

I. SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSIONS

A. BACKGROUND

As part of the Evaluation of Medicare Advantage Special Needs Plans (SNPs), the Centers for Medicare & Medicaid Services (CMS) intends to conduct a “Mail Survey of Medicare Advantage Special Needs Plans” and “Focus Groups with Enrollees in Medicare Advantage Special Needs Plans.” The survey will collect data on all SNPs operating in 2006. The survey will be conducted by mail, with a telephone followup to SNPs that do not return the mail questionnaire. It will gather uniform information that is not available through other CMS sources such as the Health Plan Management System (HPMS) and SNP applications. Information obtained through the mail survey includes: plan organization and reasons for offering the SNP; financial arrangements with providers and structure of the plan’s prescription drug benefit; approaches to enrolling members; services provided to members with special needs; use of technology and recordkeeping; and issues related to serving Medicaid beneficiaries. Results will be combined with other sources of data to produce profiles of the structure and operation of these plans. The focus groups will collect data on the experiences of Medicare beneficiaries enrolled in SNPs, such as reasons for enrolling in SNPs and use of special plan services. Focus groups of approximately 10 beneficiaries each will be conducted at 15 plans as part of a case study of SNPs. The focus groups will provide the only information to CMS’s evaluation of beneficiary experiences in SNPs.

B. JUSTIFICATION

1. Need and Legal Basis

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 (P.L. 108-173) allows Medicare Advantage (MA) plans to specialize in serving Medicare beneficiaries who: are dually enrolled in state Medicaid programs, reside in nursing facilities or similar institutions, or have severe or disabling chronic conditions (Section 231). This legislation requires the Secretary of the Department of Health and Human Services (DHHS) to submit to Congress, by the end of 2007, a report that “assesses the impact of specialized MA plans for special needs individuals on the cost and quality of services provided to enrollees.” This report will also describe the operation of SNPs and the services they provide, as presented by plan representatives and as perceived by enrollees.

CMS is developing profiles of all MA SNPs in order to describe the structure and operation of these plans in 2006. The Mail Survey of Medicare Advantage Special Needs Plans will gather information about SNPs that is not available from other sources such as applications and plan benefit materials submitted to CMS. As part of their application process to CMS, SNPs

submitted applications with basic plan information and plan benefit packages (PBPs) with detailed information on benefits. However, these materials do not provide information on issues such as the motivation for becoming a SNP, information on care coordination, use of electronic medical records and collection of quality measures. In addition, a preliminary review of the application materials suggests that their completeness varies considerably across plans. Because site visits and conversations with every SNP plan to collect this information are not feasible under budget constraints, this brief survey serves as a cost-efficient way to collect uniform, additional data on SNPs.

CMS's evaluation will also include more in-depth case studies of about 15 SNPs. As part of the site visits to these plans, CMS intends to conduct focus groups with beneficiaries about their experiences, such as their decision to join a SNP, their use of special plan benefits, and their satisfaction with the plan. The focus groups will provide the only direct information on beneficiary experiences to the evaluation, since CMS does not plan to conduct a beneficiary survey of SNP enrollees. Focus groups will allow in-depth discussion of issues not easily elicited in a survey, and will also allow discussion of topics of importance to SNP enrollees that might not be anticipated or adequately addressed in a survey. Enrollees' viewpoints will round out the plan descriptions, which will also reflect the perspective of plan staff and findings from the quantitative analysis. Results from the focus groups will be combined with other case study findings and analysis.

2. Information Users

Information from the Mail Survey of Medicare Advantage Special Needs Plans and Focus Groups of Enrollees in Medicare Advantage Special Needs Plans will be collected and analyzed by Mathematica Policy Research, Inc. (MPR), under Contract number 500-00-0033, Task order 13 with CMS, titled "Evaluation of Medicare Advantage Special Needs Plans."

For the mail survey, questionnaires will be mailed to approximately 200 health plans, following an introductory letter from CMS. As of January 2006 there were 276 SNP plans in operation (<http://www.cms.hhs.gov/SpecialNeedsPlans>). However, a number of these plans were the same type of SNP product offered by the same company in separate counties. MPR will identify each *unique* SNP product offered in each state, and mail a questionnaire to the applicant contact person at each one. Follow-up phone calls will be made to non-respondents.

