

Health Insurance Marketplace Consumer Experience Surveys: Enrollee Satisfaction Survey and Marketplace Survey

**Supporting Statement—Part A
Supporting Statement for Information Collection the Enrollee
Satisfaction Survey and Marketplace Survey Data Collection:
Testing and Early Feedback Phases**

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Centers for Medicare & Medicaid Services

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A. Background

The Affordable Care Act (ACA) authorized the creation of Health Insurance Marketplaces (Marketplaces) to help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans beginning October 2013. By 2020, more than 27 million individuals and employees of small firms are expected to obtain their health insurance through Marketplaces. Section 1311(c)(4) of the ACA requires the Department of Health and Human Services (HHS) to develop an enrollee satisfaction survey system that assesses consumer experience with qualified health plans (QHPs) offered through a Marketplace. It also requires public display of enrollee satisfaction information by the Marketplace to allow individuals to easily compare enrollee satisfaction levels between comparable plans. HHS intends to establish two surveys that assess consumer experience with the Marketplaces and the QHPs offered through the Marketplaces.

Project Goals

The purpose of this project is to develop, test, and implement two assessment surveys:

1. A Health Insurance Marketplace Survey (Marketplace Survey) - Survey of health insurance marketplace consumers
2. A Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) - Survey of adult enrollees in Qualified Health Plans (QHPs).

Marketplace Survey

The Marketplace Survey will provide (1) actionable information that the Marketplaces can use to improve performance, (2) information that CMS and state regulatory organizations can use for quality improvement and oversight, and (3) a longitudinal database for future Marketplace research. This data can only be collected through a representative sample of the users of each Marketplace and is a vital oversight tool for the Marketplaces.

QHP Enrollee Survey

CMS intends to establish the QHP Enrollee Survey to (1) help consumers choose among competing health plans, (2) provide actionable information that the QHPs can use to improve performance, (3) provide information that Marketplaces, regulatory and accreditation organizations can use to regulate and accredit plans, and (4) provide a longitudinal database for consumer research. CMS is required by Section 1311(c) (4) of the Affordable Care Act to provide information about Qualified Health Plans' to consumers and a random sample of QHP members is the best method to collect this information.

The project goals for the initial psychometric testing and early feedback phases of these surveys are summarized in Exhibit A1. CMS is seeking immediate clearance for the psychometric test round, so that Marketplace Survey psychometric testing operations can begin on March 1, 2014 and QHP Enrollee Survey testing operations can begin on June 1, 2014. Following psychometric testing, CMS will submit updated materials and seek clearance for a second phase that includes both a beta test of the distributed vendor system to be used to implement the QHP Enrollee survey and the generation of early feedback data to States and vendors. It is anticipated that survey instruments will be significantly shorter for second phase, but do not anticipate any major substantive changes in any methods or materials relative to what is described in this supporting

statement. We are also seeking immediate clearance of the survey vendor participation form for the QHP beta test.

Additionally, we plan to request clearance for two subsequent rounds of full-scale national implementation with public reporting of scores for each survey in 2016 and 2017, but we will not request clearance for those rounds until the testing in 2014 and the early feedback phase in 2015 have been completed. A summary of findings from the testing rounds will be included when requesting clearance for the additional two rounds of national implementation with public reporting in 2016 and 2017. Given the statutory requirements for these surveys included in Section 1311(c) (4) of the Affordable Care Act, CMS plans to conduct both surveys on an annual basis beyond 2017.

Exhibit A1. Surveys Included in this Application and Timing

Round		Surveys	
		Marketplace Survey	QHP Enrollee Survey
Timing		Goals	Timing
		Goals	Goals
Psychometric Test Phase Mar - June 2014		<ul style="list-style-type: none"> Evaluate the internal and inter-unit reliability and validity of composite measures Revise composites if necessary Test if response rates differ by language and mode Inform changes in data collection methods to improve response rates and minimize potential non-response bias Test the equivalence of measurement properties across 3 languages (English, Spanish, Chinese) and 3 modes (mail, phone, web) Identify survey items that can be dropped from the instrument Implement and evaluate process for sampling frame construction and for sampling Estimate sample size requirements for future data collections Identify potential case mix adjusters Determine if additional cognitive testing is necessary 	<ul style="list-style-type: none"> Test if response rates differ by mode Inform changes in data collection methods to improve response rates and minimize potential non-response bias Verify the internal and inter-unit reliability and validity of existing CAHPS 5.0 composite measures Evaluate the reliability and validity of new questions and new composite measures Revise composites if necessary Test the equivalence of measurement properties across 3 languages (English, Spanish, Chinese) and 3 modes (mail, phone, web) Identify survey items that can be dropped from the instrument Implement and evaluate the process for sampling frame construction and for sampling Estimate sample size requirements for future data collections Identify potential case mix adjusters Determine if additional cognitive testing is necessary
Jan – Apr 2015		<ul style="list-style-type: none"> Repeat analyses from psychometric test to verify findings and test the effect of any changes to methods or survey content Assess the potential for heterogeneity in responses both within and among states If possible, calculate state-level assessment scores to provide initial feedback to CMS and states to help quality improvement 	<ul style="list-style-type: none"> Test the survey vendor system Repeat analyses from psychometric test to verify findings and test the effect of any changes to methods or survey content If possible, calculate QHP-level assessment scores to provide initial feedback to CMS and states to inform quality improvement efforts and to be used in the beta test of the

Round	Surveys			
		efforts <ul style="list-style-type: none"> Assess adequacy of sample size for identifying potential disparities in enrollee experiences by race, ethnicity, income, and disability exist within and across QHPs, States, issuers, and Marketplace type (FFM v. SBM) 		Quality Rating System (QRS)

Survey Development

Previous Testing of CAHPS Surveys on which the Marketplace and QHP Enrollee Surveys are Based

A comprehensive review of the literature and related surveys, focus groups, stakeholder discussions, and input from the technical expert panel (TEP) informed the development of the survey. It is important that all Marketplaces and QHPs offered through the Marketplaces be assessed using a reliable and valid survey, administered and scored according to standards developed and monitored by independent organizations. CMS is using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Principles (<http://www.cahps.ahrq.gov/about.htm>) for developing the surveys (see background information below).

The Marketplace Survey was developed using CAHPS Principles, CAHPS question structure, CAHPS response sets, and, in a few cases, CAHPS items. However, there is no precedent for Marketplaces in the U.S. health care system (other than in Massachusetts), so there is no existing consumer assessment survey of entities similar to the Marketplaces. Thus, almost all the Marketplace Survey questions were developed for this project; however, some of the survey items were drawn from existing surveys including: CAHPS Health Plan 5.0 Adult Medicaid core; CAHPS Health Plan 5.0, Adult Supplemental Item Set (these are new CAHPS questions that are not in public documentation yet); CAHPS Clinician & Group 2.0, Adult Supplemental; Hospital CAHPS Adult; HHS Office of Minority Health ACA Section 4302 Data Collection Standards; American Community Survey (ACS) – Person Section; 2010 National HIV Behavioral Surveillance System; and 2014 Medicare Provider Satisfaction Survey (Items for ACOs Participating in Medicare Initiatives).

CMS will test the Marketplace Survey in 2014 to understand its psychometric and functional properties, develop composite measures and case mix adjusters, and reduce the number of items in the questionnaire. In addition to the beta test goals, the administration of the Marketplace Survey to be conducted in 2015 will establish a baseline measure of Marketplace performance and provide early feedback to States and QHPs. The goals for the 2014 psychometric testing and 2015 beta test/early feedback phases of this ICR are listed above in Exhibit A1.

The QHPs are very similar to the health plans that are assessed by the original CAHPS Health Plan Survey, thus CMS adopted the current version, the CAHPS 5.0 Health Plan Survey as the core of the QHP Enrollee Survey. Supplemental item sets from other CAHPS surveys, many of which have never been formally tested or used were added to the draft of the questionnaire that will be used in the psychometric testing phase in order to address specific issues found to be important to consumers in formative research. Finally, a few new questions were added to the

draft survey instrument when existing questions were inadequate to provide the information sought.

