

Comment Summary:

There were three main suggestions made in the BCBSA comment regarding questions related to enrollees' experiences with the out-of-pocket costs. The first was to drop these items from future rounds of survey administration. However, if CMS decides to keep them, then BCBSA recommends (1) revising question wording to clarify that services may not have been covered because of the benefit design and (2) adjusting results when making comparisons across sampling units.

Response:

CMS has added questions to measure out-of-pocket costs, that were included in the 2014 Psychometric Test questionnaire, because they provide critical information about enrollee experiences requested by consumer advocate groups and the project's Technical Expert Panel. Furthermore, analysis from the 2014 Psychometric Test found meaningful differences between and across reporting units, which suggests that these survey results could be used by QHP issuers in quality improvement efforts to better understand plan ratings and improve communication with enrollees about cost-sharing aspects of QHPs. Given CMS' belief that the results from these questions will be used for evaluation and quality improvement efforts, they will not be publicly released or included as part of the Quality Rating System (QRS); they will only be shared with QHP issuers

The revised wording for the questions proposed by BCBSA requires respondents to understand complex health insurance terminology, that previous research has shown is not well understood. Research by the Urban Institute Health Policy Center found that "Almost two out of three adults specifically targeted for enrollment in the new health insurance Marketplaces (60.1 percent) report gaps in their understanding of basic insurance concepts, including co-payments, premiums, deductibles, coinsurance, and provider networks. And these estimates likely overstate consumers' actual understanding for two reasons. First, according to a recent study¹ (Loewenstein et al. 2013), consumers understand less than they think they do. Second, the HRMS (Health Reform Monitoring Survey) probably underrepresents low- and moderate-income adults with low literacy levels.²" CMS will retain these questions with their current wording, because they have been cognitively tested and validated in the field test and consider alternative wording for future survey administrations.

CMS appreciates the concern about making adjustments for metal level and is evaluating the impact of using metal level instead of product type to construct QHP reporting units; using metal level as a case-mix adjuster; and incorporating metal level in the weights used for the scoring of survey measures for the 2017 administration.

¹ Loewenstein, George, Joelle Y. Friedman, Barbara McGill, Sarah Ahmad, Suzanne Linck, Stacey Sinkula, John Beshears, James J. Choi, Jonathan Kolstad, David Laibson, Brigitte C. Madrian, John A. List, and Kevin G. Volpp. 2013. "Consumers' Misunderstanding of Health Insurance." *Journal of Health Economics* 32(5): 850-62.

² Blumberg, L. J., Long, S. K., Kenney, G.M., and Goin, D. (2013). Public Understanding of Basic Health Insurance Concepts on the Eve of Health Reform. Urban Institute, Health Policy Center.