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

Deliverable 4-3: Base Year Meeting 2 Summary Report

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

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

The 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). Dr. Coretta Lankford is the project director and TEP chair for the 2022–2023 QHP Enrollee Survey TEP.

Report Purpose

The purpose of the QHP Enrollee Survey Technical Expert Panel (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 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

[1] Unless the context indicates otherwise, the term "Exchanges" (also known as "the Marketplace") refers to the Federally facilitated Exchanges (FFEs) (inclusive of states performing plan management functions [SPEs]), State-based Exchanges (SBEs), and SBEs on the federal platform (SBE-FPs).
[2] All recommendations listed in this report were supported by one or more TEP members.

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

Meeting Summary

The Project Team convened a 1-hour pre-TEP meeting for two TEP members representing consumer perspectives via Zoom® teleconference on Thursday, February 2, 2023. Both 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 they discussed at the first TEP meeting on October 27, 2022. The team incorporated summary points from this discussion into the second TEP meeting slides.

The Project Team convened the second TEP meeting of the Base Year via Zoom teleconference on Thursday, March 2, 2023. Fourteen of the 16 members attended the meeting. The Project Team sent an email to TEP members after the meeting seeking any additional insights into topics discussed during the meeting. The team did not receive additional input via email. On March 14, 2023, the Project Team held a follow-up meeting with one TEP member, who had to leave the TEP meeting early, to obtain additional input. 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 second QHP Enrollee Survey TEP meeting were to:

- Conduct roll call and review TEP member responsibilities
- Recap the October 27, 2022 TEP meeting
- Share consumers' reflections about their experiences in the Exchanges
- Provide updates on the QHP Enrollee Survey project
- Gather insights and feedback on:
  - Findings from 2022 Select Statistical Analyses
  - Potential updates to the QHP Enrollee Survey

Welcome and Roll Call

Dr. Tandrea Hilliard-Boone, TEP task lead, welcomed TEP members, acknowledged the Project Team and CMS staff, facilitated roll call of TEP members in attendance, and briefly reviewed TEP roles and responsibilities.

Recap of the October 27, 2022 TEP Meeting

Dr. Hilliard-Boone, TEP task lead, briefly reviewed discussions from the October 27, 2022 TEP meeting. During that meeting, TEP members and the Project Team introduced themselves; the TEP ratified the draft TEP Charter; consumer members shared reflections; the Project Team provided background on the project and goals moving forward; 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 ideas.

Exhibit 1. TEP Member Recommendations From October 27, 2022 Meeting

Topic	Suggestions
Context/Language	• Emphasize the importance of the survey in descriptive language • Frame as integral part of the healthcare system
Adding Questions	• Assess the following: – Whether provider is in-network or has changed; related barriers – Ability to navigate this complex system and understanding of a health plan when choosing one – Length of time individual has been a member of the health plan to inform analyses and policy implications
Refining Questions	• Make questions more actionable: – Questions about whether respondents can get the care they need are vague – Question 17—ask if the consumer is comfortable or able to go to a doctor safely given the ongoing public health emergency – Section on specialists needs more granularity, especially from a mental health access perspective • Consider core questionnaire with essential items to incorporate into the QRS and supplemental sections that can be rotated annually • General agreement with proposed refinements to the race and ethnicity questions
Removing Questions	• Streamline to reduce burden by removing questions out of plan's control (e.g., Question 43) • Move away from provider-specific quality questions and instead ask more actionable questions, such as the impact of a plan's network and quality of the provider directory • Assess necessity and possible redundancy of composites with more than three items

Topic	Suggestions
Analyses	• Conduct more granular analyses by vendor and other demographics, including race/ethnicity, disability status, survey mode, geographic location, access to services, and other factors, to assess possible reasons for declines in response rates
Survey Administration	• Use third-party interpreter service for phone administration to expand beyond the three current languages (English, Spanish, Chinese) • Consider fielding a paper survey directly in clinician's offices and providing incentives for respondents • Communicate with patient navigators in advance of data collection period and provide resources they can share with patients • Offer the survey at the point of renewal of the QHP (integrate into that process) • Include text about why race and ethnicity questions are being asked—to assess and address disparities in survey responses
Reporting	• Consider posting the composite and domain score ratings along with summary indicators, as they are helpful in tracking back to the survey results and understanding how the score was comprised from a member experience perspective
Cognitive Testing	• Include a widely diverse group of testers with respect to race, ethnicity, sexual orientation and gender identity, disability, etc.