More specifically, given its reputation as the national standard for measuring consumer experiences with health plans and endorsement from the NQF, the CAHPS Health Plan 5.0 Medicaid Survey served as the starting point for the QHP Enrollee Survey. By maintaining consistency with the CAHPS Health Plan 5.0 Survey, CMS and the public will be able to make comparisons between consumers' experiences with QHPs purchased through the Health Insurance Marketplaces and consumers' experiences with private and Medicaid health plans. The adult survey includes all of the CAHPS[®] Health Plan 5.0 (Adult Medicaid) items, and adds several new domains and items based on a comprehensive review of the literature and related surveys, focus groups, stakeholder discussions, and input from the TEP. These additional topics included shared decision making between patients and providers, mental health services, habilitative services, care coordination, information provided by the health plan, and cost of medical care. In order to add these topics for the survey, questions from other CAHPS surveys were used including the Health Plan 5.0 Adult Supplemental item set, the Adult Supplemental Items from the CAHPS Clinician and Group 2.0 Survey, and the Patient Centered Medical Home (PCMH) Supplement from the CAHPS Clinician and Group 2.0 Survey. Additionally, a few of the survey questions were drafted by CMS consultants after determining that no suitable items were available from other CAHPS surveys. In the QHP Enrollee Survey questionnaire submitted for review, indicators have been provided to identify the source of each survey question.

The items that were added to the survey were drawn from: CAHPS Health Plan 5.0, Adult Medicaid; CAHPS Health Plan 5.0 HEDIS, Adult Medicaid; CAHPS Health Plan 5.0 HEDIS, Adult Commercial; CAHPS Health Plan 4.0, Adult Supplemental; CAHPS Health Plan 5.0, Adult Supplemental (these are new CAHPS questions that are not in public documentation yet); CAHPS Clinician & Group 2.0, Adult Supplemental; CAHPS Clinician & Group 2.0, Adult Supplemental; CAHPS Clinician & Group 2.0, Patient-Centered Medical Items; HHS Office of Minority Health ACA Section 4302 Data Collection Standards; American Community Survey (ACS) – Person Section; 2010 National HIV Behavioral Surveillance System; 2014 Medicare Provider Satisfaction Survey – Items for ACOs Participating in Medicare Initiatives. The goals for the 2014 test phase and 2015 early results/beta test phase are listed above in Exhibit A1.

Background Information on CAHPS: The various CAHPS[®] surveys currently in the public domain ask consumers and patients to report on their experiences with health plans and health care providers. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. Rather than asking if consumers are satisfied, CAHPS surveys ask if the consumer observed certain provider behaviors that are believed by consumers and generally acknowledged by providers to represent good quality care.

Over the past 19 years, the CAHPS Consortium has established a set of principles to guide the development of CAHPS surveys and related tools. These principles include identifying and supporting the consumer's or patient's information needs, conducting thorough scientific testing, ensuring comparability of data, maintaining an open development process, and keeping products in the public domain. CAHPS surveys are developed by following a set of design principles to ensure that the data are psychometrically sound, scientifically credible, and useful for research, quality reporting, and accountability.

The core set of CAHPS® principles include the following:

- Use the best scientific evidence available
- Measure only those things for which the respondent is the best or only source of information
- Base the assessment on respondents' experiences with specific provider behaviors
- Incorporate stakeholder input throughout the development process
- Design the survey so that the results are easily communicated to consumer audiences
- Place products in the public domain.¹

The development of the original CAHPS Health Plan 1.0 Survey was described in a special issue of the journal *Medical Care*². In preparation for submission to the National Quality Foundation (NQF) for their endorsement of the Health Plan Survey's measures, the CAHPS Consortium engaged with the National Committee for Quality Assurance (NCQA) and the public to receive comments on the Health Plan 4.0 Survey. Additionally, the consortium conducted a field test of the questionnaire with six health plans. The CAHPS Health Plan 4.0 Survey was submitted to NQF and received their endorsement in 2007. In order to receive NQF endorsement, measures must meet a number of criteria³ including proving that a measure has been thoroughly tested for reliability and validity. The CAHPS Health Plan 5.0 Survey used as the basis for development of the QHP Enrollee Survey included only minor revisions from the 4.0 version⁴.

Cognitive Testing for the Marketplace and QHP Surveys

CMS conducted two rounds of cognitive testing in three languages (English, Spanish, and Chinese) for both surveys. The testing focused on the Marketplace Survey, which was almost entirely new. To avoid duplication, CMS relied heavily on the testing that had already been done on the CAHPS questions used in the QHP Enrollee Survey and only tested new or modified questions.

The first round of testing was conducted with proxy Marketplace users from the Massachusetts Health Connector because it had to be done before Marketplaces became operational. Nine interviews were conducted in each language to understand respondents' experiences with the Massachusetts Health Connector. The second round of testing was conducted in the first weeks of Marketplace open enrollment when people had varying experiences with the Marketplaces. The 9 respondents in each language were used to provide a perspective of positive and negative experiences interacting with the Marketplace in a variety of ways such as on the website, over the phone, and in person. The short timeline between the opening of the Health Insurance Marketplaces and the psychometric testing of both surveys, combined with the iterative approach utilized, drove this approach to evaluating the surveys. In addition to the cognitive testing, the survey team coordinates and consults on an ongoing basis with CMS/CCIIO regarding alignment

¹ Goldstein E, Farquhar M, Crofton C, Darby C, Garfinkel S. Measuring hospital care from the patients' perspective: an overview of the CAHPS® Hospital Survey development process. *Health Serv Res.* 2005 Dec; 40(6 Pt 2):1977-95. PubMed PMID: 16316434; PubMed Central PMCID: PMC1361247.

² "Consumer Assessment of Health Plans Study (CAHPS)." *Medical Care.* 37.Supplement 3 (1999): MS1 - MS115. <<http://journals.lww.com/lww-medicalcare/toc/1999/03001>>

³ A full list of NQF's endorsement criteria can be found at: http://www.qualityforum.org/docs/measure_evaluation_criteria.aspx

⁴ A crosswalk of the changes between the 4.0 and 5.0 can be found at: https://cahps.ahrq.gov/surveys-guidance/hp/about/2150_Overview_HP_Surveys.pdf

with CCIIO information collection activities to minimize duplication of burden and environmental scan information about likely enrollee characteristics to inform this project. The psychometric testing will verify and validate the cognitive testing and identify any additional testing needs.

Survey Translation

CMS chose Spanish and Chinese for translation because they are the two most commonly spoken languages in the United States after English according to data collected by the 2011 American Community Survey. Additionally, 56.3 percent of individuals who speak Spanish at home said that they spoke English “very well” and 44.3 percent of individuals who speak Chinese at home said they spoke English “very well”⁵. Thus about half of Spanish and Chinese speakers do not speak English very well and so could benefit from the availability of Spanish and Chinese versions.

The Spanish translation is designed for Latinos from different countries of origin living in the United States whose primary or sole language is Spanish. The Chinese translation was designed for Chinese living in the United States whose primary or only spoken language is Mandarin Chinese. For Chinese translation, the survey and accompanying materials have been translated into Traditional Chinese to ensure that the broadest population possible is able to understand the survey. Generally, individuals from Mainland China as well as Hong Kong and Taiwan are able to read Traditional Chinese. The use of Simplified Chinese was considered; however, populations outside of Mainland China are generally unable to read Simplified Chinese. That said, for both the psychometric and beta test phases, we are only sending Chinese surveys to two types of respondents: 1) those who specifically request a survey in Chinese, by calling a toll-free number, and 2) those who explicitly indicated a preference for Chinese in written materials when they filled out their Marketplace application.

The translated versions of the surveys will be handled differently for each survey. For the Marketplace Survey, if an individual indicated a preference for either Spanish or Chinese, it will appear on the sampling frame and he or she will be mailed the appropriate version of the survey automatically. For the QHP Survey, information regarding an individual’s language preference will not be available. As a result, all materials will be mailed in English; however, on both the letters and questionnaires, a translated tagline will appear informing respondents that they can call a toll-free number to request the survey in either Spanish or Chinese.

