

**Children's Health Insurance  
Program Reauthorization Act  
(CHIP10) 10-State Evaluation,  
Telephone Interviews with  
State CHIP Program  
Administrators**

**Supporting Statement Part B:  
Data Collection Procedures  
and Statistical Methods**

Draft

August 6, 2012

## **CONTENTS**

BACKGROUND.....	1
B. Supporting Statement.....	2
1. Respondent Universe and Sampling Methods.....	2
2. Procedures for the Collection of Information.....	2
3. Methods to Maximize Response Rates and Deal with Nonresponse.....	3
4. Tests of Procedures or Methods to be Undertaken.....	4
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	4
 ATTACHMENT B1: DISCUSSION GUIDE, TELEPHONE INTERVIEWS WITH STATE CHIP PROGRAM ADMINISTRATORS	
 ATTACHMENT B2: FACT SHEET TEMPLATE	
 ATTACHMENT C: 60—DAY FEDERAL REGISTER NOTICE	
 ATTACHMENT D1: ADVANCE LETTER TO STATE OFFICIALS	
 ATTACHMENT E: CHIPRA 10-STATE EVALUATION: EVALUATION DESIGN REPORT	

## **BACKGROUND**

The Children's Health Insurance Program Reauthorization Act (CHIPRA) 10—State Evaluation will provide the federal government with new and detailed insights into how the Children's Health Insurance Program (CHIP) has evolved since its early years, what impacts on children's coverage and access to care have occurred, and what new issues have arisen as a result of policy changes related to CHIPRA and the Patient Protection and Affordable Care Act (PPACA) of 2010 (PL 111-148). The evaluation will address numerous key questions regarding the structure and impact of CHIP and Medicaid programs for children, including (1) to what extent CHIP has reduced uninsurance among children, and how this has been impacted by expansions to the program to cover more children with family incomes above 200 percent of the federal poverty level; (2) how enrollment and disenrollment trends have changed over time in CHIP, and what economic and policy factors appear to be driving those trends (such as reductions in access to employer coverage as a result of the economic downturn); and (3) what outreach, enrollment, and retention policies are most successful at increasing enrollment and retention in Medicaid and CHIP, particularly for children of racial and ethnic minorities and children with special health care needs. To answer these and other questions, the Assistant Secretary for Planning and Evaluation (ASPE) will draw on three new primary data collection efforts, including a survey of selected CHIP enrollees and disenrollees in 10 States (and Medicaid enrollees and disenrollees in 3 of these States), qualitative case studies in the 10 States, and telephone interviews with State CHIP program administrators in all 50 States and the District of Columbia.

- Clearance for the survey of enrollees and disenrollees and the case studies (reference number 201110-0990-006) was obtained on December 12, 2011 and assigned the OMB control number of 0990-0384.
- At this time ASPE is seeking clearance for the telephone interviews with State program administrators in all 50 States and the District of Columbia. This collection will take place only once.

### **Telephone Interviews with State CHIP Program Administrators.**

To supplement an intensive assessment of program experiences in 10 case study States, ASPE will conduct telephone interviews with CHIP program administrators in all 50 States and the District of Columbia. These roughly one-hour interviews, which will be conducted by telephone, will complement other aspects of the qualitative analysis by providing a larger context within which to interpret findings from the case studies and the survey of enrollees and disenrollees. It will focus largely on understanding changes in CHIP since the first evaluation of the program ended in 2005, preparations for implementing the Affordable Care Act, and State views on the future of CHIP.

Going beyond facts and basic descriptive information, it will gather insights about State the rationale behind State decisions and about issues requiring attention in the future. To some extent, the interviews will also provide context for the case studies and shed light on how those findings might be generalized to the nation as a whole.

The research questions that will be addressed by the interviews with State CHIP program administrators include:

- How do key design features of State CHIP programs vary across States? What design changes have States made, and why?
  - What role has CHIPRA played in influencing State CHIP programs? What CHIPRA provisions have States found to be most significant? What are the more important accomplishments and challenges stemming from the legislation.
  - How has the economic downturn affected States? What is the current State budget picture?
  - How has the Affordable Care Act affected State programs, and what future changes are expected?
  - In what ways are States preparing for implementation of national health care reform?
  - How do CHIP plans, providers, benefit packages and delivery system features compare with Medicaid and private coverage, especially coverage available through State health insurance exchanges? How is this changing with implementation of the Affordable Care Act?
  - How adequate are provider networks in meeting the needs of enrollees?
  - What concerns do States have about continuity of care for children transitioning between CHIP, Medicaid and Health Insurance Exchange plans? How are States planning to promote continuity of care and coordination across these programs? What policies are already in place? What improvements could be made?
  - What lessons from CHIP are most applicable to health reform?
  - What assistance do States need in preparing for implementation of the Affordable Care Act?
- Attachment E is the Final Design Report submitted to ASPE by the contractors on April 21, 2011.

## **B. Supporting Statement**

### **1. Respondent Universe and Sampling Methods**

The proposed information collection is a set of telephone interviews with State CHIP program administrators in the 50 States and the District of Columbia. ASPE will not require use of statistical methods to establish respondent universes or to sample any informants from whom information will be collected for this component of the evaluation.

