Frequently Asked Questions for Customer Support Staff and Interviewers

Overview

The questions and responses in this document have been compiled to assist vendors in responding to Frequently Asked Questions (FAQs) related to the QHP Enrollee Survey. Answers have been provided to general questions about the survey, concerns about participating in the survey, and questions about completing the survey.

I. General Questions About the Survey

1. Who is conducting this survey?

I am an interviewer from [VENDOR NAME]. [QHP ISSUER NAME] has asked our organization to help conduct this survey, which asks about the care you received through [QHP ISSUER NAME] in the last 6 months.

1. Who is sponsoring this survey?

The survey is sponsored by [QHP ISSUER NAME] as part of the Patient Protection and Affordable Care Act, which requires that each health plan offered through the Exchange assess enrollee satisfaction.

1. What is the purpose of the survey?

The purpose of this survey is to learn about your experiences receiving care through your health plan in the last 6 months. By answering the questions, you will help provide information about the quality of your health plan. Your answers may be used, along with other information, to assist Marketplace consumers in choosing a health plan. Additionally, [QHP ISSUER NAME] may use this information to provide better service to individuals in the future.

1. How will the information/data be used?

The information from this survey will be combined with other information and provided to consumers shopping for health insurance through [MARKETPLACE NAME] to help them choose a health plan. The survey data will also be used by [QHP ISSUER NAME] to provide better service to individuals in the future.

1. Is there a government agency that I can contact to find out more about this survey?

Yes, you can contact the Centers for Medicare & Medicaid Services (CMS), a federal agency within the Department of Health and Human Services responsible for overseeing this survey, at [marketplace\_quality@cms.hhs.gov](mailto:marketplace_quality@cms.hhs.gov).

1. How long will the survey take?

On average, the survey takes less than 15 minutes to complete. The actual time it takes to complete the survey will depend on the answers you provide.

1. What questions will be asked?

The survey questions ask about your experience receiving services through your health plan.

1. I have already mailed the survey back.

Our records indicate that we haven’t received your survey through the mail yet, and we really want to make sure that we capture your feedback. We would greatly appreciate it if you would complete this survey over the phone now. If now is not a good time, would it be okay with you if I schedule an appointment to call you back on [SPECIFY DATE 5 CALENDAR DAYS FROM CALL DATE] if we still haven’t received the survey?

1. What timeframe should I use to answer the survey questions?

Please use your healthcare experiences with [QHP ISSUER NAME] from July through December 2019 to answer the survey questions.

II. Concerns About Participating in the Survey

1. Why are you calling me?

You are being asked to participate in a survey about your experiences receiving care through your health plan in the last 6 months. By answering the questions, you will help provide information about the quality of your health plan that may be used, along with other information, to assist Marketplace consumers in choosing a health plan. Additionally, [QHP ISSUER NAME] may use this information to help provide better service to individuals in the future. Your participation is very important.

1. Who will see my answers?

Your answers will be kept confidential and will only be seen by authorized people at [VENDOR NAME]. We are conducting this survey on behalf of your health plan. All responses will be merged into a large pool of information and then shared with the Centers for Medicare & Medicaid Services (CMS). Any information that could identify you will be removed.

1. I thought privacy laws protected my confidentiality. How did you get my contact information?

The survey that we are conducting is in full compliance with privacy laws, also known as HIPAA (Health Insurance Portability and Accountability Act). We’ve been authorized by [QHP ISSUER NAME] and the Centers for Medicare & Medicaid Services (CMS) to conduct this survey and will maintain complete confidentiality of all information provided.

1. How did you get my name? How was I chosen for the survey?

Your name was randomly selected from all members currently enrolled in your health plan.

1. How did you get my phone number?

To conduct this survey, [QHP ISSUER NAME] provided [VENDOR NAME] with your contact information.

1. I do not participate in surveys.

I understand. However, I hope you will consider participating in this survey. It is a very important study and your answers will help to improve the quality of services [QHP ISSUER NAME] provides to individuals. It will also help consumers choose a health plan in the future.

1. I’m not interested.

[QHP ISSUER NAME] could really use your help. Your participation will assist in the improvement of health care services for you and other individuals.

1. I'm extremely busy. I don't really have the time.

I understand that your time is valuable. This is a very important survey, and I would really appreciate your help today. The interview should take less than 15 minutes. If you prefer, I can also schedule the interview at a more convenient time.

1. You called my cell phone. Can you call me back on my home phone/landline?

Yes, we are happy to call you back. What number would you prefer that I use?

[ENROLLEE SPECIFY].

Is this a good time to call that number, or would you prefer that I call at another time? [SET A FUTURE DATE AND TIME FOR THE TELEPHONE INTERVIEW OR DIAL RIGHT AWAY.]

1. This isn’t a good time for me.

We can call you back whenever you like. What time would be more convenient for you? [ENROLLEE SPECIFY].

[IF THE CALL BACK CANNOT BE MADE AT THE *ENROLLEE’S* SPECIFIED TIME, THEN “Unfortunately, we do not have availability at that time. What other day and time might work for you?” [SET A FUTURE DATE AND TIME FOR THE TELEPHONE INTERVIEW.]]

1. I don’t want to answer a lot of personal questions.

I understand. Your opinions are very important and will help your health plan understand what improvements are needed. The answers you provide will be combined with the answers of other consumers to provide aggregate scores. If there is a question you don’t want to answer, just tell me and I’ll move on to the next question. Why don’t we get started and you can see what the questions are like?

