Qualified Health Plan (QHP) Enrollee Experience Survey System Technical Expert Panel (TEP)

Deliverable 4-3: Option Year 2 Meeting 1 Summary Report

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Contents

Technical Expert Panel Overview

Section 1311(c)(4) of the Patient Protection and Affordable Act directs the Secretary of the Department of Health & Human Services (HHS) to establish a system that will evaluate enrollee satisfaction with Qualified Health Plans (QHPs) offered through the Health Insurance Exchanges®.[1] The QHP Enrollee Experience Survey (QHP Enrollee Survey) draws from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys, which measure patient/enrollee experience and are widely used to assess Medicare, Medicaid, and other commercial health plan performance. A subset of the QHP Enrollee Survey data is combined with clinical quality measures and reported as part of the Quality Rating System (QRS).

The Centers for Medicare & Medicaid Services (CMS) contracted with the American Institutes for Research® (AIR®) to support the implementation of the QHP Enrollee Survey. As part of this engagement, the AIR Project Team (Project Team) coordinates and facilitates two technical expert panel (TEP) meetings per contract year. The TEP advises the Project Team on the implementation of the QHP Enrollee Survey. The Project Team provides the TEP with information and/or findings and requests feedback on selected aspects of the QHP Enrollee Survey, including survey development and refinement, guidance related to the survey, technical issues related to testing and fielding the survey instrument, and analysis and reporting of survey findings.

The 2024–2025 TEP consists of 16 stakeholder representatives, including consumers and consumer advocates, Exchange administrators, health plan representatives, quality measurement experts, state officials, and subject matter experts (SMEs). Coretta Lankford, PhD, is the project director and TEP chair for the 2024–2025 QHP Enrollee Survey TEP.

Report Purpose

The purpose of the QHP Enrollee Survey TEP Meeting Report (Del 4-3) is to summarize the TEP's key takeaways and suggestions for the Project Team's consideration.[2] This report does not include the Project Team's final recommendations to CMS based on TEP inputs. The Project Team will formalize its recommendations based on TEP feedback through other deliverables,

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[1] Unless the context indicates otherwise, the term "Exchanges" (also known as "the Marketplace") refers to the Federally facilitated Exchanges (FFEs) (inclusive of states performing plan management functions [SPEs]), State-based Exchanges (SBEs), and SBEs on the federal platform (SBE-FPs).

[2] One or more TEP members supported all recommendations listed in this report.

including the Call Letter for the QRS and QHP Enrollee Survey (Del 4-13), Select Statistical Analyses (Del 8-12), Lessons Learned Report (Del 7-11), and QHP Enrollee Survey Technical Specifications (Del 5-3).

Meeting Summary

The Project Team convened a 1-hour pre-TEP meeting for TEP members representing consumer perspectives via Zoom® teleconference on Monday, September 30, 2024. Three of the five members attended the meeting. This pre-TEP meeting provided an opportunity for consumer representatives on the TEP to share reflections with the team about their experiences with QHPs in the Exchange, building upon what the TEP and the Project Team discussed at the second TEP meeting on March 1, 2024, and enabling new member reflections. The Project Team incorporated summary points from the September 30, 2024, discussion into the November 4, 2024, TEP meeting slides.

The Project Team convened the first TEP meeting of the Option Year via Zoom teleconference on Monday, November 4, 2024. Eleven of the 16 members attended the meeting. The Project Team sent an email to TEP members after the meeting seeking any additional insights into topics discussed during the meeting. The team did not receive additional input via email.

Appendix A: TEP Members presents a list of TEP members in attendance. Appendix B: Meeting Attendees includes a list of CMS staff and Project Team members in attendance. Appendix C: TEP Agenda includes a copy of the full meeting agenda.

The objectives of the November 4, 2024, QHP Enrollee Survey TEP meeting were to:

- Conduct roll call and TEP member introductions, review TEP member responsibilities, and ratify the TEP Charter;
- Recap the recommendations from the March 1, 2024, TEP meeting;
- Share consumers' reflections about their experiences in the Exchanges;
- Provide updates on the QHP Enrollee Survey project; and
- Gather insights and feedback on:
  - The 2024 QHP Enrollee Survey response rate, trend, and TEP-recommended analyses;
  - The 2024 Call Letter and cognitive testing findings; and
  - Potential updates to the QHP Enrollee Survey.

Exhibit 1 presents a summary of recommendations TEP members made at the
November 4, 2024, TEP meeting.

Exhibit 1. TEP Member Recommendations from the November 4, 2024, TEP Meeting

Topic	Suggestions
Survey Administration	• Implement the new requirement to include QR codes on survey materials. • Include a third reminder email, labeled "final reminder," to improve response rates, ensuring proper timing between reminders. • Simplify and clarify gate questions to enhance usability, such as including a list of examples of what it means to access your health plan. Share mockup of the revised questions with the TEP for review. • Revise survey title to include issuer and Marketplace names, avoiding less commonly understood terms like "QHP (Qualified Health Plan)," considering that QHP might not be widely recognized. • Assess potential impacts of shifting the sample frame anchor date on issuers as there could be challenges with the auditor and relocking files to resend to the vendor.
Survey Presentation	• Use plain, clear language in data collection explanations on the survey, such as the statement explaining the purpose of demographic questions: "We ask these next questions to learn more about people who have health insurance like you." • Avoid using ambiguous terms like "your health plan" to reduce respondent confusion.
Analyses	• Assess enrollee's satisfaction with telehealth, focusing on service efficiency, quality, and its effectiveness as a substitute for in-person visits to address health concerns. • Conduct subgroup analyses examining the use among different populations (by race, ethnicity, disability, and other characteristics) to determine its impact on disparities.
Survey Questions	• Generally favor inclusion of the perceived unfair treatment question; however, some were unsure about how actionable the question is as written because they will not be able to tie the unfair treatment to a specific provider. Consider an additional question that provides information about which provider may have discriminated against an enrollee so issuers can follow up. An open-ended question may be helpful here to capture additional details, and if that is not within the survey's scope, it may be helpful to include information on whom to contact if this has occurred. • If adding gender identity questions to the survey, share the purpose for their inclusion. • Include the Primary Language Spoken at Home question on future surveys as well as an open-ended write-in option, as it could provide useful information. • Include net promoter score (NPS) question, as it is widely used across different industries. Consider including an open-ended question after the NPS question to help issuers measure experience in ways that are otherwise not captured on the survey.

Topic	Suggestions
Survey Questions *(continued)*	• Consider including more specific and actionable questions related to different aspects of customer service and enrollee experience. • Align race/ethnicity questions with updated data standards. • Consider aligning telehealth question language with the CAHPS 5.1 language, but note that it is important to distinguish whether the satisfaction level refers to the actual care received or the telehealth feature itself.

The following sections provide detail on what the Project Team shared with TEP members and their feedback throughout the meeting.

