Qualified Health Plan
Enrollee Experience Survey

2018 Quality Assurance Guidelines and Technical Specifications

October 2017

Health Insurance Exchange℠

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LIST OF EXHIBITS

Help Desk and Technical Assistance for the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

Please see the instructions below for submitting questions regarding this document or any requirements related to the *Qualified Health Plan (QHP) Enrollee Experience Survey* (QHP Enrollee Survey):

For general information, important news and updates, and access to all materials that support implementation of the QHP Enrollee Survey, visit the Marketplace Quality Initiatives (MQI) website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html

- **Survey Vendors:** For technical assistance, please submit questions via email to MQITier2HelpDesk@bah.com
- **QHP issuers:** Please submit questions to the Marketplace Service Desk (MSD) via email to 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.

Quality Rating System (QRS) Information and Technical Assistance

For documentation related to the Quality Rating System (QRS), including the *2018 QRS and QHP Enrollee Survey Technical Guidance* and *2018 QRS Measure Technical Specifications*, visit the CMS Health Insurance Marketplace Quality Initiatives (MQI).

Website Links

The following resources provide additional details related to the QRS and QHP Enrollee Survey.

Exhibit 1: QHP and QRS Website Links

Website	Description	Link
CMS MQI website	This website provides resources related to CMS MQI activities, including the QRS, consumer experience surveys (e.g., the QHP Enrollee Survey), Quality Improvement Strategy (QIS) requirements, and patient safety standards. As the central site for QHP Enrollee Survey, this website includes survey protocols for vendors (including the 2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications), 2018 Foreign Language Supplements, and a list of the Department of Health & Human Services (HHS)-approved QHP Enrollee Survey vendors. As the central site for QRS resources, this site contains instructional documents regarding QRS implementation and reporting, including this document, and the 2018 Quality Rating System Measure Technical Specifications.	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html

Website	Description	Link
National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[1] Compliance Audit™ website	This website provides additional information related to data validation, including the data validator contracting process, as well as HEDIS® Compliance Audit™ standards, policies, and procedures.	http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx
Registration for Technical Assistance Portal (REGTAP)	This website serves as an information hub for CMS technical assistance related to Exchange and Premium Stabilization Program requirements. Registered users can access the library, frequently asked questions, training resources, and the inquiry tracking and management system. Use key word search "Quality Rating System" to identify any resources related to the QRS.	https://www.REGTAP.info (registration required)
Agency for Healthcare Research and Quality (AHRQ)	This site will provide more CAHPS related information.	https://cahps.ahrq.gov

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Key Dates for Issuers and Survey Vendors

Exhibit 2: Key Dates for QHP Issuers

Section	Task	Date
	Attend 2018 QRS and QHP Enrollee Survey Requirements for Issuers webinar on REGTAP.	October 26, 2017
	Attend QHP Issuer Survey Responsibilities for the 2018 Enrollee Survey and Developing the Survey Sample Frame webinar on REGTAP	November 2, 2017
IV. Sampling	Contract with a HEDIS Compliance Organization (NCQA-licensed) for validation of the QHP Enrollee Survey sample frame.	December 1, 2017
III. QHP Enrollee Survey Participation Requirements IV. Sampling V. Data Collection Protocol	Generate a sample frame for each reporting unit. QHP issuers arrange for HEDIS Compliance Auditor (employee of or contracted by the HEDIS® Compliance Organization) to perform and complete the sample frame validation by January 31, 2018. Note: The deadline for the validation of the QHP Enrollee Survey sample frame validation is January 31.	January 1–31, 2018
	Contract with an HHS-approved QHP Enrollee Survey vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS.	January 5, 2018
III. QHP Enrollee Survey Participation Requirements	Authorize an HHS-approved QHP Enrollee Survey vendor to administer the QHP Enrollee Survey by completing NCQA's Hospital Organization Questionnaire (HOQ).	January 31,2018
III. QHP Enrollee Survey Participation Requirements IV. Sampling V. Data Collection Protocol	Notify CMS via (MQITier2HelpDesk@bah.com) and authorized survey vendor, if applicable, within 3 business days of discovery (but no later than January 15, 2018) if it is determined that the January 1, 2018 enrollment threshold is not met.	January 15, 2018
III. QHP Enrollee Survey Participation Requirements	Complete the NCQA Healthcare Organization Questionnaire (HOQ) to prepare for QHP Enrollee Survey data submission.	February 2018
III. QHP Enrollee Survey Participation Requirements	Preview QHP Enrollee Survey results as part of the QRS preview process prior to public reporting.	August 2018

Exhibit 3: Key Dates for Survey Vendors

Section	Task	Date
V. Data Collection Protocol	Conditionally approved survey vendors contract with QHP issuers to administer the QHP Enrollee Survey. During the contracting process, survey vendors inform clients of the date by which they need to receive the validated sample frame.	August 2017 – December 2017
III. QHP Enrollee Survey Participation Requirements	Participate in, and successfully complete, QHP Enrollee Survey Vendor Training.	October 24, 2017
X. Quality Oversight	CMS conducts remote data record review sessions of the prior year's data (if applicable) before the onset of survey fielding.	November – December 2017

Section	Task	Date
V. Data Collection Protocol X. Quality Oversight	Mail—Survey vendors submit printed materials prior to volume printing Telephone—Survey vendors submit screenshots of programmed CATI scripts prior to the onset of fielding. Internet—Survey vendors submit the Internet survey URL and at least 5 sample login credentials prior to Internet administration. CMS reviews the submitted materials and responds to the survey vendor within 10 business days.	November 13, 2017 – January 18, 2018
V. Data Collection Protocol X. Quality Oversight	Report #1 – Survey vendors submit Quality Assurance Plans (QAPs).	December 8, 2017
III. QHP Enrollee Survey Participation Requirements IV. Sampling V. Data Collection Protocol X. Quality Oversight	Report #2 – Survey vendors submit the preliminary QHP issuer client list and oversampling requests. Survey vendors verify that all client QHP issuers have authorized the survey vendor to submit data to CMS.	January 5, 2018
IV. Sampling V. Data Collection Protocol	Notify CMS of any QHP issuer clients that have not provided a validated sample frame via email (MQITier2HelpDesk@bah.com).	January 26, 2018
V. Data Collection Protocol	Receive validated sample frames from QHP issuers. Survey vendors obtain confirmation from the QHP issuer that HEDIS Compliance Auditor validated the sample frame. Survey vendors draw the survey sample from the validated sample frame.	January 2018 – February 2018
V. Data Collection Protocol	Administer QHP Enrollee Surveys per sampling protocols.	January 2018 – May 2018
X. Quality Oversight	CMS reviews mailing seeds.	February – April 2018
V. Data Collection Protocol X. Quality Oversight	Report #3 – Survey vendors submit the final QHP issuer client list and sample frame receipt status for each reporting unit.	February 12, 2018
X. Quality Oversight	CMS monitors survey vendor telephone and email customer support services and reviews survey vendor websites.	March 2018
X. Quality Oversight	CMS conducts remote monitoring sessions and/or onsite visits.	March – April 2018
X. Quality Oversight	CMS conducts silent monitoring of telephone interviews.	April 2018
V. Data Collection Protocol X. Quality Oversight	Report #4 – Submit the Interim Progress Report.	April 5, 2018
III. QHP Enrollee Survey Participation Requirements V. Data Collection Protocol VII. Data Submission X. Quality Oversight	Submit at least one unencrypted interim test file containing at least 100 records in the format described in Appendix I: Data Submission File Layout.	April 10 – 12, 2018
III. QHP Enrollee Survey Participation Requirements V. Data Collection Protocol X. Quality Oversight	Submit all data files to the QHP Enrollee Survey in accordance with the data file specifications in the QAG by 11:59 p.m. (ET) on May 25, 2018.	May 11 – 25, 2018

Section	Task	Date
V. Data Collection Protocol X. Quality Oversight	Resubmit data files within 3 business, days upon request.	May 28 – 31, 2018
V. Data Collection Protocol X. Quality Oversight	Report #5 – Survey vendors submit the Final Report.	May 31, 2018

I. Overview of QHP Guidance

Document Purpose and Scope

This *Qualified Health Plan Enrollee Experience Survey 2018 Quality Assurance Guidelines and Technical Specifications (2018 QAG*) document provides technical guidance regarding the Qualified Health Plan (QHP) Enrollee Experience Survey (QHP Enrollee Survey) for 2018. It specifies QHP Enrollee Survey requirements for QHP issuers offering coverage through the Health Insurance Exchanges SM (Exchanges) (also known as Health Insurance Marketplaces).[2] Unless the context indicates otherwise, the term "Exchanges" refers to the Federally-facilitated Exchanges (FFEs) (inclusive of FFEs where the State performs plan management functions) and the State-based Exchanges (SBEs) (inclusive of State-based Exchanges on the Federal Platform [SBE-FPs]).

The primary audience for the 2018 QAG is HHS-approved QHP Enrollee Survey Vendors (Survey Vendors) and QHP Issuers; this document also includes information relevant to other stakeholders involved with QHP Enrollee Survey implementation (e.g., SBEs, data validators). The 2018 QAG addresses requirements for Survey Vendor 2018 survey fielding, which include data submission in the 2018 calendar year for Quality Ratings System (QRS) ratings for the 2019 plan year.

The requirements outlined in this document are based on statute and Centers for Medicare & Medicaid Services (CMS) regulation, including the "Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond" Final Rule.[3]

This document reflects updates to the QRS program (including refinements to the QHP Enrollee Survey) described in the Final 2017 QRS Call Letter published in May 2017,[4] as applicable.[5]

CMS anticipates issuing guidance at least annually and expects to refine the QHP Enrollee Survey and QRS over time, based on experience with measuring and reporting quality performance for QHPs offered through the Exchanges. CMS will propose and communicate refinements to the QHP Enrollee Survey and QRS annually through a Call Letter process or through the information collection request process per the Paperwork Reduction Act requirements (as appropriate).

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[2] Health Insurance Exchange[SM] and Exchange[SM] are service marks of the U.S. Department of Health & Human Services. Health Insurance Marketplace has been used for all audiences since the launch of the program and will continue to be the terminology used for all materials that are provided directly to consumers and enrollees. The term "Exchange" is to be utilized for the regulator and issuer audiences and should be the term used in all press releases, technical guidance, regulations, and items posted on CMS.gov/CCIIO pages. This rebranding guidance has been provided by CMS' Office of Communications.

[3] "Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond" Final Rule, 79 FR 30240 at 30352 (May 27, 2014) (45 C.F.R. Parts 144, 146, 147, et al.).

[4] The Final 2017 QRS Call Letter is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

[5] This document does not reflect proposed revisions to the Information Collection Request (ICR) for the QHP Enrollee Survey (CMS-10488) outlined in the *Federal Register* notices at https://www.gpo.gov/fdsys/pkg/FR-2016-07-12/pdf/2016-16445.pdf or https://www.gpo.gov/fdsys/pkg/FR-2017-04-14/pdf/2017-07568.pdf.

Section Guide

In addition to the initial background sections, this document includes the information noted below. Where applicable, the section descriptions highlight key differences between the 2017 QAG[6] and 2018 QAG.

Section I: Overview of QHP Guidance

Section I provides information regarding the help desk and provides an overview of the 2018 QAG. This section details key differences between the 2017 and 2018 Guidelines.

Section II: QHP Enrollee Survey Participation Requirements

Section II provides information on the requirements for administering the QHP Enrollee Survey, including communication with enrollees and the roles and responsibilities of CMS, QHP issuers, and survey vendors. This section also provides survey vendor guidelines for establishing an automated Survey Management System (SMS) to manage the QHP Enrollee Survey fielding process. In addition, it includes requirements for implementing survey vendor customer support activities to provide technical assistance to sampled enrollees during survey fielding.

Key Differences in QHP Enrollee Survey Participation Requirements Between the 2017 Guidelines and 2018 Guidelines
▪ In the **QHP Issuer Participation Requirements** section, added the requirement for QHP issuers to select and authorize their contracted HHS-approved QHP Enrollee Survey Vendor and to verify required reporting unit information (e.g., enrollment, year plan began operating, three-year operational status) within NCQA's Healthcare Organization Questionnaire (HOQ) by the deadline established by CMS. ▪ Updated the requirements in the **Survey Vendor Rules of Participation** section to align with the 2018 Participation Form. ▪ Added a requirement to the **Survey Vendor Customer Support** section for survey vendors to collect and track enrollee requests to take the survey in a language other than English, Spanish, or Chinese, and to submit this information to CMS in the Final Report. ▪ Clarified in the **Survey Vendor Customer Support** section that when a survey vendor cannot provide a response to a question within 24 hours of receipt (e.g., more information is required to address the question received), then the survey vendor must acknowledge receipt of the inquiry within 24 hours and provide a response as soon as possible.

Section III: Sampling

Section III provides detailed instructions to survey vendors for drawing the QHP Enrollee Survey sample for each reporting unit, including a description of the eligibility criteria and sample frame data file generation, the validation of sample frame data files, the sampling protocol, and oversampling procedures.

[6] The term "2017 QAG" refers to all CMS sub-regulatory guidance applicable to the 2017 ratings year, including Version 3.0 of the 2017 *Qualified Health Plan Enrollee Experience Survey Quality Assurance and Technical Specifications*.

Key Differences in Sampling
Between the 2017 Guidelines and 2018 Guidelines

- Revised "state" and "survey administration" to "State-Product" and "survey fielding," respectively.
- Added **Exhibit 5: QHP Eligibility for Survey Fielding** to the **Determining QHP Eligibility for Survey Fielding** section.
- Revised the **Sample Frame Data File Generation** section to include information on the use of the CAHPS Analysis Program (CAHPS Macro) to perform case-mix adjustments.
- In the **Definition of a Reporting Unit** section, added a definition for the term "Exchanges."
- Added **Exhibit 7: Example Reporting Units for a QHP Issuer Assessed Against 2018 QRS and QHP Enrollee Survey Participation Criteria** to the **Sample Frame Data File Generation** section.
- In the **Excluding QHP Disenrollees and Deceased Enrollees** section, clarified requirements for QHP issuers to exclude disenrollees and deceased individuals from the sample frame.
- In the **Sample Frame Data Elements and Standardized Format** section, clarified requirements surrounding the use of specified valid values for data elements missing in the sample frame.
- In the **Obtaining Access to Prior Years' QHP Enrollee Survey Datasets** section, clarified the information required to complete the transfer of a prior years' dataset to a new survey vendor.

Section IV: Data Collection Protocol

Section IV describes the data collection protocol and procedures for the QHP Enrollee Survey. The data collection procedures allow for both the standardized administration of the QHP Enrollee Survey by different survey vendors and the comparability of the resulting data.

Key Differences in Data Collection Protocol
Between the 2017 Guidelines and 2018 Guidelines

General

- Clarified that the same QHP issuer or reporting unit name must be included in each specified location in the mail, telephone, and Internet survey materials. This is the name that should be included in the <plan-name-fill> XML data element in the data submission file.
- Corrected the duration of the telephone period (Days 52-70, inclusive) from 18-calendar days to 19-calendar days.

Survey Fielding Schedule

- In the **2018 QHP Enrollee Survey Schedule** section:
  - Increased the time between the mailing of the prenotification letter and the mailing of the first questionnaire from three days to four days.
  - Decreased the time between the mailing of the first questionnaire and the mailing of the second questionnaire from 28 days to 27 days.
  - Clarified that the last day of the fielding schedule is Day 70 and that data from mail surveys received after this date (Day 71 or after) may not be included in data submission files.

Mail Protocol

- In the **Production of Letters, Envelopes, and Questionnaires** section:
  - Clarified that survey vendors may include the return address of a subcontractor on all mail survey materials (e.g., prenotification letter, cover letters, reminder letters, and questionnaires); however, the name associated with the return address must be that of the survey vendor only.
  - Clarified that the return address block printed on letters (e.g., prenotification, cover, or reminder letters) must be visible through the envelope window.
  - Clarified that cover letters may not be wrapped around questionnaires.
  - Clarified that taglines required by QHP issuers for legal purposes are permissible on prenotification letters, cover letters, reminder letters, questionnaires, and envelopes.
  - Clarified that Spanish and Chinese prenotification letters, cover letters, and reminder letters must include English instructions on how to request an English survey.
  - Clarified that survey vendors have the option of printing unique IDs on each page of the questionnaire.

Key Differences in Data Collection Protocol Between the 2017 Guidelines and 2018 Guidelines
▪ Revised the **Use of Color on Survey Materials** section to reflect guidance included in the 2017 Addendum. ▪ In the **Processing Surveys Returned Blank** section, clarified that survey vendors do not mail a second survey to enrollees that return a blank survey but triage these enrollees to the telephone phase of the protocol instead. ▪ In the **Inbound Mail Requirements** section, removed the requirement for survey vendors to rescan 10% of all questionnaires and compare them to the original scan. ▪ In the **Inbound Mail Requirements** section, clarified that survey vendors must compare a sample (recommended minimum of 10%) of hardcopy questionnaire responses to scanned responses throughout survey fielding to verify that scanning programs continue to function correctly. ▪ In the **Processing Undeliverable Mail** section, removed the requirement for survey vendors to flag and reissue items returned as undeliverable (since survey vendors are required to updated addresses prior to mailing). **Telephone Protocol** ▪ Added the **Handling Disenrollees** section. ▪ Revised the **Telephone Interviewing System** section to provide guidelines related to caller ID programming. ▪ In the **Telephone Interviewer Monitoring** section, clarified that telephone monitoring must be conducted at a 10% rate throughout the entirety of the telephone protocol. ▪ Revised the **Telephone Data Processing Requirements** section to indicate that survey vendors conduct periodic reviews of data files (recommended minimum of 10%) by comparing telephone interview responses directly from the CATI system to the values output in the data file. **Internet Protocol** ▪ In the **Security Requirements** section, clarified that when a survey vendor uses both a user name and a password for login credentials, each must be randomly assigned, alphanumeric, and at least eight characters in length.

Section V: Confidentiality and Data Security

Section V provides requirements for protecting the identity of sampled enrollees included in the survey sample, ensuring data confidentiality, and maintaining physical and electronic data security.

Key Differences in Confidentiality and Data Security Between the 2017 Guidelines and 2018 Guidelines
▪ In the **Keeping Confidential Data Secure** section, added language regarding the “clean desk policy” and specific instructions for protecting confidential data. ▪ In the **Maintaining Physical and Electronic Data Security** section, clarified that survey vendors must take appropriate actions to safeguard data.

Section VI: Data Coding and Processing

Section VI contains information on preparing QHP Enrollee Survey data files for submission, including decision rule requirements related to processing returned questionnaires, assignment of survey disposition codes, and quality control measures. In addition, this section provides the procedures and steps for determining whether a returned survey meets the definition of a completed survey, along with information about survey response rate calculations.

Key Differences in Data Coding and Processing Between the 2017 Guidelines and 2018 Guidelines
▪ Updated Exhibit 11. Survey Disposition Codes as follows: o Clarified that **M31/I31 – Partially Completed Survey** should be assigned to a mail or Internet survey that has at least one key question answered but for which CATI follow-up does not result in enough key items being answered to meet the definition of a Completed Survey. o Clarified that **X34 – Blank Survey Returned or Incomplete Survey** should be assigned to returned surveys for which no key items have been answered and CATI follow-up is not possible or does not yield any responses to key items. ▪ In the Definition of a Completed Survey section: o Revised the number of key survey items from 18 to 16. o Revised the number of key survey items that must be answered to meet the definition of a completed survey from 9 to 8. ▪ Added the Processing Written Text Responses for Question 2 section. ▪ In the Quality Control Procedures for Data Coding section: o Specified that quality checks must be performed by a different staff member than the individual who originally performed the task. ▪ Noted a recommended minimum of 10% for a variety of oversight activities.

Section VII: Data Submission

Section VII provides information on data submission and data validation checks.

Key Differences in Data Submission Between the 2017 Guidelines and 2018 Guidelines
▪ All data files will be submitted to CMS via SFTP. ▪ In the Quality Control Procedures for Data Submission section: o Added a requirement regarding quality control checks; they must be conducted by a different staff member than the individual who originally performed the task. o Clarified survey vendors are required to check data processing programs periodically throughout survey fielding. ▪ Clarified CMS recommends survey vendors compare a minimum of 10% of mail survey images and 10% of CATI files to XML data files as a quality control procedure.

Section VIII: Data Analysis and Scoring

Section VIII provides information describing the QHP Enrollee Survey results that CMS will provide to QHP issuers. This section also details the permissible data analyses that survey vendors may provide to QHP issuer clients and marketing requirements for QRS and QHP Enrollee Survey results.

Key Differences in Data Analysis Between the 2017 Guidelines and 2018 Guidelines
▪ This section has been updated to align with the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2018. ▪ Added **Exhibit 18: Crosswalk of 2018 QHP Enrollee Survey Questions Included in the QRS**. ▪ Appendix J – Scoring Specifications for QHP Enrollee Survey Quality Improvement (QI) Reports is no longer included in the QHP Enrollee Survey QAG. A scoring guide will accompany the 2018 QI Reports when they are released in 2018.

Section IX: Data Reporting and Use

Section IX provides information regarding CMS' regulations on data reporting and use.

Key Differences in Public Reporting Between the 2017 Guidelines and 2018 Guidelines
▪ This section has been updated to align with the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2018. ▪ Added **Exhibit 20: QHP Issuer Resources for Reviewing QHP Enrollee Survey Results**.

Section X: Quality Oversight

Section X provides information on the quality oversight activities that CMS conducts to verify survey vendor compliance with all protocol and procedure requirements for the administration of the QHP Enrollee Survey.

Key Differences in Quality Oversight Between the 2017 Guidelines and 2018 Guidelines
▪ Specified that all required reports and materials must be submitted to CMS via email (MQITier2HelpDesk@bah.com). ▪ Added a requirement to the **Report #5** section that survey vendors must report requests received from enrollees to take the survey in a language other than English, Spanish, or Chinese. ▪ In the **Survey Material Review** section, added a requirement for survey vendors to submit all mail survey materials for review as PDF files.

Section XI: Discrepancy Reports

Section XI describes the process for notifying CMS of any discrepancies (deviations from the standard QHP Enrollee Survey protocols and specifications) that occur during data collection.

Appendices

The appendices of this manual include:

Appendix A: Glossary and List of Acronyms

Key Differences in Minimum Business Requirements Between the 2017 Guidelines and 2018 Guidelines
▪ New appendix for 2018

Appendix B: Minimum Business Requirements

Key Differences in Minimum Business Requirements Between the 2017 Guidelines and 2018 Guidelines
▪ Revised the required minimum number of years in business from three years to four years. ▪ Noted that CMS-defined PII must be transmitted securely (e.g. encrypted file via email, data portal, or SFTP).

Appendix C: Model Survey Vendor Quality Assurance Plan

Key Differences in Model Survey Vendor Quality Assurance Plan Between the 2017 Guidelines and 2018 Guidelines
▪ In the **Organizational Background, Structure, and Staff Experience** section: o Added requirement for survey vendors to describe relationship with organizations through which purchased services are bought. ▪ In the **Work Plan** for QHP Enrollee **Survey Administration** section: o Clarified in Item B2 that survey vendors are required to submit a timeline of key milestones activities versus all fielding activities. o Added a requirement to Item B4f for survey vendors to describe the quality control checks conducted on bulk printed mail items, if applicable. o Added a requirement to Item B5f for survey vendors using a telephone subcontractor to submit a three-way crosswalk of disposition codes (i.e., interim subcontractor codes to interim survey vendor codes to final QHP codes). ▪ Added a note to the **Returning Survey Vendors Only** section to require that survey vendors include all improved processes and procedures that evolved in response to discrepancies experienced during the prior year's fielding in the appropriate section of the current year's QAP.

Appendix D: Frequently Asked Questions for Customer Support

Key Differences in Frequently Asked Questions for Customer Support Between the 2017 Guidelines and 2018 Guidelines
▪ Reduced the time estimate to complete the survey from 20 minutes to 15 minutes. ▪ Updated the Concerns About Participating in the Survey section: o Revised Q10 to include demographic information. ▪ Revised Q20 to include a specific date range of previous care. ▪ Revised language throughout. ▪ Provided FAQs in English, Spanish, and Chinese (traditional) to facilitate standardized responses.

Appendix E: Survey Mailing Materials (English)

Differences in Survey Mailing Materials and Questionnaire Between the 2017 Guidelines and 2018 Guidelines
Questionnaire ▪ Removed the following eight questions from the 2017 QHP Enrollee Survey: o Access to After Hours Care Questions (Q7, Q8) o Recommending Health Plan to Friends and Family Question (Q53) o Aspirin Use and Discussion Questions (Q65-Q69) ▪ Reduced the time estimate to complete the survey from 20 minutes to 15 minutes. **Letters** ▪ Made minor content changes to body of letters. **Survey Languages** ▪ Spanish and Chinese Frequently Asked Questions and survey materials, including all mail materials (Questionnaire and letters); Telephone Script, and Internet Script (Spanish only) included in separate supplemental sections.

Appendix F: Telephone Script (English)

Key Differences in Telephone Script Between the 2017 Guidelines and 2018 Guidelines
▪ No longer required to complete telephone interview for disenrollees.

Appendix G: Internet Script (English)

Appendix H: Sample Frame File Layout

Key Differences in Sample Frame File Layout Between the 2017 Guidelines and 2018 Guidelines
▪ For the 2017 QRS, CMS did not explicitly address whether QHP issuers in Medicaid expansion states where Medicaid-eligible consumers can enroll in on-Exchange QHPs should include those Medicaid enrollees in their QRS data submissions. ▪ For the 2018 QRS, CMS is clarifying that QHP issuers in Medicaid Expansion states where the Medicaid expansion population is eligible to enroll in on-Exchange QHPs should include Medicaid enrollees in on-Exchange QHPs in their QRS data submissions. **Variable Revisions** ▪ **QHP Issuer Legal Name:** Added a note to clarify that QHP issuers should not use acronyms. ▪ **Product Line**: Added a note to clarify that the only valid value is "3 = Marketplace". ▪ **Variant ID:** Has been updated to reflect the need to include variants -31 through -36 for states with Medicaid Expansion plans on the Exchange. ▪ **Product Type**: Added a note to clarify that this variable must match the reported 3-character product type in the Reporting Unit ID variable. ▪ **Issuer ID**: Added a note to clarify that this variable must match the reported 5-digit Issuer ID in the Reporting Unit ID variable. ▪ **QHP State**: Added a note to clarify that this variable must match the reported 2-character QHP state postal code in the Reporting Unit ID variable.

Appendix I: Data Submission File Layout

Key Differences in Data Submission File Layout Between the 2017 Guidelines and 2018 Guidelines
▪ For the 2017 QRS, CMS did not explicitly address whether QHP issuers in Medicaid expansion states where Medicaid-eligible consumers can enroll in on-Exchange QHPs should include those Medicaid enrollees in their QRS data submissions. ▪ For the 2018 QRS, CMS is clarifying that QHP issuers in Medicaid Expansion states where the Medicaid expansion population is eligible to enroll in on-Exchange QHPs should include Medicaid enrollees in on-Exchange QHPs in their QRS data submissions. ▪ Revised question numbers as appropriate to align with 2018 QHP Enrollee Survey. ▪ Added a variety of notes to clarify the intent of XML data elements. ▪ XML Element Revisions o **<case-id>:** Doubled the field length from 8 to 16 to accommodate survey vendor Case IDs. o **<qhp-issuer-name>:** Added a note to clarify that this element is identical to the sample frame QHP Issuer Legal Name included in field positions 1-60 provided. o **<plan-marketing-name>:** Added a note to clarify that this element should be identical to the sample frame Plan Marketing Name included in field positions 362-611. o **<plan-name-fill>:** Added a note to clarify that this element should include the QHP issuer name exactly as it is printed on the sampled enrollee's survey materials. o **<date-complete**>: Revised the element description to indicate that all cases are assigned a date (e.g., date when survey is completed, partially completed, or when final disposition is determined). o **<flu-shot>:** Removed instructions for survey vendors to recode all "Don't know" values received from telephone interviews. o **<use-tobacco>:** Removed instructions for survey vendors to recode all "Don't know" values received from telephone interviews. ▪ Deleted the following XML elements to reflect the questions no longer included in the 2018 QHP Enrollee Survey: o <need-after-hrs-care> o <got-after-hrs-care> o <recommend-hp> o <daily-aspirin> o <aspirin-unsafe> o <aspirin-risk-ben> o <cholesterol> o <high-bp> o <relative-early-ami> o <heart-attack> o <angina-chd> o <stroke> o <diabetes>

Appendix J: Discrepancy Report

Background

Section 1311(c)(4) of the Patient Protection and Affordable Care Act directs the Secretary to establish an enrollee satisfaction survey that will assess enrollee satisfaction with each QHP offered through the Exchanges[7] and the Small Business Health Operations Program (SHOP) with more than 500 enrollees in the prior year. Section 1311(c)(3) of the Patient Protection and Affordable Care Act[8] directs the Secretary of HHS to develop a quality rating for each QHP offered through an Exchange, based on quality and price.

Based on this authority, CMS issued a regulation in May 2014 to establish standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Exchange.[9] As a condition of certification and participation in the Exchanges, CMS requires that QHP issuers submit QHP Enrollee Survey response data and QRS clinical measure data for their respective QHPs offered through an Exchange in accordance with CMS guidelines.[10] Exchanges are also required to display QHP quality rating information on their respective websites.[11]

The goals of the QHP Enrollee Survey are to:

- Provide comparable and useful information to consumers about the quality of health care services and enrollee experience with QHPs offered through the Exchanges,
- Facilitate oversight of QHP issuer compliance with quality reporting standards set forth in the Patient Protection and Affordable Care Act and implementing regulations, and provide actionable information that QHP issuers can use to improve quality and performance. HHS-approved QHP Enrollee Survey vendors administer the QHP Enrollee Survey using a standardized protocol to facilitate QHP comparison both within and across Exchanges.
- The results of the QHP Enrollee Survey are provided to issuers and states as part of the Quality Improvement reports during late summer of each year. In addition, a subset of QHP Enrollee Survey data is combined with clinical quality measures and reported as part of the Quality Rating System (QRS).

CMS anticipates displaying the 2017 QRS global rating and three summary indicator ratings on the HealthCare.gov website for eligible QHPs operating in pilot States.

[7] Unless the context indicates otherwise, the term Exchanges refers to the Federally-facilitated Exchanges (FFEs) (inclusive of states performing plan management functions [FFE-SPM]) and State-based Exchanges (SBEs).

[8] The Patient Protection and Affordable Care Act (Pub. L. 111–148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (collectively referred to as the Patient Protection and Affordable Care Act).

[9] 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.

[10] 45 C.F.R. §§§ 156.200(b)(5),(h); 156.1120; and 156.1125.

[11] 45 C.F.R. §§ 155.1400 and 155.1405.

Survey Development

The QHP Enrollee Survey draws heavily from the CAHPS® Health Plan Surveys, which are used widely to assess Medicare, Medicaid, and other commercial health plan performance. The survey assesses enrollee experience with a QHP offered through an Exchange on the topics presented in **Exhibit 4**. Measures derived from a subset of survey questions are included in the QRS measure set and accompanying ratings. For a crosswalk that maps each QHP Enrollee Survey item(s) question source and relevant QRS measure, please see **Exhibit 18**.

Exhibit 4: QHP Enrollee Survey Topics

QHP Enrollee Survey Topics *(Asterisk [*] indicates survey questions within this topic are not included in QRS survey measures)*
Access to Care
Access to Information
Care Coordination
Cultural Competence
Doctor Communication*
Enrollee Experience with Cost*
Plan Administration
Prevention

For information on the QHP Enrollee Survey measures included in the QRS and the scoring methodology, refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2018*, which can be found on the CMS Health Insurance MQI website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

Consistent with other CAHPS instruments, the QHP Enrollee Survey uses a 6-month reference period. To facilitate comparability of data across QHP issuers, QHP issuers and survey vendors *may not change the wording of the survey questions, the response categories, or the order of the questions.* Many of the items contained within the QHP Enrollee Survey are preceded by screener or gate questions. These questions confirm that only those sampled enrollees for whom an item is relevant are eligible to answer the pertinent subsequent items following each specific screener question. The survey vendor may make minor modifications to the format and layout of the questionnaire, adhering to the formatting parameters specified in the **Data Collection** section of this manual.

Foreign Language Translations

In addition to English, the QHP Enrollee Survey questionnaire is available in Spanish and Chinese (traditional) translations. Required foreign language materials are included as supplements to this manual.

CMS Guidance on ACA Regulations and Nondiscrimination

The Centers for Medicare & Medicaid Services (CMS) and the QHP Enrollee Survey Project Team have recently received several inquiries from QHP issuers and HHS-approved survey vendors regarding the applicability of certain Affordable Care Act (ACA) nondiscrimination regulations to the QHP Enrollee Survey. These regulations include requirements to provide taglines in non-English languages indicating the availability of language services for individuals who are limited English proficient on website content and documents that are critical for obtaining health insurance coverage or access to health care services through a QHP for qualified individuals, applicants, qualified employers, qualified employees, or enrollees (45 CFR §155.205(c)(2)(iii) and §156.250) as well as nondiscrimination requirements established by Section 1557 of the ACA and its implementing regulations. This section is intended to provide guidance on the applicability of these requirements to the QHP Enrollee Survey.

Documents are considered ‘‘critical’’ for obtaining health insurance coverage or access to health care services through a QHP under § 156.250 and § 155.205(c) if state or federal law or regulation requires that the document be provided to a qualified individual, applicant, qualified employer, qualified employee, or enrollee. See 45 C.F.R. §§ 155.205(c)(2)(iii)(A), 155.205(c)(2)(iii)(B), and 156.250. Given that an enrollee's response to the QHP Enrollee Survey is voluntary and does not impact the enrollee's eligibility for health insurance coverage or access to health care services, the QHP Enrollee Survey and associated materials are ***not*** "critical documents" and therefore these meaningful access requirements do ***not*** apply.

We remind all entities subject to 45 CFR § 155.205(c) of their obligations with regard to providing oral interpretation and written translations to individuals who are limited English proficient at no cost to the individual, under § 155.205(c)(2)(i) and 155.205(c)(2)(ii). For Exchanges and QHP issuers, the oral interpretation standard also includes telephonic interpreter services in at least 150 languages. For web-brokers, when such entity been registered with the Exchange for at least one year, whichever is later, the oral interpretation standard also includes telephonic interpreter services in at least 150 languages.

Regulations implementing the requirements of Section 1557 require covered entities to include certain statements and taglines in all "significant publications and significant communications." The HHS Office for Civil Rights enforces Section 1557 and offers FAQs on this requirement on its website: https://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faqs/index.html (see FAQs 22 and 26).

While these regulations are not directly applicable to the QHP Enrollee Survey, the QHP Enrollee Survey is administered using a mixed mode design, utilizing mail, Internet, and telephone data collection modes, to increase the likelihood that QHP enrollees may respond to the survey. Additionally, QHP issuers are strongly encouraged to consider the foreign language administration options available to increase responses among individuals with limited English proficiency. QHP issuers should work with their HHS-approved survey vendors to discuss these options further.

While not required, QHP issuers are permitted to request that their HHS-approved survey vendor include the following nondiscrimination statement on any QHP Enrollee Survey material:

[Name of covered entity] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

[Name of covered entity] cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

[Name of covered entity] 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Additional modifications to QHP Enrollee Survey materials are ***not*** permitted.

Supplemental Questions

To promote standardization during survey fielding, survey vendors may ***not*** include supplemental questions in the 2018 QHP Enrollee Survey. CMS may reconsider this decision in future years.

Incentives

CMS does not allow QHP issuers or survey vendors to use incentives of any kind for the QHP Enrollee Survey.

Survey Measures for QHP Enrollee Survey Quality Improvement (QI) Reports

Separate from the QRS, CMS produces Quality Improvement (QI) Reports for each reporting unit and state. The structure of the composites used in the QHP Enrollee Survey QI Reports largely aligns with the CAHPS Health Plan 5.0 composite structure to facilitate comparisons to other populations. A scoring document will accompany the QI reports when they are released in the fall of 2018. A complete list of QHP Enrollee Survey and QRS measures can be found in the **Data Analysis and Scoring** section.

II. QHP ENROLLEE SURVEY PARTICIPATION REQUIREMENTS

Overview

This **QHP Enrollee Survey Participation Requirements** section provides information on the requirements for administering the survey, including communication with enrollees and the roles and responsibilities of CMS, QHP issuers, and survey vendors.

CMS Role and Responsibilities

CMS requires standardized administration of the QHP Enrollee Survey and data collection methodology for measuring and publicly reporting sampled enrollees' responses. CMS and its representatives will:

- Provide survey vendors with standardized survey fielding protocols, timeline, materials, and a description of the data submission methods through distribution of this manual (QAG) for the 2018 QHP Enrollee Survey.
- Train survey vendors to administer the QHP Enrollee Survey annually.
- Provide oversight to survey vendors prior to and during survey fielding.
- Provide technical assistance to survey vendors and QHP issuers via technical assistance email address (MQITier2HelpDesk@bah.com), and the MQI website (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html)).
- Provide survey vendors with the tools, format, and procedures for submitting collected data.
- Process, review, and analyze data files submitted by survey vendors.
- Provide summary-level QHP Enrollee Survey results to QHP issuers and Exchanges.

QHP Issuer Requirements

QHP Enrollee Survey requirements apply to QHP issuers offering QHPs through the Exchanges that meet participation criteria defined in this section.

Issuers must contract with a HEDIS Compliance Organization (NCQA-licensed) for validation of the QHP Enrollee Survey sample frame and authorize (contract with) an HHS-approved QHP Enrollee Survey vendor by the deadline established by CMS.

