Application to Use Burden/Hours from Generic PRA Clearance: Generic Social Marketing & Consumer Testing Research (CMS-10437, OMB 0938-1247)

Generic Information Collection (GenIC) #25: Medicare Savings Program and Extra Help Awareness Survey

Office of Communications (OC)
Centers for Medicare & Medicaid Services (CMS)

A. Background

On August 16, 2022, President Biden signed the Inflation Reduction Act (IRA) into law. The IRA includes provisions with broad impact on Medicare beneficiaries who are eligible for the Part D low-income subsidy program (LIS or Extra Help). Currently, Medicare beneficiaries who have incomes up to 138% of federal poverty level (FPL) may be eligible for partial LIS. Starting in 2024, eligibility will be expanded, such that income eligibility for a full subsidy will increase from 138% FPL to 150% FPL. The full Extra Help provides Part D coverage with no monthly premium and caps out of pocket costs for generic Part D drugs at \$4.15 and for brand name Part D drugs at \$10.35.

An important avenue for enrollment into Extra Help is through enrollment in a Medicare Savings Program (MSP). Specifically, people who enroll in an MSP are automatically enrolled in Extra Help if they are eligible for that program. The other main way for Medicare beneficiaries to enroll is through the Social Security Administration.

CMS will be developing outreach and education to ensure that people who have Medicare are aware of the Extra Help benefit, including those who are potentially eligible but not enrolled, and those who are enrolled but currently receive partial benefits. This outreach will be designed to raise awareness of the program and the increased eligibility and more generous benefit, as well as improving knowledge about how to enroll. Research will be needed to examine the extent to which outreach strategies and messages are improving awareness and knowledge, and to provide a feedback loop for improving messaging and placement of outreach. The information from this tracking survey will serve as part of that information loop to drive improvement.

B. Description of Information Collection

A brief national tracking survey will be administered to Medicare beneficiaries who are 65 or older, with incomes that are within MSP or Extra Help eligibility. This survey will assess awareness of information about MSP and Extra Help, knowledge and expectations about the programs, and behavioral intent, to inform development of and revisions to CMS's communication messages and strategies to promote LIS awareness and knowledge. Participants will receive a nominal incentive worth up to \$5 for completing the survey.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

This mixed modality, cross-sectional tracking survey will be administered to a sample of 2,000 participants (30%-50% by phone and 50%-70% online). These phone/online distributions will ensure that data can be collected from participants across the range of MSP or Extra Help individuals. The final distribution will be determined based on sample availability and cost, and timeline for data collection.

All participants will be Medicare beneficiaries who are 65 or older and have incomes that are within MSP or Extra Help eligibility limits. Additionally, soft quotas will be placed to ensure race, ethnic, and

geographic diversity, and to produce findings that will enable CMS to communicate effectively with individuals who are eligible for MSP or Extra Help.

The data will be collected via online and phone survey. The survey is expected to take an average of approximately 10 minutes across modalities. The total approved burden ceiling of the generic ICR is 21,488 hours. We are requesting a total deduction of 333 hours from the approved burden ceiling (2,000) participants x 10 minutes = ~ 333 hours).

E. Timeline

CMS hopes to begin fielding this survey in October 2023 and to continue until burden hours are reached.

The following attachments are provided for this information collection:

• Cover Page: Attachment 1.docx

Signature Page: Attachment 2.docx

Survey Instrument: Attachment 3.docx

Supporting Statement: Attachment 4.docx