The questionnaire is designed to provide more comprehensive information on all SNPs than is available in existing sources. This includes descriptions of organizational structure, financial arrangements, services provided to members, use of information technology, and the structure of plans' drug benefits. The questionnaire will also show application information that the plan submitted and will ask respondents to verify this information and fill in any missing information, as preliminary review of applications has found many incomplete applications. The survey questionnaire is provided in Appendix A.

Information from the survey of SNPs will be combined with application and plan benefit data to develop a description of the operation of SNPs and the services they provide in 2006. A plan profile will be developed for each SNP plan. By developing plan profiles for all SNPs, the

Evaluation of Medicare Advantage SNPs will begin to answer questions about what makes SNPs “special” and whether their interventions seem likely to lead to improved care for their members.

CMS and MPR plan to conduct focus groups of approximately 8 to 10 enrollees at 15 case study sites. Potential focus group participants will be identified through enrollment lists supplied by the plans. To meet the selection criteria (for example, length of membership in the SNP, type of chronic condition), we will request that plans include in the enrollee list the date on which each beneficiary enrolled in the SNP and, for SNPs that serve beneficiaries with more than one chronic condition, the primary diagnosis. In addition, MPR will also attempt to include the person who makes health care decisions for the plan member, whether this is the member himself, a relative, or another unpaid (or paid) caregiver. The focus groups will be held at a local hotel, community center, or other location that is accessible to participants. An experienced moderator, assisted by a member of the site visit team, will lead the focus groups.

MPR will mail a letter of invitation and a fact sheet about the focus group to each enrollee selected for the focus group. The letter will be printed on CMS letterhead and signed by a CMS official to enhance recruitment participants. It will outline the purpose of the group, how the information collected will be used, explain how long the session is expected to last, state that participation is voluntary, explain assurance of confidentiality, offer the \$50 incentive payment, and alert the enrollees that they will receive a follow-up (recruitment) call. Confirmation letters including the focus group date, time, and address of the location will be sent to those who agree to participate.

The focus group moderator guide is included in Appendix B. To secure information on characteristics of SNP enrollees, we will ask focus group participants to complete a short information form on their background and their experience with the SNP (Appendix C). These forms will allow us to collect information on, for example, age, ethnicity, and medical history, that is not easily obtained in a group setting. Participants will be instructed not to include their name on the form.

Results from the SNP mail survey and focus groups will be summarized and combined with other findings from the case studies and analysis of CMS administrative data in the Report to Congress due in late 2007.

3. Use of Information Technology

Data collection for the SNP survey is achieved through a self-administered mail questionnaire. Computer-assisted interviewing methods of data collection were not believed to be appropriate for the scope and content of this effort. Making the survey available on the internet was also considered but was not cost effective given the sample size and the estimated level of response expected from the web. We believe that a mail survey will be convenient for respondents because they may need to check administrative records as they complete the questionnaire.

Mail survey data will be entered using Viking data entry software on a SUN Ultra Enterprise 2 workstation. A data entry program specific to the survey instrument will be

developed and thoroughly tested prior to use. The program will contain study-specific logic and range and consistency checks to produce high-quality data. Quality control and data entry of completed questionnaires will continue throughout the eight-week field period, ending about two weeks following the end of data collection. The data entry program will contain edit specifications and will flag errors electronically. All errors will be reviewed and resolved during data cleaning, and all entries will be 100 percent verified.

The focus group sessions will be tape recorded. Audiotapes from each focus group sessions will then be transcribed professionally. The transcripts will be coded using Atlas.ti software to facilitate organization of the data by topic and identification of key themes. The resulting Atlas.ti database will be searchable by code identifying topics and themes.

4. Duplication of Efforts

The SNP survey will ask health plans only about information they have not already reported to CMS as part of their applications and plan bid/benefit packages or other submissions. We will review each of these other sources in detail to ensure nothing is repeated.

