

Qualified Health Plan Enrollee Survey Technical Expert Panel

Deliverable 4-3: Base Year Meeting 1 Summary Report

Submitted to:

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Technical Expert Panel Overview

Section 1311(c)(4) of the Patient Protection and Affordable Act directs the Secretary of the Department of Health and 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 Survey draws from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys, which measure experience and are widely used to assess the performance of Medicare, Medicaid, and commercial health plans. 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 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 2022–2023 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). Drs. Coretta Lankford and Darryl Roberts serve as the Co-Chairpersons (Co-Chairs) for the 2022–2023 QHP Enrollee Survey TEP.

Report Purpose

The purpose of the QHP Enrollee Survey TEP Meeting Report (4-3) is to summarize the TEP’s key takeaways and suggestions for consideration by the Project Team.² This report does not include

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

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

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 (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 brief pre-TEP meeting for new members via Zoom teleconferencing on Thursday, October 6, 2022. Seven of the eight new members attended the meeting. New TEP members are those who have not previously served on the QHP Enrollee Survey TEP. The objectives of the pre-TEP meeting were to

- introduce new TEP members to the Project Team;
- provide an overview of the QHP Enrollee Survey project; and
- allow new TEP members an opportunity to ask questions about the TEP meetings, process, and requirements.

The Project Team convened the first TEP meeting of the Base Year via Zoom on Thursday, October 27, 2022. Thirteen of the 16 members attended the meeting. The Project Team sent an email to all TEP members after the meeting, seeking additional insights on topics discussed during the meeting. One TEP member provided several suggestions for improving response rates via email on November 2, 2022. The suggestions included (a) offering the survey at the point of QHP renewal as an integrated part of the process, (b) framing the survey as an integral part of the U.S. health care system and emphasizing its necessity, and (c) improving the language of the prenotification, cover, and reminder letters and emails using a behavioral science approach.

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

- introduce the TEP members to each other and to the Project Team,
- ratify the draft TEP Charter,
- hear consumers’ reflections about their experiences in the Exchanges,
- provide an overview of the QHP Enrollee Survey and project, and

- gather insights and feedback on
 - QHP Enrollee Survey data trends and
 - potential updates to the QHP Enrollee Survey.

Welcome and Introduction

Dr. Tandra Hilliard-Boone, TEP Task Lead, welcomed TEP members, introduced the Project Team, and facilitated the introduction of TEP members.

Ratification of the Draft TEP Charter

Dr. Darryl Roberts, TEP Co-Chair, provided an overview of the TEP roles and responsibilities as well as the terms of TEP participation as outlined in the Draft TEP Charter. TEP members ratified the draft Charter through a Zoom poll question: “Do you agree to the terms of TEP participation as outlined in the draft TEP Charter?” All 13 TEP members in attendance responded “yes” to the poll, indicating their agreement. After the meeting, the Project Team reached out to the three TEP members who were not in attendance via email and asked if they agreed with the Charter or recommended changes. Two members responded affirmatively. One TEP member did not respond, and the project team will continue to follow up.

Consumers’ Reflections on Experiences in the Exchange

Dr. Darryl Roberts, TEP Co-Chair, facilitated a conversation with two consumer representatives who shared their experiences with their health plans. These experiences included interactions with the Exchanges, priorities when looking to purchase a QHP, and overall satisfaction with their health plan. Consumer representatives provided the following individual feedback:

- One consumer representative has been a QHP Enrollee Survey TEP member for at least 2 years. She is a consumer on a Medicaid plan in New Jersey and was previously enrolled in a plan in New York City. She is a former QHP consumer who has moved to a Medicaid plan (at the previous contractor’s April 11, 2022, TEP meeting, she provided context on the transition from a QHP to Medicaid). She recalled the following experiences:
 - She had a difficult time deciding which health insurance plan to choose because there were several different options. Being pregnant at the time, she knew it was important to choose the right plan and ultimately hired an insurance broker to aid in her decision-making.
 - She also described the challenging decision she was forced to make immediately following her difficult childbirth—choosing a health insurance plan for her child. Being under the impression that her child would be placed under her health insurance, she contacted the plan but quickly learned that was not the case. Despite

sharing with the insurance representative that she was under the influence of medication following childbirth and unprepared to make what she considered an important decision, she was told to do so regardless and was assured she could change her child's health plan in the future. She stated that she believed she was misled and had to endure a long legal battle that was ultimately resolved with the assistance of her insurance broker and by using familial knowledge of the medical and justice systems.