1. I’m very unhappy with [QHP ISSUER NAME] and I don’t see why I should help them with this survey.

I’m sorry to hear that you are unhappy. Information received as part of this survey effort from you and others who have used this plan will help [QHP ISSUER NAME] better understand its members’ concerns. The answers you provide will be combined with the answers of other consumers to provide aggregate scores. These aggregated results may help the plan identify what improvements are important to its members.

1. Do I have to complete the survey?

Your participation is completely voluntary. There are no penalties for not participating. Please understand this is a very important survey and your answers will help to improve the quality of services [QHP ISSUER NAME] provides to you and other individuals. It may also help other consumers choose a health plan in the future.

1. Will I get junk mail if I answer this survey?

No. You will not get any junk mail because you participated in this survey. Names, phone numbers, and addresses are kept strictly confidential and used solely for this survey.

1. I don’t want anyone to come to my house.

No one will come to your home. The survey can be taken online, through the mail, or in a telephone interview.

1. I don’t want to buy anything.

We are not selling anything. We want to ask you some questions about your experience with the care and services provided by [QHP ISSUER NAME].

1. I am hardly ever sick. I don’t think you want to speak with me.

Everyone selected for this survey provides very important information that will assist in improving the services provided through your health plan.

1. Will my responses affect my doctor?

Your doctor will not see your survey responses. This is a survey of the services provided by your health plan, not individual physicians.

1. I have not used my health plan. Should I still answer the questions?

Yes. Even if you have not used any health services from your plan, any information you can provide will be helpful.

1. I am no longer enrolled in this health plan.

Thank you for this information. We are only conducting interviews with individuals currently enrolled in this plan.

1. I am on the *National Do Not Call Registry*. You should not be calling me.

The *National Do Not Call Registry* prohibits sales and telemarketing calls. We are not selling anything or asking for money. We are a survey research firm. Your health plan has asked us to conduct this survey and we really hope you consider participating.

1. Please remove me from this survey and stop contacting me *(sent via email)*.

Please provide the unique ID located on the letter [VENDOR SPECIFIES UNIQUE ID LOCATION] so that we can remove you from our contact list.

1. Please remove me from your phone list and stop contacting me *(via phone call)*.

Please provide the unique ID located on the letter [VENDOR SPECIFIES UNIQUE ID LOCATION] so that we can remove you from our contact list.

1. ****I have a question/complaint about the care that I have received from [QHP ISSUER NAME].****

Thank for you contacting us. We are an independent company conducting this experience survey on behalf of your health plan. Your question/concern should be directed to the health plan itself. You may wish to contact the health plan’s customer service line at the number listed on your health plan ID card.

1. ****I have a question/complaint about billing or other administrative matters concerning [QHP ISSUER NAME].****

Thank for you contacting us. We are an independent company conducting this experience survey on behalf of your health plan. Your question/concern should be directed to the health plan itself. You may wish to contact the health plan’s customer service line at the number listed on your health plan ID card.

1. ****Can you send me a survey in (language besides Spanish and, if applicable, Chinese)?****

I am sorry, but we do not offer surveys in that language at this time. If possible, please have someone help you fill out the survey. Thank you for your interest.

III. Questions About Completing the Survey

1. Where do I put my name and address on the survey?

Please do not write your name or address on the survey. Each survey has been assigned an identification number that allows us to keep track of who has returned a completed survey.

1. I am not able to complete this by myself. Can I have my *(Blank line for filling in.)* help me?

Yes, if you grant them permission. This person needs to be someone who knows you very well and would be able to answer health-related questions accurately on your behalf.

1. I haven’t used this health plan, but someone else in my household has. Should I ask them to complete this survey?

No. You have been randomly selected to complete this survey and so we are requesting that only you complete the survey. Everyone selected for this survey gives very important information that will assist in improving the services provided through your health plan.

1. I’m unable to complete the survey online, can you help me?

I’m sorry to hear that you are unable to complete the survey online, but unfortunately due to the variety of different computers, operating systems, and internet browsers that individuals use, I am unable to provide technical support. However, if you’d like I could complete the survey with you over the phone now or arrange for someone to call you at a more convenient time.

[IF ABLE AND RESPONDENT AGREES, COMPLETE SURVEY OR SCHEDULE CALLBACK.]

1. Can I complete the survey on the internet in Spanish [or Chinese]?

The internet survey is available in English and Spanish at this time. If you’d like to complete a survey in Chinese, we can provide you with a Chinese survey by mail or you can complete the survey over the telephone in Chinese.

1. I lost the letter with the information on how to take the survey on the internet.

I can assist you with that. The internet survey is available at [INTERNET SURVEY URL]. If you could please provide your name, I can look up your login credentials [PROVIDE LOGIN CREDENTIAL(S)].

**Note to Customer Support Staff:** *In this case, customer support staff may provide the sampled enrollee with the internet survey URL and the corresponding login information either via telephone or email.*

1. AFTER SECOND SURVEY MAILING: Can you mail me another survey?

I apologize, but we are not able to mail another survey at this time. Your responses are very important, and we want to make sure we capture your feedback. We would appreciate it if you could complete this survey now over the phone. **IF NO:** You can also take the survey on the internet at [INTERNET SURVEY URL]. If you’re interested, I can look up your login credentials [PROVIDE LOGIN CREDENTIAL(S)].

1. Is it too late to send back my survey?

No, please send your survey in as soon as you can. Your responses are very important, and we want to make sure we capture your feedback.