

Health Insurance Exchange

Qualified Health Plan Enrollee Survey Public Use File Guide

October 2022

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1.0 BACKGROUND

Section 1311 (c)(4) of the Patient Protection and Affordable Care Act (PPACA) establishes the requirement for the Department of Health & Human Services (HHS) to develop a system that evaluates enrollee experience with Qualified Health Plans (QHPs) offered through the Health Insurance Exchanges.¹ In 2014, the Centers for Medicare & Medicaid Services (CMS) developed the QHP Enrollee Experience Survey (referred to hereafter as the QHP Enrollee Survey) with the following goals:

- Help consumers choose among competing health plans by providing summary scores of plans' performance based on enrollee experiences.
- Provide actionable information that QHP issuers can use to improve performance.
- Provide information that regulatory and accreditation organizations can use to regulate and accredit plans.
- Provide a longitudinal database of QHP performance information.

The QHP Enrollee Survey is conducted annually to assess enrollees' experience with their health plans around areas like access to care and plan administration. CMS uses survey data to examine QHP performance and create national benchmarks for care. The survey includes questions in key areas of care and service, with some questions grouped to form composites.² Further, a subset of QHP Enrollee Survey data is combined with clinical quality measures and reported as part of the Quality Rating System (QRS). For additional information on the QRS and QHP Enrollee Survey, please see the CMS Health Insurance Marketplace Quality Initiatives (MQI) website.³

The 2022 QHP Enrollee Survey is composed of 70 questions that can be categorized into three question types:

1. **Scoring questions:** Each QHP's performance is scored using enrollees' responses to these questions. Each plan receives four global scores for the following areas: Overall Health Plan, Healthcare, Personal Doctor, and Specialists. Each plan also receives scores for the following eight composite areas: Getting Care Quickly, Getting Needed Care, Getting Information in a Needed Language or Format, How Well Doctors Communicate, How Well Doctors Coordinate Care and Keep Patients Informed, Getting Information About the Health Plan and Cost of Care, Health Plan Customer Service, and Enrollee Experience with Cost. Additionally, there are five single-item questions. Two of the single-item questions were added to the survey in 2021 to inquire about enrollee access to care and telehealth during the COVID-19 public health emergency.
2. **Screener questions:** Screener questions are used to identify the appropriate respondents to answer specific Scoring questions. For example, in asking respondents to evaluate the level of ease in getting care, tests, or treatments, the survey first asks, "How many times did you go to a doctor's office or clinic to get health care for yourself?"
3. **About-the-Enrollee questions:** These questions seek to gather demographic and health behavior information from the enrollees.

See [Appendix A. Key Terms](#) for a list of terminology used in this guide.

2.0 SURVEY PROCESS AND TIMELINE

The 2022 QHP Enrollee Survey was fielded between January and May 2022 by HHS-approved survey vendors. These vendors met or exceeded the minimum business requirements established by CMS, and administered the

¹ Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond, Final Rule, 79 Fed. Reg. 30240 at 30352 (May 27, 2014), 45 C.F.R. §§ 156.1120 and 156.1125.

² Composites are groupings of two or more related Scoring questions with related content to simplify scoring.

³ <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

survey in accordance with guidelines and specifications outlined in the *Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2022*, henceforth referred to as the 2022 Technical Specifications.

2.1 QHP AND ENROLLEE ELIGIBILITY

QHP issuers⁴ were required to collect 2021 QHP Enrollee Survey data for each Reporting Unit (RU) meeting the following criteria:

- Offered through an Exchange in the prior year (i.e., 2021 calendar year)
- Offered through an Exchange in the ratings year (i.e., 2022 calendar year) as the exact same product type, and
- Meets the QRS and QHP minimum enrollment requirements:
 - Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2021), and
 - Included more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2022)

Once issuers established that one or more of their products meet the criteria for data collection, the next step is to determine which enrollees are eligible to be sampled. QHP enrollees were eligible to be sampled in the 2022 QHP Enrollee Survey if they met all of the following requirements:

- Enrolled in a QHP offered through the Exchange that offers family and/or adult medical coverage
- Were 18 years or older by December 31, 2021
- Met the continuous enrollment criteria
- Were still enrolled in a QHP as of January 6, 2022

