

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

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

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## Technical Expert Panel Overview

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Section 1311(c)(4) of the Patient Protection and Affordable Act directs the Secretary of the Department of Health & Human Services (DHHS) to establish a system that will evaluate enrollee satisfaction with Qualified Health Plans (QHPs) offered through the Health Insurance Exchanges<sup>®</sup>.<sup>1</sup> The [QHP Enrollee Experience Survey](#) (QHP Enrollee Survey) draws from the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) 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<sup>®</sup> (AIR<sup>®</sup>) 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 2023–2024 TEP consists of 17 stakeholder representatives, including consumers and consumer advocates, Exchange administrators, health plan representatives, quality measurement experts, state officials, and subject matter experts (SMEs). Dr. Coretta Lankford is the project director and TEP chair for the 2023–2024 QHP Enrollee Survey TEP.

## Report Purpose

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The purpose of the QHP Enrollee Survey Technical Expert Panel (TEP) Meeting Report (Del 4-3) is to summarize the TEP’s key takeaways and suggestions for consideration by the Project Team.<sup>2</sup> This report does not include the Project Team’s recommendations to CMS based on TEP inputs. The Project Team will formalize its recommendations based on TEP feedback through other deliverables, including the Call Letter for the QRS and QHP Enrollee Survey (Del 4-13),

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

<sup>2</sup> All recommendations listed in this report were supported by one or more TEP members.

Select Statistical Analyses (Del 8-12), Lessons Learned Report (Del 7-11), and QHP Enrollee Survey Technical Specifications (Del 5-3).

## Meeting Summary

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The Project Team convened a 1-hour pre-TEP meeting for five TEP members representing consumer perspectives via Zoom® teleconference on Thursday, September 28, 2023. Four 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 was discussed at the second TEP meeting on March 2, 2023, and allowing for new member reflections. The team incorporated summary points from this discussion into this year's TEP meeting slides.

The Project Team convened the first TEP meeting of the Option Year via Zoom teleconference on Monday, October 30, 2023. 15 of the 17 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 received additional input via email from one TEP member. Feedback from this TEP member is included in the [Potential Updates to the QHP Enrollee Survey](#) section below.

A list of TEP members in attendance is provided in [Appendix A: TEP Members](#), and a list of CMS staff and Project Team members in attendance is provided in [Appendix B: Meeting Attendees](#). A copy of the full meeting agenda is provided in [Appendix C: TEP Agenda](#).

The objectives of the QHP Enrollee Survey TEP meeting were to:

- Conduct roll call, do TEP member introductions, and review TEP member responsibilities,
- Recap the recommendations from the March 2, 2023 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:
  - Survey response rates and trend analyses,
  - Consumer and issuer focus group findings, and
  - Potential updates to the QHP Enrollee Survey.

## Welcome and Roll Call

Dr. Lankford 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.

## Recap of the March 2, 2023 TEP Meeting

Dr. Lankford briefly reviewed discussions from the March 2, 2023 TEP meeting. During that meeting, TEP members and the Project Team introduced themselves; the Project Team recapped the October 27, 2022 TEP meeting; consumer members shared reflections; 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. A summary of recommendations from TEP members is provided in Exhibit 1. The Project Team expressed gratitude to the TEP for this feedback and noted that they look forward to continued discussions about how CMS can potentially advance these recommendations.

### Exhibit 1. TEP Member Recommendations from March 2, 2023 Meeting

Topic	Suggestions
<b>Increasing survey participation</b>	<ul style="list-style-type: none"><li>• Require the inclusion of QR codes on survey materials.</li><li>• Use text messaging and social media (e.g., public service announcements via Instagram).</li><li>• Consider extending the data collection period.</li></ul>
<b>Survey administration</b>	<ul style="list-style-type: none"><li>• Offer the QHP Enrollee Survey in additional languages (e.g., in dominant non- English languages in regions where response rates have been lower than average).</li><li>• Increase resources for telephone administration, especially for Spanish speakers, and expand phone interviewing hours.</li></ul>
<b>Analyses</b>	<ul style="list-style-type: none"><li>• Conduct analyses on the usefulness of “double stuffing” the survey materials with several languages to assess the possibility of expanding double-stuffing practices.</li><li>• Conduct analyses assessing the impacts of the COVID-19 public health emergency on the decline in response rates in older cohorts and the increase in unknown eligibility for all age cohorts.</li></ul>
<b>Sexual orientation and gender identity (SOGI) questions</b>	<ul style="list-style-type: none"><li>• Include a “prefer not to answer” response option for SOGI questions.</li><li>• Use gender-inclusive language (i.e., “pregnant people” vs. “pregnant women”).</li><li>• To reduce survey length and burden, maintain a primary survey with a set of core questions supplemented by sections with SOGI and other added questions that are randomly distributed annually or biannually to health plan enrollees.</li><li>• Include a statement preceding all demographic questions that indicates:<ol style="list-style-type: none"><li>1. The respondent will encounter some potentially sensitive questions.</li><li>2. The purpose of including these questions (i.e., to capture the experiences of a more diverse group of respondents).</li><li>3. Any security measures (i.e., anonymous response, aggregation, anti- retaliation policies) in place intended to protect respondents of marginalized backgrounds.</li></ol></li></ul>

## Consumers' Reflections on Experiences in the Exchange

Dr. Lankford reviewed key points from the pre-TEP meeting with the four consumer members on September 28, 2023:

- **Choosing a plan:**
  - Choosing a plan based on what its coverage entails, individual care needs, and unexpected care needs can be difficult.
  - A consumer described their experience of being unable to choose their health plan and instead was assigned one through a third-party broker. Ultimately, they had to use an alternative method to find and enroll in a plan that fully met their care needs. Another consumer/navigator noted recent issues with brokers modifying plans.
- **Experiences with accessing care:**
  - One consumer shared that although they are satisfied with their plan and their continuity of care, it presents a financial burden as the cost has increased significantly.
  - Another consumer shared their experience with a 2-month delay in securing approval for unexpected medically necessary procedures.
- **Up-to-date plan Coverage:**
  - Patients need timely and current information regarding network and drug formulary coverage on the Exchange. This information is typically outdated and, as a result, patients may experience a sudden loss in care.
- **Recommendations for the QHP Enrollee Survey:**
  - Send the survey to enrollees via individual Healthcare.gov accounts, so consumers know it is coming from a trustworthy entity and can complete it once they've finished applying to or renewing their plans.
  - Email enrollees before distributing the survey, so they are aware that they will receive a survey.
  - Expand the use of QR codes, in addition to established distribution methods, to increase participation.

Dr. Lankford then asked the four consumer members if they had additional comments or if others on the TEP had reactions:

- One consumer representative emphasized the importance of keeping physician networks and drug formularies up to date. They inquired about when insurance companies would make this information available on their websites to help consumers make informed decisions.
  - A TEP member agreed with the reflection regarding drug formularies being outdated and shared their belief that this can be made actionable and improved upon easily.
- One TEP member expressed enthusiasm for the idea of sending the QHP Enrollee survey through HealthCare.gov accounts.
  - The Project Team noted widespread agreement amongst TEP members regarding sending the survey through enrollee’s HealthCare.gov accounts. Additionally, a TEP member expressed that the idea could potentially quantify improvements for plans and issuers.
  - Another TEP member agreed with the idea of survey distribution through HealthCare.gov but stressed the importance of ensuring this method is accessible for all and used an example of individuals who use screen readers.
  - Another TEP member agreed with sending the survey through HealthCare.gov but questioned whether everyone renews through this platform. They suggested investigating whether this method of distribution would be a representative sample of plan participants.
  - The Project Team acknowledged the importance of these points and noted the team will investigate further, especially given the current challenge of delivering the web survey to enrollees through a trusted source.
  - One TEP member inquired about CMS’ relationships with State Based Marketplaces (SBMs) and their potential role in connecting consumers with the survey.
    - The Project Team acknowledged the significance of this question and explained that HealthCare.gov would not reach SBMs and therefore, alternative mechanisms would be necessary to reach those on QHPs through SBMs.
  - Another TEP member noted that if the survey sample is based on HealthCare.gov accounts, it might exclude people with outdated accounts.

- The Project Team acknowledged this concern and expressed commitment to addressing prior to any potential implementation.
- Another TEP member expressed support for CMS initiatives aimed at increasing the trustworthiness of messaging around the survey. The TEP member recommended CMS use messaging to inform people that the QHP Enrollee survey is forthcoming and produce advertising ensuring the survey's legitimacy.
  - Another TEP member agreed with the recommendations shared by consumers, particularly regarding emailing enrollees before survey distribution and expanding the use of QR codes as there is evidence of their efficiency.
- One consumer shared their personal experience of receiving conflicting information from Medicaid and healthcare providers regarding when to change insurance plans after their child's birth; they highlighted the need for clearer guidance.
- One consumer emphasized the need for increased transparency regarding auxiliary services, such as dental and vision.
- One TEP member discussed experiences with accessing care and financial barriers and pointed out that the QHP Enrollee survey does not collect information on premium tax credits or the financial burdens of premiums and out-of-pocket costs. The TEP member mentioned their involvement on other projects aimed to better understand the choices consumers make and how they perceive these burdens. The TEP member suggested the Project Team aim to better align consumer reflections with the survey's objectives.

## Project Update

Dr. Lankford discussed QHP Enrollee Survey project updates, including completed and upcoming activities.

### Survey Data Processing and Reporting.

- June 2023: vendors submitted survey data through the QHP Enrollee Survey Website.
- June – July 2023: the Project Team validated, processed, and scored the survey data.
- August 2023: the Project Team generated scores for the 2023 Quality Improvement (QI) reports and 2023 QI reports were made available for preview.
- October 2023: the Project Team generated [Public Use Files](#) (PUFs) which are now posted on the MQI for researchers to investigate questions with the QHP survey data.



### **Survey Vendor Recruitment, Approval, and Training.**

- Fall 2023: the Project Team began a new data collection cycle and solicited, approved, and trained 2024 survey vendors.
- Fall 2023: The 2024 Technical Specifications were updated for vendor guidance.

### **QHP Issuer Activities.**

- Fall 2023 (currently): QHP issuers are in the process of contracting with survey vendors.
- January 2024: QHP issuers will attest to eligibility and select a survey vendor through QHP Enrollee Survey Website.

**Stakeholder and Public Input.** The Project Team reiterated the critical importance of CMS gathering input from stakeholders and the public on ways to improve the QHP Enrollee Survey. Recently, the Project Team worked with CMS to elicit public comment on the QHP Enrollee Survey and data collection process through the 2024 survey PRA approval process. In September 2023, the Project Team also conducted consumer and issuer focus groups to gather perspectives about ways to improve the survey. Additionally, in Spring 2024 the Project Team will conduct cognitive testing of proposed survey revisions with consumers.

