

Attachment A: Recruitment screeners and related communications for each audience

Consumers

Recruitment guidelines

- Recruit to have 6 individuals for 5 participants to show
- Each interview will last 1.5 hours (90 minutes)
- Participants will receive \$100 for their time
- General screening criteria for all interviews:
 1. Health insurance status:
 - a. Enrolled in a health insurance plan through a state-based or federal marketplace
 - b. Uninsured: Do not currently have health insurance from any source (not parents, not work, not Medicaid, not spouse, etc.)
 2. 21 to 64 years of age (Mix of ages)
 3. Mix of genders
 4. Mix of education levels (e.g., less than high school, high school only, some college, and college degree, preferably skewed towards lower educational levels)
 5. Mix of races/ethnicities (as possible)
 6. Mix of coverage needs (individual vs. family) (as possible)
- Additional screening criteria, recruit two of each type of participant:
 7. Participant Type 1: Chronic conditions
 - Must currently be diagnosed with a chronic condition such as asthma, diabetes, hypertension, etc.
 8. Participant Type 2: Low income
 - Must have an income below 250% of the federal poverty guideline (but not enrolled in Medicaid), which is specified as follows:

People in household	Income threshold
1	\$28,725.00
2	\$38,775.00
3	\$48,825.00
4	\$58,875.00
5	\$68,925.00
6	\$78,975.00
7	\$89,025.00
8	\$99,075.00

9. Participant Type 3: Young and healthy
 - Must be between the ages of 21 and 34
 - Must not have been diagnosed (now or ever) with any chronic health condition

10. Participant Type 4: Healthy and over 35
 - Must be between the ages of 35 and 64
 - Must not have been diagnosed (now or ever) with any chronic health condition

Screener

INTRO WHEN PERSON ANSWERS THE PHONE:

Hello, may I please speak with [*FIRST AND LAST NAME*]? My name is [*RECRUITER FIRST AND LAST NAME*], and I'm calling on behalf of the American Institutes for Research (also known as A-I-R), a nonprofit research organization.

IF RESPONDENT NOT AVAILABLE EITHER:

- DETERMINE A GOOD TIME TO CALL BACK OR
- LEAVE MESSAGE ON ANSWERING MACHINE

ANSWERING MACHINE SCRIPT:

Hello, my name is [*RECRUITER FIRST AND LAST NAME*]. I'm calling on behalf of the American Institutes for Research, a nonprofit research institute. We would like for you to participate in an interview about comparing and choosing health insurance plans. Please call {*INSERT PHONE NUMBER*} at your convenience.

IF RESPONDENT IS AVAILABLE, IDENTIFY REASON FOR CALLING.

I'm calling today about a research project that we are doing about comparing and choosing health insurance plans.

If you are interested in helping with this project, and you meet the requirements for participation, we will invite you to come to our facility in [TBD] for an interview discussion. It would take two and a half hours of your time, and we would give you \$100 to thank you for participating.

May I ask you a few questions to see if you meet our criteria for interview participants?

IF NEEDED, EXPLAIN FURTHER: We need to include people with specific characteristics and experiences so that we end up with a mix of people with different backgrounds. So I have to ask you some questions to see if you fit the profile of participants that AIR is looking for in the interviews.

IF YES, CONTINUE TO QUESTION 1. IF NO, THANK & END (END SCRIPT A).

Before we begin, I'd like to let you know that all information you provide will be held in confidence. Your participation is voluntary, and you may ask me to skip any questions that you do not wish to answer. You can stop at any time. None of the information that you provide to us will be used for any purpose outside of this study.

1. Do you currently have health insurance? This includes health insurance from any source such as Medicaid, Medicare, private insurance such as Aetna, Blue Cross Blue Shield, Kaiser, etc., and insurance coverage through your employer or through your spouse.

YES NO

IF NO, go to Q4.

2. Did you buy your insurance through the [Healthcare.gov federal marketplace, name of state-based Marketplace]? [You could have enrolled online through the [Healthcare.gov federal marketplace, name of state-based Marketplace], over the phone, or with the help of [an insurance broker/ insurance navigator or assistant]

YES NO

IF NO, THANK AND END (END SCRIPT B).