The focus groups of SNP participants will provide the only information to the evaluation on direct beneficiary experiences, since CMS does not plan to conduct a beneficiary survey of SNP enrollees. The ongoing Consumer Assessment of Health Plans (CAHPS) does collect information on general satisfaction with a health plan from Medicare Advantage enrollees; however, we estimate that CAHPS data will not be available in time to meet the deadline for the Report to Congress for all SNPs in the evaluation timeframe.

5. Small Businesses

All sections of the questionnaire apply equally to both large and small entities, so development of a shorter version for small entities was not feasible. The survey was designed to be of minimal burden to any plan.

6. Less Frequent Collection

The mail survey and focus groups are both one-time-only data collections. Not conducting this survey and focus groups would limit CMS's understanding of the operation and structure of MA SNPs, and beneficiary experiences in SNPs, and would impair CMS's ability to provide Congress with a fully informed report as required in Section 231 of PL 108 - 173.

7. Special Circumstances

There are no special circumstances that would cause the collection of information to be inconsistent with 5 CFR 1320.6.

8. Federal Register/Outside Consultation

The notice required in 5 CFR 1320.8(d) was published in the Federal Register on May 26, 2006, (vol. 71, no. 102, pp 30410). The notice is attached as Appendix D.

Comments and Responses.

Comments on the proposed mail survey and focus groups were received from one organization, the National Health Policy Group (NHPG). This organization represents a number of the SNPs. CMS and its contractor held two discussions with NHPG to review the comments. This section summarizes the comments and responses to the mail survey and focus groups. A full copy of their comments is attached as Appendix E.

Mail Survey Administration. NHPG recommended sending the survey questionnaire to the government relations/programs division and SNP compliance officer, and asking them to direct it to the person(s) best suited to complete the survey. Using the contact information CMS has on record for contracts and individual plans, we will attempt to identify these people. We have also added space at the beginning of the survey for the primary respondent to provide his/her name, title, telephone number, and e-mail address in case we have questions about a particular response.

NHPG further recommended that we not send multiple surveys to MA organizations with multiple contracts for SNPs across the country (for example, United HealthCare). We had already planned to send only one survey questionnaire to each unique contract (identified by H-number) with multiple SNPs of the same type in one state (for example a contract with a dual-eligible SNP in each county of a state). We do, however, plan to send questionnaires to each unique contract number within an organization. Because the survey asks specific questions about arrangements with states, we feel that responses should be kept separate for contracts in different states. However, using the contact information, we will determine if the person listed as the government relations/programs division and SNP compliance officer is the same person across states.

We plan to contact certain organizations (for example, United HealthCare and Wellcare) with a large number of plans to determine how best to capture variation across plans and to ascertain which persons in the corporation will be likely to complete the questionnaires for the plans. The general goal is to send questionnaires to those entities that represent a range of practice within the organization, while minimizing response burden for the organization.

NHPG also suggested clarifying the data collection period (CY 2006) and specifying the response time plans have to return the survey. We have added both these clarifications to the Instructions section of the questionnaire.

Mail Survey Section A (Organization). NHPG suggested asking about whether a SNP was an exclusive or disproportionate-share plan, within each of the questions on SNP type (dual, institutional, and chronic condition) in section A (A2, A6, A10). We expect to obtain this information from other CMS sources, so will not change the questionnaire in this regard; for example, we will have this information in the application data verification sheet for plans to verify.

NHPG suggested adding categories to the question on enrollment restrictions for dual eligible plans (A3) to include seniors, adults with disabilities, nursing home certifiable beneficiaries, and dual subsets. We left this unchanged because such subsetting was approved for 2006 only for demonstrations that were redesignated as SNPs. However, we altered the question about additional restrictions to have two columns, one for listing enrollment restrictions and the other for indicating how these restrictions are verified.

Mail Survey Section B (Provider Arrangements). The original questionnaire asked respondents to indicate the percentage of members expected to receive their care in various physician practice settings. NHPG felt it would be difficult for SNPs to provide this information and that responses would not be uniform. We have therefore removed this question from the survey.

