

## Consumer-Purchaser DISCLOSURE PROJECT

Better information. Better decisions. Better health.

July 20, 2012

Kathleen Jack  
Center for Consumer Information and Insurance Oversight  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**RE: CMS-9963-NC: Request for Domains, Instruments, and Measures for Development of a Standardized Instrument for Use in Public Reporting of Enrollee Satisfaction with their Qualified Health Plan and Exchange**

Dear Ms. Jack:

As co-chairs of the Consumer-Purchaser Disclosure Project (CPDP), we appreciate the opportunity to respond to this Request for Information (RFI) on the development of a tool for evaluating consumers' experiences with Qualified Health Plans (QHPs), and with the Exchanges in general. CPDP is a coalition of leading employer, consumer, and labor organizations working toward a common goal to ensure that all Americans have access to publicly reported health care performance information. Our shared vision is that with this information, Americans will be better able to select hospitals, physicians, and treatments based on nationally standardized measures for clinical quality, consumer experience, equity, and efficiency.

Please note that throughout our comments, we use the term "consumer experience," as opposed to "enrollee satisfaction," which is the term used in the RFI. The Consumer Assessment of Healthcare Providers and Services (CAHPS) survey, which forms the core set of the questions from which our recommendations stem, was designed to collect and report on patients' experiences with care. Experience is considered a more objective and relevant source of data than "satisfaction" because the word "satisfaction" tends to skew results toward a favorable evaluation rather than the more neutral prompt that encourages consumers to describe their experience. Thus, in addition to our specific comments on how to create a usable and useful tool, we strongly recommend that the Department of Health and Human Services (HHS) discontinue using the term "enrollee satisfaction" in relation to this survey. Using the term "consumer experience survey" will also make it easier to explain the development of this survey as a supplemental item set to the CAHPS survey.

Overall, we recommend that HHS use a subset of the current CAHPS Health Plan Survey 4.0H Adult Questionnaire designed for commercial plans, with additional questions to address gaps and enable collection of information on experiences with the health care system and the Exchange. Our recommendations are based on talking with experts and reviewing information what is important to consumers.

Our comments focus on the following:

- Survey Implementation Timing
- Survey Scope

### **Survey Implementation Timing**

According to the RFI, HHS intends to propose delaying the implementation of the consumer experience survey until the 2016 open enrollment period, for the 2017 coverage year, noting that this is “consistent with the plans for reporting on QHP-specific quality ratings.” We strongly urge you to reconsider, and instead require state Exchanges to report currently available CAHPS data in a way that is consistent with the Federally-facilitated Exchange (FFE) Guidance. The guidance says that FFEs will report CAHPS data beginning in 2013 open enrollment, for the 2014 coverage year. Delaying implementation of a consumer experience survey at the state Exchange level for three years denies consumers critical information that helps them choose the right plan for their needs, particularly in the absence of clinical quality data.

The proposed delay will also hamper efforts to align Exchanges with federal efforts that seek to drive better health, better care, and lower costs. Evidence shows that positive consumer experience of care is correlated with better health outcomes and lower costs – and effective, standardized tools that measure experience are already well established and in use. To open enrollment in the Exchanges on October 1, 2013 without any information about how well health plans and the physicians and hospitals that comprise their networks are able to improve health outcomes for patients is not only a disservice, it is counter to the goals of the National Quality Strategy and a missed opportunity to drive improvements in the health system. Further, it is not difficult to do, as we outline below.

Thus, while we appreciate HHS’ RFI on how to develop a more comprehensive survey tool (recommendations for which we provide below), we strongly believe that until this tool is finalized, state Exchanges – the majority of which are already collecting these data – should report CAHPS results for QHPs that have data on their commercial and/or Medicaid enrollees. To not do so would be a tremendous mistake and deny critical information to the millions of new health coverage consumers entering the market through the Exchanges. As we advocated in all of our comments to HHS related to Exchange rulemaking, it is critical that HHS set a high standard for making quality information available from day one, in order to enable consumers to make health coverage purchasing decisions based on value (i.e. quality plus cost), and not on cost alone.

Finally, on an operational note, delaying the requirement to report consumer experience data may make it difficult for states – which will have already applied considerable resources to the development of their consumer assistance tools and web portal – to incorporate quality data in later years. If required to collect and report consumer experience data from day one, states will design their web portals and other consumer assistance tools in such a way that will potentially eliminate the burdensome need to redesign those tools in later years when “new” quality and experience data reporting requirements are established.

