

**Exhibit 300 (BY2008)**

<b>PART ONE</b>	
<b>OVERVIEW</b>	
<b>1. Date of Submission:</b>	2007-02-05
<b>2. Agency:</b>	009
<b>3. Bureau:</b>	33
<b>4. Investment Name:</b>	AHRQ Medical Expenditures Panel Survey (MEPS)
<b>5. UPI:</b>	009-33-01-03-01-0011-00
<b>6. What kind of investment will this be in FY2008?</b>	
Mixed Life Cycle	
<b>7. What was the first budget year this investment was submitted to OMB?</b>	
FY2003	
<b>8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap.</b>	
<p>The Medical Expenditure Panel Survey (MEPS) is the major Federal source of high-quality data for estimates of healthcare use, expenditures, types of medical services used, healthcare quality and sources of payment for medical care. MEPS, a unique, central, consolidated database is mandated by Title IX of the Public Health Service Act and its 1999 amendment (P.L.106-129). MEPS provides Federal and other governmental policymakers, researchers, healthcare administrators, businesses, and the public with timely, comprehensive information to evaluate health reform policies, the effect of tax code changes on health expenditures and tax revenue, and proposed changes in government health programs such as Medicare. MEPS, the most recent in a series of medical expenditure surveys, has three IT components: 1) survey; 2) data center and analytic capability and 3) a website. It is a mixed life cycle investment: all three components are steady state operations, but the survey is being modernized. The survey consists of a Computer Assisted Personal Interviewing (CAPI) program, related databases and programs that transform the interviews into usable statistical information. The ongoing CAPI software modernization (DME) effort will convert the current proprietary DOS product to a COTS Windows application, thus filling a program GAP since the DOS-base systems will no longer be supported and laptops used in the data collection will no longer be able to properly function in that mode. MEPS helps achieve three AHRQ Strategic Goals: (1) Improve healthcare safety and quality for All Americans - by providing essential data for the National Healthcare Quality Report and the National Healthcare Disparities Report; (2) Achieve wider access to effective healthcare services and reduce healthcare costs - by furnishing vital data on health insurance usage, coverage and cost; and (3) Assure that providers and consumers use beneficial and timely healthcare data to make decisions -by providing timely, accurate information for healthcare purchasers and governmental and business policymakers. MEPS directly supports PMA Initiative, Expanded Electronic Government, by providing extensive, current and comprehensive data to the public, researchers, and policy makers (i.e., government-to-citizen; government-to-business). MEPS was initially approved through the AHRQ CPIC and budget review process and subsequently approved by the HHS ITIRB.</p>	
<b>9. Did the Agency's Executive/Investment Committee approve this request?</b>	
yes	
<b>9.a. If "yes," what was the date of this approval?</b>	
2006-06-23	
<b>10. Did the Project Manager review this Exhibit?</b>	
yes	
<b>12. Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project.</b>	
no	
<b>12.a. Will this investment include electronic assets (including computers)?</b>	
yes	
<b>12.b. Is this investment for new construction or major retrofit of a Federal building or facility? (answer applicable to non-IT assets only)</b>	
no	
<b>13. Does this investment support one of the PMA initiatives?</b>	