3. How many people, including yourself, are covered by your health insurance plan?

People

IF 2 OR MORE, who is covered by your health insurance plan?

Individual Spouse/Partner

Dependents/Children

4. Have you ever worked for any of the following:

A health insurance company, THANK AND END (END SCRIPT B).

Doctor's office or clinic, THANK AND END (END SCRIPT B).

Hospital, THANK AND END (END SCRIPT B).

Centers for Medicare and Medicaid Services, THANK AND END (END SCRIPT B).

5. What is your age?

years
old

IF YOUNGER THAN 21 OR OLDER THAN 64, END SCRIPT B

6. How many people, including yourself, currently live in your household?

People

7. Which of the following categories best describes the total income of your household in 2013, before taxes? Please include before-tax income from all sources such as salaries and wages, Social Security, retirement income, investments, and other sources. Would you say...(*RECRUIT MIX*)

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Less than \$20,000 |
| <input type="checkbox"/> | \$20,000 to \$29,999 |
| <input type="checkbox"/> | \$30,000 to \$39,999 |
| <input type="checkbox"/> | \$40,000 to \$49,999 |
| <input type="checkbox"/> | \$50,000 to \$59,999 |
| <input type="checkbox"/> | \$60,000 to \$69,999 |
| <input type="checkbox"/> | \$70,000 to \$79,999 |
| <input type="checkbox"/> | \$80,000 to \$89,999 |
| <input type="checkbox"/> | \$90,000 to \$99,999 |
| <input type="checkbox"/> | More than \$100,000 |
| <input type="checkbox"/> | Refused to answer the question |

USE QUESTIONS 5 AND 6 TO DETERMINE IF RESPONDENT MEETS THE INCOME REQUIREMENTS for low income group. FOR EXAMPLE, ONE PERSON IN HOUSEHOLD AND A YES TO \$20,000 - \$29,999 CATEGORY WOULD QUALIFY THE RESPONDENT.

People in household	Income threshold
1	\$28,725.00
2	\$38,775.00
3	\$48,825.00
4	\$58,875.00
5	\$68,925.00
6	\$78,975.00
7	\$89,025.00
8	\$99,075.00

RESPONDENT QUALIFIES AS A LOW INCOME PARTICIPANT?

YES NO

8. Have you ever been diagnosed with: *{ask each}*

A. Diabetes	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
B. Asthma	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
C. Heart Disease	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
D. Depression	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
E. Congestive Heart Failure	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
F. Cancer	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
G. Arthritis	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
H. COPD (lung disease)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I. Kidney Disease	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
J. Other chronic condition	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Specify Other:	<input type="text"/>			

DOES RESPONDENT QUALIFY AS A YOUNG AND HEALTHY PARTICIPANT?
(BETWEEN THE AGES OF 21 – 34 (Q4) AND ANSWERS NO TO ALL IN Q7)

YES NO

DOES RESPONDENT QUALIFY AS A 35 AND OVER PARTICIPANT? (BETWEEN AGES OF 35-64 (Q4) AND ANSWERS NO TO ALL IN Q7)

DOES RESPONDENT QUALIFY AS A CHRONIC CONDITIONS PARTICIPANT?
(ANSWERS YES TO ANY OF THE ITEMS IN Q7)

YES NO

IF YES TO 'J' ONLY, AND UNSURE IF THE OTHER CONDITION QUALIFIES AS A CHRONIC CONDITION, PROCEED THROUGH SCREENER. IF THEY ARE NOT DISQUALIFIED BY ANY OF THE OTHER QUESTIONS, READ END SCRIPT C

PROCEED IF RESPONDENT QUALIFIES FOR ANY OF THE FOUR PARTICIPANT TYPES

9. What is your gender?

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

{Recruit a mix of men and women}

10. What is the highest grade or level of school you have completed?

<input type="checkbox"/>	Less than high school graduate
<input type="checkbox"/>	High school diploma
<input type="checkbox"/>	GED
<input type="checkbox"/>	Technical or vocational school or certificate program
<input type="checkbox"/>	Associate's Degree (2 year college graduate)
<input type="checkbox"/>	Some college (1 – 3 years of college, no degree)
<input type="checkbox"/>	Bachelor's Degree
<input type="checkbox"/>	Graduate degree (Master's or Doctorate)