### **Survey Scope**

The RFI notes that HHS is considering surveying consumers on 1) their experience with a QHP offered through an Exchange; 2) their experience interacting with the health care system; and 3) their experience interacting with the Exchange. We believe that meaningful information from the consumer's perspective on the first two domains listed above can be ascertained using certain questions from the current CAHPS Health Plan Survey 4.0H Adult Questionnaire as a foundation, along with questions from CAHPS Supplemental Item Sets. As for the third domain – experience interacting with the Exchange – we suggest below, and in the appendix, that an additional Supplemental Item Set be developed specifically to address Exchange-related experience data. In addition to the three domains identified in the RFI, we strongly recommend that HHS consider adding a module of questions targeting small employers participating in the SHOP Exchanges, to ensure that information on their experience is collected and assessed, and any challenges or concerns identified.

***Experience With a QHP and Experience Interacting With the Health Care System:*** The CAHPS Health Plan Survey covers the following broad categories, with a series of questions within each: 1) getting timely appointments, care, and information; 2) how well providers or doctors communicate with patients; 3) helpful, courteous and respectful office staff; and 4) patient rating of the provider or doctor. Out of concern that this survey – if taken as a whole and augmented with multiple supplemental item sets – would be too long and unwieldy for consumers to complete, we offer suggestions in the appendix to this letter for specific questions within these four categories that have been found to be most meaningful to consumers. In addition, we identify questions from the supplemental item sets on care for patients with chronic conditions, and experiences in getting care through a patient-centered medical home, that we believe would be most relevant to understanding consumers' experiences with their QHP and with the health care system. While we did not include questions from the Child CAHPS Health Plan Survey 4.0, we strongly recommend that – if the number of families enrolled in private coverage through the Exchanges is significant by 2016 – Exchanges should require plans to administer a module of Child CAHPS 4.0 questions. These questions are specifically designed for parents to assess their experience of receiving care for their children, and will provide valuable information if there are high numbers of children participating in the Exchange, rather than entering their state's Medicaid or CHIP programs.

In addition to the suggested questions themselves, we recommend that the segment of the Exchange consumer experience survey that pertains to QHPs and interactions with the health care system be clearly segmented such that the questions related to health plan experience are separate and distinct from those related to experience with a provider.

***Experience Interacting With the Exchange:*** We believe that Exchanges must establish a comprehensive set of metrics for identifying how well they are performing at the critical operations of assisting consumers and enrolling them in the correct program with any appropriate subsidies. Given that millions of individuals who heretofore have not purchased coverage in the health insurance market, this information will be particularly critical to ensuring that the Exchange program succeeds, by identifying areas in which states are and are not meeting consumers' needs.

We recommend the development of a supplemental item set on *Interaction with the Exchange* that includes the following metrics:

- Effectiveness of marketing and outreach efforts
  - How the consumer learned about the Exchange (through employer; a mailing; a doctor's office or hospital; etc.)
  - Whether the consumer understood the information that was conveyed
  - Whether there enough information provided through marketing and outreach to help the consumer find the doorway to make their purchase

- Accuracy of eligibility, tax credit, and mandate exemption determinations
  - Conversely, experience with the appeals process for inaccurate determinations
- Provision of assistance (via call centers, the web portal, the Navigator program, in-person, or through web-based brokers and other agents) in an accurate, timely, effective, easy-to-access manner; and if not, were consumer's concerns or questions addressed
- Quality of experience using the web-portal, including whether it was it easy to navigate, provided clear information on quality and cost of care, including out-of-pocket costs for the consumer and their family, and whether it provided options for seeking additional information
- If the state has a "no wrong door" policy, did it work? What "doorway" did you use? Were multiple doorways required to find the information you needed? How can entering into an Exchange be improved?

It is important that all individuals who seek coverage through the Exchange be given the opportunity to respond to this supplemental item set, whether or not they ultimately purchase coverage. Identifying the reasons why a consumer did not purchase coverage will be as important as understanding the experiences of those who did purchase coverage. In addition, in order to ensure the survey represents all Exchange users, it should be accessible to individuals with limited English proficiency and disabilities.

We envision a future in which Exchanges enable consumers to make decisions based on quality and value. In the absence of the fully-developed quality rating system until the 2017 open enrollment season, the relevance of having strong consumer and patient experience data that is publicly reported and available to consumers for 2014 enrollment will be even more critical. Our recommendations regarding the timing and scope of the consumer experience survey reflect our belief that Exchanges can and must contribute to transforming the system and achieving the goals of the National Quality Strategy, but only if an appropriate bar is set for data collection and reporting on quality.

On behalf of the Consumer-Purchaser Disclosure Project, we appreciate the opportunity to provide these comments on the Health Insurance Exchange consumer experience survey. Please feel free to contact either of us if you have any questions.

