Survey of State Medicare and Medicaid Agencies about Adoption of New Healthcare Common Procedure Coding System Codes: H0049 and H0050

Supporting Statement B

Request for Office of Management and Budget Review and Approval for Federally Sponsored Data Collection

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A Brief Explanation of the Survey in Question

ONDCP is charged with the execution of the President's National Drug Control Strategy, with special emphasis on the areas denoted therein as "priorities." Screening, Brief Intervention, Referral and Treatment—or SBIRT—is a vital part of the federal government's demand reduction efforts. ONDCP wishes to conduct this survey focusing on whether State Medicare/Medicaid agencies have adopted two new Healthcare Common Procedure Coding System (HCPCS) codes and the factors leading to the decision to adopt or not adopt these codes. The codes in question are H0049 and H0050: codes for alcohol and drug screening and brief intervention (SBI).

The survey consists of 8 questions—each question broken into subparts—mostly answerable by checking "yes" or "no" in the appropriate box next to the question.

Because of the nature of the survey, there will be no statistical analysis involved. Additionally, ONDCP intends to survey all 50 State Medicare/Medicaid Agencies and that of the District of Columbia. These potential respondents represent the whole of the respondent universe, so there is no need for sampling or extrapolation of data.

Respondent Universe and the Sampling Methods

The recipients of the survey instrument will be State Medicare and Medicaid Agencies in the fifty states and the District of Columbia. The survey is a one-time collection of information readily available to State Medicare/Medicaid Agencies, regarding state actions with respect to two new HCPCS codes.

At the end of the document is a list of State Medicaid Directors, gleaned from the National Association of State Medicaid Directors website: www.nasmd.org.

Procedures for Collection of Information

Initial contact with the State Medicare/Medicaid Agencies will be in the form of a hard copy of the cover letter, instructions, and survey mailed to their respective addresses currently on file with the Department of Health and Human Services. The State agencies have the option of responding by mail, by fax, or by e-mail. There is no requirement that the survey be completed in hard copy and mailed back to ONDCP. We would like to make responding to the survey as simple as possible, with as little cost to the respondents as possible. Respondents are free to choose their method of communication. The survey instrument will contain the contact information for the ONDCP analyst in charge of data collection, including mailing and e-mail addresses, phone number, and fax number.

Methods to Maximize Response Rates and Deal with Non-response

Once a reasonable amount of time has elapsed from the mailing of the survey packets, ONDCP analysts will make follow-up phone calls to the State Medicare/Medicaid Agencies. Because it is the decision of the State Medicare/Medicaid Agencies whether to adopt the codes, the respondents will have firsthand knowledge and the ability to answer the questions easily.

Tests of Procedures and Methods to be Undertaken

ONDCP has previously surveyed State agencies for the "Major Cities" Federal, State, and Local Drug Control Funding database and has found their responses to be timely and thorough. The response rate for State agencies that were polled was above 90%.

The survey instrument was subjected to interagency review. Within ONDCP, the survey was reviewed by a number of individuals, many of whom have previous experience with surveying methods and analysis.

Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

This survey was created by a collaborative effort on behalf of analysts within ONDCP. Because there are no statistics involved in this survey, there has been no consultation with professional statisticians in developing the survey.

The interview data will be collected by Meredith DeFraites, Policy Analyst, who can be reached at:

750 17th St., NW; 5th Floor Washington, DC 20503 Phone: (202) 395-5276 Fax: (202) 395-5571

E-mail: mdefraites@ondcp.eop.gov

Results of the survey will be interpreted by analysts within the Office of Performance and Budget of ONDCP. The point of contact for result analysis is Meredith DeFraites (contact information above).