2.2 SAMPLE FRAME GENERATION

For the QHP Enrollee Survey and QRS, CMS defines the RU as the unique product type (i.e., health maintenance organization [HMO], preferred provider organization [PPO], exclusive provider organization [EPO], or point of service [POS]) offered by a QHP issuer through the Exchange in a particular state. QHP issuers are responsible for generating their sample frame, which lists all eligible enrollees for all RUs. Prior to sharing sample frames with approved vendors, the sample frames are required to pass validation checks by National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Auditors or NCQA-licensed HEDIS Compliance Organizations.⁵

HHS-approved vendors are responsible for drawing survey samples from the validated sample frames. In the first stage, vendors randomly select one enrollee per Subscriber Family ID⁶ to limit the sample frame to one eligible enrollee per Subscriber Family ID. In the second stage, vendors draw a random sample of 1,300 enrollees per RU from the deduplicated sample frame. For RUs with fewer than 1,300 enrollees at the end of the first stage, all enrollees are included in the sample. QHPs are allowed to oversample, in increments of 5 percent, to a maximum of 30 percent.

The 2022 QHP Enrollee Survey vendors conducted data collection using a mixed-mode approach that included mail, telephone, and web surveys. Sampled individuals received a pre-notification letter and email, two mailings of a paper survey, a reminder letter, two reminder emails, and six telephone attempt(s) for non-respondents. The surveys were available in English, Spanish, and Simplified Chinese.⁷

3.0 DATA ANALYSIS

CMS cleans and validates vendor-submitted data according to specifications given in the 2022 Technical Specifications. CMS combines all survey vendor files to create the person-level analytic data file, which contains

⁴ Issuers are not required to field the survey to consumers enrolled in indemnity plans, child-only QHPs, and stand-alone dental plans.

⁵ HEDIS® is a registered trademark of the NCQA.

⁶ Survey vendors may de-duplicate by address if a subscriber ID is not available.

⁷ Fielding in Simplified Chinese is optional.

person-level data from all RUs. CMS calculates composite scores, individual item scores, reliability, and response rates for each RU using the Consumer Assessment of Health Plans and Systems (CAHPS®) macro program for all Scoring questions.^{8 9} In addition to reporting on Scoring questions, CMS calculates frequency counts and non-response rates for Screener and About-the-Enrollee questions. CMS also reports frequency counts and percentages for survey dispositions for all sampled enrollees.

3.1 SURVEY QUESTIONS AND COMPOSITES

CMS combines Scoring questions with related content into composites of two or more survey questions. The QHP Enrollee Survey Public Use File (ES-PUF) includes scores for eight composites, four global ratings, and five single-item questions. The composites included in the ES-PUF align with the CAHPS Health Plan 5.0 Adult Survey composite structure.

For most composites, individual questions within the composite are averaged together, giving each question the same weight in score calculation. The one exception is the “How Well Doctors Coordinate Care and Keep Patients Informed” composite. In this composite, the two survey items about test results (questions 34 and 35) are averaged together prior to being combined with the other four questions in this composite. When response data are available for both test result questions, averaging these two questions down-weights them to have an equivalent weight of only one question within the composite.

A crosswalk of Scoring questions and composites is provided in [Appendix B. Scoring Questions and Composites Crosswalk](#). A subset of QHP Enrollee Survey questions and composites data are combined with the clinical quality measures as part of the QRS. A detailed crosswalk of the 2022 QHP Enrollee Survey items that are included with the QRS can be found in [Exhibit 3 of Appendix C. QHP Enrollee Survey and QRS Crosswalk](#) in this report.

3.2 CALCULATE Weight Variable

CMS may weight survey responses differently, in the statistical sense, depending on the beneficiary mix of an RU at sampling. The weight variable is calculated according to the formula below to reflect number of survey-eligible enrollees in each RU, then submitted into the CAHPS macro for scoring.

$$final\ weight = k * \frac{m}{n_s},\ where$$

m = Total number of records in the deduplicated file for the RU

n_s = Total number of sampled enrollees in the RU

k = Number of survey-eligible enrollees covered by the sampled enrollee’s Subscriber Family ID before deduplication

3.3 CASE-Mix Adjustment

Composite and individual question scores from the QHP Enrollee Survey are case-mix adjusted to control for enrollee characteristics that are not under the control of the issuer, but that may affect survey responses. Common case-mix adjusters in survey-based applications include overall health status, age, and education. These factors are necessary to account for biases due to survey respondent tendencies. For example, enrollees in poor health, young enrollees, and enrollees with higher levels of education tend to give lower ratings.¹⁰ Consequently,

⁸ For more information on the CAHPS macro program, see: <https://www.ahrq.gov/cahps/surveys-guidance/helpful-resources/analysis/index.html>. Survey scores are calculated using CAHPS macro version 5.0.

