

Health Insurance Exchange Consumer Experience Surveys: Qualified Health Plan Enrollee Experience Survey

**Supporting Statement—Part A
Supporting Statement for the Enrollee Satisfaction Survey
and Exchange Survey Data Collection**

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A. Background

Section 1311(c)(4) of the Patient Protection and Affordable Care Act (PPACA) directs the Secretary of the Department of Health & Human Services (HHS) to establish an enrollee satisfaction survey to assess enrollee satisfaction with each Qualified Health Plan (QHP) offered through the Health Insurance Exchanges (Exchanges) (also known to consumers as Health Insurance Marketplaces)¹ and Small Business Health Options Program (SHOP) with more than 500 enrollees in the prior year. Additionally, Section 1311(c)(3) of the PPACA directs the Secretary to develop a quality rating for each QHP offered through an Exchange.

Based on this authority, CMS issued a regulation in May 2014 to establish standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Exchange.² As a condition of certification and participation in the Exchanges, CMS requires that QHP issuers submit QHP Enrollee Experience Survey (QHP Enrollee Survey or survey) response data and Quality Rating System (QRS) clinical data for their respective QHPs offered through an Exchange in accordance with CMS guidelines.³ Exchanges are also required to display QHP quality rating information on their respective websites.⁴ The 2020 QRS and QHP Enrollee Survey Technical Guidance includes all relevant statutory and regulatory citations for the QRS and the QHP Enrollee Survey.

The QHP Enrollee Survey assesses enrollees' experience with their QHPs around such areas as access to care, access to information, care coordination, cultural competence, doctor communication, and plan administration. The goals of the QHP Enrollee Survey are to:

- Provide comparable and useful information to consumers about the quality of health care services and enrollee experience with QHPs offered through the Exchanges,
- Facilitate oversight of QHP issuer compliance with quality reporting standards set forth in the PPACA and implementing regulations, and
- Provide actionable information that QHP issuers can use to improve quality and performance.

Based on the requirements for the QHP Enrollee Survey, CMS developed a survey to capture information about enrollees' experience with QHPs offered through an Exchange. CMS conducted in-depth formative research including: a comprehensive literature review, review of existing CMS survey instruments, consumer focus groups, stakeholder discussions, and input from a Technical Expert Panel (TEP). Under Office of Management and Budget (OMB) Control Number 0938-1221, CMS performed a psychometric test and beta test in 2014 and 2015, respectively. CMS began fielding the QHP Enrollee Survey nationwide in 2016 and this request is to continue nationwide collection and administration of the statutorily-required survey in 2021 through 2023.

Due to the unique nature of the QHP enrollee population and its application to the QRS, CMS determined that the QHP Enrollee Survey required a customized survey instrument. The QHP Enrollee Survey includes questions from the Consumer Assessment of Healthcare Providers and

¹ Unless the context indicates otherwise, the term "Exchanges" refers to the Federally-facilitated Exchanges (FfEs) (inclusive of FfEs where the state performs plan management functions [FfE-SPM]) and the State-based Exchanges (SBEs) (inclusive of State-based Exchanges on the Federal Platform [SBE-FPs]).

² Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond, Final Rule, 79 Fed. Reg. 30240 at 30352 (May 27, 2014), 45 C.F.R. §§ 156.1120 and 156.1125.

³ 45 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125.

⁴ 45 C.F.R. §§ 155.1400 and 155.1405

Systems (CAHPS[®]) Health Plan 5.0 Adult Medicaid Survey, the CAHPS 5.0 Healthcare Effectiveness Data and Information Set (HEDIS[®]) Survey, the CAHPS Health Plan 4.0 and, and the CAHPS 5.0 Adult Supplemental Item Sets. The survey also includes additional items developed specifically for the QHP Enrollee Survey. These additional items include questions around enrollee experience with costs and customer service to capture topics not covered by existing CAHPS items and disability status items to comply with the requirements of Section 4302, Data Collection Standards, of the PPACA.

Currently, CMS proposes increasing the burden estimates for the 2023 administration year within this request.

The QHP Enrollee Survey is conducted by HHS-approved survey vendors that meet minimum business requirements. A similar system is currently used for other CMS surveys, including Medicare CAHPS, Hospital CAHPS (HCAHPS), Home Health CAHPS (HHCAHPS), the CAHPS Survey for Accountable Care Organizations, and the Health Outcomes Survey (HOS).

Under this model, all QHP issuers that are required to conduct the QHP Enrollee Survey must contract with an HHS-approved survey vendor to collect the data and submit it to CMS on the issuer's behalf (45 CFR § 156.1125(a)). CMS is responsible for approving and training survey vendors, providing technical assistance to vendors, overseeing vendors to ensure that they are following the data collection protocols, collecting and analyzing the data from vendors, and producing reports that QHP issuers can use for quality improvement.