Issuers must contract with and provide a validated sample frame to an HHS-approved survey vendor by the deadline established by CMS. The **Sampling** section of this manual details this process. (See **Exhibit 2** above.)

Issuers ***must*** select and authorize their contracted HHS-approved QHP Enrollee Survey Vendor and verify required reporting unit information (e.g., enrollment, year plan began operating, three-year operational status) within NCQA's Healthcare Organization Questionnaire (HOQ) by the deadline established by CMS.

QHP issuers are required to collect and submit QHP Enrollee Survey response data for each unique combination of product type and State.[12] QHP issuers may not combine product types or States. Therefore, the reporting unit for the QHP Enrollee Survey and QRS is defined by the unique State-product type for each QHP issuer. Product types subject to the QHP Enrollee Survey and QRS requirements include EPOs, HMOs, POSs, and PPOs. At this time, QHP Enrollee Survey and QRS requirements do not apply to indemnity plans (i.e., fee for service plans).

QHP issuers are required to collect and submit validated QHP Enrollee Survey response data for each reporting unit (defined above) that meets all the below criteria:

- Offered through an Exchange in the prior year (i.e., 2017 calendar year);
- Offered through an Exchange in the reporting year (i.e., 2018 calendar year); and
- Meets the QHP Enrollee Survey and QRS minimum enrollment requirements[13, 14]:
- Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2017); and
- Included more than 500 enrollees as of January 1 of the reporting year (i.e., January 1, 2018).

Reporting units discontinued before June 15 of the ratings year (i.e., June 15, 2018) are exempt from these requirements. For an eligible reporting unit impacted by a QHP issuer change in ownership (e.g., merger, acquisition) effective as of January 1, of the ratings year, the QHP issuer that assumes the reporting unit is responsible for meeting these requirements.

CMS will *not* accept voluntary data submissions for reporting units that do not meet participation criteria as defined above.

Guidelines for determining which enrollees to include in each reporting unit can be found in the **Sampling** section of this manual.

[12] Pursuant to 45 C.F.R. §§ 156.1120(a)(3) and 156.1125(b)(3), QHP issuers participating in the Exchanges must include information in their respective QRS and QHP Enrollee Survey data submissions only for those enrollees at the level specified by HHS.

[13] 45 C.F.R. §§ 156.1120(a) and 156.1125(b).

[14] The QHP Enrollee Survey minimum enrollment requirement aligns with standards set forth in 45 C.F.R. §156.1125(b)(1). CMS established the minimum enrollment requirement for QRS to align with the QHP Enrollee Survey minimum enrollment requirement and to support a sufficient size for credible and reliable results.

Communication with QHP Enrollees About the QHP Enrollee Survey

QHP issuers may notify enrollees that they may be asked to participate in the 2018 QHP Enrollee Survey; however, certain types of promotional communication—either oral, written, or in the survey materials (e.g., survey cover letters and telephone scripts)—are ***not*** permitted. These communications may introduce bias to the survey results. Survey vendors, QHP issuers, or their agents may ***not***:

- Attempt to influence or encourage enrollees to answer survey questions in any way.
- Imply that the QHP issuer, its personnel, or agents will be rewarded or gain benefit from positive feedback provided by enrollees by asking enrollees to choose certain responses or indicating that the plan is hoping for a given response.
- Offer incentives of any kind for participation in the survey.

CMS strongly encourages QHP issuers and their agents not to ask QHP Enrollee Survey questions of enrollees four weeks prior to and during the QHP Enrollee Survey fielding period (generally anytime from January 1 to April 30). QHP issuers should take respondent burden and response rates into account when considering the timing of any additional data collection efforts.

Survey Vendor Roles and Responsibilities

To participate in the 2018 QHP Enrollee Survey data collection, survey vendors must be approved by the Department of Health and Human Services (HHS) to administer the QHP Enrollee Survey.

Survey vendors that participate in the QHP Enrollee Survey agree to:

- Follow the specified Rules of Participation to administer the QHP Enrollee Survey. Please refer to the **Survey Vendor Rules of Participation** section for more information.
- Establish and maintain a Survey Management System (SMS). Please refer to the **Establishing a Survey Management System** section for more information.
- Provide customer support for enrollees with questions about the survey. Please refer to the **Survey Vendor Customer Support** section for more information.
- Comply with the program requirements established by CMS and contained in the QAG to administer the QHP Enrollee Survey.
- Receive and perform checks of each QHP issuer's sample frame data file to verify that the sample frame data file includes all required data elements.

  Note: Survey vendors must notify CMS (MQITier2HelpDesk@bah.com) of any QHP issuer clients that have not provided a validated sample frame by the deadline established by CMS.
- Submit a list of the QHP reporting units for which the survey vendor is contracted to administer a survey. CMS will compare this list to the list of authorized QHP Enrollee Survey vendors received from QHP issuers.

- Verify that all client QHP issuers have authorized the survey vendor to submit data to CMS on their behalf.
- Draw the sample from the validated sample frame provided by the QHP issuer using the specifications provided in the QAG.
- Administer the QHP Enrollee Survey and oversee the quality of work performed by staff and subcontractors, if applicable, per the protocols and procedures established by CMS and contained in the QAG.
- Submit successfully a test data file by the deadline established by CMS.
- Submit successfully data files in accordance with the data file specifications in the QAG.
- Correct any errors returned by CMS until data files are submitted accurately and within the deadline established by CMS.
- Meet all QHP Enrollee Survey due dates (including submission of Quality Assurance Plans (QAPs), project reports, and survey materials for review) or risk revocation of approval to administer the QHP Enrollee Survey.
- Conduct all business operations for the QHP Enrollee Survey within the continental United States, Hawaii, Alaska, or U.S. Territories to facilitate CMS' required quality oversight activities. This requirement applies to all staff and subcontractors.

If a survey vendor is noncompliant with program requirements for any of its client contracts, then the QHP issuer's QHP Enrollee Survey results may ***not*** be included in the QRS.

Survey Vendor Rules of Participation

Any survey vendor participating in the 2018 QHP Enrollee Survey fielding must adhere to the following Participation Rules found in the 2018 Participation Form. To be eligible, the organization must:

- Meet the QHP Enrollee Survey Minimum Business Requirements (MBR). See **Appendix B: Minimum Business Requirements**.
- Participate in a teleconference call with the QHP Enrollee Survey Project Team (as determined by CMS) to discuss relevant survey experience, organizational survey capability and capacity, quality control procedures, and the role of subcontractors (if applicable).
- Participate in, and successfully complete, QHP Enrollee Survey Vendor Training and all subsequent QHP Enrollee Survey Vendor update trainings. At a minimum, the organization's Project Manager, Mail Survey Supervisor, Telephone Survey Supervisor, Internet Survey Supervisor, and Sampling Manager **must** attend training as representatives of the organization. It is strongly recommended that the Project Director and any additional key staff responsible for programming, data coding, and file preparation also attend training. Subcontractor attendance is optional.
- Review and comply with the QAG and any policy updates.

- Develop and submit a survey vendor QAP as specified by the deadline determined by CMS. In addition, submit materials relevant to the survey fielding (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires, reminder letters, and envelopes), telephone scripts, and the Internet survey instrument to CMS for review prior to volume printing.
- Participate and cooperate (including subcontractors) in all oversight activities conducted by the CMS, including but not limited to: survey material review, onsite/remote site visits, seeded mailings, telephone interview monitoring, data review, and other oversight activities as determined by CMS.
- Acknowledge that the use of virtual telephone interviewers is prohibited.
- Comply with all rules and regulations pertaining to personally identifiable information (PII) and personal health information (PHI) per the Health Insurance Portability and Accountability Act (HIPAA).
- Attest to the accuracy of the organization's data collection (as determined by CMS) and follow the guidelines set forth in the QAG.
- Notify CMS of any discrepancy or variation from standard QHP Enrollee Survey protocols that occurs as the discrepancy is identified. The survey vendor must complete and submit a Discrepancy Report (in the format and manner specified by CMS) within one business day of becoming aware of the discrepancy.
- Attest that the survey vendor is organizationally independent from the QHP issuer client. The survey vendor must not administer the QHP Enrollee Survey or produce survey results to meet CMS requirements for any QHP client issuer that controls, is controlled by, or is under common control with the survey vendor.
- Acknowledge that contracting with and successfully administering the QHP Enrollee Survey on behalf of at least one QHP issuer within 24 months of receiving initial approval status is a requirement for continued approval status. A survey vendor must continue to field the survey for at least one QHP issuer during every 24-month increment following the initial 24-month period.
- Acknowledge that CMS may, at its sole discretion, terminate, discontinue, or not renew the "approved" status of a survey vendor. CMS may exercise these actions at any point during survey administration.
- Acknowledge that review of and agreement with the Rules of Participation is necessary for participation.
- Submit a test data file to CMS, as determined by CMS.
- Submit data on time, as specified by the deadline determined by CMS.

For a summary of key survey vendor dates for the 2018 QHP Enrollee Survey administration, see **Exhibit 3** above.

Establishing a Survey Management System

Survey vendors must implement an automated, electronic Survey Management System (SMS) to effectively track sampled enrollee data elements, data collected throughout each stage of the survey fielding protocol, and returned survey data. The SMS stores data files containing enrollee-specific data to track key events for each sampled enrollee (e.g., address updated, undeliverable return, first survey mailing, and telephone attempts). Event tracking employs flags and dates for each specified event. Survey vendors assign a random, unique, de-identified enrollee identification number to each sampled enrollee. The SMS must prevent duplicative records of sampled enrollees. These identifiers must be included on the survey questionnaire and ***cannot*** contain PII. The SMS links to the Computer-Assisted Telephone Interviewing (CATI) system so data from telephone interviews are seamlessly incorporated into relevant data files in the SMS.

The SMS uses disposition codes to record the ultimate resolution of each sampled enrollee. Survey vendors may use their own system's interim disposition codes but must demonstrate a mapping of interim codes to final disposition codes as specified in the **Data Coding** section.

Survey vendors must thoroughly test all modules of the SMS prior to survey implementation and establish access levels and security passwords so only authorized users have access to sensitive data.

Survey Vendor Customer Support

Survey vendors establish a customer support toll-free telephone number and a project-specific email address for sampled enrollees who have questions about the QHP Enrollee Survey and/or survey fielding process.

- Survey vendors provide a project-specific customer support telephone line and email address on survey mailing materials.
- Customer support capabilities must be operational by the start of the mail phase of the data collection protocol (i.e., mailing of the prenotification letter).

  Note: Survey vendors are required to test the functionality of the customer support toll-free telephone number and email address prior to the start of survey fielding.
- Survey vendors must be able to respond to questions from English, Spanish, and Chinese (if applicable) speaking sampled enrollees.
  - Survey vendors must collect information related to and the number of inquiries from enrollees requesting support in a language other than English, Spanish, or Chinese (Mandarin). Survey vendors will track the number of inquiries received for each alternate language. Survey vendors will include this information in their Final Report (Report #5).
- Customer support telephone lines must be staffed live and have the capacity to answer at least 90 percent of incoming calls live within 30 seconds or less during the survey vendor's regular business hours, Monday through Friday, excluding federal holidays.

- A voicemail mailbox must be available after hours and on weekends and federal holidays, and voicemail messages must be returned within 24 hours or on the next business day if the message is received during the weekend or on a federal holiday.
- Survey vendors must provide a response to customer support email inquiries within 24 hours of receipt; the next business day if the email is received during the weekend or on a federal holiday. If a survey vendor cannot provide a response to a question within 24 hours of receipt (e.g., more information is required to address the question), they must acknowledge receipt of the inquiry within 24 hours and provide a response as soon as possible.
- Survey vendors must document and track customer support phone calls and emails for quality assurance purposes. They must periodically assess the reliability and consistency of phone and email responses provided by customer support staff.

A list of Frequently Asked Questions (FAQ) and suggested answers to those questions are included in **Appendix D: Frequently Asked Questions for Customer Support**. This document provides guidance to survey vendor customer support staff for responding to questions commonly asked by sampled enrollees by phone or via email. It has been translated into Spanish and Chinese for standardized answers.

Customer Support Staff Training

Survey vendor customer support staff must be properly trained on the QHP Enrollee Survey specifications, methodology, and FAQ; the way to respond when answers to questions are not known; and the rights of survey respondents. Customer support staff must also be able to handle questions via the toll-free telephone number and project-specific email address in Spanish and Chinese (if applicable). If customer support staff are not trained to administer telephone interviews, then they must be trained in procedures to transfer calls to telephone interviewers or to schedule callbacks. Please refer to the **Inbound Telephone Interviewing Protocol** section for more information.

Use of Subcontractors for Customer Support

Survey vendors may use subcontractors for customer support operations. Survey vendors must obtain signed confidentiality agreements from subcontractors prior to employing them for customer support services. Subcontractors are required to fulfill the same requirements detailed above in the **Survey Vendor Customer Support** and **Customer Support Staff Training** sections.

Survey vendors that subcontract customer support operations are responsible for providing proper oversight to verify the integrity of the work and operations conducted by subcontractor(s) and must provide CMS with documentation of their subcontractor-specific quality oversight processes. At a minimum, survey vendors are responsible for attending and participating in a subcontractor's internal customer support training to confirm compliance with the protocols, procedures, and guidelines established for the customer support component of the QHP Enrollee Survey. Survey vendors must provide feedback to subcontractors regarding the quality and

accuracy of responses and verify that the subcontractor's customer support staff correct any areas that require improvement.

III. SAMPLING

Overview

This **Sampling** section provides detailed instructions to QHP Issuers for determining which enrollees to include in each reporting unit and to survey vendors for drawing the QHP Enrollee Survey sample for each reporting unit.

Determining QHP Eligibility for Survey Fielding

Exhibit 5: QHP Eligibility for Survey Fielding Criteria

Criteria	Required to Field 2018 QHP Enrollee Survey
Reporting Unit began operating in Plan Year (PY) 2018	No
Reporting Unit began operating in PY 2017 & continued operating in PY2018	Yes
Reporting Unit began operating in PY 2016 & continued operating in PY 2017 & 2018	Yes
Reporting Unit began operating in PY 2016, did not operate in PY 2017, and resumed operating in PY 2018	No
Reporting Unit began operating in PY 2016, continued operating in PY 2017, and was not operating in 2018	No

Definition of a Reporting Unit

For the 2018 QHP Enrollee Survey, the **reporting unit** is defined as the unique State-product type offered by a QHP issuer through the Exchange.

The **product type** is defined as the discrete package of health insurance coverage benefits that a health plan insurance issuer offers using a particular product network type (e.g., health maintenance organization [HMO], preferred provider organization [PPO], exclusive provider organization [EPO], point of service [POS]) within a service area. This term refers to a specific contract of covered benefits, rather than a specific level of cost-sharing imposed. **Product type**s subject to the QRS and QHP Enrollee Survey requirements include exclusive provider organizations [EPOs], health maintenance organizations [HMOs], point of service [POSs], and preferred provider organizations [PPOs]. At this time, QRS and QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee for service plans).

Sample Frame Data File Generation

QHP issuers are required to generate a complete, accurate, and valid sample frame data file that is representative of the entire eligible population for each reporting unit. For a summary of enrollee eligibility requirements, see **Exhibit 6** Below.

Exhibit 6: Enrollee Eligibility Requirements for the 2018 QHP Enrollee Survey

Enrollee Eligibility Status	Eligibility Criteria
Eligible if all the listed criteria are met.	Enrollee is in a QHP offered through the Exchange (HIOS variant IDs -01 through -06 or -31 through -36 for states with Medicaid 1115 waivers allowing access to Exchange plans).
	Enrollee is in a QHP that provides family and/or adult medical coverage.
	Enrollee is 18 years of age or older as of December 31, 2017.
	Enrollee meets continuous enrollment criteria.
	Enrollee is still enrolled on January 1, 2018.
Ineligible if any of the listed criteria apply.	Enrollee is in a QHP offered outside the Exchange (HIOS variant ID -00).
	Enrollee is in a QHP that provides child-only health plans or stand-alone dental plans.
	Enrollee is younger than 18 years of age as of December 31, 2017.
	Enrollee does not meet continuous enrollment criteria.
	Enrollee is no longer enrolled as of January 1, 2018.

When determining which enrollees to include in each reporting unit, QHP issuers must follow these guidelines:

- Include enrollees in QHPs offered through an Exchange in the 2018 QHP Enrollee Survey sample frame and QRS data submissions. For example, an eligible enrollee who does not have access to an Exchange website could enroll in an Exchange QHP directly with a QHP issuer; such an enrollee is to be included in 2018 QRS and QHP Enrollee Survey data submissions. These Exchange QHPs will be designated by Health Insurance Oversight System (HIOS) ID variants -01 through -06.
    - QHP issuers in Medicaid Expansion states where the Medicaid expansion population (via Medicaid 1115 waivers) is eligible to enroll in on-Exchange QHPs should include Medicaid enrollees in on-Exchange QHPs in their QHP sample frame and QRS data submissions. These enrollees may have HIOS ID Variants -31 through -36; they must be included per the sample frame.
- Do not include enrollees in QHPs offered outside the Exchange (i.e., off-Exchange health plans) and non-QHPs in the 2018 QHP Enrollee Survey sample frame and QRS data submissions. Off-Exchange health plans include those that mirror QHPs offered through an Exchange due to guaranteed availability requirements (Section 147.104(a) of the Affordable Care Act), and are designated with a HIOS variant ID -00.

- Include enrollees in QHPs that provide family and/or adult-only medical coverage (unless noted otherwise in the *2018 Quality Rating System Measure Technical Specifications*). At this time, QHP Enrollee Survey and QRS requirements do not apply to child-only plans or stand-alone dental plans.[15]
- Include enrollees in a reporting unit that may be aligned to a different certified QHP issuer in the prior year, in cases where the QHP issuer has documented a change in ownership that is effective as of January 1, of the ratings year (e.g., the gaining QHP issuer should include enrollees previously aligned to the ceding QHP issuer in cases of merger or acquisition).
- Include enrollees who have requested not to be contacted, (i.e., a "do not call" list). Although they will be excluded from the survey, enrollees who have requested not to be contacted should be included in the sample frame at the time it is created.
- Combine enrollees from both QHP and MSP products if the QHP issuer offers both a QHP and an MSP option of the same product type in the same State.
- Combine enrollees from both the individual market and Small Business Health Options Program (SHOP) if the QHP issuer offers the same product type in the individual market as well as the SHOP within a State.
- Combine enrollees from multiple products of the same type in a single state into one reporting unit. (i.e., If Issuer XYZ has three HMOs in a particular state, they are considered a single reporting unit.)
- Combine enrollees from the same product type with multiple product levels (e.g., bronze, silver, gold, platinum, catastrophic) into one reporting unit. (i.e., If Issuer XYZ has silver and gold HMOs in a particular state, they are considered a single reporting unit.)
- Exclude individuals who discontinue their coverage through the QHP for plan year 2018.

  Note: *QHP issuers are not permitted to generate a separate list of disenrollees. All exclusions of disenrollees must occur prior to submitting the sample frame for the HEDIS Compliance Audit.*
- Exclude deceased enrollees as of January 1, 2018.

QHP issuers may ***not*** generate sample frames earlier than January 2018. CMS will *not* accept data submissions for reporting units that do not follow the guidelines as defined above for determining which enrollees should be included.

Note: *QHP issuers must use a consistent approach when determining the eligible population and reporting for the QHP Enrollee Survey, the QRS clinical measures, and for each product offering.*

[15] A limited number of child-only QHPs and enrollees may prohibit reliable child-only QRS rating calculations and QHP Enrollee Survey results. CMS will continue to monitor child-only plans and stand-alone dental plans, and will consider developing a quality rating system and QHP Enrollee Survey for these plan types in the future.

Example:

A fictional QHP issuer is certified to offer family medical coverage in two States: West Virginia (WV) and Maryland (MD). **Exhibit 7** below demonstrates the characteristics of the issuer's reporting units. In accordance with the participation criteria defined above, this QHP issuer must collect and submit validated QHP Enrollee Survey responses and QRS clinical measure data to CMS for only the following reporting unit: WV PPO. The other reporting units either did not have enough enrollees as of July 1, 2017, did not have enough enrollees as of January 1, 2018, or were discontinued before June 15, 2018.

Exhibit 7: Example Reporting Units for a QHP Issuer Assessed Against 2018 QRS and QHP Enrollee Survey Participation Criteria

Reporting Unit	Enrollment as of July 1, 2017 (total and per individual market vs. SHOP	Enrollment as of January 1, 2018 (total and per individual market vs. SHOP)	Offered as of June 15, 2018	Meet participation criteria? (i.e., required to submit QRS and QHP Enrollee Survey measure data)?
WV PPO	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	Yes	Yes
WV HMO	601 (501 individual, 100 SHOP)	N/A	No – discontinued as of December 31, 2017	No – not operating in ratings year
MD PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	Yes	No – insufficient enrollment size in both years
MD HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	Yes	No – insufficient enrollment size as of January 1, 2018

QHP issuers with specific questions related to the application of the QHP Enrollee Survey and QRS participation criteria and/or determining reporting unit eligibility should seek guidance from CMS via the Marketplace Service Desk (MSD). Details on addressing membership changes in data collection are provided in the General Guidelines for Data Collection section of the *2018 Quality Rating System Measure Technical Specifications* under "Membership Changes."

Sample Frame Data Elements and Standardized Format

The sample frame includes a single record for each eligible enrollee in the reporting unit as defined by the eligibility guidelines above (i.e., person-level data for each enrollee in a reporting unit). **Appendix H: Sample Frame File Layout** provides the data elements which should be included for each enrollee in the sample frame.

The standardized sample frame layout is an ASCII fixed-width text file with defined fixed-column positions for each data element. This layout contains one record or line for each enrollee who meets the eligible population criteria (i.e., one enrollee record per line).

Data elements must adhere to the value label characteristics described in **Appendix H** and are to be placed in the designated columns (i.e., specified field positions). No delimiters are to be used. Field contents must be left aligned, and data must start in the first position of each field.

QHP issuers must fully populate all sample frame variables. When portions of required enrollee data are missing, QHP issuers must denote these data elements with the valid value for *Missing* provided in **Appendix H**.

Note: *QHP issuers may* ***not*** *append any additional data fields to the sample frame that are not specified in the sample frame file layout.*

Sample Frame Validation Process

Each QHP issuer must have its QHP Enrollee Survey sampling frame(s) validated by a data validator, in accordance with the measure stewards' protocols, prior to data submission. For 2018, CMS requires that QHP issuers use a HEDIS® Compliance Auditor and follow the HEDIS® Compliance Audit standards to validate all QRS measures, including the QHP Enrollee Survey sampling frame.[16] The sections below contain details related to these data validation requirements.

Data Validators

QHP issuers must use a HEDIS® Compliance Auditor (validator) to perform the HEDIS® Compliance Audit (i.e., validation of QRS measure data) for the survey sampling frame. Each QHP issuer is responsible for selecting the HEDIS® Compliance Organization, determining fees, and entering into a data validation contract (if necessary). The process is designed to give QHP issuers the maximum opportunity to have valid and publicly reportable results.

QHP issuers should refer to the following website to access the list of NCQA-certified HEDIS® Compliance Auditors: http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx.

Data Validation Standards

The data validation standards are specified in the *HEDIS® Compliance Audit: Standards, Policies, and Procedures*. HEDIS® Compliance auditors will use this uniform set of data validation standards to assess each QHP issuer's sampling frame for the QHP Enrollee Survey. See **Exhibit 8** for a summary of the sample frame validation process.

QHP issuers should refer to the *HEDIS® Compliance Audit: Standards, Policies, and Procedures,* which is available for purchase on the following website: http://store.ncqa.org/index.php/performance-measurement.html.

[16] The Pharmacy Quality Alliance (PQA) does not have a defined measure validation strategy for the Proportion of Days Covered measure. CMS requires this measure to be validated using the HEDIS® Compliance Audit standards, policies, and procedures.

Exhibit 8: Sample Frame Validation Process

Step	Description
Step 1	In the NCQA HOQ, the QHP issuer enters information on the number of QHP Enrollee Survey reporting units it intends to report. This is the number of sample frames the QHP issuer must produce. ***Note:*** *This is the same number of reporting units for which the QHP issuer must select and authorize an HHS-approved QHP Enrollee Survey Vendor and verify required reporting unit information (e.g., enrollment, year plan began operating, three-year operations status) within the HOQ.*
Step 2	The QHP issuer generates the sample frame data files per specifications.
Step 3	The QHP issuer delivers the sample frame data files to the NCQA HEDIS Compliance Auditor.
Step 4	The auditor validates the sample frame data files and notifies the QHP issuer of the results. If necessary, the QHP issuer makes corrections to the sample frame until it achieves the desired audit result.
Step 5	The auditor enters the result of the sample frame validation into the HOQ.
Step 6	The QHP issuer forwards the sample frame data files and documentation of sample frame validation results to the QHP Enrollee Survey vendor.
Step 7	The survey vendor draws the survey sample and administers the QHP Enrollee Survey per specifications.

Provision of Sample Frame

Once a QHP issuer has received a validated sample frame from the auditor, they must provide it directly to their contracted survey vendor in a secure manner.

Sampling Protocol (for survey vendors)

Prior to sampling, an NCQA-Certified HEDIS Compliance Auditor must validate the sample frame. Once validated, the survey vendor obtains the sample frame directly from the QHP issuer and draws a simple random sample of enrollees. As a best practice, the survey vendor draws the sample so the QHP issuer will not know which enrollees will be surveyed.

Note: *Survey vendors must notify CMS (MQITier2HelpDesk@bah.com) of any QHP issuer clients that have not provided a validated sample frame by the date required.*

Survey vendors use the following definitions and protocol to draw the QHP Enrollee Survey sample from the validated sample frame:

Definitions

- **Subscriber or Family Identifier (SFID).** Denotes the covered family unit. It includes a primary-insured person and dependents, (if dependents are included in the coverage).
- **Enrollee Unique Identifier (EUID).** Denotes a specific person. Each person included in the SFID has an EUID, (including the primary insured person and every dependent).

Protocol

- Remove duplicate entries before selecting the sample based on the following: name, address, and date of birth.
- After survey vendors receive the validated sample frame for a reporting unit, the survey vendor assesses the completeness of the contact information (e.g., mailing address, telephone number) included in the sample frame for each sampled enrollee and pulls the survey sample.
- Only one person in each household should be surveyed. To ensure this, survey vendors will first sort the sample frame into the following hierarchy:
  - First: Sort by SFID (to group all family members covered).
  - Second: Group all EUID's associated with the same SFID.
  - Third: Use simple random sampling to select only **one** eligible enrollee per SFID. ***Note:*** *The goal is to limit the sampling frame to one eligible enrollee per SFID.*

Deduplication:

- If SFIDs are unique for each enrollee (i.e., the SFID acts like an EUID) in the covered family unit, then the sample frame is deduplicated by address.
- If a sample frame does not contain SFIDs, then the sample frame is deduplicated by address.

  Note: *Deduplication of the sample frame by address is only prescribed if the sample frame does not contain SFIDs or if all the SFIDs in a sample frame are unique; deduplication by address may not be performed on sample frames that have already been deduplicated by SFIDs.*
- Survey vendors calculate three "count" variables based on the deduplication process for inclusion in the data files submitted to CMS. CMS will use these variables to determine selection probabilities and create survey weights.
  - First, survey vendors calculate a count of the total number of enrollees in the sample frame provided by the QHP issuer for each reporting unit *before* deduplication (field name=n-fr). (See **Appendix I: Data Submission File Layout**.)

    Note: *This value will be the same for all enrollees in the same reporting unit.*
  - Second, survey vendors calculate a count of the number of survey-eligible enrollees covered by the SFID associated with each retained EUID (field name=k). This value is calculated by summing the number of EUIDs per SFID *before* the deduplication step. If a sample frame does not contain SFIDs, then the count variable is calculated by summing the number of EUIDs per mailing address *before* the deduplication step.

    Note: *This value will vary by enrollee, although many enrollees will have the same value (e.g., "2" will be a common value for this count).*
  - Third, survey vendors calculate a count of the total number of records in the sample frame for the reporting unit *after* deduplication—that is, the number of enrollees in the "deduplicated sample frame" (field name=M). The deduplicated sample frame

should have only one record per SFID. If a sample frame does not contain SFIDs, then the sample frame should have only one record per address.

Note: *This value will be the same for all enrollees in the same reporting unit.*

Drawing the Sample:

- Survey vendors draw a random sample of 1,300 enrollees (i.e., EUIDs) from the deduplicated sample frame.
  - If there are fewer than 1,300 enrollees (EUIDs) in the deduplicated sample frame for a given reporting unit, then the survey vendor includes all available enrollees in the sample.

    Note: *Survey vendors may draw a random sample larger than 1,300 with prior approval from CMS (see* ***Oversampling*** *section).*
- Survey vendors create a file containing all sampled enrollees to be included in the QHP Enrollee Survey. Survey vendors will retain all QHP Enrollee Survey sample data in a secure and environmentally controlled location for a minimum of three years.

Oversampling (for Survey Vendors)

Survey vendors are permitted to oversample, (i.e., select a sample larger than the standard 1,300 enrollee sample), for the 2018 QHP Enrollee Survey with prior approval from CMS. QHP issuers may want to oversample to increase response rates, the reliability and validity of survey results, or the likelihood that a reportable result is achieved. Oversampling may be conducted for a reporting unit if the reporting unit contains enough eligible enrollees to support the increased sample size. All oversampling must occur in increments of 5 percent and may not exceed a 30 percent oversample, as shown in **Exhibit 9**.

Exhibit 9: Permitted Oversampling Levels

Oversample Increment	Increase	Total Sample Size
5%	65	1,365
10%	130	1,430
15%	195	1,495
20%	260	1,560
25%	325	1,625
30%	390	1,690

QHP issuers who wish to draw a sample larger than 1,300 members for any of their reporting unit(s) should notify their survey vendor of this intent as early as possible.

Survey vendors are required to make a formal request to perform an oversample to CMS, on behalf of their QHP issuer clients. Oversampling requests must be submitted in conjunction with Report #2 (Preliminary QHP Client List). As part of this request, survey vendors must provide the following information:

- The reporting unit(s) requesting to oversample.
- The desired oversampling rate.
- An estimate of the number of eligible enrollees.

Regardless of the desired sample size, survey vendors must follow the QHP Enrollee Survey sampling protocol to draw the sample for all reporting units. In addition, survey vendors must follow the standard data collection protocol and procedures for all sampled enrollees.

"Do Not Survey" List

Prior to survey fielding, survey vendors should check whether any sampled enrollees appear on their organization's internal "Do Not Survey" list from the prior year's survey fielding. Sampled enrollees included on a survey vendor's "Do Not Survey" list should be excluded from the survey and should be assigned a final disposition code of "X40—Ineligible: Not Eligible or on a 'Do Not Survey' List." These individuals are not replaced in the sample.

The "Do Not Survey" list applies to all survey modes (e.g., Internet, mail, and telephone). If a sampled enrollee requests to be placed on a "Do Not Survey" list after data collection has begun, then that sampled enrollee's record should be assigned a final disposition code of "X32—Refusal" and added to the survey vendor's "Do Not Survey" list. Survey vendors maintain entries on an internal "Do Not Survey" list for three years.

Note: *Survey vendors may not exclude sampled enrollees from the survey based on a QHP issuer's "Do Not Call" list.*

Adding Enrollee Contact Information to a Validated QHP Enrollee Survey Sample Frame

To maintain fidelity of the survey and to protect confidentiality of enrollees, survey vendors may not ever share identifiable person-level information with a QHP issuer. If the survey vendor determines that the amount of missing contact information for sampled enrollees poses a threat to desired response rates, then the survey vendor may request that the QHP issuer provide additional enrollee contact information, if available.

If a QHP issuer can provide additional enrollee contact information, the QHP issuer must update the mailing address and telephone number for all enrollees included in the full validated sample frame file. The QHP issuer then returns the updated sample frame file to the survey vendor through a secure transmission method.

The survey vendor subsequently determines if an updated mailing address or telephone number has been included for any of the enrollees included in the survey sample. If updated contact information is provided for any sampled enrollees, the survey vendor will use the updated contact information for survey contact attempts.

Fielding Additional Surveys Using the QHP Enrollee Survey Sample Frame

CMS strongly discourages survey vendors and QHP issuers from asking sampled enrollees any QHP Enrollee Survey questions four weeks prior to or during QHP Enrollee Survey fielding (generally any time from January 1 to April 30). Survey vendors are permitted to use the QHP Enrollee Survey sample frame to draw additional samples to field other surveys after the sample for the QHP Enrollee Survey has been drawn. However, CMS strongly encourages any households or SFIDs sampled for the 2018 QHP Enrollee Survey be excluded from additional surveys to avoid overburdening enrollees.

Obtaining Access to Prior Years' QHP Enrollee Survey Datasets

QHP issuers may utilize a different HHS-approved QHP Enrollee Survey vendor from one survey fielding year to the next. For trending purposes, a QHP issuer may want its new survey vendor to have access to a QHP Enrollee Survey dataset from the prior year's administration. A QHP issuer that would like its current survey vendor to receive a copy of its dataset from the prior year's survey fielding should submit a written request to CMS via email at (*MQITier2HelpDesk@bah.com*). In the subject line please include the following, "QHP Issuer requesting past survey data sets". The email should include a list of all the reporting units for which a QHP issuer is requesting datasets, the name of the previous vendor utilized and the name of the new survey vendor that should receive the dataset. This request must come directly from a QHP issuer and not via their contracted survey vendor. Upon receipt of this request, CMS will coordinate with the appropriate survey vendor to transmit the dataset(s) securely.

IV. Data Collection Protocol

Overview

This **Data Collection Protocol** section describes the protocol and procedures for collecting data for the QHP Enrollee Survey. The procedures outlined below create standardized survey fielding across different survey vendors and comparability of the resulting data.

The QHP Enrollee Survey must be administered in two different languages—English and Spanish, with the option of administering in Traditional Chinese (Mandarin). The English, Spanish, and Chinese surveys employ a mixed-mode data collection methodology that includes a prenotification letter, directions to complete the Internet survey (if applicable), two survey mailings, a reminder letter, and telephone follow-up of non-respondents. The Internet mode must be offered in English, with the option to offer in Spanish. There is no Internet option for Chinese.

The basic tasks and associated timeline for conducting the 2018 QHP Enrollee Survey are summarized in **Exhibit 2**, **Exhibit 3**, and **Exhibit 10**. Survey vendors must adhere to the data collection schedule as outlined and may ***not*** depart from the schedule or modify it in any way.

2018 QHP Enrollee Survey Fielding Schedule

Exhibit 10: 2018 QHP Enrollee Survey Fielding Schedule

Task	Administration Schedule for the 2018 QHP Enrollee Survey
Survey vendors sample enrollees per sampling protocols.	*January 2018 –February 2018*
Mail prenotification letter to sampled enrollees. For English and Spanish (if applicable) language prenotification letters, include the URL that offers the option to complete the survey by Internet.	*Day 0*
Customer support phone center opens (toll-free phone number required).	*Day 1*
Mail first questionnaire with survey cover letter to nonrespondents four calendar days after the prenotification letter is mailed.	*Day 4*
Mail reminder letter to nonrespondents 13 calendar days after the first questionnaire is mailed.	*Day 17*
Mail second questionnaire with survey cover letter to nonrespondents 27 calendar days (approximately 4 weeks) after the first questionnaire is mailed.	*Day 31*
▪ Initiate telephone follow-up contacts for nonrespondents 3 weeks (21 calendar days) after the second questionnaire is mailed. ▪ Make no more than six call attempts. ▪ Call attempts must occur over a minimum of 2 different weeks during the 19–calendar day telephone interview period. ▪ Call attempts must be scheduled at different times of the day on different days of the week. ***Note:*** *Day 70 is the last day of the fielding period.*	*Days 52 – 70*

Task	Administration Schedule for the 2018 QHP Enrollee Survey
▪ End data collection activities. ▪ End all telephone interviews. ▪ Inactivate Internet survey. ▪ Close customer support toll-free line. ***Note:*** *Data from mail surveys received after the scheduled fielding end date (Day 71 or after) for a sample may* ***not*** *be included in data submission files.*	*Day 71*

Requirements for Each Mode (Mail, Telephone, and Internet)

- Survey vendors are ***not*** permitted to create or use any other translations of the QHP Enrollee Survey, prenotification letter, reminder letter, survey cover letters, or any other survey materials and may ***not*** modify the translation of the questionnaires or related materials. (See **ACA Regulations on Nondiscrimination**).
- Survey vendors should work with their QHP issuer clients to identify the plan name most identifiable by sampled enrollees. The same QHP issuer or reporting unit name must be included in each specified location in the mail, telephone, and Internet survey materials. This name should be included in the <plan-name-fill> XML data element in the data submission file (see **Appendix I: Data Submission File Layout**).
- Survey vendors must submit mail, telephone, and Internet materials for each language in which they are administering the survey. All survey materials must be accepted by CMS prior to survey fielding. Please refer to the **Quality Oversight** section of this manual for more information.

Survey Instrument

Survey vendors must adhere to the standard questionnaire template. This includes the following:

- Display response categories vertically for all survey questions and list responses individually for each question on mail and Internet survey instruments.
    - Survey vendors may ***not*** present response categories using a matrix format that lists the response categories across the top of the page and the questions down the side of the page. When a series of questions is asked that has the same answer categories (e.g., Never, Sometimes, Usually, Always), the answer categories must be repeated with every question.
- Use the text conventions in the standard questionnaire template.
    - Survey vendors ***cannot*** bold text that is not bold in the template questionnaire (e.g., question stems, response categories) and ***must*** bold text that is bold in the template questionnaire (e.g., emphasized words, skip pattern language).
    - Survey vendors ***cannot*** underline text that is bold in the template questionnaire.
    - Survey vendors ***must*** italicize text that is italicized in the template questionnaire.
- Cannot change the wording of survey questions, the response categories, or the order of questions or response categories in the questionnaire.

