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## ***Empowered Families: Educated, Engaged, Effective!***

### **Family Voices-NJ Comments on the CMS Enrollee Satisfaction Survey Data Collection**

August 26, 2013

Thank you for the opportunity to comment on the CMS Enrollee Satisfaction Survey Data Collection. Family Voices is a national network that works to “keep families at the center of children’s healthcare.” The NJ State Affiliate Organization for Family Voices is housed at the Statewide Parent Advocacy Network (SPAN), NJ’s federally designated Parent Training and Information Center, and Family-to-Family Health Information Center. Our comments follow.

#### **Cover Letters**

##### **English and Spanish**

On page 2 of the PDF, we would suggest reversing the sentences to read, “This is your chance to help us, and your health plan, serve you better. By answering the questions in this research project, you will help us provide information to people who have to choose a health plan during open enrollment this year.” This will put their vested interest first, then helping others. Also on page 2, we would suggest putting the paragraph beginning, “Of course, what you have to say is private,” before the paragraph above which gives them the opportunity to refuse to participate. By stressing confidentiality and if allowed to skip an uncomfortable question (it’s better to skip a question than not participate), these assurances may increase response rates.

For the Spanish advance letter (page 10) we would like clarification if “12 meses” is a typographical error. If not, why would this say 12 months and not 6 months like the English version as it should be the same frequency both in terms of measurement as well as comparing outcomes.

##### **First reminder postcard-English & Spanish**

Again, a reminder of confidentiality and the possibility of skipping a question may increase participation.

##### **Second reminder letter-English & Spanish**

We would suggest deleting, “We need your answers to make sure this study is a success,” as consumers may not be concerned about the study but have a vested interest in improving their

own healthcare. We would replace this sentence with the one from the first letter, “This is your chance to help us, and your health plan, serve you better.”

In the Spanish second reminder letter (page 12), there may be a need to give examples not just “solo si es algo legalmente requerido” of when disclosure may be legally required, particularly in light of the unfortunate pervasive anti-immigrant sentiment.

In general, we were pleased to see many of the optional CAHPS questions included. Our main concern is that there will only be outcomes for adults, especially as there are differences for children that have been in effect since 9/23/10.

## **Supporting Statement Part B**

### ***1.1 Marketplace Survey—Overview***

On page 5, 1.b.iii. Group C consists of “telephone only respondents” and we would caution consideration that landlines are now less common than cellphones and could be charging minutes to respondents.

#### **1.1.1 Sampling Design**

##### ***1.1.1.1 Response Rate Targets***

On page 7 regarding the denominator inclusion of the nonresponse category, “was ill or incapable”, we seek clarification if designees on applications will also be permitted to answer the survey on behalf of the respondent. Also on page 7, we consider 40% a low response rate. Again, assuring confidentiality, allowing to skip a question, or scheduling an appointment for a callback, would increase response rates. Under 1.1.1. “Sample Size Estimates” we understand that 300 completes would be the minimum for state estimates but we support the plan to obtain more than the minimum to assist in determination of disparities. However, we disagree that “language equivalence tests will be conducted at the national level” and about “60 completes to their state’s total number” will be used as language data is readily available at the state level and some states for example have high rates of Spanish or Chinese speakers while others have much fewer.

##### ***1.1.1.2 Precision and Sample Size***

##### ***1.1.1.3.1 Psychometric Analysis***

On page 9, it states “Some completed surveys may still have some degree of item non-response (when a respondent skips an item...)” but as stated previously we think that this should be allowed to avoid refusing the entire survey.

## ***1.2 QHP Survey—Overview***

On page 14, it states that “The target population (for all rounds) is defined as eligible adults (age 18+) who have enrolled in a QHP.” We strongly disagree with this and would like clarification as to why there are no pediatric surveys as is done with CAHPS, particularly as there are different requirements for children in the ACA as stated above. In addition, as previously stated we would like clarification if application designees will be able to answer on behalf of respondents.

## **2. Information Collection Procedures**

On page 17, it is mentioned that “a maximum of 9 attempts will be made by phone” but we would like clarification if this means tries (including busy, no answer, etc.) or actual contacts such as leaving a message. We would recommend a method of calling back when convenient to increase response rates. Also conversely, we would recommend a mechanism to be removed from the call list.