{Recruit a mix of educational levels, preferably skewed to the low end of the educational spectrum}

11. Are you of Spanish, Hispanic, or Latino background?

YES NO

{Recruit a mix of races/ethnicity using Questions 10 and 11}

12. How would you describe your race? (check all that apply)

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	White
<input type="checkbox"/>	Another race (Specify other race: _____)

{Recruit a mix of races/ethnicity using Questions 10 and 11}

INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA:

Thank you for answering all of my questions. It looks like you're eligible to participate in the interview.

We are having interviews on [Dates, Location]. You will be given \$100 as a thank you for participating in the 90 minute interview. Would any of the following dates or times work for you?

▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time

IF NO:

Okay, is it okay if I call you if other days and times become available? {GO TO END SCRIPT A}

CONFIRM APPOINTMENT

So, let me confirm that you are agreeing to participate in an interview about comparing and choosing health insurance plans on *{Date and time}*.

CONFIRM RESPONDENT'S INFORMATION

Now, let me just verify the spelling of your name and your address so we can send you a confirmation letter with directions. We will not use this information for any purpose outside of this study.

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip: _____

Also, please let me confirm that I have all your correct phone numbers so that we may call and confirm with you.

Home phone: _____ Other Phone: _____

If you have any questions or find that you can't attend, please call us right away at *{insert phone number}* so that we can find a replacement. We also ask that you do not bring any friends or children with you as they will not be allowed to participate in the interview. You will be reviewing printed materials, so please bring reading glasses if you need them. Thank you for your time and for agreeing to help.

END SCRIPT A (GENERIC THANK AND END):

I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT B (FOR PEOPLE WHO DO NOT MEET SELECTION CRITERIA):

Thank you very much for answering my questions. As I said earlier, we're trying to recruit people with specific characteristics and a mix of backgrounds. Unfortunately *{you do not meet our selection criteria OR we already have enough people in our study with backgrounds that are similar to yours}*. I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT C

Thank you very much for answering my questions. I need to check with my supervisor to verify whether you are eligible for this research study. If you are, I will call you back to schedule.

Small business employers

Recruitment guidelines

- Recruit to have 6 individuals for 5 participants to show
- Each interview will last 60 minutes and be conducted by telephone
- Participants will receive \$100 for their time; Executives will receive \$200
- General screening criteria for all interviews:
 1. Benefit managers or executives who are responsible for identifying or selecting health plans for their organization
 2. Organization with fewer than 200 covered lives or 100 employees
 3. Mix of for-profit and non-profit organizations
 4. Mix of self-insured, fully insured, and no insurance offered
 5. Geographic diversity (e.g., northeast, southwest)
 6. Industry diversity (e.g., manufacturing, information technology)

Screener

INTRO WHEN PERSON ANSWERS THE PHONE:

Hello, may I please speak with [*FIRST AND LAST NAME*]? My name is [*RECRUITER FIRST AND LAST NAME*], and I'm calling on behalf of the American Institutes for Research (also known as A-I-R), a nonprofit research organization.

IF RESPONDENT NOT AVAILABLE EITHER:

- DETERMINE A GOOD TIME TO CALL BACK OR
- LEAVE MESSAGE ON ANSWERING MACHINE

ANSWERING MACHINE SCRIPT:

Hello, my name is [*RECRUITER FIRST AND LAST NAME*]. I'm calling on behalf of the American Institutes for Research, a nonprofit research institute. We would like for you to participate in an interview about reporting the results of a survey of patient experience in the [Health Insurance Marketplace/Qualified Health Plans in the Marketplace]. Please call {*INSERT PHONE NUMBER*} at your convenience.

IF RESPONDENT IS AVAILABLE, IDENTIFY REASON FOR CALLING.

I'm calling today about a research project that we are doing about a survey of patient experience in the [Health Insurance Marketplace/Qualified Health Plans in the Marketplace].

