

SUPPORTING STATEMENT

Part A

Medicare Beneficiary Experiences with
Care Survey (MBECS) System

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Centers for Medicare & Medicaid Services,
Office of Minority Health

Contents

A. Justification.....	2
1. Circumstances that make the collection of information necessary.....	2
2. Purpose and Use of Information.....	4
3. Use of Improved Information Technology.....	4
4. Efforts to Identify Duplication.....	5
5. Involvement of Small Entities.....	5
6. Consequences if Information Collected Less Frequently.....	5
7. Special Circumstances.....	5
8. Federal Register Notice and Outside Consultations.....	6
8.a. Federal Register Notice.....	6
8.b. Outside Consultations.....	6
9. Payments/Gifts to Respondents.....	6
10. Assurance of Confidentiality.....	7
11. Questions of a Sensitive Nature.....	8
12. Estimates of Individual Population of Interest and Total Burden Hours and Costs.....	8
13. Estimates of Annualized Respondent Capital and Maintenance Costs.....	10
14. Estimates of Total and Annualized Cost to the Government.....	10
15. Changes in Hour Burden.....	10
16. Time Schedule, Publication and Analysis Plans.....	11
17. Exemption for Display of Expiration Date.....	11
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	11
List of Attachments.....	12
References.....	12

A. Justification

1. Circumstances that make the collection of information necessary

CMS is the largest single payer of health care in the United States. The agency plays a direct or indirect role in administering health insurance coverage for more than 120 million people across the Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and Marketplace populations. One of the critical functions of CMS’s Office of Minority Health (CMS OMH) is to advise CMS on the needs of minority populations. As part of this charge, CMS OMH gathers and shares knowledge and data on health care quality, access, and costs related to minority populations.

CMS’s Quality Strategy highlights the agency’s commitment to working towards Health and Human Service’s (HHS) goal of eliminating health disparities in the United States. Although defined differently depending on the context, health disparities generally refer to systematic differences in health outcomes and quality of health care experienced by specific minority groups. Due to the relative size and, in some cases, the unique characteristics of minority populations, national general population data collection efforts often do not include adequate representation of minority populations because they do not sufficiently oversample the relevant minority groups; this makes subgroup analyses challenging, if not impossible. In addition, many national surveys of the general population do not collect data points that would enable researchers to identify these minority groups for analysis (for example, an indicator of disability or substance abuse that would enable comparison to the general population).

Thus, a tailored data collection approach helps to understand the experiences of minority populations. The proposed umbrella data collection system, the Medicare Beneficiary Experiences with Care Survey System (MBECS System), will help address these issues by using a standardized yet flexible methodology that allows for customization in approach and content based on the particular minority group(s) of interest. The flexibility of design for each individual survey will be driven by the data, data sources, and location of the data for the population of interest. The umbrella MBECS system will use an expanded Consumer Assessment of Healthcare Providers and Systems (CAHPS®) methodology as a standardized data collection vehicle for Medicare beneficiaries in minority populations. First, CMS OMH will develop a survey, which includes a “core” set of existing CAHPS questionnaire items. The outreach method, modes of administration, and data collection protocols will be identical across survey populations. When a specific population of interest is identified, CMS OMH will then submit an individual collections request to OMB, including a revised research and sampling plan with changes relating to the specific population of interest. These individual submissions will include the core CAHPS questionnaire plus a brief population-specific module. The brief module will include population-specific questions pulled from Federal surveys relevant to the minority population, for example: the National Health Interview Survey (NHIS), the Medicare Current Beneficiary Survey (MCBS), or the Current Population Survey (CPS). CMS OMH will also provide updated respondent materials with wording adjusted for that particular population. Each survey submitted as an individual collections request will focus on one minority group; different minority groups of interest will not be surveyed at the same time or be administered the same population-specific module.

Key to the success of collecting data from minority groups is a sampling plan that ensures adequate representation of the target population in the final analytic sample. CMS OMH proposes building the MBECS data collection system by capitalizing on three main sources. These include: existing beneficiary characteristic flags within the CMS Virtual Research Data Center (also known as the Chronic Conditions Warehouse, or CCW), International Classification of Diseases – Tenth Addition (ICD-10) codes from CMS’ Medicare-Fee-For-Service (FFS) “final action” claims from institutional and non-institutional providers, and algorithms that leverage these data sources to identify beneficiaries who are likely in the population of interest. The *a priori* identification of beneficiaries likely to be in the population of interest will enable CMS OMH to target individual data collection efforts to the intended population and thus ensure adequate representation in the sample. The alternative approach—screening a general population of beneficiaries in order to identify minority population—would duplicate some existing data collection efforts and is cost prohibitive.