## **3. Methods to Maximize Response Rates**

On page 18, it states, “Interviewers will read questions exactly as worded” and “interviewer probes will be nondirective.” We would like clarification if calls will be monitored for consistency. If so, respondents need to be informed that the call may be monitored for quality assurance.

## **Supporting Statement-Part A**

### **B. Justification**

#### ***1. Need and Legal Basis***

On page 5, we strongly agree that “data regarding Marketplace interaction are likely to impact QHP satisfaction” as consumers will make decisions on plans which are only as good as the information given. On page 6, we also agree that “CMS’ obligation to minimize disparities in the use of the Marketplace and QHPs by race, ethnicity, and income will also be served by these surveys.” However, as stated previously we would use state, not national, language data.

#### ***2. Information Users***

### **Field Test of Marketplace and QHP Surveys.**

We strongly agree that one of the major outcomes of the annual survey will be to “assess disparities experienced by disadvantaged and minority population groups in their use of the Marketplaces.” We would again emphasize the need for outreach to and over-sampling of underserved populations.

## ***10. Confidentiality***

Although we understand that “AIR [American Institutes of Research] will apply for HIPAA waivers of authorization from the AIR Institutional Review Board” which will enable the Marketplaces and QHPs to share contact information as part of the sampling and survey operations processes without obtaining prior permission from Marketplace consumers and QHP enrollees”, consumers need to be assured how their information was obtained and that it is HIPAA compliant.

## ***11. Sensitive Questions***

We strongly disagree that, “There are no sensitive questions associated with this information collection,” as consumer health information needs to be protected.

### **Health Insurance Marketplace Survey**

In general we appreciate that in addition to English, surveys are being conducted in Spanish and Chinese as the next two most popular languages.

### ***QHP Survey***

**Hours per response.** We disagree that the “length of the QHP Survey is 83 items with an estimated completion time of 21 minutes (.35hours)” as it takes longer to read and respond in other languages, based on previous experience as a bilingual interviewer.

### **Vendor Participation Form**

## **2. Organizational Survey Capacity**

### **System Resources**

We strongly agree that “Telephone interviews will not be conducted from an interviewer’s residence and incoming paper surveys will not be removed from a survey vendor’s...official business location.” This will help ensure health information privacy. Further, we understand that for quality assurance vendors will meet requirements “including submitting telephone script and screen shots for review prior to initiation of telephone interviewing and monitoring at least 10 percent of all telephone interviews conducted by survey vendor or telephone subcontractor interviewers.” We strongly support monitoring per our previous comments as long as respondents are made aware of this.

### **Data Submission**

We agree that the vendor must have the “capability to submit data electronically” and that “files may require encryption” which we would suggest should be done for all files to ensure HIPAA compliance and address privacy concerns.

## **Confidentiality**

We strongly agree that vendors “must obtain signed confidentiality agreements from staff and subcontractors.” Again, this will help ensure confidentiality of personal health information.

## **Marketplace Survey-English and Spanish**

The English survey appears fine as is. For the Spanish version, on page 5 under “Proceso de solicitud” it states “El Mercado o bolsa de Seguros de Salud” and we’re unsure why instead of just saying Marketplace it says “or exchange” if it doesn’t appear on the English version and also doesn’t appear on the website [www.cuidadodesalud.gov](http://www.cuidadodesalud.gov). The only other comment is on page 8, question 15, it reads “Que tipo de informacion...no fue facil” and the word “no” should be in bold as per the English version to emphasize if it were *not* easy to obtain information.

## **Qualified Health Plan Survey-English and Spanish**

Again, the English survey appears fine as is. For the Spanish version, from page 6 on, why aren’t the questions in gray type translated? On page 8 under “Su doctor personal”, question 12 reads “o si esta enfermo o lastimado” and we would suggest using either “lesion” or “herida” instead of “lastimado” for consistency with previous questions. On page 15, question 49 needs a response category of “don’t know” to be consistent with the English version.

In general, as stated previously we were pleased to see the optional CAHPS questions included in the surveys. Also the level of Spanish translation (with the exception of the non-translated questions we noted) was very well done, again based on past experience as a bilingual interviewer for national research. Thank you again for the opportunity to comment on CMS Enrollee Satisfaction Survey Data Collection.

Sincerely,

*Lauren Agoratus*

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**To empower families and inform and involve professionals and other individuals interested in the healthy development and education of children, to enable all children to become fully participating and contributing members of our communities and society.**