

MEPS Annual Methodology Report 2024

Final Report

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Introduction

The Household Component of the Medical Expenditure Panel Survey (MEPS-HC; Contract 75Q80120D00024, awarded July 13, 2020 and Contract 75Q80124D00001, awarded September 24, 2024) 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 2024.

Data are collected for the MEPS-HC through a series of overlapping household Panels. The sample is drawn from the previous year's National Household Interview Survey (NHIS). Each year a new Panel is enrolled for a series of five in-person or video interviews conducted over a 2.5-year period covering two calendar years of data. Supplemental self-administered questionnaires obtain additional information from adults in the household.

This report describes work performed for all the Panels active during calendar year 2024. Data collection operations in 2024 were for Panel 27, Round 5; Panel 28, Rounds 3 and 4; and Panel 29, Rounds 1 and 2. Data processing activity focused on delivery of full-year utilization and expenditure files for calendar year 2022. Tables in the body of the text highlight the 2024 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 2024 sample and activities associated with preparing the sample for fielding. Chapters 2 through 5 discuss activities associated with the data collection for 2024: 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.

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.

The sample for the new MEPS Panel in 2024, Panel 29, 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 22-28). Specifically, the MEPS household sample was randomly selected from among those that participated in the NHIS during the first three quarters of 2023 and who had been assigned to NHIS Panels 1 and 3, the NHIS Panels designated for MEPS.

This chapter describes the 2024 MEPS sample drawn from 2023 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 29 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 29 is based on the number of PSUs associated with MEPS after the 2016 NHIS sample redesign, the eighth 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
29	10,424	146

* 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.

Table 1.2 summarizes the combined workload for the January-June and July-December periods from spring 2019 through fall 2024.

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 2024, there were three active Panels in the spring field period and two in the fall field periods. The spring field period had more cases, with an increase in Round 1 sample to 10,424. A total of 20,678 cases were fielded in spring, while the fall workload had 11,654 RUs.

Table 1.2. Data collection periods and starting reporting unit (RU)-level sample sizes, spring 2019 through fall 2024

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 3	6,773	Panel 23, Round 4	6,569
Panel 24, Round 1	9,864	Panel 24, Round 2	6,834
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
January-June 2024	20,678	July-December 2024	11,654
Panel 27, Round 5	4,497		
Panel 28, Round 3	5,757	Panel 28, Round 4	5,127
Panel 29, Round 1	10,424	Panel 29, Round 2	6,527

* 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. Prior to Panel 29, 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). For Panel 29, to maximize the sample size amid concerns about response rates, all partial completes in the “White, other” domain were kept in the sample. Table 1.4 shows the Panel 29 sample distribution by domain. It should be noted that partial completes historically require more effort, are more likely to refuse, and result in a significantly lower response rate.

Table 1.3. Percentage of National Health Interview Survey (NHIS) households with partially completed interviews in Panels 4 to 29			
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
25	11	77	50
26**	15		
27	17	81	80
28	15	98	61
29	15	100	100

* 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 29.

**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 29 sampled reporting units (RUs) by sample domain

Sample domain	Number	Percentage
Asian	674	6.47
Black	1,316	12.62
Hispanic	1,844	17.69
White, other	6,590	63.22
National Health Interview Survey (NHIS) complete	5,584	53.57
NHIS partial complete	1,006	9.65
Total	10,424	

1.2 Sample Delivery and Processing

The 2024 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 2023 NHIS, was received on September 13, 2023. Households selected from the third quarter of the NHIS were delivered on November 28, 2023.

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 2024 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

This chapter describes the overall design of the instruments and materials used to collect MEPS-HC data. The notable changes made for 2024 are detailed, as well as the procedures for testing these changes prior to implementation.

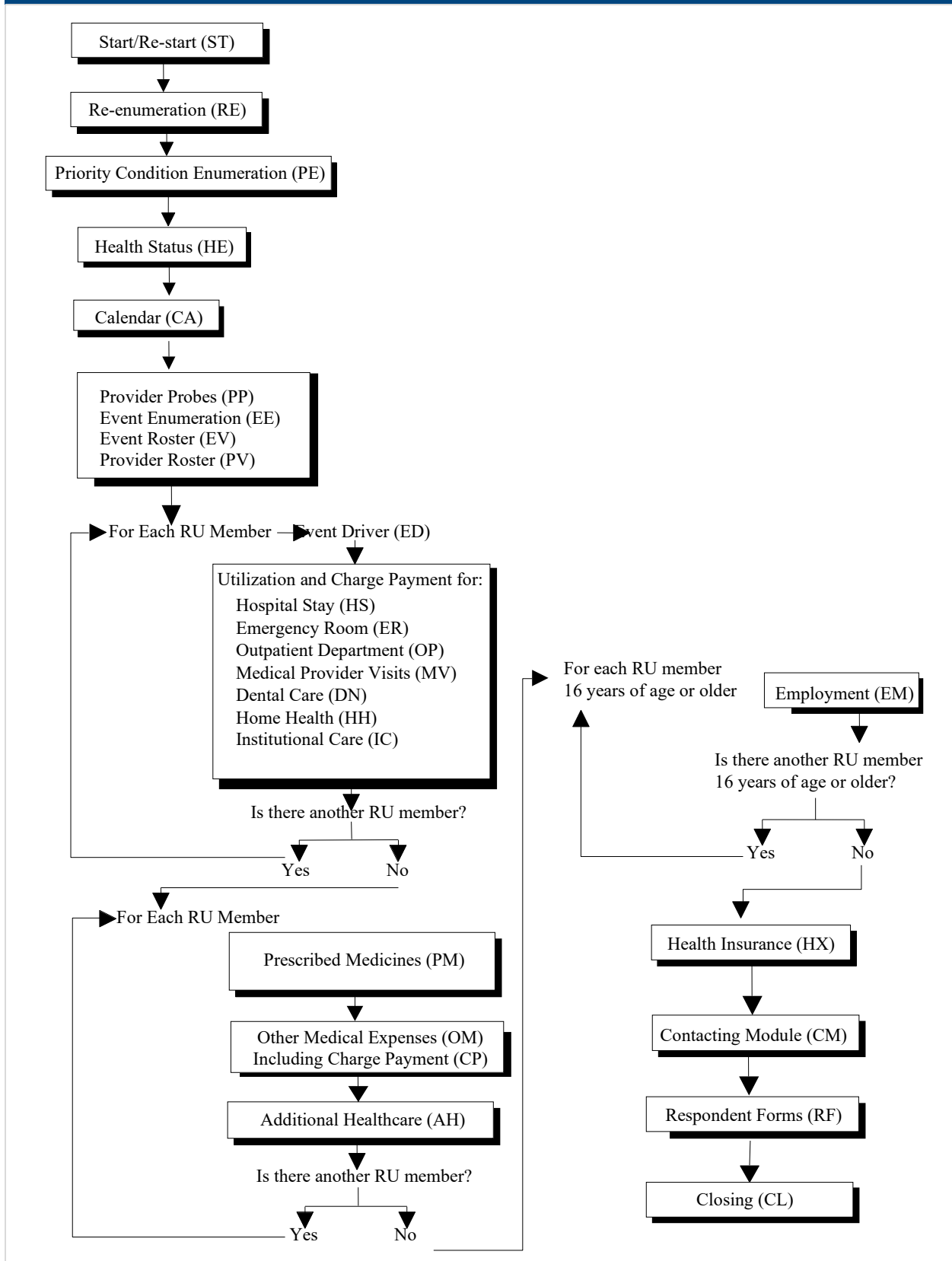
2.2 Overview of MEPS Instruments

MEPS-HC interview data are collected through a Computer-Assisted Personal Interview (CAPI) instrument. Since 2018, the MEPS-HC CAPI instrument has been programmed in Blaise 4.8. Both an English and Spanish version of the instrument are available. The same CAPI instrument is also used for Computer-Assisted Video Interviewing (CAVI).

The MEPS-HC CAPI instrument is divided into sections that deal with specific topics such as medical conditions, visits with health care providers, hospital stays, health insurance, and prescribed medicines. Certain core questions are asked in every round of the study, while other questions are asked in specific rounds only. Information collected for a household in previous rounds is brought forward into the current round's interview to be updated so that a complete picture of a household's medical care and the cost for that care will be captured for a two-year period over the course of five rounds of interviewing. The CAPI instrument's ability to tailor each interview to reflect the experiences of each household reduces the burden on interviewers and respondents and allows MEPS-HC interviews to proceed more smoothly.

The basic flow of the Round 1 MEPS-HC interview is displayed in Exhibit 2.1.

Exhibit 2.1. Round 1 interview flow



During Rounds 2-5, “supplemental” sections are added to the core MEPS-HC interview content. Exhibit 2.2 lists the current supplemental sections as of 2024 and which rounds they are administered in. Periodically these supplemental sections will be updated or replaced.

Exhibit 2.2. Supplemental sections by round					
Supplemental section	Round 1	Round 2	Round 3	Round 4	Round 5
Child Preventive Health		✓		✓	
Quality Supplement		✓	✓	✓	✓
Access to Care		✓		✓	
Food Security		✓		✓	
Financial Well-Being		✓		✓	
Income			✓		✓
Assets					✓

In the Respondent Forms section of the CAPI instrument, authorization forms are collected and/or distributed. MEPS collects signed medical provider authorization forms for key household members who have received medical care from certain types of providers. MEPS also collects signed pharmacy authorization forms for key household members who obtained prescriptions drugs from a pharmacy or by mail order. These signed authorization forms allow MEPS to contact health care providers directly for information to supplement the data collected during the household interview. Getting authorization to contact these providers is essential to the success of MEPS.

Exhibit 2.3 lists the MEPS authorization forms and which rounds they are requested in. During Round 1 interviews, medical provider authorization forms are only requested for hospital-based care, including hospital stays (HS), emergency room (ER), and outpatient department (OP) events. During Round 2-5 interviews, authorization forms are also requested for medical provider visits (MV), home health (HH), institutional care (IC), and telehealth (TH) events, as well as for pharmacies.

Exhibit 2.3. Authorization forms by round					
Authorization forms	Round 1	Round 2	Round 3	Round 4	Round 5
Medical Provider Authorization Forms for HS, OP, and ER Events	✓	✓	✓	✓	✓
Medical Provider Authorization Forms for MV, HH, IC, and TH Events		✓	✓	✓	✓
Pharmacy Authorization Forms		✓	✓	✓	✓

To complement the main MEPS-HC interview, key adult household members are also asked to complete one or more supplemental self-administered questionnaires (SAQs). The topics of these SAQs rotate. Four unique SAQs were requested or followed-up on during 2024, as shown in Exhibit 2.4.

Exhibit 2.4. Supplemental self-administered questionnaires by 2024 field period and round		
Self-administered questionnaires	Spring 2024	Fall 2024
“Your Health and Health Opinions” [Self-administered questionnaire (SAQ)]	Rounds 3 and 5 follow-up	
“A Survey About Your Diabetes Care” [Diabetes Care Supplement (DCS)]	Rounds 3 and 5	
“Your Health and Health Opinions” [Preventive care self-administered questionnaire (PSAQ)]		Rounds 2 and 4
“Your Experiences with Cancer” [Cancer self-administered questionnaire (CSAQ)]		Rounds 2 and 4

In the Quality Supplement section of the CAPI instrument, SAQs are discussed and requested. Most MEPS SAQs are available as multimode web or paper questionnaires, though the Diabetes Care Supplement (DCS) is only available as a paper questionnaire. All MEPS web SAQs are hosted at www.MEPSDocs.org/survey. Every invitation and reminder message about web SAQs includes this URL, as well as a unique personal identification number (PIN) the household member must use to log in to their survey.

2.3 Instrument Changes for 2024

For each data collection cycle, AHRQ and Westat work together to define a set of modifications to the CAPI instrument and SAQs. Some modifications are new items or new sections, whereas others are updates or fixes to existing items. The notable changes for 2024 are summarized below.

Priority Condition Enumeration (PE). Three changes were made in the Priority Condition Enumeration section. The first change was updating the COVID-19 and Long COVID series to only be asked in spring rounds for most RU members. In fall rounds, these items will only be asked for new RU members. In addition, initial items about COVID-19 and long COVID (PE350, PE362) will only be asked if these conditions were not reported in prior rounds. The second change was that PE370 (which asks if the RU member has had COVID-19 within the past 12 months) was revised to a yes/no question with new fill of “a new infection” for those who reported prior COVID-19. The third change was the addition of a soft check to PE380 (which records the month and year a RU member last had COVID-19) to discourage dates from more than 12 months ago from being reported.

Condition Lookup. The condition lookup is a trigram search tool embedded within the CAPI instrument that accurately captures approximately 1100 of the most common conditions coded to an ICD-10 code on MEPS. The lookup allows interviewers to easily find the correct condition without leading them to an inaccurate entry. In 2024, the condition lookup was updated with 12 additional entries. The proposed additions were developed based on a review of conditions entered via manual entry for DY2022 data. As with previous cycles, a cutoff of 5 manual entries was used to identify potential items for adding to the pick list. After all potential items were identified, they were reviewed to assess suitability for the pick list. During this review process, some potential items were removed if they were found to be redundant with existing pick list entries or did not contain sufficient detail.

Prescribed Medicine Lookup. Similar to the Condition lookup, the Prescribed Medicine lookup is a search tool within CAPI that accurately captures approximately 2300 of the most common prescribed medicines on MEPS. In 2024, the prescribed medicine lookup was updated with 60 additional entries. Westat’s approach to identifying potential additions started with reviewing all

the manual entries reported in DY2022. New entries were identified if they were manually reported 20 or more times and one of the three following three categories:

- Prescribed medicines not currently in the pick list.
- Prescribed medicines with a related entry currently in the pick list, yet reported 20 or more times with a substantively different strength or form.
- Unspecified entries without a specific medicine name.

Provider Probes (PP). Two changes were made in Provider Probes. The first was a result of listening to computer-assisted recorded interviewing (CARI) recordings (more on CARI in Section 4.1). At item PP40, which asks about care received for a primary care doctor, interviewers were skipping the word “pediatrician” when interviewing RUs without any children. To accommodate verbatim reading, brackets were added around the word “pediatrician,” allowing the interviewers to opt out of reading the word when it is not applicable.

A change was also made to PP70, which asks about care received at clinics, to be more inclusive about the examples mentioned. AHRQ requested wording changes to specifically refer to “shots and vaccines,” as well as care received from a “pharmacy” to encourage reporting of vaccines received during the reference period.

Charge/Payment (CP). Several changes were made to the CP section to ease interviewer and respondent burden. The first change was made at CP150 which collects the total charge. The answer field was expanded to accept 7 digits rather than 6 to accommodate higher dollar values. However, to help prevent keying errors, soft checks were also added to this item. The soft check minimum and maximum range vary by event type and will be updated as needed each year. An update was also made to corresponding flat fee item FF140 to reflect this change.