⁹ A survey question or composite must have a minimum of two score-able responses (i.e. a rating of 0 to 10 in a Global Ratings question, a response from Never to Always in a Frequency question, or Yes or No in a Dichotomous question) to be scored using CAHPS macro.

¹⁰ O'Malley AJ, Zaslavsky AM, Elliott MN, Zaborski L, Cleary PD. Case-mix adjustment of the CAHPS Hospital Survey. Health Services Research. 2005;40(6, part 2):2162-81.

QHPs with high concentrations of such enrollees tend to receive lower unadjusted scores than other QHPs, even if the quality of service is comparable.

Case-mix adjustment factors CMS used in its analyses and provided in the 2021 ES-PUF are: age, education, general and mental health, foreign language survey indicators for Chinese and Spanish, survey mode indicators like web and mail, chronic conditions and medications indicator, and an indicator for needing help in answering the survey.

CMS calculates the case-mix adjustment in the ES-PUF for each question or composite using the following steps:

1. Perform ordinary least squared regression on the entire person-level QHP data using the n case-mix adjusters as independent variables, and using the unadjusted score as the dependent variable. Coefficients obtained in this regression estimate the tendency of enrollees to respond more or less favorably to a given question or composite. To counter the estimated tendency, multiply the coefficients by negative one (-1) and denote them as: $\widehat{\beta}_1, \dots, \widehat{\beta}_n$
2. Calculate RU *i*'s raw unadjusted score: $y_{i,unadj}$
3. Calculate RU *i*'s mean values for adjuster variables:¹¹ $\bar{\alpha}_{Ui,1}, \dots, \bar{\alpha}_{Ui,n}$
4. Calculate national-level mean values for adjuster variables: $\bar{\alpha}_{N,1}, \dots, \bar{\alpha}_{N,n}$
5. Calculate RU *i*'s case-mix adjusted raw score, y_{adj} , using the following formula:

$$y_{i,adj} = y_{i,unadj} + \widehat{\beta}_1(\bar{\alpha}_{Ui,1} - \bar{\alpha}_{N,1}) + \dots + \widehat{\beta}_n(\bar{\alpha}_{Ui,n} - \bar{\alpha}_{N,n})$$

CMS calculates both adjusted and unadjusted scores for the ES-PUF. The scores presented within the ES-PUF are transformed to a uniform scale of 0 to 100 (see [Section 3.4](#)).

3.4 SCORE TRANSFORMATION TO SCALE OF 0–100

Scoring questions can be categorized into three types by their raw scores: 1) Global rating questions, with raw scores ranging from 0 to 10; 2) Questions having dichotomous responses with raw scores ranging between 0 to 1; and 3) all remaining Scoring questions and composites, with raw scores ranging from 1 to 4. Because the raw scores for these three types of Scoring questions are scaled differently, CMS transforms the raw scores to fit to a scale of 0 to 100 to make the scores comparable across all scored questions.¹²

- **Global ratings questions:** For global ratings questions, respondents are asked to rate their experience on a scale of 0 to 10, with 10 being the best possible rating. These questions are averaged to a raw score, case-mix adjusted or unadjusted, between 0 and 10. These scores are then multiplied by 10 to transform them to a scale of 0 to 100.
- **Dichotomous question:** One dichotomous question was added to the 2021 survey to ask about the availability of care through telehealth. The scores are averaged to a raw score, case-mix adjusted or unadjusted, between 0 and 1. These scores are then multiplied by 100 to transform them to a scale of 0 to 100.
- **Remaining Scoring questions and composites:** In all other Scoring questions and composites, respondents are asked to rate their experience based on four frequency responses: Never, Sometimes, Usually, and Always. The least favorable response to a question receives a raw score of 1; the most favorable response to a question receives a score of 4. The ratings for these four frequency responses are averaged to a raw score, case-mix adjusted or unadjusted, between 1 and 4. The following formula is then used to transform the RU's *i*'s raw score to a scale of 0 to 100.

$$y_i = 100 * \left(\frac{x_i - a}{b - a} \right), \text{ where}$$

y_i = the transformed score to the 0-100 scale for RU *i*

x_i = the raw scored based on original scale or 1 to 4 for RU *i*

¹¹ Missing values are imputed by substituting using mean adjuster value of RU *i*.

