

August 27, 2013

CMS, Office of Strategic  
Operations and Regulatory Affairs,  
Division of Regulations Development

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

RE: Form Number CMS–10488

To Whom It May Concern:

The Association for Community Affiliated Plans (ACAP) thanks you for providing us with an opportunity to comment on the notice concerning Enrollee Satisfaction Survey Data Collection (*Form Number: CMS–10488*) as part of the OMB clearance process. This notice was published June 28, 2013 in the Federal Register. ACAP thanks CCIIO for its efforts to provide clear, practicable guidance for measuring the quality of qualified health plans (QHPs) participating in the Exchange and appreciate your willingness to consider our comments.

ACAP is an association of 58 not-for-profit and community-based Safety Net Health Plans (SNHPs) located in 24 states. Our member plans provide coverage to almost 10 million individuals enrolled in Medicaid, the Children’s Health Insurance Program (CHIP) and Medicare Special Needs Plans for dually-eligible individuals. Nationally, ACAP plans serve roughly one-third of all Medicaid managed care enrollees. Many Safety Net Health Plans currently have developed plans to serve those individuals that will gain new coverage due to insurance expansions enacted by the Affordable Care Act. Many ACAP members currently are building qualified health plans that will participate in the Exchanges operating in their states.

Our positions on the proposed QHP enrollee satisfaction survey are summarized below:

- **The QHP satisfaction survey should mirror the HP (health plan) CAHPS, with the addition of no more than a few of the supplemental questions.**
- **Validation through field testing is critical, especially if questions from disparate surveys are being combined into one instrument.**
- **To be inclusive and better reflect the population to be served, the survey being developed for QHP enrollee satisfaction needs to include languages other than English and Spanish. At a minimum, we would suggest consideration of developing and cognitively testing instruments in Mandarin, Cantonese and Vietnamese.**
- **ACAP opposes any downward case risk adjuster based on the question concerning “Covered by Medicaid in past 5 years”.**
- **We support separate reporting of the QHP enrollee satisfaction results by metal level.**
- **Consideration should also be given to stratifying results by subsidy level as well.**



These positions are described in greater detail here:

- First and foremost, at a total of 83 questions, the survey is far **too long**. It is our contention that the developers are trying to accomplish too much with a single survey. As a result, we believe that the response rate will be adversely impacted which is critical for a survey that will be used to guide consumer choice. Instead, the survey should mirror the CAHPS survey currently used for health plans and focus on the major domains. The QHP enrollee satisfaction survey should not try and meld questions from a variety of versions and instruments that were all designed to do different things with different audiences. In addition, a survey designed to be used for research as well as satisfaction may strain member knowledge and understanding. **The QHP satisfaction survey should mirror the HP (health plan) CAHPS, with the addition of no more than a few of the supplemental questions.**
- **Validation through field testing is critical, especially if questions from disparate surveys are being combined into one instrument.**

Given that many of the enrollees will be uninsured with no coverage experience, particular attention must be given to issues of reading level and health literacy. As indicated above, an 83 question survey will be overwhelming for someone with limited health literacy.

In addition, we are concerned about the proposed timing of the field testing. We believe that the current schedule is still too early. Our member plan experience has been that substantial changes will be seen after the first year that a plan takes on new population, especially as enrollees learn to negotiate the health care coverage environment. Delaying the field testing will eliminate this noise as a variable.

- One major issue with the current CAHPS surveys is that they have been developed and validated in only two languages, English and Spanish. **To be inclusive and better reflect the population to be served, the survey being developed for QHP enrollee satisfaction needs to include languages other than English and Spanish. At a minimum, we would suggest consideration of developing and cognitively testing instruments in Mandarin, Cantonese and Vietnamese.**
- We are very concerned with the factors that will be used to adjust raw scores and that how the adjustments are carried out will skew the findings. Specifically, under the current Medicare Advantage HP-CAHPS, because low-income individuals are generally happier with their health plan than higher-income individuals, the scores given by low-income individuals are artificially reduced based on response to the question about Medicaid coverage. There are legitimate reasons for these scoring differences and they should be recognized, not masked. We also believe that if the issues outlined above are addressed and the survey instrument was improved in terms of literacy and comprehension levels, there would be less need to adjust the scores. **Therefore, ACAP opposes any downward case risk adjuster based on the question concerning “Covered by Medicaid in past 5 years”.**
- **We support separate reporting of the QHP enrollee satisfaction results by metal level.** We are concerned with the potential peril of small “n” sample sizes that could result in the inability to report for all plan variations and results that are not actionable. However, we also recognize that satisfaction can be expected to vary with different levels of benefits, especially with variations in cost sharing. **For this reason, consideration should also be given to stratifying results by subsidy level as well.**



**Conclusion**

ACAP thanks CMS for your willingness to seek input on these issues. If you have any additional questions or comments, please do not hesitate to contact Deborah Kilstein (202-341-4101 or [dkilstein@communityplans.net](mailto:dkilstein@communityplans.net)).

Sincerely,

Margaret A. Murray  
Chief Executive Officer