These activities are necessary to ensure that CMS fulfills legislative mandates established by Section 1311(c)(4) of the Affordable Care Act to develop an "enrollee satisfaction survey system" and provide such information on Exchange websites. The questionnaire submitted for clearance is available in English, Spanish, and Chinese for use in a mixed-mode methodology that includes mail, telephone, and Internet survey modes.

At this time, CMS is submitting this non-substantive change request to increase the total burden hours associated with the 2023 survey administration by 4,500 burden hours. This increase is necessary because of the increased number of QHP issuers offering plans through the Health Insurance Marketplace and State-Based Exchanges since CMS submitted the original information collection request. As a result of this change, CMS estimates that up to 350 reporting units may be required to administer the survey rather than the 275 reporting units included in the original submission. CMS is also updating the estimated burden cost (Exhibit A2) associated with the 2023 survey administration to reflect increased wages since the ICR was originally submitted.

B. Justification

1. *Need and Legal Basis*

Section 1311(c)(4) of the Affordable Care Act requires HHS to establish an enrollee satisfaction survey to be administered to members of each QHP offered through an Exchange. The QHP Enrollee Survey meets the goal of measuring enrollees' satisfaction with their health plan. Additionally, in accordance with Section 1311(c)(4) and outlined in 45 CFR 155.205(b)(1)(iv) and 45 CFR 155.1405, the results of this survey will be available by displaying the QRS information (which incorporates member experience data from the QHP Enrollee Survey), on

each state Exchange’s web portal, as well as on the Federally-facilitated Exchange (FFE) web portal (HealthCare.gov), in a manner that allows applicants for coverage to compare plans.

2. Information Users

After each QHP Enrollee Survey administration year, CMS produces Quality Improvement (QI) Reports summarizing the item-level results for each reporting unit and state participating in the QHP Enrollee Survey. These reports also include comparative benchmark data so that QHP issuers can see their results relative to the national level results.

A subset of survey questions is included in the QRS measure set and accompanying QHP quality rating information for public display. Beginning with the 2020 open enrollment period, CMS displayed the QHP quality rating information for all Exchanges that use the HealthCare.gov platform, including the FFEs, inclusive of FFE states where the state performs plan management functions and State-based Exchanges on the Federal Platform (SBE-FPs). SBEs were required to display QHP quality ratings for the 2020 open enrollment period, but had some flexibility to customize the display of the QHP quality rating information.

3. Use of Improved Information Technology and Burden Reduction

The current data collection protocol for the QHP Enrollee Survey includes the use of an online survey, as well as the use of computer-assisted telephone interviewing (CATI). Beginning with the 2019 QHP Enrollee Survey, survey vendors were required to field the web survey in Spanish (it was previously only required in English) and optimize the web survey for mobile devices.

Also beginning with the 2019 QHP Enrollee Survey, CMS implemented an email protocol. Survey vendors were required to send a notification email and two reminder emails during the fielding period. CMS will continue to evaluate methods to increase the utility of email outreach and online surveys.

Survey vendors are required to submit the final data files to CMS for analysis and scoring through a secure file transfer protocol (SFTP) or a similar secure protocol approved by CMS. This process ensures the data files meet established specifications. Additionally, after analysis, the survey data is submitted into the SAS Viya analytic environment which connects to CMS’ Health Insurance Oversight System (HIOS) for calculation of quality ratings based on QRS methodology for public reporting.

4. Efforts to Identify Duplication and Use of Similar Information

There is no duplication of efforts. The QHP Enrollee Survey is the only survey being conducted by HHS to measure enrollee experiences with QHPs offered through the Exchanges.

5. Impact on Small Businesses or Other Small Entities

CMS does not anticipate the QHP Enrollee Survey will have an impact on small businesses. The sample frame is developed by issuers, few, if any, of which are small businesses. Some survey vendors that will apply to field the QHP Enrollee Survey may be small businesses, but conducting CMS surveys, such as the CAHPS surveys, is part of these vendors’ business model and the decision to apply for approval as a vendor for the QHP Enrollee Survey is voluntary. Furthermore, the survey vendor application process imposes a minimal burden on any applicant, including small businesses.

6. Consequences of Collecting the Information Less Frequently

Annual data collection of the QHP Enrollee Survey is required to meet the objectives of providing feedback to Exchanges, issuers, and regulators for quality improvement; providing information for consumers' choice; tracking QHP performance; and complying with applicable legislation.

7. Special Circumstances

There are no special circumstances associated with this data collection.

8a. Federal Register

This is a revised information collection approved under OMB Control Number 0938-1221. As required by 5 CFR 1320.8(d), CMS provided the opportunity for the public to comment for 60 days through publication of a Federal Register Notice and received no comments.