The goal of this umbrella data collection effort is to gather data via separate surveys on a variety of minority Medicare beneficiaries’ experiences. Topics and questions of interest may ask about beneficiaries’ communication with medical professionals, coordination of health care, experiences getting needed health care, and experiences with personal health care providers and specialists. CMS OMH will compare survey data to benchmarks from the general population of Medicare beneficiaries while controlling for population characteristics, as appropriate.

To achieve the goals of the MBECS system, CMS OMH will identify Medicare beneficiaries in priority minority populations of interest through review of administrative data and conduct data collection via a sequential multi-mode (web, mail, and telephone) survey that includes the module specific to one group of interest. CMS OMH will conduct up to three separate MBECS surveys over the course of this 3-year clearance. The groups considered to be priority minority populations for CMS OMH are Medicare populations that experience disproportionately high burdens of disease, worse quality of care, and barriers to accessing care. For CMS, these populations include but are not limited to, persons with intellectual or developmental disabilities, persons with mental illness, or persons with substance abuse disorders. Thus, candidates for survey through the MBECS umbrella system include beneficiaries who are:

- diagnosed with severe mental illness and/or intellectual or developmental disability
- diagnosed with substance use disorder

Subpopulations of interest within these two key groups include Hispanic, Non-Hispanic Black or African American, and Non-Hispanic Other, including White beneficiaries. Additional demographic comparisons (e.g., rural vs. urban, age group comparison, race/ethnicity comparisons) can be made to benchmark estimates for the population of interest, where possible.

CAHPS surveys ask health care consumers and patients to report on and evaluate their experiences with health care. These surveys, developed by the Agency for Healthcare Research and Quality (AHRQ), cover topics that are important to health care consumers and patients and focus on aspects of quality that they are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The MBECS core questionnaire (see Attachment A) administered to every group of interest includes items from the 2016 (or most current) CAHPS survey of the Medicare Fee-for-Service population (FFS CAHPS), the 2016 (or

most current) Medicare Advantage and Prescription Drug Plan CAHPS (MA CAHPS) questionnaire, and the 2014-2015 Nationwide Adult Medicaid CAHPS (NAM CAHPS) questionnaire. Some demographic items are included in order to align with HHS implementation guidance related to the Public Health Service Act (42 U. S. C.). Specifically, the demographic items were expanded to align with HHS guidance, and items related to disability and limited English proficiency are included. As the CAHPS questionnaires noted above are updated, CMS OMH will update the MBECS core questions, using CAHPS as a benchmark. The data collection activities proposed for the MBECS umbrella system and individual surveys will align closely with CAHPS methodology, using a sequential multi-mode (web, mail, and telephone) approach. Data analysis of each individual survey will include comparison of MBECS survey estimates against FFA, MA, and NAM CAHPS benchmarks and/or other source surveys for the population-specific module questions.

Data gathered through the MBECS system will allow CMS OMH to understand and measure differences in the experiences of minority Medicare beneficiaries compared with those of the general Medicare population. This data will inform CMS OMH policies, priorities, and future initiatives, as the agency strives to reduce health disparities.

This study is being conducted by CMS OMH through its contractor, NORC at the University of Chicago, pursuant to CMS' program authority under Section 3101 of the Public Health Service Act (PHSA) to collect, maintain, and issue defined reports on demographic data as deemed appropriate regarding health disparities.

2. Purpose and Use of Information

The MBECS system is designed to conduct population specific surveys that will be administered to the group of interest, fielded one time. This means that over the three-year period, three individual surveys will be administered. This will allow CMS OMH to respond quickly to the data needs of stakeholders with interests in these underrepresented groups. Data collected through the MBECS system will be used to better understand—and thus serve the needs of—Medicare beneficiaries in minority populations. The core questionnaire will collect information on communication with medical professionals, coordination of health care, experiences getting needed health care, experiences with personal health care providers and specialists, and key demographics. Data will be compared to benchmarks from the FFS CAHPS, MA CAHPS, and NAM CAHPS surveys. The population-specific questionnaire module described and submitted via a specific collection request will collect information about issues most relevant for that particular group of interest.

