Health Insurance Exchange

Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2022

October 2021

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List of Exhibits

Document Purpose and Scope

This *Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2022* (2022 QHP Enrollee Survey Technical Specifications) document provides technical guidance regarding the administration of the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) for 2022. This document includes the sampling specifications and implementation guidelines for data collection for the 2022 QHP Enrollee Survey. Department of Health & Human Services (HHS)-approved survey vendors (vendors) will need to reference this document to collect and submit QHP Enrollee Survey data to the Centers for Medicare & Medicaid Services (CMS) in accordance with current requirements. CMS anticipates updating this document on an annual basis to reflect any changes to the survey instrument or administration guidelines.

Note: All HHS-approved QHP Enrollee Survey vendors must thoroughly review this document and due dates. **Exhibit 1** on page 3, the summary of changes, provides only a high-level overview of changes implemented for the 2022 QHP Enrollee Survey administration; each section must be reviewed in its entirety to understand all requirements. Vendors should **not** refer to prior year versions of the QHP Enrollee Survey Technical Specifications or any of its associated appendices or survey materials. The 2022 QHP Enrollee Survey Technical Specifications and all associated appendices and survey materials replace all prior versions of guidance for the QHP Enrollee Survey. Vendors and QHP issuers should use the exhibits provided in this document as checklists to confirm that they are adhering to all QHP Enrollee Survey requirements and guidelines.

Intended Audience and Accompanying Documents

The 2022 QHP Enrollee Survey Technical Specifications is intended for QHP Enrollee Survey vendors and other stakeholders that support the QHP Enrollee Survey data collection activities. There are two accompanying documents: 1) *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2022* (2022 Guidance), which details the QHP Enrollee Survey and Quality Rating System (QRS) data collection requirements for QHP issuers and other stakeholders; and 2) *2022 Quality Rating System Measure Technical Specifications* (2022 QRS Measure Technical Specifications), which details the QRS clinical measure and QRS survey measure specifications. These documents can be found on the CMS Health Insurance Marketplace Quality Initiatives [(MQI) website](#). For questions on individual measures, please contact the appropriate measure steward via the contact information listed in the QRS Measure Technical Specifications.

Summary of Changes to the 2022 QHP Enrollee Survey Technical Specifications

Please note that the information presented in the summary of **Exhibit 1** is intended to provide a high-level overview of the substantive updates and revisions made to the 2022 QHP Enrollee Survey Technical Specifications between the 2021 and 2022 survey administration years. It is the full responsibility of each vendor to review the 2022 QHP Enrollee Survey Technical Specifications in its entirety to verify that all 2022 specifications and guidelines are appropriately followed.

Exhibit 1: Summary of Changes to the 2022 QHP Enrollee Survey Technical Specifications

Technical Specification Section	Summary of Changes
General	• Updated dates throughout, as needed. • Revised deadlines throughout, as needed.
Background, Overview, Resources, and Survey Process	• No notable changes.
Roles and Responsibilities	• No notable changes.
Determine QHP Issuer Eligibility	• Clarified examples of reporting units assessed against 2022 QRS and QHP Enrollee Survey participation criteria.
Create Sample Frame and Draw Sample	• Added a new table that provides a high-level overview of the steps that vendors take for sampling. • Specified that vendors must conduct quality control checks on data included in the sample frame.
Prepare for Data Collection	**General** • Clarified guidance to specify the outreach materials enrollees should receive based on which language protocol they are in. **Mail Protocol** • Added an option for vendors to include Quick Response (QR) codes on prenotification and reminder letters that direct enrollees to the internet survey. • Added a quality assurance check to confirm that surveys and cover letters included in the same survey packet are in the same language. **Internet Protocol** • Added information on programming specifications, security, and testing requirements for the optional QR codes. • Added an option for vendors to program emails to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]." **Telephone Protocol** • Added an option for vendors to program their caller ID so that calls appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]."

Technical Specification Section	Summary of Changes
Collect Data	**General** • Updated the fielding schedule to begin on Day 1 instead of Day 0. • Updated the fielding schedule so that the reminder emails are sent earlier in the protocol and on separate days from when the mailings are sent. • Updated the name of the X35 disposition code to Bad Contact Information and included bad email addresses in the definition. **Mail Survey** • Specified that vendors must accept and process data for all mail data received two weeks prior to the end of data submission (i.e., 11:59 p.m. ET on May 6, 2022). If vendors are still fielding the survey after May 6, 2022, then they must accept and process data for all mail surveys received through the end of the protocol (Day 73). **Internet Survey** • Specified that vendors may include a QR code that directs sampled enrollees to the internet survey on the prenotification and reminder letters. • Specified that vendors should use survey response data from all internet surveys, regardless of whether the survey was explicitly "submitted" by the respondent. **Telephone Survey** • Updated call attempt guidance on how vendors handle busy signals. At the discretion of the vendor, a telephone attempt may consist of up to three busy signals received in one day. • Updated call attempt guidance to permit vendors to use their discretion to determine how long interviewers must wait on hold before disconnecting the call. • Specified that callbacks no longer count towards the 10% interviewer monitoring requirement.
Code and Submit Data	• Clarified guidance on how to determine eligibility based on Question 2 responses. • Updated the definition of X33—Non-Response After Maximum Attempts to include email communication. • Updated the definition of X35—Bad Contact Information to include bad email addresses. • Clarified the responses that render a key item "answered." • Added a new Survey Round variable and provided guidance on how to code this variable. • Clarified that the letter in the Final_Disposition variable (i.e., X, M, T, I) must be capitalized.
Analyze and Report Data	• Updated scoring eligibility guidelines for 2022.
Comply with Oversight Activities	**General** • Specified that all oversight activities may occur for all languages in which the vendor is fielding the survey. **Quality Assurance Plan (QAP)** • Specified that vendors must submit their QAPs as a Word® document. **Internet-Specific Oversight Activities** • Specified that vendors must submit 12 unique QR codes to CMS for review, if applicable. **Exception Requests** • Specified that vendors requesting renewal or update exception requests must submit the previously accepted Exception Request Form with any changes included in tracked changes.

Technical Specification Section	Summary of Changes
Appendix A: Glossary and List of Acronyms	• No notable changes.
Appendix B: Minimum Business Requirements	**Exhibit B-1: Vendor Relevant Survey Experience Requirements** • No notable changes. **Exhibit B-2: Vendor Organizational Survey Capacity Requirements** • Specified that vendors must receive approval on their subcontractors during the application process or as soon as the need for a subcontractor is identified. • Specified that all data files must be easily retrievable. • Specified that after a minimum of three years, or as otherwise specified by CMS, vendors are to securely destroy QHP Enrollee Survey-related data files. **Exhibit B-3: Vendor Quality Control Requirements** • No notable changes. **Exhibit B-4: Vendor Approval Term Requirements** • Removed the requirement that vendors must maintain a minimum of one active QHP Enrollee Survey client for at least one survey administration period within two years of approval.
Appendix C: Model Vendor Quality Assurance Plan	**General** • Specified that vendors must submit their Quality Assurance Plans (QAPs) as a Word document. **Section A: Organizational Background, Structure, and Staff Experience** • No notable changes. **Section B: Work Plan for QHP Enrollee Survey Administration** • Added a requirement for vendors to describe their quality checks for the 0% bias variables included in the sample frame. • Added a requirement for vendors to include their testing process for ensuring that the correct QHP issuer name populates for each sampled enrollee if they program their caller ID to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]." • Added requirements for vendors to detail their processes for handling busy signals and for determining how long interviewers must wait on hold before disconnecting a call. • Added a requirement for vendors to describe their process for testing QR codes, if applicable. • Added a requirement for vendors to include their testing process for ensuring that the correct QHP issuer name populates for each sampled enrollee if they program their emails to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]." • Added a requirement for vendors to describe their process for collecting internet survey data, including a description of how survey response data is captured from internet surveys (including those for which respondents do not click the "submit" button). **Section C: Confidentiality, Privacy, and Data Security Procedures** • Added a requirement for vendors to detail their quality control activities that verify that scanned electronic images are exact duplicates of the original hard copy surveys. **Section D: Returning Vendors Only (Remediation of Issues from 2021 QHP Enrollee Survey Administration)** • No notable changes.
Appendix D: Frequently Asked Questions for Customer Support Staff and Interviewers	• Updated two Frequently Asked Questions (FAQs) to emphasize that survey information will be used to inform health plan quality ratings. • Added an FAQ regarding QR codes.

Technical Specification Section	Summary of Changes
Appendix E: Customer Support Agent and Interviewer Guidance	• No notable changes.
Appendix F: Sample Frame File Layout	• Added a table that describes the recommended logic agreement checks for the 0% bias variables. • For the Reporting Status variable, clarified the difference between data submission eligible and scoring eligible, and emphasized that this variable must align between the sample frame and the information provided via NCQA's Healthcare Organization Questionnaire (HOQ).
Appendix G: Data Dictionary	• Clarified that the capitalization of the QHP_Issuer_Name variable must be identical for all records within a data submission file. • Clarified that the capitalization of Survey_Vendor_Name variable must be identical for all records within a data submission file and must match the capitalization specified for this variable in the updated Data Dictionary provided to vendors in advance of Data Submission Training in the spring of 2022. • Clarified that the letter in the Final_Disposition variable (i.e., X, M, T, I) must be capitalized. • Added the Survey_Round variable. • Updated the valid values for the Internet_Opt_In variable to include 3 = QR Code. • Specified that the Response_Time variable should be coded as 001 for response times of less than one minute. • Removed the valid value of 9 = Not Applicable for the Bad_Email_Flag variable. • Updated the valid values for the Sex variable (Question 63) to include -6 = Other (Phone Only).
Mail Materials	**Mail Survey** • Revised the question subscript codes for "Not Applicable" response options from 5 to 99. Vendors decide if they would like to include question subscript codes on the mail survey. **Note:** The corresponding valid value for "Not Applicable" in the Data Dictionary was **not** changed. **Letters** • Revised and shortened the text for all letters. • Added a QR code option to the prenotification and reminder letters.
Internet Materials	**Internet Survey** • No notable changes. **Emails** • Revised and shortened the text for all emails.
Telephone Script	**Introduction Scripts** • [INTRO2-1]: Removed the interviewer note. • [INTRO3]: Removed the interviewer note. **Survey Questions** • Added an "OTHER" response option to Question 63 and included an interviewer note to Question 63 to explain when to select the "OTHER" response option. • Updated the "Not Applicable" response options so that the text immediately following these responses is only read aloud if necessary. Updated interviewer notes accordingly. • Revised the interviewer notes for Questions 1, 20-21, 27-28A, 37-38, 40, 44, 47-48, and 52-61 to clarify what interviewers should say if they need to read the responses options aloud.

Note: All QHP Enrollee Survey materials (English, Spanish, and Chinese translations), the Discrepancy Report Form, and the Exception Request Form are posted to the [MQI website](#).

Key Dates for QHP Issuers

Exhibit 2 highlights key events and dates associated with 2022 QRS and QHP Enrollee Survey implementation. CMS expects QHP issuers to meet the following deadlines so data validators (Healthcare Effectiveness Data and Information Set [HEDIS®] Compliance Auditors) [1] and vendors can effectively support QHP issuers in complying with data collection and submission requirements. Details are addressed in the sections that follow.

Exhibit 2: Key Dates for QHP Issuers

Event	Date
QHP issuer contracts with a HEDIS Compliance Organization (NCQA-licensed) for validation of the QHP Enrollee Survey sample frame and the QRS clinical measure data.	Deadline: October 1, 2021
QHP issuer attends *2022 QRS and QHP Enrollee Survey Requirements* webinar on the Registration for Technical Assistance Portal (REGTAP).	October 14, 2021
QHP issuer attends *Developing the 2022 QHP Enrollee Survey Sample Frame* webinar.	October 21, 2021
QHP issuer generates a sample frame for each reporting unit no earlier than January 7, 2022.	January 7–28, 2022
Submit template to report ineligibility, if applicable—QHP issuer completes and submits an ineligibility template to CMS via email if the QHP issuer determines that a reporting unit does not meet the January 1, 2022 enrollment threshold (or any other eligibility requirement) within three business days of discovery (but no later than the date specified in the *2022 QHP Enrollee Survey: Operational Instructions*). **Note:** The *2022 QHP Enrollee Survey: Operational Instructions* are scheduled for distribution to QHP issuers in the fall of 2021 and will include detailed steps on how to complete and submit the ineligibility template.	Deadline: Mid-January 2022
QHP issuer contracts with an HHS-approved QHP Enrollee Survey vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS.	Deadline: January 28, 2022
Sample Frame Validation—QHP issuer and HEDIS Compliance Auditor (employee of or contracted by the HEDIS Compliance Organization) complete validation of QHP Enrollee Survey sample frame.	Deadline: January 28, 2022
Compliance Audit—QHP issuer and HEDIS Compliance Auditor complete the HEDIS Compliance Audit™.[2]	January – June 2022[3]
QHP issuer completes NCQA's Healthcare Organization Questionnaire (HOQ) to authorize a QHP Enrollee Survey vendor and to prepare for QRS clinical measure data and QHP Enrollee Survey response data submission.	Deadline: February 2022
QHP Enrollee Survey Administration—HHS-approved QHP Enrollee Survey vendor conducts the QHP Enrollee Survey on the validated survey sample frame.	February – May 2022

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance.
[3] See the general guidelines in the *2022 QRS Measure Technical Specifications* for a more detailed timeline for the HEDIS Compliance Audit.

Event	Date
Data Submission—HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS (on behalf of the QHP issuer).	Deadline: May 20, 2022
Submit QRS Data—QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS).[4] **Note:** Each QHP issuer must submit and plan-lock its QRS clinical measure data by June 1 to allow the HEDIS Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 15 deadline.	Deadline: June 15, 2022
QHP issuers, Exchange administrators, and CMS preview the 2022 QHP Quality Improvement (QI) Reports.	August/September 2022
Display QRS Scores—Exchanges and direct enrollment partners publicly display QHP quality rating information.	Deadline: Start of individual market open enrollment period for 2023[5]

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[4] There are no fees for QHP issuers associated with accessing and using the IDSS.
[5] 45 C.F.R. § 155.410(e)(2).

Key Dates for Vendors

Exhibit 3 highlights key vendor tasks associated with 2022 QHP Enrollee Survey implementation. CMS expects all vendors to meet the following deadlines.

Exhibit 3: Key Dates for Vendors

Task	Date
Conditionally approved vendors contract with QHP issuers to administer the QHP Enrollee Survey. During the contracting process, vendors inform clients of the date by which they need to receive the validated sample frame.	September – December 2021
Conditionally approved vendors participate in and successfully complete annual QHP Enrollee Survey Vendor Training.	October 18, 2021
CMS conducts remote data record review sessions with returning vendors (if applicable) before the onset of survey fielding.	November – December 2021
Mail Materials—Vendors submit mail materials prior to volume printing. All vendors must submit English and Spanish materials for review. Only vendors administering the survey in Chinese are required to submit Chinese materials. CMS reviews the submitted materials and responds to the vendor within 10 business days.	Deadline: November 1, 2021
Report #1—Vendors submit Quality Assurance Plans (QAPs).	Deadline: November 8, 2021
Internet Materials—Vendors submit the internet survey URL and at least 12 sample login credentials (user names and/or passwords), in addition to 12 URL links with embedded login credentials, along with programmed emails, prior to internet administration of the survey. Vendors that decide to use QR codes also submit 12 unique QR codes for review. Emails and the internet survey must be programmed in both English and Spanish. CMS reviews the submitted materials and responds to the vendor within 15 business days.	Deadline: November 22, 2021
Telephone Materials—Vendors submit screenshots of programmed Computer-Assisted Telephone Interviewing (CATI) scripts prior to the onset of fielding. All vendors must submit English and Spanish screenshots for review. Only vendors administering the survey in Chinese are required to submit Chinese materials. CMS reviews the submitted materials and responds to the vendor within 10 business days.	Deadline: December 3, 2021
Report #2—Vendors submit a preliminary QHP issuer client list and oversampling requests.	Deadline: January 5, 2022
Vendors work with QHP issuer clients to verify all clients have authorized them as their vendor in the HOQ. Vendors notify CMS of any QHP issuer clients that have not provided a validated sample frame via email (QHPSurveyVendor@bah.com).	Deadline: January 26, 2022
Vendors receive validated sample frames from QHP issuers. Vendors obtain confirmation from the QHP issuers that a HEDIS Compliance Auditor validated the sample frame.	Deadline: January 28, 2022
CMS conducts telephone script review sessions.	Mid-Late January 2022
Vendors administer QHP Enrollee Survey per sampling and fielding protocols.	February – May 2022
CMS reviews mailing and email seeds.	February – April 2022
Report #3—Vendors submit the final QHP issuer client list and sample frame receipt status for each reporting unit.	Deadline: February 14, 2022
CMS monitors vendor telephone and email customer support services.	March 2022

Task	Date
Vendors participate in annual QHP Enrollee Survey Data Submission Training.	March 2022
CMS conducts onsite visits and/or remote visit sessions.	March – April 2022
Report #4—Vendors submit the Interim Progress Report.	Deadline: April 4, 2022
Test Data Submission—Vendors submit at least one unencrypted test .zip file containing files for two reporting units, to include at least 100 records between the two reporting units. Vendors submit the files in accordance with the data file specifications described in the Code and Submit Data section of the 2022 QHP Enrollee Survey Technical Specifications. Vendors must attend data submission training in the spring of 2022.	April 6–8, 2022
CMS conducts remote telephone interviewer monitoring sessions.	April 2022
QHP Enrollee Survey Data Submission—Vendors submit all data files in accordance with the data file specifications described in the 2022 QHP Enrollee Survey Technical Specifications by 11:59 p.m. ET on May 20, 2022.	May 13–20, 2022
Data Resubmission—Vendors resubmit data files within three business days upon request.	May 23–25, 2022
Report #5—Vendors submit the Final Report.	Deadline: May 27, 2022

QHP Enrollee Survey Stakeholder Resources

Help Desk and Technical Assistance for the QHP Enrollee Survey

Exhibit 4 contains instructions for submitting questions regarding this document or any requirements related to the QHP Enrollee Survey or the QRS:

Exhibit 4: QHP Enrollee Survey Resources

Stakeholder Audience	Description	Contact Information
QHP Issuers	• Please submit questions to the Marketplace Service Desk (MSD) via email or phone. • Please reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line of the email.	CMS_FEPS@cms.hhs.gov 1-855-CMS-1515 (1-855-267-1515)
State-based Exchanges (SBEs)	• Please submit questions to your respective State Officers.	
Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal Platform (SBE-FPs)	• Please submit questions via email and reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line.	CMS_FEPS@cms.hhs.gov
Vendors	• Please submit all questions, materials, and reports via email.	QHPSurveyVendor@bah.com
Other Stakeholders	• Please submit questions via email and reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line.	Marketplace_Quality@cms.hhs.gov

Website Links

Exhibit 5 provides resources and additional details related to the QRS and QHP Enrollee Survey.

Exhibit 5: QRS and QHP Enrollee Survey Website Links

Website	Description	Link
CMS MQI website	This website provides resources related to CMS MQI activities, including the QRS, QHP Enrollee Survey, Quality Improvement Strategy (QIS), and patient safety standards. As the central site for the QHP Enrollee Survey and QRS resources, this site contains instructional documents regarding the QRS and QHP Enrollee Survey implementation and reporting, including this document (2022 QHP Enrollee Survey Technical Specifications*)*, the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2022*, and the *2022 Quality Rating System Measure Technical Specifications*.	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page
National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Audit™ website	This website provides additional information related to data validation, including the data validator (HEDIS Compliance Auditor) contracting process, as well as HEDIS Compliance Audit standards, policies, and procedures.	https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/
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 (FAQs), training resources, and the inquiry tracking and management system. Use key word search "Quality Rating System" or "QHP Enrollee Survey" to identify any resources related to the QRS and the QHP Enrollee Survey.	https://www.REGTAP.info (registration required)
State Exchange Resource Virtual Information System (SERVIS)	This website serves as an information hub for CMS technical assistance related to the State-based Exchange (SBE) requirements. Registered state users can access relevant resources organized by the Center for Consumer Information and Insurance Oversight (CCIIO) State Marketplace and Insurance Programs Group.	https://portal.cms.gov/ (registration required)
Agency for Healthcare Research and Quality (AHRQ)	This website provides a variety of patient experience survey-related information.	https://cahps.ahrq.gov

Background

Section 1311(c)(4) of the Patient Protection and Affordable Care Act (PPACA) directs the Secretary of the Department of Health & Human Services (HHS) to establish an enrollee satisfaction survey to assess enrollee satisfaction with each QHP offered through the Health Insurance Exchanges (Exchanges) (also known to consumers as Health Insurance Marketplaces)[6] and Small Business Health Options Program (SHOP) with more than 500 enrollees in the prior year. Additionally, Section 1311(c)(3) of the PPACA directs the Secretary to develop a quality rating for each QHP offered through an Exchange.

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.[7] 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.[8] Exchanges are also required to display QHP quality rating information on their respective websites.[9] QHP issuers can refer to the *Quality Rating System and Qualified Health Plan Enrollee Survey: Technical Guidance for 2022* for all relevant statutory and regulatory citations for the QRS and QHP Enrollee Survey.

QRS and QHP Enrollee Survey Goals

The goals of the QRS and 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 PPACA and implementing regulations, and

- Provide actionable information that QHP issuers can use to improve quality and performance.

