

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Division of Health Policy and Management
School of Public Health

For U.S. Mail:
Mayo Mail Code 729
420 Delaware Street S.E.
Minneapolis, MN 55455

For Courier/Delivery Service:
516 Delaware Street S.E.
15-200 PWB
Minneapolis, MN 55455

MEMORANDUM

To: Paul Youket, CMS
From: Kathleen Call, Bryan Dowd, Adam Atherly, and Bob Coulam
Date: January 3, 2009
Re: HIFA Evaluation Two-State Enrollee Survey: 12/9/2008 OMB QUESTIONS –
PROPOSED RESPONSE

612-624-6151
Fax: 612-624-2196
E-mail: hpm@umn.edu
<http://www.hpm.umn.edu>

In your email to us of December 9, 2008, you forwarded six questions that OMB had raised, concerning the PRA package for the HIFA Two-State Enrollee Survey. Based on our followup communications with you and our internal discussions, we propose the following responses. We are anxious to discuss these with you at your earliest convenience, after the holidays. If you would like these prepared in a different format, or would like us to provide revised PRA documents (survey instrument, supporting statement, etc.) that incorporates these changes, we will be glad to do so.

1. Given UMN's involvement in the SNACC (Medicaid Undercount) project, which involved in-depth analysis of the accuracy of reporting in the CPS, why did UMN choose to use these same questions (rather than NHIS or some other questions) here?

The justification for this choice is that the main analysis under this Task Order draws on secondary analysis of BRFSS and CPS data. Learning how known HIFA enrollees respond to questions similar to the health insurance series in the BRFSS and CPS may allow for a refinement of the models used in the main Task Order analysis comparing rates of coverage in HIFA and non-HIFA states over time.

Thus our goal is to ask the insurance questions in a manner similar to that of these secondary source data sets with a few improvements. Specifically we opted to create the HIFA enrollee survey in a manner that combines aspects of the BRFSS and CPS health insurance question series, but does not fully represent either. Work at SHADAC makes us acutely aware of the strengths and weaknesses of the BRFSS (only one question with no specificity about the type of coverage) and CPS health insurance question series (e.g., a reference period that impedes recall

that is included at the end of a long survey). Therefore, we begin with the one question BRFSS item that asks the respondent/enrollee about current coverage of any type:

Do you (does NAME) have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes – GO TO EMPLOY
- 2 No – GO TO EMPLOY1
- 7 Don't know / Not sure – GO TO EMPLOY
- 9 Refused – GO TO EMPLOY

Responses to this question then lead the respondent/enrollee into a CPS series which asks about specific types of coverage (employment based, self-purchased, public), instead asking about current coverage, rather than coverage in the prior calendar year. We felt this was a reasonable compromise.

2. Confidentiality

a. Please clarify in A10 which statute, if any, under which you can assure confidentiality and adjust your confidentiality assurances accordingly (e.g., if the federal Privacy Act, then say that the data will not be released outside the study team “except to the extent required by law.”)

UMN cannot claim independent statutory authority to assure the confidentiality of the data. All such assurances will be qualified by the phrase “except to the extent required by law.”

b. Similarly, please clarify the basis for asserting in the opening script that responses will be kept private.

The identities of respondents are kept private in that once the survey is complete the only link to the identity of the enrollee is a survey assigned ID number, which is separate from the sample file that holds their identifying information. Therefore, the information provided by the respondent in the survey is never linked back to the specific individuals. Further, the data is kept private and is not accessible to anyone outside the research team

This assurance that responses will be kept private must be qualified by the phrase “except to the extent required by law,” as in item 2a above.

3. Will UMN be receiving SSNs on the state files? Will any of the tracing operations use SSNs?

No, the UMN will instruct states to exclude SSN in the file provided for the sample frame. We will only request information needed to contact enrollees to invite them to complete the survey. Specifically, we will request name, contact information (address, telephone), and date of birth for tracking purposes in the event the state contact information is out dated.

4. Please provide the proposed nonresponse bias analysis plan, rather than just a brief reference to it, in concert with OMB standards for a survey with response rates in this range.

In addition to information needed to identify and contact HIFA enrollees for inclusion in the survey, we will ask state collaborators for assistance in requesting other information available in the enrollment file that will be helpful in examining non-response bias. For example, length of enrollment in the state HIFA program, other demographic information, utilization data etc that will allow us to compare characteristics of:

- (1) those who are invited and complete a survey,
- (2) those who are invited and appear to be eligible to complete the survey but do not (callbacks, no answer, etc), and
- (3) those who refuse the invitation to complete the survey.

To the extent data are available in the enrollment files, we will contrast these three groups for evidence of response bias (significant differences with t-tests) between those for whom we do and do not have completed survey data.

5. Please clarify in the instrument that the interviewer cannot read a “don’t know,” “refused” or “other” category for either the Hispanic Origin or race question, in order to comply with OMB standards. Also, please delete the follow up race questions for individuals who select more than 1 race. This question is not permissible under our standard.

The draft survey did not include instructions to interviewers indicating that “don’t know/not sure,” “refused,” and “other” response options are not to be read. The updated version of the instrument will include these instructions as well as a visual cue not to read any options that are written all in capitalized letters (CAPS).

The question about “best race” has been deleted. It was included in the original submitted instrument following the 2006 and 2007 BRFSS survey, both of which include this question.

6. The Supporting Statement indicates a different estimated burden level (30 min) than the instrument’s opening script (7-15 min). Please clarify which is correct.

This inconsistency is an oversight on our part. In its current form, the survey should take no longer than 15 minutes to complete; therefore the opening consent form for the instrument is correct and the support statement document is incorrect. The survey will be pretested for flow and length prior to going into the field with HIFA enrollees. The consent form will be revised to match timing experienced during the pretest period.