Developing the QHP Enrollee Survey Sample Frame

October 27, 2016
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• Creating the QHP Enrollee Sample Frame
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Session Guidelines

- This is a 60-minute webinar session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at (800) 257-9520.
Announcements
Objectives
Objectives

- Discuss QHP issuers’ responsibilities for administering the QHP Enrollee Survey.
- Provide information on key steps in developing the survey sample frame.
  - Review variables unique to the QHP Enrollee Survey.
- Share sources of additional information regarding the QHP Enrollee Survey.
Background and Introduction to the QHP Enrollee Survey
Background

• Section 1311(c)(4) of the Affordable Care Act (ACA) directs the Secretary to establish an enrollee satisfaction survey system for QHPs offered through a Marketplace that had more than 500 enrollees in the prior year. To implement, CMS developed the QHP Enrollee Survey.

• Results from the QHP Enrollee Survey feed into the overall Quality Rating System (QRS) for QHPs offered through a Marketplace mandated by section 1311(c)(3) of ACA.

• CMS implemented a Beta Test in 2015 to test the survey system and procedures and further refined procedures based on experiences in 2016.
Introduction to the QHP Enrollee Survey

- 2017 questionnaire includes 90 questions, including all survey questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan 5.0 (Adult Medicaid) Survey.
- Survey administered by U.S. Department of Health and Human Services (HHS)-approved survey vendors.
- QHP issuer provides a validated sample frame and authorizes the survey vendor to administer the survey and submit results to CMS on the issuer’s behalf.
- Survey vendor draws the sample and administers the survey.
- Survey vendors draw a simple random sample of 1,300 enrollees.
  - Issuers wishing to draw a larger sample must provide the survey vendor with the desired sample size and initial estimate of the number of eligible enrollees. More information at qhpcahps.cms.gov.
What Must QHP Issuers Do?

| Step 1 | • Contract with and authorize an HHS-approved QHP Enrollee Survey Vendor to administer the QHP Enrollee Survey on the issuer’s behalf. |
| Step 2 | • Work with survey vendor to determine desired sample size (if a larger sample size is desired). |
| Step 3 | • Contract with a National Committee for Quality Assurance (NCQA)-Licensed HEDIS Compliance Organization (HEDIS® Compliance Auditor) to validate the sample frame. |
| Step 4 | • Create a sample frame for each reporting unit that correctly specifies the enrollees. |
| Step 5 | • Complete the sample frame validation process with a HEDIS® Compliance Auditor. |

*Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance.*
Sample Frame Validation

• QHP issuer delivers sample frame data file to the HEDIS® Compliance Auditor and completes the validation process by January 31, 2017.
  – If QHP issuer’s survey eligibility status changes, then the QHP issuer should notify the QHP Enrollee Survey Project Team within 3 business days but no later than January 15, 2017.

• HEDIS® Compliance Auditors must validate the survey sample frame before survey vendors draw the sample and conduct the survey.
  – Review source code used to generate the eligible population.
  – Confirm that the correct data file structure is used and that the plan correctly populates the standard layout.
Sample Frame Validation (continued)

- Validation process allows plans to make corrections before the file is approved.
  - Missing data does not necessarily result in a “failed” file, but HEDIS® Compliance Auditors alert plans of the results and the possibility that the missing data could threaten the survey results (e.g., phone numbers, zip codes).
- HEDIS® Compliance Auditor completes NCQA Healthcare Organization Questionnaire (HOQ) with sample frame validation results.
- HEDIS® Compliance Auditor applies password lock to approved sample frame file.
  - QHP issuer sends approved sample frame file to HHS-approved survey vendor.
- QHP issuer completes HOQ by the deadline specified by NCQA (February 2017).
Creating the QHP Enrollee Sample Frame
Creating the QHP Enrollee Sample Frame

- QHP issuers must develop a sample frame for each reporting unit that is eligible to field the survey.
- QHP issuers must generate a complete, accurate, and valid sample frame to support data collection activities and public reporting.
- All sample frames must be developed using the standardized format established by CMS and the QHP Enrollee Survey Project Team.
- Sample frame includes a single record for each eligible enrollee.
- Sample frames are ASCII fixed-width files and all data must be left justified.
- Sample frame must include all specified data elements.
  - If not available, then use valid value for Missing.
- **Deadline**: January 31, 2017
What Is a Reporting Unit?

- A reporting unit is a **product type** offered through the Marketplace by an issuer within a particular state.
  - Specified product types are exclusive provider organization (EPO), health maintenance organization (HMO), point of service (POS) and preferred provider organization (PPO).
- A product type may include a single QHP or many QHPs, spanning QHPs with a variety of metal levels.
- QHP issuers may not combine multiple product types into a single reporting unit.
- Eligible reporting units have more than 500 enrollees as of July 1, 2016 **AND** as of January 1, 2017.
- Reporting units that are decertified or discontinued prior to June 15, 2017 should not be included in the survey.
Additional Details about Reporting Units

- A QHP issuer offering a QHP and a Multi-State Plan (MSP) option of the same product type in the same state’s Marketplace must combine enrollees from both QHP and MSP products.