- Survey vendors may ***not*** add supplemental questions to the questionnaire or revise any survey skip patterns.
- QHP Enrollee Survey questions ***cannot*** be eliminated from the questionnaire.

Mail Protocol

This section provides detailed information on the process for implementing the mail component of the survey data collection protocol for the 2018 QHP Enrollee Survey.

The QHP Enrollee Survey mail component consists of the questionnaire, prenotification letter, reminder letter, and survey cover letters in English, Spanish, and Traditional Chinese (if applicable). All mailing materials must adhere to the following specifications:

- Display the survey vendor's logo, the QHP issuer's logo, or both logos in the header of the prenotification, cover and reminder letters, on the envelopes, and on the cover page or the first page of the questionnaire.
- Print letters and questionnaires using a minimum font size, equal to or larger than 11 points, of a readable font (such as Times New Roman or Arial).
- Include the survey vendor's name *only* in the return address. Envelopes must include the survey vendor's name in the return address regardless of the location from where the envelope is mailed to reassure sampled enrollees that the questionnaire is being returned to the survey vendor. Survey vendors may include the return address of a subcontractor on a prenotification or cover letter, if applicable; however, the name associated with the return address must be that of the survey vendor only.
- Include the QHP issuer's plan name in designated fill locations.
- Include taglines required by the QHP issuers for legal purposes on prenotification, cover, and reminder letters, envelopes, and questionnaires. Survey vendors do not need to request the inclusion of this information as an exception.

Prenotification, Cover and Reminder Letters

In addition to the requirements under the **Mail Protocol** section, all letters (prenotification letter, cover letter and reminder letter) must also adhere to the following specifications:

- Fit on one page.
- Include the sampled enrollee's full name and address in the address block.
- Contain a personal salutation (i.e., "Dear [Sampled Enrollee Name]").
- Include the signature of a senior executive of either the survey vendor or the QHP issuer.
- Include the survey vendor's toll-free customer support telephone number and project-specific email address.
- Do not include subcontractor contact information (e.g., name or logo), if applicable.

- May include tracking codes on letters to assist with quality control and assurance activities if the codes are unobtrusive and do not obscure the standard letter text.
- All sampled enrollees receive the English version of the prenotification letter, which includes text in Spanish (or Chinese, if applicable) about how sampled enrollees may request survey materials in their preferred language.

Prenotification Letter

The *prenotification letter* sent to sampled enrollees provides information about the purpose of the QHP Enrollee Survey and presents sampled enrollees completing the survey in English or Spanish with the option of completing the survey via the Internet. Prenotification and reminder letters provide information about the Internet survey option (if applicable), instructions for completing the survey on a secure website, the URL address for the designated website, and a customized login (e.g., user name and/or password) for each sampled enrollee.

Information about accessing the Internet survey must be in a call-out box with text printed in 14-point font as shown in the standard template. For more information, please refer to the **Internet Protocol** section. For 2018, survey vendors are not required to provide a Spanish Internet option to Spanish-speaking enrollees; however, there is a Spanish Internet survey option available. Survey vendors offering the Spanish Internet option may either provide a separate URL for the Spanish Internet survey in the prenotification letter and reminder letter or may direct sampled enrollees to an Internet landing page that asks the respondent if he or she would like to take the survey in English or Spanish.

Cover Letter (for Questionnaire Mailing)

Each questionnaire packet includes a survey *cover letter* to explain the purpose of the survey, provide instructions on how to complete the survey, and encourage sampled enrollees to participate. The survey cover letter also contains the survey vendor's toll-free customer support number and project-specific email address so that sampled enrollees may contact the survey vendor with any questions about the survey. There are two different versions of the survey cover letter—one for inclusion with the first questionnaire mailing and one for inclusion with the second questionnaire mailing. *Cover letters must be printed on a separate sheet of paper and not attached to the questionnaire.*

Reminder Letter

Reminder letters provide information about the purpose of the survey, include the Internet survey URL link and login credentials (if applicable), and remind sampled enrollees that they should have already received the first survey cover letter and questionnaire.

Envelopes

Outbound envelopes (envelopes that contain the prenotification letter, questionnaire packets, and the reminder letter) adhere to the following requirements:

- Do not display any banners or taglines such as "Important Information Enclosed—Please Reply Immediately" or messages such as "Important Information from the Centers for Medicare & Medicaid Services Enclosed."
- May affix address labels to outbound envelopes given that an established quality assurance process is in place to confirm that labels match survey IDs.
- May use window envelopes. If window envelopes are used, then the survey vendor's logo, the QHP issuer's logo, or both logos must be visible through the window of the envelope—unless logo(s) are printed directly on the window envelopes. The return address block printed on the letter itself (e.g., prenotification, cover, or reminder letters) must be visible through the envelope window.
- May include codes on outbound and/or business reply envelopes to assist with survey tracking.
- Each questionnaire packet ***must*** include a pre-paid business reply envelope, pre-addressed to the survey vendor.

Mail Questionnaire

The questionnaire printed and mailed to sampled enrollees must also adhere to the following requirements and format specifications:

- Print in black and white; however, survey vendors may opt to print the surveys in black and white with a highlight color.
- Use a two-column format to display survey questions and question and response categories must remain together in the same column and on the same page.
- Include the full questionnaire title with the administration year at the top of the first page of the questionnaire.
- Insert survey instructions at the top of the first page of the questionnaire. Survey vendors may not include bullets in the survey instructions.
- Include the Office of Management and Budget (OMB) language, along with the OMB number and expiration date, on either the front page or the first page of the questionnaire. Please refer to **Appendix E: Mailing Materials and Questionnaire** for the OMB language.
- Inscribe the survey vendor-generated unique identifier assigned to the sampled enrollee on the survey questionnaire for tracking purposes.
- May include the sampled enrollee unique ID or affix labels containing a sampled enrollee's unique ID on the front page of the survey or the back page of the survey or both the front and back pages of the survey. Survey vendors also have the option of printing unique IDs (or affixing unique ID labels) on each page of the survey.

Note: *Survey vendors do* ***not*** *print sampled enrollee names or addresses on questionnaires and do* ***not*** *attach personalized cover letters to questionnaires.*

- Add the return address of the survey vendor or the subcontractor to the questionnaire to ensure that the questionnaire is returned to the correct address if the enclosed business reply envelope is misplaced and the sampled enrollee chooses to return the questionnaire independent of the business reply envelope.
    - May include a separate list of reporting unit aliases in the survey packet. This list should be preceded by the phrase: "You may also know your plan by one of the following names." If this wording is printed on the questionnaire, then it should be on the cover or before the first question.

The following options may be used when formatting the survey questionnaires:

- May use wide margins (at least ¾ inches) to create sufficient white space for enhanced readability.
- May format response categories using ovals or circles instead of boxes.

  Note: *If a survey vendor formats response categories with ovals or circles instead of boxes, then the survey vendor updates the survey instructions to read: "Answer each question by marking the [oval/circle] to the left of your answer."*
- May use the following options regarding the use of coding numbers on surveys:
    - The inclusion of coding numbers on surveys is optional.
    - If survey vendors use coding numbers on surveys, then they may include coding numbers either to the left or to the right of the response categories.
    - Survey vendors may present coding numbers as subscripts.
    - For survey questions that allow more than one answer, survey vendors may use alphabetical coding.
- Amend skip pattern language from "If no, go to #X" to "If no, go to Question X." In addition, if the skip pattern directs the respondent to a question on a subsequent page, vendors are permitted to include the page number along with the question number in the skip pattern instruction (i.e., "If no, go to #X on page X").
    - May place a code on mail questionnaires to aid the survey vendor's customer service staff in identifying the survey round when assisting sampled enrollees if the code does not obscure standard questionnaire text.

Please refer to **Appendix E: Mailing Materials and Questionnaire** for the standard templates for the prenotification letter, cover letters, reminder letter, and questionnaire. Templates for materials in Spanish and Chinese are available in **QHP QAG Supplemental Materials: Spanish and Chinese,** respectively.

Use of Color on Mail Survey Materials

- Prenotification letters, cover letters, reminder letter, and questionnaires must be printed on white paper only.

- Outbound and/or business reply envelopes may be printed on colored paper. Survey vendors must track all reporting units for which envelopes are printed on colored paper.
- QHP issuer and/or survey vendor logos may be printed in color.

Outbound Mail Requirements

Outbound mail requirements for the mailing of all survey materials (i.e., prenotification letters, questionnaire packets, reminder letters) are described below. Survey vendors follow these requirements to maximize response rates and facilitate consistency across administration of the mail mode. As noted previously, all materials related to survey fielding must be reviewed by CMS.

- Make every reasonable attempt to contact all eligible sampled enrollees, regardless of whether they have a complete mailing address.
- Retain a record of attempts to acquire missing address data.
- Enclose a self-addressed, pre-paid business reply envelope in each survey mail packet, along with the survey cover letter and questionnaire. The questionnaire cannot be mailed without both a survey cover letter and a self-addressed, pre-paid business reply envelope.

  Note: *Cover letters may not be wrapped around questionnaires.* Address all mail materials to the sampled enrollee using the address provided in the sample frame data file (unless an updated mailing address is obtained).
- Must make every attempt to cease all mail and telephone contact attempts to a sampled enrollee that completes the Internet survey.

To facilitate delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail prenotification letters and questionnaires using first-class postage or indicia.

Address Standardization

Survey vendors employ address standardization techniques to verify that address information is current and is formatted to enhance deliverability. Survey vendors use commercial tools such as the National Change of Address (NCOA) database to update addresses provided by the QHP issuer for sampled enrollees and to standardize addresses to conform to U.S. Postal Service formats. Survey vendors ***must*** update addresses prior to mailing.

Production of Letters, Envelopes, and Questionnaires

Survey vendors produce a sufficient volume of materials required for survey fielding, including prenotification letters, survey cover letters, questionnaires, and reminder letters. This includes a sufficient volume of additional English, Spanish, and Chinese (if applicable) surveys for instances in which a sampled enrollee receives a survey in one language and requests the survey in one of the other two approved languages (e.g., receives an English survey and requests a Spanish or Chinese survey).

Foreign Language Mail Administration

Spanish language surveys must be made available to Spanish-speaking enrollees and survey vendors are provided with Traditional Chinese language surveys for optional use in surveying enrollees who require Chinese language surveys. Survey vendors must include Spanish text (and Chinese text, if applicable) on all prenotification letters, reminder letters, and cover letters to provide instructions on how to call the survey vendor's toll-free telephone number to request a Spanish (or Chinese) survey. If a sampled enrollee calls the survey vendor to request a Spanish (or Chinese) survey, then the survey vendor must mail a Spanish (or Chinese) survey to the sampled enrollee within two business days of the initial request. The survey vendor then conducts the remainder of the protocol in Spanish (or Chinese). The survey vendor may also attempt to complete an inbound telephone interview with the sampled enrollee during the call in which the sampled enrollee requests a Spanish (or Chinese) mail survey.

Note: *Survey vendors work with their contracted QHP issuer clients to determine the best strategy for achieving optimal response rates for each QHP issuer's membership in terms of foreign language survey administration. Survey vendors make Spanish materials available to sampled enrollees based on the availability of Spanish language preference indicators using one of the options below:*

- Mail the prenotification letter and all subsequent survey mailings in English, Spanish, or Chinese (if applicable) depending on the language preference indicator of the sampled enrollee included in the sample frame.
- Mail the prenotification letter and all subsequent survey mailings in both English and Spanish (or Chinese). Survey packet mailings include both an English and Spanish (or Chinese) cover letter and questionnaire ("double stuffed" survey packets).

  Note: *In this scenario, survey vendors may print the prenotification letters, cover letters, and reminder letters with English on one side and Spanish (or Chinese) on the reverse side.*

Quality Control for Outbound Mail Surveys

Survey vendors are responsible for the quality of work performed by any staff and/or subcontractors, such as fulfillment houses, and should conduct onsite verification of printing and mailing processes regardless of whether survey vendor or subcontractor staff perform this work.

To avoid survey fielding errors and to facilitate the delivery of questionnaires, survey vendors:

- Review and confirm that the printed survey materials match the survey proofs.
- Perform interval checking of at least ten percent of printed mailing pieces for:
  - Fading, smearing, and misalignment.
  - Bleed-throughs, which can cause problems when scanning data from completed surveys.
  - Appropriate survey content, accurate address information, and proper postage for the survey packet.

  - Assurance that all printed materials in a mailing envelope include the same unique identifier.
  - Assurance that all pages are included in the questionnaire.
  - Assurance that surveys and survey cover letters are matched to the same sampled enrollee.
- Initiate "seeded mailings" to designated CMS representatives, to check for timeliness of delivery, address accuracy, and that all required mailing materials are included in the mailing envelope (e.g., prenotification letter, mail survey packets, reminder letter).
- Perform address validations to check for missing or incorrect information.
- Update addresses using the NCOA or other commercial address databases (whenever updated addresses are available).
- Verify that the number of survey packets to be mailed matches the number of sampled enrollees.

Note: *Survey vendors must describe quality control processes in detail in the QAP and must retain records of all quality control activities conducted.*

Inbound Mail Requirements

Inbound mail requirements for receiving and tracking returned questionnaires are described below. Survey vendors may use optical scanning technology or key-entry to capture survey data. Key-entry and optical scanning requirements for the QHP Enrollee Survey are described below.

- Record or scan all returned mail surveys daily to designate them as "received" so that the associated sampled enrollees are removed from future mailings and the telephone follow-up phase. Outbound telephone attempts must cease within 24 hours of receiving a completed mail or Internet survey.
- Enter the date the questionnaire is received from a sampled enrollee into the data record created for that case in the data file.
- Record the date of receipt for each returned survey in the Survey Management System (SMS). The survey vendor's SMS must track duplicate returned surveys (i.e., return of both the first and second mail surveys by a sampled enrollee) separately, and the date of receipt must be captured for each survey.
- Must not permit the same survey to be keyed more than once.
- Must ***not*** permit out-of-range or invalid responses.
- Select and review throughout the mail protocol a sample of cases (recommended minimum of 10%) to make sure that scanning program and coding rules are being followed correctly.
  - For the scanning program, this entails a review of hardcopy questionnaires and comparing with the entries scanned for the selected cases. For the key-entry approach,

survey vendors must review cases coded by each data entry staff member to make sure that coding rules are being followed correctly.

- Survey vendors must demonstrate that quality assurance procedures are in place to verify the integrity of the scanning programs.
- For key-entry, all questionnaires must be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different key entry staff member must rekey the questionnaire to verify that all entries are accurate. If any discrepancies are observed, then a supervisor must resolve the discrepancy and verify that the correct value is keyed
- Assign a final QHP Enrollee Survey disposition code to each sampled enrollee (see the **Data Coding** section).
- Must not process mail surveys received after the protocol end date (Day 71 or after); these surveys are shredded and disposed of in a secure manner.

Processing Undeliverable Mail

Sampled enrollees with an invalid or undeliverable mailing address for whom the survey vendor has a valid telephone number are triaged to the telephone phase of the protocol, but only after the survey vendor makes every reasonable effort to obtain a valid address.

If a prenotification letter and/or survey mail packet is returned by the U.S. Postal Service as undeliverable, then survey vendors may ***not*** contact the sampled enrollee by telephone for updated address information. Survey vendors obtain viable addresses through other means early in the survey fielding process. Survey vendors may begin the telephone phase of the protocol early for a sampled enrollee if confirmation of a bad address is received.

Survey vendors are not required to store undeliverable surveys returned by the U.S. Postal Service. Survey vendors can discard surveys returned as undeliverable ***after removing all enrollee-identifying information such as names and addresses***. Survey vendors ***must*** shred all materials containing enrollee-identifying information to protect sampled enrollees' confidentiality.

Processing Surveys Returned Blank

Regardless of whether the survey vendor uses scanning or key-entry, if a sampled enrollee returns a blank survey (a questionnaire without any questions answered) during the mail phase of the protocol, then survey vendors assign an interim disposition code of "M34—Blank Survey Returned or Incomplete Survey." Sampled enrollees who return a blank survey are triaged to the telephone phase of the protocol; survey vendors do not mail a second survey to these enrollees. Sampled enrollees who return blank surveys are ***not*** assigned a final disposition code of "M32—Refusal" unless they include a note with or on the blank survey specifically stating that they refuse to participate.

Processing Duplicate Surveys Returned by the Same Sampled Enrollee

Survey vendors may receive two different surveys completed by the same sampled enrollee. If the sampled enrollee completes and returns two surveys, then the survey vendor should use the survey that is the most complete (i.e., the survey with the most key items completed; see **Exhibit**

12), regardless of the mode by which the survey was completed. If the surveys are equally complete, then the survey vendor uses the first survey received. Please refer to **Data Coding and Processing** for additional information on defining a complete survey.

Processing Surveys Returned as Ineligible

If a mail survey is returned with a note (attached or written directly on the survey) that the sampled enrollee is unable to complete the survey or is ineligible (e.g., deceased, physically or mentally incapacitated), then the survey vendor either scans the survey or stores the hardcopy survey for the required 3-year retention period. Survey vendors should apply the appropriate final disposition code to the case based on the type of ineligibility.

Processing Surveys Returned from Deceased Sampled Enrollees

If a mail survey is returned and the survey vendor learns that the sampled enrollee is deceased and the survey was completed by someone else, it is ***not*** acceptable to use the survey. If the survey vendor learns that a sampled enrollee is deceased (via a telephone call from a relative or friend or through a note or comment marked on the completed questionnaire), then the survey vendor should ***not*** process or use data from the survey but should instead assign the applicable final disposition code to the case to indicate that the sampled enrollee is deceased (X20—Ineligible: Deceased). If the survey was completed prior to an enrollee's subsequent death, then the survey data are retained.

Staff Training

All staff involved in the outbound and inbound mail phases of survey implementation, including all support staff, must be thoroughly trained in the survey specifications and protocols. A copy of sections of this manual should be made available to all staff as needed. Staff involved in survey packet assembly and mailing, data receipt, and data entry must be trained in:

- Use of relevant equipment and software (SMS for entering survey receipt, scanning equipment, and data entry programs).
- Role-specific QHP Enrollee Survey protocols (e.g., required contents of mail survey packets, how to document or enter returned questionnaires into the tracking system, etc.).
- Decision rules and coding guidelines for returned surveys (see the **Section VI: Data Coding and Processing**).
- Proper handling of hardcopy and electronic data, including data storage requirements (see **Section V: Confidentiality and Data Security**).

Use of Subcontractors for Inbound and Outbound Mail

Survey vendors may use subcontractors for outbound mailing operations, inbound mailing operations, and optical scanning or key entry tasks. Survey vendors must obtain signed confidentiality agreements from subcontractors prior to employing them for these services. Survey vendors are responsible for the quality of work performed by any subcontractors.

Survey vendors that subcontract mailing operations and or data processing are responsible for providing proper subcontractor oversight to verify the integrity of the work and operations conducted by subcontractor(s) and must provide CMS with documentation of subcontractor-specific oversight processes. At a minimum, survey vendors are responsible for attending and participating in subcontractor training to confirm compliance with the protocols, procedures, and guidelines established for the mail component of the QHP Enrollee Survey. Subcontractor attendance at the QHP Enrollee Survey Vendor Training is optional.

Telephone Protocol

This section describes the protocol that survey vendors must follow for the telephone phase of QHP Enrollee Survey fielding. For 2018, the telephone phase will be available in English, Spanish, and Chinese (Mandarin). English and Spanish telephone survey fielding is required for the 2018 QHP Enrollee Survey; while Chinese fielding of the QHP Enrollee survey is optional, survey vendors that offer the survey in Chinese must implement the telephone phase. Survey vendors use a Computer-Assisted Telephone Interviewing (CATI) system to administer the telephone phase. Telephone interviews may ***not*** be completed on paper and key-entered afterward. The use of virtual telephone interviewers is strictly prohibited for the QHP Enrollee Survey.

Telephone Interviewing System

The survey vendor CATI system links electronically to the SMS to allow for the tracking of sampled enrollees throughout the survey fielding process and incorporates programming that appropriately follows each skip pattern in the questionnaire. Survey vendors are responsible for programming telephone scripts and specifications and for procuring adequate resources to complete the telephone phase within the specified data collection protocol timeline. Please refer to **Appendix F: Telephone Script** for the standard English CATI script template.

Survey vendors have flexibility in programming CATI script conventions; however, consistent conventions must be used throughout the script.

Note: *Survey vendors may program the caller ID display to show the survey vendor's name; however, survey vendors may* ***not*** *program the caller ID to display "on behalf of [QHP Issuer Name]."*

Federal Regulations for Calling Sampled Enrollees

It is the responsibility of the survey vendor to ensure full compliance with all federal and state laws, regulations, and guidelines. Survey vendors may use predictive dialing if there is a live interviewer available to interact with the sampled enrollee ***and*** the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations. It is the responsibility of the survey vendor to establish whether its system may be construed as a predictive dialer under FCC regulations.

Survey vendors are required to provide sampled enrollees with a revocation option through the use and maintenance of a "Do Not Survey" list when using predictive dialing.

Inbound Telephone Interviewing Protocol

CMS requires that all survey vendors provide the option of *inbound* telephone interviews to sampled enrollees during the mail phase of data collection. If a sampled enrollee calls the survey vendor customer support telephone number requesting to complete the survey by telephone, then the survey vendor must be able to conduct the QHP Enrollee Survey by telephone. This requires that CATI systems are fully functional to handle inbound requests at the start of the mail administration protocol (i.e., prenotification letter mail date).

If an interviewer is not available at the time of the sampled enrollee's inbound call, then the survey vendor schedules a callback appointment to complete the telephone interview at a time requested by the sampled enrollee. If the survey vendor calls back at the scheduled time and receives no response, then the survey vendor must make at least one additional attempt (on the next day at the same time) to contact the sampled enrollee. If a survey is not conducted in response to an inbound request for a telephone interview, then any callback attempts made during the mail phase of the protocol do ***not*** count toward the six call attempts required for the outbound telephone phase; standard mail and telephone protocols are resumed and continued.

Outbound Telephone Interviewing Protocol

Following the mail phase of the data collection protocol, survey vendors identify sampled enrollees eligible for telephone follow-up. These include sampled enrollees who did not respond to the mail or Internet survey and sampled enrollees who returned a blank mail survey or a partially completed mail or Internet survey (i.e., a survey in which less than 50 percent of the key items are answered).

Specifically, if a sampled enrollee did not return a completed survey by mail or Internet, then survey vendors must follow up by telephone to attempt to complete the survey over the telephone. Sampled enrollees with an invalid or undeliverable mailing address for whom the survey vendor has a valid telephone number are assigned to telephone follow-up after the survey vendor makes every reasonable effort to obtain a valid address.

When contacting sampled enrollees by phone to finish partially completed **mail surveys**, survey vendors must ask ***all*** survey questions, not just those questions that were missing from the partially completed survey. However, if a survey vendor recontacts a sampled enrollee by phone to finish a partially completed **telephone survey**, then the survey vendor may continue the survey from the last survey question answered.

Handling Disenrollees

Individuals who indicate by mail or Internet that they are no longer enrolled in the QHP (disenrollees) are not to receive telephone follow-up. ***If an individual identifies themselves as a disenrollee by phone, then they are not to be interviewed to complete the survey and do not***

receive additional telephone attempts. Survey vendors assign a final disposition code of "X40—Ineligible: Not Eligible or on a "Do Not Survey" List."

Obtaining Telephone Numbers

QHP issuers provide survey vendors with telephone numbers for enrollees in the sample frame data file. Survey vendors use a secondary source (e.g., telephone matching services or software, directory assistance, or other telephone directory applications) to verify or obtain a telephone number for each sampled enrollee.

Telephone Attempts

Survey vendors attempt to reach nonrespondents from the mail and Internet modes. Repeated telephone attempts are made until the sampled enrollee is contacted, found ineligible, or six attempts have been made. After six telephone attempts, have been made, no further attempts are made to contact the sampled enrollee.

A telephone attempt is defined as an attempt to reach the sampled enrollee by telephone at different times of day, on different days of the week, and in different weeks over a minimum of 2 different calendar weeks during the 19–calendar day telephone interview period.

Each of the following scenarios is considered one telephone attempt:

- The telephone rings *at least six times* with no answer.
- The interviewer reaches a household and is told that the sampled enrollee is not available, at which point the interviewer attempts to schedule a callback date and time.
- The interviewer reaches the sampled enrollee but is asked to call back at a more convenient time, at which point the interviewer attempts to schedule a callback date and time.
- The interviewer gets a busy signal during each of three consecutive telephone attempts—if possible, at 20-minute intervals.
- The interviewer obtains a sampled enrollee's answering machine or voicemail.

Survey vendors call sampled enrollees who did not complete a mail or Internet survey up to six times over a 19-calendar day period unless they are found to be ineligible or are away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a sampled enrollee is found to be ineligible for the survey, then the survey vendor must ***not*** continue to attempt to complete the survey by telephone.

If a survey vendor reaches a sampled enrollee on the sixth call attempt and the respondent requests a callback, then survey vendors may call the respondent back even though that call attempt is technically the seventh call attempt. This may be done if the telephone data collection protocol is still open.

If a sampled enrollee calls customer support to complete an inbound telephone interview after the maximum telephone attempts have been reached, then survey vendors may still administer the survey by telephone if the outbound telephone phase of the protocol is still open.

If a sampled enrollee requests the survey vendor's inbound customer support line number during an outbound call attempt, then the survey vendor provides the sampled enrollee with its customer support line number.

Leaving Messages on Answering Machines

Survey vendors review the Health Insurance Portability and Accountability Act (HIPAA) requirements when developing a protocol for whether interviewers leave messages on a sampled enrollee's answering machine or voicemail. Survey vendors are permitted to leave up to two messages for each sampled enrollee.

Telephone Interviewing Specifications

The telephone phase of the data collection protocol uses standardized telephone scripts and design specifications provided by CMS. The standardized scripts must be programmed into the survey vendor's CATI system (see **Appendix F: Telephone Script**).

CMS provides survey vendors with standardized telephone scripts in English, Spanish, and Mandarin Chinese for telephone administration. Survey vendors may ***not*** translate the telephone scripts into any other language.

Survey vendors submit screenshots reflecting the programmed telephone scripts to CMS for review. Survey vendors submit screenshots for each language in which they are administering the survey (English, Spanish, and Chinese, if applicable). Please refer to **Quality Oversight** for more information.

Survey vendors program skip patterns into their CATI systems. Survey vendors are responsible for accurate programming of all survey skip patterns in the CATI system; CMS does not verify skip pattern programming. Appropriately skipped items must be coded as *Appropriately Skipped*. For example, if a respondent's answer to Question 5 of the QHP Enrollee Survey is "No," then the program skips to Question 7. Question 6 is then coded with the valid value for *Appropriately Skipped*. Please refer to **Appendix I: Data Submission File Layout** for valid values. The CATI system enforces adherence to skip pattern coding appropriately.

In instances in which an interviewer is unable to ascertain a response to a gate item, the survey vendor codes the gate item and any items in the skip pattern as *Missing*. For example, if an interviewer selects *Don't Know* or *Refused* to Question 5 of the QHP Enrollee Survey, then the CATI system must be programmed to skip Question 6 and automatically code it as *Missing*.

Proxy Respondents

Although enrollees are encouraged to respond directly to the survey, not all respondents can do so. A proxy may complete the survey for a sampled enrollee who is physically and/or mentally

unable to respond to the survey directly. The survey instrument allows an enrollee who is unable to complete the survey to have a family member or other proxy complete the survey on his or her behalf. A sampled enrollee who is unable to respond to the telephone interview but who wishes to complete the survey may grant permission for a proxy to assist him or her. If a sampled enrollee is unable or unwilling to grant permission, then the interviewer must end the interview and use the appropriate disposition code (X24—Mentally or Physically Incapacitated). See **Data Coding and Processing** for more information on coding for more information. CATI training materials must include instructions for obtaining permission from a sampled enrollee to use a designated proxy.

To ensure proxy respondents answer survey questions about the enrollee, all proxy survey questions must be reworded to reference the sampled enrollee. Examples are presented below:

- Question 3: In the last 6 months, did [he/she] have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?
- Question 32: How many specialists has [he/she] seen in the last 6 months?
- The last series of questions ask about [his/her] background.
- Question 55: In general, how would [he/she] rate [his/her] overall health? Would he/she say it is…

Contacting Difficult-To-Reach Enrollees

Some sampled enrollees may be difficult to reach because of incorrect telephone numbers, illness, or institutionalization. Survey vendor requirements for contacting difficult-to-reach sampled enrollees are outlined below.

- Survey vendors verify the accuracy of the telephone numbers provided by the QHP issuer using a commercial address/telephone database service or directory assistance after generating the sample file of enrollees.
- Survey vendors make every effort to obtain correct telephone numbers for sampled enrollees.
- Survey vendors are ***not*** permitted to request updated contact information for ***sampled enrollees*** from a QHP issuer to avoid divulging survey selection status. QHP issuers provide survey vendors with current enrollee contact information in the sample frame file; however, survey vendors can ask QHP issuers to provide updated contact information for all enrollees included in the ***original sample frame file*** for a reporting unit. Please refer to **Adding Enrollee Contact Information to a Validated QHP Enrollee Survey Sample Frame** in the **Sampling** section for more information.
- Survey vendors attempt to identify a new or updated telephone number for any sampled enrollee whose telephone number is no longer in service and for any sampled enrollee who has moved so that the enrollee can be contacted prior to the end of the data collection period.

- If a sampled enrollee's telephone number is incorrect but the individual answering the telephone knows how to reach the intended sampled enrollee and provides updated contact information, then the interviewer uses the updated information to contact the sampled enrollee.
- If an enrollee is ill, unavailable, or temporarily away during initial contact, then the interviewer must attempt to recontact the enrollee before the data collection period ends.
- If the individual answering the telephone states that the sampled enrollee is institutionalized but is still able to complete the survey, then the survey vendor requests information on how to contact the institutionalized sampled enrollee and subsequently uses that information to attempt to contact the sampled enrollee.

Telephone Interviewer Training

Telephone interviewer training is essential to verify that interviewers are following QHP Enrollee Survey protocols and procedures and that telephone survey data are collected accurately, efficiently, and in a standardized manner. Survey vendors must provide training to all interviewers prior to the start of telephone survey data collection activities. To achieve data standardization, each interviewer is trained on the QHP Enrollee Survey specifications and protocols and on telephone administration of the survey. It is imperative that interviewers understand the content and purpose of the survey to successfully encourage participation. Survey vendors also train interviewers in the use of refusal avoidance and conversion techniques.

Although implementing refusal avoidance and conversion techniques during the telephone phase of the protocol is critical, employing these techniques in select scenarios is **not** allowed for the QHP Enrollee Survey. These situations include:

1. Using refusal conversion techniques when a sampled enrollee indicates that he or she is currently at work and cannot participate in the survey.
2. Using refusal conversion techniques when a sampled enrollee indicates that he or she is driving.

In these situations, survey vendors attempt to recontact the sampled enrollee later.

Interviewers must be trained on the question-by-question specifications, scripted introductions, and standardized question probes found within the telephone script.

Ideally, telephone interviewers are interchangeable; telephone survey results are not dependent on the interviewer conducting the survey. Interviewers are trained to do the following to facilitate standardized, nondirective interviews:

- Read questions and response choices verbatim, so that all sampled enrollees answer the intended question. Reworded questions may bias a sampled enrollee's response as well as overall survey results. Response categories should be read at an even pace, with consistent inflection, and without additional emphasis on any category.
- Probe when a sampled enrollee fails to give a complete or adequate answer. Interviewer probes are neutral and nondirective and do not increase the likelihood of any one

response category over another. Successful probes stimulate the sampled enrollee to provide responses that meet question objectives.

- Maintain a professional, neutral rapport with the sampled enrollee. There is no personal component to an interviewer's interaction with a sampled enrollee. To maintain interview standardization, interviewers communicate very little about themselves.
- Minimize interviewer coding and answer interpretation. Interviewers must record only answers that respondents specify.
- Record both the outcome of all call attempts to reach a sampled enrollee and the status of all sampled enrollees designated for telephone follow-up.
- Operate the survey vendor's CATI system efficiently. This includes navigating back and forth easily throughout the survey and making any necessary changes without disrupting the flow of the interview.

Telephone interviewers and customer support staff must also be trained to utilize the Frequently Asked Questions (FAQ) document to answer questions posed frequently by sampled enrollees in a standardized manner. Survey vendor firms must have telephone interviewers and/or customer support staff available to answer the FAQ in all languages in which the survey is being offered. Please refer to **Appendix D: Frequently Asked Questions for Customer Support**.

Survey vendors make sure that telephone survey supervisors understand effective quality control standards and procedures to monitor and supervise interviewers.

Interviewer training processes are subject to review during oversight visits by CMS.

Telephone Interviewer Monitoring

Survey vendors supervise and monitor telephone interviewers throughout the telephone phase of the data collection protocol to verify that interviewers adhere to the established protocols and procedures for the QHP Enrollee Survey. Proper interviewer training and supervision facilitates standardized, nondirective interviews. Consistent monitoring of interviewer work is essential to assure standardized and accurate results.

During the telephone phase of the data collection protocol, survey vendors monitor a minimum of ten percent of all telephone interviews, of which at least seven percent must be observed via silent monitoring (i.e., the monitoring of live and/or recorded interviews). Use of callbacks for up to three percent of monitoring is optional. If survey vendors implement both silent monitoring and callbacks in their evaluation programs, then the proportion of interviews monitored via each of these techniques is documented in the QAP. Survey vendors that elect not to use callbacks monitor the required ten percent of calls using only silent monitoring.

Survey vendors monitor both call attempts and completed interviews, across all interviewers and times of day.

Note: *Telephone monitoring must span the entirely of the telephone protocol (e.g., must be conducted at a 10% rate throughout the telephone phase). Survey vendors cannot concentrate all telephone monitoring at the beginning of the telephone phase of the protocol.*

Survey vendors document the outcome of telephone interviewer monitoring sessions (silent monitoring and callbacks) using standard templates containing objective evaluation criteria. As part of its oversight processes, CMS may request that survey vendors procure these standard templates for review.

CMS remotely monitors live interviews during survey fielding for quality control purposes. Live monitoring is useful for providing instant feedback to telephone interviewers. Interviewers who consistently fail to follow the script verbatim, employ proper probes, or remain objective and courteous, or who are difficult to understand or cannot operate the computer system competently are identified and retrained or, if necessary, replaced. See the **Oversight** section for more information on remote telephone interview monitoring.

As part of the onsite visit, CMS reviews processes that survey vendors employ to monitor and assess telephone interviewers and to determine how interviewer performance can be improved. CMS may also monitor interviews during onsite visits.

Use of Subcontractors for the Telephone Phase

Survey vendors may use subcontractors for telephone interviewing operations. Survey vendors must obtain signed confidentiality agreements from subcontractors prior to employing telephone interviewing services. This is necessary to protect enrollee confidentiality, as survey vendors provide PII to subcontractors for conducting telephone interviews. Survey vendors are responsible for the quality of work performed by any subcontractors. Subcontractor attendance during QHP Enrollee Survey Vendor Training is optional.

Survey vendors that subcontract telephone interviewing operations are responsible for providing proper oversight to verify the integrity of the work and operations conducted by the subcontractor(s) and must provide CMS with documentation of subcontractor-specific oversight processes. At a minimum, survey vendors are responsible for attending and participating in a subcontractor's telephone interviewer training to confirm compliance with the protocols, procedures, and guidelines established for the telephone component of the QHP Enrollee Survey.

Although it is preferred that both the survey vendor and the telephone subcontractor monitor 10 percent of QHP Enrollee Survey interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent of all interviews as long as the survey vendor conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of telephone monitoring that each organization conducts, if the combined total meets or exceeds ten percent. Interviews monitored concurrently by the survey vendor and the subcontractor do not contribute separately to each organization's monitoring requirements. Survey vendors must also provide feedback to the subcontractor regarding interviewer performance and verify that the subcontractor's interviewers correct any areas that require improvement.

Telephone Data Processing Requirements

The following guidelines are provided to assist in the proper processing and management of telephone interview data:

- Include the unique ID number assigned to each sampled enrollee in the SMS and in the final data file for each sampled enrollee.
- Enter the date of the interview with each sampled enrollee in the SMS. Survey vendors must be able to link each telephone interview to the SMS so that appropriate variables, such as the language in which the survey was conducted and the date when the telephone interview was completed, can be pulled into the final data file.
- Deidentify all telephone interview data when the data are transferred into the final data file for delivery. Identifiable data include, but are not limited to, sampled enrollee names and contact information.
- Assign a final QHP Enrollee Survey disposition code to each sampled enrollee and include this disposition code in the final data file for each sampled enrollee. Survey vendors are responsible for developing and using a set of interim disposition codes to track actions related to sampled enrollees before survey dispositions are finalized. See the **Data Coding** section for more information.
- Conduct periodic reviews of data files by comparing the responses to completed telephone interviews (recommended minimum of 10%) directly from the CATI system to the values output in the data file.

Distressed Respondent Protocol

During QHP Enrollee Survey telephone interviewing, survey vendors may encounter distressed respondents who are in crisis or are even potentially suicidal. In these situations, survey vendors are not expected to act as professional counselors; nor are they expected to be trained in identifying suicidal respondents. However, survey vendors must have established processes in place for handling and documenting distressed respondent situations (i.e., Distressed Respondent Protocol). A Distressed Respondent Protocol details how to assist a respondent whose health and safety might be in jeopardy while balancing the respondent's right to confidentiality and privacy through the protection of personally identifiable information. Survey vendors must incorporate the procedures and guidelines included in the Distressed Respondent Protocol into both interviewer and help desk training.

