Supporting Statement – Part A

Generic Social Marketing & Consumer Testing Research

The purpose of this submission is to request an Information Collection Request (ICR) generic clearance for a program of consumer research aimed at a broad audience of those affected by CMS programs including Medicare, Medicaid, Children's Health Insurance Program (CHIP), and health insurance exchanges. This program extends strategic efforts to reach and tailor communications to beneficiaries, caregivers, providers, stakeholders, and any other audiences that would support the Agency in improving the functioning of the health care system, improve patient care and outcomes, and reduce costs without sacrificing quality of care. With the clearance, CMS will create a fast track, streamlined, proactive process for collection of data and utilizing the feedback on service delivery for continuous improvement of programs and communications aimed at diverse CMS target audiences.

Social marketing is using marketing principles to influence human behavior to improve health or benefit society. This work will use social marketing approaches to develop and refine methods for enhancing communication with CMS target audiences related to key Agency initiatives. In order to achieve the best results, it is necessary for CMS to regularly conduct consumer testing to develop and implement communication approaches that are crafted to meet the needs, values, motivations, and cognitive styles of its diverse audiences. This generic clearance will help to expedite a range of information collection efforts that will support and enhance communications with customers or other stakeholders relating to existing or future services, products, or communication materials.

Successful social marketing depends on a deep understanding of the consumer. CMS will deploy a strategic approach to obtain a better understanding of the desired audience. The strategy will focus on offering clear and readily available information for follow up and further enhancement of the process. Under this clearance, CMS proposes to facilitate timely consumer research using a variety of methods including focus groups, one-on-one or panel discussion groups, customer satisfaction surveys, post-transaction customer surveys, telephone surveys, online surveys, comment card and complaint form analysis, and usability studies.

The generic clearance will allow rapid response to inform CMS initiatives using a mixture of qualitative and quantitative consumer research strategies (including formative research studies and methodological tests) to improve communication with key CMS audiences. As new information resources and persuasive technologies are developed, they can be tested and evaluated for beneficiary response to the materials and delivery channels. Results will inform communication development and information architecture as well as allow for continuous quality improvement. The overall goal is to maximize the extent to which consumers have access to useful sources of CMS program information in a form that can help them make the most of their benefits and options.

A. Background

It is critical for CMS to research, collect data, and obtain feedback from target audiences. With the generic clearance, CMS will be able to conduct consumer research in a streamlined process, improving speed and efficiency of our work while maximizing CMS's ability to be effective in meeting the needs of the general public as well as beneficiaries, caregivers, providers, and other stakeholders.

All consumer research under this clearance will include supporting documentation of the subject and stated goals, method of collection, the category of respondents, the estimated "burden cap", and plans on how the information will be utilized. Testing will be conducted to capture timely and useful information that can be applied to improve audience understanding and effectively tailored health messaging through well-targeted educational/outreach campaigns. The process will allow CMS to develop and refine methods for enhancing communication with CMS target audiences related to health insurance plan decision making, available benefits, and options available to them.

All collection of information under this clearance will utilize resources to improve the integrity and quality of the information captured. The results will be compiled and disseminated so that future revisions can be guided by the needs and preferences of the target audience. We will use the findings to create the greatest possible public benefit.

B. Justification

1. Need and Legal Basis:

On January 21, 2009, the President issued a memorandum calling for the establishment of "a system of transparency, public participation and collaboration." The OMB Director issue the Open Government Directive on December 8. 2009 that instructs the Administrator of the Office of Information and Regulatory Affairs (OIRA) to promote government and to assist agencies to comply with Paper Reduction Act of 1995 (PRA).

The PRA was designed to ensure the greatest possible public benefit from and maximize the utility of information created, collected, maintained, used, shared and disseminated by or for the Federal Government and to improve the quality and use of Federal information to strengthen decision making, accountability, and openness in Government.

Implementing the President's memorandum, OMBs Open Government Directive requires a series of measures to promote the commitments to transparency, participation, and collaboration. OMB regulations specifically addresses the collection of information and supports innovative plans for managing and reviewing collections of information more efficiently, as long as those strategies advance the objectives of the PRA.

Pursuant to the Open Government Directive, the Memorandum addresses the question of whether and how the PRA applies in the context of scientific research. Scientific research is essential to achieving a broad range of national goals, including improving public health.