Consumers' Reflections on Experiences in the Exchange

Dr. Hilliard-Boone, TEP task lead, reviewed key points from the pre-TEP meeting with the two consumer members on February 2, 2023:

- **Affordability:** Many patients are ineligible for Medicaid and unable to afford QHPs in the Marketplace, and thus, they go without needed coverage.
- **Timing of Plan Selection:** There is a need for full clarity regarding when an enrollee must contact the QHP to insure a newborn child. Responses were conflicting when asked and led to this decision being made immediately after childbirth, which was not ideal.
- **Plan Coverage:** Some patients select a QHP without a full understanding of what the plan covers and how it does or does not align with their needs, particularly medications and other services (e.g., nutritional services, therapy).
- **Recommendations for the QHP Enrollee Survey:**
  - Prioritize the addition of questions about access to mental health care and dental care services (in vs. out of network, wait times, etc.). Also consider including questions about access to vision, reproductive services, post-reproductive services, and gender-affirming care.
  - Assess the perceived value and framing of such questions during upcoming focus groups with consumers.

Dr. Hilliard-Boone then asked the two consumer members if they had additional comments or if others on the TEP had reactions:

- One consumer representative noted that it was useful and effective for both the consumer members and the TEP to have a separate, hour-long meeting dedicated to gathering consumer experiences.
- One TEP member, who was unable to attend the first meeting in October 2022, shared several thoughts on the summary of consumers' experiences:
  - The TEP member recommended the following additions: questions related to network adequacy in terms of geography; specialty; evidence of specific cultural competency; existing relationships that an enrollee wants to continue; accuracy of provider directories; and availability of the summary of benefits and coverage, which plans are required to make available and easily accessible.
  - Another TEP member agreed and suggested adding a related question on consumer experiences regarding issues with obtaining authorization for out-of-network coverage. The TEP member shared a hypothetical example in which a health plan's network does not have providers with needed language supports (e.g., for patients with limited English proficiency) or specialties within a reasonable distance as a situation that would warrant adding such a question.

Project Overview

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

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. The Project Team recently worked with the QRS team to develop the Draft Call Letter that includes CMS's proposed updates to the QHP Enrollee Survey and QRS. CMS is soliciting comments on proposed refinements to the QHP Enrollee Survey for 2024, including removing the flu vaccine question and revising the race and ethnicity questions (as discussed at the previous TEP meeting). Additionally, CMS will be collecting public and stakeholder input by:

- Eliciting public comment on the QHP Enrollee Survey and data collection process through the 2024 survey PRA approval process
- Conducting interviews with experts in the field to assess changes that have been made to other federal surveys and to consider how those might inform the QHP Enrollee Survey
- Investigating alternative innovative approaches to capture enrollee experience

- Conducting focus groups and cognitive testing to gather perspectives from consumers and issuers about ways to improve the survey

The Project Team and the QRS team will review and address comments on the Draft Call Letter in April 2023, and CMS aims to post the Final Call Letter by June 2023.

The Project Team noted that the TEP will not see their recommendations reflected in the 2023 survey administration due to the time-sensitive nature of fielding the survey, but all recommendations will be considered for inclusion in upcoming rounds of cognitive testing and focus groups.

Survey Data Collection. The Project Team is in the process of kicking off 2023 survey data collection, including:

- Conducting data submission training for survey vendors
- Continuing data collection by approved survey vendors until May 2023; vendors will submit survey data in May 2023 via the new QHP Enrollee Survey website

New QHP Enrollee Experience Survey Website. The Project Team developed a new QHP Enrollee Survey website for issuers and vendors, which went live on March 1, 2023. This site:

- Allows vendors to submit 2023 and beyond QHP Enrollee Survey data to AIR
- Will allow issuers to select a survey vendor with whom they will contract, as well as to complete attestation of their eligibility to participate in survey data collection for the 2024 data collection cycle

Survey Data Processing and Reporting. Additional 2023 upcoming survey data processing and reporting activities include:

- Validating, processing, and scoring the data
- Generating scores for Quality Improvement (QI) reports
- Producing data files for CMS and public use file
- Producing QI reports

Survey data processing and reporting activities will occur from June through September 2023. In the fall, the Project Team will begin a new data collection cycle involving soliciting and training survey vendors, drafting the 2024 Technical Specifications, and training survey vendors:

- One TEP member asked whether the Project Team plans to provide data on the expanded race and ethnicity categories to the health plans. The Project Team noted that

health plans will receive the race and ethnicity data, including the newly expanded categories, in aggregate, once the survey (with the updated questions) is fielded and upon CMS approval.

Overview of Findings From 2022 Select Statistical Analyses

Mr. Christian Evensen, QHP Enrollee Survey technical lead, provided an overview of findings from three select statistical analyses of the 2022 QHP Enrollee Survey data. Mr. Evensen noted at the outset of the discussion that the findings below build upon those that were discussed at the October 2022 TEP meeting:

Survey Response Analysis

The survey response analysis was conducted to estimate differences between respondents and nonrespondents on survey variables of interest. Because both respondent and non-respondent data were used, the variables that were available for use in the analysis were limited to those available in the sample frame. Examples of variables in the sample frame include survey vendor and oversampling flag; enrollee characteristics (sex, age, language preference, and census region); and plan characteristics (metal level and product type). The main outcome of interest for the response analysis was response rate, which was calculated using the American Association of Public Opinion Research's (AAPOR) "response rate 3 (RR3)" formula:[3]

- The overall response rate for the 2022 QHP Enrollee Experience Survey was 18.3%, which excludes confirmed and estimated ineligible enrollees.
- For the non-response analysis, the Project Team conducted analyses on the propensity to respond (calculated as the number of completed surveys divided by the total number of enrollees sampled) as the outcome. The propensity to respond in the 2022 data collection was 12.7%.
- Of note, both the response rate and propensity to respond have declined since the previous survey administration (2021), which is consistent with declining response rates on other CAHPS surveys.

