Request for Emergency Clearance Under the Paperwork Reduction Act
Healthy Indiana Program (HIP) 2.0 Federal Customer Satisfaction Survey Instrument Testing, Authorized Under the CMS Section 1115 Waiver
CMS-10615; OMB 0938-New

Justification

The Centers for Medicare & Medicaid Services (CMS) is requesting that this information collection request (ICR), for testing of customer satisfaction survey instruments relating to the Healthy Indiana Program (HIP) 2.0, be processed under the emergency PRA clearance process. As explained in more detail below, we believe this process is warranted for a variety of reasons under 5 CFR 1320.13(a).

Please note that the emergency process will include a public comment period that will be published in the Federal Register; comments will be accepted simultaneously with testing of the instruments. An additional comment period (also via the emergency PRA process) will be provided after instrument testing, but prior to the implementation phase of this effort.

Mission

Approval of the survey testing is vital to adequately inform CMS decision making regarding Section 1115 Waivers, in particular the upcoming non-emergency medical transportation (NEMT) waiver due for renewal by December 1, 2016, in the State of Indiana (hereinafter, "State" or "Indiana"). The NEMT benefit provides transportation for Medicaid beneficiaries who otherwise have no means of transportation to get to and from medical services. The Healthy Indiana Program (HIP) 2.0 demonstration provides authority for the State to not offer NEMT for the new adult group during the first year of the demonstration (except for pregnant women and individuals determined to be medically frail). CMS may extend the State's authority, subject to evaluation of the impact of this policy on access to care.

CMS awarded a federal evaluation of the Indiana HIP 2.0 demonstration in late 2015. The federal evaluation of the HIP 2.0 demonstration, of which the federal survey is a major component, serves to complement rather than duplicate the State's previous survey and evaluation. The federal survey will accomplish this by providing comparable but independent information on HIP 2.0 enrollees and disenrollees on their understanding, experience and satisfaction with aspects of HIP 2.0 that are priority for CMS. The federal evaluation will be conducted on a larger sample of beneficiaries and will allow greater precision in comparisons of key measures, and for two (2) different time points, than was possible with the State's evaluation as CMS understands it.

In December 2015 CMS concluded work with the State on the State's evaluation design and surveys. At that point, CMS made adjustments to the federal evaluation and developed a set of survey instruments that would minimize duplication between the State and federal evaluations and provide a robust approach to evaluating the Indiana HIP 2.0 demonstration. The new surveys were not available in time to avoid this emergency clearance request. Therefore, and in

accordance with the implementing regulations of the PRA at 5 CFR 1320.13(a)(2)(ii), we are submitting this ICR for emergency processing.

Conduct of the debriefing is crucial to ensure that the survey instruments can be tested, revised, and finalized in enough time to allow: Indiana and public comment, submission and OMB approval of the main study package, survey data collection and analysis, and CMS deliberation regarding the waiver prior to its December 1, 2016 expiration date. Obtaining emergency clearance would enable CMS to meet its objective in time so that no harm is done to Medicaid beneficiaries. As explained below, the regular PRA process could not be followed due to the need to meet important "hard" deadlines imposed by the waiver expiration timeline.

Public Harm

Delays in the instrument testing would be incurred if the regular OMB clearance procedures were used, including the need for 60- and 30-day comment periods; this would result in an overall process of up to 6 or more months. A delay of this magnitude would jeopardize the timely completion of the evaluation of the NEMT and other important waivers. Most importantly, it would potentially cause significant harm by depriving Medicaid beneficiaries--especially those affected by the NEMT waiver--of appropriate medical services and needed care. Therefore, we are requesting emergency processing under the implementing regulations of the PRA at 5 CFR 1320.13(a)(2)(i). We expect to continue to engage with the State of Indiana in the survey development and design process to the extent possible.

Background

Currently 26 states are pursuing traditional Medicaid expansion as written under the Patient Protection and Affordable Care Act (ACA) of 2010. Six (6) states are expanding Medicaid by using an alternative to traditional Medicaid expansion (i.e., Section 1115 demonstration approvals). CMS anticipates that additional states may seek a Section 1115 demonstration for the new adult group under the ACA. CMS expects that additional federal evaluations likely will be required for more states, and that the Indiana evaluation can serve as a model.