yes	
If yes, select the initiatives that apply:	
Broadening Health Insurance Coverage through State Initiatives	
Expanded E-Government	
13.a. Briefly describe how this asset directly supports the identified initiative(s)?	
MEPS supports both the Expanded E-Government and Broadening Health Insurance Coverage Through State initiatives by providing timely, comprehensive information on the use of and payment for medical care, health insurance and health/chronic conditions. MEPS is also used extensively by nearly 50 State governments in evaluating their population's health insurance profiles, focusing on eligibility, enrollment rates, and respective premium costs for employer sponsored health insurance coverage.	
14. Does this investment support a program assessed using OMB's Program Assessment Rating Tool (PART)?	
yes	
14.a. If yes, does this investment address a weakness found during the PART review?	
no	
14.b. If yes, what is the name of the PART program assessed by OMB's Program Assessment Rating Tool?	
2004: AHRQ - Data Collection and Dissemination	
14.c. If yes, what PART rating did it receive?	
Moderately Effective	
15. Is this investment for information technology (See section 53 for definition)?	
yes	
16. What is the level of the IT Project (per CIO Council's PM Guidance)?	
Level 2	
17. What project management qualifications does the Project Manager have? (per CIO Council's PM Guidance)	
(1) Project manager has been validated as qualified for this investment	
18. Is this investment identified as high risk on the Q4 - FY 2006 agency high risk report (per OMB's high risk memo)?	
no	
19. Is this a financial management system?	
no	
19.a. If yes, does this investment address a FFIA compliance area?	
no	
19.a.1. If yes, which compliance area:	
Not Applicable	
19.a.2. If no, what does it address?	
Not Applicable	
19.b. If yes, please identify the system name(s) and system acronym(s) as reported in the most recent financial systems inventory update required by Circular A11 section 52.	
Not Applicable	
20. What is the percentage breakout for the total FY2008 funding request for the following? (This should total 100%)	
<b>Hardware</b>	0
<b>Software</b>	0
<b>Services</b>	100
<b>Other</b>	0
21. If this project produces information dissemination products for the public, are these products published to the Internet in conformance with OMB Memorandum 05-04 and included in your agency inventory, schedules and priorities?	
n/a	

22. Contact information of individual responsible for privacy related questions.

Name

Timothy Erny

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Title

Senior Official for Privacy

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23. Are the records produced by this investment appropriately scheduled with the National Archives and Records Administration's approval?

yes

### SUMMARY OF SPEND

1. Provide the total estimated life-cycle cost for this investment by completing the following table. All amounts represent budget authority in millions, and are rounded to three decimal places. Federal personnel costs should be included only in the row designated Government FTE Cost, and should be excluded from the amounts shown for Planning, Full Acquisition, and Operation/Maintenance. The total estimated annual cost of the investment is the sum of costs for Planning, Full Acquisition, and Operation/Maintenance. For Federal buildings and facilities, life-cycle costs should include long term energy, environmental, decommissioning, and/or restoration costs. The costs associated with the entire life-cycle of the investment should be included in this report.

All amounts represent Budget Authority

(Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)

	PY-1 & Earlier	PY	CY	BY
	-2005	2006	2007	2008
<b>Planning Budgetary Resources</b>	0.000	0.000	0.000	0.000
<b>Acquisition Budgetary Resources</b>	3.900	4.600	2.100	0.300
<b>Maintenance Budgetary Resources</b>	19.627	21.276	20.633	21.094
<b>Government FTE Cost</b>	0.278	0.290	0.301	0.313
<b># of FTEs</b>	3	3	3	3

Note: For the cross-agency investments, this table should include all funding (both managing partner and partner agencies).

Government FTE Costs should not be included as part of the TOTAL represented.

2. Will this project require the agency to hire additional FTE's?

no

2.a. If "yes," how many and in what year?

Not Applicable

3. If the summary of spending has changed from the FY2007 President's budget request, briefly explain those changes.

No Changes

### PERFORMANCE

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the

module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

Agencies must use Table 1 below for reporting performance goals and measures for all non-IT investments and for existing IT investments that were initiated prior to FY 2005. The table can be extended to include measures for years beyond FY 2006.

Table 1

	<b>Fiscal Year</b>	<b>Strategic Goal(s) Supported</b>	<b>Performance Measure</b>	<b>Actual/baseline (from Previous Year)</b>	<b>Planned Performance Metric (Target)</b>	<b>Performance Metric Results (Actual)</b>
<b>1</b>	2001	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Maintain FY00 baseline. For FY01, insurance complete to recompute tables within 7 months of data collection.	7 months/7months	Tables are available 7 months after data collection.	7 months - Maintained Steady State.
<b>2</b>	2001	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY01, MEPS use and demographic files will be available within 23 months.	23 months/28 months	Files are available 23 months after data collection.	23 months - Met Target - Produced files 5 months sooner than previous year.
<b>3</b>	2001	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY01, full year expenditure data will be available within 24 months	24 months/33 months	Full year expenditure data are available 24 months after data collection.	24 months - Met Target - Produced files 9 months sooner than previous year.
<b>4</b>	2002	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Release files within 7 months of data collection.	7 months/7 months	Tables are available 7 months after data collection.	7 months - Met Target - Maintained Steady State.
<b>5</b>	2002	HHS Goal 4: Enhance the capacity and	For FY02, MEPS use and demographic	19 months/23 months	Files are available 19 months after data collection.	19 months - Met Target - Produced files

		productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	files will be available within 19 months.			4 months sooner than previous year.
6	2002	HHS Goal 4: Enhance the capacity and productivity of the Nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY02, full year expenditure data will be available within 21 months.	21months/23months	Full year expenditure data are available 21 months after data collection.	21 months - Met Target - Produced files 2 months sooner than previous year.
7	2003	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Maintain FY00 baseline. Released files within 7 months of data collection.	7months/7months	Tables are available 7 months after data collection	7 months - Met Target - Maintained Steady State.
8	2003	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY03, MEPS use and demographic files will be available within 15 months of data collection.	15months/19months	Files are available 15 months after data collection.	15 months - Met Target - Produced files 4 months sooner than previous year.
9	2003	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY03, full year expenditure data will be available 18 months of data collection.	18months/21months	Full year expenditure data are available after 18 months of data collection.	18 months - Met Target - Produced files 3 months sooner than previous year.
10	2004	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research	Maintain FY00 baseline. Release files within 7 months of data collection.	6months/7months	Tables are available 7 months after data collection.	7 months - Exceeded Target - Produced tables 1 month sooner than

		enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.				previous year.
11	2004	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY04, MEPS use and demographic files will be available within 12 months of data collection.	12months/15months	Files are available 12 months after data collection.	12 months - Met Target - Produced files 3 months sooner than previous year.
12	2004	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY04, full year expenditure data will be available within 3 months of data collection.	12months/18months	Full year expenditure data are available 12 months after data collection.	12 months - Met Target - Produced files 6 months faster than previous year.
13	2004	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Add to tables compendia.	No topical or quality tables available in previous year.	Added quality tables	Goal Met - Quality tables added to tables compendia.
14	2004	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Establish baseline on number of key products produced and number of data center users.	Data not available.	Establish number of web hits on MEPS-net IC/HC.Number of hits on MEPS-HC Tables Compendia.Number of key products and data centers users.	Produced baseline statistics - 17 key products produced and 1000 "hits" on table compendia
15	2005	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal	Release tables within 6 months of data collection.	6months/6months	Tables are available 6 months after of data collection.	6 months - Met Target - Maintained Steady State.

		2. Efficiency.AHRQ Goal 3. Effectiveness.				
16	2005	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY05, MEPS use and demographic files will be available 11 months after data collection.	11months/12months	Files are available 11 months after data collection.	11 months - Met Target - Produced files 1 month sooner than previous year.
17	2005	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY05, MEPS expenditure data will be available within 12 months after data collection maintaining prior level.	12months/12months	Files are available 12 months after data collection.	12 months - Met Target - Maintained Steady State.
18	2005	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Add Access to Healthcare Tables	Quality Tables Added	Add access to care tables.	Access to Healthcare tables added to tables compendia.
19	2005	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Establish baseline statistics for data center use and hits to tables compendia.	None	Establish number of data center projects and hits to tables compendia.	Baseline Established - 31 projects worked on - 6382 user visits to MEPS HC tables compendia.
20	2006	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY06 insurance component tables will be released within 6 months of data collection.	6months/6months	Tables are available 6 months after data collection.	6 months - Met Target - Maintained Steady State.