CMS cannot provide specific guidelines on the way to evaluate or handle distressed respondents; survey vendors are urged to consult with their organization's Committee for the Protection of Human Subjects Institutional Review Board for guidance. In addition, professional associations for researchers, such as the American Association for Public Opinion Research (AAPOR), might be able to provide further guidance regarding this issue.

Some general guidelines for handling distressed respondent situations are provided below:

- If a respondent is threatening to take his or her own life immediately, then the survey vendor attempts to keep the respondent on the line, calls 911, and refers the individual to the National Suicide Prevention Lifeline (1–800–273–TALK [8255]).
- If the respondent merely expresses thoughts about taking his or her own life, then the survey vendor refers the individual to the National Suicide Prevention Lifeline (1–800–273–TALK [8255]). This toll-free number is available 24 hours a day, every day.

Note: *The same guidelines apply if a sampled enrollee calls the survey vendor back and makes threatening statements (as opposed to making statements during the interview itself).*

Internet Protocol

Survey vendors implement a standardized Internet data collection protocol as part of the standard mixed-methodology to provide sampled enrollees with the option of completing the QHP Enrollee Survey via the Internet. This section describes the protocol and specifications that survey vendors must follow for the Internet phase of the QHP Enrollee Survey fielding.

General Internet Survey Protocol Requirements

Survey vendors adhere to the following general requirements for the Internet survey protocol:

- Survey vendors make the Internet survey available to sampled enrollees during the entire survey fielding period (i.e., from the initiation of the prenotification letter mailing to the conclusion of telephone interviewing).
- Survey vendors program the English Internet survey instrument per **Appendix G: Internet Survey Script**. If applicable, survey vendors program the Spanish Internet survey instrument using the text in the Spanish mail questionnaire and the programming conventions used in the English Internet survey script provided in **Appendix G**.
- Survey vendors use the standard English prenotification and reminder letter templates (**Appendix E: Mailing Materials and Questionnaire**) and the Spanish with Internet option prenotification and reminder letter templates (**Foreign Language Supplement**) to provide information about the Internet survey option to sampled enrollees.

It is recommended that survey vendors evaluate whether the Internet survey is optimized for completion on mobile devices, such as tablets and smartphones.

If survey vendors execute QHP Enrollee Survey protocols per the administration schedule, they may provide the Internet survey URL and login credentials to sampled enrollees who call the customer support line requesting to take the Internet survey. Survey vendors may provide this information to sampled enrollees over the telephone or via email.

Programming Specifications

Survey vendors may not deviate from the format presented in the standard Internet survey script (specifications are provided in the **Appendix G: Internet Survey Script**). Survey vendors ***must*** adhere to the following programming specifications for the Internet survey:

- Include the full questionnaire title with the administration year at the top of the Internet survey.
- Program to adhere to all survey skip patterns, as specified in **Appendix G: Internet Survey Script**.
- May ***not*** number questions, as question numbers could confuse respondents because the Internet survey instrument is programmed to follow skip patterns.
- Program questions that permit only one response to accept only one response; program questions that permit multiple responses to accept multiple responses.
- Program the open-ended response box for Question 2 to accept at least a 250-character response.
    - In addition to the response box, survey vendors may also include a dropdown menu of QHP issuer aliases for Question 2.
- Display each Internet survey question separately as one question per webpage regardless of whether the question is a gate or a non-gate item.
- Include the appropriate section header under which the question is found in the mail questionnaire for each survey question page
- Do not eliminate QHP Enrollee Survey questions from the Internet survey.
- Provide an exit page after the last Internet survey question has been completed, confirming that the survey has been received and thanks the sampled enrollee for participating in the survey.
- *Optional:* May include a functional progress indicator bar within the Internet survey to gauge survey completion status.
- Use either black or dark blue readable font for all survey questions and response options; the font color used for survey questions and response options must be consistent throughout the survey. Survey vendors may opt to use a highlight color for instructions and survey headings.

Please refer to **Appendix G: Internet Survey Script** for the standard English Internet survey template.

Security Requirements

Survey vendors adhere to the following security requirements for the Internet Survey:

- Implement a secure Internet Survey instrument that protects the confidentiality of sampled enrollees' responses.

- Assign each sampled enrollee a customized login (e.g., user name and/or password). Login credentials ***cannot*** be sequential and must be assigned randomly. Login credentials must also be alphanumeric and at least eight characters in length.

  Note: *If both a user name and a password are provided to enrollees, each must be randomly assigned, alphanumeric, and at least eight characters in length.*

- Use firewall protection, intrusion detection, and secure website for each survey.
- Use Secure Socket Layer (SSL) to transmit QHP Enrollee Survey data. Survey vendors will ***not*** log or track the IP address of any sampled enrollees; however, they are permitted to track other metadata such as the type of device or Internet browser used.
- Do not include the name of the sampled enrollee anywhere on the Internet survey instrument.
- Do not link to either the survey vendor's or QHP issuer's home page on survey entry page URL or any subsequent Internet survey question pages.

System Requirements

Survey vendors adhere to the following system requirements for the Internet survey:

- Survey vendor systems ***cannot*** allow a sampled enrollee to complete the Internet survey more than once, and survey vendors must link Internet survey responses to the appropriate sampled enrollee in the SMS.
- Survey vendor systems immediately remove sampled enrollees who have completed the QHP Enrollee Survey via the Internet from further mail or telephone contact. No further attempts should be made to contact these sampled enrollees.
  - If a sampled enrollee completes the Internet survey before the first mail survey packet mailing, then the survey vendor stops all further outbound contact attempts to that sampled enrollee.
- Survey vendor systems allow sampled enrollees to complete the survey in stages.

  Note: *Survey vendors do* ***not*** *communicate this functionality to sampled enrollees, as notification of this option could discourage sampled enrollees from completing the survey in one sitting.*

- The survey instrument ***cannot*** require or compel respondents to answer any Internet survey questions. All Internet survey questions are programmed to allow respondents the opportunity to decline to provide an answer and still proceed with the survey.
- The survey instrument gives sampled enrollees the opportunity to skip to a subsequent question without providing a response to the current question by clicking the "Next" button.
  - When a respondent clicks the "Next" button for a gate item without providing a response, the respondent is automatically directed to the next appropriate survey question per skip pattern logic.

Note: If a sampled enrollee clicks the "Next" button for Question 1 without providing a response, the sampled enrollee should be directed to Question 2 (not Question 3). This allows the collection of data for both Question 1 and Question 2, which survey vendors subsequently evaluate in tandem to determine overall eligibility retrospectively.

  - When a respondent clicks the "Next" button for a nongate item without providing a response, the respondent is automatically directed to the next question in the survey.

- The survey instrument gives sampled enrollees the opportunity to return to all previous survey questions to check, change, or delete an answer.
- The survey instrument includes a "Questions" link on each survey question page that, when clicked, directs sampled enrollees to a page with the following text:

  "[Survey Vendor Name] is an independent research firm that is helping us conduct the survey. Please call them at their toll-free number (1–800–[Number]) if you have any questions."

  In addition to the toll-free number, survey vendors may also provide an email address through which sampled enrollees can submit questions.

Internet Survey Entry Page

The prenotification and reminder letters instruct sampled enrollees on how to log in to the survey vendor's Internet survey entry page. Survey vendors establish a URL for the Internet survey instrument. A survey vendor's website ***cannot*** contain links to the Internet survey URL.

Note: *To reduce the possibility of entering an incorrect URL, CMS strongly recommends that survey vendors use an Internet survey URL that is easily recognizable by sampled enrollees.*

On the Internet QHP Enrollee Survey entry page, the sampled enrollee is instructed to enter a customized login (e.g., user name and/or password) provided in the prenotification or reminder letter. Survey vendors must adhere to the Internet survey entry page language provided in **Appendix G: Internet Survey Script**. Survey vendors implementing the Spanish Internet option must use the Spanish translation of the Internet survey entry page language provided on the MQI website.

Survey vendors must also provide instrument-specific instructions on the entry page on how to complete the survey, including:

- Instructions on how to use the "Previous" button to return to previous survey questions to check, change, or delete an answer.
- Instructions on how to use the "Next" button to advance to a subsequent survey question.
- Additional instructions specific to the survey vendor's Internet survey instrument or platform.

Additional requirements for the entry page are noted below:

- Include the QHP Enrollee Survey OMB statement, number, and expiration date. Please refer to **Appendix G: Internet Survey Script**.
- Provide assurance that the sampled enrollee's confidentiality is protected.
- May ***not*** include the name of the sampled enrollee anywhere on the Internet survey instrument.
- Must incorporate a "Questions" link.
- Must include either the survey vendor's logo, or the QHP issuer's logo, or both the survey vendor's and QHP issuer's logo.

Once the sampled enrollee successfully submits the unique user name and password, the sampled enrollee enters the Internet survey instrument.

Survey vendors verify each sampled enrollee's eligibility for the Internet survey retrospectively per the responses provided for Question 1 and Question 2. See **Exhibit 14** for more information on confirming a sampled enrollee's eligibility.

Note: *Survey vendors code the <web-entry-flag> XML data element as "Yes" for any sampled enrollee who logs into the Internet survey instrument, regardless of whether the enrollee completes the Internet survey. Please refer to* ***Appendix I: Data Submission File Layout*** *for additional information.*

V. CONFIDENTIALITY AND DATA SECURITY

Overview

This **Confidentiality and Data Security** section provides requirements for protecting the identity of sampled enrollees included in the survey sample, confidentiality of data, and physical and electronic data security.

Protecting Sampled Enrollee Confidentiality

CMS is committed to safeguarding sampled enrollee confidentiality and protecting the rights of respondents. At a minimum, survey vendors are required to provide the following assurances of confidentiality in all communications with sampled enrollees (written or verbal):

- Survey responses will never be reported with a sampled enrollee's name or other identifying information.
- Survey responses will be reported in aggregate; no QHP issuer will see a sampled enrollee's individual answers.
- Sampled enrollees can skip or refuse to answer any question they do not feel comfortable answering. Participation in the study will not affect the benefits sampled enrollees currently receive or expect to receive in the future.

In addition, all QHP Enrollee Survey project staff sign affidavits of confidentiality and are prohibited by law from using survey information for anything other than this research study.

HIPAA protects private medical information and was implemented to improve the efficiency of the health care system. PII is protected under HIPAA. HIPAA also applies to electronic records, regardless of whether they are being stored or transmitted. All survey vendors approved to implement the QHP Enrollee Survey must adhere to HIPAA requirements for PII. Survey vendors must safeguard all data collected from sampled enrollees, as required by HIPAA.

Survey vendors must adhere to the below requirements when conducting the QHP Enrollee Survey:

- Keep confidential data secure, both physically and electronically.
- Limit access to confidential data to authorized staff members only.
- Do ***not*** share any information that can identify a sampled enrollee with any individual or organization, including QHP issuer clients.
- Develop procedures for identifying and handling breaches of confidential data.
- Do ***not*** include data that can identify sampled enrollees in QHP Enrollee Survey data files submitted to CMS. All file submissions contain enrollee-level, deidentified data only. In

addition, the write-in field for Question 2 should be reviewed and removed of any identifiable data. All PII must be redacted from the file prior to data submission.

Keeping Confidential Data Secure

Any PII associated with a sampled enrollee is considered private and must be protected. When generating sample files, survey vendors will be working with PII, such as the name and address or telephone number of sampled enrollees. From the moment, the survey vendor receives the sample frame from the QHP issuer, the data must be handled in a way that ensures that enrollee information is kept confidential and that only authorized personnel have access to it. Survey vendors must:

- Store electronic data in password-protected locations, and limit the number of staff with access to the passwords.
- Separate PII from sampled enrollee response data within the SMS.
- Keep confidential information obtained on hardcopy in a locked room or file cabinet, with access restricted to authorized staff.
    - Maintain clean desk policy and keep sensitive information out of sight when visitors or unauthorized individuals are present
- Never remove confidential data from the survey vendor's place of business, either in electronic or hardcopy form.
- Never store confidential data on laptop computers unless those laptops have data encryption software to protect the information should the laptops be lost or stolen.
    - Log-off or lock systems when leaving them unattended for a short period
    - Never store confidential data on any device, including personal digital assistants, cell phones, universal serial bus drives, or on remote/home systems.
    - Never use email or fax to transmit data containing PII.
    - Keep an inventory of the data containing PII, its location, and responsible staff member (s).

Sampling procedures are designed so that QHP issuers cannot identify enrollees selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of sampled enrollees and may ***not*** provide QHP issuers with the names of enrollees selected for the survey or with any other enrollee information that could be used to identify a sampled enrollee (either directly or indirectly). Survey vendors are ***not*** permitted to share any sampled enrollee identifying information with any individual or organization.

Limited Access to Confidential Data

Survey vendors carefully consider who needs access to confidential QHP Enrollee Survey data and verify that only these staff members have access to the data. All staff members working with

sampled enrollee data must sign a confidentiality agreement specific to the QHP Enrollee Survey implementation (see the **Confidentiality Agreements** section for more information).

Confidentiality Agreements

Survey vendors obtain a signed affidavit of confidentiality from all staff, including subcontractors, who will perform work during QHP Enrollee Survey implementation. This includes telephone interviewers, customer support staff, and data receipt and data entry staff. Copies of the signed agreements should be retained by the Project Manager as documentation of compliance with this requirement. Survey vendors will be asked to provide this documentation during onsite or remote visits by CMS.

Maintaining Physical and Electronic Data Security

Survey vendors must take appropriate actions to safeguard both the hardcopy and electronic data obtained during the implementation of the QHP Enrollee Survey, including all data obtained from QHPs or CMS and all data provided by survey respondents. The following are measures survey vendors must take to facilitate physical and electronic data security:

- Paper copies of questionnaires or sample files are stored in a secure location, such as a locked file cabinet or within a locked room.

  Note: *At no time are hardcopy surveys removed from the survey vendor's premises, even temporarily.*

- Electronic data are protected from confidentiality breaches. Electronic security measures include at a minimum: firewalls, restricted-access levels, and password-protected access.
- Data stored electronically are backed up nightly (or more frequently) to minimize data loss.

Procedures for Identifying and Handling Breaches

Survey vendors develop protocols for identifying a breach of confidential QHP Enrollee Survey data—including when an unauthorized individual gains access to confidential information, either physically or electronically, and when an authorized individual distributes confidential data in an unauthorized manner. The survey vendor must notify CMS of the breach within 24 hours. Survey vendors must also notify CMS immediately of a potential data breach that may still be under investigation.

Data and Records Storage and Retention

Survey vendors retain returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally-controlled location for a minimum of three years. After scanning hardcopy mail surveys and confirming that the resulting images are stored within the SM, survey vendors are permitted to destroy, in a secure manner, the hardcopy mail surveys. QHP Enrollee

Survey data collected via telephone interviews and the Internet survey are also retained in a secure and environmentally-controlled location for a minimum of three years.

VI. DATA CODING AND PROCESSING

Overview

This **Data Coding** section contains information about preparing QHP Enrollee Survey data files for submission, including information on the requirements for decision rules related to processing returned mail survey questionnaires, assignment of survey disposition codes, and quality control measures. In addition, this section provides the procedures and steps for determining whether a returned survey meets the definition of a completed survey as well as information about survey response rate calculations.

Decision Rules and Coding Guidelines

The QHP Enrollee Survey decision rules and coding guidelines address situations in which survey responses are ambiguous, missing, or incorrectly provided so that appropriate information is captured for data submission. Survey vendors must adhere to the following guidelines to facilitate valid and consistent coding of these situations.

Mail Surveys

To ensure uniformity in data coding, survey vendors employ the following decision rules to resolve common ambiguous situations when scanning or key entering mail surveys.

- If a response mark falls between two response options but is obviously closer to one than the other, then select the option to which the mark is closest.
- If a mark is equidistant between two response options, then code the item with the valid value for *Missing*.
- If a value is missing, then code the item with the valid value for *Missing*. Survey vendors may ***not*** impute a response.
- If more than one response option is marked, then code the item with the valid value for *Missing*.

  Exception: *Several questions that have instructions to "mark one or more" (e.g., questions on race [Question 78] and help received on the survey [Question 82]) may have multiple responses. For these questions, enter all responses that the respondent selected.*
- Survey vendors adhere to the following guidelines when coding "Mark one or more" questions (e.g., Question 78 and Question 82):
  - Record all responses provided by respondents for these questions.
  - For mail and Internet surveys, if a respondent leaves all response options blank, then code all response categories as "Blank/Nonresponse/No Answer (-3)" rather than "Not Checked (0)."

Telephone Surveys

For the race question (Question 78), if a respondent indicates that they are not Asian (Question 78D) or Native Hawaiian or Pacific Islander (Question 78L), then survey vendors apply this response to all subgroups that fall under these categories. Similarly, if a respondent provides a "Don't Know" or "Refused" response to these questions, then the same answer should be applied to all subgroups.

Note: *Survey vendors do not submit data collected for CATI script Question 78D or Question 78L to CMS. These questions are simply used to drive skip patterns within the race question.*

Skip Patterns

As mentioned in the **Overview of QHP Guidance** section of this manual, some of the questions included in the QHP Enrollee Survey are screener, or gate, questions—that is, they are designed to determine whether one or more follow-up questions about the same topic are applicable to the respondent. The respondent is directed to the next applicable question by a "skip" instruction printed beside the answer choice that he or she marks.

In mail surveys, some respondents may answer the gate question but leave applicable follow-up questions blank. In other cases, some respondents may mark an answer to follow-up questions that do not apply to them (according to the answer provided to the gate question). Yet in other cases, some respondents may answer both the gate and follow-up questions with responses that contradict one another.

In cases in which a respondent does not follow the skip pattern as instructed, sometimes referred to as a "failed skip," survey vendors should ***not*** edit or clean the sampled enrollee's response(s). For example, if a respondent indicates that he or she has not needed care right away in the last 6 months (e.g., answers "No" to Question 3) but still answers the subsequent question (Question 4) about how often he or she received this care as soon as needed, then survey vendors should leave the response "as is."

In addition, respondents may leave gate questions blank but then continue to answer the subsequent follow-up questions. In these cases, the gate question should be coded as *Missing* (-3). Survey vendors should ***not*** infer the respondent's answer.

Survey Disposition Codes

Survey vendors are required to maintain up-to-date, accurate disposition codes for each sampled enrollee. Typically, disposition codes are either interim, indicating the status of a case, or final, reflecting the final status of a case. Survey vendors may use interim disposition codes of their choosing for internal tracking purposes; however, these interim codes are not reported to CMS. Survey vendors develop a crosswalk that demonstrates how interim disposition codes map to the final disposition codes.

A complete listing of final disposition codes for the 2018 QHP Enrollee Survey can be found in **Exhibit 11** below.

Note: Each sampled enrollee must be assigned a final disposition code before data submission.

Each respondent in the sample is assigned a final disposition code and a survey mode indicator, if applicable. All cases with a disposition code of either 10 or 31 are assigned a "T" (telephone), an "I" (Internet), or an "M" (mail) indicator to note the survey mode in which the enrollee responded. For example, a respondent who returned a complete mail survey is assigned a final disposition of "M10."

All cases with final dispositions other than 10 or 31 are preceded by an "X" for the mode indicator—for example, the final disposition code is "X22" if the sampled enrollee does not speak English, Spanish, or Chinese (if applicable).

Exhibit 11: Survey Disposition Codes

Code	Description
M, I, or T 10	**Completed Survey** Assign this code if the respondent answers 50 percent or more of a selected list of key survey items—the items that all respondents are eligible to answer, excluding "About You" items. See Exhibit 12 .
M, I, or T 31	**Partially Completed Survey** Assign this code if the respondent answers less than 50 percent of a selected list of key survey items—the items that all respondents are eligible to answer, excluding "About You" items. See Exhibit 12. Assign this code to a mail or Internet survey that has at least one key question answered and CATI follow-up does not result in enough key items being answered to meet the definition of a Completed Survey.
X20	**Ineligible: Deceased** Assign this code if the sampled enrollee is reported as deceased during the survey period.
X40	**Ineligible: Not Eligible or on a "Do Not Survey" List** Assign this code if it is determined during the data collection period that the sampled enrollee does not meet all the required eligibility criteria for being included in the survey sample. This includes identifying the following: • The sampled enrollee is younger than 18 years. • The sampled enrollee is ineligible for the survey based on responses to Question 1 and Question 2. See Exhibit 14**.** • The sampled enrollee returns the survey with comments in the margins or white mail indicating that he or she has not been enrolled in the health plan. • The sampled enrollee does not meet continuous enrollment criteria. • The sampled enrollee is on the survey vendor's "Do Not Survey" list.
X22	**Language Barrier** Assign this code to a sampled enrollee who does not speak one of the approved survey languages: English, Spanish, or Chinese (if applicable).

Code	Description
X24	**Mentally or Physically Incapacitated** Assign this code if it is determined that the sampled enrollee is unable to complete the survey because he/she is mentally or physically incapable or residing in a group home or institution (e.g., hospice, nursing home) ***and*** either a proxy is not available ***or*** the sampled enrollee does not consent to have a proxy complete the survey. This disposition code is also used when a person other than the intended sampled enrollee answers the telephone during a call attempt and states that the sampled enrollee is mentally or physically unable to complete the survey. ***Note:*** *Proxy interviews may only be conducted if the intended sampled enrollee consents to a proxy taking the survey on his/her behalf.*
X32	**Refusal** Assign this code if a sampled enrollee indicates, either in writing or verbally (for telephone administration), that he or she does not wish to participate in the survey, or requests to be placed on the "Do Not Survey" list during data collection.
X33	**No Response After Maximum Attempts** Assign this code if either the mailing address or telephone number for the sampled enrollee is assumed to be viable but the sampled enrollee does not respond to the survey or cannot be reached during the data collection period. Assign this code to cases in which the completed survey is received after the data collection period. Assign this code if the sampled enrollee is away for the duration of the data collection period.
X34	**Blank Survey Returned or Incomplete Survey** Assign this code if: • The sampled enrollee returns a blank mail or Internet survey (or a survey in which no key items are answered) ***and*** either no additional contact information is available ***or*** telephone attempts to reach the sampled enrollee to complete the survey were unsuccessful. • The sampled enrollee initiates CATI but does not answer any key items.
X35	**Bad Address and Bad Telephone Number** Assign this code if it is determined that the mailing address ***and*** telephone number for a sampled enrollee are not viable. See the **Assigning the Bad Address and Bad Telephone Number Disposition Code** section below for more information.

Definition of a Completed Survey

A "completed survey" is defined as a survey in which a sampled enrollee answers 50 percent or more of the "key items" in the survey. "Key items" are survey questions that all respondents are eligible to answer, excluding the "About You" items. A "partially completed survey" is defined as a survey in which a sampled enrollee answers less than 50 percent of the key survey items.

There are 16 key survey items in the 2018 QHP Enrollee Survey; a respondent must answer at least 8 key survey items for a survey to be considered a "completed survey." A survey in which less than eight key survey items are answered is considered a "partially completed survey." See **Exhibit 12**.

Exhibit 12: Key Survey Items Applicable to All Respondents

Item Number	Question Summary
1	Enrollee's health plan?
3	Getting needed care right away?

Item Number	Question Summary
5	Made appointment for routine care?
7	Number of visits to a doctor's office or clinic for care?
12	Does enrollee have personal doctor?
30	Made appointment to see a specialist?
34	Looked for information about health plan?
36	Looked for information on cost for health care services or equipment?
38	Looked for information about prescription medicines?
40	Did enrollee get info or help from health plan's customer service?
44	Did health plan give enrollee forms to fill out?
50	Global rating of health plan
51	Did health plan not pay for care that enrollee's doctor said was needed?
52	Did enrollee have to pay out-of-pocket for care that they thought their health plan would pay for?
53	Did enrollee delay visiting or not visit a doctor because they were worried about the cost?
54	Did enrollee delay filling or not fill a prescription because they were worried about the cost?

If a survey vendor receives more than one completed survey by mail or by different survey modes for a single sampled enrollee, then the survey vendor should retain the survey with more key items answered (rather than the survey with the highest total number of questions answered). If the same number of key items are answered on duplicate surveys, then the survey vendor retains the first survey received. Responses from two separate surveys may never be combined to form one completed survey.

If a survey meets the definition of a "completed survey" (i.e., at least 50 percent of key survey items answered) but the survey is not entirely complete (e.g., 60 percent complete), then the survey vendor is not required to conduct any additional outreach activities to the sampled enrollee. If a survey only meets the definition of a "partially completed survey" (i.e., less than 50 percent of key survey items), then the survey vendor must follow-up with the sampled enrollee per the guidelines specified in **Data Collection Protocol**.

Assigning the Bad Address and Bad Telephone Number Disposition Code

The final survey disposition code of "X35—Bad Address and Bad Telephone Number" is assigned when the survey vendor has exhausted attempts to obtain a valid address and a valid telephone number for a sampled enrollee. Survey vendors must track attempts to obtain a correct mailing address and telephone number for each sampled enrollee during survey fielding. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest the contrary. If the evidence is insufficient, then the survey vendor must continue attempting to contact the sampled enrollee until the required number of attempts has been exhausted.

Note: *If the survey vendor is unsuccessful in obtaining a viable mailing address or telephone number, then the survey vendor must retain a record of its attempts to acquire the missing information. All materials relevant to survey fielding is subject to review by CMS.*

For the *mail component* of survey fielding, **sufficient** evidence that a sampled enrollee's address is not viable includes:

- QHP issuer provides an incomplete mailing address in the sample frame, and the survey vendor is unable to obtain a complete or updated address for the sampled enrollee.
- Mail is returned marked as "Address Unknown."
- Mail is returned marked as "Moved–No Forwarding Address."

  Note: *In the above scenarios, survey vendors code the <bad-address-flag> XML data element as "Yes." Please see* ***Appendix I: Data Submission File Layout*** *for additional information.*

For the *mail component* of survey fielding, **insufficient** evidence that a sampled enrollee's address is not viable includes:

- Address search does not result in an exact match. If the search does not result in an exact match, then the survey vendor must attempt to mail the survey using the available address.

For the *telephone component* of survey fielding, **sufficient** evidence that a sampled enrollee's telephone number is not viable includes:

- The survey vendor is unable to obtain a telephone number for the sampled enrollee.
- The telephone interviewer dials the sampled enrollee's telephone number and receives a message that the telephone number is non-working or out of order, and no updated number is available from directory assistance or other attempted tracking methods.
- The telephone interviewer dials the sampled enrollee's telephone number, speaks to a person, and is informed that he/she has the wrong telephone number and other attempts to obtain the correct telephone number are not successful.

  Note: *In the above scenarios, survey vendors code the <bad-telephone-flag> XML data element as "Yes." Please see* ***Appendix I: Data Submission File Layout*** *for additional information.*

For the *telephone component* of survey fielding, **insufficient** evidence that a sampled enrollee's telephone number is not viable includes:

- The survey vendor obtains a busy signal every time a telephone attempt is made.

Note: *The use of the X35 disposition code is only appropriate in cases in which a survey vendor has exhausted all attempts to contact the sampled enrollee and the result is an undeliverable mail piece for which a valid telephone number was not obtained.*

Exhibit 13 below illustrates when the X35 disposition code should be assigned and how to differentiate between the appropriate use of the X33 and X35 disposition codes.

Exhibit 13: Differentiating Between X33—Nonresponse After Maximum Attempts and X35—Bad Address and Bad Telephone Number and Flag Assignment Rules

Differentiating Between X33 & X35		
Blank	**No Evidence of Invalid Address**	**Sufficient Evidence of Invalid Address**
No Evidence of Invalid Telephone Number	Assign X33 – *After all mail and phone attempts exhausted without response.*	Assign X33 – After all phone attempts exhausted without response.
		Assign <bad-address-flag>.
Sufficient Evidence of Invalid Telephone Number	Assign X33 – *After all mail attempts exhausted without response.*	Assign X35.
	Assign <bad-telephone-flag>.	Assign <bad-address-flag>. Assign <bad-telephone-flag>.

Confirming That the Sampled Enrollee Meets Eligibility Criteria

Taken together, a sampled enrollee's response to Question 1 and Question 2 confirms that the sampled enrollee is currently enrolled in the QHP.

- Sometimes sampled enrollees do not recognize the exact name of their QHP.
- Sometimes a QHP is known by more than one name.

Therefore, a sampled enrollee may answer "No" to Question 1 but *still be eligible* for the survey.

When sampled enrollees answer "No" to Question 1, they proceed to Question 2 and are subsequently asked to provide the name of their QHP.

Note: *During data submission, survey vendors are required to submit the open-ended responses to Question 2 as provided by sampled enrollees during survey fielding. If a sampled enrollee provides PII along with a response for Question 2, then the survey vendor only submits the QHP name in the data submission file; the survey vendor redacts all PII included in the response to Question 2.*

Survey vendors use the guidelines below to assess each sampled enrollee's response to Question 1 and Question 2 to confirm that sampled enrollees meet the eligible population criteria (telephone interview scripts must accommodate the following rules). Survey vendors are strongly encouraged to obtain a list of common aliases from QHP issuer clients to enable them to make accurate eligibility determinations when the following scenarios are encountered:

- If the sampled enrollee answers "Yes" to Question 1, then the survey vendor codes Question 1 with the valid value for "Yes" and disregards any response provided for Question 2. The sampled enrollee is eligible for the survey (Scenario A).
- If the sampled enrollee answers "No" to Question 1 and provides a valid health plan alias for Question 2, then the sampled enrollee is eligible for the survey (Scenario B).

- If the sampled enrollee does not provide a response for Question 1 and provides a valid health plan alias for Question 2, then the sampled enrollee is eligible for the survey (Scenario C).
- If the sampled enrollee answers "No" to Question 1 and does not provide a response to Question 2, then the sampled enrollee is ***not*** eligible for the survey (Scenario D).
- If the sampled enrollee answers "No" to Question 1 and provides an invalid health plan alias for Question 2, then the sampled enrollee is ***not*** eligible for the survey (Scenario E).
- If the sampled enrollee does not provide a response for either Question 1 or Question 2, then the sampled enrollee is eligible for the survey (Scenario F).

  Note: *Survey vendors assume the sampled enrollee is eligible because the sampled enrollee did not provide any responses to suggest otherwise.*
- If the sampled enrollee does not provide a response to Question 1 and provides an invalid health plan alias for Question 2, then the sampled enrollee is ***not*** eligible for the survey (Scenario G).

Exhibit 14 summarizes these rules.

Exhibit 14: Confirming That the Sampled Enrollee Meets Eligibility Criteria

Scenario	Question 1 Response	Question 2 Response	Is Enrollee Eligible?	Final Disposition Code
A	Yes	Any	Yes	Assess Survey—Does survey meet criteria for "Completed" or "Partially Completed" Survey?
B	No	Valid Plan Alias	Yes	
C	Blank/ Nonresponse/ No Answer	Valid Plan Alias	Yes	
D	No	Blank/ Nonresponse/ No Answer	No	X40: Ineligible—Not Eligible or on a "Do Not Survey" list
E	No	Invalid Plan Alias	No	X40: Ineligible—Not Eligible or on a "Do Not Survey" list
F	Blank/ Nonresponse/ No Answer	Blank/ Nonresponse/ No Answer	Yes	Assess Survey—Does survey meet criteria for "Complete" or "Partially Complete" survey?
G	Blank/ Nonresponse/ No Answer	Invalid Plan Alias	No	X40: Ineligible—Not Eligible or on a "Do Not Survey" list

*Note: The survey vendor applies the guidelines in **Exhibit 14** only after determining that a sampled enrollee meets the age and continuous enrollment criteria. At no time do survey vendors clean or recode survey responses.*

Additional guidance regarding the validity of commonly provided responses to Question 2 is provided in **Exhibit 15**.

Although guidance is provided on how to evaluate commonly received responses for Question 2, CMS strongly encourages survey vendors to work closely with QHP issuer clients to determine a comprehensive list of valid plan aliases for use in eligibility assessment. Survey vendors should also utilize the Plan Marketing Name (if provided) from the sample frame to identify potential plan aliases.

Exhibit 15: Valid and Invalid Plan Aliases for Use in Determining a Sampled Enrollee's Survey Eligibility Status

Valid Plan Aliases for Q2	Invalid Plan Aliases for Question 2
▪ Marketplace ▪ Exchange ▪ Obamacare ▪ Affordable Care Act (ACA) ▪ Written response for product type, regardless of product type ▪ Written response for metal level, regardless of metal level	▪ Employer-sponsored health plan ▪ Medicaid, including state-specific names for Medicaid (e.g., Medi-Cal or AHCCCS) ▪ Medicare ▪ Medicare Advantage, even if the plan is offered by the same issuer ▪ TRICARE ▪ Veterans Health Administration (VA)

Processing Written Text Responses for Question 2

- Responses should not be edited with the only exception being the redaction of PII.
- Survey vendors should not correct misspelled health plan names included in the text response write-in section of Question 2 on the mail survey. The text response for Question 2 must be entered the final data file exactly as it is written on the mail survey. If the misspelled plan name is recognizable as a valid plan alias, then the enrollee is considered eligible for the survey.
- If an enrollee writes in only a product type for Question 2 (e.g., HMO, POS, PPO, EPO), then the enrollee is considered eligible for the survey regardless of whether that product type aligns with the product type associated with the reporting unit.
- If an enrollee writes in only a metal level for Question 2 (e.g., bronze, silver, gold, platinum, catastrophic), then the enrollee is considered eligible for the survey regardless of whether the metal level aligns with the metal level associated with the reporting unit.

Calculating Response Rates

The response rate is the total number of completed surveys divided by the total number of sampled enrollees selected for the survey sample. For analyses and reports, this rate is calculated as shown in the following formula:

$$\text{Response Rate (RR)} = \frac{C}{(C + E) + (R + O) + (X * U)}$$

Where

C = Completed Surveys (disposition code 10)
E = Partially Completed Surveys (disposition code 31)
U = Cases with Unknown Eligibility (disposition codes 33, 34, 35)
O = Other Disposition (disposition codes 22 and 24)
R = Refusal (disposition code 32)
I = Ineligible (disposition codes 20 or 40)
X = Proportion of cases eligible for this survey, which is calculated as:

$$X = \frac{C + E}{C + E + I + O + R}$$

This response rate formula is based on the standard definitions established by the American Association for Public Opinion Research (AAPOR).[17] Specifically, this response rate formula is based on AAPOR's Response Rate 3 (RR3).

Quality Control Procedures for Data Coding

Survey vendors implement quality control measures for every aspect of mail and telephone data processing activities. Quality checks must be performed by a different staff member than the individual who originally performed the specific activity. Required and recommended quality control measures are described in detail in the mode-specific data collection sections of this manual; however, key measures are repeated below. Survey vendors should conduct additional quality control measures as warranted based on internal processes including but not limited to:

- Selecting and reviewing a sample of cases coded by each coder (recommended minimum of 10%) to make sure that coding rules are being followed correctly.
- Before submitting data, comparing the hardcopy questionnaire responses for a sample of cases (recommended minimum of 10%) to the scanned responses and to the responses entered the data file. This quality control step verifies that the responses included in the data files accurately reflect the sampled enrollees' responses to the survey questions.

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

- Calculating and reviewing response rates on a periodic basis for each QHP issuer client. If a QHP issuer's reporting unit exhibits a very low response rate, this could be an indication of a data collection or data processing problem.
- Conducting periodic reviews of data files by comparing completed telephone interview responses (recommended minimum of 10%) directly from the CATI system to the values output in the data file.

VII. DATA SUBMISSION

Overview

This **Data Submission** section provides information on submitting data, including data file specifications, data submission procedures, data validation checks, and quality control procedures for data submission.

Data File Specifications

The QHP Enrollee Survey data files that survey vendors submit through the secure file transfer protocol (SFTP) must include selected variables from the sample frame and survey question responses provided by sampled enrollees during survey fielding. Data files also include variables associated with survey fielding, such as a final disposition code for each sampled enrollee, as well as variables needed to calculate sampled enrollees' selection probabilities for purposes of generating sample weights.

Note: *Recall that only one enrollee is selected for inclusion in the sample when multiple enrollees are covered by a single policy, so selection probabilities vary across sampled enrollees.*

Data files ***must*** contain a record and associated final disposition code for *all* sampled enrollees, including both survey respondents and nonrespondents.

- Records for survey respondents include data for the selected variables from the sample frame, survey responses, and the variables associated with survey fielding.
- Records for nonrespondents include data for the selected variables from the sample frame and relevant variables associated with survey fielding but will not include survey responses. Data from nonrespondents are used by CMS to conduct nonresponse analyses and to potentially adjust survey weights for nonresponse bias.

The data file reporting format for the QHP Enrollee Survey is XML. This format provides the utilities and abilities for the survey vendor to scale up or down to fit the needs of the various formats and question types within the survey.

Appendix I: Data Submission File Layout provides detailed information about required information, acceptable answers, and valid values for each survey question. CMS will provide survey vendors with an XML schema prior to data submission to assist survey vendors with file preparation.

See **Exhibit 11** for additional information regarding disposition codes for the QHP Enrollee Survey.

Data Submission Procedures

Data Submission Process

Survey Vendors will securely submit data to CMS via SFTP. Detailed instructions will be provided in the data submission training in Spring 2018. During data submission, survey vendors contact CMS for technical support by email at MQITier2HelpDesk@bah.com.

Data Submission Deadlines

Survey vendors will submit at least one unencrypted test file containing at least 100 records in the XML file format described in **Appendix I: Data Submission File Layout** via SFTP during the test data submission period. Survey vendors will receive an email inviting them to submit data via SFTP prior to the data submission deadline. This process allows survey vendors to test data submission protocols and make any necessary adjustments prior to the beginning of the data submission period.

Survey vendors ***must*** submit final data files for the 2018 QHP Enrollee Survey via SFTP by 11:59 pm (ET) on **May 25, 2018**.