¹² Both weighted unadjusted and case-mix adjusted 0-100 scores are provided in the ES-PUF.

b = the highest possible score on the original scale, 4
a = the lowest possible score on the original scale, 1

For example, if a given RU has a mean score of 3.43 on a frequency question, with a minimum possible value of 1 and a maximum possible value of 4, the score transformation would be:

$$100 * \left(\frac{3.43-1}{4-1} \right) = 81$$

3.5 RESPONSE RATES

CMS provides the overall survey response rate in the ES-PUF.

The overall survey response rate, is calculated using the American Association for Public Opinion Research’s (AAPOR’s) Response Rate 3 (RR3) formula.¹³ This formula calculates overall survey response rate using all available Final Disposition codes. It uses the count of complete surveys as the numerator over a denominator that has been adjusted for the proportion of ineligible surveys. The response rate for *i*, where *i* is the index for either the RU or national level, is calculated as:

$$\text{Overall Survey Response Rate} = \frac{C_i}{(C_i + E_i) + (R_i + O_i) + (X_i * U_i)}, \text{ where}$$

- C_i = Count of Completed Surveys (disposition code 10)
- E_i = Count of Partially Completed Surveys (disposition code 31)
- U_i = Count of Cases with Unknown Eligibility (disposition codes 33, 34, 35)
- O_i = Count of Other Disposition (disposition codes 22 and 24)
- R_i = Count of Refusal (disposition codes 32, 43)
- I_i = Count of Ineligible (disposition codes 20 and 40)
- X_i = Proportion of cases eligible for this survey, which is calculated as:

$$X_i = \frac{C_i + E_i}{C_i + E_i + I_i + O_i + R_i}$$

¹³ The American Association for Public Opinion Research (AAPOR). (2016). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. (9th ed.).

Appendix A. Key Terms

- **QHP Issuer:** A health insurance issuer that offers a QHP in accordance with a certification from an Exchange, as defined by 45 CFR § 155.20. Each QHP issuer is defined by a separate federal HIOS Issuer ID and defined by a state geographic unit.
- **Product type:** A discrete package of health insurance coverage benefits that a health insurance issuer offers using a particular product network type (e.g., HMO, PPO, EPO, POS) within a service area. This term refers to a specific contract of covered benefits, rather than a specific level of cost-sharing imposed.
- **QHP Reporting Unit (RU):** The unit by which a QHP issuer groups its enrollees for purposes of QRS and QHP Enrollee Survey measure data collection and submission. The RU for the QRS and the QHP Enrollee Survey is defined by the unique state-product type for each QHP issuer.
- **Survey Composite:** A survey measure made up of two or more related survey questions.
- **Survey item or item:** A single survey question or composite, depending on the circumstance.
- **Key survey question or item:** A survey question that all respondents are eligible to answer, excluding the “About You” items.
- **Completed Survey:** a survey in which a sampled enrollee answered 50 percent or more of the key items in the survey.
- **Partially Completed Survey:** A survey in which a sampled enrollee answered at least 1, but fewer than 50% of the Key items in the survey.

Appendix B. Scoring Questions and Composites Crosswalk

Exhibit 1: Crosswalk of Scoring Questions to Composites

Composite or Overall	Question Number	Question Summary: In the last 6 months...
Overall or Global	20	Rating of health plan*
Overall or Global	27	Rating of all health care
Overall or Global	40	Rating of personal doctor
Overall or Global	44	Rating of specialist
Getting Care Quickly	22	When you needed care right away, how often did you get care as soon as you needed?*
	23	How often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?*
Getting Needed Care	25	How often was it easy to get the care, tests, or treatment you needed?
	41	How often did you get an appointment to see a specialist as soon as you needed?*
Composite: Getting Information in a Needed Language or Format	11	How often were the forms that you had to fill out available in the language you prefer?
	12	How often were the forms that you had to fill out available in the format you needed, such as large print or braille?
	26	When you needed an interpreter at your doctor's office or clinic, how often did you get one?
How Well Doctors Communicate	29	How often did your personal doctor explain things in a way that was easy to understand?
	30	How often did your personal doctor listen carefully to you?
	31	How often did your personal doctor show respect for what you had to say?
	32	How often did your personal doctor spend enough time with you?
How Well Doctors Coordinate Care and Keep Patients Informed	33	How often did your personal doctor have your medical records or other information about your care during your visit?
	34	How often did someone from your personal doctor's office follow up to give you test results?
	35	How often did you get test results as soon as you needed them?
	36	How often did you and your personal doctor talk about all of the prescriptions medicines you were taking?
	39	How often did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
Getting Information About the Health Plan and Cost of Care	43	How often did your personal doctor seem informed and up-to-date about the care you got from specialists?
	3	How often did the written materials or the Internet provide the information you needed about how your health plan works?*
	4	How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?*
Health Plan Customer Service	5	How often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?*
	6	How often did your health plan's customer service give you the information or help you needed?*
Enrollee Experience with Cost	7	How often did your health plan's customer service staff treat you with courtesy and respect?
	13	How often did your health plan not pay for care that your doctor said you needed?*
	14	How often did you have to pay out of your own pocket for care that you thought your health plan would pay for?*
	15	How often did you delay visiting or not visit a doctor because you were worried about the cost?*