21	2006	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY06 MEPS use and demographic files will be available within 11 months after data collection	11months/11months	Files are available 11 months after data collection.	11 months - Met Target - Maintained Steady State.
22	2006	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY06 MEPS expenditure data will be available within 12 months after data collection	12months/12months	Files are available 12 months after data collection.	12 months - Met Target - Maintained Steady State
23	2006	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Maintain the number of MEPS data center, projects and user visits to HC tables compendia.	# of projects/31 projects; # of user visits/6328 user visits	Number of projects worked on and number of user visits to HC tables compendia.	To be determined
24	2007	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Release tables within 6 months of data collection.	-months/6months	-	To be determined
25	2007	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	For FY07 MEPS use and demographic files will be available 11 months after data collection.	-months/11months	-	To be determined
26	2007	HHS Goal 4: Enhance the capacity and	For FY07 MEPS expenditure data will be	-months/12months	-	To be determined



		productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	available 12 months after data collection			
27	2007	HHS Goal 4: Enhance the capacity and productivity of the nation's health science research enterprise.AHRQ Goal 1. Quality.AHRQ Goal 2. Efficiency.AHRQ Goal 3. Effectiveness.	Increase the number of MEPS Data center users and hits to tables compendia	TBD from 2006	-	To be determined

All new IT investments initiated for FY 2005 and beyond must use Table 2 and are required to use the FEA Performance Reference Model (PRM). Please use Table 2 and the PRM to identify the performance information pertaining to this major IT investment. Map all Measurement Indicators to the corresponding "Measurement Area" and "Measurement Grouping" identified in the PRM. There should be at least one Measurement Indicator for at least four different Measurement Areas (for each fiscal year). The PRM is available at [www.egov.gov](http://www.egov.gov).

Table 2

	Fiscal Year	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Planned Improvement to the Baseline	Actual Results
1	2005	Mission and Business Results	Health Care Research and Practitioner Education	Establish MEPS Data Center for User statistics	None	New Service and support area; Establish Baseline	Baseline Established
2	2005	Customer Results	Delivery Time	MEPS use and demographic data available sooner after data collected	12 months	1 month improvement	Met target - 11 months
3	2005	Processes and Activities	Timeliness	Maintain Steady State for time between data collection and data availability in all file and table categories	Various baselines	Maintain Steady State	Maintain Steady State
4	2005	Technology	Data Storage	Increase the number of topical tables included.	None	1 topical area added access	1 topical area added access
5	2006	Mission and Business Results	Health Care Research and Practitioner Education	Maintain Steady State # of MEPS data center projects	Maintain established baseline of 31 projects	Maintain Number of data center projects	TBD
6	2006	Customer Results	Delivery Time	MEPS Expenditure data available sooner after data collection	12 months	Maintain Steady State	TBD

7	2006	Processes and Activities	Timeliness	Maintain Steady State	Various baselines	Maintain Steady State	TBD
8	2006	Technology	Data Storage	Eliminate dependency on DOS systems	Conversion to Windows	Produce functional Windows instrument	TBD
9	2007	Mission and Business Results	Health Care Research and Practitioner Education	Increase number of MEPS data center projects	To be determined from 2006	Increase Number of data center projects	TBD
10	2007	Customer Results	Delivery Time	Insurance component tables will be available within 6 months of collections	6 months	Maintain baseline of 6 months collection	TBD
11	2007	Processes and Activities	Timeliness	Maintain Steady State	Various baselines	Maintain current delivery schedule through technology transition	TBD
12	2007	Technology	Data Storage	Eliminate dependency on DOS systems	Windows Instrument established	Windows instrument successfully fielded and data collected in Windows environment.	TBD

### EA

*In order to successfully address this area of the business case and capital asset plan you must ensure the investment is included in the agency's EA and Capital Planning and Investment Control (CPIC) process, and is mapped to and supports the FEA. You must also ensure the business case demonstrates the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.*

1. Is this investment included in your agency's target enterprise architecture?

yes

1.a. If no, please explain why?

Not applicable

2. Is this investment included in the agency's EA Transition Strategy?

yes

2.a. If yes, provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment.

The MEPS system is upgrading the operating system from a proprietary OS (Cheshire DOS) to one that is listed on the Agency's Technical Standards Profile, Windows OS.

3. Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to <http://www.whitehouse.gov/omb/egov/>.

