

Supporting Statement – Part B

(0938-0738)

1. Potential Respondent Universe

The target population for the NMEP Survey consists of all 44 million Medicare beneficiaries, caregivers and providers in the continental United States (fifty states plus the District of Columbia). We are planning on obtaining 7,000 completed interviews in several national surveys.

Records of all Medicare beneficiaries are maintained by CMS.

2. Procedures for Collecting Information

Sample: As previously described, the target population for the NMEP survey includes Medicare beneficiaries, caregivers, and providers in the 50 contiguous United States and the District of Columbia. In order to get a representative and reliable sample of Medicare beneficiaries, a sample of approximately 30,000 beneficiaries will be drawn.

Based on the NMEP 2005 experience, we expect a 50 percent telephone and address match (that is, 15,000 cases). We plan to interview 40 percent of the eligible cases, that is, in total, approximately 6,000 beneficiary and caregiver interviews. The approximate 1,000 remaining interviews will be with providers. CMS will implement the following steps in selecting a sample of Medicare beneficiaries:

*Remove ineligible records including: beneficiaries in Puerto Rico and U.S. territories; deceased beneficiaries; and beneficiaries no longer eligible for Medicare.

*Sort the administrative file by key demographic variables (geographic region, race, Medicaid eligibility, gender, and age) to help ensure that an appropriate proportion of each demographic group will be represented.

*Select systematically with equal probability a sample of approximately 30,000 cases while the records are in the above sort order.

*Once the sample has been selected, addresses for the sampled beneficiaries will be sent for telephone matching. To maximize the match for telephone numbers, two telephone matching services will be used. Based on the hit rate from the NMEP 2005, we expect to match 50% of beneficiary addresses with telephone numbers. The response rate for the 2005 survey was 55.8 %.

Target number of completes at target response rate will yield data which will provide stable national estimates for all Medicare beneficiaries. The maximum percent error for estimates of percentages obtained from a simple random sample yielding 7,000 completed interviews will not exceed 2 percent 95 percent of the time. For example, suppose 50 percent of Medicare beneficiaries report being enrolled in managed care plans. We can be 95 percent confident that between 48 to 52 percent of the beneficiaries are enrolled managed care plans. The percent error is the largest for the 50 percent proportion and decreases as proportion moves further away from the 50 percent/50 percent split. No unusual problems are foreseen in the sampling or data collection for the NMEP survey activities.

Data Collection: We will use a questionnaire which has been used in previous years and modified based on findings from behavior coding over two administration cycles. The questionnaire will be modified to measure knowledge and understanding of the Medicare program. The questionnaire will be approximately 20 minutes in length.

Data will be collected using computer assisted telephone interviewing. Interviewers will be trained specifically on the administration of this study and will be monitored throughout the data collection period to ensure data collected is of the highest quality. Respondents will be sent a pre-notification letter to inform them that they will be called by a survey interviewer and to answer some of their questions in advance. The data collection contractor will mail a pre-notification letter (Appendix A) informing sampled individuals of the survey, its voluntary nature, the legislative authority under which the survey is conducted, and Privacy Act provisions.

Over the course of the project, interviewers will call members of Medicare's audience and complete the various surveys in either English or Spanish, at the request of the respondent. Data cleaning will take place throughout the data collection period with a final round of data cleaning to occur after the last interviews have been completed. The final clean data will be weighted to account for sample selection and non-response.

Table C-1 outlines the data collection timetable of activities and shows the breakdown of the modes, types and desired number of completes.

Table C-1

Timetable and Description of Surveys

<u>Language</u>	<u>Mode</u>	<u>Type</u>	<u>When</u>	<u>Number of Surveys</u>
English And Spanish	Phone	10 National Surveys	Rolling basis Survey in field for 2 weeks-- then high-level results	7,000

3. Methods Used to Maximize Response Rates

To maximize response rates and minimize delay in getting critical data about the roll out of the prescription drug benefit, CMS is using a computer assisted telephone interviewing (CATI) mode of data collection.

To achieve the highest possible response rate to the survey, CMS's survey contractor will:

- * Conduct interviews in English and Spanish. Although the number of the sampled respondents who will complete the interview in Spanish is estimated to be small, it is important to ensure that the opinions and experiences of this population are represented.

- * Use assisted proxies to help complete interviews with respondents who have hearing or speech impairments. The number of cases to be completed with assisted proxies will be very small, but these beneficiaries are likely to be users of more Medicare services so their input is critical to this task.

- * Send pre-notification letters to selected respondents. This measure has been shown to increase response rates and also serve as notification to respondents of an up-coming call.

- * Focus much attention on training interviewers to answer respondent questions. Specific training modules will be designed to prepare interviewers to communicate effectively with seniors and alleviate any concerns respondents may have regarding participation in the study and their Medicare benefits.

- * Have interviewers available during a wide range of times to complete interviews with respondents. Since we will be conducting interviews across the United States, we will have interviewers available from 9am to midnight Eastern time, Monday through Friday, 10am to 9pm Eastern time on Saturday, and noon to 11pm Eastern time on Sunday.

* Vary calling times to respondents. In an effort to contact respondents at a time that is convenient for them, the CATI scheduler will track calls to each case and insure that calls are placed to beneficiaries at different times of the day and different days of the week. When a specific appointment time is requested, the scheduler will deliver the case to an interviewer at the appointed time.

* Conduct refusal verification to give respondents a second chance to participate in the study.

* Maintain a toll-free telephone number for respondents to call with questions about the study. The toll-free telephone will be answered by a specially trained interviewer during all hours of data collection. During the hours when data collection is not underway, callers will be prompted to leave a message to have their call returned.

After data collection is complete, the data will be weighted to adjust for sampling probability and the effects of nonresponse. The adjustment steps will include:

- * Weighting to account for selection of the sample records from the selected administrative file;
- * Weighting adjustment to make sampled weights match the number of eligible beneficiaries;
- * Weighting adjustment to compensate for non-response in the interview phase.

NMEP 2008 data was weighted using the protocol described above.

4. Tests of Procedures or Methods

There will be no tests of procedures or methods in the NMEP 2008 survey.

5. Contacts for NMEP 2008

Reneé Clarke
Center for Medicare & Medicaid Services
CMS/OEA
S1-13-05
7500 Security Blvd.
Baltimore, MD 21244
renee.clarke@cms.hhs.gov
410-486-0006

Christopher Koepke
Center for Medicare & Medicaid Services
CMS/OEA
S1-13-23
7500 Security Blvd.
Baltimore, MD 21244
christopher.koepke@cms.hhs.gov
410-486-5877