Composite or Overall	Question Number	Question Summary: In the last 6 months...
	16	How often did you delay filling or not fill a prescription because you were worried about the cost?*
Single-item Measures	8	How often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?
	9	How often were the forms from your health plan easy to fill out?*
	10	How often did the health plan explain the purpose of a form before you filled it out?
	17	How often did you need medical care but could not get it because of a public health emergency? *
	21	Did your personal doctor offer telephone or video appointments so that you did not need to physically visit their office or facility? *

* Key survey question

Appendix C. QHP Enrollee Survey and QRS Crosswalk

Exhibit 2: Crosswalk of 2021 QHP Enrollee Survey Questions Included in the QRS

2021 QRS Survey Measure	2021 QHP Enrollee Survey Composite	Question Number(s)
Access to Care	Getting Care Quickly	22, 23
	Getting Needed Care	25, 41
Access to Information	Access to Information	3, 4, 5
Care Coordination	Care Coordination	33, 34, 35, 36, 39, 43
Plan Administration	Plan Administration	6, 7
	Single Item Measures (Plan Administration)	8, 9, 10
Rating of all Health Care	Single Item Measure	27
Rating of Health Plan	Single Item Measure	20
Rating of Personal Doctor	Single Item Measure	40
Rating of Specialist	Single Item Measure	44
Flu Vaccinations for Adults Ages 18–64	Single Item Measure (Preventive Services)	47
Medical Assistance with Smoking and Tobacco Use Cessation	Single Item Measure (Preventive Services)	49, 50, 51

Exhibit 3: List of Key Questions

Question #	Question Summary
1	Enrollee in health plan?
3	Written materials/Internet provided needed information about health plan?
4	Health plan provided information on cost for health care services or equipment?
5	Found information about cost of prescription medicines?
6	Got needed information or help from health plan’s customer service?
9	Ease of filling out forms from health plan?
13	How often did health plan not pay for care that enrollee’s doctor said was needed?
14	How often did enrollee have to pay out-of-pocket for care they thought their health plan would pay for?
15	How often did enrollee delay visiting or not visit a doctor because they were worried about the cost?
16	How often did enrollee delay filling or not fill a prescription because they were worried about the cost?
17	How often did enrollee need medical care but could not get it because of a public health emergency (like the coronavirus)?
18	How confident is enrollee that they understand health insurance terms?
19	How confident is enrollee that they know most of the things they need to know about using health insurance?
20	Enrollee’s rating of health plan?
21	Did enrollee’s personal doctor offer telephone or video appointments?
22	When enrollee needed care right away, in a clinic, emergency room, or doctor’s office, how did they get care as soon as they needed?
23	How often did enrollee get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as they needed?
24	How many times did enrollee go to a doctor’s office or clinic to get health care?
28	How many times did enrollee visit their personal doctor to get care?
41	How often did enrollee get an appointment to see a specialist as soon as they needed?

Exhibit 4: Categorization of Response Options

Response Options	Whether Count Towards Total Responses	
	In Scoring Questions	In About-the-Enrollee and Screener Questions
“Not applicable”	No—cannot be scored by CAHPS macro	Yes; it is a valid response a respondent can select
“Appropriate Skip”	No—cannot be scored by CAHPS macro	No; the associated question is skipped during survey
“Don’t Know” (Phone only)	No—cannot be scored by CAHPS macro ¹⁴	Yes; it is a valid response a respondent can select
“Refused” (Phone only)	No—cannot be scored by CAHPS macro	No; it is a refusal
“No Answer/Missing/Blank”	No—cannot be scored by CAHPS macro	No
All other response options	Yes—can be scored by CAHPS macro	Yes

¹⁴ “Don’t know” is an available response option for Question 21, so a response of “Don’t know” to this question is considered answered.