They suggested revising an earlier question that asked plans to specify risk sharing arrangements with providers as full risk, partial risk or no risk, since the multiplicity of possible arrangements may not easily fall into these categories. We revised the question on this topic (B2) which is now open ended and permits plans to describe what types of providers the plan shares risk with and how the risk is shared. We added questions about financial incentives to improve care quality other than strict risk sharing (B3 and B4).

NHPG suggested adding a question to the end of section B to ask about the impact Part D exclusions have on special needs plans beneficiaries. Though we did not add a new question here, this topic is addressed later in the survey (questions F14-F18) which asks SNPs that have enrolled members who also have Medicaid if any members have had difficulty filling prescriptions or getting medications excluded by statute from Medicare Part D, and what effect these difficulties have had on members.

Mail Survey Section C (Enrollment). NHPG suggested asking participants to rank order the response categories the question on how the plan primarily identifies members. We agreed and changed the question (now C3) to reflect this. Per NHPG's comments, we also split out response categories in C3 so that plans could rank separately: 1) passively enrolled members from parent organization's Medicaid managed care plan or demonstration program; 2) marketing to members of parent organization's other plans.

Mail Survey Section D (Services for Members with Special Needs). NHPG suggested expanding the question about how plans identify members who need the plan's special services beyond those offered by traditional Medicare (D1). We expanded the question to have separate response categories for screening surveys versus comprehensive clinical assessments. We also specified response categories for assessment activities at enrollment and monitoring over time.

Regarding questions on the use of care coordination, care management and disease management, NHPG felt the existing question was too open ended and did not specify what was meant by each category. We revised the question (D2) first to provide working definitions for "disease management" and "care coordination" allowing response categories for the plan to check if they provide these two services or a similar service (with space to describe). (We also

note that for simplicity we use the term “care coordination” to refer to case management and care management as well.)

A series of follow-on questions (D3-D17) then ask plans to provide more information on these services. NHPG suggested differentiating between what type of health professional provides disease management and care coordination services, and suggested adding a matrix chart for plans to specify, for each function, components, percent receiving, FTEs, and accountable health professional type. They also suggested the question about primary responsibilities ask plans to differentiate these responsibilities by staff/health professional type and in relation to which function (disease management versus care coordination). In response we developed separate sets of questions concerning disease management and care coordination with the goal of allowing plans to describe separately staff who provide these two types of management, the proportion of members receiving management, and the focus of management activities. (Questions D4 through D9 pertain to disease management and D11 through D17 to care coordination.) They also suggested adding an option in the care coordination duties of “serving as a liaison to family members”, which we added to D16 and D17. NHPG felt that the definition of disease management is sufficiently narrow that the survey did not have to ask about specific disease manager functions, as compared with case managers who typically perform a wider range of functions. Therefore, we did not add a question on primary responsibilities for the DM series of questions, but do include it under the care management section (D16 and D17). After discussion, NHPG agreed that completing the suggested matrix (rather than answer a set of questions) would be excessively cumbersome for plans.

NHPG also suggested including examples of how plans meet the special needs of members. We added questions (D18 and D19) on goods and services offered to members with special needs in addition to disease management and care coordination, which lists the number of response categories, such as medical transportation, wound care, alcohol or drug abuse services, fall clinics, and medication management. Question D19 asks plans to choose the three services from D18 that were most frequently used in 2006.

Mail Survey Section E (Use of Technology). In response to NHPG comments about provider access to member medical records, we added two questions. The first (E3) asks if the plan’s clinical staff have access to the electronic patient record; the second (E4) asks whether members’ primary or specialty physicians have access to electronic patient record. Question E5 then asks if clinical staff and/or providers have remote access to electronic records. We also added a question (E6) about how plans without electronic patient records track and monitor members health services receipt.

NHPG suggested adding additional response categories to the question about process of care data that the plan collects. We added two new categories to E13: 1) number and type of contacts received from SNP clinical staff (such as care coordinators or disease managers) and 2) medication reviews conducted and errors identified. Plans can also specify other process measures collected in an open-ended category. In response to the comment to provide more specificity on outcomes data collected (E15), we added and revised some response categories as suggested by their medical director panel.