CMS further solicited comments through a second Federal Register Notice which was posted on August 10, 2020. The comment period was open for 30 days. CMS received three public comments from the Center for the Study of Services (CSS), Anthem, and Kaiser Permanente.

Commenters were supportive of the addition of two questions, as well as instructions related to the pandemic and the increase use of telehealth but did recommend refinements to the new questions and instructions. CMS agreed with the recommendations to revise the new questions to more effectively collect data on access to care and telehealth appointments during the public health emergency. CMS appreciates commenters concerns about including instructions to consider telephone and video appointments for specific survey questions but will not remove these instructions to ensure enrollees consider these appointment types when answering survey questions. Please review the Responses to Public Comments to the Qualified Health Plan Enrollee Survey for a comprehensive summary of the public comments received and CMS' responses.

8b. Outside Consultation

CMS is working with a variety of outside organizations and individuals to aid in the development and implementation of the QHP Enrollee Survey. Chief among these organizations are Booz Allen Hamilton (Booz Allen) and the National Committee for Quality Assurance (NCQA). Booz Allen and NCQA are the contractor and subcontractor, respectively, and develop, implement and oversee the administration of the QHP Enrollee Survey.

In addition, a TEP composed of consumer advocates, health plan representatives, Exchange administrators, survey design experts, and state regulators provides ongoing feedback to CMS' contractor (Booz Allen Hamilton) to inform future refinements to the QHP Enrollee Survey. The panel meets approximately twice a year to provide input on topics such as survey development and refinement; technical and methodological issues related to development, testing and fielding of the survey instrument; and survey findings.

9. Payments/Gifts to Respondents

No payments or gifts will be made to any survey respondents.

10. Confidentiality

Individual survey respondents will be told the purposes for which the information is collected and that, in accordance with Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c), any identifiable information about them will not be used or disclosed for any purpose beyond conducting the survey. The confidentiality of individuals' replies is further assured under 5 U.S.C.552 (Freedom of Information Act), 5 U.S.C.552a (Privacy Act of 1974), and OMB Circular No. A-130. System of Records Notice (SORN): Health Insurance Exchange Program - 78 FR 8538 Publication Date: 02/06/2013.

11. Sensitive Questions

The QHP Enrollee Survey collects race and ethnicity data to identify health disparities. Per OMB standards, race and ethnicity information is collected separately and meet the minimum set of response categories.

12. Burden Estimates (Hours & Wages)

Estimated burden hours for the implementation and administration of the QHP Enrollee Survey in 2023 are presented in Exhibit A1. CMS has increased the estimated total burden hours from 16,516.70 hours to 21,016.7 and the estimated total cost burden from \$1,403,554.41 to \$1,530,994.41 since the previous information collection request submitted in September 2020. See Section 15. Changes to Burden for a detailed description of these changes. The estimated burden hours and cost burden are based on the following assumptions and definitions:

Units. CMS has established the reporting unit as the product type (i.e., Exclusive Provider Organization [EPO], Health Maintenance Organization [HMO], Preferred Provider Organization [PPO], Point of Service [POS]) offered by a QHP issuer through an Exchange in a particular state. For example, XYZ issuer's HMOs offered through the Exchange in Florida would be considered a single reporting unit.

Depending on the way a QHP issuer packages its plan offerings, the reporting unit might include anywhere from a single QHP to many QHPs spanning all categories of coverage (i.e., bronze, silver, gold, platinum, catastrophic). QHP issuers will create a sample frame for *each product type* they offer through the Exchange within a particular state or reporting unit. Child-only QHPs and standalone dental plans (SADPs) are excluded from the QHP Enrollee Survey requirements.

For the 2023 survey, CMS estimates that no more than 350 reporting units will be required to administer the QHP Enrollee Survey. This number is higher than previous estimates for this data collection and is based on actual numbers of reporting units that were required to administer the survey in previous years. In April 2020 CMS suspended data collection for the 2020 QHP Enrollee Survey due to the COVID-19 pandemic⁵. In 2021, there were 265 reporting units fielding the survey and in 2022 there were 298 reporting units fielding the survey.

Respondents per unit. CMS expects to collect 300 responses per reporting unit from a minimum sample size of 1,300 survey respondents. The average number of completed surveys per reporting unit in 2019 was 241.

⁵ COVID-19 Marketplace Quality Initiatives memo available at <https://www.cms.gov/files/document/covid-qrs-and-marketplace-quality-initiatives-memo-final.pdf>

Total respondents. CMS calculated the total number of respondents by multiplying the planned number of completed surveys (300) for each reporting unit by the planned number of completed reporting units.

Hours per response. Based on testing of the QHP Enrollee Survey, the survey takes on average 12 minutes for respondents to complete.

