

MEPS Annual Methodology Report 2022

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Introduction

The Household Component of the Medical Expenditure Panel Survey (MEPS-HC, Contract 290-2016-00004I, awarded July 1, 2016, and Contract 75Q80120D00024, awarded July 13, 2020) is the central component of the long-term research effort sponsored by the Agency for Healthcare Research and Quality (AHRQ) to provide timely and accurate data on access to, use of, and payments for healthcare services by the U.S. civilian non-institutionalized 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 2022.

Data are collected for the MEPS-HC through a series of overlapping household panels. Each year a new panel is enrolled for a series of five in-person interviews conducted over a 2½-year period.

Panels 23 and 24, however, have been extended to nine interviews conducted over 4½ years, as described in the section below on changes due to COVID-19. This report describes work performed for all of the panels active during calendar year 2022. Data collection operations in 2022 were for Panel 23, Round 9; Panel 24, Rounds 7 and 8; Panel 25, Round 5; Panel 26, Rounds 3 and 4; and Panel 27, Rounds 1 and 2. Data processing activity focused on delivery of full-year utilization and expenditure files for calendar year 2020.

The report touches lightly on procedures and operations that remained unchanged from prior years, focusing primarily on the results of the 2022 operations and features of the project that were new, changed, or enhanced for 2022. Tables in the body of the text highlight the 2022 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 2022 sample and activities associated with preparing the sample for fielding. Chapters 2 through 5 discuss activities associated with the data collection for 2022: 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.

Changes Due to COVID-19

All MEPS Household Component (MEPS-HC) face-to-face interviewing ceased on March 17, 2020, due to the impact of COVID-19 on American life. Data collection switched to the telephone mode, and in 2020 and 2021 a mix of in-person and telephone interviewing was used, depending on the level of the COVID-19 pandemic. In 2022, MEPS added computer-assisted video interviewing (CAVI) as an alternative to telephone interviewing.

MEPS-HC continued several modifications to project systems, processes, and procedures begun in 2020 to respond to the pandemic and added several more to adapt to the ongoing pandemic. Please see the 2020 and 2021 methodology reports for additional details:

Extension of Panels 23 and 24. Anticipating the potential negative impacts of the COVID-19 pandemic on response rates and the number of households that would be included in 2020, 2021, and 2022 data, a decision was made to extend Panel 23 and Panel 24 through nine rounds. The extended panel rounds have been conducted primarily by telephone, with limited in-person interviewing conducted when safe for hard-to-reach or hearing-impaired respondents.

Virtual New Interviewer Training. In 2022 MEPS again trained new interviewers virtually through a blend of asynchronous home study modules and synchronous Zoom sessions. MEPS added a second new hire training in May to the usual January training to ensure sufficient staffing for the three main panels and the two extension panels.

Introduction of CAVI as an Alternative to Telephone. In 2022, MEPS interviews were conducted by three modes: in-person, CAVI, and telephone. Interviewers were given guidance throughout each field period about which modes were appropriate for their cases, and interview modes were closely monitored. CAVI offered the opportunity for interviewers and respondents to both see and hear each other, allow respondents to share images of records, and allow interviewers to display show card images to help respondents select a response. CAVI interviewing started in late spring 2022 but became pervasive in the fall, accounting for over 20 percent of completed interviews. CAVI was offered when respondents were unwilling to have an interviewer in the respondent's home and for later round cases that had been completed by telephone in 2020 and 2021.

Electronic Authorization Forms. In 2022 MEPS began offering electronic methods for authorization forms (AFs). During in-person interviews, available household members signed on the interviewer’s laptop (using a process hereafter referred to as 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. Collecting electronic signatures provided considerable benefits to the project, most notably reducing burden to both respondents and interviewers, which resulted in a savings of approximately 6 minutes during the computer-assisted personal interviewing (CAPI) interview. Additional benefits included a shorter time span between collection of the signature and receipt and fewer errors on AFs that would otherwise make them unusable.

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1. Sample

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

The sample for the new MEPS panel in 2022, Panel 27, 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 22-26). Specifically, the MEPS household sample was randomly selected from among those that participated in the NHIS during the first three quarters of 2021 and who had been assigned to NHIS Panels 1 and 3, the NHIS panels designated for MEPS.

This chapter describes the 2022 MEPS sample drawn from 2021 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 27 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 27 is based on the number of PSUs associated with MEPS after the 2016 NHIS sample redesign, the sixth 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 NHIS 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

* 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 mid-year. Normally, during the July-December period, Round 2 of the new Panel and Round 4 of the remaining continuing Panel are fielded.

However, with the extension of Panels 23 and 24 beginning in 2020, additional Rounds were fielded: Round 7 and 9 in the January-June period, with the Panel in Round 9 retiring in mid-year, and Rounds 6 and 8 in the July-December period. Table 1-2 summarizes the combined workload for the January-June and July-December periods from spring 2018 through fall 2022.

Over the years shown in Table 1-2, the combined spring and fall workload has ranged from a low of 36,664 in 2019 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 2022, there were five active Panels in the spring field period and three in the fall field periods. The spring field period still had more cases, with 24,465 cases fielded, while the fall workload had 12,491 RUs, the lowest of the 5 years shown.

Table 1-2. Data collection periods and starting RU-level sample sizes, spring 2018 through fall 2022

Data collection period	RU-level sample size*	Data collection period	RU-level sample size*
January-June 2018	23,573	July-December 2018	13,766
Panel 21 Round 5	6,842	Panel 22 Round 4	6,726
Panel 22 Round 3	6,892	Panel 23 Round 2	7,040
Panel 23 Round 1	9,839		
January-June 2019	23,261	July-December 2019	13,403
Panel 22 Round 5	6,624	Panel 23 Round 4	6,569
Panel 23 Round 3	6,773	Panel 24 Round 2	6,834
Panel 24 Round 1	9,864		
January-June 2020	22,667	July-December 2020	15,633
Panel 23 Round 5	6,413	Panel 23 Round 6	5,264
Panel 24 Round 3	6,382	Panel 24 Round 4	5,574
Panel 25 Round 1	9,872	Panel 25 Round 2	4,795
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

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

Each new MEPS panel includes some oversampling of population groups of particular analytic interest. Since 2010 (Panel 15), the set of sample domains has included oversamples of Asian, Black, and Hispanic populations. All households set aside in the NHIS for MEPS that have at least one

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

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

Table 1-3. Percentage of NHIS households with partially completed interviews in Panels 4 to 27

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

Table 1-3. Percentage of NHIS households with partially completed interviews in Panels 4 to 27 (continued)

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

*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 27.

**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 27 sampled RUs by sample domain

Sample domain	Number	Percent
Asian	764	7.88
Black	1,850	19.07
Hispanic	1,305	13.45
White, other	5,781	59.60
NHIS complete	4,977	51.31
NHIS partial complete	804	8.29
Total	9,700	

1.2 Sample Delivery and Processing

The 2022 MEPS sample was received from AHRQ and NCHS in three deliveries. The first delivery, containing households sampled from the first and second quarter of the 2021 NHIS, was received on September 10, 2021. Households selected from the third quarter of the NHIS were delivered on November 17, 2021.

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 2022 sample, project staff also reviewed the NHIS sample file formats to identify any new variables or values and to make any necessary changes to the project programs that use the sample file information. Following this initial review, staff proceeded with the standard processing through which the NHIS households are reconfigured to conform to MEPS

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

2. Instrument and Materials Design

2.1 Introduction

Each year, the project makes a number of changes to the instrument used to collect MEPS-HC data, as well as to the field procedures followed by the interviewers who collect the data. The notable changes made for 2022 are detailed in this chapter.

2.2 Changes to the CAPI Instrument for 2022

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

For 2022, there was only one notable global change: adding a CAPI hot key (F7) to bring up an electronic version of the English show cards for interviewers to reference or read to their respondents. This change was intended to help improve telephone interview interactions.

Section-specific changes for the 2022 data collection period, both spring and fall, are summarized below.

Start/Restart (ST). The interview mode (in-person, telephone, or CAVI) is now recorded by the interviewer at the start of each interview session in the ST section of CAPI, instead of after the interview is completed in the RU Information Module. Collecting the mode at the beginning of each session allows more than one mode to be recorded when the interview is completed across multiple sessions. Additionally, the RF (Respondent Forms) section of CAPI uses the interview mode to provide tailored instructions regarding the collection of AFs; see below for more information.

Calendar (CA). In response to feedback from computer-assisted recorded interview (CARI) recordings, the Calendar section introduction text was moved to a separate screen prior to the records grid. This change encourages verbatim reading from interviewers.

Date Picker. To simplify training and the user interface of the date picker, the monthly recurrence options were eliminated. Paradata indicated that these options were rarely used. Additionally, the event type listed in the header of the date picker was changed from an acronym to a descriptive label (for example, Telehealth instead of TH) to remind interviewers to add only events of the same type at the date picker. This change was intended to reduce the opportunity for interviewer error. Finally, when the discharge date recorded at the hospital date picker is the same as that person’s reference period end date, a pop-up question confirms whether the RU member is still the hospital. The wording of the question used was revised to help prevent closing a still-in-hospital event in error.

Provider Look-up. A new “AHA” column was added to the provider look-up, indicating facilities that are members of the American Hospital Association (AHA). Interviewers are trained to select the AHA entry when they are having trouble distinguishing between multiple identical (or very similar) search results, after confirming all the relevant details. This should reduce search time for large facilities with many look-up entries. Additionally, a number of common pharmacy retail clinics were added to the provider look-up. Many pharmacy retail clinics have expanded their health care offerings, including vaccinations as well as the diagnosis or treatment of minor injuries and illnesses. This will ideally increase the share of events linked to a provider with an NPI ID.

Condition Look-up. To reduce the number of “Not Specified” or “Location Not Specified” entries that are selected, a new LOCATION probe was added to the condition look-up. For select entries where the location is not specified, the interviewers is prompted to use a standard follow-up probe about the location. The condition look-up was also updated with a small number of additional conditions.

Prescribed Medicine Look-up. In spring 2022, a prescribed medicine look-up was added to CAPI in order to increase data quality while reducing burden. From all prescribed medicine roster screens, interviewers can now search a list of over 2,000 prescribed medicines, including various strength and forms. There are options to select an entry directly from the look-up, edit an entry (for example, to modify the strength or form), or add a manual entry. The prescribed medicine look-up functions similarly to the other CAPI look-ups in that it uses a trigram search method. The look-up also formalizes the probing requirements for prescribed medicines and provides interviewers with common synonyms and acronyms.

Provider Probes (PP). After the first Provider Probe, the reference period is now optional text for all other questions in the series. This helps reduce burden and encourages verbatim reading. A fill that reads “other than what we’ve already talked about” was also added to reduce confusion or duplicate reporting of events by respondents.

Other Medical Expenses (OM). To accommodate alternate payment arrangements, the question about long-term medical equipment purchases was updated to include equipment rentals.

Charge/Payment (CP). To complement the change made in the OM section, questions about charges for long-term medical equipment were updated to also refer to rentals.

COVID-19 (CV). In response to the COVID-19 pandemic, a new section was added in 2021 to initially collect information about delays in care due to the pandemic, and later included questions about COVID-19 vaccination. For spring 2022, the delays in care questions were asked only of continuing panels through December 31, 2021. The COVID-19 vaccination series was also revised to add new question regarding booster shots. In fall 2022, the questions on delays in care due to the pandemic were entirely removed.

Employment (EM) and Related Sections. A few minor changes were made to the employment sections for spring 2022. One change was modifying the approach when a person reports health insurance coverage from both a job and a union. These people are now asked to pick whether the employer or union insurance is primary. Then in the health insurance section, only details about the primary insurance source are collected. This change was made to reduce the amount of time and resources spent on de-duplicating insurance coverage.

Another change was modifying the routing and wording for the question asking whether a job now provides health insurance (RJ80). The question universe now includes continuing jobs where the jobholder initially reports holding partial-round health insurance coverage. This change was made to prevent collecting extraneous or inaccurate data.

Health Insurance (HX) and Related Sections. Show card HX-2 (which displayed an example of each state-specific Medicaid card) was removed, as were callouts at related questions. The remaining HX show cards were renumbered to accommodate this change.

Another update was simplifying the Tricare response categories at all related items (HX125, HX260, PR280). Multiple military health care response options (Tricare Standard, Tricare Prime, and Tricare Extra) were collapsed into a single “Tricare” option. As Tricare plan names and benefits have changed over time, this change was made to simplify the questionnaire and reduce respondent burden.

To reduce interview administration time and burden, at HX130 the definition of Indian Health Service was moved to optional text.

New follow-up unfolding bracket questions were added in both the HX (HX702 and HX704) and OE (OE212 and OE214) sections to capture more detail about policy deductible amount. This change was made to improve annual deductible estimates.

Contacting Module (CM). In spring 2022, MEPS introduced the collection of electronic AFs. To facilitate this effort, a new section called the Contacting Module was added to the CAPI instrument. Most critically for AFs, the CM section collects an email address and cellphone number for each adult household member. This data enables MEPS to send emails and texts to RU members regarding DocuSign AFs.

A large portion of the Closing section was moved to this new CM section. This includes the collection of information to ensure that households can be reached for participation in future rounds, such as the best contact time, proxy information, a mailing address if it’s different from the locating address, a second home address, locating contact, alternate respondent, and plans to move.

In Fall 2022, a slight change was made to the CM section. Instead of asking the respondent if it is okay to text other RU members, we now ask if the cellphone owner is available to talk. If they are, they are directly asked for permission to send text messages to their cellphone.

Respondent Forms (RF). In Spring 2022, MEPS began to offer electronic methods for AFs to streamline the signature process for interviewers as well as signers. Significant changes were needed to the RF section to accommodate the two new signing methods (eSignature and DocuSign), in addition to continuing to offer the paper method. Collecting electronic signatures provided considerable benefits to the project, most notably reducing burden to both respondents and field interviewers, which resulted in a savings of approximately 6 minutes during the CAPI interview.

Additional benefits include a shorter timespan between collection of the signature and receipt and fewer errors on AFs. Table 2-1 provides a summary of the three AF methods and their benefits.

Table 2-1. Authorization form methods: Summary and benefits

Method	Summary	Benefits
eSignature	RU members available in-person at the time of the interview sign on the MEPS laptop screen using a stylus	<ul style="list-style-type: none"> • RU members sign electronically; signatures are transmitted to MEPS HO with CAPI data • Do not need to prepare paper forms • No interviewer follow-up steps needed
DocuSign	RU members not available during the interview receive a DocuSign link via email and/or text after the interview and sign securely using any computer, smartphone, or tablet	<ul style="list-style-type: none"> • RU members not available during the interview can electronically sign • Do not need to prepare paper forms or arrange to pick up forms • DocuSign automatically sends reminder emails and texts; field interviewers can track status in management system
Paper	Interviewer prepares blank paper form during interview; can be signed either during in-person interview or at a later time	<ul style="list-style-type: none"> • Can be provided to signers outside the RU • Flexibility for RUs who cannot use electronic methods, or for unusual situations

The RF section assigns the signing method based on interview mode and contact information availability. Within an RU, each person may be assigned the same method, or they all may be assigned different methods. After the methods are assigned, the RF section loops on each person to: (1) use the eSignature application, (2) explain the DocuSign invitations that will be sent after the interview is complete, or (3) prepare and complete the paper AFs.

A new eSignature application was specifically designed for completing MEPS AFs. It was integrated into CAPI and launches at the appropriate screen in the RF section, like the date picker or the provider look-up.

For fall 2022, some minor tweaks were made to the RF section and eSignature application based on lessons learned from the spring cycle. These included: enlarged signature boxes on the eSignature application screen; revised instructions for interviews conducted by telephone and CAVI (computer-assisted video interviewing); and more consistent screens for the eSignature and paper methods.

Closing (CL). In 2022, multiple changes were made to the Closing section to accommodate two new procedures: electronic AFs and debit card incentives. While contact information has traditionally been requested in the Closing section, it needed to be collected earlier in the interview so it could be used to determine each person’s appropriate AF signing method during the

Respondent Forms section. As a result, most items from the CL section were moved to the new CM section previously described.

MEPS respondent incentives were updated from checks to debit cards, and the delivery of the incentive was moved from the CAPI instrument to the Interviewer Management System (IMS). As a result, multiple changes were made to the Closing section to update wording and remove screens related to preparing and delivering the checks. Additionally, the interviewer now records the interview language in the CL section, instead of the RU Information Module. This ensures the interview language is stored along with the CAPI data and is available immediately for post-collection tasks, such as sending DocuSign invitations.

Supplements to the CAPI Instrument

Table 2-2 shows the supplements for the rounds administered in calendar year 2022. The only notable change was to the Your Health and Your Opinions preventive care self-administered questionnaire (PSAQ). In 2020, the PSAQ was modified to include supplemental items on alcohol and drug use, as well as items on mental health counseling and treatment. The fall 2022 PSAQ retained much of this special content but eliminated items on exact number of days using drugs and alcohol and some of the items related to benefits of counseling and alternative counseling treatments. In their place, the PSAQ included select questions from the “Social and Health Experiences” questionnaire (known internally as the Social Determinants of Health or SDOH SAQ), which had been fielded in 2021. Questions selected were on topics not as well represented in the core MEPS questionnaire, including questions on exercise and financial stability.

Table 2-2. Supplements to the CAPI core questionnaire (including hard-copy materials) for 2022

Supplement	Round 1 (Spring 2022)	Rounds 3, 5, 7, 9 (Spring 2022)	Rounds 2, 4, 8 (Fall 2022)
Child Health			✓
Access to Care			✓
Income		✓	
Assets		Rounds 5 and 9 only	
Medical Provider Authorization Forms for HS, OP, and ER Events	✓	✓	✓
Medical Provider Authorization Forms for MV, TH, HH, and IC Events		✓	✓
Pharmacy Authorization Forms		✓	✓
Your Health and Health Opinions (SAQ/PSAQ)		Rounds 2, 4, 8 follow-up	✓
Diabetes Care Supplement (DCS)		✓	

2.3 Testing of the Questionnaire and Interviewer Management System

Testing for the spring 2022 (Rounds 1/3/5/7/9) instrument was conducted between September and December 2021. Testing for the fall 2022 (Rounds 2/4/8) instrument was conducted between March and June 2022. 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 spring 2022 development cycle also included extensive testing related to electronic AFs. This included unit and integrated testing of: revised screens and routing in the CAPI instrument; AF method assignment; the eSignature application; data including the AF array; the Basic Field Operating System (BFOS) AF module; receipt procedures; and DocuSign AFs, including the use of various devices to access and complete the forms.

2.4 Changes to Materials and Procedures for 2022

The manuals and the materials for the 2022 field effort were updated as needed to reflect changes to the questionnaire and management systems. Below is a description of the key changes to the materials and procedures.

Instructional Manuals

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

A new AF manual was prepared that detailed the procedures related to AFs for all three signing methods. Additionally, a new MEPS Computer-Assisted Video Interviewing (CAVI) Operations Manual was developed to fully detail the guidelines for conducting MEPS interviews via this mode. Hard-copy versions of these supplementary manuals were provided to all interviewers during the spring 2022 cycle.

