Supporting Statement – Part A
Healthy Indiana Program (HIP) 2.0 Beneficaries Survey
CMS-10615, OMB 0938-TBD

Background

The State of Indiana is one of six states expanding Medicaid through an alternative to traditional Medicaid expansion (i.e., Section 1115 demonstration approvals). In 2014, CMS awarded cross-state federal evaluations covering four 1115 demonstration types of high priority policy significance. Subsequently, in late 2015, CMS awarded a federal evaluation of the Indiana HIP 2.0 demonstration. CMS expects that additional federal evaluations likely will be required for more states, and that the Indiana evaluation can serve as a model.

The HIP 2.0 demonstration objectives 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).

The Centers for Medicare & Medicaid Services (CMS) is requesting an information collection request (ICR), for testing the federal customer satisfaction survey instruments relating to the Healthy Indiana Program (HIP) 2.0.

This 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, and will require participants to travel to and from a central location, the Briljent office. On the day of the scheduled interview, participants will receive a draft survey instrument and asked to complete it

on site. 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. 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.

A. Justification

1 . Need and Legal Basis

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.

2. Information Users

The information collected will be used 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.

3. Use of Information Technology

Debriefing sessions will be audio-recorded to help with transcription of debriefing comments. All audio recordings will be destroyed within 24 hours after information is transcribed.

4. Duplication of Efforts

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.

5. Small Businesses

There is no burden on small businesses.

6. Less Frequent Collection

This data collection is for one time only survey instrument testing.

7. Special Circumstances

There are no special circumstances that would apply.

8. Federal Register/Outside Consultation

The emergency clearance 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.

The State of Indiana also has been apprised of and engaged with this data collection effort, and will continue to be informed and engaged in its development.

9. Payments/Gifts to Respondents

Participants will be offered a $25 "thank you" in the form of a VISA® gift card in appreciation of their time and to cover travel expenses (e.g., gas mileage, public transportation, parking, etc.) to the central testing location. 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.

10. Confidentiality

There will be no personal identifiable information collected during the survey testing. All information collected will be kept private, and reported in the aggregate only.

11. Sensitive Questions

The survey questions are not deemed to be of a sensitive nature.

12. Burden Estimates (Hours & Wages)

Survey instrument debriefings will be conducted with up to 36 respondents. Each debriefing session is estimated to be one hour in duration, based on previous experience with testing instruments of this length, and will only occur once per respondent. Cost estimates per respondent are based on US Bureau of Labor Statistics median hourly wage estimates for the State of Indiana (as of May 2014).

Respondent	**No. of Respondents**	**Frequency of Response**	**Participation Time**	**Annual Hour Burden**	**Wage Cost per Respondent**	**Annual Hours & Wage Cost Burden**
Respondents (HIP Enrollees and disenrollees)	36	1 time	1 hour	36 hours	$15.63	$562.68
Totals	**36**	1 time	1 hour	**36 hours**	**$15.63**	**$562.68**

Instruments and Instructions

Alternate Policy Survey Questions
Debriefing Script - Alternate Policy Survey Questions

Disenrollee Lockout Survey
Debriefing Script - Disenrollee Lockout Survey

Enrollee Survey
Debriefing Script - Enrollee Survey

New Enrollee Survey
Debriefing Script – New Enrollee Survey

Script - Recruitment

Consent Form (While we are including a consent form as part of this information collection, we are not setting out such burden since the form does not meet the definition of a “information” under 5 CFR 1320.3(h)).

13. Capital Costs

No capital costs are expected.

14. Cost to Federal Government

    The annualized cost to the federal government is $31,118.40

    This estimate includes contractor staff time, cost of printing, overhead, payments to respondents in appreciation of their participation in the instrument testing, and debriefing transcriptions.

15. Changes to Burden

    N/A. This is a new collection.

16. Publication/Tabulation Dates

    There are no plans to publish the information for statistical use. The data will be used to inform survey instrument development only.

17. Expiration Date

    CMS would like to display the expiration date, as this is a “one time only” collection.

18. Certification Statement

    There are no exceptions to "Certification for Paperwork Reduction Act Submissions."