Welcome, Roll Call and Ratification of TEP Charter

Tandrea Hilliard-Boone, PhD, TEP Task Lead, welcomed TEP members, acknowledged the Project Team and CMS staff, facilitated roll call and introductions of TEP members in attendance, and briefly reviewed TEP roles and responsibilities. After reviewing TEP responsibilities, Dr. Hilliard-Boone asked each TEP member in attendance to confirm their agreement with the terms of TEP participation as outlined in the draft TEP Charter by responding in the Zoom chat. All TEP members agreed to the terms; they did not request changes to the Charter language. Accordingly, the TEP Charter is ratified, and the Project Team updated the charter to include the 2024–2025 TEP Membership List.

Recap of the March 1, 2024, TEP Meeting

Dr. Hilliard-Boone briefly reviewed discussions from the March 1, 2024, TEP meeting. During that meeting, (1) TEP members and the Project Team introduced themselves; (2) the Project Team recapped the October 30, 2023, TEP meeting; (3) consumer members shared reflections; and (4) the Project Team provided updates on the survey project, shared data on survey trends, and gathered TEP member input on potential updates to the survey. Exhibit 2 presents a summary of recommendations TEP members made at the March 1, 2024, TEP meeting. The Project Team expressed gratitude to the TEP for this feedback and noted they look forward to continued discussions about how CMS can potentially advance these recommendations.

Exhibit 2. TEP Member Recommendations from the March 1, 2024, TEP Meeting

Topic	Suggestions
Survey Administration	• Lengthen the survey administration period to increase response rates among racial/ethnic minority and younger populations. • Email enrollees in advance to notify them about the survey and implement QR code usage. • Implement the survey starting with the cheapest mode (internet) and then follow up with nonrespondents, followed by telephone. • Ensure that the survey is optimized for mobile devices that are made accessible for people who are blind, people with mobility disabilities, etc.
Survey Presentation	• Add government or insurance company logos to the letters to verify authenticity. Putting the CMS logo on the cover letter adds more credibility to the survey. • Ensure cover letters are concise and straightforward, guiding readers to the survey without delay. • Making sure enrollees know what the survey is used for so that they have more trust when completing it. • Enhance outreach by offering information in different formats to accommodate various languages.
Analyses	• Gather feedback from providers regarding groups with low completion rates; this will help assess the languages into which the survey should be translated. • Conduct analyses on the length of the questionnaire, analyzing the completion rate, particularly if people are looking at certain questions and then skipping or stopping at a certain point. • Look at drop-off rates, specifically when enrollees dropped off in the internet survey, when using the phone versus a computer. • Analyze potential impacts related to the effects of COVID-19 and the increased use of telehealth.

Consumers' Reflections on Experiences in the Exchange

Dr. Hilliard-Boone reviewed the following key points shared by the three consumer members who attended the September 30, 2024, pre-TEP meeting:

- **Choosing a Plan**

  – One consumer shared that when they chose a plan from the Marketplace for the first time, it was very challenging due to the complexity of navigating the Marketplace.

  – Another consumer shared that when selecting a plan, they compared coverage options, deductibles, and provider networks. The consumer noted the process of choosing a plan was easy and straightforward.

- **Accessing Care**
    - One consumer recounted the experience of a friend who, when trying to book an appointment, was suddenly made aware that their primary care provider (PCP) no longer accepted their insurance. The friend received no prior notice of this change.

- **Customer Support**
    - One consumer described a bad experience when trying to speak with a customer care representative. Their scheduled call was canceled with little notice, and the consumer felt discriminated against. The call was rescheduled at a time that was inconvenient for the consumer. Another consumer shared that they are familiar with this occurrence, noting that representatives can see the type of plan that a consumer has and, thus, may be less receptive to providing support.

- **Recommendations for the QHP Enrollee Survey**
    - One consumer shared that they would like to see questions regarding specific features offered by health insurance plans, accessibility, and wait times. Overall, consumers agreed that they would like additional ways to share the nuances of their experiences, including open-ended feedback.

TEP members asked the following questions in response to the reflections shared at the pre-TEP consumer meeting:

- **Recommendations for the QHP Enrollee Survey**
    - One TEP member asked whether the TEP consumer who shared that they would like to see questions regarding specific features offered by health insurance plans had any specific features they would like to see. Dr. Hilliard-Boone confirmed that during the pre-TEP consumer meeting, the TEP consumer shared that they would like to see the QHP Enrollee Survey ask about specific plan features, such as Humana's medication therapy management program, for example.

    - The TEP member also asked whether "wait times" refers to getting a PCP, waiting at a provider's office or waiting for a specialist, and whether "accessibility" means physical accessibility or the ability to communicate with a customer representative or just getting needed care. Dr. Hilliard-Boone confirmed that during the pre-TEP consumer meeting, the TEP consumer did not specify a specific setting regarding wait times; rather, the consumer was referring to provider accessibility—i.e., the ability to access needed care—and not physical accessibility.

- **Customer Support**
  - Another TEP member cited concern about the incident where a consumer had a bad experience speaking with a customer support representative. The member followed up to say they are not sure whether customer support representatives are able to see the individual's plan; however, there may be an opportunity to revise the script to ensure individuals that this type of discrimination does not occur. The TEP member noted that while the consumer's perception of the incident is valid, this type of experience may not be widespread. The consumer suggested that if it is found to be widespread, then health plan issuers can consider amending their customer support script language.

Project Update

Dr. Lankford provided an update on the project's completed and upcoming activities, as noted below.

- **2024 QHP Enrollee Survey.** Vendors completed data submission for the 2024 survey in May 2024. The Project Team completed data scoring and produced the reports for issuers and state administrators in August 2024. The Project Team produced a public use file and guide for using the file, which should be available to the public by late October 2024.

- **2025 QHP Enrollee Survey.** The 2025 survey data collection cycle started in June 2024 with survey vendor solicitation and approval. The list of approved survey vendors was posted in September 2024. Prior to the next TEP meeting, which will be held in spring 2025, issuers will attest to eligibility and select a survey vendor, vendors will conduct data collection, and the Project Team will conduct oversight of data collection and preparation for data submission.

- **2026 QHP Enrollee Survey and Beyond.** The Project Team conducted focus groups and completed cognitive testing, assessing recommendations for future survey administration.

- **2025 QHP Enrollee Survey Update.** Based on feedback from the TEP and the public, CMS made the following two major updates to 2025 survey administration:
  - **New survey mode.** CMS introduced an optional Chinese internet survey mode, including both the online survey and notification/reminder emails.
  - **Updated communication.** CMS revised prenotification and reminder letters to require the use of QR codes for easier access.

After sharing this update, Dr. Lankford asked TEP members if they had additional comments, questions, or reactions.

- One TEP member expressed enthusiasm for the idea of requiring the use of QR codes.

Survey Response and Trend Analyses

Christian Evensen, Data Analysis Director, provided an overview of survey response and trend analyses from 2024 QHP Enrollee Survey data.

- **Survey Completes Remain Stable.** Over the last 5 years, there have been between 50,000 and 60,000 survey completes each year.