Using CMS administrative data and flags to identify minority populations of interest for each of the three surveys will also serve as a critical validation step of this method for identifying difficult-to-study populations, thus making it easier to study beneficiaries in these groups in the future.

3. Use of Improved Information Technology

Survey respondents will have the opportunity to respond to an MBECS survey via a self-administered web-based survey (also called computer-assisted web interview or CAWI). CAWI

technology minimizes respondent burden by 1) automatically providing text fills within questions and handling skip patterns based on responses to each question; 2) allowing respondents to complete the survey at a convenient time; 3) allowing respondents to stop and re-enter the survey if needed; and 4) capturing data in real-time, thereby eliminating the need for manual data entry.

For non-responders to the initial web survey, beneficiaries will receive a mailed paper self-administered questionnaire (SAQ). Beneficiaries who do not complete either the self-administered web survey or the SAQ will be called to attempt to complete the questionnaire via telephone with a trained telephone interviewer. Further, if a respondent does not wish to complete the survey online or via the paper SAQ, he/she can call a toll-free line and complete the survey via telephone. Similar to CAWI technology, computer-assisted telephone interviewing (CATI) technology helps minimize respondent burden with built-in functionality that moves through skip patterns seamlessly to increase efficiency. CATI tailors the sequence of the questions based on the answers of the respondent, resulting in few – if any – skip errors, and automatically provides text fills within questions based on responses to each question. Data collected via CATI are also automatically stored electronically, eliminating the need for manual data entry.

4. Efforts to Identify Duplication

Many of the minority populations that CMS OMH serves have historically been difficult to identify and study due in part to the difficulty in identifying them within larger data collection systems. Via the three surveys, the MBECS umbrella system will collect data that are not available elsewhere. Before conducting any of the individual surveys under the system, CMS OMH will make every effort to determine that the data are not available from other sources.

5. Involvement of Small Entities

This collection of information does not impact small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

CMS OMH is proposing MBECS as a data collection system to give CMS OMH the flexibility to collect data on minority subgroups that are not being collected elsewhere. This system is being developed in response to data needs that currently are not being met through other federal surveys. The collected data will help guide CMS OMH policy and help CMS OMH respond to the needs of minority population groups.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

The 60-day Federal Register Notice was published on April 9, 2021 (86 FR 18534).

The MBECS submission received comments from two respondents. CMS OMH's responses to these comments are located in the document "OMH Response and Comment Summary". The first comment is concerning changes to the language of the core CAHPS Medicare Experience Survey from which each MBECS would be developed, changing the word "doctor" to "health care provider" and including a definition of health care providers in the questionnaire, which includes nurse practitioners as a part of the definition. The commenter also suggested revising some of the questions in the core set of existing CAHPS questions for consistency and clarity. A second commenter suggested ensuring the consistency of MBECS question language and with the OMB requirements and categorizations for Race and Ethnicity data collection. They suggested that de-identified data be available to health plans after data collection, as well as response rates of each survey mode. CMS OMH's ability to adhere to this request will be dependent on the ability to ensure the privacy protection of the surveyed beneficiaries. Finally, the second commenter indicated that the MA-PD CAHPS data collection be considered when sending MBECS surveys so as to reduce the burden on beneficiaries that could receive two surveys in the same year.

OMH will take these comments and suggestions into consideration to ensure that clear and consistent language and definitions are used, including exchanging the word doctor for health care provider, adding nurse practitioners to the health care provider definition, and following OMB race and ethnicity categorizations. , CMS OMH will ensure the privacy of our surveyed beneficiaries is protected in all forms, and will evaluate the interaction of the MA-PD CAHPS survey to reduce burden on our beneficiaries.

The 30-day Federal Register Notice was published on July 29, 2021 (86 FR 40846)

8.b. Outside Consultations

CMS OMH has consulted regularly with the CMS Survey Coordination Forum on various topics, and will continue to do so as needed. CMS OMH also participates in interagency working groups as well as research conferences to consult with a wide variety of data users and policy officials interested in data on minority health. In addition, prior to the implementation of any survey fielded under the MBECS system, CMS OMH will seek input from stakeholders and experts in minority health for the population of interest.