Electronic 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. In 2022, minor revisions were made to the Contacting Information tab in the Face Sheet to align with the revised collection of contact information in the CAPI instrument.

The IMS also contains an RU Information module for documenting operational information to help the next round's interviewer effectively work each case, an RU Contact module for reporting address and telephone number changes identified prior to the CAPI interview, and the Interviewer Assignment Sheet (IAS), which supports follow-up for AFs and SAQs not completed at the time of the interview. The Authorization Form Log in the IAS was updated to allow for recording follow-up calls related to AFs. Changes were also made to the Current Round Contacting Information tab in the IAS, to align with the revised collection of contact information in the CAPI instrument.

To support the new debit card incentive procedures, a Respondent Payment module was added to the IMS.

Interviewers continued to be equipped with iPhones used for their MEPS work. When changes were made to the laptop IMS, the iPhone mFOS application generally had corresponding changes to match.

New for 2022 was the BFOS Authorization Form Module, used for helping interviewers with their follow-up efforts related to AFs. This module shows when forms are received by receipt control, and it is checked by interviewers prior to making follow-up calls.

Advance Contact and Other Case Materials

All respondent letters, monthly planners, and self-administered questionnaires were updated with the appropriate year references. Furthermore, the Informed Consent, Income Job Aid, Authorization Form Booklet, Record Keeper, and Records Job Aid were redesigned to match the refreshed materials look introduced in 2021.

There were multiple changes to materials related to the new electronic AF collection. A redesigned Authorization Form Booklet addresses the new electronic signing methods. Additionally, interviewers who conduct interviews in Spanish can refer to a new Spanish AF handout. This handout has a Spanish translation of the medical AF on one side and the pharmacy AF on the other. Finally, interviewers received multiple styluses used for signing via the eSignature application on the MEPS laptop.

The MEPSDocs.org website continued to be available to respondents to boost cooperation, ease legitimacy or COVID-19 concerns, and offer recordkeeping tools. In 2022, the Income Job Aid was added to the website. The MEPSDocs website also has links to the show cards in both English and Spanish. These electronic show cards are accessed by interviewers during CAVI interviews (using Zoom to display the show cards), as well as by respondents during telephone interviews.

3. Recruiting and Training

3.1 Field Interviewer Recruiting for 2022

Overview. For spring 2022 data collection, MEPS attempted to recruit approximately 140 new interviewers across two recruiting periods to join the team of approximately 265 interviewers who were active on MEPS at the start of the 2022 data collection in early January. Our goal was to increase the team for spring data collection to about 400 interviewers.

To put the recruiting and attrition numbers into perspective, Table 3-1 summarizes the MEPS spring data collection staffing for the period of 2018-2022.

Table 3-1. Staffing for spring field period, 2018–2022

Data collection period	Experienced Interviewers staffed	New Interviewers staffed	Total Interviewers for spring data collection
Spring 2018	345	75	420
Spring 2019	325	27	352
Spring 2020	269	121	390
Spring 2021	272	147*	419
Spring 2022	267	93**	360

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

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

Recruiting Goals. Based on a projected sample size of approximately 26,000 RUs across the five panels to be fielded for spring 2022 and the likely number of experienced MEPS interviewers available at the end of fall 2021 data collection (about 265), including a MEPS travel team of 10 to 12 members, Westat estimated needing to recruit between 120 and 140 new interviewers for the standard staffing model. The goal was to start data collection with approximately 400 interviewers actively working during the spring 2022 data collection period.

Westat uses the Field Interviewer Recruitment Module (FIRM) software designed to manage the data collector recruiting process. This system works in conjunction with BrassRing, an online application system used to collect, track, and manage applications for all positions at Westat. The BrassRing system collects applications from both external (new to Westat) and internal (current or former Westat field data collectors) applicants.

The main recruiting of new field interviewers for 2022 began in late September 2021 and continued until the end of December 2021. Since it was likely that MEPS would continue to complete telephone interviews, at least early in the spring 2022 data collection period, MEPS posted for regular interviewers, telephone/traveling interviewers, and telephone-only interviewers to cast as wide a net as possible for new hires for spring 2022. Westat implemented a COVID vaccination mandate, effective January 2022. In anticipation of difficulties in staffing enough new interviewers during the main recruiting period, MEPS planned to do additional recruiting beginning in early March to have additional new interviewers ready to attend an attrition training in May to supplement the spring 2022 interviewing staff. Recruitment for the attrition training began in early March and ended in late April.

Recruiting Outcomes. During the main recruiting period, 104 candidates accepted job offers. However, with the COVID vaccine mandate that went into effect at the beginning of January 2022, 15 of these candidates were not cleared to work because of noncompliance with the mandate. Of the remaining 89 candidates, 83 of them started training and 75 completed the training. With the addition of these new trainees, the project began 2022 data collection with a total of 350 interviewers.

The goal was to add 50 more interviewers during the short attrition recruiting period. Note that MEPS only posted for in-person interviewers during this additional recruiting period since more of the data collection was transitioning back to in-person interviewing. However, only 28 candidates accepted job offers during this short recruiting period. Two of these candidates were not cleared to work for noncompliance with the COVID vaccine mandate. Of the remaining 26 candidates, 25 of them were expected at training and 18 of them completed the training.

Interviewer Attrition During 2022 Data Collection. During the spring data collection, 38 new interviewers and 32 experienced interviewers were lost to attrition. An additional 13 new interviewers and 25 experienced interviewers were lost during the fall round. Total attrition for the year was 29 percent, a rate more in line with the attrition level of 30 percent during the first year of the pandemic when data collection mode switched from in-person to telephone interviewing. In looking forward to 2023, MEPS plans to expand the interviewing staff so that we can begin data collection with close to 400 interviewers. The breakdown of 2022 interviewer attrition is shown in Tables 3-2 (spring), 3-3 (fall), and 3-4 (total).

Table 3-2. Spring attrition rate among new and experienced interviewers, 2018–2022

Data collection period	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
	#	%	#	%	#	%
Spring 2018	26	34.7	33	9.6	59	14.0
Spring 2019	8	29.6	56	17.2	64	18.2
Spring 2020	39	32.2	54	20.1	93	23.8
Spring 2021	64	40.8	33	12.1	97	22.6
Spring 2022	38	36.2	32	12.0	70	18.8

Table 3-2 shows the overall attrition rate during the spring data collection period from 2018 through 2022. Note that the total spring 2022 attrition rate of 18.8 percent is comparable to what MEPS experienced in spring 2019, the year before that pandemic hit and data collection mode changed. The new hire spring attrition rate remains high but has decreased slightly from 40.8 percent to 36.2 percent. In 2022, new interviewers were trained virtually, a factor that makes it much easier for a new hire to quit.

Table 3-3. Fall attrition rate among new and experienced interviewers, 2018–2022

Data collection period	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
	#	%	#	%	#	%
Fall 2018	10	20.4	16	5.1	26	7.2
Fall 2019	4	21.0	20	7.4	24	8.3
Fall 2020	16	19.5	8	3.7	24	8.0
Fall 2021	30	31.6	27	11.3	57	17.1
Fall 2022	13	19.4	26	11.0	39	12.9

Table 3-3 shows the overall attrition rate during the fall data collection period from 2018 through 2022. Note that the total fall 2022 attrition rate was 12.9 percent, a decrease from last year when the fall attrition rate was the highest in five years. However, the fall 2022 rate is still higher than the average 8 percent rate of the three prior years.

Table 3-4. Annual attrition rate among new and experienced interviewers, 2018–2022

Data collection period	New interviewers lost		Experienced interviewers lost		Total interviewers lost	
	#	%	#	%	#	%
2018	36	48.0	49	14.2	85	20.2
2019	12	44.4	76	23.4	88	25.0
2020	55	45.0	62	23.0	117	30.0
2021	94	58.6	60	22.1	152	35.4
2022	51	48.6	57	21.4	108	29

The annual attrition rate for 2022 was 29 percent, a decrease of 6.4 percent from 2021 when the annual attrition rate was the highest rate in the past 5 years. The continued high rate of attrition among new hires is likely related to the continuation of the pandemic conditions, namely, a reliance on a high proportion of the interviewing being done by telephone and the virtual training format that has made it much easier for new hires to quit mid-training.

3.2 2022 Interviewer Training

The overall structure for training new interviewers in 2022 was similar to the structure of the 2021 training to accommodate a remotely administered training due to the COVID-19 pandemic. It began with a home study, followed by a remote training conducted over Zoom for Government in late January 2022, and ending with completion of a two-part, post-classroom home study component. An attrition training was also conducted in May 2022.

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 quizzes 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 remote training, but not so early that their introduction to important study concepts and project terminology would degrade before the remote training. The training added additional practice with the Zoom platform prior to the remote training.

Remote Training. The usual 8½-day training format included the weekend off to attend to asynchronous content that had not been completed and address personal needs that were impacted by the remote approach. Any synchronous content accommodated trainees from the East Coast to the West Coast; therefore, the training day hours were from 12 pm through 5:30 pm EST for synchronous content.

Training sessions used a “block” approach to the training, with each training day consisting of a block of synchronous training and a block of asynchronous training. Trainees had synchronous training for some portion of each training day. Trainees completed required asynchronous blocks prior to the corresponding synchronous blocks.

For the 8½ days of project-specific training, each trainee was assigned to one of six training classrooms (two for the May attrition training) staffed by a primary and support trainer, one or two classroom runners, and a Zoom host. The selection of trainers for the 2022 new hire training was based on several criteria including experience training with the CAPI instrument, overall project knowledge, and prior training experience. Prior to remote training, all training and support staff received a training on the remote platform; the associated technologies; and the content, activities, and procedures associated with remote training.

The training sessions used a variety of formats for presenting material, including lecture, question-and-answer interactions, written exercises, group discussion of problems and resolutions, and activities in which trainees were required to seek answers by consulting project resource materials. In addition, full and “mini” mock interviews (or “mocks”) 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 Re-enumeration through Closing, while a “mini” mock relies on preloaded data to allow the training to begin at the desired questionnaire section. For the remote training, the mocks were delivered in one of three ways: demonstration, simulation, and teleconference.

Mock 1 (Round 1) was demonstrated in a synchronous session, with trainers displaying the CAPI screens and trainees reading the questions from the screen and calling out the appropriate keyboard response to the questions.

Mock 2 (Round 3) was posted on the LMS as an interactive CAPI simulation, with respondent answers coded into the simulation. Although the simulation looked and behaved like the CAPI instrument, corrective feedback was given immediately when the trainee coded incorrectly.

Mock 3 (Round 5) was administered via teleconference call led by an experienced trainer with additional support for troubleshooting. The mock was altered to begin in the Calendar section to allow for completion of the interview. The teleconference allowed for additional hands-on CAPI practice for trainees and gave the trainer the opportunity to evaluate trainee performance.

Mini-mocks and materials on the IMS were presented in one of three modes: synchronous training in the virtual classroom, CAPI simulation hosted on the LMS, and independent practice from hard-copy materials to allow for hands-on CAPI/IMS practice.

Dyads paired trainees in a virtual breakout room to conduct an interview with one trainee playing the role of interviewer, and the other using a script to play the respondent. Each dyad pair was observed by a dyad observer, either a field supervisor or other training staff. 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.

The remote 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.

In the past, scripted lab material had been provided to trainers and trainees for in-person lab practice. Often, trainees who wanted additional CAPI practice would take the scripts with them to work on independently. For the remote training, Westat offered some hard-copy scripted materials to all trainees as required independent practice. Additional support was provided as follows:

1. Westat offered “office hours” for trainees to connect by video with experienced MEPS staff who could answer questions and address concerns.
2. Similar to in-person labs, Westat had a sign-up method (CVENT) for trainees to attend sessions for targeted review of concepts. Westat had the trainee share the screen for trainers to watch. Since the majority of help for trainees during the remote session labs was one-on-one practice, rather than using scripted materials, trainers spoke with the training team lead as well as the trainee themselves to get a feel for where extra practice was needed. The trainer then customized the one-on-one instruction to meet the needs of the trainee.
3. When a trainer or field management staff identified a trainee as needing one-on-one help, a member of the training floater team was assigned to work with the trainee.

Seventy-five new hires successfully completed the main training, and 18 successfully completed the attrition training.

Bilingual training followed a similar format to in-person training. Bilingual trainees participated in a 4-hour block of training on the last half-day of training. Trainees completed a Round 3 dyad in Spanish. The same format for dyads used in the main training was applied to bilingual training. Trainees divided into breakout rooms to complete the dyad with training staff visiting the breakout rooms to ensure good interviewing behaviors and an understanding of the CAPI instrument. Additionally, trainees used the breakout room approach to practice refusal conversion in Spanish. Three new interviewers successfully completed 2022 bilingual training and four new interviewers completed the bilingual attrition training.

Post-Remote Training Activities. The post-classroom home study was administered in two parts for the main training and combined into one part for the attrition training (to allow trainees to complete the home study prior to launch of the fall rounds). The first component was distributed on the last day of remote training, and new interviewers had to have successfully completed it before beginning fieldwork. It contained an interactive exercise in BFOS Secure Messaging (BSM) and completion of a mini-mock with a proxy respondent.

The home study also included a memo from the field director reviewing trainees' tasks in preparation to interview, and it 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. At the same time, all field supervisors received a memo from the field director outlining their role in the post-classroom training through the setting of clear expectations, support, and ongoing training to their interviewers.

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 to their supervisor the best contact strategy for each. Field managers and field supervisors coordinated and implemented a mentoring/buddy plan that paired new hires with experienced field interviewers.

The new interviewers received the second component of the post-classroom home study about 6 weeks after the remote training. This component included both hard-copy materials as well as

modules in the electronic LMS. This last component provided interviewers with additional training on respondent cooperation and participation in record-keeping activities. It also provided training on several important Re-enumeration topics and student RUs, and it reinforced interviewer practices related to collecting quality data.

3.2.1 Experienced Interviewer Training

Spring 2022 Round 1/3/5/7/9 Home Study. The Round 1/3/5/7/9 home study in December 2021 followed established formats but was further expanded to accommodate the introduction of the prescribed medicine look-up, new procedures and applications for AF collection (including e-signature and DocuSign), updated COVID-19 procedures, and changes to the IAS and mFOS and the extended panels. The 6-hour self-paced program contained an instructional memo, electronic AF video demonstration, independent CAPI practice, iPhone training, and a quiz.

CAVI Virtual Training. In spring 2022, all MEPS interviewers were trained in groups over 14 sessions between January and May. New interviewers hired in January 2022 and May 2022 were trained following the new hire training, and the rest of the field staff completed CAVI training starting in February until April. Approximately 314 interviewers completed the training; however, due to attrition, a final count of 299 interviewers, 25 field supervisors and 4 field managers were trained on CAVI. Each session consisted of a 3-day hybrid training, with synchronous sessions and asynchronous self-paced modules. The total training time commitment was 8-10 hours, which included all asynchronous assignments and the post-training mock interview they were required to complete before they could start offering CAVI as a mode to respondents.

Training topics included:

- Setting up the equipment, MEPS iPhone on the phone stand and the MEPS laptop;
- Creating a meeting in ZoomGov;
- Setting up the project approved email templates;
- Launching the interview and letting respondents in from the waiting room;
- Sharing their screen on ZoomGov to share the online show cards with the respondents;

- Troubleshooting technical problems; and
- Knowing when to offer CAVI to respondents.

To support ongoing training, all training videos were posted to the LMS to allow interviewers to rewatch as necessary.

In-Person Refresher Training. Due to the COVID-19 pandemic, the refresher training scheduled for April 2022 was canceled.

3.2.2 Continuing Education for All Interviewers

Fall 2022 Round 2/4/6/8 Home Study. The Round 2/4/6/8 home study in July 2022 followed established formats. The 2-hour self-paced program contained an instructional memo, example materials, and a quiz. Topics included the extension of the rounds in response to the COVID-19 pandemic, the return to in-person interviewing in select areas, additional training on CAVI interviewing, and additional training on AF collection. New interviewers hired in the spring were required to complete a mock interview with their supervisor, field manager, or designated senior interviewer before beginning the fall rounds of data collection.

Weekly Newsletter. In 2022, 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 topics, 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 eight rounds of MEPS-HC interviewing conducted in 2022. Selected comparisons to results of prior years are also presented. Tables showing results for all years of the study are provided in the appendix.

4.1 Data Collection Procedures

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

The field continues to monitor COVID-19 levels and use high-filtration masks as well as other mitigation procedures in areas of high transmission.

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 notified so that he/she could take the proper course of action.

The advance contact calls to Panel 27 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 2022, MEPS interviews were conducted in three modes: in-person, CAVI , and telephone. Interviewers were given guidance throughout each field period about which modes were appropriate for their cases, and interview modes were closely monitored. CAVI interviews are conducted via Zoom meetings hosted by the interviewer. Both interviewer and respondent are visible and audible to one another, can share images of records, and can share show card images to allow respondents to select a response. CAVI interviewing started in late spring 2022 but became pervasive in the fall, accounting for over 20 percent of completed interviews. Later-round cases were specifically targeted for CAVI interviews; however, these were permissible for Round 1 cases after initial contact. Interviewers typically offered CAVI when respondents were unwilling to have an interviewer in the respondent's home.

In 2022, electronic AF collection was implemented. The two new electronic methods for completing MEPS AFs (eSignature and DocuSign) are further described in Chapter 2. 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 self-administered questionnaires (SAQs) were mailed by the interviewer shortly after the interview was completed. Pick-up of the forms was arranged, or a business reply envelope (BRE) was enclosed for returning the forms directly to the home office. Anytime there were forms requested and not collected during the interview, the interviewer made up to three follow-up calls to ensure DocuSign AFs were signed and/or paper forms were completed and returned.

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

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

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

Data Collection Schedule. The sequence for beginning the spring rounds of data collection, most recently adjusted in 2014, was maintained for the spring round of 2022. Data collection began with Rounds 5, 7, and 9, followed by Round 3, and then Round 1. For the Round 1 respondents, the later starting date allowed several additional weeks of elapsed time in which respondents could experience healthcare events to report in their Round 1 interview, with these additional events giving them a more realistic understanding of what to expect in the subsequent rounds of the study.

The field period dates for the eight rounds conducted in 2022 are shown in Table 4-1.

Table 4-1. Data collection schedule and number of weeks per round of data collection, 2022

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

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

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

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

Table 4-2. Case potential categories for classifying and prioritizing case work, spring 2022

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

4.2 Data Collection Results: Interviewing

Table 4-3 provides an overview of the data collection results for Panels 21 through 27, showing sample sizes, average interviewer hours per completed interview, and response rates. Table 4-4 shows the final response rates a second time, reformatted to facilitate 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 2022, the response rates showed at least a slight increase from 2021 but still lower than prior to 2020. While response rates have not returned to pre-pandemic levels despite a return to in-person interviews, they have begun to rebound. Hours per complete are now higher than pre-pandemic for Round 1, exceeding 13 hours.