If you are interested in helping with this project, and you meet the requirements for participation, we will invite you to participate in a telephone interview. It would take one hour of your time, and we would give you [\$100; \$200 for executives] to thank you for participating.

May I ask you a few questions to see if you meet our criteria for interview participants?

IF NEEDED, EXPLAIN FURTHER: We need to include people with specific characteristics and experiences so that we end up with a mix of people with different backgrounds. So I have to ask you some questions to see if you fit the profile of participants that AIR is looking for in the interviews.

IF YES, CONTINUE TO QUESTION 1. IF NO, THANK & END (END SCRIPT A).
Before we begin, I'd like to let you know that all information you provide will be held in confidence. Your participation is voluntary, and you may ask me to skip any questions that you do not wish to answer. You can stop at any time. None of the information that you provide to us will be used for any purpose outside of this study.

1. How many covered lives does your organization cover under all health insurance plans?
_____ (If over 200, THANK AND END, END SCRIPT B)

2. How many employees work at your organization?
_____ (If over 100, THANK AND END, END SCRIPT B)

3. Is your organization: (*Recruit mix*)
 - For profit?
 - Not-for-profit?
 - Other/not sure?

4. What type of health insurance plan(s) does your organization offer? (*check all that apply*)
 - None
 - HMO (Health Maintenance Organization)
 - PPO (preferred provider organization)
 - Discounted fee-for-service
 - Self-insured plan
 - Full-insured plan

5. In what city and state is your organization's primary offices?

6. What business sector does your organization operate? [If needed: Consulting? Manufacturing? Information technology?]

INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA:

Thank you for answering all of my questions. It looks like you're eligible to participate in the interview.

We are having interviews on [Dates] by telephone. You will be given [\$100; \$200 if an executive] as a thank you for participating in the 60 minute interview. Would any of the following dates or times work for you?

▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time

IF NO:

Okay, is it okay if I call you if other days and times become available? {GO TO END SCRIPT A}

CONFIRM APPOINTMENT

So, let me confirm that you are agreeing to participate in an interview about comparing and choosing health insurance plans on *{Date and time}*.

CONFIRM RESPONDENT'S INFORMATION

Now, let me just verify the spelling of your name and your address so we can send you a confirmation letter with directions. We will not use this information for any purpose outside of this study.

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip: _____

Also, please let me confirm that I have all your correct phone numbers so that we may call and confirm with you.

Home phone: _____ Other Phone: _____

If you have any questions or find that you can't attend, please call us right away at *{insert phone number}* so that we can find a replacement. We also ask that you do not bring any friends or children with you as they will not be allowed to participate in the interview. You will be reviewing printed materials, so please bring reading glasses if you need them. Thank you for your time and for agreeing to help.

END SCRIPT A (GENERIC THANK AND END):

I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT B (FOR PEOPLE WHO DO NOT MEET SELECTION CRITERIA):

Thank you very much for answering my questions. As I said earlier, we're trying to recruit people with specific characteristics and a mix of backgrounds. Unfortunately *{you do not meet our selection criteria OR we already have enough people in our study with backgrounds that are similar to yours}*. I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT C

Thank you very much for answering my questions. I need to check with my supervisor to verify whether you are eligible for this research study. If you are, I will call you back to schedule.

Health plan quality managers

Recruitment guidelines

- Recruit to have 6 individuals for 5 participants to show
- Each interview will last 60 minutes and be conducted by telephone
- No incentives will be offered
- General screening criteria for all interviews:
 1. Work for a qualified health plan that exists in the Marketplace
 2. Work in quality improvement or management for at least one year
 3. Have interest in providing input on health quality measures and how best to present the information
 4. As possible, responsible for designing consumer materials for the Marketplace

Screener

1. Does your insurance company currently offer any products in the Health Insurance Marketplace(s)?

YES NO

2. What is your title?

3. Does your company offer a health plan under the federal or one of the state Health Insurance Marketplaces?

YES NO

4. Does your primary role at the health plan include any of the following?

Quality improvement (collection, analysis, or report)

Patient satisfaction assessment

Public reporting

Development of materials for potential consumers

{If no to all, THANK AND END, END SCRIPT B}

5. How long have you worked in quality improvement or management, patient satisfaction, public reporting, or developing materials for consumers in the Marketplace?