Likelihood of Response by Demographic Characteristics

- The likelihood to respond was greater among those who identified as female, and generally the response rate increased with age.
- The likelihood of response was lower for those with a written language preference other than English, Spanish, or Chinese; for those with a spoken language preference of

[3] The American Association for Public Opinion Research. (2016). *Standard definitions: Final dispositions of case codes and outcome rates for surveys* (9th ed.).

Spanish (about 30%); and for whom spoken language preference was missing (about 7%).

- The likelihood to respond varied by region of the country, with those in and around the Midwest being the most likely to respond to the survey.
- Similarly, the likelihood of response varied by metal level, but enrollees in all metal levels were more likely to respond to the survey than were those in the Bronze level.

Overall Completions by Survey Mode

The share of responses by mode of completion (mail, Internet, telephone) has shifted over time:

- Consistent with previous years, mail remains the primary mode of completion (48%), followed by the Internet (35%) and phone (17%).
- In the recent survey administration, one vendor opted to use a quick response (QR) code to link enrollees to the Internet survey. Of those enrollees, 38% opted to complete the survey by Internet and about 20% used the QR code to access the survey.

Respondent Characteristics Associated With Survey Mode Response

The share of responses by mode of completion varied by respondent characteristics. The data presented highlighted the importance of continuing to field all survey modes as they capture non-overlapping segments of the population:

- **By sex.** Male-identifying respondents were more likely to complete the survey by phone or web than by mail. The likelihood of completing the survey via phone or Internet was lower among older respondents.
- **By language.** Individuals who completed the survey in Spanish were more than 3.5 times as likely to complete the survey by phone relative to mail, while half as likely to complete the survey online compared to mail.
- **By race/ethnicity.** Those who identified as Asian and Black or African American were more likely to complete the survey by web compared to mail, while those identifying as multi-racial or who did not provide their race were less likely to complete the survey by web compared to mail.

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

Question(s) Posed to the TEP:
What recommendations do you have for increasing response rates among males, younger enrollees, and Spanish speakers?

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

- One TEP member commented on the positive impact of the QR code and suggested all vendors be required to include one with their survey materials. They noted that a QR code requirement may help increase survey reach among enrollees who identify as male and younger people. Additionally, the TEP member recommended increasing resources for phone survey administration, specifically for Spanish speakers. Lastly, the TEP member suggested creating a public service announcement (PSA) via Instagram to increase survey participation:
  - Another TEP member agreed with the suggestion to increase phone resources for the survey for Spanish speakers and added that expanding the hours that phone interviewing occurs could further provide reach.
  - The Project Team noted these suggestions for future survey efforts.
- Two TEP members asked about the use of social media and text messaging in QHP Enrollee Survey outreach. One TEP member noted that text messaging is an important way to reach different groups, particularly those that may move often:
  - The Project Team noted there is no current outreach via text message or social media but acknowledged these methods as considerations for the future.
- A TEP member asked about any adjustments made to the survey in past administrations that have increased participation:
  - The Project Team discussed changes such as the implementation of the QR code in 2022, the inclusion of an option for multiple languages (English, Spanish, and Chinese) in which enrollees can receive the survey, and survey administration in Spanish on the Internet and over the phone.
- One TEP member shared their experience with extending the data collection period, in which they found an extended collection period increased participation among various racial and ethnic groups, and younger people. The member recommended that the Project Team and CMS consider doing the same.
- One TEP member inquired about the accessibility of the QHP Enrollee Survey, particularly whether it is mobile friendly and if respondents can easily toggle between

languages on the web survey. Additionally, they asked if there was an option included in the web survey for respondents to request to receive a callback to complete the survey by phone, rather than complete it online. Lastly, the TEP member asked if there were any thoughts on partnering with different organizations to endorse and champion the survey:

  - The Project Team confirmed the QHP Enrollee Survey is mobile friendly and respondents can change the language of the survey when taking it online. The Project Team also noted there is currently no option for a respondent to receive a callback after deciding to no longer complete the survey online. However, the web survey does include a customer support telephone number and email address that enrollees may contact if they prefer to complete the survey over the phone rather than online. The Project Team shared that there are currently no partnerships for survey endorsement but acknowledged it as a consideration for the future.
  - Another TEP member spoke to the nuance of language, explaining that some respondents may be better at speaking their preferred language than writing it, or vice versa. The TEP member stated the ability to switch from a written language survey to one conducted over the phone would be helpful to reach these populations.