### **Survey Response and Trend Analyses**

Mr. Christian Evensen, Data Analysis Director, provided an overview of survey response and trend analyses from 2023 QHP Enrollee Survey data:

- **Five-Year Trend in Respondent Population.** Over the last 5 years, the share of respondents has decreased among the following groups:
  - Younger enrollees (18 to 54 years),
  - Those who identify as Asian, Native Hawaiian or Pacific Islander, and those identifying as more than one race,
  - Those who report being of Hispanic, Latino, or Spanish origin,
  - Those with a high school diploma/GED or less,
  - Those reporting excellent, or poor health status (both general and mental health), and
  - Among homemakers or those employed part time or full time.

Conversely, throughout the same time frame, the share of respondents has increased among the following groups:

- Older enrollees (55 years or older),
- Those who report being Black, American Indian, or Alaska Native,
- Those who report non-Hispanic origin,
- Those with more education,
- Those reporting the good or fair health status (both overall and mental), and
- Retirees.

There were no substantial changes in share of completes among both male and female respondents, white respondents, and other groups not specified above.

- **National Survey Response Rate.** Consistent with trends over the past 5 years, response rates for the QHP Enrollee Survey have continued to decline. The overall response rate for the 2023 QHP Enrollee Survey was 16.3%, dropping two percentage points compared to last year. The decline in response rates has been observed in other CAHPS and federal surveys.
- **Survey Response Rate among Older Respondents.** From 2021 to 2022, the QHP Enrollee Survey experienced a sharp decline in response rate in the 64 – 74 (about 20%) and 75+ (about 9%) age cohorts. The response rate for the two cohorts has continued to decline in 2023 (2% respectively), but the magnitude of the decline has leveled to mirror the national trend.
- **Share of Completes by Survey Mode.** Consistent with the past 5 years, mail remains the primary mode of completion (45%), followed by internet (35%) and phone (20%). The share of survey completes among the 3 modes has remained constant over the past 3 years.
- **QR Code Response Analysis.** In the 2022 survey administration, vendors were given the option to use a quick response (QR) code in their mail correspondence to direct survey recipients to the internet survey. One vendor opted to use the QR code option in the 2022 and 2023 survey administrations and of those enrollees, there was a slight increase of 1.5% in QR code usage to access the survey.
- **Overall Ratings.** Respondents rated QHP performance, measured by four global ratings (health plan, personal doctor, specialist, and overall health care rating) over the past 5 survey administration years. These ratings have remained constant over the last three

years with respondents rating their personal doctor the highest (87%), followed by their specialist (85%), health care (79%), and their health plan the lowest (70%).

- **Composite Ratings.** Over the past 5 survey administration years, QHP enrollees have continually reported that their best experiences are reflected in how well doctors communicate (89%) and how well doctors coordinate care and keep patients informed (83%); these scores have remained relatively stable since 2018. Survey scores across composites regarding health plan customer service, getting care quickly, getting needed care, and enrollee experience with cost have declined over the last several years. QHP enrollees also continue to report that their worst experiences are related to getting information, specifically about their health plan and cost of care and receiving this information in a needed language or format. The scores for getting information in a needed language or format have increased since 2019 (from 61% to 65% in 2023). Similarly, the scores for getting information about health plans and cost of care have also increased since 2019 but has since leveled off by 2023 (from 48% to 51%).

Mr. Evensen posed a discussion question to TEP members for additional input.

**Question(s) Posed to the TEP:**

**What factors would you say are potentially driving the continued decline in survey response (e.g., hesitancy due to lack of trust, phishing, etc.)?**

TEP members provided the following feedback and recommendations on increasing survey participation:

- One TEP member commented on the decrease of two composite scores, specifically “Receiving information in a needed language or format” and “Receiving information about the health plan and cost of care,” and its potential relation to the decrease in response rates for Asians, Native Hawaiian, or Pacific Islanders. They inquired if the Project Team conducted any further analysis on these composites to assess which languages may be needed or are not available for patients.
  - The Project Team noted that while it is difficult to disentangle the factors that are driving the response rate versus people’s experiences, they are working on creating a report that will be focused on disparities and investigate the relationship between language and access to care.
  - The TEP member also asked if there were any analyses conducted regarding geographic information.

- One TEP member stated geography is a very important variable for the Project Team to have and another TEP member agreed.
  - The Project Team shared this information is not currently available to the team but can be attained for future analyses.
- One TEP member shared they believe the decline in response rates is due to the fear of scams and fraud, over-saturation in the survey space, and respondent fatigue. The TEP member also commented on the meaningful decreases of two composite scores, “Getting care quickly” and “Getting needed care,” and asked if the measures were actionable as they may impact experience.
  - The Project Team noted that QI reports are created and shared with issuers to detail their performance on all measures and in turn, this information is communicated to the plans. The Project Team noted that the plans are interested in receiving quality data so that they can improve their performance.
- Another TEP member asked if the Project Team noted any differences in representation among different respondent demographic groups by survey mode. The TEP member also asked how respondents choose the survey mode in which to respond.
  - The Project Team confirmed this analysis has been conducted and will be discussed further in a report. The Project Team noted there is a pattern amongst different groups when assessing by age, race, and additional demographic variables. The Project Team also described the survey protocol for administration to detail how respondents are contacted first by mail, email, and then by telephone for nonrespondents.
- One TEP member shared they found the drop in the access composite scores interesting and noted they have seen similar drops across other CAHPS surveys. They reflected on whether the Project Team could use survey questions related to respondent’s access to care to assess if self-reported utilization has changed or improved at all. The TEP member also agreed with a TEP member’s previously shared comment regarding oversaturation in the survey space.
- One TEP member expressed uncertainty as to why there is a decline in response rates for the QHP Enrollee Survey. They noted their organization has moved to using mail surveys, increased the sample size for their members and plans, and has seen improved utilization of the QR code, but they still have a low response rate. The TEP member spoke to their experience in New York State and noted their organization uses a quality

incentive model for composites, “Getting care quickly” and “Getting needed care,”; the TEP member noted there is no equivalent incentive model for performance or changing areas of concern.