CMS aligned federal quality reporting standards for QHP issuers with other federal and state quality reporting program standards, as well as with the Meaningful Measures Initiative, aimed at identifying the highest priority areas for quality measurement and quality improvement in order to assess core quality of care issues that are most vital to advancing the agency's work to improve patient outcomes.[10] States have the flexibility to build upon the federal quality reporting

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[6] Unless the context indicates otherwise, the term "Exchanges" refers to the Federally-facilitated Exchanges (FFEs) and the State-based Exchanges (SBEs) (inclusive of State-based Exchanges on the Federal Platform [SBE-FPs]).

[7] 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.

[8] 45 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125.

[9] 45 C.F.R. §§ 155.1400 and 155.1405.

[10] The Meaningful Measures Initiative, launched in 2017, is a CMS initiative that identifies the highest priorities for quality measurement and improvement. It involves assessing those core issues that are the most critical to providing high-quality care and improving individual outcomes. The initiative focuses on six quality priority areas: making care safer by reducing harm caused in the delivery of care, strengthening person and family engagement as partners in their care, promoting effective communication and coordination of care, promoting effective prevention and treatment of chronic disease, working with communities to promote best practices of healthy living, and making care affordable. For additional information, please visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html.

standards for QHP issuers by setting additional standards that reflect state priorities and population-based needs.

Required Entities

QHP issuers that offered coverage through an Exchange in the prior year are required to submit third-party validated QRS clinical measure data and QHP Enrollee Survey response data to CMS as a condition of certification.[11]

About the QHP Enrollee Survey

The QHP Enrollee Survey is the only survey used to measure the experience of the enrollee population in the Exchanges. While the survey utilizes questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®),[12] modifications and new questions were designed specifically for use with the enrollee population.

Consistent with other CAHPS instruments, the QHP Enrollee Survey uses a six-month reference period. The survey assesses enrollee experience with a QHP offered through an Exchange on the topics presented in **Exhibit 6**. 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 question source and relevant QRS measure, see **Exhibit 67**.

Exhibit 6: QHP Enrollee Survey Topics

QHP Enrollee Survey Topics
Access to Care*
Access to Information*
Care Coordination*
Cultural Competence
Doctor Communication
Enrollee Experience with Cost
Plan Administration*
Prevention*

* Survey questions within this topic are included in QRS measure set.

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 Survey: Technical Guidance for 2022*, which can be found on the MQI website.

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[11] 45 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125
[12] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

QRS Clinical Measure and QHP Enrollee Survey Response Data Process

Exhibit 7 illustrates the key process steps required to complete the QHP Enrollee Survey data collection and submission and QRS clinical measure process. It also identifies the stakeholders with primary responsibility for each step.

Exhibit 7: QRS Clinical Measure and QHP Enrollee Survey Response Data Process Flow

QRS Clinical Measure Data

QHP Issuer	HEDIS® Compliance Auditor	QHP Issuer
Collect data	Validate data	Submit validated data to NCQA's Interactive Data Submission System (IDSS)

CMS

QHP Enrollee Survey Data

QHP Issuer	HEDIS® Compliance Auditor	HHS-approved QHP Enrollee Survey Vendor	
Submit QHP Enrollee Survey sample frame to HEDIS® Compliance Auditor	Validate sample frame	Collect data	Submit validated data via SFTP
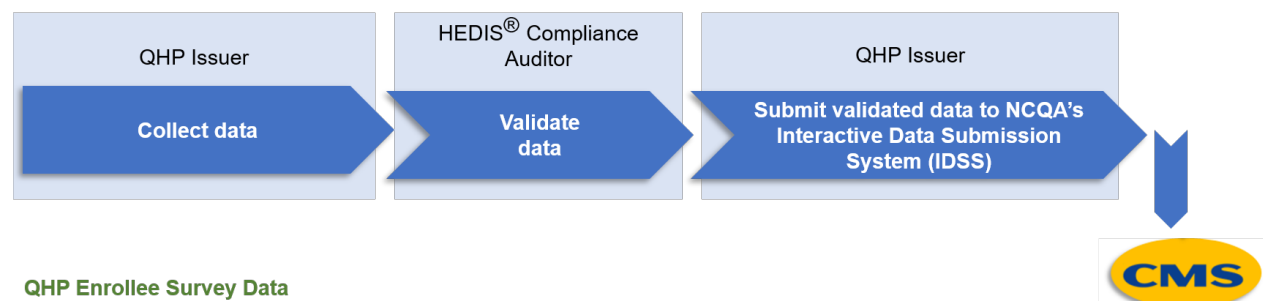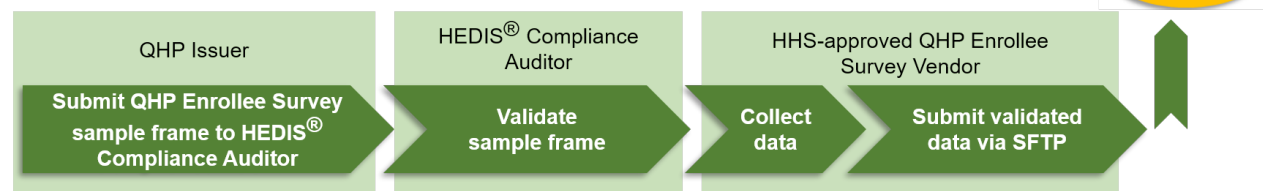
QHP Enrollee Survey Process

Exhibit 8 provides an overview of the QHP Enrollee Survey administration and the key stakeholders involved in each administration step.

Exhibit 8: QHP Enrollee Survey Process Graphic

	QHP Issuer Responsibility	Vendor Responsibility	CMS Responsibility
Determine Eligibility ↓	• Determine eligibility of plans to field the survey • Contract with vendor and auditor	• Contract with QHP issuer	• Publish technical specifications for survey • Solicit, approve, and train vendors • Provide technical assistance • Provide quality oversight
Create Sample ↓	• Develop sample frame • HEDIS auditor validates sample frame	• Review and deduplicate sample frame • Draw sample • Oversample, if requested	• Provide technical assistance • Provide quality oversight
Prepare for Data Collection ↓	• Authorize vendor in the HOQ • Complete HOQ	• Design survey materials according to specifications • Program telephone and internet survey • Update enrollee contact information • Train staff	• Review vendor produced survey materials • Provide technical assistance • Provide quality oversight

	QHP Issuer Responsibility	Vendor Responsibility	CMS Responsibility
Collect Data ⬇		• Activate internet survey • Mail prenotification letter, two survey packets, and reminder letter • Send notification and reminder emails • Process incoming mail • Conduct telephone surveys • Provide customer support • Conduct ongoing Quality Assurance (QA) and Quality Control (QC)	• Provide technical assistance • Provide quality oversight
Code and Process Data ⬇		• Ensure data security • Enter and conduct QA review of data • Assign disposition codes • Conduct optional limited analysis for QHP issuer clients	• Host data submission training • Hold test data submission • Provide technical assistance • Provide quality oversight
Submit Data ⬇		• Create data files at reporting unit level • Conduct data QC • Submit data files to CMS • Correct errors identified by CMS, if needed	• Conduct QA validation of data files • Produce data validation reports for vendors • Provide technical assistance • Provide quality oversight
Analyze Data ⬇	• Review/Confirm the QHP List in the Health Insurance Oversight System-Marketplace Quality Module (HIOS-MQM)		• Clean data • Analyze data • Provide technical assistance • Provide quality oversight
Report and Use Data	• Review Preview Reports and QI Reports • Use results for marketing • Use results for QHP issuer/plan QI	• Calculate response rates • Retain sample frames, surveys, and data files for three years	• Create QHP issuer QI Reports • Provide data files to QRS team • Produce de-identified public use files • Provide technical assistance • Provide quality oversight

QHP Enrollee Survey Roles and Responsibilities

CMS and Vendor Roles and Responsibilities

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

To participate in QHP Enrollee Survey data collection, vendors must be HHS-approved to administer the QHP Enrollee Survey. **Exhibit 9** and **Exhibit 10** list CMS' roles and the required vendor roles and responsibilities for survey administration.

Exhibit 9: QHP Enrollee Survey CMS Roles and Responsibilities

CMS Roles and Responsibilities
Provide vendors with standardized survey fielding protocols, the associated timeline and materials, and a description of the data submission methods for the QHP Enrollee Survey through distribution of this document.
Train vendors to administer the QHP Enrollee Survey annually.
Conduct oversight of vendor processes and procedures prior to and during survey fielding.
Provide technical assistance via email to vendors (QHPSurveyVendor@bah.com) and QHP issuers (MQITier2HelpDesk@bah.com), and update the MQI website as required.
Supply vendors with the tools, format, and procedures for submitting collected data.
Process, review, and analyze data files submitted by vendors.
Provide summary-level QHP Enrollee Survey results to QHP issuers and Exchanges.

Exhibit 10: QHP Enrollee Survey Vendor Roles and Responsibilities

Vendor Roles and Responsibilities	✓
Meet the QHP Enrollee Survey Minimum Business Requirements (MBR) and adhere to all Participation Rules. **Note:** 2022 Participation Rules are listed in the *2022 Vendor Participation Form*.	
Establish and maintain a Survey Management System (SMS).	
Provide customer support for enrollees with questions about the survey in all languages in which the survey is administered.	
Comply with the program requirements established by CMS and contained in this document to administer the QHP Enrollee Survey.	
Receive and perform checks of each QHP issuer's sample frame data file to verify the sample frame data file includes all required data elements.	
Submit a list of the QHP reporting units for which the 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 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 this document.	
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 this document. QHP Enrollee Survey activities may **not** be conducted virtually (e.g., remote interviewers working at a personal residence, processing mail surveys at residences), unless specified by CMS. CMS reserves the right to modify or add requirements that vendors must meet if virtual survey operations are deemed necessary. In the event that CMS deems virtual survey operations necessary, vendors must demonstrate that they meet the requirements established by CMS and receive approval from CMS on their approach prior to implementation.	
Successfully submit test data by the deadline established by CMS.	

Vendor Roles and Responsibilities	✓
Successfully submit all final data files in accordance with the file specifications included in this document by the deadline established by CMS.	
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 required quality oversight activities. This requirement applies to all staff and subcontractors.	

If a 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 QRS scores.

Business Location and Continuity

Vendors must conduct all survey-related work, including mail and internet survey administration activities and telephone interviewing, at their official business location. Vendors must conduct all business operations for the QHP Enrollee Survey within the continental United States, Hawaii, Alaska, or U.S. Territories to facilitate required quality oversight activities.

Vendors are required to develop a business continuity plan for conducting ongoing business operations in the event of a natural or human-related disaster that is in accordance with relevant emergency preparedness guidelines. CMS may request to review vendor business continuity plans prior to, during, or after survey administration.

Permissible Subcontracting

The following activities are eligible for subcontracting by vendors:

- Printing of survey materials, including envelopes, questionnaires, and letters.
- Outgoing mailing of survey packets.
- Incoming receipt and data entry/scanning of returned mail surveys.
- Telephone interviewing.
- Customer support operations.

Vendors are responsible for the quality of work performed by subcontractors. Vendors must obtain signed confidentiality agreements from subcontractors prior to employing them for these services. Subcontractors must comply with all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations for safeguarding personally identifiable information (PII).

Subcontractor attendance at the QHP Enrollee Survey Vendor Training is optional; however, at a minimum, vendors are responsible for organizing, attending, and participating in subcontractor training to confirm each subcontractor's understanding of and compliance with QHP Enrollee Survey protocols, procedures, and guidelines.

In addition to vendors, subcontractors must conduct all business operations for the QHP Enrollee Survey within the continental United States, Hawaii, Alaska, or U.S. Territories to facilitate required quality oversight activities.

Vendors are responsible for providing oversight to verify the integrity of the work conducted by subcontractors and must provide CMS with documentation of subcontractor-specific oversight processes. Vendors must provide written documentation of their oversight process for each subcontracted activity in their QAP, including but not limited to, a description of internal processes and procedures implemented to check the accuracy and compliance with established protocols of any subcontractor activities, internal reports providing evidence that oversight procedures of subcontractors were implemented, and any corrective actions required to remediate subcontractor errors. The approval of subcontractors is subject to CMS review.

The following activities may **not** be subcontracted:

- Receipt of sample frame from QHP issuer clients.
- Selection of survey sample.
- Email and/or internet survey administration.
- Preparation of final data files.
- Submission of final data files to CMS.

Determine QHP Issuer Eligibility

Overview

This section outlines the participation criteria for compliance with QRS and QHP Enrollee Survey requirements (i.e., collection and submission of validated QRS clinical measure data and QHP Enrollee Survey response data to CMS). Guidelines for determining which enrollees to include in each reporting unit can be found in the **Create Sample Frame and Draw Sample (Sampling)** section of this manual. **Exhibit 11** below visually represents the process for creating a reporting unit and determining QRS and QHP Enrollee Survey data submission eligibility. This process includes the following steps that QHP issuers must perform:

> **Reporting Unit:** The unique state-product type for each QHP issuer through the Exchange, including QHPs in both the SHOP and individual market.
>
> **Product Types Subject to QRS and QHP Enrollee Survey Requirements**: Exclusive Provider Organization (EPO), Health Maintenance Organization (HMO), Point of Service (POS), and Preferred Provider Organization (PPO)

- **Step 1:** Combine same product types operating in the same state to create a reporting unit.

- **Step 2:** Determine whether the reporting unit operated on an Exchange in 2021.

- **Step 3:** Determine whether the reporting unit will operate on an Exchange in 2022 as the **same** product type.

- **Step 4:** Confirm that the reporting unit will not be discontinued before June 15, 2022.

- **Step 5:** Determine whether the reporting unit met the first enrollment threshold (i.e., had more than 500 enrollees as of July 1, 2021).

- **Step 6:** Determine whether the reporting unit met the second enrollment threshold (i.e., had more than 500 enrollees as of January 1, 2022).

- **Step 7:** If the criteria in Steps 1 through 6 are met, the QHP issuer must submit QRS clinical data and QHP Enrollee Survey response data.

For the purposes of determining eligibility, QHP issuers should review the following definitions:

- **Operational:** The QHPs in the reporting unit are available for purchase on an Exchange (SHOP or individual), accepting new members or groups, and/or have active or existing members.

- **Not Operational:** The QHPs in the reporting unit are not sold on an Exchange (SHOP or individual), are not accepting new members or groups, and do not have active or existing members (i.e., zero members).

- **Discontinued:** The QHPs in the reporting unit will not be offered (i.e., not being offered to new members and/or not available for purchase during the 2023 open enrollment period) through an Exchange and will not be operational. For example, the QHPs in the reporting unit will have zero active members in the ratings year prior to June 15, 2022 and will not be sold through an Exchange during the 2023 open enrollment period. Please refer to the Quality Rating System FAQs for the difference between discontinuation and uniform modification.

Exhibit 11: Data Submission Eligibility Roadmap

QRS and QHP Enrollee Survey Data Submission Eligibility Roadmap

Did the reporting unit operate on an Exchange in 2021?
- *If yes, continue to step 3*
- *If no, stop. Reporting unit is exempt from data submission*

1

Combine same product types to create a reporting unit
- QHP issuers must combine the on-Exchange enrollees for each product type in a state (e.g., EPO, HMO, POS, PPO) offered through an Exchange
- Issuers must combine enrollees from Individual and SHOP plans for each product type.
- Applies to all Exchange QHPs with variant IDs-01 through -06
- Applies to QHPs in states with on-Exchange Medicaid Expansion with variant IDs -31 through -36

2

3

Did the reporting unit operate on an Exchange in 2022?
- *If yes, continue to step 4*
- *If no, stop. Reporting unit is exempt from data submission*

Does the issuer anticipate discontinuing the reporting unit prior to June 15, 2022?
- Refer to the *Quality Rating System FAQ* for the difference between discontinuation and uniform modification
- *If no, continue to step 5*
- *If yes, stop. Reporting unit is exempt from data submission*

4

5

Did the reporting unit meet the first enrollment threshold?
- Does the reporting unit have more than 500 enrollees as of July 1, 2021?
- *If yes, continue to step 6*
- *If no, stop. Reporting unit is exempt from data submission*

Did the reporting unit meet the second enrollment threshold?
- Does the reporting unit have more than 500 enrollees as of January 1, 2022?
- *If yes, continue to step 7*
- *If no, stop. Reporting unit is ineligible from data submission*

6

7

Data Submission Eligible
- Reporting unit is required to submit QRS Clinical Data and QHP Enrollee Survey Data
- *Note:* Reporting units will not be eligible to receive a QRS rating until their third year of operation on an Exchange (i.e., 2020, 2021, 2022)

Definitions and Examples

- **Operational**
  The QHPs in the reporting unit are available for purchase on an Exchange (SHOP or individual), accepting new members or groups, and/or have active or existing members.

- **Not Operational**
  The QHPs in the reporting unit are not sold on an Exchange (SHOP or individual), are not accepting new members or groups, and do not have active or existing members (i.e., zero members).

- **Discontinued**
  The QHPs in the reporting unit will not be offered (i.e., not offered to new members and/or not available for purchase during the upcoming open enrollment period) through an Exchange and will not be operational.
  - Example: The QHPs in the reporting unit will not be sold through an Exchange and have zero active members in the ratings year prior to June 15, 2022. Please review the *Quality Rating System FAQs* for additional information on discontinuation and uniform modification.

Process

Define Reporting Unit(s)

QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data for each eligible **reporting unit**, which is defined as the unique state-product type offered by a QHP issuer through the Exchange,[13] including QHPs in both the SHOP and individual market. QHP issuers may not combine product types or states.

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 (i.e., health maintenance organization [HMO], preferred provider organization [PPO], exclusive provider organization [EPO], and 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. At this time, the QRS and QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee-for-service plans), stand-alone dental plans, or child-only plans. The QRS and QHP Enrollee Survey requirements also do not apply to basic health program (BHP) plans.

Evaluate Reporting Unit Eligibility Criteria

QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data for each reporting unit[14] (defined above) that meets all of the below criteria:

- Offered[15] through an Exchange in the prior year (i.e., 2021 calendar year).
- Offered through an Exchange in the ratings year (i.e., 2022 calendar year) as the exact same product type.
- Meets the QRS and QHP Enrollee Survey minimum enrollment requirements[16, 17]:
  - o Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2021) and
  - o Included more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2022).

Note: In other words, QHP issuers are required to collect and submit validated clinical measure data and QHP Enrollee Survey enrollee response data for each *product type* offered through an

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[13] "Exchange" includes Federally-facilitated Exchanges (FFEs), State-based Exchanges (SBEs), and State-based Exchanges on the Federal Platform (SBE-FPs).

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

[15] For purposes of QRS and QHP Enrollee Survey participation eligibility, the term "offered" includes all reporting units that are operational through an Exchange (i.e., reporting units that are available for purchase through an Exchange [SHOP or individual], accepting new members or groups, or have active or existing members).

[16] 45 C.F.R. §§ 156.1120(a) and 156.1125(b).

[17] 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.

Exchange for *two consecutive years* (i.e., 2021 and 2022) that had more than 500 enrollees as of July 1, 2021, and more than 500 enrollees as of January 1, 2022.

The minimum enrollment threshold is determined by the total number of enrollees within the reporting unit, not by the number of survey-eligible enrollees.

Reporting units discontinued before June 15 of the ratings year (i.e., June 15, 2022) are exempt from the QRS and QHP Enrollee Survey 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 eligibility criteria as defined above.

Reporting Unit Plan and Enrollee Inclusion Criteria

Exhibit 12 provides a list of plans and enrollees to include in a reporting unit. CMS will **not** accept data submissions for reporting units that do not follow the guidelines as defined below for determining which enrollees should be included.

Exhibit 12: Guidelines for Plans Determining which Enrollees to Include and Exclude in a Reporting Unit

Creating a Reporting Unit *Applies to QRS Clinical Measures and the QHP Enrollee Survey*	✓
Include the Following Enrollees:	
Enrollees in QHPs offered through an Exchange (HIOS variant IDs -01 through -06, <u>and</u> -31 through -36 for states with Medicaid 1115 waivers where the Medicaid expansion population is eligible to enroll in Exchange plans) in the prior year (i.e., 2021 calendar year).	
Enrollees in QHPs that provide family and/or adult medical coverage.	
Enrollees from both the individual market (individual and family plans [IFPs]) and SHOP if the QHP issuer offers the same product type in the individual market as well as the SHOP within a state (i.e., **combine SHOP and IFPs if they are the same product type offered in the same state**). *Example:* • QHP issuer XYZ has 500 SHOP HMO enrollees in a particular state and 200 IFP HMO enrollees. • QHP issuer XYZ pulls the reporting unit sample frame after January 6, 2022 containing 700 enrollees from SHOP and IFP HMOs.	
Combine enrollees from multiple products of the same product type in a single state into one reporting unit. *Example:* • QHP issuer XYZ has three HMO plans in a particular state. • QHP issuer XYZ combines enrollees from the three HMO plans for that state into a single reporting unit.	
Combine enrollees from the same product type with multiple plan levels (i.e., bronze, expanded bronze, silver, gold, platinum, catastrophic) into one reporting unit. *Example:* • QHP issuer XYZ has silver and gold HMOs in a particular state. • QHP issuer XYZ combines enrollees from the silver and gold HMOs for that state into a single reporting unit.	
Enrollees in QHPs offered through an Exchange that may be aligned to a different 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 (i.e., 2022 calendar year) should be included. In cases of such mergers or acquisitions, the gaining QHP issuer should include enrollees previously aligned to the ceding QHP issuer.	

