

OMB SUPPORTING STATEMENT FOR REVISED MEDICARE CAHPS SURVEYS

Table of Contents

	Introduction	1
A	Justification	2
	A.1 Circumstances that make information collection necessary	2
	A.2 Purposes and use of information	2
	A.3 Use of improved information technology	3
	A.4 Efforts to identify duplication	3
	A.5 Effects on small businesses	3
	A.6 Consequences of Less Frequent Collection	3
	A.7 Consequences of not collecting information	3
	A.8 Consultation with parties outside of CMS	3
	A.9 Payment or gift to respondents	3
	A.10 Confidentiality provision	3
	A.11 Inclusion of sensitive questions	4
	A.12 Estimate of respondent burden	4
	A.13 Estimate of cost to respondents	4
	A.14 Estimate of cost to Federal government	4
	A.15 Changes in Annual Burden	4
	A.16. Publication and Tabulation Dates	4
	A.17. Expiration Date	4
	A.18. Certification Statement	4
B.	Collection of Information Employing Statistical Methods	5
	B.1 Respondent universe and sample	5
	B.2 Information collection procedures	5
	B.3 Methods to maximize response rates	5
	B.4 Tests of procedures or methods	6
	B.5 Statistical and questionnaire design consultants	6
Attachment 1	Pre-notification Letter	7
Attachment 2	MA/ PD Draft Survey Questionnaire	9
Attachment 2	FFS/ PDP Draft Survey Questionnaire	31

SUPPORTING STATEMENT

Medicare MA, FFS and PDP Surveys

Introduction

The Centers for Medicare & Medicaid Services (CMS) requests that the Office of Management and Budget (OMB) approve under the Paperwork Reduction Act of 1995 the newly revised Medicare CAHPS® that include new questions regarding prescription drug coverage.

Health plan choice in the Medicare program has expanded rapidly in recent years. While a majority of persons with Medicare obtain their health services through the original Medicare Fee-For-Service program (MFFS) a large number of people with Medicare coverage obtain care through Medicare Advantage (MA) plans. With enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), people with Medicare coverage also now have additional choices in the type and number of plans available to them that offer prescription drug coverage. These new choices include obtaining prescription coverage through an MA Prescription Drug Plan (MA-PD), or through a stand alone Medicare Prescription Drug Plan (PDP). Persons with Medicare coverage may choose between remaining in the MFFS program with or without enrolling in a stand-alone PDP, or joining a MA plan with MA-PD coverage.

Based on requirements in the 1997 Balanced Budget Act and 2003 Medicare Prescription Drug Improvement and Modernization Act (MMA), the Centers for Medicare & Medicaid Services (CMS) has collected information on consumer health services experiences of people with Medicare coverage enrolled in Medicare Advantage health plans through annual implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey (MA-CAHPS) since 1998. Beginning in 2000, persons enrolled in the original Medicare Fee-For-Service health plan have also been included in the Medicare CAHPS survey (through MFFS-CAHPS). Results of these surveys have been presented in the *Medicare & You* handbook and have been made available to people with Medicare on the Medicare.gov web site. Beginning in 2006, CMS is required to expand data collection in its CAHPS surveys to also include consumer satisfaction and experience of persons with Medicare in a MA-PD or PDP plan, if they have enrolled in one.

This revised request for approval takes the OMB approved MA (OMB control number is 0938 0732) and FFS CAHPS (OMB control number is 0938-0796) instruments and adds new Prescription Drug Plan (PDP) questions as mandated in Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). This revised package request will continue to use the OMB control number 0938-0732, but will merge the MA and FFS surveys into one package. Specifically, the MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys regarding the prescription drug plan or the MA prescription drug plan pursuant to section 1860D-4(d) and report the results to Part D eligible individuals at least 30 days prior to the enrollment period. There is an exception for unavailability of information for the first plan year it is offered and for the next plan year if it is impracticable or the information is otherwise unavailable. This request for approval is to ensure that CMS is

able to conduct the Medicare CAHPS surveys in time to publicly report the data for the open enrollment period in Fall 2007.

Development of the Medicare CAHPS surveys is a coordinated effort between CMS and the Agency for Healthcare Research and Quality (AHRQ) under a very tight timeframe. Because persons with Medicare could not join a Prescription Drug Plan (PDP) until January 2006, testing of the PDP questions added to the survey could not begin until enrollees had enough experience with their plan. Currently, AHRQ is field testing the PDP set of questions in the Medicare CAHPS (OMB No. 0935-0124) to be completed November 2006. The new Medicare CAHPS survey reduced burden to respondents through use of a shortened version of the Medicare Advantage (MA) and Medicare fee-for-service (MFFS) set of questions. With addition of questions on the experiences of persons enrolled in a Medicare prescription drug plan, the survey will permit aggregation of the data and presentation of CAHPS measures at levels representing MA and MA-PD plans, as well as stand-alone PDPs, and the original Medicare FFS health plan. For beneficiaries that are not enrolled in a prescription drug plan option in the MA survey will receive the MA-PD survey version, excluding questions 40-61 on the survey. Similarly, for fee-for-service beneficiaries without Medicare prescription drug coverage, they will receive the FFS PDP survey, excluding questions 29-50 on the survey. The surveys are included in attachments 2 and 3. Information from the data collected in these surveys will be publicly reported on Medicare.gov to assist beneficiaries in selecting among the health plan and prescription drug plan choices available during open enrollment in 2007.

CMS will publish results from the MA-MFFS PDP CAHPS surveys on www.medicare.gov to assist beneficiaries in choosing a health plan and will make information available through the Medicare & You handbook.