Appendix D. 2022 QHP Enrollee Survey

2022 Qualified Health Plan (QHP) Enrollee Experience Survey

Introduction

We are asking you to complete this survey about your experiences with [QHP ISSUER NAME]. Please answer the questions in the survey based on your experience with the health plan you had from July through December 2021.

Your Privacy is Protected. What you have to say is private and will only be used for this survey. Your answers will be part of a pool of information. We will not share your name or answers with anyone, except if required by law.

Your Participation is Voluntary. You do not have to answer any questions that you do not want to answer. If you choose not to answer, it will not affect the benefits you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [VENDOR ADDRESS].

What To Do If You Have Questions. [QHP ISSUER NAME] has contracted with [VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [VENDOR NAME] toll free at (XXX) [XXX-XXXX] between [XX:XX] a.m. and [XX:XX] p.m. [VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays) or email [VENDOR EMAIL].

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
 No → **If No, go to #1**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221; this control number is valid until 11/30/2023. The time required to complete this information collection is estimated to average 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1. Our records show that you are now in the health plan named on the front page. Is that right?

- ¹ Yes → **If Yes, go to #3**
² No

2. What is the name of your health plan?

Please print:

Your Health Plan

The next series of questions ask about your experiences with your health plan. Please answer the questions based on your experience with the health plan you had from July through December 2021.

3. In the last 6 months, how often did written materials or the internet provide the information you needed about how your health plan works?

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁹⁹ Not Applicable; did not look for any information about my health plan

4. In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁹⁹ Not Applicable; did not look for any information about how much I would have to pay for services or equipment

5. In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁹⁹ Not Applicable; did not look for any information about how much I would have to pay for prescription medicines

6. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁹⁹ Not Applicable; did not contact my health plan's customer service for information or help → **If Not Applicable, go to #9**

7. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

8. In the last 6 months, how often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

9. In the last 6 months, how often were the forms from your health plan easy to fill out?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 99 Not Applicable; health plan did not give me forms to fill out → **If Not Applicable, go to #13**

10. In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

11. In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

12. In the last 6 months, how often were the forms that you had to fill out available in the format you needed, such as large print or braille?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 99 Not Applicable; did not need forms in a different format

13. In the last 6 months, how often did your health plan **not** pay for care that your doctor said you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

14. In the last 6 months, how often did you have to pay out of your own pocket for care that you thought your health plan would pay for?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

15. In the last 6 months, how often did you delay visiting or **not** visit a doctor because you were worried about the cost? *Do not include dental care.*

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

16. In the last 6 months, how often did you delay filling or **not** fill a prescription because you were worried about the cost?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

17. In the last 6 months, how often did you need medical care **but could not get it** because of a public health emergency (such as the coronavirus outbreak)? *Do **not** include dental care.*

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 99 Not Applicable; did not need medical care

18. How confident are you that you understand health insurance terms?

- 1 Not at all confident
- 2 Slightly confident
- 3 Moderately confident
- 4 Very confident

19. How confident are you that you know most of the things you need to know about using health insurance?

- 1 Not at all confident
- 2 Slightly confident
- 3 Moderately confident
- 4 Very confident

20. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan in the last 6 months?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

Your Health Care in the Last 6 Months

These questions ask about your own health care. This includes care you got in a clinic, emergency room, doctor's office, by telephone, or by video appointments. **Do not** include care you got when you stayed overnight in a hospital. **Do not** include the times you went for dental care visits. Please answer the questions based on your experience with the health plan you had from July through December 2021.

