Attachment D: CMS QHP Enrollee Survey QHP Issuer Focus Group Protocol

Purpose

To learn the value the QHP Enrollee Survey adds to issuers' quality improvement efforts and hear feedback on potential changes to the survey and/or its' administration.

Focus Groups Logistics

Number and Types of Groups

We will conduct a total of 2 focus groups in English (5 participants in each group; 10 participants total). All focus groups will be conducted virtually via Zoom.

Focus Group Materials

- Information sheet
- QHP Enrollee Survey
- Protocol
- Participant recruitment list/roster
- Moderator time clock
- Zoom set up to conduct and audio-record interview
- Backup recording device
- Laptops
- Incentives

Information Sheet & Current QHP Survey

AIR will send an information sheet and the current QHP Enrollee Survey to confirmed participants via email one week in advance of the focus group. The information sheet will describe what the discussion will be about, the risks and benefits as a participant, their incentive, and who to reach out to if they have questions.

Day of Focus Group Logistics

We will join the focus group 15 minutes before the assigned start time and the moderator will ensure that the notetaker is designated as a co-host on Zoom. While on the call, the focus group notetaker will be responsible for fielding participant concerns regarding technological functioning.

Outline with Timing

Time in Minutes Per Section	Topic	Elapsed Time at End of Section
5	Welcome and Ground Rules	
3	Background	

Time in Minutes Per Section	Topic	Elapsed Time at End of Section
17	Potential QHP Enrollee Survey Changes	
15	Potential QHP Enrollee Survey Protocol Changes	
15	Quality Improvement Information Sources	
5	Closing	

Focus Group Protocol

Welcome and Ground Rules (5 minutes)

Welcome

AS PARTICIPANTS JOIN THE CALL, GREET AND ASK THEM TO SHARE THEIR FIRST NAME IN THE CHAT BOX IF PARTICIPATING VIA COMPUTER OR VERBALLY]

- Hello. Thank you all for participating today. Before we have introductions, I'd like to provide some background information to set the stage for our conversation.
- First, my name is **[MODERATOR NAME**] and I'm the moderator for today's discussion. I'm here with my colleagues **[NOTETAKER]** who will be taking notes and helping me monitor the chat.
- I work for a company called the American Institutes for Research, or A-I-R, which is an independent non-profit research organization.
- Our group discussion today is part of a project sponsored by the Centers for Medicare & Medicaid Services or CMS.
- CMS has contracted with AIR to conduct these group discussions to hear how you are using the QHP Enrollee Survey results and data and to get your input on potential changes to the survey. In particular, CMS would like to better understand what information is important to you or your organization when making quality improvements to plan offerings and beneficiary experience and how CMS can make the QHP survey more useful to issuers and consumers.

Informed Consent
- Each person has been provided an information sheet. Do you have any questions about it? [**MODERATOR TO ANSWER ANY QUESTIONS THAT ARE PRESENTED BY PARTICIPANTS.]**
- **Do you agree to participate and have your information included in this study?**
- You may choose not to answer a question if you would prefer not to. You may also stop your participation at any time. If you choose to stop participating, you will still receive your $75 compensation.
- We will be recording our discussion today to accurately capture all your comments. To protect your privacy, names won't be connected to what you say and only our project team will have access to the recordings. We will take notes on what was said, not who said what.
- **Is it OK for us to audio-record this call for note-taking purposes?**
  [NOTETAKER TO CLICK RECORD ONCE EVERYONE CONFIRMS. MODERATOR TO CONFIRM THEY HEAR 'RECORDING STARTED' PROMPT BEFORE MOVING FORWARD]

Now, let's cover a few ground rules before we get started.

Ground Rules
- Today's discussion will last up to **an hour (60 minutes).**
- We want your **honest opinions and reactions**. Each of us has our own perspectives, opinions, and experiences; and all are important for us to learn. This also means that you may disagree or express an opinion that is different than others. And, of course, we should be respectful of one another – even when we disagree.
- We want you to **feel comfortable and safe** because that will really help us get the best information and make the best recommendations.
- We want to **hear from everyone**. Let's just **make sure only one person speaks at a time** to make it easier for us to go back to the recording and hear what everyone said. If any questions or thoughts come to mind as others are speaking, feel free to add them to the chat box if you are participating via computer.
- We have a lot to talk about today, so there may be times when I need to move the discussion along. Please understand that when I ask that we move to a new topic or speaker, I don't mean to be rude, I just want to be very considerate of your time.
- Also, because we're recording, please **try to speak in a voice at least as loud** as the one I'm using now so that we can hear everyone on the recording.
- Last little reminder, please **limit background noise and mute your phone/computer, if needed**. Please also **keep your cameras on** if possible.
- Any questions before we get started?

Great, let's get started.

Background (3 minutes)
1. Now, let's take a few minutes for some quick introductions. Please tell us:
   - Your first name;
   - How do you use the QHP survey data in your work?

Who would like to get us started? **[ONCE PERSON AGREES TO START]** Thank you **[INSERT NAME]**.