- A QHP issuer offering the same product type on the individual Marketplace and the Small Business Health Options Program (SHOP) within a State’s Marketplace must combine enrollees from both the individual Marketplace and SHOP.
Which Enrollees Are Included?

*Include the following enrollees:*

- All enrollees in QHPs offered through a state’s Marketplace
  - Denoted with Health Insurance Oversight System (HIOS) ID variants -01 through -06
- All enrollees in QHPs offered through a state’s Marketplace that provide family and/or adult-only medical coverage
- Enrollees who are 18 years of age or older as of December 31, 2016 and who were enrolled in a QHP from July 1-December 31, 2016 with no more than one 31-day break in enrollment
Exclude the following enrollees:

- Enrollees in QHPs offered outside the Marketplace (off-Marketplace) and non-QHPs (e.g., traditional commercial plans)
  - Denoted with a HIOS ID variant “-00”
- Enrollees in child-only QHPs or Stand-alone Dental Plans (SADPs)
- Individuals who discontinue coverage through the Marketplace QHP for plan year 2017 as of January 1, 2017
- Enrollees deceased as of January 1, 2017
Providing Enrollee Contact Information

• Vital that QHP issuers populate sample frame with up-to-date contact information for all enrollees to maximize the likelihood that a sufficient number of responses is received to produce valid scores.

• Notify survey vendor if anticipate not being able to provide complete contact information; may want to consider oversampling.
Variables in the QHP Enrollee Survey Sample Frame
Variables on the Sample Frame

• Four types of data are included in the sample frame:
  – Variables about the QHP issuer
  – Variables about the reporting unit
  – Variables about the QHP
  – Variables about the enrollee
Issuer Legal Name

- Legal name for the QHP issuer.
- Information in this field is used in the final reports supplied to QHP issuers, Marketplaces and CMS.
- Do not use acronyms.
- Variable must be identical for all enrollees.
Reporting Unit

• Reporting Unit ID
  – Format: HIOS Issuer ID (5-digit)-QHP state postal code (2-character)-Product Type (3-character).
  – For example: 12345-MD-PPO.
  – Identical ID for all enrollees in a sample frame and must match the HIOS Issuer ID, QHP state and Product Type variables provided elsewhere on the frame.

• Product Type
  – Indicates the type of health plan.
  – Must be HMO, POS, PPO or EPO.
  – All individuals in the sample frame must have the same product type.
Standard Component ID (SCID)

- Unique identifier for each plan offered on the Marketplace, which is sometimes referred to as the HIOS Plan ID.

- 14 digit alphanumeric value
  - First five digits are the HIOS ID, which must be the same for all SCIDs in a reporting unit
  - Followed by the two-digit state postal abbreviation where the product is offered
  - Remaining seven numbers identify the product
  - For example: 12345MD0010011
  - If this information is unavailable, issuer should use “dummy” SCID of 99999XX9999999
Plan Marketing Name

• The plan marketing name is the common QHP name that the enrollee would see on the Marketplace website, enrollee’s bill or ID card.
  – For example:
    • Care Health Bronze HMO 3500
    • Preferred Choice Silver Plan
• If issuers are unable to provide this information, issuers should state “Unavailable.”
• Field is used by survey vendors to identify valid plan aliases.
QHP State

• Two-character postal code abbreviation (i.e. MD or TX) for the state where the QHP is offered—not the state where the enrollee resides.

• This field must be identical for all individuals in the sample frame for a particular reporting unit.
Enrollee ID Numbers

• Subscriber or Family ID (SFID)
  – Common ID number that identifies all individuals covered under a single policy.
  – ID number can be alphanumeric.

• Enrollee ID
  – ID number that identifies an individual enrollee.
  – Number must be unique to each enrollee.
  – ID number can be alphanumeric.
Enrollee Language Preference

- Two variables in sample frame: one for spoken language preference and the other for written language preference.
- Information could come from Marketplace application or information collected independently by QHP issuers.
- Providing this information will allow survey vendors to send survey materials in the appropriate language, which helps to improve response rates.
Enrollee Eligibility for the Advance Premium Tax Credit (APTC)

- Indicator of whether the individual qualified for the Advance Premium Tax Credit (APTC) at time of sampling.
- Important to provide this information because it may be used as a case-mix adjuster to ensure valid comparisons among reporting units.
Medicaid Expansion QHP Enrollees

- Individuals enrolled in QHPs offered through a state’s Marketplace as part of the Section 1115 Medicaid Expansion Waivers in Arkansas and Iowa should be included in sample frame. Issuers in Arkansas and Iowa that participate in these waivers should identify enrollees who are enrolled as part of these waivers through the Marketplace.
- QHPs offered outside of Arkansas and Iowa or QHPs that are offered in Arkansas and Iowa but are not part of these waivers should code this variable as “9” for Not Applicable.
Variant ID