### **2. Procedures for the Collection of Information**

After receiving confirmation from the TOO that we are cleared for data collection, a team of experienced research analysts will conduct the telephone interviews. We will hold a training session before fielding the survey to ensure that everyone understands the protocol and is prepared to address different State circumstances and issues that may arise during the interviews. Training will also give team members involved in this activity a common understanding of their roles and responsibilities.

The telephone interviews will utilize a discussion guide to obtain information on the following topics:

- How CHIP programs have evolved since the previous evaluation, focusing especially on more recent changes and the role of CHIPRA provisions in shaping current program features
- How State CHIP programs are being integrated into and coordinated with health insurance exchanges and other insurance affordability programs
- How CHIP is likely to change as the Affordable Care Act is implemented
- The kinds of assistance States need in transitioning their CHIP programs to a reformed health care environment

The discussion guide is contained in Attachment B1. Most of the questions are open-ended in nature, to facilitate exploration of unique aspects of State programs and to obtain insights about how and why States made the decisions they did.

Before implementing the survey, we plan to gather and review available background information and develop a brief fact sheet to reference during the interview. These fact sheets will include information on the following program features: populations covered; general characterization of State approach to CHIP (including Medicaid or CHIP waivers employed); CHIP eligibility and enrollment policies; CHIPRA performance bonus information; delivery system features, benefit package; approach to health insurance exchange, utilization of basic health plan option, and State-only coverage programs. A template for these fact sheets is contained in Attachment B2.

Roughly a week before initiating the telephone interviews with State CHIP program administrators, we will email a letter to each State CHIP administrator that provides a brief overview of the evaluation and explains the purpose and general topic areas for the telephone interviews (See Attachment C for an illustrative letter). The letter will also explain the time commitment involved and how information from the interview will be used. Sending a letter prior to a telephone interview is a standard way to increase response rates and is one of the strategies we will use to achieve a high participation rate. Roughly one week after we mail the letter, we will contact the State CHIP administrators to schedule the interviews. In some States, we anticipate needing to make several calls to one or more people before finalizing a schedule.

The lead interviewer will be joined by an analyst, who will take notes during the call. The interviews will last approximately one hour each. After the call, the interviewer and note-taker will clean the notes, which will serve as textual data for analysis. Notes will be saved on a secure LAN file. (Due to time and budgetary restrictions, verbatim transcripts will not be used.

Detailed notes proved to be sufficient data sources in the previous CHIP evaluation).

### **3. Methods to Maximize Response Rates and Deal with Nonresponse**

To optimize State participation, we will begin the process by sending a personalized letter to each State Medicaid and CHIP director by email, roughly 6-8 weeks prior to the target interview date. The letter will explain the purpose of the study and the manner in which findings will be used. The letters will be signed by senior officials at ASPE and CMS, which will also help to maximize participation of State officials (see Attachment D1 for an illustrative letter). Within a week of sending the letter, Mathematica will contact State officials by email to introduce the evaluators and initiate the process of setting up an interview time. This email will provide a contact names and phone numbers in case State officials have any questions or concerns. If there is no response to the email after a 1-2 week period, Mathematica will send another email. If there is still no response, they will try to reach the program administrator by phone. We anticipate a response rate for the interviews with State program administrators of roughly 90 percent, as this was the response rate for the survey of State program administrators conducted in 2002 in the previous congressionally mandated evaluation of CHIP.

### **4. Tests of Procedures or Methods to be Undertaken**

Much of the content of the instrument relates to implementation of the Affordable Care Act and for this reason the timing of the information collection is critical. Rather than pretesting the information during the OMB clearance phase, ASPE proposes to have the first 3 State interviews serve as a pretest of the instrument. To ensure that the instrument works with different types of CHIP programs, the pretest will consist of one program of each type: one Medicaid expansion CHIP program, one separate CHIP program, and one combination program.

### **5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

- Mary Harrington, Director of Ann Arbor Health Research, Mathematica Policy Research, Inc. Phone: (734) 794-1124. Email: mharrington@mathematica-mpr.com.
- Sheila Hoag, Senior Researcher, Mathematica Policy Research, Inc. Phone: (609) 275-2252. Email: shoag@mathematica-mpr.com.
- Patricia Higgins, Researcher, Mathematica Policy Research, Inc. Phone: (303) 997-7216. Email: thiggins@mathematica-mpr.com.

*CHIP OMB Supporting Statement Part B, Telephone Interviews with State CHIP Program Administrators*

- Vivian Byrd, Research Analyst, Mathematica Policy Research. Phone: (617) 674-8375. Email: vbyrd@mathematica-mpr.com.
- Adam Swinburn, Research Analyst, Mathematica Policy Research. Phone: (734) 794-8001. Email: aswinburn@mathematica-mpr.com.
- Margo Rosenbach, Vice President and Director of Cambridge Health Research, Mathematica Policy Research, Inc. Phone: (617) 301-8967. Email: mrosenbach@mathematica-mpr.com.