Survey Vendor Participation

There will be a single survey vendor for all rounds of administration for the Marketplace Survey and for the QHP Enrollee Survey testing in 2014 operating under a contract from CMS. However, for the 2015 QHP Enrollee Survey beta test and in publically reported QHP surveys in 2016 and 2017, it is estimated that up to 40 vendors might apply for approval to collect data under contract to the QHP issuers. They will apply using the Survey Vendor Participation form. The form is included in this clearance package and is modeled on the Medicare Part C and D survey vendor participation form. A list of approved vendors will be posted on the QHP survey vendor website annually in the same manner as is done on the Medicare Part C and D survey vendor website (www.ma-pdpcahps.org). As a part of the 2015 Beta Test, we will be testing the

⁵ Ryan, Camille. United States. Census Bureau. *Language Use in the United States: 2011*. Suitland, MD: 2013. <<http://www.census.gov/prod/2013pubs/acs-22.pdf>>.

survey vendor system. This test includes evaluating all of the systems including the survey vendor recruitment and application processes, training of vendors, technical assistance to vendors, and collection of data from survey vendors. Given that the survey will be administered by multiple vendors, it is essential that the results from each vendor are analyzed after the beta test to ensure that there are no anomalies or variations resulting in deviations from the survey administration protocol established by CMS. Appendix A includes a draft version of the minimum business requirements that survey vendors will have to meet in order to be approved as a survey vendor for the 2015 QHP Enrollee Survey. Vendors' approval must be renewed annually. CMS may withdraw a survey vendor's approval after three instances of non-compliance in a 24 month period. Additional criteria and procedures for evaluating a vendors' performance are currently under development.

Decision-making Criteria Related to Methodological Goals

Psychometric Test Phase

The goals shown in Exhibit A1 all reflect the exploratory nature of these tests in that these goals are designed to inform revisions to the *survey content*, the *sampling methodology*, and the *data collection protocols*. The results of the test phase will be used to develop a set of guidelines and protocols reflecting what CMS learns from the psychometric testing and will include recommendations based on those findings. These recommendations will be aligned with CAHPS standards to the extent possible. See the following documents for examples of these guidelines:

https://cahps.ahrq.gov/surveys-guidance/docs/1033_CG_Fielding_the_Survey.pdf

https://cahps.ahrq.gov/surveys-guidance/docs/13b_Fielding_the_Commercial_Survey_2008.pdf

As these two examples illustrate, some recommendations provide potential users with options (e.g., in choosing the mode of survey administration), while others are made more ardently (e.g., the recommendation to obtain a response rate of 40% or higher). Thus, the overarching goal for the psychometric tests of both surveys is to inform the development of a set of guidelines, one for each survey.

Survey content

For both surveys, there are two goals with respect to survey content: 1) identify survey items that can be dropped in order to shorten the survey, and 2) identify a set of internal and inter-unit reliable and valid composites to be used for scoring, analysis, and reporting.

Goal 1:

Substantive assessment items may be dropped for any of the following reasons:

1. They do not load strongly on any measurement domains (i.e., factor loadings < 0.40).
2. The content of an item significantly overlaps with other items that have better psychometric properties.
3. A very small number of respondents are eligible to respond to the item (e.g., < 10%). Note that this criterion may conflict with other valid reasons to include the items in the survey. For example, very few respondents may report that they needed language interpretation services, but the case for retaining the item might supersede the statistical evidence for dropping it.
4. An item has a high level of non-response (e.g., > 10%), possibly indicating that respondents either did not understand the item or did not want to answer it. Note that

item-level non-response rates do not include items that are legitimately skipped based on respondents' answers to screening questions, only items that are truly missing.

5. The item has unit-level reliability < 0.70 and/or would require an effective sample size that is prohibitively large (more than 300 completed responses from each sampling and reporting entity) in order to obtain unit-level reliability ≥ 0.70 .
6. CMS, the TEP, or other stakeholders determine that the item is inappropriate or otherwise not useful in meeting the goals of the survey data collection effort.
7. Items hypothesized to be case mix adjusters fail to meet the criteria for case mix adjusters.

If substantive items controlled by screening questions are dropped, those screening questions will be dropped as well. Demographic questions ('About You' items) will be dropped if they are either found not useful for substantive subgroups analyses or they are not selected as case-mix adjusters. Global rating questions will be dropped if they are either highly correlated with other items (indicating that they provide little unique information) or if the unit-level reliability of the items is unacceptable (see item 5 above).

Goal 2:

In the psychometric analysis of the test data, composites are evaluated based on the following criteria:

1. Results of a confirmatory factor analysis (CFA) show a good fit between the hypothesized composites and the observed psychometric test data. The fit is considered acceptable based on the following criteria: root mean square error of approximation (RMSEA) < 0.05 ; comparative fit index ≥ 0.95 , and the Tucker-Lewis index ≥ 0.95 .
2. Observed unit-level reliability should be ≥ 0.70 . It can be less than 0.70, but in that case sample size projections based on unit-level reliability should indicate that an effective sample size of 300 or less per reporting unit will be needed to obtain unit-level reliability ≥ 0.70 .
3. Internal-consistency reliability (Cronbach's alpha) should be ≥ 0.70 .
4. Scaling success should be 100%. Scaling success is an indicator of the extent to which items correlate more highly with their own composites than with competing composites.
5. Ceiling effects should be no higher than 75%, and preferably would be no higher than 50%. The ceiling effect indicates the proportion of respondents who give the highest possible rating for all items in a composite.
6. The items grouped together in a composite should make sense, substantively. This requirement is subjective rather than statistical, and relies on the mutual agreement of various stakeholders.

In some cases, where there is a compelling reason to retain a composite (a composite measures a concept that is very important to consumers), some of these criteria may be relaxed in order to allow the retention of that composite. Alternatively, such items may be retained as single item indicators. Although the psychometric properties of the CAHPS 5.0 Survey are well established, it will be important to learn if they hold for the QHP population given that most will have been uninsured and, thus, not previously included in the CAHPS 5.0 psychometric testing.

Psychometric analyses will be conducted separately by mode and language. Fit estimates from a CFA will be calculated separately for each mode and language group and statistical tests

performed to estimate the probability that the fit, factor loadings, and error matrices are equal across groups. For example, using factor analysis we would test the following hypothesis:

$$\Lambda_{Eng} = \Lambda_{Sp} = \Lambda_{Ch}$$

Where Λ (lambda) represents a matrix of factor loadings estimated separately for respondents in each language. Failure to reject this null hypothesis would indicate that the pattern of factor loadings, and thus the construct validity, was consistent across the three languages. Similar tests would be done with error matrices and matrices of factor variances.

Sampling Methodology

The test results will inform recommendations regarding sampling frame construction, sampling methods, and sample size. Since the tests will be the first attempt at constructing a sampling frame using CMS administrative data, CMS will maintain a log of challenges and decisions made with respect to identifying eligible individuals to include in the frames, the data fields required to properly identify accountable units (for the QHP survey), and differences or limitations related to the data available from the SBMs. Guidelines will be developed based on these experiences, implemented for the beta tests, and further refined as necessary between each subsequent round of data collection.

Response rates and non-response bias. Observed response rates from the tests, along with the unit-level reliability analysis, will inform future sample size recommendations. As part of testing the performance of the surveys in the test, CMS will determine if the goal of 40 percent response can be achieved. The actual response rates obtained in the field test will be used to adjust the response rate goals for the beta test and subsequent rounds. If 40 percent is not achieved in the psychometric test, the reliability of the surveys as determined at the national level will not be affected, but the ability to conduct subgroup analyses might be affected. The mode experiments will provide evidence of the feasibility of administering the surveys in different modes such as mail, phone, or web by comparing the response rates among sample members randomly assigned to each mode. In addition, the mode experiments will provide evidence for or against enhanced forms of follow-up (e.g., using FedEx for follow-up mailings) or mixed mode (e.g., mail with phone follow-up) compared to single mode approaches (e.g., mail-only or web-only).

If response rates vary either by mode or language – indicated by a statistically significant difference in the propensity to respond across mode or language indicators – CMS will conduct a nonresponse bias analysis to determine if there are systematic differences between respondents and nonrespondents in terms of their demographic characteristics that are related to the study outcomes. If bias is found, CMS will explore the feasibility of applying nonresponse bias adjustments to the results. CMS will also consider the possibility of conducting non-English surveys by telephone if the results of these analyses suggest that there is a significant bias associated with limiting non-English surveys to mail only.

If response rates vary by mode in the psychometric test, CMS will compute a cost per complete for each mode and relate the response rate for that mode to its unit cost to determine if the benefit in terms of better response is worth any additional cost that might be required.