- A TEP member asked if there have been any analyses conducted on the productiveness of "double stuffing" the survey materials with several languages, and if it may be worth expanding double stuffing practices:
  - The Project Team noted that this method can be assessed for future implementation.

Survey Trend Analysis

The Project Team conducted a multivariable logistic regression model analysis with propensity to respond as the main outcome, to assess differences in survey response trends by enrollee characteristics and survey mode.

Response Rate Trends Over Time

Overall response rates calculated based on RR3 have declined consistently over the last five waves of data collection, dropping from 26.7% in 2017 to 18.3% in 2022. Similarly, the propensity to respond has declined from 18.6% in 2017 to 12.7% in 2022.

2022 Response Rate Compared to Propensity to Respond, By Age

In addition to the decline in response rate over time, the gap between response rate and the propensity to respond among older respondents (ages 65 and older) has narrowed considerably

over time. For example, in 2017, the gap between the response rate and propensity to respond for those aged 65–74 was about 30%. Similarly, the gap between response rate and propensity to respond for those aged 75 and older in 2017 was about 13%. However, in 2022, the gap between response rate and propensity to respond was much narrower (about 7% for ages 65–74; and about 6% for ages 75+).

2022 Response Rate Versus Propensity to Respond

For the 2022 response rate, the percentage of enrollees classified as "unknown eligibility" has increased steadily from 2017 to 2022 (by ten or more percentage points). Unknown eligibility includes those in the sample frame with whom no contact is ever successfully made. Similarly, the number of sampled enrollees classified as ineligible has fallen by two thirds since 2017.

Predicted Probability of Sampled Enrollee Having a Final Disposition of "Unknown Eligibility" by Age

The trends in predicted eligibility are parallel by age cohort and generally on the rise, but the highest predicted probability of having "unknown eligibility" is seen in the youngest cohort (ages 18–24) with an increase from 80.6% in 2017 to 86.6% in 2022. These trends are likely explained by changes in how people respond to phone calls, texts, and emails and how dispositions are assigned.

Share of Completes by Survey Mode

Over the years, CMS has made a concerted effort to increase the share of completes by Internet. In previous QHP Enrollee Survey administrations, links to the web survey via email in 2019 were provided, and most recently, vendors were allowed to opt in to include QR codes on their survey materials. Currently, mail surveys continue to account for most survey completes between 2017 and 2022, even as mail completes have decreased by about one third since 2017 (70% to 49%). However, Internet completes have more than tripled since 2017 (11% to 35%), replacing telephone completes from 2019 onward as the second most common mode of completion.

Of note, the Internet survey was not available in Chinese in 2022. Of the 2022 total sample frame (*N* = 401,059), 2,164 (0.5%) expressed a spoken language preference for Chinese and 1,902 (0.5%) expressed a written language preference for Chinese; 1,052 (0.3%) of surveys were fielded in Chinese. Among completes (*N* = 50,557), 174 (0.3%) were completed in Chinese. Of the 267 completes by individuals who expressed a spoken language preference for Chinese, 98 (37%) completed the survey in English and 169 (63%) completed the survey in Chinese. Among the 236 completes by individuals who expressed a written language preference for Chinese, 85 (36%) completed the survey in English and 151 (64%) completed the survey in Chinese.

Survey Composite Scores Over Time

Survey scores across most composites have shown a slight decline from 2017 to 2022, except for the cost composite, which has improved slightly each year.

In 2019, there was a notable dip in scores for most measures, which can be explained by major changes to the survey, particularly the removal of screening questions and converting follow-up items to include a "not applicable" option, and the reordering of survey sections.

Mr. Evensen posed the following questions to TEP members and asked if they had additional feedback.

Question(s) Posed to the TEP:

Slide 36 shows an increase in sampled enrollees with final dispositions of "unknown eligibility," which implies that every year, successful contact is made with fewer sampled enrollees. Does the TEP have ideas about why this may be happening and suggestions for mitigating this?

The Chinese language version of the survey is not available via the Internet. Previous experience demonstrated that maintaining an Internet survey in Chinese was not cost effective given the small number of surveys completed. Should CMS reconsider offering the QHP Enrollee Survey via the Internet in Chinese?

TEP members proposed the following solutions for increasing phone response rates:

- One TEP member suggested that utilizing text messages to let respondents know to expect a call might impact unknown eligibility numbers:
  - The Project Team noted this suggestion for future survey administration efforts.
- One TEP member asked if individuals could schedule a time to be called to take the survey, noting people may be less suspicious if they knew when to expect a call:
  - The Project Team described the survey administration protocol and noted this can be done only after an initial phone contact is made with the enrollee.