Mail Survey Section F (Serving Medicaid Beneficiaries). NHPG commented that the survey sections for Dual Eligible SNPs (originally F and G) should not be asked only of dual eligible SNPs, since other types of SNPs are also likely to enroll dual eligibles. As a result, we have decided ask all SNPs with *any* Medicaid-eligible members to complete this section, now combined into one (F). We have deleted the question about special needs of members, since a question on special services used by enrollees is already asked of all SNPs in section D. In response to comments and discussion with NHPG about the questions on contracts with Medicaid (originally section G), we now ask questions about whether the plan has any type of contract with Medicaid, the nature of plan contracts with Medicaid and whether those contracts include capitated payment for any services (F2 through F10). NHPG was particularly interested in the extent to which SNPs controlled all aspects of Medicaid service provision as this was a necessary factor for increased integration and coordination of Medicaid and Medicare services. This concern gave rise to question F8.

Focus Group Protocol. All of NHPG’s comments concerning the focus group protocol were accepted and incorporated into the Moderator Guide.

MPR has provided input to CMS for the study. Senior technical staff from MPR who have furnished assistance are:

Robert Schmitz	(617) 301-8976
Jennifer Schore	(609) 275-2380
Todd Ensor	(609) 275-2326

9. Payment/Gifts to Respondents

There are no plans for payment of any kind to respondents to the mail survey. However, some type of incentive is often provided to encourage participation in focus groups, especially for individuals with limited income such as Medicaid enrollees. We plan to provide focus group participants with an incentive to compensate them for their time and to offset transportation expenses incurred by them or by an accompanying caregiver. Because some focus group participants will have chronic medical conditions it may be considerably more difficult to recruit group participants. We believe, therefore, that \$50 is sufficiently generous to encourage participation in the focus groups.

10. Confidentiality

We will make no assurance of confidentiality to respondents of the mail survey. Because this is an “establishment” survey, the questions asked will refer to the health plans and not to individuals. The survey will also not ask any questions of a proprietary or sensitive nature to the operation of the health plan, such as profit margins or other competitive information.

We will make the following pledge to focus group respondents: “All information identifying individual focus-group participants will remain confidential to the extent allowed by law”. CMS does not invoke any statutory or other legal authority in making this pledge. Responses will not be linked to individual programs or person-level data. These assurances will be made clear in an advance letter to recruit potential focus group respondents and stated in the beginning of the

focus group. Also, focus group participants will be instructed not to write their names on the short information form that will be distributed at the group meeting. Staff who will conduct the focus groups have signed formal pledges of confidentiality as a term of employment with MPR.

11. Sensitive Questions

There are no questions of a sensitive nature in the mail survey of health plans. The focus groups will ask about topics that might be considered sensitive, such as use of special services offered by the SNPs and satisfaction with plan services. Participants will also be asked to fill out information forms that will allow us to collect information on, for example, age, ethnicity, and medical history, that is not easily obtained in a group setting. However, participants will be instructed not to put their names on these forms. Respondents will be assured of the confidentiality of their identities as described in question 10.

12. Burden Estimates (Hours and Wages)

Table B.1 presents estimates of respondent burden. Because this is a one-time data collection effort, “annual time” is merely the time taken to provide information once.

TABLE B.1
RESPONSE BURDEN

Data Collection	Number of Respondents	Responses per Respondent	Hours per Response	Total Response Burden (Hours)
Mail Survey	200	1	0.75	150
Focus Groups	150	1	1.5	225
Total	350	1	NA	375

The mail survey questionnaire will typically be completed by the person identified by the SNP compliance officer as most suitable for completing the questionnaire. It appears this will typically be someone at the Vice President, Manager or Director of Medicare products level. Using an approximate wage of \$34/hr for this position, the estimated cost to each respondent is 0.75 hrs (45 minutes) x \$34/hr, or \$25.50.¹ This estimate of 45 minutes is based on pretests with nine SNP plans.

¹ This wage estimate of \$34 comes from the Bureau of Labor Statistics National Compensation Survey wage for “Managers, medicine and health (private industry)”, from <http://www.bls.gov/ncs/ocs/sp/ncbl0727.pdf>, accessed 4/3/06.