The results of all of these analyses will be summarized in reports. For future implementations of the Marketplace survey, this assessment will be made by CMS once we see the variation in costs and response rates among the modes. There is no *a priori* assumption about an acceptable benefit-cost tradeoff and CMS also wants to remain consistent with standard CAHPS procedures

to the extent possible. For the QHP Enrollee Survey, CMS will make guidelines available to survey sponsors and vendors, who in turn will choose the data collection protocols that are the most feasible with respect to cost and other considerations.

Data collection protocols

CMS will make recommendations regarding choice of modes based on previous literature and the findings regarding response rates, nonresponse bias, and cost-benefit tradeoffs associated with the different modes tested, as described above.

Early Feedback/Beta Test Phase

For the Marketplace Survey, psychometric analyses will be repeated using the beta test data and applying the same set of criteria described above. Also, disparities will be examined by estimating differences in assessment scores by race, ethnicity, income, and disability using regression models. Statistically significant parameter estimates from models regressing assessment scores on these respondent characteristics will indicate the possible presence of disparities (e.g., if respondents with lower income levels report more difficulties with the application process). CMS will also test if respondent characteristics vary across the four Marketplace application milestones. For example, if consumers start the application process but then never enroll, and this happens at a higher rate among consumers with lower incomes or with disabilities, such findings would suggest potential disparities that should be explored further.

For the QHP beta test, psychometric analyses will be repeated using the beta test data and applying the same set of criteria described above. In addition, CMS will be testing the survey vendor system. This test includes evaluating all of the systems including the survey vendor recruitment and application processes, training of vendors, technical assistance to vendors, and collection of data from survey vendors. Given that the survey will be administered by multiple vendors, it is essential that the results from each vendor are analyzed after the beta test to ensure that there are no anomalies or variations resulting in deviations from the survey administration protocol established by CMS. If such problems are detected, CMS will inform vendors of these problems and indicate to them what steps need to be taken to correct them.

Finally, for the QHP beta test, CMS will test for disparities in enrollee experiences across QHPs using the approach described above for the Marketplace beta test.

Project Tasks and Results

CMS is requesting approval for information collections associated with the 2014 psychometric testing and 2015 beta test and generation of early feedback to the states and QHPs. CMS intends to update this request to include data collections associated with 2016 and 2017 national implementation with reporting of the Marketplace Survey to States and with public reporting of the QHP Enrollee Survey in the future. The questionnaires and sampling approaches included in this application are intended for use in the 2014 psychometric test phase. We expect to revise them for use in the 2015 beta tests and generation of early feedback to the states and QHPs based on the results of the 2014 testing. We expect small refinements for the 2016 national implementation with reporting based on the experience in the 2015 early feedback/beta test phase. Thus, we will submit amended questionnaires and sampling designs to this information collection each year, based on results from the previous year. In the future, CMS may also request an amendment to cover a Child QHP Enrollee Survey that is currently under

development. Such a Child Survey would ask parents to report on their experiences with their child's health plan.

B. Justification

1. Need and Legal Basis

Section 1311(c) (4) of the Affordable Care Act (ACA) requires HHS to establish an enrollee satisfaction survey to be administered to members of each QHP offered through a Marketplace. In accordance with section 1311(c)(4), the results of this survey will be available on each State Marketplace's web portal, as well as the Federally-facilitated Marketplace's web portal, in a manner that allows applicants for coverage to compare plans.

CMS determined that since the Marketplace survey data elements do not align with CAHPS[®] as closely as the QHP enrollee survey and because the sampling requirements and reference periods differ, the Marketplace survey would not wholly align with the requirements under section 1311(c)(4). In 45 CFR § 155.1200(b)(3)⁶, we direct State Exchanges to submit performance monitoring data (which would include information on consumer satisfaction and other data from the Marketplace Survey) on an annual basis and so therefore, CMS intends to establish the Marketplace survey pursuant to sections 1313 and 1321(A) of the Affordable Care Act. Therefore, based on the authority in section 1313 and the authority of section 1321(A) which provides general standards for operating Marketplaces, CMS is now establishing and administering the Marketplace survey distinct from the section 1311(c)(4) authority of the ESS.

In the 2016 and 2017 full-scale national implementation, CMS plans to use these survey results to assess the potential for disparities in the use of the Marketplace and QHPs by race, ethnicity, income, and disability status. Direct information from consumers' about their experiences over time is essential to detecting and correcting disparities through the quality improvement process. In order to meet this obligation, CMS requires survey-based performance scores for racial, ethnic, and income subgroups within each state from the beginning of Marketplace operations in October 2013 and QHP operations in 2014. This is consistent with section 3101(a) (1) of the Public Health Service Act (as amended by section 4302 of the Affordable Care Act), which requires HHS to make survey estimates by race, ethnicity, and other personal characteristics at the smallest practicable geographic level.⁷

⁶ Patient Protection and Affordable Care Act; Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014; Final Rule, 78 FR 65046 (Oct. 30, 2013)

⁷ "TITLE XXXI—DATA COLLECTION, ANALYSIS, AND QUALITY
SEC. 3101. DATA COLLECTION, ANALYSIS, AND QUALITY.
(a) DATA COLLECTION.

(1) IN GENERAL.—The Secretary shall ensure that, by not later than 2 years after the date of enactment of this title, any federally conducted or supported health care or public health program, activity or survey (including Current Population Surveys and American Community Surveys conducted by the Bureau of Labor Statistics and the Bureau of the Census) collects and reports, to the extent practicable—

(A) data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants;
(B) data at the smallest geographic level such as State, local, or institutional levels if such data can be aggregated;
(C) sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations; and
(D) any other demographic data as deemed appropriate by the Secretary regarding health disparities."

2. Information Users

Psychometric Test Phase of the Marketplace and QHP Enrollee Surveys. We propose a one-time psychometric test of the Marketplace and QHP Enrollee Survey instruments. The Marketplace Survey psychometric test is scheduled to take place from March–June 2014. The QHP Enrollee survey psychometric test is scheduled to take place in June–September 2014. CMS will use the information to develop reliable and valid questionnaires, survey methods and composite scores for future use in an annual survey of Marketplace and QHP performance

Early Feedback/Beta Test Phase of the Marketplace and QHP Enrollee Survey. The beta test will be used by CMS to evaluate the survey vendor system for the QHP Enrollee Survey. The data generated during the beta test also will provide early feedback on the performance of Marketplaces and QHPs. Specifically, these data will be made available to state governments operating State-based Marketplaces and adopting the State Partnership Model of collaboration with Federally-facilitated Marketplace (FFM) to provide early feedback that can be used for quality improvement of the Marketplaces in their states. Information generated from the QHP Enrollee Survey in 2015 will be provide state insurance commissions, Marketplaces and issuers with early feedback on QHP performance that can be used to improve the quality of QHP services.

2016 and 2017 Full-Scale National Implementation of the Marketplace and QHP Enrollee Survey. The national implementation is expected to involve administration of surveys to the population of Marketplace users by a single contractor and to QHP enrollees by HHS-approved enrollee satisfaction survey vendors. It is anticipated that the QHP scores will be reported to the public for the first time in 2016 and again in 2017. The information is designed to be used by CMS and state governments to monitor the performance of the Marketplaces and QHPs. The QHP Enrollee Survey scores are designed to be used by the public to help choose QHPs.

3. Use of Information Technology

Marketplace Survey and QHP Enrollee Survey 2014 Psychometric Test Phase; Marketplace 2015 Early Feedback/Beta Test Phase; and Marketplace 2016 and 2017 National Implementation. The Marketplace survey testing and implementation and the QHP Enrollee Survey testing will be administered by a single contractor using three modes of administration—mail, telephone, and online. Telephone interviews will be conducted using computer assisted telephone interviewing (CATI). The sample for the English language version of the surveys will have the option of completing the survey online through an emailed survey link.

QHP Enrollee Survey 2015 Vendor Beta Test and QHP Enrollee Survey/ Marketplace Survey 2016 and 2017 National Implementation. The survey administration will be similar to what is described above. The survey vendors will upload survey data to a secure electronic data warehouse operated by a CMS-approved contractor.

4. Duplication of Efforts

There is no duplication of efforts. This is a new collection and the only surveys of Marketplaces and QHPs planned by CMS. We have worked closely with the Center for Consumer Information and Insurance Oversight (CCIIO) in the development of these surveys to ensure that there is no

duplication of data collection and that these surveys would complement other information obtained from issuers, consumers and marketplaces. Although CCIIO is collecting various Marketplace and QHP issuer performance metrics, the data collected from the Marketplace survey and QHP Enrollee survey are different and unique from those collected by CCIIO. As mentioned previously in this Supporting Statement, the QHP Enrollee Experience Survey is based on the CAHPS® Health Plan Survey and modeled on the Medicare Part C and D CAHPS survey (OMB Control Number 0938-0732) system.