- In addition to these experiences, this TEP member stated that she faced difficulties securing her child's routine vaccinations as a Medicaid patient. Although the vaccination was available in the doctor's office, the TEP member was told her child was unable to receive it because it was not available for Medicaid recipients. After writing a letter and calling her insurance company, the TEP member received a call from the provider 2 days later that the vaccination was available.
- A new consumer representative TEP member was a patient navigator for a Federally Qualified Health Center (FQHC) when health plan enrollment first began in 2014. She shared the following experiences:
 - As a patient navigator at a FQHC in New York City, this TEP member recalled the difficulties she faced when enrolling patients into different health insurance plans. Not only did her patients' incomes vary widely, but they also had diverse experiences, including immigration fears, previous incarceration, and foster care system involvement. These challenges added to patients' hesitance and uncertainty with enrollment. The TEP member actively worked to ease her patients' fears and sat through 1- to 2-hour wait times with the Exchange to receive guidance on questions she could not immediately answer.
 - Regarding the health plan enrollment application process, the TEP member recalled that measuring projected income was particularly difficult for her patients because incomes varied widely and, in some instances, were subject to change each year. Many of her patients also sat at the cusp of Medicaid eligibility but did not meet the criteria and had to enter the Marketplace. Although the TEP member's patients expressed frustration with the application process and mandatory enrollment, she explained to them why income information was collected, described how it could be modified through the Exchange, and taught them how to appeal Marketplace decisions.
 - The TEP member additionally stated that the costs associated with plans and their metal level (Bronze, Silver, Gold, and Platinum) were a major source of stress for her patients. To assist her patients in determining the right plan, she would encourage

patients to assess their health needs, estimate how often they saw their primary care provider (PCP), and ensure that their PCP participated in their Exchange. Additionally, the TEP member made time to compare plans with her patients, sometimes navigating away from the Exchange site to individual health insurance sites. After assisting many patients in choosing a plan and completing their enrollment, the TEP member successfully advocated for the provision of incentives to reward patients for their perseverance through the long enrollment process.

One TEP member posed a follow-up question to the consumer representative who worked as a navigator in the chat:

- A TEP member asked the consumer if she was able to find detailed coverage information such as drug coverage or durable medical equipment, for example, when searching for it. The consumer representative shared that she always encouraged her patients to pay close attention to the drug coverage section of a health plan. She also asked her patients to bring the names of their drugs to their appointments so they could check together whether the drugs were covered.
 - The TEP member thanked the consumer representative for her contributions and added that many people do not understand how their specific insurance plans can limit their health care choices (e.g., medications being nonformulary, needing services out of network, or having a high co-insurance).
 - The consumer representative agreed and noted that many insurance plans did not include out-of-network services. She also noted that drug formularies and affordability were frequently difficult for her patients to navigate.

Project Overview

The Project Team planned to provide an overview of the QHP Enrollee Survey project's purpose, QRS, QHP survey content, and completed and planned activities. However, due to time constraints, the Project Team did not review these slides but rather advised TEP members to reference the slide content after the meeting as needed. Dr. Coretta Lankford, TEP Co-Chair, proceeded to the project overview discussion questions. TEP members provided the following feedback:

- One new TEP member described the difficulties of knowing whether a provider is in-network and at times finding out too late that they are not.

Questions Posed to the TEP:

- How have you used the results from the survey in your role (i.e., consumer, consumer advocate, issuer, etc.)?
- What improvements would you recommend for the survey content?
- What improvements would you recommend for survey administration?
- Do you have any recommendations for the website functionality?

