

2018 Qualified Health Plan Enrollee Experience Survey: Operational Instructions

The Centers for Medicare & Medicaid Services (CMS) oversees the administration of the 2018 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey). This document provides instructions to QHP issuers regarding the following: confirming reporting units required to field the 2018 QHP Enrollee Survey, authorizing a U.S. Department of Health and Human Services (HHS)-approved QHP Enrollee Survey vendor to administer the survey on the issuer's behalf, completing the Healthcare Organization Questionnaire (HOQ), and how to provide information regarding reporting unit ineligibility. Additionally, a table of key dates and links to additional resources are provided.

Note: CMS encourages QHP issuer users to register and/or request access to the Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM) through the CMS Enterprise Portal (<https://portal.cms.gov>) as soon as possible, to ensure you are able to view your QHP information. Details for registering and requesting access to HIOS-MQM are included in the HIOS-MQM Quick Reference Guide available on CMS' MQI website.

QHP Issuer Requirements

Reporting Requirements

QHP issuers are required to collect and submit validated 2018 QRS clinical measure data and QHP Enrollee Survey response data to CMS for each reporting unit that meets all the criteria listed below:

- Offered through an Exchange in the prior year (i.e., 2017 calendar year);
- Offered through an Exchange in the ratings year (i.e., 2018 calendar year); and
- Included more than 500 enrollees as of July 1, 2017, **and** more than 500 enrollees as of January 1, 2018. Minimum enrollment threshold is determined by the total number of enrollees within the product type; not just survey eligible enrollees.

Reporting units discontinued before June 15 of the ratings year (i.e., June 15, 2018) are exempt from these requirements. QHP issuers may request a draft list of reporting units required to

submit the 2018 QHP Enrollee Survey and reporting units not-required to submit the 2018 QHP Enrollee Survey by emailing the project team at QHPsurvey@ncqa.org; the email request must come from an official QHP issuer's business email address and contain the following in the subject line, "[QHP ISSUER NAME] requesting 2018 operational instructions with reporting units". QHP issuers with reporting units with more than 500 enrollees as of July 1, 2017, but that are uncertain whether they will have more than 500 enrollees as of January 1, 2018, should proceed as if they are required to field the QHP Enrollee Survey by contracting with an HHS-approved survey vendor and preparing to generate the sample frame in January 2018. If eligibility status changes, QHP issuers must notify CMS within 3 business days of discovery, but no later than **January 15, 2018**.

Sample Frame Creation and Validation

QHP issuers are responsible for creating a sample frame of eligible enrollees for each reporting unit (i.e., each product type by state) and contracting with and authorizing an HHS-approved survey vendor to conduct the QHP Enrollee Survey. Reporting QHP issuers must create the sample frame and arrange for its validation by an NCQA Certified HEDIS^{®1} Compliance Auditor[™]. Additional information on creating the sample frame can be found in the [2018 Quality Assurance Guidelines and Technical Specifications](#), which is posted on the [Health Insurance Marketplace Quality Initiatives \(MQI\) Website](#).

Enrollee Eligibility for the QHP Enrollee Survey: Continuous and Current Enrollment

Enrollees must satisfy two enrollment criteria for the 2018 plan year to be considered eligible for the QHP Enrollee Survey and included in the sample frame—continuous and current enrollment.

- Enrollees are considered continuously enrolled if they are enrolled in an eligible QHP from July 1 through December 31, 2017 with no more than one 31-day break in enrollment during that period. An allowable gap can occur anytime during the continuous enrollment period (July 1 through December 31, 2017).

¹ Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a registered trademark of the National Committee for Quality Assurance (NCQA).

- Enrollees are considered currently enrolled if they are enrolled in an eligible QHP:
 - At the end of the continuous enrollment period (i.e., December 31, 2017), **and**
 - On the date when the QHP issuer generates the sample frame (i.e., on or after January 1, 2018).

For a complete list of all enrollee eligibility requirements for the 2018 QHP Enrollee Survey, refer to the [2018 Quality Assurance Guidelines and Technical Specifications](#).

Option to Oversample

QHP issuers may choose to draw a sample larger than the specified 1,300 enrollees per reporting unit (i.e., oversample) for the QHP Enrollee Survey. This decision must be communicated to the contracted HHS-approved survey vendor, who will submit all oversampling requests to CMS by **January 5, 2018**. Oversampling requests are subject to CMS approval.