A new item was also added that verifies the total charge of events that are part of repeat visit groups, when they are reported to be > \$5,000. AHRQ noticed that some respondents may be erroneously combining total charges for multiple repeat visit events, resulting in inaccurate data. The new item confirms that the total charge reported corresponds to the single event requested; if not, instructions are provided for backing up to correct the issue.

Financial Well-Being (FW). As requested by AHRQ, a new CAPI section with five questions was added for all RUs in fall rounds to capture information regarding the household’s financial health. Items include questions on whether the household was late or unable to pay rent/mortgage, credit card or utility bill, and whether they were ever contact by a debt collection agency or could come up with \$400 for unexpected expenses. These items originally appeared in the 2021 Social Determinants of Health (SDOH) SAQ and the 2022 Preventive Care SAQ (PSAQ).

Food Security (FS). The universe for this section was expanded to all RUs, including proxies and student RUs. Revising the FS section universe aligns with the universe for the FW section (which will now come immediately prior) and also eliminates the need for a separate weight for analyzing the data in this section.

Health Insurance (HX) and Related Sections. A key aspect of health insurance coverage is the period of time someone is covered, referred to as their “coverage period.” In CAPI, each RU member’s coverage period is collected at the HQ10 grid. For spring 2024, MEPS made changes to the HQ10 grid to facilitate easier reporting when individuals were covered by the same insurance source and had the same reference period dates as the first person on the grid. A new question (HQ10_16) was added at the end of the first row, inquiring who else was covered for the same period as the first

person. For RU members selected at HQ10_16, their rows were auto-coded with the same answers as Person 1. This change aimed to reduce the time and burden of administering the grid, especially in larger RUs with multiple people covered by the same insurance. In fall 2024, two new questions were added to the end of the Health Insurance section to gather information regarding household medical debt, expanding the scope of data collection to address the financial impact of healthcare.

Contacting Module (CM). Updates were made to questions about permission to text RU members. Previously, we asked if each adult cell phone owner was available to talk immediately, and if so, asked them directly for permission to send text messages to their cell phone. For spring 2024, this was simplified such that the household respondent is asked for permission to send text messages on behalf of all adult RU members with cell phone numbers provided. Further wording changes were implemented in the fall 2024. To ensure transparency and provide respondents with crucial information when asking for permission to text, the phrase “Please note that message and data rates may apply” was added.

Quality Supplement (QS) and SAQs. Traditionally, MEPS SAQ requests have been introduced during the main household interview, in the QS section. For fall 2024, the multimode SAQ protocol was revised such that individual web SAQ invitations to eligible household members were included as part of the advance package sent to each household at the beginning of the field period. As a result, many people started or completed SAQs before their household’s interview. Multiple MEPS systems were revised to allow for the latest SAQ statuses to be synced to each interviewer’s laptop approximately every 15 minutes. These SAQ statuses are then preloaded in the CAPI instrument when the interview is launched. The QS section was updated so that it displays the latest status of each requested SAQ, and customized the text and routing based on the status. For example, if a household has completed all of their requested SAQs, the interviewer thanks them and moves on to the next section; if the household has not yet started any of their requested SAQs, the interviewer provides further information about which people are eligible for SAQs and how to complete them.

As previously summarized in Exhibit 2-4, there were four MEPS SAQs administered in 2024. The content of the “Your Health and Health Opinions” SAQ (follow-up from Spring 2023) and Diabetes Care Supplement were both unchanged from prior years.

The preventive care PSAQ previously had separate versions of the paper questionnaire for males and females, but for 2024 these were combined into a single paper version for both sexes to allow for more similarity between the paper and web modes. This required some revisions to question order, skip logic, and layout of the paper form. Furthermore, a few questions related to financial well-being were removed from the PSAQ as they were added to the main household interview.

The cancer SAQ (CSAQ) was revived for 2024; the last time MEPS fielded the CSAQ was in 2017. About two-thirds of the CSAQ content was the same or very similar to the prior administration, but many items were new. The new content included questions about impacts of cancer on employment, long-term side effects of cancer or its treatment, and cancer-related follow-up care.

Closing (CL). Towards the very end of the interview, a new screen was added where the interviewer reminds the respondent of all the household’s outstanding follow-up tasks, including AFs and SAQs. The interviewer also fills out a complementary follow-up card (similar to a postcard) which lists each RU member and their outstanding tasks.

2.4 Testing of the Instruments and Interviewer Management System

Testing for the spring 2024 (Rounds 1, 3, and 5) instruments was conducted between September and December 2023. Testing for the fall 2024 (Rounds 2 and 4) instruments was conducted

between March and June 2024. 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 2024 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.

2.5 Changes to Materials and Procedures for 2024

The manuals and the materials for the 2024 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.

2.5.1 Instructional Manuals

The field interviewer procedures manual was updated to address changes in field procedures and updates to the Interviewer Management System (IMS). For 2024 this included revising the IMS and SMS (Study Management System) appendices for the new Advanced Field Operating System (AFOS) and updating all images of the IMS and SMS throughout the manual.

In addition, starting in 2024 the manual was available electronically on the MEPS laptop only. Hard copies are no longer distributed.

2.5.2 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 to the data on the face sheet were made in 2024, however the face sheet user interface was updated as part of the AFOS migration, providing a more modern look and improved navigation.

To document activities while working their cases, interviewers enter Electronic Record of Calls (EROCs) and have the ability to update contacting information and enter field notes in their IMS.

At the conclusion of the household interview, the respondent is given a \$50 prepaid debit card to thank them for their participation. To activate the debit card, the interviewer completes a Payment module in the IMS by typing a unique activation code into the module twice.

An RU Information module is also completed after every interview by the interviewer to document operational information to help the next Round's interviewer effectively work each case.

To support follow-up for authorization forms and SAQs not completed at the time of the interview, an online module in the SMS provides the information interviewers need to follow-up and the ability to document their follow-up efforts.

Interviewers continued to be equipped with iPhones and the mobile field operating system (MFOS) application for their MEPS work. Many of the same features available in the IMS were available in MFOS, including viewing face sheets, entering EROCs, updating contact information, taking notes, and completing the RU information module. However, the Payment module and online follow-up module are not available in MFOS.

2.5.3 Respondent Materials

Annual updates were made to all respondent letters, the monthly planner, self-administered questionnaires, and the Income Job Aid. For 2024, 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 concerns, and offer record-keeping tools. In addition, the MEPSDocs website also has links to the show cards in both English and Spanish that are accessed by interviewers during CAVI interviews (using Zoom to display the show cards), as well as by respondents during telephone interviews. The MEPSDocs website also hosted the web SAQ during the fall 2024 field period.

3. Recruiting and Training

3.1 Field Interviewer Recruiting for 2024

Overview. MEPS started spring 2024 data collection with 259 experienced interviewers. Throughout 2024, there were three recruiting periods to increase staffing to about 325 interviewers.

We calculated staffing needs based on projected completes and hours per complete, based on staff committing to a part time schedule of 20 hours per week. In addition, MEPS collected data in 132 different primary sampling units, which can encompass multiple counties, including across state borders, so location adds to the complexity of estimating the staff needed. The goal is not only to have enough personnel to meet targets but also to reduce the need for travel.

All MEPS staff are trained to conduct Computer Assisted Video Interviews (CAVI). In Spring of 2024, MEPS deployed a team of 17 interviewers focused primarily on completing CAVI cases throughout the country – this group completed almost 1,400 interviews. Using this team and other staff, including the 6 members of the MEPS travel team, to support unstaffed PSUs This team helped MEPS attain its production goals and reduce costs in these unstaffed areas by providing coverage respondents willing and able to participate via CAVI.

To put the recruiting and attrition numbers into historic perspective, Table 3.1 summarizes the MEPS staffing for the period of 2020-2024.

Data collection period	Experienced interviewers staffed	New interviewers staffed*	Total interviewers for spring data collection
Spring 2020	269	121	390
Spring 2021	272	147	419
Spring 2022	267	93	360
Spring 2023	267	103	370
Spring 2024	259	61	320

* Note that the new interviewers staffed includes the interviewers who were trained throughout the year’s attrition trainings. This column represents the total number of new interviewers staffed for the entire year shown.

Recruiting. 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.

MEPS conducted three trainings in 2024 in January, April and August. Table 3.2 shows the number of candidates who accepted field interviewer positions, the number of new hires who completed training and the number who remained on MEPS at the end of fall data collection in December 2024.

Table 3.2. Numbers of new hires who accepted positions, were trained and retained in 2024

Training	Candidates accepted	New hires trained	Retained (Dec 24)
January	40	32	14
April	38	29	15
August	42	31	21
Total	120	92	50

Recruiting began three months in advance of each training with the goal of hiring local staff in unstaffed or understaffed PSUs or traveling staff to cover those areas.

Interviewer Attrition During 2024 Data Collection. During the spring data collection, 17 new interviewers and 43 experienced interviewers were lost to attrition. An additional 22 new interviewers and 21 experienced interviewers were lost during the fall round. The breakdown of 2024 interviewer attrition is shown in Tables 3.3.

Table 3.3. Attrition rate among new and experienced interviewers, 2020-2024

Data collection period	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
	#	%	#	%	#	%
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
Spring 2024	17	29.0	43	16.6	60	18.9
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
Fall 2024	22*	30.6	21	9.7	43	14.9

*New interviewer attrition includes attrition from the two spring trainings (January and April), as well as the supplementary August training to bolster the fall data collection staff. 12 interviewers were lost from the spring training (29.2%) and 10 from the fall training (32.3%)

Table 3.3 shows the overall attrition rate during the spring and fall data collection periods from 2020 through 2024. The total spring 2024 attrition rate of 18.9 percent, which is the same as the 2023 attrition rate. However, it remains lower than any year since 2020 is lower than in 2020-2022.

Table 3.3 also shows the overall attrition rate during the fall data collection period from 2020 through 2024. The total fall 2024 attrition rate was 14.9 percent, slightly higher than the prior two years' attrition rates and reflecting a higher new hire attrition rate in 2024 due to attrition from the August new hire training that was new in 2024.

Table 3.4. Annual attrition rate among new and experienced interviewers, 2020-2024

Data collection period	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
	#	%	#	%	#	%
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
2024	41	45.1	64	24.7	105	30.0

Total attrition for the year (as shown in Table 3.4) was 30 percent, similar to prior years. The average annual attrition rate among new hires has been 48.8 percent and 22.9 percent among experienced interviewers. In looking forward to 2025, MEPS will again aim to expand the interviewing staff to approximately 325 interviewers.

3.2 2024 Interviewer Training

The overall structure for training new interviewers in 2024 was drawn from the 2023 training plan. The goals of the 2024 trainings 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 2024 training package reflected a blended training approach that included 5.5 days of in-person training that focused on later round interviewing, preceded by asynchronous and synchronous virtual content; CAVI training as part of in-person training, with post-training follow-up; a post asynchronous training on additional topics; and a 2-day virtual training that focused on Round 1 interviewing.

To enhance recruitment and training efficiency, Westat successfully conducted its first new hire training during a fall interviewing cycle, moving away from the challenging January schedule. This initiative aligned with our longstanding goal of separating later round training from Round 1 training. By introducing new hire training in August, Westat pilot tested a training session covering all later rounds, rather than only Rounds 3 and 5. This approach provided new hires with nearly five months of experience in later round interviewing before they were introduced to Round 1. This model has several key strengths. It enhances interviewer confidence by allowing them to gain substantial experience and confidence through focusing on later rounds first. Additionally, starting Round 1 in 2025 with a workforce that has already honed their skills in later rounds ensures higher quality and efficiency. Conducting training in the fall avoids the recruitment challenges typically faced in January.

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 four training classrooms for the January training or two classrooms for the April and August attrition trainings. Classrooms were staffed by a primary trainer and a support trainer and one or two classroom runners. The selection of trainers for the 2024 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 coordination 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. Westat added an additional mock interview to the agenda for a total of two full mock interviews 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.

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 who required remedial practice worked one-on-one with training staff after the training day. Training staff provided focused practice based on the needs of the trainee.

Twenty-five new hires successfully completed the January training, 26 successfully completed the April attrition training and 21 completed the August training.

Bilingual trainees in the January and August trainings 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 the January in-person bilingual training and seven new interviewers complete the August 2024 in-person bilingual training. Bilingual training for new hires during the April training was performed virtually. Five new interviewers completed the bilingual training virtually.

Post-training Activities. After the successful completion of in-person training, new interviewers were required to successfully complete a post-classroom home study 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 2023 CAVI interviewing training program.

2-Day Round 1 Virtual Training. Westat presented 2-day trainings on Round 1 concepts in late February 2024 for January new hires, mid-May for April new hires and mid-December for August new hires. Trainees participated in one of two virtual classrooms in February and May (1 virtual classroom in the December training.) All of the training sessions contained a synchronous virtual session and asynchronous sessions delivered by the LMS.

Day 1 of the trainings 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 assignments 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 trainings focused on advanced cooperation skills, exercises on the electronic record of calls, and data quality in Round 1.

Twenty-five new hires completed the February Round 1 training, 26 completed the May training and 21 completed the December training.

3.2.1 Experienced Interviewer Training

Spring 2024 Round 1/3/5 Home Study. The Round 1/3/5 home study in December 2023 followed established formats. The 3-hour self-paced program contained an instructional memo and knowledge check, with content on a new laptop and the Windows 11 operating system. The home study introduced the implementation of the Advanced Field Operation System and changes to the Interview Management System. Topics also included the change in the order of the spring rounds, SAQ follow-up procedures, changes to the MEPSdocs.org website, updates to the CAPI instrument and a Health Insurance mini-mock interview.

Fall 2024 Round 2/4 Home Study. The Round 2/4 home study in July 2024 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 MEPSDocs.org 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.

Refresher Training. In 2024, AHRQ decided to forgo in-person refresher training. Westat and AHRQ agreed on a new framework for interviewer continuous learning and quality improvement through distance learning. The framework draws on three levels of training components: universal, tailored, and targeted.

In 2024, Westat conducted CARI Rapid Feedback, which personalizes training for veteran field interviewers. Using the CARI system, a group of trained quality control (QC) staff listen to random interviews throughout the field period. These staff code each interview for protocol issues such as: reading verbatim, probing without leading, using show cards and professional rapport. All interviewers receive both positive and negative feedback via email on every case coded. As needed, QC staff coached interviewers in retraining sessions on how they could improve their performance and the importance of following protocols in maintaining high-quality data collection. In weekly contacts with their interviewers, Field Supervisors provided additional individualized instruction and one-on-one coaching.