TEP members provided the following feedback on survey data trends:

- One TEP member commented on the sharp decline in the response rate in older age cohorts from 2021 to 2022 and noted COVID-19's impact during that time. The TEP member noted that individuals may have had limited access to routine care, either by self-selection or by structural design (i.e., remote care), and asked if the Project Team expects to see a rebound with the 2023 QHP Enrollee Survey:

  - The Project Team noted these impacts are unknown and added that the decline in response rates may be a residual effect of phishing that occurred throughout the pandemic.
  - The TEP member noted a similar pattern in 2019 with the increase in unknown eligibility for all age cohorts and hypothesized that individuals with less contact with their providers are going to be less likely to respond to the survey.
  - The Project Team noted that analyses assessing these impacts can be conducted for the upcoming administration.
- One TEP member asked what the criteria were for being classified as "ineligible":
  - The Project Team explained that a survey respondent must be contacted to complete the survey to determine their eligibility status.

TEP members provided the following feedback about survey administration in Chinese and other languages:

- One TEP member asked if the Chinese Internet survey will be administered in traditional or simplified Chinese:
  - The Project Team clarified that the current survey materials are in Simplified Chinese.
- Another TEP member shared that they believe the dominant non-English language varies by region throughout the country and suggested offering the survey in more non-English languages depending on the dominant non-English language in the region, particularly in regions where response rates have been lower than average.
- A TEP member asked about mailing the survey in different languages and acknowledged it would be expensive to proactively mail and administer different languages, but noted they would like more a more granular breakdown of the costs for issuers and vendors:
  - The Project Team advised that some vendors choose to double stuff their survey materials in English, Spanish, and/or Chinese and noted a granular breakdown of costs can be explored.
- A TEP member advised that providing a survey in many languages is a great way to increase accessibility and inclusion and noted that the New York City Department of Health has implemented this approach.

Two TEP members asked about the cost of offering the survey in Chinese online, particularly why it was not cost effective:

- The Project Team was not aware of the specific cost of translating the web survey but would seek to identify why it has been prohibitive in the past.

Subgroup Disparities Analysis

The subgroup disparities analysis was conducted to examine how different groups (i.e., racial and ethnic groups, groups of enrollees based on overall health, enrollees with or without chronic conditions) rated their health care experiences.

Disparities in Performance on Select Measures

The Project Team examined five measure scores to assess any potential disparities in patient care. These measure scores included access to information, plan administration, two access to care composites, and an overall global score that summarized all measures combined. Among the top and bottom performing measures, the Project Team identified the reporting units with a significant gap in patient experience by race and ethnicity, overall health status, and significant health needs.

Potential Disparities by Race and Ethnicity

Hispanic respondents reported significantly lower experience scores than non-Hispanics for all measures, with a smaller difference for overall global score, access to information, and plan administration, as well as a larger difference for access to care.

Across most measures, respondents who identified as American Indian or Alaska Native, Black or African American, or White had significantly higher scores than average, while respondents who identified as Asian had significantly lower scores across all five measures.

Global Score by Self-Reported Health Status

Respondents rated their self-reported health status for their overall health and mental health. Consistent with other CAHPS survey findings, there was a positive association between self-assessed general and mental health and the overall global score. The overall global score among those reporting excellent overall health was 10 points higher than among those reporting poor health; the gap was 15 points for mental health. Respondents in good overall health (good, very good, and excellent) had global scores 15% to 70% higher compared to those in poor health (poor and fair); for overall mental health, those scores were 13% to 50% higher.

Disparities by Chronic Condition Status

Compared to respondents with no acute or chronic medical conditions, those with chronic conditions and who regularly take medications had higher measure scores across the four composites (access to information, plan administration, two access to care composites) on average. Overall global scores were 10% to 30% higher for those with chronic conditions.

Mr. Evensen posed the following questions to TEP members and asked if they had additional feedback.

Question(s) Posed to the TEP:

- **Are any of the findings by race and ethnicity, overall health status, and chronic condition status surprising?**
- **What are potential explanations for these observed differences?**
- **What potential needs or changes to the QHP Enrollee Survey do these differences signify, if any?**

TEP members provided the following feedback on subgroup disparity trends:

- One TEP member asked whether survey questions 52–55 (assess health status and conditions) were included in the analysis versus questions 56–61 (assess functional ability):
  - The Project Team confirmed that questions 56–61 were also included in the model as covariates to control for any potential confounding effect on the outcomes.
  - The TEP member inquired whether it would make a difference to not hold those variables constant in the analyses.
  - The Project Team noted that some functional disability variables did have statistically significant effects.
  - The TEP member expressed interest in seeing that analyses as she noted individuals with functional disabilities may need accommodations.
  - The Project Team noted these analyses have been conducted previously and can be repeated for the 2023 survey.
- One TEP member inquired about the global score by self-reported health status findings, particularly whether the findings were a result of an adjusted analyses, and if any income or poverty level data were included as covariates:
  - The Project Team confirmed the global score by self-reported health status findings and whether the findings were from an adjusted analysis. Additionally, the Project Team noted they have no access to income data; instead the closest proxy available is data on education level.
  - The TEP member also asked if there was any reason to doubt whether the drop in performance is an accurate depiction of what is happening.
  - The Project Team shared that one potential explanation could be methodological, specifically how the survey questions are arranged. The Project Team noted there

was a convergence between the results from the survey and previously conducted cognitive interviews, but it is difficult to distinguish the two variables.

  - Another TEP member expressed finding it difficult to know whether the data findings and trends are a result of survey artifacts or depictive of true experiences.

- One TEP member hypothesized that plans with a higher percentage of Hispanic membership, for example, may have more resources available to better serve the population and vice versa with other groups.

Potential Updates to the QHP Enrollee Survey

Dr. Lankford, TEP chair, 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.

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, including best practices, benefits and challenges, and examples:

- The Project Team shared best practices for collecting Sexual Orientation and Gender Identity (SOGI) data, based on recommendations from a working group convened by the Office of the Chief Statistician of the United States, including:
  - *The planned use for the data (and how the information will be useful to end-users) should be defined.* For example, one planned use for the data may be to detect meaningful differences in experiences between groups, which can then be used to inform policies and programs intended to address inequity.
  - *The value of the data should be weighed against the burden on respondents.* While sample size impacts the ability to detect meaningful differences between groups,

the report notes that there are no defined best practices regarding minimum sample size for SOGI data collection. However, survey developers should still take sample size into consideration to determine if there are a sufficient number of respondents to use the SOGI data meaningfully.

  - *Tested terminology and translations should be used in survey development.* Due to the evolving nature of language used to describe sexual orientation and gender identity, and the evolving ways in which people identify with these terms, it is important to either test proposed terminology with a diverse range of respondents or rely on previously tested terminology.
  - Data collection procedures should also utilize tested design elements (i.e., using a previously tested mode of completion). One such tested element that may be included when feasible is a write-in response option.

- The Project Team shared the current question in the QHP Enrollee Survey, as well as potential ways to expand the survey:
  - The current QHP Enrollee Survey only includes a binary sex question that asks "What is your sex?" and allows enrollees to select either "Male" or "Female" as response options. The TEP has previously expressed support for adding questions to assess sexual orientation and additional responses for gender identity.
  - The Project Team reviewed recommendations from the Human Rights Foundation (2020) and American Medical Association and Association of American Medical Colleges, including the need for clear communication of the purpose for the SOGI questions to maximize response rates, and replacing the term "sex" with "sex assigned at birth."
  - The Project Team shared example SOGI questions, including:
    - A sexual orientation question based on the National Health Interview Survey from the National Center of Health Statistics asking, "Which of the following best represents how you think of yourself?" with response options for "Gay or lesbian," "Straight, that is not gay or lesbian," "Bisexual," "I use a different term [free-text]," and "I don't know."
    - A gender identity question based on research by the National Center of Health Statistics asking, "Are you: Mark all that apply," with response options for "Female," "Male," and "Transgender, non-binary, or another gender."
  - Current surveys collecting SOGI data show that SOGI questions have low item nonresponse compared to other sensitive data items.

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

Question(s) Posed to the TEP:

- **What value will collecting these data add for issuers and policy makers? (e.g., to detect meaningful differences in experience for transgender enrollees)**
- **Does the value of collecting these data outweigh the issues of sensitivity and additional survey burden for respondents?**
  - **For gender identity?**
  - **For sexual orientation?**

- One TEP member noted that their organization recently switched to a more inclusive way of asking about gender identity and, thus far, has not been able to obtain a large enough sample to report the data. However, the question may be having an overall positive impact in that it makes the survey feel more welcoming to respondents.
- Another TEP member recommended that the Project Team consider including a "prefer not to answer" response option.
- A TEP member noted that the Medicaid CAHPS Survey of New York has moved to using more gender-inclusive language (i.e., "pregnant people" vs. "pregnant women" and a more exhaustive list of SOGI response options) as noted in the 2022 Quality Improvement report for the survey: One such question reads, "What is your current gender identity? Please mark one or more," with response options for "Male," "Female," "TransMale/Transman," "TransFemale/Transwoman," "Genderqueer or Gender Non-Binary," "Other (Please specify)," and "Decline to answer." Of note, about 1% of respondents in the previous administration reported that they identify as either "TransMale/Transman," "TransFemale/Transwoman," or "Genderqueer or Gender Non-Binary."
  - The aforementioned TEP member also recommended adding such language to the QHP Enrollee Survey as the large size of the sample frame would lend itself to easily obtaining a minimum sample size necessary for reporting the SOGI data.
- One TEP member, who works in a high school, noted that as many as half of the students were questioning their gender identity or identifying as transgender. This member noted the importance of including SOGI questions given the high rates of identification as a sexual or gender minority in young people:
  - The Project Team responded, noting that adding SOGI questions may help improve response rates in the younger age cohorts.
- Another TEP member agreed that adding SOGI questions is likely important on a state or a regional policy level but cautioned that it may not be helpful at the plan level due to

the low response rates. Additionally, adding questions of any nature increases the length and thus the burden of the survey. The TEP member suggested maintaining a primary questionnaire with a core set of questions, supplemented by sections containing SOGI and other added questions that are randomly distributed to health plans' enrollees on an annual or bi-annual basis.

