SUPPORTING STATEMENT FOR HEALTH INSURANCE AND KEY DRIVER MODULES FOR THE SURVEY OF VETERAN ENROLLEES' HEALTH AND RELIANCE UPON VA VA FORMS 10-21034j AND 10-21034k

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.

The purpose of this submission is to obtain a separate OMB approval for two modules (health insurance and key drivers) which will be used with the Survey of Veteran Enrollee's Health and Reliance upon VA (Department of Veterans Affairs), approved by OMB under 2900-0609. Based on April 2006 discussions with OMB, the proposed survey was modified to identify a "core" question set within the full CATI questionnaire and to separate three additional question sets or "modules". Although VA identified three basic modules (health insurance, key drivers of enrollment and/or use of VA, and functional measures); only the first two modules will be included in the 2006 enrollee survey.

Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, mandated VA to implement eligibility reforms with an annual enrollment. VA must enroll veterans by specified priorities as far down the priorities as the available resources permit. Each year Veterans Health Administration (VHA) makes projections of enrollment, utilization, and expenditures that are considered by the Under Secretary for Health and the Secretary of VA in the Secretary's enrollment level decision. The decision on the priority through which VA will enroll veterans in an upcoming period must be published in the Federal Register. There is no valid, recent information available in administrative databases on all enrollees' health insurance coverage, functional status, and key drivers of enrollment or usage of VA health care programs and services, all of which are elements critical to making valid projections. Such data that are in VA administrative files are generally neither complete nor sufficiently valid for large segments of the VA enrollee population to be of much use in enrollment, utilization, and expenditures modeling or in enrollment based policy and budget development. Also, the magnitude of changes each year in enrollees, their enrollment decision processes, and their characteristics or in specific areas of VHA interest, as well as the need for good, timely, and relevant system policies make necessary annual surveys to capture this critical information for input into VHA's Health Care Services Demand Model and for use in related policy and budgetary analyses.

Over the years that the survey has been conducted, the questionnaire has evolved to meet VHA's increasingly complex data needs. In particular, there has emerged a basic "core" set of questions that has changed little over time, probing for basic socioeconomic, demographic, and health-related data that are necessary to collect and monitor each year. The 2006 "core" questions were approved by OMB on May 5, 2006 under 2900-0609. However, VA also identified other far more changeable "supplemental" or "modular" question sets that are either necessary to include and modify each year or only every other year or so.

In the 2006 survey, we plan to add/revise a module on "health insurance coverage" and a module on "key drivers" (of enrollment and/or use of VA programs and services). Additionally, we are dropping the module on "functional measures (ADLs/IADLs)" as it is unnecessary in 2006. It is possible that we will add a revision of it in a future year. The proposed modifications in 2006 expand upon the existing core question set to include questions of timely, topical, and possibly recurring interest. The planned 2007 survey will be structured similarly with the established "core" and "supplemental modules". We anticipate that the modifications will reflect the most current and relevant VHA data needs and interests. These changes will be largely located within the modules. VHA will request that OMB review and approve any substantive changes proposed for 2007 and future years.

2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.

Since 1999, the VHA *Survey of Enrolled Veterans' Health and Reliance Upon VA*, has provided VHA with much **"quantitative research"** data that is simply not available from any VHA administrative files. These surveys result in model projections, which provide the Secretary with current information for sound decisions that affect the entire VA health care delivery system and the veterans it serves. These surveys have proved to be critical inputs

into the VA Enrollee Health Care Projection Model, the VHA Long-Term Care Model, the Secretary's Annual Enrollment Level Decision processes, and data on morbidity and reliance that is critical to obtaining accurate projections of VA's ability to serve veterans who are seeking VA services. Projections incorporating this survey data have been used to support VA's Capital Asset Realignment for Enhanced Services (CARES) initiative and have also served as the basis for VA's new emphasis on population-based budget formulation, policy scenario testing, and strategic planning.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

VHA utilizes the services of contractors to conduct these telephone surveys. VHA provides a stratified random sample and phone numbers to the contractor. The telephone survey is administered using Computer Assisted Telephone Information (CATI) with responses entered directly into an electronic database, making the collection of data very efficient and reliable. This minimizing of respondent burden through reliance on CATI meets the spirit of the Government Paperwork Elimination Act (GPEA).

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

Other surveys have not covered the entire enrollee population and have focused on national, not the necessary network-specific information, needed for the enrollment projection model. VA does consider other pieces of information in the model that help to expand its generalization, e.g., VA and Medicare matched claims data for the Medicare eligible enrollees, VHA's SF-36 surveys (previously approved as a part of 2900-0609) focused on patients in selected settings. But the projection model is not complete or valid without the particular data and information provided in these surveys of enrollees. Thus, there is no duplication of effort in this data collection.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

No small businesses or other small entities are impacted by this information collection.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently as well as any technical or legal obstacles to reducing burden.

