

CMS-Sponsored Health Insurance Marketplace Survey

Including the State-Based Marketplaces in the Beta Test Sample

Issue Brief #3

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What is the Marketplace Survey?

The Centers for Medicare & Medicaid Services (CMS), with support from American Institutes for Research (AIR), developed the Health Insurance Marketplace Survey (Marketplace Survey) to assess consumers' perspectives on the services provided by the Marketplaces. It will evaluate consumers' experiences with Marketplace websites, telephone call centers, and in-person support. The survey results will provide actionable information that Marketplaces can use to improve performance. For further information about the survey, see <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

When will the Marketplace Survey begin?

The survey is scheduled for national implementation in early 2016. Prior to this, CMS is conducting preliminary testing of the survey in two phases to ensure reliable and valid results. The initial field test of the Marketplace Survey is being conducted from May–August 2014 with users of the Federally-facilitated Marketplace (FFM).

The second phase of the preliminary testing, the beta test, will be conducted from January–April 2015. CMS would like to include the State-Based Marketplaces (SBMs) in the survey sample, if possible. This will allow the beta test to produce state-level results across the nation, which the SBMs and FFM states can use to understand

consumers' experiences in their state and improve performance.

What is needed from the SBMs?

To include an SBM in the beta test sample, we need to clarify several issues with the SBMs:

1. Are you planning to send person-level data with identifiable contact information to CMS' Multidimensional Insurance Data Analytics System (MIDAS) consistent with all security requirements?
 - a. If so, when?
2. If not, would you be willing to provide person-level data with identifiable contact information to use as a sampling frame for the beta test?
 - a. If yes, whom should we talk with about this?

To include an SBM in the beta test sampling frame, some personally identifiable data elements for eligible persons are required. Eligible persons are primary applicants—those who started, completed, and/or submitted the application through the Marketplace—who are age 18 or older (adults). If the primary applicant cannot be identified, include all adults associated with the application. Anyone who at least attempted to complete a Marketplace application up through the point that they entered contact information should be included.

The essential variables include:

- a. Full name
- b. Full mailing address
- c. The primary applicant flag (yes/no/unknown)
- d. Phone number(s)—can be missing, but please note
- e. Email address(es)—can be missing, but please note

Several additional variables are needed for analysis of the survey data (e.g., analyses to compare respondents to nonrespondents, analyses of variations in experience by timing of application and application mode, etc.). The variables and their descriptions below are based on data contained within MIDAS, which was used for sample frame construction for the Marketplace Survey field test. We understand that, due to differences in data systems across states, some of these variables may not be available from each SBM.

The additional variables include:

- a. An indicator of how far along in the application process the applicant got. The four possible statuses based on categories defined by the Department of Health and Human Services are:
 - i. Potential applicant (PA)—consumers that have completed any step prior to submitting an application, after providing contact information,
 - ii. Potential enrollee (PE)—consumers that have successfully completed and submitted an application that includes their family size and income information,
 - iii. Enrollee (E)—consumers that have selected a QHP from their Marketplace, and
 - iv. Effectuated enrollee (EE)—QHP enrollees that have made their first premium payment to the selected QHP issuer.
- b. Methods used for preparing the application (indicators for Web, phone center, in-person/paper)
- c. Application dates (creation of application, submission of application, enrollment in qualified health plan, effective date of coverage, cancellation and termination dates, if applicable)

- d. Citizenship status (yes/no)
- e. Medicaid eligibility (yes/no)
- f. Subsidy eligibility (yes/no)
- g. Age
- h. Gender
- i. Race
- j. Written language preference—can be missing, but please note
- k. Spoken language preference—can be missing, but please note
- l. For Es and EEs only:
 - i. Standard component ID (from the HIOS system; is a 14-character ID that includes the issuer ID, the two-letter state postal code, the product ID, and the plan ID. For example: 12345TX0011234)
 - ii. Issuer legal name
 - iii. Product type (HMO, POS, PPO, EPO)
 - iv. Metal level (platinum, gold, silver, bronze, catastrophic)
 - v. Plan marketing name

We prioritize the privacy and security requirements established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and will work with each SBM to: (a) identify the most comprehensive and reliable source of data for its sampling frame, (b) provide detailed eligibility criteria for constructing the sampling frame, and (c) develop data use agreements that meet the particular needs of each state.

SBMs should contact CEvensen@air.org (or Marketplace_Quality@cms.hhs.gov) to talk with CMS and AIR about being included in the beta test sample.