9. Payments/Gifts to Respondents

CMS OMH anticipates some difficulties in finding and gaining cooperation from some minority populations due to their unique characteristics. The evidence on response rates and nonresponse is more developed for disabled and non-white beneficiaries than for beneficiaries with serious mental illness (SMI) or substance abuse disorders (SUD). However, CMS OMH expects these populations to be more similar to the disabled population than their non-disabled counterparts in terms of anticipated response rates.

There is some evidence suggesting that people with SMIs are more likely to be non-responders to surveys, but these studies were not conducted with the Medicare population so it remains unclear exactly how difficult recruitment will be for this group.^{1,2} In one study of CAHPS survey response rates, disabled and non-white beneficiaries were found to have significantly lower response rates than their counterparts,³ and these findings are supported by other, more general, research on survey response rates and nonresponse.^{4,5,6} Moreover, since disabled Medicare beneficiaries have a high prevalence of chronic illness and higher rates of psychiatric and cognitive conditions than beneficiaries who are not disabled,⁷ CMS OMH anticipates that this group could be particularly difficult to recruit.

Prior to any individual survey under MBECS, CMS OMH will evaluate the population characteristics and consider whether incentives may be necessary to improve response rates and reduce nonresponse. Incentives have been shown to reduce nonresponse, primarily by reducing refusals. The MBECS system will utilize two incentive models that have been shown to increase response rates. First, respondents who complete the web questionnaire within 10 days of receiving the web invitation letter will be given \$10. Research has shown that this “early bird” incentive model positively affects response rates across subgroups.⁸ Further research on the use of early bird incentives has shown that they do not adversely affect data quality.⁹ Second, a number of meta analyses have shown that incentives that are non-contingent in nature and are provided with the initial survey request in a mail survey also increase response rates.^{10,11} A \$2 pre-paid incentive has been shown to effectively increase overall response rate as well as the response rate across racial and ethnic strata.¹² In order to minimize nonresponse, the first MBECS SAQ mailing will include a \$2 pre-paid incentive.

10. Assurance of Confidentiality

The web invitation letters for surveys conducted under the MBECS system will include the following text:

All information you provide will be held in confidence by CMS and is protected by the Privacy Act of 1974. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will have no effect on your Medicare or Medicaid benefits.**

This text will also appear on the first screen of the web survey.

Similarly, the cover letters that accompany the self-administered questionnaires (SAQs) will state:

All information you provide will be held in confidence by CMS and is protected by the Privacy Act of 1974. The information you provide will not be shared with anyone other than authorized persons at CMS and NORC at the University of Chicago, the non-profit research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare or Medicaid benefits in any way.** However, your

knowledge and experiences will help CMS better serve people like you, so we hope you will choose to help us.

For the web survey portion of the data collection effort, respondents will see the following informed consent statement before beginning the questions:

- The Centers for Medicare and Medicaid Services (CMS) is the federal agency that administers the Medicare and Medicaid programs.
- CMS OMH is conducting this survey of Medicare beneficiaries to learn more about the care and services they receive.
- Your name was scientifically selected by CMS OMH from among enrollees.
- The results of this survey will help make health care better for everyone.
- Your participation in this survey is voluntary. All information you provide will be held in confidence and is protected by the Privacy Act of 1974.
- Your decision to participate or not to participate will not affect your Medicare benefits in any way. However, your knowledge and experiences will help other people make more informed choices.

For the telephone portion of the data collection effort, interviewers will read the following informed consent statement to potential respondents, which will be included in the interviewer introductory script:

“The interview is voluntary. Your answers will be kept private, and will not affect your Medicare benefits in any way.

Your name was selected by CMS OMH from among people with Medicare.

[IF THE RESPONDENT WOULD LIKE MORE INFORMATION: This survey is sponsored by the Centers for Medicare and Medicaid Services, CMS, which is the federal agency that administers the Medicare and Medicaid programs. CMS OMH is conducting this survey of people with Medicare to learn more about the care and services they receive. Your name was scientifically selected by CMS OMH from among enrollees.]

We would greatly appreciate it if you would take the time, about 20 minutes, to participate in this survey.