Creating a Reporting Unit *Applies to QRS Clinical Measures and the QHP Enrollee Survey*	✓
Exclude the Following Enrollees:	
Enrollees in plans offered outside the Exchange (HIOS variant ID-00) and non-QHPs.	
Enrollees in indemnity (i.e., fee-for-service) health plans, child-only health plans, or stand-alone dental plans.	
Enrollees in BHP plans.	
Confirm Minimum Enrollment Criteria:	
The QHPs in the reporting unit will operate on the Exchange as the exact same product type in both the 2021 and 2022 calendar years.	
There were more than 500 enrollees in the reporting unit as of July 1 in the prior year (i.e., July 2021).	
There were more than 500 enrollees in the reporting unit as of January 1 of the ratings year (i.e., January 2022).	

Example:

A fictional QHP issuer is certified to offer family medical coverage in two states: West Virginia (WV) and Maryland (MD). **Exhibit 13** shows the characteristics of the QHP issuer's reporting units. In accordance with the eligibility criteria defined in **Exhibit 12** above, this QHP issuer must collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data to CMS for reporting unit 12345-WV-PPO and reporting unit 12345-MD-EPO. The other reporting units either did not have sufficient enrollment as of July 1, 2021, did not have sufficient enrollment as of January 1, 2022, or were discontinued before June 15, 2022.

Exhibit 13: Example Reporting Units for a QHP Issuer Assessed Against 2022 QRS and QHP Enrollee Survey Participation Criteria

Reporting Unit	Enrollment as of July 1, 2021 *(Total and per Individual Market vs. SHOP)*	Enrollment as of January 1, 2022 *(Total and per Individual Market vs. SHOP)*	Discontinued Prior to June 15, 2022?	Meet Participation Criteria? *(i.e., Required to Submit QRS Clinical Measure and QHP Enrollee Survey Response Data)*
12345-WV-PPO	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	No	Yes
12345-WV-HMO	601 (501 individual, 100 SHOP)	N/A	Yes – Discontinued as of December 31, 2021	No – Not operating in ratings year
12345-MD-PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	No	No – Insufficient enrollment size in both years
12345-MD-HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	No	No – Insufficient enrollment size as of January 1, 2022
12345-MD-EPO	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	No	Yes
12345-WV-EPO	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	No	No – Insufficient enrollment size in both years

QHP issuers with specific questions related to the application of the QRS and QHP Enrollee Survey participation criteria and/or determining reporting unit eligibility should seek guidance from CMS via the MSD Help Desk.

Confirm Reporting Unit Information and Authorize a Vendor

QHP issuers with reporting units required to participate in the QHP Enrollee Survey must contract with an HHS-approved vendor to administer the QHP Enrollee Survey. Vendors will sample eligible enrollees using a standardized data collection protocol specified by CMS and collect responses to the survey questions.

A list of HHS-approved vendors is available on the [MQI website](#); vendors are conditionally approved until the completion of an annual training in the fall. QHP issuers are not required to contract with the same vendor from the previous survey administration year, given the contracted vendor is on the list of approved vendors for the current survey administration year.

Each QHP issuer must formally authorize a vendor through NCQA's online Healthcare Organization Questionnaire (HOQ) to collect and submit QHP Enrollee Survey response data to CMS on its behalf.[18] Each fall, QHP issuers will receive step-by-step instructions for authorizing a vendor. In addition, QHP issuers must confirm that all eligible reporting units are included in the HOQ and verify required reporting unit information (e.g., general information, enrollment, year plan began operating, three-year operational status). **Note:** QHP issuers must also request a submission via NCQA's HOQ to submit QRS clinical measure data.

Report Ineligible Reporting Units

QHP issuers with ineligible reporting units must submit the reporting unit information and ineligibility reason to CMS. CMS will provide an ineligibility template each fall. QHP issuers must include complete information for each reporting unit that does not meet eligibility criteria by selecting from a menu of ineligibility reasons.

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[18] 45 C.F.R. § 156.1125(a).

Create Sample Frame and Draw Sample (Sampling)

Overview

This section provides detailed instructions for QHP issuers eligible to field the QHP Enrollee Survey (see the **Determine QHP Issuer Eligibility** section) on how to determine which enrollees to include in each reporting unit's sample frame. It also provides instructions for vendors on how to draw the QHP Enrollee Survey sample from each sample frame.

> **Sample Frame:** The QHP issuer's eligible population source file. It contains a list of the eligible enrollees to whom the QHP Enrollee Survey can be administered.
>
> **Survey Sample:** The random group of individuals chosen from the sample frame.
>
> **Sampled Enrollee:** Individual randomly selected from the sample frame.

Process

Create the Sample Frame (QHP Issuers)

QHP issuers must populate a complete, accurate, and valid sample frame of all survey-eligible enrollees for each reporting unit required to field the survey according to **Appendix F: Sample Frame File Layout**. The sample frame includes one record or line for each survey-eligible enrollee (i.e., one enrollee record per line). All sample frames must include current enrollees as of **11:59 p.m. ET on January 6, 2022** (the anchor date). Sample frames may **not** be pulled before this date. All sample frames must be pulled on or after January 7, 2022 and must include all enrollees as of the anchor date—**not** the date the sample frame is pulled. QHP issuers must generate all sample frames in a time frame that supports validation by a HEDIS Compliance Auditor (auditor) and submission to the vendor no later than January 28, 2022.

Note: Survey-eligible enrollees must meet the criteria in **Exhibit 14**. However, eligibility determinations for reporting units to submit QRS clinical data and QHP Enrollee Survey response data are based on total enrollment (i.e., all enrollees in the reporting unit) and not the count of survey-eligible enrollees.

Inclusion and Exclusion Criteria

Exhibit 14 provides an overview for QHP issuers to determine which enrollees to include in each reporting unit's sample frame. To ensure that all enrollees meet the continuous and current enrollment criteria, QHP issuers may **not** generate sample frames until January 7, 2022.

CMS will **not** accept submissions for reporting units that do not follow the specified guidelines for determining which enrollees should be included in the sample frame. QHP issuers must use a consistent approach when determining the eligible population and reporting for QRS clinical measure data, QHP Enrollee Survey response data, and for each product offering.

Note: QHP issuers must provide a list of common plan name aliases to vendors prior to survey fielding to enable them to make accurate eligibility determinations for enrollee response data.

Continuous Enrollment for QHP Enrollee Survey

Enrollees are considered continuously enrolled if they are enrolled in the eligible QHP from July 1 through December 31, 2021, with no more than a single 45-day break (i.e., allowable gap) in enrollment. An allowable gap can occur anytime during the continuous enrollment period

(July 1 through December 31, 2021). Enrollees who switch among different product lines (i.e., Exchange, commercial, Medicaid, Medicare) and products (i.e., HMO, POS, PPO, EPO) within the eligible QHP during the continuous enrollment period are considered continuously enrolled and are included in the product line/product in which they were enrolled at the end of the continuous enrollment period (i.e., December 31, 2021).

Note: During the allowable gap in enrollment, it may be possible for an enrollee to obtain coverage via a different product line (i.e., Exchange, commercial, Medicaid, Medicare) or another QHP product on the Exchange (i.e., HMO, POS, PPO, EPO). Provided this enrollee meets all other criteria and is enrolled at the end of the continuous enrollment period (i.e., December 31, 2021), the enrollee should be included in the sample frame.

Current Enrollment

Enrollees are considered currently enrolled if they are enrolled in the eligible QHP:

- At the end of the continuous enrollment period (i.e., December 31, 2021), **and**
- On January 6, 2022.

Medicaid 1115 Waiver Enrollees

Certain Medicaid Expansion states permit the Medicaid expansion population to enroll in on-Exchange QHPs via a Medicaid 1115 waiver. These plans are usually denoted with HIOS variant IDs -31 through -36. QHP issuers should include these Medicaid expansion enrollees in the QHP Enrollee Survey sample frame (and QRS clinical data submission) if they meet all other inclusion criteria. It is the QHP issuer's responsibility to know which enrollees are using a Medicaid 1115 waiver to purchase their coverage and to correctly denote them in the sample frame.

Enrollees in Hospice

Enrollees in hospice are included in the QHP Enrollee Survey sample frame, given that all other eligibility requirements are met. Enrollees identified as being in hospice during survey fielding are assigned a final disposition code of "X24—Mentally or Physically Incapacitated" if the vendor is unable to obtain a proxy or the member does not consent to a proxy taking the survey on their behalf.

Exhibit 14: Enrollee Eligibility Requirements for the QHP Enrollee Survey (Survey-Eligible Enrollees)

Eligibility Criteria	✓
Enrollee Eligibility Status: Eligible if all the listed criteria are met. Include Enrollee in Sample Frame if:	
• 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 offered through the Exchange that provides family and/or adult medical coverage.	
• Enrollee is 18 years of age or older as of December 31, 2021.	
• Enrollee meets continuous enrollment criteria.	
• Enrollee is still enrolled on January 6, 2022 (i.e., meets current enrollment criteria).	

Eligibility Criteria	✓
• Enrollee has requested to not be contacted (i.e., is on a "Do Not Survey" list). • **Note:** Vendors will exclude enrollees from fielding based on their internal Do Not Survey list; however, enrollees on a QHP issuer's "Do Not Survey" list remain eligible for sampling.	
Enrollee Eligibility Status: <u>Ineligible</u> if <u>any</u> of the listed criteria apply. Exclude Enrollee from the Sample Frame if:	
• Enrollee is in a QHP offered outside the Exchange (HIOS variant ID -00) or a non-QHP.	
• Enrollee is in a QHP offered through the Exchange that is an indemnity (i.e., fee-for-service) plan, child-only health plan, or stand-alone dental plan.	
• Enrollee is in a BHP plan.	
• Enrollee is younger than 18 years of age as of December 31, 2021.	
• Enrollee does not meet continuous enrollment criteria.	
• Enrollee discontinued enrollment for the 2022 Plan Year prior to 11:59 p.m. ET on January 6, 2022. • **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.	
• Enrollee is deceased as of January 6, 2022.	

Sample Frame Data Format

The standardized sample frame layout is an ASCII fixed-width text file with defined fixed-column positions for each data element. **Appendix F: Sample Frame File Layout** provides the required data elements included for each enrollee in the sample frame. Data elements must adhere to the value label characteristics described in **Appendix F** and are to be placed in the designated columns (i.e., specified field positions) without delimiters. 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. Field population for all variables is required, not optional. For rare instances in which portions of required enrollee data are missing, QHP issuers must denote these data elements with the valid value for *Missing* provided in **Appendix F**. QHP issuers may not append any additional data fields to the sample frame that are not specified in the sample frame file layout.

Validate Sample Frame (QHP Issuers)

CMS requires that QHP issuers use a HEDIS Compliance Auditor and follow the HEDIS Compliance Audit standards to validate QRS clinical measure data and the QHP Enrollee Survey sample frame. Each QHP issuer is responsible for selecting a HEDIS Compliance Organization, determining fees, and entering into a data validation contract (if necessary). This 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: https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/.

Exhibit 15 provides an overview of the sample frame validation process.

<p align="center">**Exhibit 15: Sample Frame Validation Process**</p>

Step	Description	✓
Step 1	In the NCQA HOQ, the QHP issuer enters information for each QHP Enrollee Survey reporting unit it is required to report. This is the number of sample frames the QHP issuer must produce. **Note:** This is also the number of reporting units for which the QHP issuer must authorize an HHS-approved QHP Enrollee Survey vendor and verify required reporting unit information (e.g., enrollment, year plan began operating, three-year operational status) within the HOQ.	
Step 2	The QHP issuer generates the sample frame data file(s) per specifications. Refer to **Exhibit 20: Example Quality Control Checks for Sample Frame Files** for additional details.	
Step 3	The QHP issuer delivers the sample frame data file(s) to the auditor.	
Step 4	The auditor validates the sample frame data file(s) and notifies the QHP issuer of the results. If the auditor determines the quality or completeness of the sample frame poses a threat to the desired survey response rate, the QHP issuer makes corrections to the sample frame until the desired audit result is achieved.	
Step 5	The auditor enters the result of the sample frame validation in the HOQ.	
Step 6	The QHP issuer forwards the auditor-locked sample frame data file(s) and documentation of the validation results to the QHP Enrollee Survey vendor (via secure transmission).	
Step 7	The QHP Enrollee Survey vendor draws the survey sample and administers the QHP Enrollee Survey per specifications.	

Provide Sample Frame to Vendor

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

Review Sample Frame (Vendors)

Vendors review the sample frame and assess the completeness of the contact information (i.e., mailing addresses, telephone numbers, and email addresses) included in the sample frame for each eligible enrollee. Vendors also conduct quality assurance checks of the sample frame to verify the accuracy of the information provided by the QHP issuer (see **Exhibit 20: Example Quality Control Checks for Sample Frame Files** and **Table F-1: Recommended Logic Agreement Checks for 0% Bias Variables**). Vendors must notify the Project Team (QHPSurveyVendor@bah.com) of any QHP issuer clients that have not provided a validated sample frame by the deadline established by CMS (see **Exhibit 3: Key Dates for Vendors**). **Exhibit 16** provides an overview of the sampling process performed by vendors.

<p align="center">**Exhibit 16: Vendor Sampling Activities**</p>

Step	Description	✓
Step 1	Vendor receives the auditor-locked sample frame data file(s) from the QHP issuer via secure transmission. Vendor unlocks the sample frame data file(s) using the appropriate password according to the licensed organization that conducted the audit.	
Step 2	Vendor reviews sample frame data file(s) and conducts QA checks including, but not limited to, the checks specified in **Exhibit 20: Example Quality Control Checks for Sample Frame Files** and the 0% bias variables, as detailed in **Table F-1: Recommended Logic Agreement Checks for 0% Bias Variables**.	

Step	Description	✓
Step 3	Vendor deduplicates the sample frame data file(s) according to the process included in **Exhibit 17: Deduplication Hierarchy.**	
Step 4	Vendor determines deduplication counts as specified in **Exhibit 18: Deduplication Counts Included in the Data Submission File**.	
Step 5	Vendor draws a random sample of 1,300 enrollees from the deduplicated sample frame. If there are fewer than 1,300 enrollees for a given reporting unit, then the vendor surveys all available enrollees in the sample frame. **Note:** Oversampling may be conducted for a reporting unit if the reporting unit contains enough eligible enrollees to support the increased sample size. Vendors are required to submit a formal request to oversample to CMS on behalf of their QHP issuer clients as part of Report #2 (Preliminary QHP Client List). Vendor conducts oversampling at the approved percentage according to **Exhibit 19: Permitted Oversampling Levels**.	
Step 6	Vendor conducts final QA activities on the selected survey sample.	
Step 7	Vendor excludes enrollees who appear on its internal "Do Not Survey" list from receiving survey outreach materials. **Note:** Vendors do not replace these individuals in the survey sample but should assign a final disposition code of "X43—Do Not Survey List."	

Draw Survey Sample (Vendors)

Vendors draw a simple random sample of enrollees per the protocol specified in the sections below. As a best practice, vendors draw the sample so the QHP issuer will not know which enrollees will be surveyed.

Given that the generation of the survey sample is critical to the project, CMS does not allow subcontracting of this function.

Deduplicate Sample Frame

Vendors must deduplicate the sample frame before selecting the survey sample. Deduplication involves sorting the sample frame by the identifiers outlined in **Exhibit 17**. To ensure that only one person in each household is surveyed, vendors must sort the sample frame according to the hierarchy in **Exhibit 17**.

Exhibit 17: Deduplication Hierarchy

Step	Process
Step 1	Sort by Subscriber of Family Identifier (SFID) (to group all covered family members together).
Step 2	Group all Enrollee Unique Identifiers (EUIDs) associated with the same SFID.
Step 3	Use simple random sampling to select only **one** eligible enrollee (i.e., EUID) per SFID.

Deduplicate by Address

If SFIDs are unique to each enrollee in the covered family unit (i.e., the SFID acts like an EUID) or the sample frame does not contain SFIDs, then the sample frame is deduplicated by address. Deduplication by address may not be performed on sample frames that have already been deduplicated by SFIDs.

Calculate Deduplication Counts

Vendors calculate three "count" variables based on the deduplication process for inclusion in the data files submitted to CMS (see **Exhibit 18**). CMS uses these variables to determine selection probabilities and create survey weights.

> **Subscriber of Family Identifier (SFID):** Denotes the covered family unit. It includes a primary-insured person and covered dependents.
>
> **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).

Exhibit 18: Deduplication Counts Included in the Data Submission File

Data Submission File Field Name	Definition
n_fr	Count of the total number of enrollees in the sample frame provided by the QHP issuer for each reporting unit *before* deduplication. **Note:** This value will be the same for all enrollees in the same reporting unit.
K	Count of the number of survey-eligible enrollees (or EUIDs) covered under each SFID. This value is calculated by summing the number of EUIDs per SFID (or address, if applicable) *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).
M	Count of the total number of records in the sample frame for the reporting unit *after* deduplication (i.e., the number of enrollees in the "deduplicated sample frame"). **Note:** This value will be the same for all enrollees in the same reporting unit.

Draw the Sample

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 (i.e., EUIDs) for a given reporting unit, then the vendor surveys all available enrollees in the sample frame (i.e., conducts a census survey).

Vendors create a file containing all sampled enrollees to be included in the QHP Enrollee Survey fielding. This file is known as the survey sample. Vendors conduct quality control checks of the survey sample to verify the accuracy of the deduplication and random sampling procedures used to draw the sample.

Vendors retain all QHP Enrollee Survey sample data, including the original sample frame file, deduplicated sample frame, and the survey sample file in a secure and environmentally controlled location for a minimum of three years.

Oversampling

QHP issuers may want to oversample (i.e., select a sample larger than the standard sample size of 1,300 enrollees) 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% and may not exceed a 30% oversample, as shown in **Exhibit 19**.

Exhibit 19: 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 that wish to draw a sample larger than 1,300 enrollees for any of their reporting units should notify their vendor of this intent as early as possible. Vendors are required to submit a formal request to oversample to CMS on behalf of their QHP issuer clients as part of Report #2 (Preliminary QHP Client List). Vendors must provide the following information with the request:

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

Regardless of the desired sample size, vendors must follow the sampling protocols outlined in this section to draw the sample for all reporting units and must adhere to all standard data collection protocols and procedures.

Prepare the Survey Sample for Fielding (Vendors)

"Do Not Survey" List

Vendors may not exclude sampled enrollees from the survey based on a QHP issuer's "Do Not Survey" list, including those who have opted out of emails from the QHP issuer. However, prior to survey fielding, vendors should exclude sampled enrollees who appear on their organization's internal "Do Not Survey" list from receiving survey outreach. These individuals are not replaced in the survey sample and should be assigned a final disposition code of "X43—Do Not Survey List."

The "Do Not Survey" list applies to all survey modes (i.e., 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 vendor's internal "Do Not Survey" list. Vendors maintain internal "Do Not Survey" list entries for three years.

Note: Vendors are encouraged to maintain a QHP-specific "Do Not Survey" list versus a company-wide list when preparing the QHP Enrollee Survey sample for fielding and to inform future survey administration cycles.

Enrollees with Known Bad Addresses and Bad Telephone Numbers

Enrollees in the sample frame flagged as having a known bad address or bad telephone number cannot be excluded from the final survey sample.

- If an enrollee with a known bad address is randomly selected for the survey, vendors are not required to mail survey materials to that enrollee; however, vendors are required to properly triage the enrollee to the internet and telephone phases of the protocol.

- If an enrollee with a known bad telephone number is randomly selected for the survey, vendors are not required to call that telephone number; however, vendors are required to appropriately include the enrollee in the mail and internet phases of the protocol.

Enrollees with Known Email Preferences

Enrollees in the sample frame who asked to be removed from QHP issuer email communications cannot be excluded from the final survey sample. If an enrollee who unsubscribed from the QHP issuer's email communications is randomly selected for the survey, vendors are still required to send notification and reminder emails to the enrollee, unless the enrollee asks the vendor to stop email communication (see the **Email Unsubscribe and Do Not Survey** section**)** or the enrollee appears on the vendor's internal "Do Not Survey" list.

Adding Enrollee Contact Information to the Survey Sample

To protect enrollee confidentiality and to maintain fidelity of the survey fielding protocol, vendors must never share identifiable person-level information with a QHP issuer. If the vendor determines that the amount of missing contact information for sampled enrollees poses a threat to desired response rates, then the vendor may request that the QHP issuer provide additional enrollee contact information (i.e., mailing addresses, telephone numbers, and email addresses).

If a QHP issuer can provide additional enrollee contact information, then the QHP issuer must update the mailing address, telephone number, and email address for all enrollees included in the full validated sample frame file. The QHP issuer then returns the updated sample frame file to the vendor through a secure transmission. The vendor subsequently determines if an updated mailing address, telephone number, or email address has been included for any of the enrollees selected for the survey. If updated contact information is provided for any sampled enrollees, then the vendor uses the updated contact information for survey contact attempts.

Fielding Additional Surveys Using the QHP Enrollee Survey Sample Frame

CMS strongly discourages QHP issuers or vendors from asking sampled enrollees any QHP Enrollee Survey questions four weeks prior to or during QHP Enrollee Survey fielding (generally any time from December 15 to May 15). Vendors are permitted to use the QHP Enrollee Survey sample frame to draw additional samples to field other surveys after drawing the QHP Enrollee Survey sample; however, CMS strongly encourages that any households or SFIDs sampled for the 2022 QHP Enrollee Survey be excluded from additional surveys to avoid overburdening enrollees.

