Wage Outliers or Wages that Do Not Change – Request for Approval
11/13/2023	HLTH1078.01: 2022 BMI Cross-tabulations and Frequencies
11/13/2023	PRPL0194.01: FY22 PRPL Specifications Coverage Record and HMO Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
11/15/2023	DOCM0721.01: MEPS - Data Destruction - NHIS 2019 Sample Files
11/15/2023	HLTH1078.02: 2022 BMI Cross-tabulations and Frequencies BMI dataset
11/15/2023	WGTS: 3016-2022-P26FAMID: New Weighting Memo - 3016-2022-P26FAMID - Derivation for the Annualized MEPS Families and Identification of the Responding MEPS Families for the Panel 26 Full Year 2022
11/17/2023	EMPL2297.05: FY2022 Employment Wage Outlier Reviews – Responses to AHRQ's questions
11/17/2023	HLTH1078.09: 2022 BMI Cross-tabulations and Frequencies BMI dataset
11/17/2023	UEGN # 2975.01 and 2988.01: 2022 HC Edits and MPC Edits
11/17/2023	WGTS: 3005-2022-CPSSAQ: New Weighting Memo - 3005-2022-CPSSAQ - Creation of CPS Control Total Files Containing the Raking Dimensions for the Full Year 2022 Self-Administered Questionnaire (SAQ) Use and Expenditure Person Weight
11/20/2023	EMPL2299.01: Approval of Weighted NUMEMP Medians for Panel 24 Round 7-9, Panel 26 Round 3-5, and Panel 27 Round 1-3 of FY 2022
11/20/2023	PRPL0194.02: FY22 PRPL Specifications Coverage Record and HMO Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
11/20/2023	PRPL0194.05: FY22 PRPL Specifications Coverage Record and HMO Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
11/21/2023	FOOD0014.01: Full-Year 2022 Food Security PUF Constructed Variables and Labels
11/21/2023	UEGN # 2980.01 and 2981.01: 2022 Specifications for Imputing Expenditures for Capitated Events and for Preparing SBD Nodes for Editing
11/21/2023	UEGN3655.01: Deliver to AHRQ for approval specifications for the FY22 non-MPC (DN, OM, and HH) Expenditure Event files
11/22/2023	ADMN0951.01: FY22 Weighted Crosstabs delivery of ADMN and DEMO variables
11/22/2023	UEPD1231.02: 2022 (Panel 24 & 26 & 27) Household Prescribed Medicine and Associated Files - Set 1
11/28/2023	COND1012.04: 2022 CLNK File Specifications
11/30/2023	EMPL2300.01: FY 2022 Hourly Wage Imputation Output - Failure Requiring Decision
11/30/2023	UEGN #s 2976.02 and 2982.01: 2022 Specifications for MPC Rolling Event Edits and for Attaching SBD Expenditures to Facility Events

Table A-17. Files delivered during 2023 (continued)