Regarding survey content, she recommended asking survey respondents questions that focus on their plan and the quality of the network, such as the following:

- Is your personal doctor in-network?
- Has your doctor’s network status changed? If so, what sort of barriers have that created for you?
- Were you able to find out if a facility you needed was in-network?
- This TEP member also recommended the use of a third-party interpreter service for telephone survey administration to make it available in other languages. She stressed that because the survey asks language-access questions (e.g., “In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?”), the value of those responses will be limited if only those who primarily speak English, Spanish, or Chinese are asked and not those who prefer other languages.
- Another TEP member spoke on three key points in the survey: affordability, availability of and access to specialists, and clarification of demographic questions on the survey.
 - She noted the survey questions about whether respondents can get the care they need are purposely vague. She explained that adding terms such as “premiums,” “deductibles,” and “coinsurance” to those questions will not result in clearer or more accurate answers about what people are experiencing. She asked how we can work to get an accurate sense of how people are affording their care. She added that these terms are important from a policy perspective, but for a consumer, at the end of the day, it is all coming out of their bank accounts.
 - This TEP member stated that the section on specialists in the survey is moving in the right direction but acknowledged there is a great deal of granularity needed there, specifically from a mental health access perspective. She specified mental health access because of the numerous barriers people face with network adequacy regardless of whether they can find an in-network primary care provider or hospital.
 - Lastly, the TEP member noticed the demographic questions did not consider who is answering the survey. She noted that if the survey respondent is living in a household with multiple members enrolled in the plan, it is unclear whether the answers reflect the respondent’s situation or that of other household members. For example, there is a need to understand whether a caregiver is responding on behalf of or inclusive of dependents. One TEP member recommended streamlining the survey to make it shorter, as QHP issuers have reported response burden and survey fatigue as an issue affecting sample size.

- » She mentioned removing questions that are out of the plan’s control, such as the quality and actions of physicians in the network; she specifically flagged Question 43: “How often did your personal doctor seem informed and up to date about the care you got from specialists?”
- » For survey administration, the TEP member advocated for leveraging online survey technology to make it easier for consumers to provide responses, as people are becoming less likely to answer calls or open letters from people they do not know.
- In response to the question about how members have used the survey results in their role, one TEP member mentioned that this year the QRS stopped posting the composite and domain score ratings and simplified reporting to summary indicators. In his role, the TEP member stated it was always helpful to have the three composite ratings because it allowed him to track back to survey results and focus on what made up the score from a member experience perspective.
 - Additionally, the TEP member shared that based on what he heard from consumer members during their reflections, the process of obtaining a QHP works well if an individual knows how to navigate the system. He mentioned including a question about getting the right information and measuring how well people can navigate this complex system.
- Another TEP member stated there are issues that new members to a health plan experience that are not captured by the survey, such as not understanding a plan when choosing one, which can be problematic and impact patients’ experiences.
 - He suggested that AIR think about whether a question focused on how long a member has been with the plan would be helpful in analysis to provide additional insights and possible policy implications.
 - Additionally, he noted mental and behavioral health are underrepresented in CAHPS and QHP surveys and suggested that the TEP continue to think about how to adapt to the changing context and processes of health care, including measuring remote care.

QHP Enrollee Survey Data Trends

Mr. Chris Evensen, QHP Enrollee Survey Project Director, provided an overview of trends in QHP Enrollee Survey response rates:

- **Response Rate Trends Over Time.** Overall response rates for the QHP Enrollee Survey have steadily declined over the past 5 years, with the largest decrease occurring between 2021 (22.1%) and 2022 (18.3%).

- Response Rate Trends Over Time by Age.** While response rates declined for all age cohorts, the most pronounced decline in response rate over the past 5 years occurred in the 64–74 (about 20%) and 75+ (about 9%) age cohorts.
- Response Rate Trends Over Time by Survey Mode.** The share of responses by mode of completion (mail, web, telephone) has shifted over time. In the last 5 years, the share of web survey completions (“completes”) has nearly tripled (11% to 35%), surpassing telephone completes as the second most common mode of completion in 2019, while mail completes have decreased by about a third (67% to 45%).
- Survey Completes by Education.** The share of responses by mode of completion varies by demographics. The share of web completes is greater among more educated respondents, while the share of telephone completes is greater among less educated respondents.
- Survey Completes by Age.** The share of telephone completes decreased among older age cohorts compared with younger age cohorts, while the share of mail completes tended to increase with respondent age.
- QR Code Response Analysis.** The point of access for the web survey has also shifted over time. Traditionally, there were two available points of access to the web survey: (a) clicking a link received via email and (b) manually typing a URL from paper correspondence into a web browser. In 2021, a third option (scanning a QR code from paper correspondence) was introduced. In 2022, 18% of web respondents opted into the survey using the QR code.
- Survey Composite Scores Over Time.** Respondents rated QHP performance, measured by four global ratings (personal doctor, specialist, health plan, and overall health care rating), over the past 5 years. Respondents consistently rated their personal doctor the highest, closely followed by their specialist; respondents consistently rated their health plan the lowest.