_____ *{If less than 1 year, THANK AND END, END SCRIPT B}*

INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA:

Thank you for answering all of my questions. It looks like you're eligible to participate in the interview.

We are conducting the 60-minute interviews on [Dates] by telephone. Would any of the following dates or times work for you?

▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time

IF NO:

Okay, is it okay if I call you if other days and times become available? {GO TO END SCRIPT A}

CONFIRM APPOINTMENT

So, let me confirm that you are agreeing to participate in an interview about comparing and choosing health insurance plans on *{Date and time}*.

CONFIRM RESPONDENT'S INFORMATION

Now, let me just verify the spelling of your name and your address so we can send you a confirmation letter with directions. We will not use this information for any purpose outside of this study.

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip: _____

Also, please let me confirm that I have all your correct phone numbers so that we may call and confirm with you.

Home phone: _____ Other Phone: _____

If you have any questions or find that you can't attend, please call us right away at *{insert phone number}* so that we can find a replacement. We also ask that you do not bring any friends or children with you as they will not be allowed to participate in the interview. You will be reviewing printed materials, so please bring reading glasses if you need them. Thank you for your time and for agreeing to help.

END SCRIPT A (GENERIC THANK AND END):

I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT B (FOR PEOPLE WHO DO NOT MEET SELECTION CRITERIA):

Thank you very much for answering my questions. As I said earlier, we're trying to recruit people with specific characteristics and a mix of backgrounds. Unfortunately *{you do not meet our selection criteria OR we already have enough people in our study with backgrounds that are similar to yours}*. I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT C

Thank you very much for answering my questions. I need to check with my supervisor to verify whether you are eligible for this research study. If you are, I will call you back to schedule.

Marketplace regulators

Recruitment guidelines

- Recruit to have 6 individuals for 5 participants to show
- Each interview will last 60 minutes and be conducted by telephone
- No incentives will be offered
- General screening criteria for all interviews:
 1. Work for federal or state Marketplace or contractor
 2. Work on or with the Marketplace(s) in a regulatory capacity for at least 6 months
 3. Mix of respondents from federal and state-based Marketplaces
 4. Mix of geographic locations

Screener

1. What is your title?

2. Does your role at the Health Insurance Marketplace include regulation, quality improvement, or quality management?

YES NO

3. How long have you worked in in a regulatory capacity for the Health Insurance Marketplace?

_____ *{If less than 1 year, THANK AND END, END SCRIPT B}*

4. What state(s) does your Marketplace serve?

INVITATION IF INDIVIDUAL MEETS RECRUITING CRITERIA:

Thank you for answering all of my questions. It looks like you're eligible to participate in the interview.

We are conducting the 60-minute interviews on [Dates] by telephone. Would any of the following dates or times work for you?

▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time
▪ Option: Date, time	▪ Option: Date, time	▪ Option: Date, time

IF NO:

Okay, is it okay if I call you if other days and times become available? {GO TO END SCRIPT A}

CONFIRM APPOINTMENT

So, let me confirm that you are agreeing to participate in an interview about comparing and choosing health insurance plans on *{Date and time}*.

CONFIRM RESPONDENT'S INFORMATION

Now, let me just verify the spelling of your name and your address so we can send you a confirmation letter with directions. We will not use this information for any purpose outside of this study.

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip: _____

Also, please let me confirm that I have all your correct phone numbers so that we may call and confirm with you.

Home phone: _____ Other Phone: _____

If you have any questions or find that you can't attend, please call us right away at *{insert phone number}* so that we can find a replacement. We also ask that you do not bring any friends or children with you as they will not be allowed to participate in the interview. You will be reviewing printed materials, so please bring reading glasses if you need them. Thank you for your time and for agreeing to help.

END SCRIPT A (GENERIC THANK AND END):

I appreciate your taking the time to speak with me and I hope you have a good day.