- Two digit numeric value that indicates the cost-sharing variant of the QHP that the individual is enrolled in.
  - This is sometimes appended to the SCID/HIOS Plan ID to form a 16 digit identifier.
- If issuer is unable to provide this information, the field should be populated with “09” to indicate that this is missing.
- “00” Variant ID, which is utilized for off-Marketplace QHP enrollees is not a permitted value since these enrollees should be excluded from the sample frame.
Additional Resources on QHP Enrollee Survey
Resources for Additional Information

• QHP Enrollee Survey Project Website, including a list of HHS-approved vendors, survey questionnaires, and specifications for developing the sample frame:

• List of HEDIS Compliance Organizations, data validation process information:
Resources for Additional Information (Continued)

• Technical assistance for QHP Issuers:
  - Exchange Operations Support Center Help Desk:
    e-mail CMS_FEPS@cms.hhs.gov; phone 855-CMS-1515.

• QRS documentation, including the QRS and QHP Enrollee Survey Technical Guidance for 2017:
Open Q&A Session
Questions?

• To submit or withdraw questions by phone:
  – To submit a question, dial “star(*) pound(#)” on your phone’s keypad.
  – To withdraw a question, dial “star(*) pound(#)” on your phone’s keypad.

• To submit questions by webinar:
  – Type your question in the text box under the “Q&A” tab and click “Send.”
Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and HIOS
  Call: 855-CMS-1515 or Email: [CMS_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)

- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
  Email: [serffplanmgmt@naic.org](mailto:serffplanmgmt@naic.org)

- **CMS Help Desk** with questions about policy
  Call: 855-CMS-1515 or Email: [CMS_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)
Best Practices-
Submitting Help Desk Tickets

• Include HIOS ID, issuer state and issuer legal name.
• Include screenshots or attach templates when asking about an error or issue with the template.
• Submit separate Help Desk requests for different, unrelated questions.
• Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
• Identify or note whether a question is for the SHOP or Individual Marketplace.
The 2016 QHP November Webinar Series XI sessions occur on Thursdays as shown below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time (ET)</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/3/16</td>
<td>Thursday</td>
<td>1:00 p.m. – 2:00 p.m. ET</td>
<td>QHP Issuer Responsibilities for the 2016 QHP Enrollee Survey</td>
</tr>
<tr>
<td>11/10/16</td>
<td>Thursday</td>
<td>1:00 p.m. – 2:00 p.m. ET</td>
<td>PCA Overview</td>
</tr>
<tr>
<td>11/17/16</td>
<td>Thursday</td>
<td>1:00 p.m. – 2:00 p.m. ET</td>
<td>Quality Improvement Strategy (QIS) Overview and Summary of Requirements for the 2017 Coverage Year</td>
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Please register if you wish to participate, even if you have registered for a previous series.

For registration and additional information on CMS’ webinar series, please log in to https://www.REGTAP.info.
Additional Webinar Dates

In addition to the weekly PM webinar sessions, issuers are encouraged to attend the following sessions:

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Day</th>
<th>Time (ET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>Mondays</td>
<td>12:00 p.m. – 1:00 p.m.</td>
</tr>
<tr>
<td>EDGE Server</td>
<td>Tuesdays</td>
<td>11:30 a.m. – 1:00 p.m.</td>
</tr>
<tr>
<td>FF-SHOP</td>
<td>Tuesdays</td>
<td>1:00 p.m. – 2:00 p.m.</td>
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HIOS User Group Conference Call

• HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)

• Call Access: 1-888-455-8828; Passcode: 6714482
## Resources

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<thead>
<tr>
<th>Resource</th>
<th>Resource Link</th>
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<tbody>
<tr>
<td>National Conference of State Legislatures (NCSL)</td>
<td><a href="http://www.ncsl.org">http://www.ncsl.org</a></td>
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<tr>
<td>Registration for Technical Assistance Portal (REGTAP)</td>
<td><a href="https://REGTAP.info">https://REGTAP.info</a></td>
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## Commonly Used Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AV</td>
<td>Actuarial Value</td>
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<tr>
<td>BHP</td>
<td>Basic Health Program</td>
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<tr>
<td>ECP</td>
<td>Essential Community Provider</td>
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<tr>
<td>EHB</td>
<td>Essential Health Benefit</td>
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<tr>
<td>EIDM</td>
<td>Enterprise Identity Management</td>
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<tr>
<td>FFM</td>
<td>Federally-facilitated Marketplace</td>
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<tr>
<td>HIOS</td>
<td>Health Insurance Oversight System</td>
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### Commonly Used Acronyms (continued)

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<thead>
<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>MSP</td>
<td>Multi-State Plans</td>
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<tr>
<td>NAIC</td>
<td>National Association of Insurance Commissioners</td>
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<td>NCQA</td>
<td>National Committee for Quality Assurance</td>
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<td>QHP</td>
<td>Qualified Health Plan</td>
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<td>SBM</td>
<td>State-based Marketplace</td>
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<tr>
<td>SERFF</td>
<td>System for Electronic Rate and Form Filing</td>
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<tr>
<td>USP</td>
<td>United States Pharmacopeia</td>
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Closing Remarks