5. *Small Businesses*

No small businesses will be affected by this collection of information. The samples for all surveys comprise individuals. Sampling frames might be required from the Marketplaces and the issuers (insurance companies) that operate QHPs, but the Marketplaces are operated by government and the issuers are large businesses.

6. *Less Frequent Collection*

The Marketplace and QHP surveys sample different populations for different, although related, purposes. Rounds 1, 2, and 3 of each survey—the psychometric test, beta test, and 2016 reporting of results—have different purposes. The fourth round—2017 reporting—has the same purpose as the 2016 round, but annual data collection is needed to meet the objectives of providing feedback to Marketplaces, issuers, and regulators and providing information to consumers for choice, because Marketplaces and issuers will attempt to improve their performance each year.

7. *Special Circumstances*

There are no special circumstances associated with this data collection.

8a. *Federal Register*

This is a new collection. As required by 5 CFR 1320.8 (d), the Center for Consumer Information and Insurance Oversight (CCIIO) solicited comments on this information collection prior to submission to OMB, in the Federal Register (June 27 2013).

There were eleven comments received from the following organizations:

1. Access Living, Center for Service, Advocacy and Social Change for People with Disabilities
2. Agency for Healthcare Research and Quality (AHRQ)
3. America's Health Insurance Plans (AHIP)
4. Anonymous, NY 12205
5. Association for Community Affiliated Plans (ACAP)
6. BlueCross BlueShield Association (BCBSA)
7. Center for the Study of Services (CSS)

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8. Coalition for Disability Health Equity (CDHE) (this letter is identical to the Access Living letter)
 9. Consumer-Purchaser Disclosure Project
 10. Disability Rights Education & Defense Fund (DREDF)
 11. Family Voices-NJ, Statewide Parent Advocacy Network

A top-line summary of the comments and how we have addressed them is below.

Addition of Items to Assess Consumer Experience for Persons with Disabilities. Multiple advocacy organizations highlighted the issue of health and health care disparities for people with disabilities, gaps in data collection for this population, and the potential for the Marketplace Survey and QHP Enrollee Survey data collection efforts to address those gaps to better assess the quality of services for these consumers. CMS has consulted with the HHS Commissioner on Disability and her staff at the Administration for Community Living. We have added a set of items currently used by the American Community Survey and other federal statistical agencies to capture disability status to both surveys. We can use this variable to understand the characteristics of those who respond to this survey and stratify responses by subgroup, in the same way that we do with income and language spoken at home. Additionally, we have added items related to habilitative services, such as physical, occupational, and speech therapy as well as home health care. CMS realizes that this is a longer-term issue, and that it will impact all CAHPS® surveys and will further consider how to address this in future data collection efforts.

Addition of Cultural Competence Items. The recommendation was made to add items from the CAHPS® Cultural Competence Item Set. These changes have been made to the QHP Enrollee Survey.

Recommended Additional Items. There were multiple recommendations for additional survey items and revisions to item wording. We have added questions about after-hours care and shared decision making from the CAHPS® supplemental item set.

Questionnaire Length. There were multiple comments on concerns over the length of the QHP Enrollee Survey. The version of the QHP Enrollee Survey that will undergo psychometric testing is longer than we expect the final questionnaire to be. We plan to eliminate items that do not perform well in the test.

Advance Letter and Cover Letters. A stakeholder group recommended omitting the advanced letter. Research on the benefits of sending an advanced letter is mixed and this is still current protocol for all CMS surveys. We will retain the advanced letter for the psychometric test and consider this recommendation for future survey administrations. We have revised the text in the cover letters to emphasize how respondent participation will help others and to further clarify confidentiality.

Online Survey Administration. A stakeholder group recommended testing the online mode of administration as many current CAHPS® surveys are utilizing this mode. We have added an experiment to the psychometric test to test online administration versus mail and phone administration. This is described in detail in supporting statement B.

Additional Pediatric Survey. Multiple stakeholder groups have recommended the creation of a separate survey to assess child services. The child-only QHP Enrollee Survey is currently under development.

Clarify case mix adjusters for QHP Enrollee and Marketplace Surveys. We plan to case-mix adjust for age, education, and general health status (standard case-mix adjusters). We will conduct a case mix analysis on other candidate adjusters and make recommendations based on those results.

Report QHP Enrollee Survey results by metal level. We have considered reporting at more granular levels such as the metal level, but based on feasibility concerns due to the number of metal level plans offered, we intend to have QHP Enrollee Survey reporting be at the product level in the initial years so as to align with the Quality Rating System under separate development.

Include Consumers That Do Not Enroll Through the Marketplace. It has always been the plan to collect data from consumers that begin the enrollment process and do not purchase coverage through the Marketplace. We will include all consumers that enter contact information in the sample for the Marketplace psychometric test. See supporting statement B for more details.

Additional Languages. It was recommended that surveys be developed in additional languages. We are initially testing surveys in English, Spanish, and Traditional Chinese. Future consideration will be given to additional languages.

A second Federal Register Notice was published on November 1, 2013, to solicit public comments. Six comments were received from the following groups:

1. America's Health Insurance Plans (AHIP)
2. BlueCross BlueShield Association (BCBSA)
3. Families USA
4. Montana & Wyoming Tribal Leaders Council
5. National Indian Health Board
6. Tribal Technical Advisory Group to the Centers for Medicare & Medicaid Services

A top level summary of the comments and how they were addressed is below.

Addition of Items to Assess Consumer Experience for Persons with Disabilities. In response to comments that the survey results should be used to address disparities among individuals with disabilities, we have added the set of six disability questions, to both surveys, (Q22, Q29, Q38, Q40, Q65-66) that is used by the American Community Survey and other Federal statistical collections to estimate the portion of the population responding to the questionnaire that is disabled. We can use this variable to understand the characteristics of those who respond to this survey and stratify responses by subgroup, in the same way that we do with income and language spoken at home.

Questionnaire Length. A number of comments expressed concern about the length of both surveys. As noted previously, we plan to eliminate poor performing questions based on the results of the psychometric testing.

Addition of Items Related to American Indians. A number of comments were received with suggestions on how to improve the surveys and data collection methods to better include the American Indian and Alaskan Native populations. We have added two questions on both surveys to determine whether an individual is eligible to use Indian Health Service facilities and whether they have ever done so. We will continue to consider improvements to these surveys and to addressing these populations.

Removed Items Related to Health Plan Quality. Based on comments we received, we removed items asking whether a respondent considered quality ratings of a health plan when they were selecting a health plan through the Health Insurance Marketplace. These questions have been removed given that information from the Quality Rating System (QRS) will not be publicly available until 2016. We plan to add these questions to the Marketplace Survey once this data is available.

Added Questions about Health Insurance Literacy. A number of comments were received requesting additional questions be added to both surveys regarding health literacy. Based on these comments, we have added a potential measure of an individual's health insurance literacy as we believe this data will be more meaningful than health literacy given the topic of the surveys.

Revised Questions about Wait Time for Health Plan's Customer Service. We received several comments about the questions that were included on the QHP Enrollee Survey regarding the amount of time an individual waited to speak with their health plan's customer service staff. Based on these comments, we removed two questions and instead will test a question that was included in a previous draft of the survey, as recommended by one of the comments.

Advance Letter and Cover Letters. A few comments were received regarding the advance and cover letters. One comment suggested deleting the advance letter based on a study that found that advance letters did not increase response rates in a telephone survey. We have decided to keep the advance letter as a part of the survey methodology based on previous research that has found that advance letters can increase response rates in a mail survey, particularly when the letter comes from an official source such as a government agency. Additionally, the advance letter for both surveys will inform respondents about the ability to complete the survey online, which will result in cost savings. Another comment was received recommending that some of the language in both the advance and cover letters may inadvertently result in individuals failing to complete the survey. Based on this comment, we have revised this language as suggested. A final comment suggested clarifying language in the cover and advance letters for the QHP Survey to explicitly state that QHPs would not receive identifiable information from these surveys. Based on this comment, we have added this language to both the advance and cover letters. Furthermore, in order to ensure that this identifiable information is not provided to health plans, we have added this as specific criteria for survey vendors.