For the focus groups conducted at the 15 plans chosen for site visits, 18 enrollees from each plan will be recruited, to achieve a group size of 8 to 10. Focus groups will last 90 minutes. Focus group respondents will incur no monetary costs for participating in the focus groups. (The cost of traveling to the session will be compensated through respondent payments, described in question 9 above.)

13. Capital Costs

There are no direct costs to respondents other than their time to participate in the study.

14. Cost to the Federal Government

The estimated cost of the SNP mail survey of SNP plans to the Federal Government is \$78,600 over a period of four months (December 2006-March 2007). This estimate is based on contractor's costs for conducting and tabulating mail survey results including labor, other direct costs for computer, telephone, postage, reproduction, fax, printing, and survey facilities, and indirect costs for fringe benefits, general and administrative costs, and fee.

The estimated cost of the focus groups of SNP enrollees to the Federal Government is \$92,730 over a period of three months (January 2007-March 2007). This estimate includes contractor's costs for planning and conducting the focus groups, including labor, other direct costs for computer, telephone, postage, fax, survey facilities, incentive payments, and rental of focus group facilities, and indirect costs for fringe benefits, general and administrative costs, and fee. It also includes logistics for each focus group (room, setup, recording, incentives), airfare for survey researcher, and meals/lodging for each focus group.

15. Changes to Burden

This is a new data collection.

16. Publication/Tabulation Dates

The analysis of the survey of SNP plans will consist of simple crosstabulations of results within SNP types. Responses to open-ended questions about problems with the program will be studied to identify common themes and thus isolate possible improvements in the design of the program. We will also develop an individual profile for each SNP, combining data from the survey with application and plan benefits data available from CMS. These findings will be combined with the summary of the focus groups, other site visit findings, analysis of administrative data in the Report to Congress due in late 2007.

a. Project Schedule

OMB approval for mail survey and focus groups mid November 2006

Mail survey:

Mail out advance letters and telephone plans	late November 2006
Mail questionnaire	early December 2006
Follow-up phone calls to nonrespondent plans	mid January 2007
Data file complete	January 2007
Tabulation/analysis complete	February 2007
Submit final survey report	March 2007

Focus groups:

Finalize site visit locations and times	December 06-January 07
Conduct focus groups/site visits	January-March 2007
Transcribe and analyze results	March-May 2007
Submit final focus group report	June 2007

17. Expiration Date

The OMB expiration date will be displayed on the mail survey questionnaire, the fact sheet, the focus group protocol, and on any advance material sent to respondents for the survey or the focus group.

18. Certification Statement

The data collection will conform to all provisions of the Paperwork Reduction Act.

C. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

Rather than employing statistical sampling of SNPs for the mail survey, CMS intends to conduct a survey of the entire population of plans operating in 2006, the evaluation period. Only about 200 such plans are operating in 2006,² and they vary widely in the types of beneficiaries served (dual eligibles, institutionalized beneficiaries, and those with chronic illnesses). Plans also vary in other respects, for example, the use of so-called passive enrollment and the specific arrangements made with state Medicaid agencies. In consequence, there is no effective means of stratifying a sample of SNPs that would not require all or nearly all SNPs within those strata to be surveyed. CMS has therefore chosen to survey the entire population of SNPs. We will also not employ any statistical sampling of SNP enrollees for the focus groups. Although our ability to generalize from focus group responses will therefore be limited, the responses can both inform the evaluation and provide valuable input to SNPs. Focus groups will be conducted with beneficiaries from each type of SNP.

1. Potential respondent universe and any sampling or other respondent technique to be used

The universe of SNPs for the mail survey is approximately 200 as of April 2006. This is based on CMS's final list of approved SNPs in 2006. Contact information for SNPs will come from CMS's contract and plan contact databases maintained in the Health Plan Management System. We plan to survey all SNPs and so will not sample from this population. For each of the 15 focus groups, we plan to identify 18 beneficiaries from each SNP for which a focus group will be conducted, to achieve a group size of 8 to 10 enrollees. The sampling frame for focus groups will come from lists of enrollees and contact information from SNP plans, which will provide the most up-to-date information on all SNP enrollees. The enrollees chosen for recruitment will not be a representative sample of SNP enrollees; however, they will be chosen based on time enrolled in the plan (at least six months if possible) and on additional criteria within SNP types. For example, for chronic care SNPs that target beneficiaries with several different diagnoses or disabling conditions, we will attempt to include members with each targeted condition.