Conducting Quality Control Checks for Sample Frame Files

QHP issuers and vendors must conduct quality control checks on data included in the sample frame. Quality control checks verify that data included in the sample frame are accurately captured and prevent sampling errors. **Exhibit 20** describes suggested quality control checks for sample frame files. This table should **not** be considered an exhaustive list of quality control activities.

Exhibit 20: Example Quality Control Checks for Sample Frame Files

Quality Control Checks for Sample Frame Files	✓
Verify that the organization (i.e., Reporting Unit ID [Issuer ID-QHP State-Product Type]) is an **exact match** compared to what is listed in the "Reporting Units Required to Submit 2022 QRS Clinical Measure Data and QHP Enrollee Survey Response Data" in the *2022 QHP Enrollee Survey: Operational Instructions*.	
Verify that the Reporting Unit ID corresponds to the correct Issuer Legal Name.	
Verify that QHP Issuer Legal Name does not include extra spaces, abbreviations, or acronyms. **Note:** The population of this variable reflects how the QHP issuer name will appear in the QI Report.	
Verify that the reporting unit's product type was exactly the same in both 2021 and 2022.	
Review the sample frame files for missing information. Data is required for all variables.	
Verify that data elements are assigned correctly and that all required fields contain allowed/valid values.	
Verify that the sample frame contains the entire eligible population, including both individual market and SHOP enrollees.	
Verify that the population included in the sample frame matches the population being reported. For example, if an Exchange PPO file is being reported, then no Exchange HMO, POS, or EPO members should be included in the file.	
Verify that all records within a sample frame have the same value for QHP Issuer Legal Name, Product Type, Issuer ID, QHP State, Reporting Unit ID, Reporting Status, and Total Enrollment.	
Verify that the Reporting Unit ID for the QRS and the QHP Enrollee Survey is defined by the unique QHP state-product type (i.e., EPO, HMO, POS, PPO) for each QHP issuer. QHP issuers may not combine states or product types.	
Verify that the Reporting Unit ID (Issuer ID-QHP State-Product Type) in the file name matches those populated in the data. The components of the Reporting Unit ID variable **must** match the reported values for the Issuer ID, QHP State, and Product Type variables. For example: If Reporting Unit ID = 12345-TX-PPO, then Issuer ID=12345, QHP State=TX, and Product Type=PPO for all enrollees.	
Verify that enrollees are in QHPs offered through an Exchange. Exchange QHPs are designated as HIOS Variant IDs -01 through -06, and -31 through -36 for Medicaid Expansion QHP enrollees.	
Verify that organizations with Medicaid Expansion QHP enrollees (Field Position 600, 1=Yes) have a Variant ID value between -31 and -36.	
Run frequencies on sample frame variables to check for outliers and anomalies (including missing values). Investigate sample frame files if there are notable differences or missing values and determine if the data are accurate.	
Compare the frequencies and count distributions of sample frame data to the previous survey administration year (2021). Investigate for significant changes (suggested >30%) and determine if the data are accurate.	

Quality Control Checks for Sample Frame Files	✓
Verify that Total Enrollment is greater than 500. **Note:** This is the total enrollment for the same product type within a state (i.e., all QHP Exchange HMO enrollees within a state meeting the continuous enrollment criteria), not the total number of survey eligible enrollees within the reporting unit. Total Enrollment should be greater than the survey-eligible population. If total enrollment is equal to or less than 500, consult the *2022 QHP Enrollee Survey: Operational Instructions* (available in the fall of 2021) for guidance.	

Sample Frame Data Validation Standards

The data validation standards are specified in the *HEDIS Volume 5: Compliance Audit: Standards, Policies, and Procedures*, which is available for purchase on the following website: http://store.ncqa.org/index.php/performance-measurement.html.

HEDIS Compliance Auditors use this uniform set of data validation standards to assess each QHP issuer's sample frame for the QHP Enrollee Survey.

Obtaining Access to Prior Year's 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 vendor to have access to a QHP Enrollee Survey dataset from the prior year's administration. It is not permitted, at any time, for identifiable survey data to pass through the QHP issuer. All data transfers must be coordinated with CMS.

A QHP issuer that would like its current 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 datasets." 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 vendor that should receive the dataset.

This request must come directly from the QHP issuer and not via its contracted vendor. Upon receipt of this request, CMS will coordinate secure transmission of the dataset(s) with the appropriate vendor.

Prepare for Data Collection

Overview

This section describes the process for preparing all materials needed to collect survey data, the requirements for mixed-mode survey administration (i.e., mail, internet, and telephone), and the training necessary for staff supporting data collection.

Mixed-Mode Administration

The QHP Enrollee Survey employs a mixed-mode data collection methodology. **Exhibit 21** provides an overview of this mixed-mode protocol.

Exhibit 21: Overview of Mixed-Mode Administration

Mail English, Spanish, Chinese	Internet English and Spanish	Telephone English, Spanish, Chinese
Prenotification letter	Notification email	Follow-up calls (up to six) to nonrespondents
Two survey packets (i.e., cover letter, survey, and business reply envelope)	Two Reminder emails	
Reminder letter	Web-based survey	

The fielding schedule is detailed in **Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule**. Please refer to the sections below for mode-specific material requirements and checks that must be completed to prepare to administer the QHP Enrollee Survey.

Note: Any variations made to the survey materials other than the optional items listed in the relevant mode-specific sections below require an Exception Request, which must be submitted prior to survey administration (see the **Exception Requests** section).

Foreign Languages

The QHP Enrollee Survey must be administered in both English and Spanish, with the option of administering in Chinese for the mail and telephone modes. The internet survey must be offered in English and Spanish. There is no internet option for Chinese.

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. Translations of the surveys or related materials may not be modified (see the **Guidance on QHP Enrollee Survey & PPACA Regulations on Nondiscrimination** section). Vendors must submit all mail (i.e., surveys, letters, and envelopes), telephone (i.e., screenshots of programmed scripts), and internet (i.e., survey URL, login credentials, and notification and reminder emails) materials to CMS for review in each language in which the survey is administered. All survey materials must be accepted by CMS prior to survey fielding.

Vendors may select one language protocol for all enrollees in a given reporting unit (based on direction from QHP issuer clients) or may use language preference indicators to determine which enrollees should be placed in which language protocol. Please find the possible language protocols in **Exhibit 22**.

Exhibit 22: Overview of Language Protocols

Outreach Mode	English Only	Spanish Only	Chinese Only	English/ Spanish Double Stuff	English/ Chinese Double Stuff	Spanish/ Chinese Double Stuff
Mail	Mailings in English only	Mailings in Spanish only	Mailings in Chinese only	Mailings include both English and Spanish	Mailings include both English and Chinese	Mailings include both Spanish and Chinese
Internet	Emails in English only	Emails in Spanish only	No emails	Emails include both English and Spanish	Emails in English only	Emails in Spanish only
Telephone	Calls in English only	Calls in Spanish only	Calls in Chinese only	Calls in either English or Spanish	Calls in either English or Chinese	Calls in either Spanish or Chinese

Note: To avoid confusion, if an enrollee is in the Chinese-only protocol, they are not to receive emails, even if an email address for the enrollee is included in the sample frame because the enrollee will not be able to complete the survey online in Chinese.

Survey Management System and Data Security Infrastructure

Establish Survey Management System

Vendors must implement an automated, electronic Survey Management System (SMS) to effectively track sampled enrollee data, data collected throughout each stage of the survey fielding protocol, and returned survey data. The SMS will track (i.e., flag and date) key administration events (e.g., address update, first and second survey mailout, prenotification and reminder letter mailout, mail return, undeliverable return, notification and reminder email circulation, email bounce backs, internet survey completion, telephone attempts, telephone completion) for each sampled enrollee. The SMS will link to the internet survey and Computer-Assisted Telephone Interviewing (CATI) systems so that data from internet surveys and telephone interviews are seamlessly incorporated into the SMS.

Note: Vendors must separate PII (e.g., contact information) from sampled enrollee response data in the SMS to protect enrollee confidentiality.

The SMS must adhere to the requirements detailed in **Exhibit 23**.

Exhibit 23: Survey Management System Requirements

Survey Management System Requirements	✓
Separate PII from sampled enrollee response data (maintain in separate locations within the SMS).	
Employ flags and dates for each specified key event.	
Assign a random, unique, de-identified enrollee identification number to each sampled enrollee. These identifiers must be included on the survey and cannot contain PII.	
Prevent duplicative records of sampled enrollees.	
Track members calling to request a Spanish (or Chinese, if applicable) version of the survey to confirm that enrollees are contacted in the appropriate language throughout the protocol.	

Survey Management System Requirements	✓
Link to the internet survey and the CATI system so that data collected from telephone interviews and from internet surveys are seamlessly incorporated into relevant data files in the SMS.	
Use disposition codes to record the ultimate resolution of each sampled enrollee. Vendors may use their own interim disposition codes in the SMS but must demonstrate a mapping of these interim codes to final disposition codes as specified in the **Final Survey Disposition Codes** section.	

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.

Protect Data and Confidential Information

Vendors (and subcontractors) must adhere to HIPAA requirements and safeguard all data collected from sampled enrollees. HIPAA protects private medical information and was implemented to improve the efficiency of the health care system. HIPAA applies to electronic records regardless of whether they are being stored or transmitted. In addition, PII is protected under HIPAA.

At a minimum, vendors are required to provide the assurances of confidentiality described in **Exhibit 24.**

Exhibit 24: Vendor-Required Assurances of Confidentiality

Assurances of Confidentiality	✓
Never report survey responses with a sampled enrollee's name or other identifying information.	
Report survey responses in aggregate only so that no QHP issuer will see a sampled enrollee's individual answers.	
Clarify that sampled enrollees can skip or refuse to answer any question they do not feel comfortable answering.	
Clarify that participation in the study will not affect the benefits a sampled enrollee currently receives or expects to receive in the future.	

In addition, all QHP Enrollee Survey project staff sign confidentiality agreements annually to protect enrollee information. Vendors also obtain a signed confidentiality agreement from all subcontractors that will perform work for the QHP Enrollee Survey administration. This includes, but is not limited to, telephone interviewers, customer support staff, and data receipt and entry staff. Copies of signed agreements must be retained by the vendor's project manager. Vendors may be asked to provide this documentation during onsite or remote visits.

Keep Confidential Data Secure

Any PII associated with a sampled enrollee must be protected. When generating sample files, vendors will be working with PII, including sampled enrollee names, mailing addresses, telephone numbers, and email addresses. From the moment the 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. Vendors must implement the data security measures noted in **Exhibit 25** to protect confidential enrollee data.

Exhibit 25: Vendor-Required Confidential Data Security Measures

Confidential Data Security Requirements	✓
Store electronic data in password-protected locations and limit the number of staff with password access.	
Separate PII from sampled enrollee response data within the SMS.	
Keep confidential information provided on hard copy surveys in a locked room or file cabinet, with access restricted to authorized staff only.	
Maintain a clean desk policy and keep sensitive information out of sight when visitors or unauthorized individuals are present.	
Never remove confidential data from the vendor's place of business, either in electronic or hard copy 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 all systems when leaving them unattended, even 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 data containing PII, its location, and staff member(s) responsible for its maintenance.	
Maintain a secure transmission log to document transmission of person-level data files, PII, or protected health information (PHI).	

Sampling procedures are designed so that QHP issuers cannot identify enrollees selected to participate in the 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 identifiable enrollee information. Vendors are **not** permitted to share any sampled enrollee identifying information with any individual or organization.

Maintain Data Security

Vendors must take appropriate actions to safeguard both the hard copy and electronic data obtained during the implementation of the QHP Enrollee Survey, including all data obtained from QHP issuers or CMS, and all data provided by survey respondents. Vendors must take the measures described in **Exhibit 26** to facilitate physical and electronic data security.

Exhibit 26: Vendor-Required Physical and Electronic Data Security Measures

Physical and Electronic Data Security Requirements	✓
Store paper copies and/or electronic images of scanned surveys in a secure and environmentally controlled location for a minimum of three years. • Paper copies must be stored in a locked file cabinet or within a locked room. • Electronic images of scanned surveys must be secured electronically with limited access based on staff roles. **Note:** At no time may vendors remove paper copies of the survey from the premises.	
Store original sample file in a secure and environmentally controlled location for a minimum of three years.	
Store QHP Enrollee Survey data collected via telephone interviews and the internet survey in a secure and environmentally controlled location for a minimum of three years.	
Limit access to confidential data to authorized staff members only.	

Physical and Electronic Data Security Requirements	✓
Protect electronic data from confidentiality breaches. At a minimum, vendors must use firewalls, restricted-access levels, and password-protected access.	
Back up electronic data nightly (or more frequently) to minimize potential data loss.	
Do not share any information that can identify a sampled enrollee with any individual or organization, including QHP issuer clients.	
Do not include data that can identify sampled enrollees in QHP Enrollee Survey data files submitted to CMS. All file submissions must contain enrollee-level, deidentified data only; all PII and PHI must be redacted from data files prior to data submission. The write-in field for Question 2 must be reviewed and any identifiable data removed.	

Identify and Handle Data Breaches

Vendors must develop protocols for identifying and handling a breach of confidential data. Data breaches occur when an unauthorized individual gains access to confidential, physical, or electronic data, or when an authorized individual distributes confidential information in an unauthorized manner. Vendors must notify CMS of confidentiality or data breaches within 24 hours; these notification requirements extend to potential data breaches that may still be under investigation.

Retain and Destroy Data

Vendors must retain all QHP Enrollee Survey sample data, including the original sample frame file, deduplicated sample frame, and the survey sample file in a secure and environmentally controlled location for a minimum of three years. In addition, vendors must retain all data files for a minimum of three years, or as otherwise specified by CMS. Vendors must store returned paper questionnaires in a secure and environmentally safe location, either onsite or using an offsite contractor. All QHP Enrollee Survey-related data files must be easily retrievable.

After a minimum of three years, or as otherwise specified by CMS, vendors must securely destroy QHP Enrollee Survey-related data files, including paper copies or scanned images of the questionnaires and electronic data files, either onsite or using an offsite contractor.

Mail Survey

Vendors must prepare prenotification letters, survey packets (i.e., cover letter, survey, and business reply envelope), and reminder letters in sufficient time to mail to sampled enrollees according to the fielding timeline shown in **Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule**. The requirements described below are intended to maximize response rates and promote consistency among vendors. All materials (in all administered languages) must be reviewed and accepted by CMS prior to fielding.

Vendors must produce prenotification letters, survey cover letters (first and second), surveys, and reminder letters according to the specifications described in this section. Vendors must produce a sufficient number of each material for the survey sample. This includes instances in which a sampled enrollee receives a survey in one language and requests the survey in one of the other two approved languages (see the **Foreign Languages** section).

Update and Standardize Addresses

Vendors must update mailing addresses prior to the start of mailing to verify that addresses are current and formatted for successful delivery. Vendors must use commercial tools like the United States Postal Service (USPS) Coding Accuracy Support System Certified Zip+4 software and the National Change of Address (NCOA) database to update mailing addresses and to standardize them to conform to USPS formats.

Vendors must make every reasonable attempt to contact all sampled enrollees, regardless of completeness of the mailing address. Vendors must also retain a record of all attempts to acquire missing address data.

Produce Mail Material

Please refer to the MQI website for standard English, Spanish, and Chinese mail material templates. These materials include the prenotification letter, first and second cover letter, reminder letter, and survey templates. All templates are provided as Word documents.

Vendors should work with their QHP issuer clients to identify the plan name most recognizable by sampled enrollees. The same QHP issuer or reporting unit name must be included in the specified locations in the mail, telephone, and internet survey materials; these locations are denoted by a [QHP ISSUER NAME] fill. The same name should also be included in the Plan_Name_Fill data element in the data submission file (see **Appendix G: Data Dictionary**). All mail materials must adhere to the requirements noted in **Exhibit 27**.

Exhibit 27: Mail Materials Requirements

Requirements for All Mail Materials	✓
Display the vendor's logo and/or the QHP issuer's logo in the header of the prenotification, cover, and reminder letters, as well as on envelopes. Logos may be printed in color. **Note:** The inclusion of the vendor's and/or QHP issuer's logo on the instructions page or the first page of the survey is optional.	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman, Arial). The Office of Management and Budget (OMB) statement must be at least 10 points in an easily readable font.	
Include the QHP issuer's recognizable plan name in designated fill locations. Fill locations are denoted by [QHP ISSUER NAME].	
Include taglines as required by the QHP issuer for legal purposes on prenotification, cover, and reminder letters, as well as on envelopes. Vendors do not need to request permission for the inclusion of this information. **Note:** For language specific to nondiscrimination, see **Guidance on QHP Enrollee Survey & PPACA Regulations on Nondiscrimination**.	
Optional for all Mail Materials	
Include the return address of a subcontractor on envelopes and on prenotification, cover, and reminder letters; however, the name associated with the return address must be that of the vendor only. Vendors may not include any other subcontractor contact information (e.g., name, logo) on mail materials. QHP issuer addresses may not be included on any mail material. **Note:** If vendors are subcontracting customer service operations, they may include the customer support telephone number of a subcontractor in the telephone number fill on prenotification, cover, and reminder letters.	

Survey Instrument Template (Questionnaire)

Regarding the content of the survey itself, vendors cannot change the wording of questions or response categories, the order of questions or response categories, or the skip patterns. Vendors may not add supplemental questions to the survey. Mail surveys must adhere to the requirements noted in **Exhibit 28**.

Exhibit 28: Mail Survey Requirements

Mail Survey Requirements	✓
Required: Survey Questionnaire Content	
Include all survey questions and all response categories in the order specified in the survey template.	
Include the full title of the survey and the administration year at the top of the instructions page of the survey.	
Include instructions on the instructions page of the survey. • The instructions may not include bullets. • The instructions may not be compressed to fit within a single column; they must span both columns.	
Include the OMB language, along with the OMB number and approval expiration date, on either the survey instructions page or on the back page of the survey. • The OMB language may not be included on survey question pages. • The OMB language must be included in its entirety. • Please refer to survey material templates for the OMB language.	
Print the sampled enrollee's vendor-assigned unique ID (e.g., numeric ID, barcode, Quick Response [QR] code) on the instructions page and/or back page of the survey for tracking purposes. **Note:** The unique ID may not be any ID included in the sample frame. Sampled enrollee names or addresses may not appear on the surveys, and personalized cover letters may not be attached to the surveys.	
Optional: Survey Questionnaire Content	
Print the sampled enrollee's unique ID (e.g., numeric ID, barcode, QR code) on each page of the survey.	
Include a list of reporting unit aliases in the survey packet. • This list must be preceded by the phrase, "You may also know your plan by one of the following names." Use the following translations for the Spanish and/or Chinese surveys: – También puede conocer su plan de salud por uno de los siguientes nombres. – 您的健保计划的名称也可能是以下名称之一 • If this information is printed on the survey, it must be on the instructions page.	
Print tracking codes to assist with quality assurance activities (the codes must be unobtrusive and not obscure the text).	
Required: Survey Questionnaire Formatting	
Print surveys in black and white; however, vendors may opt to print the surveys in black and white with a highlight color.	
Display each question's response options vertically and list responses individually for each question.	
Do not present response options using a matrix format listing the response options across the top of the page and the questions down the side of the page. The response options must be repeated for every question.	
Print all questions on the questions pages of the survey. Do not print any questions on the survey instructions page.	
Use a two-column format to display all survey questions. Each question and its responses must remain together in the same column and on the same page.	

Mail Survey Requirements	✔
Use the text conventions in the survey template. Vendors must bold text that is bold and italicize text that that is italicized in the template survey.	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman, Arial). The OMB statement must be at least 10 points in an easily readable font.	
Optional: Survey Questionnaire Formatting	
Use wide margins (at least ¾ inches) to create sufficient white space for enhanced readability.	
Format response options using ovals or circles instead of boxes. **Note:** If ovals or circles are used, then the vendor must update the survey instructions to read: "Answer each question by marking the [oval/circle] to the left of your answer," and use an oval/circle in the sample question. Use the following translations for the Spanish and/or Chinese mail surveys: • Responda cada pregunta marcando el [óvalo/círculo] de la izquierda de la respuesta elegida. • 回答问题请在适用选项左边的椭圆形或者圆圈中做记号	
Include question coding numbers on surveys, either to the left or to the right of the response options, or as subscripts.	
Use alphabetical coding for survey questions allowing more than one answer.	
Include the page number along with the question number in the skip pattern instruction (i.e., "If no, go to #X on page X" or "If no, go to question X on page X"), if the skip pattern directs the respondent to a question on a subsequent page.	

Mail Letter Requirements

The QHP Enrollee Survey mail materials consist of the prenotification letter, first and second cover letters, reminder letter, and the outbound and return envelopes. Requirements for mail letters are listed in **Exhibit 29**.

Exhibit 29: Mail Letter Requirements

Requirements for All Prenotification, Cover, and Reminder Letters	✔
Fit on one page.	
Print on white paper only.	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman, Arial).	
Include the sampled enrollee's full name and address in the address block. Address all mail materials to the sampled enrollee using the address provided in the sample frame (after address verification activities are performed).	
Contain a personal salutation (i.e., "Dear [ENROLLEE FIRST AND LAST NAME]").	
Include the signature of a senior executive of either the vendor or the QHP issuer. Additionally, the name and title of this executive, as well as name of the vendor or QHP issuer organization, must be included in the signature block.	
Include the vendor's toll-free customer support telephone number and project-specific email address.	
Include foreign language taglines with information on how to request survey materials in the other languages available, as applicable.	
Include tracking codes, if desired, on letters to assist with QA activities (if the codes are unobtrusive and do not obscure the standard letter text). **Note**: If the vendor prints Quick Response (QR) codes on prenotification and reminder letters that direct sampled enrollees to the internet survey, it may also print internal tracking QR codes on the letters given these internal tracking QR codes do not interfere with the enrollee-specific QR codes.	