Table 4-3. MEPS-HC data collection results, Panels 21 through 27*

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 21	Round 1	9,851	462	92	89	10,316	7,674	5.9	74.4	80
	Round 2	7,661	207	32	17	7,883	7,327	8.5	92.9	95
	Round 3	7,327	166	14	19	7,488	7,043	7.2	94.1	96
	Round 4	7,025	119	14	20	7,138	6,907	7.0	96.8	97
	Round 5	6,914	42	8	34	6,930	6,778	5.9	97.8	98
Panel 22	Round 1	9,835	352	68	86	10,169	7,381	12.8	72.6	80
	Round 2	7,371	166	19	11	7,545	7,039	8.5	93.3	95
	Round 3	7,071	100	12	19	7,164	6,808	6.7	95.0	96
	Round 4	6,815	91	13	18	6,901	6,672	6.8	96.7	97
	Round 5	6,670	35	7	12	6,700	6,584	5.3	98.3	98
Panel 23	Round 1	9,960	193	46	110	10,089	7,351	12.5	72.9	80
	Round 2	7,387	106	14	15	7,492	6,960	8.2	92.9	95
	Round 3	6,987	102	11	18	7,082	6,703	6.1	94.6	96
	Round 4	6,704	74	10	12	6,776	6,522	6.6	96.2	97
	Round 5	6,503	34	4	5	6,536	6,383	5.3	97.7	98
	Round 6	6,498	90	10	18	6,480	5,120	4.8	79.0	90
	Round 7	5,176	36	5	6	5,170	4,513	5.2	87.3	85
	Round 8	4,558	27	3	10	4,548	3,984	5.8	87.6	80
	Round 9	4,006	10	4	10	3,996	3,603	4.7	90.2	90
Panel 24	Round 1	9,976	153	43	82	10,090	7,186	11.8	71.2	80
	Round 2	7,211	98	19	5	7,323	6,777	7.9	92.5	95
	Round 3	6,812	76	9	7	6,890	6,289	6.0	91.3	96
	Round 4	6,335	44	4	13	6,370	5,446	5.1	85.5	97
	Round 5	5,510	31	4	15	5,495	4,770	5.3	86.8	85
	Round 6	4,816	22	8	8	4,808	3,959	5.7	82.3	80
	Round 7	4,007	28	0	5	4,002	3,500	5.3	87.5	87
	Round 8	3,528	14	0	9	3,519	3,121	5.9	88.7	85
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

Table 4-3. MEPS-HC data collection results, Panels 21 through 27 (continued)

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/complete	Response rate (%)	Response rate goal
Panel 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									
Panel 27	Round 1	10,085	193	28	78	10,007	6,158	13.2	61.5	65
	Round 2	6,288	68	11	3	6,285	5,368	8.9	85.4	80
	Round 3									
	Round 4									
	Round 5									

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

Table 4-4. Response rates by data collection year, 2013–2022

Year/Panel	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7	Round 8	Round 9
2013									
Panel 18	74.2	92.9							
Panel 17			95.2	95.5					
Panel 16					97.6				
2014									
Panel 19	71.8	93.6							
Panel 18			94.5	97.1					
Panel 17					98.5				
2015									
Panel 20	73.5	93.4							
Panel 19			94.7	96.7					
Panel 18					98.4				
2016									
Panel 21	74.4	93.0							
Panel 20			95.1	96.8					
Panel 19					98.3				
2017									
Panel 22	72.6	93.3							
Panel 21			94.1	96.8					
Panel 20					96.4				
2018									
Panel 23	72.9	92.9							
Panel 22			95.0	96.7					
Panel 21					97.8				
2019									
Panel 24	71.2	92.5							
Panel 23			94.6	96.2					
Panel 22					98.3				
2020									
Panel 25	61.7	78.5							
Panel 24			91.3	85.5					
Panel 23					97.7	79.0			
2021									
Panel 26	60.1	79.4							
Panel 25			81.5	85.6					
Panel 24					86.8	82.3			
Panel 23							87.3	87.6	

Table 4-5 illustrates the mode of data collection for each of the 2022 data collection rounds. CAVI interviews were offered as the first alternative to in-person, and for Round 8 as the primary mode. In all cases, telephone was the least-preferred mode due to concerns regarding data quality and respondent engagement in the study.

Table 4-5. Completed cases by mode of interviewing for Panels 23 through 27

	Completes	In-Person	Telephone	CAVI
Panel 23	Round 9	327	3,212	63
Panel 24	Round 7	362	3,047	91
	Round 8	499	1,342	1,280
Panel 25	Round 5	1,736	1,467	75
Panel 26	Round 3	2,638	1,271	194
	Round 4	2,812	426	567
Panel 27	Round 1	4,756	1,117	285
	Round 2	4,175	482	711

Components of Response and Nonresponse

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

Table 4-6. Summary of MEPS Round 1 response and nonresponse, 2017–2022 panels

Response and nonresponse components	2017 P22R1	2018 P23R1	2019 P24R1	2020 P25R1	2021 P26R1	2022 P27R1
Total sample	10,255	10,199	10,172	10,230	9,863	10,085
Out of scope (%)	0.8	1.1	0.8	0.8	0.7	0.8
Complete (%)	72.6	72.9	70.6	61.2	59.6	61.1
Nonresponse (%)	27.4	27.1	28.6	38.0	39.7	38.2
Refusal (%)	21.8	22.4	24.0	28.7	31.2	30.4
Not located (%)	3.9	3.1	3.1	3.2	4.3	3.3
Other nonresponse (%)	1.7	1.7	1.5	6.1	4.2	4.5

Tables 4-7 through 4-14 summarize results for additional aspects of the 2022 data collection. Because Round 1 is the most difficult of all the rounds, the presentation focuses primarily on Panel 27, Round 1.

Table 4-7. Summary of MEPS Round 1 response, 2017–2022 panels, by NHIS completion status

NHIS completion status	2017 P22R1	2018 P23R1	2019 P24R1	2020 P25R1	2021 P26R1	2022 P27R1
Original NHIS sample (N)	9,835	9,839	9,864	9,866	9,509	9,700
Percent complete in NHIS	81.0	80.4	84.2	89.3	85.3	83.3
Percent partial complete in NHIS	19.0	19.6	15.8	10.7	14.7	16.7
Percent complete for NHIS completes	75.4	75.4	73.5	63.5	63.1	64.2
Percent complete for NHIS partial completes	62.0	63.6	60.3	46.8	44.1	49.5

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

NHIS Completion Status

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

The upper portion of Table 4-7 shows the proportion of partial completes in the sample over recent years. Across all domains, there was a significant drop in the proportion of the sample classified as partial complete in 2020 from all the previous years shown on the table. Since then, the proportion of partial completes has increased. The lower portion of the table shows the persistent and substantial difference in response rate between these two components of the sample. Prior to 2020, among the cases originally delivered from the NHIS (that is, with new reporting units discovered during the MEPS interviewing excluded from the counts), the response rate for the NHIS partial completes averaged around 13 percentage points fewer than that for the NHIS completes. In 2020, that difference jumped up to 16.7 percentage points, and there is a 19-point difference in 2021. In 2022, the difference is more in line with years prior to 2020, at 14.7 percentage points.

Sample Domain

Table 4-8 breaks out response information for the NHIS completes and partial completes by sample domain categories for Panel 27. Table 4-8, unlike Table 4-7, does include reporting units added to the sample during Round 1 data collection; it shows the differential in response rates between the NHIS partial completes and full completes persisting across all of the domains. The difference across the full 2022 sample was 14.1 percentage points, with NHIS partial completes responding at a lower rate in all domains. Within the individual domains the difference between the response rate for the NHIS completes and the NHIS partials was greatest for the White/other domain—18.1 percentage points.

Table 4-8. Summary of MEPS Panel 27 Round 1 response rates, by sample domain by NHIS completion status

Domain/NHIS status	Net sample (N)	Complete (%)	Refusal (%)	Not located (%)	Other nonresponse (%)
Asian	794	54.7	34.6	4.4	6.3
NHIS complete	638	58.1	31.7	3.9	6.3
NHIS partial complete	156	40.4	46.8	6.4	6.4
Black	1,357	70.4	21.3	3.4	4.9
NHIS complete	1,071	72.7	19.6	3.2	4.5
NHIS partial complete	286	61.9	27.6	4.2	6.3
Hispanic	1,944	65.1	27.9	4.1	2.9
NHIS complete	1,520	67.2	25.8	3.9	3.1
NHIS partial complete	424	57.3	35.6	4.9	2.1
White/other	5,912	59.3	33.1	2.9	4.8
NHIS complete	5,081	61.8	31.2	2.7	4.5
NHIS partial complete	831	43.7	44.8	5.0	6.5
All groups	10,007	61.5	30.6	3.3	4.5
NHIS complete	8,310	63.9	28.7	3.0	4.4
NHIS partial complete	1,697	49.8	39.8	5.0	5.4

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

Table 4-9 (shown on the next page) further breaks out response information for Panel 27 by interview mode.

Table 4-9. Summary of MEPS Panel 27 Round 1 response rates, per interview mode, by sample domain by NHIS completion status

Domain/NHIS status	In-person	Telephone	CAVI
Asian	270	126	38
NHIS complete	225	110	36
NHIS partial complete	45	16	2
Black	774	144	37
NHIS complete	628	121	30
NHIS partial complete	146	23	7
Hispanic	995	233	38
NHIS complete	805	187	30
NHIS partial complete	190	46	8
White/other	2,717	614	172
NHIS complete	2,445	538	157
NHIS partial complete	272	76	15
All groups	4,756	1,117	285
NHIS complete	4,103	956	253
NHIS partial complete	653	161	32

Refusals and Refusal Conversion

Table 4-10 summarizes the results of refusal conversion efforts by panel. The rate of “ever refused” for RUs in Panel 27 was down to 37.7 percent from its highest level in Panel 26.

Table 4-10. Summary of MEPS Round 1 results for RUs who ever refused, Panels 21 through 27

Panel	Net sample (N)	Ever refused (%)	Converted (%)	Final refusal rate (%)	Final response rate (%)
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

Tracing and Locating

Table 4-11 shows results of locating efforts for households that required tracking during the Round 1 field period by panel. The percent of households that required some tracing in 2022 (11%) dropped 0.3 percent from 2021 and saw its lowest rate in many years; the final rate of households that were not located after tracing efforts also dropped to 3.3 percent from its highest point in 2021.

Table 4-11. Summary of MEPS Round 1 results for RUs who were ever traced, Panels 21 through 27

Panel	Total sample (N)	Ever traced (%)	Not located (%)
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

Interview Length

Table 4-12 shows the mean length (in minutes) for interviews conducted without interruption in a single session in Panels 21 through 27. Starting in 2020, with the pandemic shutdown, everything moved to telephone interviews; in 2021, a large number of interviews were still conducted by telephone, which took longer as interviewers had to read the show cards aloud, thus adding time to the interview. In 2022, interview time was down. The reduction is largely attributable to the introduction of electronic signature and DocuSign for AFs. In most cases, interviewers no longer have the burden of preparing paper AFs for household member signature.

Table 4-12. Interview timing comparison, Panels 21 through 27 (mean minutes per interview, single-session interviews)

Round	Panel 21	Panel 22	Panel 23	Panel 24	Panel 25	Panel 26	Panel 27
Round 1	75.5	79.9	78.1	79.5	89.0	92.9	82.3
Round 2	85.3	88.8	88.2	87.0	89.7	93.3	79.3
Round 3	93.4	93.0	92.6	98.5	100.0	76.5	
Round 4	82.7	84.3	86.8	86.2	93.2		
Round 5	76.0	78.8	78.7	97.1	75.5		
Round 6			88.4	89.7			
Round 7			96.6	85.4			
Round 8			90.1	78.5			
Round 9			76.5				

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

Table 4-13. Interview timing comparison by interview mode for Panels 23 through 27 (mean minutes per interview, single-session interviews)

Panel/Round	In-person	Telephone	CAVI
Panel 23			
Round 9	73.1	76.9	80.6
Panel 24			
Round 7	87.2	85.2	87.4
Round 8	76.0	76.3	82.0
Panel 25			
Round 5	76.8	73.7	83.7
Panel 26			
Round 3	91.7	85.8	94.4
Round 4	78.0	69.5	74.1
Panel 27			
Round 1	82.2	83.2	90.1
Round 2	79.3	73.4	82.6

Mean Contact Attempts Per Case

Table 4-14 shows mean contact attempts, by mode and NHIS completion status, for all cases in Round 1 of Panels 25 through 27. The number of contacts required per case in Panel 27 dropped significantly compared to 2020 and 2021.

Table 4-14. Mean contact attempts by NHIS completion status and interview mode, Round 1 of Panels 25 through 27

Contact type	Panel 25, Round 1			Panel 26, Round 1			Panel 27, Round 1		
	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
% of all RUs	100.0	89.3	10.7	100.0	85.3	14.7	100.0	83.3	16.7
In-person	2.6	2.5	2.6	2.4	2.3	3.1	5.6	6.1	5.7
Telephone	9.7	9.5	11.6	8.8	8.7	9.8	8.7	8.7	9.4
CAVI							10.6	10.6	11.3
Total	14.4	14.1	17.0	13.1	12.8	14.9	8.4	8.2	9.3

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 (MPC) of MEPS. AFs are requested for each unique person-provider pairing identified during the interviews as a source of care to 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.

Prior to 2022 all AFs were paper documents signed by pen. Starting in 2022, two electronic signature options were introduced. Respondents who are available at the time of the in-person interview may sign their forms electronically on the 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 still be signed on paper if a respondent is not available to sign on the laptop and does not have a cellphone or email for DocuSign, if the respondent requests paper, or if the signer is outside the RU.

Table 4-15 shows round-by-round signing rates for the medical provider AFs for Panels 20 through 27. Starting with the rounds fielded in 2022, the rates are shown for each signature method and combined across all methods. Across all rounds in 2022, the eSignature rate is above 90 percent. As a result, the overall signing rate is more in line with 2019 rates, before the pandemic.

Table 4-15. Signing rates for medical provider authorization forms for Panels 20 through 27

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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

Table 4-15. Signing rates for medical provider authorization forms for Panels 20 through 27
(continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 23	Round 1		1,982	1,533	77.3
	Round 2		29,576	21,850	73.9
	Round 3		23,365	14,575	62.4
	Round 4		19,220	13,483	70.2
	Round 5		17,569	10,903	62.1
	Round 6		12,701	8,002	63.0
	Round 7		13,254	8,108	61.2
	Round 8		11,589	7,624	65.8
	Round 9	eSignature	597	542	90.8
		DocuSign	5,867	4,528	77.2
Paper		2,601	1,172	45.1	
Combined		9,065	6,242	68.9	
Panel 24	Round 1		2,285	1,306	57.2
	Round 2		24,755	15,865	64.1
	Round 3		22,657	11,522	50.9
	Round 4		14,612	7,716	52.8
	Round 5		15,992	8,941	55.9
	Round 6		11,366	6,658	58.6
		eSignature	860	799	92.9
	Round 7	DocuSign	6,856	4,997	72.9
		Paper	3,032	1,254	41.4
	Round 8	Combined	10,748	7,050	65.6
		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		
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

Table 4-15. Signing rates for medical provider authorization forms for Panels 20 through 27 (continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
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

Calculation of the round-by-round collection rate for the medical provider AFs is based on *all* forms requested during a round. The rates calculated for Rounds 2 through 9 include forms fielded but not signed in an earlier round (nonresponse). Included as well were forms that were fielded in an earlier round and signed but rendered obsolete because the person had another health event with the provider after the date on which the original form was signed.

Table 4-16 shows signing rates for pharmacy AFs for Panels 20 through 27. Pharmacy AFs are requested in Rounds 2 through 9, with follow-up for nonresponse in subsequent rounds similar to that for medical provider AFs. As with the medical provider authorizations forms, the overall signing rate in 2022 is in line with the 2019 pre-pandemic rates.

Table 4-16. Signing rates for pharmacy authorization forms for Panels 20 through 27

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 20	Round 2		12,074	8,796	72.9
	Round 3		10,577	7,432	70.3
	Round 4		9,099	6,945	76.3
	Round 5		8,312	6,339	76.3
Panel 21	Round 2		10,783	7,985	74.1
	Round 3		9,540	6,847	71.8
	Round 4		8,172	6,387	78.2
	Round 5		6,684	5,336	79.8
Panel 22	Round 2		10,510	7,919	75.4
	Round 3		8,053	5,953	73.9
	Round 4		7,284	5,670	77.8
	Round 5		8,048	5,726	71.1

Table 4-16. Signing rates for pharmacy authorization forms for Panels 20 through 27
(continued)

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)
Panel 23	Round 2		8,834	6,514	73.8
	Round 3		9,614	6,205	64.5
	Round 4		8,486	5,900	69.5
	Round 5		8,067	5,101	63.2
	Round 6		5,668	3,418	60.3
	Round 7		5,417	3,345	61.8
	Round 8		5,182	3,341	64.5
	Round 9	eSignature	303	269	88.8
		DocuSign	2,587	1,983	76.7
Paper		1,240	563	45.4	
Combined		4,130	2,815	68.2	
Panel 24	Round 2		10,265	6,676	65.0
	Round 3		9,096	4,831	53.1
	Round 4		7,100	3,636	51.2
	Round 5		6,528	3,682	56.4
	Round 6		4,783	2,663	55.7
		eSignature	336	310	92.3
	Round 7	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	
Panel 25	Round 2		6,783	3,180	46.9
	Round 3		6,114	3,146	51.5
	Round 4		4,640	2,888	62.2
	Round 5	eSignature	1,667	1,572	94.3
		DocuSign	1,416	983	69.4
		Paper	787	181	23.0
Combined		3,870	2,736	70.7	
Panel 26	Round 2		6,961	4,105	59.0
	Round 3	eSignature	2,916	2,725	93.4
		DocuSign	1,749	1,121	64.1
		Paper	1,156	181	15.7
		Combined	5,821	4,027	69.2
	Round 4	eSignature	2,848	2,710	95.2
		DocuSign	1,212	652	53.8
		Paper	659	60	9.1
Combined		4,719	3,422	72.5	
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

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

Self-administered questionnaires (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 fall 2022, SAQs were requested from Panel 24 Round 8 respondents as well. Table 4-17 shows the SAQ response rates, including both the round-specific rates and the combined rates after the follow-up round was completed.

Response rates have been declining over time, however. Notably, 2020 saw a significant decrease in response rate as a result of telephone interviewing due to COVID-19. The completion rate for initial requests in 2022 remained low. Overall procedures for the distribution and collection of hard-copy materials have not changed with the exception of additional concentrated follow-up. In an effort to stem the tide and introduce additional electronic aspects to the MEPS collection, multimode (web and paper) SAQs will be implemented in 2023.

In Rounds 3 and 5, key adult household members who have been diagnosed with diabetes were asked to complete a short SAQ, the Diabetes Care Supplement (DCS). Forms not completed for pickup at the time of the interviewer's visit were followed up upon 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 19 through 26 are shown in Table 4-18. Completion rates for the DCS showed a modest but relatively steady decline over time. 2022 experienced a noticeable drop in requests, though the response rate remained about the same.

