

Consumer Focus Group Recruitment Email

Dear XX,

The Centers for Medicare & Medicaid Services (CMS) has contracted with Booz Allen Hamilton to better understand your experiences with your health insurance plan. We are writing to ask you to take part in this work. CMS uses various types of information to understand the quality and efficiency of care provided to you through your health insurance plan. One source of information is a survey called the Qualified Health Plan (QHP) Enrollee Survey. We are asking you to participate in a focus group to provide input on the type of information this survey should gather.

We asked [name of referrer] to help us identify actual consumers, like you, who can participate in the focus group.

Your input will help inform CMS in the following areas:

- What information is important to you when choosing an insurance plan?
- How can CMS make the survey easier to understand?

The focus group will take place on XXX at XXX and last approximately 2 hours. Participants will receive \$100 for their time.

If you are interested in participating, please fill out the screening form which can be found [here](#).

If the link does not work, please cut and past the following into your internet browser:

<https://forms.office.com/Pages/ResponsePage.aspx?id=PoH-1aoMKkOyrNVVqpG9HEqBYqhvog5In8QWDynT0tZUNTdHSDExOTdENUFCQVVJWjhVUERaOVNNVi4u>

We know that your time is very valuable, and we wish to thank you in advance for helping us obtain input. If you have any questions, please reach out to QHPSurveyProject@bah.com.

Best,

(Name of Booz Allen Hamilton representative)

Consumer Cognitive Testing Recruitment Email

Dear XX,

The Centers for Medicare & Medicaid Services (CMS) has contracted with Booz Allen Hamilton to better understand your experiences with your health insurance plan. We are writing to ask you to take part in this work. CMS uses various types of information to understand the quality and efficiency of care provided to you through your health insurance plan. One source of information is a survey called the Qualified Health Plan (QHP) Enrollee Survey. We are asking you to participate in an interview to provide feedback on how you interpret questions included in this survey.

We asked [name of referrer] to help us identify actual consumers, like you, who can participate in these interviews. Your input will help inform CMS in the following areas:

- What information is important to you when choosing an insurance plan?
- How can CMS make the survey easier to understand?

These interviews are conducted virtually, and all you will need to participate is access to a phone and if possible, a computer with internet access, and last approximately 1 ½ hours. Participants will receive an incentive of \$100 in appreciation of your participation.

If you are interested in participating, please fill out the screening form which can be found [here](#).

(If the link does not work, please cut and past the following into your internet browser:

<https://forms.office.com/Pages/ResponsePage.aspx?id=PoH-1aoMKkOyrNVVqpG9HEqBYqhvog5In8QWDynT0tZUNTdHSDExOTdENUFCQVVJWjhVUEERaOVNNVi4u>)

We know that your time is very valuable, and we wish to thank you in advance for helping us obtain input. If you have any questions, please reach out to QHPSurveyProject@bah.com.

Best,

(Name of Booz Allen Hamilton representative)

Consumer Screening Form for Focus Group and Cognitive Testing Participation

The screener will be completed online via the internet.

The link to the screener is:

<https://forms.office.com/Pages/ResponsePage.aspx?id=PoH-1aoMKkOyrNVVqpG9HEqBYqhvog5In8QWDynT0tZUNTdHSDExOTdENUFCQVVJWjhVUEERaOVNNVi4u>

Title

Marketplace Health Plan Consumer Screening Form - Focus Group & One-on-One Interview

This screening form is for people who are currently enrolled in a health plan sold on the Health Insurance Marketplace, have been enrolled in the past 12 months, or are uninsured and interested in enrolling in the future. If you have any questions, please contact us at

QHPSurveyProject@bah.com

Section 1

Contact Information and Marketplace Insurance Status

This information is to help determine participation eligibility and to be able to contact you for scheduling. This information is confidential and is only used by Booz Allen Hamilton to help select participants. We do not keep your name or contact information and we do not provide any personal information to anyone outside of the small research team.

1. What is your name? (First and Last)
 - a. Text box for response

2. What is your email address?

This information is required to send you a final invitation to participate, to confirm scheduling, and to send your gift card incentive once participation is complete.

 - a. Text box for response

3. What is your telephone number?

We may need to follow-up on information and for scheduling.

 - a. Text box for response

4. Do you have health insurance coverage purchased on the Marketplace?

Attachment A - QHP Enrollee Survey Focus Group and Cognitive Testing Recruitment
Consumer Email Communication and Screening Form

This includes individual/family plans and small business health options program (SHOP) sold on healthcare.gov or a state-based Marketplace such as Connect for Health Colorado or DC Health Link.

- a. Yes
 - b. No
 - c. I do not currently have a Marketplace plan but have had one in the past 12 months.
 - d. I am uninsured and may buy health insurance coverage on the Marketplace in the future.
5. What metal level is/was your plan?
Please select the level of your current plan. If not currently enrolled, please select the level of the plan you had in the past 12 months.
- a. Catastrophic
 - b. Bronze
 - c. Silver
 - d. Gold
 - e. Platinum
 - f. I don't know
 - g. I do not have a plan but may buy one in the future.
6. Where can you participate in a focus group or one-on-one interview?
Please let us know where and how you are able to participate.
- a. Downtown Denver, CO for an in-person focus group
 - b. Downtown Washington, DC for an in-person focus group
 - c. Over the telephone for a one-on-one interview
 - d. I am unable to participate in any of the above

Section 2

About You

These questions help us ensure we have a mix of participants with different backgrounds and experiences. This information is confidential and is only used by Booz Allen Hamilton to help select participants. We do not keep this information or provide it to anyone outside of the small research team.