- **Response Rates Vary.** The official response rate went up in 2024 to 18.0 percent, an increase of 1.7 percentage points compared to the response rate in 2023 (16.3 percent). This reverses the trend seen over the last few years, which showed a continuous decline in the response rate. Even though the response rate increased in 2024, the total number of completes declined compared to 2023. This apparent anomaly is due to improvement in vendors' ability to contact sampled enrollees. In particular, the number of documented refusals more than doubled in 2024, and since refusals are not counted in the total number of enrollees considered eligible for survey, this increase in documented refusals results in a slightly higher response rate. Additionally, one survey vendor used a revised dialing strategy and a new phone room dialer, which led to a higher rate of successful contact with sampled enrollees. This improvement also contributed to the higher response rate for the survey.

- **Trends for Complete Surveys by Mode.** The mail survey mode remains the most popular mode but is declining as a share of total completes. Internet and phone have both increased their share of total completes over the last 5 years. Phone completes increased from 19.7 percent in 2023 to 26.1 percent in 2024. The survey vendor that collected data on behalf of most reporting units used a revised dialing strategy and a new phone room dialer—changes that likely contributed to the increase in phone completes.

- **Distribution of Internet Drop-Offs by Device Type.** Meta-data provided by survey vendors flags the last question number completed by respondents who quit the internet survey before it was completed (i.e., "internet drop-offs"). During the March 2024 TEP meeting, a TEP member requested that the Project Team investigate whether internet survey drop-off points differed by the type of device the respondent was using. Differing drop-off points may indicate that it may be more difficult for respondents to answer the survey on certain devices than others. There was no significant difference in the mean or median drop-off question. This finding provides evidence that there are likely not substantial differences by device type in the ease of answering the survey.

- **QR Code Usage to Access Internet Survey.** Beginning with the 2022 fielding of the QHP Enrollee Survey, survey vendors were given the option of using a QR code in mail correspondence to direct survey recipients to the internet mode of the survey. Other methods for accessing the survey through the internet include clicking a link in an email sent from the survey vendor or directly typing a URL received in mail correspondence into an internet browser. The QR code analysis considered "survey respondents" as any enrollees who at least partially completed the survey, because even respondents who do not fully complete the survey still may have used the QR code to access the survey. "Internet opt-ins" refers to individuals who accessed the internet survey through the QR code, the internet link, or typing a URL from mail correspondence. A small percentage of individuals access the survey through the internet but then later complete the survey by telephone or mail. In general, internet opt-ins have decreased over time as a share of completes; however, as a percentage of internet opt-ins, QR code usage has risen steadily (by 7 percentage points), while email and URL opt-ins have fallen (by 2 and 6 percentage points, respectively).

- **Comparison of Getting Care Quickly and Getting Needed Care Questions, by Access to Telehealth.** A TEP member requested that the Project Team examine how access to telehealth for phone or video appointments affects ratings. The Project Team compared the scores of the questions making up the "Getting Care Quickly" and "Getting Needed Care" composites, stratified by whether the respondent indicated they had access to telehealth. In general, respondents with access to telehealth had higher scores than those who did not have access to telehealth for all questions that asked how quickly respondents were able to get the care they needed; scores ranged from approximately 5 to 9 percentage points higher among those who had used telehealth. Differences regarding how easy it was to get care were also higher—respondents with access to telehealth had scores that were two points higher than those without access to telehealth.

- **Debut of Detailed Race Subcategories in 2024.** CMS expanded the Race categories to align with the 2011 HHS Data Standards for race, with detailed subcategories for Asian and Native Hawaiian/Pacific Islander. Thus, respondents to the 2024 QHP Enrollee Survey had the option to provide more detailed information about their race.

- **Debut of Detailed Ethnicity Subcategories in 2024.** Respondents to the 2024 QHP Enrollee Survey also had the option to provide more detailed information about their ethnicity.

Mr. Evensen posed the following discussion questions to TEP members:

> **Questions Posed to the TEP:**
> **What impressions or questions do you have about the survey analyses**
> **(e.g., reason for response rate increase)?**
>
> **Does the TEP have any additional suggestions for potential survey analyses?**

TEP members provided the following questions on the survey analyses:

- **Assessing Access to Telehealth.** One TEP member asked how the Project Team identified whether a respondent had access to telehealth and whether it was self-reported. The Project Team responded that Question 20 on the QHP Enrollee Survey asks if the respondent's personal doctor offers telephone or video appointments, so that the respondent did not need to physically visit their office or facility.

- **Increase in Phone Responses.** Another TEP member asked for the Project Team's thoughts on the increase in phone responses. The Project Team noted that the greatest source of nonresponse is enrollees with whom there is no contact. A contributing factor to the increase in phone responses is one of the vendor's improvements in phone technology, which led to a greater number of successful contacts. Because of these successful contacts, vendors can better confirm eligibility.

- **Impact of Telehealth on Patient Satisfaction.** One TEP member asked if the Project Team looked at whether those respondents who used telehealth had increased satisfaction with the service itself, rather than access to services. The Project Team clarified that they only analyzed four outcomes: (1) Got Appointment Quickly; (2) Got Care Quickly; (3) Got Specialist Quickly; and (4) Easy to Get Care. These outcomes relate to how quickly or easily individuals could access an appointment with their provider.

  The TEP member mentioned that it is important to note whether people are happy with how quickly they received a service, as well as whether the service provided via telehealth was successful in resolving the issue. The TEP member felt it would be helpful to dig deeper to assess whether telehealth is an appropriate substitution for an in-person appointment. The Project Team agreed with these points, noting that even if access has improved, it is important to consider the experience of care and whether it actually helped someone.

  The TEP member also asked if the Project Team conducted cross analyses regarding (1) telehealth and (2) race, ethnicity, disability, or other personal characteristics, given that access to the internet can be a large barrier to telehealth and increase disparities. Mr. Evensen responded that the Project Team did not conduct this analysis but is considering conducting additional statistical analyses in the future.

Lastly, the TEP member asked if vendors must track what languages are requested. The Project Team confirmed that as part of the team's quality oversight program, survey vendors submit regular reports to the Project Team specifying whether the vendor received additional language requests during the fielding period. In 2024, survey vendors reported no additional language requests apart from English, Spanish, and Chinese.

- **Number of Health Plans Offering Telehealth.** Another TEP member asked if the Project Team knew how many health plans did not offer telehealth in terms of specific percentages. The Project Team responded that according to QHP Enrollee survey data, consumers report that about one-third of health plans provided telehealth. The Project Team provided additional detail in the chat about responses to Question 20 on the QHP Enrollee Survey; 35 percent of respondents noted that their personal doctor offered telehealth, while 54 percent selected "No" and 11 percent selected "I don't know."

- **Survey Logos.** A TEP member asked if government or insurance plan logos were included in the mailings or emails of the survey, as was previously suggested by the TEP. The Project Team responded that current guidance specifies that vendors must display vendor logos and/or the QHP issuer's logo in the header of the prenotification, cover, and reminder letters, as well as envelopes. Based on the Project Team's survey material review, all four vendors will include their logos on their 2025 materials.

- **Updated Race/Ethnicity Standards.** A TEP member asked if the Project Team planned to use the updated race/ethnicity standards from HHS this year. The Project Team said they are aware of these standards and planned to implement these changes with the 2027 survey when they submit the Office of Management and Budget clearance and Paperwork Reduction Act package. The team discussed this further in the next part of the TEP meeting.

