

**MATTERS TO BE CONSIDERED:**

Compliance matters pursuant to 52 U.S.C. 30109

Matters concerning participation in civil actions or proceedings or arbitration

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**CONTACT PERSON FOR MORE INFORMATION:**

Judith Ingram, Press Officer, Telephone: (202) 694-1220.

**Laura E. Sinram,**

*Deputy Secretary of the Commission.*

[FR Doc. 2018-19230 Filed 8-30-18; 4:15 pm]

**BILLING CODE 6715-01-P**

**FEDERAL ELECTION COMMISSION****Sunshine Act Meeting**

**TIME AND DATE:** Thursday, September 6, 2018 at 3:00 p.m.

**PLACE:** 1050 First Street NE, Washington, DC (12th Floor).

**STATUS:** This meeting will be open to the public.

**MATTERS TO BE CONSIDERED:**

Correction and Approval of Minutes for August 2, 2018

Draft Advisory Opinion 2018-11: Microsoft Corporation

Notice of Availability for REG 2018-02 (Leadership PACs' Personal Use)

Implementation of OMB Circular A-123: Internal Control Program Management and Administrative Matters

**CONTACT PERSON FOR MORE INFORMATION:**

Judith Ingram, Press Officer, Telephone: (202) 694-1220.

Individuals who plan to attend and require special assistance, such as sign language interpretation or other reasonable accommodations, should contact Dayna C. Brown, Secretary and Clerk, at (202) 694-1040, at least 72 hours prior to the meeting date.

**Dayna C. Brown,**

*Secretary and Clerk of the Commission.*

[FR Doc. 2018-19229 Filed 8-30-18; 4:15 pm]

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**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."

This proposed information collection was previously published in the **Federal Register** on June 4, 2018 and allowed 60 days for public comment. AHRQ did not receive substantive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by October 4, 2018.

**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 email at [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) (attention: AHRQ's desk officer).

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:****Proposed Project**

*Medical Expenditure Panel Survey (MEPS) Household Component (HC)*

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public the comment on this proposed information collection. For over thirty years, results from 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.

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 MEPS 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 NHIS as a sampling frame expands the MEPS analytic capacity by providing another data point for comparisons over time.

Households selected for participation in the MEPS-HC 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.

The MEPS-HC has the following goal:

- To provide nationally representative estimates for the U.S. civilian noninstitutionalized population for:

- Health care use, expenditures, sources of payment
- health insurance coverage

*Medical Expenditure Panel Survey (MEPS) Medical Provider Component (MPC)*

The MEPS-MPC will contact medical providers (hospitals, physicians, home health agencies and institutions) identified by household respondents in the MEPS-HC as sources of medical care for the time period covered by the interview, and all pharmacies providing prescription drugs to household members during the covered time period. The MEPS-MPC is not designed to yield national estimates as a stand-alone survey. The sample is designed to target the types of individuals and providers for whom household reported expenditure data was expected to be insufficient. For example, Medicaid enrollees are targeted for inclusion in the MEPS-MPC because this group is expected to have limited information about payments for their medical care.

The MEPS-MPC collects event level data about medical care received by sampled persons during the relevant time period. The data collected from medical providers include:

- Dates on which medical encounters during the reference period occurred
- Data on the medical content of each encounter, including ICD-10 codes
- Data on the charges associated with each encounter, the sources paying for the medical care-including the patient/family, public sources, and private insurance, and amounts paid by each source

Data collected from pharmacies include:

- Date of prescription fill
- National drug code (NDC) or prescription name, strength and form
- Quantity
- Payments, by source

The MEPS-MPC has the following goal:

- To serve as an imputation source for and to supplement/replace household reported expenditure and source of payment information. This data will supplement, replace and verify information provided by household respondents about the charges,