Survey vendors. Survey vendors that want to participate in collecting QHP Enrollee Survey data must complete a Survey Vendor Participation Form. CMS anticipates that approximately 10 survey vendors will apply to field the QHP Enrollee Survey annually and that it takes 100 minutes to complete the Survey Vendor Participation Form. CMS reduced the estimated number of survey vendors from 15 to 10 based on the consolidation of several vendors in this market area and the actual number of survey vendors that applied for HHS-approval. In 2020, there were nine survey vendor applicants.

Exhibit A1. Estimated Burden Hours for 2021-2023 Implementation of QHP Enrollee Survey

Source	Number of Reporting Units/ Survey Vendors	Completes per Reporting Unit	Total Sample ¹	Burden Hours	Total Burden Hours
2021 Survey Respondents	275	300	82,500	0.2	16,500.00
2021 Survey Vendors	10	1	10	1.670	16.70
2021 TOTAL	285		82,510		16,516.70
2022 Survey Respondents	275	300	82,500	0.2	16,500.00
2022 Survey Vendors	10	1	10	1.670	16.70
2022 TOTAL	285		82,510		16,516.70
2023 Survey Respondents	350	300	105,000	0.2	21,000.00
2023 Survey Vendors	10	1	10	1.670	16.70
2023 TOTAL	360		105,010		21,016.70
3-year TOTAL	930		270,030		54,050.10

¹ Total Sample = Number of Reporting Units x Completes per Reporting Unit

In 2022, the total annual burden hours for the 2022 QHP Enrollee Survey were estimated to be 16,516.70 hours. CMS estimates a total burden of 54,050.10 hours over three years.

Burden costs for the 2021 and 2022 survey administrations were estimated based on the Bureau of Labor Statistics (BLS) estimate of the average hourly wage for civilian workers in the United States of \$28.32 as of December 2019. To estimate the burden costs for survey vendors, CMS used the average hourly wage for employees in the business and professional services sector which was \$34.22 as of December 2019.⁶ For the 2023 survey administration, CMS has revised the estimated burden cost based on BLS estimates for April 2022. See Exhibit A2 for estimated burden costs.

⁶ <https://www.bls.gov/news.release/empsit.t19.htm>

Exhibit A2. Estimated Burden Costs

Source	Number of Respondents	Total Burden Hours	Average Hourly Wage Rate	Total Cost Burden
2021 Survey Respondents	82,500	16,500.00	\$28.32	\$467,280.00
2021 Survey Vendors	10	16.7	\$34.22	\$571.47
2021 TOTAL	82,510	16,516.70		\$467,851.47
2022 Survey Respondents	82,500	16,500.00	\$28.32	\$467,280.00
2022 Survey Vendors	10	16.7	\$34.22	\$571.47
2022 TOTAL	82,510	16,516.70		\$467,851.47
2023 Survey Respondents	105,00	21,000.00	\$31.85	\$668,850.00
2023 Survey Vendors	10	16.7	\$38.51	\$643.12
2023 TOTAL	105,010	21,016.70		\$669,493.12
3-Year TOTAL	247,530	54,050.10		\$ 1,605,196.06

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 Booz Allen Hamilton contract, which is approximately \$2.4 million for the 2021 national implementation. CMS estimates a three-year total of \$7.2 million. This cost includes soliciting and approving survey vendors, developing quality assurance guidelines and technical specifications for survey vendors, providing technical assistance and training to survey vendors, conducting oversight of approved survey vendors, providing technical assistance to QHP issuers, scoring and analyzing the survey data, and development of final reports for QHP issuers.

15. Changes to Burden

The forecasted burden for implementing the 2021-2023 QHP Enrollee Survey has been increased to accommodate the growing number of eligible reporting units in the Health Insurance Marketplace.

CMS has increased its estimate for the number of reporting units that will be required to administer the survey. In previous Information Collection Reviews, CMS estimated that 275 reporting units would be required to contract with a survey vendor to field the QHP Enrollee Survey. CMS is now estimating that 350 reporting units will be required to administer the QHP Enrollee Survey. This change reflects the increased number of QHP issuers operating in the Exchange and the variety of product types offered by each issuer.

As a result of these changes CMS has increased the three-year burden from 49,550.10 to 54,050.10 hours, an increase of 4,500 burden hours.

16. Publication/Tabulation Dates

Reporting of the QHP Enrollee Survey results will occur in the fall of 2022, following the data collection period. Reporting of the survey results will include distribution of QI Reports for each reporting unit to QHP issuers and summary reports to Exchanges. CMS also anticipates displaying the 2022 QRS global rating and three summary indicator ratings on the HealthCare.gov website for eligible QHPs and a subset of QHP Enrollee Survey questions are included in the QRS measure set. Following the 2021 survey administration, CMS released a public use file on the [Marketplace Quality Initiatives webpage](#).⁷

17. Expiration Date

The expiration date and OMB control number will be displayed on the first page of the survey instrument.

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.

⁷ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Exchange-Quality-Initiatives.html>