Quality Control Procedures for Data Submission

Throughout survey fielding and prior to data submission, survey vendors must conduct quality control measures on the data included in submission files to verify that data from completed mail, phone, and Internet surveys have been captured accurately. ***Note:*** *Quality control checks must be conducted by a different staff member than the individual who originally performed the task.*

- Survey vendors run frequencies and distributions on both sampled enrollee administrative data and sampled enrollee response data to check for outliers or anomalies. This includes checks of missing values.
    - For example, survey vendors might run frequencies on the race data element (e.g., Are all respondents coded as Alaska Native?); or the age data element (e.g., Is there a reasonable distribution of age categories across sampled enrollees, or do the ages lean heavily toward the very young or very old?).
    - By reviewing frequencies of both sampled enrollee administrative data and sampled enrollee response data, survey vendors may be able to identify problems in the data received from QHP issuers, internal data file processing procedures, or data coding operations prior to data submission.
- Survey vendors verify that surveys meet the completeness criteria described in the **Data Coding** section of this manual. Survey vendors assign a disposition code of either complete or partially complete per whether the survey passes the specified completeness criteria. Please refer to the **Data Coding** section for the definition of a complete survey.

- Survey vendors periodically check data processing programs throughout survey fielding to confirm that XML data elements are being coded properly in final XML files.
- Survey vendors conduct a final check of the disposition codes assigned to all cases before submitting data files. If the survey vendor identifies a case assigned either an ineligible or nonresponse final disposition code and survey response data are included in the response file, then the vendor should check its records to identify the disconnect between the presence of survey response data and the assignment of final disposition codes.
- Survey vendors select a random sample of cases (recommended minimum of ten percent) from the XML file and compare the survey record header field data elements in the XML file to the enrollee information provided by the QHP issuer in the validated sample frame file to verify that the information was exported correctly to the XML file.
- Survey vendors select a random sample of cases (recommended minimum of ten percent) from the XML file and compare the enrollee response section variables in the XML file to the original questionnaire (for mail surveys) or to the CATI file (for surveys completed by phone).
- Data validation will be performed upon submission of the XML file to CMS via SFTP. This includes file validation and data field edits.
    - The file validation criteria include verifying that submitted XML files: are valid and readable, contain the correct number of variables, include accurate names for all variables, and are the appropriate record length.

The data edits include examining data fields for correct data type, field size, formats, and valid values to verify that only legitimate values are submitted. Survey vendors will receive an email requesting file re-submission for files that do not pass data validation.

Following the completion of the validations, CMS conducts a review of the data. This review includes generating frequency distributions or other statistics for the variables included in each file submitted by survey vendors. The distributions and statistics will be examined by CMS to identify any anomalies. If this review reveals any errors, CMS will notify the submitting survey vendor of the issue and request that the survey vendor investigate the anomaly. Based on these findings, survey vendors may be required to resubmit data. If data files require resubmission, then CMS will notify the impacted survey vendor via email. In these instances, survey vendors must resubmit data within three business days of notification.

VIII. DATA ANALYSIS AND SCORING

Overview

This **Data Analysis and Scoring** section provides information on the planned analysis of the QHP Enrollee Survey data. This section also describes the data analyses that survey vendors may conduct for client QHP issuers.

Survey Vendor Analysis of QHP Enrollee Survey Data

CMS-calculated results for the QHP Enrollee Survey are the official survey results. A survey vendor may analyze the survey data to provide QHP issuers with aggregated results for quality improvement purposes if **cell sizes are not too small (fewer than 11 cases)**. No information based on fewer than 11 sampled enrollees can be released. This means that no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms.

No number smaller than 11 should appear in any material provided to QHP issuers. For example, if a certain response option is chosen fewer than 11 times, then data for that response option cannot be displayed, even if 11 or more responses were received for the corresponding question. Intervention or follow-up with low-scoring individuals is not permitted. Survey vendors should ensure that QHP issuers recognize that survey vendor analyses are not official survey results and should *only* be used for quality improvement purposes. Survey vendors may provide QHP issuers with preliminary QHP reporting unit survey results developed specifically for QHP issuers. When providing QHP issuers with preliminary survey results, survey vendors must communicate that the survey vendor scores are *not* the official CMS scores.

Data Cleaning by CMS

Upon submission of data from survey vendors, CMS utilizes a forward-cleaning approach to edit and clean survey data. This approach uses responses to the "screener" (or gate) question to control how subsequent questions within the questionnaire (or dependent questions) are treated, such as setting responses to a missing value or retaining the original response. Under this forward-cleaning approach, unanswered screener questions are ***not*** updated or backfilled based on responses to subsequent questions. Data are cleaned by CMS using the following conventions and guidelines:

- If a screener question is blank, but there are data in the dependent questions, then those data are used in analysis and the screener question is set to missing.
- If the response to a screener question is valid, but the respondent violates the skip instruction by answering dependent questions that should have been skipped, then the response to the screener question is retained and the responses for the dependent questions are set to missing.

- If a screener question is embedded within another screener question (a skip pattern within a skip pattern), then the embedded skip pattern is cleaned first. Then the primary skip pattern is cleaned and the embedded skip pattern is treated in the same manner as all other dependent items.

Descriptions of the scenarios encountered in data files and the subsequent cleaning steps taken by CMS are provided in **Exhibit 16**.

Note: *Survey vendors may never clean or recode survey response data or infer a sampled enrollee's intended response. The abovementioned data cleaning steps for the QHP Enrollee Survey are strictly conducted by CMS.*

Exhibit 16: Scenarios Encountered in QHP Enrollee Survey Data Files and Subsequent Data Cleaning Steps Taken by CMS

Scenario in Data File		Data Cleaning Step Taken by CMS	
Screener Item	**Dependent Item**	**Screener Item**	**Dependent Item**
Blank	Blank	Set to Missing	Set to Missing
Blank	Includes Data	Set to Missing	No Action Data Retained
Includes Data	Includes Data *Skip Pattern Followed*	No Action Data Retained	No Action Data Retained
Includes Data	Includes Data *Skip Pattern Violated*	No Action Data Retained	Set to Missing Data Deleted
Includes Data	Blank	No Action Data Retained	Set to Missing

Data Analysis by CMS

Once QHP Enrollee Survey data submitted by survey vendors is cleaned and verified, data files from all survey vendors will be concatenated into a single person-level analytic data file. Using this file, CMS will produce composite scores and individual-item scores from the survey will be calculated for each reporting unit.

The composite and individual item scores from the QHP Enrollee Survey will be case-mix adjusted. It is common in survey-based applications to case-mix adjust scores for factors such as overall health status, age, and education 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. QHPs with high concentrations of such enrollees would tend to receive lower unadjusted scores than would other QHPs, even if the former QHPs provided a quality of service comparable to that of the latter QHPs. Case-mix adjustment factors will be determined once the 2018 QHP Enrollee Survey data have been analyzed.

Case-mix adjusted scores for all composites, global ratings, and individual item measures will be created for each QHP reporting unit. These scores will be used in CMS analysis efforts for 2018.

The calculation of QHP Enrollee Survey scores will be performed using the CAHPS Analysis Program (CAHPS Macro), which was developed by the CAHPS Consortium under the auspices of the Agency for Healthcare Research and Quality (AHRQ), and is commonly used for scoring CAHPS-related applications. A comprehensive description of calculations performed by the CAHPS Macro can be found in *Instructions for Analyzing Data from CAHPS Surveys (Document No. 2015)*, which is included in the CAHPS® Survey and Reporting Kit. These materials are available at: http://www.ahrq.gov/cahps/surveys-guidance/hp/instructions/version5.html.

Quality Rating System

CMS issued a regulation in May 2014 to establish standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Exchange.[18] As a condition of certification and participation in the Exchanges, CMS requires that QHP issuers submit QHP Enrollee Survey response data and QRS clinical measure data for their respective QHPs offered through an Exchange in accordance with CMS guidelines.[19] Exchanges are also required to display QHP quality rating information on their respective websites.[20]

The QRS measure set consists of measures that address areas of clinical quality management; enrollee experience; and plan efficiency, affordability, and management. For 2018, QHP issuers are required to collect and submit validated data for 40 measures in the QRS measure set. The total measure count is consistent between the 2017 QRS and the 2018 QRS. CMS will include all 40 measures in scoring in 2018. A subset of measures from the QHP Enrollee Survey is included in the QRS. For 2018, topics from the survey include access to care, access to information, care coordination, cultural competence, flu vaccination, plan administration, rating of all health care, rating of health plan, rating of personal doctor, and rating of specialist. See **Exhibit 18** for a crosswalk of QHP Enrollee Survey items and composite to QRS measures.

While QHP issuers are required to submit QRS measure data for eligible reporting units beginning with the reporting unit's second year of operation, eligible reporting units will not receive QRS scores and ratings until their *third* consecutive year of operation in the Exchange. Therefore, a reporting unit that is eligible to be scored must meet the criteria for data submission *and have been in operation for at least three consecutive years.* For example, as shown in **Exhibit 17** above, to receive QRS scores and ratings in 2018, a reporting unit must be in operation in 2016, 2017, and 2018.

Exhibit 17: Reporting Unit Data Submission and Scoring Example

Criteria	Required to submit data?	Eligible to be scored?
Reporting unit operates in ratings year only (2018)	No, does not meet the QRS participation criteria	No
Reporting unit operates in ratings year and prior year (2018 and 2017) and meets the QRS participation criteria	Yes	No

[18] 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.
[19] 45 C.F.R. §§§ 156.200(b)(5),(h); 156.1120; and 156.1125.
[20] 45 C.F.R. §§ 155.1400 and 155.1405.

Criteria	Required to submit data?	Eligible to be scored?
Reporting unit operates for at least three consecutive years (2018, 2017, and 2016) and meets the QRS participation criteria	Yes	Yes

QHP Enrollee Survey Composite versus QRS Survey Measure Construction

Historically, the CAHPS® program has used the term "composite" to refer to a construct that is derived from more than one survey question. The QHP Enrollee Survey QI reports use the term composite in the same context as other CAHPS® surveys (e.g., Getting Needed Care and Getting Care Quickly). However, for the QRS, the term composite refers to a grouping of measures; it is the first level of summary results in the QRS hierarchy. For example, the Enrollee Experience with Health Plan composite in the QRS includes the scores for three QRS measures: Access to Information, Plan Administration, and the Rating of Health Plan.

The questions included in QRS survey *measures* may be different than the questions included in "*composites*" shown in the QHP Enrollee Survey QI reports. For example, in the 2018 QRS, the Access to Care measure is composed of four questions, while in the QHP Enrollee Survey QI reports these four questions make up two separate composites: Getting Care Quickly and Getting Needed Care.

Denominator Size Calculation

There is a difference in how the denominator size is calculated and communicated in the QHP Enrollee Survey QI reports versus the QRS Proof Sheets. QHP Enrollee Survey QI reports include raw survey frequencies, meaning that the denominator size reported for measures are equal to the total number of eligible respondents who answered the question. For the QRS, CMS calculates survey measures from survey questions using specific QRS scoring specifications. For the QRS, the total denominator size for QRS survey measures reflects the total number of respondents who have a non-missing value for at least one of the questions within the measure.

For example, the QRS measure Care Coordination is identical to the QHP Enrollee Survey QI report composite Care Coordination. With 75 responses, the result for the Care Coordination composite would appear on the QI reports, but a Care Coordinate measure score would not appear in the QRS Proof Sheet as the score was not calculated due to an insufficient denominator size (<100). These differences stem from the different goals of the two products. The QRS is designed to generate results for public reporting and therefore has higher requirements associated with whether a measure can be reported, while the QHP Enrollee Survey QI reports are currently designed as a tool to be used for quality improvements undertaken by the QHP issuer.

Communicating Relative Performance

QRS measure data are standardized across all reporting units. Therefore, if a majority of eligible reporting units submit very high measure raw values, a single eligible reporting unit may submit

a high raw value for a given measure, but may still receive a low standardized score for the measure because many other reporting units performed even better.

The QHP Enrollee Survey QI Reports use a different approach to convey relative performance. This approach is based on a pair-wise t-test with an alpha of 0.05. Additional information can be found in the CAHPS® Macro materials in *Instructions for Analyzing Data from CAHPS Surveys*. Due to these different approaches, there are instances when an eligible reporting unit could score average or above average on QHP Enrollee Survey items in the QI Reports and receive one or two star ratings for certain QRS components. A scoring guide will accompany the 2018 QHP Enrollee Survey QI Reports.

Exhibit 18 maps each QRS survey measure to the relevant QHP Enrollee Survey item(s).

Exhibit 18: Crosswalk of 2018 QHP Enrollee Survey Questions Included in the QRS

2018 QRS Survey Measure	2018 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Access to Care	Getting Care Quickly	4	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	CAHPS® Health Plan 5.0
		6	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?	CAHPS® Health Plan 5.0
	Getting Needed Care	9	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	CAHPS® Health Plan 5.0
		31	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	CAHPS® Health Plan 5.0
Access to Information	Access to Information[21]	35	In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?	CAHPS® Health Plan 4.0 — Supplemental Items (HEDIS®)
		37	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?	CAHPS® Health Plan 4.0 — Supplemental Items (HEDIS®)
		39	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?	CAHPS® Health Plan 4.0 — Supplemental Items (HEDIS®)

[21] These items come from the National Committee for Quality Assurance (NCQA) HEDIS® CAHPS Survey.

2018 QRS Survey Measure	2018 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Care Coordination	Care Coordination	18	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?	CAHPS Health Plan 5.0 —Supplemental Items
		20	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?	CAHPS Health Plan 5.0 —Supplemental Items
		21	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?	CAHPS Health Plan 5.0 —Supplemental Items
		23	In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?	CAHPS Health Plan 5.0 —Supplemental Items
		26	In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?	CAHPS Health Plan 5.0 —Supplemental Items
		29	In the last 6 months, did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?	CAHPS Health Plan 5.0 —Supplemental Items
Cultural Competence	Cultural Competence	11	In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?	CAHPS Health Plan 5.0—Supplemental Items
		47	In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?	Modified from CG CAHPS 2.0, Adult Supplemental Items
		49	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?	Modified from CG CAHPS 2.0, Adult Supplemental Items
Plan Administration	Plan Administration	41	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	CAHPS Health Plan 5.0
		42	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	CAHPS Health Plan 5.0
	Single Item Measure (Plan Administration)	43	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?	New Question developed for QHP Enrollee Survey
		45	In the last 6 months, how often were the forms from your health plan easy to fill out?	CAHPS Health Plan 5.0
		46	In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?	CAHPS Health Plan 5.0—Supplemental Items

2018 QRS Survey Measure	2018 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Rating of all Health Care	Single Item Measure	8	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?	CAHPS Health Plan 5.0
Rating of Health Plan	Single Item Measure	50	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?	CAHPS Health Plan 5.0
Rating of Personal Doctor	Single Item Measure	24	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?	CAHPS Health Plan 5.0
Rating of Specialist	Single Item Measure	33	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?	CAHPS Health Plan 5.0
Flu Vaccinations for Adults Ages 18–64	Single Item Measure (Preventive Services)	57	Have you had either a flu shot or flu spray in the nose since July 1, 2017?	CAHPS 5.0H[22] Survey
Medical Assistance with Smoking and Tobacco Use Cessation	Single Item Measure (Preventive Services)	59	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?	CAHPS 5.0H Survey
		60	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.	CAHPS 5.0H Survey
		61	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.	CAHPS® 5.0H Survey

[22] National Committee for Quality Assurance (NCQA) HEDIS® CAHPS® Survey.

IX. DATA REPORTING AND USE

Reporting Units Eligible for Public Reporting

Beginning in the second year of operation as a certified entity, QHP issuers are required to field the QHP Enrollee Survey; however, the results from the QHP Enrollee Survey are not eligible for public reporting through the QRS until a reporting unit's third consecutive year in the Exchange, and based on its survey results in the third year. A summary of reporting unit eligibility is shown below in **Exhibit 19**.

Exhibit 19: Reporting Unit Eligibility for Public Reporting

Criteria	Required to Field 2018 QHP Enrollee Survey	Eligible to be Publicly Reported
Reporting Unit began Operating in Plan Year (PY) 2018	No	No
Reporting Unit Began Operating in PY 2017 & Continued Operating in PY 2018	Yes	No
Reporting Unit Began Operating in PY 2016 & Continued Operating in PY 2017 & 2018	Yes	Yes

QHP Quality Improvement Reports

CMS will provide each QHP issuer that participates in the 2018 QHP Enrollee Survey with a quality improvement (QI) report summarizing the item-level results for each of its QHP reporting units. The reports will include results for the QHP Enrollee Survey global ratings, composite measures, and preventive services measures included in the survey.

Comparative benchmark data will be provided so that QHP issuers can see their results relative to reference groups of their peers (e.g., aggregate results for comparable product types across the state). QHP issuers and State Exchange administrators will receive QHP QI reports and will be able to preview their respective QHP (and QRS) results via the CMS Health Insurance Oversight System-Marketplace Quality Module (HIOS-MQM) website[23] during a two-week preview period (anticipated August 2018). CMS will also provide OPM with the QRS results for the MSP options. QHP issuers and State Exchange administrators will receive an email notification via the HIOS-MQM prior to the start of preview.

QHP Results and Preview

During the QHP and QRS preview period, QHP issuers in all Exchanges will be able to preview their respective QHP QI Reports and QRS quality ratings via CMS' HIOS-MQM website and

[23] Users must register for access to HIOS and the MQM via https://portal.cms.gov/.

submit any related inquiries to CMS. **Exhibit 20** below provides descriptions of the documents available for preview on the HIOS-MQM website.

Exhibit 20: QHP Issuer Resources for Reviewing QHP Enrollee Survey Results

Resource	Description
QI Reports	These reports communicate the full results of the QHP Enrollee Survey, including questions not included as part of the QRS measure set. The raw frequencies for all QHP Enrollee Survey questions are included in the QHP Enrollee Survey QI reports. CMS intends to release the QHP Enrollee Survey QI reports during the QRS preview period. Note that some response categories may be missing due to CMS' policies regarding minimum cell sizes. CMS' standard practice is to not publicly report cell sizes smaller than 11 in order to protect confidentiality. The results shown in QHP Enrollee Survey QI reports are produced after data cleaning and scoring procedures. First, the data used for these reports are cleaned according to standard CAHPS® rules. Second, the scores are weighted and case-mix adjusted. Lastly, the scores are calculated using the CAHPS® Analysis Program (CAHPS® Macro) and the full national QHP Enrollee Survey database. This program, along with instructions for using it, are available at no cost at *Instructions for Analyzing Data from CAHPS Surveys*. Please reference https://qhpcahps.cms.gov/ for additional information about the methodology behind the QHP Enrollee Survey QI reports.
QRS survey measures (e.g., via QRS preview)	CMS-calculated results for the QRS include survey measures derived from a subset of questions in the QHP Enrollee Survey. The results in the QHP Enrollee Survey QI reports differ from those reported for QRS survey measures as additional scoring specifications are used to calculate QRS survey measure results. QRS survey measure results are calculated via additional post-survey processing including case-mix adjustment, removal of invalid responses, and including appropriate respondents in the denominator totals.
Raw results provided by the QHP Enrollee Survey vendors upon data submission	The estimates provided by survey vendors are preliminary and are intended to provide QHP issuers with an early estimate of their survey scores. Survey vendors may not perform the same type of data cleaning performed by CMS. Additionally, survey vendors are unable to implement the identical case-mix adjustment that is performed by CMS because they do not have access to the full national dataset. A survey vendor may analyze the survey data in order to provide QHP issuers with aggregated results and may conduct additional analyses. These survey vendor analyses are not official survey results and should only be used for quality improvement purposes.

Quality Rating System

CMS intends to display the 2018 QRS global rating and three summary indicator ratings on the HealthCare.gov website for each eligible QHP available through HealthCare.gov, including those offered through the FFEs and SBE-FPs. The global score is an average of weighted summary indicator scores (e.g. a weight of two-thirds (66.67%) to the Clinical Quality Management summary indicator, and a weight of one sixth (16.67%) to the Enrollee Experience and Plan Efficiency, Affordability, & Management summary indicators), summary indicator scores are averages of associated domain scores, and domain scores are averages of associated composite scores.

CMS will release additional details specifying the form and manner in which CMS will display QHP quality rating information at HealthCare.gov. For example, CMS anticipates referring to the QRS global rating as the "Overall Quality Rating" on HealthCare.gov. Detailed measure specifications for the QRS can be found in the *QRS Measure Technical Specifications*. Detailed information on QHP issuer requirements for the QRS can be found in the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2018*, which can

be found on the CMS MQI website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html

Providing Deidentified Datasets to Regulatory Agencies

Survey vendors may provide deidentified person-level data sets (survey responses) to the core QHP Enrollee Survey questions. Data provided by survey vendors has not been cleaned by CMS and is considered preliminary data. CMS prohibits attempting to identify individuals in the person-level file; the required redactions will reduce the risk of identification.

The following guidelines for the provision of data to regulatory agencies must be followed:

Survey vendors ***may*** provide data sets with the following:

- Person-level responses to Questions 3 through 9; 12 through 46.
- The reporting unit identification number <reporting-unit-id> from the sample frame.

Survey vendors ***may not*** provide data sets with the following:

- Person-level responses to Questions 10 through 11; 47 through 49; 55 through 82.
- Information from the Sample Frame (excepting the above) or Sampled Enrollee List.
- Survey vendors should deliver data from certain questions in aggregate. Therefore, they ***must*** recode the following questions and responses as follows: In addition, responses to the following core QHP Enrollee Survey questions should be recoded into more aggregated categories for the person-level file survey vendors provide to regulatory agencies:
    - Question 7 – 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 heath care for yourself?

Category	Original Code	Recode
None	0	0
1 time	1	1
2	2	2
3	3	2
4	4	2
5 to 9 times	5	2
10 or more times	6	2

- Question 13 – In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

Category	Original Code	Recode
None	0	0
1 time	1	1
2	2	2
3	3	2
4	4	2
5 to 9 times	5	2
10 or more times	6	2

- Question 32 – How many specialists have you seen in the last 6 months?

Category	Original Code	Recode
None	0	0
1 specialist	1	1
2	2	2
3	3	2
4	4	2
5 or more specialists	5	2

Any analysis performed by regulatory agencies with data provided by survey vendors ***may not*** match information as reported by CMS to the public, QHP issuers, or Exchanges. It is the responsibility of survey vendors to inform regulatory agencies of the prohibitions when they deliver redacted preliminary data to regulatory agencies.

Additional Public Reporting of QHP Enrollee Survey Data

CMS intends to display the 2018 QRS global rating and three summary indicator ratings on the HealthCare.gov website for each eligible QHP available through HealthCare.gov, including those offered through the FFEs and SBE-FPs.

CMS will release additional details specifying the form and manner in which CMS will display QHP quality rating information at HealthCare.gov. For example, CMS anticipates referring to the QRS global rating as the "Overall Quality Rating" on HealthCare.gov.

Exchange Display Guidelines for QHP Quality Rating Information

CMS anticipates that public reporting of quality rating information by the FFEs, including FFEs where the State performs plan management functions, and SBE-FPs will begin during the individual market open enrollment period for the 2019 plan year.[24] In alignment with this timeline, SBEs

[24] 45 C.F.R. §155.1400 and §155.1405.

whose consumers do not use HealthCare.gov and Qualified Health Plan (QHP) issuer and web-brokers that facilitate enrollments through the FFEs and SBE-FPs using the direct enrollment pathways should also prepare to display quality rating information assigned to each QHP as calculated by CMS on their respective websites in time for the open enrollment period for the 2019 plan year.[25]

The QRS ratings reflect QHP performance by product type, which includes QHPs in both the SHOP and individual market. Exchanges should display the CMS-calculated ratings for each scoring-eligible QHP in the product type,[26] including QHPs in the SHOP and individual market, as applicable. CMS will issue further guidance on the form and manner for display of the 2018 QHP quality rating information, including details for what to display in cases where a QHP did not receive a rating.

OPM reserves the authority to display quality rating information for MSP options, and may issue further details about display to MSP issuers.

Display on HealthCare.gov

CMS intends to display the 2018 QRS global rating and three summary indicator ratings[27] on the HealthCare.gov website for each eligible QHP available through HealthCare.gov, including those offered through the FFEs and SBE-FPs.

CMS will release additional details specifying the form and manner in which CMS will display QHP quality rating information at HealthCare.gov. For example, on HealthCare.gov, CMS anticipates referring to the QRS global rating as the "Overall Quality Rating," the Clinical Quality Management summary indicator as "Medical Care," the "Enrollee Experience" summary indicator as "Member Experience," and the "Plan Efficiency, Affordability, & Management" summary indicator as "Plan Administration."

Display Guidance for SBEs

SBEs that do *not* rely on the federal eligibility and enrollment platform (i.e., SBEs whose consumers do not use HealthCare.gov) are required to display QHP quality rating information in the form and manner specified by CMS.[28] Consistent with the anticipated display of 2018 QHP quality rating information for the FFEs and SBE-FPs, SBEs whose consumers do not use

[25] See 45 C.F.R. §155.1400 and § 155.1405. Also see 45 C.F.R. § 155.205(b)(1), § 156.1230(a)(1)(ii) and § 155.220(c)(3)(i)(A).

[26] CMS considers QHPs that changed plan IDs due to minor benefit changes to be continuously operational for the purposes of participation in the display of quality rating information; therefore, Exchanges should assign the applicable rating of the reporting unit to such QHPs. However, for QHPs in reporting units that are operational for the first time in 2019 and QHPs that are completely new (PY2019 Plan ID does not map to PY2018 Plan ID) with no enrollees as of the beginning of the 2019 open enrollment period, Exchanges should display "Data Not Available" or "Too New to be Rated."

[27] On HealthCare.gov, the Clinical Quality Management summary indicator is referred to as "Medical Care," the "Enrollee Experience" summary indicator is referred to as "Member Experience," and the "Plan Efficiency, Affordability, & Management" summary indicator is referred to as "Plan Administration."

[28] 45 CFR § 155.1400, 45 CFR § 155.1405

HealthCare.gov should prepare to display 2018 QHP quality ratings assigned to each eligible QHP during the 2019 individual market open enrollment period.

CMS will make the quality rating information accessible to SBEs whose consumers do not use HealthCare.gov through the Quality Ratings application program interface (API). The API will allow SBEs to integrate QRS ratings for each QHP with their Exchange system. CMS will provide four ratings in total through the API: one global rating and three summary indicator ratings. CMS will also issue technical details to facilitate SBEs' adherence with display requirements. For example, CMS will provide a prototype of the API, along with sample data files to support ratings integration with SBE websites.

For States that cannot facilitate use of the API, CMS will provide a State Ratings Data File that includes ratings down to the QRS composite level for display purposes.

The purpose of the QHP quality rating information is to provide additional comparative information for consumers while shopping and selecting plans; however, if an SBE is unable to include the QRS ratings directly on its plan selection website in the initial years, the SBE may post the ratings to a static website for consumers to reference outside of the plan selection website. SBEs have the flexibility to display additional State or local quality information for their QHPs, but must prominently display the federally-calculated QRS ratings in the form and manner specified by CMS.

SBEs that display the QHP quality ratings information, whether directly on the SBE website or a static website, must prominently display the following disclaimer language:

> *Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2018. The ratings will be displayed for health plans for the 2019 plan year. Learn more about these ratings. [Link to appropriate explanatory/Help text on HealthCare.gov.]*

CMS will release additional details specifying the form and manner in which SBEs must display QHP quality rating information on their respective websites and anticipates that it will align with how CMS will display QHP quality rating information on HealthCare.gov.

Display Guidance for Direct Enrollment (DE) Entities

Qualified Health Plan (QHP) issuer and web-broker[29] direct enrollment (DE) entities that use direct enrollment to facilitate enrollments through the FFEs and SBE-FPs must adhere to CMS requirements for the display of QHP information in accordance with applicable requirements at 45 C.F.R. §156.1230(a)(1)(ii), 45 C.F.R. §155.220(c)(3)(i)(A), and 45 C.F.R. §155.205(b)(1).

[29] The Centers for Medicare & Medicaid Services (CMS) uses the term "web-broker" to describe an individual agent or broker, or group of agents and brokers, or company registered with the FFMs that provides a non-FFM website to assist consumers in the QHP selection and enrollment process as described in 45 CFR §155.220(c)(3).

This includes the display of QHP quality rating information.[30] DE entities should contact the MSD to request the QHP quality rating information for display.

Consistent with the anticipated display of 2018 QHP quality rating information by Exchanges, CMS expects DE entities to also prepare to display 2018 QHP quality ratings assigned to each eligible QHP during the 2019 individual market open enrollment period. In accordance with 45 C.F.R. §155.220(c)(3)(i), if a web-broker DE entity does not have access to the required comparative information for a QHP offered through the Exchange, it must display the Plan Detail Disclaimer as detailed in the FFE and FF-SHOP Enrollment Manual.[31]

QHP issuer and web-broker DE entities that display quality rating information on their websites during 2019 open enrollment period should prominently display the following disclaimer language provided by CMS:

> *Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2018. The ratings will be displayed for health plans for the 2019 plan year. Learn more about these ratings. [Link to appropriate explanatory/Help text on HealthCare.gov.]*

CMS will release additional details specifying the form and manner in which DE Entities must display QHP quality rating information on their respective websites and anticipates that it will align with how Exchanges will display QHP quality rating information.

Marketing Requirements for QRS and QHP Enrollee Survey Results

QHP issuers may reference the 2018 QRS quality ratings and QHP Enrollee Survey results for their QHPs in marketing materials in a manner specified by CMS.[32] Any QHP issuer that elects to include its 2018 QHP quality rating information, specifically QRS scores and ratings and QHP Enrollee Survey results, in its marketing materials (whether paper, electronic, or other media) must do so in accordance with the CMS instructions below.[33]

The 2018 marketing guidelines are generally based on CMS guidance related to marketing QHPs as communicated in the annual *Letter to Issuers in the Federally-facilitated Exchanges*.[34] A QHP issuer that elects to include QRS and QHP Enrollee Survey information in its marketing materials must do so in a manner that does not mislead consumers. The instructions that follow

[30] 45 C.F.R. § 156.1230(a)(1)(ii) and § 155.220(c)(3)(i)(A) cross reference the requirement on Exchanges to provide standardized comparative information on QHPs, including QHP Enrollee Survey results and QRS ratings. See 45 C.F.R. § 155.205(b)(1)(iv) and (v).

[31] The 2017 Manual refers to DE entities as "Enrollment Partners."

[32] 45 C.F.R. §§156.1120(c) and 156.1125(c).

[33] The scope of the definition for "marketing" extends beyond the public's general concept of advertising materials. CMS interprets the definition of marketing materials, as referenced here, as equivalent to the definitions for the Medicare Advantage program in 42 C.F.R. § 422.2260.

[34] See Chapter 5, Section 5, "Oversight of Marketing Activities," in the *Final 2018 Letter to Issuers in the Federally-facilitated Marketplaces*, available at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces.pdf. See also 45 C.F.R. §§§ 156. 225 (Marketing and Benefit Design of QHPs), 155.260 (Privacy and Security), and 156.200(e) (Non-discrimination).

provide details as to the manner in which QRS and QHP Enrollee Survey information must be communicated in marketing materials:

- **Disclaimers:** QHP issuers must include the following disclaimers on all marketing materials referencing QRS or QHP Enrollee Survey information. All disclaimers must be clear and conspicuous.
  - If marketing materials reference only QRS information, QHP issuers must include the following disclaimer on all materials:
    - *CMS rates qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS), which is based on third-party validated clinical measure data and QHP Enrollee Survey response data. CMS calculates ratings annually on a 5-star scale, and ratings may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace℠ Quality Initiatives website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.*
  - If marketing materials reference only QHP Enrollee Survey information, QHP issuers must include the following disclaimer on all materials:
    - *CMS evaluates qualified health plans (QHPs) offered through the Exchanges using QHP Enrollee Survey response data. QHP issuers contract with HHS-approved survey vendors that independently conduct the survey each year. QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace℠ Quality Initiatives website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.*
  - If marketing materials reference QRS and QHP Enrollee Survey information, QHP issuers must include the following disclaimer on all materials:
    - *CMS rates qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS), which is based on third-party validated clinical measure data and QHP Enrollee Survey response data. CMS calculates QRS ratings annually using a 5-star scale. QHP issuers contract with HHS-approved survey vendors that independently conduct the QHP Enrollee Survey each year. QRS ratings and QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace℠ Quality Initiatives website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.*
- **Up-to-date information:** QHP issuers that choose to include QHP quality rating information in marketing materials must use the most up-to-date information. Changes

must be made within 30 days of finalizing the current year's QHP quality rating information, and QHP issuers must discontinue marketing based on the previous year's information. CMS anticipates issuing the final QRS ratings to QHP issuers and Exchange administrators annually, prior to the start of the individual market open enrollment period.

- **Specificity of content:** Materials should reference specific QHPs or product types and their CMS-assigned quality rating information. QHP issuers may advertise a product type's quality rating information (e.g., a "5-star HMO"), as QRS scores and ratings and QHP Enrollee Survey results are calculated for each product type (i.e., EPO, HMO, POS, PPO) and assigned to each QHP within the product type.
  - Materials should be specific as to the State to which the information applies.
  - QHP issuers with one or more QHPs (or product types) that were assigned a specific QRS global rating (e.g., 5-stars) should not create or disseminate marketing materials in a way that implies that all of their QHPs (or product types) achieved this rating.
  - QHP issuers are encouraged to advertise QRS ratings (i.e., stars) rather than scores (i.e., numerical value), which are less meaningful to consumers.
  - QHP issuers are encouraged to advertise the QRS global rating rather than the rating for other QRS components (i.e., summary indicators, domains, or composites). If QHP issuers choose to advertise ratings for QRS components, the QHP issuer may use only the component titles assigned by CMS without variation (e.g., Clinical Quality Management). Additionally, the QHP issuer must always include the QRS global rating alongside the QRS component rating.
  - The use of a general label in reference to the rating of a specific QHP (e.g., "a 5-star plan") can only be used to reference the QRS global rating, unless the component is specified (e.g., "a 5-star plan for [insert component name]"). QHP issuers may not use the rating for another QRS component (i.e., summary indicator, domain, composite, or measure) to imply a higher global rating than actually received. For example, a QHP issuer may not promote a QHP that received a global rating of three stars and a summary indicator rating of five stars as a "5-star plan."
  - QHP issuers should not use superlatives (e.g., "highest ranked," "one of the best") without additional context. For example, a QHP that received a 5-star rating for a specific QRS component, but received a 3-star global rating, may not be promoted as the highest ranked QHP in the State when other QHPs have a higher global rating.
  - QHP issuers may not claim that any of their product types or QHPs are recommended or endorsed by the Federal Government, HHS, CMS, CCIIO, or the Exchanges. This includes, but is not limited to, use of the Department's name or logo; any HHS agency's name and marks; or the Exchanges' names, logos, and marks in a manner that would convey the false impression that any product type is recommended or endorsed by the Federal Government, HHS or its Agencies, or the Exchanges.
- **Compliance with State law and regulations:** QHP issuers must comply with all applicable State laws and regulations on health plan marketing, and must not employ

marketing practices that will have the effect of discouraging the enrollment of individuals with significant health needs in QHPs.[35]

Pursuant to 45 C.F.R. § 156.340(a)(1), a QHP issuer participating in an FFE or an SBE-FP maintains responsibility for its compliance and the compliance of any of its delegated or downstream entities, including affiliated agents and brokers, with the QRS and QHP Enrollee Survey marketing standards.[36]

As noted in the 2018 Letter to Issuers, States generally regulate health plan marketing practices and materials and related documents under State law, and CMS does not intend to review QHP marketing materials for compliance with State standards as described at 45 C.F.R. § 156.225(a). In the FFEs, CMS may review QHP marketing materials for compliance with applicable federal regulations.[37] CMS will work with States to determine where additional monitoring and review of marketing activities may be needed.

Complaints about a QHP issuer's marketing activities related to QHP quality rating information are generally overseen by the State. CMS will send such complaints to State regulators or federal entities, as appropriate, for investigation. Following investigation by the State or another federal agency investigation, CMS may take further enforcement action, if necessary or appropriate.

OPM reserves the authority to supplement these marketing guidelines and review marketing materials for MSP options, and may issue further guidance regarding marketing.

[35] 45 C.F.R. § 156.225.

[36] This includes, but is not limited to, compliance by delegated and downstream entities with the marketing standards at 45 C.F.R. §§§ 156.225, 156.1120(c), and 156.1125(c).

[37] See, for example, 45 C.F.R. §§§ 156.200(e), 156.225(b), 156.1120(c), and 156.1125(c).

X. QUALITY OVERSIGHT

Overview

To facilitate compliance with QHP Enrollee Survey protocols, CMS conducts oversight of all participating survey vendors. This **Quality Oversight** section describes the oversight activities for the QHP Enrollee Survey. All materials and procedures relevant to survey fielding are subject to review by CMS.

Note: Signing the QHP Enrollee Survey Vendor Participation Form signifies agreement with all the Rules of Participation, including all QHP Enrollee Survey quality oversight activities.

Quality Oversight Activities

All survey vendors, including subcontractors (if applicable), that participate in the QHP Enrollee Survey are required to take part in all quality oversight activities.

Project Reporting

During the data collection period, survey vendors submit the following to CMS via email (MQITier2HelpDesk@bah.com). Submit the following reports with the email subject line, "[SURVEY VENDOR NAME] Report [#_] Submission". Reports must be submitted by the dates specified by CMS.