END SCRIPT B (FOR PEOPLE WHO DO NOT MEET SELECTION CRITERIA):

Thank you very much for answering my questions. As I said earlier, we're trying to recruit people with specific characteristics and a mix of backgrounds. Unfortunately *{you do not meet our selection criteria OR we already have enough people in our study with backgrounds that are similar to yours}*. I appreciate your taking the time to speak with me and I hope you have a good

day.

END SCRIPT C

Thank you very much for answering my questions. I need to check with my supervisor to verify whether you are eligible for this research study. If you are, I will call you back to schedule.

Attachment B: Consent forms for each audience

Consumers

What is this project about and what will you ask me to do?

We are interested in finding out your reaction to descriptions of results of a survey completed by enrollees in Qualified Health Plans in the Health Insurance Marketplaces. This interview will take about 90 minutes. As a thank you for completing the interview, we will give you a cash incentive of \$100.

Who is doing this project?

This project is being conducted by the American Institutes for Research (AIR), a not-for-profit social science research organization headquartered in Washington, DC. The project is funded by the Centers for Medicare & Medicaid Services. Steven Garfinkel, Ph.D. at American Institutes for Research is the Project Director.

Do I have to participate in this project?

No. It is your choice whether to participate or not. Also, you have the right to stop participating at any time, and you do not have to answer any questions that you prefer not to answer. If you choose not to participate or stop participating, there are no penalties and you will receive the full incentive.

What are the risks and benefits?

There are no anticipated or known risks in participating in this project. There are no direct benefits to you for participating in an interview. By participating in this project, you will receive the opportunity to provide input on how to best describe results of these types of surveys.

How will you protect my privacy?

With your permission, we will be audio-recording the interview for reference, to ensure accuracy in capturing what you share with us. The recordings will be destroyed no later than the end of the project (approximately one year). We will keep your identity and the information you supply confidential and will not share this information with anyone outside of the project staff.

What if I want more information?

- If you want more information about this project, please contact the director of the research project at AIR, Steven Garfinkel, sgarfinkel@air.org, (919) 918-2306.
- If you have questions about your rights as a participant, contact the chair of AIR's Institutional Review Board, at IRB@air.org or toll-free at 1-800-634-0797 or c/o AIR, Attn: AIR IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.

By signing this form you are indicating that you have read and understood the information provided to you and agree to participate in the interview.

Signature_____

Today's date_____

Small Business Employers

What is this project about and what will you ask me to do?

We are interested in finding out your reaction to descriptions of results of a survey completed by enrollees in Qualified Health Plans in the Health Insurance Marketplaces. This interview will take about 60 minutes. As a thank you for participating, we will give you a cash incentive upon completing the interview.

Who is doing this project?

This project is being conducted by the American Institutes for Research (AIR), a not-for-profit social science research organization headquartered in Washington, DC. The project is funded by the Centers for Medicare & Medicaid Services. Steven Garfinkel, Ph.D. at American Institutes for Research is the Project Director.

Do I have to participate in this project?

No. It is your choice whether to participate or not. Also, you have the right to stop participating at any time, and you do not have to answer any questions that you prefer not to answer. If you choose not to participate or stop participating, there are no penalties and you will receive the full incentive.

What are the risks and benefits?

There are no anticipated or known risks in participating in this project. There are no direct benefits to you for participating in an interview. By participating in this project, you will receive the opportunity to provide input on how to best describe results of these types of surveys.

How will you protect my privacy?

With your permission, we will be audio-recording the interview for reference, to ensure accuracy in capturing what you share with us. The recordings will be destroyed no later than the end of the project (approximately one year). We will keep your identity and the information you supply confidential and will not share this information with anyone outside of the project staff.

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- If you want more information about this project, please contact the director of the research project at AIR, Steven Garfinkel, sgarfinkel@air.org, (919) 918-2306.
- If you have questions about your rights as a participant, contact the chair of AIR's Institutional Review Board, at IRB@air.org or toll-free at 1-800-634-0797 or c/o AIR, Attn: AIR IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.

Verbal Consent: Please answer yes or no to each of the following questions.

Do you understand the described project and interview and agree to be a participant as part of this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to have the interview recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that your name will not be associated with reports or documents related to this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you can withdraw your consent at any time and stop participating in the interview without any prejudice to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name _____

Today's date _____

Health plan quality managers, Marketplace Regulator

What is this project about and what will you ask me to do?