Sincerely,



Debra L. Ness  
President  
National Partnership for Women & Families  
Co-Chair  
Consumer-Purchaser Disclosure Project



William Kramer  
Executive Director for National Health Policy  
Pacific Business Group on Health  
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### APPENDIX: CAHPS SURVEY QUESTIONS

The following table lists suggested questions from the CAHPS Survey and Supplemental Item Set to be considered for inclusion in the Exchange Consumer Experience Survey

CAHPS 4.0H Adult Questionnaire (Commercial)	
Section	Questions
<i>Your Health Care In the Last 12 Months</i>	<p><u>Getting Timely Care:</u></p> <ul style="list-style-type: none"> <li>– Q4: When you needed care right away, how often did you get care as soon as you thought you needed?</li> <li>– Q6: Not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?</li> </ul> <p><u>Health Promotion and Education:</u></p> <ul style="list-style-type: none"> <li>– Q8: In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?</li> </ul> <p><u>Shared Decision-Making</u></p> <ul style="list-style-type: none"> <li>– Q9: Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. Did a doctor or other health provider tell you there was more than one choice for your treatment or health care?</li> <li>– Q10: Did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?</li> <li>– Q11: When there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?</li> </ul> <p><u>Getting Medical Information After Hours (From Medicare Advantage Plan CAHPS)</u></p> <ul style="list-style-type: none"> <li>– Q9: Did you call</li> <li>– Q10: Did you get your question answered</li> <li>– Q11: How fast did you get your question answered</li> </ul> <p><u>Health Care System Rating</u></p> <ul style="list-style-type: none"> <li>– Q12: Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?</li> </ul>
<i>Your Personal Doctor</i>	<p><u>Doctor Communications:</u> In the last 12 months, how often did your personal doctor...</p> <ul style="list-style-type: none"> <li>– Q15: Explain things to you in a way that was easy to understand?</li> <li>– Q16: Listen carefully to you?</li> <li>– Q17: Show respect for what you had to say?</li> <li>– Q18: Spend enough time with you?</li> </ul> <p><u>Doctor Rating</u></p> <ul style="list-style-type: none"> <li>– Q21: Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best, what number would you use to rate your personal doctor?</li> </ul>
<i>Getting Health Care from Specialists</i>	<p><u>Plan Access</u></p> <ul style="list-style-type: none"> <li>– Q23: How often was it easy to get appointments with specialists?</li> <li>– Q29 (from Medicare Advantage Plan CAHPS): How often did your personal doctor seem informed and up-to-date about the care you got from specialists?</li> </ul>

Your Health Plan	<p><u>Care Access</u></p> <ul style="list-style-type: none"> <li>- Q27: How often was it easy to get the care, tests, or treatment you thought you needed through your health plan</li> </ul> <p><u>Cost Information:</u> How often were you able to find out from your health plan how much you would have to pay for...</p> <ul style="list-style-type: none"> <li>- Q31: a health care service or equipment?</li> <li>- Q33: specific prescription medicines?</li> </ul> <p><u>Customer Service:</u> How often did your health plan's customer service staff...</p> <ul style="list-style-type: none"> <li>- Q35: Give you the information or help you needed?</li> <li>- Q36: Treat you with courtesy and respect?</li> </ul> <p><u>Paying Claims:</u> How often did your health plan...</p> <ul style="list-style-type: none"> <li>- Q40: Handle your claims quickly?</li> <li>- Q41: Handle your claims correctly?</li> </ul>
<b>Supplemental Item Sets</b>	
Chronic Condition	<p><u>Self-Care Management:</u> Did you and anyone in this doctor's office...</p> <ul style="list-style-type: none"> <li>- CC4: talk about how you are monitoring this health condition?</li> <li>- CC5 (aligns with PCMH CAHPS): work with you to set specific goals for managing this health condition?</li> <li>- CC6 (aligns with PCMH CAHPS): talk about the things that make it hard for you to manage this health condition?</li> <li>- CC7: Offer you help for the things that make it hard for you to manage this health condition?</li> <li>- CC8: Give you instructions about how to manage this health condition?</li> <li>- CC9: Help you learn the skills you needed to manage this health condition?</li> </ul>
Patient Centered medical Home	<p><u>Support in Taking Care of Your Own Health:</u> Did anyone in your doctor or provider's office...</p> <ul style="list-style-type: none"> <li>- PCMH 12: Talk with you about specific health goals?</li> <li>- PCMH 13: Ask if there were things that made it hard for you to take care of your health?</li> </ul>
Exchange Consumer Experience	<p>As noted in comments above, this yet-to-be developed item set should include questions related to:</p> <ul style="list-style-type: none"> <li>- accuracy of eligibility and tax credit determinations;</li> <li>- accessibility and effectiveness of consumer support tools</li> <li>- evidence of bias in communications</li> <li>- appeals process for both eligibility determination and coverage</li> <li>- Identifying where consumers are primarily accessing information</li> <li>- Effectiveness of marketing and outreach efforts</li> </ul>
<b>Optional Additional Questions</b>	
Health Status/ Functional Status	<p>Add three health status measures drawn from the VR-12 tool:</p> <ul style="list-style-type: none"> <li>- Does your health interfere with normal social activities?</li> <li>- Do you have problems with work or daily activities due to health?</li> <li>- Does your health limit functions you do during a typical day?</li> </ul>