In response to both public comment periods fourteen questions were added to the test version of the Marketplace Survey and eighteen questions were added to the test version of the QHP Enrollee Survey. These additions were partially offset by removing one question from the test version of Marketplace Survey and five questions from the test version of the QHP Enrollee Survey based on public comments that CMS received. A summary of the questions that were added to the surveys is shown in Exhibit A2.

Exhibit A2: Question Topics added to surveys based on public comments

Question Number(s)	Question Topic
Marketplace Survey	
20	Determine whether an individual had technical issues using the Health Insurance Marketplace website
38	Determine whether an individual was unable to seek in person assistance with the Marketplace due to a building being inaccessible
53	Determine whether an individual attempted to determine whether a specific medication was covered by a QHP
54	How often it was easy for an individual to determine whether a specific medication was covered by a QHP
65-66	Determine whether an individual needed forms in a different format, such as large print or braille and if the individual needed them how often forms were available in a different format
	Disability screening questions as required by Section 4302 of the ACA (Disability questions from the American Community Survey)
	Determine whether an individual was eligible to use the Indian Health Services, and if they were eligible determine if they have used these services
	Determine an individual's confidence about understanding health insurance terminology
QHP Enrollee Survey	
7-8	Determine whether an individual needed after-hours medical care, and if they did, determine how easy it was for the individual to obtain these services
	Determine whether the individual engaged in shared decision making with their health care provider regarding prescription medications
	Determine whether the individual knew the purpose of a form from their health plan before they filled it out
	Determine whether an individual needed forms in a different format, such as large print or braille and if the individual needed them how often forms were available in a different format
	Determine whether an individual would recommend their health plan to their friends and family
	Disability screening questions as required by Section 4302 of the ACA (Disability questions from the American Community Survey)
	Determine whether an individual was eligible to use the Indian Health Services, and if they were eligible determine if they have used these services
	Determine an individual's confidence about understanding health insurance terminology
	Determine how confident an individual is that they understand how their health plan works

8b. Outside Consultation

CMS is working with a variety of outside organizations and persons to develop the Marketplace and QHP Enrollee Surveys. Chief among these organizations is the American Institutes of Research (AIR) for development of the survey, National Committee for Quality Assurance (NCQA), and Ipsos. In addition, a Technical Expert Panel composed of consumer advocates, health plan representatives, Marketplace administrators, survey design experts, state regulators, and providers provided feedback on technical issues. The panel met in December 2012, February 2013, April 2013, and December 2013.

9. Payments/Gifts to Respondents

No payments or gifts will be made to any respondents.

10. Confidentiality

Individual survey respondents will be told the purposes for which the information is collected and that, in accordance with Section 164.502 of 45 CFR 164.502, any identifiable information about them will not be used or disclosed for any purpose beyond conducting the survey.

Individuals respondents contacted will be further assured their replies will be protected consistent with 20 CFR 401 and 4225 U.S.C.552a (Privacy Act of 1974) . The advance and cover letters for the Marketplace Survey state, “Of course, what you have to say is private. Your answers will be part of a pool of information from others like you. What you say will be used only by this study. As required by federal law, the Centers for Medicare & Medicaid Services will not share it with anyone without your O.K., except where required by law, for example, if you indicate that you intend to harm yourself or others.” An identical statement will be used in the QHP Survey with the addition of a clause explicitly stating that a respondent’s health plan will not receive individually identifiable data. Additionally, similar statements will be reiterated before respondents complete either the telephone or online surveys. In instances where respondent identity is needed, the information collection will fully comply with all respects of the Privacy Act. The systems of records, maintained by CMS, that are associated with this information collection are the “Master Demonstration, Evaluation, and Research Studies (DERS)” System No. 09–70–0591 and the “Health Insurance Exchanges Program” System Number 09-70-0560.

Marketplaces and QHPs that supply sampling frames for the psychometric testing and early feedback/beta test will have their organization’s results reported to themselves, CMS, and state regulators. QHPs that provide sampling frames for the 2016 and 2017 national implementations of the QHP Enrollee Surveys will make aggregate results available to the general public by insurance product type offered by a health plan issuer. Marketplaces that provide sampling frames for 2016 and 2017 will receive aggregate results for their Marketplace.

AIR will apply for HIPAA waivers of authorization from the AIR Institutional Review Board (IRB) to enable the Marketplaces and QHPs to share contact information as part of the sampling and survey operations processes without obtaining prior permission from Marketplace consumers and QHP enrollees. The AIR IRB typically grants a waiver for the surveys of health insurance beneficiaries, because it is impracticable to contact each sample member before the survey is administered.

11. Sensitive Questions

There are no sensitive questions associated with this information collection.

12. Burden Estimates (Hours & Wages)

The estimated burden for the Marketplace Survey is shown in Exhibit A3 and for the QHP Enrollee Survey in Exhibit A4.

Marketplace Survey

Units For the psychometric test, a sample will be drawn from the 36 states with Federally Facilitated Marketplace (FFM) or State Partnership Marketplaces (SPM). In the Beta Test, respondents will be sampled from each individual state, including states with a State-Based Marketplace

Respondents per unit. See burden table.

Total Respondents. The total respondents were calculated by summing the product of the number of Units by the Respondents per Unit and total Spanish and Chinese Respondents.

Number of responses per respondent. Respondents will only be asked to respond once.

Hours per response. The Marketplace Survey is 96 items with an estimated completion time of 24minutes (.40 hours). This estimate is based on the length of previous CAHPS® surveys of comparable length that have been administered to similar populations.

Survey vendors. There will be a single survey vendor for all rounds of administration for the Marketplace Survey who will be a CMS contractor. Thus, no vendor burden is associated with the Marketplace Survey.

Exhibit A3. Estimated Burden Hours for Marketplace Survey by Round

Data Collection	Total Completes	Hours per Response	Total Burden Hours
Psychometric Test (Round 1, 2014)			
English	2,250	0.4	900
Spanish	450	0.4	180
Chinese	450	0.4	180
TOTAL Psychometric Test	3,150	0.4	1,260
Beta Test (Round 2, 2015)			
Type of Marketplace			
SBMs (15)	18,000	0.4	7,200
FFMs (36)	43,200	0.4	17,280
Total Beta Test	61,200		24,480
TOTAL MARKETPLACE SURVEY	64,350		25,740

QHP Enrollee Survey

Units. For the QHP Enrollee Survey psychometric test (Round 1), we want to make estimates of QHP performance at the state level by sampling a predetermined number of QHP enrollees across all QHPs operating in the state. It is not necessary to have reliable estimates for every QHP operating in the state to confirm that the CAHPS Health Plan Survey is reliable and valid for the QHP population, so we can minimize the burden by making estimates at the state level. Beginning with the beta test of the vendor system, however, it is necessary to make estimates for

all QHPs, so that they can establish relationships with vendors and so that CMS can receive initial feedback on the scoring and reporting methods. Thus, the units for the beta test, 2016, and 2017 surveys will be the QHPs. In calculating the burden, the number of units is the current estimate of the number of QHPs that will be approved by all Marketplaces. The burden estimates will be revised prior to survey rounds 2–4.

Respondents per unit. See burden table.

Total respondents. The total respondents are equal to the product of the completed surveys per plan and the current estimate of the number of QHPs.

Number of responses per respondent. Respondents will only be asked to respond once.

Hours per response. The length of the QHP Enrollee Survey is 107 items with an estimated completion time of 26.75 minutes (.45hours) based on the length of previous CAHPS® surveys of comparable length that have been administered to similar populations.

Survey vendors. Survey vendors who want to participate in collecting QHP Enrollee Survey data must complete a Survey Vendor Participation Form. The estimated survey vendor burden to complete the Survey Vendor Participation Form is 1 hour per vendor. There will be a single survey vendor for the QHP Enrollee Survey psychometric test in 2014 operating under contract to CMS, so no vendor burden is imposed for the psychometric test. An estimated 40 vendors may complete the Survey Vendor Participation Form for the beta test 2015. These vendors will not be under Federal contract so burden will be incurred.