2. Procedures for the collection of information

CMS wishes to estimate the proportion of SNPs using certain approaches to enrollment (such as the proportion using passive enrollment) to within ± 0.025 with 95% confidence for a proportion near 0.50. For a population of 200, the necessary sample to achieve this precision, employing the finite population correction, is 177. Because this number is so close to the total population size and because there will be some nonresponse in any event, CMS has decided to survey the entire population of 200 SNPs. Therefore, no statistical sampling will be used for the mail survey of plans or for the focus groups. This is a one-time data collection and will not be repeated.

² There are currently 276 approved SNPs in 2006, but many of these are the same plan offering the same coverage in distinct counties.

3. Methods to maximize response rates

A number of steps will be taken to increase response rates in the mail survey of SNPs. First, CMS will inform provider groups, such as the National Health Policy Group (SNP Alliance), of the importance of the survey. The cover letter that will accompany survey mailings will be personally addressed, will be written on CMS letterhead, will include contact information and the signature of the CMS Project Officer, and a toll-free number at which to reach the Mathematica Survey Director. The letter will describe the evaluation and the purpose of the mail survey, and will provide instructions and a timeline for responding to the survey. The letter will also indicate that the survey is voluntary and will give the estimated time to complete the survey. Reminder postcards and follow-up telephone calls by trained interviewers (during which plans can complete the survey) extend our strategy for maximizing response rates. We will send one questionnaire by mail and will place a follow-up call if the plan has not responded in four weeks. The questionnaire is relatively short and has as few open-ended response categories as possible. There are clear instructions on the first page. We considered making the survey available on the web but concluded that the response might be lower for this modality; we believe that a mail survey will be convenient for respondents because they may need to check administrative records as they complete the questionnaire.

To increase participation in the focus groups, the contractor will mail a letter of invitation and a fact sheet about the focus group to each enrollee selected for the focus group. The letter will be printed on CMS letterhead and signed by a CMS official and will outline the purpose of the group, explain how we intend to ensure confidentiality, offer the \$50 incentive payment, and alert the enrollees that they will receive a follow-up (recruitment) call. Trained interviewers will place recruitment calls. Recruits will be sent a confirmation letters including the focus group date, time, and address of the location, and will also receive a reminder call the day before their group is scheduled to meet. Based on past experience, approximately 18 beneficiaries will be recruited to achieve the desired group size of 8 to 10 persons.

The response rate for the mail survey will be calculated as the completion rate – the number of SNPs that complete the questionnaire (either by returning the mail questionnaire or by telephone) divided by the total number of SNP that were mailed surveys (all unique SNPs). Because we know the universe of approved, unique SNPs, the denominator of the response rate does not include ineligible plans or plans whose eligibility is unknown.

4. Tests of Procedures or Methods

A total of nine SNPs were selected to pretest the survey instrument. The plans will were selected to represent a mix that varies in size and population served. The pretest identified some items that were burdensome or difficult to respond to, and these items were removed or revised accordingly. An average response time estimate from the pretests was 45 minutes, which is figured in our response burden estimate in section B.12 above.

5. Individuals involved in design

The following individuals have contributed to the design of the mail survey and focus groups: Dr. Robert Schmitz, a MPR senior fellow and study project director (617-301-8976), Dr. Angela Merrill, a senior researcher at MPR (617-301-8977), Ms. Jennifer Schore, also a senior researcher at MPR (609-275-2380), and Ms. Julita Milliner-Waddell, a survey researcher at MPR, (609) 275-2206. Mr. James Hawthorne (410-786-6689), Project Officer, Office of Research, Demonstrations, and Information, is supervising the study for the government.