Supporting Statement – Part A

Supporting Statement For Paperwork Reduction Act Submissions

Generic Social Marketing & Consumer Testing Research CMS-10437

The purpose of this submission is to request an extension for our current Generic Social Marketing & Consumer Testing Research generic clearance. The current generic clearance covers 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 the Health Insurance Marketplace. 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 extension of this clearance, the Office of Communications will be able to maintain a proactive process for rapid collection of data to inform development of communications around new and existing Agency initiatives, as well as providing rapid feedback on service delivery for continuous improvement of programs and communications aimed at diverse CMS target audiences.

Social marketing uses marketing principles to influence human behavior to improve health or benefit society. The research conducted under this clearance 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 work must be done in a timely manner to inform rapidly developing communication needs, and an extension of this generic clearance will help the Office of Communications to continue to expedite a range of information collection efforts that will support and enhance communications with consumers and other stakeholders relating to existing or future services, initiatives, products, or communication materials.

Successful social marketing depends on a deep understanding of the target audience. CMS will deploy a strategic approach to obtain a better understanding of the desired audiences with an aim toward improving and optimizing outreach and education strategies and materials. 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 continue to facilitate timely consumer research using a variety of methods including focus groups, usability studies, one-on-one or panel discussion groups, customer satisfaction surveys, post-transaction customer surveys, telephone surveys, online surveys, comment/complaint form analysis, and interactive consumer assessments of prototypes in development for consumer communication.

The extension of this generic clearance will allow for continued rapid response to inform CMS initiatives using a mixture of qualitative and quantitative consumer research strategies (including formative and developmental research studies as well as 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 CMS target audiences have access to useful sources of CMS program information in a form that can help them make the most of their benefits and options.

Background

It is critical for CMS to research, collect data, and obtain feedback from the Agency's varied target audiences. With the extension of this generic clearance, CMS will be able to continue to conduct social marketing 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 Agency, the general public, program beneficiaries, caregivers, providers, and other stakeholders.

All social marketing research under this clearance will include supporting documentation of the research topic and stated goals, method of data collection, categories of respondents, 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 to effectively tailor outreach and education materials and strategies. The process will allow CMS to develop and refine methods for rapid and continuous enhancement of communication with CMS target audiences related to the Agency's programs and initiatives.

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.

A. Justification

1 . Need and Legal Basis

This work is designed to allow CMS to develop and implement more effective outreach and education materials for those it serves. In an effort to facilitate timely and efficient compliance with the PRA, this extension will continue the expeditious process established through the original clearance 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.

The consumer research conducted under this generic clearance is essential to achieving the mandates of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The law includes major changes to Medicare and CHIP, and effective outreach and education strategies will be required to inform CMS target audiences who will be impacted by these changes, especially beneficiaries, providers, and practice management staff. Consumer research can help develop and improve the strategies, content, and messaging used in these efforts. There are some notable sections of the legislation where timely consumer research would be particularly useful:

- Communication related to provider payment reform and collection of quality measures, including implementation of the Quality Payment Program (MACRA, Sec. 101 and 102)
- Communication related to how consumers can use quality information to make better-informed decisions (MACRA, Sec. 104)
- Communication related to provider and administrator burden (MACRA, Sec. 106)
- Communication related to the Social Security Number Removal Initiative (MACRA, Sec. 501)
- Communication related to the option to receive Medicare Summary Notice electronically (MACRA, Sec. 508)
- Communication related to prevention of fraud (MACRA, Sec. 502, 504, 505, 506)

This work is also essential to the achieving the mandates of the Patient Protection and Affordable Care Act of 2010 (ACA) or the Healthcare Law that replaces it. 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. Timely research is needed on several specific topics mentioned in the legislation including:

- Communication related to health insurance web portal (ACA, Sec. 1103)
- Communication related to expansion of preventative benefits (ACA, Sec. 4004)
- Communication related to expansion of Medicaid/CHIP coverage (ACA, Sec. 2001 and 2101)
- Communication related to closing the “doughnut hole” in Part D prescription drug coverage (ACA, Sec. 1003, RB 1101)
- Accountable Care Organizations (ACA, Sec 3022, 2706, 2703)
- Center for Innovation (ACA, Sec 3021)
- Dual Eligibles (ACA, Sec 2601, 2602)
- Medicare Advantage Payment Reform (ACA, Sec 3001, 3209)
- Public & Quality Reporting (ACA, Sec 10303, 10327, 10331, 2701, et al.)