Table 4-17. Results of Self-Administered Questionnaire (SAQ) collection for Panels 21 through 27

Panel	Round	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)	
Panel 21	Round 2	13,143	10,212	1,170	1,761	77.7	
	Round 3	2,585	1,123	893	569	43.4	
	Combined, 2016	13,143	11,335	-	-	86.2	
	Round 4	12,021	9,966	1,149	906	82.9	
	Round 5	2,078	834	884	360	40.1	
	Combined, 2017	12,021	10,800	-	-	89.8	
Panel 22	Round 2	12,304	9,929	1,086	1,289	80.7	
	Round 3	2,287	840	749	698	36.7	
	Combined, 2017	12,304	10,769	-	-	87.5	
	Round 4	11,333	8,341	1,159	1,833	73.6	
	Round 5	2,090	811	896	383	38.8	
	Combined, 2018	11,333	9,152	-	-	80.8	
Panel 23	Round 2	12,349	8,711	1,364	1,289	70.5	
	Round 3	2,364	819	907	638	34.6	
	Combined, 2018	12,349	9,530	-	-	77.2	
	Round 4	11,290	8,554	1,515	1,221	75.8	
	Round 5	2,711	983	923	805	36.3	
	Combined, 2019	11,290	9,537	-	-	84.5	
	Round 6	8,537	4,732	682	3,123	55.4	
	Round 7	3,229	1,123	707	1,399	34.8	
	Combined, 2020	8,537	5,855	-	-	68.6	
	Round 8	6,446	3,377	799	2,270	52.4	
	Round 9	2,654	724	633	1,297	27.3	
Combined, 2021	6,446	4,101	-	-	63.6		
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	
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 27	Round 2	9,690	4,669	1,529	3,492	48.2	

Table 4-18. Results of Diabetes Care Supplement (DCS) collection for Panels 19 through 26

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
Panel 25	Round 3	963	514	53.4
	Round 5	758	419	55.3
Panel 26	Round 3	894	516	57.7

4.5 Quality Control

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

Generally, all completed cases were validated by first examining the GPS data stored and encrypted on the laptop. Then, if the case could not be properly validated due to missing data or the GPS

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

In both the spring and fall rounds of 2022, about 97 percent of completed cases were validated. In the spring rounds, the rate of cases validated by CARI was higher at 65.9 percent compared to 51.4 percent in the fall rounds. The rate of cases validated with GPS data, however, was higher in the fall rounds at 37.8 percent compared to 22.7 percent in the spring. This is likely attributed to the increase in in-person interviews in the second half of 2022, which made GPS data available for more cases. Only 7.8 percent of completed cases were validated by phone in both the spring and fall rounds, and a very small share were validated by mail—less than 0.4 percent in both the spring and fall. While 97 percent of all completed cases were validated in 2022, the percent of each interviewer's completed cases that were validated averaged 82 percent in the spring rounds and 93 percent in the fall rounds. The increase in the fall rounds was again likely due to the increase in cases that were validated using GPS data.

In addition to validating cases, MEPS field supervisors and managers typically 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 laptops or hard-copy materials with respondents' personally identifiable information (PII), field staff continued to use an automated loss reporting system (a system known as ILRS) to report incidents. Incidents were investigated, updates were sent to AHRQ and MEPS staff who received the initial automated ILRS notification, and results were recorded in an annual MEPS PII log. A security incident report was submitted to the Westat IRB for each confirmed incident.

A total of eight incidents of lost or stolen laptops/iPhones or hard-copy PII were reported in 2022. Of those reported incidents, five involved MEPS laptops and/or iPhones that were reported stolen or lost. In one case, the airline that the interviewer had flown on for MEPS travel found and returned the iPhone to Westat in working order. In the other four cases, two iPhones and two laptops were not recovered even though police reports were filed. The password-protected laptops were shut down at the time of the loss. Since MEPS laptops are fully disc-encrypted, respondent identity was not at risk. The MEPS iPhones are also password-protected.

Two of the reported incidents involved suspected or confirmed loss of hard-copy materials with respondent PII loss or breach of confidentiality. In one instance the interviewer's car was broken into and the laptop (accounted for above), one hard-copy PSAQ, a notebook page with contact information for another household, and three debit cards (without value) were stolen and not recovered. In the other instance of hard-copy loss, the FedEx package was never delivered. FedEx initiated a search but the package was never found. The respondent in each of these cases was contacted and then sent a replacement package.

A new category of potential PII disclosure emerged in 2022 related to the introduction of the DocuSign signing method for AFs. First, a programming error allowed MEPS participants with the same name to be sent DocuSign AFs that corresponded to people with the same name but from other households. When this situation was reported early in the spring field period, the DocuSign envelope production process was stopped, the program code was revised, and testing was performed before the system was restarted. This impacted five households. All were contacted about what happened and all agreed to continue. The second DocuSign related issue happened because of user error, namely a mis-keying of a household member's phone number. The result was that AFs were sent to the wrong household. This impacted two households. The respondent from one of the

households called the MEPS Respondent Hotline to report the error. In all cases of error, access to forms was suspended upon discovery and forms were reissued to the appropriate household.

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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

Hard-copy materials were assembled prior to data collection for cases fielded in Rounds 3, 5, 7, and 9 during the spring 2022 data collection. These materials consisted of AFs and SAQs outstanding from the previous round. Clerical staff created an RU folder for each case being fielded and inserted any AFs and SAQs that were printed for the case. Since there are no hard-copy case materials generated for Round 1 cases, RU folders were not created prior to data collection for Round 1 cases. With the introduction of electronic AFs during the spring 2022 data collection, the decision was made to no longer pre-print outstanding AFs beginning in the fall 2022 rounds. Additionally, SAQs are mailed to households prior to fall data collection. Therefore, no hard-copy materials were generated, and RU folders were not created for cases fielded for the fall 2022 data collection.

Supervisors received a Supervisor Assignment Log listing all of the cases to be released in their region for each wave of cases to use to assign cases to their interviewers. They entered the ID of the interviewer assigned to each case and sent the log back to the home office. The logs with assignments were then used to make the electronic assignments in the BFOS field management system. In the spring rounds, home office staff also shipped the RU folders directly to the interviewers based on the assignments in the logs for the first wave of cases. For later waves, the RU folders were shipped to regional clerks to distribute to the field interviewers.

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. Addresses were first standardized and sent through the National Change of Address (NCOA) database to obtain the most current addresses for 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.

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 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 percent of RUs that made calls to the respondent hotline in the spring and fall rounds of 2018–2022. There was a significantly higher percentage of calls to the hotline in both spring and fall 2020. In spring 2021, the percentage of calls to the hotline was more in line with years prior to 2020, but it went back up in spring 2022. The percentage of calls in fall 2022 remained consistent with fall 2021, which was down compared to fall 2020 but still higher than in previous years.

Table 5-1. Number and percent of respondents who called the respondent information line, 2018-2022

Round/Panel	Original sample size	Number of calls	Calls as a percent of sample size
Round 1			
2018 - Panel 23 Round 1	9,846	383	3.9
2019 - Panel 24 Round 1	9,864	343	3.5
2020 - Panel 25 Round 1	9,880	586	5.9
2021 - Panel 26 Round 1	9,509	335	3.5
2022 - Panel 27 Round 1	9,700	426	4.4
Rounds 3/5			
2018 - Panel 21 Round 5/Panel 22 Round 3	13,922	467	3.4
2019 - Panel 22 Round 5/Panel 23 Round 3	13,594	486	3.6
2020 - Panel 23 Round 5/Panel 24 Round 3	13,241	592	4.5
2021 - Panel 23 Round 7/Panel 24 Round 5/ Panel 25 Round 3	15,616	555	3.6
2022 - Panel 23 Round 9/Panel 24 Round 7, Panel 25 Round 5, Panel 26 Round 3	16,399	818	5.0
Rounds 2/4			
2018 - Panel 22 Round 4/Panel 23 Round 2	14,123	524	3.7
2019 - Panel 23 Round 4/Panel 24 Round 2	13,844	531	3.8
2020 - Panel 23 Round 6/Panel 24 Round 4/ Panel 25 Round 2	18,480	1,163	6.3
2021 - Panel 23 Round 8/Panel 24 Round 6/ Panel 25 Round 4/Panels 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

Table 5-2 shows the number and types of calls received on the respondent hotline during 2021 and 2022. As in prior years, a substantial portion of the Round 1 calls were for refusals. In spring 2022 there was a higher percentage of calls for appointments in all rounds compared to the previous year. However, in the fall rounds the percentage of calls for appointments decreased significantly from the previous year.

Table 5-2. Calls to the respondent information line, 2021 and 2022

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

Reason for call	Spring 2022 (Panel 27, Round 1, Panel 26 Round 3, Panel 25 Round 5, Panel 24 Round 7, Panel 23 Round 9)				Fall 2022 (Panel 27 Round 2, Panel 26 Round 4, Panel 24 Round 8)	
	Round 1		Rounds 3, 5, 7, 9		Rounds 2, 4, and 8	
	N	%	N	%	N	%
Address/telephone change	4	0.9	42	5.1	25	4.3
Appointment	91	21.4	215	26.3	99	17.0
Request callback	130	30.5	236	28.9	260	44.5
No message	13	3.1	23	2.8	22	3.8
Other	21	4.9	236	28.9	84	14.4
Proxy needed	4	0.9	6	0.7	6	1.0
Request 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	

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

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

Receipt Control. As interviewers completed cases, they transmitted the data electronically and shipped any hard-copy documents to the home office receipt operation. Interviewers shipped all hard-copy material containing PII via Fedex, which facilitates tracking of late or lost shipments. When preparing a shipment to the home office receipt department, interviewers used the Ship to Receipt module in BFOS to indicate exactly what materials were included in the package and recorded the FedEx tracking number. This information was sent directly to the receipt control system so it was known what materials were expected. For interviews completed by phone or CAPI and for which pickup of hard-copy documents could not be arranged, interviewers provided a BRE for the respondent to send their documents directly to the home office. AFs signed electronically, either on the laptop or in DocuSign, were uploaded to a secure server to be accessed for receipt. Paper AFs were reviewed by receipt staff, then scanned and uploaded to the secure server. When a problem was found in an AF, the problem was documented and feedback was sent to the field supervisor to review with the interviewer. All self-administered questionnaires, including SAQs/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 2022. 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 CAPI Helpdesk coordinated tracking and shipping of all field laptops, field laptop assignment, and laptop and phone repairs.

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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 2020 delivered in 2022.

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 2022, data processing activities to support the major file deliveries for the year proceeded simultaneously along several different delivery paths, with activity focused separately on each of the panels for the annual full-year files. As in past years, the project used a set of comprehensive data delivery schedules to guide management of the effort. The schedules integrate key dates for the data collection, data capture, coding, editing and imputation, weights construction, and documentation production tasks. These schedules provide a framework for assessing the potential impact of proposed changes at the start of each processing cycle and for coordinating the succession of processes that comprise the delivery effort.

6.1.2 Data Quality Control System

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

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

The DQC system also runs a series of programmatic checks and assigns a new “issue” for each instance that triggers a consistency or edit check. These checks are designed to ensure that data changed during editing conform fully to the rules of the CAPI instrument before the data are released. In addition, issues are, on rare occasion, added manually to individual cases by DQC staff from MEPS Help Desk reports, such as when a name or email address is discovered to be misspelled after completion of the interview; these issues are included among the number of cases with at least one interviewer comment. During spring 2022, 12.1 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 34.3 percent. For fall 2022, 12.7 percent of cases received from the field included a comment while cases with any issue totaled 25.0 percent.

Table 6-1. 2022 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 (comments)	% NA comments
Spring 2022	20,697	2,497	12.1	7,091	34.2	2,143	51.8
Fall 2022	12,302	1,565	12.7	3,073	25.0	1,461	57.4

Field interviewers must select one 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

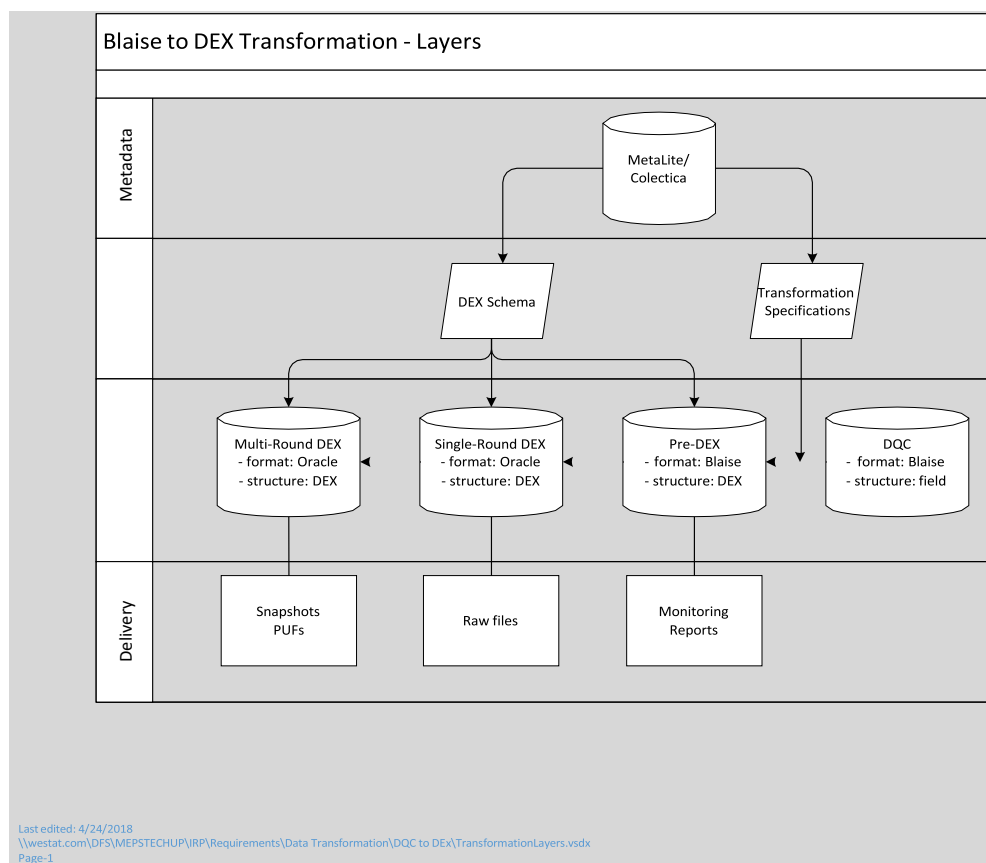
Total number of comments by category	#	%
1. RU/RU Member	419	6.3
2. RU Member Refusal	92	1.4
3. Condition	166	2.5
4. Health Care Events	3,580	53.3
5. Glasses/Contact Lenses	51	0.8
6. Other Medical Expenses	78	1.2
7. Prescribed Medicines	712	10.7
8. Employment	476	7.1
9. Health Insurance	576	8.6
10. Other	555	8.3
Total	6,685	

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



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

The third layer is the transformation (or programming) layer. Using the specifications just described, the data are read from the Blaise database in the data collection structure, the transformation logic is applied, and a data file for each Dex table is written. The Dex tables are generally identical to the legacy Cheshire segments, such as BASE, HOME, or PERS. This set of intermediate data files is known as pre-Dex and has the same structure as the Dex database, but all files are in the Blaise format. 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 (COTS) software system for intelligent data capture and image processing, was used in 2022 to capture data collected in the DCS and the SAQ. TeleForm software reads the form image files and extracts data according to the project specifications. Supporting

software checks the data for conformity with project specifications and flags data values that violate the validation rules for review and resolution.

As SAQs evolve to be multimode (web and paper) in 2023, we will update this section to discuss data harmonization and web data collection.

6.1.5 Coding

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

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

Condition and Prescribed Medicine Coding

In 2022, coding was performed on the conditions and prescribed medicine text strings reported by household respondents for calendar year 2021. An automated system enabled coders to easily search for and assign the appropriate 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 are tracked in the system and error rates calculated weekly. Both the condition and prescribed medicine coding efforts were staffed by three coders.

During the 2022 coding cycle, coding managers continued to refine a number of new and revised procedures and processes implemented for the coding of 2018 data in 2019. These revisions were a result of many months of collaboration between AHRQ and Westat in evaluating all aspects of the coding processes for household reported conditions, prescribed medicines, and sources of payment, including updating and maintaining the authority tables and the development of tools and resource

documents to facilitate the execution of these tasks. Also in 2019, Westat deployed a new web-based coding system for condition and prescribed medicine coding to replace the Access database previously used. The new system better supports downstream-processing activities and aligns with other web-based systems used across other components of MEPS. All aspects of coding work are supported by a number of scheduled quality control checks before, during, and after each coding cycle.

In 2022, medical conditions 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 CCSR. A total of 2,863 unique strings were manually coded and the authority table was constructed with AHRQ-approved code assignments. This represented a 71-percent reduction in the average number of strings needing manual review before the implementation of the condition pick list and search tool was integrated into the CAPI instrument. The overall error rate for coders was 1 percent, below the contractual error rate goal of 2 percent.

Prescription medicine text strings for data year 2022 were coded to the set of GPI codes, associated with the Master Drug Data Base (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 40 percent each year. The matching programs are reviewed and approved each year. A total of 7,135 strings were manually coded from 2022 data. In a process similar to condition text strings, the prescription medicine text strings undergo two rounds of unduplication 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 will impact the number of strings that need manually coding in 2023. The overall coding error rate (across all coders) was 1 percent, 1 percent lower than the contractual goal of 2 percent. As with conditions, all prescription text strings/codes were reviewed by a verifier, with additional review of selected strings provided by a pharmacist.

Source of Payment Coding

Source of payment information (SOP) 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 Medical Provider Component (MPC) of MEPS uses the same set of source of payment 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 RTT's authority tables with its own to identify any inconsistencies. AHRQ adjudicates these to ensure the authority tables from each contractor are aligned.

Each year, the source of payment text strings extracted from the reference year data is 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 source of payment 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 HMOs; 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 2022 was for the payment sources reported for 2021 events. For cases when the bill was paid by a source identified in response to a direct question about payment (REIMNAM), a total of 1,577 previously coded sources of payment text strings were reviewed and updated as needed. After unduplication of the strings reported for 2021, coders reviewed and coded 1,935 strings. If the bill was sent to a source other than the respondent and the respondent names that source (WHOBILL1), coders reviewed and coded 3,658 strings. For text strings reported as direct payers for prescription medicine (SRCNAME), 554 new text strings were reviewed and coded by coders.

Industry and Occupation Coding

Industry and Occupation coding is performed for MEPS by the Census Bureau using the Census Bureau's Demographic Surveys Division's (DSD's) computer-assisted industry and occupation (I&O) codes, which can be cross-walked to the 2007 North American Industrial Classification (NAIC) coding system, and the 2010 Standard Occupational Classifications (SOC). The codes

characterize the jobs reported by household respondents and are released annually on the FY JOBS file. During 2022, 12,409 jobs were coded for the 2021 JOBS file.

GEO Coding

The Westat Geographic Information Systems (GIS) division GEO-codes 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 2022 coding cycle, 22,857 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 non-institutional population’s access to, use of, and payments for healthcare.