A. JUSTIFICATION

A.1 Circumstances that make information collection necessary

Statutory and Regulatory Basis

The collection and reporting of MA and FFS satisfaction information was originally mandated by the Balance Budget Act of 1997. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) provides a requirement to collect and report satisfaction information about the new prescription drug plans. Specifically, the MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys regarding the prescription drug plan or the MA prescription drug plan pursuant to section 1860D-4(d) and report the results to Part D eligible individuals at least 30 days prior to the enrollment period. There is an exception for unavailability of information for the first plan year it is offered and for the next plan year if it is impracticable or the information is otherwise unavailable. This request for approval is to ensure that CMS is able to conduct the Medicare CAHPS surveys in time to publicly report the data for the open enrollment period in Fall 2007.

A.2 Purposes and use of information

The collection of CAHPS measures, in addition to the Health Outcome Survey and the HEDIS surveys, is necessary to hold health and prescription drug plans accountable for the quality of care and services they are delivering. This requirement will allow CMS to obtain information for the proper oversight of the program. It is critical to CMS's mission that we collect and disseminate information that will help beneficiaries choose among plans, contribute to improved quality of care through identification of quality improvement opportunities, and assist CMS in carrying out its responsibilities.

Information Users

The primary purpose of the CAHPS survey is to provide information to Medicare beneficiaries to help them make more informed choices among health and prescription drug plans.

Additional purposes of CAHPS include:

- Providing data to health and prescription drug plans on their own performance, relative to others, that will help them identify problems and improve the quality of care and service they provide to beneficiaries (all beneficiary-specific information is protected by the Privacy Act and, consequently, is not provided to the plans);
- Providing information to CMS that can be used to help monitor the quality of care and relative performance of health and prescription drug plans;
- Providing data for the Government Performance and Results Act (GPRA) requirements.

A.3 Use of improved information technology

There are no barriers or obstacles that prohibit the use of improved technology for this information collection activity. The CAHPS survey is sent to beneficiaries by an independent contractor, and is collected and aggregated electronically. Beneficiaries complete a mail survey. The surveys are scanned into an electronic database. The telephone follow-up of beneficiaries is conducted using Computer Assisted Telephone Interviewing (CATI).

A.4 Efforts to identify duplication

The health plan section of the survey that CMS is conducting is the same survey that is required by the National Committee on Quality Assurance (NCQA) for accreditation of health plans; thus, there is no duplication of effort. Besides CAHPS there is no standard satisfaction survey for health plans.

A.5 Effects on small businesses

Survey respondents are Medicare Advantage, FFS or PDP plan enrollees. The survey instruments and procedures for completing the instruments are designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities.

A.6 Consequences of Less Frequent Collection

The Medicare CAHPS survey is conducted annually. CMS provides up-to-date information to Medicare beneficiaries each year prior to open enrollment to help them make more informed health plan choices. Additionally, the information is being used by CMS for monitoring of plans, for CMS's Government Performance and Results Act requirements, and for internal quality improvement activities of the health and prescription drug plans. Given the uses of the data, it is important that CMS has current information from beneficiaries about their experiences in their plans.

A.7 Consequences of not collecting information

CMS will not have sufficient data on beneficiaries access, satisfaction and ratings of their Medicare health and prescription drug plans to monitor plan performance. Additionally, CMS will not meet its legislative requirements to collect and report this information to the public.

A.8 Consultation with parties outside CMS

Provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice if applicable.

A.9 Payment or gift to respondents

Respondents will not receive any payments.

A.10 Confidentiality provision

Individuals and organizations contacted will be assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR 401 and 422, 5 U.S.C.552 (Freedom of Information Act), 5 U.S.C.552a (Privacy Act of 1974), and OMB Circular No.A-130. In instances where respondent identity is needed, the information collection will fully comply with all respects of the Privacy Act.

A.11 Inclusion of sensitive questions

No questions of a sensitive nature are included in the survey.

A.12 Estimate of respondent burden

Testing has show that the average time to complete the CAHPS survey is 20 minutes. Thus, the total survey burden upon the beneficiary is .33 hours x 600,000 respondents for 198,000 hours. Previously, the MA survey had 55,450 hours approved by OMB and the FFS CAHPS survey had 47,640 hours approved for a total of 103,090 hours. This revised request is also seeking 94,910 additional hours to account for the addition of the stand-alone PDPs and the growth in the number of MA plans.

A.13 Estimate of cost to respondents

Costs to respondents will be limited to their time to provide the requested information.

A.14 Estimate of cost to Federal government

The total cost for data collection, analysis and associated reports is \$8.7 million.

A.15 Changes in Annual Burden

This revised request is seeking 94, 910 additional hours approved because the response universe for this survey has grown considerably. The MMA legislation has increased the size and scope of the Medicare CAHPS surveys. For 2007, the number of plans to be included in the survey has grown from 208 in the 2005 MA survey, to now include 509 MA-PD plans and 81 freestanding PDPs. For plans that cover large geographic areas or have national coverage (i.e. Private Fee For Service), we will be splitting the organizations into multiple sampling units. We estimate that we have up to 1,000 sampling units.

A16. Publication and Tabulation Dates

The CAHPS survey results will be disseminated through tools on www.medicare.gov – Medicare Prescription Drug Plan Finder and Medicare Options Compare -- that contain comparative information on prescription drug and health plans, respectively. The information will also be made available to the public through “print on demand” (i.e., beneficiaries can request a hardcopy of this information from 1-800-MEDICAR(E)). The Medicare & You Handbook also contains some limited CAHPS information and instructions about how to request information on additional measures.

Both prescription drug and health plans will receive plan-specific reports that contain detailed plan-specific and area-specific tabulations to use for internal quality improvement. No person-specific information is provided to the plans.

A17. Expiration Date

No exemption is being requested.

A18. Certification Statement

Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.: Not applicable.