Questions Posed to the TEP:

- Does the TEP have any thoughts about what may be driving declining survey response rates? Has the TEP seen this with other CAHPS surveys or other patient surveys in general?
- We will be conducting more in-depth analysis of response rates, particularly the differences by age and other demographics, as well as the changes in response rate share by survey mode. Does the TEP have any insight or suggestions about what we should look for in these analyses?
- Based on trends in survey mode, age, and education, are there adjustments to survey administration the team should consider in the future to improve response rates, particularly among underrepresented groups?

TEP members provided the following feedback on survey data trends:

- One TEP member noted that the decline in response rates in older age cohorts is alarming and deserves closer analysis.
- Five TEP members concurred that response rates are declining for CAHPS surveys and health care surveys across the board. Several TEP members expressed concern and noted that recent efforts to increase response rates have not been successful.
 - One TEP member whose company conducts surveys noted that response rates via phone call range from about 15% to 20%.

TEP members proposed solutions for increasing response rates:

- One TEP member suggested fielding the survey directly in clinicians' offices (i.e., a paper survey given to patients in the waiting room) as well as providing incentives for respondents.
 - The Project Team advised that these solutions may not be feasible due to budget constraints and compliance with vendor processes.
 - One TEP member noted the challenge of fielding the survey in clinicians' offices, as each patient may have multiple providers.
- Several TEP members suggested conducting more granular analyses by vendor, demographics including race/ethnicity and disability status, geographic location, survey mode, access to services, and other factors to assess possible reasons for the decline in response rates.
 - The Project Team advised that one limitation of using demographic data is that comparative demographic data on nonrespondents is not available. The Project Team shared that a nonresponse bias analysis is currently being conducted to assess its impact on survey results.
 - One TEP member provided a resource from an AHRQ virtual meeting related to nonresponse methodology.³
 - The Project Team advised that some, but not all, requested variables are available on the sample frame (race, disability status, and geographic location are not available). The Project Team plans to obtain this information from vendors for future analyses that can be shared with the TEP.

³ Agency for Healthcare Research and Quality. (2022). *Assessing patient experience for insights into enhancing equity in healthcare* [Virtual research meeting]. U.S. Department of Health and Human Services. <https://www.ahrq.gov/cahps/news-and-events/research-meetings/assessing-patient-experience.html>

- One TEP member suggested reminding patient navigators in advance of the data collection period and providing them with resources on how to fill out the survey. Navigators can then use these resources to help patients fill out the survey completely and on time.
- Several TEP members requested that the Project Team provide additional analyses for improving response rates (i.e., response rate trends by vendor or by more granular demographic variables) at the next TEP meeting. One TEP member requested additional information on how the three survey modes are administered, particularly web sequencing.
 - The Project Team provided a source for the details on QHP Enrollee Survey modes and sequencing.⁴

After the TEP meeting, one TEP member provided additional suggestions for improving response rates via email on November 2, 2022:

- The TEP member suggested offering the survey at the point of renewal of the QHP. They noted that this may be a natural time to offer the survey and make it seem like an integrated part of the process. The TEP member also suggested that the language used to describe the survey to respondents in this setting should frame the survey as “just another step in the process.”
- The TEP member suggested emphasizing the importance of the survey in descriptive language. While the government should not suggest that the survey is mandatory, the survey can be framed as an integral part of the health care system.
- The TEP member also suggested improving the language in the prenotification, cover, and reminder letters and emails using a behavioral science approach. They provided a resource that offers guidance on applying behavioral science approaches to public programs and research efforts.⁵