Report #1

Survey vendors submit a Quality Assurance Plan (QAP) as Report #1 to CMS which addresses all required elements described in this section. Survey vendors follow the Model Survey Vendor QAP template provided in **Appendix C** when preparing the QAP, presenting content in the same order as the template. Returning survey vendors submit the prior year's version of the QAP with "tracked changes" to emphasize updates and revisions; it should follow the Model Survey Vendor QAP template. A survey vendor's QAP must be accepted by CMS before data collection activities may begin.

Note: Survey vendors that do not have a contract to collect data are not required to submit a QAP to CMS for review and approval.

Report #2

Survey vendors submit a preliminary list of QHP issuer clients and all associated reporting units to CMS (Report #2). CMS reconciles these lists with the issuer authorizations to identify any discrepancies. Oversampling requests are submitted in conjunction with Report #2. CMS will provide survey vendors with a template for Report #2.

Report #3

Following the completion of QHP issuer contracting, survey vendors submit a final list of QHP issuer clients and all associated reporting units to CMS (Report #3). CMS reconciles these lists with issuer authorizations to identify any outstanding discrepancies. Survey vendors also designate the validated sample frame receipt status for each reporting unit in Report #3. CMS will provide survey vendors with a template for Report #3.

Report #4

Survey vendors submit an Interim Progress Report to CMS during survey fielding (Report #4). This report contains a spreadsheet displaying the fielding status for each QHP client reporting unit and a summary of customer support phone calls and emails. CMS will provide survey vendors with a template for Report #4.

Report #5

All survey vendors submit a Final Report to CMS after survey fielding and data submission are complete (Report #5). This report includes a retrospective discussion of survey implementation and lessons learned. CMS uses Final Reports to inform changes to the survey fielding protocol in future administration cycles. Final Reports include survey vendor feedback on the following topics:

- Survey fielding timeline.
- The survey instrument and/or specific items in the instrument.
- Mailing of letters and survey packets.
- Address validation.
- Survey receipt and data entry.
- CATI interviewing operations.
- Internet survey operations.
- Survey vendor customer support operations.

  Note: *Survey vendors must report requests received from enrollees to take the survey in a language other than English, Spanish, or Chinese (Mandarin). The number of requests and specific language must be reported.*

- Data submission process.
- Recommendations for future administration cycles of the QHP Enrollee Survey.
- CMS will provide survey vendors with a template for Report #5.

  Note: *At its discretion, CMS may request that survey vendors submit additional reports during the survey implementation and data collection cycle, as needed.*

Survey Material Review

CMS reviews electronic versions of all survey materials for each survey mode and for each language in which the survey is being fielded. This includes all English and Spanish survey materials as well as Chinese survey materials (if applicable), as indicated below:

- **Mail:** Print-ready templates for prenotification letters, cover letters for the first and second survey mailings, reminder letters, questionnaires, and outbound and business reply envelopes. Survey vendors will submit these as PDF files.
- **Telephone (CATI):** Screenshots of the programmed telephone interviewing script. CMS prefers to receive CATI screenshot images with one question per page, saved as a PDF. Survey vendors are responsible for the accurate programming of all survey skip patterns in the CATI system; CMS does not verify skip pattern programming.
- **Internet:** Internet survey URL along with at least five customized login credentials (e.g., user names and/or passwords).

Survey vendors must submit electronic copies of all materials to CMS (MQITier2HelpDesk@bah.com) for review prior to volume printing and survey fielding. All materials submitted to CMS for review should appear as they would to a survey respondent or telephone interviewer.

During the survey material review period vendors may make multiple email submissions. When submitting materials, survey vendors must use the following language in the subject line, "[SURVEY VENDOR NAME] QHP [INSTRUMENT TYPE] Material Review". (e.g., "XYZ Inc. QHP English Mailing Material Review") Due to the large file size, survey vendors should submit materials as a .zip file.

CMS reviews survey materials and responds to survey vendors to request any necessary revisions within ten business days. Survey vendors must submit revised materials within five business days of CMS' initial resubmission request.

All survey materials in all applicable modes and languages must be accepted by CMS before the survey vendor may begin survey fielding.

Note: Survey vendors without any QHP issuer clients are not required to submit survey materials to CMS for review.

QHP Enrollee Survey Quality Assurance Plan

The QHP Enrollee Survey QAP is a comprehensive document that is developed and periodically revised by survey vendors to describe and document implementation of and compliance with all required QHP Enrollee Survey protocols. The QAP also details the quality oversight and assurance processes that survey vendors use to verify high-quality data collection and continuity in survey processes.

CMS reviews each QAP for completeness and verifies that the survey vendor's stated processes are compliant with QHP Enrollee Survey protocols. CMS subsequently provides QAP feedback to survey vendors via email. If necessary, CMS conducts conference calls with survey vendors to discuss any questions, issues, or concerns regarding the submitted QAP. If revisions are needed, the survey vendor must resubmit a revised version of the QAP to CMS for review within the specified time frame.

QAP acceptance by CMS does not constitute or imply approval or endorsement of the survey vendor's QHP Enrollee Survey processes. Other oversight activities are used to examine, verify, and accept the actual processes by which the survey is administered.

Please refer to **Appendix C: Model Survey Vendor Quality Assurance Plan**.

Note: Updated QAPs (for reapproved survey vendors or for survey vendors submitting a revised QAP) must be submitted in "tracked changes" mode (in either a Microsoft Word file or PDF) to emphasize all changes and revisions made to the previously submitted QAP. Survey vendors without any QHP issuer clients are not required to submit a QAP to CMS for review.

Seeded Mailings

Survey vendors seed to CMS' representatives directly in the mailing database for *one* QHP reporting unit that is being fielded in each survey language being implemented by mail. The following addresses should be seeded in the mailing database:

Laura Zwolinski
National Committee for Quality Assurance (NCQA)
1100 13th Street, NW, 3rd Floor
Washington, DC 20005

Shannon Heintz
Booz Allen Hamilton
901 15th Street, NW
Suite 400
Washington, DC 20005

If a survey vendor fields mail surveys in Spanish and/or Chinese, then CMS should be seeded in the mailing database for one QHP reporting unit that is being fielded in each language. Survey vendors are only required to seed CMS in Spanish or Chinese mailings if the mailings include a letter and/or survey in Spanish or Chinese.

Survey vendors must seed CMS in the mailing database rather than in a separate mailing list. This approach allows CMS to assess the following components:

- Timeliness of delivery as compared to the survey vendor's administration timeline.
- Accuracy and readability of the materials included in each mailing wave.
- Alignment of mailed materials with the materials previously accepted by CMS.

- Visibility and accuracy of address block.

Telephone and Email Customer Support

CMS calls each survey vendor's telephone customer support line to ask a standard set of questions taken from the QHP Enrollee Survey FAQ. CMS also submits an email to the survey vendor's project-specific electronic customer support address containing a standard set of questions taken from the FAQ. This customer support review allows CMS to assess whether responses provided by staff members are appropriate and in accordance with the FAQ and other specifications. CMS also verifies that calls to the customer support line are answered live during regular business hours and responses to email inquiries are received within 24 hours (or the next business day). CMS provides feedback to the survey vendor if the customer support staff provides incorrect responses to the set of FAQs, calls are consistently not answered live, or email responses are not provided within the specified time frame. In these cases, survey vendors retrain customer support staff accordingly and are subject to additional review.

Onsite/Remote Visits

CMS may conduct survey vendor onsite or remote visits on a rotating annual basis to verify compliance with QHP Enrollee Survey specifications and requirements. These visits allow CMS to review and observe systems, procedures, facilities, resources, and documentation used to administer the QHP Enrollee Survey. Remote visits are conducted via WebEx and teleconference. During remote visits, survey vendors share and present all required systems, processes, and documentation using the WebEx platform. Additional information about onsite and remote visits is detailed below.

Participants

Because CMS conducts its reviews with survey vendor staff during onsite and remote visits, confidentiality agreements are signed by all parties for each visit, as needed. CMS coordinates required agenda item topics with survey vendor staff in advance of the onsite or remote visit. CMS may also review any additional information or facilities determined to be necessary to complete the review, including work performed by subcontractors, if applicable.

Survey vendors must make their subcontractors available to participate in onsite or remote visits, as needed.

Activities

During the onsite and remote visits, CMS reviews the survey vendor's survey systems and assesses the adherence of implemented protocols and quality control activities to the QAG. All materials relevant to survey fielding are subject to review. The systems and program review includes but is not limited to:

- Survey management.
- Data systems.

- Printed materials.
- Printing, mailing, and other related facilities.
- Telephone materials, interview areas, and other related facilities.
- Data receipt and entry.
- Data storage facilities.
- Written documentation of survey processes.
- Specific and/or randomly selected records.

Note: *During onsite and remote visits, CMS observes and reviews data systems and processes, which may require access to confidential records and/or sampled enrollee PII. CMS may also interview key staff during visits.*

Follow-Up Activities

After the completion of an onsite or remote visit, CMS may pose follow-up questions and/or request additional information, as needed. CMS will provide survey vendors with a defined time to correct any problems identified during the visit and to provide follow-up documentation to verify corrections. Survey vendors are subject to follow-up monitoring, as needed.

Telephone Interview Monitoring

CMS conducts live monitoring of telephone interviews to assess various quality control criteria for each monitored interviewer (e.g., script adherence, probing, intonation, professionalism, neutrality, coding). Silent monitoring is useful for providing instant feedback to telephone staff.

Telephone interview monitoring sessions may occur during onsite visits or via WebEx and teleconferences outside of a scheduled onsite or remote visit. CMS will schedule remote telephone interview monitoring sessions with survey vendors during mutually convenient times. If a survey vendor is using more than one telephone subcontractor for the QHP Enrollee Survey, then a telephone interview monitoring session is required with each telephone subcontractor being used.

During telephone monitoring, CMS reviews processes that survey vendors employ to monitor and assess telephone interviewers and to determine how interviewer performance may be improved.

To allow CMS to hear a variety of telephone interviews, monitoring sessions will be scheduled for a 2-hour duration. If CMS is unable to observe enough interviews during the initial telephone interview monitoring session, then CMS may request an additional monitoring session at its discretion.

Data Validations/Analysis of Submitted Data

CMS reviews and analyzes survey data submitted during and immediately following the data submission period to verify the integrity of the data. This review includes, but is not limited to, statistical and comparative analyses, preparation of data for public reporting, and other activities as required by CMS. If significant issues are identified, then survey vendors may be asked to resubmit data. In this event, survey vendors must resubmit data within three business days of the original request.

Survey vendors must adhere to all submission requirements as specified in the QAG and in accordance with additional guidance that is periodically posted on the MQI website or emailed from CMS. Survey vendors should monitor the MQI website on a regular basis for additional data submission information and updates.

Corrective Action Plans

If a survey vendor fails to demonstrate adherence to the QHP Enrollee Survey protocols and guidelines—as evidenced by ongoing problems with its submitted data or as observed in its implementation process during the onsite/remote visit or other monitoring activities—then CMS may increase oversight of the survey vendor's activities or, if necessary, place the survey vendor on a corrective action plan.

CMS may request that the survey vendor develop and submit a corrective action plan to address deficiencies in its systems or processes. CMS will determine a schedule by which the survey vendor must comply with the tasks set forth in the corrective action plan. This schedule will include interim monitoring dates, during which CMS and the survey vendor discuss the status of the plan via teleconference, and the timing of any changes the survey vendor has made or is in the process of making. The nature of the requested changes dictates the kind of deliverables the survey vendor will be expected to provide and the dates by which these deliverables must be provided.

Noncompliance

Survey vendors that fail to comply with the corrective action plans or oversight activities, or whose implementation of the QHP Enrollee Survey is otherwise found to be unsatisfactory after being given the opportunity to correct deficiencies, may be subject to having their "approved" status rescinded. Further, QHP Enrollee Survey data collected by these survey vendors may be withheld from public reporting.

Noncompliance with QHP Enrollee Survey protocols—including program requirements, successful completion of all required training activities, timely submission of the QAP and other required reports, and participation and cooperation in oversight activities—may result in the following:

- Loss of "approved" status to administer the QHP Enrollee Survey.

- Increased oversight activities.
- Other sanctions, as deemed appropriate by CMS.

If any oversight activity conducted by CMS suggests that survey processes differ from QHP Enrollee Survey protocols, immediate corrective actions may be required and sanctions may be applied.

In addition to the oversight activities detailed above, CMS may conduct additional oversight activities, as specified by CMS.

XI. Discrepancy Reports

Overview

This **Discrepancy Reports** section describes the process for notifying CMS of discrepancies that occur during survey data collection or data submission. A discrepancy is defined as any deviation from the standard QHP Enrollee Survey protocols, as described in the QAG. Examples of discrepancies include, but are not limited to, material production errors, sampling errors, fielding errors, data breaches, data coding errors, and data processing errors.

Survey vendors follow the **Discrepancy Report Process** outlined below to notify CMS if any deviations from the standard QHP Enrollee Survey protocols occur during survey fielding or data submission. A survey vendor may identify a deviation from the QHP Enrollee Survey protocol that requires corrections to survey operation procedures, quality assurance and control processes, or electronic processing methods to realign these activities to comply with QHP Enrollee Survey protocols. In its oversight role, CMS may also identify discrepancies that require correction. Survey vendors are required to formally document and notify CMS of any discrepancies or variations that occur during administration. Immediately upon discovery, survey vendors are required to formally document the discrepancy and notify CMS through the submission of a **Discrepancy Report Form**.

Discrepancy Report Process

Upon discovery of a discrepancy, survey vendors complete and submit a Discrepancy Report Form via email to notify CMS. Please refer to **Appendix J: Discrepancy Report Form** for a copy of the Discrepancy Report Form. The form will be provided to survey vendors as a Word document. Survey vendors in need of a Discrepancy Report Form (as a Word document) should email CMS at (MQITier2HelpDesk@bah.com) to request another copy. This form provides CMS with information about the nature, timing, cause, and extent of the discrepancy, as well as the proposed corrective action plan and its associated implementation timeline.

Survey vendors must email the Discrepancy Report Form to CMS (MQITier2HelpDesk@bah.com) within one business day of becoming aware of the discrepancy. Survey vendors must clearly identify on the form the date they discovered the discrepancy. All QHP reporting units affected by the discrepancy must be included on the form.

CMS reviews each Discrepancy Report submitted by survey vendors within five business days and subsequently decides on the actual or potential impact of the discrepancy on publicly-reported survey results. Depending on the nature and extent of the discrepancy, a formal review of survey vendor procedures and/or a conference call or onsite visit may be undertaken. CMS will notify the survey vendor whether additional information is required to document and correct the issue. CMS notifies the survey vendor once it determines the review outcome.

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APPENDIX A—GLOSSARY AND LIST OF ACRONYMS

Exhibit A- 1. Glossary

Term	Definition
Data validation	A process by which an independent third party validates a QHP issuer's QRS measure data, including their data systems and processes. The data validator will verify completeness, accuracy, and comparability of the measure results. For 2018, CMS requires QHP issuers to contract with a HEDIS® Compliance Organization (National Committee for Quality Assurance [NCQA]-licensed). A HEDIS® Compliance Auditor, employed or contracted by that organization, will validate all QRS clinical measure results and the sampling frame for the QHP Enrollee Survey using the HEDIS Compliance Audit standards, policies, and procedures.
Data validator	An independent third party that validates the QRS clinical measure data and the sampling frame for the QHP Enrollee Survey prior to data submission. For 2018, QHP issuers must contract with a HEDIS® Compliance Auditor, who will serve as the data validator.
Exclusive Provider Organization (EPO)	A type of health insurance product that usually limits coverage to care from providers, or groups of providers, who have contracts with the health insurance issuer to be part of a network of participating providers. EPO enrollees will generally not be reimbursed or receive benefits for out-of-network services; however, some EPOs will provide partial reimbursement for emergency situations.
Federally-facilitated Exchange (FFE)	The Exchange model operated by HHS for individual and small group market coverage. For QHP issuers operating in the FFEs, CMS/CCIIO will display QHP quality rating information on HealthCare.gov alongside other QHP information to inform consumers.
FFEs where the States perform plan management functions	A type of FFE in which a State operates plan management functions, while the remaining Exchange functions are operated by HHS. For QHP issuers operating in States performing plan management functions in the FFEs, CMS/CCIIO will display QHP quality rating information on HealthCare.gov.
Health Insurance Exchange (Exchange)	A resource in each State where qualified individuals, families, and small businesses can learn about their health insurance options; compare QHPs based on quality, costs, benefits, and other important features; choose a QHP; and enroll in coverage. In some States, the Exchange is operated by the State. In others, it is operated by the Federal Government.
Health Maintenance Organization (HMO)	A type of health insurance product that usually limits coverage to care from providers who work for or contract with the HMO and generally will not cover out-of-network care except in an emergency. In this type of organization, enrollees must obtain all services from affiliated practitioners and must usually comply with a predefined authorization system to receive reimbursement.
HealthCare.gov	The consumer-facing website developed and operated by CMS/CCIIO that provides eligibility information, enrollment instructions, and QHP information for consumers looking to enroll in a health insurance plan through the FFEs. QRS ratings for QHP issuers operating in both the FFEs, States performing plan management functions, and State-based Exchanges on the Federal Platform (SBE-FPs) will be displayed on HealthCare.gov to support consumers as they search for and enroll in a QHP.
Healthcare Effectiveness Data and Information Set (HEDIS)® Compliance Audit™	The HEDIS Compliance Audit is a data validation process that consists of a standardized review of an organization's data management processes and algorithmic compliance with measure technical specifications. This process verifies the integrity of QRS measure data and allows for comparability across organizations. An overview of the HEDIS Compliance Audit, the list of NCQA-Certified HEDIS® Compliance Auditors, and a link to the *HEDIS Compliance Audit: Standards, Policies, and Procedures* that is available for purchase can be accessed at the following link: http://store.ncqa.org/index.php/performance-measurement.html
HEDIS® Compliance Auditor	An individual certified by NCQA to validate QRS clinical measure data and the QHP Enrollee Survey sampling frame using the standardized HEDIS Compliance Audit program.

Term	Definition
Measurement Year	The measurement year refers to the year reflected in the data. All measure data are retrospective. The exact period represented by the measure is dependent on the technical specifications of that measure.
Multi-State Plan (MSP)	A Multi-State Plan (MSP) is a private health insurance plan offered through the Exchanges under contract with the Office of Personnel Management (OPM). MSP options are recognized as QHPs, per 45 C.F.R. § 155.1010, and therefore are subject to the same federal quality reporting requirements. When describing requirements for "QHP issuers" within this document, it is assumed the same requirements apply to issuers offering MSP options, unless otherwise noted. OPM will provide any additional guidance to MSP issuers.
National Committee for Quality Assurance (NCQA)	The organization that developed and maintains the system through which QHP issuers will submit validated QRS clinical measure data to CMS, the Interactive Data Submission System (IDSS). NCQA is the measure steward for HEDIS® measures. NCQA also manages the HEDIS Compliance Audit program.
Office of Personnel Management (OPM)	OPM administers the Federal Employees Health Benefits (FEHB) Program. The Affordable Care Act directs OPM to contract with private health insurers in each State to offer high-quality, affordable health insurance options (Multi-State Plan options) through the Multi-State Plan (MSP) Program to drive competition and choice in the Exchanges.
Preferred Provider Organization (PPO)	A type of health insurance product that usually limits coverage to care from providers, or groups of providers, who have contracts with the health insurance issuer to be part of a network of participating providers. PPO enrollees may use providers outside of this network, but out-of-network services are usually covered at a reduced rate (e.g., reduced reimbursement percentages, higher deductibles, higher co-payments).
Product type	A discrete package of health insurance coverage benefits that a health insurance issuer offers using a product network type (for example, health maintenance organization [HMO], preferred provider organization [PPO], exclusive provider organization [EPO], point of service [POS]) within a service area. This term refers to a specific contract of covered benefits, rather than a specific level of cost-sharing imposed.
2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications	A document published on http://qhpcahps.cms.gov that includes detailed specifications and protocols for HHS-approved survey vendors to conduct the QHP Enrollee Survey.
QHP Enrollee Survey score	The average value for a measure from the QHP Enrollee Survey calculated for survey respondents in each reporting unit. A survey score can be for a single assessment question or a combination of several questions on a similar topic that are combined to form a single measure.
QHP Enrollee Survey vendor	A HHS-approved survey vendor with which a QHP issuer contracts to administer the QHP Enrollee Survey to a sample of the QHP issuer's enrollees and that is authorized to submit the survey response data on the QHP issuer's behalf.
Qualified Health Plan (QHP)	A health insurance plan that has in effect a certification that it meets the standards established by the Affordable Care Act and supporting regulation, issued or recognized by each Exchange through which such plan is offered.
Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)	A survey tool developed, as directed by the Affordable Care Act section 1311 (c)(4), that includes a comprehensive set of questions related to enrollee experience with their QHP offered through the Exchange. CMS will use enrollee response data for a specified subset of the questions to calculate the QRS survey measures.
QHP quality rating information	Information that includes QRS scores and ratings, as well as QHP Enrollee Survey results.

Term	Definition
Quality Rating System (QRS)	As directed by the Affordable Care Act section 1311 (c)(3), the Quality Rating System (QRS) is a system of rating QHPs offered through the Exchange based on quality and price. The QHP quality rating information will be provided to individuals and employers to inform their selection of a QHP and will provide a system for monitoring of QHP quality by regulators.
Ratings Year	The ratings year refers to the year the data are collected (including fielding of the QHP Enrollee Survey), validated, submitted, and ratings are calculated.
Reporting unit	The unit by which a QHP issuer groups their enrollees for purposes of QRS and QHP Enrollee Survey measure data collection and submission. The reporting unit for the QRS and QHP Enrollee Survey is defined by the unique State-product type for each QHP issuer.
State-based Exchange (SBE)	An Exchange model in which a State operates its own Health Insurance Exchange, for both the individual and small group markets. An SBE is responsible for certifying QHP issuers, overseeing QHP issuer compliance with federal Exchange quality standards as a condition of certification, and, starting with the individual market open enrollment period for 2019 (that begins November 1, 2018), displaying QHP quality rating information to help consumers compare QHPs.
Survey sampling frame	The QHP issuer's eligible population source file that contains a list of the eligible enrollees for which the QHP Enrollee Survey can be administered. The data validator will validate the survey sampling frame, and the HHS-approved QHP Enrollee Survey vendor will generate an enrollee sample based on the validated sampling frame.

Exhibit A-2. List of Acronyms

Acronym	Definition
AHRQ	Agency for Healthcare Research and Quality
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CATI	Computer-Assisted Telephone Interviewing
CCIIO	Consumer Information and Insurance Oversight
CES	Consumer Experience Survey
CMS	Centers for Medicare & Medicaid Services
EPO	Exclusive Provider Organization
FAQ	Frequently Asked Questions (a list of frequently asked questions and suggested responses)
FFE	Federally-facilitated Exchange
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services
HIM	Health Insurance Marketplace
HIOS-MQM	Health Insurance Oversight System-Marketplace Quality Module
HMO	Health Maintenance Organization
HOQ	Healthcare Organization Questionnaire
MQI	Marketplace Quality Initiatives
MSP	Multi-State Plan
NCOA	National Change of Address
NCQA	National Committee For Quality Assurance
OMB	Office of Management and Budget
PII	Personally Identifiable Information
POS	Point of Service
PPO	Preferred Provider Organization
QAP	Quality Assurance Plan
QHP	Qualified Health Plan
QHP Enrollee Survey	Qualified Health Plan Enrollee Experience Survey
QRS	Quality Rating System
REGTAP	Registration For Technical Assistance Portal
SBE	State-based Exchange
SHOP	Small Business Health Options Program
SMS	Survey Management System
SPM	State Partnership Marketplace
TEP	Technical Expert Panel

Appendix B—2018 MINIMUM BUSINESS REQUIREMENTS

A survey vendor must fulfill all of the Minimum Business Requirements (MBR) listed below to apply for consideration to administer the 2018 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) on behalf of QHP issuers.

Relevant Survey Experience

Demonstrated recent experience in fielding patient experience surveys.

Criteria	Survey Vendor Requirements
Number of Years in Business	• Minimum of four years.
Organizational Survey Experience	• Minimum of two years' prior experience administering standardized patient experience surveys as an organization within the most recent three-year period. • Minimum of two years of prior experience conducting mixed-mode (mail/telephone/Internet) survey protocols within the most recent three-year period. • Prior experience administering patient experience surveys for vulnerable populations. • Minimum of two years' prior experience employing a statistical sampling process within the most recent three-year period. • Prior experience submitting patient experience survey data to an external third-party organization. • The following activities are not considered relevant experience for approval: experience with polling questions; qualitative data collection; surveys that did not use statistical sampling methods; and Interactive Voice Response (IVR) surveys. • If applicable, poor past performance on CMS-sponsored survey projects will be considered as survey vendors failing to meet minimum business requirements. For example: o Not adhering to the timeline and/or procedures for survey administration. o Not adhering to Discrepancy Report and/or Corrective Action Plan procedures.
Number of Years Conducting Surveys	• Minimum of two years' experience conducting large-scale patient experience survey projects using mixed-mode administration (mail/telephone/Internet) within the most recent three-year period.
Experience with Multiple Survey Languages	• Prior experience administering mail and telephone surveys in English and Spanish. • Survey vendors have the option of conducting the 2018 survey in Chinese and must have prior experience with Chinese (Mandarin) language survey administration if opting to administer Chinese language surveys.

Organizational Survey Capacity

Capability and capacity to handle the required volume of mail questionnaires and to conduct standardized telephone interviewing and Internet surveys in a specified time frame.

Criteria	Survey Vendor Requirements
Capacity to Handle Estimated Workload	• Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys, perform telephone interviews using an electronic telephone interviewing system, and administer the Internet survey during the survey fielding time period (e.g., February through May). • All survey-related activities must be conducted within the Continental United States, Hawaii, Alaska, or U.S. Territories to enable the Project Team to conduct all required oversight activities. This requirement applies to all staff and subcontractors. • Must adhere to requirements specified in the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*.
Personnel	• Designated Project Manager, directly employed by the survey vendor (i.e., not a subcontractor), oversees all survey operations and has at least two years of experience in overseeing all functional aspects of survey operations including mail, telephone, Internet, data file preparation, and data security. Must have a strong background in survey research and methodology and previous experience using mixed-mode administration. • Designated Mail Supervisor has previous experience managing large-scale mail survey projects. • Designated Telephone Center Survey Supervisor has previous experience managing large-scale telephone interviewing projects. • Designated Internet Survey Supervisor has experience with managing large-scale Internet survey projects. • Designated Sampling Manager, directly employed by the survey vendor (i.e., not a subcontractor), has sample frame development and sample selection experience. • Designated Information System staff responsible for data submission (programmer) must be directly employed by the survey vendor (i.e., not a subcontractor) and have previous experience preparing and submitting data files in a specified format to external third-party organization(s) within the past two years. • Survey vendor has appropriate organizational back-up staff for coverage of key staff, in terms of sufficiency and experience.

Criteria	Survey Vendor Requirements
System Resources	• Commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. All system resources are subject to oversight activities including onsite visits to physical locations. CMS specifications include but are not limited to, the following: o All survey-related work, including mail and Internet survey administration activities and telephone interviewing, must be conducted at the survey vendor's or approved subcontractor's official business location. Home-based places of work (e.g., residences) and virtual organizations will not be considered. o Capacity for reproduction and mailing of questionnaires, cover letters and reminder letters at the survey vendor's or subcontractor's official business location. o Capacity for processing (e.g., scanning or key entering) incoming paper surveys at the survey vendor's or designated subcontractor's official business location. o Capacity for programming electronic telephone interview systems in accordance with specifications provided and conducting telephone interviews using an electronic telephone interviewing system at the survey vendor's or subcontractor's official business location. o Capacity for producing and programming the Internet survey instrument in-house. o Ability to handle concurrent survey projects while maintaining high-quality survey data and response rates. o Capacility for an electronic survey management system to track fielded surveys through each stage of the protocol using a random, unique de-identified enrollee identification number and interim disposition codes. This electronic management system prevents duplicative records. • Capacity to provide regular progress reports to QHP issuers, within guidelines specified by CMS. • Ability to maintain a secure work environment for receiving, processing, and storing hardcopy and electronic versions of questionnaires and sample files that protects the confidentiality of survey response data and personally identifiable information (PII). • Capacity to prepare, accommodate, and plan for onsite visits from CMS or the CMS-sponsored Project Team for quality oversight purposes.

Criteria	Survey Vendor Requirements
Use of Subcontractors (Subject to Approval)	• CMS must approve subcontractors as part of the survey vendor approval process at the time of application. (Subcontractors must meet the criteria outlined for the survey administration activities that they will conduct.) • Subcontracting of printing, outgoing mail processing, data entry/scanning, and telephone interviewing by a survey vendor is limited to a reasonable number based on the survey vendor's estimated number of surveyed enrollees and subject to CMS review. • Subcontracting of sample file generation and data file preparation and submission is not allowed.
Mode Administration	• Responsible for printing, assembling, and mailing survey materials in accordance with the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*. • Responsible for programming electronic telephone interviewing systems in accordance with the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*. • Responsible for producing and programming the Internet survey instrument in accordance with the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*. • Comply with all quality oversight requirements described in the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*. This includes the submission of sample mail materials, sample telephone scripts and interviewer screen shots, and an Internet survey test link to the Project Team for review and approval prior to survey administration. • Demonstrate ability to collect and accurately process survey data through all phases of survey administration. • Demonstrate experience identifying nonrespondents for mail and/or telephone follow-up. • Demonstrate ability to follow the survey administration timeline. • Use commercial software/resources to ensure that addresses and telephone numbers are updated and correct for all sampled enrollees. • Demonstrate capability to administer the survey in Spanish (and Chinese, if applicable). • Assign appropriate disposition codes to each sampled enrollee indicating final survey status. • Mail and Internet survey administration activities and telephone interviews are not to be conducted from any residences.

Criteria	Survey Vendor Requirements
Sampling Experience	• Consistent experience in the two most recent years, 2015-2017, selecting random samples based on specific eligibility criteria. • Applicant organization must adequately document statistical approach to drawing a sample. • Demonstrate ability to work with QHP issuer(s) to electronically obtain sample frame(s) for sampling within specified timeframe. • Conduct quality checks on sample frame file(s) received from QHP issuer(s) to verify accuracy and completeness of sample frame information. • Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.
Data Submission	• Scan or key enter data per standard protocols. • Follow all data preparation and submission rules as specified in the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*, including verifying data are de-identified and contain no duplicate cases. • Submit data electronically in the specified format. • Execute Business Associate Agreement(s) with QHP issuer(s) and receive annual authorization from QHP issuer(s) to collect data on their behalf and submit to CMS. • Work with the Project Team to resolve data and data file submission problems.
Data Security	• Maintain established electronic security procedures related to access levels, passwords and firewalls as required by Health Insurance Portability and Accountability Act (HIPAA). • Perform daily data back-up and offsite redundancy procedures that adequately safeguard system data. • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster. • Use required encryption protocols, if applicable, to transmit data files. CMS-defined PII must be transmitted securely (e.g., encrypted file via e-mail, data portal, or SFTP). • Implement established procedures for identifying and reporting breaches of confidential data. • Prepare and submit data via secure methods (HIPAA compliant).
Data Retention	• Retain all data files for a minimum of three years, or as otherwise specified by CMS. • Store returned paper questionnaires in a secure and environmentally safe location.

Criteria	Survey Vendor Requirements
Confidentiality	• Store data files (paper and/or electronic) securely and confidentially in accordance with specified requirements. • Ensure confidentiality of data for sampled enrollees' PII during each phase of the survey process. • Obtain signed confidentiality agreements from staff and subcontractors. • Ensure compliance with all applicable HIPAA Security and Privacy Rules, Protected Health Information (PHI), and PII protocols in conducting all survey administration and data collection activities.
Technical Assistance/ Customer Support	• Establish toll-free customer support telephone lines with a live operator during regular survey vendor business hours to accommodate both Spanish and English inquiries throughout the duration of survey fielding. • If administering the survey in Chinese (Mandarin), accommodate telephone inquiries from Chinese-speaking survey participants.

Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Survey Vendor Requirements
Demonstrated Quality Control Procedures	• Establish and document quality control procedures for all phases of survey implementation, as specified in the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*: o Internal staff training. o Printing, mailing, and recording receipt of surveys. o Telephone administration of surveys (electronic telephone interviewing system). o Internet administration of surveys. o Adequate monitoring of subcontractor(s), if applicable. o Scanning and coding of survey data. o Preparing final data files for submission. o All other functions and processes that affect the administration of the QHP Enrollee Survey. • Develop and submit annually a Quality Assurance Plan (QAP) for survey administration in accordance with the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*. • Physical business premises on which major operations of survey business are conducted are amenable to onsite visits by CMS and CMS-sponsored Project Team, as specified in the *2018 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications.*

Criteria	Survey Vendor Requirements
Training Requirements	• Participate in and successfully complete the required survey vendor training via Webinar after confirmation of conditionally approved status. • Successfully complete a training evaluation to assess survey vendor comprehension of QHP Enrollee Survey protocols. • Establish in-house training of staff involved in all aspects of survey administration.
Training Participants	• Project Manager, Mail Survey Supervisor, Sampling Manager, Telephone Survey Supervisor and Internet Survey Supervisor, at a minimum are required to attend. • Survey vendor staff responsible for data coding and file preparation attendance is strongly recommended. • Subcontractor attendance is optional.

Approval Term

An approved survey vendor may administer the QHP Enrollee Survey for the specified amount of time.

Criteria	Survey Vendor Requirements
Approval Term	• One-year subject to annual re-approval. • Approved survey vendors are required to maintain a minimum of one active QHP Enrollee Survey client for at least one of two consecutive survey administration periods.

APPENDIX C—MODEL SURVEY VENDOR QUALITY ASSURANCE PLAN

HHS-approved QHP Enrollee Survey vendors are required to develop and submit an annual Quality Assurance Plan (QAP); the comprehensive working document details compliance with and implementation of all required QHP Enrollee Survey protocols as specified in the *2018 Quality Health Plan Enrollee Survey Quality Assurance Guidelines and Technical Specifications* (*2018 QAG*).

The purpose of this Model QAP is to inform the structure of a survey vendor's QAP so that all required items are addressed for review by CMS in the appropriate sequence. Survey vendors are required to submit a QAP that follows the order of items as specified in the Model QAP. Returning survey vendors must submit the prior year's version of the QAP in track changes mode to emphasize all updates and revisions.

After reviewing the submitted QAP, CMS may hold a conference call with the survey vendor to discuss questions or issues related to the survey vendor's QAP, if necessary. If revisions are needed, the survey vendor must resubmit a revised version of the QAP to CMS for approval within the specified time frame, as outlined in the schedule of due dates.

Note: *Survey vendors that do not have a contract to collect data are not required to submit a QAP to CMS for review and approval.*

A. ORGANIZATIONAL BACKGROUND, STRUCTURE, AND STAFF EXPERIENCE

In this section of the QAP, provide the following information.

1. Include the following survey vendor organizational information:
   a. Organization name.
   b. Mailing address.
   c. Physical address, if different from mailing address.
   d. Telephone number.
   e. Website address.
   f. Name of contact person, direct telephone number, and e-mail address.

   If the organization has multiple locations, include the address of both the main location and the address of the locations at which the primary survey operations, including sampling, data collection, and data processing activities, are conducted.

2. Provide an organizational chart identifying the names and titles of staff members, including subcontractors (if applicable), responsible for each of the following tasks:
   a. Overall project management, including tracking and supervision of all tasks.
   b. Sampling procedures, including obtaining and verifying the sample frame, selecting the sample, and assigning a unique identification number to each sampled enrollee.
   c. Data collection procedures, including overseeing the implementation of the mail, telephone, and Internet data collection phases of the protocol.
   d. Data receipt and data entry/scanning procedures.

e. File development and data submission processes.

f. Tracking key survey events.

g. Survey administration process quality checks and control activities.

h. Confidentiality and data security.

i. Staff training.

The organizational chart should clearly specify all staff reporting relationships, including those staff responsible for managing subcontractors. The chart should also designate any individuals with quality assurance oversight responsibilities and indicate the tasks for which they are responsible.

3. Summarize the background and experience of key staff responsible for the tasks listed in the organizational chart, including a description of any subcontractors serving in these roles. The description of everyone's experience must include a discussion of how the person's qualifications are relevant to the QHP Enrollee Survey tasks that he or she is expected to perform. Résumés should be available upon request.

4. Describe the history and affiliation with subcontractor(s), if applicable, including the number of years your organization has partnered with each subcontractor. Include the functions being conducted by the subcontractor(s) and note whether this information differs from that provided in the 2018 Participation Form. Describe all survey vendor oversight of subcontractor activities and detail each subcontractor's quality assurance procedures. Please provide this information for any company through which your organization buys purchased services (e.g., bulk printing).

5. Provide a narrative description of the training received by personnel involved in QHP Enrollee Survey administration, including subcontractor(s), if applicable. Individually discuss training for:

   a. Mail production and data entry/scanning personnel.

   b. Telephone interviewers.

   c. Customer support personnel.

B. WORK PLAN FOR QHP ENROLLEE SURVEY ADMINISTRATION

For the following QHP Enrollee Survey administration tasks, identify the processes implemented to conduct each task; the system resources (hardware and software) utilized; and the quality control activities performed, including the documentation maintained as evidence that the quality checks were conducted.

1. Describe the system resources being used to administer the QHP Enrollee Survey. This includes a description of all relevant hardware and software. For example, describe the CATI system, mailing equipment, scanning or data entry equipment, and Survey Management System used for the QHP Enrollee Survey.

2. Include your organization's schedule or timeline of milestone dates for completing key activities within the timeframes specified in the QHP Enrollee Survey protocols. The timeline must describe when each milestone activity will be completed (e.g., *X* weeks after sample selection, or *Y* weeks after mailing the first questionnaire).

