



Memorandum

To: Lindsey Tucker
Deputy Commissioner, Health Benefit Exchange
Department of Vermont Health Access

From: R. Kelly Myers
President and Chief Analyst

Subject: Technical Plan to Administer Enrollee Satisfaction Survey System

Date: October 5, 2012

Overview

The purpose of this document is to provide the State of Vermont with an overview of how to design and administer an Enrollee Satisfaction Survey System that is consistent with the requirements of the Affordable Care Act (ACA). The term “Exchange” is used throughout this memorandum (and questionnaire). This is a draft term that is subject to change when another term, or branded reference, is developed and announced by the State of Vermont.

The following is a description of the technical requirements for the Enrollee Satisfaction Survey System outlined in the ACA legislation:

Section 1311

(c) Responsibilities of the Secretary

(4) The Secretary shall develop an enrollee satisfaction survey system that would evaluate the level of enrollee satisfaction with qualified health plans offered through an Exchange, for each such qualified health plan that had more than 500 enrollees in the previous year. The Exchange shall include enrollee satisfaction information in the information provided to individuals and employers through the Internet portal established under paragraph (5) in a manner that allows individuals to easily compare enrollee satisfaction levels between comparable plans.

Gather data to conduct Enrollee Satisfaction Survey System

In order to administer a survey to individuals, employers and SHOP employees who enroll in a qualified health plan (QHP) through the Exchange after enrollment, the Exchange must gather complete contact information that can be used to administer the survey. It is recommended that the Exchange keep open the possibility of administering the survey by phone, online or using a mixed-mode design. For this reason, it is recommended that the Exchange gather information from individuals, small employers and SHOP employees at the point-of-purchase on the Exchange's website. Apart from any information that the Exchange needs to enroll people in a QHP, billing information or any other administrative function, the following data elements should be gathered at the point-of-purchase for the enrollee satisfaction survey *prior to making an election*:

1. First name of enrollee
2. Middle name of enrollee
3. Last name of enrollee
4. E-mail address (if applicable)
5. Household phone (if applicable)
6. Mobile phone (if applicable)
7. Home address (including city, state and zip code)
8. Name and phone of closest contact (if the enrollee were to move)
9. Date of enrollment (Month and Year).
10. Health plan (enrolled QHP)

It is important to emphasize that the Exchange should attempt to collect accurate contact information at the point-of-purchase in order to assure that the selected vendor (or the SOV) has accurate information to conduct a follow-up interview.

It is strongly recommended that the Exchange includes item 8 above. Based on past experience, this information can be an extremely useful way to conduct follow-up interviews among individuals who may be transient and likely to move frequently.

In considering the data elements outlined above, it is also important to emphasize the following:

1. The Exchange needs to collect the data elements outlined above in order to successfully administer a post-enrollment survey of eligible QHP members.
2. The Exchange needs to have the ability to export the data elements outlined above into a usable electronic format.
3. The Exchange has legal authority to share these data elements with a third-party vendor (provided that the vendor signs a non-disclosure agreement or a confidentiality agreement with the Exchange).

It would be preferable if the Exchange were able to require the information outline above from all enrollees because it would help ensure the selection of a probabilistic sample for the follow-up survey. This needs to be carefully weighed against the possibility that this requirement could be perceived as a barrier to enrollment. The information outlined above could be collected on a voluntary basis (following the enrollment process), with the understanding that this could introduce a self-selection bias into the Enrollee Satisfaction Survey.

It is recommended that the Exchange inform enrollees that they can expect to be contacted in the future to participate in a survey to determine their level of satisfaction with their health insurance company. Enrollees should also be notified that their feedback will provide future enrollees with information to help them make an informed choice, and improve the enrollment process.

The reason for collecting mailing address, home phone, mobile phone and e-mail address is to ensure that the enrollee satisfaction survey could be administered using a mixed mode design to achieve a high response rate.

Sample selection for the Enrollee Satisfaction Survey System

According to the ACA, the Exchange is required to administer an enrollee satisfaction survey for each qualified health plan with at least 500 members who enrolled in each QHP through the Exchange in the previous year. Because the largest percentage of enrollment is expected to occur within the first few months that the law goes into effect, it does not seem necessary to wait an entire year to administer the survey. As outlined below, it is recommended that the first wave of the survey be administered earlier than the one year from the date of enrollment.