Required Action for Ineligible Reporting Units

QHP issuers with reporting units that do not meet the eligibility criteria are required to complete the “2018 QHP Enrollee Survey – Ineligible Reporting Unit Information” template (attached to the Operational Instructions delivery email) and submit it to QHPsurvey@ncqa.org by **January 5, 2018**. In this template, QHP issuers must include information for each reporting unit that does not meet eligibility criteria by selecting from a dropdown menu of ineligibility reasons. **Table 1** lists the ineligibility reasons from which QHP issuers may select.

Table 1: Ineligibility Reasons Available in the “2018 QHP Enrollee Survey – Ineligible Reporting Unit Information” Template

Ineligibility Reason	QHP Issuer Instructions
Reporting Unit Discontinued Prior to June 15, 2018	Complete and submit the ineligibility template as soon as possible but no later than January 5, 2018 .
Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of July 1, 2017)	Complete and submit the ineligibility template as soon as possible but no later than January 5, 2018 .

Ineligibility Reason	QHP Issuer Instructions
Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of January 1, 2018)	Complete and submit the ineligibility template as soon as possible but no later than January 5, 2018 .
Other	QHP issuers that select “Other” as an ineligibility reason are required to provide additional reporting unit specific information to support exemption from fielding the 2018 QHP Enrollee Survey. Complete and submit the ineligibility template as soon as possible but no later than January 5, 2018 .

Note: Please use “2018 QHP Enrollee Survey – Ineligible Reporting Unit Information” as the email subject line.

Requirements for NCQA’s Healthcare Organization Questionnaire (HOQ)

Reporting QHP issuers must complete an NCQA HOQ for each eligible reporting unit, as part of the reporting process for CMS QRS clinical measures and QHP Enrollee Survey response data. The HOQ enables the authorization of an HHS-approved survey vendor and the validation of a QHP issuer’s survey sample frame by an NCQA Certified HEDIS Compliance Auditor. NCQA will open the annual HOQ completion process in early **January 2018**. Once available, the HOQ can be accessed at <http://CustomerCenter.ncqa.org>. For more information regarding the HOQ, visit: <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDISDataSubmission.aspx>.

Confirm Reporting Unit Information

New in 2018, QHP issuers must confirm all eligible reporting units are included in their HOQ account and verify required reporting unit information (e.g., general information, enrollment, year plan began operating, three-year operational status). Updates to reporting unit information should be made directly in the HOQ. QHP issuers must confirm reporting unit information by **January 31, 2018**.

Authorize HHS-Approved Survey Vendor

New in 2018, QHP issuers required to report QHP Enrollee Survey response data must authorize their contracted HHS-approved survey vendor for each eligible reporting unit by selecting the survey vendor from a dropdown menu in the HOQ. QHP issuers must authorize a survey vendor by **January 31, 2018**.

A list of the 2018 HHS-approved survey vendors and contact information is available [here](#) on the MQI Website.

Sample Frame Validation

The QHP Enrollee Survey sample frame validation must be completed by **January 31, 2018**. Each QHP issuer must provide the NCQA Certified HEDIS Compliance Auditor with access to its HOQ. The NCQA Certified HEDIS Compliance Auditor enters the results of the QHP Enrollee Survey sample frame validation into the HOQ.

Key QHP Issuer Due Dates for the 2018 QHP Enrollee Survey

QHP Issuer Task	QHP Issuer Deadline
QHP issuers that do not meet eligibility criteria complete and submit the “2018 QHP Enrollee Survey – Ineligible Reporting Unit Information” template to QHPsurvey@ncqa.org .	January 5, 2018
If eligibility status changes, issuers must notify CMS within 3 business days of discovery, but no later than January 15, 2018.	January 15, 2018
Authorize an HHS-approved survey vendor to administer the QHP Enrollee Survey within the HOQ.	January 31, 2018
QHP issuer and HEDIS Compliance Auditor complete the validation of QHP Enrollee Survey sampling frame within the HOQ.	January 31, 2018

Additional QRS and QHP Enrollee Survey Resources

- [CMS Health Insurance Marketplace Quality Initiatives \(MQI\) Website](#).
- QHP issuers must collect and submit validated QRS measure data to CMS in accordance with all CMS-issued requirements and guidance. For additional information on QRS, refer to the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2018](#) and the [2018 Quality Rating System Measure Technical Specifications](#).

- 2018 HHS-approved survey vendors and the 2018 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications are posted on the [QHP Survey page](#) of the MQI Website.
- HEDIS Compliance Audit™ overview and list of NCQA Certified HEDIS Compliance Organizations: <http://www.ncqa.org/hedis-quality-measurement/data-reporting-services/hedis-compliance-audit-program>
- QRS and QHP Enrollee Survey Technical Support: Contact Marketplace Service Desk (MSD) via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference “QHP Enrollee Survey” in the subject line.