**Assessment of State Public Health Department Immunization Billing Reimbursement Projects**

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

**Supporting Statement – Section B**

**Submitted: November 14, 2013**

**Program Official/Project Officer**

CAPT Duane Kilgus, MPH, RS

Billing Team Lead

Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

Immunization Services Division

1600 Clifton Rd. NE MS-A19 Atlanta, GA 30333

Phone: 404-639-6354

Fax Number: 404-235-1747

Email: [dgk9@cdc.gov](mailto:dgk9@cdc.gov)

**Section B – Data Collection Procedures**

1. **Respondent Universe and Sampling Methods**

The respondent population consists of state immunization billing program managers or coordinators who manage awards from CDC’s Billables project (referenced together as “State Health Department” in table below). There are 35 active awardees within the United States **(see Attachment I)**. Each health department has a billing project lead but specific title can include program manager, finance director or immunization billing coordinator, which are the target population for this assessment. These individuals are the universe of potential respondents.

**Table B-1:** Potential Respondent Universe

|  |  |  |
| --- | --- | --- |
| **Entity** | **Potential Respondent** | **N** |
| State Health Department | Immunization Billing Program Managers or Coordinators | 35 |
| **Total Universe of Potential Respondents** | | **35** |

1. **Procedures for the Collection of Information**

Data will be collected through the Survey Monkey and distributed to all individuals who comprise the respondent universe. The data collection instrument consists of 44 questions of various types, including dichotomous, multiple response, and open-ended. An introductory e-mail notification (**see Attachment J – Introductory E-mail**) will be sent to all immunization billing program managers or coordinators informing them of the planned assessment, announcing the dates the assessment will be administered, and providing links to the data collection instrument. The e-mail will inform respondents of the necessary reports and reimbursement data that will need to be on hand to complete the assessment. The assessment will remain open for a period of four weeks to allow ample time for completion by respondents. A follow-up e-mail (**see Attachment K - Follow-up E-mail**) will be sent to those who have not responded two weeks into the open period.

**3. Methods to Maximize Response Rates, Deal with Non-response**

Although participation in the data collection is voluntary, every effort will be made to maximize the rate of response for this questionnaire. CDC billing team staff designed the assessment with particular focus on minimizing respondent burden and the length of time for completion. A significant effort was made to limit questions requiring narrative responses and include narrative optional questions for respondents to elaborate on their feedback if they choose to do so.

The initial e-mail and one reminder e-mail will be utilized to maximize response rates **(See Attachments J and K)**. To reduce burden on the respondents, the CDC billing team staff will review which states have responded to the assessment, and a reminder e-mail will only be sent to those who have not yet completed the assessment. One e-mail reminder will be sent to each non-responder. Additionally, the response for this assessment will be maximized through the support of the CDC billing team staff members on regularly scheduled monthly calls.

**4. Test of Procedures or Methods to be Undertaken**

A pilot test of the assessment was performed with five immunization billing program managers or coordinators from the list of current active grantee awardees. In the pilot test, the average time to complete the assessment, including time for reviewing instructions, gathering needed information, and completing the assessment, was approximately 30 minutes. Based on these results, the estimated time range for actual respondents to complete the assessment is 30-35 minutes. The upper limit of this range (i.e., 35 minutes) is used for completion of the entire assessment.

**5. Contact for Statistical Aspects and Data Collection**

The following individual was consulted to provide advice about the design of these data collection activities:

Suchita Lorick, DO, MPH

Medical Officer

Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

Immunization Services Division

Phone: 404-639-1969

Email: [dvl7@cdc.gov](mailto:dvl7@cdc.gov)

The team of individuals working on this information collection, including instrument development, data collection, and data analysis will consist of members of the CDC billing team staff, as listed in Table B-5.

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Responsible for Instrument Design, Data Collection, and Analyses | | | |
| **Name** | **Agency** | **Telephone Number** | **E-mail** |
| Duane Kilgus | CDC/NCIRD | 404-639-6354 | dgk9@cdc.gov |
| Ashlynn Jackson | CDC/NCIRD | 404-626-0799 | wqo5@cdc.gov |

The majority of data will be analyzed using basic descriptive analyses. Because the major purpose of this data collection is program improvement, the billing team does not anticipate needing to use complex statistical techniques.

**LIST OF ATTACHMENTS – Section B**

Note: Attachments are included as separate files as instructed.

**I. Billables program list**

**J. Introductory email**

**K. Follow-up email**