Requirements for All Prenotification, Cover, and Reminder Letters	✔
Must not include a QHP issuer's mail or email address on any mailing material.	
Prenotification and Reminder Letters Only: Include a non-language-specific URL that directs sampled enrollees to the internet survey login page, which asks enrollees to enter their login credentials. Login credential(s) must be included on prenotification and reminder letters. **Note:** The internet survey URL and login credential(s) must not be printed on the first or second cover letters. **Optional:** Vendors may include an enrollee-specific QR code on prenotification and reminder letters that directs sampled enrollees to the internet survey landing page and automatically logs them in to the survey. If vendors opt to use QR codes, they must follow the requirements detailed throughout this **Prepare for Data Collection** section.	

Prenotification and Reminder Letters

The prenotification and reminder letters provide information about the purpose of the QHP Enrollee Survey. These letters also inform sampled enrollees who wish to complete the survey via the internet that they may do so in English or Spanish. Vendors must include instructions for completing the survey on a secure website, the URL for the designated website, and customized login credential(s) (e.g., user name and/or password) for each sampled enrollee.

Vendors may include a QR code that directs sampled enrollees to the internet survey landing page and automatically logs them into the survey. If the vendor opts to include QR codes, they must include instructions explaining how to use the code. This language is included on the prenotification and reminder letter templates. The vendor must also follow all security and testing requirements outlined in the **Internet Survey Requirements** section of this document. The prenotification and reminder letters must also contain the vendor's toll-free customer support number and project-specific email address.

Cover Letters

The cover letters explain the purpose of the survey and encourage sampled enrollees to complete the survey. They also contain the vendor's toll-free customer support number and project-specific email address. There are two different versions of the survey cover letter—one for inclusion with the first survey mailing and one for inclusion with the second survey mailing.

The internet survey URL, login credential(s), or QR codes that direct enrollees to the internet survey must not be printed on cover letters.

Note: Cover letters must be printed on a separate sheet of paper and may not be attached to or wrapped around surveys.

Outbound Envelope

The outbound envelope is used for the prenotification letter, the first survey packet (i.e., first cover letter, survey, and business reply envelope), the reminder letter, and the second survey packet (i.e., second cover letter, survey, and business reply envelope). Outbound envelopes must adhere to the requirements detailed in **Exhibit 30**.

Exhibit 30: Outbound Envelope Requirements

Requirements for Outbound Envelopes	✓
Required Content:	
Include a pre-paid business reply envelope that is pre-addressed to the vendor (for survey packets only). The return address printed on this business reply envelope may be that of a subcontractor; however, the name in the return address must be that of the vendor only. QHP issuer addresses must not be included on any mail material. **Note:** Vendors are not required to include the vendor's and/or QHP issuer's logo on business reply envelopes.	
Include the vendor's and/or QHP issuer's logo on outbound envelopes. Vendors may print logos directly on the envelopes, or they may use window envelopes that allow the logo printed on the letter to be seen through the window (see the **Optional Content** section of this table below for additional information).	
Do not display any banners or taglines (e.g., "Important Information Enclosed—Please Reply Immediately" or "Important Information from the Centers for Medicare & Medicaid Services Enclosed.")	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman, Arial) in the address block.	
Optional Content:	
Use address labels if an established quality assurance process is in place to confirm labels match survey IDs.	
Use window envelopes, given the vendor's logo and/or QHP issuer's logo are visible through the window of the envelope (unless the logo(s) are printed directly on the envelopes). The return address block printed on the letter itself must be visible through the envelope window.	
Use and/or print on colored paper for envelopes. Vendors must track all reporting units for which envelopes are printed on colored paper.	
Include codes to assist with survey tracking.	

Business Reply Envelope

Vendors must include a self-addressed, pre-paid business reply envelope in each survey mail packet, along with the cover letter and survey. The survey cannot be mailed without both a cover letter and a reply envelope. The business reply envelope may include respondent-specific, de-identified codes to assist with survey tracking.

The return address printed on the business reply envelope may be that of a subcontractor; however, the name in the return address must be that of the vendor only (i.e., vendor name and subcontractor mailing address only; do not include the subcontractor name). QHP issuer addresses may not be included on any mail item.

Mail Foreign Language Requirements

The QHP Enrollee Survey must be provided to sampled enrollees in Spanish upon request, and in Chinese (if applicable). Prenotification letters, cover letters, and reminder letters mailed in English must include instructions in Spanish (and Chinese, if applicable) on how to call the vendor's toll-free telephone number to request a Spanish (or Chinese, if applicable) mail survey or to take the survey in Spanish (or Chinese, if applicable) by phone. Prenotification and reminder letters must also include instructions and login credentials in Spanish on how to take the survey in Spanish by internet.

If a sampled enrollee calls the vendor to request a Spanish (or Chinese) survey, it is strongly recommended that it be mailed within two business days of the initial request, if possible. The

vendor then conducts the remainder of the protocol in the sampled enrollee's preferred language. Vendors may also attempt to complete an inbound telephone interview with the sampled enrollee during a call in which a Spanish (or Chinese) mail survey is requested.

Vendors should work with their QHP issuer clients to determine the best strategy for optimizing response rates in terms of foreign language survey administration, based on the language preference indicators provided as part of the sample frame. Potential strategies are described in **Exhibit 31**. These strategies are to be considered along with the language protocols described in **Exhibit 22**.

Exhibit 31: Foreign Language Survey Administration Strategies

Foreign Language Option	Requirements
English-Only with Foreign Language Taglines	• Send all survey mailings (prenotification letter, first survey packet, reminder letter, and second survey packet) in English. • Include Spanish (and Chinese, if applicable) text that describes how sampled enrollees may request materials in their preferred language on English prenotification letters, cover letters, and reminder letters. • Mail Spanish (or Chinese, if applicable) materials only upon request. • **Note:** The Spanish text on the prenotification and reminder letters must include the survey URL and login credentials for sampled enrollees to take the internet survey.
Language Preference Indicators	• Send all survey mailings (prenotification letter, first survey packet, reminder letter, and second survey packet) in English or Spanish (or Chinese, if applicable) based on the language preference specified in the sample frame. • Include taglines in the other languages being fielded to provide instructions on how to request a survey in the preferred language on prenotification letters, cover letters, and reminder letters. • **Note:** For example, if an enrollee has a Spanish language preference indicated in the sample frame, the vendor may send all survey materials in Spanish with English taglines that inform the enrollee of the option to take the survey in English (or Chinese, if applicable). • **Note:** English and Spanish taglines on the prenotification and reminder letters must include the survey URL and login credentials for sampled enrollees to take the internet survey.

"Double Stuffed" Survey Materials	• Send all survey mailings (prenotification letter, first survey packet, reminder letter, and second survey packet) in both English and Spanish/or Chinese (i.e., "double stuff" envelopes).
	  – In this scenario, vendors may print the prenotification letters, cover letters, and reminder letters with English on one side and Spanish (or Chinese) on the reverse side. If a vendor opts to use this approach, the sampled enrollee address and salutation must be printed on both the front and back of the letters.
	  – If a vendor chooses to use this option to print letters in English on one side and in Spanish on the other side, and the vendor is also fielding the survey in Chinese, the vendor must include text in Chinese about how sampled enrollees may request materials in Chinese.
	  – If a vendor chooses to use this option to print letters in English on one side and Chinese on the other side, the vendor must include text in Spanish about how sampled enrollees may request materials in Spanish.
	  – If a vendor chooses to use this option to print letters in Spanish on one side and Chinese on the other side, the vendor must include text in English about how sampled enrollees may request materials in English.
	• **Note:** Vendors may use language preference indicators included in the sample frame to choose which languages to double stuff materials for each enrollee. If a vendor chooses this option, they are not required to send double stuffed materials to every sampled enrollee; vendors may use language preference indicators to select which sampled enrollees to send foreign language materials to.

Guidance on QHP Enrollee Survey & PPACA Regulations on Nondiscrimination

CMS and the QHP Enrollee Survey Project Team have received several inquiries from QHP issuers and HHS-approved vendors regarding the applicability of certain PPACA 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 have limited English proficiency 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 (see 45 CFR § 155.205(c)(2)(iii) and § 156.250) as well as nondiscrimination requirements established by Section 1557 of the PPACA and its implementing regulations. This information is intended to provide guidance on the applicability of these requirements to the QHP Enrollee Survey.

Documents are considered to be "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;" 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.[19] For web-brokers, when such entity has 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 Frequently Asked Questions (FAQs) on this requirement on its website: https://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faqs/index.html (see FAQ 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, using 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 response rates among individuals with limited English proficiency. QHP issuers should work with their HHS-approved vendors to discuss these options further.

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[19] Please note the availability of interpreters is not required for the QHP Enrollee Survey. Interpreters are available for enrollees when conducting required business with an issuer or for medical appointments. The QHP Enrollee Survey is voluntary and is offered in English, Spanish, and Chinese only.

While not required, QHP issuers are permitted to request that their HHS-approved 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] 遵守适用的联邦民权法律规定，不因种族、肤色、民族血统、年龄、残障或性别而歧视任何人。

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

Train Mail Staff

Vendors must train all staff (including subcontractors) involved in the outbound and inbound mail processes on all applicable specifications and protocols. A copy of the applicable sections of this document, including process checklists, 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 the topics noted in **Exhibit 32**.

Exhibit 32: Training Topics for Mailing and Data Collection Staff

Training for Mailing and Data Collection Staff	✓
Operation of all relevant equipment and software (e.g., SMS for entering survey receipt, scanning equipment, data entry programs).	
Role-specific QHP Enrollee Survey protocols (e.g., required contents of mail survey packets, how to document or enter returned surveys into the tracking system).	
QA procedures for mail production activities and mailout processes.	
Decision rules and coding guidelines for returned surveys (see **Mail Survey Decision Rules**).	
Proper handling of hard copy and electronic data, including data storage requirements (see **Protect Data and Confidential Information** sections).	

Manage Mail Subcontractors

Vendors may use subcontractors for outbound and inbound mailing operations, optical scanning, or key entry tasks. Vendors must obtain signed confidentiality agreements from subcontractors prior to employing them for these services. Subcontractors must comply with all HIPAA rules and regulations for safeguarding PII. Vendors are responsible for the quality of work performed by all subcontractors.

Vendors that subcontract mailing operations and/or data processing are responsible for providing oversight to verify the integrity of the work and must provide CMS with documentation of subcontractor-specific oversight processes. At a minimum, vendors are responsible for attending and participating in subcontractor training to confirm compliance with all protocols, procedures, and guidelines. Subcontractor attendance at the QHP Enrollee Vendor Training is optional.

Conduct Mail Quality Assurance

Vendors must submit all mail materials to CMS for review in each language in which they will administer the survey according to the due dates included in **Exhibit 3: Key Dates for Vendors**. Please refer to checklists previously presented in this section to review the requirements for all printed materials needed to administer the QHP Enrollee Survey.

Vendors are responsible for the quality of work performed by any staff and/or subcontractors and should conduct onsite verification of printing and mailing processes. Vendors must describe quality assurance processes in detail in their QAP, retain records of all quality assurance activities conducted, and obtain QAP acceptance by CMS prior to survey fielding (see **Appendix C: Model Vendor Quality Assurance Plan**).

At a minimum, vendors must adhere to the mail quality assurance requirements described in **Exhibit 33** prior to fielding.

Exhibit 33: Mail Quality Assurance Requirements

Mail Quality Assurance Requirements	✓
Review and confirm that the printed survey materials match the previously accepted survey proofs.	
Integrate all mailing seeds directly into the mailing database. In addition, send "seeded mailings" to the designated CMS representatives per the requirements in the **Seeded Mailings** portion of the **Comply with Oversight Activities** section.	
Make every reasonable attempt to contact all eligible sampled enrollees, regardless of whether they have a complete mailing address.	
Record all attempts to update mailing address information.	
Perform interval checking of at least 10% of printed mailing pieces to:	
• Check for fading, smearing, misalignment, and bleed-throughs.	
• Confirm that all pages are included in the survey.	
• Verify accurate content, address information, and postage for the survey packet.	
• Confirm that all printed materials in a mailing envelope include the same unique identifier.	
• Confirm that surveys and cover letters are matched to the same sampled enrollee.	
• Confirm that surveys and cover letters included in the same survey packet are in the same language.	
• Verify that the number of survey packets to be mailed matches the number of sampled enrollees.	
• Log all QA checks to document their completion.	
Seed at least one internal staff member in the mailing database for each reporting unit for which the survey is being fielded to:	
• Confirm the timeliness of delivery.	
• Verify the accuracy of the address.	
• Confirm the inclusion of all required mailing materials.	
• Review the print quality.	

Internet Survey

Vendors must implement a protocol to provide sampled enrollees with the option of completing the QHP Enrollee Survey on the internet. Vendors must establish a secure, password protected URL for sampled enrollees to complete the internet survey. To reduce the possibility of a sampled enrollee typing the URL incorrectly, CMS strongly recommends that vendors use an internet survey URL that is easily recognizable by sampled enrollees. Vendors must program and complete testing of the internet survey, as well as notification and reminder emails, before the prenotification letter is mailed to sampled enrollees. The standard English and Spanish internet survey template, as well as notification and reminder email templates, are available on the MQI website.

The internet survey must be optimized for completion on mobile devices, such as tablets and smartphones, and vendors must test the survey prior to fielding to verify the optimization.

The internet survey administration and use of email notification are critical components of the project; therefore, the Project Team does not allow subcontracting of these functions. Vendors must adhere to the requirements described in **Exhibit 34** for the internet survey protocol.

Internet Survey Requirements

Vendors must establish a URL for the internet survey. The prenotification and reminder letters must include the survey URL and instructions on how to navigate to the vendor's internet survey login page. Vendors may also include a QR code on prenotification and reminder letters to direct sampled enrollees to the internet survey. Notification and reminder emails must embed the sampled enrollee's login credentials in both the "Take Survey Now/Responda la encuesta ahora" button and in the full, unique URL. Once clicked, these links automatically log the enrollee into the internet survey and direct them to the internet survey's landing page.

Vendors must test the functionality of the button, the full, unique URL, the unsubscribe link, and the QR codes (if applicable) prior to fielding. Vendors describe their testing procedures for the button, the full, unique URL, the unsubscribe link, and the QR codes (if applicable) in their QAP. **Exhibit 34** describes the requirements for the internet survey protocol.

Exhibit 34: Internet Survey Requirements

Internet Survey Requirements	✓
Make the internet survey available to sampled enrollees during the entire survey fielding period (i.e., from the mailing of the prenotification letter to the conclusion of telephone interviewing).	
Ensure the internet survey is available in both English and Spanish.	
Optimize the internet survey for use on mobile phones, tablets, and computers. Must be compatible with iOS and Android devices and popular browsers (e.g., Chrome, Safari, Firefox, Internet Explorer).	
Program a login page where sampled enrollees who choose to type in the internet survey URL (from the prenotification and/or reminder letter) must enter their customized login credentials. Once login credentials are entered, sampled enrollees are then taken to the landing page. The login page must include instructions in both English and Spanish on how to enter login credentials.	

Internet Survey Requirements	✓
Program a landing page that provides sampled enrollees with the option to take the survey in English or Spanish. Enrollees are automatically directed to the landing page by: 1) clicking on the embedded "Take Survey Now/Responda la encuesta ahora" button (or clicking on the full, unique URL with embedded login credentials) in the notification and reminder emails; or 2) scanning the customized QR code provided on the prenotification and reminder letters (if applicable). **Note:** The landing page also appears after the login page when an enrollee manually enters the URL and login credentials from the information provided on the prenotification and reminder letters on the login page.	
Program the English and Spanish internet survey per the scripts posted on the MQI website.	
Use a font size of at least 11 in an easily readable font (e.g., Times New Roman, Arial). The OMB statement must be at least 10 points in an easily readable font.	
Provide information about the internet survey option to sampled enrollees using the standard English and Spanish prenotification letter and reminder letter templates (all materials are posted on the MQI website). Vendors also communicate information about the internet survey option via a notification email and two reminder emails for sampled enrollees who have an email address included in the sample frame.	
Do not allow a sampled enrollee to complete the internet survey more than once.	
Link internet survey responses to the appropriate sampled enrollee in the SMS.	
Provide a toll-free number and a project-specific email address on all letters and emails through which sampled enrollees can submit questions.	
Immediately remove sampled enrollees who have completed the survey via the internet from further mail, email, or telephone contact. No further attempts should be made to contact these sampled enrollees. All scheduled outbound telephone attempts and reminder emails must cease within 24 hours of receiving a completed internet survey.	

Program Internet Survey

Vendors must adhere to the following system, security, and programming requirements for the internet survey and may not deviate from the format presented in the standard internet survey. Vendors must adhere to all requirements and specifications as shown in **Exhibit 35** and **Exhibit 36**.

Exhibit 35: Internet System Requirements

Internet System Requirements	✓
Allow sampled enrollees to complete the survey in stages. Do not communicate this functionality to sampled enrollees, as it could discourage sampled enrollees from completing the survey in one sitting.	
Save all previously completed responses regardless of the question at which the sampled enrollee exits the survey (e.g., if a respondent answers Questions 1-60, but then exits the survey at Question 5, all responses for Questions 1-60 should be saved in the instrument upon re-entry).	
Do not require sampled enrollees to answer survey questions. All survey questions must be programmed to allow respondents to leave a question unanswered and still proceed with the survey through the use of a "Next/Próxima (or Siguiente)" button.	
Automatically direct the sampled enrollee to the next appropriate survey question per skip pattern logic when a sampled enrollee clicks the "Next/Próxima (or Siguiente)" button for a screener/gate item without providing a response. **Note:** If a sampled enrollee clicks the "Next/Próxima (or Siguiente)" button for Question 1 without providing a response, the sampled enrollee is directed to Question 2 (not Question 3). This allows the collection of data for both Questions 1 and 2, which vendors later evaluate together to determine overall eligibility.	

Internet System Requirements	✓
Automatically direct the sampled enrollee to the next question in the survey when a sampled enrollee clicks the "Next/Próxima (or Siguiente)" button for a non-screener/non-gate item without providing a response.	
Allow sampled enrollees the opportunity to return to all previous survey questions to check, change, or delete an answer.	
Optionally include a progress indicator bar to display internet survey completion status.	
Optionally include a message when an enrollee attempts to skip a question to alert them that they have not responded to the question. This language must be reviewed and accepted by CMS prior to survey fielding.	

Exhibit 36: Internet Security Requirements

Internet Security Requirements	✓
Implement a secure, password-protected internet survey that protects the confidentiality of sampled enrollees' responses.	
Assign each sampled enrollee a customized login (e.g., user name and/or password) for inclusion on prenotification and reminder letters. Login credentials cannot be sequential and must be assigned randomly. Login credentials must also be alphanumeric and at least eight characters in length. 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.	
Embed the full, unique URL and the "Take Survey Now/Responda la encuesta ahora" button included on notification and reminder emails with login credentials. Enrollees must be automatically logged into the survey once they click on the URL link or button. Match respondents one-to-one with the sampled enrollee. Test embedded login credentials prior to fielding. Refer to **Program Notification and Reminder Emails** for requirements.	
If the vendor utilizes QR codes on the prenotification and reminder letters, they must: 1) create a unique QR code for each sampled enrollee which automatically logs them into the internet survey once they scan the QR code; 2) match respondents one-to-one with the sampled enrollee; and 3) test QR codes prior to fielding.	
Use firewall protection, intrusion detection, and a secure website for the survey.	
Use Secure Sockets Layer (SSL) to transmit QHP Enrollee Survey data.	
Do not log or track the IP address of any sampled enrollee; however, vendors are required to track other metadata such as the type of device or internet browser used. Refer to the **Data Dictionary** for all of the variables that must be tracked.	
Do not include the name of the sampled enrollee anywhere on the internet survey.	
Do not link to either the vendor's or QHP issuer's home page on the survey landing page or any subsequent pages.	
Do not include links to the internet survey URL on the vendor's website.	
Vendors may include a link to their privacy policy if required for legal purposes. It is strongly recommended that privacy policy language is presented in both English and Spanish.	

Internet Survey Entry Process

Depending on how sampled enrollees enter into the internet survey, they will first be directed to either the login page or the landing page. The entry process diagrams shown in **Exhibit 37**, **Exhibit 38**, and **Exhibit 39** illustrate the user interface flow for the QHP Enrollee Survey. There are three routes of entry into the internet survey:

- Manual entry (typing) of the survey URL and login credentials from the prenotification/reminder letter into an internet browser.

- Automatic login via the "Take Survey Now/Responda la encuesta ahora" button or via the full, unique URL included in the notification and reminder emails. Enrollees may click on the button/URL link or copy and paste the URL into their browser.

- Automatic login via scanning the QR code on the prenotification/reminder letter (if applicable).

Manual Entry Process. Prenotification and reminder letters contain the survey URL and customized login credentials.