[IF THE RESPONDENT WOULD LIKE MORE INFORMATION: Your participation in this survey is voluntary. All information you provide will be held in confidence and is protected by the Privacy Act of 1974. You do not have to participate in this survey. Your decision to participate or not to participate will not affect your benefits in any way. However, your knowledge and experiences will help other people make more informed choices, so we hope you will choose to help us.]

This call may be recorded or monitored for quality assurance purposes.”

Finally, any data published will exclude information that might lead to the identification of specific individuals. Personally identifiable information (PII) (name, address, social security number, phone numbers) will be stored separately from questionnaire response data, and accessible only to the contractor personnel working on data collection activities. PII will be used only to locate and contact respondents; PII will not be included in the final files or reports and will be destroyed within 30 days of the completion of the project.

11. Questions of a Sensitive Nature

The MBECS core questionnaire asks about minority Medicare beneficiaries’ communication with medical professionals, coordination of health care, experiences getting needed health care, and experiences with personal health care providers and specialists. These topics are not considered sensitive.

Depending on the selected population of interest, the research questions to be answered with the population-specific modules, and the data sources from which questions are pulled, questions could be considered sensitive in nature. When submitting specific collection requests for review, we will include any questions for the population-specific module that could be considered sensitive in nature.

12. Estimates of Individual Population of Interest and Total Burden Hours and Costs

Each of the proposed MBECS questionnaires are estimated to average 20 minutes to complete a survey, across all modes of administration. This estimate is based on the estimated administration time for the 2016 FFS CAHPS questionnaire,¹³ since the MBECS questionnaire is similar in content and length. The number of completed surveys will vary by the sample size requirements of each minority populations of interest. The estimates included below in based on current data sources and are therefore subject to change. Updated estimates will be provided for each specific population of interest when submitting individual collections requests. CMS OMH estimates that approximately 13,000 respondents will complete the surveys, over the course of a three year period. For the purposes of calculating annualized burden, a maximum expected number of one survey per year over the three year period has been used, with an average response of .33 hours (20 minutes), for approximately 1,430 annualized burden hours each year.

Table 1 below shows the estimated total burden hours across the three years of data collection for the umbrella MBECS data collection system, assuming an average of one survey conducted per year.

Table 1. Estimated total burden hours

Form Name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
MBECS surveys (3)	13,000	1	.33	4,290
Total	13,000		.33	4,290

Table 2 below outlines the cost burden for fielding a survey to both populations of interest. We recommend using the BLS hourly wage rate for *All Occupations* for our respondent pool because the group of individual respondents varies widely across individuals in terms of occupation, respondent age, location, years of employment, and educational attainment, etc.

Based on the most recent Bureau of Labor and Statistics Occupational and Employment Data (May 2020) for Category 00-0000 (All Occupations), the mean hourly wage for all occupations is \$27.07. We have added 100% of the mean hourly wage to account for fringe and overhead benefits, which calculates to \$54.14 (\$27.07 +\$27.07). Assuming 4,290 burden hours and an average hourly wage rate of \$54.14, we estimate the total cost to be \$232,260.60.

Note – for Table 2, average hourly wage rate calculated using mean wages for 00-0000 All Occupations from the National Compensation Survey: Occupational wages in the United States May 2020 “U.S. Department of Labor, Bureau of Labor Statistics:”
https://www.bls.gov/oes/current/oes_nat.htm.

Table 2. Estimated cost burden

Form Name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
MBECS survey (3)	13,000	4,290	\$54.14	\$232,260.60
Total	13,000	4,290		\$232,260.60

13. Estimates of Annualized Respondent Capital and Maintenance Costs

There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Total and Annualized Cost to the Government

Table 3 and Table 4 show the estimated annualized cost to the government for the contractors and government personnel, assuming one survey per year collected under the MBECS system, each of the three years of clearance. Costs to the government will vary by sample size for individual information collection requests submitted under the MBECS System general clearance. Detailed cost estimates will be provided when the individual requests are submitted for OMB clearance.

The costs associated with the data collection activities for the project include the survey set up costs in year 1, data collection activities for the contractor, respondent incentives, and data delivery, analysis, and reporting costs.