3. Describe how the sample frame is obtained and detail the quality assurance checks conducted on the sample frame file. Describe how the sample is selected and the quality control process used for sample selection.

4. Description of the Mail Phase:

   a. Process for updating addresses and producing and mailing survey materials.

   b. Quality control checks conducted to ensure the quality/accuracy of printed survey materials, including the seeded mailing process for each survey language implemented.

   c. Use of the decision rules and quality control processes to verify the accuracy of decision rule application.

   d. Data receipt process (logging surveys when they are returned by mail) and data key-entry or scanning procedures, including the equipment used to process returned surveys.

   e. Quality control processes used to validate the accuracy of key-entry and/or electronic scanning procedures.

   f. Quality control process for monitoring subcontractors, if applicable. Please include the quality control checks your organization conducts on mail items printed in bulk, if applicable.

   g. Survey languages implemented for the mail phase of the protocol and the process used for foreign language mail survey administration. ***Note:*** *A description of the process used to administer Spanish mail surveys is required for all survey vendors. A description of the process used to administer Chinese mail surveys is only required for those survey vendors implementing the Chinese language survey option.*

5. Description of the Telephone Phase:

   a. Obtaining and updating telephone numbers and programming the CATI system and software used.

   b. Tests and quality control checks of CATI procedures to confirm that programming is accurate and in accordance with QHP Enrollee Survey protocols, and that data integrity is maintained.

   c. Conducting telephone interviews.

   d. Capturing enrollee survey responses obtained during telephone interviewing.

   e. Verifying that telephone interviewers are following QHP Enrollee Survey data collection protocols and procedures during the telephone survey administration phase, as outlined in the *2018 QAG*. ***Note:*** *Survey vendors describe telephone interview monitoring procedures in detail and denote the percent of interviews monitored by each monitoring method (e.g., live, recorded, callbacks).*

f. Quality control process for monitoring subcontractors, if applicable.

g. Leaving voicemail messages on sampled enrollees' answering machines. Include voicemail message script, if applicable.

h. Survey languages implemented for the telephone phase of the protocol and the process used for foreign language telephone survey administration. ***Note:*** *A description of the process used to conduct Spanish telephone interviews is required for all survey vendors. A description of the process used to conduct Chinese telephone interviews is only required for those survey vendors implementing the Chinese language survey option.*

6. Description of the Internet Phase:

   a. Administering the Internet protocol.

   b. Tests and quality control checks of the Internet Survey tool to confirm that programming is accurate and in accordance with QHP Enrollee Survey protocols and that data integrity is maintained.

   c. Capturing enrollee survey responses from the Internet protocol.

   d. Data security.

   e. Survey languages implemented for the Internet phase of the protocol and the process used for foreign language Internet survey administration, if applicable. ***Note:*** *A description of the process used to administer Spanish Internet surveys is only required for those survey vendors implementing the Spanish Internet survey option.*

7. Describe data receipt activities, including monitoring and tracking surveys as they transition from the Internet phase of the survey to the mail and telephone phases.

   a. Suppression of sampled enrollees who complete the Internet survey from subsequent mail and telephone follow-up.

   b. Suppression of sampled enrollees who complete the mail survey from subsequent telephone follow-up.

8. Describe data preparation and submission procedures for each of the following:

   a. Application of QHP Enrollee Survey disposition codes and interim disposition code mapping, if applicable.

   b. Preparation of de-identified data files and redaction of personally identifiable information (PII).

   c. Quality control processes used to validate the accuracy of data file preparation and submission.

9. Describe customer support operations using a toll-free telephone line and email address.

   a. Identify staff responsible for responding to questions regarding the QHP Enrollee Survey.

   b. Provide the customer support telephone number and email address.

c. Include the hours of live operations for the customer support line and the timeframe for returning calls and responding to emails.

d. Detail the process to accommodate English- and Spanish-speaking enrollees, and Chinese-speaking enrollees, if applicable.

e. Include a written transcript of the customer support telephone line voicemail message.

10. In the appendices to the QAP, include all forms used in QHP Enrollee Survey administration that may assist CMS in reviewing the survey vendor's processes (e.g., tracking logs, quality assurance checklists, survey status flags, and/or productivity reports). ***Note:*** *These items should be templates only and must* ***not*** *contain any personally identifiable information (PII).*

C. CONFIDENTIALITY, PRIVACY, AND DATA SECURITY PROCEDURES

1. Describe the physical and electronic security of and the storage procedures for files containing PII and survey data in hard copy and electronic form, including:

   a. Back-up process for survey administration activities related to electronic data or files.

   b. Quality control activities in place to verify back-up files are retrievable.

   c. Data retention policy and storage facility, including length of time that materials will be retained and the name of the storage facility used (e.g., if materials are stored off-site).

2. Describe measures used to protect respondent privacy. Survey vendors must facilitate and verify compliance with HIPAA requirements for safeguarding PII.

3. Detail the method used to transmit sampled enrollee PII to a subcontractor, if necessary.

4. Include a copy of the confidentiality agreement template signed by staff and subcontractors, if applicable, who are involved in any aspect of QHP Enrollee Survey administration.

RETURNING SURVEY VENDORS ONLY

D. RESOLUTION OF DISCREPANCIES FROM THE 2017 QHP ENROLLEE SURVEY ADMINISTRATION

For each issue item noted in your organization's 2017 Final Oversight Feedback Report, if applicable, describe and detail the corresponding improvement plan (e.g., new and/or revised processes and procedures) that your organization has implemented to ensure that these issues do not recur during the 2018 QHP Enrollee Survey administration.

Note*: All new and/or revised processes and procedures presented in this section must be included in the appropriate section of the survey vendor's 2018 QAP so that the entirety of the survey vendor's quality control and assurance processes are documented.*

APPENDIX D—FREQUENTLY ASKED QUESTIONS FOR CUSTOMER SUPPORT

OVERVIEW

The questions and responses in this document have been compiled to assist survey vendor staff in responding to Frequently Asked Questions (FAQ) 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 [SURVEY VENDOR NAME]. [QHP ISSUER] has asked our organization to help conduct this survey, which is designed to obtain feedback from enrollees.

2. **Who is sponsoring this survey?**

   The survey is sponsored by [QHP ISSUER] as required by Section 1311(c)(4) of the Affordable Care Act.

3. **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 that may be used, along with other information, to assist Marketplace consumers in choosing a health plan. Additionally, [QHP ISSUER] may use this information to help provide better service to enrollees in the future.

4. **How will the information/data be used?**

   The information/data from this survey will be combined with other data and will then be 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] to provide better service to enrollees in the future.

5. **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, a federal agency within the Department of Health and Human Services responsible for overseeing this survey, at marketplace_quality@cms.hhs.gov.

6. **How long will the survey take?**

   On average, the QHP Enrollee Survey takes about 15 minutes to complete. The actual time it takes to complete the survey will depend on the answers you provide.

7. **What questions will be asked?**

   The survey questions ask about your experiences receiving services from your health plan.

8. **I have already mailed the survey back.**

   Our records indicate that we don't have a survey on file from you, and we want to make sure we capture your feedback. We would appreciate it if you could complete this survey now over the phone.

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 with 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] may use this information to help provide better service to enrollees in the future. Your participation is very important.

2. **Who will see my answers?**

   Your answers will be kept confidential and will only be seen by authorized persons at the [SURVEY VENDOR] who is conducting this survey on behalf of your health plan. All responses will be merged into a large pool of de-identified data that will be shared with the Centers for Medicare & Medicaid Services (CMS). Any information that could identify you will be removed.

3. **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] and the Centers for Medicare & Medicaid Services to conduct this survey and will maintain complete confidentiality of all information provided.

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

   Your name was randomly selected from all members enrolled within your health plan as of December 31, 2017.

5. **How did you get my phone number?**

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

6. I do not participate in surveys.

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

7. I'm not interested.

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

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

Your time is valuable. This is a very important survey, and I would really appreciate your help today. The interview will take about 15 minutes. I can schedule the survey interview at another time that is more convenient for you.

9. You called my cell phone. Can you call back after [ENROLLEE SPECIFY] so that the call does not use any of my cell phone minutes?

Yes. We can call you back at [ENROLLEE SPECIFY].
[IF THE CALL BACK CANNOT BE MADE AT THE *ENROLLEE'S* SPECIFIED TIME, THEN "Yes, but not at that time". [SET A FUTURE DATE AND TIME FOR THE TELEPHONE INTERVIEW.]]

10. I don't want to answer a lot of personal/demographic questions.

I understand. Please know this is a very important survey and your answers will help to improve the quality of services [QHP ISSUER] provides to enrollees and may help other consumers choose a health plan in the future. 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?

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

I'm sorry to hear that you are unhappy. Your participation in this survey will help [QHP ISSUER] understand the issues you had and what improvements are needed.

12. Do I have to complete the survey?

Your participation is 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] provides to you and other enrollees and may also help other consumers choose a health plan in the future.

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

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

14. I don't want anyone to come to my house.

No one will come to your home. The survey gathers information through an online, mail, or telephone survey.

15. I am on the *Do Not Call List*. You should not be calling me.

The *Do Not Call List* prohibits sales and telemarketing calls. We are not selling anything and we are not asking for money. We are a survey research firm. Your health plan has asked us to conduct this survey.

16. 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].

17. 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.

18. 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.

19. 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.

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

We understand this. Please answer the survey questions based on your experience with this health plan during the last 6 months of 2017, or July through December 2017.

21. Please remove me from this survey and stop contacting me *(sent via e-mail)*.

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

III. Questions About Completing the Survey

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

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

2. I am not able to complete this by myself. Can I have my _____ help me?

If you feel you are unable to complete the survey yourself, a "proxy" may complete the survey for you. A "proxy" is generally a family member or relative but it could also be a

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

3. **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 need you to complete the survey. Everyone selected for this survey gives very important information that will assist in improving the services provided through your health plan.

4. **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 cannot 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 convenient time.
   [IF ABLE AND RESPONDENT AGREES, COMPLETE SURVEY OR SCHEDULE CALLBACK.]

5. **Can I complete the survey on the Internet in Spanish [or Chinese]?**

   [FOR SURVEY VENDORS OFFERING THE INTERNET SURVEY IN SPANISH]: 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.

   [FOR SURVEY VENDORS NOT OFFERING THE INTERNET SURVEY IN SPANISH]: The Internet survey is only available in English at this time. We can provide you with a Spanish [or Chinese] survey by mail for you to complete or you can complete the survey over the telephone in Spanish [or Chinese].

6. **I lost the letter with the information on how to take the survey on the Internet.**

   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 e-mail.*

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

   Sorry, but we are not able to mail another survey now. 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.

APPENDIX E—SURVEY MAILING MATERIALS (ENGLISH)

2018 Qualified Health Plan (QHP) Enrollee Experience Survey

Introduction

We are asking you to complete this survey about your experiences with [QHP ISSUER NAME] in the last 6 months. If you changed your health plan for 2018, please answer the questions in the survey based on your experience with the health plan you had from July through December 2017.

Your Privacy is Protected. What you have to say is private and will only be used for this study. 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 [SURVEY VENDOR ADDRESS].

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

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**

1. Our records show that you are now in [QHP ISSUER NAME]. 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 Care in the Last 6 Months

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits. If you changed your health plan for 2018, please answer the questions based on your experience with the health plan you had from July through December 2017.

3. In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

[1] ☐ Yes
[2] ☐ No ⟶ **If No, go to #5**

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

5. In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor's office or clinic?

[1] ☐ Yes
[2] ☐ No ⟶ **If No, go to #7**

6. 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?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

7. 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?

☐ None ⟶ **If None, go to #12**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9 times
☐ 10 or more times

8. 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?

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

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

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

10. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter to help you speak with anyone at your doctor's office or clinic?

- 1 ☐ Yes
- 2 ☐ No ⟶ **If No, go to #12**

11. In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?

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

Your Personal Doctor

12. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- 1 ☐ Yes
- 2 ☐ No ⟶ **If No, go to #30**

13. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ☐ None ⟶ **If None, go to #30**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9 times
- ☐ 10 or more times

14. 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

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

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

16. 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

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

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

18. 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?

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

19. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?

- [1] Yes
- [2] No ⟶ **If No, go to #22**

20. 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

21. 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

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see any specialists?

- [1] Yes
- [2] No ⟶ **If No, go to #24**

23. 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

24. 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

25. In the last 6 months, did you take any prescription medicine?

[1] ☐ Yes
[2] ☐ No ⟶ **If No, go to #27**

26. 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

27. 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?

[1] ☐ Yes
[2] ☐ No ⟶ **If No, go to #30**

28. 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 #30**

29. 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

Getting Health Care From Specialists

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

30. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

[1] ☐ Yes
[2] ☐ No ⟶ **If No, go to #34**

31. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

32. How many specialists have you seen in the last 6 months?

☐ None ⟶ **If None, go to #34**
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

33. 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

Your Health Plan

The next series of questions ask about your experiences with your health plan. If you changed your health plan for 2018, please answer the questions based on your experience with the health plan you had from July through December 2017.

34. In the last 6 months, did you look for any information in written materials or on the Internet about your health plan?

- [1] ☐ Yes
- [2] ☐ No ⟶ **If No, go to #36**

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

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

36. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen. In the last 6 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

- [1] ☐ Yes
- [2] ☐ No ⟶ **If No, go to #38**

37. 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

38. In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last 6 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them?

- [1] ☐ Yes
- [2] ☐ No ⟶ **If No, go to #40**

39. 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

40. In the last 6 months, did you get information or help from your health plan's customer service?

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #44**

41. 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

42. 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

43. 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

44. In the last 6 months, did your health plan give you any forms to fill out?

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #50**

45. 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

46. 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

47. 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

48. In the last 6 months, did you need the forms in a different format, such as large print or braille?

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #50**

49. 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

50. 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

51. 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

52. 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

53. 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

54. 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

About You

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

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

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

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

57. Have you had either a flu shot or flu spray in the nose since July 1, 2017?

- [1] ☐ Yes
- [2] ☐ No
- [3] ☐ Don't know

58. 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 #62**
- [4] ☐ Don't know ⟶ **If Don't know, go to #62**

59. 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

60. 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

61. 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

62. 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 #64**

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

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #66**

65. 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

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

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No

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

1 ☐ Yes
2 ☐ No

71. 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

72. 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

73. What is your sex?

1 ☐ Male
2 ☐ Female

74. 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

75. 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

76. Are you of Hispanic, Latino/a, or Spanish origin?

1 ☐ Yes, of Hispanic, Latino/a, or Spanish origin
2 ☐ No, not of Hispanic, Latino/a, or Spanish origin ⟶ **If No, go to #78**

77. Which group best describes you?

1 ☐ Mexican, Mexican American, Chicano/a
2 ☐ Puerto Rican
3 ☐ Cuban
4 ☐ Another Hispanic, Latino/a, or Spanish Origin

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

1 ☐ White
2 ☐ Black or African American
3 ☐ American Indian or Alaska Native
4 ☐ Asian Indian
5 ☐ Chinese
6 ☐ Filipino
7 ☐ Japanese
8 ☐ Korean
9 ☐ Vietnamese
10 ☐ Other Asian
11 ☐ Native Hawaiian
12 ☐ Guamanian or Chamorro
13 ☐ Samoan
14 ☐ Other Pacific Islander

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

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

80. 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

81. Did someone help you complete this survey?

- [1] ☐ Yes
- [2] ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

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

- [1] ☐ Read the questions to me
- [2] ☐ Wrote down the answers I gave
- [3] ☐ Answered the questions for me
- [4] ☐ Translated the questions into my language
- [5] ☐ Helped in some other way

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

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

[FIRST AND LAST NAME]
[LINE ONE OF ADDRESS]
[LINE TWO OF ADDRESS (IF ANY)]
[CITY, STATE ZIP]

Dear [ENROLLEE FIRST AND LAST NAME],

You will soon receive a survey about the care you received through [QHP ISSUER NAME] in the last 6 months. This is your chance to help your health plan serve you better. This survey is part of a national ongoing effort to understand the experiences enrollees have with their health plan. The results will help consumers like you make important choices about their health care and will help health plans improve the care they provide. You have been chosen as part of a random sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. The survey will take about 15 minutes to complete.

Your answers will be part of a pool of information from others who are enrolled in your health plan. The information you provide will only be shared with authorized persons. Your health plan will not see your responses. **Your participation is voluntary.** However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

To save time and paper, you can complete this survey online right now by visiting [**SURVEY URL**]. On this website you will be asked for this private [LOGIN CREDENTIAL(S)].

Respond now at [**SURVEY URL**]

[LOGIN CREDENTIAL(S)]

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

“Esta encuesta está disponible en español. Su opinión puede ayudarnos a mejorar los productos de seguro disponibles en el mercado. Para completar una encuesta en papel o por Internet, comuníquese al: (XXX) (XXX-XXXX). También puede completar esta encuesta por teléfono”.

[IF OFFERING CHINESE] 「這項調口提供中文版。您的意見反應可能有助改善 Marketplace 上提供的保險口品。如欲以中文透過紙本或電話方式完成訪問，請聯絡：(XXX) (XXX-XXXX).

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR EXECUTIVE FROM SURVEY VENDOR or QHP ISSUER]

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

[FIRST AND LAST NAME]
[LINE ONE OF ADDRESS]
[LINE TWO OF ADDRESS (IF ANY)]
[CITY, STATE ZIP]

Dear [ENROLLEE FIRST AND LAST NAME],

We are asking for your generous assistance. Please fill out and return the enclosed survey about the care you received through [QHP ISSUER NAME] in the last 6 months. Your answers will help your health plan serve you better. This survey is part of a national effort to understand the experiences enrollees have with their health plans. Your answers will help other people make important choices about their health care and will help health plans improve the care they provide.

You have been chosen as part of a scientific sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. If you changed your health plan for 2018, please answer the questions in the survey based on your experience with the health plan you had from July through December 2017. The survey will take about 15 minutes to complete. We hope you will take this chance to tell us about your experiences.

Your answers will be part of a pool of information from others who are enrolled in your health plan. The information you provide will only be shared with authorized persons. Your health plan will not see your responses. **Your participation is voluntary.** However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

Please return the completed survey in the enclosed pre-paid envelope.

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

Thanks for your help!

“Esta encuesta está disponible en español. Su opinión puede ayudarnos a mejorar los productos de seguro disponibles en el mercado. Para completar una encuesta en papel o por Internet, comuníquese al: (XXX) (XXX-XXXX). También puede completar esta encuesta por teléfono”.

[IF OFFERING CHINESE] 「這項調口提供中文版。您的意見反應可能有助改善 Marketplace 上提供的保險口品。如欲以中文透過紙本或電話方式完成訪問，請聯絡：(XXX) (XXX-XXXX).

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR EXECUTIVE
FROM SURVEY VENDOR or QHP ISSUER]

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

[FIRST AND LAST NAME]
[LINE ONE OF ADDRESS]
[LINE TWO OF ADDRESS (IF ANY)]
[CITY, STATE ZIP]

Dear [ENROLLEE FIRST AND LAST NAME],

Recently, we mailed you a survey as part of a national effort to learn about the experiences you had with your health plan. The results will help consumers like you make important choices about their health care and will help health plans improve the care they provide. If you have any questions, please call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between [XX:XX] a.m. and [XX:XX] p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [SURVEY VENDOR EMAIL].

We have enclosed another copy of the survey. Please complete the survey and tell us what you think about the care you received from your health plan in the last 6 months. Please return the completed survey in the enclosed pre-paid envelope. **Your participation is voluntary.** We are very grateful for your help. Your answers will allow your health plan serve you better.

[QHP ISSUER NAME] contracted with [SURVEY VENDOR NAME] to conduct this survey. You have been chosen as part of a scientific sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. If you changed your health plan for 2018, please answer the questions in the survey based on your experience with the health plan you had from July through December 2017. The survey will take about 15 minutes to complete.

Your answers will be part of a pool of information from others who are enrolled in your health plan. The information you provide will only be shared with authorized persons. Your health plan will not see your responses. However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

“Esta encuesta está disponible en español. Su opinión puede ayudarnos a mejorar los productos de seguro disponibles en el mercado. Para completar una encuesta en papel o por Internet, comuníquese al: (XXX) (XXX-XXXX). También puede completar esta encuesta por teléfono”.

[IF OFFERING CHINESE] 「這項調口提供中文版。您的意見反應可能有助改善 Marketplace 上提供的保險口品。如欲以中文透過紙本或電話方式完成訪問，請聯絡：(XXX) (XXX-XXXX).

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR EXECUTIVE
FROM SURVEY VENDOR or QHP ISSUER]

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

[FIRST AND LAST NAME]
[LINE ONE OF ADDRESS]
[LINE TWO OF ADDRESS (IF ANY)]
[CITY, STATE ZIP]

Dear [ENROLLEE FIRST AND LAST NAME],

Recently, we sent you a survey about your experiences with your health plan. If you sent back a completed survey, thank you and please disregard this letter.

To save time and paper, you can tell us about your experiences with [QHP ISSUER NAME] online right now by visiting **[SURVEY URL]**. On this website, you will be asked for this private [LOGIN CREDENTIAL(S)].

Respond now at [**SURVEY URL**]

[LOGIN CREDENTIAL(S)]

If you prefer, you can fill out the survey and mail it back in the postage-paid envelope that came with it. **Your participation is voluntary**. Your answers to the survey questions will help consumers make important choices about their health care and will help [QHP ISSUER NAME] improve the care they provide. Remember, what you say is private and you do not have to answer any question you do not want to answer. **For a replacement survey**, please call [SURVEY VENDOR PHONE NUMBER], and we'll send you another survey.

Thank you!

"Esta encuesta está disponible en español. Su opinión puede ayudarnos a mejorar los productos de seguro disponibles en el mercado. Para completar una encuesta en papel o por Internet, comuníquese al: (XXX) (XXX-XXXX). También puede completar esta encuesta por teléfono".

[IF OFFERING CHINESE] 「這項調口提供中文版。您的意見反應可能有助改善 Marketplace 上提供的保險口品。如欲以中文透過紙本或電話方式完成訪問，請聯絡：(XXX) (XXX-XXXX).

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR EXECUTIVE FROM SURVEY VENDOR or QHP ISSUER]

APPENDIX F—COMPUTER ASSISTED TELEPHONE INTERVIEW SCRIPT

Qualified Health Plan (QHP) Enrollee Experience Survey

Computer Assisted Telephone Interview Script
Language: English
Data Collection: 2018
Reference Period: 6 months

Interviewer/CATI Programmer Formatting Conventions

NOTE: The following formatting conventions are used only for the purposes of this document. Survey vendors may use their own formatting conventions, if different from those presented here, as long as the intended results are the same (e.g., the same text is read aloud, the same words are emphasized, the same programming instructions are implemented, etc.) and the conventions are applied consistently throughout the script.

- CATI programmer instructions appear in [ENGLISH UPPERCASE LETTERS ENCLOSED IN BRACKETS].
- Inserts or fills from the sample frame appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}.
- Interviewer instructions appear in <ENGLISH UPPERCASE LETTERS ENCLOSED IN ANGLE BRACKETS> or (ENGLISH UPPERCASE LETTERS ENCLOSED IN PARENTHESES).
- Text in UPPERCASE LETTERS should not be read aloud. For example, “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and should <u>not</u> be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in **bold, lowercase letters**.
- Text that is <u>underlined</u> should be emphasized by the interviewer.

Introduction Script

[HELLO] **Hello, may I please speak to** {ENROLLEE'S NAME}**?**

1	YES	→ [GO TO INTRO1]
2	NOT AVAILABLE	→ [SCHEDULE CALLBACK]
3	NO / REFUSAL	→ [CODE AS REFUSAL]
4	MENTALLY/PHYSICALLY UNABLE	→ [GO TO INTRO2]

<IF ASKED WHO IS CALLING> **This is** {INTERVIEWER NAME} **calling from** {SURVEY VENDOR} **on behalf of** {QHP ISSUER NAME}.

<IF SOMEONE OTHER THAN THE ENROLLEE INDICATES THAT THE ENROLLEE IS MENTALLY/PHYSICALLY UNABLE, THEN ASK TO SPEAK TO THE ENROLLEE TO CONFIRM AND ASK FOR PERMISSION TO USE A PROXY. ENROLLEE MUST PROVIDE PERMISSION FOR A PROXY. IF UNABLE TO SPEAK WITH THE ENROLLEE OR GET PERMISSION FOR A PROXY, THEN ASSIGN DISPOSITION CODE "MENTALLY OR PHYSICALLY INCAPACITATED.">

[INTRO1] **Hello, this is** {INTERVIEWER NAME} **calling from** {SURVEY VENDOR} **on behalf of** {QHP ISSUER NAME} **to ask you to take part in a confidential study about your healthcare experiences with** {QHP ISSUER NAME} **in the last 6 months. Your name was selected at random to represent people enrolled in** {QHP ISSUER NAME}**. Your answers are very important and will be used to help people compare health plans in the future. Your participation is voluntary and will not affect any benefits you get. The interview should take less than 15 minutes to complete. This call may be monitored or recorded for quality control purposes. If this is a convenient time, I'd like to begin the interview now.**

<ANSWER ANY QUESTIONS, THEN GO TO QUESTION 73.>

<IF ENROLLEE DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.>

[INTRO2] **If you need help to complete this telephone interview or if you feel you are unable to complete the interview by yourself, then you can have a family member or friend help you or do the interview for you. This person needs to be someone who knows you well and is able to answer questions about the healthcare you have received in the last 6 months.**

[INTRO2-1] **Is there someone available who could help you or who could do the interview for you?**

1 YES → [GO TO INTRO2-2]
2 NO → [SCHEDULE CALLBACK]

[INTRO2-2] **May we have your permission to conduct the telephone interview with this person on your behalf?**

1 YES → [GO TO INTRO2-3]
2 NO → (THANK RESPONDENT, TERMINATE INTERVIEW, CODE AS MENTALLY/PHYSICALLY INCAPABLE)

<IF ENROLLEE OR PROXY DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.>

[INTRO2-3] **Hello, this is** {INTERVIEWER NAME} **calling from** {SURVEY VENDOR} **on behalf of** {QHP ISSUER NAME}**. We are asking you to take part in a confidential study about** {ENROLLEE NAME}**'s healthcare experiences with** {QHP ISSUER NAME} **in the last 6 months.** {He/She} **was selected at random to represent people enrolled in** {QHP ISSUER NAME}**.** {His/Her} **answers are very important and will be used to help people compare health plans in the future.** {His/Her} **participation is voluntary and will not affect any benefits that** {he/she} **gets. The interview should take less than 15 minutes to complete. This call may be monitored or recorded for quality control purposes.**

As you answer the survey questions, please remember that you are answering the questions for {him/her} **and that all survey questions refer to** {his/her} **experiences with** {his/her} **health plan. Please do not consider your own experiences or information in the answers you provide. If this is a convenient time, I'd like to begin the interview now.**

<IF PROXY DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.>

<INTERVIEWER: GO TO Q73. FOR ALL QUESTIONS, REPLACE SECOND PERSON PRONOUNS (YOU, YOUR, ETC.) WITH THIRD PERSON PRONOUNS (HIS/HER, HIM/HER, HE/SHE) FOR PROXY SURVEY. ADJUST SENTENCE AS NECESSARY TO BE GRAMMATICALLY CORRECT. DURING INTERVIEW REMIND THE PROXY THAT HE/SHE IS ANSWERING ABOUT THE SAMPLED PERSON, NOT HIMSELF/HERSELF.>

[CALLBACK] **When would be a convenient time to call back?**

<RECORD CALLBACK TIME ON CALL RECORD.>

[CALLBACK TO COMPLETE A PREVIOUSLY STARTED TELEPHONE SURVEY]
Hello, may I please speak to {ENROLLEE NAME}?

1 YES → [GO TO CONFIRM ENROLLEE]
2 NO / REFUSAL → [CODE AS REFUSAL]
3 NO, NOT AVAILABLE RIGHT NOW → [SCHEDULE CALLBACK]

<IF ASKED WHO IS CALLING: **This is** {INTERVIEWER NAME} **calling from** {SURVEY VENDOR} **on behalf of** {QHP ISSUER NAME}. **Is** {ENROLLEE NAME} **available to complete a survey that** {he/she} **started at an earlier date?**>

[CONFIRM ENROLLEE]
This is {INTERVIEWER NAME} **calling from** {SURVEY VENDOR} **on behalf of** {QHP ISSUER NAME**}. I would like to confirm that I am speaking with** {ENROLLEE NAME}. **I am calling to continue the survey started on an earlier date.**

<CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.>

73. (IF NECESSARY ASK, OTHERWISE RECORD SEX) **What is your sex? Are you…**

1☐ **Male, or**
2☐ **Female?**

-1☐ REFUSED
-2☐ DON'T KNOW

1. Our records show that you are now in {QHP ISSUER NAME}**. Is that right?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES ⟶ [IF YES, GO TO #3]
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

2. What is the name of your health plan?

[INCLUDE LIST OF ALL VALID AND INVALID ALIASES PROVIDED IN EXHIBIT 15 OF THE 2018 QAG AND ALL ALIASES RECEIVED FROM QHP ISSUER.]

(RECORD ANSWERS VERBATIM)

_____

1☐ VALID OR POSSIBLY VALID ALIAS ⟶ (SAY: **Thank you. The plan you named is the same as {QHP ISSUER NAME}. May I continue with the survey?**)

2☐ INVALID ALIAS ⟶ (SAY: **Thank you for your time. It looks like we made a mistake. Have a good day/evening.**) [TERMINATE INTERVIEW. DISPOSITION AS X40—INELIGIBLE: NOT ELIGIBLE OR ON A "DO NOT SURVEY" LIST.]

-1☐ REFUSED
-2☐ DON'T KNOW

These questions ask about your own health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #5]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #5]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #5]

4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #7]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #7]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #7]

6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

7. In the last 6 months, <u>not</u> 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0☐ NONE ⟶ [IF NONE, GO TO #12]
1☐ 1 TIME
2☐ 2
3☐ 3
4☐ 4
5☐ 5 TO 9 TIMES, OR
6☐ 10 OR MORE TIMES?

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #12]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #12]

8. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0☐ 0 WORST HEALTH CARE POSSIBLE
1☐ 1
2☐ 2
3☐ 3
4☐ 4
5☐ 5
6☐ 6
7☐ 7
8☐ 8
9☐ 9
10☐ 10 BEST HEALTH CARE POSSIBLE

-1☐ REFUSED
-2☐ DON'T KNOW

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

10. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter to help you speak with anyone at your doctor's office or clinic?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #12]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #12]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #12]

11. In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

The next series of questions ask about your personal doctor.

12. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #30]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #30]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #30]

13. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0☐ NONE ⟶ [IF NONE, GO TO #30]
1☐ 1 TIME
2☐ 2
3☐ 3
4☐ 4
5☐ 5 TO 9 TIMES, OR
6☐ 10 OR MORE TIMES

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #30]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #30]

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

15. In the last 6 months, how often did your personal doctor listen carefully to you? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

17. In the last 6 months, how often did your personal doctor spend enough time with you? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

18. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

19. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #22]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #22]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #22]

20. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

21. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see any specialists?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #24]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #24]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #24]

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

24. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0☐ 0 WORST PERSONAL DOCTOR POSSIBLE
1☐ 1
2☐ 2
3☐ 3
4☐ 4
5☐ 5
6☐ 6
7☐ 7
8☐ 8
9☐ 9
10☐ 10 BEST PERSONAL DOCTOR POSSIBLE

-1☐ REFUSED
-2☐ DON'T KNOW

25. In the last 6 months, did you take any prescription medicine?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #27]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #27]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #27]

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

27. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #30]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #30]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #30]

28. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #30]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #30]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #30]

29. In the last 6 months, how often did you <u>get the help that you needed</u> from your personal doctor's office to manage your care among these different providers and services? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

When you answer the next questions about getting care from specialists, do not include dental visits or care you got when you stayed overnight in a hospital.

30. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #34]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #34]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #34]

31. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

32. How many specialists have you seen in the last 6 months?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0☐ NONE ⟶ [IF NONE, GO TO #34]
1☐ 1 SPECIALIST
2☐ 2
3☐ 3
4☐ 4
5☐ 5 OR MORE SPECIALISTS?

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #34]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #34]

33. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0☐ 0 WORST SPECIALIST POSSIBLE
1☐ 1
2☐ 2
3☐ 3
4☐ 4
5☐ 5
6☐ 6
7☐ 7
8☐ 8
9☐ 9
10☐ 10 BEST SPECIALIST POSSIBLE

-1☐ REFUSED
-2☐ DON'T KNOW

The next series of questions ask about your experiences with your health plan.

34. In the last 6 months, did you look for any information in written materials or on the Internet about your health plan?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #36]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #36]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #36]

35. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

36. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen. In the last 6 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #38]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #38]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #38]

37. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

38. In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last 6 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #40]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #40]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #40]

39. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

40. In the last 6 months, did you get information or help from your health plan's customer service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #44]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #44]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #44]

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

43. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

44. In the last 6 months, did your health plan give you any forms to fill out?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #50]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #50]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #50]

45. In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

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

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

48. In the last 6 months, did you need the forms in a different format, such as large print or braille?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #50]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #50]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #50]

49. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

50. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0☐ 0 WORST HEALTH PLAN POSSIBLE
1☐ 1
2☐ 2
3☐ 3
4☐ 4
5☐ 5
6☐ 6
7☐ 7
8☐ 8
9☐ 9
10☐ 10 BEST HEALTH PLAN POSSIBLE

-1☐ REFUSED
-2☐ DON'T KNOW

51. In the last 6 months, how often did your health plan <u>not</u> pay for care that your doctor said you needed? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

52. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

53. In the last 6 months, how often did you delay visiting or <u>not</u> visit a doctor because you were worried about the cost? Do <u>not</u> include dental care. Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

54. In the last 6 months, how often did you delay filling or <u>not</u> fill a prescription because you were worried about the cost? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

The last series of questions ask about your background.

55. In general, how would you rate your overall health? Would you say…

1☐ **Excellent,**
2☐ **Very good,**
3☐ **Good,**
4☐ **Fair, or**
5☐ **Poor?**

-1☐ REFUSED
-2☐ DON'T KNOW

56. In general, how would you rate your overall <u>mental or emotional</u> health? Would you say…

1☐ **Excellent,**
2☐ **Very good,**
3☐ **Good,**
4☐ **Fair, or**
5☐ **Poor?**

-1☐ REFUSED
-2☐ DON'T KNOW

57. Have you had either a flu shot or flu spray in the nose since July 1, 2017?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO
3☐ DON'T KNOW

-1☐ REFUSED

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ EVERY DAY
2☐ SOME DAYS
3☐ NOT AT ALL ⟶ [IF NOT AT ALL, GO TO #62]
4☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #62]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #62]

59. 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? Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

60. 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. Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

61. 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. Would you say…

1☐ **Never,**
2☐ **Sometimes,**
3☐ **Usually, or**
4☐ **Always?**

-1☐ REFUSED
-2☐ DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #64]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #64]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #64]

63. Is this a condition or problem that has lasted for at least 3 months?

[IF Q73=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do <u>not</u> include pregnancy or menopause.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

64. Do you now need or take medicine prescribed by a doctor?

[IF Q73=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do <u>not</u> include birth control.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #66]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #66]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #66]

65. Is this medicine to treat a condition that has lasted for at least 3 months?

[IF Q73=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do <u>not</u> include pregnancy or menopause.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO

-1☐ REFUSED
-2☐ DON'T KNOW

72. What is your age? Are you…

(READ LIST, STOP AFTER A RESPONSE IS GIVEN)

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

-1☐ REFUSED
-2☐ DON'T KNOW

74. What is the highest grade or level of school that you have completed? Is it…

(READ LIST, STOP AFTER A RESPONSE IS GIVEN)

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, or**
6☐ **More than 4-year college degree?**

-1☐ REFUSED
-2☐ DON'T KNOW

75. What <u>best</u> describes your employment status? Would you say…

(ACCEPT ONLY ONE ANSWER. IF RESPONDENT INDICATES HE/SHE IS SELF-EMPLOYED, USE THE FOLLOWING PROBE TO DETERMINE THE MOST APPROPRIATE RESPONSE CATEGORY: **Would you say that you are employed full-time, employed part-time, or other?**)

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, or**
8☐ **Other?**

-1☐ REFUSED
-2☐ DON'T KNOW

76. Are you of Hispanic, Latino/a, or Spanish origin?

[IF Q73=FEMALE, USE LATINA. IF Q73=MALE OR MISSING, USE LATINO]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1☐ YES
2☐ NO ⟶ [IF NO, GO TO #78]

-1☐ REFUSED ⟶ [IF REFUSED, GO TO #78]
-2☐ DON'T KNOW ⟶ [IF DON'T KNOW, GO TO #78]

77. Which of the following groups best describes you?

[IF Q73=FEMALE, USE MEXICAN/MEXICAN AMERICAN/CHICANA/LATINA. IF Q73=MALE OR MISSING, USE MEXICAN/MEXICAN AMERICAN/CHICANO/LATINO]

(ACCEPT ONLY ONE ANSWER)

1☐ **Mexican, Mexican American, Chicano/a,**
2☐ **Puerto Rican,**
3☐ **Cuban, or**
4☐ **Another Hispanic, Latino/a, or Spanish Origin?**

-1☐ REFUSED
-2☐ DON'T KNOW

78. I am going to read a list of race categories. For each category, please say yes or no if it describes your race. I must ask you about all categories in case more than one applies.