*Component: Use existing SRM Components or identify as NEW. A NEW component is one not already identified as a service component in the FEA SRM.*

*Reused Name and UPI: A reused component is one being funded by another investment, but being used by this investment. Rather than answer yes or no, identify the reused service component funded by the other investment and identify the other investment using the Unique Project Identifier (UPI) code from the OMB Ex 300 or Ex 53 submission.*

*Internal or External Reuse?: Internal reuse is within an agency. For example, one agency within a department is reusing a service component provided by another agency within the same department. External reuse is one agency within a department reusing a service component provided by another agency in another department. A good example of this is an E-Gov initiative service being reused by multiple organizations across the federal government.*

*Funding Percentage: Please provide the percentage of the BY requested funding amount used for each service component listed in the*

table. If external, provide the funding level transferred to another agency to pay for the service.

	Agency Component Name	Agency Component Description	Service Type	Component	Reused Component Name	Reused UPI	Internal or External Reuse?	Funding %
1	Survey Development	MEPS is a four in one survey instrument collecting data on households, nursing homes, medical providers and insurance sector. This data is then analyzed and aggregated to answer various cost and usage questions.	Content Management	Tagging and Aggregation			No Reuse	0
2	MEPSnet	MEPSnet is a collection of analytical tools that operate on MEPS data in two categories: the Household Component Data and the Insurance Component Data.	Search	Query			No Reuse	0
3	Data Gathering/Surveying	MEPS provides survey instruments to gather information on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of private health insurance held by and available to the U.S. population.	Knowledge Management	Knowledge Capture			External	0
4	Publication	MEPS Surveys and publications of survey results are posted and available from	Knowledge Management	Information Sharing			No Reuse	0

		the MEPS website						
5	MEPS Website	MEPS provides a website where the data and data analysis is available for download or request.	Knowledge Management	Knowledge Distribution and Delivery			External	0
6	Statistical Analysis	MEPS conducts analysis and trending using SAS and provides the resulting data sets and tables to the research community.	Analysis and Statistics	Mathematical			Internal	0
7	MEPS Data Center	MEPS provides a data center where researcher may use data sets not available to the public as well as FAQs and other customer service information on the MEPS website.	Customer Initiated Assistance	Assistance Request			No Reuse	0
8	MEPS Website	MEPS provides a website where the data and data analysis is available for download or request.	Content Management	Content Publishing and Delivery			Internal	0

4. To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component: Service Components identified in the previous question should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications.

Service Specification: In the Service Specification field, Agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.

	SRM Component	Service Area	Service Category	Service Standard	Service Specification (i.e., vendor and product name)
1	Knowledge Distribution and Delivery	Service Access and Delivery	Access Channels	Web Browser	Internet Explorer
2	Knowledge Distribution and Delivery	Service Access and Delivery	Access Channels	Other Electronic Channels	Web Services
3	Knowledge	Service Access and	Delivery Channels	Internet	ITSC backbone

	Distribution and Delivery	Delivery			
4	Knowledge Distribution and Delivery	Service Access and Delivery	Service Transport	Service Transport	TCP/IP
5	Knowledge Distribution and Delivery	Service Platform and Infrastructure	Delivery Servers	Web Servers	MS IIS
6	Knowledge Distribution and Delivery	Service Interface and Integration	Integration	Enterprise Application Integration	Oracle
7	Knowledge Distribution and Delivery	Service Interface and Integration	Interoperability	Data Types / Validation	Oracle
8	Content Publishing and Delivery	Component Framework	Presentation / Interface	Static Display	HTML
9	Content Publishing and Delivery	Component Framework	Presentation / Interface	Content Rendering	XHTML
10	Tagging and Aggregation	Service Interface and Integration	Interoperability	Data Format / Classification	Oracle
11	Information Sharing	Service Platform and Infrastructure	Delivery Servers	Web Servers	MS IIS
12	Information Sharing	Component Framework	Data Management	Database Connectivity	Oracle
13	Knowledge Capture	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers	Laptop
14	Knowledge Capture	Component Framework	Business Logic	Platform Dependent	MEPS Survey
15	Knowledge Capture	Component Framework	Data Interchange	Data Exchange	TBD
16	Assistance Request	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers	Desktop
17	Mathematical	Service Interface and Integration	Interoperability	Data Transformation	SAS
18	Query	Service Interface and Integration	Interoperability	Data Transformation	Oracle/SAS

5. Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?

yes

5.a. If yes, please describe.

