

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

**Generic Information Collection (GenIC) #7:** Formative Research on Communications and Decision  
Support in Marketplace 2017

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

## **A. Background**

The 2017 Open Enrollment period for Marketplace begins on November 1, 2016. To develop and refine effective communication and decision support tools for Marketplace consumers and potential consumers, CMS must understand characteristics of these target audiences. To understand consumers' expectations for, experiences with, and communication needs related to the Marketplace, the Office of Communications will be collaborating with a research contractor to conduct research that will assess consumers':

- Expectations and knowledge of health insurance in general;
- Awareness, knowledge, and perceptions of Marketplace communications;
- Expectations, knowledge, and utility of Healthcare.gov;
- Perceptions of quality as it pertains to health insurance; and
- Understanding and utility of decision-making aids on Healthcare.gov, including the Quality Rating System (QRS) and the network adequacy tool.

This project is designed to provide qualitative information to help improve outreach and education, as well as the consumer experience with Healthcare.gov.

## **B. Description of Information Collection**

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA established Affordable Insurance Exchanges (Exchanges) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. Due to the ACA, CMS is responsible for communicating and establishing outreach and education channels for the uninsured as well as those looking to re-enroll in plans – motivating them to purchase private insurance plans through the Health Insurance Marketplace at Healthcare.gov. The proposed data collection effort will provide formative research to understand consumers' expectations and knowledge about health care, health insurance, and Healthcare.gov and the extent to which Healthcare.gov is understandable, accessible, and useful to consumers.

Furthermore, sections 1311(c)(3) and (c)(4) of the Affordable Care Act directs the Secretary to develop, administer, and make publicly available a QRS that rates Qualified Health Plans (QHPs) based on relative quality and price as well as the results of an Enrollee Satisfaction Survey. The QRS was rolled out in two pilot states for the 2016 Open Enrollment period, Virginia and Wisconsin. Therefore, this data collection effort will also focus on understanding consumers' experiences with the QRS, including their understanding and perceptions of utility of this feature of Healthcare.gov.

## **C. Deviations from Generic Request**

No deviations are requested.

#### **D. Burden Hour Deduction**

There will be up to 60 focus groups, with up to 10 participants per group. Therefore, up to 600 people will participate in this study. They will vary by age, race/ethnicity, highest level of education completed, and health insurance status. All participants will be eligible to purchase (or will have already purchased) health insurance through the HIM.

The data will be collected via focus groups conducted in various markets throughout the country. The focus groups are expected to take approximately 90 minutes. The total approved burden ceiling of the generic ICR is 21,488 hours. We are requesting a total deduction of 900 hours from the approved burden ceiling (600 participants x 1.50 hours = 900 hours).

Respondents will be offered a cash incentive consistent with that for similar consumer marketing research activities in this area for completing the focus group. This level of participant incentive is in keeping with that specified in the original Supporting Statement for this collection, i.e., *in accordance to OMB Circular A-21, section C, and subsection 3 "Reasonable Costs"*. A more detailed justification for providing incentives is appended to this application.

#### **E. Timeline**

CMS hopes to deploy this collection as soon as clearance can be obtained, sometime between the present - December 31, 2016

The following attachments are provided for this information collection:

- CMS Health Insurance Marketplace Perceptions and Intent Focus Group Guide
- Justification for Providing Incentives for Participation in Marketing Research – Qualitative Studies