(INTERVIEWER: IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: **We ask about your race for demographic purposes only.**)

[PROGRAMMER: IF NO/DK/REF TO RESPONSE OPTION D,'ASIAN', THEN SKIP TO RESPONSE OPTION L,'NATIVE HAWAIIAN OR PACIFIC ISLANDER', AND MARK ALL ASIAN SUB-CATEGORIES AS 'NO'.' IF NO/DK/REF TO RESPONSE OPTION L, 'NATIVE HAWAIIAN OR PACIFIC ISLANDER', THEN SKIP TO Q79 AND MARK ALL NATIVE HAWAIIAN OR PACIFIC ISLANDER SUB-CATEGORIES AS 'NO'.]

(TREAT EACH ITEM AS A YES/NO QUESTION)

	YES	NO
[A.] **Are you White?**	1☐	0☐
[B.] **Are you Black or African American?**	1☐	0☐
[C.] **Are you American Indian or Alaska Native?**	1☐	0☐
[D.] **Are you Asian?**	1☐	0☐
[E.] **Are you Asian Indian?**	1☐	0☐
[F.] **Are you Chinese?**	1☐	0☐
[G.] **Are you Filipino?**	1☐	0☐
[H.] **Are you Japanese?**	1☐	0☐
[I.] **Are you Korean?**	1☐	0☐
[J.] **Are you Vietnamese?**	1☐	0☐
[K.] **Are you another type of Asian?**	1☐	0☐
[L.] **Are you Native Hawaiian or Pacific Islander?**	1☐	0☐
[M.] **Are you Native Hawaiian?**	1☐	0☐
[N.] **Are you Guamanian or Chamorro?**	1☐	0☐

[O.] **Are you Samoan?** 1☐ 0☐
[P.] **Are you another type of Pacific Islander?** 1☐ 0☐

-1☐ REFUSED
-2☐ DON'T KNOW

79. How confident are you that you understand health insurance terms? Would you say…

1☐ **Not at all confident,**
2☐ **Slightly confident,**
3☐ **Moderately confident, or**
4☐ **Very confident?**

-1☐ REFUSED
-2☐ DON'T KNOW

80. How confident are you that you know most of the things you need to know about using health insurance? Would you say…

1☐ **Not at all confident,**
2☐ **Slightly confident,**
3☐ **Moderately confident, or**
4☐ **Very confident?**

-1☐ REFUSED
-2☐ DON'T KNOW

81. (INTERVIEWER NOTE: WAS THIS A PROXY INTERVIEW?)

1☐ YES
2☐ NO

Those are all of my questions. Thank you very much for taking the time to complete this survey!

APPENDIX G—INTERNET SURVEY SCRIPT

Qualified Health Plan (QHP) Enrollee Experience Survey

Internet Survey Script
Language: English
Data Collection: 2018
Reference Period: 6 months

Internet Survey Script Conventions

- Programmer instructions and survey question numbers appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS] and must ***not*** be displayed on webpages.
- Inserts or fills from the sample frame appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}.
- Dashed lines indicate the separation between survey question webpages. Each survey question must be displayed on a separate webpage.
- Unless otherwise noted, skipped questions follow the same skip pattern as the "No" or "None" response options.

Note: *A comprehensive list of Internet Survey requirements is available in the Data Collection Protocol section of the 2018 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications (QAG).*

Programming Specifications

- The Internet survey instrument must be programmed to adhere to all survey skip patterns.
- Unless otherwise noted, all questions are programmed to accept only one response.
- Each question must be programmed to allow the respondent to skip the question without providing a response and to proceed to the next appropriate survey question.
- Each question includes the appropriate section header as specified throughout the script.
- The presentation of questions and response categories ***cannot*** deviate from the format presented in the script. All response categories must be listed vertically. Matrix format is not permitted.
- A "Questions" link must be included on each webpage.
- After the last survey question, an exit page provides confirmation of survey receipt and thanks the sampled enrollee for participating.

Text Convention Requirements

- Survey vendors ***cannot*** bold text that is not bold in the script (e.g., question stems, response categories).
- Survey vendors ***must*** bold text that is bold in the script (e.g., emphasized words).
- Survey vendors ***cannot*** underline text that is bold in the script.
- Survey vendors ***must*** italicize text that is italicized in the script.
- Survey vendors use either black or dark blue readable font for all survey questions and response options; the font color used for survey questions and response options must be consistent throughout the survey. Survey vendors may opt to use a highlight color for instructions and survey headings.

Internet Survey Entry Page

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO]

OMB No. 0938-1221: Approval Expires 09/30/2018

2018 Qualified Health Plan (QHP) Enrollee Experience Survey

Thank you for visiting the Qualified Health Plan Enrollee Survey website. We are asking you to complete this survey about your experiences with the health plan named on the letter you received. If you changed your health plan for 2018, please answer the questions in the survey thinking about the health plan you had from July through December 2017.

> **Your Privacy is Protected.** What you have to say is private and will only be used for this study. 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 If You Have Questions.** Your health plan has contracted with [SURVEY VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXX] between [XX:XX] a.m. and [XX:XX] p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or e-mail [SURVEY VENDOR E-MAIL].

We recommend completing the survey on a computer, laptop or tablet, rather than on a mobile device.

Survey Instructions

[SURVEY VENDORS MUST INCLUDE INSTRUMENT-SPECIFIC INSTRUCTIONS ON HOW TO COMPLETE THE INTERNET SURVEY HERE. THIS INCLUDES:

INSTRUCTIONS ON HOW TO USE THE “PREVIOUS” BUTTON TO RETURN TO PREVIOUS SURVEY QUESTIONS TO CHECK, CHANGE, OR DELETE AN ANSWER.

INSTRUCTIONS ON HOW TO USE THE “NEXT” BUTTON TO ADVANCE TO SUBSEQUENT SURVEY QUESTIONS.

ADDITIONAL INSTRUCTIONS SPECIFIC TO THE SURVEY VENDOR’S INTERNET SURVEY INSTRUMENT OR PLATFORM.]

If you would like to proceed with the survey, please enter the [LOGIN CREDENTIAL(S)] provided in the letter that you received:

[LOGIN CREDENTIAL(S)]

[QUESTIONS LINK MUST APPEAR ON EACH WEBPAGE DIRECTING RESPONDENTS TO SURVEY VENDOR CONTACT INFORMATION.]

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. The time required to complete this information collection is estimated to average 15 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

Internet Survey Script

[1] Our records show that you are now in {QHP ISSUER NAME}. Is that right?

- ☐ Yes [IF YES, GO TO #3]
- ☐ No

[IF Q1 IS SKIPPED, SURVEY MUST BE PROGRAMMED TO PROCEED TO Q2.]

---

[2] What is the name of your health plan?

Please type: _____

[TEXT BOX MUST BE PROGRAMMED TO ACCEPT AT LEAST A 250-CHARACTER RESPONSE. IN ADDITION TO THE TEXT BOX, A DROPDOWN MENU OF QHP ISSUER ALIASES IS ALSO ALLOWABLE.]

Your Health Care in the Last 6 Months

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 3-11.]

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits. If you changed your health plan for 2018, please answer the questions based on your experience with the health plan you had from July through December 2017.

[3] In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

- ☐ Yes
- ☐ No [IF NO, GO TO #5]

---

[4] In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[5] In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor's office or clinic?

- ☐ Yes
- ☐ No [IF NO, GO TO #7]

---

[6] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[7] 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?

- ☐ None [IF NONE, GO TO #12]
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9 times
- ☐ 10 or more times

---

[8] 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?

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

---

[9] In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[10] An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter to help you speak with anyone at your doctor's office or clinic?

- ☐ Yes
- ☐ No [IF NO, GO TO #12]

---

[11] In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Your Personal Doctor

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 12-29.]

[12] A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ☐ Yes
- ☐ No [IF NO, GO TO #30]

---

[13] In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ☐ None [IF NONE, GO TO #30]
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9 times
- ☐ 10 or more times

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[15] In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[17] In the last 6 months, how often did your personal doctor spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[18] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[19] In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?

- ☐ Yes
- ☐ No [IF NO, GO TO #22]

---

[20] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[21] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[22] Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see any specialists?

- ☐ Yes
- ☐ No [IF NO, GO TO #24]

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[24] 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

---

[25] In the last 6 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No [IF NO, GO TO #27]

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[27] 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?

- ☐ Yes
- ☐ No [IF NO, GO TO #30]

---

[28] 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?

- ☐ Yes
- ☐ No [IF NO, GO TO #30]

---

[29] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Getting Health Care From Specialists

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 30-33.]

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

[30] Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

- ☐ Yes
- ☐ No [IF NO, GO TO #34]

---

[31] In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[32] How many specialists have you seen in the last 6 months?

- ☐ None [IF NONE, GO TO #34]
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

---

[33] 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

Your Health Plan

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 34-54.]

The next series of questions ask about your experiences with your health plan. If you changed your health plan for 2018, please answer the questions based on your experience with the health plan you had from July through December 2017.

[34] In the last 6 months, did you look for any information in written materials or on the Internet about your health plan?

- ☐ Yes
- ☐ No [IF NO, GO TO #36]

---

[35] In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[36] Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen. In the last 6 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

- ☐ Yes
- ☐ No [IF NO, GO TO #38]

---

[37] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[38] In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last 6 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them?

- ☐ Yes
- ☐ No [IF NO, GO TO #40]

---

[39] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[40] In the last 6 months, did you get information or help from your health plan's customer service?

- ☐ Yes
- ☐ No [IF NO, GO TO #44]

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[43] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[44] In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No [IF NO, GO TO #50]

---

[45] In the last 6 months, how often were the forms from your health plan easy to fill out?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[48] In the last 6 months, did you need the forms in a different format, such as large print or braille?

- ☐ Yes
- ☐ No [IF NO, GO TO #50]

---

[49] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[50] 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

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[52] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[53] 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*.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

About You

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 55-82.]

[55] In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

---

[56] In general, how would you rate your overall **mental or emotional** health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

---

[57] Have you had either a flu shot or flu spray in the nose since July 1, 2017?

- ☐ Yes
- ☐ No
- ☐ Don't know

---

[58] Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all [IF NOT AT ALL, GO TO #62]
- ☐ Don't know [IF DON'T KNOW, GO TO #62]

---

[59] 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[60] 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.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

[61] 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.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

---

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

- ☐ Yes
- ☐ No [IF NO, GO TO #64]

---

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

- ☐ Yes
- ☐ No

---

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

- ☐ Yes
- ☐ No [IF NO, GO TO #66]

---

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

- ☐ Yes
- ☐ No

---

[66] Are you deaf or do you have serious difficulty hearing?

- ☐ Yes
- ☐ No

---

[67] Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ Yes
- ☐ No

---

[68] Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No

---

[69] Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

---

[70] Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

---

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

- ☐ Yes
- ☐ No

---

[72] What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

---

[73] What is your sex?

- ☐ Male
- ☐ Female

---

[74] What is the highest grade or level of school that you have completed?

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

---

[75] What **best** describes your employment status?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ A homemaker
- ☐ A full-time student
- ☐ Retired
- ☐ Unable to work for health reasons
- ☐ Unemployed
- ☐ Other

---

[76] Are you of Hispanic, Latino/a, or Spanish origin?

- ☐ Yes, of Hispanic, Latino/a, or Spanish origin
- ☐ No, not of Hispanic, Latino/a, or Spanish origin [IF NO, GO TO #78]

---

[77] Which group best describes you?

- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino/a, or Spanish Origin

---

[78] What is your race? *Select one or more*.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

[Q78 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

---

[79] How confident are you that you understand health insurance terms?

- ☐ Not at all confident
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident

---

[80] How confident are you that you know most of the things you need to know about using health insurance?

- ☐ Not at all confident
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident

---

[81] Did someone help you complete this survey?

- ☐ Yes
- ☐ No [IF NO, GO TO EXIT PAGE]

---

[82] How did that person help you? *Select 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

[Q82 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

[EXIT PAGE]

Thank you for your participation in the survey. This confirms your responses have been received.

APPENDIX H—SAMPLE FRAME FILE LAYOUT

SAMPLE FRAME FILE LAYOUT FOR 2018 QHP ENROLLEE SURVEY

An individual sample frame must be generated for each Reporting Unit required to administer the 2018 QHP Enrollee Survey (i.e., multiple Reporting Units cannot be combined into a single file) and must include a single record for each enrollee that meets the eligibility requirements outlined in the *2018 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications*. The sample frame must be specific to a given Reporting Unit (unique state-product type for each QHP issuer) and must ***not*** be combined with other product lines or products. The following data elements must be included for each enrollee included in the sample frame. QHP issuers must attempt to populate the sample frame file layout to the extent possible; missing data should be the exception. All entries must be left justified.

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
QHP Issuer Legal Name	Char	60	1	60	Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the QHP is operating.	**NOTE: This variable MUST be identical for all enrollees included in the sample frame and must not be blank.** **NOTE: Do NOT use acronyms.**
Product Line	Num	1	61	61		3 = Exchange **NOTE: A valid value is required for every enrollee in the record. Only "3" is valid for Exchange.**

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Product Type	Num	1	62	62	Name of the product type under which the enrollee's QHP falls.	1 = Health Maintenance Organization (HMO) 2 = Point of Service (POS) 3 = Preferred Provider Organization (PPO) 4 = Exclusive Provider Organization (EPO) **NOTE: A valid value is required for every enrollee in the record. QHP issuers may not combine product types. This variable MUST be identical for all enrollees included in the sample frame.** **NOTE: This variable MUST match the reported 3-character product type in the Reporting Unit ID variable.**
Subscriber ID	Char	25	63	87	Subscriber or family ID number, which is the common ID for the subscriber and all dependents. Each issuer can decide the format used for this ID.	
Enrollee Unique ID	Char	25	88	112	Unique enrollee ID. This ID differentiates between individuals when family members share the Subscriber ID. Each issuer can decide the format used for this ID, given it uniquely identifies the enrollee and can be linked back to the issuer's records.	
Enrollee First Name	Char	25	113	137	Enrollee first name	
Enrollee Middle Initial	Char	1	138	138	Enrollee middle initial	
Enrollee Last Name	Char	25	139	163	Enrollee last name	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Enrollee Gender	Num	1	164	164		1 = Male 2 = Female 9 = Missing/Not Available **NOTE: A valid value is required for every enrollee in the record.**
Enrollee Date of Birth	Num	8	165	172		MMDDYYYY
Enrollee Mailing Address 1	Char	50	173	222	Street address or post office box	
Enrollee Mailing Address 2	Char	50	223	272	Mailing address 2nd line (if needed)	
Enrollee City	Char	30	273	302		
Enrollee State	Char	2	303	304	2-character Postal Service state abbreviation	
Enrollee Zip Code	Num	5	305	309	5-digit number	
Enrollee Phone 1	Num	10	310	319	3-digit area code plus 7-digit phone number; No separators or delimiters	
Flu Flag	Num	1	320	320	Flu Vaccinations for Adults Ages 18-64 Eligibility Flag coded based on enrollee's age as of July 1, 2017.	1 = Eligible (the member was born on or between July 2, 1952, and July 1, 1999) 2 = Ineligible (the member was born before July 2, 1952, or after July 1, 1999) **NOTE: A valid value is required for every enrollee in the record.**
Enrollee Age	Num	2	321	322	Enrollee age as of December 31, 2017.	Numeric, 2-digit variable. For enrollees age 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2017, will be coded 80. **NOTE: A valid value is required for every enrollee in the record.**

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Issuer ID	Num	5	323	327	Unique HIOS issuer ID number.	**NOTE: A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame.** **NOTE: This variable MUST match the reported 5-digit Issuer ID in the Reporting Unit ID variable.**
QHP State	Char	2	328	329	State associated with the QHP issuer. This variable is different than Enrollee State.	2-character Postal Service state abbreviation. **NOTE: A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame.** **NOTE: This variable MUST match the reported 2-character QHP state postal code in the Reporting Unit ID variable.**

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Reporting Unit ID	Char	12	330	341	Reporting Unit ID. It is made up of the following parts (with a hyphen separating each part): 5-digit Issuer ID, 2-character QHP State postal code, and 3-character Product Type.	5-digit Issuer ID= Issuer ID variable. 2-character QHP state postal code=QHP State variable. 3-character product type=Product Type (HMO, POS, PPO, EPO) variable. For example: 12345-TX-PPO. **NOTE: A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame and the components of this variable MUST match the reported values for the Issuer ID, QHP State, and Product Type variables.**
Standard Component ID	Char	14	342	355	Unique HIOS identifier for the QHP in which the individual is enrolled. This number can be found in HIOS and is also referred to as a "Plan ID – Standard Component" and is a 14-character combination of 5-digit Issuer ID, 2-character QHP State, product, and plan identifiers. All characters, except the 6th and 7th characters, will be numeric.	For example: 12345AZ0010001. 5-digit Issuer ID= Issuer ID variable. 2-character QHP state postal code=QHP State variable. **NOTE: A valid value is required for every enrollee in the record. The components of this variable MUST match the reported values for the Issuer ID and QHP State variables.** **If this value is unavailable, QHP issuers use "99999XX9999999".**

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Metal Level	Num	1	356	356	Metal level associated with enrollee's QHP.	1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 5 = Catastrophic 9 = Missing **NOTE: A valid value is required for every enrollee in the record.**
Variant ID	Char	2	357	358	Cost-sharing variant ID associated with enrollee's QHP. Variant IDs 02 and 03 are for federally-recognized tribes and eligible Alaska Natives with incomes above 300% of the federal poverty line.	01 = Exchange variant (No CSR) 02 = Zero Cost Sharing Plan Variation 03 = Limited Cost Sharing Plan Variation 04 = 73% Actuarial Value (AV) Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 09 = Missing **NOTE: A valid value is required for every enrollee in the record. Only the Variant IDs listed above can be included in the sample frame. Do NOT include enrollees in QHPs offered outside the Exchange (off-Exchange health plans) or in non-QHPs, designated by HIOS Variant ID 00.** **NOTE: Variant IDs of 09=Missing remain in the sample frame; the enrollee is assumed to be eligible (in an on-Exchange health plan) unless there is evidence to suggest otherwise.**

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Spoken Language Preference	Num	1	359	359	Enrollee's preferred spoken language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing
Written Language Preference	Num	1	360	360	Enrollee's preferred written language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing
APTC Eligibility Flag	Num	1	361	361	Indicates whether enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction.	1 = Yes 2 = No 9 = Missing
Plan Marketing Name	Char	250	362	611	The common name of the QHP in which the individual is enrolled (e.g., the name a consumer would see on an Exchange website when enrolling or might see on a bill).	If missing, use "Unavailable".
Medicaid Expansion QHP Enrollee	Num	1	612	612	QHPs operating in states offering Section 1115 waivers as part of the Medicaid Expansion **must** include all QHP enrollees and their status as enrolled via a 1115 waiver. It is the responsibility of the QHP to know whether their RUs contain such persons. QHPs operating in states not offering Section 1115 waivers should use 9 = Not Applicable.	1 = Yes 2 = No 3 = Missing 31 = Medicaid Expansion TBD 32 = Medicaid Expansion TBD 33 = Medicaid Expansion TBD 34 = Medicaid Expansion TBD 35 = Medicaid Expansion TBD 36 = Medicaid Expansion TBD 9 = Not Applicable, No Medicaid 1115 Waiver

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Reporting Status	Num	1	613	613	This variable is an identifier to determine whether a particular Reporting Unit is eligible for reporting as part of the Quality Rating System. Only plans that began offering coverage within a state's Exchange in Plan Year 2016 or before are eligible for public reporting. This variable is based on the plan year (2016 or 2017) the QHP issuer began offering the Reporting Unit within the state's Exchange. The Standard Component ID is not used to determine this variable. For example, if the Reporting Unit began offering within a state's Exchange in Plan Year 2016, and have added new Standard Component IDs or products in 2017, the Reporting Unit should still be considered as operating in Plan Year 2016. Please refer to Section III (Sampling) of the QAG for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2016 or before 2 = Issuer began offering this product type within state's Exchange in Plan Year 2017 9 = Missing

APPENDIX I—SUBMISSION FILE LAYOUT

NOTE: Each element must have a closing tag that is the same as the opening tag but with a forward slash. The survey record data element should only occur once per survey.

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
Survey Record	START	<survey-record>			
Header Fields	START	<headers>			
<case-id>		Unique identifier assigned by the survey vendor. This should **NOT** be a Social Security Number, medical record number, or other ID that might appear in other databases. It is used only to link sample data back to sample frame data in case information in the survey data files or sample data files are corrupted or lost.		String	16
<qhp-issuer-name>		Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the issuer is operating *(from the sample frame provided by the QHP issuer).*	**NOTE:** This variable is identical to the QHP Issuer Legal Name included in field positions 1-60 of the sample frame provided by the QHP issuer. **NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	String	60
<product-type>		Name of the product type under which the enrollee's QHP falls *(from the sample frame provided by the QHP issuer).*	1 = HMO 2 = POS 3 = PPO 4 = EPO **NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	1
<enrollee-gender>		Variable indicating the enrollee's gender *(from the sample frame provided by the QHP issuer).*	1 = Male 2 = Female 9 = Missing / Not Available	Num	1

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<flu-flag>		Flu Vaccination for Adults Ages 18-64 Eligibility Flag based on enrollee's age as of July 1, 2017 *(from the sample frame provided by the QHP issuer)*.	1 = Eligible (enrollee was born on or between July 2, 1952, and July 1, 1999.) 2 = Ineligible (enrollee was born before July 2, 1952, or after July 1, 1999.)	Num	1
<enrollee-age>		Enrollee age as of December 31, 2017 *(from the sample frame provided by the QHP issuer)*. For enrollees age 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2017, will be coded 80.	Integer ranging from 18 – 80.	Num	2
<issuer-id>		Unique HIOS issuer ID number *(from the sample frame provided by the QHP issuer)*.	Integer ranging from 10000 – 99999. **NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	5
<qhp-state>		State associated with the enrollee's QHP *(from the sample frame provided by the QHP issuer)*.	2-character Postal Service state abbreviation. **NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	String	2
<reporting-unit-id>		Reporting unit ID *(from the sample frame provided by the QHP issuer)*. It is made up of the following parts (with a hyphen separating each part): 5-digit Issuer ID, 2-character QHP State postal code, and 3-character Product Type. For example, 12345-TX-PPO.	**NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	String	12

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<scid>		Unique HIOS identifier for the QHP in which the individual is enrolled *(from the sample frame provided by the QHP issuer)*. This number is also referred to as a "Plan ID". All characters, except the 6th and 7th characters, are Num. For example, 12345AZ0010001.	If QHP issuer is unable to provide this information, code as "99999XX9999999".	String	14
<metal-level>		Metal level associated with enrollee's QHP *(from the sample frame provided by the QHP issuer)*.	1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 5 = Catastrophic 9 = Missing	Num	1
<variant-id>		Cost-sharing variant *(from the sample frame provided by the QHP issuer)*.	01 = Exchange Variant (No CSR) 02 = Zero Cost Sharing Plan Variation 03 = Limited Cost Sharing Plan Variation 04 = 73% Actuarial Value (AV) Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 31 = Medicaid Expansion TBD 32 = Medicaid Expansion TBD 33 = Medicaid Expansion TBD 34 = Medicaid Expansion TBD 35 = Medicaid Expansion TBD 36 = Medicaid Expansion TBD 09 = Missing	String	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<spoken-language-preference>		Enrollee's preferred spoken language *(from the sample frame provided by the QHP issuer)*.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing	Num	1
<written-language-preference>		Enrollee's preferred written language *(from the sample frame provided by the QHP issuer)*.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing	Num	1
<aptc-csr>		Indicates if enrollee qualified for an advanced premium tax credit (APTC), with or without a cost-sharing reduction *(from the sample frame provided by the QHP issuer)*.	1 = Yes 2 = No 9 = Missing	Num	1
<plan-marketing-name>		The common name of the QHP in which the individual is enrolled (e.g., the name a consumer would see on a Marketplace website when enrolling or might see on a bill *(from the sample frame provided by the QHP issuer)*.	If QHP issuer is unable to provide this information, survey vendors code as "Unavailable". **NOTE:** This variable should be identical to the Plan Marketing Name included in field positions 362-611 of the sample frame provided by the QHP issuer.	String	250
<plan-name-fill>		The QHP issuer name printed on the respondent's survey materials.	**NOTE:** This variable should include the QHP issuer name exactly as it is printed on the sampled enrollee's survey materials.	String	250
<survey-language>		The language in which the respondent completed the survey; for nonrespondents, the language in which the survey was attempted.	1 = English 2 = Spanish 3 = Chinese	Num	1

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<n-s>		Total number of **sampled enrollees** in the reporting unit.	**NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	4
<n-fr>		Total number of **survey-eligible enrollees before deduplication in the sample frame** provided by the issuer for the reporting unit.	**NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	8
<M>		Total number of **records in the deduplicated file** for the reporting unit. This file should have only one record per Subscriber or Family ID (SFID).	**NOTE:** This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	8
<k>		Number of **survey-eligible enrollees covered by the sampled enrollee's SFID before deduplication** (e.g., total must include subscriber and all survey-eligible dependents covered by subscriber's plan).		Num	2
<final-disposition>		All cases are assigned a final disposition code. A complete list of valid disposition codes is found in the **Data Coding** section of the QAG.	M10, T10, I10, M31, T31, I31, X20, X40, X22, X24, X32, X33, X34, X35	String	3
<proxy>		Indicates whether the phone interview was completed by a proxy. This field is only applicable to cases completed by telephone and aligns with the interviewer's response to Q81 in the CATI script.	0 = Non-Proxy Interview 1 = Proxy Interview 2 = Not Applicable (Mail and Internet Only)	Num	1

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<medicaid-expansion>		QHPs operating in states offering Section 1115 waivers as part of the Medicaid Expansion **must** include all QHP enrollees and their status as enrolled via a 1115 waiver. It is the responsibility of the QHP to know whether their RUs contain such persons. QHPs operating in states not offering Section 1115 waivers should use 9 = Not Applicable.	1 = Yes 2 = No 3 = Missing 9 = Not Applicable, No Medicaid 1115 Waiver	Num	1
<reporting-status>		This variable is an identifier to determine whether a particular reporting unit is eligible for reporting as part of the Quality Rating System *(from the Reporting Status variable in the sample frame provided by the QHP issuer)*. Only plans that began offering coverage within a state's Marketplace in Plan Year 2016 or before are eligible for public reporting. Please refer to the **Data Reporting and Use** section of the QAG for more information.	1 = Issuer began offering this product type within state's Marketplace in Plan Year 2016 or before 2 = Issuer began offering this product type within state's Marketplace in Plan Year 2017 9 = Missing	Num	1
<date-complete>		All cases are assigned a date (e.g., date when survey is completed, partially completed, or when final disposition is determined (MMDDYY)). The 2017 range covers 011518 – 052518.	MMDDYY	String	6

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<bad-address-flag>		Flag indicating whether there is sufficient evidence that the address for a sampled enrollee is not viable. A list of sufficient evidence for a bad address is available in the **Data Coding** section of the QAG. If there is sufficient evidence of a bad address, survey vendors code this flag as 1=Yes.	0 = No 1 = Yes	Num	1
<bad-telephone-flag>		Flag indicating whether there is sufficient evidence that the telephone number for a sampled enrollee is not viable. A list of sufficient evidence for a bad telephone number is available in the **Data Coding** section of the QAG. If there is sufficient evidence of a bad telephone, survey vendors code this flag as 1=Yes.	0 = No 1 = Yes	Num	1
<web-entry-flag>		Flag indicating whether the sampled enrollee ever logged in to the Internet survey. Survey vendors code this flag as 1=Yes for any sampled enrollee who logs into the Internet survey instrument, regardless of whether the enrollee completes the Internet survey.	0 = No 1 = Yes 2 = Not Applicable, Internet survey not offered to enrollee (only for records fielded in Spanish/Chinese)	Num	1
Header Fields	END	</headers>			
Your Health Care in the Last 6 Months	START	<last-six-months>			

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<in-health-plan>	1	Our records show that you are now in [QHP ISSUER NAME]. Is that right?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<name-health-plan>	2	What is the name of your health plan?	<Text Response> "None" = Refused, Don't Know, Blank "NA" = Appropriate Skip **NOTE:** Survey vendors recode all "Refused" and "Don't Know" values received from telephone interviews to "None". **NOTE:** Survey vendors redact all personally identifiable information provided by respondents.	Char	250
<need-care-quick>	3	Did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<got-care-quick>	4	When you needed care right away, how often did you get care as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<appt-routine-care>	5	Did you make any appointments for a check-up or routine care at a doctor's office or clinic?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<got-appt-quick>	6	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?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<num-visits-office>	7	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?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 times 6 = 10 or more times -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<rate-health-care>	8	What number would you use to rate all your health care in the last 6 months?	0 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<needed-care-easy>	9	How often was it easy to get the care, tests, or treatment you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<need-interpreter>	10	Did you need an interpreter to help you speak with anyone at your doctor's office or clinic?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<got-interpreter>	11	When you needed an interpreter, how often did you get one?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Your Health Care in the Last 6 Months	END	</last-six-months>			
Your Personal Doctor	START	<personal-doctor>			
<have-personal-doc>	12	Do you have a personal doctor?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<num-visits-doc>	13	How many times did you visit your personal doctor to get care for yourself?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 times 6 = 10 or more times -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<doc-easy-understand>	14	How often did your personal doctor explain things in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<listen-carefully>	15	How often did your personal doctor listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<respect>	16	How often did your personal doctor show respect for what you had to say?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<spend-enough-time>	17	How often did your personal doctor spend enough time with you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<doc-have-info>	18	How often did your personal doctor have your medical records or other information about your care?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<tests-ordered>	19	Did your personal doctor order a blood test, x-ray, or other test for you?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<tests-follow-up>	20	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<tests-results-soon>	21	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<specialists-visits>	22	Did you see any specialists?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<doc-up-to-date>	23	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<rate-doc>	24	What number would you use to rate your personal doctor?	0 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<take-rx-meds>	25	Did you take any prescription medicine?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<talk-all-rx-meds>	26	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<multiple-providers>	27	Did you get care from more than one kind of health care provider or use more than one kind of health care service?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<need-care-coord>	28	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<got-care-coord>	29	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Your Personal Doctor	END	</personal-doctor>			
Getting Health Care from Specialists	START	<specialists>			
<specialist-appt>	30	Did you make any appointments to see a specialist?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<got-specialist-care>	31	How often did you get an appointment to see a specialist as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<num-specialists>	32	How many specialists have you seen in the last 6 months?	0 = None 1 = 1 specialist 2 = 2 3 = 3 4 = 4 5 = 5 or more specialists -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<rate-specialist>	33	What number would you use to rate the specialist you saw most often in the last 6 months?	0 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Getting Health Care from Specialists	END	</specialists>			
Your Health Plan	START	<health-plan>			
<look-hp-info-web>	34	Did you look for any information in written materials or on the Internet about your health plan?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got-hp-info-web>	35	How often did the written materials or the Internet provide the information you needed about how your health plan works?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<look-info-pay-serv>	36	Did you look for information from your health plan on how much you would have to pay for a health care service or equipment?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<got-info-pay-serv>	37	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<look-info-pay-rx->	38	Did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got-info-pay-rx>	39	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<got-info-cs>	40	Did you get information or help from your health plan's customer service?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<got-info-needed-cs>	41	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<hp-cs-respect>	42	How often did your health plan's customer service staff treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<hp-cs-wait-too-long>	43	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<hp-give-forms>	44	Did your health plan give you any forms to fill out?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<hp-forms-easy>	45	How often were the forms from your health plan easy to fill out?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<hp-explain-forms>	46	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got-hp-forms-lang>	47	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<need-hp-forms-format>	48	Did you need the forms in a different format, such as large print or braille?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<got-hp-forms-format>	49	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<rate-hp>	50	What number would you use to rate your health plan in the last 6 months?	0 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<hp-not-pay-service>	51	How often did your health plan not pay for care that your doctor said you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<hp-thought-pay>	52	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<delay-care-cost>	53	How often did you delay visiting or not visit a doctor because you were worried about the cost?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<delay-rx-cost>	54	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
Your Health Plan	END	</health-plan>			
About You	START	<about-you>			

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<ghr>	55	How would you rate your overall health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<mhr>	56	How would you rate your overall mental or emotional health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<flu-shot>	57	Have you had either a flu shot or flu spray in the nose since July 1, 2017?	1 = Yes 2 = No 3 = Don't know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<use-tobacco>	58	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 4 = Don't know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<advised-quit-tob>	59	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<recommend-tob-meds>	60	How often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<discuss-tob-non-meds>	61	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?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<same-condition>	62	Did you get health care 3 or more times for the same condition or problem?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<chronic-condition>	63	Is this a condition or problem that has lasted for at least 3 months?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<take-meds>	64	Do you now need or take medicine prescribed by a doctor?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<meds-chronic-condition>	65	Is this medicine to treat a condition that has lasted for at least 3 months?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<diff-hear>	66	Are you deaf or do you have serious difficulty hearing?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-see>	67	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<diff-remember>	68	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-walk-climb>	69	Do you have serious difficulty walking or climbing stairs?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-dress-bath>	70	Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-errands>	71	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<age>	72	What is your age?	1 = 18-24 2 = 25-34 3 = 35-44 4 = 45-54 5 = 55-64 6 = 65-74 7 = 75 or older -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<sex>	73	What is your sex?	1 = Male 2 = Female -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<educ>	74	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<employment>	75	What best describes your employment status? *Mark only ONE.*	1 = Employed full-time 2 = Employed part-time 3 = Homemaker 4 = Full-time student 5 = Retired 6 = Unable to work for health reasons 7 = Unemployed 8 = Other -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<hispanic>	76	Are you of Hispanic, Latino/a, or Spanish origin?	1 = Yes, of Hispanic, Latino/a, or Spanish origin 2 = No, not of Hispanic, Latino/a, or Spanish origin -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<hispanic-detail>	77	Which group best describes you?	1 = Mexican, Mexican American, Chicano/a 2 = Puerto Rican 3 = Cuban 4 = Another Hispanic, Latino/a, or Spanish Origin -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<white>	78-1	What is your race? *Mark one or more.* White?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<black>	78-2	Black or African American?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<aian>	78-3	American Indian or Alaska Native?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<asian-indian>	78-4	Asian Indian?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<chinese>	78-5	Chinese?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<filipino>	78-6	Filipino?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<japanese>	78-7	Japanese?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<korean>	78-8	Korean?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<vietnamese>	78-9	Vietnamese?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<other-asian>	78-10	Other Asian?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<native-hawaiian>	78-11	Native Hawaiian?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<guamanian-chamorro>	78-12	Guamanian or Chamorro?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<samoan>	78-13	Samoan?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<otr-pacific-island>	78-14	Other Pacific Islander?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<know-ins-terms>	79	How confident are you that you understand health insurance terms?	1 = Not at all confident 2 = Slightly confident 3 = Moderately confident 4 = Very confident -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<know-using-ins>	80	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<help>	81	Did someone help you complete this survey?	1 = Yes 2 = No -3 = Blank/ Nonresponse/ No Answer/ Phone Interviews **NOTE:** This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<help-read>	82-1	How did that person help you? *Mark one or more.* Read the questions to me.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q82/ Phone Interviews -4 = Appropriate Skip **NOTE:** This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<help-wrote>	82-2	How did that person help you? *Mark one or more.* Wrote down the answers I gave.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q82/ Phone Interviews -4 = Appropriate Skip **NOTE:** This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<help-answer>	82-3	How did that person help you? *Mark one or more.* Answered the questions for me.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q82/ Phone Interviews -4 = Appropriate Skip **NOTE:** This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<help-translate>	82-4	How did that person help you? *Mark one or more***.** Translated the questions into my language.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q82/ Phone Interviews -4 = Appropriate Skip **NOTE:** This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<help-other>	82-5	How did that person help you? *Mark one or more.* Helped in some other way.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q82/ Phone Interviews -4 = Appropriate Skip **NOTE:** This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
About You	END	</about-you>			
Survey Record	END	</survey-record>			

APPENDIX J—DISCREPANCY REPORT

Discrepancy Report Instructions and Form

A discrepancy is defined as any deviation from the standard QHP Enrollee Survey protocols, as described in the *2018 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications*. Examples of discrepancies for the QHP Enrollee Survey include, but are not limited to: material production errors, sampling errors, fielding errors, data breaches, data coding errors, and data processing errors.

Survey vendors are required to report all discrepancies to CMS within one business day of becoming aware of the discrepancy through the submission of a Discrepancy Report Form. Survey vendors email CMS Discrepancy Report Forms along with an Excel spreadsheet containing a list of all impacted QHP reporting units. This email should be sent to the MQI Tier 2 email address: MQITier2HelpDesk@bah.com.

Please be sure to complete the Discrepancy Report in its entirety. The form must contain information for the organization submitting the Discrepancy Report and the name of the individual to contact regarding the Discrepancy Report.

Please submit information for each QHP reporting unit impacted by the discrepancy. The following information must be provided in the Discrepancy Report: a detailed description of the discrepancy; how it was identified; the corrective actions taken to prevent the identified issue from reoccurring; and any other information that might assist CMS in determining an outcome.

QHP Enrollee Survey Vendor Discrepancy Report Form

I. General Information

Survey Vendor Organization Information

Organization Name	
Mailing Address	
City	
State	
Zip Code	

Survey Vendor Contact Person

First Name, Last Name	
Title	
Telephone Number	
E-mail Address	

II. Impacted QHP Reporting Units

Survey vendors complete the following information for each QHP reporting unit impacted by the discrepancy detailed in this report.

Survey Vendor Name:				
Date:				
Plan Name	Reporting Unit ID	Total Eligible Enrollees	Total Sampled Enrollees	Total Enrollees Affected by the Discrepancy

III. Discrepancy Information

Provide detailed information for each of the following items.

Description of the discrepancy and how it was discovered:

Timeframe during which each listed reporting unit was impacted:

Description of the corrective action plan that will be implemented to address the discrepancy, along with the proposed timeline for implementing the corrective action plan:

Additional information to assist CMS in determining a review outcome:
