



June 29, 2015

To: CMS Chief Medical Officer (CMO) Committee, CMO and Policy Workgroup, and Quality and Industry Standards Workgroup

From: Lisa Franchetti, Member Satisfaction Analyst, Neighborhood Health Plan of Rhode Island
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**RE: CMS Comment Request on Exchange and QHP Enrollee Satisfaction Survey
OMB No. 0938-1221
Document Identifier: CMS-10488**

Thank you for the opportunity to review and provide comments on the Health Insurance Marketplace Consumer Experience Surveys: Qualified Health Plan Enrollee Experience Survey, based on the Consumer Assessment of Health Providers and Systems.

Below please find comments that are being respectfully submitted by Neighborhood Health Plan of Rhode Island (Neighborhood).

Submitted electronically via: <http://www.regulations.gov>

Neighborhood notes that CMS has added nine new questions to the 2016 survey. Our reading of the notice and other documentation leads us to believe that CMS intends to report on results related to the new questions. Neighborhood feels strongly that untested survey questions should not contribute to publicly reported quality scores for health plans. Instead, scores should reflect only those elements that have been rigorously tested. New questions should be fully tested, and then included in future reporting efforts only after efficacy is demonstrated.

Our specific positions on the draft 2016 QHP Enrollee Survey follow:

- **Test all new survey questions.** As previously stated, Neighborhood strongly disagrees with inclusion of untested survey questions in publicly reported quality scores, and feels strongly that all new survey questions should be rigorously tested. Our concerns apply to all nine new survey questions included in the 2016 Qualified Health Plan Enrollee Experience Survey: 53, 54, 55, 56, 57, 77, 81, 82, and 83.
- **Eliminate or modify question #54 to avoid bias.** Neighborhood recommends either eliminating Question #54 or modifying it to exclude the doctor reference, so that it reads "In the last 6 months, how often did your health plan **not** pay for a service that you thought the health plan would pay for?" The current draft's wording of the new survey question #54 follows:

“In the last 6 months, how often did your health plan **not** pay for a service that your doctor said you needed?”

We believe that this language contains embedded bias by including a reference to a doctor, since it is possible not all doctors fully understand the health plan’s benefit coverage details. Furthermore, since there is a chance a doctor may not submit sufficient medical necessity documentation when requesting a prior authorization for a service, the responsibility for some resulting denials may rest with the provider.

The modified wording we suggest above focuses instead on the member’s understanding of the health plan’s benefits, rather than on the doctor’s understanding of the member’s benefit coverage.

- **Provide examples of terms in question #82.** Neighborhood supports the inclusion of question #82 and believes that surveying QHP members on health literacy will yield critical and useful results. However, we believe that the question will be more useful – and respondents better able to respond – if CMS includes specific insurance terms in the question. For example, the question could be altered in the following way:

“How confident are you that you understand health insurance terms, *such as “premium,” “deductible,” “copay,” “coinsurance,” and “maximum out-of-pocket limit”*?”

Neighborhood thanks CMS for this opportunity to provide comments.