Yes. MEPS is leveraged across the government through FirstGov and FedStats. MEPS collects data from many sources and turns the data into meaningful information for the medical community, including both private industry and other government agencies. The system was implemented before citizen-centric emphasis and before cost-effective widespread web-based technology, but it has been managed and maintained to be consistent with federal direction and policy.

6. Does this investment provide the public with access to a government automated information system?

no

## PART TWO

### RISK

You should perform a risk assessment during the early planning and initial concept phase of the investment's life-cycle, develop a risk-adjusted life-cycle cost estimate and a plan to eliminate, mitigate or manage risk, and be actively managing risk throughout the investment's

<i>life-cycle.</i>
<i>Answer the following questions to describe how you are managing investment risks.</i>
<i>1. Does the investment have a Risk Management Plan?</i>
yes
<i>1.a. If yes, what is the date of the plan?</i>
2004-11-01
<i>1.b. Has the Risk Management Plan been significantly changed since last year's submission to OMB?</i>
no
<i>3. Briefly describe how investment risks are reflected in the life cycle cost estimate and investment schedule: (O&amp;M investments do NOT need to answer.)</i>
The investment schedule and life cycle cost estimate recognize risks to the project and the approach to the project has been specifically structured to recognize and to the extent possible, mitigate these risks. One key element of our approach to mitigating risks is iterative testing along multiple development paths. The converted questionnaire for each round of the study undergoes extensive in-office testing by contractor and government staff, which is followed by field pretesting. At each stage of testing, detected problems are documented in standard format and problem reports are regularly reviewed and prioritized for action. The approach to the development of the operations management system follows a similar course, with iterative in-office testing followed by field testing of the management system joined with the questionnaire. A fundamental requirement for the converted questionnaire is ensuring data continuity with the current project operations. To ensure continuity, the data captured through the converted instrument undergo testing to ensure proper flow through post-collection processing into the existing data delivery systems. The multiple stages of testing and assessment, spread over the full development period, provide regular points for reviewing progress against detailed milestone schedules, adjusting priorities as needed, and assessing risks to schedule, cost, and technical objectives associated with alternatives. The extended time between the projected development freeze for the new instrument and its production use will allow for full integration testing of all components, mitigating the risk to complex new software applications of minor problems that, although relatively simple to fix, can be particularly costly to schedules. The phased introduction of the new application over two cycles of national field work mitigates risk to the project and provides a framework for fallback options if necessary. Project costs are reviewed monthly. Proposals for changes to the design or specifications for the converted instrument are assessed in terms of potential technical contribution, cost, and schedule impact.
<b>COST &amp; SCHEDULE</b>
<i>Does the earned value management system meet the criteria in ANSI/EIA Standard 748?</i>
no
<i>2.a. What is the Planned Value (PV)?</i>
6.795
<i>2.b. What is the Earned Value (EV)?</i>
6.879
<i>2.c. What is the actual cost of work performed (AC)?</i>
6.850
<i>What costs are included in the reported Cost/Schedule Performance information?</i>
Contractor Only
<i>2.e. As of date:</i>
2006-12-31
<i>3. What is the calculated Schedule Performance Index (SPI= EV/PV)?</i>
1.01
<i>4. What is the schedule variance (SV = EV-PV)?</i>
0.084
<i>5. What is the calculated Cost Performance Index (CPI = EV/AC)?</i>
1
<i>6. What is the cost variance (CV = EV-AC)?</i>
0.029

<i>7. Is the CV or SV greater than 10%?</i>
yes
<i>7.a. If yes, was it the CV or SV or both?</i>
CV
<i>7.b. If yes, explain the variance.</i>
Not applicable.
<i>7.c. If yes, what corrective actions are being taken?</i>
No corrective actions are necessary based on project performance. Minor variances will be made up by project completion by small schedule adjustments.
<i>7.d. What is most current Estimate at Completion?</i>
10.874
<i>8. Have any significant changes been made to the baseline during the past fiscal year?</i>
no