

FEDERAL RESERVE SYSTEM**Sunshine Act; Notice of Meeting**

TIME AND DATE: 11:30 a.m., Monday, July 20, 2009.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW., Washington, DC 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

FOR MORE INFORMATION PLEASE CONTACT: Michelle Smith, Director, or Dave Skidmore, Assistant to the Board, Office of Board Members at 202-452-2955.

SUPPLEMENTARY INFORMATION: You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: July 10, 2009.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E9-16843 Filed 7-10-09; 4:15 pm]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Agency Information Collection Activities: Proposed Collection; Comment Request**

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Medical Expenditure Panel Survey (MEPS) Household Component and the MEPS Medical Provider Component through 2012." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C.

3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on May 6th 2009 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by August 13, 2009.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (*attention:* AHRQ's desk officer) or by e-mail at OIRASubmission@omb.eop.gov (*attention:* AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:**Proposed Project**

"Medical Expenditure Panel Survey (MEPS) Household Component and the MEPS Medical Provider Component through 2012"

AHRQ seeks to renew the Medical Expenditure Panel Survey Household Component (MEPS-HC) and the MEPS Medical Provider Component (MEPS-MPC) through the year 2012. For over thirty years, the results of the MEPS and its predecessor surveys (the 1977 National Medical Care Expenditure Survey, the 1980 National Medical Care Utilization and Expenditure Survey and the 1987 National Medical Expenditure Survey) have been used by OMB, DHHS, Congress and a wide number of health services researchers to analyze health care use, expenses and health policy. AHRQ is authorized to conduct the MEPS pursuant to 42 U.S.C. 299b-2.

Major changes continue to take place in the health care delivery system. The MEPS is needed to provide information about the current state of the health care system as well as to track changes over time. The current MEPS design, unlike the previous periodic surveys, permits annual estimates of use of health care and expenditures and sources of payment for that health care. It also permits tracking individual change in employment, income, health insurance and health status over two years. The use of the National Health Interview Survey (NHIS) as a sampling frame expands the surveys' analytic capacity

by providing another data point for comparisons over time.

The MEPS-HC and MEPS-MPC are two of three components of the MEPS:

MEPS-HC is a sample of households participating in the National Health Interview Survey (NHIS) in the prior calendar year and are interviewed 5 times over a 2 and 1/2 year period. These 5 interviews yield two years of information on use of and expenditures for health care, sources of payment for that health care, insurance status, employment, health status and health care quality.

MEPS-MPC collects information from medical and financial records maintained by hospitals, physicians, pharmacies, health care institutions, and home health agencies named as sources of care by household respondents.

Insurance Component (MEPS-IC): The MEPS-IC collects information on establishment characteristics, insurance offerings and premiums from employers. The MEPS-IC is conducted by the Census Bureau for AHRQ and is cleared separately.

This request is for the MEPS-HC and MEPS-MPC only.

Method of Collection

The MEPS is designed to meet the need for information to estimate health expenses, insurance coverage, access, use and quality. Households selected for participation in the MEPS are interviewed five times in person. These rounds of interviewing are spaced about 5 months apart. The interview will take place with a family respondent who will report for him/herself and for other family members.

After a preliminary mail contact containing an advance letter, households will be mailed MEPS record keeping materials (a calendar) and a DVD and brochure. After the advance contact, households will be contacted for the first of five in-person interviews. The interviews are conducted as a computer assisted personal interview (CAPI). The CAPI instrument is organized as a core instrument that will repeat unchanged in each of the rounds. Additional sections are asked only once a year and provide greater depth. Dependent interviewing methods in which respondents are asked to confirm or revise data provided in earlier interviews will be used to update information such as employment and health insurance data after the round in which such data are usually collected. The main data collection modules for the MEPS-HC are as follows:

Household Component Core Instrument. The core instrument

collects data about persons in sample households. Topical areas asked in each round of interviewing include condition enumeration, health status, health care utilization including prescribed medicines, expense and payment, employment, and health insurance. Other topical areas that are asked only once a year include access to care, priority conditions, income, assets, satisfaction with health plans and providers, children's health, adult preventive care. While many of the questions are asked about the entire reporting unit (RU), which is typically a family, only one person normally provides this information.

Adult Self-Administered Questionnaire. A brief self-administered questionnaire (SAQ), administered once a year in rounds 2 and 4, will be used to collect self-reported (rather than through household proxy) information on health status, health opinions and satisfaction with health care for adults 18 and older.

Diabetes Care SAQ. A brief self administered questionnaire on the quality of diabetes care is administered once a year in rounds 3 and 5 to persons identified as having diabetes.