All field interviewers received links to on-demand videos on topics related to advanced cooperation for MEPS households. The 12 video shorts, organized by respondent concern, demonstrate how a well-trained data collector responds to challenging interview situations. The data collector reviews case materials, develops a game plan, and speaks with the respondent. They use active listening and project knowledge to address the respondent's concerns.

Training on providing actionable comments was provided to a targeted group of interviewers in 2024. The data quality control (DQC, more in section 6.1.2) home office staff identified interviewers responsible for a high percentage of non-actionable comments and provided customized feedback for this group of interviewers that included specific examples of comments they wrote (removing PII) and how the comment could be improved or why it was unnecessary. Retraining using this material was provided individually to each interviewer by the field directors. FIs were sent, via FedEx, overall and customized training tips along with their actionable/nonactionable comments (removing PII), and a cover email explaining why they received the package. The field director joined the interviewer's weekly report call with their supervisor and reviewed the material in the Interviewer Quick Reference Guide about critical items for comments.

3.2.2 Continuing Education for All Interviewers

Weekly Newsletter. In 2024, 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 2024. 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 primary MEPS management system is AFOS, 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 audio 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 which allows for verifying the interview took place. These tools, along with the implementation of models designed to identify cases with a higher propensity for completion, 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 29, 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 2024, MEPS interviews were conducted in three modes: in-person, CAVI, and telephone (limited). 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 26 percent of completed interviews in the Spring Round. 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 their home or meet them at an appropriate alternative location. For the final round of data collection, Round 5 – 64 percent of cases were completed via CAVI, while Round 3 – 17.5 percent of cases were completed using this mode and by design only 8.6 percent of Round 1 cases were completed via Zoom.

In 2024, 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 along with the MEPS incentive – a \$50 pre-paid debit card. 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 and directors 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.

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 changed for the spring Round of 2024. Data collection began with Round 1, followed by Round 5, and then Round 3. For the Round 1 respondents, the early starting date allowed several additional weeks of data collection.

The field period dates for the Rounds conducted in 2024 are shown in Table 4.1.

Round	Dates	No. of weeks in round
1	January 10-July 14	26
2	July 28-December 8	19
3	February 1-June 15	19
4	July 19-December 8	20
5	January 24-May 15	15

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 trained quality control specialists 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.

4.2 Data Collection Results: Interviewing

Table 4.2 provides an overview of the data collection results for Panels 23 through 29, showing sample sizes, average interviewer hours per completed interview, and response rates. Table 4.3 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 2024, the response rates for Rounds 1-3 showed a moderate decrease from 2023 while exhibiting a slight increase in Rounds 4-5. 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, averaging almost 15 hours.

Table 4.2. MEPS-HC data collection results, Panels 23 through 29

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 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	3,817	11	2	8	3,809	3,541	4.7	93.0	92

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	9,700	344	41	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	4,551	21	4	7	4,544	4,262	5.5	93.8	94
Panel 28	Round 1	9,800	280	31	75	10,038	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	5,834	42	2	8	5,826	5,143	7.4	88.3	89
	Round 4	5,193	51	5	11	5,182	4,812	7.6	92.9	94
	Round 5									
Panel 29	Round 1	10,424	251	49	107	10,617	6,537	14.9	61.6	65
	Round 2	6,527	77	10	6	6,686	5,674	10.0	85.1	89
	Round 3									
	Round 4									
	Round 5									

Table 4.3. Response rates by data collection year, 2014-2024

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	

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
2024									
Panel 29	61.6	85.1							
Panel 28			88.3	92.9					
Panel 27					93.8				

Table 4.4 illustrates the mode of data collection for each of the 2024 data collection Rounds. CAVI was offered as the primary interview mode for Round 5, followed by in-person and telephone where necessary. For all other Rounds, the primary mode was in-person with CAVI as the secondary mode followed by telephone.

Completes		Percentage of complete	In-person	Telephone	Computer-assisted video interviewing (CAVI)
Panel 27	Round 5	93.8	1,315	206	2,741
Panel 28	Round 3	88.3	4,123	120	900
	Round 4	92.9	2,971	167	1,674
Panel 29	Round 1	61.6	5,784	192	561
	Round 2	85.1	4,580	207	887

4.2.1 Components of Response and Nonresponse

Table 4.5 summarizes components of nonresponse associated with Round 1 households by Panel beginning in 2019. 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.

Response and nonresponse components	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	2024 Panel 29 Round 1
Total sample	10,172	10,230	9,863	10,085	10,116	10,724
Out of scope (%)	0.8	0.8	0.7	0.8	0.8	1.0
Complete (%)	70.6	61.2	59.6	61.1	64.5	61.0
Nonresponse (%)	28.6	38.0	39.7	38.2	34.7	38.0
Refusal (%)	24.0	28.7	31.2	30.4	29.7	32.0
Not located (%)	3.1	3.2	4.3	3.3	2.5	2.8
Other nonresponse (%)	1.5	6.1	4.2	4.5	2.5	3.3

Tables 4.6 through 4.13 summarize results for additional aspects of the 2024 data collection. Because Round 1 is the most difficult of all the Rounds, the presentation focuses primarily on Panel 29, Round 1.

4.2.2 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. The MEPS experience has been that for many of these partial complete 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 2024 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 4.6 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 2024 is above the levels for the previous five years. 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 2024, there was a 19.6 percent difference in response rate for NHIS partial cases.

Table 4.6. Summary of MEPS Round 1 response, 2019-2024 Panels, by National Health Interview Survey (NHIS) completion status						
NHIS completion status	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	2024 Panel 29 Round 1
Original NHIS sample (N)	9,864	9,866	9,509	9,707*	9,800	10,424
Percentage complete in NHIS	84.2	89.3	85.3	83.3	85.0	81.4
Percentage partial complete in NHIS	15.8	10.7	14.7	16.7	15.0	18.6
Percentage complete for NHIS completes	73.5	63.5	63.1	64.2	67.5	65.2
Percentage complete for NHIS partial completes	60.3	46.8	44.1	49.5	51.9	45.6

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.

4.2.3 Sample Domain

Table 4.7 breaks out response information for the NHIS completes and partial completes by sample domain categories for Panel 29. Table 4.7, unlike Table 4.6, 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—26.0 percentage points.

Table 4.7. Summary of MEPS Panel 29, 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	693	55.3	37.5	3.6	3.6
NHIS complete	542	58.5	35.4	2.9	3.1
NHIS partial complete	151	43.7	45.0	6.0	5.3
Black	1,355	68.6	23.5	3.4	4.1
NHIS complete	1,035	72.1	20.7	3.6	3.7
NHIS partial complete	320	57.1	32.8	4.7	5.3
Hispanic	1,909	64.1	28.4	3.8	3.7
NHIS complete	1,427	67.3	25.5	3.4	3.0
NHIS partial complete	482	54.4	37.1	5.0	3.5
White/other	6,660	60.1	34.6	2.3	3.0
NHIS complete	5,636	64.1	31.0	2.1	2.8
NHIS partial complete	1,024	38.1	54.6	3.1	4.2
All groups	10,424	61.6	32.3	2.8	3.1
NHIS complete	8,640	65.2	29.1	2.6	3.1
NHIS partial complete	1,977	45.6	46.1	4.1	4.3

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 4.8 (shown on the next page) further breaks out response information for Panel 29 by interview mode.

Table 4.8. Summary of MEPS Panel 29, Round 1 response by interview mode, sample domain, and National Health Interview Survey (NHIS) completion status

Domain/NHIS status	In-person	Telephone	Computer-assisted video interviewing (CAVI)
Asian	325	12	46
NHIS complete	269	8	40
NHIS partial complete	56	4	6
Black	841	19	69
NHIS complete	678	15	53
NHIS partial complete	163	4	16
Hispanic	1,101	33	89
NHIS complete	864	24	73
NHIS partial complete	237	9	16
White/other	3,517	128	357
NHIS complete	3,186	119	307
NHIS partial complete	331	9	50
All groups	5,784	192	561
NHIS complete	4,997	166	473
NHIS partial complete	787	26	88

4.2.4 Refusals and Refusal Conversion

Table 4.9 summarizes the results of refusal conversion efforts by Panel. For Panel 29, the rate of “ever refused” RUs increased to 37.4 percent, below its highest level in Panel 26 and Panel 27.

Panel	Net sample (N)	Ever refused (%)	Converted (%)	Final refusal rate (%)	Final response rate (%)
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
Panel 29	10,724	37.4	16.4	32.0	61.6

4.2.5 Tracing and Locating

Table 4.10 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 2024 (9.7%) dropped 0.5 percent from 2023 and saw its lowest rate in many years; the final rate of households that were not located after tracing efforts was 2.8 percent.

Panel	Total sample (N)	Ever traced (%)	Not located (%)
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
Panel 29	10,724	9.7	2.8

4.2.6 Interview Length

Table 4.11 shows the mean length (in minutes) for interviews conducted without interruption in a single session in Panels 23 through 29. 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. Starting in 2022 (with Panel 27 Round 1, Panel 26 Round 3, and Panel 25 Round 5), interview time was reduced. 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.

Table 4.11. Interview timing comparison, Panels 23 through 29 (mean minutes per interview, single-session interviews)

Round	Panel 23	Panel 24	Panel 25	Panel 26	Panel 27	Panel 28	Panel 29
Round 1	78.1	79.5	89.0	92.9	82.3	80.6	80.7
Round 2	88.2	87.0	89.7	93.3	79.3	79.6	79.6
Round 3	92.6	98.5	100.0	90.0	86.4	89.8	88.1
Round 4	86.8	86.2	93.2	76.5	78.8	82.9	
Round 5	78.7	97.1	75.5	74.1	75.3		
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 4.12 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 4.12. Interview timing comparison by interview mode for Panels 27 through 29 (mean minutes per interview, single-session interviews)

Panel/Round	In-person	Telephone	Computer-assisted video interviewing (CAVI)
Panel 27			
Round 3	86.8	78.8	88.7
Round 4	79.3	67.4	79.6
Round 5	74.4	66.1	76.5
Panel 28			
Round 1	79.8	80.2	89.2
Round 2	80.2	68.5	78.1
Round 3	89.3	82.7	93.1
Round 4	82.3	73.9	85.3
Panel 29			
Round 1	79.8	78.6	96.6
Round 2	88.6	80.4	87.9

4.2.7 Mean Contact Attempts Per Case

Table 4.13 shows mean contact attempts, by mode and NHIS completion status, for all cases in Round 1 of Panels 27 through 29. Overall contact attempts are comparable across all three years, though NHIS partial cases require more contacts.

Table 4.13. Mean contact attempts by National Health Interview Survey (NHIS) completion status and interview mode, Round 1 of Panels 27 through 29

Contact type	Panel 27, Round 1			Panel 28, Round 1			Panel 29, Round 1		
	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial
N	9,700	8,077	1,623	9,800	8,326	1,474	10,724	8,729	1,995
% of all RUs*	100.0	83.3	16.7	100.0	85.0	15.0	100.0	81.4	18.6
In-person	5.6	6.1	5.7	5.6	5.4	6.8	5.3	5.2	6.1
Telephone	2.6	2.5		2.0	1.9	2.4	2.3	2.2	2.7
CAVI*	0.8	0.8	0.9	0.9	0.8	1.1	0.2	1.2	1.5
Total	8.4	8.2	9.3	8.4	8.1	10.3	8.8	8.5	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 Medical Provider Component of MEPS. AFs are requested for each unique person-provider pair 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 4.14 shows Round-by-Round signing rates for the medical provider AFs for Panels 22 through 29. 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 2024 the signing rate for paper AFs dropped in round 3, but the combined signing rate stayed about the same, or even increased slightly due to a higher signature rate for DocuSign AFs. In round 1, the rate for all modes increased. In round 2, the signing rate overall slightly decreased.

Table 4.14. Signing rates for medical provider authorization forms for Panels 22 through 29

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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	14,575	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	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)	
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	
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	
Round 5		eSignature	2,413	2,237	92.7	
		DocuSign	5,926	4,396	74.2	
		Paper	1,932	206	10.7	
		Combined	10,271	6,839	66.6	

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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
	Round 3	eSignature	10,886	10,195	93.7
		DocuSign	4,271	2,491	58.3
		Paper	3,479	117	3.4
		Combined	18,636	12,803	68.7
	Round 4	eSignature	6,965	6,650	95.5
		DocuSign	5,376	3,894	72.4
		Paper	1,875	132	7.0
		Combined	14,216	10,676	75.1
Panel 29	Round 1	eSignature	1,489	1,422	95.5
		DocuSign	490	268	54.7
		Paper	511	29	5.7
		Combined	2,490	1,719	69.0
	Round 2	eSignature	13,455	12,744	94.7
		DocuSign	5,182	2,758	53.2
		Paper	3,473	116	3.3
		Combined	22,110	15,618	70.6

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 4.15 shows signing rates for pharmacy AFs for Panels 22 through 29. 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 signature rate for paper AFs decreased in rounds 3, 4, and 5, but the combined signature rate increased or stayed the same due to an increase in the signature rate for DocuSign AFs. Signature mode continues to shift away from paper to eSignature and DocuSign.

Table 4.15. Signing rates for pharmacy authorization forms for Panels 22 through 29

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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	
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	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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
	Round 5	eSignature	1,202	1,136	94.5
		DocuSign	2,935	2,144	73.0
		Paper	850	95	11.2
		Combined	4,987	3,375	67.7
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
	Round 3	eSignature	4,329	4,088	94.4
		DocuSign	1,761	1,033	58.7
		Paper	1,226	36	2.9
		Combined	7,316	5,157	70.5
	Round 4	eSignature	2,944	2,816	95.7
		DocuSign	2,425	1,737	71.6
		Paper	809	45	5.6
		Combined	6,178	4,598	74.4
Panel 29	Round 2	eSignature	5,335	5,092	95.4
		DocuSign	2,122	1,088	51.3
		Paper	1,309	48	3.7
		Combined	8,766	6,228	71.0

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 2024, the follow-up in Rounds 3 and 5 was paper only, however, for the initial request in Rounds 2 and 4, we continued to offer multimode (web and paper) collection for SAQs. Invitations to complete the SAQ on the web were included with the advance mailing, giving household members the opportunity to complete SAQs prior to their household interview. During the CAPI interview, interviewers followed-up with eligible household members who had not yet completed the web SAQ. Paper SAQs were offered during the interview only if the household member did not provide an email address and/or cell phone number to which a link to the web SAQ could be sent. Everyone who did not complete their SAQ within a certain time frame from when the household interview was complete was sent a non-response mailing that included a paper SAQ. Table 4.16 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 starting in 2023.

Response rates increased significantly from 2023 to 2024, likely due to the new contact protocol for web SAQs and the additional paper follow-up for web non-response. The rate for Round 2 went from 45.2 percent to 55.1 percent and in Round 4 it went from 43.4 percent to 52.1 percent.