The Oracle system has a separate database for each data year. This is a recent departure from having individual databases for each panel/year combination. The goal of this is to make data processing more streamlined, and this was necessitated by extending Panels 23 and 24 to collect data through nine rounds.

Due to the pandemic, Panels 23 and 24 are being extended through Round 9. The MEPS 2021 database contains Panels 23 through 26, and the MEPS 2022 database contains Panels 24, 26, and 27.

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:

1. Programmatic updates can correct problems affecting a large volume of cases that fail a basic edit.
2. 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 QC frequencies and univariates have been approved, notification is sent to all other analytical teams so that work can be coordinated in those areas.

6.2.1 Variable Construction

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

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

Specifications guide programming development, and once programs have been written, code reviews 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:

1. Review approved high- and detailed-level specifications.
2. Write programs for each specification using SAS or SQL.
3. Test all programmed code for accuracy.
4. Conduct detailed code reviews to review specifications and code.

5. Test code on SAS production files or Oracle database without committing.
6. Construct variables either in SAS (and either load variables to Oracle or continue development in SAS, depending on the file) or directly in the Oracle production database.
7. Review frequencies and cross-tabulations for accuracy.

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

6.2.2 File Deliveries

Public Use File Deliveries

The principal files delivered during calendar year 2022 are listed below:

- Full-Year 2020 Population Characteristics File;
- Full-Year 2020 Use and Expenditure File;
- Full-Year 2020 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 2020 Expenditure Event files for events not included in the MPC data collection, including dental events, office-based non-physician events, and other medical expenses;
- Full-Year 2020 Prescribed Medicines Expenditure File;
- Full-Year 2020 Medical Conditions File;
- Full-Year 2020 Jobs File;
- Full-Year 2020 Appendix to MEPS Event Files; and
- 2020 Person Round Plan File.

Ancillary File Deliveries

In addition to the principal data files delivered for public release each year, the project also produces a number of ancillary files for delivery to AHRQ. These include an extensive series of person- and family-level weights, “raw” data files reflecting MEPS data at intermediate stages of capture and editing, and files generated at the end of each round or as needed to support analysis of both substantive and methodological topics. A comprehensive list of the files delivered during 2022 appears in the appendix.

Medical Provider Component (MPC) Files

During each year’s processing cycle, Westat also creates files for the MPC contractor and, in turn, receives data files back from the MPC. As in prior years, Westat provided sample files for the MPC in three waves, with the first two waves delivered while HC data collection was still in progress. In preparing the sample files to be delivered in 2022 for MPC collection of data about 2021 health events, Westat again applied the program developed in 2014 for de-duplicating 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.

Early in 2022, following completion of MPC data collection and processing for 2020 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 2020 events. A similar file of prescribed medicines was also delivered to support matching and imputation of expenditures for the prescribed medicines at AHRQ. Timely and well-coordinated data handoffs between Westat and the MPC are critical to the timely delivery of the full-year expenditure files. With each additional year of interaction and cooperation, the handoffs between the MPC and HC have gone more and more smoothly.

Appendix
Comprehensive Tables–Household Survey

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Appendix

Comprehensive Tables – Household Survey

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Panel	Round	Original sample	Split cases (movers)	Student cases	Out-of-scope cases	Net sample	Completes	Average interviewer hours/complete	Response rate (%)
Panel 25	Round 1	10,008	184	38	78	10,152	6,265	10.8	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								
	Round 4								
	Round 5								

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

Table A-3. Response rates by data collection year

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

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

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

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

Response and nonresponse components	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	P18R1	P19R1	P20R1	P21R1	P22R1	P23R1	P24R1	P25R1	P26R1	P27R1
Total sample	10,468	10,532	11,435	10,405	10,255	10,199	10,172	10,230	9,863	10,085
Out of scope (%)	1.1	1.1	1.0	0.9	0.8	1.1	0.8	0.8	0.7	0.8
Complete (%)	74.2	71.8	73.5	74.4	72.6	72.1	70.6	61.2	59.6	61.1
Nonresponse (%)	25.8	28.2	26.5	25.6	27.4	26.9	28.6	38.0	39.7	38.2
Refusal (%)	20.1	22.4	21.0	20.2	21.8	22.1	24.0	28.7	31.2	30.4
Not located (%)	4.3	4.2	4.3	3.7	3.9	3.1	3.1	3.2	4.3	3.3
Other nonresponse (%)	1.4	1.6	1.2	1.7	1.7	1.7	1.5	6.1	4.2	4.5

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

NHIS completion status	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	P18R1	P19R1	P20R1	P21R1	P22R1	P23R1	P24R1	P25R1	P26R1	P27R1
Original NHIS sample (N)	9,951	9,970	10,854	9,851	9,835	9,839	9,864	9,866	9,509	9,700
Percent complete in NHIS	78.1	81.9	80.6	77.6	81.0	80.4	84.2	89.3	85.3	83.3
Percent partial complete in NHIS	21.9	18.1	19.4	22.4	19.0	19.6	15.8	10.7	14.7	16.7
MEPS Round 1 response rate:										
Percent complete for NHIS completes	76.9	74.5	75.9	77.3	75.4	75.4	73.5	63.5	63.1	64.2
Percent complete for NHIS partial completes	64.5	58.9	63.1	64.8	62.0	63.6	60.3	46.8	44.1	49.5

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

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

Table A-7. Summary of MEPS Round 1 results for RUs who were ever traced, Panels 15-27

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

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

Round	Panel 16	Panel 17	Panel 18	Panel 19	Panel 20	Panel 21	Panel 22	Panel 23	Panel 24	Panel 25	Panel 26	Panel 27
Round 1	74.0	67.8	78.0	85.5	76.4	75.5	79.9	78.1	79.5	89.0	92.9	82.3
Round 2	88.1	90.2	102.9	92.3	86.3	85.3	88.8	88.2	87.0	89.7	93.3	79.3
Round 3	87.2	94.3	103.1	94.5	89.7	93.4	93.0	92.6	98.5	100.0	76.5	
Round 4	85.9	99.6	89.0	84.6	80.5	82.7	84.3	86.8	86.2	93.2		
Round 5	85.4	92.2	87.4	84.1	85.3	76.0	78.8	78.7	97.1	75.5		
Round 6								88.4	89.7			
Round 7								96.6	85.4			
Round 8								90.1	78.5			
Round 9								76.5				

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

Contact type	Panel 20, Round 1			Panel 21, Round 1			Panel 22, Round 1			Panel 23, Round 1		
	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial
N	10,854	8,751	2,103	9,851	7,645	2,206	9,835	7,963	1,872	9,839	7,913	1,926
% of all RUs	100	81	19	100	77.6	22.4	100	81	19	100	80.4	19.6
In-person	7.2	6.9	8.5	7	6.9	8.3	6.3	6.1	7.3	6.2	6	7.2
Telephone	2.1	2	2.5	2	1.9	2.4	1.5	1.5	1.7	1.5	1.4	1.7
Total	9.6	9.2	11.4	9.3	8.9	11	8.4	8.1	9.6	8.2	7.9	9.5

Contact type	Panel 24, Round 1			Panel 25, Round 1			Panel 26, Round 1			Panel 27, Round 1		
	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial	All RUs	Complete	Partial
N	9,864	8,306	1,558	9,866	8,814	1,052	9,509	8,113	1,396	9,700	8,077	1,623
% of all RUs	100	84.2	15.8	100	89.3	10.7	100	85.3	14.7	100	83.3	16.7
In-person	5.5	5.4	6.3	2.6	2.5	2.6	2.4	2.3	3.1	5.6	6.1	5.7
Telephone	1.3	1.2	1.6	9.7	9.5	11.6	8.8	8.7	9.8	8.7	8.7	9.4
CAVI	-	-	-	-	-	-	-	-	-	10.6	10.6	11.3
Total	7.3	7.1	8.5	14.4	14.1	17.0	13.1	12.8	14.9	8.4	8.2	9.3

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

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

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

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

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

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)	
Panel 21	Round 1		2,037	1,396	68.5	
	Round 2		22,984	17,295	75.2	
	Round 3		20,802	14,898	71.6	
	Round 4		16,487	13,110	79.5	
	Round 5		20,443	16,247	79.5	
Panel 22	Round 1		2,274	1,573	69.2	
	Round 2		22,913	17,530	76.5	
	Round 3		26,436	19,496	73.7	
	Round 4		23,249	18,097	77.8	
	Round 5		17,171	12,168	70.9	
Panel 23	Round 1		1,982	1,533	77.3	
	Round 2		29,576	21,850	73.9	
	Round 3		23,365	14,475	62.4	
	Round 4		19,220	13,483	70.2	
	Round 5		17,569	10,903	62.1	
	Round 6		12,701	8,002	63.0	
	Round 7		13,254	8,108	61.2	
	Round 8		11,589	7,624	65.8	
	Round 9		597	542	90.8	
		eSignature				
	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		860	799	92.9	
		eSignature				
		DocuSign	6,856	4,997	72.9	
		Paper	3,032	1,254	41.4	
	Combined	10,748	7,050	65.6		
Round 8		1,121	1,055	94.1		
	eSignature					
	DocuSign	4,997	3,500	70.0		
	Paper	1,625	661	40.7		
	Combined	7,743	5,216	67.4		
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		3,796	3,570	94.0	
	eSignature					
	DocuSign	3,336	2,339	70.1		
	Paper	1,877	431	23.0		
	Combined	9,009	6,340	70.4		

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

Panel	Round	Signature method	Authorization forms requested	Authorization forms signed	Signing rate (%)	
Panel 26	Round 1		2,432	1,151	47.3	
	Round 2		17,765	10,564	59.5	
	Round 3	eSignature	7,510	7,043	93.8	
		DocuSign	4,668	2,980	63.8	
		Paper	2,964	419	14.1	
	Round 4	Combined	15,142	10,442	69.0	
		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	
Panel 27	Round 1	eSignature	1,222	1,147	93.9	
		DocuSign	523	285	54.5	
		Paper	477	39	8.2	
	Round 2	Combined	2,222	1,471	66.2	
		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

Table A-11. 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

Table A-11. Signing rates for pharmacy authorization forms (continued)

Panel	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)
Panel 6	Round 3		19,305	15,313	79.3
	Round 5		17,981	14,864	82.7
Panel 7	Round 3		14,456	11,611	80.3
	Round 5		13,428	11,210	83.5
Panel 8	Round 3		14,391	11,533	80.1
	Round 5		13,422	11,049	82.3
Panel 9	Round 3		14,334	11,189	78.1
	Round 5		13,416	10,893	81.2
Panel 10	Round 3		13,928	10,706	76.9
	Round 5		12,869	10,260	79.7
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

Table A-11. Signing rates for pharmacy authorization forms (continued)

Panel	Round	Signature method	Permission forms requested	Permission forms signed	Signing rate (%)	
Panel 18	Round 2		10,977	8,755	79.8	
	Round 3		9,757	7,573	77.6	
	Round 4		8,526	6,858	80.4	
	Round 5		7,918	6,173	78.0	
Panel 19	Round 2		10,749	8,261	76.9	
	Round 3		9,618	6,902	71.8	
	Round 4		8,557	6,579	76.9	
	Round 5		7,767	5,905	76.0	
Panel 20	Round 2		12,074	8,796	72.9	
	Round 3		10,577	7,432	70.3	
	Round 4		9,099	6,945	76.3	
	Round 5		8,312	6,339	76.3	
Panel 21	Round 2		10,783	7,985	74.1	
	Round 3		9,540	6,847	71.8	
	Round 4		8,172	6,387	78.2	
	Round 5		6,684	5,336	79.8	
Panel 22	Round 2		10,510	7,919	75.4	
	Round 3		8,053	5,953	73.9	
	Round 4		7,284	5,670	77.8	
	Round 5		8,048	5,726	71.1	
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		303	269	88.8	
		eSignature DocuSign Paper Combined	2,587 1,240 4,130	1,983 563 2,815	76.7 45.4 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		336	310	92.3	
		eSignature DocuSign Paper Combined	2,763 1,279 4,378	2,073 547 2,930	75.0 42.8 66.9	
	Round 8		480	449	93.5	
		eSignature DocuSign Paper Combined	2,238 798 3,516	1,527 299 2,275	68.2 37.5 64.7	
	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		1,667	1,572	94.3
		eSignature DocuSign Paper Combined	1,416 787 3,870	983 181 2,736	69.4 23.0 70.7	

Table A-11. Signing rates for pharmacy authorization forms (continued)

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
	Round 4	Paper	1,156	181	15.7
		Combined	5,821	4,027	69.2
		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	
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

Table A-12. 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 11	Round 2	13,146	10,924	452	1,770	83.1
	Round 3	1,908	948	349	611	49.7
	Combined, 2006	13,146	11,872	-	-	90.3
	Round 4	12,479	10,771	622	1,086	86.3
	Round 5	1,621	790	539	292	48.7
	Combined, 2007	12,479	11,561	-	-	92.6

Table A-12. Results of Self-Administered Questionnaire (SAQ) collection* (continued)

Panel	Round	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 12	Round 2	10,061	8,419	502	1,140	83.7
	Round 3	1,460	711	402	347	48.7
	Combined, 2007	10,061	9,130	-	-	90.7
	Round 4	9,550	8,303	577	670	86.9
	Round 5	1,145	541	415	189	47.3
	Combined, 2008	9,550	8,844	-	-	92.6
Panel 13	Round 2	14,410	12,541	707	1,162	87.0
	Round 3	1,630	829	439	362	50.9
	Combined, 2008	14,410	13,370	-	-	92.8
	Round 4	13,822	12,311	559	952	89.1
	Round 5	1,364	635	476	253	46.6
	Combined, 2009	13,822	12,946	-	-	93.7
Panel 14	Round 2	13,335	11,528	616	1,191	86.5
	Round 3	1,542	818	426	298	53.1
	Combined, 2009	13,335	12,346	-	-	92.6
	Round 4	12,527	11,041	644	839	88.1
	Round 5	1,403	645	497	261	46.0
	Combined, 2010	12,527	11,686	-	-	93.3
Panel 15	Round 2	11,857	10,121	637	1,096	85.4
	Round 3	1,491	725	425	341	48.6
	Combined, 2010	11,857	10,846	-	-	91.5
	Round 4	11,311	9,804	572	935	86.7
	Round 5	1,418	678	461	279	47.8
	Combined, 2011	11,311	10,482	-	-	92.6
Panel 16	Round 2	15,026	12,926	707	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 19	Round 2	12,664	10,047	1,014	1,603	79.3
	Round 3	2,306	1,050	694	615	44.5
	Combined, 2014	12,664	11,097	-	-	87.6
	Round 4	11,782	9,542	1,047	1,175	81.0
	Round 5	2,131	894	822	414	42.0
	Combined, 2015	11,782	10,436	-	-	88.6

Table A-12. Results of Self-Administered Questionnaire (SAQ) collection* (continued)

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

Table A-12. Results of Self-Administered Questionnaire (SAQ) collection* (continued)

Panel	Round	SAQs requested	SAQs completed	SAQs refused	Other nonresponse	Response rate (%)
Panel 27	Round 2	9,690	4,669	1,529	3,492	48.2

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

Table A-13. Results of Diabetes Care Supplement (DCS) collection*

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

Table A-13. Results of Diabetes Care Supplement (DCS) collection* (continued)

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

* Tables represent combined DCS/proxy DCS collection.

Table A-14. Results of patient profile collection

Pharmacy	Total number	Total received	Percent received	Total complete	Completes as a percent 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-15. Calls to respondent information line

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

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

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

Table A-15. Calls to respondent information line (continued)

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

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

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

Table A-15. Calls to respondent information line (continued)

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

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

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

Table A-15. Calls to respondent information line (continued)

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

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

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

Table A-15. Calls to respondent information line (continued)

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

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

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

Table A-15. Calls to respondent information line (continued)

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

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

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

Table A-15. Calls to respondent information line (continued)

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

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

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

Table A-15. Calls to respondent information line (continued)

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

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

Table A-16. Files delivered during 2022

Date	Description
1/3/2022	DOCM0703.01: Delivery of the 2022 NPI Provider Directory from the Panel 27 MEPS Laptop
1/3/2022	HINS1349.01: Changes in HINS Medical Debt Variables (PROBPY42-PYUNBL42)
1/3/2022	UEGN2885.01: 2020 Specifications for Rolling Events Before Edits
1/3/2022	UEGN3617.01: Deliver to AHRQ for approval variable lists for the PUF non-MPC (DN, OM, and HH) Expenditure Event files (Completed 01/14/22)
1/4/2022	HLTH1067.01: Delivery of Adult and Child Height and Weight for the MEPS Master Files for FY 2020
1/4/2022	PRPL0165.01: Output and Frequencies from 2020 PRPL Program #1
1/4/2022	UEGN2886.01: 2020 Specs for Mom-Baby SBD Rollups
1/4/2022	UEGN3618.01: The 2020 Utilization Standard Error Benchmarking Tables Using Person Use PUF Weights - PERWT20P
1/5/2022	COND0997.01: FY20 Preliminary Conditions File Construction Pregnancy Codes Masking
1/5/2022	EMPL2252.01: Comparison of Panel 23 Employment Population Characteristic Variables Using Unadjusted and Adjusted Data
1/5/2022	GNRL3085.01: List of CAPI Supplemental Sections and Round-Specific Forms
1/5/2022	HINS1346.06: Delivery of the 2020 HINS Month-by-Month, Tricare plan, Private, Medicare, and Medicaid HMO/Gatekeeper, and PMEDIN/DENTIN Variables
1/5/2022	UEGN2887.01: 2020 Specifications for HHA Edits
1/5/2022	WGTS2036.01: Panel 25 Full-Year 2020 SAQ Population Characteristics person weight review output
1/5/2022	WGTS2037.01: Panel 24 Full-Year 2020 SAQ Population Characteristics person weight review output
1/5/2022	WGTS2038.01: Panel 23 Full-Year 2020 SAQ Population Characteristics person weight review output
1/6/2022	ADMN0924.01: Delivery of 2020 FAMID Variables and CPS Family Identifier
1/6/2022	EMPL2247.09: Approval of Recalculated Weighted NUMEMP Medians for Panel 23 Round 5-7 Using Adjusted Data
1/6/2022	UEGN2888.01: 2020 Specs for HHA Free Donor Fix
1/7/2022	WGTS2039.01: Full-Year 2020 SAQ Population Characteristics person weight for the combined panels review output to AHRQ
1/10/2022	EMPL2253.01: FY 2020 Hourly Wage Imputation Output for Approval
1/10/2022	UEGN2889.01: Specifications for Global Fee Bundle Processing
1/10/2022	UEGN2890.01: 2020 Specifications for LOS Imputations
1/11/2022	DOCM0700.02: Delivery of the 2021 MPC files for Sample selection - Wave 1
1/11/2022	DOCM0701.02: Delivery of the 2021 PC Sample file - Wave 1
1/11/2022	DOCM0702.02: Delivery of the 2021 Provider file for NPI coding - Wave 1
1/11/2022	WGTS2011.01: Panel 23 Full-Year 2019: Derivation of Eligibility and Response Indicators for the CPS-like Families
1/12/2022	GNRL4068.01: FY 2020 (Panel 23, Panel 24 and Panel 25) Snapshots of HC Source Tables Including the COND20X, JOBS20X, SAQ, and DCS Tables
1/12/2022	UEGN2891.01: 2020 Specifications for MPC Edits
1/13/2022	PRPL0164.26: FY20 PRPL Specifications Coverage Record and HMO Variables and Variable Editing: Post JOBS Linking
1/13/2022	UEGN2893.01: 2020 Specifications for Post-Edit Rollups
1/13/2022	WGTS2008.01: Deriving location variables (Region and MSA) for Panel 25 Round 1, based on Geo FIPS Codes, using the OMB MSA definitions of both year 2013 and the most recent OMB MSA updates
1/13/2022	WGTS2014.01: P23FY2019 Person-level SAQ Expenditure Weights
1/13/2022	WGTS2015.01: P24FY2019 Person-level SAQ Expenditure Weights