We are interested in finding out your reaction to descriptions of results of a survey completed by enrollees in Qualified Health Plans in the Health Insurance Marketplaces or others that completed a survey about their experience obtaining insurance in the Marketplaces. This interview will take about 60 minutes.

Who is doing this project?

This project is being conducted by the American Institutes for Research (AIR), a not-for-profit social science research organization headquartered in Washington, DC. The project is funded by the Centers for Medicare & Medicaid Services. Steven Garfinkel, Ph.D. at American Institutes for Research is the Project Director.

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There are no anticipated or known risks in participating in this project. There are no direct benefits to you for participating in an interview. By participating in this project, you will receive the opportunity to provide input on how to best describe results of these types of surveys.

How will you protect my privacy?

With your permission, we will be audio-recording the interview for reference, to ensure accuracy in capturing what you share with us. The recordings will be destroyed no later than the end of the project (approximately one year). We will keep your identity and the information you supply confidential and will not share this information with anyone outside of the project staff.

What if I want more information?

- If you want more information about this project, please contact the director of the research project at AIR, Steven Garfinkel, sgarfinkel@air.org, (919) 918-2306.
- If you have questions about your rights as a participant, contact the chair of AIR's Institutional Review Board, at IRB@air.org or toll-free at 1-800-634-0797 or c/o AIR, Attn: AIR IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.

Verbal Consent: Please answer yes or no to each of the following questions.

Do you understand the described project and interview and agree to be a participant as part of this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to have the interview recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that your name will not be associated with reports or documents related to this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you can withdraw your consent at any time and stop participating in the interview without any prejudice to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name _____

Today's date _____

CMS-Sponsored Technical Assistance for Improving the Consumer's Experience

The Health Insurance Marketplace Improvement Guide and Consumer Usability Testing of Marketplace Websites

Issue Brief #2

June 2014

Purpose

This issue brief provides an overview of two upcoming technical assistance (TA) activities available to the Marketplaces, which include:

- Consumer Usability Testing of the State-Based Marketplace (SBM) websites.
- *The Health Insurance Marketplace (HIM) Improvement Guide.*

The TA activities are designed to support Marketplaces in improving their consumer experience. The consumer experience surveys were authorized by the Affordable Care Act (ACA). These surveys were developed by the Centers for Medicare & Medicaid Services (CMS) with support from American Institutes for Research (AIR). The Qualified Health Plan (QHP) Enrollee Experience Survey (or Enrollee Satisfaction Survey) will assess enrollees' experiences with their qualified health plans offered on the Marketplace. The Health Insurance Marketplace Survey (Marketplace Survey) will assess consumers' perspectives on the services provided by the Marketplaces. More specifically, the Marketplace Survey will evaluate consumers' experiences with the websites, telephone call centers, and in-person support. The survey results will provide actionable information that Marketplaces can use to improve performance. For further information about the surveys, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

The immediate need from State-Based Marketplaces (SBMs) is assistance with the TA activities related to the Marketplace Survey. CMS funded expert usability testing of some of the SBM websites in 2014 and a summary of the findings will be provided in a separate brief. In this brief, we describe the TA activities, how they will benefit the Marketplaces, and how the SBMs can participate.

We are asking each SBM to indicate whether interested in:

- Receiving a consumer usability assessment of its Marketplace website to identify ways to improve the consumer eligibility and enrollment experience. This assessment is available at no cost to the SBMs.
- Participating in an informal advisory group to inform the development of the *HIM Improvement Guide*.

If interested in either or both of these activities, please send an email to Marketplace_Quality@cms.hhs.gov.

Consumer Usability Testing of the State-Based Marketplace Websites

What is it?

Marketplace websites are one of the primary ways that consumers learn of their eligibility for enrolling in QHPs and public subsidies, access information to compare and choose a QHP, and enroll in a plan. CMS is funding a usability assessment of State-Based Marketplace (SBM) websites during the 2015 open enrollment period.