Permission forms for the MEPS-MPC. As in previous panels of the MEPS, we will ask respondents for permission to obtain supplemental information from their medical providers (hospitals, physicians, health care institutions, home health agencies and pharmacies).

MEPS-MPC Instruments

The main objective of the MEPS-MPC is a collection of data from medical providers that will serve as an imputation source of medical expenditure and source of payment data reported by household respondents. This data will supplement, replace and verify information provided by household respondents about the charges, payments, and sources of payment associated with specific health care encounters. The questionnaires used in the MEPS-MPC vary according to type of provider. The data collection instruments are as follows:

Home Care for Health Care Providers Questionnaire. This questionnaire is used to collect data from home health care agencies which provide medical care services to household respondents. Information collected includes type of personnel providing care, hours or visits

provided per month, and the charges and payments for services received.

Home Care Provider Questionnaire for Non-Health Care Providers. This is used to collect information about services provided in the home by non-health care workers to household respondents because of a medical condition; for example, cleaning or yard work, transportation, shopping, or child care.

Office-based Providers Questionnaire. This questionnaire is for the office-based physician sample, including doctors of medicine (MDs) and osteopathy (DOs), as well as providers practicing under the direction or supervision of an MD or DO (e.g., physician assistants and nurse practitioners working in clinics). Providers of care in private offices as well as staff model HMOs are included.

Separately Billing Doctors Questionnaire. Information from physicians identified by hospitals as providing care to sampled persons during the course of inpatient, outpatient department or emergency room care, but who bill separately from the hospital, is collected in this questionnaire.

Hospitals Questionnaire. This questionnaire is used to collect information about hospital events, including inpatient stays, outpatient department, and emergency room visits. Hospital data are collected not only from the billing department, but from medical records and administrative records departments as well. Medical records departments are contacted to determine the names of all the doctors who treated the patient during a stay or visit. In many cases, the hospital administrative office also has to be contacted to determine whether the doctors identified by medical records billed separately from the hospital itself.

Institutions Questionnaire. This questionnaire is used to collect data from health care institutions providing care to sampled persons and includes nursing homes, assisted living facilities, rehabilitation facilities, as well as any other health care facilities providing health care to a sampled person.

Pharmacies Questionnaire. This questionnaire requests the prescription name, NDC code, date prescription was filled, payments by source, prescription strength, form and quantity, and person for whom the prescription was filled. Most pharmacies have the requested

information available in electronic format and respond by providing a computer generated printout of the patient's prescription information. If the computerized form is unavailable, the pharmacy can report their data to a telephone interviewer.

Estimated Annual Respondent Burden

Exhibit I shows the estimated annualized burden hours for the respondents time to participate in the MEPS-HC and MEPS-MPC. The MEPS-HC Core Interview will be completed by 15,000 "family level" respondents, also referred to as RU respondents. Since the MEPS-HC consists of 5 rounds of interviewing covering a full two years of data, the annual average number of responses per respondent is 2.5 responses per year. The MEPS-HC core requires an average response time of 1 and 2 hours to administer. The Adult SAQ will be completed once a year by each person in the RU that is 18 years old and older, an estimated 21,000 persons. The Adult SAQ requires an average of 7 minutes to complete. The Diabetes care SAQ will be completed once a year by each person in the RU identified as having diabetes, an estimated 1,800 persons and takes about 3 minutes to complete. Permission forms for the MEPS-MPC will be completed once for each medical provider seen by any RU member. Each of the 15,000 RUs in the MEPS-HC will complete an average of 5.2 forms, which require about 3 minutes each to complete. The total annual burden hours for the MEPS-HC is estimated to be 62,690 hours.

The MEPS-MPC uses 7 different questionnaires; 6 for medical providers and 1 for pharmacies. Each questionnaire is relatively short and requires 3 to 5 minutes to complete.

The total annual burden hours for the MEPS-MPC is estimated to be 20,077 hours. The total annual burden hours for the MEPS-HC and MPC is estimated to be 82,767 hours.

Exhibit 2 shows the estimated annual cost burden associated with the respondents' time to participate in this information collection. The annual cost burden for the MEPS-HC is estimated to be \$1,226,216; the annual cost burden for the MEPS-MPC is estimated to be \$285,965.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
MEPS-HC				
MEPS-HC Core Interview	15,000	2.5	1.5	56,250
Adult SAQ	21,000	1	7/60	2,450
Diabetes care SAQ	1,800	1	3/60	90
Permission forms for the MEPS-MPC	15,000	5.2	3/60	3,900
Subtotal for the MEPS-HC	52,800	na	na	62,690
MEPS-MPC				
Home care for health care providers questionnaire	441	6.5	5/60	239
Home care for non-health care providers questionnaire	23	6.6	5/60	13
Office-based providers questionnaire	13,665	5.8	5/60	6,605
Separately billing doctors questionnaire	12,450	2	3/60	1,245
Hospitals questionnaire	5,402	6.5	5/60	2,926
Institutions (non-hospital) questionnaire	72	1.5	5/60	9
Pharmacies questionnaire	7,760	23.3	3/60	9,040
Subtotal for the MEPS-MPC	39,813	na	na	20,077
Grand Total	92,613	na	na	82,767