Table 4.16. Results of self-administered questionnaire (SAQ) collection for Panels 22 through 29

Panel	Round	Survey mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
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
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

Panel	Round	Survey mode	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)	
	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
	Round 5	Paper		4,073	1,059	1,258	1,759	26.0
Combined, 2023		7,897	4,628	-	-	58.6		
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
	Round 3	Paper		4,974	1,566	1,599	1,809	31.5
	Combined, 2023		10,345	6,053	-	-	58.5	
	Round 4	Web		5,978	3,774	6	2,198	63.1
		Paper		2,409	847	1,189	373	35.2
Combined			8,387	4,621	1,195	2,571	55.1	
Panel 29	Round 2	Web		7,116	4,252	1	2,863	59.8
		Paper		2,992	1,016	1,397	579	34.0
		Combined		10,108	5,268	1,398	3,442	52.1

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 21 through 28 are shown in Table 4.17. In 2024, the number of DCSs requested increased and the response rate remained the same for Round 5, but increased 6 percentage points in Round 3.

Table 4.17. Results of Diabetes Care Supplement (DCS) collection for Panels 21 through 28

Panel	Round	DCSs requested	DCSs completed	Response rate (%)
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	1,146	523	45.6
	Round 5	982	475	48.4
Panel 28	Round 3	1,220	629	51.6

4.5 Quality Control

Interviewer performance was monitored through validation case review using GPS, CARI, and telephone and mail validation. 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 and through the MFOS app on the project-issued iPhone. If the case could not be properly validated due to missing data, or the GPS information did not match 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 2024, over 96 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, so in these situations the CARI system is used to validate. A small percentage (5% in the spring and 6% in the fall) were validated by phone, and less than .5 percent of cases were validated by mail.

In addition to validation, a percentage of all interviews are reviewed in CARI by Quality Control Staff to ensure that protocols are closely followed. During the review process, each case is assigned an overall score on a five-point scale from Excellent to Poor. When a case receives an overall score of Fair or Poor, the FI receives a rapid feedback session that provides retraining on general interviewing techniques as well as project specific procedures. After retraining, the next case is coded and a higher percentage of that interviewer's subsequent cases are manually reviewed. Interviewers who do not improve are placed on formal action plans and ultimately released if they do not show marked improvement. Interviewers who receive an overall score of Excellent, Very Good or Good receive feedback via an email with any applicable notes.

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 2024, there was one confirmed laptop and one confirmed iPhone loss. 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. Over the course of the year, additional iPhones were reported to the MEPS Help Desk as lost but were then found by the interviewer using utilities to track the last GPS point. The MEPS iPhones are also password-protected, and all MEPS contents can be deleted through remote management when the phone is turned on. 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 2023 that were not completed were included in the advance mailing for Round 3 and Round 5 cases in the spring 2024 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 AFOS. 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 2020-2024. The percentage of households that called the hotline continued to drop for the spring rounds in 2024, but increased slightly in the fall rounds.

Table 5.1. Number and percentage of respondents who called the respondent information line, 2020-2024

Round/panel	Original sample size	Number of calls	Calls as a percentage of sample size
Round 1			
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
2024 – Panel 29, Round 1	10,424	294	2.8
Rounds 3/5			
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
2024 – Panel 27, Round 5/Panel 28, Round 3	10,255	386	3.8
Rounds 2/4			
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
2024 – Panel 28, Round 4/Panel 29, Round 2	11,656	327	2.8

Table 5.2 shows the number and types of calls received on the respondent hotline during 2023 and 2024. As in prior years, a substantial portion of the Round 1 calls were for refusals, with a significant increase in the rate of calls for refusals over Round 1 in 2023. There was also an increase of over six percent in the number of calls from respondents requesting an appointment, year to year 2023-2024. Over the same period there was a 10 percent decreased in respondents calling that were willing to participate and an increase in the number calling to refuse. For later rounds, the rate by calls classification remained more steady.

Table 5.2. Calls to the respondent information line, 2023 and 2024

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
AF Help	0	0.0	0	0.0	0	0.0
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	

Reason for call	Spring 2024 (Panel 29, Round 1/Panel 28, Round 3/ Panel 27, Round 5)				Fall 2024 (Panel 29, Round 2/ Panel 28, Round 4)	
	Round 1		Rounds 3, 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	1	0.3	12	3.1	15	4.6
AF Help	0	0.0	0	0.0	1	0.3
Appointment	57	19.4	108	28.0	39	11.9
Request callback	83	28.2	127	32.9	115	35.2
No message	11	3.7	9	2.3	5	1.5
Other	14	4.8	96	24.9	88	26.9
Proxy needed	2	0.7	1	0.3	0	0.0
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	93	31.6	33	8.5	64	19.6
Willing to participate	33	11.2	0	0.0	0	0.0
Total	294		386		327	

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. AFOS and use of the dashboard increased our capabilities to monitor production and cost more effectively.

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, including items like project pamphlets and incentive debit cards, 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 AFOS 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 scanned and uploaded to the secure server, then receipt staff review for accuracy. 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 2024. 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 2022, delivered in 2024.

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 2024, 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 are 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 2024, 12 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 29.8 percent in spring 2024. For fall 2024, 15.1 percent of cases received from the field included a comment, while cases with any issue totaled 30.6 percent.

Table 6.1. 2024 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 2024	15,994	1,916	12.0	4,764	29.8	1,277	46.4
Fall 2024	10,508	1,583	15.1	3,219	30.6	1,069	47.1

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

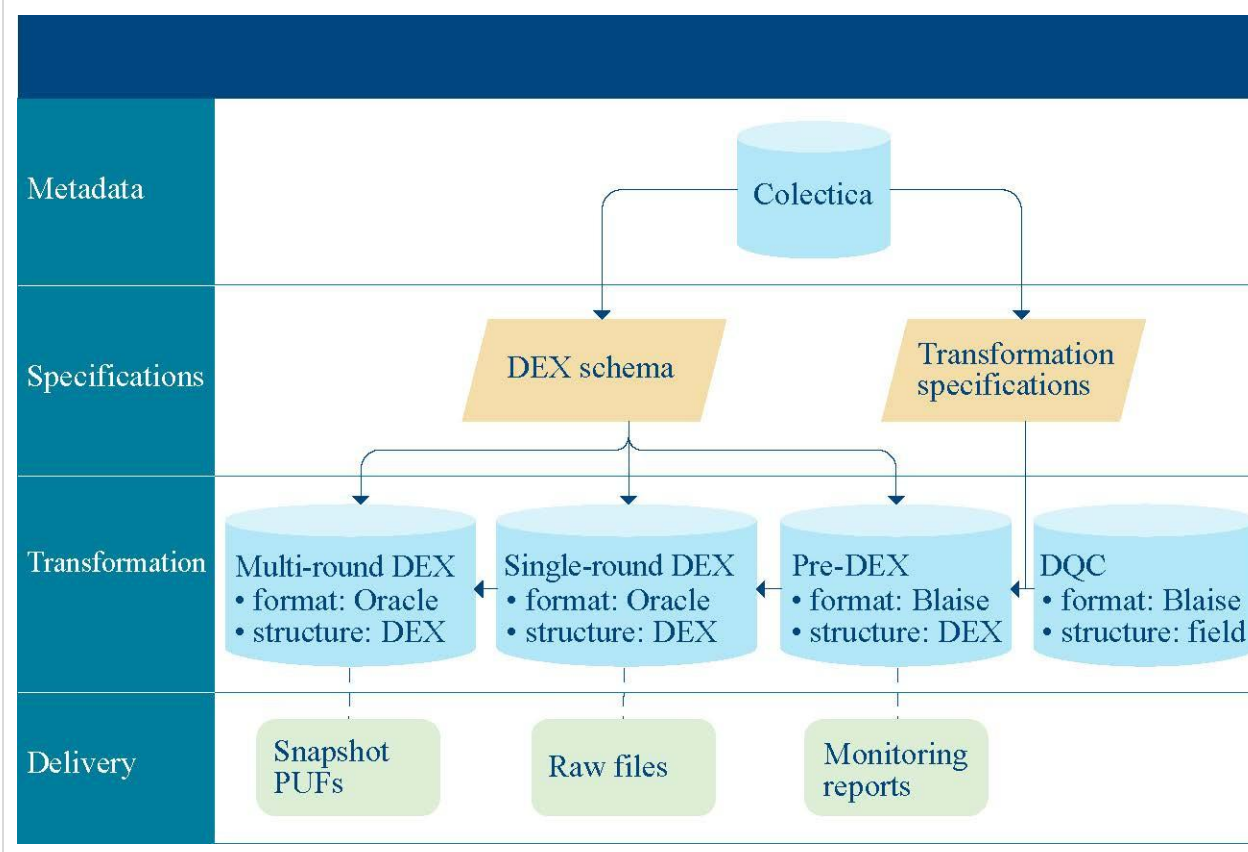
Total number of comments by category	#	%
1. Reporting Unit (RU)/RU Member	321	6.4
2. RU Member Refusal	102	2.0
3. Condition	190	3.8
4. Healthcare Events	2,674	53.2
5. Glasses/Contact Lenses	27	0.5
6. Other Medical Expenses	60	1.2
7. Prescribed Medicines	507	10.1
8. Employment	298	5.9
9. Health Insurance	502	10.0
10. Other	342	6.8
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(s) selected by the interviewer, so the specification requires an additional Dex variable for each possible value. “Code All That Apply” is another transformation class.

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 2024 to capture data collected in the DCS and the SAQ, as well as an SAQ focused on cancer (CSAQ). 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.

With the incorporation of web SAQ data collection, it is necessary to harmonize both the metadata and the data across the different data collection modes. Harmonization begins in the development of the questionnaires to standardize metadata assignment and skip patterns. Incorporating harmonization before fielding decreases the level of effort to fully harmonize post data collection.

Hardcopy data collection allows the respondent more flexibility in answering questions, e.g., providing more than one response to a code-one question and not complying with the flow of the questionnaire. It is necessary to apply missing value recoding (MVR) across the modes of data collection and enforce skip patterns in the data so the data patterns across modes are identical. Once finished, the harmonized data enter the remaining data processing stream as a single data entity.

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.

6.1.5.1 Medical Conditions and Prescribed Medicine Coding

In 2024, coding was performed on the medical conditions and prescribed medicine text strings reported by household respondents for calendar year 2023. 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 2023 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 2,693 unique strings were manually coded, and the authority table was constructed with AHRQ-approved code assignments. The overall error rate for coders was 2.0 percent, at the contractual error rate goal of 2 percent.

Prescription medicine text strings for data year 2023 were coded to the set of GPI codes, associated with the Master Drug Data Base (MDDDB) 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 2,172 strings were manually coded from the 2023 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 2024. 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.

6.1.5.2 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 2024 was for the payment sources reported for 2023 events. For cases when the bill was paid by a source identified in response to a direct question about payment (REIMNAM), a total of 1,629 previously coded sources of payment text strings were reviewed and updated as needed. After deduplication of the strings reported for 2023, coders reviewed and coded 1,543 strings. If the bill was sent to a source other than the respondent and the respondent names that source (WHOBILL1), coders reviewed and coded 3,083 strings. For text strings reported as direct payers for prescription medicine (SRCNAME), 410 new text strings were reviewed and coded by coders.

6.1.5.3 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 2017 North American Industrial Classification System (NAICS) and the 2018 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 2024, 16,848 jobs were coded for the 2023 JOBS file.

6.1.5.4 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 2024 coding cycle, 13,426 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 2024 database developed in fall of 2024 contains Panels 28 and 29. The bulk of data year 2024 will occur in 2025. The MEPS 2023 database fully developed in spring of 2024 contains Panels 27 and 28. Editing activities and much of the variable construction for data year 2023 occurred in 2024 and will continue into 2025. Finally, the MEPS 2022 database containing Panels 24, 26, and 27 supported PUF and other internal use deliveries that occurred in 2024.

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. Documentation about individual PUFs is available on the MEPS website: [Medical Expenditure Panel Survey Download Data Files](#). 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 continued 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

6.2.2.1 Public-Use File Deliveries

The principal files delivered during calendar year 2024 are listed below:

- Full-Year 2022 Population Characteristics file
- Full-Year 2022 Use and Expenditure file
- Full-Year 2022 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 2022 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 2022 Prescribed Medicines Expenditure file
- Full-Year 2022 Medical Conditions file
- Full-Year 2022 JOBS file
- 2022 Food Security file representing the time period of late summer to late fall of 2022
- Full-Year 2022 Appendix to MEPS Event files
- Full-Year 2022 Person Round Plan file

6.2.2.2 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 2024 appears in the appendix.

6.2.2.3 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 2024 for MPC collection of data about 2023 health events, Westat again deduplicated the sample of providers. This process, developed in consultation with AHRQ, was designed to reduce the number of duplicate providers reported from the household data collection.

Late in 2023, following completion of MPC data collection and processing for 2022 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 2022 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. This vital exchange of files fed into imputation activities that occurred in 2024.

Appendix A

Comprehensive Tables – Household Survey

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		

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		

Data collection period	RU-level sample size*	Data collection period	RU-level sample size*
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		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
January–June 2024	20,678	July–December 2024	11,654
Panel 27, Round 5	4,497		
Panel 28, Round 3	5,757	Panel 28, Round 4	5,127
Panel 29, Round 1	10,424	Panel 29, Round 2	6,527

* 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

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

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

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

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								
Panel 29	Round 1	10,424	251	49	107	10,617	6,537	14.9	61.6
	Round 2	6,527	77	10	6	6,686	5,674	10.0	85.1
	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				

Year/panel	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7	Round 8	Round 9
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	
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
2024									
Panel 29	61.6	85.1							
Panel 28				88.3	92.9				
Panel 27						93.8			

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

Response and nonresponse components	2014 P19R1	2015 P20R1	2016 P21R1	2017 P22R1	2018 P23R1	2019 P24R1	2020 P25R1	2021 P26R1	2022 P27R1	2023 P28R1	2024 P29R1
Total sample	10,532	11,435	10,405	10,255	10,199	10,172	10,230	9,863	10,085	10,116	10,724
Out of scope (%)	1.1	1.0	0.9	0.8	1.1	0.8	0.8	0.7	0.8	0.8	1.0
Complete (%)	71.8	73.5	74.4	72.6	72.1	70.6	61.2	59.6	61.1	64.5	61.0
Nonresponse (%)	28.2	26.5	25.6	27.4	26.9	28.6	38.0	39.7	38.2	34.7	38.0
Refusal (%)	22.4	21.0	20.2	21.8	22.1	24.0	28.7	31.2	30.4	29.7	32.0
Not located (%)	4.2	4.3	3.7	3.9	3.1	3.1	3.2	4.3	3.3	2.5	2.8
Other nonresponse (%)	1.6	1.2	1.7	1.7	1.7	1.5	6.1	4.2	4.5	2.5	3.3

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	2024 P29R1
Original NHIS sample (N)	9,970	10,854	9,851	9,835	9,839	9,864	9,866	9,509	9,700	9,800	10,424
Percentage complete in NHIS	81.9	80.6	77.6	81.0	80.4	84.2	89.3	85.3	83.3	85.0	81.4
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	18.6
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	65.2
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	45.6

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 15-29

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
Panel 29	10,724	37.4	16.4	32.0	61.6

Table A.7. Summary of MEPS Round 1 results for RUs who were ever traced, Panels 15-29

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
Panel 29	10,724	9.7	2.8

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	Panel 29
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	80.7
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	79.6
Round 3	94.3	103.1	94.5	89.7	93.4	93.0	92.6	98.5	100.0	90.0	86.4	89.8	88.1
Round 4	99.6	89.0	84.6	80.5	82.7	84.3	86.8	86.2	93.2	76.5	78.8	82.9	
Round 5	92.2	87.4	84.1	85.3	76.0	78.8	78.7	97.1	75.5	74.1	75.3		
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 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

Contact type	Panel 29, Round 1		
	All RUs	Complete	Partial
N	10,724	8,729	1,995
% of all RUs	100.0	81.4	18.6
In-person	5.3	5.2	6.1
Telephone	2.3	2.2	2.7
CAVI	0.2	1.2	1.5
Total	8.8	8.5	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	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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
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

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
	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
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	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)	
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	
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	
Round 5	eSignature	2,413	2,237	92.7		
	DocuSign	5,926	4,396	74.2		
	Paper	1,932	206	10.7		
	Combined	10,271	6,839	66.6		

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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
	Round 3	eSignature	10,886	10,195	93.7
		DocuSign	4,271	2,491	58.3
		Paper	3,479	117	3.4
		Combined	18,636	12,803	68.7
	Round 4	eSignature	6,965	6,650	95.5
		DocuSign	5,376	3,894	72.4
		Paper	1,875	132	7.0
		Combined	14,216	10,676	75.1
Panel 28	Round 1	eSignature	1,489	1,422	95.5
		DocuSign	490	268	54.7
		Paper	511	29	5.7
		Combined	2,490	1,719	69.0
	Round 2	eSignature	13,455	12,744	94.7
		DocuSign	5,182	2,758	53.2
		Paper	3,473	116	3.3
		Combined	22,110	15,618	70.6

Table A.11. Interview length by mode for Panels 24-29

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	79.6
Round 5	74.4	66.1	76.5
Panel 28			
Round 1	79.8	80.2	89.2
Round 2	80.2	68.5	78.1
Round 3	89.3	82.7	93.1
Round 4	82.3	73.9	85.3
Panel 29			
Round 1	79.8	78.6	96.6
Round 2	88.6	80.4	87.9

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	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
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
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	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
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	
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	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
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
	Round 5	eSignature	1,202	1,136	94.5
		DocuSign	2,935	2,144	73.0
		Paper	850	95	11.2
		Combined	4,987	3,375	67.7
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
	Round 3	eSignature	4,329	4,088	94.4
		DocuSign	1,761	1,033	58.7
		Paper	1,226	36	2.9
		Combined	7,316	5,157	70.5
	Round 4	eSignature	2,944	2,816	95.7
		DocuSign	2,425	1,737	71.6
		Paper	809	45	5.6
		Combined	6,178	4,598	74.4
Panel 29	Round 2	eSignature	5,335	5,092	95.4
		DocuSign	2,122	1,088	51.3
		Paper	1,309	48	3.7
		Combined	8,766	6,228	71.0

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

Panel	Round	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	Round	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
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
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	1,393	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	Round	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
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
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	Round	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
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

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
	Round 3	Paper	4,974	1,566	1,599	1,809	31.5
	Combined, 2023		10,345	6,053		–	58.5
	Round 4	Web	5,978	3,774		2,198	63.1
		Paper	2,409	847		373	35.2
Combined		8,387	4,621		2,571	55.1	
Panel 29	Round 2	Web	7,116	4,252		2,863	59.8
		Paper	2,992	1,016		579	34.0
		Combined	10,108	5,268		3,442	52.1

*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

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	1,146	523	45.6
	Round 5	982	475	48.4
Panel 28	Round 3	1,220	629	51.6

*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/telephone 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	

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 8, 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	

Reason for call	Spring 2006 (Panel 11, Round 1/Panel 8, 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 8, 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 8, 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	

Reason for call	Spring 2009 (Panel 14, Round 1/Panel 8, 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
Proxy needed	0	0.0	0	0.0	12	2.6
Request SAQ help	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
Proxy needed	1	0.2	2	0.3	32	4.4
Request SAQ help	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	0.0
Total	466		573		734	

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 15, 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	

Reason for call	Spring 2015 (Panel 20, Round 1/Panel 15, 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 18, 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 15, 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	

Reason for call	Spring 2018 (Panel 23, Round 1/Panel 18, 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 15, 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 18, Round 3/ Panel 23, Round 5)				Fall 2020 (Panel 25, Round 2/ Panel 24, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	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	

Reason for call	Spring 2021 (Panel 26, Round 1/Panel 15, Round 3/ Panel 24, Round 5)				Fall 2021 (Panel 26, Round 2/ Panel 25, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	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 18, Round 3/ Panel 25, Round 5)				Fall 2022 (Panel 27, Round 2/ Panel 26, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	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 15, Round 3/ Panel 26, Round 5)				Fall 2023 (Panel 28, Round 2/ Panel 27, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	9	2.6	27	4.7	5	2.4
AF Help	0	0.0	0	0.0	0	0.0
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	

Reason for call	Spring 2024 (Panel 29, Round 1/Panel 18, Round 3/ Panel 27, Round 5)				Fall 2024 (Panel 29, Round 2/ Panel 28, Round 4)	
	Round 1		Rounds 3 and 5		Rounds 2 and 4	
	N	%	N	%	N	%
Address/telephone change	1	0.3	12	3.1	15	4.6
AF Help	0	0.0	0	0.0	1	0.3
Appointment	57	19.4	108	28.0	39	11.9
Request callback	83	28.2	127	32.9	115	35.2
No message	11	3.7	9	2.3	5	1.5
Other	14	4.8	96	24.9	88	26.9
Proxy needed	2	0.7	1	0.3	0	0.0
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	93	31.6	33	8.5	64	19.6
Willing to participate	33	11.2	0	0.0	0	0.0
Total	294		386		327	

Table A.17. Files delivered during 2024

Dated	Description
1/2/2024	PRPL0195.01: Output from 2022 PRPL Program #1
1/2/2024	PRPL0194.15: FY22 PRPL Specifications Coverage Record and HMO Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
1/2/2024	UEGN#s 2983.01 and 2984.01: 2022 Specifications for Mom-Baby SBD Rollups and for HHA Edits
1/4/2024	DEMO1021.02: Delivery of the problem cases with Westat's comments for the FY2022 MOPID and DAPID Variables' Construction
1/4/2024	DOCM0725.01: Delivery of the 2024 NPI Provider Directory from the Panel 29 MEPS Laptop
1/4/2024	EMPL2303.02: Delivery of the Full Year 2022 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes
1/4/2024	EMPL2304.01: Full Year 2022 Wage Top Coding Results
1/4/2024	GNRL4129.01: Delivery of the Single Round Data Exchange (SRD) for Panel 28 Round 2
1/4/2024	HINS1392.01: Delivery of the 2022 HINS Building Block Variables and COVERM Tables for Panel 24 Rounds 7 – 9, Panel 26 Rounds 3 – 5, and Panel 27 Rounds 1 – 3
1/4/2024	HLTH1080.01: Delivery of Adult and Child Height and Weight for the MEPS Master Files for FY2022
1/4/2024	PCND0172.01: 2022 Person-Level Priority Conditions Cross-Tabulations
1/4/2024	UEGN3661.01: Deliver to AHRQ for approval variable lists for the FY22 non-MPC (DN, OM, and HH) Expenditure Event files
1/4/2024	UEGN#s 2985.01 and 2086.01: 2022 Specifications for HHA Free Donor Fix and for Global Fee Bundle Processing
1/5/2024	UEGN3662.01: The 2022 Utilization Standard Error Benchmarking Tables Using Person Use PUF Weights - PERWT22P
1/5/2024	UEPD1231.05: 2022 INSURC22 variable for use in the Prescribed Medicines Imputation
1/8/2024	UEGN#s 2987.01 and 2993.01: 2022 Specifications for LOS Imputations and for Finalize Edits
1/9/2024	ADMN0952.01: Delivery of 2022 FAMID Variables and CPS Family Identifier
1/9/2024	EMPL2302.07: Full Year 2022 Jobs File Establishment Size Top Code Value and Extent of Job Record Wage Top Coding for AHRQ Approval
1/9/2024	GNRL3184.01: NCHS Checklist and FY 2022 Population Characteristics PUF Preliminary Delivery Document
1/9/2024	GNRL3185.01: NCHS Checklist and Preliminary Version of the 2022 Jobs File Delivery Document for Review
1/10/2024	DEMO1021.03: Delivery of the Output Listings for Final Case Review of the MOPID and DAPID Variables' Construction for FY2022
1/11/2024	GNRL4128.01: Delivery of the Single Round Data Exchange (SRD) for Panel 27 Round 4
1/11/2024	GNRL4130.01 and GNRL4130.02: Delivery of the RU-Level End-Of-Round Files - P27R4 and P28R2
1/11/2024	GNRL4131.01 and GNRL4131.02: Delivery of the Person-Level End-Of-Round Files - P27R4 and P28R2
1/12/2024	DOCM0722.02: Delivery of the 2023 MPC files for Sample selection - Wave 1
1/12/2024	DOCM0723.02: Delivery of the 2023 PC Sample file - Wave 1
1/12/2024	DOCM0724.02: Delivery of the 2023 Provider file for NPI coding - Wave 1
1/12/2024	GNRL4127.01: FY 2022 (Panel 24, Panel 26, and Panel 27) Snapshots of HC Source Tables Including the COND22X, JOBS22X, SAQ, and DCS Tables
1/12/2024	EMPL2305.01: 2022 Multi-Round Comment Review (MRCR) Performed by Employment Group
1/12/2024	PRPL0196.01: FY22 PRPL Specifications for the OOPELIG, Imputation and final file creation programs
1/16/2024	PRPL0197.01: Output and Frequencies from 2022 PRPL Program #2

Dated	Description
1/17/2024	DOCM0709.03: MEPS - Data Destruction - NHIS 2018 Sample Files
1/17/2024	GNRL3186.01: Full-Year 2022 CAPI Questionnaire Section Specifications, Help Text, Show Cards, Supplemental Questionnaires, and Authorization Forms for Web Release
1/17/2024	GNRL3187.01: Preliminary Version of the 2022 Jobs File Codebook and Updated Delivery Document for AHRQ and NCHS Review
1/17/2024	GNRL3188.01: Preliminary Versions of the Codebook and Delivery Document of the FY 2022 Population Characteristics PUF for Use in AHRQ and NCHS Review
1/17/2024	GNRL3189.01: Preliminary Version of the 2022 Jobs PUF Dataset
1/17/2024	GNRL3190.01: Preliminary Version of the 2022 Population Characteristics PUF Dataset
1/17/2024	UEGN#s 2994.01 and 2995.01: 2022 Specifications for Post-Edit Rollups and for Household Discount Adjustment
1/19/2024	DEMO1021.04: Delivery of the MOPID and DAPID Variables for FY2022
1/22/2024	UEGN#s 2996.01 and 2997.01: 2022 Specifications for SBD Edits and for SBD Free Donor Fix
1/23/2024	GNRL3188.02: Final Versions of the Codebook and Delivery Document of the FY 2022 Population Characteristics PUF for Use in AHRQ and NCHS Review
1/23/2024	GNRL3187.02: Final Versions of the 2022 Jobs File Codebook and Delivery Document for AHRQ and NCHS Review
1/24/2024	UEGN#s 2998.01 and 2999.01: 2022 Specifications for Rolling SBDs to the Facility Event and for the MPC Free Donor Fix
1/25/2024	PRPL0196.06: FY22 PRPL Specifications for the OPELIG, Imputation and final file creation programs
1/30/2024	FOOD0015.01: FY 2022 Food Security PUF Constructed Variable Specifications
1/30/2024	PRPL0198.01: Output and Frequencies from 2022 PRPL Program #3a
1/30/2024	UEGN3000.01: 2022 Specifications for Expenditure Allocation for Provider-Reported Lump Sum Payment from Two Sources
2/2/2024	HINS1393.01: FY2023 Design Change Memo: Summary of the MEPS Household Component CAPI for FY2023 (P27 R3-5 and P28 R1-3) and Potential Effect on 2023 Data Delivery Content – HEALTH INSURANCE
2/5/2024	UEGN3001.01: 2022 Listing of Events with Questionable MPC Reported Expenditures
2/7/2024	EMPL2306.01: Summary of the MEPS Household Component CAPI for FY2023 (P27 R3-5/P28 R1-3) and Potential Effect on 2023 Data Delivery Content – EMPLOYMENT
2/8/2024	ADMN0953.01: FY23 Basic edit specs
2/8/2024	UEGN3663.01: Deliver to AHRQ for approval variable lists for the FY22 MPC (OP, ER, OB and IP) Expenditure Event files
2/9/2024	HLTH 1081.01: Summary of the MEPS Household Component CAPI and Teleform Changes for HLTH FY2023 and Potential Effect on Data Delivery
2/9/2024	GNRL3191.01: HC 237: 2022 Jobs Public Use File Delivery for Web Release
2/9/2024	GNRL3192.01: HC 238: Delivery of the Full Year 2022 Population Characteristics PUF for Web Release
2/9/2024	PCND0173.01: Summary of the MEPS Household Component CAPI for PCND FY2023 and Potential Effect on 2023 Data Delivery Content
2/13/2024	PRPL0198.04: Output and Frequencies from 2022 PRPL Program #3a
2/19/2024	ACCS0203.01: Access to Care - Summary of the MEPS HC CAPI for FY 2023
2/20/2024	ADMN0954.01: FY23 Design changes for ADMN/DEMO
2/20/2024	GNRL3193.01: FY 2022 Person-Level Consolidated PUF Variable List Changes for AHRQ Review
2/20/2024	GNRL3194.01: HC 237: 2022 Jobs Public Use File SAS Transport File for Web Release
2/20/2024	GNRL3195.01: HC 238: Delivery of the Full Year 2022 Population Characteristics PUF SAS Transport File for Web Release
2/22/2024	CODE0968.01: 2022 File of GEO Coded Addresses for the MEPS Master Files
2/22/2024	UEGN3002.01: 2022 Listing of the HC HS Events with the Questionable Expenditures

Dated	Description
2/22/2024	PRPL0199.01: Output and Frequencies from 2022 PRPL Program #3b
2/23/2024	DEMO1021.05: Delivery of the Output Listings for the Special Case Review of the MOPID and DAPID Variables' Construction for FY2022
2/23/2024	NEW Weighting Memo #2125.01: WGTS2125.01: Panel 27 Round 1: Derive Location Variables (Region and MSA) Based on Geo FIPS Codes, Using the OMB MSA Definitions of Both Year 2013, and the Most Recent OMB MSA Updates
2/23/2024	NEW Weighting Memo #2127.01: WGTS2127.01: MEPS Panel 27 Round 1 – Person-Level Weights
2/23/2024	NEW Weighting Memo #2129.01: WGTS2129.01: Delivery File Providing a Linkage between the Person Records Sampled for MEPS Panel 27 and the Person Records in the 2021 NHIS Weights File
2/23/2024	NEW Weighting Memo # WGTS:2150.01: Creation of CPS Control Total Files Containing the Raking Dimensions for the Panel 27 Round 1 Person Weights
2/28/2024	HLTH1082.01: Full-Year 2023 HLTH Basic Edit Specifications
2/28/2024	PRPL0200.01: Output and Frequencies from 2022 PRPL Program #4
3/1/2024	UEGN3664.01: The 2022 DN/HHP/OM/HHA/MVN Events Final Imputation Files
3/4/2024	EMPL2307.01: Employment Variable & Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Delivery 1
3/4/2024	Agenda for HINS Kick off meeting for FY23 data; HINS1395.01:FY2023 Edit and Variable Specifications Plan
3/5/2024	PRPL0201.01: FY2022 COVRUNOS = 91 Editing Decisions
3/6/2024	GNRL3193.02: FY 2022 Person-Level Consolidated PUF Variable List Changes for AHRQ Review
3/11/2024	EMPL2307.02: Employment Variable & Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Wage Variables
3/13/2024	New Weighting Memo # WGTS3037-2022-P27CPSID - Panel 27 Full Year 2022: Derivation of Eligibility and Response Indicators for the CPS-like Families
3/13/2024	New Weighting Memo # WGTS3038-2022-P26CPSID - Panel 26 Full Year 2022: Derivation of Eligibility and Response Indicators
3/13/2024	New Weighting Memo # WGTS3039-2022-P24CPSID - Panel 24 Full Year 2022: Derivation of Eligibility and Response Indicators for the CPS-like Families
3/15/2024	EMPL2307.03: Employment Wage-Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs – Wage Processing Specifications
3/15/2024	DSDY0074.01: Full Year 2023 DSDY Variable Construction Specifications
3/15/2024	HLTH1082.04: Full-Year 2023 HLTH Basic Edit Specifications
3/18/2024	ACCS0204.01: Access to Care Variable Construction Specifications FY2023
3/18/2024	HINS1396.01: Delivery of the Basic and Inter-round Edit Specifications for FY23 HINS Panels 27 and 28
3/22/2024	DOCM0725.01: Delivery of the Final Conditions Coding Manual/User Guide and Coder Notes for FY23
3/22/2024	NEW MEPS Internal Memo - WGTS3054-2023-P29R1MW - Panel 29 Round 1: Creation of the Initial DU Weights to Monitor the Reported Round 1 Events
3/25/2024	DSDY0074.04: Full Year 2023 DSDY Variable Construction Specifications
3/28/2024	DSDY0075.01: FY23 Disability Days Basic Edit Specifications
3/28/2024	PCND0174.01: 2023 PCND Constructed Variable Specifications
3/29/2024	HINS1397.01: Delivery of the Revised Specifications for the FY2023 Panel 27 and Panel 28 HINS Variables

Dated	Description
3/29/2024	NEW MEPS Memo # WGTS: 2136.01 - Combined Panels Full Year 2021: Create the MEPS Full Year Person Expenditure Weight Delivery File
3/29/2024	WGTS3040.01: Full Year 2022 Combined Panels Consolidated PUF Expenditure Person Weight review output
4/1/2024	ADMN0955.01: FY23 Constructed Variable specs
4/1/2024	EMPL2307.06: Employment Variable Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Delivery 3
4/3/2024	EMPL2307.12: Employment Variable & Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Wage Variables
4/3/2024	EMPL2307.13: Employment Variable & Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Wage Variables
4/4/2024	PRPL0202.01: Delivery of the FY 2022 OPELIG2 Dataset for Approval
4/5/2024	DOCM0722.03: Delivery of the 2023 MPC files for Sample selection - Wave 2
4/5/2024	DOCM0723.03: Delivery of the 2023 PC Sample file - Wave 2
4/5/2024	DOCM0724.03: Delivery of the 2023 Provider file for NPI coding - Wave 2
4/8/2024	EMPL2307.18: Employment Variable Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Delivery 3
4/8/2024	EMPL2308.01: Delivery of 2022 Covered Person Records for Employment Variable Imputation
4/8/2024	UEGN3664.02: The 2022 Final Imputation Files: ER, HS, MVE, OP and SBD
4/9/2024	COND1013.01: 2022 Conditions PUF Specifications
4/9/2024	WGTS5064.01: Delivery of the FY 2022 Expenditure File Original Person Weight
4/12/2024	CODE0971.01: Delivery of the Draft Coding Manual for Source of Payment (SOP Coding)/PMED Third Party Payer (SRCS Coding)/WhoBill (WHOCODE Coding) for FY23
4/15/2024	ACCS0205.01: 2023 ACCS Basic Edits Specifications
4/15/2024	EMPL2307.29: Employment Variable Specifications Requested by AHRQ for FY 2023 – Delivery 4
4/15/2024	EMPL2307.30: Employment Variable Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Delivery 3
4/15/2024	EMPL2307.31: Employment Variable & Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Wage Variables
4/15/2024	EMPL2309.01: Full Year 2023 Employment Source Variable Editing Specifications
4/15/2024	HLTH1083.01: Full-Year 2023 HLTH Constructed Variable Specifications
4/16/2024	CODE0972.01: SOP Authority Table Discrepancy - Requesting Feedback
4/17/2024	PCND0174.05: 2023 PCND Constructed Variable Specifications
4/18/2024	PRPL0203.01: Delivery of the FY 2022 PRPL Hot Deck Imputation Results for Approval
4/18/2024	UEGN2966.01: 2022 Predictive Mean Matching Imputation Method Applied to the Expenditure Imputation of the MPC Event Types
4/19/2024	CODE0974.01: FY 2023 HC Condition Coding Summary and Error Reports - Weeks 1 – 4
4/19/2024	HINS1397.05: Delivery of the Revised Specifications for the FY2023 Panel 27 and Panel 28 HINS Variables
4/19/2024	EMPL2307.46: Employment Wage-Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs – Wage Processing Specifications
4/19/2024	UEGN3662.02: The 2022 Utilization Standard Error Benchmarking Tables Using Person Use PUF Weights - PERWT22F
4/19/2024	UEGN3665.01: The FY2023 UEGN Basic Edit Specifications - P27/P28
4/19/2024	UEPD1232.01: Delivery of the FY2023 PMED Basic Edit specifications
4/22/2024	UEGN2992.01: 2022 Predictive Mean Matching Imputation Method Applied to the Expenditure Imputation of the non-MPC Event Types

Dated	Description
4/23/2024	EMPL2307.49: Employment Variable & Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Wage Variables
4/23/2024	GNRL3199.02: Final Versions of the 2022 Non-MPC Event (DV, OM, and HH) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
4/25/2024	ADMN0955.02: FY23 Constructed Variable specs - Updated v 1.1
4/25/2024	EMPL2307.54: Employment Wage-Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs – Wage Processing Specifications
4/25/2024	GNRL3198.02: FY 2022 Preliminary Conditions File, Codebook, and Delivery Document - Additional Information
4/26/2024	CODE0975.01: Delivery of the Prescribed Medicine Draft Coder Notes for FY2023
4/26/2024	CODE0974.02: FY 2023 HC Condition Coding Summary and Error Reports - Weeks 5
5/2/2024	NEW Weighting Memo – WGTS: 3040-2022-FYEXP - Combined Panels Full Year 2022: Derivation of the MEPS Full Year Person Expenditure Weight for the Consolidated Public Use File
5/2/2024	NEW Weighting Memo - WGTS: 3055-2022-CPSFAM - Creation of CPS Control Total Files Containing the Raking Dimensions for the Full Year 2022 Family Expenditure Weights
5/3/2024	COND1014.01: Delivery: 2023 Conditions Basic Edit Specifications
5/3/2024	HLTH1082.14: Full-Year 2023 HLTH Basic Edit Specifications
5/3/2024	HLTH1083.04: Full-Year 2023 HLTH Constructed Variable Specifications
5/3/2024	PCND0175.01: 2023 PCND Basic Edit Specifications
5/3/2024	UEGN3005.01: 2023 Review of copayment thresholds
5/6/2024	EMPL2307.67: Employment Wage-Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs – Wage Processing Specifications
5/10/2024	CODE0974.04: FY 2023 HC Condition Coding Summary and Error Reports - Week 7
5/10/2024	UEGN3666.01: Delivery of the 2022 Intermediate Files: Pre- and Post-MPC Editing
5/13/2024	EMPL2309.04: Full Year 2023 Employment Source Variable Editing Specifications
5/14/2024	GNRL3201.01: NCHS Checklists and Preliminary Versions of Documents for the FY 2022 MPC Event (IP, ER, OP, OB) PUFs
5/15/2024	COND1014.04: Delivery: 2023 Conditions Basic Edit Specifications
5/15/2024	EMPL2309.09: Full Year 2023 Employment Source Variable Editing Specifications
5/15/2024	HINS1398.01: Potential addition to the edit B136 logic
5/16/2024	INCO0767.01: Delivery of the 2023 NHIS Link File
5/17/2024	CODE0974.05: FY 2023 HC Condition Coding Summary and Error Reports - Week 8
5/17/2024	GNRL3202.01: HC 239b, HC 239c, and HC 239h: 2022 Expenditure Event PUFs for Non-MPC Event Types (DV, OM, and HH) and All Related Files for Web Release
5/20/2024	COND1015.01: FY22 Preliminary CLNK File
5/20/2024	WGTS3042.01: Full Year 2022 Individual Panel Expenditure Person Weights review output
5/22/2024	GNRL3203.01: Preliminary Versions of the 2022 MPC Event (IP, ER, OP, OB) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
5/22/2024	GNRL3204.01: Preliminary Versions of the 2022 MPC Event (IP, ER, OP, OB) PUF Datasets
5/22/2024	UEPD1233.01: Delivery of the 2022 PMED PUF (RX22V01 and RX22V02)
5/22/2024	UEPD1233.02: Delivery of 2022 PMED PUF (TC22XTABS.lst, TC22XTABS.xlsx)
5/22/2024	WGTS3044.01: Full Year 2022 combined panels SAQ expenditure person weight review output
5/23/2024	CODE0976.01: Delivery of the Preliminary Version Prescribed Medicines Coding Manual/User Guide for FY2023
5/24/2024	CODE0974.06: FY 2023 HC Condition Coding Summary and Error Reports - Week 9
5/24/2024	EMPL2307.70: Employment Variable & Related Processing Specifications for FY 2023 Population Characteristics/ Consolidated PUFs (Panel 27 Round 3-Round 5/Panel 28 Round 1-Round 3) – Wage Variables

Dated	Description
5/24/2024	PRPL0204.01: Delivery of the FY 2022 OOPELIG3 Dataset, Benchmarking results, POSTIMPFIN results for final approval of OOPPREM variables, and Preliminary Un/Encrypted Delivery Datasets
5/24/2024	WGTS5065.01: Delivery of the 2022 Food Security Weight – FSWT
5/29/2024	DOCM0726.01 - Delivery of the Final Coding Guidelines for Source of Payment (SOP Coding)/PMED Third Party Payer (SRCS Coding)/WhoBill (WHOCODE Coding) for DY2023
5/29/2024	WGTS3049.01: Full Year 2022 Consolidated PUF DCS Expenditure Person review output
5/30/2024	WGTS3047.01: Panel 24 Full Year 2022 SAQ Expenditure Person Weight review output
5/31/2024	CODE0974.07: FY 2023 HC Condition Coding Summary and Error Reports - Week 10
5/31/2024	WGTS5066.01: Delivery of the Individual Panel Raked Person Weights for P24/P26/P27 FY22
6/3/2024	WGTS3045.01: Panel 27 Full Year 2022 SAQ Expenditure Person Weight review output
6/3/2024	WGTS3046.01: Panel 26 Full Year 2022 SAQ Expenditure Person Weight review output
6/4/2024	CODE0977.01: PMED Matching Programs LOG and LST Files for FY23 Wave 1
6/6/2024	NEW Weighting Memo #: WGTS: 3053-2022-FOODSEC: Combined Panels Full Year 2022: Derivation of the MEPS Full Year Food Security Weight
6/7/2024	CODE0974.08: FY 2023 HC Condition Coding Summary and Error Reports - Week 11
6/7/2024	UEPD1233.05: Delivery of the 2022 PMED PUF (RX22V05X.PDF, RX22V05X SAS Dataset and the Format files)
6/7/2024	GNRL4127.02: Addendum to the FY 2022 (Panel 24, Panel 26 and Panel 27) Delivery Database Snapshots: Edited Segments since the Previous Delivery of 1/12/24
6/10/2024	PCND1076.01: 2022 Priority Conditions Benchmarking Table
6/10/2024	New Weighting Memo # 3044-2022-FYEXPSAQ - Combined Panels Full Year 2022: Derivation of the MEPS Full Year Person-Level Self-Administered Questionnaire (SAQ) Expenditure Weight for the Consolidated Public Use File
6/10/2024	New Weighting Memo # WGTS: 3048-2022-FYEXPSAQ_DLIV - Combined Panels Full Year 2022: Create the MEPS Full Year Person-Level Self-Administered Questionnaire (SAQ) Expenditure Weight and Individual Panel SAQ Weights Delivery File
6/10/2024	New Weighting Memo # 3049-2022-EXPDCS - Combined Panels Full Year 2022: Developing the MEPS Full Year Person-Level Diabetes Questionnaire Component (DCS) Weight for the Consolidated Public Use File
6/10/2024	New Weighting Memo WGTS: 3050-2022-EXPDCS_DLIV - Combined Panels Full Year 2022: Create the MEPS Full Year Person-Level Diabetes Questionnaire Component (DCS) Weight Delivery File
6/12/2024	WGTS5067.01: Delivery of the Poverty-Adjusted Family Level Weight, CPS Like Family Level Weight, Poverty-Adjusted DCS and SAQ Weights for FY2022
6/12/2024	WGTS5068.01: Delivery of the Individual Panel 24, Panel 26 and Panel 27 SAQ Expenditure Weight for FY2022
6/13/2024	CODE0978.01: Delivery of the Final Prescribed Medicine Coding Manual/User Guide and Coder Notes for DY2023
6/13/2024	GNRL3205.01: FY2023 Person-Level Population Characteristics PUF Variable List Changes for AHRQ Review
6/13/2024	WGTS5069.01: Delivery of the FY 2022 Expenditure File Final Person Weight – PERWT22F
6/14/2024	CODE0974.09: FY 2023 HC Condition Coding Summary and Error Reports - Week 12
6/14/2024	UEPD1233.06: Delivery of the 2022 PMED PUF (RX22V05.PDF, RX22V06.PDF, RX22V06 SAS Dataset and the Format files)
6/18/2024	GNRL3206.01: NCHS Checklist and Preliminary Version of the 2022 Food Security File Delivery Document for Review
6/18/2024	GNRL3208.01: NCHS Checklist and Preliminary Version of Delivery Document for the FY 2022 Prescribed Medicines (PMED) PUF

Dated	Description
6/18/2024	UEGN3667.01: Delivery of the Dropped Variables Due to DRB Review – FY22 EXP PUFs for ER, OP, OB, IP, DV and RX
6/21/2024	CODE0974.10: FY 2023 HC Condition Coding Summary and Error Reports - Week 13
6/21/2024	GNRL3207.01: HC 239d, HC 239e, HC 239f, and HC 239g: 2022 Expenditure Event PUFs for MPC Event Types (IP, ER, OP, and OB) and All Related Files for Web Release
6/26/2024	HINS1399.01: Potential update to edit B85
6/26/2024	GNRL3210.01: Preliminary Versions of 2022 Food Security File Codebook and Delivery Document for Use in AHRQ and NCHS Review
6/26/2024	GNRL3211.01: Preliminary Version of the 2022 PMED Event PUF Dataset
6/26/2024	GNRL3212.01: Preliminary Versions of the 2022 Prescribed Medicines (PMED) Event PUF Codebook and Delivery Document for Use in AHRQ and NCHS Review
6/26/2024	GNRL3213.01: Preliminary Version of the 2022 Food Security Dataset
6/27/2024	GNRL4143.01 and GNRL4144.01: Delivery of End-Of-Round files (RU-Level and Person-Level) - P27R5
6/27/2024	GNRL4145.01: Delivery of the Single Round Data Exchange (SRD) for Panel 27 Round 5
6/28/2024	CODE0974.11: FY 2023 HC Condition Coding Summary and Error Reports - Week 14
7/1/2024	UEPD1233.14: Redelivery of the 2022 PMED PUF (RX22V05X SAS Dataset and the Format files)
7/2/2024	COND1016.01: FY22 Final CLNK File – Adhoc delivery
7/2/2024	GNRL3212.02: Final Versions of the 2022 Prescribed Medicines (PMED) Event PUF Codebook and Delivery Document for Use in AHRQ and NCHS Review
7/3/2024	FOOD0016.01: FY23 Food Security design change memo (No Changes)
7/5/2024	CODE0974.12: FY 2023 HC Condition Coding Summary and Error Reports - Week 15
7/8/2024	DOCM0722.04: Delivery of the 2023 MPC files for Sample selection - Wave 3
7/8/2024	DOCM0723.04: Delivery of the 2023 PC Sample file - Wave 3
7/8/2024	DOCM0724.04: Delivery of the 2023 Provider file for NPI coding - Wave 3
7/9/2024	GNRL3216.01: NCHS Checklist and Preliminary Version of Delivery Document and Codebook for the Full Year 2022 Person-Round-Plan (PRPL) PUF
7/9/2024	GNRL3217.01: NCHS Checklist and Preliminary Version of the Delivery Document for the Full Year 2022 Consolidated Data PUF
7/9/2024	HINS1440.01: Specific case with duplicate insurance
7/10/2024	GNRL3215.01: HC 243: Preliminary Version of the 2022 Consolidated PUF
7/10/2024	GNRL3218.01: Preliminary Version of the 2022 Person-Round-Plan (PRPL) PUF Dataset
7/11/2024	GNRL3216.05: NCHS Checklist and Preliminary Version of Delivery Document and Codebook for the Full Year 2022 Person-Round-Plan (PRPL) PUF
7/12/2024	UEGN3668.01: The 2022/2021 QC Finding Tables of the PUF Event Expenditures
7/12/2024	UEGN3669.01: The Telehealth Visit Type Other Specify Text Strings Recoding for FY2023
7/17/2024	GNRL3219.01: Preliminary Versions of the Codebook and Document for the FY 2022 Consolidated Data PUF for Use in AHRQ and NCHS Review
7/17/2024	GNRL3220.01: Full Year 2022 Conditions PUF Preliminary Versions of Codebook and Delivery Document for Use in AHRQ Review
7/17/2024	GNRL3221.01: HC241: Preliminary Version of the 2022 Conditions Dataset
7/17/2024	GNRL3222.01: Preliminary Version of the 2022 Appendix to the Event PUFs Delivery Document and Codebook for Review
7/17/2024	GNRL3223.01: HC239I: Preliminary Version of the 2022 Appendix to the Event PUFs Dataset
7/17/2024	GNRL3224.01: Final Versions of Delivery Document and Codebook for the Full Year 2022 Person-Round-Plan (PRPL) PUF
7/18/2024	NEW Weighting Memo # WGTS: 2110.01- Panel 26 Full Year 2021: Developing the MEPS Person-Level Social Determinants of Health Questionnaire (SDOH) Use Weights
7/19/2024	CODE0979.01: Redelivery Of The FY 2020 Person-level GEO Coded Addresses For The MEPS Master File - Coded to the 2020 Census

Dated	Description
7/19/2024	CODE0979.02: Redelivery Of The FY 2021 Person-level GEO Coded Addresses For The MEPS Master File - Coded to the 2020 Census
7/19/2024	CODE0979.03: Redelivery Of The FY 2022 Person-level GEO Coded Addresses For The MEPS Master File - Coded to the 2010 Census
7/19/2024	CODE0979.04: Redelivery Of The FY 2022 Person-level GEO Coded Addresses For The MEPS Master File - Coded to the 2020 Census
7/19/2024	CODE0980.01: FY 2023 HC Prescribed Medicine Coding Summary and Error Reports - Weeks 1 – 3
7/19/2024	GNRL3225.01: HC-240: Delivery of the 2022 Food Security PUF and Related Files for Web Release
7/19/2024	GNRL3226.01: HC-239a: Delivery of the 2022 Prescribed Medicines (PMED) PUF and all Related Files for Web Release
7/22/2024	UEGN3670.01: The FY2023 Initial Variable Construction Specifications
7/23/2024	GNRL3219.02: Final Versions of the Codebook and Document for the FY 2022 Consolidated Data PUF for Use in AHRQ and NCHS Review
7/23/2024	GNRL3220.02: Full Year 2022 Conditions PUF Final Versions of Codebook and Delivery Document for Use in AHRQ Review
7/23/2024	GNRL3222.02: Final Version of the 2022 Appendix to the Event PUFs Delivery Document and Codebook for Review
7/25/2024	GNRL3220.03: Full Year 2022 Conditions PUF Final Versions of Codebook and Delivery Document for Use in AHRQ Review
7/26/2024	CODE0980.02: FY 2023 HC Prescribed Medicine Coding Summary and Error Reports - Weeks 4
7/26/2024	GNRL4143.02 and GNRL4144.02: Delivery of End-Of-Round Files (RU-Level and Person-Level) - P28R3
7/29/2024	GNRL4148.01: Delivery of the Single Round Data Exchange (SRD) for Panel 28 Round 3
7/29/2024	GNRL3221.02: HC241: Final Version of the 2022 Conditions Dataset
7/30/2024	FOOD0017.01: Full-Year 2023 Food Security Basic Edit Specifications
8/2/2024	CODE0980.03: FY 2023 HC Prescribed Medicine Coding Summary and Error Reports - Week 5
8/2/2024	UEGN3671.01: The DN Text Strings Recoding for FY2023
8/5/2024	CODE0981.01: MEPS Delivery of the ICD-10-CM/CCSR Crosswalk and COND Coding Uncodeable Text Strings for FY23
8/5/2024	DOCM0727.01: File of Provider Names for FY 2023
8/7/2024	UEGN3666.09: Delivery of the 2022 Intermediate Files: Pre- and Post-MPC Editing
8/9/2024	CODE0980.04: FY 2023 HC Prescribed Medicine Coding Summary and Error Reports - Week 6
8/9/2024	GNRL3229.01: HC 239I: Delivery of the Final Appendix to the 2022 Event Files and all Related Files for Web Release
8/9/2024	GNRL3230.01: HC 242: Delivery of the 2022 Person Round Plan (PRPL) PUF and Related Files for Web Release
8/13/2024	GNRL3228.01: HC 241: Delivery of the Final 2022 Conditions File and All Related Files for Web Release
8/14/2024	GNRL3227.01: HC 243: Full Year 2022 Consolidated Use, Expense, and Insurance PUF Delivery for Web Release
8/16/2024	CODE0980.05: FY 2023 HC Prescribed Medicine Coding Summary and Error Reports - Week 7
8/19/2024	ACCS0206.01: 2023 ACCS Other Specify Text String Recoding
8/23/2024	CODE0980.06: FY 2023 HC Prescribed Medicine Coding Summary and Error Reports - Week 8
8/26/2024	GNRL4143.03 and GNRL4144.03: Delivery of End-Of-Round Files (RU-Level and Person-Level) - P29R1
8/26/2024	GNRL4150.01: Deliverable #146E.651 - Delivery of the Single Round Data Exchange (SRD) for Panel 29 Round 1
8/26/2024	GNRL4151.01: Proposed Redelivery of EOR files for P28R3 and P27R5

Dated	Description
8/30/2024	CODE0980.07: FY 2023 HC Prescribed Medicine Coding Summary and Error Reports - Week 9
8/30/2024	GNRL3227.02: HC 243: Full Year 2022 Consolidated Use, Expense, and Insurance PUF Delivery for Web Release - Redelivery
9/3/2024	DOCM0728.01: MEPS – 2023 Conditions Authority File After the 2023 HC Condition Coding
9/3/2024	UEGN3672.01: Specifications for the 2023 Pre-Imputation UEGN Files
9/3/2024	NEW Weighting Memo: WGTS 3035-2022-P28R1VAR - Panel 28 Round 1: Updating MEPS Master Variance File Strata and PSUs
9/12/2024	UEGN3008.01: 2023 Specification for editing HC linked ER-HS pairs involving matched events
9/12/2024	NEW Weighting Memos: WGTS: 2091.01 -Deriving Location Variables and Memo #213501 - Combined Panels Full Year 2021: Derivation of the MEPS Full Year Person Expenditure Weight for the Consolidated Public Use File
9/12/2024	NEW Weighting Memo: WGTS 3004-2022-CPSRAKE- Creation of CPS Control Total Files Containing the Raking Dimensions for the Full Year 2022 Person Weights.
9/12/2024	NEW Weighting Memo: WGTS: 3007-2022-P27USE2_DO_NOT_EMAIL -Panel 27 Full Year 2022: Derivation of the Initial MEPS Person Use Weights (Rounds 1-3)
9/12/2024	NEW Weighting Memo: WGTS: 3013-2022-P26USE4_DO_NOT_EMAIL - Panel 26 Full Year 2022: Raking the Person Use Weight to CPS Population Totals (Rounds 3-5)
9/12/2024	NEW Weighting Memo: WGTS 3019-2022-NH&M - Combined Panels Full Year 2022: Adjust the MEPS Full Year Person Use Weight to Better Reflect those who Died or Spent Part of the Year in a Nursing Home
9/12/2024	NEW Weighting Memo: WGTS 3031-2022-P28R1LOC - Panel 28 Round 1: Derive Location Variables (Region and MSA) Based on Geo FIPS Codes, Using the OMB MSA Definitions of Both Year 2013, and the Most Recent OMB MSA Updates
9/12/2024	NEW Weighting Memo: WGTS 3032-2022-P28R1CPS - Creation of CPS Control Total Files Containing the Raking Dimensions for the Panel 28 Round 1 Person Weights
9/12/2024	NEW Weighting Memo: WGTS 3038-2022-P26CPSID - Panel 26 Full Year 2022: Derivation of Eligibility and Response Indicators for the CPS-like Families
9/16/2024	HINS1401.01: Delivery of the P2723 and P2823 EPCP Cross-tabs, with additional requested tables
9/16/2024	UEGN3673.01: The 2023 Utilization Count Variables Construction Specification
9/16/2024	UEPD1234.01: Delivery of 2023 PMED Pre-imp files spec
9/16/2024	UEPD1234.04: Delivery of 2023 PMED Pre-imp files spec
9/17/2024	PRPL0205.02: Full Year 2023 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
9/18/2024	NEW Weighting Memo: WGTS 3043-2022-PPEXP-DLV Individual Panels Full Year 2022: Create the P24 (Rounds 7-9), P26 (Rounds 3-5), and P27 (Rounds 1-3) Individual Panel Person Expenditure Weight Delivery File
9/18/2024	NEW Weighting Memo: WGTS 3042-2022-PPEXP - Individual Panels Full Year 2022: Derivation of the P24 (Rounds 7-9), P26 (Rounds 3-5), and P27 (Rounds 1-3) Individual Panel Person Expenditure Weight
9/19/2024	UEGN3666.12: Delivery of the 2022 Intermediate Files: Pre- and Post-MPC Editing
9/20/2024	PRPL0205.06: Full Year 2023 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
9/23/2024	CODE0982.01: Delivery of the Coded FY2023 Industry and Occupation Files
9/24/2024	CODE0982.02: Delivery of the Coded FY2023 Industry and Occupation Files
9/24/2024	CODE0982.04: Delivery of the Coded FY2023 Industry and Occupation Files
9/25/2024	PRPL0205.11: Full Year 2023 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
9/27/2024	CODE0983.01: MEPS 2023 Delivery of PMED Final Reports for Uncodeable, Compounds, Foreign Meds, No-MDDB, Drug Groupings