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

The team held a follow-up discussion on potential SOGI items with a TEP member who has expertise in SOGI data collection on March 14, 2023:

- The TEP member described reasons why collecting data on sexual orientation and gender identity is important:
  - In recent years, an increasing percentage of the adult population identifies as LGBTQI+. Currently, about 7% of the adult population identifies as LGBTQI+, and this is growing each year. There is potential for millions of people to benefit from the collection of this data.
  - There is strong evidence in the current body of research indicating the importance of collecting SOGI data. Recommendations supporting the addition of SOGI questions in surveys have been included in CMS equity and quality plans since at least 2015; however, more specific guidance is needed.
- The TEP member described recent work in the field from various federal agencies and other organizations:
  - In their recent report on Measuring Sex, Gender Identity, and Sexual Orientation, the National Academies recommend a two-part question for assessing gender identity:
    - Part 1 would ask the respondent to indicate their sex assigned at birth, and part 2 would ask the respondent to indicate their current gender identity. Utilizing this model, there are two ways to assess whether a respondent is transgender: (1) the respondent explicitly indicates their identity as "transgender" or other similar terminology on part 2 of the question, or (2) the respondent indicates a sex assigned at birth in part 1 which is different from the current gender identity indicated in part 2.
    - The two-part format is recommended for several reasons:
      - It allows respondents to be categorized as cisgender (i.e., the respondent's sex assigned at birth matches their current gender identity) or transgender,

and for researchers to use information about sex assigned at birth and current gender identity appropriately.
    - It allows for researchers to distinguish between transgender identity and transgender experience. "Transgender experience" is a broader term that encompasses the lived experiences (with healthcare or otherwise) of anyone whose sex assigned at birth does not match their current gender identity. "Transgender identity" is a more specific term within the umbrella of transgender experience that describes individuals who explicitly label themselves as transgender or other similar terminology. Not all individuals who live the transgender experience explicitly identify as transgender.
    - It helps address concerns about the potentially high rates of false negatives found in research utilizing a one-part gender identity question, which may be magnified by the typically small number of LGBTQI+ individuals who respond to healthcare surveys.
  - The National Academies' research includes additional nuance on two-sprit populations, which is not currently included in the QHP Enrollee Survey. Additionally, these recommendations are backed by other bodies of research, including recently released technical reports by the OMB.
- The TEP member also described and provided resources for other recent and active research efforts by the OMB, Substance Abuse and Mental Health Services Administration (SAMHSA), the Census Bureau, and the National Science and Technology Council:
  - The National Science and Technology released a Federal Evidence Agenda on LGBTQI+ Equity, which the TEP member noted likely contains specific examples that would point to why SOGI questions should be included in a survey like the QHP Enrollee Survey.
  - The OMB has recommended allowing the various federal agencies to ask SOGI questions in a way that reflects the needs of their data collection efforts (for example, some terminology adjustments may be needed for surveys of youth).
  - The Census Bureau is currently conducting testing on SOGI questions for the American Community Survey using questions adapted from the Household Pulse Survey.
  - SAMHSA is conducting cognitive testing on SOGI measures for the National Survey of Drug Use and Health (NSDUH).

- The Project Team gathered the SOGI expert's input on other TEP member recommendations to include a "prefer not to respond" response option for SOGI such questions.
- The TEP member described recommendations from the National Academies for "prefer not to respond" response options:
  - Overall, SOGI questions should not be mandatory. If the survey does not allow respondents to skip questions without responding, then a "prefer not to respond" option should be included. However, if the survey does allow respondents to skip questions without responding, then the "prefer not to respond" option is not recommended as findings indicate that respondents will skip forward regardless of whether the option is available.
  - One potential challenge of omitting the "prefer not to respond" option is that respondents who do not want to answer the question have no option but to simply skip forward, creating missing data (and thus increased item nonresponse on questions intended to capture the experiences of an already small population), but item nonresponse on SOGI questions has shown to be low relative to other sensitive data items.
  - Additionally, a blanket statement should be included for all demographic questions, indicating (1) that the respondent will encounter some potentially sensitive questions in the upcoming section, (2) the purpose for including these questions (i.e., desire to capture the experiences of a more diverse group of respondents), and (3) any security measures in place intended to protect respondents of marginalized backgrounds (i.e., anonymous response, aggregation, anti-retaliation policies, etc.). This statement should be general and should not specifically point out any individual identity characteristics such as SOGI, race or ethnicity, or socioeconomic status.

- Finally, the TEP member provided links to several additional resources that may be helpful to the Project Team in planning for upcoming cognitive testing and SOGI data collection efforts:
  - The National Institutes of Health (NIH) tracks Examples of Sexual Orientation and Gender Identity (SOGI) Questions, some of which may be of use to the QHP Enrollee Survey.
  - National Academies released a report, Measuring Sex, Gender Identity, and Sexual Orientation for the NIH, which provides guidelines and best practices for collecting SOGI data in surveys.