Potential Updates to the QHP Enrollee Survey

The Project Team shared that the survey’s content has remained relatively consistent over time, with core items from the CAHPS 5.0 Survey and supplemental item sets like care coordination and enrollee experience with cost. The Project Team noted that in considering future survey refinements it is important to ensure that respondent burden is minimized; that

⁴ Centers for Medicare & Medicaid Services. (2022). *Qualified Health Plan Enrollee Experience Survey: Technical specifications for 2023*. U.S. Department of Health and Human Services. <https://www.cms.gov/files/document/qhp-ess-tech-specs.pdf>

⁵ Manpower Demonstration Research Corporation (MDRC). (2022). *MDRC Center for Applied Behavioral Science (CABS)*. <https://www.mdrc.org/project/center-applied-behavioral-science-cabs#overview>

changes made support the goal of improving response rates, particularly for underrepresented groups; and that the reliability of composites is not negatively impacted.

Additionally, the Project Team shared insights from the 2022 QRS and QHP Enrollee Survey Call Letter that communicated changes and requested comments on CMS's proposed refinements to the QRS and QHP Enrollee Survey programs. Commenters on the 2022 Call Letter overwhelmingly supported the removal of questions from the QHP Enrollee Survey that did not provide actionable information to QHP issuers as well as the modification of data collection and analyses facilitation efforts to improve health equity. The Project Team provided the TEP members with this definition of health equity: "the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes."⁶ To move toward CMS's goal of improving health, 2022 Call Letter commenters supported the inclusion of new survey questions on topics such as access to mental health/behavioral health care, access to telemedicine, reasons it was not easy to access specialty care, and additional race categories.

The Project Team discussed additional survey revisions under exploration to address CMS's health equity initiatives regarding assessing sexual orientation and gender identity and expanding race and ethnicity response options. The current QHP survey does not ask about sexual orientation and gender identity and only includes a binary sex question. In May 2021, TEP members voiced their support for additional survey questions on sexual identity and additional gender categories. The Project Team shared that CMS is awaiting results of additional testing before proposing specific sexual orientation and gender identity questions. Additionally, the Project Team shared that they plan to have a focused discussion on this topic at the next TEP meeting for future survey updates.

The Project Team also discussed potential expansion of race and ethnicity categories. The current QHP survey includes one question with five options for race (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander) as well as two ethnicity questions (one asking whether or not the respondent is of Hispanic, Latino, or Spanish origin and another asking respondents who answered "Yes" to the previous question to indicate whether they are of Mexican, Puerto Rican, Cuban, or other Hispanic, Latino, or Spanish origin). Commenters on the 2022 Call Letter recommended adding additional race categories (i.e., more granular answer choices for Asians and Pacific Islanders) to better facilitate analysis of health disparities and equity among specific subpopulations. CMS proposed

⁶ Centers for Medicare & Medicaid Services. (2022). *Health Equity*. U.S. Department of Health and Human Services. <https://www.cms.gov/pillar/health-equity>

including skip patterns that limit the number of race and ethnicity categories read to all respondents in the telephone survey to limit respondent burden.

The Project Team is exploring potential topics that are not currently measured in the QHP Enrollee Experience Survey where there are existing CAHPS supplemental item sets, such as

- information about how health plans work (CAHPS Health Literacy items),
- access to an interpreter when contacting a health plan,
- access to mental health care,
- reasons it was difficult to get an appointment with a specialist,
- access to after-hours care, and
- access to prescription drug benefits.

The Project Team also acknowledged that CMS has previously received feedback recommending a reduction in survey length and burden and presented TEP members with considerations and potential mitigation strategies for reducing the length and burden. Lastly, before posing questions to the TEP members, the Project Team shared they will conduct focus groups and cognitive testing interviews in Spring 2024 to inform survey refinements.