This work is also essential to the achieving the mandates of the Patient Protection and Affordable Care Act of 2010. The law includes provisions to communicate health and health care information clearly; promote prevention; provide patient-centered care; assure equity and cultural competence; and deliver high-quality care. All of these general goals can be enhanced through timely consumer research. In addition, timely research is needed on several specific topics mentioned in the legislation including:

- Communication related to health insurance web portal (PPACA, Sec. 1103)
- Communication related to expansion of preventative benefits (PPACA, Sec. 4004)
- Communication related to expansion of Medicaid/CHIP coverage (PPACA, Sec. 2001 and 2101)
- Communication related to closing the "doughnut hole" in Part D prescription drug coverage (PPACA, Sec. 1003, RB 1101)

In an effort to facilitate timely and efficient compliance with the PRA, this generic clearance will establish a fast track process which allows CMS to test and create information products and marketing campaigns which promote the goals of legislation related to health literacy, cultural sensitivity and effective use of program benefits. Without appropriate research, CMS will not be able to deliver health insurance benefits, options and related information in a way that will encourage appropriate consumer use in making informed choices as mandated in the legislation. There are also less obvious costs associated with waste of communication resources and lost opportunities if messages and materials are not perceived as relevant, are not clearly understood, or do not lead to the appropriate consumer behavior. Untested messages can also have unintended consequences such as when untested content or materials lead to misunderstandings resulting in project failure or loss of program credibility.

2. Information Users:

The Centers for Medicare and Medicaid Services will use this information to improve program operations. The information collected will be useful and minimally burdensome for the public as required by the Paper Reduction Act.

3. Use of Information Technology:

Measuring and helping to improve the effectiveness of CMS outreach, education, and communications efforts using information technology and emerging communication technology channels is a key part of our work and is reflected in assessments of overall perception of the Medicare brand and in consumer response to specific communication activities.

4. Duplication Efforts:

This information collection does not duplicate any other effort, and the information cannot be obtained from any other source.

5. Small Business:

Programs that affect small business owners and employees of small businesses are included in the legislative mandate, so small businesses will be included in specific studies. We will be mindful of the need to minimize the burden on small businesses. For example, in our survey work with this target audience, brief online surveys will be preferred over telephone surveys. Online surveys can be taken when time permits at the leisure of the study participant. Similar accommodations to minimize burden will be made when other research methods are applied.

6. Less Frequent Collection:

The information will be collected from a variety of sources. Collecting information will allow the Agency to stay aware of information needs. Less frequent collection will not support this initiative.

7. Special Circumstances:

There are no special circumstances with this information collection package. Information collection will not be conducted in a manner:

- Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Requiring respondents to submit more than an original and two copies of any document;
- Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- Requiring the use of a statistical classification that has not been reviewed and approved by OMB.
- That includes a pledge of confidentiality which is not supported by authority established in statute or regulation, which is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use.

- Requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register/Outside Consultation:

   The 60-day Federal Register notice for this collection published December 22, 2010. The 30-day Federal Register notice published on July 6, 2012.

9. Payments/Gifts to Respondents:

   Respondents are compensated for their participation in accordance to OMB Circular A-21, section C, and subsection 3 "Reasonable Costs".

10. Confidentiality:

    Assurance of confidentiality for Internet users responding to the survey tool will be made on the basis of the Privacy Act of 1974, as amended (45 CFR 5b).

    User confidentiality will be assured by adherence to Section 903(d) of the Public Health Service Act (42 USC 299 a-1[c]) as follows:

    - All information obtained will be reported in aggregate. No information will be published or released in other forms if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release.

11. Sensitive Questions:

    The main issues addressed in this work deal with how individual seek new information, how they use information, and how they make decisions about their health care and CMS program participation. These are typically not considered sensitive areas. However, there is no requirement to answer any question.

12. Burden Estimates (Hours & Wages):

    The purpose of the project is to obtain feedback utilizing social marketing so beneficiaries can make better informed healthcare choices.

    The process will employ a variety of methods. These methods will include qualitative consumer research (e.g., focus groups, one-time or panel discussion groups), one on one individual interviews, customer satisfaction surveys, post-transaction customer surveys, telephone surveys, online surveys, comment card and complaint form analysis, and usability studies. An estimate of burden hours is shown in the Table below.

Estimate of Burden Hours

Type of Collection	No. of Respondents	Annual frequency per response	Hours per response	Total # of Respondents	Total hours
Qualitative Studies (e.g., Focus Groups)	332	6	2 hours	1992	3884
Individual Interviews	300	12	1 hour	3600	3600
Usability testing	300	12	1 hour	3600	3600
Misc. Consumer Satisfaction	300	12	.25 hours	3600	900
Online or telephone Surveys	4800	6	.33 hours	28800	9504

13. Capital Costs:

    There is no capital cost associated with this information collection request.

14. Cost to Federal Government:

    The estimated cost to the government for conducting the research covered in this request will be approximately $2,000,000 per year in contract costs including labor hours, materials and supplies, overhead, general and administrative costs, and fees.

15. Changes to Burden:

    There have been no changes to the burden because this is our first OMB submission.

16. Publication Tabulation Dates:

    Results from the analysis of these data will be presented in reports and briefings for senior CMS management involved in the development of CMS's communication strategy. There are no publication dates.

17. Expiration Date:

CMS would like an exemption from displaying the expiration date as these forms are used on a continuing basis. To include an expiration date would result in having to discard a potentially large number of forms.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

The proposed data collection does not involve any exceptions to the certification statement identified in line 19 of OMB form 83-I.