VA would not be responsive to the needs of veterans, VA's health care system enrollees, and to the legal requirement of the Health Care Eligibility Reform Act if this information was collected less frequently. Without this information, the analysis upon which the enrollment level decision is made may be faulty or imprecise. The result may be to over- or under-enroll veterans into the VA healthcare system, resulting in hardships and burdens either on the veterans who may be denied care or the system that must manage within its resources to provide needed care.

7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.

There are no such special circumstances.

8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.

The notice of Proposed Information Collection Activity was published in the Federal Register on June 20, 2006 (Volume 71, Number 118, Pages 35481 and 35482]. We received no comments in response to this notice.

b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances which preclude consultation every three years with representatives of those from whom information is to be obtained.

To develop the initial Health and Reliance Survey in 1999, a VHA representative attended the consultant panel meeting of internal and external agency participants conducting VA's SF-36V survey, including scientists with the VA Health Services Research and Development Service (HSR&D Service); the Health Care Finance Administration (HCFA), the Communicable Disease Center (CDC), the Foundation for Accountability (FACCT), the Health Institute at the New England Medical Center, the Rand Corporation, the National Center for Health Promotion at Duke University, and the National Committee for Quality Assurance (NCQA) Washington, D.C. Various individuals were consulted over time in the planning and development of the enrollee surveys regarding the availability of data, frequency of collection, clarity of instructions, internal VA record keeping, disclosure or reporting format, and on the data elements. This included individuals both inside and outside of the agency. These individuals are listed below in item B5. During this survey cycle, VHA will sponsor Focus Groups to obtain their views. Additionally, outside consultation is conducted with the public through the 60- and 30-day Federal Register notices.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No payment or gift is provided to CATI survey respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statue, regulation, or agency policy.

An assurance is made that answers provided are strictly confidential and will be used for general management policy decisions and statistical purposes only. The information collected will become part of the system of records identified as "97VA105, Consolidated Data Information System-VA" as set forth in the 2003 Compilation of Privacy Act Issuances via online GPO access at http://www.access.gpo.gov/su_docs/aces/2003_pa.html

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private in these two modules.

12. Estimate of the hour burden of the collection of information:

a. Estimated burden hours.

No printed forms are used in these telephone surveys, as they are directly input into a computer. Form numbers are used for internal clarification purposes only.

	Respondents	Responses	Minutes	/ by 60	Burden Hours
Module 1 (10-21034j, Health Insurance)	42,000	42,000	4	60	2,800
Module 2 (10-21034k, Key Drivers)	2,000	2,000	11	60	367
TOTAL	**44,000**	**44,000**			**3,167**

b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB 83-I.

See the separate burden hour estimates detailed in the preceding subparagraph.

c. Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.

The estimated cost to the respondents for taking the time to respond to the full survey is $47,505 (3,167 hours x $15 per hour). We do not require any additional record keeping.

13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

a. There are no capital, start-up, operation or maintenance costs.

b. Cost estimates are not expected to vary widely.

c. There is no anticipated capital start-up cost components or requests to provide information.

14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

The proportional cost of the two modules is estimated at $255,275. Costs include minor survey improvements, programming of the questionnaire for CRT administration, questionnaire pretest, interviewing, validation, data processing, staff education, and supervision. Estimated costs were obtained via market research with companies that do CATI surveys. The total estimated cost is an average of estimated costs obtained from several companies.

15. Explain the reason for any changes reported in Items 13 or 14 above.

These modules (with a new approval number) will be added to the questions currently approved under 2900-0609. Although questions of this nature have been asked in the past, they are now considered a program increase of 3,167 burden hours.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the

entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

The primary purpose of this data collection is not for publication. Data is aggregated and provided to the actuary who prepares projections for the enrollment level decision by the Under Secretary for Health and the Secretary of VA. Data will also be used for general descriptive information and analyses on enrollees. The aggregated information will be disseminated nationally primarily in VA reports, but the aggregate results may be published. Data will also be used for VA internal policy and budget scenario development and related analyses.

Results of the qualitative research will be used to supplement and enhance enrollee survey based quantitative inputs into VA Enrollee Health Care Projection Model and VHA Long-Term Care Model projections, such as through the development of questions to be included on the reliance survey and the resulting data and analyses, or through the identification of emergent issues that else wise need to be addressed in VHA modeling, policy, budget, and strategic planning related efforts.

17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

We request approval to omit the expiration date for the OMB approval from this telephone survey. The more information presented at the beginning of the survey, the greater the possibility for a respondent to either refuse or become confused.

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB 83-I.

There are no exceptions.