- One TEP member inquired about why older consumers over age 65 were being surveyed given they are eligible for Medicare.
  - A TEP member shared that older respondents are a group that have been particularly impacted by COVID-19, are becoming increasingly low-income, may not qualify for Medicare, and may also be representative of individuals who emigrated later in life and have not had a significant employment period to meet Medicare eligibility. The TEP member shared statistics regarding COVID-19 mortality rates in individuals aged 65 and older and noted that COVID-19 was the third leading cause of death for this age cohort. They stated “this is substantial enough to affect older adults who have lost spouses, siblings, friends. Their lives have changed, they may have moved, income levels may have changed, and so forth and they may not have returned to things they used to do like respond to surveys or have just left QHPs.”
  - Other TEP members shared there is evidence of individuals continuing to work past age 65.
  - The Project Team noted there is a small group of individuals in this sample.

## Focus Groups with Consumers and Issuers

Ms. Tamika Cowans, Focus Group and Cognitive Testing Lead, shared the focus group objectives, methodology, and preliminary data findings from conversations held with consumers and issuers with TEP members.

**Objectives.** The primary goal of the focus groups was to gain insights from consumers and issuers to help inform potential changes to the QHP Enrollee Survey. For consumers, the Project Team sought to evaluate the factors most important to them when selecting and enrolling in a health plan. For issuers, the Project Team sought feedback on the value of the QHP Enrollee Survey to issuers’ quality improvement efforts.

**Primary Topics and Questions.** The topic areas and questions covered in the consumer and issuer focus groups were directly informed by recommendations TEP members had shared during previous meetings.

To better understand consumers priorities when selecting a plan, the Project Team asked consumers to:

- Describe their plan selection process,
- Detail features considered when looking for a QHP, and
- Describe any additional considerations assessed when selecting a QHP.

To gather input on potential changes CMS is considering for the 2026 QHP Enrollee Survey, the Project Team asked consumers for their thoughts on:

- Methods to increase the trustworthiness of the survey and increase survey completion,
- Inclusion of a statement detailing the purpose of demographic questions, and
- Addition of new SOGI and perceived unfair treatment questions.

The team focused on three areas for the issuer focus groups:

- Addition of new SOGI and perceived unfair treatment questions,
- Potential survey administration changes related to revising the mixed-mode protocol, addition of a Chinese internet survey, removing the oversampling cap and recommendations to increase survey response rate, and
- Usefulness of QHP Enrollee Experience survey and Quality Improvement (QI) reports for issuer's quality improvement efforts and sources of QI information.

**Methodology.** The Project Team shared the methods used to recruit and conduct consumer and issuer focus groups with the TEP.

The Project Team conducted virtual one-hour focus groups over a five-week period in September and October 2023.

Consumer focus groups consisted of a total of 33 individuals across six groups, four of which were conducted in English and two in Spanish. The Project Team made effort to recruit for two focus groups for Chinese speakers but were unable to recruit the target numbers. Ultimately, the Project Team did conduct one consumer interview in Chinese and results are included in the analyses. English focus groups participants were recruited through the Patient & Family Engagement Network (PFEN) and select patient navigators were identified through another CMS project. Spanish focus group participants were recruited through a recruitment firm

focused on Hispanic/Latinx populations. To compensate the consumers for their time spent in the focus groups, all participants received a \$75 Amazon gift card or direct deposit through their recruitment parties.

Issuer focus groups were made up of 13 participants representing 11 different companies across three groups and were recruited using the 2023 issuer contact list.

**Preliminary Focus Group Findings.** The Project Team presented the preliminary focus group findings with the TEP.

### ***Consumers.***

- **Consumers' priorities when selecting a plan:** The three most important considerations for English-speaking consumers when selecting a plan were:
  - Continued access to current providers,
  - The types of services covered including specialists and medications, and
  - The cost of premiums or affordability.

Spanish and Chinese speaking consumers, shared there was a learning process for understanding health insurance terminology and as a result, there was a tendency to change health plans to better suit individual's needs as individuals became more familiar with terms and services.

- **Potential Revisions to the QHP Enrollee Survey:** Consumers were overall in favor of adding a statement explaining the purpose of demographic, SOGI, and perceived unfair treatment questions. Additionally, consumers suggested including a question regarding respondent's likelihood of recommending a health plan to others.
- **Data Security:** Consumers shared their concerns surrounding data security when completing an online survey.
- **Recommendations for the QHP Enrollee Survey:**
  - Include incentives for survey completion,
  - Display government or insurance company logos on survey materials, and
  - Shorten the survey to increase respondent's likelihood of completing it.

*Issuers.*

- **Potential Revisions to the QHP Enrollee Survey:**

- Issuers shared varying opinions regarding the value of the survey, specifically due to the deidentification of the data they receive which limits the actions issuers can take with the information provided.
- Issuers also favored the addition of SOGI and perceived unfair treatment questions but similarly questioned whether the data received would be actionable.
- Like consumers, issuers also suggested including a “Likelihood to Recommend” question to the survey to align it with other CAHPS surveys and measures.

- **Potential QHP Enrollee Survey Protocol Changes:**

- The issuers favored changing the mixed-methods protocol to allow for enrollees to first complete the survey online, followed by mail questionnaires and telephone attempts for nonrespondents.
- Issuers favored the inclusion of a Chinese internet survey in addition to those provided in English and Spanish.
- Lastly, the issuers agreed CMS should eliminate oversampling caps or raise the base sample size with a caveat acknowledging the latter change could impact smaller health plans.

- **Quality Improvement (QI) Information Sources.** About half of the issuers participating in the focus groups were not familiar with the QHP Enrollee Survey Quality Improvement report. The issuers reported using off-cycle surveys, vendor reports, and other measurement scores to supplement data received from the QHP Enrollee survey to inform their quality improvement efforts.

- **Recommendations for the QHP Enrollee Survey.** Like consumers, issuers recommended:

- Utilizing incentives for survey completion, and
- Shortening the survey to increase response rates.

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



**Question(s) Posed to the TEP:**

**What are your overall reactions to what we heard from consumers regarding their priorities and thoughts on proposed revisions to the QHP Enrollee Survey (e.g., context for demographic questions, SOGI data, unfair treatment)?**

**What stood out to you most from the feedback issuers provided regarding usefulness of the survey data, potential revisions to the survey protocol, and information sources?**

**What are your thoughts on focus group participant recommendations for improving survey response?**

TEP members provided the following feedback and reactions on the preliminary consumer and issuer focus group findings:

- One TEP member inquired about what types of incentives focus group participants had in mind for survey respondents.
  - The Project Team shared that the answers from consumers and issuers varied and ranged from discounts on premiums for one month to small gift cards or raffles for larger gift cards to increase response rates.
- One TEP member asked for more specificity regarding the issuers' comments about the lack of actionability of the survey and noted it may be useful to the Project Team to review the supplemental surveys issuers use to assess what is missing from the QHP Survey. They also noted that the survey could be made more actionable for issuers if they were provided time trends to see which of their metrics are improving or worsening.
  - Regarding the actionability of the QHP survey, the Project Team shared that issuers specifically noted the deidentified data made it difficult to link the data to either their members or providers to inform their quality improvement efforts. Instead, the issuers noted their reliance on off-cycle surveys to get actionable quality improvement data.
- A TEP member affirmed consumer participants suggestion of including a government or insurance company logo on the survey to reduce fear of scams and fraud.
- A TEP member shared they feel a "likelihood to recommend a health plan to others" survey question is a helpful addition.

- Another TEP member questioned its usefulness and actionability on the survey.
- The Project Team noted the “likelihood to recommend” question was originally a QHP survey question that was ultimately removed because it correlated strongly with other measures while it did not provide any additional information.
- The TEP member also asked if consumers shared any specific parameters on how to shorten the QHP survey.
  - Regarding shortening the survey, the Project Team shared that consumers were not familiar with the survey to provide specific suggestions, but many issuers recommended removing questions around forms as they were unsure which forms consumers would be assessing.
- One TEP member inquired about how the perceived unfair treatment question information would be used. Would there be repercussions for units that scored poorly?
  - The Project Team shared that there would be no direct repercussion, hospital intervention, or penalties as a result of this question being added to the survey, but instead the question would provide general as well as granular information for the plans to assess and learn why people are being treated unfairly and in turn, facilitate quality improvement efforts.
  - Another TEP member spoke about the perceived unfair treatment question and noted the question as it is currently written would not provide specific information to issuers. The TEP member shared that for issuers to incentivize trainings for providers and clinics they must know exactly what they must improve upon. Similarly, the TEP member noted that if this question is asked, there must be resources provided to respondents for a complaint mechanism. The TEP member acknowledged the importance of the perceived unfair treatment question while also noting there needs to be a balance between asking this question and adding additional questions to the survey. Lastly, the TEP member noted there is no “other” choice for the perceived unfair treatment question which would be important because an individual might not know why they were treated unfairly.
  - The Project Team acknowledge the importance of the TEP member’s points and shared that consumers favored an open-ended response to the perceived unfair treatment question in order to provide more detailed information. The Project Team shared that similarly, issuers noted the question is an important one to ask

and know but were concerned about its actionability and adding to the length of the survey.

- One TEP member shared it is difficult for plans to know what to do with perceived unfair treatment data given its deidentification and noted geographic data would be helpful in combatting this issue. The TEP member asked if there was anything additional that could be done to help plans see where they fall in the data. Additionally, the TEP member inquired if there has been any discussion for the QHP survey or elsewhere of questions regarding denial of care by issuers and/or providers. The TEP member shared the latter question is one their organization has considered piloting for addition to surveys given the current political landscape around SOGI data collection, particularly around LGBTQ+ individuals and other consumers being targeted for poor treatment and limited access.
- The Project Team noted that the perceived unfair treatment question may not capture all nuance, but that it can provide issuers with information and insights to delve further into the matter and potentially incentivize future training and assistance.
- Another TEP Member noted a challenge being the 6-month lookback of the survey. They acknowledged it being a helpful outcome measure but difficult to tie back to a certain experience or location and thus needs to be supplemented with post visit and medical office surveys for quality improvement efforts.
- One TEP member shared in response to the consumers' first listed priority (Access to current providers, services covered, and cost were priority considerations) and the issuers' concern about actionability and noted their primary concern was that there are several questions on the survey about the consumers' experiences with providers and in turn, only indirectly reflects on the plan and/or issuer. They noted while they are appreciative of the items that issuers can act on, there are additional aspects of coverage that issuers have more control over that matter to consumers and have not been addressed. The TEP member shared examples of questions that more directly ask about whether the plan's provider directory helped them identify providers who were available, whether a patient's referral from a doctor was one that was in-network, and whether the consumer was denied coverage or faced higher cost-sharing than expected.
  - Several TEP members expressed their agreement with these points shared in the chat.

## Potential Updates to the QHP Enrollee Survey

Dr. Lankford shared considerations for updating the QHP Enrollee Survey in future administrations.

Prior to discussing potential updates, the Project Team reminded the TEP of the following:

- The benefits of any additions or updates to the survey should be weighed against the additional burden that would be placed on enrollees, as well as potential threats to response rate should the additions and/or updates be included.
- The QHP Enrollee Survey feeds into the QRS, and thus any survey additions may have implications for the QRS.
- CMS strives to align the QHP Enrollee Survey with other CAHPS surveys.
- CMS must seek clearance from the Office of Management and Budget (OMB) for any updates to the survey, associated materials, or data collection procedures.

The Project Team summarized the following recommendations shared by consumer and issuer focus group participants for the QHP Enrollee Survey:

- **Survey Instrument**
  - Add SOGI question and statement explaining the purpose of demographic questions.
  - Incorporate unfair treatment questions to assess enrollee's experiences and provide valuable insights into the quality of care in healthcare services.
  - Include "Likelihood to Recommend" question to assess enrollee's likelihood to recommend the health plan to others.
  - Identify potential questions to be removed from the survey to reduce survey length and help improve respondent engagement and response rates.
  - Identify additional languages for future survey translation to enhance inclusivity and accessibility of the survey.
- **Survey Administration**
  - Revise mixed-mode method protocol to begin with internet distribution.
  - Revise oversampling guidance to remove cap.
  - Develop or update guidance materials around QI reports to ensure that issuers can better understand and utilize reports for quality improvement.

The Project Team shared the forthcoming phases to implement these survey modifications. This process involves assessing the proposed survey alterations through comprehensive cognitive testing which will include approximately 50 English, Spanish, and Chinese-speaking QHP enrollees with an aim to recruit for a mix of respondents across age, gender, race, ethnicity, household income, education, and family size. The Project Team shared the current timeline for implementation:

- Mid-November 2023: Develop the protocols following this meeting and submit for PRA approval in mid-November 2023.
- January – February 2024: Conduct recruitment after PRA approval.
- February 2024: Conduct cognitive testing interviews.
- March – April 2024: Conduct cognitive testing analysis.
- Spring 2024 TEP Meeting: Discuss recommendations from cognitive testing with the TEP.
- 2025: Refine survey and protocols for 2026 PRA package.

Dr. Lankford then asked the TEP members if they had comments or questions:

- A TEP member expressed appreciation for the investigation into the removal of oversampling caps. They shared that they have heard oversampling caps are becoming a challenge for issuers as response rates continue to decline.
- Another TEP member inquired about recruitment efforts for cognitive testing and asked if the Project Team found it difficult to recruit participants with disabilities.
  - The Project Team noted that it has not posed a challenge so far as the team has not begun recruitment. The Project Team shared that they would consult with the TEP member prior to recruitment to ensure the team is able to identify these participants.
- Another TEP member emphasized that reducing the number of survey questions can be a challenging but necessary task. The TEP member suggested re-examining the importance and redundancy of each survey item.
  - The Project Team noted that they previously conducted analyses to drop items from composites and assess their reliability.
  - The TEP member noted it might be worthwhile to revisit the analyses to determine if further reductions can be made.

## **Cognitive Testing Topics for Potential Future Revisions to the QHP Enrollee Survey**

The Project Team discussed topics regarding SOGI data, perceived unfair treatment, and primary language for inclusion in cognitive testing with QHP enrollees.

### ***SOGI Data Collection***

The Project Team discussed the potential of adding questions intended to collect data on sexual orientation and gender identity to the survey and plans to test these questions with QHP enrollees during the cognitive testing interviews. The Project Team shared the following SOGI questions that the Medicare Fee-for-service CAHPS has proposed adding to the survey:

- A gender identity question asking, “What sex were you assigned at birth on your birth certificate” and allows enrollees to select “Female”, “Male” and “Prefer not to answer” as response options.
- A gender identity question asking, “What is your current gender?” with response options for “Female,” “Male,” “Transgender women”, “Transgender man”, “Non-binary”, “Gender fluid”, “I use a different term” or “Prefer not to answer.”
- A sexual orientation question asking, “Which of the following best represents how you think of yourself?” with response options for “Lesbian or gay,” “Straight, that is, not gay or lesbian,” “Bisexual,” “I use a different term,” and “Prefer not to answer.”

Dr. Lankford then asked TEP members if they had additional feedback.

- One TEP member emphasized the benefit and utility of harmonizing the measures related to SOGI questions with what's going to be included on the enrollee form. While there may be some distinctions, they mentioned that they would follow up with additional details on this.
  - The Project Team acknowledged this point and mentioned the importance of testing different ways to ask these questions to determine what resonates with enrollees.
- A TEP member pointed out that, for hospital or medical surveys, the question about sex assigned at birth is necessary. They suggested that it's important to consider whether asking about this is essential for the survey and whether it's crucial for issuers to have this information. They also noted that learning from what has already been done with other surveys would be helpful.
  - The Project Team agreed that testing various options is a viable approach.
  - Another TEP Member also agreed with aforementioned TEP member's suggestion and recommended assessing whether it's necessary to ask these

questions and considering the consequences and cost-benefit analysis of including them.

- One TEP member added that sex assigned at birth is important, especially in the two-step format, and mentioned that they have considered piloting the exclusion of the "transgender man/woman" options for the current gender question.
- Another TEP member raised a hypothetical scenario, expressing that if they were fully assured that factors like race/ethnicity, disability, SOGI, and others had no impact on patient experience and care, then they would logically question the relevance of some of the demographic questions.

### ***Perceived Unfair Treatment Data Collection***

The Project Team shared that the MA & PDP CAHPS instrument will be adding the following Perceived Unfair Treatment question to the survey:

- “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?” and allows enrollees to select, “Health condition,” “Disability,” “Age,” “Culture or religion,” “Language or accent,” “Race or ethnicity,” “Sex (female or male),” “Sexual orientation,” “Gender or gender identity,” or “Income” as response options.

Dr. Lankford then asked the TEP members if they had comments or questions:

- One TEP consumer, inquired about the possibility for respondents to choose multiple options for the question on unfair treatment.
  - The Project Team confirmed that respondents able to select multiple options.

### ***Primary Language Question***

The Project Team shared that the MA & PDP CAHPS instrument will be adding the following Primary Language question to the survey to promote measuring health equity:

- “What language do you primarily speak at home?” and allows enrollees to select, “English,” “Spanish,” “Chinese,” “Korean,” “Tagalog,” “Vietnamese,” or “Some other language (specify)” as response options.

Dr. Lankford asked the TEP members if they had comments or questions:

- One TEP member suggested changing the last answer choice for the primary language question from “some other language (specify),” to “another language” to avoid the impression of the answer choice sounding like an afterthought.
  - One TEP member agreed with that point and shared that other surveys are also using revised language such as “additional language or other language.”
  - Another TEP member noted that parents might communicate with each other in a language that feels most comfortable to them but may frequently use English when interacting with their children. They further explained that restricting respondents to choosing one language response option might pose challenges in accurately capturing their language preferences.

### ***Revision to Survey Protocol***

The Project Team shared revisions to the survey protocol, the first being that the MA & PDP CAHPS currently fielding the internet survey first, followed by mail, and telephone follow up. The Project Team noted that the QHP Enrollee Survey currently conducts mail and internet protocols concurrently, then follows up with telephone interviews.

Regarding the telephone survey mode, the Project Team shared that CMS is considering increasing resources, particularly for Spanish-speaking participants and in turn, extending the hours of telephone interviewing to enhance outreach.

Lastly, the Project Team noted the inclusion of QR codes on survey materials are currently optional for vendors due to varying capabilities.

After presenting the proposed revisions to the survey protocol, Dr. Lankford then posed the following questions to TEP members and asked if they had additional feedback.

**Question(s) Posed to the TEP:**

- **What are the pros and cons for revising the mixed-mode protocol to do internet survey first for everyone?**
  - **Does the TEP support this change?**
- **What are the pros and cons of increasing the resources for telephone administration? Specifically for Spanish and potentially other languages?**
  - **Does the TEP support this?**
- **Should it be mandatory for vendors to include a QR code on survey materials?**



- A TEP member noted that they are currently testing an email, phone, and mail follow-up sequence and shared it might be an option for the Project Team to explore. Additionally, the TEP member shared they have extended the survey fielding time by seven days, thereby prolonging the data collection period. The TEP member shared the data collection extension has yielded the benefit of a more diverse pool of respondents and noted they have tested this method two years ago and plan to implement this approach in the field in 2025.
- One TEP member commented on a previous slide noting the telephone mode may not be highly productive. They inquired about evidence indicating whether Spanish speakers tend to be more responsive via telephone.
  - The Project Team acknowledged that there may be evidence supporting the claim.
  - Another TEP member shared insights from their survey experience, confirming that Spanish speakers are more inclined to respond via phone. They also found that when vendors and hospitals transitioned from using telephone notifications to mail notifications, there was a significant reduction in the percentage of Hispanic patients who deferred participation suggesting the presence of language-related effects in survey responsiveness.
- There was no additional input from the TEP regarding QR codes, however the Project Team pointed out that the group had previously reached a unanimous consensus on the importance of including QR codes in the survey.
- A TEP Member inquired whether the QHP survey is the same survey used for small businesses and asked if there have been any efforts to reach out to employers to assist employees in completing the survey.
  - The Project Team confirmed that it is the same survey and shared they were not aware whether such outreach had been conducted but would seek to identify this information.
- Another TEP consumer asked about the objective of reducing the number of questions in the survey and inquired about how many questions the team aims to have.
  - The Project Team clarified that there is currently no specific target in terms of the number of questions, but they are considering an analysis of the survey composites to identify redundant or non-essential items that may not contribute valuable information for issuers.

- The Project Team shared insights from focus groups, where they gathered feedback on the ideal survey length. The responses varied widely, with some participants preferring only two to three questions (emphasizing key points), while others were willing to spend between 10 to 15 minutes on the survey, especially if there was an incentive involved.
- The Project Team then highlighted that the data collected from the focus groups would be valuable in guiding survey revisions and decision-making related to question reduction.

Finally, Dr. Lankford encouraged members to provide any additional feedback via email.

The Project Team received an email from a TEP member with additional feedback. The TEP member followed up on their comments during the TEP meeting to share an [article from Vox](#) they believed highlighted some key issues the QHP Enrollee Survey should probe further to provide more actionable and relevant information for the plans:

- The TEP member specified that for example, the survey could better probe whether plans are preparing people to understand what their financial exposure is before getting care:
  - “About 40 percent of people said they were always or frequently unsure how much their medical services would cost after they received care, according to the Perry Underem survey; another 30 percent said they were uncertain about the costs at least some of the time. Nearly two-thirds of US patients said they were at least sometimes unsure how much their insurance plan would cover after being treated.”
- The TEP member also noted the survey could similarly explore whether plans are effectively communicating which providers and facilities are in-network when patients need care:
  - “More than half of Americans said they were either always, frequently, or sometimes uncertain about whether they had been seen by an in-network provider when receiving medical care.”
- Lastly, the TEP member shared the survey could explore whether or to what extent consumers are receiving unexpected bills, denials of coverage, and whether they knew about or exercised their appeal or external review rights.