We recommend that the survey research methodology (i.e., sample selection criteria, questionnaire, data collection techniques, and reporting) should be identical for all QHPs to ensure direct comparability of results.

The Exchange must be fully functional by 01/01/2014. It is recommended that the first administration of the enrollee satisfaction survey should occur approximately eight months *following this opening date* (August 2014) so that the results can be made available (posted on the Exchange's website) in September 2014 to ensure the customer satisfaction rating information is available during the period prior to, and during, open enrollment for 2015.

If the Exchange contracts with a third party vendor to administer the survey, it is recommended that the Exchange provides the vendor with a complete list of enrollees and require the selected vendor to select a random sample. Most reputable survey research companies use software to select a random sample from a population universe. It is recommended that the Exchange requires a third party vendor to specify precisely how they would select a random sample of enrollees from each QHP. If the Exchange were to select a random sample to be provided to a third party vendor, it may provide too many or too few records. Ideally, the Exchange should require a third party vendor to identify how it will select a random sample and how many call attempts will be made before the sample record is replaced by a records from a sub-replicate sample. While no industry standard exists, the Exchange should expect a minimum of 4-5 call attempts.

Survey administration

The survey of enrollees could be administered by telephone, online or mail. It is recommended that the Exchange requires the survey to be administered by telephone because this is the most reliable method for achieving a representative sample based on a high response rate. Administering the survey online or by mail introduces the possible advantage of being less expensive. However, both methodologies introduce an increased likelihood that the survey results would be less reliable because they both introduce a self-selection bias. Even as response rates to telephone surveys have declined over the past 10 years, they are still recognized as the most reliable survey methodology.

If the Exchange explores the possibility of contracting with a third party vendor to administer the survey, the RFP could include a provision outlining the data elements that will be available (i.e., those collected at the point-of-purchase), and requesting vendors to recommend an appropriate methodology. However, the Exchange should understand from the outset that a telephone methodology is widely regarded as the most reliable method of survey data collection.

Questionnaire design

It is recommended that the survey questions should be modeled from other standardized instruments, such as HEDIS / CAHPS, unless other questions can be demonstrated to be more reliable based on survey research best practices.

The research should produce a valid, reliable and easy-to-understand satisfaction rating that can be posted on the Exchange's website so that individuals, small employers and SHOP employees can readily compare how other consumers rate each QHP at the point-of-purchase.

A recommended questionnaire is shown on the next page.

[Note.- This questionnaire would include different introductions and wording, depending on the mode of administration. For the purpose of this document, the survey script is shown for a telephone administration.]

Introduction:

Hello, may I please speak to: [fill first name | last name]?

Hello, my name is _____ and I am calling from [fill appropriate organization] on behalf of the State of Vermont Health Benefit Exchange. We are not selling anything. We are conducting a brief survey among people who enrolled in a health insurance company about six months ago through the Exchange (name TBD) website, over the phone, through the mail or in person. The purpose of the survey is to gather information that the Exchange (name TBD) can use to improve services in the future.

I want to assure you that all of your responses are completely confidential. The survey takes about 6-8 minutes.

Screening Questions:

Q01 According to our records, you enrolled in a health insurance company through [fill QHP]. Are you still enrolled in that plan?

If respondent is unsure, read the name of each health insurance company.

01 Yes, enrolled in Blue Cross Blue Shield of Vermont

02 Yes, enrolled in MVP

03 Yes, enrolled in [other QHP – TBD]

88 No

Thank and terminate

Q02 Did you originally enroll in your current health plan online, over the phone, through the mail or in person?

01 Online (www.vthealthexchange.gov – TBD)

02 Over the phone

03 Through the mail

04 In person

88 Other [specify]

Customer Satisfaction Index (CSI):

[**Note.**- Two of the following three questions (Q04-Q05) are modeled from the current CAHPS survey (with the exception that the term “health insurance company” has replaced “health plan”). These three questions would be used to construct a standardized Customer Satisfaction Index (CSI). These three questions represent the core of the questionnaire.]

Q03 How would you rate your overall experience with your current health insurance company?

Read responses:

01 Excellent
02 Very good
03 Good
04 Fair
05 Poor

99 Don't know / unsure

Q04 If a family member or friend needed health insurance, how likely would you be to recommend your health insurance company?