Exhibit 37: Internet Survey – Sampled Enrollee Manual Entry Process
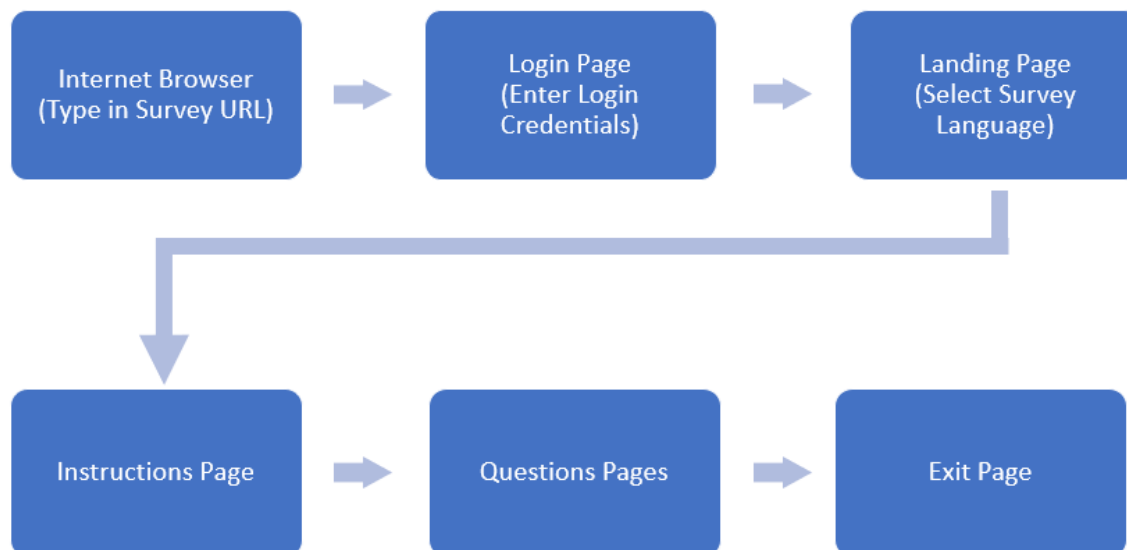
Automatic Entry Process (Email Links). Notification and reminder emails contain links to the internet survey that are embedded with customized login credentials.

Exhibit 38: Internet Survey – Sampled Enrollee Automatic Entry Process (Email Links)
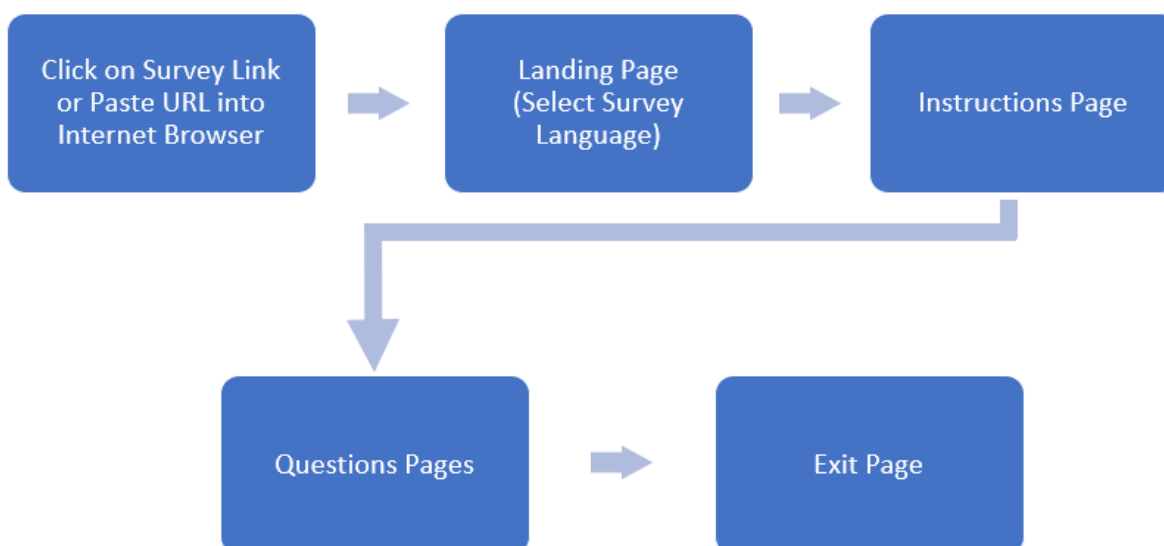
Automatic Entry Process (QR Code). Prenotification and reminder letters may contain QR codes that link to the internet survey and are embedded with customized login credentials.

Exhibit 39: Internet Survey – Sampled Enrollee Automatic Entry Process (QR Code)
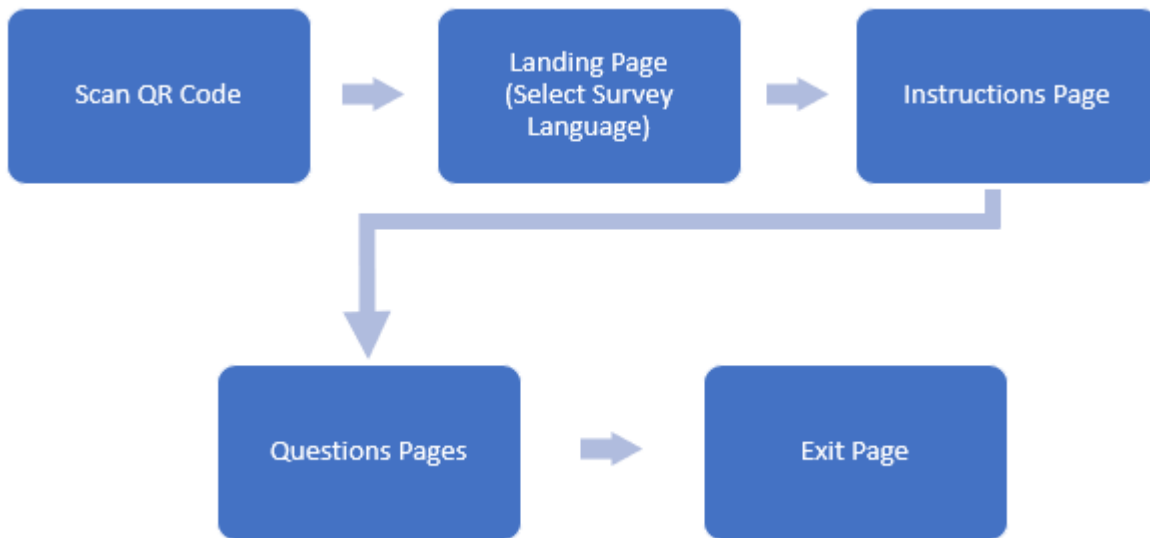
Internet Survey Login Page

On the login page, the sampled enrollee is instructed to enter the customized login (e.g., user name and/or password) information provided in the prenotification and reminder letters. These instructions must be presented in English and Spanish. Once the customized login is successfully entered, the sampled enrollee is taken to the landing page, which asks the sampled enrollee if they would like to take the survey in English or Spanish. Once the preferred language is selected, the sampled enrollee is directed to the survey instructions page to begin the internet survey. Vendors must adhere to the login page language provided in the English and Spanish internet survey scripts posted on the [MQI website](#).

Internet Survey Landing Page

When a sampled enrollee clicks on the "Take Survey Now/Responda la encuesta ahora" button with embedded login credentials, clicks on (or copies and pastes) the full, unique URL with embedded login credentials in the notification or reminder email, or scans a QR code from the prenotification or reminder letter, they must be automatically logged into the internet survey, bypassing the login page.

Vendors must provide enrollees with the option to take the survey in English or Spanish on the survey landing page. Once the preferred language is selected, the sampled enrollee is directed to the survey instructions page to begin the internet survey.

Vendors are strongly encouraged to program the internet survey to allow enrollees to return to the landing page to change their language once they make their initial language selection. Vendors may also include a button that allows respondents to toggle between survey languages throughout the survey.

Internet Survey Instructions and Survey Questions Pages

After the sampled enrollee selects their preferred language for the QHP Enrollee Survey on the internet survey landing page, they are directed to the internet survey instructions page. The content to be included on this page is detailed in **Exhibit 40**.

Vendors must adhere to the internet survey login, landing, instructions, questions, and exit page requirements as listed in **Exhibit 40**.

Exhibit 40: Internet Programming Requirements

Internet Survey Programming Requirements	✓
Internet Survey Login Page Requirements	
Instruct sampled enrollees in English and Spanish to enter the login credentials to begin the internet survey.	
Provide a "Questions/Preguntas" link that, when clicked, directs sampled enrollees to a page with the standard text provided in the internet survey script about how to contact the vendor if the sampled enrollee has questions about the survey. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas page. All language included on the Questions/Preguntas page is subject to review by CMS.	
Include either the vendor's logo and/or the QHP issuer's logo.	
Use either a black or dark blue easily readable font of at least 11 points; the font must be consistent throughout the internet survey.	
Internet Survey Landing Page Requirements	
Provide "English" and "Español" buttons or a dropdown menu so enrollees can choose to take the internet survey in English or Spanish.	
Include either the vendor's logo and/or the QHP issuer's logo.	
Use either a black or dark blue easily readable font of at least 11 points; the font must be consistent throughout the internet survey.	
Provide a "Questions/Preguntas" link that, when clicked, directs sampled enrollees to a page with the standard text provided in the internet survey script about how to contact the vendor if the sampled enrollee has questions about the survey. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas page. All language included on the Questions/Preguntas page is subject to review by CMS.	
Internet Survey Instructions Page Requirements	
Include instructions on how to use the "Previous/Anterior" button to return to previous survey questions to check, change, or delete an answer.	
Include instructions on how to use the "Next/Próxima (or Siguiente)" button to advance to a subsequent survey question.	
Include additional instructions specific to the vendor's internet survey instrument or platform, as applicable.	
Include either the vendor's logo and/or the QHP issuer's logo.	
Include the OMB statement, number, and expiration date. The OMB statement must be in a font size of at least 10 points. Please refer to the MQI website for the English and Spanish internet survey scripts.	
Include a statement assuring sampled enrollees that the confidentiality of their responses is protected.	
Use either a black or dark blue easily readable font of at least 11 points; the font must be consistent throughout the internet survey.	

Internet Survey Programming Requirements	✓
Provide a "Questions/Preguntas" link that, when clicked, directs sampled enrollees to a page with the standard text provided in the internet survey script about how to contact the vendor if the sampled enrollee has questions about the survey. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas page. All language included on the Questions/Preguntas page is subject to review by CMS.	
Include the full questionnaire title with the administration year at the top of the instructions page.	
Internet Survey Question Page Requirements	
Include all QHP Enrollee Survey questions and response categories in the internet survey.	
Adhere to all survey skip patterns.	
Include the appropriate section header under which the question is found in the internet survey template on each survey question(s) page.	
Do not number questions, as question numbers could confuse respondents because the survey instrument is programmed to follow skip patterns.	
Use either a black or dark blue easily readable font of at least 11 points for all survey questions and response options; the font must be consistent throughout the survey. Vendors may opt to use a highlight color for instructions and survey headings.	
Program questions permitting only one response to accept only one response, and program questions permitting 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, vendors may include a dropdown menu of QHP issuer aliases for this question.	
Display only one screener/gate item per webpage.	
Display at least two but no more than three questions per webpage.	
Provide a "Questions/Preguntas" link on each survey question page that, when clicked, directs sampled enrollees to a page with information about how to contact the vendor if the sampled enrollee has questions about the survey, per the standard text provided in the internet survey script. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas page. All language included on the Questions/Preguntas page is subject to review by CMS.	
Internet Survey Exit Page Requirements	
Provide an exit page after the last survey question has been completed that confirms the survey has been received and thanks the sampled enrollee for participating.	
Provide a "Questions/Preguntas" link that, when clicked, directs sampled enrollees to a page with information about how to contact the vendor if the sampled enrollee has questions about the survey, per the standard text provided in the internet survey script. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas page. All language included on the Questions/Preguntas page is subject to review by CMS.	

Program Notification and Reminder Emails

For enrollees with an email address included in the sample frame, vendors communicate the availability of the internet survey via a notification email (sent six days after the prenotification letter is mailed). Vendors also send two reminder emails to nonrespondents with operational email addresses during the email outreach according to the fielding schedule specified in **Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule**.

Vendors must test the functionality of email links prior to fielding. Vendors must describe their protocol for testing email links in their QAP.

The Project Team recommends that vendors:

- Run email addresses through an email verification service prior to fielding to decrease the likelihood of undeliverable emails.

- Use commercially available services prior to fielding to check the display, formatting, and layout of the notification and reminder emails across different email platforms to maximize the readability and display consistency of the emails.

Vendors must adhere to all notification and reminder email requirements and specifications as shown in **Exhibit 41: Notification and Reminder Email Requirements**.

Notification Email Requirements

Similar to the prenotification letter mailed to sampled enrollees, the notification email provides information about the purpose of the QHP Enrollee Survey. The notification email is sent six days after the prenotification letter is mailed to those enrollees who have an email address included in the sample frame. Vendors must remove all sampled enrollees who complete the internet survey prior to the delivery of the notification email from the email distribution list.

The notification email informs sampled enrollees who wish to complete the survey in English or Spanish that they may do so via the internet. The notification email must include both a full, unique URL with embedded login credentials and a "Take Survey Now/Responda la encuesta ahora" button with embedded login credentials. The embedded login credentials are unique to the sampled enrollee. All sampled enrollees who click on (or copy and paste) a survey link from an email must be automatically logged into the internet survey (without the need to enter login credentials) and directed to a landing page allowing them to decide whether to proceed in English or Spanish.

Please refer to the MQI website for the standard English and Spanish notification email templates. All notification and reminder emails must meet the requirements described in **Exhibit 41**.

Reminder Email Requirements

Sampled enrollees who have not yet responded to the survey will receive two reminder emails. Reminder emails are sent to nonrespondents for which an email address is included in the sample frame. Vendors must send the reminder emails according to the fielding schedule specified in **Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule**. Vendors must remove all sampled enrollees who complete the internet survey (or complete a mail or an inbound telephone survey) prior to the date on which the reminder emails are scheduled to be circulated from the email distribution list.

The reminder emails must adhere to the same programming requirements as the notification email. The reminder emails must include both a full, unique URL with embedded login credentials and a "Take Survey Now/Responda la encuesta ahora" button with embedded login credentials. The embedded login credentials are unique to the sampled enrollee. All sampled enrollees who click on (or copy and paste) a survey link from an email must be automatically logged into the internet survey without the need to enter login credentials and directed to a landing page allowing them to decide whether to proceed in English or Spanish.

Please refer to the MQI website for the standard English and Spanish reminder email templates. All notification and reminder emails must meet the requirements described in **Exhibit 41**.

Exhibit 41: Notification and Reminder Email Requirements

Notification and Reminder Email Requirements	✓
Send the notification email six days after the prenotification letter is mailed.	
Send the two reminder emails according to the fielding schedule specified in **Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule**.	
Use the text conventions in the survey template. Vendors must bold text that is bold in the email templates.	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman, Arial).	
Use consistent spacing between paragraphs. All formatting must allow for a high level of readability.	
Display the "Take Survey Now/Responda la encuesta ahora" button in a call-out box with text printed in bold 14-point font, as shown in the standard email templates.	
Use black or dark blue font only, presented on a white background.	
Display the vendor's logo and/or the QHP issuer's logo in the header of the notification and reminder emails. Logos may be presented in color. Vendors may include their return address if desired but cannot include the QHP issuer's return address.	
Contain a personal salutation (i.e., "Dear [ENROLLEE FIRST AND LAST NAME]").	
Include the vendor name, QHP issuer name, enrollee name, and vendor customer support contact information in the designated fill locations.	
Include the standardized subject line according to the applicable email template.	
Include a non-language-specific unique full URL with embedded login credentials that directly routes sampled enrollees to a landing page that allows them to select their preferred survey language. Sampled enrollees must be automatically logged into the survey.	
Embed a non-language-specific unique hyperlink in a "Take Survey Now/Responda la encuesta ahora" button with login credentials that directly routes sampled enrollees to a landing page that allows them to select their preferred survey language. Sampled enrollees must be automatically logged into the survey.	
Include an unsubscribe link at the bottom of all emails.	
Format all hyperlinks (e.g., full survey URL, vendor email address, unsubscribe link, "Take Survey Now/Responda la encuesta ahora" button) in a color different than the rest of the email text. **Note:** The color chosen for these hyperlinks must be of a high contrast so enrollees who are visually impaired can easily see it (e.g., yellow or fluorescent green are not of sufficient contrast).	
Include the name and title of a senior executive of either the vendor or the QHP issuer, and the name of the vendor organization or QHP issuer in the signature block.	
Vendors may include taglines required by the QHP issuer for legal purposes. Vendors do not need to request the inclusion of this information as an exception. For language specific to nondiscrimination, see **Guidance on QHP Enrollee Survey & PPACA Regulations on Nondiscrimination**.	
Vendors may program their emails to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]," with the permission of the QHP issuer. Vendors must not program their emails to appear to come from only "[QHP ISSUER]." Vendors that decide to use this customization must detail in their QAP their testing processes for ensuring that the correct QHP issuer name populates for each sampled enrollee.	

Internet Foreign Language Requirements

Vendors are required to administer the internet survey in English and Spanish. Vendors should work with their QHP issuer clients to determine the best strategy for optimizing response rates in terms of foreign language survey administration, based on the language preference indicators

provided as part of the sample frame. Potential strategies are listed below. These strategies are to be considered along with the language protocols described in **Exhibit 22.**

- If language preference indicators are available, send notification and reminder emails in the language specified in the sample frame. Notification and reminder emails must also include English, Spanish, or Chinese (if applicable) text that provides instructions about how sampled enrollees may request a survey in their preferred language.

- If language preference indicators are not available, vendors have the following options:

  o Send notification and reminder emails in English only. English notification and reminder emails must include Spanish and Chinese (if applicable) text that provides instructions about how sampled enrollees may request a survey in their preferred language.

  o Send notification and reminder emails in both English and Spanish (i.e., as single dual language "double stuff" emails). In this scenario, vendors are not required to include English or Spanish text that provides instructions about how sampled enrollees may request a survey in their preferred language. If vendors field the survey in Chinese, they must include Chinese text providing instructions about how sampled enrollees may request a survey (i.e., mail or telephone) in Chinese.

Conduct Internet Survey Quality Assurance

Vendors must submit English and Spanish notification and reminder emails with the unique full URL and "Take Survey Now/Responda la encuesta ahora" button to CMS for review according to the due dates included in **Exhibit 3: Key Dates for Vendors**. Vendors must provide the programmed internet survey URL with at least 12 user names and/or passwords (how the information is presented on prenotification and reminder letters), and at least 12 unique URLs with embedded login credentials (how the information is presented on notification and reminder emails) to CMS for review. If the vendor is planning to use QR codes in the prenotification and reminder letters, they must submit at least 12 unique QR codes to CMS for review.

At a minimum, vendors must adhere to the internet quality assurance requirements described in **Exhibit 42**.

Exhibit 42: Internet Quality Assurance Requirements

Internet Quality Assurance Requirements	✓
Review and confirm that the internet survey and notification and reminder emails match the previously accepted material proofs.	
Integrate all email seeds directly into the email distribution list for each reporting unit. In addition, send "seeded emails" to the designated CMS representatives per the requirements in the **Seeded Mailings** portion of the **Comply with Oversight Activities** section.	
Make every reasonable attempt to contact all eligible sampled enrollees, regardless of whether they have a complete email address. It is recommended that vendors run email addresses through an email verification service prior to fielding.	
Log all internet survey quality assurance checks to document their completion.	
Confirm that when the URL included on prenotification and reminder letters is typed into a browser the enrollee is directed to the internet survey login page and instructed to enter login credentials.	

Internet Quality Assurance Requirements	✓
Confirm that when a sampled enrollee scans the QR code provided on a prenotification or reminder letter, they are directly routed to the internet survey landing page. **Note:** It is optional for vendors to include QR codes.	
Perform interval checking of notification and reminder emails to:	
• Confirm that notification and reminder emails are matched to the same sampled enrollee.	
• Confirm that all variable fills (QHP issuer logo, enrollee first and last name, QHP issuer name, name and title of senior executive from vendor/QHP issuer) match the sampled enrollee's information exactly.	
• Check for consistent formatting, spacing, and misalignment. Spacing between paragraphs must be consistent throughout the emails and all formatting must allow for a high level of readability.	
Test the functionality of the links and buttons in the notification and reminder emails prior to fielding to:	
• Verify that the unique full URL embedded with login credentials automatically logs the correct sampled enrollee into the survey and, when clicked, directly routes enrollees to the internet survey landing page.	
• Verify that the "Take Survey Now/Responda la encuesta ahora" button with embedded login credentials automatically logs the correct sampled enrollee into the survey and, when clicked, directly routes enrollees to the internet survey landing page.	
• Verify the unsubscribe link successfully removes the sampled enrollee from further email communications. Refer to the **Email Unsubscribe and Do Not Survey** section for additional information.	
Check all programmed internet surveys prior to fielding to:	
• Confirm adherence to all internet survey page requirements.	
• Check for consistent formatting, spacing, and misalignment.	
• Verify accuracy of survey skip patterns.	
• Confirm that a sampled enrollee is not able to complete the internet survey more than once.	
Seed at least one internal staff member in the email distribution list for each reporting unit for which the survey is being fielded to:	
• Confirm timeliness of delivery.	
• Confirm appropriate formatting.	
• Verify the functionality of the unique URL, the "Take Survey Now/Responda la encuesta ahora" button.	
• Verify the linkage of internet survey responses to the correct sampled enrollee.	

Telephone Survey

Vendors must use a Computer-Assisted Telephone Interviewing (CATI) system to administer the telephone phase of the QHP Enrollee Survey. Telephone interviews may not be completed on paper and key-entered afterward. The use of virtual telephone interviewers (e.g., remote interviewers not working at a call center) is strictly prohibited for the QHP Enrollee Survey, unless otherwise specified by CMS.

