

Supporting Statement – Part B

Beneficiary and Family Centered Information Collection (CMS-10393)

Collections of Information Employing Statistical Methods

Submitted for the Centers for Medicare & Medicaid Services

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1. Respondent universe and sampling methods

The target populations for the information collection initiatives are Medicare beneficiaries and their representatives who have used the services of the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC QIO). Sampling for each of the information collection initiatives varies based on respondent populations and primary purposes. Universe, sample, expected response rate, and total number of respondents for each of the three initiatives are provided in tables 1a-c for the Experience Survey, Direct Follow-up, and General Feedback Web Survey respectively.

Data are currently being collected for the three initiatives as approved under OMB NO. 0938-1177, expiration date February 28, 2021. Current telephone/mail data collection efforts are yielding a 60 percent response rate.

Exhibit 1: Annual Sampling Approach Experience Survey: Respondent received case support from QIO – data used for QIO contract evaluation

Sample Component	Appeal	Complaint Medical Record Review	Complaint Immediate Advocacy	Total
Universe*	100,000	1,500	4,000	105,500
Sample	9,000	1,500	4,000	14,500
Response Rate	60%			
Respondents	5,400	900	2,400	8,700

*Based on March 2020 case volumes

Exhibit 2: Annual Sampling Approach Direct Follow-Up: Respondent called QIO help desk – data used for internal quality improvement

Sample Component	Help Desk Calls
Universe*	6,800
Sample	340
Response Rate %	60
Respondents	200

*Based on March 2020 call volumes

**Exhibit 3: Annual Sampling Approach General Feedback Web Survey:
Respondent received a QIO letter – data used to ensure every beneficiary is given an opportunity to provide feedback about experience with QIO**

Sample Component	Beneficiaries receiving a final determination letter
Universe*	101,500
Sample	101,500
Response Rate %	N/A
Respondents	200

*Based on March 2020 case volumes

2. Information collection procedures

The information collection procedures for each of the three initiatives is described in turn.

Experience Survey: The population is comprised of Medicare beneficiaries who received support from a QIO with an appeal or complaint case. The sample will be stratified, analyzed, and reported by case type:

- Appeal stratum – A simple random sample will be drawn of approximately 9 percent (9,000) of the annual universe (n=100,000). No sub-stratum oversampling will be used. This is expected to yield sufficient data to support quarterly analytic and evaluation reporting.
- Complaint medical record review stratum - Given the relatively small annual volume (n=1,500), a census will be drawn in order to yield sufficient data for quarterly analytic and evaluation reporting.
- Complaint immediate advocacy stratum - Given the relatively small annual volume (n=4,000), a census will be drawn in order to yield sufficient data for quarterly analytic and evaluation reporting.

Information collection will be conducted via telephone with paper surveys sent by mail upon request, and for those who do not respond by telephone. Data will be collected monthly with the annualized sample and burden hours allocated evenly across 12 months.

Direct Follow-up: The population is comprised of Medicare beneficiaries who called the QIO help desk. A simple random sample will be drawn of approximately 5 percent (340) of the universe of help desk calls (n=6,800). No stratum or oversampling will be used. This is expected to yield sufficient national data to support quarterly quality improvement efforts and program adjustments. Information collection will be conducted via telephone. Data will be collected quarterly with the annualized sample and burden hours allocated evenly across quarters.

General Feedback Web Survey: The population is comprised of Medicare beneficiaries who receive a final determination letter from the QIO program. Rather than implementing an active information collection, CMS will make available a web survey for all letter recipients. As part of the final determination letter, beneficiaries will be informed that they are invited to provide feedback about their experience and will be directed to the web survey URL. No non-response follow-up will be initiated. The goal of this collection is to ensure that all Medicare beneficiaries who have received a final determination letter are able to provide feedback to CMS about their experience (a voice for all beneficiaries). Resulting data are used to monitor on-going quality and identify possible areas in need of improvement.

The information collection activities as described above have no unusual problems requiring specialized sampling procedures.

Less frequent information collection would not allow CMS to use data for quarterly analysis, reporting, and QIO contract evaluation as well as on-going quality improvement efforts.

3. Methods to maximize response rates

Methods to maximize response rates for the Experience Survey and Direct Follow-up are described in turn. No response rate initiatives are implemented for the General Feedback Web Survey as CMS uses this low burden initiative strictly as a way for Medicare beneficiaries to report about their experiences at will, with resulting data being used for quality improvement where appropriate.

Experience Survey: The survey methodology will maximize response rates by following-up with sampled members soon after their interaction with the QIO program. We will complete sampling and initiate monthly data collection within two weeks of case closure. We will place up to 15 calls to each sampled case, with calls made on different days of the week, and during different times of day. To the extent possible, specific interview appointments will be set with respondents to facilitate completion of the survey in a beneficiary-centered manner. Bilingual telephone interviewers will be available to complete the survey in Spanish, if needed. Upon request and for cases we are unable to reach by telephone, we will provide paper surveys by mail. Paper surveys will be available in English, Spanish, and large print. The mixed-mode approach will both augment response rates and improve the representativeness of the information collection.

Direct Follow-up: The survey methodology will maximize response rates by following-up with sampled members soon after their call to the QIO help desk. We will complete sampling and initiate quarterly data collection within 2 days of the help desk inquiry. We will place up to 15 calls to each sampled case, with calls made on different days of the week, and during different times of day. To the extent possible, specific interview appointments will be set with respondents to facilitate completion of the survey in a beneficiary-centered manner. Bilingual telephone interviewers will be available to complete the survey in Spanish, if needed.

4. Tests of procedures

Each of the information collection instruments underwent expert review and testing at the time of development. Cognitive testing was used to:

1. Determine if the survey wording is clear and unambiguous;
2. Verify respondent's ability to recall interactions pertaining to their complaints and appeals cases;
3. Ensure appropriate and consistent flow question wording and overall survey administration; and
4. Ensure data capture and data output are functioning flawlessly.

Response rates and item missing rates are monitored regularly to ensure instruments and methodology are functioning as expected. Further testing is not being proposed.

5. Statistical consultants

The following individuals were consulted in the development of the information collection instruments, sampling, and methodology.

Exhibit 4: Statistical Consultants

Organization	Name	Contact Information
Avar Consulting	Z. Joan Wang	301-977-6553, ext. 222 JoanWang@avarconsulting.com
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