Read responses:

01 Definitely would recommend
02 Probably would recommend
03 Might or might not
04 Probably would not recommend
05 Definitely would not recommend

99 Don't know / unsure

Q05 Do you intend to switch to a different health insurance company when you next have an opportunity? Would you say you:

Read responses:

01 Definitely would
02 Probably would
03 Probably would NOT
04 Definitely would NOT

99 Don't know / unsure

[Note.- Based on responses to Q03-Q05, the following methodology would be used to construct an overall Customer Satisfaction Index (CSI).]

Recoding variables Q03 – Q05:

Recode Q03 (1=10)(2=7.5)(3,99=5)(4=2.5)(5=0)(99 = system missing)

Recode Q04 (1=10)(2=7.5)(3,99=5)(4=2.5)(5=0)

Recode Q05 (4=10)(3=7.5)(99=5)(2=2.5)(1=0)

The following is an outline of how an overall Customer Satisfaction Index (CSI), with a standardized score between 0-100, would be calculated:

COMPUTE CSI = (((Q03 + Q04 + Q05) / 3) * 10)

It is important to emphasize that this computational method gives equal weight to all three questions. None of these questions is considered more or less important in the calculation of the overall Customer Satisfaction Index (CSI).

Q06 Approximately how many times have you, or anyone in your household, used your health insurance company, such as visiting a doctor, filling a prescription or using a hospital, since you first enrolled?

00 None

01-20 Number of times

88 Have used plan, but unsure how many times

99 Don't know / unsure

Q07 In the three months prior to the time that you enrolled with your current health insurance company, were you insured or uninsured?

01 Insured [goto Q08]

02 Uninsured [goto Q09]

Q08 What is the name of the health insurance company you were enrolled with prior to enrolling with your current health insurance company through the Exchange (name TBD)?

01 Yes, enrolled in Blue Cross Blue Shield of Vermont

02 Yes, enrolled in MVP

03 Yes, enrolled in [other QHP – TBD]

88 Other [specify]

Q09 Is there anything about the application or enrollment process that the Exchange (name TBD) could do differently to make it easier for individuals like you?

Open-ended

[specify]

Q10 What are the three most important reasons why you chose to enroll with your current health insurance company?

[Note.- randomize list]

- 01 Ease of finding a doctor
- 02 Ease of getting a referral
- 03 It has a good reputation (well known name)
- 04 Had insurance from [fill health insurance company] previously
- 05 Know someone else who is enrolled in health insurance company
- 06 Good customer service
- 07 Affordable, less expensive (low out-of-pocket expenses)
- 08 My doctor is in the plan's network

- 88 Other [specify]
- 99 Don't know / unsure

Q11 How would you rate the job the Exchange (name TBD) did making this information about your health insurance company available to you prior to enrolling with the health insurance company?

Read responses:

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor

- 99 Don't know / unsure

Service Experiences:

Positive Experiences:

Q12 How many times have you had a really positive experience using your health insurance company in the past 6 months - or experienced something that you would describe as exceptional - or received services that went above and beyond to help you?

00 No - none

01-50 Number of times

88 Had positive experience, unsure how many

99 Don't know / unsure

[If Q12 = 1 or more or 88]

Q13 Which of the following best describes your positive experience(s)?

Read responses:

(Circle all mentioned)

[randomize list]

01 Quickly received membership card

02 Claim processed easily

03 Quickly received approval or referral

04 Quickly received care

05 Paperwork was simple

06 No paperwork

07 Good benefits, or coverage

08 High quality medical care

09 Good follow-up care

10 Good customer service

11 Good network of doctors

12 Good value, or reasonable cost

13 Easy to understand written information

14 Easy to use or understand information on website

88 Other [specify]

99 Don't know / unsure

If mention Customer Service:

Q14 Please describe your positive experience with customer service?

Open-ended

[specify]

Negative Experiences:

Q15 How many times have you had a bad, or negative, experience using your health insurance company in the past 6 months - or experienced anything that you would describe as a problem, an unreasonable wait or delay, or caused you to feel concerned or frustrated?

00 No - none

01-50 Number of times

88 Had negative experience, unsure how many

99 Don't know / unsure

[If Q15 = 1 or more or 88]

Q16 Which of the following best describes your negative experience(s)?

Read responses:

(Circle all mentioned)

[randomize list]

01 Difficulty obtaining membership card

02 Claim held up, denied or delayed

03 Difficulty receiving approval or referral

04 Difficulty receiving care

05 Difficulty with paperwork

06 Too much paperwork

07 Poor benefits, or coverage

08 Low quality medical care

09 Poor follow-up care

10 Poor customer service

11 Poor network of doctors

12 Poor value, or unreasonable cost (high co-pay or deductible)

13 Difficulty understanding written information

14 Difficult to use or understand information on website

88 Other [specify]

99 Don't know / unsure

If mention Customer Service:

Q17 Please describe your negative experience with customer service?