21. In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?

- 1 Yes
- 2 No
- 3 Don't know
- 99 Not Applicable; do not have a personal doctor

22. In the last 6 months, when you **needed care right away**, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? *Include in-person, telephone, or video appointments.*

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 99 Not Applicable; did not need care right away

23. In the last 6 months, how often did you get an appointment for a **check-up or routine care** at a doctor's office or clinic as soon as you needed? *Include in-person, telephone, or video appointments.*

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 99 Not Applicable; did not make any appointments

24. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? *Include in-person, telephone, or video appointments.*

- None → **If None, go to #28**
- 1 time
- 2
- 3
- 4
- 5 to 9 times
- 10 or more times

25. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? *Include in-person, telephone, or video appointments.*

- 1 Never
- 2 Sometimes
- 3 Usually

4 Always

26. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one? *Include in-person, telephone, or video appointments.*

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 99 Not Applicable; did not need an interpreter

27. 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 6 months? *Include in-person, telephone, or video appointments.*

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

Your Personal Doctor

These questions ask about your personal doctor. A personal doctor is the one you would see or talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Please answer the questions based on your experience with the health plan you had from July through December 2021.

28. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? *Include in-person, telephone, or video appointments.*

- None → **If None, go to #41**
- 1 time
- 2
- 3
- 4
- 5 to 9 times
- 10 or more times
- Not Applicable; do not have a personal doctor → **If Not Applicable, go to #41**

29. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

30. In the last 6 months, how often did your personal doctor listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

31. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

32. In the last 6 months, how often did your personal doctor spend enough time with you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

33. When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care? *Include in-person, telephone, or video appointments.*

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

34. In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁹⁹ Not Applicable; did not have a blood test, x-ray, or other test → **If Not Applicable, go to #36**

35. In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

36. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁹⁹ Not Applicable; did not take any prescription medicines

37. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?
Include in-person, telephone, or video appointments.

- ¹ Yes
² No → **If No, go to #40**

38. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

- ¹ Yes
² No → **If No, go to #40**

39. In the last 6 months, how often did you **get the help that you needed** from your personal doctor's office to manage your care among these different providers and services?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

40. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best personal doctor possible

Getting Health Care from Specialists

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

When you answer the next questions, include care you got in a clinic, emergency room, doctor's office, by telephone, or by video appointments. Do **not** include dental visits or care you got when you stayed overnight in a hospital.

41. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? *Include in-person, telephone, or video appointments.*

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁹⁹ Not Applicable; I did not need to see a specialist → **If Not Applicable, go to #45**

42. How many specialists have you seen in the last 6 months? *Include in-person, telephone, or video appointments.*

- None → **If None, go to #45**
 1 specialist
 2
 3
 4
 5 or more specialists

43. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- ¹ Never
² Sometimes
³ Usually
⁴ Always
⁹⁹ Not Applicable; I do not have a personal doctor

44. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

About You

45. In general, how would you rate your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

46. In general, how would you rate your overall **mental or emotional** health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

47. Have you had either a flu shot or flu spray in the nose since July 1, 2021?

- 1 Yes
- 2 No
- 3 Don't know

48. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all → **If Not at all, go to #52**
- 4 Don't know → **If Don't know, go to #52**

49. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

50. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

51. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

52. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

- 1 Yes
- 2 No → **If No, go to #54**

53. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- ¹ Yes
² No

54. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- ¹ Yes
² No → **If No, go to #56**

55. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- ¹ Yes
² No

56. Are you deaf or do you have serious difficulty hearing?

- ¹ Yes
² No

57. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ¹ Yes
² No

58. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ¹ Yes
² No

59. Do you have serious difficulty walking or climbing stairs?

- ¹ Yes
² No

60. Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?

- ¹ Yes

- ² No

61. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ¹ Yes
² No

62. What is your age?

- ¹ 18 to 24
² 25 to 34
³ 35 to 44
⁴ 45 to 54
⁵ 55 to 64
⁶ 65 to 74
⁷ 75 or older

63. What is your sex?

- ¹ Male
² Female

64. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
² Some high school, but did not graduate
³ High school graduate or GED
⁴ Some college or 2-year degree
⁵ 4-year college graduate
⁶ More than 4-year college degree

65. What **best** describes your employment status?
Mark only ONE.

- ¹ Employed full-time
² Employed part-time
³ A homemaker
⁴ A full-time student
⁵ Retired
⁶ Unable to work for health reasons
⁷ Unemployed
⁸ Other

66. Are you of Hispanic, Latino, or Spanish origin?

- Yes, of Hispanic, Latino, or Spanish origin
- No, not of Hispanic, Latino, or Spanish origin → **If No, go to #68**

67. Which group best describes you?

- Mexican, Mexican American, Chicano
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin

68. What is your race? *Mark one or more.*

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander

69. Did someone help you complete this survey?

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

70. How did that person help you? *Mark one or more.*

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thank you.
Please return the completed survey in the postage-paid envelope.