Discrepancy Report Instructions and Form

A discrepancy is defined as any deviation from the standard QHP Enrollee Survey protocols, as described in the *2019 QHP Enrollee Survey 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.

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. 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 [QHPSurveyVendor@bah.com](mailto:QHPSurveyVendor@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

Vendor Organization Information

| Organization Name |  |
| --- | --- |
| Mailing Address |  |
| City |  |
| State |  |
| Zip Code |  |

Vendor Contact Person

| First Name, Last Name |  |
| --- | --- |
| Title |  |
| Telephone Number |  |
| E-mail Address |  |

### II. Impacted QHP Reporting Units

Vendors complete the following information for each QHP reporting unit impacted by the discrepancy detailed in this report.

| 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:

|  |
| --- |