Table 3. Estimated Total and Annualized Cost

Cost Component	Total Cost*	Annualized Cost
Survey set up costs (includes web and CATI programming of the MBECS instrument, management costs) – year 1 only	\$32,333	\$32,333 (year 1 only)
Data Collection (includes survey printing and postage, data entry, CATI interviewing, management costs, OMB submissions, NORC IRB review)*	\$1,391,832	\$463,944
Respondent incentives (includes \$2 pre-paid incentives and \$10 early bird incentives for web surveys completed within first two weeks)	\$225,879	\$75,293
Data analysis, reports, and delivery	\$121,173	\$40,391
Total	\$1,771,217	\$611,961

* Assumes an estimated total completes of 8,000 for data collection, as described in Table 3 above. Annual data collection costs will vary depending on sample sizes for individual surveys conducted under the MBECS system.

Table 4. Federal Government Personnel Cost

Grade	Salary	% of Time	Total
GS 12, Step 3	\$86,984	5	\$4,349.20
GS 13, Step 7	\$115,684	5	\$5,784.20
Total			\$10,133.40

15. Changes in Hour Burden

This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

Data collection is planned to begin following OMB clearance of the individual collection requests and last for approximately 5 months. Analyses will include:

1. Descriptive analysis of the distribution of composite measures, global rating items, and other individual items on the survey.
2. Analyses stratifying on demographic characteristics, such as gender, rural or urban location, SMI or SUD status, race, ethnicity, limited English proficiency, and disability status. These analyses will vary based on the target minority population and sub-groups included in the sample.
3. Comparison between minority populations (from MBECS) and general-population beneficiary benchmarks (from FFS, MA, and NAM CAHPS, or from other source surveys for population-specific measures) on patient experience measures.

CMS OMH will 1) produce a methodology report within three months of the end of any data collection; 2) plans to write up findings for publication on the CMS OMH website and in peer-reviewed journals (e.g., Medical Care, Medical Care Research and Review); and 3) plans to develop a restricted use data set for use by researchers.

17. Exemption for Display of Expiration Date

CMS OMH does not seek this exemption.

The OMB expiration date is displayed on all hardcopy respondent materials, including the Web invitation letter, cover letters accompanying the self-administered questionnaire, thank you letters (delivered with the incentive after the questionnaire is completed), and the hardcopy self-administered questionnaire. It will also be displayed on each screen of the MBECS web survey.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

CMS OMH does not seek this exception.

List of Attachments:

Attachment A – MBECS Core Questionnaire

References

- ¹ See nonresponse reporting from the National Survey on Drug Use and Health (NSDUH) at <https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>
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- ⁵ Binkley, T., Beare, T., Minett, M., Koepp, K., Wey, H., & Specker, B. (2017). Response to an Online Version of a PRAMS-like Survey in South Dakota. *Maternal & Child Health Journal*, *21*(2), 335-342. doi:10.1007/s10995-016-2118-6
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- ⁷ Jae, K., & Iulia Balbach, T. (2007). Working age medicare beneficiaries with disabilities: population characteristics and policy considerations. *Journal Of Health And Human Services Administration*, (3), 268.
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- ⁹ Fordyce, E., Dekker, K., Volberg, R., Williams, R. (2015, November). *Validity of Data for Early Bird Responders in a Statewide Gambling Study*. Presented at the annual Midwest Association for Public Opinion Research (MAPOR) Conference, Chicago, IL.
- ¹⁰ Singer, Eleanor, and C. Ye. 2013. "The Use and Effects of Incentives in Surveys." *Annals of the American Academy of Political and Social Science*, 645(1): 112-141.
- ¹¹ Dutwin, D., Loft, J. D., Darling, J. E., Holbrook, A. L., Johnson, T. P., Langley, R. E., ... & Triplett, T. (2015). Current Knowledge and Considerations Regarding Survey Refusals Executive Summary of the AAPOR Task Force Report on Survey Refusals. *Public Opinion Quarterly*, *79*(2), 411-419.
- ¹² Beebe, T. J., Davern, M. E., McAlpine, D. D., Call, K. T., & Rockwood, T. H. (2005). Increasing Response Rates in a Survey of Medicaid Enrollees: The Effect of a Prepaid Monetary incentive and Mixed Modes (Mail and Telephone). *Medical Care*, *43*(4), 411-414.
- ¹³ Impaq International LLC. (2016). *National Implementation Of The Original Medicare Fee-For-Service Cahps Survey Data Collection And Data File Preparation: Annual Report For The 2016 Survey*. Washington, DC: The Center for the Study of Services.