CMS reserves the right to modify or add requirements that vendors must meet if virtual interviewing is deemed necessary. In the event that CMS deems virtual interviewing necessary, vendors must demonstrate that they meet the requirements established by CMS and receive CMS approval on their approach prior to implementation. The telephone survey must be available in

English and Spanish. Chinese telephone administration is optional. To prepare for data collection, vendors must obtain sampled enrollee telephone numbers, program the CATI system, and train telephone interviewers.

Update Telephone Numbers

QHP issuers must provide vendors with telephone numbers for enrollees in the sample frame data file. Vendors must use a secondary source (e.g., telephone matching services or software, directory assistance, other telephone directory applications) to obtain or update a telephone number for each sampled enrollee. If available, alternate phone numbers should be included in the sample frame. If vendors receive two phone numbers for an enrollee, they must update the Enrollee Phone 1 (primary number) but have the option to update the Enrollee Phone 2 (secondary number).

Program CATI System

CMS provides vendors with standardized telephone scripts in English, Spanish, and Chinese and programming requirements for telephone administration. These scripts are available on the MQI website. Vendors may not translate the telephone scripts into any other language.

Vendors must program the standardized scripts into the CATI system. Vendors have some flexibility in programming CATI script conventions; however, consistent conventions must be used throughout the script. For instance, vendors may underline rather than bold words that require emphasis throughout the script.

The CATI system links electronically to the SMS to track sampled enrollees throughout the survey fielding process. The CATI system incorporates programming that follows each skip pattern in the survey. Vendors are responsible for accurate programming of all survey skip patterns in the CATI system. Vendors must test each response option, including "Don't Know" and "Refused," for all survey questions to confirm that the sampled enrollee is directed to the appropriate next question according to the skip pattern logic specified in the CATI script template.

Appropriately skipped items must be coded as "Appropriately Skipped." For example, if a respondent's answer to Question 6 of the QHP Enrollee Survey is "Not Applicable," then the program skips to Question 9. Question 7 and Question 8 are coded with the valid value for "Appropriately Skipped." Please refer to **Appendix G: Data Dictionary** for valid values. The CATI system must enforce adherence to skip pattern coding.

Vendors must submit screenshots reflecting the programmed telephone scripts to CMS for review in each language in which they will administer the survey according to the schedule established in **Exhibit 3: Key Dates for Vendors**. CMS also reviews skip pattern programming prior to survey fielding (see the **Comply with Oversight Activities** section).

Note: Vendors may program the caller ID display to show the vendor's name. Vendors may also program their caller ID to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]," with the permission of the QHP issuer. Vendors must not program their caller ID to appear to come from only "[QHP ISSUER]." Vendors that decide to use this customization must detail in their QAP their testing processes for ensuring that the correct QHP issuer name populates for each sampled enrollee.

Train Telephone Interviewers

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. Vendors must provide training to all interviewers prior to the start of telephone survey data collection activities.

To achieve data standardization, each interviewer must be trained on the QHP Enrollee Survey question-by-question specifications, scripted introductions, standardized question probes found within the telephone script, protocols, and telephone administration of the survey. It is essential that interviewers understand the content and purpose of the survey to successfully encourage participation. Vendors must also train interviewers in the use of refusal avoidance and conversion techniques, on the proper way to respond when they do not know an answer to an enrollee's question, and the rights of survey respondents. See **Appendix E: Customer Support Agent and Interviewer Guidance** for additional details.

Ideally, telephone interviewers are interchangeable; telephone survey results are not dependent on the interviewer conducting the survey. Interviewers must be trained to facilitate standardized, nondirective interviews. Interviewers must be trained on the requirements detailed in **Exhibit 43**.

> **Nondirective Interview:** An interview in which the interviewer does not lead/direct the respondent to select any one response option over others.

Exhibit 43: Interviewer Training Requirements

Interviewer Training Requirements	✓
Read questions and response choices **verbatim** so all sampled enrollees answer the intended question. Reworded questions may bias a sampled enrollee's responses as well as overall survey results. Response choices should be read at an even pace, with consistent inflection, and without additional emphasis on any choice.	
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 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 the appropriate outcome of all call attempts to reach a sampled enrollee.	
Operate the CATI system efficiently. This includes navigating back and forth easily throughout the system and making any necessary changes without disrupting the flow of the interview.	

Telephone interviewers must also be trained to use the frequently asked questions (FAQs) in a standardized manner. Vendors must have telephone interviewers and/or customer support staff available to answer the FAQs in all languages in which the survey is being offered. Please refer to **Appendix D: Frequently Asked Questions for Customer Support Staff and Interviewers**.

Vendors make sure that telephone survey supervisors understand effective quality assurance standards and procedures to monitor and supervise interviewers.

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

Comply with Federal Regulations

It is the responsibility of the vendor to fully comply with all federal and state laws, regulations, and guidelines. 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 vendor to understand whether its system may be construed as a predictive dialer under FCC regulations. 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.

Manage Telephone Subcontractors

Vendors may use subcontractors for telephone interviewing operations. Vendors must obtain signed confidentiality agreements from subcontractors before employing them for telephone interviewing services, as vendors provide PII to subcontractors to conduct telephone interviews. Subcontractors must comply with all HIPAA rules and regulations. Vendors are responsible for the quality of work performed by subcontractors. Subcontractor attendance during QHP Enrollee Survey Vendor Training is optional.

Vendors that subcontract telephone interviewing operations are responsible for providing proper oversight to verify the integrity of the work and operations. They must provide CMS with documentation of subcontractor-specific oversight processes. At a minimum, 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.

Telephone Foreign Language Requirements

Vendors should work with their QHP issuer clients to determine the best strategy for optimizing response rates in terms of foreign language survey administration, based on the language preference indicators provided as part of the sample frame. Refer to the language protocols described in **Exhibit 22** for additional information.

If a sampled enrollee calls the vendor to request a Spanish or Chinese (if applicable) survey during the mail protocol, the vendor should begin telephone attempts in the sampled enrollee's preferred language from the beginning of the telephone protocol. Vendors may also attempt to complete an inbound telephone interview with the sampled enrollee during a call in which a Spanish or Chinese (if applicable) mail survey is requested.

Conduct Telephone Quality Assurance

Vendors must submit screenshots reflecting the programmed telephone scripts to CMS for review in each language in which they will administer the survey according to the schedule established in **Exhibit 3: Key Dates for Vendors**. Please refer to the **Comply with Oversight Activities** section for more information.

At a minimum, vendors must adhere to the telephone quality assurance requirements described in **Exhibit 44**.

Exhibit 44: Telephone Quality Assurance Requirements

Telephone Quality Assurance Requirements	✓
Review and confirm that the telephone script matches the previously accepted set of screenshots.	
Confirm that CATI system programming follows each skip pattern in the survey, as well as all other programming instructions specified in the CATI script template.	
Confirm that each response option, including "Don't Know" and "Refused," for all survey questions directs the sampled enrollee to the appropriate next question according to the skip pattern logic specified in the CATI script template.	
Verify that the infrastructure to support initial dialing in a sampled enrollee's preferred language is operational.	
Make every reasonable attempt to contact nonrespondents, regardless of whether they have a phone number. Vendors must use a secondary source (e.g., telephone matching services or software, directory assistance, other telephone directory applications) to verify or obtain a telephone number for each sampled enrollee.	

Customer Support

Establish Customer Support Resources

Vendors must 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. Customer support capabilities must be tested and operational by the start of the mail phase of the data collection protocol (i.e., prenotification letter mail date/internet survey activation date).

Vendors may provide the internet survey URL and login credentials to sampled enrollees who call the customer support line requesting to take the internet survey. This information may be provided over the telephone or via email.

At a minimum, vendors must adhere to the customer support quality assurance requirements described in **Exhibit 45**.

Exhibit 45: Vendor Customer Support Requirements

Vendor Customer Support Requirements	✓
Staff the toll-free telephone number and have the capacity to answer at least 90% of incoming calls live within 30 seconds during the vendor's regular business hours, Monday through Friday, excluding federal holidays.	
Answer telephone and email questions from English, Spanish, and Chinese (if applicable) speaking sampled enrollees.	
Provide a voicemail mailbox after business hours and on weekends and federal holidays. The voicemail mailbox must be programmed in English, Spanish, and Chinese (if applicable). Voicemail messages must be returned within 24 hours or on the next business day if the voicemail is received during the weekend or on a federal holiday.	
Respond to customer support email inquiries within 24 hours or the next business day if the email is received during the weekend or on a federal holiday. If a vendor cannot provide a response to a question within 24 hours (e.g., more information is required to address the question), it must acknowledge receipt of the inquiry within 24 hours and provide a response as soon as possible.	
Collect information on the number of inquiries from surveyed enrollees requesting support in a language other than English, Spanish, or Chinese. This information must be included in the vendor's Reports #4 and #5.	

Vendor Customer Support Requirements	✓
Document and track customer support phone calls and emails for quality assurance purposes. Vendors must periodically assess the reliability and consistency of phone and email responses provided by customer support staff.	

A list of FAQs and standardized answers to those questions is included in **Appendix D: Frequently Asked Questions for Customer Support Staff and Interviewers**. This document provides guidance to customer support staff when responding to questions commonly asked by sampled enrollees. It has been translated into Spanish and Chinese for purposes of standardizing responses, removing the need for customer support staff (or interviewers) to translate in real time.

Train Customer Support Staff

Customer support staff must be properly trained on: QHP Enrollee Survey requirements, methodology, and FAQs (see **Appendix D**); the proper way to respond when answers are not known; and the rights of survey respondents. 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 (e.g., [INTRO 4: INBOUND REQUESTS]) of the CATI script for more information.

If the vendor's customer support line is not project-specific (or if the specific survey the respondent is calling about is unclear), customer support agents must be trained to probe the caller on the specific survey they are asking about.

See **Appendix E: Customer Support Agent and Interviewer Guidance** for additional details.

Manage Customer Support Subcontractors

Vendors may use subcontractors for customer support operations. Signed confidentiality agreements must be obtained prior to employing them. Subcontractors must comply with all HIPAA rules and regulations for safeguarding PII. Subcontractors are required to fulfill the same requirements detailed above in the **Customer Support** sections.

Vendors 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, vendors are responsible for participating in a subcontractor's internal customer support training to confirm compliance with the protocols, procedures, and guidelines established for the QHP Enrollee Survey. Vendors must provide feedback to subcontractors regarding the quality and accuracy of responses and verify the subcontractor's customer support staff have corrected any areas requiring improvement.

Conduct Customer Support Quality Assurance

To reduce survey fielding errors and to facilitate customer support, vendors must conduct the customer support quality assurance requirements detailed in **Exhibit 46**.

Exhibit 46: Customer Support Quality Assurance Requirements

Customer Support Quality Assurance Requirements	✓
Confirm the accuracy of responses for a minimum of 10% of customer support inquiries.	
Review the speed of responses for all customer support inquiries.	
Review a minimum of 10% of customer support inquiries to confirm professionalism of customer support representatives by listening to telephone recordings and reviewing email responses.	
Confirm that all requests to customer support that result in a scheduled phone survey result in a conducted survey.	
Confirm that all English and foreign language customer support inquiries are responded to accurately and within 24 hours or the next business day.	

Collect Data

Overview

This section describes the process for collecting survey data for the mail, internet, and telephone modes of the QHP Enrollee Survey. It also specifies the requirements for handling outbound and inbound mail, internet survey data, inbound and outbound telephone calls, and special scenarios with sampled enrollees.

The basic tasks and associated timeline for conducting the 2022 QHP Enrollee Survey are summarized in **Exhibit 47**. Vendors must adhere to this schedule.

Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule

Task	Timeframe
Sample enrollees per sampling protocols.	January–February 2022
• Mail prenotification letter to sampled enrollees.* • Activate internet survey. • Open customer support toll-free line and project-specific email address.	Day 1
• Mail first survey with cover letter to nonrespondents six calendar days after the prenotification letter is mailed.* • Send notification email to nonrespondents six calendar days after the prenotification letter is mailed.*	Day 7
• Send first reminder email to nonrespondents six calendar days after the notification email is sent.*	Day 13
• Send second reminder email to nonrespondents six calendar days after the first reminder email is sent.*	Day 19
• Mail reminder letter to nonrespondents 13 calendar days after the first survey is mailed.*	Day 20
• Mail second survey with cover letter to nonrespondents 14 calendar days after the reminder letter is mailed.*	Day 34
• Initiate telephone follow-up contact for nonrespondents 21 calendar days after the second survey is mailed.	Days 55–73
• **End data collection activities.**** • **End all telephone interviews.** • **Deactivate internet survey.** • **Close customer support toll-free line and project-specific email address.**	Day 73

* Note: If a mailout/email day falls on a Sunday or federal holiday, mail/email on the following business day.

** Note: Vendors must accept and process data for all mail surveys received through two weeks prior to the end of data submission (i.e., 11:59 p.m. ET on May 6, 2022). If vendors are still fielding the survey after May 6, 2022, they must accept and process data for all mail surveys received through the end of the protocol (Day 73).

Data Collection Process

The data collection process begins when the internet survey is activated, the customer support line and project-specific email address open, and the prenotification letter is mailed. It ends on Day 73 when all survey outreach ends.

Note: Vendors must accept and process data for all mail surveys received through two weeks before the end of data submission, by 11:59 p.m. ET on May 6, 2022. If vendors are still fielding the survey after May 6, they must accept and process data for all mail surveys received through the end of the protocol (Day 73).

Collect Data by Mail

All mailings must be sent according to the specified fielding days included in the survey administration schedule (i.e., between Day 1 and Day 34), as shown in **Exhibit 47** above. Vendors are strongly encouraged to mail letters and surveys using first-class postage or indicia to facilitate timely delivery and to maximize response rates. Vendors are required to verify mailout dates for all mailing materials (e.g., USPS-generated report). At its discretion, CMS may request that vendors provide documentation of mailout dates.

Inbound Mail

The requirements for receiving and tracking returned mail surveys are described in **Exhibit 48**. Vendors may use optical scanning technology or key-entry to capture survey data.

Exhibit 48: Processing Inbound Mail

Inbound Mail Receipt and Tracking Requirements	✓
Record or scan all returned mail surveys daily to designate them as "received" so that the associated sampled enrollees are removed from future mailings, emails, and telephone follow-up. Outbound telephone attempts and scheduled reminder emails must cease within 24 hours of receiving a completed mail or internet survey. Process and enter or scan all response data in a timely manner.	
Record the date the survey is received and enter it in the SMS. The SMS must track duplicate returned surveys (i.e., return of both the first and second mail surveys by a sampled enrollee) separately. In this case, the date of receipt must be captured for each survey.	
Do not permit the same survey to be keyed more than once.	
Do not enter out-of-range or invalid responses.	
Implement quality assurance procedures, including ongoing interval checks, to verify that software consistently scans response values accurately for each language in which the survey is administered.	
Assign a final disposition code to each sampled enrollee (see **Final Survey Disposition Codes** section).	
Include responses from mail surveys received through May 6, 2022 in final data files even though the fielding schedule ends on Day 73. Mail surveys received after this date must be shredded and disposed of in a secure manner. **Note:** If vendors are still fielding the survey after May 6, 2022, they must accept and process data for all mail surveys received through the end of the protocol (Day 73).	

Mail Survey Decision Rules for Data Coding

To ensure uniformity in data coding, vendors must use the decision rules described in **Exhibit 49** to resolve common ambiguous situations when scanning or key entering surveys.

Exhibit 49: Decision Rules for Coding Mail Survey Data

Scenario	Decision Rule
The response mark falls between two response options, but is obviously closer to one than the other.	Select the option to which the mark is closest.
A mark is equidistant between two response options.	Code the item with the valid value for *Missing*.
A value is missing.	Code the item with the valid value for *Missing*. Vendors may not impute a response.
More than one response is marked on a question that does not have instructions to "mark one or more."	Code the item with the valid value for *Missing*.
One response is crossed out (i.e., the response has lines or x-marks drawn over it) and another response option is selected.	Code the corrected response option.
The sampled enrollee wrote language next to a response option, such as "N/A"; however, a separate response is clearly marked.	Code the response clearly marked.
A respondent leaves all response options blank for a question with instructions to "mark one or more."	Code all response categories as "Blank/ Nonresponse/No Answer." This rule applies to mail and internet surveys only.

Mail Survey Skip Patterns

Some questions included in the QHP Enrollee Survey are screener/gate questions and 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 next to the answer choice that they mark.

In the mail surveys, some respondents may answer the screener 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 in the screener question). In other cases, some respondents may answer both the screener/gate and follow-up questions with responses that contradict each other.

In cases in which a respondent does not follow the skip pattern as instructed (sometimes referred to as a "failed skip"), vendors should **not** edit or clean the sampled enrollee's response(s). In addition, respondents may leave screener questions blank, but then continue to answer the subsequent follow-up questions. In these cases, the screener question should be coded as *Missing*. Vendors should **not** infer the respondent's answer.

Processing Undeliverable Mail

If a sampled enrollee's mail survey is returned as undeliverable, vendors must make every reasonable effort to obtain a valid address. If vendors are unable to do so, they still attempt to contact the sampled enrollee by email if one was provided in the sample frame and by telephone if a valid telephone number is available.

If a prenotification letter and/or survey packet is returned by the USPS as undeliverable, then vendors may not contact the sampled enrollee by telephone for updated address information. Vendors may begin the telephone phase of the protocol early (i.e., prior to Day 55 when telephone follow-up is scheduled to begin) for a sampled enrollee if confirmation of a bad address is received. Vendors must assign a Bad_Address_Flag in these cases.

Vendors are not required to store undeliverable surveys and may securely discard them after removing all PII (e.g., name, address). Vendors must shred all materials containing identifying information to protect enrollee confidentiality.

Processing Surveys Returned Blank

If a sampled enrollee returns a blank survey, vendors assign an interim disposition code of "M34—Blank Survey Returned or Incomplete Survey." Vendors do not mail a second survey to these sampled enrollees, but instead attempt to contact them during the telephone phase.

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

Vendors may receive two different surveys completed by the same sampled enrollee. In this case, vendors should use the survey that is most complete (i.e., the survey with the most key items completed regardless of whether the survey was completed by mail, internet, or telephone). If the surveys are equally complete, then the vendor uses the first survey received. See the **Definition of a Completed Survey** section.

Processing Ineligible Surveys

If a mail survey is returned with a note (attached or written directly on the survey) saying that the sampled enrollee is unable to complete the survey or is ineligible (e.g., deceased, physically or mentally incapacitated), then the vendor either scans the survey or stores the hard copy for the required three-year retention period. Vendors should apply the appropriate final disposition code to the case based on the type of ineligibility as defined in **Exhibit 50**. See **Exhibit 57: Final Survey Disposition Codes and Date_Complete Coding Guidelines** for the complete list of disposition codes.

Exhibit 50: Types of Ineligible Surveys and Disposition Codes

Description	Code
Ineligible: Deceased Assign this code if the sampled enrollee is reported as deceased during the survey period, or if the survey was completed by someone else on behalf of the deceased. • If a completed or partially completed mail survey is returned and the vendor learns the sampled enrollee is deceased and the survey was completed by someone else, it is *not* acceptable to use the survey data. • If the 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 mail survey), then the vendor should *not* process or use data from the survey. • If the survey was completed by the enrollee prior to death, then the vendor retains the survey data.	X20

Description	Code
Ineligible: Not Eligible 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 any of the following: • The sampled enrollee is younger than 18 years of age. • The sampled enrollee is ineligible for the survey based on their responses to Question 1 and Question 2 (see **Exhibit 55: Confirming the Sampled Enrollee Meets Eligibility Criteria**). • The sampled enrollee returns the survey with comments in the margins or white mail indicating that they are not enrolled in the health plan. • The sampled enrollee does not meet continuous enrollment criteria.	X40
Do Not Survey List Assign this code if the sampled enrollee is on the vendor's "Do Not Survey" list.	X43
Language Barrier Assign this code to a sampled enrollee who does not speak one of the available survey languages: English, Spanish, or Chinese (if applicable).	X22
Mentally or Physically Incapacitated Assign this code if it is determined that the sampled enrollee is unable to complete the survey because they are mentally or physically incapacitated or are 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 their behalf.	X24

Quality Assurance: Mail

Vendors must demonstrate that quality assurance procedures are in place to verify the integrity of the mail scanning programs and must conduct ongoing interval checks to verify that software consistently scans response values accurately for each language in which the survey is administered. They must select and review a sample of cases (recommended minimum of 10%) throughout the mail protocol to make sure that all scanning and coding rules are being followed correctly.

- **For scanning:** Review randomly selected hard copy surveys and compare them with the entries scanned for the selected cases.

- **For manual key-entry:** All surveys must be 100% re-keyed for quality control purposes. That is, for every survey being reviewed, a different staff member must re-enter the survey data 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 has been entered. Beyond the double data entry requirement, it is recommended that supervisory staff review a recommended minimum of 10% of cases coded by each data entry staff member to check for accuracy.

Collect Data by Internet

Vendors mail the prenotification and reminder letters to sampled enrollees on the specified fielding days to inform them of the availability of the internet survey. These letters include

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. Vendors may also include a QR code that directs sampled enrollees to the internet survey on prenotification and reminder letters. In addition, for enrollees with an email address included in the sample frame, vendors communicate the availability of the internet survey via a notification email. Vendors also send reminder emails to nonrespondents with operational email addresses. Vendors send emails according to the fielding schedule specified in **Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule**.