Table A-16. Files delivered during 2022 (continued)

Date	Description
1/13/2022	WGTS2027.01: Deriving Location Variables (Region and MSA) for Panels 23, 24 and 25, Full-Year 2020, based on Geo FIPS Codes, using OMB MSA definitions of both Year 2020 and the Current (2021) Year
1/13/2022	WGTS2028.01: Derivation of MEPS Panel 23 Full-Year 2020 Person Use Weights (Rounds 5-7)
1/13/2022	WGTS2034.01: Create the P23P24P25 Full-Year 2020 "Base Weight" and the Location Variable Delivery File
1/13/2022	WGTS2045.01: Create the P23P24P25 Full-Year 2020 Person Use Weight and Individual Panel Weights Delivery File
1/14/2022	DEMO1019.02: Delivery of the Output Listings for Final Case Review of the MOPID and DAPID Variables' Construction for FY2020
1/14/2022	EMPL2254.01: Full-Year 2020 Wage Top Code Value for AHRQ Approval
1/14/2022	GNRL3086.01: Preliminary Version of the 2020 Full-Year Use PUF Dataset
1/14/2022	UEGN 2895.01: 2020 Specifications for Imputing Expenditures for Capitated Events
1/14/2022	PRPL01666.01: FY20 PRPL Specifications for the OOPELIG and Imputation creation programs
1/14/2022	UEPD1222.05: 2020 INSURC20 variable for use in the Prescribed Medicines Imputation
1/14/2022	WGTS032.01: Creation of CPS Control Total Files Containing the Raking Dimensions for the Full-Year 2020 USE Person Weights
1/14/2022	WGTS2036.01: Developing Panel 25 Self-Administered Questionnaire (SAQ) Use Weights for Full-Year 2020
1/14/2022	WGTS2037.01: Developing Panel 24 Self-Administered Questionnaire (SAQ) Use Weights for Full-Year 2020
1/14/2022	WGTS2038.01: Developing Panel 23 Self-Administered Questionnaire (SAQ) Use Weights for Full-Year 2020 (Rounds 5-7)
1/14/2022	WGTS2039.01: Developing Sample Weights for the MEPS Self-Administered Questionnaire (SAQ) for the Panels 23, 24, and 25 Full-Year 2020 Use File (PUF), and Creating the Full-Year 2020 Person Use SAQ Weights Delivery File
1/14/2022	WGTS2042.01: Creation of CPS Control Total Files Containing the Raking Dimensions for the Full-Year 2020 Self-Administered Questionnaire (SAQ) Use Person Weight
1/14/2022	WGTS2044.01: MEPS Panels 23, 24, and 25 Full-Year 2020: Combine and Rake the P23, P24, and P25 Weights to Obtain the P23P24P25FY20 Person-Level USE Weights
1/18/2022	GNRL4071.01, GNRL4071.02, GNRL4071.03, GNRL4071.04: Delivery of the Person-Level End-Of-Round Files - P23R8/P24R6/P25R4/P26R2
1/18/2022	GNRL4073.01, GNRL4073.02, GNRL4073.03, GNRL4073.04: Delivery of the RU-Level End-Of-Round Files - P23R8/P24R6/P25R4/P26R2
1/18/2022	PRPL0167.01: Output and Frequencies from 2020 PRPL Program #2
1/18/2022	UEGN2896.01: 2020 Specifications for SBD Edits
1/18/2022	UEGN2897.01: 2020 Specifications for MPC Free Donor Fix
1/18/2022	WGTS5038.01: Delivery of the SAQ Use PUF Weight and Individual Panel SAQ Weight Variables for FY2020
1/19/2022	GNRL1902.02: FY 2016 Preliminary Conditions File and Codebook, NCHS Checklist, Delivery Document, and Recode Document – Revised
1/19/2022	GNRL1968.02: FY 2017 Preliminary Conditions File, Codebook, Recode Document, NCHS Checklist, and Delivery Document – Revised
1/19/2022	UEGN2898.01: 2020 Specifications for SBD Free Donor Fix
1/19/2022	WGTS2009.01: Updating Master Variance File Strata and PSUs for Panel 25, Round 1
1/19/2022	WGTS2043.01: MEPS: Establishing Variance Estimation Strata and PSUs for Panel 25, Round 1, Panel 24, Round 3, and Panel 23, Round 5
1/20/2022	EMPL2255.01: Employment Portion of the 2020 Population Characteristics Public Use Release Document – For First Review & Mark-Up
1/20/2022	GNRL4075.01: Delivery of the Single Round Data Exchange (SRD) for Panel 26 Round 2

Table A-16. Files delivered during 2022 (continued)

Date	Description
1/20/2022	GNRL4076.01: Delivery of the Single Round Data Exchange (SRD) for Panel 25 Round 4
1/20/2022	GNRL4077.01: Delivery of the Single Round Data Exchange (SRD) for Panel 24 Round 6
1/20/2022	GNRL4078.01: Delivery of the Single Round Data Exchange (SRD) for Panel 23 Round 8
1/20/2022	INCO0757.01: Delivery of the 2020 (Panel 23 & 24 & 25) Income File
1/20/2022	UEGN2899.01: 2020 Specifications for Household Discount Adjustment Class Variables
1/20/2022	UEGN2900.01: 2020 Specifications for Capitation Imputation Class Variables
1/20/2022	WGTS2009.01: Updating Master Variance File Strata and PSUs for Panel 25, Round 1
1/20/2022	WGTS2031.01: Derivation of the Annualized MEPS Families and Identification of the Responding MEPS Families for MEPS Panel 25 Full-Year 2020
1/20/2022	WGTS2041.01: MEPS: Establishing Variance Estimation Strata and PSUs, and Estimating Standard Errors Using SUDAAN for the Full-Year 2020 PUF, Panel 23, Rounds 5-7, Panel 24, Rounds 3-5, and Panel 25, Rounds 1-3
1/20/2022	WGTS2043.01: MEPS: Establishing Variance Estimation Strata and PSUs for Panel 25, Round 1, Panel 24, Round 3, and Panel 23, Round 5
1/24/2022	GNRL1902.06: FY 2016 Preliminary Conditions File and Codebook, NCHS Checklist, Delivery Document, and Recode Document – Revised
1/25/2022	EMPL2256.01: Full-Year 2020 JOBS File establishment size top code value and extent of JOBS wage top coding for AHRQ approval
1/28/2022	UEGN2901.01: 2020 Specifications for Preparing SBD Nodes for Editing
1/31/2022	FOOD0008.01: FY2020 Food Security PUF Constructed Variable Specifications
2/1/2022	HINS1350.01: FY2021 Design Change Memo: Summary of the MEPS Household Component CAPI for FY2021 (P23 R7-9, P24 R5-7, P25 R3-5, and P26 R1-3) and Potential Effect on 2021 Data Delivery Content
2/1/2022	PRPL0168.01: Output and Frequencies from 2020 PRPL Program #3a – Panel 25
2/2/2022	ADMN0925.01: FY21 Design changes for ADMN/DEMO
2/2/2022	DEMO1019.03: Delivery of the MOPID, DAPID, and Related Variables for FY2020
2/2/2022	EMPL2257.01: Summary of the MEPS Household Component CAPI for FY2021 (P23 R7-9, P24 R5-7, P25 R3-5, and P26 R1-3) and Potential Effect on 2021 Data Delivery Content – EMPLOYMENT
2/2/2022	PRPL0168.02: Output and Frequencies from 2020 PRPL Program #3a – Panel 24
2/4/2022	PRPL0168.03: Output and Frequencies from Rerun of 2020 PRPL Program #3a – Panel 25
2/4/2022	UEGN2902.01: 2020 MPC provider reported high payout ratio or low charge events
2/7/2022	UEGN3621.01: Deliver to AHRQ for approval variable list for the PUF MPC (OP, ER, OB and IP) Expenditure Event files (Completed 02/21/22)
2/8/2022	ADMN0926.01: FY21 ADMN/DEMO Basic edits specs
2/8/2022	EMPL2256.07: Full-Year 2020 JOBS File establishment size top code value and extent of JOBS wage top coding for AHRQ approval
2/8/2022	EMPL2256.08: Full-Year 2020 JOBS File establishment size top code value and extent of JOBS wage top coding for AHRQ approval
2/8/2022	EMPL2258.01: Delivery of Full-Year 2020 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes
2/8/2022	EMPL2259A.01: Full-Year 2020 Wage Top Coding Results
2/8/2022	GNRL3087.01: NCHS Checklist and FY 2020 Use PUF Preliminary Delivery Document
2/8/2022	GNRL3088.01: NCHS Checklist and Preliminary Version of the 2020 JOBS File Delivery Document for Review
2/8/2022	UEGN2904.01: 2020 Specifications for Attaching SBD Expenditures to Facility Events (SBDATTACH)
2/9/2022	EMPL2258.03: Delivery of Full-Year 2020 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes
2/9/2022	UEGN2905.01: 2020 MPC Edit 1 Issue

Table A-16. Files delivered during 2022 (continued)

Date	Description
2/10/2022	PRPL0168.04: Output and Frequencies from Rerun of 2020 PRPL Program #3a – Panel 24
2/10/2022	PRPL0168.05: Output and Frequencies from 2020 PRPL Program #3a – Panel 23
2/10/2022	UEGNs 2881.02 and 2891.02 2020 Specifications for MPC Edits for main and rolling events
2/11/2022	EMPL2259.00: Employment Person-Level Variable & Related Process Specifications for the Full-Year 2021 Population Characteristics/Consolidated PUFs
2/11/2022	GNRL1939.03: HC-190: Delivery of the Final 2016 Conditions File and All Related Files for Web Release – Redelivery
2/11/2022	GNRL1996.02: HC-199: Delivery of the Final 2017 Conditions File and All Related Files for Web Release – Redelivery
2/15/2022	HLTH1068.01: Full-Year 2021 HLTH Basic Edit Specifications
2/16/2022	GNRL3090.01: Preliminary Version of the 2020 Jobs File Codebook and Updated Delivery Document for AHRQ and NCHS Review
2/16/2022	GNRL3091.01: Preliminary Versions of the Codebook and Delivery Document of the FY 2020 Use PUF for Use in AHRQ and NCHS Review
2/16/2022	GNRL3092.01: Preliminary Version of the 2020 Jobs PUF Data Set
2/16/2022	GNRL3093.01: Preliminary Version of the 2020 Use PUF Data Set
2/17/2022	PRPL0168.05R: Output and Frequencies from 2020 PRPL Program #3a – Panel 23
2/17/2022	UEGN2906.01: 2020 Specifications for Rolling SBDs to Facility Event Level
2/17/2022	UEGN2903.01: 2020 Specifications for Breaking Matches Per AHRQ Recommendation for the Provider Reported High Payout or Low Total Charge events
2/17/2022	WGTS5039.01: Delivery of the MVOP Status-Raked Population Characteristics Person Weights for FY20
2/18/2022	GNRL3094.01: FY 2020 Person-Level Consolidated PUF Variable List Changes for AHRQ Review
2/18/2022	Review request- GNRL3089.01: Full-Year 2020 CAPI Specifications and Help Text in HTML Format for Web Release
2/18/2022	UEGN2907.01: 2020 Listing of Two Unmatched HC ER-HS linked sets with Questionable Reported Expenditures
2/21/2022	DOCM0700.03: Delivery of the 2021 MPC Sample file - Wave 2 testing
2/23/2022	PRPL0166.02: FY20 PRPL Specification for Final Formatting of H223 PRPL file
2/23/2022	WGTS2051.01: Panel 23 Full-Year 2020, Evaluation of the nonresponse adjustments applied to the Population Characteristics person weight to reduce nonresponse bias on the poverty distribution estimates.
2/23/2022	WGTS2052.01: Panel 24 Full-Year 2020, Evaluation of the nonresponse adjustments applied to the Population Characteristics person weight to reduce nonresponse bias on the poverty distribution estimates.
2/24/2022	CODE0944.01: 2020 File of GEO Coded Addresses for the MEPS Master Files
2/24/2022	WGTS5039.02: Delivery of the MVOP Status-Raked Population Characteristics Person Weights for FY20 – Version 2
2/24/2022	WGTS2023.01: MEPS Panel 25 Round 1 – Person-Level Weights
2/25/2022	PRPL0169.01: Output and Frequencies from 2020 PRPL Program # 3b
2/28/2022	EMPL2259.01: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/Consolidated PUFs – Set 1
3/1/2022	GNRL3090.02: Final Version of the 2020 Jobs File Codebook and Delivery Document for AHRQ and NCHS Review
3/1/2022	GNRL3094.01: FY 2020 Person-Level Consolidated PUF Variable List Changes – Final
3/1/2022	WGTS2024.01: Derivation of MEPS Panel 24 Full-Year 2020 Person Use Weights (Rounds 3-5)
3/1/2022	UEGN 2908.01: 2020 Benchmark Tables: Initial Delivery

Table A-16. Files delivered during 2022 (continued)

Date	Description
3/1/2022	UEGN3622.01: The 2020 DN/HHP/OM/HHA Events Final Imputation Files
3/3/2022	DOCM0701.01: Original Pharmacy AF Request
3/3/2022	UEGN 2909.01: 2020 SBD Reconciliation Table
3/4/2022	PRPL0170.01: Output and Frequencies from 2020 PRPL Program #4
3/7/2022	PRPL0166.10: FY20 PRPL Specification for Final Formatting of H223 PRPL file
3/7/2022	WGTS5039.03: Delivery of the MVOP Status-Raked Population Characteristics Person Weights for FY20 - Version 3
3/9/2022	COND0999.01: Delivery of Updated 2016/2017 Conditions Datasets for Review
3/9/2022	UEGN2908.02: 2020 Benchmark Tables: Second Delivery
3/9/2022	UEGN3622.02: The 2020 MVN Final Imputation File
3/10/2022	PRPL0171.01: FY2020 COVRUNOS = 91 Editing Decisions
3/11/2022	PRPL0170.02: Output and Frequencies from 2020 PRPL Program #4 - RERUN
3/14/2022	HINS1351.01: Delivery of the New/Revised Specifications for the FY2021 Panel 23, 24, 25, and 26 HINS Variables
3/14/2022	PRPL0171.07: FY2020 COVRUNOS = 91 Editing Decisions
3/17/2022	GNRL3095.01: HC-218: 2020 Jobs Public Use File Delivery for Web Release
3/17/2022	GNRL3096.01: HC-219: Delivery of the Full-Year 2020 Use PUF for Web Release
3/21/2022	EMPL2259.02: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
3/21/2022	GNRL4081.01: Delivery of the File Containing Variables Recoded or Dropped from the USE PUF Due to DRB Review - P23/P24/P25
3/22/2022	DSDY0068.01: Delivery of the DSDY Variable Specifications FY21 for AHRQ Approval
3/22/2022	HINS1352.01: Delivery of the Basic and Inter-round Edit Specifications for FY21 HINS Panels 23, 24, 25, and 26
3/25/2022	PRPL0172.02: Comparing PRPL Premium Imputation Groups, Class Variables, and Premiums
3/28/2022	DSDY0069.01: FY 2021 Disability Days Basic Edit Specifications
3/29/2022	ACCS0197.01: 2020 ACCS and COVID Constructed Variable Specifications
3/29/2022	HINS1351.01: Delivery of the New/Revised Specifications for the FY2021 Panel 23, 24, 25, and 26 HINS Variables
3/29/2022	HLTH1070.01: Full-Year 2021 SDOH Basic Edit Specifications
3/30/2022	EMPL2259.03: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 2
3/30/2022	HINS1352.06: Delivery of the Basic and Inter-round Edit Specifications for FY21 HINS Panels 23, 24, 25, and 26
3/30/2022	PRPL0172.06: Comparing PRPL Premium Imputation Groups, Class Variables, and Premiums
3/31/2022	PRPL0172.03: Comparing PRPL Premium Imputation Groups, Class Variables, and Premiums
4/1/2022	ADMN0927.01: FY21 ADMN/DEMO Constructed Variable Specs
4/1/2022	EMPL2259.06: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
4/4/2022	EMPL2260.01: Full-Year 2021 Employment Source Variable Editing Specifications
4/5/2022	HINS1352.13: Delivery of the Basic and Inter-round Edit Specifications for FY21 HINS Panels 23, 24, 25, and 26
4/6/2022	UEGN2908.09: 2020 Benchmark Tables: Third Delivery
4/6/2022	UEGN3622.03: The 2020 Final Imputation Files: ER, HS, MVE, OP and SBD
4/7/2022	COND1000.01: 2020 Conditions PUF Specifications
4/7/2022	DOCM0700.04: Delivery of the 2021 MPC files for Sample selection - Wave 2

Table A-16. Files delivered during 2022 (continued)