Usability testing uses the method of cognitive interviewing to assess how a respondent understands or interprets information. The usability testing will be used to gather information from consumers about:

- Whether the SBM websites provide information about what consumers want to know;
- Whether consumers are able to readily find the information they want (navigation); and
- Whether consumers interpret the language used and information as intended (comprehension).^{1,2}

Frequently consumers interpret information very differently than experts expect and in ways that cannot be anticipated. This is the fundamental premise of all cognitive testing, including usability testing.

Why is it needed?

The website usability testing will inform the interpretation of Marketplace Survey results and help the Marketplaces improve the consumer's experience.

Who is it for?

Consumer usability testing is available for SBMs that are operating their own websites, if the SBM indicates interest in participating. There are no costs to the SBMs for participating

¹ Nielsen, J., & Loranger, H. (2006). *Prioritizing Web usability*. Berkeley, CA: Nielsen Norman Group.

² Robert Wood Johnson Foundation and American Institutes for Research. *How to get consumer feedback and input into websites*. Retrieved from <http://forces4quality.org/node/2550>

in this activity. The results will be used by CMS and the SBMs for their own internal performance improvement efforts.

When and how will it occur?

Usability testing will be done during the 2015 open-enrollment period. The results are intended to support ongoing future improvement.

During this testing, we will monitor consumers' use of the website with their permission. We will ask each participant to perform a series of activities on the SBM website and then ask questions as he/she is performing the activities. For example, we will present the participant with the SBM Web page to compare and choose plans. Interviewers would then ask questions such as: What do you notice on the page? What would you want to do next? What do you think of when you see this?

What is needed from the Marketplaces?

- **Indicate interest.** SBMs interested in receiving a consumer usability assessment of their Marketplace website should send an email indicating their interest to Marketplace_Quality@cms.hhs.gov.
- **Discuss creating test accounts, when needed.** For SBMs that require a user name and password to access their websites—especially pages pertaining to eligibility, enrollment, and comparing and choosing a health plan—we would like to talk with you about the possibility of obtaining a test account that could be used by consumers for the testing.

Health Insurance Marketplace Improvement Guide

What is it?

The *HIM Improvement Guide* will provide Marketplaces with a roadmap on how to use the Marketplace Survey results to improve the consumer's experience.

The guide will be modeled after the *Consumer Assessment of Healthcare Providers and Systems (CAHPS) Improvement Guide*.³ The content of the guide will present approaches to improving processes related to determining eligibility, comparing and choosing plans, and enrollment. The guide will describe:

- Why it is important to improve the consumer experience
- How to assess a Marketplace's readiness to improve the quality of its services
- How to analyze the Marketplace Survey results

- Strategies for using the Marketplace Survey results to identify the best opportunities for improvement
- How to use quality improvement processes to improve specific consumer experience performance goals
- Examples of interventions for improving specific aspects of the consumer's Marketplace experience
- Case studies to highlight implementation of some of these strategies

In order to develop the *HIM Improvement Guide*, we need feedback from the Marketplace staff that will be using the survey data to implement performance improvement strategies. We would like to form an informal advisory group to solicit feedback from the people who will be using the guide in the future.

Why is it needed?

The *HIM Improvement Guide* will help Marketplace staff understand their Marketplace Survey results and translate the results into actionable strategies that they can implement to improve the consumer experience. Input from Marketplace staff is critical in order to ensure the *HIM Improvement Guide* will meet the needs of its users.

Who is it for?

All Marketplaces—SBMs, State Partnership Marketplaces, and the Federally Facilitated Marketplace states.

When and how will it occur?

We will hold a series of informal conference calls and webinars to solicit feedback from Marketplace staff. We anticipate holding up to three conference calls/webinars from June 2014 to February 2015. In addition, we will follow up with individual Marketplace staff via email or conference call, as needed.

What is needed from the Marketplaces?

- **Indicate interest.** Marketplaces interested in informing the development of the *HIM Improvement Guide* should send an email indicating their interest to Marketplace_Quality@cms.hhs.gov.
 - We ask that there be one primary representative and one alternate representative from each interested Marketplace.
- **Participate.** If you are interested in participating, we ask that you join the conference calls and webinars. More details about these activities will be forthcoming.

³ For more information visit <https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>.