Exhibit A4. Estimated Burden Hours for QHP Enrollee Survey by Round

Source	Total Completes	Hours per response	Total burden hours
Psychometric Test Round 1, 2014			
English	3,000	0.45	1,350
Spanish	600	0.45	270
Chinese	600	0.45	270
TOTAL Psychometric Test	4,200		1,890
Beta Test Round 2, 2015			
Survey Respondents (2,000 QHPs)	600,000	0.45	270,000
Survey Vendors	40	1	40
Total Beta Test	600,040		270,040
TOTAL QHP ENROLLEE SURVEY	604,240		271,930

In 2014, the total annual burden hours for the Marketplace and QHP Enrollee Survey psychometric tests are 3,150 hours with 7,350 responses. In 2015, the total annual burden hours for the Marketplace and QHP Enrollee Survey beta tests are 294,520 hours with 661,240 responses, based on the number of questions in the questionnaires used for the psychometric test. However, the results of the psychometric test will be used to reduce the number of questions in the beta test questionnaires, so the combined burden for the psychometric test and the beta test is an overestimate. Assuming the number of questions in the psychometric test questionnaires for both the psychometric test and beta test, the total average annualized burden over three years for this requested information collection is 99,223 hours and the total average annualized number of responses is 222,863 responses.

The Bureau of Labor Statistics reported the average hourly wage for civilian workers in the United States was \$ 24.10 in October 2013. See exhibit A5 for estimated burden costs.

Exhibit A5. Estimated Burden Costs

Survey	Number of Respondents	Total Burden Hours	Average Hourly Wage Rate	Total Cost Burden
Psychometric Test, 2014				
Marketplace Survey	3,150	1,260	\$24.10	\$30,366.00
QHP Survey	4,200	1,890	\$24.10	\$45,549.00
Total	20,100	8,250	\$24.10	\$198,825.00
Beta Test, 2015				
Marketplace Survey	61,200	24,480	\$24.10	\$589,968.00
QHP Survey	600,040	270,040	\$24.10	\$6,507,964.00
Total	661,240	294,520	\$24.10	\$7,097,932.00
TOTAL OVERALL	668,590	297,670		\$7,173,847.00

13. Capital Costs

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

14. Cost to Federal Government

The only cost to the Government of these data collections that would not otherwise have been incurred is the cost of the AIR contract. Those costs for all four rounds of both surveys will be approximately \$3,707,278 annually over 4 years. This includes the following for both surveys: survey development; cognitive testing and survey revisions; psychometric test design, administration, data analysis, and survey revisions; survey vendor certification; beta test design, administration, data analysis, and revisions; design and administration of the first national implementation for public reporting; and design and administration of the second national implementation for public reporting.

15. Changes to Burden

This is a new collection of information. We have updated the burden tables to reflect the addition of survey items to the QHP Enrollee Survey and Marketplace Survey in response to comments received during the 60-day and 30-day public comment periods.

16. Publication/Tabulation Dates

Publication for this project constitutes the preparation and distribution of scores for the relevant unit for each survey (states or QHPs). Exhibit A6 summarizes the planned reporting and publication activities.

Exhibit A6. Schedule of Reporting Activities

Activity	Marketplace Survey	QHP Enrollee Survey
2014 Psychometric Test Report	July 2014	September 2014
2015 Beta Test Report	April 2015	April 2015
2016 National Implementation Report	April 2016	April 2016
2016 Scores Delivered for QRS Website	NA	June 2016
2016 Scores on QRS Website for Reporting	NA	October 2016
Publication of Survey Results	December 2016	December 2016
2017 National Implementation Report	April 2017	April 2017

17. Expiration Date

The expiration date will be displayed.

18. Certification Statement

There are no exceptions to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.

Appendix A: Draft Minimum Business Requirements for 2014 QHP Enrollee Survey Vendors

DCAPP = Division of Consumer Assessment & Plan Performance

MA & PDP CAHPS = Medicare Advantage and Prescription Drug Plan CAHPS

HCAHPS = Hospital CAHPS

A survey vendor must meet all of the Minimum Business Requirements listed below in order to apply to administer the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey).

Please note that these requirements have not yet finalized, and will likely undergo further revisions by CMS.

1. Relevant Survey Experience

Demonstrated recent experience in fielding health care patient experience surveys.

Criteria	Survey Vendor Requirements	Rationale
Number of Years in Business	<ul style="list-style-type: none"> Minimum of three years. 	<ul style="list-style-type: none"> Specifying a minimum number of years in business helps to verify the nature of the applying organization as a legitimate on-going business concern. Consistent with DCAPP
Organization Survey Experience	<ul style="list-style-type: none"> Minimum of two years prior experience administering standardized health care patient experience surveys within the most recent three year period as an organization. Minimum of two years prior experience conducting mixed mode (mail with telephone follow-up) survey protocol. Prior experience administering patient experience surveys for vulnerable populations, such as additional contact and callback attempts. Prior experience employing a statistical sampling process within the two most recent years. Prior experience submitting patient experience survey data to an external third-party organization. The following activities cannot be 	<ul style="list-style-type: none"> Specifying previous experience with patient experience surveys is inclusive in terms of the number of potentially eligible survey vendors and provides for previous experience formatting mail surveys, creating telephone scripts and coding data. Consistent with DCAPP

Criteria	Survey Vendor Requirements	Rationale
	<p>used as relevant experience for approval: experience with polling questions, qualitative data collection, surveys that did not use statistical sampling methods, Internet or web-based surveys, and Interactive-Voice Response (IVR) surveys.</p>	
<p>Number of Years Conducting Surveys</p>	<ul style="list-style-type: none"> • Minimum of two years conducting large scale patient experience survey projects using mixed mode (mail with telephone follow-up administration). 	<ul style="list-style-type: none"> • Consistent with DCAPP • We assume a standard mixed mode administration is consistent with CAHPS protocols, either in-house or subcontracted functions to support mail and telephone. We recognize that internet administration is also an option under SOW Task 4, but we assume that mixed mode will be the standard for the current draft of the MBR.
<p>Experience with Multiple Survey Languages</p>	<ul style="list-style-type: none"> • Prior experience administering mail and telephone surveys in English and Spanish. • Survey vendor(s) will have the option of conducting the 2016 survey in Chinese and should have prior experience with Chinese (Mandarin) language survey administration if choosing to administer Chinese (Mandarin) language surveys. 	<ul style="list-style-type: none"> • Consistent with DCAPP

2. Organization Survey Capacity

Capacity to handle a required volume of mail questionnaires or conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor Requirements	Rationale
Capacity to Handle Estimated Workload	<ul style="list-style-type: none"> • Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys and perform telephone interviews using an electronic telephone interviewing system during survey fielding time period (estimated January through May of calendar year). • All survey-related activities must be conducted within the Continental United States, Hawaii, and Alaska and U.S. Territories. • Must adhere to requirements specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. 	<ul style="list-style-type: none"> • It will be helpful to quantify the estimated workload and timeframe for survey administration, and necessary capacity by providing an estimate of the number of submissions and the number of individual records that must be processed. • Not allowing off-shoring of survey activities is consistent with CMS survey projects as it will be cost prohibitive to conduct site visits to these locations. • Qualification to adhere to additional requirements specified in <i>Quality Assurance Guidelines and Technical Specifications</i> (specified for OY2) allows for development of additional oversight requirements.
Criteria	Survey Vendor Requirements	Rationale
Personnel	<ul style="list-style-type: none"> • Designated Project Manager, who is directly employed by the survey vendor (i.e., not a subcontractor), overseeing all survey operations has at least two years of experience in overseeing all functional aspects of survey operations including mail, telephone, data file preparation and data security. Must have strong background in survey research and methodology and previous experience using specified modes of administration. • Designated Mail Supervisor has previous experience managing large scale mail survey projects. 	<ul style="list-style-type: none"> • Requirements for Project Manager, Sampling Manager and Information Systems staff are consistent with DCAPP requirements.