TEP members provided the following feedback on the potential updates to the QHP Enrollee Survey:

- One TEP member stated that issuers should be asked what is actionable or not for quality improvement efforts.
- One TEP member suggested having a core questionnaire that includes essential items to be incorporated into the QRS and a supplemental section with lower frequency response items that are important from a policy perspective and can be rotated on an annual basis.
- One TEP member suggested moving away from provider-specific quality questions and instead using the survey to address actionable questions, such as the impact of a plan's network and provider directory quality.
 - Additionally, the TEP member noted that Question 17 of the survey—"In the last 6 months, how often did you need medical care but could not get it because of a public health emergency (such as the coronavirus outbreak)?—in its current form is vague and not actionable. She recommended the question be made more actionable by asking consumers if they are comfortable with going to a doctor or able to go safely given the ongoing public health emergency.

- One TEP member referred to slide 19, where composite items were displayed, and made a methodological suggestion to assess their necessity and possible redundancy of composites with more than three items. He explained that reducing redundancy would help in understanding which items make a reasonable contribution to the composite.
- Another TEP member suggested grouping race and ethnicity questions. For example, if administering the survey over the phone, subgroups of Asian/Pacific Islanders (APIs) can be mentioned only if the respondent confirms they are in the API group. The TEP member also recommended having a script ready for consumers inquiring about why race and ethnicity questions are being asked.
- A TEP member cautioned that a preamble before the race and ethnicity question will not improve the bigger problem—low response rates to the survey.
- One TEP member agreed with expanding race and ethnicity response options and recommended stratifying the data further with geographic demographics to understand which populations have low survey response rates and strategize accordingly.
- One TEP member suggested that the explanation regarding the use of the race and ethnicity data should mention the need to assess and address disparities in survey responses.

In addition, three TEP members stated in the Zoom chat that they support the expansion of race and ethnicity data collection and the inclusion of an explanation prior to the question. Additionally, one TEP member stated that cognitive testing for survey changes should include a group of testers and individuals who are widely diverse in race, ethnicity, sexual orientation and gender identity, disability, and more.

TEP Co-Chair Dr. Darryl Roberts encouraged members to provide any additional feedback via email.

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:

- Providing oversight to survey vendors for conducting data collection:
 - Issuers select and contract with survey vendors—January 2023
 - Issuers create survey sample frames—January 2023
 - Survey vendors conduct data collection—February to May 2023
 - Survey vendors code and process data—February to May 2023

- Preparing for any 2024 survey updates based on stakeholder input, including TEP feedback:
 - Preparing the 2023 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)
 - Conducting focus groups with consumers and issuers
 - Conducting nonresponse bias analysis and additional analyses proposed by TEP members
 - Proposing solutions for declining response rates and shortening the survey
- Preparing for cognitive testing to test respondent interpretation of any survey modifications

The Project Team also shared that the next TEP meeting will occur in February 2023 and that the team would follow up on schedule.

Appendix A. TEP Members

QHP Enrollee Survey TEP Attendance: Base Year Meeting #1	X if Attended
Carl Serrato, PhD Independent Consultant Health Policy and Consumer Rights, Burlingame, CA	X
William Lehrman, PhD Social Science Research Analyst Centers for Medicare & Medicaid Services, Baltimore, MD	X
Victor Caraballo, MD, MBA Senior Medical Director Independence Blue Cross, Philadelphia, PA	
Silvia Yee, MA, LLB Senior Staff Attorney Disability and Rights Education and Defense Fund, Berkeley, CA	X
Linda Brenner, MA, BSN Director of Quality Measurement and Performance Point32Health (Tufts Health Plan), Canton, MA	X
Paloma Luisi, MPH Director of the Bureau of Quality Measurement & Evaluation New York State Department of Health, Albany, NY	X
Keri Setaro, BFA Consumer; Self-Employed Montclair, NJ	X
Blake Hodges, MS Senior Consultant Kaiser Foundation Health Plan, Denver, CO	X
Kellan Baker, PhD Executive Director and Chief Learning Officer Whitman-Walker Institute, Washington, DC	
Jennifer Sullivan, MHS Director of Health Coverage Access Center on Budget and Policy Priorities, Washington, DC	X