CMS approved the HIP 2.0 demonstration in January 2015. The demonstration expands Medicaid coverage under the ACA for individuals in Indiana. The objectives of the demonstration include: (1) promoting increased access to health care services; (2) encouraging health behaviors and appropriate care, including early intervention, prevention, and wellness; (3) increasing the quality of care and efficiency of the health care delivery system; and (4) promoting private market coverage and family coverage options through HIP Link to reduce network and provider fragmentation within families. The demonstration is authorized for three (3) years from February 1, 2015 through January 31, 2018 (as described above, the waiver of NEMT is authorized only through December 1, 2016).

In 2014, CMS awarded cross-state federal evaluations covering four 1115 demonstration types of high priority policy significance. This was the first federal evaluation in over ten years. Subsequently, in late 2015, CMS awarded a federal evaluation of the Indiana HIP 2.0 demonstration.

Details of Federal Survey Instrument Testing

This emergency approval request is for testing/debriefing of three (3) paper-based draft versions of a customer satisfaction survey of beneficiaries enrolled and disenrolled in the HIP 2.0 Medicaid demonstration. The testing and debriefing will provide CMS with critical feedback from the perspective of people in Indiana who are familiar with HIP in order to refine the instruments prior to fielding the questions during the main study. Our testing approach with Indiana beneficiaries is intended to guarantee data collection instruments that are of high quality and relevant to the target beneficiary population.

The target group for testing the draft survey instruments includes a small group of voluntary participants from Indiana who report that they are currently or formerly enrolled in HIP, or are familiar with HIP. Our goal is to recruit up to 36 individuals to test three (3) survey instruments (up to 12 testers per instrument). Recruitment will be monitored to ensure that participants include both enrollees and disenrollees.

Participants will be contacted by phone through local market research firms (Briljent and Brightpoint) to schedule a debriefing interview for the testing. The in-person debriefings will take place in Briljent's local offices in Indianapolis and Fort Wayne, Indiana. On the day of the scheduled interview, participants will receive a draft survey instrument and asked to complete it on site. After the participants complete the draft survey, participants will be debriefed on their understanding of and experience with completing a draft survey instrument. Debriefings will be transcribed and summarized, indicating themes and any needed survey revisions. All information collected will be kept private, and reported in the aggregate only.

The testing will require participants to travel to and from a central location, the Briljent office. Participants will be offered a $25 "thank you" in the form of a gift card in appreciation of their time and to cover travel expenses (e.g., gas mileage, public transportation, parking, etc.). This token of appreciation will also help minimize barriers to participation such as costs of child care or loss of income from time off from work.

Proposed Timeline of Selected Survey Activities

Testing and Development

Date	Activity
03/18/2016	Requested date of OMB emergency approval
	Begin survey testing:
03/21/2016 to 03/25/2016	Publish Federal Register notice informing public of the emergency request and allowing the submission of comments.
03/21/2016 to 04/08/2016	Conduct testing/debriefing training; recruit testing participants; conduct testing/debriefing

Implementation

Date	Activity
04/08/2016 to 04/15/2016	Revise survey instruments based on testing results, public comment, State feedback
04/15/2016	Submit final package to OSORA, including emergency clearance justification (implementation)
04/15/2016	Submit final package to OSORA, including emergency clearance justification (implementation)
	Submit emergency package to OMB
04/18/2016	Formal OMB approval of emergency processing request
04/21 or 04/22/2016	Publish Federal Register notice (30 day comment period)
05/21 or 05/22/2016	Public comments due
06/01/2016	Response to public comments due to OSORA along with any revised documents
	Formal emergency package submission to OMB
06/15/2016	Obtain OMB approval
06/15/2016 to 09/15/2016	Survey data collection
11/10/2016	Findings on NEMT and survey report due to CMS
12/01/2016	NEMT waiver expires
01/31/2018	HIP 2.0 demonstration ends

We request OMB's support in approving the HIP 2.0 Federal Customer Satisfaction Survey Instrument Testing request under the Emergency PRA procedures to allow us to meet the CMS deadline for the renewal of the NEMT waiver for the State of Indiana.

If you have any questions, please contact: Teresa DeCaro, Deputy Director, CMCS State Demonstration Group, at 202-384-6309, or teresa.decaro@cms.hhs.gov.