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 oversee administration of the 2023 QHP Enrollee Survey
- CMS collecting input from the public via the Draft Call Letter and Renewal of OMB approval for the survey
- 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 October 2023 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: Base Year Meeting #1	X if Attended
Noemi Altman, MPA, Senior Survey Research Associate Consumer Reports, New York, NY	X
Kellan Baker, PhD, Executive Director and Chief Learning Officer Whitman-Walker Institute, Washington, DC	X
Linda Brenner, MA, BSN, Director of Quality Measurement and Performance Point32Health (Tufts Health Plan), Canton, MA	X
Steve Butterfield, MA, Director of State Public Policy The Leukemia & Lymphoma Society, Rye Brook, NY	X
Victor Caraballo, MD, MBA, Senior Medical Director Independence Blue Cross, Philadelphia, PA	
Blake Hodges, MS, Senior Consultant Kaiser Foundation Health Plan, Denver, CO	X
Itisha Jefferson, BS, Medical Doctorate Candidate, Consumer and Family Caregiver Loyola University, Stritch School of Medicine, Maywood, IL	X
William Lehrman, PhD, Social Science Research Analyst Centers for Medicare & Medicaid Services, Baltimore, MD	X
Veronica Locke, MHSA, Process Consultant, Accreditation Governance and Oversight Health Care Service Corporation, Richardson, TX	
Paloma Luisi, MPH, Director of the Bureau of Quality Measurement & Evaluation New York State Department of Health, Albany, NY	X

QHP Enrollee Survey TEP Attendance: Base Year Meeting #1	X if Attended
Christine Monahan, JD, Assistant Research Professor Georgetown Center on Health Insurance Reforms, Washington, DC	X
Erin O'Rourke, BS, Executive Director of Clinical Performance and Transformation America's Health Insurance Plans, Washington, DC	X
Carl Serrato, PhD, Independent Consultant Health Policy and Consumer Rights, Burlingame, CA	X
Keri Setaro, BFA, Consumer; Self-Employed Montclair, NJ	X
Jennifer Sullivan, MHS, Director of Health Coverage Access Center on Budget and Policy Priorities, Washington, DC	X
Silvia Yee, MA, LLB, Senior Staff Attorney Disability and Rights Education and Defense Fund, Berkeley, CA	X

Appendix B. Meeting Attendees

Centers for Medicare & Medicaid Services (CMS) Attendees
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)
Nidhi Singh-Shah, Deputy Director, Division of Program and Measurement Support Centers for Medicare & Medicaid Services (CMS) Center for Clinical Standards & Quality (CCSQ) Quality Measurement & Value-based Incentives Group (QMVIG)
Mei Zhang, IT Program Manager (Data Management) 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)

QHP Enrollee Survey Project Team Attendees
Coretta Lankford, Project Director and TEP Chair American Institutes for Research (AIR)
Tandrea Hilliard-Boone, TEP Task Lead American Institutes for Research (AIR)
Chris Evensen, Technical Lead American Institutes for Research (AIR)
Alexis Rittweger, TEP Coordinator American Institutes for Research (AIR)
Vanessa Amankwaa, Research Associate American Institutes for Research (AIR)

QHP Enrollee Survey Project Team Attendees
Brittany Martin, Researcher American Institutes for Research (AIR)
Julie Young, Survey Methodologist RELI Group, Inc.

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
Riad Elmor, Health Statistician Booz Allen Hamilton
Jamie Koslosky, Lead Associate Booz Allen Hamilton
Emma Lavandosky, Associate Booz Allen Hamilton

Appendix C. TEP Agenda

QHP Enrollee Survey TEP Meeting 2

Thursday, March 2, 2023; 3:00-5:00 pm Eastern Time (EDT)

Meeting ID: 936 6186 2544

Passcode: Z&LnpAs=2h

Web Conference URL:

https://air-org.zoom.us/j/93661862544?pwd=SmIyY1hwbEc0Nko0dCtTM0w2aVR0UT09

Time (EDT)	Topic
3:00-3:15 pm	**Welcome and Introductions** Welcome members and conduct roll call. Review meeting agenda and objectives. Recap of the previous TEP meeting held on October 27, 2022.
3:15-3:30 pm	**Consumers' Reflections** Consumer TEP members share their experiences with QHPs in the Exchanges.
3:30-3:45 pm	**Project Update** Provide an overview of completed and upcoming activities.
3:45-4:20 pm	**Overview of Findings From Select Statistical Analyses** Review survey data trends and discuss topics to explore in future analyses.
4:20-4:50 pm	**Potential Updates to the QHP Enrollee Survey** Review potential future updates to the QHP Enrollee Survey and seek feedback/recommendations from TEP.
4:50-5:00 pm	**Meeting Wrap-Up** Review next steps and action items.

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