Criteria	Survey Vendor Requirements	Rationale
	<ul style="list-style-type: none"> • Designated Telephone Survey Supervisor has previous experience managing large scale telephone interviewing projects. • Designated Sampling Manager, who is directly employed by the survey vendor (i.e., not a subcontractor), has sample frame development and sample selection experience. • Information System staff responsible for data submission (programmer) must be directly employed by survey vendor (i.e., not a subcontractor) and have previous experience preparing and submitting data files in specified format to external third-party organization within the past two years. • Have appropriate organizational back-up staff for coverage of key staff. 	
System Resources	<ul style="list-style-type: none"> • Commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. <ul style="list-style-type: none"> ○ Commercial physical plant. All survey-related work, including telephone interviewing must be conducted at the survey vendor’s or approved subcontractor’s official business location. Home-based and virtual organizations will not be considered. ○ Capacity for reproduction and mailing of questionnaire, cover letters and postcards in-house or in accordance with requirements outlined in “Approved Use of Subcontractors.” ○ Incoming paper surveys will 	<ul style="list-style-type: none"> • Consistent with DCAPP

Criteria	Survey Vendor Requirements	Rationale
	<p>be processed (e.g. scanned or data entered) at the survey vendor’s or subcontractor’s official business location.</p> <ul style="list-style-type: none"> ○ Capacity for conducting telephone interviews using an electronic telephone interview system in-house or in accordance with requirements outlined in “Approved Use of Subcontractors.” ○ Telephone interviews may not be conducted from an interviewer’s residence. ○ Ability to handle concurrent survey projects while maintaining high quality survey data and high response rates. ○ Electronic survey management system for tracking fielded surveys through each stage of the protocol through the use of a unique individual identifier ID and interim disposition codes. <ul style="list-style-type: none"> • Provide regular progress reports to QHP issuers, within guidelines specified by CMS. • A secure work environment for receiving, processing and storing hardcopy and electronic versions of questionnaires and sample files that protects the confidentiality of patient response data and personal identifying information. • Anticipate and plan for on-site visits from CMS or CMS-contractor personnel for quality oversight purposes. 	

Criteria	Survey Vendor Requirements	Rationale
Use of Subcontractors (Subject to Approval)	<ul style="list-style-type: none"> • CMS must approve subcontractors as part of the survey vendor approval process at the time of application. (Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing.) • Subcontracting of printing, outgoing mail processing and telephone interview centers per survey vendor is limited to a reasonable number based on a survey vendor's estimated number of QHP clients and to be reviewed by CMS. • Subcontracting of sample file generation and data file preparation and submission is not allowed. 	<ul style="list-style-type: none"> • The requirement for CMS approval of subcontractors is consistent with DCAPP. • The limit on the number of subcontractors is more stringent than MA & PDP CAHPS and HCAHPS and is based on practical experience with the complexities of providing oversight for multiple subcontractors and increased risk of survey administration error. • Given that the preparation of a high quality data file and successful on-time data submission is critical to the project, we do not recommend allowing subcontracting of this function.
Mode Administration	<ul style="list-style-type: none"> • Responsible for printing, assembling and mailing survey materials in accordance with the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. • Responsible for programming electronic telephone interviewing systems in accordance with the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. • Comply with all quality oversight requirements described in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>, including submitting sample mail materials, telephone script and screen shots to Project 	<ul style="list-style-type: none"> • These are basic survey functions and are consistent with DCAPP recommendations. We assume a mixed mail/phone follow-up protocol in accordance with CAHPS guidelines. • The requirement to adhere to <i>Quality Assurance Guidelines and Technical Specifications</i> clarifies that these are minimum business requirements and are not all inclusive of additional quality oversight requirements that CMS may implement.

Criteria	Survey Vendor Requirements	Rationale
	<p>Team for review prior to survey administration.</p> <ul style="list-style-type: none"> • Demonstrate ability to collect and accurately process survey data through all phases of survey administration. • Experience identifying non-respondents for mail and/or telephone follow-up. • Demonstrate ability to follow survey administration timeline. • Use commercial software/resources to ensure that addresses and telephone numbers are updated and correct for all the sample members. • Demonstrate capability to administer the survey in Spanish (and Chinese if applicable). • Assign appropriate disposition codes to each sampled member indicating final status of survey. 	
Sampling Experience	<ul style="list-style-type: none"> • Consistent experience in the two most recent years selecting sample based on specific eligibility criteria. <p>Applicant organization must document statistical approach to drawing a sample. Demonstrate ability to work with individual QHPs to electronically obtain sample frame for sampling within specified timeframe.</p> <p>Conduct quality checks on sample frame file received from QHP issuer to verify accuracy and completeness of sample frame information.</p>	<ul style="list-style-type: none"> • Consistent with DCAPP

Criteria	Survey Vendor Requirements	Rationale
Data Submission	<ul style="list-style-type: none"> • Capability to scan or key enter data according to standard protocols. • Follow all data preparation and submission rules as specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>, including verifying data are de-identified and contain no duplicate cases. • Submit data electronically in specified format. • Data files may require encryption for transmission in accordance with required specifications (HIPAA compliant). • Must be authorized by QHP prior to submission of data. • Execute business associate agreement with QHP and receive annual authorization from QHP to collect data on their behalf and submit to CMS. • Work with the Project Team to resolve data and data file submission problems. • Refer to relevant criteria under Use of Subcontractors. 	<ul style="list-style-type: none"> • The requirement for encryption, or not, will need to be determined once a process for data submission is further defined.
Data Security	<ul style="list-style-type: none"> • Established electronic security procedures related to access levels, passwords and firewalls. • Perform daily data back-up and offsite redundancy procedures that adequately safeguard system data. • Required encryption protocols, if applicable, must be utilized for transmitting data files. • Established procedures for identifying and reporting breaches of confidential data. • Experience preparing and submitting data via secure methods (HIPAA compliant). 	<ul style="list-style-type: none"> • Consistent with DCAPP

Criteria	Survey Vendor Requirements	Rationale
Data Retention	<ul style="list-style-type: none"> • Capacity to retain all data files for a minimum of three years, or as otherwise specified by CMS. • Provision to store returned paper questionnaires in a secure and environmentally safe location. 	
Confidentiality	<ul style="list-style-type: none"> • Data files (paper or electronic) must be stored securely and confidentially in accordance with specified requirements. • Ensure confidentiality of data for sampled individuals during each phase of the survey process. • Obtain signed confidentiality agreements from staff and subcontractors • Ensure compliance with all applicable HIPAA, PHI and PII protocols. 	<ul style="list-style-type: none"> • Consistent with DCAPP
Technical Assistance/ Customer Support	<ul style="list-style-type: none"> • Establish toll-free customer support telephone lines with live operator during survey vendor regular business hours to accommodate both Spanish and English inquiries starting at the beginning of the survey fielding period and continuing through the duration of survey fielding. • If administering the survey in Chinese (Mandarin), accommodate telephone inquiries from Chinese-speaking survey participants. 	<ul style="list-style-type: none"> • Consistent with DCAPP

3. Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Survey Vendor Requirements	Rationale
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> • Establish and document quality control procedures for all phases of survey implementation, and as specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>: <ul style="list-style-type: none"> ○ Internal staff training. ○ Printing, mailing and recording receipt of surveys. ○ Telephone administration of survey (electronic telephone interviewing system). ○ Scanning, coding and cleaning of survey data. ○ Preparing final data files for submission. ○ All other functions and processes that affect the administration of the survey. • Physical business premises on which major operations of survey business are conducted are amenable to site visits by CMS and contractor oversight staff, as specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. 	<ul style="list-style-type: none"> • Consistent with DCAPP
Training Requirements	<ul style="list-style-type: none"> • Participate in and successfully complete all required survey vendor training, via Webinar, after confirmation of conditionally approved status. • Successfully complete a training evaluation to assess survey vendor comprehension of protocols. • Establish in-house training of staff involved in all aspects of survey administration. 	<ul style="list-style-type: none"> • Consistent with DCAPP
Training Participants	<ul style="list-style-type: none"> • Project Manager, Mail Survey Supervisor, Sampling Manager and Telephone Survey Supervisor, at a minimum. • All key subcontractor personnel. 	<ul style="list-style-type: none"> • Consistent with DCAPP.
<ul style="list-style-type: none"> • Strongly recommend that all survey 		

4. Approval Term

An approved survey vendor may administer the QHP Enrollee Survey for the specified amount of time.

Criteria	Survey Vendor Requirements	Rationale
Approval Term	<ul style="list-style-type: none">• One year subject to annual re-approval based on submission and review of Participation Form.• Starting in 2017, previously-approved survey vendors must have fielded at least one QHP Enrollee Survey during the prior two survey fielding years to remain eligible for consideration as an approved survey vendor.	<ul style="list-style-type: none">• Consistent with MA &PDP CAHPS and HCAHPS.• Consistent with DCAPP.