Date	Description
4/7/2022	DOCM0701.03: Delivery of the 2021 PC Sample file - Wave 2
4/7/2022	DOCM0702.03: Delivery of the 2021 Provider file for NPI coding - Wave 2
4/7/2022	EMPL2261.01: Delivery of 2020 Covered Person Records for Employment Variable Imputation
4/7/2022	PRPL0173.01: Delivery of the FY 2020 OPELIG2 Dataset for Approval
4/8/2022	EMPL2259.07: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
4/12/2022	EMPL2259.08: 2021 FY USE Employment Specs - Set 2 review
4/12/2022	GNRL3097.01: NCHS Checklist and Preliminary Version of the 2020 Conditions File Delivery Document and Recode Materials for Review
4/12/2022	GNRL3098.01: NCHS Checklists and Preliminary Versions of Documents for the FY 2020 Non-MPC Event (DV, OM, and HH) PUFs
4/12/2022	HLTH1071.01: Full-Year 2021 HLTH Constructed Variable Specifications
4/18/2022	CODE0946.01: Specifications for the FY 2021 Person-level GEO Coded Address File
4/19/2022	UEPD1224.01: Delivery of the FY2021 PMED Basic Edit specifications
4/20/2022	GNRL3099.01: FY 2020 Preliminary Conditions File, Codebook, and Delivery Document
4/20/2022	GNRL3100.01: Preliminary Versions of the 2020 Non-MPC Event (DV, OM, and HH) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
4/20/2022	GNRL3101.01: 2020 Preliminary Non-MPC Event (DV, OM, and HH) PUF Data Sets
4/21/2022	PRPL0174.01: Delivery of the FY 2020 PRPL Hot Deck Imputation Results for Approval
4/22/2022	WGTS5040.01: Delivery of the Nursing Home Adjusted Person Weights for FY20
4/26/2022	EMPL2259.09: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
4/26/2022	GNRL3100.02: Preliminary Versions of the 2020 Non-MPC Event (DV, OM, and HH) PUF Codebooks and Documents for Use in AHRQ and NCHS Review - Updated
4/26/2022	UEGN 2911.01: 2020 Predictive Mean Matching Imputation Method Applied to the Expenditure Imputation of the non-MPC Event Types
4/28/2022	EMPL2259.12: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
4/29/2022	HLTH1071.05: Full-Year 2021 HLTH Constructed Variable Specifications
5/2/2022	PCND0163.01: 2021 PCND Constructed Variable Specifications
5/3/2022	EMPL2259.19: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
5/3/2022	PRPL0174.04: Delivery of the FY 2020 PRPL Hot Deck Imputation Results for Approval
5/4/2022	HLTH1072.01: Full-Year 2021 SDOH Constructed Variable Specifications
5/4/2022	PRPL0174.07: Delivery of the FY 2020 PRPL Hot Deck Imputation Results for Approval
5/5/2022	EMPL2259.20: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
5/5/2022	UEGN 2912.01: 2020 Predictive Mean Matching Imputation Method Applied to the Expenditure Imputation of the MPC Event Types
5/6/2022	EMPL2259.22: Employment Person-Level Variable, Related Variable Processing, & New Internal Use Variable Specifications for the Full-Year 2021 Population Characteristics/ Consolidated PUFs - Set 1 (revised)
5/9/2022	ACCS0197.09: 2020 ACCS and COVID Constructed Variable Specifications
5/10/2022	ACCS0198.01: 2021 ACCS and COVID Basic Edit Specifications
5/10/2022	GNRL3102.01: NCHS Checklists and Preliminary Versions of Documents for the FY 2020 MPC Event (IP, ER, OP, OB) PUFs

Table A-16. Files delivered during 2022 (continued)

Date	Description
5/10/2022	PCND0165.01: 2021 PCND Basic Edit Specifications
5/10/2022	WGTS2025.01: Creation of CPS Control Total Files Containing the Raking Dimensions for the Panel 25 Round 1 Person Weights.
5/10/2022	WGTS2033.01: Derivation of the annualized MEPS Families and Identification of the Responding MEPS Families for the Panel 23 Full-Year 2020
5/10/2022	WGTS2062.01: Derivation of MEPS Panel 23 Full-Year 2020 Person Use Weights (Rounds 5-7) – with additional raking dimension R_MVOP
5/11/2022	PRPL0175.01: Linked Panel 23 PRPL Records where the JOBSIDX is not in the 2020 Jobs File Due to Special Panel 23 Job Roster Adjustment
5/12/2022	PCND0163.05: 2021 PCND Constructed Variable Specifications
5/17/2022	PCND0163.08: 2021 PCND Constructed Variable Specifications
5/17/2022	UEPD1225.03: Delivery of 2020 PMED PUF (TC20XTABS.lst, TC20XTABS.xlsx)
5/17/2022	UEPD1225.01: Delivery of the 2020 PMED PUF (RX20V01 and RX20V02)
5/18/2022	GNRL3103.01: Preliminary Versions of the 2020 MPC Event (IP, ER, OP, OB) PUF Codebooks and Documents for Use in AHRQ and NCHS Review
5/18/2022	GNRL3104.01: Preliminary Versions of the 2020 MPC Event (IP, ER, OP, OB) PUF Data Sets
5/18/2022	WGTS2066.01: FY2020 Combined Panels Expenditure person weight review output
5/23/2022	EMPL2259.23: Employment Person-Level Variable & Related Process Specifications for the Full-Year 2021 Population Characteristics/Consolidated PUFs
5/23/2022	WGTS5041.01: Delivery of the FY 2020 Expenditure File Original Person Weight
5/23/2022	WGTS2044.02: MEPS Panels 23, 24, and 25 Full-Year 2020: Combine and Rake the P23, P24, and P25 Weights to Obtain the P23P24P25FY20 Person-Level USE Weights
5/25/2022	COND1001.01: Ad Hoc Request: Conditions Data Comparison FY20/FY19
5/25/2022	COND1002.01: FY 2020 Preliminary CLNK File
5/26/2022	HLTH1064.02: Delivery of FY19 VSAQ and Population Characteristics Variables
5/26/2022	WGTS5042.01: Delivery of the FY 2020 Expenditure File Final Person Weight – PERWT20F
5/27/2022	EMPL2259.24: Employment Person-Level Variable & Related Process Specifications for the Full-Year 2021 Population Characteristics/Consolidated PUFs
5/27/2022	UEGN2908.04: 2020 Benchmark Tables: Fourth Delivery
5/27/2022	UEGN2913.01: 2021 Questions Related to the Implementation of Recommended Changes in the Processing of Flat Fees
5/31/2022	CODE0948.01: PMED Matching Programs Log and LST Files for FY21 Wave 1
5/31/2022	UEGN2908.09: 2020 Benchmark Tables: Fourth Delivery
5/31/2022	UEGN3622.04: The Version 2 of the 2020 Final Imputation Files: ER, HS, MVE, OP and SBD
5/31/2022	UEPD1225.15: Delivery of the 2020 PMED PUF (RX20V05.PDF, RX20V06.PDF, RX20V05X.PDF, TOP10RX20_USE.PDF, TOP10TC20_USE.PDF, TOP10TC20_EXP.PDF, TOP25RX20_EXP.PDF)
6/1/2022	WGTS2067.01: Full-Year 2020 Panel 23 SAQ Expenditure person weight review output
6/1/2022	WGTS2068.01: Full-Year 2020 Panel 24 SAQ Expenditure person weight review output
6/1/2022	WGTS2069.01: Full-Year 2020 Panel 25 SAQ Expenditure person weight review output
6/1/2022	UEGN3618.02: The 2020 Utilization Standard Error Benchmarking Tables Using the Person-Level PERWT20F Weight and Updated Panel Weight
6/2/2022	WGTS2070.01: Full-Year 2020 combined panels SAQ expenditure person weight review output
6/3/2022	PRPL0176.01: Delivery of the FY 2020 OOPELIG3 Dataset, Benchmarking results, POSTIMPFIN results for final approval of OOPPREM variables, the Preliminary Encrypted Delivery Dataset, and the Preliminary Unencrypted Delivery Dataset
6/6/2022	GNRL4068.02: Addendum to the FY 2022 (Panel 23, Panel 24 and Panel 25) Delivery Database Snapshots: Edited Segments since the Previous Delivery of 1/12/22
6/6/2022	UEPD1225.06: Delivery of 2020 PMED PUF (RX20V05X) SAS dataset and the format files (RX20V05X.sas7bcat, rx20v05xf.sas and rxexpf2.sas)

Table A-16. Files delivered during 2022 (continued)

Date	Description
6/8/2022	WGTS2074.01: Full-Year 2020 DCS expenditure weight review output
6/9/2022	WGTS2079.01: Full-Year 2020 Consolidated PUF Family weights review output
6/10/2022	WGTS2072.01: Full-Year 2020 individual panel expenditure weights review output
6/13/2022	GNRL3105.01: HC-220d, HC-220e, HC-220f, and HC-220g: 2020 MPC Expenditure Event Types (IP, ER, OP, and OB) Codebook and Dataset Files for Web Release
6/13/2022	GNRL3106.01: HC-220b, HC-220c, and HC-220h: 2020 Expenditure Event Codebook for Non-MPC Event Types (DV, OM, and HH) and Dataset Files for Web Release
6/13/2022	UEPD1225.07: Deliver the 2020 PMED PUF data (RX20V06.sas7bdat) and the format files ((RX20V06.sas7bcat, rxexpv06f.sas and rxexpv06f2.sas)
6/14/2022	GNRL3107.01: NCHS Checklist and Preliminary Version of Delivery Document for the FY 2020 Prescribed Medicines (PMED) PUF
6/16/2022	GNRL3108.01: Preliminary Versions of Documents for the FY 2020 non-MPC Event (DV, OM, and HH) and MPC Event (IP, ER, OP, OB) PUFs - Updated
6/16/2022	WGTS5043.01: Delivery of the Individual Panel 23, Panel 24, and Panel 25 SAQ Expenditure Weight for FY2020
6/16/2022	WGTS5044.01: Delivery of the Poverty-Adjusted Family-Level Weight, CPS-Like Family-Level Weight, Poverty-Adjusted DCS and SAQ Weights for FY2020
6/16/2022	WGTS5045.01: Delivery of the Individual Panel Raked Person Weights for P23/P24/P25 FY20
6/17/2022	GNRL3110.01: Section 3 of FY2020 Non-MPC Event (H220b, H220c, h220h), MPC Event (H220d, H220e, H220f, and H220g), and PMED Event (H220a) Files Document for Review
6/22/2022	GNRL3111.01: Preliminary Versions of the 2020 Prescribed Medicines (PMED) Event PUF Codebook and Delivery Document for Use in AHRQ and NCHS Review
6/22/2022	GNRL3112.01: Preliminary Version of the 2020 PMED Event PUF Data Set
6/23/2022	GNRL3110.05: Section 3 of FY2020 Non-MPC Event (H220b, H220c, h220h), MPC Event (H220d, H220e, H220f, and H220g), and PMED Event (H220a) Files Document for Review
6/24/2022	PCND0164.01: 2020 Priority Conditions Benchmarking Table
6/27/2022	GNRL4088.01: Delivery of the Single Round Data Exchange (SRD) for Panel 25 Round 5
6/27/2022	GNRL4089.01: Delivery of the Single Round Data Exchange (SRD) for Panel 24 Round 7
6/27/2022	GNRL4090.01: Delivery of the Single Round Data Exchange (SRD) for Panel 23 Round 9
6/27/2022	GNRL4091.01- GNRL4091.03: Delivery of the RU-Level End-Of-Round Files - P23R9/P24R7/P25R5
6/27/2022	GNRL4092.01- GNRL4092.03: Delivery of the Person-Level End-Of-Round Files - P23R9/P24R7/P25R5
6/28/2022	GNRL3110.07: Section 3 of FY2020 Non-MPC Event (H220b, H220c, h220h), MPC Event (H220d, H220e, H220f, and H220g), and PMED Event (H220a) Files Document for Review
6/28/2022	GNRL3111.02: Preliminary Versions of the 2020 Prescribed Medicines (PMED) Event PUF Codebook and Delivery Document for Use in AHRQ and NCHS Review - Updated
7/6/2022	GNRL3048.02: HC-211: 2019 Jobs Public Use File Delivery for Web Release - Updated
7/8/2022	GNRL3113.01: Delivery of the FY2020 Non-MPC Event (H220b, H220c, h220h) PUF HTML Files for Web Release
7/8/2022	GNRL3114.01: Delivery of the FY2020 MPC Event (H220d, H220e, H220f, and H220g) PUF HTML Files for Web Release
7/12/2022	GNRL3115.01: NCHS Checklist and Preliminary Version of the Delivery Document for the FY 2020 Consolidated Data PUF
7/12/2022	GNRL3117.01: NCHS Checklist and Preliminary Version of Delivery Document for the FY 2020 Person-Round-Plan (PRPL) PUF
7/12/2022	UEGN3625.01: The 2020/2019 QC Finding Tables of the PUF Event Expenditures
7/12/2022	UEGN3626.01: The Telehealth Visit Type Other Specify Text Strings Recoding for FY2021
7/14/2022	DOCM0700.05: Delivery of the 2021 MPC files for Sample selection - Wave 3
7/14/2022	DOCM0701.04: Delivery of the 2021 PC Sample file - Wave 3
7/14/2022	DOCM0702.04: Delivery of the 2021 Provider file for NPI coding - Wave 3

Table A-16. Files delivered during 2022 (continued)

Date	Description
7/14/2022	GNRL3120.01: HC224: Preliminary Version of the 2020 Consolidated File
7/15/2022	CODE0949.01: Coding progress report for prescribed medicines
7/15/2022	EMPL2263.01: Analysis of the FY 2020 Hourly Wage Imputation Process
7/15/2022	GNRL3116.01: HC-220a: Delivery of the 2020 Prescribed Medicines (PMED) PUF and all Related Files for Web Release
7/15/2022	GNRL3118.01: Delivery of the FY2020 Non-MPC Event (H220b, H220c, h220h) PUF Document PDF Files for Web Release
7/15/2022	GNRL3119.01: Delivery of the FY2020 MPC Event (H220d, H220e, H220f, and H220g) PUF Document PDF Files for Web Release
7/20/2022	GNRL3120.02: HC224: Preliminary Version of the 2020 Consolidated File - Updated
7/20/2022	GNRL3121.01: FY 2020 Conditions PUF Preliminary Versions of Codebook and Delivery Document for Use in AHRQ Review
7/20/2022	GNRL3122.01: HC222: Preliminary Version of the 2020 Conditions Data Set
7/20/2022	GNRL3123.01: Preliminary Version of the 2020 Appendix to the Event PUFs Delivery Document, and Codebooks for Review
7/20/2022	GNRL3124.01: HC220I: Preliminary Versions of the 2020 Appendix to the Event PUFs Data Sets
7/20/2022	GNRL3125.01: Preliminary Versions of the Codebook and Document for the FY 2020 Consolidated Data PUF for Use in AHRQ and NCHS Review
7/20/2022	GNRL3126.01: Preliminary Version of the 2020 Person-Round-Plan (PRPL) PUF Data Set
7/20/2022	GNRL3127.01: FY 2020 Person-Round-Plan PUF Preliminary Versions of Codebook and Delivery Document for Use in AHRQ and NCHS Review
7/20/2022	GNRL3121.01: FY 2020 Conditions PUF Preliminary Versions of Codebook and Delivery Document for Use in AHRQ Review
7/22/2022	CODE0949.02: Coding progress report for prescribed medicines
7/22/2022	UEGN3627.01: The FY2021 Initial Variable Construction Specifications
7/25/2022	EMPL2264.01: Panel 26 Round 1 Jobholder with 14 Retirement Jobs – Decision Required
7/26/2022	GNRL3121.02: Final Versions of the 2020 Conditions PUF Codebook and Delivery Document for AHRQ Review
7/26/2022	GNRL3123.02: Final Versions of the 2020 Appendix to the Event Files PUF Codebooks and Delivery Document for AHRQ Review
7/26/2022	GNRL3125.07: Final Versions of the Codebook and Delivery Document for the FY 2020 Consolidated Data PUF
7/26/2022	GNRL3127.02: FY 2020 Person-Round-Plan PUF Final Versions of Codebook and Delivery Document
7/26/2022	GNRL3127.06: FY 2020 Person-Round-Plan PUF Preliminary Versions of Codebook and Delivery Document for Use in AHRQ and NCHS Review
7/26/2022	GNRL3127.09: FY 2020 Person-Round-Plan PUF Final Versions of Codebook and Delivery Document
7/26/2022	UEGN 2914.01: 2021 Specifications for Processing Flat-Fee Bundles
7/27/2022	GNRL4091.04: Delivery of the RU-Level End-Of-Round File - P26R3
7/27/2022	GNRL4092.04: Delivery of the Person-Level End-Of-Round File - P26R3
7/27/2022	WGTS1995.01: Derivation of the Annualized MEPS Families and Identification of the Responding MEPS Families for the Panel 23 Full-Year 2019
7/27/2022	WGTS2067.01: Create the P23 FY2020 Person-level SAQ Expenditure Weights
7/28/2022	GNRL4093.01: Delivery of the Single Round Data Exchange (SRD) for Panel 26 Round 3
7/28/2022	WGTS2013.01: Developing Sample Weights for the MEPS Veteran Self-Administered Questionnaire (VSAQ) Component for the Full-Year 2019 Consolidated (Expenditure) Public Use File
7/28/2022	WGTS2068.01: Create the P24 FY2020 Person-level SAQ Expenditure Weights
7/28/2022	WGTS2069.01: Create the P25 FY2020 Person-level SAQ Expenditure Weights
7/28/2022	WGTS2070.01: Create the P23P24P25 FY2020 Person-level SAQ Expenditure Weights

Table A-16. Files delivered during 2022 (continued)

Date	Description
7/28/2022	WGTS2071.01: Creation of CPS Control Total Files Containing the Raking Dimensions for the Full-Year 2020 Self-Administered Questionnaire (SAQ) Expenditure Person Weight
7/28/2022	WGTS2072.01: Raking Panels 23, 24 and 25 (Panel 23/rounds 5-7, Panel 24/rounds 3-5 and Panel 25/rounds 1-3) Separately for the Individual Panel Full-Year 2020 Person-Level Weights Including the Poverty Status
7/28/2022	WGTS2074.01: Developing Sample Weights for the MEPS Diabetes Questionnaire Component (DCS) for the Panels 23, 24, and 25 Full-Year 2020 Expenditure File (PUF)
7/28/2022	WGTS2080.01: Delivery Files for the FY 2020 Individual Panel Expenditure Person-Level Weights, Panel 23, 24 and Panel 25
7/29/2022	CODE0949.03: Coding progress report for prescribed medicines
8/1/2022	FOOD0009.01: FY 2021 Food Security Basic Edit Specifications
8/1/2022	UEGN3628.01: The DN Text Strings Recoding for FY2021
8/3/2022	WGTS2047.01: New Weighting Memo #2047.01: Final: Estimating Standard Errors Using SUDAAN for the Panel 25, Round 1 PIT 2020 Person-Level Weights—Checking the Variance Strata and PSUs
8/4/2022	WGTS2050.01: 2050.01 Do_Not_Email: Derivation of MEPS Panel 23 Full-Year 2020 Person Use Weights (Rounds 5-7)
8/4/2022	WGTS2055.01: New Weighting Memo #2055.01: MEPS Panels 23, 24, and 25 Full-Year 2020: Combine and Rake the P23, P24, and P25 Weights to Obtain the P23P24P25FY20 Person-Level USE Weights
8/4/2022	WGTS2065: New Weighting Memo #2065.01: Create the P23P24P25 Full-Year 2020 POV19 Raked Person Weight and Individual Panel Weights Delivery File
8/5/2022	CODE0949.04: Coding progress report for prescribed medicines
8/5/2022	CODE0949.05: Coding progress report for prescribed medicines
8/5/2022	CODE0949.06: Coding progress report for prescribed medicines
8/5/2022	DOCM0704.01: File of Provider Names for FY 2021
8/5/2022	GNRL3127.03: FY 2020 Person-Round-Plan PUF Final Versions of Codebook and Delivery Document - Updated
8/5/2022	UEGN2916.01: 2021 Proposal to Reset HC Reported Missing Copayment Amount for VA Covered Events
8/5/2022	WGTS2048.01: New Weighting Memo #2048.01: Panel 23 Full-Year 2020: Derivation of Eligibility and Response Indicators for the CPS-like Families
8/5/2022	WGTS2081.01: New Weighting Memo #2081.01: Food Security Weights for MEPS Panels 23, 24 and 25 Full-Year 2020
8/8/2022	CODE0950.01: MEPS Delivery of the ICD-10-CM/CCSR Crosswalk and COND Coding Uncodeable Text Strings for FY21
8/8/2022	COND1003.01: FY21 Basic Edit Specifications
8/9/2022	GNRL3131.01: NCHS Checklist and Preliminary Version of the 2020 Food Security File Delivery Document for Review
8/11/2022	FOOD0009.03: FY 2021 Food Security Basic Edit Specifications
8/12/2022	CODE0949.05: Coding progress report for prescribed medicines
8/12/2022	GNRL3128.01: HC-224: Full-Year 2020 Consolidated Use, Expense, and Insurance PUF Delivery for Web Release
8/12/2022	GNRL3129.01: HC-220: Delivery of the Final Appendix to the 2020 Event Files and all Related Files for Web Release
8/12/2022	GNRL3130.01: HC-222: Delivery of the Final 2020 Conditions File and All Related Files for Web Release
8/17/2022	ACCS0199.01 2021 ACCS Other Specify Text String Recoding
8/17/2022	GNRL3133.01: Preliminary Versions of 2020 Food Security File Codebook and Delivery Document
8/17/2022	GNRL3134.01: HC221: Preliminary Version of the 2020 Food Security Data Set
8/19/2022	COND1003.04: FY21 Basic Edit Specifications