Proposed Refinements to the QHP Enrollee Survey

Cindy Van, Deputy Project Director, and Tamika Cowans, Focus Group and Cognitive Testing Lead, discussed potential refinements to the QHP Enrollee Survey instrument and protocol. They revisited past changes reviewed by the TEP and introduced new revisions that the Project Team aims to implement.

Survey Refinement Considerations:

- **U.S. Office of Management and Budget (OMB) Clearance and the Paperwork Reduction Act (PRA).** CMS must secure clearance from OMB for any information collection efforts related to consumer testing for the QHP Enrollee Survey. The survey undergoes renewal every 3 years. The OMB approval process takes approximately 6 to 8 months to complete. This clearance process is mandated by the Paperwork Reduction Act (PRA), which aims to

(1) manage the information that agencies request from the public, (2) ensure data quality for informed decision-making, and (3) safeguard private information.

- **Implications for the QRS.** Refinements to the QHP Enrollee Survey impact the QRS, as the survey data directly informs QRS measures.

- **Relation to CAHPS Surveys.** While the QHP Enrollee Survey is not a CAHPS survey, it is based on the CAHPS Adult Commercial Health Plan survey. This alignment enables comparisons across product lines (e.g., Medicare, Medicaid); however, QHP Enrollee Survey refinements may diverge from CAHPS updates.

- **Survey Refinement Process.** Ms. Van reviewed a timeline to help the TEP visualize current and upcoming project activities, including the steps that must take place before survey changes can be implemented:

  - **Fielding schedule overview.** The annual fielding schedule for the QHP Enrollee Survey takes place from February to May. Technical specifications for the survey are revised and released by early October each year. The current survey version is approved through September 2026, covering the 2025 and 2026 fielding periods. This approval expires just before the 2027 data collection, so preparations for the next OMB PRA process will begin in 2025.

  - **Planned changes for the 2027 QHP Enrollee Survey.** Many of the proposed changes that are under discussion are set to take effect with the 2027 QHP Enrollee Survey. The TEP will have opportunities to provide input on these adjustments in future meetings leading up to the 2027 survey administration.

  - **Draft and Final Call Letter process.** The Draft and Final Call Letter process gathers feedback on the QHP Enrollee Survey and the QRS from interested parties.

  - **OMB PRA package preparation.** The OMB PRA package timeline includes periods for the required 60-day and 30-day public comment phases when the survey is posted on the *Federal Register*. These steps ensure compliance with the PRA requirements before CMS implements changes.

Feedback from the 2024 Call Letter and Cognitive Testing Interviews

- **Feedback Activity—2024 Call Letter.** The Project Team identified potential changes to the survey instrument and protocol (1) based on feedback from the TEP and input from consumer and issuer focus groups and (2) in alignment with other CMS-sponsored surveys. CMS published the 2024 Draft Call Letter for public comment in March 2024. CMS published the 2024 Final Call Letter in June 2024.

- **Feedback Activity—Cognitive Testing.** The Project Team conducted cognitive testing interviews to test how potential respondents understand survey items or instructions and identify any suggestions for improvement. The goal of the interviews was to understand how consumers comprehended and interpreted the proposed new survey items and the proposed demographic statement.

  - **Participant characteristics.** Selected participants represented a mix of ages, genders, races, ethnicities, and education to ensure a range of perspectives was gathered. Most participants were currently enrolled in a QHP (59 percent); were White (43 percent), non-Hispanic (59 percent), female (51 percent), and aged 18–35 years (55 percent); and had a bachelor's degree (49 percent).

  - **Methods.** The Project Team conducted 51 virtual interviews via Zoom across two rounds of testing between April 1, 2024, and May 1, 2024. The team led 22 interviews in English, 14 in Spanish, and 15 in Chinese. The team used recruitment firms, social media, and networking sites, such as LinkedIn and Weibo, to recruit participants. In addition, the team reached out to individuals identified in last year's focus group recruitment efforts who were eligible but did not participate in the groups.

- **Proposed Refinements.** The 2024 Call Letter and/or cognitive testing included the following proposed refinements to the survey instrument and survey protocol:

  - **Survey instrument refinements proposed in cognitive testing**
    - New net promoter (likelihood to recommend) items
    - New introductory demographics statement
    - Use of screener questions compared to tailored, non-applicable response options

  - **Survey Instrument refinements proposed in the call letter and cognitive testing**
    - New questions: perceived unfair treatment, Sexual Orientation and Gender Identity questions, and primary language spoken at home
    - New net promoter (likelihood to recommend) items (Cognitive Testing)
    - New introductory demographics statement (Cognitive Testing)
    - Use of screener questions compared to tailored, non-applicable response options (Cognitive Testing)
    - Recommendations for questions to add or delete

  - **Survey protocol refinements proposed in the call letter**
    - Remove oversampling cap
    - Modifications to the Mixed-Mode Administration of the QHP Enrollee Survey

Feedback on Potential Survey Instrument Changes

Ms. Cowans provided an overview of potential changes to the QHP Enrollee Survey Instrument.

New Question: Perceived Unfair Treatment

Ms. Cowans reviewed feedback on a proposed survey question about perceived unfair treatment when receiving care. CMS proposed adding this question to align with other CMS surveys, such as the Medicare Advantage (MA) Prescription Drug Plan (PDP) CAHPS survey.

- Original question: In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? Mark one or more.

  - Original response options: Health condition/Disability/Age/Culture or religion/Language or accent/Race or ethnicity/Sex (female or male)/Sexual orientation/Gender or gender identity/Income/I was not treated in an unfair or insensitive way

Nine comments were submitted in response to the Call Letter. Supporters (four comments) recommended adding a follow-up question to inquire about actions taken following unfair treatment experiences. They also suggested coordinating with the MA & PDP CAHPS team to assess preliminary data insights before finalizing this question. Detractors (four comments) argued that the measure was overly broad and not actionable. Concerns included potential confusion between health and demographic factors, as well as possible negative impacts on enrollees. One neutral commenter advised CMS to test the question's potential effects on response rates.

Cognitive testing participants responded positively to the question and provided feedback on minor changes to question wording and additional response options. Participants in the first round of testing generally understood the question and made minor recommendations regarding response options, as shown in bold in the revised question and response wording below.
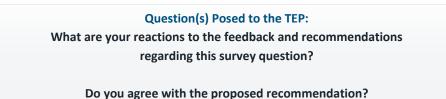
- Revised question: In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you **received** care treat you in an unfair or insensitive way because of any of the following things about **yourself**? Mark one or more.

  - Revised response options: Health condition/Disability/Age/Culture or religion/Language or accent/Race or ethnicity/Sex (female or male)/Sexual orientation/Gender or gender identity/Income **or social class/Type of insurance plan**/I was not treated in an unfair or insensitive way **due to these reasons**

In the second round of cognitive testing, nearly all participants interpreted the question as intended and responded appropriately.

Ms. Cowans noted that the question version included in the MA & PDP CAHPS survey uses the same response options as are presented for the revised question but modifies the format from "Mark all that apply" to "Yes/No" boxes for each option.

Recommendation: Based on cognitive testing, the Project Team recommends adding the revised question to future surveys. CMS will seek further feedback through the 2025 Draft Call Letter and OMB PRA process. CMS will also continue to coordinate with MA & PDP CAHPS to gather insights from their first year implementing this question.

Ms. Cowans posed discussion questions to TEP members for additional input.

> **Question(s) Posed to the TEP:**
> **What are your reactions to the feedback and recommendations regarding this survey question?**
>
> **Do you agree with the proposed recommendation?**

TEP members provided the following feedback and recommendations on the survey question:

- One TEP member noted that although they are in favor of the question, they prefer the original version.

- One TEP consumer inquired about the idea behind revising the question format. The Project Team explained that during cognitive testing, some consumers understood the "Check all that apply" option better than the "Yes/No" option.

New Question: Sexual Orientation and Gender Identity

CMS proposed adding sexual orientation and gender identity (SOGI) questions to align with other CMS-sponsored surveys, specifically the Medicare Fee-For-Service (FFS) CAHPS survey. The Project Team tested two questions regarding "sex assigned at birth" and "current gender." Although CMS initially planned to test a question on sexual orientation, this was delayed as OMB sought additional feedback from the FFS CAHPS team. Therefore, only gender identity items were tested. Ms. Cowans reviewed feedback on Sexual Orientation and Gender Identity (SOGI) questions.

- Sex at Birth question: What sex were you assigned at birth on your birth certificate?
    - Response options: Female/Male/Prefer Not to Answer

- Gender Identity question: What is your current gender?
    - Response options: Female/Male/Transgender woman/Transgender man/Non-binary/Gender fluid/I use a different term/Prefer Not to Answer

Eleven comments were submitted in response to the Call Letter. Supporters (seven comments) recommended that CMS align SOGI questions with existing data collection standards and explain the purpose of these questions within the survey. Those against inclusion (four comments) expressed concerns that SOGI questions could cause discomfort among respondents, were of limited analytical value, and contributed to survey length. They recommended that this information be collected through other methods.

Cognitive testing participants in both testing rounds were receptive to both "sex assigned at birth" and "current gender" questions. However, inconsistencies in the translated surveys led to some confusion. Spanish and Chinese participants expressed confusion around translation for "Prefer not to answer" responses in the first question. The Spanish version lacked a non-binary/gender fluid option and included a write-in option and an "unsure" response, which were not present in the English version. Similarly, the Chinese translation included options not in the original question.

Recommendation: The Project Team recommends seeking further input from OMB on the final sexual orientation question, aligning response options across all translated surveys, and including the revised SOGI questions in future surveys.

After presenting the new SOGI questions, Ms. Cowans posed the following questions to TEP members and asked if they had additional feedback.

> **Question(s) Posed to the TEP:**
> **What are your reactions to the feedback and recommendations**
> **regarding this survey question?**
> **Do you agree with the proposed recommendation?**

TEP members provided the following feedback and recommendations on the survey question:

- One TEP member expressed concerns about the actionability of the discrimination question (i.e., perceived unfair treatment) for issuers. They mentioned that members indicated they would prefer a question that provides more information about which provider may have discriminated against a member so issuers can follow up or offer feedback. They suggested that if open-ended questions are possible in the future, it would be helpful to capture more details about what happened so issuers can intervene.

- Another TEP member said they thought it was worth exploring how more actionable information could be gathered, though they acknowledged this might not be within the survey's scope. They suggested it might not need to be a question but perhaps directions on whom to contact for follow-up if the respondent answered "yes."

  The Project Team acknowledged these suggestions and noted that they aligned with what the team has heard from issuers in focus groups. They acknowledged that issuers support hearing about unfair treatment but are currently unable to link survey results to specific providers to act on them. The Project Team noted that it will be important for CMS to consider how to make this actionable for issuers and thanked the TEP for their helpful suggestions.

- Another TEP member shared that they are ambivalent about adding the SOGI question but noted that sharing the purpose behind it is a very good idea.

- A TEP member asked whether commenters for the Call Letter who recommended collecting SOGI information through other methods had provided specific alternatives to reach QHP enrollees. The Project Team responded that they did not receive specific suggestions for particular ways to ask the questions. One suggestion was to collect the data when enrollees first join the Marketplace, but due to the way the survey is structured, the Project Team would not receive those data, which poses challenges.

New Question: Primary Language Spoken at Home

CMS proposed adding a question about the primary language spoken at home, based on previous feedback from the TEP, focus groups, and alignment with other CMS surveys, such as the MA & PDP CAHPS survey. Ms. Cowans reviewed feedback on the proposed Primary Language Spoken at Home question.

- Question: What language do you mainly speak at home? Mark only ONE.

  - Response Options: English/Spanish/Chinese/Korean/Tagalog/Vietnamese/Another Language

Seven comments were submitted in response to the call letter. Supporters (six comments) suggested adding more response options. One commenter disagreed, stating that the data would not be useful for analyses and recommended collecting this information through other methods.

Most cognitive testing participants understood the question as intended and had minor suggestions for revisions. Based on feedback from the first round of testing, the Project Team added French and American Sign Language as response options in the second round of testing.

> – Revised response options: English/Spanish/Chinese/Korean/Tagalog/Vietnamese/ French/American Sign Language/Another Language

Recommendation: The Project Team recommends including the Primary Language Spoken at Home question in future surveys, ensuring that response options align with the languages available in the QHP Enrollee Survey. Additionally, adding an open-ended write-in option will accommodate any languages that are not explicitly listed. CMS will gather further feedback through next year's Call Letter and the OMB approval process.

Ms. Cowans then posed the following questions to TEP members and asked if they had additional feedback.

> **Question(s) Posed to the TEP:**
> **What are your reactions to the feedback and recommendations**
> **regarding this survey question?**
> **Do you agree with the proposed recommendation?**

TEP members provided the following feedback and recommendations on the survey question:

- A TEP member expressed agreement regarding the recommendation on the primary language question.

- Another TEP member also was in support of adding the language question and stated that it could provide useful information.

New Question: Net Promoter Score (Likelihood to Recommend) Question

CMS proposed revising the Net Promoter Score question to align with other CMS-sponsored surveys, drawing on feedback from the TEP and issuer focus groups. This question has not yet been proposed in the Call Letter. Ms. Cowans reviewed feedback on the Net Promoter Score (the likelihood to recommend) question.

The Project Team included two versions of the question in both rounds of cognitive testing:

- Option 1: "Would you recommend this health plan to your friends and family?" with a 4-point Yes/No scale (Definitely no/Probably no/Probably yes/Definitely yes).

- Option 2: "Using any number from 0 to 10, where 0 is 'Would not recommend?' and 10 is 'Would definitely recommend?', how likely is it that you would recommend your health plan to a friend or colleague?" with a 0–10 response scale (0–Would not recommend to 10–Would definitely recommend).

Cognitive testing participants generally found both versions clear and easy to understand. Most (25) participants favored Option 2 because the 0–10 scale offered more expanded response

options, allowed for a neutral response, and had a professional tone. Nineteen participants preferred Option 1 because it was simpler and easier to choose a response.

Recommendation: Based on the cognitive testing feedback, the Project Team recommends adding Option 2 to future surveys. CMS will seek additional feedback through the next Call Letter to further validate the selection.

Ms. Cowans then posed the following questions to TEP members and asked if they had additional feedback.

Question(s) Posed to the TEP:

What are your reactions to the feedback and recommendations regarding this survey question?

Do you agree with the proposed recommendation?

TEP members provided the following feedback and recommendations on the survey question:

- One TEP member shared that there is Net Promoter Score (NPS) methodology that is used across different industries; however, it has challenges. They expressed support for the question and noted they would lean toward using the 11-point scale (Option 2).

Other Call Letter Feedback

Alongside the proposed changes outlined in the Draft Call Letter, CMS invites interested parties to offer general feedback on the survey, as well as suggestions for additional questions or ideas to consider. The Project Team conducts a review of all feedback and then shares it with CMS, and conducts a collaborative assessment to determine the feasibility and alignment of these suggestions with CMS's survey priorities.

Call Letter commenters recommended adding questions related to the following topics:

- Disability status
- Availability of interpreters at appointments
- Enrollees having an annual physical exam
- Barriers to scheduling an annual physical exam
- Respect for and awareness of enrollees' cultural needs while providing care
- Receiving timely responses and feedback from provider networks
- Ensuring that their health event was addressed in a timely manner

Commenters also recommended removing questions about smoking from the QHP Enrollee Survey and removing references to the emergency room as a location for care, and recommended building in skip patterns to ask whether someone had accessed their health plan in the last 6 months.

Other Cognitive Testing Feedback

Cognitive testing participants recommended adding questions related to:

- Difficulties encountered when selecting a QHP

- (For translated surveys) Communication experiences with QHPs as non-English speakers

Participants also provided feedback on the race and ethnicity questions. Several Hispanic, Latino/a, and or Chicano/a participants expressed challenges in answering the race question. They suggested that "Hispanic" should be included as a racial category.

Ms. Cowans then asked the TEP members if they had comments or questions on the other Draft Call Letter and cognitive testing feedback.

- One TEP member asked if the Project Team had any thoughts on the results shown on the cognitive testing feedback slide. The Project Team shared that OMB guidance that was released in March 2024 includes three options for presenting race/ethnicity questions, including combined questions where Hispanic/Latino/Chicano ethnicity is integrated into the general race question, along with additional categories (e.g., Middle Eastern, Northern African). The Project Team also noted that they plan to implement these changes with the 2027 survey when they submit the OMB PRA package.

Ms. Cowans then discussed two additional survey refinements the Project Team included in the cognitive testing interviews. First, to convey the purpose of demographic questions on the survey, the Project Team tested a statement explaining the importance of these questions.

- Original Demographic Statement: "We ask these next questions for demographic purposes only. We want to be sure that the people we survey accurately represent the diversity of people enrolled in Qualified Health Plans."

On reviewing this statement, some Spanish-speaking participants in the cognitive interviews were confused by the term "demographic."

The Project Team tested revised language in the second round of cognitive testing, removing the term "demographic."

- Revised text: "We ask these next questions to learn more about people who have a Qualified Health Plan. We want to be sure that the people we survey accurately represent the diversity of people enrolled in Qualified Health Plans."
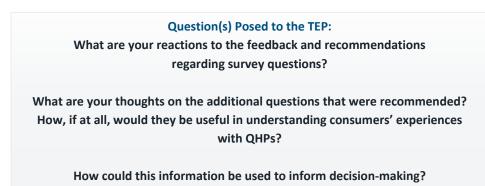
However, in the second round participants were confused by the term "Qualified Health Plan."

Recommendation: The Project Team recommends that the statement be revised as follows: "We ask these next questions to learn more about people who have your health plan. We want to be sure that the people we survey accurately represent the diversity of people enrolled in your health plan." The Project Team expects that using the phrase "your health plan" will address respondents' confusion around "Qualified Health Plan" and ensures alignment with survey language.

The second survey refinement explored whether participants correctly used screener items and "Not applicable" options, which could help reduce respondent burden. In the first round of testing, some participants did not follow the skip instructions; however, adherence improved in the second round, possibly due to gained familiarity with the format.

Recommendation: The Project Team recommends continued use of the tailored, non-applicable response options and implementation of clear skip patterns to minimize errors in future surveys.

Ms. Cowans posed the following discussion questions to TEP members to gather additional input.

> **Question(s) Posed to the TEP:**
> **What are your reactions to the feedback and recommendations regarding survey questions?**
>
> **What are your thoughts on the additional questions that were recommended? How, if at all, would they be useful in understanding consumers' experiences with QHPs?**
>
> **How could this information be used to inform decision-making?**

TEP members provided the following feedback and recommendations:

- A TEP member noted that they had seen interest in and concerns from multiple sources about customer service from providers, as well as the experience of finding a plan and other aspects about customer service. They shared that the Project Team has shown evidence (from the Call Letter and cognitive testing) that adding questions regarding this issue would be helpful, even though there is a desire to limit additional questions. The Project Team clarified that the QHP Enrollee Survey includes three customer service questions

(i.e., Question 6: In the last 6 months, how often did your health plan's customer service give you the information or help you needed?; Question 7: In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?; Question 8: In the last 6 months, how often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?). The Project Team said they could review these questions at the next TEP meeting and would be open to considering any additional aspects.

- Another TEP member asked whether the NPS question is actionable if a respondent cannot indicate why or why they would not recommend a plan. The Project Team noted that in focus groups, issuers were in favor of including this question, as it is common and aligns with industry standards. The Project Team further elaborated that issuers can look at the relationship between this item and other survey outcomes in a driver analysis to see what enrollee experiences are highly correlated with the response, rather than embedding reasons in the question itself. The team noted that while open-ended questions are valuable, they require a lot of analysis, although AI is making this type of analysis easier.

- The same TEP member asked another question regarding the demographic statement, specifically about its accuracy in relation to analysis. They inquired whether all respondents are analyzed together or by the specific health plans. The Project Team clarified that it is a yes and no, noting that the intent was to change the "Qualified Health Plan" language because many people are unfamiliar with that term, and simply know that they acquired their health insurance through the Marketplace.

- The TEP member suggested the language of the demographic statement could be simplified as follows: "We ask these next questions to learn more about people who have health insurance like you." They emphasized that explanations for data collection should use plain language and be as accurate as possible. A TEP consumer member was in favor of this suggestion.

- Another TEP member echoed the concern about the "your health plan" part of the statement, noting that respondents might think of the issuer. While they did not have a great solution to this issue, they agreed with the other TEP member's suggested language. The TEP member noted that they have seen an open-ended question asked after the NPS question (e.g., "Why did you give this rating?"). However, the additional open-ended question is more likely to follow an encounter-based question (e.g., "How was your visit last week with your provider?"). This helps lead into a full-service recovery cycle when low scores are flagged. Thus, they could see the benefits of including an open-ended question because it could help issuers measure experience in ways that are otherwise not captured in the survey. However, because this is a broad survey and because of the delay in analyzing survey data, issuers may not be able to use the information.