QHP Enrollee Survey TEP Attendance: Base Year Meeting #1	X if Attended
Erin O'Rourke, BS Executive Director of Clinical Performance and Transformation America's Health Insurance Plans, Washington, DC	X
Steve Butterfield, MA Director of State Public Policy The Leukemia & Lymphoma Society, Rye Brook, NY	X
Veronica Locke, MHSA Process Consultant, Accreditation Governance and Oversight Health Care Service Corporation, Richardson, TX	
Itisha Jefferson, BS, Medical Doctorate Candidate Consumer and Family Caregiver Loyola University, Stritch School of Medicine, Maywood, IL	X
Noemi Altman, MPA Senior Survey Research Associate Consumer Reports, New York, NY	X
Christine Monahan, JD Assistant Research Professor Georgetown Center on Health Insurance Reforms, Washington, DC	X

Appendix B. Meeting Attendees

Centers for Medicare & Medicaid (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)

Rebecca Zimmerman, Health Insurance Specialist

Centers for Medicare & Medicaid Services (CMS)

Consumer Information and Insurance Oversight (CCIIO)

Elizabeth Hechtman, Stakeholder Outreach Coordinator

Centers for Medicare & Medicaid Services (CMS)

Consumer Information and Insurance Oversight (CCIIO)

Angela Wright

Centers for Medicare & Medicaid Services (CMS)

QHP Enrollee Survey Project Team Attendees

Tandrea Hilliard-Boone, TEP Task Lead

American Institutes for Research (AIR)

Alexis Rittweger, TEP Coordinator

American Institutes for Research (AIR)

Coretta Lankford, TEP Co-Chair

American Institutes for Research (AIR)

Darryl Roberts, TEP Co-Chair

General Dynamics Information Technology (GDIT)

Chris Evensen, Project Director

American Institutes for Research (AIR)

Julie Young, Survey Methodologist

RELI Group, Inc.

Vanessa Amankwaa, Research Associate

American Institutes for Research (AIR)

Brittany Martin, Researcher

American Institutes for Research (AIR)

Center for Consumer Information and Insurance Oversight (CCIIO) Attendees

Logan Sheets, Research Associate

American Institutes for Research (AIR)

Consumer Information and Insurance Oversight (CCIIO)

Melissa Altschiller, Research Associate

American Institutes for Research (AIR)

Consumer Information and Insurance Oversight (CCIIO)

Booz Allen Hamilton Attendees

Christina Marsh, Social Scientist

Booz Allen Hamilton

Jamie Koslosky, Lead Associate

Booz Allen Hamilton

Jeffrey Sussman, Senior Associate

Booz Allen Hamilton

Emma Lavandosky, Associate

Booz Allen Hamilton

Appendix C. TEP Agenda

**Qualified Health Plan (QHP) Enrollee Experience Survey
Technical Expert Panel (TEP) Meeting
Meeting Agenda**

QHP Enrollee Survey TEP Meeting
Thursday, October 27, 2022; 12:00–2:00 pm Eastern Time (EDT)
Meeting ID: 992 2961 8531
Passcode: RbbH4+A\$Jv
Web Conference URL:

<https://air-org.zoom.us/j/99229618531?pwd=aktZbUQvQkowZUNQMkI3WWIXQXNIZz09>

Time (ET)	Topic
12:00–12:15 pm	Welcome and Introductions Welcome members. Make introductions and review potential conflicts of interest. Review meeting agenda and objectives.
12:15–12:20 pm	Ratification of Draft TEP Charter Discuss TEP member roles and responsibilities and finalize TEP Charter.
12:20–12:35 pm	Consumers’ Reflections Consumer TEP members share their experiences with QHPs in the Exchanges.
12:35–12:50 pm	Project Overview Review elements of the QHP Enrollee Experience Survey (QHP Enrollee Survey) and discuss upcoming activities.
12:50–12:55 pm	5-Minute Break
12:55–1:20 pm	Overview of Survey Data Trends Review survey data trends and discuss topics to explore in future analyses.
1:20–1:50 pm	Potential Updates to the QHP Enrollee Survey Review potential future updates to the QHP Enrollee Survey and seek feedback/recommendations from TEP.
1:50–2:00 pm	Meeting Wrap-up Review next steps and action items.

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