Date	Description
11/30/2023	WGTS: 2090.01: New Weighting Memo - WGTS: 2090.01: Delivery File Providing a Linkage between the Person Records Sampled for MEPS Panel 26 and the Person Records in the 2020 NHIS Weights File
12/4/2023	EMPL2300.02: FY 2022 Hourly Wage Imputation Output for Approval
12/6/2023	UEGN2989.01: 2022 Listing of Events with Questionable HC Reported Expenditures
12/6/2023	WGTS3002.01: March 2023 CPS (ASEC) estimates and December 2022 control totals review output
12/6/2023	WGTS 3027-2022-FYVAR: Combined Panels Full Year 2022: Establishing Variance Estimation Strata and PSUs, and Estimating Standard Errors Using SUDAAN for the MEPS Full Year Public Use Files
12/7/2023	UEGN3657.01: Delivery of the FY22 Pre-Imputation files
12/7/2023	WGTS5061.01: Delivery of the Variance Strata and PSU Variables for FY2022
12/7/2023	WGTS3022.01: Panel 27 Full Year 2022 SAQ Population Characteristics Person Weight review output
12/7/2023	WGTS3024.01: Panel 24 Full Year 2022 SAQ Person Weight review output
12/7/2023	UEGN#s 2976.05 and 2982.04: 2022 Specifications for MPC Rolling Event Edits and for Attaching SBD Expenditures to Facility Events
12/8/2023	DOCM0722.01: 2023 MPC sample file specs
12/8/2023	DOCM0723.01: 2023 PC sample file specs
12/8/2023	DOCM0724.01: 2023 provider file for NPI coding specs
12/8/2023	GNRL3182.01: Preliminary Version of the 2022 Full-Year Population Characteristics PUF Dataset
12/8/2023	WGTS3006.01: Panel 27 Full Year 2022 Use Person Weight review output
12/8/2023	WGTS3023.01: Panel 26 Full Year 2022 SAQ Person Weight review output
12/12/2023	EMPL2303.01: High Hourly Wage Outlier in Upcoming Delivery of Pre-Top Coded Wage Dataset
12/11/2023	PRPL0194.11: FY22 PRPL Specifications Coverage Record and HMO Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
12/11/2023	WGTS3014.01: Panel 24 Full Year 2022 Person Weight review output
12/11/2023	WGTS3025.01: Full Year 2022 Combined Panels Population Characteristics PUF SAQ Person Weight review output
12/12/2023	GNRL3183.01: Delivery of Data Reference Year PowerPoint Slide (2020 – 2023)
12/13/2023	EMPL2301.01: Full Year 2022 Wage Top Code Value for AHRQ Approval
12/13/2023	WGTS3019.01: Full Year 2022 Person Weights Nursing Home and Mortality Adjustment review output
12/14/2023	DEMO1021.01: Delivery of the Output Listings for Case Review of the MOPID and DAPID Variables' Construction for FY2022
12/14/2023	UEGN36560.1: Delivery of the 2021 Post-Imputation Files for the MEPS Master Files
12/14/2023	UEPD1231.03: 2022 (Panel 24 & 26 & 27) PMED Supplemental File - Set 2: Person-Level File and Additional 3 Segment Variable Files
12/15/2023	HLTH0790.01: 2020 PSAQ Completion year redelivery
12/20/2023	EMPL2302.01: Full Year 2022 Jobs File Establishment Size Top Code Value and Extent of Job Record Wage Top Coding for AHRQ Approval
12/20/2023	UEPD1231.04: 2022 (Panel 24 & 26 & 27) PMED Supplemental File - set 3: Person/Round-Level Files
12/20/2023	WGTS5062.01: Delivery of the SAQ Use PUF Weight and Individual Panel SAQ Weight Variables for FY2022
12/21/2023	UEGN3658.01: Feedback on the RTI's FY2022 HHA Test Files
12/21/2023	WGTS3020.01: Full Year 2022 Combined Panels Population Characteristics PUF Person Weight review output
12/22/2023	INCO0765.01: Delivery of the 2022 Income File
12/26/2023	UEGN2975.03: 2022 HC Edit Specs

Table A-17. Files delivered during 2023 (continued)

Date	Description
12/26/2023	UEGN 2991.01: 2022 Listing of MVN Events with Questionable HC Reported Expenditures
12/26/2023	WGTS3010-2022-P26USE1: New Weighting Memo #3010-2022-P26USE1 - Panel 26 Full Year 2022: Creation of the Master Weighting File and Edit Checks for the MEPS Person Use Weights (Rounds 3-5)
12/26/2023	WGTS3025-2022-FYUSESAQ: New MEPS Memo #3025-2022-FYUSESAQ - Combined Panels Full Year 2022: Derivation of the MEPS Full Year Person-Level Self-Administered Questionnaire (SAQ) Use Weights for the Population Characteristics Public Use File
12/26/2023	WGTS3026-2022-FYUSESAQ_DVL: New Weighting Memo #3026-2022-FYUSESAQ_DLV - Combined Panels Full Year 2022: Create the MEPS Full Year Person-Level Self-Administered Questionnaire (SAQ) Use Weights Delivery File
12/26/2023	WGTS3011.01: 3011-2022-P26USE2- Panel 26 Full Year 2022: Derivation of the Initial MEPS Person Use Weight (Rounds 3-5) AND 3012-2022-P26USE3- Panel 26 Full Year 2022: Nonresponse Adjustment for the Initial MEPS Person Use Weight (Rounds 3-5)
12/27/2023	HINS1389.01: Delivery of the HINS Ever Insured in FY 2022 variables LASTAGE and INSCV922 to be added to the internal “MEPS Master Files”
12/27/2023	HINS1390.01: Delivery of the FY 2022 HINS Medicare Part D Supplemental Variables
12/27/2023	WGTS5063.01: Delivery of Person-Level Use PUF Weight, Single Panel Person Weight, and MSA22_13 Variables for FY22
12/28/2023	UEGN3659.01: Deliver to AHRQ for approval specifications for the FY22 MPC (OB, OP, ER, and IP) Expenditure Event files
12/29/2023	HINS1391.01: Delivery of the 2022 HINS Month-by-Month, Tricare plan, Private, Medicare, and Medicaid HMO/Gatekeeper, and PMEDIN/DENTIN Variables