- “Only 3 in 10 Americans said they had fought or appealed a medical bill they had received. The survey reveals wide disparities in who has actively worked to reduce their health care bills: Older Americans, people with a college education, and white Americans were roughly twice as likely to say they had contested a medical bill than young adults, people without a college education, or Black Americans.”
- The TEP member noted that collectively, questions along these lines could tell a consumer how well a plan prepares its members to avoid unexpected exposure to medical bills and effectively use their insurance and shared that it would be of large value to add to the survey.

## 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.

The Project Team also shared that the next TEP meeting will occur in March 2024 and that the team would follow up via email to confirm interest in continued participation, collect updated TEP nomination forms and disclosures, and share updates.

## Appendix A. TEP Members

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

QHP Enrollee Survey TEP Attendance: Option Year 1 Meeting #1		X if Attended
<b>Kimberly Morgan</b> Director, Quality and Performance Measurement Point32Health		X
<b>Erin O'Rourke, BS,</b> Executive Director of Clinical Performance and Transformation America's Health Insurance Plans, Washington, DC		X
<b>Carl Serrato, PhD,</b> Independent Consultant Health Policy and Consumer Rights, Burlingame, CA		
<b>Keri Setaro, BFA,</b> Consumer; Self-Employed Montclair, NJ		X
<b>Dontè Smith,</b> Consumer/Navigator, Technical Assistance Associate (National Alliance of States & Territorial AIDS Directors)		X
<b>Jennifer Sullivan, MHS,</b> Director of Health Coverage Access Center on Budget and Policy Priorities, Washington, DC		X
<b>Silvia Yee, MA, LLB,</b> Senior Staff Attorney Disability and Rights Education and Defense Fund, Berkeley, CA		X

## Appendix B. Meeting Attendees

### Centers for Medicare & Medicaid Services (CMS) Attendees

**Nina Heggs, Contracting Officer Representative**

Centers for Medicare & Medicaid Services (CMS)  
Center for Clinical Standards & Quality (CCSQ)  
Quality Measurement & Value-based Incentives Group (QMVIG)

**Preeti Hans, Health Insurance Specialist**

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)

**Kimberly Rawlings**

Centers for Medicare & Medicaid Services (CMS)  
Center for Clinical Standards & Quality (CCSQ)

**Angela Wright**

Centers for Medicare & Medicaid Services (CMS)  
Center for Clinical Standards & Quality (CCSQ)

**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)

**Chris Evensen, Technical Lead**

American Institutes for Research (AIR)

**Akua Asante, TEP Coordinator**

American Institutes for Research (AIR)

**Vanessa Amankwaa, Research Associate**

American Institutes for Research (AIR)

**Rachel Shapiro, Researcher**

American Institutes for Research (AIR)

**Zoe Sousane, Project Specialist**

American Institutes for Research (AIR)

**Center for Consumer Information and Insurance Oversight (CCIIO) Marketplace Operations Support Project  
Team Attendees**

**Melissa Altschiller, Research Associate**  
American Institutes for Research (AIR)

**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**

**Karina Alvarez, Senior Lead Scientist**  
Booz Allen Hamilton (BAH)

**Emma Dreher, Associate**  
Booz Allen Hamilton (BAH)

**Christina Marsh, Social Scientist**  
Booz Allen Hamilton (BAH)

**Melanie Konstant, Associate**  
Booz Allen Hamilton (BAH)

## Appendix C. TEP Agenda

### QHP Enrollee Survey TEP Meeting 1

Monday, October 30, 2023; 3:00-5:00 pm Eastern Time (EDT)

**Meeting ID:** 936 6186 2544

**Passcode:** Z&LnpAs=2h

**Web Conference URL:**

**Meeting ID:** 966 9973 1481

**Passcode:** \$b6gwSnw9b

**Web Conference URL:**

<https://air-org.zoom.us/j/96699731481?pwd=b1Myb3QrUS9melh0ZXNKZmRqdnpFZz09>

Time (EDT)	Topic
3:00-3:20 pm	<b>Welcome and Introductions</b> Welcome members and conduct roll call. Introduce new TEP and project team members. Review meeting agenda, objectives, and TEP roles and responsibilities.  Recap of the previous TEP meeting held on March 2, 2023.
3:20-3:30 pm	<b>Consumers' Reflections</b> Consumer TEP members share their experiences with QHPs in the Exchanges.
3:30-3:45 pm	<b>Project Update</b> Provide an overview of completed and upcoming activities.
3:45-4:10 pm	<b>Survey Response and Trend Analyses</b> Review survey data trends and discuss topics to explore in future analyses.
4:10-4:30 pm	<b>Focus Groups with Consumers &amp; Issuers</b> Review preliminary findings from recent focus groups with consumers and issuers.
4:30-4:50 pm	<b>Potential Updates to the QHP Enrollee Survey &amp; Cognitive Testing</b> Discuss plans for upcoming cognitive testing interviews and seek feedback/recommendations from the TEP on potential updates to the QHP Enrollee Survey.
4:50-5:00 pm	<b>Meeting Wrap-Up</b> Review next steps and action items.



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