Dated	Description
10/2/2024	NEW Weighting Memo: WGTS: 3006-2022-P27USE1- Do_Not_Email - Panel 27 Full Year 2022: Creation of the Master Weighting File and Edit Checks for the MEPS Person Use Weights (Rounds 1-3)
10/2/2024	NEW Weighting Memo: 3009-2022-P27USE4 - Do_Not_Email - Panel 27 Full Year 2022: Raking the Person Use Weight to CPS Population Totals (Rounds 1-3)
10/2/2024	NEW Weighting Memo: 3024-2022-P24USESAQ - Panel 24 Full Year 2022: Developing the MEPS Person-Level
10/2/2024	NEW Weighting Memo: 3041-2022-FYEXP_DLX - Combined Panels Full Year 2022: Create the MEPS Full Year Person Expenditure Weight Delivery File
10/2/2024	NEW Weighting Memo: WGTS: 3047-2022-P24EXPSAQ - Panel 24 Full Year 2022: Developing the MEPS Person-level Self-Administered Questionnaire (SAQ) Expenditure Weights
10/2/2024	NEW Weighting Memo: 3051-2022-EXPFAM - Combined Panels Full Year 2022: Derivation of the MEPS Full Year Family Weight, MEPS and CPS-Like, for the Consolidated Public Use File
10/3/2024	PRPL0205.03: Full Year 2023 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
10/4/2024	DOCM0729.01: Delivery of 2023 Static Tables for SOP After the 2023 HC SOP Coding
10/4/2024	UEGN 3008.05: 2023 Specification for editing HC linked ER-HS pairs involving matched events
10/4/2024	UEGN 3008.06: 2023 Specification for editing HC linked ER-HS pairs involving matched events
10/11/2024	WGTS5070.01: Delivery of the ADMN/DEMO Variables Used for Weights Development for FY23 (P27 and P28)
10/15/2024	DOCM0730.01: Delivery of 2023 Static Tables for SRCS After the 2023 HC SRCS Coding
10/16/2024	DOCM0731.01: Delivery of the 2023 MPC Pre-Matching Household Component Production File
10/21/2024	UEGN3674.01: The FY2023 Initial Variable Construction Specification: Covid_Vac_Flag
10/21/2024	WGTS3057.01: March 2024 CPS (ASEC) estimates and December 2023 control totals output, digital delivery
10/23/2024	CODE0984.01: Delivery of the 2023 PMED Authority File and Files for Matching Programs after PMED Coding
10/25/2024	CODE0985.01: Delivery of 2023 Static Table for WHOBILL After the 2023 HC WHOBILL Coding
10/28/2024	DOCM0732.01: Delivery of Family and Preliminary Person Weight Indicators for FY23
10/28/2024	NEW Weighting Memo: 3018-2022-FYBWT_DLX - Combined Panels Full Year 2022: Create the MEPS P24P26P27 Full Year
10/28/2024	NEW Weighting Memo: 3020-2022-FYUSE - Combined Panels Full Year 2022: Derivation of the MEPS Panel 24, 26, and 27 Full Year Person Use Weights for the Population Characteristics Public Use File
10/28/2024	NEW Weighting Memo: 3021-2022-FYUSE_DLX - Create the MEPS P24P26P27 Full Year Person Use Weight and Individual Panel Weights Delivery File
10/28/2024	NEW Weighting Memo: 3029-2022-P28R1CT - MEPS Panel 28 Round 1 – Creation of 2022 Housing Units Population Control Totals for Calibrating NHIS Household Weights based on the 2021-2022 National, State, and County Housing Unit Totals
10/28/2024	NEW Weighting Memo: 3030-2022-P28R1NHIS - MEPS Panel 28 Round 1 – Computation of the 2022 NHIS weights that will serve as base weights for the Panel 28 Round 1 DU MEPS weights
10/28/2024	NEW Weighting Memo: 3036-2022-P28R1LNK - Delivery File Providing a Linkage between the Person Records Sampled for MEPS Panel 28 and the Person Records in the 2022 NHIS Weights File
10/28/2024	NEW Weighting Memo: 3045-2022-P27EXPSAQ - Panel 27 Full Year 2022: Developing the MEPS Person-Level Self-Administered Questionnaire (SAQ) Expenditure Weights
10/28/2024	NEW Weighting Memo: 3046-2022-P26EXPSAQ - Panel 26 Full Year 2022: Developing the MEPS Person-Level Self-Administered Questionnaire (SAQ) Expenditure Weights
10/28/2024	NEW Weighting Memo: 3059-2023-CPSRAKE - Creation of CPS Control Total File Containing the Raking Dimensions for the Full Year 2023 Person Weights

Dated	Description
10/28/2024	NEW Weighting Memo: 3060-2023-CPSSAQ - Creation of CPS Control Total Files Containing the Raking Dimensions for the Full Year 2023 Self-Administered Questionnaire (SAQ) Use and Expenditure Person Weight
10/28/2024	NEW Weighting Memo: 3014-2022-P24USE_Do_Not_Email - Panel 24 Full Year 2022: Derivation of the MEPS Person Use Weights (Rounds 7-9)
10/28/2024	NEW Weighting Memo: 3023-2022-P26USESAQ_Do_Not_Email -Developing Panel 26 Self-Administered Questionnaire (SAQ) Use Weights for Full Year 2022
10/30/2024	NEW Weighting Memo: 3081-2023-P29R1CT - MEPS Panel 29 Round 1 – Creation of 2023 Housing Units Population Control Totals for Calibrating NHIS Household Weights based on the 2022-2023 National, State, and County Housing Unit Totals
10/30/2024	NEW Weighting Memo: 3082-2023-P29R1NHIS - MEPS Panel 29 Round 1 – Computation of the 2023 NHIS weights that will serve as base weights for the Panel 29 Round 1 DU MEPS weight
11/1/2024	CODE0979.05: Redelivery Of The FY 2022 Person-level GEO Coded Addresses For The MEPS Master File - Coded to the 2010 Census
11/1/2024	CODE0979.06: Redelivery Of The FY 2020 Person-level GEO Coded Addresses For The MEPS Master File - Coded to the 2020 Census
11/1/2024	CODE0979.07: Redelivery Of The FY 2021 Person-level GEO Coded Addresses For The MEPS Master File - Coded to the 2020 Census
11/1/2024	DOCM0729.02: Re-Delivery of 2023 Static Tables for SOP After the 2023 HC SOP Coding
11/1/2024	EMPL2314.01: FY 2023 Wage Imputation Specification
11/1/2024	INCO0769.01: Review Changes to EMPL Wage Variables Delivered in INCO File
11/6/2024	EMPL2315.01: FY2023 Panel 27 Editing of High Wage Outliers, Substantially Different Wages, or Multiple Extreme Wages – Request for Approval
11/6/2024	EMPL2316.01: FY2023 Panel 27 Editing of Low Wage Outliers or Wages that Do Not Change – Request for Approval
11/7/2024	HINS1402.01: HINS Panel 27 Rounds 3-5 At Any Time/At Interview Date/At 12/31/23 Variables
11/7/2024	WGTS3033.01 New Weighting Memo - 3069-2023-P28FAMID DO_NOT_EMAIL - Panel 28 Full Year 2023: Derivation of the Annualized MEPS Families and Identification of the Responding MEPS Families
11/8/2024	DOCM0733.01: Delivery of Person-Level Base and Family Pseudo Weight for FY23
11/8/2024	EMPL2317.01: Full Year 2023 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes Programming Specification for Approval
11/8/2024	EMPL2317.03: Full Year 2023 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes Programming Specification for Approval
11/8/2024	HINS1403.01: HINS Panel 28 Rounds 1-3 At Any Time/At Interview Date/At 12/31/23 Variables
11/8/2024	UEGN3008.02: 2023 Specification for editing HC linked ER-HS pairs involving matched events
11/8/2024	WGTS5071.01: Delivery of Person-Level Base Weight, Individual Panel Base Weight, Family Membership Flag, and MSA variables for FY23 (P27 and P28)
11/11/2024	HINS1404.01: Results of the QC Cross Tabs for the HINS 2023 HMO/Gatekeeper FY variables
11/11/2024	HLTH1084.01: Delivery of Preliminary PSAQ Data for FY2024
11/11/2024	INCO0769.19: Review Changes to EMPL Wage Variables Delivered in INCO File
11/12/2024	NEW Weighting Memo: Panel 28 Round 1: MEPS Person-Level Weights
11/13/2024	COND1017.01: 2023 CLNK Specifications Delivery
11/13/2024	ADMN0956.01: FY23 Weighted Crosstabs delivery of ADMN and DEMO variables
11/13/2024	DSDY0076.01: DSDY “Missed Days” Top Code Value
11/13/2024	EMPL2318.01: Approval of Weighted NUMEMP Medians for Panel 27 Round 3-5 and Panel 28 Round 1-3 of FY 2023
11/13/2024	EMPL2318.06: Approval of Weighted NUMEMP Medians for Panel 27 Round 3-5 and Panel 28 Round 1-3 of FY 2023
11/14/2024	UEGN3009.01: 2023 Specifications for Processing Flat Fee Bundles

Dated	Description
11/14/2024	UEGN3011.01: 2023 Mom-Baby Linking
11/15/2024	DOCM0734.01: MEPS - Data Destruction - NHIS 2020 Sample Files
11/18/2024	DSDY0076.02: DSDY "Missed Days" Top Code Value
11/18/2024	EMPL2319.01: FY 2024 Employment Group Planning
11/18/2024	PRPL0206.01: FY23 PRPL Specifications Coverage Record and Single Family Plan Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
11/20/2024	EMPL2317.08: Full Year 2023 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes Programming Specification for Approval
11/20/2024	EMPL2320.01: 2023 Multi-Round Comment Review (MRCR) Performed by Employment Group
11/22/2024	ADMN0957.01: FY23 ADMN/DEMO DRB Review
11/22/2024	FOOD0018.01: Full-Year 2023 Food Security PUF Constructed Variables and Labels
11/22/2024	GNRL3232.01: Full-Year 2023 CAPI Questionnaire Section Specifications, Help Text, Show Cards, Supplemental Questionnaires, and Authorization Forms for Web Release
11/22/2024	PRPL0206.05: FY23 PRPL Specifications Coverage Record and Single Family Plan Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
11/22/2024	UEPD1234.02: 2023 (Panel 27 & 28) Household Prescribed Medicine and Associated Files - Set 1
11/26/2024	ADMN0958.01: FY23 ADMN/DEMO PPRELReview
11/26/2024	ADMN0956.03: FY23 Weighted Crosstabs delivery of ADMN and DEMO variables
11/26/2024	PRPL0206.10: FY23 PRPL Specifications Coverage Record and Single Family Plan Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
11/26/2024	PRPL0206.13: FY23 PRPL Specifications Coverage Record and Single Family Plan Variables, JOBS Link and Variable Editing, and Variable Editing: Post JOBS Linking
11/26/2024	UEGN#s 3007.01 2023 HC Edit Specs and 3012.01 2023 HHA Duplicate Rollups
11/26/2024	WGTS3075.01: Panel 28 Full Year 2023 SAQ Person Weight review output
12/2/2024	EMPL2332.01: FY 2023 Hourly Wage Imputation Output for Approval
12/2/2024	WGTS3076.01: Panel 27 Full Year 2023 SAQ Person Weight review output
12/4/2024	WGTS5072.01: Delivery of the Variance Strata and PSU Variables for FY2023
12/5/2024	DOCM0735.01: 2024 MPC sample file specs
12/5/2024	DOCM0736.01: 2024 PC sample file specs
12/5/2024	DOCM0737.01: 2024 provider file for NPI coding specs
12/6/2024	UEGN3008.03: 2022 Specifications for Creating an ER-HS Link on Unmatched HC Events
12/6/2024	GNRL3231.01: Preliminary Version of the 2023 Full-Year Population Characteristics PUF Dataset
12/6/2024	UEGN3025.01: 2023 Listing of Events with Questionable HC Reported Expenditures
12/9/2024	DEMO1022.01: Delivery of the Output Listings for Case Review of the MOPID and DAPID Variables' Construction for FY2023
12/9/2024	UEGN3676.01: Delivery of the FY23 Pre-Imputation files
12/11/2024	ADMN0956.03: FY23 Weighted Crosstabs delivery of ADMN and DEMO variables
12/11/2024	EMPL2322.01: Full Year 2023 Wage Top Code Value for AHRQ Approval
12/11/2024	PCND0177.01: Full Year 2023 Preliminary Constructed COVID Variables
12/12/2024	EMPL2317.11: Full Year 2023 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes Programming Specification for Approval
12/12/2024	GNRL3233.01: Delivery of Data Reference Year PowerPoint Slide (2021 – 2023)
12/13/2024	UEPD1234.03: 2023 (Panel 27 & 28) PMED Supplemental File - Set 2: Person-Level File and Additional 3 Segment Variable Files
12/13/2024	UEGN3677.0.1: Delivery of the 2022 Post-Imputation Files for the MEPS Master Files
12/17/2024	EMPL2319.09: FY 2024 Employment Group Planning
12/17/2024	EMPL2323.01: Full Year 2023 Jobs File Establishment Size Top Code Value and Extent of Job Record Wage Top Coding for AHRQ Approval

Dated	Description
12/17/2024	UEGN#s 3021.01: 2023 Specifications for MPC Rolling Event Edits, and 3022.0: 2023 Specifications for HHA Rolling Event Edits
12/18/2024	EMPL2319.19: FY 2024 Employment Group Planning
12/18/2024	EMPL2319.20: FY 2024 Employment Group Planning
12/18/2024	EMPL2319.21: FY 2024 Employment Group Planning
12/20/2024	HINS1405.01: Delivery of the HINS Ever Insured in FY 2023 variables LASTAGE and INSCV923 to be added to the internal "MEPS Master Files"
12/20/2024	UEPD1234.04: 2023 (Panel 27 & 28) PMED Supplemental File - set 3: Person/Round-Level Files
12/20/2024	WGTS5073.01: Delivery of the SAQ Use PUF Weight and Individual Panel SAQ Weight Variables for FY2023
12/23/2024	INCO0770.01: 2023 Employment Wage Variables - INCO FY23 Processing - BOX_60 issue
12/23/2024	INCO0771.01: Delivery of the 2023 Income File
12/23/2024	UEGN#s 3007.02: 2023 HC Edit Specs, and 3030.01: 2023 Specifications for MPC Edits
12/27/2024	HINS1406.01: FY 2023 HINS Medicare Part D Supplemental Variables
12/27/2024	UEGN#s 3019.01: 2023 Specification for Total Charge Imputation and 3020.01: 2023 Specification for Post-PMM Expenditure Imputation
12/27/2024	WGTS5074.01: Delivery of Population Characteristics Person Weight, Single Panel Person Weight, and MSA23_13 Variables for FY23
12/30/2024	GNRL3233.03: Delivery of Data Reference Year PowerPoint Slide (2021 – 2023)
12/30/2024	HINS1407.01: Delivery of the 2023 HINS Month-by-Month, Tricare plan, Private, Medicare, and Medicaid HMO/Gatekeeper, and PMEDIN/DENTIN_M23 Variables
12/30/2024	UEGN3008.04: 2022 Specifications for Creating an ER-HS Link on Unmatched HC Events
12/30/2024	UEGN#s 3023.01: 2023 Specification for Last Step Edits and 3024.01: 2023 Specification for Rolling Events Before Edits