

SUPPORTING STATEMENT - PART B
Improving Quality of Care in Medicaid and CHIP through Increased Access to Preventive
Services, State Survey
CMS-10521, OCN 0938-New

B1. Respondent Universe, Sample Selection, and Expected Response Rates

The respondent universe is the current state Medicaid Directors in all 51 states, which is also the sample. Current state Medicaid Directors were selected to respond to the survey because they are most able to speak to their states' Medicaid policies and activities, they know who in their Medicaid agency can assist with answering the survey questions, and they are in a position to leverage these internal resources to assist with completing the survey.

No sampling is being conducted as part of this survey administration.

We anticipate a response rate of 75% (n=38) State Medicaid Directors. This estimate is based on recent experience with a similar survey (Kaiser Family Foundation survey of preventive services in 2012-2013) in which 41 of 51 (80%) of states responded. Because this survey is slightly longer, we adjusted the percentage down slightly.

B2. Information collection procedures

This will be a one-time survey administration to all state Medicaid Directors.

- Administration: A letter and the survey will be sent to state Medicaid Directors via email. Email follow-up will be conducted to encourage completion of the survey. Full details about survey administration are provided in Section A.
- Back up: During the data collection process, the survey responses will be housed in Microsoft Word files and backed up nightly on the Health Management Associates (HMA) server. At the end of the data collection process, we will create summary files in Microsoft Word, SPSS, and NVivo. These files will be used to generate descriptive statistics, summarize the data, and examine the data for trends and patterns.
- Consent Procedures: At the beginning of the survey, there will be a statement that State Medicaid Directors understand that by completing the survey, they are providing consent for the use of the information as part of the overall project.

B3. Methods to Maximize Response Rates and to Deal with Issues of Non-response

Response rate and follow up. State Medicaid Directors will be encouraged to complete the surveys in several ways. First, the introductory letter will be signed by CMS, encouraging respondents to complete the survey and informing respondents of the value of their responses

and the utility of the information. Essentially, this information will help the Centers for Medicare and Medicaid Services help states increase utilization of preventive services, which may be a motivating factor for state Medicaid Directors. Second, to increase response rates, HMA will follow-up with states by phone and email to encourage them to complete the survey, and to answer any questions they have. Third, every effort has been made to make the survey easy to complete, both in terms of its content and in terms of the process. The survey will be an easy-to-use Microsoft Word document that respondents can save, allowing them to complete the survey as they have time. The document can also be forwarded easily, so Medicaid Directors can ask their staff to help complete the survey. Once the survey is complete, Medicaid Directors simply attach the survey to an email to HMA.

Because of the nature of the information to be collected in the survey, we are conducting descriptive statistical analyses only, and no inferential statistics will be run. Therefore, we will not adjust for non-response bias. We will note which states completed the survey and provide summary information based on the data received.

B4. Pre-testing of Procedures and Methods

The survey was pretested with a sample of four former State Medicaid Directors and high level Medicaid staff who are current or former HMA staff. (Additionally, several sections of the survey are close adaptations of the survey fielded for the Kaiser Family Foundation.) The objectives of the pilot were to test the questionnaire for wording, flow, and meaning; determine the average time to complete the survey; and ensure that response options are comprehensive and understandable. After administering the pilot survey, HMA made wording and other changes as needed to improve the survey.

B5. Individuals or Contractors Responsible for Statistical Aspects of the Design

- The organization responsible for administering the surveys is:
Health Management Associates
1660 Lincoln, Suite 2640
Denver, CO 80264
Person Responsible: Marci Eads, Ph.D., Principal, 720-638-6700,
meads@healthmanagement.org
- The organization responsible for statistical design of data to be collected is:

The Urban Institute
2100 M Street, NW
Washington, DC 20037
Person Responsible: Kelly Devers, Ph.D., Project Director, 202-261-5905,
KDevers@urban.org
- The organization responsible for analyzing all data to be collected is:

Health Management Associates

1660 Lincoln, Suite 2640
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Person Responsible: Marci Eads, Ph.D., Principal, 720-638-6708,
meads@healthmanagement.org