Feedback on Potential Survey Protocol Changes

Ms. Van provided an overview of potential changes to the QHP Enrollee Survey protocol.

Removing Oversampling Caps

Ms. Van reviewed feedback on a proposed protocol change about changing the sampling protocol for the QHP Enrollee Survey to allow QHP issuers the option to oversample at any level desired. TEP members who attended the March 2024 TEP meeting supported this revision. All respondents to the Call Letter supported the proposal to remove oversampling caps.

Recommendation: Based on the feedback from the TEP and the Call Letter respondents, CMS will implement the removal of the oversampling cap starting with the 2027 QHP Enrollee Survey. Additionally, because of overwhelming support for the change, CMS is allowing survey vendors to submit exception requests for the 2025 survey administration for oversampling outside of the current guidance.

Modifications to the Mixed-Mode Administration of the QHP Enrollee Survey

Ms. Van reviewed feedback on a proposed change to the mixed-mode protocol to allow sampled enrollees the opportunity to complete the survey by internet prior to sending mail surveys. At the March 2024 TEP meeting, TEP members noted that access to the internet may still be a challenge for select populations. Additionally, they noted that sending an email invitation a week before mailing the first questionnaire would not allow enough lead time to prevent respondents from receiving the first questionnaire. Respondents to the Call Letter generally supported the proposed change and CMS's efforts to reduce administrative burden. They noted that a change to an internet-first protocol may be difficult if the QHP issuer is unable to obtain a viable email address. Commenters also stated that this change may impact response rates for different populations who may have limited or no access to the internet.

Recommendation: Based on feedback from the TEP and Call Letter respondents, CMS will not implement the revision to the mixed-mode protocol.

Additional Survey Refinements for TEP Consideration

Ms. Van provided an overview of additional potential survey refinements for future survey administrations for consideration by the TEP including:

- **Potential Protocol Revisions:** (1) Include a third reminder email and (2) revise the anchor date for sample frame.

- **Instrument Revisions:** (1) Revise the survey instrument title; (2) include gate questions for access to plan; (2) align telehealth questions with CAHPS 5.1; and (3) define data collection standards for race, ethnicity, sex, primary language, and disability status.

Ms. Van reviewed each potential survey refinement and then posed the following question to the TEP members.

> **Question(s) Posed to the TEP:**
> **What are your thoughts on the additional proposed refinements?**
>
> **What do you agree or disagree with?**

Inclusion of a Third Email Reminder

Survey vendors send emails to enrollees on Day 7 (notification email), Day 13 (first reminder), and Day 19 (second reminder) of the 73-day fielding schedule. The proposed refinement would add a third email reminder between Day 34 (second questionnaire mailing) and Day 55 (start of telephone follow-up). The basis of this proposal is that the Project Team observed high spikes in completes and partial completes the day each email with a link to the survey is sent to sampled enrollees.

Given that each email is associated with more than 2,000 completes and partial completes on the day or subsequent days of the email, the Project Team recommends exploring the feasibility of adding a third email reminder to the survey fielding schedule. One of the QHP Enrollee Survey vendors previously requested the inclusion of a third email reminder; the vendor noted that this added reminder could increase responses and would not add cost to survey administration.

- One TEP member asked if the reminder email would only go to enrollees who have not responded. The Project Team clarified that the additional reminder email would only be sent to nonrespondents. The vendor's survey management systems are designed to remove the emails of enrollees who have responded to the survey. However, a respondent could receive the additional email if there is a delay between submitting the survey and the vendor receiving the survey.

- Several TEP members agreed that adding the third email reminder would be a good idea. TEP members suggested revising the title of the third email reminder to include "Final Reminder." Some TEP members also noted that the third email reminder is a good idea as long as the timing and spacing between emails is appropriate.

Revise Anchor Date for Sample Frame

QHP issuers are instructed to include in the sample frame all enrollees in the QHP as of January 6, 2025, or the fourth business day of the calendar year. Because Open Enrollment Periods can extend past January 15, there is the potential for individuals who have disenrolled to be included in the sample frame.

A potential refinement would shift the sample frame anchor date to January 16, 2025. However, this might result in QHP issuers having limited time to pull and validate the sample frame with their auditors; this step must be completed by January 31.

- One TEP member asked how difficult it would be to pull the sample frame by the deadline. The Project Team noted that the next steps involve hearing from the QHPs about their thoughts on shifting the deadline and whether they think the shift would be difficult. The Project Team also noted that they provide training on the sample frame process via the Registration for Technical Assistance Portal (REGTAP) webinar.

- One TEP member noted that from the QHP side, there could be challenges regarding the auditor and relocking files to resend to the vendor. The TEP member also asked if the Project Team had considered moving the fielding period back by a week. The Project Team noted that they could discuss the deadlines with the National Committee for Quality Assurance and continue to consider how the shift would impact other deadlines.

Revise Instrument Title

The title of the 2025 survey on the mail and internet survey instrument is "2025 Qualified Health Plan (QHP) Enrollee Experience Survey." This title appears in large font on the first page of the mail survey and on the landing page when enrollees access the internet survey. A potential refinement would allow customization of the mail and internet survey instruments to replace "Qualified Health Plan (QHP)" with the QHP issuer's name on the cover page.

- Several TEP members agreed with revising the title, noting that "Qualified Health Plan" is not a commonly understood term.

Gate Questions for Access to Plan

A potential revision to the instrument would add a question that asks enrollees how they have used their health plan in the last 6 months rather than collecting this information through individual items. The question could be used to build a skip logic that would reduce the response burden on consumers taking the survey through internet or phone administration modes.

- One TEP member asked if the question could be followed by a list of examples of how enrollees can use a health plan. The Project Team said this was a great suggestion and could consider being specific about what it means to access your health plan; the team is open to specific suggestions from the TEP.

- A TEP member noted that it would be helpful to see a mockup of the gate question before deciding whether to include the question. The Project Team agreed that this was a good idea and agreed to share a mockup question with the TEP.

- Another TEP member expressed support for the gate question.

Align Telehealth Questions With CAHPS 5.1

Several questions were revised and added to the QHP Enrollee Survey instrument because of the public health emergency. These questions included adding the clarifying statement "Include in-person, telephone, or video appointments" to the end of selected questions in the following sections: "Your Health Care in the Last 6 Months," "Your Personal Doctor," and "Getting Health Care from Specialists." During this revision period, the CAHPS team also revised the CAHPS Health Plan Survey and released version 5.1, which asks about appointments made "in person, by phone, or by video" within the question itself.

The Project Team recommends exploring the feasibility of revising the QHP Enrollee Survey instrument to align with the CAHPS 5.1 language.

- One TEP member asked if the telehealth question specifies whether the enrollee received care through video, phone, or in-person. The Project Team confirmed that the QHP Enrollee Survey does ask this; however, there is a slight difference in phrasing between the QHP Enrollee Survey and the CAHPS survey. The TEP member noted that it is important to distinguish whether the satisfaction level is with the actual care received or the medium through which care was received (i.e., the telehealth feature).

Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status

In March 2024, OMB released revised data collection standards for the race and ethnicity questions. HHS released specific standards for the agency in August 2024, indicating that changes can be implemented by March 2029.

Given that changes were made to the 2024 QHP Enrollee Survey, the Project Team recommends maintaining the current questions and submitting revised questions with the OMB package for the 2027 QHP Enrollee Survey. The TEP did not share comments on the revised data collection standards.

Next Steps

The Project Team provided a high-level overview of the next steps for the QHP Enrollee Survey in the coming months, which will include the following activities:

- Continuing to provide oversight of the 2024 QHP Enrollee Survey administration.

- Following up with TEP members in the coming months to (1) answer any questions that were not answered during the meeting and (2) obtain additional feedback, if any.

- Share the TEP Meeting 1 Summary once it is available on CMS's Measures Management System (MMS) site.

The Project Team also shared that the next TEP meeting will occur in spring 2025. The team will follow up via email to share updates.

Appendix A. TEP Members

QHP Enrollee Survey TEP Attendance: Option Year 1, Meeting 1	X if Attended
Noemi Altman, MPA Senior Survey Research Associate Consumer Reports, New York, NY	X
Kellan Baker, PhD Executive Director and Chief Learning Officer Whitman-Walker Institute, Washington, DC	
Steve Butterfield, MA Director of State Public Policy The Leukemia & Lymphoma Society, Rye Brook, NY	X
Shirley Dominguez Consumer/Navigator Community Engagement Specialist (Epilepsy Alliance)	
Blake Hodges, MS Senior Consultant Kaiser Foundation Health Plan, Denver, CO	X
Itisha Jefferson, BS, Medical Doctorate Candidate Consumer and Family Caregiver Loyola University, Stritch School of Medicine, Maywood, IL	X
William Lehrman, PhD Social Science Research Analyst Centers for Medicare & Medicaid Services, Baltimore, MD	
Paloma Luisi, MPH Director of the Bureau of Quality Measurement & Evaluation New York State Department of Health, Albany, NY	X
Christine Monahan, JD Assistant Research Professor Georgetown Center on Health Insurance Reforms, Washington, DC	X
Kimberly Morgan Director, Quality and Performance Measurement Point32Health	X
Erin O'Rourke, BS Executive Director of Clinical Performance and Transformation America's Health Insurance Plans, Washington, DC	X

QHP Enrollee Survey TEP Attendance: Option Year 1, Meeting 1	X if Attended
Keri Setaro, BFA Consumer; Self-Employed Montclair, NJ	
Donté Smith Consumer/Navigator Technical Assistance Associate (National Alliance of States & Territorial AIDS Directors)	
Ivan Smith Consumer Landscaper	X
Jennifer Sullivan, MHS Director of Health Coverage Access Center on Budget and Policy Priorities, Washington, DC	X
Silvia Yee, MA, LLB Senior Staff Attorney Disability and Rights Education and Defense Fund, Berkeley, CA	X

Appendix B. Meeting Attendees

Centers for Medicare & Medicaid Services (CMS) Attendees

Ryan Hax, Contracting Officer Representative

Centers for Medicare & Medicaid Services (CMS)

Center for Clinical Standards & Quality (CCSQ)

Quality Measurement & Value-based Incentives Group (QMVIG)

Melodee Koehler, QHP Enrollee Survey Lead

Centers for Medicare & Medicaid Services (CMS)

Center for Clinical Standards & Quality (CCSQ)

Quality Measurement & Value-based Incentives Group (QMVIG)

Nidhi Singh-Shah, Deputy Director for Division of Program and Measurement Support

Centers for Medicare & Medicaid Services (CMS)

Center for Clinical Standards & Quality (CCSQ)

Quality Measurement & Value-based Incentives Group (QMVIG)

Elizabeth Hechtman, Stakeholder Outreach Coordinator

Centers for Medicare & Medicaid Services (CMS)

Consumer Information and Insurance Oversight (CCIIO)

Rebecca Zimmerman, Health Insurance Specialist

Centers for Medicare & Medicaid Services (CMS)

Consumer Information and Insurance Oversight (CCIIO)

QHP Enrollee Survey Project Team Attendees

Coretta Lankford, Project Director and TEP Chair

American Institutes for Research (AIR)

Tandrea Hilliard-Boone, TEP Task Lead

American Institutes for Research (AIR)

Tamika Cowans, Senior Researcher, Focus Group & Cognitive Testing Lead

American Institutes for Research (AIR)

Cindy Van, Senior Researcher

American Institutes for Research (AIR)

Chris Evensen, Data Analysis Director

American Institutes for Research (AIR)

Chris Pugliese, Senior Researcher

American Institutes for Research (AIR)

Akua Asante, TEP Coordinator

American Institutes for Research (AIR)

QHP Enrollee Survey Project Team Attendees
Vanessa Amankwaa, Researcher
American Institutes for Research (AIR)
Brittany Martin, Researcher
American Institutes for Research (AIR)
Zoe Sousane, Project Specialist
American Institutes for Research (AIR)
Parakh Patel, Research Associate
American Institutes for Research (AIR)

Center for Consumer Information and Insurance Oversight (CCIIO) Marketplace Operations Support Project Team Attendees
Meshell Hicks, Senior Researcher
American Institutes for Research (AIR)
Heleana Lally, Data Analyst I
American Institutes for Research (AIR)

Quality Rating System Project Team Attendees
Melanie Konstant, Lead Associate
Booz Allen Hamilton (BAH)
Taylor Mitchell, Associate
Booz Allen Hamilton (BAH)

Appendix C. TEP Agenda

QHP Enrollee Survey TEP Meeting 1
Monday, November 4, 2024; 1:00-3:00 pm Eastern Time (ET)
Meeting ID: 991 7306 8972
Passcode: Z&LnpAs=2h
Web Conference URL:
Meeting ID: 966 9973 1481
Passcode: 3wd1*TiTNR
Web Conference URL:

https://air-org.zoom.us/j/99173068972?pwd=emGhUx6x5jLqlA9lxgAfLWYJPMf0D1.1

Time (EDT)	Topic
1:00-1:35 pm	**Welcome and Introductions** • Welcome members and conduct roll call. Introduce new member(s). • Review meeting agenda and objectives. • Review TEP roles and responsibilities. Ratify TEP Charter. • Recap the previous TEP meeting held on March 1, 2024.
1:35-1:45 pm	**Consumers' Reflections** • Hear from consumer TEP members about their experiences with QHPs in the Exchanges
1:45-1:55 pm	**Project Update** • Provide an overview of completed and upcoming activities.
1:55-2:10 pm	**Overview of Findings from 2024 QHP Enrollee Survey Analyses** • Review survey data trends and discuss topics to explore in future analyses.
2:10-2:55 pm	**Proposed Refinements to the QHP Enrollee Survey** • Discuss findings from cognitive testing interviews and the 2024 Call Letter. • Seek feedback from the TEP on proposed refinements to future administrations of the QHP Enrollee Survey.
2:55-3:00 pm	**Meeting Wrap-Up** • Review next steps and action items.

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