Table A. State Medicaid Directors

Alabama	Kentucky	North Dakota
Carol Hermann-Steckel, Commissioner	Elizabeth A. Johnson, Commissioner	Maggie D. Anderson, Director
Alabama Medicaid Agency	Department for Medicaid Services	Division of Medical Services
Alaska	Louisiana	Ohio
Jerry Fuller, Medicaid Director	Jerry Phillips, Medicaid Director	Cristal Thomas, Executive Director
Dept. of Health and Social Services	Dept. of Health and Hospitals	Executive Medicaid Management
'	·	Administration
Arizona	Maine	Oklahoma
Anthony D. Rodgers, Director	Tony Marple, Director	Mike Fogarty, CEO
Arizona Health Care Cost Containment	Office of MaineCare Services	Oklahoma Health Care Authority
System		
Arkansas	Maryland	Oregon
Roy Jeffus, Director	John G. Folkemer, Deputy Secretary	Jim Edge, Interim State Medicaid Director
Division of Medical Services	Health Care Financing	Office of Medical Assistance Progs.
California	Massachusetts	Pennsylvania
Stan Rosenstein, Chief Deputy Director	Tom Dehner, Medicaid Director	Michael Nardone, Acting Deputy Secretary
Health Care Programs	Office of Medicaid	Medical Assistance Programs
Colorado	Michigan	Rhode Island
Sandeep Wadhwa, Medicaid Director	Paul Reinhart, Medicaid Director	John Young, Deputy Director
Medical Assistance Office	Medical Services Administration	Division of Health Care Quality
Connecticut	Minnesota	South Carolina
David Parrella, Director	Christine Bronson, Medicaid Director	Emma Forkner, Director
Medical Care Administration	Dept. of Human Services	Dept. of Health and Human Services
Delaware	Mississippi	South Dakota
Harry Hill, Director	Robert Robinson, Executive Director	Larry Iverson, Medicaid Director
Div. of Medicaid & Medical Assistance	Division of Medicaid	Medical Services
District of Columbia	Missouri	Tennessee
Robert T. Maruca, Senior Deputy Director	Ian McCaslin, Director	Darin Gordon, Director/Deputy Commissioner
Medical Assistance Administration	Division of Medical Services	Bureau of TennCare
Florida	Montana	Texas
Carlton D. Snipes, Acting Deputy	John Chappuis, Deputy Director	Chris Traylor, State Medicaid Director
Secretary	Dept. of Public Health & Human	TX Health and Human Services Commission
Agency for Health Care Admin.	Services	
Georgia	Nebraska	Utah
Mark Trail, Chief	Vivianne Chaumont, Medicaid Dir.	David Sundwall, Executive Director
Medical Assistance Plans	NE Health and Human Services	Dept. of Health
Hawai'i	Nevada	Vermont
Lois Lee, Acting Administrator	Chuck Duarte, Administrator	Joshua Slen, Director
Med-Quest Division	Division of Health Care Financing and Policy	Office of Health Access
Idaho	New Hampshire	Virginia
Leslie Clement, Administrator	Nicholas Toumpas, Commissioner	Patrick Finnerty, Director
Dept. of Health and Welfare	NH Dept. of Health and Human Services	Dept. of Medical Assistance Services
Illinois	New Jersey	Washington
Theresa Eagleson, Medicaid Director	Ann Clemency Kohler, Deputy	Doug Porter, Assistant Secretary
Medical Programs	Commissioner	Health and Recovery Services Administration
	Dept. of Human Services	,
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Indiana	New Mexico	West Virginia
E. Mitchell Roob, Jr., Director	Carolyn Ingram, Director	Marsha Morris, Commissioner
Medicaid Policy and Planning	Medical Assistance Division	Bureau of Medical Services
lowa	New York	Wisconsin
Eugene Gessow, Medicaid Director	Deborah Bachrach, Dep. Commissioner	Jason Helgerson, State Medicaid Director
Iowa Medicaid Enterprise	Office of Health Insurance Programs	Division of Health Care Financing
Kansas	North Carolina	Wyoming
Andrew Allison, PhD, Medicaid Director	William Lawrence, Acting Director	Teri Green, State Medicaid Administrator
Kansas Health Policy Authority	Division of Medical Assistance	Office of Health Care Financing