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
MEPS-IIC				
MEPS-HC Core Interview	15,000	56,250	\$19.56	\$1,100,250
Adult SAQ	21,000	2,450	19.56	47,922
Diabetes care SAQ	1,800	90	19.56	1,760
Permission forms for the MEPS-MPC	15,000	3,900	19.56	76,284
Subtotal for the MEPS-HC	52,800	62,690	na	1,226,216
MEPS-MPC				
Home care for health care providers questionnaire	441	239	14.24	3,403
Home care for non-health care providers questionnaire	23	13	19.56	254
Office-based providers questionnaire	13,665	6,605	14.24	94,055
Separately billing doctors questionnaire	12,450	1,245	14.24	17,729
Hospitals questionnaire	5,402	2,926	14.24	41,666
Institutions (non-hospital) questionnaire	72	9	14.24	128
Pharmacies questionnaire	7,760	9,040	14.24	128,730
Subtotal for the MEPS-MPC	39,813	20,077	na	285,965
Grand Total	92,613	82,767	na	1,512,181

* Based upon the mean of the average wages for Healthcare Support Workers, All Other (319099) and All Occupations (00-0000), Occupational Employment Statistics, May 2007 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics. http://www.bls.gov/oes/current/oes_nat.htm#b29-0000.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the total and annualized cost of this information

collection. The cost associated with the design and data collection of the MEPS-HC and MEPS-MPC is estimated to be

\$47.6 million in each of the next three fiscal years.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost (millions)	Annualized cost (millions)
Sampling Activities	\$2.79	\$0.93
Interviewer Recruitment and Training	8.52	2.84

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST—Continued

Cost component	Total cost (millions)	Annualized cost (millions)
Data Collection Activities	86.7	28.9
Data Processing	21.39	7.13
Production of Public Use Data Files	19.53	6.51
Project Management	3.93	1.31
Total	142.8	47.6

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 1, 2009.

Carolyn M. Clancy,
Director.

[FR Doc. E9-16567 Filed 7-13-09; 8:45 am]
BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Agency Information Collection Activities: Proposed Collection; Comment Request**

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed

information collection under the project: "Evaluation of AHRQ's Effective Health Care Program." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on April 24th, 2009 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by August 13, 2009.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (*attention:* AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (*attention:* AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:**Proposed Project**

"Evaluation of AHRQ's Effective Health Care Program"

AHRQ proposes to perform an evaluation of the Effective Health Care (EHC) programs' governance structure, methods for engaging stakeholders and approaches to setting national research priorities. Pursuant to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, the EHC program was established by AHRQ to conduct research, demonstrations, and evaluations designed to improve the quality, effectiveness, and efficiency of Medicare, Medicaid, and the State Children's Health Insurance Program. The EHC program was designed to provide effectiveness and comparative effectiveness evidence of medical

treatments, therapeutics, devices and drugs to assist policymakers, health care providers, clinicians, consumers, and other stakeholders in making informed decisions. The EHC program has offered a platform for combining explicit reviews of scientific evidence on the clinical effectiveness of pharmaceuticals and other health care interventions, as well as the translation and dissemination of scientific findings into meaningful messages for a wide variety of audiences. It serves as an interface between the clinical research entities and health policy making entities. This program also provides a critical step in AHRQ's mission to support informed decision making. In addition to its program staff, the EHC program relies on four centers to generate and disseminate evidence: The Evidence-based Practice Centers (EPCs), the Developing Evidence to Inform Decisions about Effectiveness (DECIDE) Network Centers, the John M. Eisenberg Clinical Decisions and Communications Science Center, and the Centers for Education & Research on Therapeutics (CERTs). Since the process of developing and disseminating this evidence is a complex undertaking, AHRQ has contracted with IMPAQ International, LLC and Abt Associates, Inc. (henceforth referred to as the "IMPAQ team") to perform this evaluation.

Information will be collected to identify strengths and weaknesses in the current EHC program's governance structure, methods for engaging stakeholders, and approaches to setting priorities for the research conducted by the EHC program. The second phase of the evaluation will be to contrast the EHC program with international programs of similar purpose. To implement this evaluation, the IMPAQ team will conduct the following information collections:

- (1) Key informant interviews about the governance structure of the EHC program;
- (2) An online survey of EHC center staff and EHC program users and stakeholders;