7. Is your income at or below \$30,050?
This is your personal income, not total household income.
- a. Yes
 - b. No
 - c. Prefer not to answer
8. Have you been diagnosed with a chronic health condition, such as asthma, diabetes, high blood pressure, or a mental health condition (e.g., chronic depression or anxiety)?
- a. Yes

Attachment A - QHP Enrollee Survey Focus Group and Cognitive Testing Recruitment
Consumer Email Communication and Screening Form

- b. No
 - c. Prefer not to answer
9. Do you have a disability such as deafness, blindness, or another physical or cognitive impairment?
- a. Yes
 - b. No
 - c. Prefer not to answer
10. What is your sex?
This is the sex on your birth certificate.
- a. Male
 - b. Female
 - c. Prefer not to answer
11. What is your age?
- a. 18-24
 - b. 25-34
 - c. 35 to 44
 - d. 45 to 54
 - e. 55 to 64
 - f. 65 to 74
 - g. 75 or older
12. Are you of Hispanic, Latino, or Spanish Origin?
- a. Yes
 - b. No
 - c. Prefer not to answer
13. What is your race?
Choose one or more.
- a. White
 - b. Black or African American
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Native Hawaiian or Pacific Islander
 - f. Prefer not to answer

Section 3

Thank you!

Thank you for taking the time to complete this form. We will contact you via email and telephone if we would like you to participate in a focus group or one-on-one interview about survey questions.

QHP Issuer Representative Focus Group Recruitment Email

Dear XX,

The Centers for Medicare & Medicaid Services (CMS) has contracted with Booz Allen Hamilton to better understand how the QHP issuer you work for uses QHP Enrollee Survey data for quality improvement. We are writing to ask you to take part in this work. CMS needs your input for future refinements and changes to the QHP Enrollee Survey. CMS uses various types of information to understand the quality and efficiency of care provided by QHPs selling coverage on the Exchanges. We are asking you to participate in a focus group to provide input on the type of information this survey should gather.

Your input will help inform CMS in the following areas:

- What information is important to you when making quality improvements to plan offerings?
- How can CMS make the survey more useful to QHP issuers and consumers?

The focus group will take place on virtually via WebEx and last approximately 2 hours. QHP Issuer representatives will not receive a financial incentive from Booz Allen Hamilton or CMS for their participation.

If you are interested in participating, please fill out the screening form which can be found [here](#).

If the link does not work, please cut and past the following into your internet browser:

<https://forms.office.com/Pages/ResponsePage.aspx?id=PoH-1aoMKkOyrNVVqpG9HEqBYqhvog5In8QWDynT0tZUOTczRE8xU0xFOEJDNkJKQzFLMDRHMDc5OC4u>

We know that your time is very valuable, and we wish to thank you in advance for helping us obtain input. If you have any questions, please reach out to QHPSurveyProject@bah.com.

Best,

(Name of Booz Allen Hamilton representative)

QHP Issuer Representative Screening Form for Focus Group Participation

The screener will be completed online via the internet.

The link to the screener is:

<https://forms.office.com/Pages/ResponsePage.aspx?id=PoH-1aoMKkOyrNVVqpG9HEqBYqhvog5In8QWDynT0tZUOTczRE8xU0xFOEJDnkJKQzFLMDRHMDc5OC4u>

Title:

Focus Group Screening Form - QHP Issuer Representative

This form will allow Booz Allen Hamilton to screen interested QHP issuer employees for participation in a WebEx Focus Group regarding the utility of and potential refinements to the QHP Enrollee Experience Survey. If you have any questions, please contact us at QHPSurveyProject@bah.com

1. What is your name? (First and Last)
 - a. Text box for response
2. What is your work email address?
 - a. Text box for response
3. What is your work telephone number?
Please include an extension when applicable
 - a. Text box for response
4. What is the name of the QHP Issuer you work for?
 - a. Text box for response
5. Is this QHP Issuer required to field the QHP Enrollee Survey?
 - a. Yes
 - b. No
 - c. Not for the current plan year, but we have in the past
 - d. I don't know
6. Do you know that CMS produces annual Quality Improvement Reports using QHP Enrollee Survey response data?
CMS produces a national level report and reports for each reporting unit that correctly fielded the QHP Enrollee Experience Survey.
 - a. Yes
 - b. No

Attachment A - QHP Enrollee Survey Issuer Representative Focus Group Recruitment
QHP Issuer Representative Email Communication and Screening Form

7. Do you currently, or have you in the past, used the QHP Enrollee Survey QI reports to complete any of your job duties?
 - a. Yes
 - b. No

8. What is your current job title?
 - a. Text box for response

9. Please indicate the type(s) of job responsibilities you have. Choose one or more.
 - a. Quality Improvement
 - b. Plan Management
 - c. Direct customer service
 - d. Appeals Management
 - e. Other

10. Please describe your job responsibilities.
Based upon your selection(s) in Question 7, please provide more detail about your role in 1 to 2 sentences.
 - a. Text box for response.

11. Please indicate when you would be available to participate in a WebEx Focus Group. Scheduling will depend upon recruiting an optimal number of participants and their availability. Please select all that apply.
 - a. Mid-March
 - b. Late March
 - c. Early April
 - d. Mid-April

12. Which day(s) of the week work best for your schedule? Please select all that apply.
 - a. Monday
 - b. Tuesday
 - c. Wednesday
 - d. Thursday
 - e. Friday

Thank You!

Thank you for completing this screening form. We will be in touch shortly and will send out a scheduling poll. We appreciate your help and look forward to speaking with you! If you have any questions or concerns, please email us at QHPSurveyProject@bah.com