[ONCE EVERYONE HAS GONE] Thank you everyone and nice to virtually meet all of you. We greatly appreciate your participation.

Potential QHP Survey Changes (17 min)
As I mentioned earlier, we would like to get your feedback on possible ways to improve the QHP Enrollee Survey.

1. Without saying your organization's name, how do enrollees typically refer to your organization or their health insurance?
   a. Do they use your company's name?
   b. The specific qualified health plan name?
   c. By the name of the Marketplace or State Exchange? Obamacare?

2. Overall, how useful do you find the QHP Enrollee Survey for quality improvement?

a. What data does the QHP Enrollee Survey gather that is not collected elsewhere? In other words, what data does the QHP Enrollee Survey gather that issuers do not have access to from any other means?

b. What new questions should be added?
c. Which questions provide the most value, or have the most impact, for quality improvement? What makes them valuable or impactful?
d. Which questions provide the least value for quality improvement? Why aren't they as valuable or useful for you or your organization?

3. CMS is considering adding a question to the survey to ask consumers if they have been treated unfairly in healthcare settings due to their health status (such as health condition or disability) or any personal traits (such as age, culture or religion, language, race, ethnicity, sex, gender identity or income). What are your thoughts about including this type of question?
    a. Would this information be helpful for you or your organization? In what ways?
    b. How would this information assist you or your organization in improving the quality of your health plans offered on the Exchanges?
4. CMS is also considering adding questions to understand more about the enrollees completing the survey to help with health equity, such as primary language and sexual orientation and gender identity. What are your thoughts about including this type of question?
    a. Would this information be helpful for you or your organization? In what ways?
    b. How would this information assist you or your organization in improving the quality of your health plans offered on the Exchanges?
5. Are there any other types of questions do you think are important to include in this survey to assist in your quality improvement efforts?

Potential QHP Survey Protocol Changes (15 min)

CMS is also considering some changes to the way the QHP Enrollee Survey is administered. I'd like to get your input on some of these potential changes.

6. Currently, all enrollees sampled for the survey receive mail surveys and have the opportunity to complete the survey online as instructed in the mail materials. Nonrespondents receive additional mailings, reminder emails, and up to six telephone attempts to complete the survey by telephone. CMS may change this protocol to first invite enrollees to complete the survey online. Nonrespondents would receive mail questionnaires and telephone attempts as follow up to complete the survey. What thoughts do you have on this potential change?
    a. How do you think this change will impact your health plan data?
    b. Do you think this will have any impact on more consumers completing the survey?
    c. Do you use email to communicate with consumers? If so, how frequently to you communicate with them using email?
7. Currently the survey is available in English and Spanish by mail, internet and telephone. Chinese is available by mail and telephone only. How useful do you think an internet version of the Chinese translated survey would be?
    a. How do you think this change will impact your health plan data?

b. Do you think this will have any impact on more consumers completing the survey?

c. Are there any other languages that you believe would be useful to offer the QHP Enrollee survey?

8. What, if anything, do you think would help increase the number of consumers who complete this survey?

a. What changes to the survey do you think would make it more likely for consumers to complete it?

b. What changes to how the survey is administered might help make it more likely for consumers to complete it?

c. [IF NEEDED] What about oversampling? Shortening the survey? Offering the survey in additional languages other than English, Spanish, and Chinese? Anything else?

Quality Improvement Information Sources (15 minutes)

9. Let's talk about the QHP Enrollee Survey Quality Improvement Report, available via the Health Insurance Oversight System Marketplace Quality Module (HIOS MQM). These reports communicate the full results of the QHP Enrollee Survey and are released during the QRS preview period. Are you familiar with this report?

a. Have you reviewed the QHP Enrollee Survey Quality Improvement Report for your reporting unit?

b. If so, how do you use those data to improve plan quality?

10. Is there any additional information or data that would be useful to help you improve the quality of the health plans you offer on the Exchanges?

e. Is there any information or data that you need to help make decisions or revise policies in your organization?

f. Is there specific missing information that you would like to see included in the QI report?

11. Is there any other information or are there data sources you use to assess member experience or satisfaction with the plans provided on the Exchanges?

a. What makes these sources useful? How do they benefit your quality improvement efforts?

12. Do you compare plans to evaluate performance? If so, how?

a. For example, do you compare the performance of the Marketplace plans to the performance of commercial plans?

b. Do you compare by survey question, or overall score, or another metric?

Closing (5 min)

We really appreciate you all taking time to speak with us today and have learned a lot. We are almost done with our discussion. Before we end:

13. Is there anything else that you would like to add about any of the topics that we've discussed?

14. Do you have any questions before we end this discussion?

Thank you for your time and participation in this discussion and sharing your thoughts. I hope you have a great rest of your day/evening. We will send a follow-up email with information on your incentive for participation. Please feel free to reach out to the project director, Coretta Lankford, Ph.D., at clankford@air.org or (202) 403-6959 with any follow-up questions.

[AIR notetaker to add contact information to the chat.]