Open-ended

[specify]

Customer service:

Q18 Since you enrolled in your current health insurance company, have you contacted a customer service representative for any reason?

- 01 Yes [goto Q19]
- 02 No [goto D01]

- 99 Don't know / unsure [goto D01]

Q19 When was your most recent contact with customer service?

- 01 Within the past month
- 02 1-2 months ago
- 03 3-4 months ago
- 04 5-6 months ago
- 05 > 6 months

- 99 Don't know / unsure

Q20 How would you rate your overall satisfaction with your most recent contact with customer service?

Read responses:

- 01 Completely satisfied
- 02 Very satisfied
- 03 Moderately satisfied
- 04 Only somewhat satisfied
- 05 Not at all satisfied

- 99 Don't know / unsure

Demographics:

[Note.- It is assumed that the Exchange will gather demographic and enrollment information from individuals (but not for employees), and these records will be provided to the selected vendor (along with complete contact information). These records would be appended to the survey records to assist in the analysis of the results. If this information is not provided by the Exchange, the following demographics would be included in the survey (or modified to replicate how the Exchange gathers data at the point of purchase).]

D01 Now just a few questions for statistical purposes.

What is your race or ethnic background?

Read responses:

- 01 White
- 02 Black or African American
- 03 Asian (or Pacific Islander)
- 04 American Indian or Alaska native
- 05 Native Hawaiian or other Pacific Islander
- 06 Other

99 Don't know / unsure

D02 Are you of Hispanic or Latino origin or descent?

- 01 Yes
- 02 No

99 Don't know / unsure

D03 Which of the following categories best describes your age?

Read responses:

- 01 18-24
- 02 25-34
- 03 35-44
- 04 45-54
- 05 55-64
- 06 65+

99 Don't know / unsure

D04 What is the highest grade, or level of education, you completed?

Read responses:

- 01 8th grade or less
- 02 Some high school (grades 9-12)
- 03 Graduated high school
- 04 Vocational school
- 05 Associate degree (2 year college)
- 06 Bachelor degree (4 year college)
- 07 Graduate or professional degree

99 Don't know / unsure

D05 How many children age 17 or younger are covered by your health insurance plan?

- 0 None
- 1-8 Number of children

99 Don't know / unsure

D06 How many adults age 18 or older are covered by your health insurance plan?

- 1-5 Number of adults

99 Don't know / unsure

Based on number of children and adults covered by health insurance plan, the actual dollar amounts will be computed and filled in D07, *not percentages*.

D07 Which of the following best describes you total annual household income from all sources before taxes?

- 01 [fill: 133% FPL] or less
- 02 [fill: 134-250% FPL]
- 03 [fill: 251-400% FPL]
- 04 [fill: 401% FLP] or more

99 Don't know / unsure

END Thank you very much for your time. Your comments are greatly appreciated.

GR Interviewer: please enter the sex of the respondent

If unsure: Would you describe yourself as male or female?

- 01 Male
- 02 Female

It is important to recognize that the introduction, screening questions and Q03-Q05 meet the minimum requirement of the ACA. The questionnaire includes additional questions because they: 1) will help explain enrollee satisfaction; and 2) provide the Exchange with useful information to improve service delivery.

Presenting enrollee satisfaction data

The ACA requires the Exchange to present enrollee satisfaction data on the Exchange's website for each QHP to provide future enrollees with additional information about each plan prior to enrollment. It is recommended that the data be presented graphically, as opposed to simply a number. It is also recommended that the data be shown as an overall Customer Satisfaction Index using a standardized scale from 0-100 because this is intuitive to consumers. Option 1 shown below meets the minimum requirement of the law.



An alternative to the minimum requirement would to show the results the following way.



As shown, in addition to an overall Customer Satisfaction Index score, the results are further broken down by tier. Depending on the natural breakdown of enrollment by tier for each qualified health plan, it might be recommended to increase the sample size, or meet minimum sample sizes by tier, for each qualified health plan. If stratified sampling is introduced, the overall customer satisfaction index for each qualified health plan would need to be weighted to reflect the actual distribution of enrollees by tier.