At the time of this submission, new initiatives and policies are being considered that will have impacts on CMS' target audiences. Information about these new initiatives and policies will need to be communicated quickly and effectively to the people they impact. This extension will allow for continued rapid-cycle consumer research to shape those communication efforts and ensure that they are appropriately targeted to enable consumers to be aware and to understand what these changes mean for them.

2. Information Users

The Centers for Medicare and Medicaid Services will use this information to improve program operations. Some examples of how CMS has used research conducted under this generic package in the past include: information to assist in revision of the plan comparison content in the *Medicare & You Handbook* based on qualitative materials testing with Medicare beneficiaries; refinement of creative concepts for production for the Health Insurance Marketplace open enrollment campaign based on quantitative testing of concepts; and development and refinement of campaign messages to raise awareness among CHIP-eligible parents about InsureKidsNow.org based on max-diff testing results.

The information collected will be useful and minimally burdensome for the public as required by the Paperwork 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.

The research conducted under this clearance has leveraged, and will continue to leverage, information technology when possible, especially conducting online surveys. However, some consumer research—namely interviews and focus groups—requires the use of in-person data collection methods. Where possible, we will consider the use of online or virtual techniques, such as video conferencing or bulletin board focus groups.

4. Duplication of Efforts

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

5. Small Businesses

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;
- 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 was published on June 9, 2017. No comments were received. The 30-day Federal Register notice published on August 18, 2017. No comments were received.

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", which states: "A cost may be considered reasonable if the nature of the goods or services acquired or applied, and the amount involved therefore, reflect the action that a prudent person would have taken under the circumstances prevailing at the time the decision to incur the cost was made." The research in this package is marketing research, designed for fast turn-around to inform key Agency communication decisions. Providing incentives for participation in social research is not uncommon and is being used increasingly as one component of improving overall response rates and reducing non-response bias even in government-sponsored social research (see, e.g., Massey & Tourangeau, 2013; Singer & Ye, 2013). In the marketing research arena, providing participant incentives is a well-established and accepted standard practice in the healthcare industry. In our experience, in order to achieve a representative sample of required participants in a timely and cost-effective manner, projects must provide incentives at levels that attract, retain, and adequately compensate respondents for their time and effort. This is especially true of populations that are hard to reach or hard to engage. The use of incentives to bolster participation applies to both quantitative and qualitative research. Incentives improve the quality and efficiency of research in a number of ways, including reducing non-response bias, improving participation by those in hard-to-reach groups, and increasing the efficiency and cost-effectiveness of research (e.g., David & Ware, 2014; Singer & Ye, 2013; Stewart & Shamdasani, 2015).

References

David MC and Ware RS (2014). Meta-analysis of randomized controlled trials supports the use of incentives for inducing response to electronic health surveys. J Clin Epidem, 67(11), 1210-1221.

Massey D and Tourangeau R (2013). New challenges to social measurement. Ann Am Acad Pol Soc Sci, 645(1): 6–22.

Singer E and Ye C (2013). The use and effects of incentives in surveys. Ann Am Acad Pol Soc Sci, 645(1): 112-141.

Stewart DW and Shamdasani PN (2015). Focus Groups: Theory & Practice, 3rd Edition. Los Angeles: Sage.

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 individuals 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	2000	12	.25 hours	24000	6000
Online or telephone Surveys	4800	6	.33 hours	28800	9504
TOTAL	7732	48	4.58	61992	26588

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 $2,500,000 per year in contract costs including labor hours, materials and supplies, overhead, general and administrative costs, and fees.

15. Changes to Burden

The total number of burden hours (26,588) has been reduced by previously-approved GenIC's, as follows:

GenIC	Burden Hours Deducted From Total
GenIC #3: Medicare Open Enrollment Survey	400
GenIC #5: Consumer Survey of Marketplace Disenrollees	100
GenIC #7: Formative Research on Communications and Decision Support in Marketplace 2017	900
GenIC #8: Qualitative Testing of Creative Materials	900
GenIC #10: Quality Payment Program Provider Awareness Tracking Survey	700
GenIC #11: CMS Consumer Research on Websites and Tools	200
GenIC #12: Web Intercept Survey of HealthCare.gov Visitors	3,330
GenIC #13: Qualitative Research on Communications and Decision Support for Provider Initiatives	900
GenIC #14: Medicare Beneficiary Consumer Survey	1,200
Total Continuing GenIC Burden Hours	*8,630*
Total Remaining Burden Hours	**17,958**

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

We have added the expiration date to the PRA Disclosure Statement for each instrument.

18. Certification Statement

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