Table A-16. Files delivered during 2022 (continued)

Date	Description
8/19/2022	GNRL3132.01: HC-223: Delivery of the 2020 Person Round Plan (PRPL) PUF and Related Files for Web Release
8/19/2022	UEGN2917.01: 2021 Benchmark Tables Including MPC Estimates Obtained Using Machine Learning Models
8/19/2022	UEGN3629.01 - The Machine Learning Imputation Test Files
8/22/2022	PCND0163.02: 2021 PCND Constructed Variable Specifications
8/24/2022	GNRL4091.05 and GNRL4092.05: Delivery of End-Of-Round files (RU-Level and Person-Level) -P27R1
8/25/2022	GNRL3133.02: Final Versions of the 2020 Food Security File Codebook and Delivery Document
8/26/2022	CODE0949.07: Coding progress report for prescribed medicines
8/26/2022	GNRL3134.02: HC221: Final Version of the 2020 Food Security Data Set
8/26/2022	GNRL4096.01: Delivery of the Single Round Data Exchange (SRD) for Panel 27 Round 1
8/30/2022	DOCM0705.01: MEPS - 2021 Conditions Authority File After the 2021 HC Condition Coding
8/30/2022	UEGN3630.01: Specifications for the 2021 Pre-Imputation UEGN Files
9/1/2022	EMPL2265.01: 2021 Multi-Round Comment Review (MRCR) Performed by Employment Group
9/2/2022	CODE0949.08: Coding progress report for prescribed medicines
9/7/2022	DOCM1002.19: Group 1 of Patient Profiles
9/7/2022	WGTS2039.02: Developing Sample Weights for the MEPS Self-Administered Questionnaire (SAQ) for the Panels 23, 24, and 25 Full-Year 2020 Use File (PUF), and Creating the Full-Year 2020 Person Use SAQ Weights Delivery File
9/7/2022	WGTS2060.01: Creation of CPS Control Total Files Containing the Poverty Raking Dimensions for the Full-Year 2020 Reflecting 2019 Poverty Distribution
9/9/2022	GNRL3135.01: HC-221: Delivery of the 2020 Food Security PUF and Related Files for Web Release
9/13/2022	EMPL2266.01: FY2021 JOBS File Specifications for Approval
9/13/2022	WGTS2061.01: Derivation of MEPS Panel 24 Full-Year 2020 Special Person Weights (Rounds 3-5) to be used in Poverty Control Totals Computation
9/13/2022	WGTS2063.01: MEPS Panels 23 and 24 Full-Year 2020: Combine and Rake the P23 and P24 Weights to Obtain the P23P24FY20 Experimental Person-Level Weights to be used in Poverty Control Totals Computation
9/13/2022	UEGN3632.01: The 2021 Utilization Count Variables Construction Specification.
9/14/2022	EMPL2266.06: FY2021 JOBS File Specifications for Approval
9/14/2022	GNRL3122.02: HC222: Preliminary Version of the 2020 Conditions Data Set - Updated
9/14/2022	HINS1353,1354,1355: Delivery of the FY21 EPCP Cross-tabs, with additional requested tables - panels 24, 25, and 26
9/14/2022	WGTS2038.02: Developing Panel 23 Self-Administered Questionnaire (SAQ) Use Weights for Full-Year 2020 (Rounds 5-7)
9/14/2022	WGTS2078.01: MEPS Panel 26 Round 1 - Computation of the 2020 NHIS weights that will serve as base weights for the Panel 26 Round 1 DU MEPS weights
9/14/2022	WGTS2054.01: Creating Factors to Adjust the 2020 Full-Year Consolidated PUF Person Weights Development to Better Reflect the Number of Persons who Died or Spent Part of the Year in a Nursing Home
9/15/2022	DOCM1002.21: Group 2 of Patient Profiles
9/15/2022	HINS1356.01: Delivery of the FY21 EPCP Cross-tabs, with additional requested tables - panel 23
9/15/2022	PCND0163.13: 2021 PCND Constructed Variable Specifications
9/20/2022	PRPL0177.01: Full-Year 2021 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing

Table A-16. Files delivered during 2022 (continued)

Date	Description
9/21/2022	GNRL1902.03: FY 2016 Preliminary Conditions File and Codebook, NCHS Checklist, Delivery Document, and Recode Document - Revised
9/21/2022	GNRL1968.03: FY 2017 Preliminary Conditions File, Codebook, Recode Document, NCHS Checklist, and Delivery Document - Revised
9/22/2022	DOCM1002.23: Group 3 of Patient Profiles
9/23/2022	GNRL3130.02: HC-222: Delivery of the Final 2020 Conditions File and All Related Files for Web Release - Updated
9/27/2022	PRPL0177.05: Full-Year 2021 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
9/27/2022	PRPL0177.13: Full-Year 2021 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
9/29/2022	CODE0951.01: Delivery of the Coded FY2021 Industry and Occupation Files
9/29/2022	PRPL0177.15: Full-Year 2021 PRPL File Revisions to Coverage Record and HMO Variables, JOBS Linking, and Post-Linking Editing
9/30/2022	CODE0952.01: MEPS 2021 Delivery of PMED Final Reports for Uncodeable, Compounds, Foreign Meds, No-MDDB, Drug Groupings
9/30/2022	COND1004.01: 2021 Preliminary Conditions File Specifications
10/3/2022	DOCM0707.01: Delivery of 2021 Static Tables for SOP After the 2021 HC SOP Coding
10/3/2022	GNRL3109.01: FY2021 Person-Level Use PUF Variable List Changes for AHRQ Review
10/5/2022	CODE0952.07: MEPS 2021 Delivery of PMED Final Reports for Uncodeable, Compounds, Foreign Meds, No-MDDB, Drug Groupings
10/5/2022	INCO0760.01: Delivery of the 2020 NHIS Link File
10/6/2022	DOCM1002.25: Group 4 of Patient Profiles
10/11/2022	EMPL2267.01: FY2021 Panel 26 Editing of High Wage Outliers or Substantially Different Wages - Request for Approval
10/11/2022	EMPL2267.01: FY2021 Panel 26 Editing of High Wage Outliers or Substantially Different Wages - Request for Approval
10/11/2022	EMPL2268.01: FY2021 Panel 26 Editing of Low Wage Outliers or Wages that Do Not Change - Request for Approval
10/13/2022	DOCM1002.27: Group 5 of Patient Profiles
10/13/2022	EMPL2266.12: FY2021 JOBS File Specifications for Approval
10/14/2022	DOCM0708.01: Delivery of 2021 Static Tables for SRCS After the 2021 HC SRCS Coding
10/14/2022	EMPL2266.15: FY2021 JOBS File Specifications for Approval
10/14/2022	GNRL1939.04: HC-190: Delivery of the Final 2016 Conditions File and All Related Files for Web Release - Redelivery
10/14/2022	GNRL1996.03: HC-199: Delivery of the Final 2017 Conditions File and All Related Files for Web Release - Redelivery
10/14/2022	WGTS2018.01: Raking Panels 23 and 24 (Panel 23/rounds 3-5 and Panel 24/rounds 1-3) Separately for the Individual Panel Full-Year 2019 Person-Level Weights Including the Poverty Status
10/14/2022	WGTS2019.01: Delivery Files for the FY 2019 Individual Panel Expenditure Person-Level Weights, Panel 23 and Panel
10/14/2022	WGTS2046.01: Panel 24 Full-Year 2020: Derivation of Eligibility and Response Indicators for the CPS-like Families
10/17/2022	DOCM0706.01: Delivery of the 2021 MPC Pre-Matching Household Component Production File
10/19/2022	EMPL2267.02: FY2021 Panel 26 Editing of High Wage Outliers or Substantially Different Wages - Request for Approval
10/19/2022	HINS1361.01: Results of the QC Cross-Tabs for the HINS 2021/Gatekeeper FY variables
10/19/2022	WGTS2066.01: Panel 23, Panel 24, and Panel 25 Combined, Full-Year 2020: Raking Person Weights Including the Poverty Status to Obtain the Expenditure Person Weights
10/20/2022	HINS1361.04: Results of the QC Cross-Tabs for the HINS 2021/Gatekeeper FY variables

Table A-16. Files delivered during 2022 (continued)

Date	Description
10/20/2022	WGTS5046.01: Delivery of the ADMN/DEMO Variables Used for Weights Development for FY21 (P23, P24, P25, and P26)
10/26/2022	CODE0953.01: Delivery of the 2021 PMED Authority File and Files for Matching Programs after PMED Coding
10/27/2022	COND1004.07: 2021 Preliminary Conditions File Specifications
10/28/2022	CODE0954.01: Delivery of 2021 Static Table for WHOBILL After the 2021 HC WHOBILL Coding
10/28/2022	EMPL2266.25: FY2021 JOBS File Specifications for Approval
10/31/2022	EMPL2269.01: FY2021 Panel 23 Editing of High Wage Outliers or Substantially Different Wages - Request for Approval
10/31/2022	EMPL2270.01: FY2021 Panel 23 Editing of Low Wage Outliers or Wages that Do Not Change - Request for Approval
11/1/2022	EMPL2271.01: FY 2021 Wage Imputation Specification - Review and Approval Requested
11/1/2022	HINS1359.01 and HINS1360.01: FY21 Panel 23 rounds 7-9 and Panel 24 rounds 5-7 At Any Time/At Interview Date/At 12/31/21 variables and QC tabulations
11/1/2022	UEGN 2926.01: 2021 HC Edit Specs
11/3/2022	EMPL2269.02: FY2021 Panel 23 Editing of High Wage Outliers or Substantially Different Wages - Request for Approval
11/4/2022	HINS1357.01 and HINS1358.01: FY21 Panel 25 rounds 3-5 and Panel 26 rounds 1-3 At Any Time/At Interview Date/At 12/31/21 variables and QC tabulations
11/4/2022	WGTS5047.01: Delivery of the Preliminary Weight Flag for FY21
11/7/2022	EMPL2272.01: FY2021 Panel 25 Editing of High Wage Outliers or Substantially Different Wages - Request for Approval
11/7/2022	EMPL2273.01: FY2021 Panel 25 Editing of Low Wage Outliers or Wages that Do Not Change - Request for Approval
11/10/2022	COND1004.10: 2021 Preliminary Conditions File Specifications
11/14/2022	DOCM0709.01: MEPS - Data Destruction - NHIS 2018 Sample Files
11/14/2022	WGTS2073.01: Updating Master Variance File Strata and PSUs for Panel 26, Round 1
11/14/2022	WGTS2079.01: Derivation of the 2020 Full-Year Expenditure Family Weight, MEPS and CPS-Like, for Panel 23, Panel 24, and Panel 25 Combined
11/14/2022	WGTS2049.01: Panel 25 Full-Year 2020: Derivation of Eligibility and Response Indicators for the CPS-like Families
11/15/2022	WGTS2026.01: Derivation of the MEPS Panel 25 Full-Year 2020 Person Use Weights (Rounds 1-3)
11/16/2022	EMPL2274.01: FY2021 Panel 24 Editing of High Wage Outliers or Substantially Different Wages - Request for Approval
11/16/2022	EMPL2275.01: FY2021 Panel 24 Editing of Low Wage Outliers or Wages that Do Not Change - Request for Approval
11/21/2022	PRPL0178.01: FY21 PRPL Specifications Coverage Record and HMO Variables and Variable Editing: Post JOBS Linking
11/21/2022	UEGN3633.01: Deliver to AHRQ for approval specifications for the FY21 non-MPC (DN, OM, and HH) Expenditure Event files
11/21/2022	WGTS2084.01: MEPS: Establishing Variance Estimation Strata and PSUs for Panel 26, Round 1, Panel 25, Round 3, Panel 24, Round 5, and Panel 23, Round 7
11/21/2022	WGTS2087.01: Delivery File Providing a Linkage between the Person Records Sampled for MEPS Panel 25 and the Person Records in the 2019 NHIS Weights File
11/22/2022	FOOD0010.01: FY 2021 Food Security PUF Constructed Variables and Labels
11/22/2022	WGTS2053.01: Derivation of MEPS Panel 24 Full-Year 2020 Person Use Weights (Rounds 3-5)
11/30/2022	PRPL0178.08: FY21 PRPL Specifications Coverage Record and HMO Variables and Variable Editing: Post JOBS Linking
12/1/2022	DOCM0710.01: Delivery of Person-Level Base and Family Pseudo Weight for FY21

Table A-16. Files delivered during 2022 (continued)

Date	Description
12/1/2022	WGTS5048.01: Delivery of Person-Level Base Weight, Individual Panel Base Weight, Family Membership Flag, and MSA variables for FY21 (P23, P24, P25, and P26)
12/6/2022	UEPD1227.02: 2021 (Panel 23 & 24 & 25 & 26) Household Prescribed Medicine and Associated Files - Set 1
12/7/2022	DEMO1020.01: Delivery of the Output Listings for Case Review of the MOPID and DAPID Variables' Construction for FY2021
12/7/2022	EMPL2276.01: Approval of Weighted NUMEMP Medians for Panel 23 Round 7-9, Panel 24 Round 5-7, Panel 25 Round 3-5, and Panel 26 Round 1-3 of FY 2021
12/9/2022	ADMN0928.01: FY21 Weighted Cross-tabs delivery of ADMN and DEMO variables
12/9/2022	DOCM0711.01: 2022 MPC sample file specs
12/9/2022	DOCM0712.01: 2022 PC sample file specs
12/9/2022	DOCM0713.01: 2022 provider file for NPI coding specs
12/9/2022	UEGN3634.01: Delivery of the FY21 Pre-Imputation files
12/12/2022	EMPL2277.01: FY 2021 Hourly Wage Imputation Output for Approval
12/12/2022	GNRL3136.01: Delivery of Data Reference Year PowerPoint Slide (2019 - 2022)
12/13/2022	HINS1363.01: Delivery of the HINS Ever Insured in FY 2021 variables LASTAGE and INSCV921 to be added to the internal "MEPS Master Files"
12/13/2022	WGTS2100.01: Panel 24 Full-Year 2021 Person Weight review output
12/14/2022	COND1005.01: AdHoc: Threshold Testing - Dataset H
12/14/2022	HINS136201: Results of the weighted QC Cross Tabs for the HINS 2021 HMO/Gatekeeper FY variables
12/14/2022	UEGN 2927.01: 2021 Specification for Total Charge Imputation
12/14/2022	UEGN36350.1: Delivery of the 2020 Post-Imputation Files for the MEPS Master Files
12/14/2022	UEPD1227.03: Redelivery of 2021 Household Prescribed Medicine file due to the changes of ADMN/DEMO variable VADISABILITY
12/14/2022	WGTS2098.01: Panel 26 Full-Year 2021 Person Weight review output
12/15/2022	UEGN 2914.03: 2021 Specifications for Processing Flat-Fee Bundles
12/15/2022	UEGN2926.02: 2021 HC Edits Specs
12/16/2022	PRPL0178.16: FY21 PRPL Specifications Coverage Record and HMO Variables and Variable Editing: Post JOBS Linking
12/16/2022	UEGN 2953.01: 2021 Listing of Events with Questionable HC Reported Expenditures Found in the Pre-Editing QCs
12/19/2022	UEGN 2928.01: 2021 Specifications for Initializing MPSAMTs
12/19/2022	UEGN 2929.01: 2021 Specifications for MPC Rolling Event Edits
12/19/2022	UEPD1227.04: 2021 (Panel 23 & 24 & 25 & 26) PMED Supplemental File - Set 2: Person-Level File and Additional 3 Segment Variable Files
12/19/2022	WGTS2101.01: Panel 23 Full-Year 2021 Person Weight review output
12/20/2022	EMPL2278.01: Full-Year 2021 Wage Top Code Value for AHRQ Approval
12/20/2022	HINS1364.01: Delivery of the 2021 HINS Month-by-Month, Tricare plan, Private, Medicare, and Medicaid HMO/Gatekeeper, and PMEDIN/DENTIN Variables
12/20/2022	HINS1365.01: Delivery of the 2021 HINS Building Block Variables and COVERM Tables for Panel 23 Rounds 7 - 9, Panel 24 Rounds 5 - 7, Panel 25 Rounds 3 - 5, and Panel 26 Rounds 1 - 3
12/20/2022	HINS1366.01: Delivery of the FY 2021 HINS Medicare Part D supplemental variables
12/20/2022	UEGN2930.01: 2021 Specifications for SBD Disavowal Imputation
12/20/2022	UEGN 2931.01: 2021 Specifications for HHA Rolling Event Edits
12/20/2022	UEGN3637.01: Feedback on the RTI's FY2021 HHA Test Files
12/21/2022	EMPL2279.01: Delivery of the Full-Year 2021 Pre-Top-Coded Hourly Wage Variables and Person-Level, Uncondensed Industry and Occupation Codes
12/23/2022	COND1006.01: 2021 CLNK File Specifications
12/27/2022	EMPL2280.01: Full-Year 2021 JOBS File Establishment Size Top Code Value and Extent of JOBS Wage Top Coding for AHRQ Approval

Table A-16. Files delivered during 2022 (continued)

Date	Description
12/27/2022	UEPD1227.05: 2021 (Panel 23 & 24 & 25 & 26) PMED Supplemental File - set 3: Person/Round-Level Files
12/27/2022	UEGN3638.01: Deliver to AHRQ for approval specifications for the FY21 MPC (OB, OP, ER, and IP) Expenditure Event files
12/28/2022	EMPL2280.02: Full-Year 2021 JOBS File - Cases not flagged for top coding that may require edits
12/28/2022	UEGN2955.01: 2021 Listing of Events with Questionable HC Reported Expenditures Found in the HC Edits Output
12/29/2022	GNRL3136.09: Delivery of Data Reference Year PowerPoint Slide (2019 - 2022)
12/30/2022	UEGN3639.01: MEPS Design Change Memo for FY2022 - UEGN