Vendors remove all enrollees for whom they receive a completed mail, internet, or telephone survey from the email distribution list before each email is sent. All emails include instructions for completing the survey on a secure website, a full, unique URL with embedded login credentials, and a "Take Survey Now/Responda la encuesta ahora" button with embedded login credentials that directly routes enrollees to the internet survey landing page when clicked. Enrollees must be automatically logged into the internet survey when they click the full, unique URL with embedded login credentials or the "Take Survey Now/Responda la encuesta ahora" button provided in the emails.

Vendors should use survey response data from all internet surveys, regardless of whether the survey was explicitly submitted by the respondent. For example, if a respondent logs into the survey and answers the first 40 questions of the survey, then exits the survey without proceeding to the end of the survey to "submit" their data, the data for the first 40 questions should be collected and used by the vendor (assuming the enrollee does not later complete the survey by mail or telephone). Vendors must describe their process for collecting internet survey data in their QAP.

Vendors stop all further outbound contact attempts (via mail, email, or telephone) if a sampled enrollee completes the internet survey. Outbound telephone attempts and scheduled emails must cease within 24 hours of receiving a completed internet survey.

Vendors verify each sampled enrollee's eligibility for the internet survey according to the responses provided for Question 1 and Question 2. See **Exhibit 55: Confirming the Sampled Enrollee Meets Eligibility Criteria** for more information on confirming a sampled enrollee's eligibility.

Undeliverable Email

If an email (notification or reminder email) is returned as undeliverable (i.e., "bounces back") for enrollees with an email address provided in the sample frame, vendors must assign a Bad_Email_Flag and stop further email communications in these cases. Vendors cannot contact the sampled enrollee by telephone for updated email address information. Since vendors previously contacted the enrollee via mail (i.e., prenotification letter), there is some level of assurance that the enrollee received information on the availability of the internet survey. If an email "bounces back," then vendors should not attempt to send the enrollee any further email communication, but should continue to contact the enrollee by mail and telephone per the specified protocols.

Email Unsubscribe and Do Not Survey

Vendors must include an unsubscribe link in the notification and reminder emails. Enrollees who click on the unsubscribe link must be removed from further email communications, but must continue to receive mail and telephone follow-up until a final disposition code is assigned or the survey protocol ends. Vendors are encouraged to maintain a QHP-specific unsubscribe list instead of using a company-wide unsubscribe list to ensure that the maximum number of enrollees receive email outreach. It is strongly recommended that vendors remove enrollees who unsubscribe from further email outreach within two to five business days from the date of the unsubscribe request. Vendors must test the unsubscribe link prior to fielding.

If an enrollee replies to an email requesting to be removed from all future contact, and the email is successfully received by the vendor (i.e., it is received via a monitored email inbox), then the enrollee should be assigned a final disposition code of "X32—Refusal," added to the vendor's "Do Not Survey" list, and removed from future email, mail, and telephone follow-up. Vendors maintain entries on an internal "Do Not Survey" list for three years. Vendors are strongly encouraged to prepare a QHP-specific "Do Not Survey" list, rather than a company-wide list.

Collect Data by Telephone

Telephone administration begins on Day 55 of fielding and ends on Day 73 of fielding (i.e., it spans 19 calendar days). Vendors are responsible for procuring adequate resources to complete the telephone phase within the timeline shown in **Exhibit 47: 2022 QHP Enrollee Survey Fielding Schedule**.

Outbound Telephone Attempts to Nonrespondents

Vendors must identify and follow up by telephone with any sampled enrollee who returned a blank or partially completed survey (i.e., a survey in which fewer than 50% of the key items are answered) by mail or internet, or those who have not yet completed a survey (by any mode) when the telephone phase opens. Telephone attempts are made until the sampled enrollee is contacted, found ineligible, or six attempts have been made over a 19-calendar day period.

> **Telephone Attempt**: 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 two different calendar weeks during the 19-calendar day telephone interview period.

Vendors use both the Enrollee Phone 1 (primary) and Enrollee Phone 2 (secondary) numbers provided by the QHP issuer in the sample frame. The vendor has discretion to determine the number of attempts made to each phone number; however, no more than a total of six call attempts can be made to a sampled enrollee. See **Exhibit 51** for the definition of a call attempt.

Exhibit 51: Definition of a Telephone Attempt

Each of the Following 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 reaches a busy signal. At the discretion of the vendor, a telephone attempt may consist of up to three busy signals received in one day. Vendors must describe their process for handling busy signals in their QAP.	
The interviewer obtains a sampled enrollee's answering machine or voicemail.	
The interviewer is placed on hold, at which time the interviewer may disconnect the call. Vendors use their discretion to determine how long interviewers must wait on hold before disconnecting the call. Vendors must describe their process for how they handle getting placed on hold in their QAP.	
After six telephone attempts have been made, no further attempts are made to contact the sampled enrollee, except in the following two scenarios: • If a vendor reaches a sampled enrollee on the sixth call attempt and the respondent requests a callback, then the vendor should call the respondent back (if the telephone data collection protocol is still open for the reporting unit). • If a sampled enrollee calls customer support to complete an inbound telephone interview after the maximum telephone attempts have been reached, then vendors should administer the survey (if the outbound telephone phase of the protocol is still open for the reporting unit). If an inbound survey is completed in this case, then it is coded as the sixth (versus the seventh) call attempt.	

If a sampled enrollee is found to be ineligible for the survey, is away for the duration of the data collection period, or explicitly refuses to complete the survey, then the vendor must not continue to attempt to complete the survey by telephone.

When contacting sampled enrollees by telephone to finish partially completed mail or internet surveys, vendors must ask all survey questions and not only the unanswered questions from the partially completed mail or internet survey. However, if a vendor re-contacts a sampled enrollee by telephone to finish a partially completed telephone survey, then the vendor may continue the survey from the last question answered.

If a sampled enrollee is not able to take the survey during an outbound call, but requests a specific callback date and time, the vendor must accommodate the requested callback date and time specified by the enrollee (even if the project is not scheduled to dial on that particular date).

If a sampled enrollee requests the vendor's inbound customer support number during an outbound call attempt, then the vendor must provide the number.

Inbound Calls

CMS requires that all vendors provide sampled enrollees with the option to take a telephone interview during the mail and internet phases of data collection. If a sampled enrollee calls the vendor customer support number asking to complete the survey by telephone, then the vendor must be able to accommodate the request. This means that CATI systems must be fully functional to handle inbound requests by the start of the administration protocol (i.e., prenotification letter mail date/internet survey activation date).

If an interviewer is not available at the time of the sampled enrollee's inbound call, then the vendor schedules a callback appointment at a time requested by the sampled enrollee. If the vendor calls back at the scheduled time and receives no response, then the 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, standard mail, internet, and telephone protocols are resumed. 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.

See the Inbound Telephone Interview Protocol section of the CATI script for the standard introduction that interviewers should use to conduct inbound telephone interviews.

Telephone (CATI) Data Processing Requirements

Vendors must use the guidelines described in **Exhibit 52** to process and manage survey data collected via the telephone protocol.

Exhibit 52: Telephone (CATI) Data Processing Requirements

Telephone (CATI) Data Processing Requirements	✓
Include the unique ID number assigned to each sampled enrollee in the SMS and in the final data file.	
Enter the interview date in the SMS. Vendors must be able to link each telephone interview to the SMS so appropriate variables, such as the language in which the survey was conducted and the date the telephone interview was completed, can be pulled into the final data file.	
Remove all PII when the data are transferred into the final data file for delivery. Identifiable data include, but are not limited to, sampled enrollee name 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. Vendors are responsible for developing and using a set of interim disposition codes to track status related to sampled enrollees before survey dispositions are finalized. See the **Final Survey Disposition Codes** section for more information.	
Conduct periodic reviews of data files to verify the accuracy of the data entry (recommended minimum of 10%). This is accomplished by comparing the responses from completed telephone interviews directly from the CATI system to the corresponding responses in the final data file.	

Refusal Avoidance and Conversion

Although the use of refusal avoidance and conversion techniques during the telephone phase of the protocol is critical, employing these techniques in certain situations is not allowed and the vendor must re-contact the sampled enrollee later. These situations include:

> **Refusal Avoidance and Conversion Techniques:** Methods used by telephone interviewers to encourage a sampled enrollee to complete the survey, or to complete it via mail or internet instead.

- When a sampled enrollee indicates they are currently at work and cannot participate.

- When a sampled enrollee indicates they are driving.

In these situations, interviewers attempt to schedule a callback with the sampled enrollee, if possible.

Leaving Messages on Answering Machines

Vendors must review HIPAA requirements when developing a protocol for whether interviewers leave messages on a sampled enrollee's answering machine or voicemail. Vendors are permitted to leave up to two messages for each sampled enrollee.

Distressed Respondent Protocol

Vendors may encounter distressed respondents who are in crisis or are potentially suicidal during telephone interviewing. In these situations, vendors are not expected to act as professional counselors, nor are they expected to be trained in identifying suicidal respondents. However, vendors must have established processes (i.e., Distressed Respondent Protocol) in place for handling and documenting distressed respondent situations. Vendors must incorporate the procedures and guidelines included in the Distressed Respondent Protocol into both interviewer and customer support training.

> **Distressed Respondent Protocol:** Instructions for 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.

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

Some general guidelines for handling distressed respondent situations include:

- If a sampled enrollee threatens to take their own life immediately, then the vendor attempts to keep the individual on the line, calls 911, and 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.

- If the sampled enrollee expresses thoughts about taking their own life, then the vendor refers them to the National Suicide Prevention Lifeline (1–800–273–TALK [8255]).

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

Quality Assurance: CATI Monitoring

Vendors must supervise and monitor telephone interviewers throughout the telephone phase of the data collection protocol to verify that interviewers adhere to the established procedures. Consistent monitoring of interviewer work is essential to assure standardized and accurate results.

Vendors must monitor a minimum of 10% of all telephone interviews for each survey language (English, Spanish, and Chinese [if applicable]) during the telephone phase of the data collection protocol. This includes both call attempts and completed interviews, across all interviewers and times of day. Supervisory staff monitoring telephone interviewers should use the electronic system to observe the interviewer conducting the interview to check for correct response coding while listening to the audio of the call at the same time.

Vendors document the outcome of telephone interviewer monitoring sessions using standard templates containing objective evaluation criteria. CMS may request that vendors produce these standard templates for review as part of its oversight processes.

Vendors must be aware of and follow applicable federal and state regulations when monitoring and/or recording telephone calls, including those that permit monitoring/recording of telephone calls only after the interviewer states, "This call may be monitored (and/or recorded) for quality improvement purposes."

Vendor Requirements

Vendors must conduct **silent monitoring** for at least 10% of interviews. Vendors may use callbacks for additional monitoring but callbacks do not count towards the 10% silent monitoring requirement.

Note: Telephone monitoring must be conducted at least a 10% rate throughout the entire telephone phase. Vendors cannot concentrate all telephone monitoring within a particular phase of the protocol (e.g., beginning of the telephone phase). Vendors must monitor interviews at a 10% rate for each survey language (English, Spanish, and Chinese [if applicable]).

> **Silent Monitoring:** A third party listens to a telephone interview (live and/or recorded) without speaking or participating, to determine whether the interview has been conducted as designed.
>
> **Live or Real-time Monitoring:** Monitoring a "real time" interview, rather than a recorded interview.

Live monitoring, or real-time monitoring, is useful for providing instant feedback to telephone interviewers and vendors. Additionally, supervisory staff should conduct "floor rounding" to visually observe and ensure the professionalism of telephone interviewers.

Interviewers must meet the following conditions consistently or they will be retrained or replaced, if necessary:

- Follow the script verbatim.
- Employ proper probes.
- Remain objective and courteous.
- Speak clearly.
- Operate the computer system competently.

CMS remotely monitors live interviews during survey fielding for oversight purposes. As part of the site visit, CMS will review the processes vendors employ to monitor and assess telephone interviewers and to determine how interviewer performance can be improved. CMS may also monitor interviews during site visits.

Requirements for Subcontractor Monitoring (if Applicable)

A combined total of 10% of all interviews must be monitored by the vendor and/or telephone subcontractor. Vendors and their subcontractors determine the proportion that each party monitors, given the vendor conducts some part of the monitoring. A single interview may not be counted more than once (i.e., by the vendor and subcontractor, if monitored simultaneously) in the 10% monitoring total.

Vendors must provide feedback to the subcontractor regarding interviewer performance and verify that the subcontractor's interviewers correct any areas that require improvement.

Data Collection Considerations

Disenrollees

If an individual states that they are a **disenrollee**, then the vendor should not continue to complete a telephone interview or make additional telephone attempts. Vendors assign a final disposition code of "X40—Ineligible." No further mail, telephone, or email attempts should be made to the disenrollee.

> **Disenrollees:** Individuals who indicate by mail, internet, or telephone that they are no longer enrolled in the QHP.

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 unable to respond to the survey directly, given the sampled enrollee grants permission to do so. For a vendor to interview a proxy respondent, the below conditions must be met:

> **Proxy:** A family member or other person who completes the survey on behalf of a sampled enrollee who is unable to do so themselves.

- The intended sampled enrollee consents to a proxy taking the survey on their behalf.
- The proxy is familiar with the sampled enrollee's health and health care experiences (e.g., a relative or friend).

Vendors may conduct proxy interviews for sampled enrollees who either: 1) are physically and/or mentally unable to respond to the survey, or 2) do **not** specifically state they are physically and/or mentally incapable of participating in a telephone survey but request a proxy regardless. Interviews with proxies are only permitted if the intended sampled enrollee grants permission for the proxy to take the survey on their behalf. Example scenarios of sampled enrollees who do **not** specifically state they are physically and/or mentally incapable (but who request a proxy) are listed below:

- "My [relative/household member] can take the survey. Talk to him/her."
- "I do not take surveys, but my [relative/household member] can answer health questions for me. Please speak with him/her."
- "I am busy right now. Please speak with my [relative/household member] who can take the survey on my behalf."

Interviewers must follow the CATI script to ask for consent from all sampled enrollees to conduct the survey with a proxy respondent.

If a sampled enrollee is physically and/or mentally unable to respond to the survey and is unable or unwilling to grant permission to a proxy, then the interviewer must end the interview and assign a final disposition code of "X24—Mentally or Physically Incapacitated." CATI training materials must include instructions for obtaining permission from a sampled enrollee to use a designated proxy.

All proxy survey questions must be reworded to increase the likelihood that proxy respondents provide answers about the sampled enrollee, instead of about themselves. It is the responsibility of the vendor to create and program proxy scripts prior to the onset of telephone interviewing. Examples are:

- Question 22: In the last 6 months, when [he/she/they] needed care right away, how often did [he/she/they] get care as soon as [he/she/they] needed?

- Question 42: How many specialists has [he/she/they] seen in the last 6 months?

- The last series of questions ask about [his/her/their] background.

- Question 45: In general, how would [he/she/they] rate [his/her/their] overall health? Would [he/she/they] say it is…

Programming modifications to accommodate proxy interviews must be made in the CATI system prior to the onset of telephone interviewing; vendors do not modify language in real time during proxy interviews.

Contacting Difficult-To-Reach Enrollees

Some sampled enrollees may be difficult to reach because of incorrect telephone numbers, illness, or institutionalization. Vendor requirements for contacting difficult-to-reach sampled enrollees are outlined in **Exhibit 53**.

Exhibit 53: Contacting Difficult-to-Reach Enrollees

Requirements for Contacting Difficult to Reach Enrollees	✓
Make every effort to obtain correct telephone numbers for sampled enrollees by using a commercial address/telephone database service or directory.	
Optionally, ask QHP issuers to provide updated contact information for all enrollees included in the original sample frame file for a reporting unit. However, to avoid divulging survey selection status, vendors may not request updated contact information for sampled enrollees. Please refer to **Adding Enrollee Contact Information to the Survey Sample** section for more information.	
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 the enrollee can be contacted prior to the end of the data collection period.	
Use updated enrollee contact information provided by the individual answering the telephone during the initial contact.	
Re-contact any enrollee who is ill, unavailable, or temporarily away during initial contact before the data collection period ends.	
Request and subsequently use information on how to contact the sampled enrollee if the individual answering the telephone states that the sampled enrollee is institutionalized, but still able to complete the survey.	

Vendors must track and document 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 vendor must continue attempting to contact the sampled enrollee until the required number of attempts has been exhausted.

If sufficient evidence exists that the mailing address is incorrect or bad, then the vendor assigns the Bad_Address_Flag. If sufficient evidence exists that the email address is incorrect or bad,

then the vendor assigns the Bad_Email_Flag. If sufficient evidence exists that the telephone number is incorrect or bad, then the vendor assigns a Bad_Telephone_Flag in these cases. If the vendor has exhausted all attempts to obtain a valid address and a valid telephone number for a sampled enrollee, and the email address is found to not be viable, then the vendor assigns a final disposition code of "X35—Bad Contact Information." For additional information on what justifies the application of this disposition code, see the **Code and Submit Data** section.

Code and Submit Data

Overview

This section describes the process for coding and submitting QHP Enrollee Survey data to CMS, the requirements for test and final data submission, and quality control procedures for data files.

Process

Vendors must securely submit deidentified enrollee response data to CMS via file transfer protocol (FTP) on behalf of their QHP issuer clients. CMS will provide detailed instructions to vendors during the mandatory Data Submission Training held each spring.

Given that data file preparation and submission are critical functions of the project, the Project Team does not allow subcontracting of these functions.

Vendors Create Data Submission File

Vendors will produce data files for each reporting unit in a .CSV file. These data files must include selected variables from the sample frame and survey question responses provided by sampled enrollees during survey fielding (or nonresponse information). Data files must contain a record and associated final disposition code for *all* sampled enrollees (both survey respondents and nonrespondents). Data files also include variables needed to calculate sampled enrollees' selection probabilities for purposes of generating sample weights.

Prior to submitting data files, vendors must conduct a thorough review of the data file format, particularly for the responses included in the Question 2 write-in field. Specific quality control procedures and recommended data validation checklists for data submission files can be found in **Exhibit 63**.

Data Submission File Format

Detailed information about required data points, acceptable answers, and valid values can be found in **Appendix G: Data Dictionary.** CMS uses the survey data to produce Quality Improvement (QI) Reports, calculate the QRS scores (see the **Analyze and Report Data** section), and calculate sampled enrollees' selection probabilities for the purpose of generating sample weights (see the **Create Sample Frame and Draw Sample (Sampling)** section). CMS uses data from nonrespondents to conduct nonresponse analyses and to potentially adjust survey weights for nonresponse bias.

Processing Written Text Responses and Confirming Eligibility

Vendors must submit the open-ended responses to Question 2 as provided by the sampled enrollee during survey fielding in their data files. **Exhibit 54** provides guidelines to vendors for processing responses to Question 2.

Exhibit 54: Guidelines to Processing Written Text Responses

Processing Written Text Responses	✓
Enter the response in the final data files exactly as it is written on the mail survey.	
Redact all PII included in the response (e.g., only submit the QHP name in the data submission file).	
Do not edit or correct misspelled health plan names.	
Include enrollees who wrote in only a product type (e.g., HMO, POS, PPO, EPO) for Question 2 as eligible for the survey regardless of whether that product type aligns with the product type associated with the reporting unit.	
QHP issuers are required to provide a list of common aliases to vendors. If an enrollee's response is a plan name that significantly varies from those provided on the list of common aliases, they are considered ineligible for the survey. For example, if the list of common plan aliases includes "Omega QHP, Omega Health Plan, and OM Plan," and the respondent writes, "Yellow Health Insurance," they are ineligible for the survey because it indicates that they are not currently enrolled in the surveyed plan.	

Vendors must use the guidelines in **Exhibit 55** to assess each sampled enrollee's response to Question 1 and Question 2 to confirm that the sampled enrollees meet the eligible population criteria (telephone interview scripts must accommodate the following rules). QHP issuers are required to provide a list of common aliases to vendors to enable them to make accurate eligibility determinations when the following scenarios are encountered:

Exhibit 55: Confirming the Sampled Enrollee Meets Eligibility Criteria

Scenario	Question 1 Response	Question 2 Response	Is Enrollee Eligible?	Final Disposition Code
A	Yes	Any response (including "none," "N/A," "I don't know" and blank), unless it is an Invalid Plan Alias **Note:** If a respondent indicates that they are not enrolled in the health plan, they are considered ineligible. See Scenario C.	Yes (unless Question 2 response is an Invalid Plan Alias)	**Any Question 2 Response (including "none," "N/A," "I don't know," and blank):** Assess Survey—Does survey meet criteria for "Completed" or "Partially Completed" Survey? **OR** **Invalid Plan Alias Question 2 Response:** X40: Ineligible—Not Eligible
B	Yes	Response includes both a Valid and an Invalid Plan Alias (e.g., "Gold Medicare")	No	X40: Ineligible—Not Eligible **Note:** The QHP Enrollee Survey assumes all enrollees are eligible until there is evidence that a respondent is ineligible (not eligible). When an invalid and a valid plan alias are present in Question 2, the invalid plan alias overrides the valid plan alias and the respondent is deemed ineligible.
C	Yes	Response indicates that the respondent has switched/changed/ is no longer in the plan	No	X40: Ineligible—Not Eligible **Note:** The QHP Enrollee Survey assumes all enrollees are eligible until there is evidence that a respondent is ineligible (not eligible). When a respondent indicates they are not in the plan, they are deemed ineligible.
D	No	Valid Plan Alias	Yes	Assess Survey—Does survey meet criteria for "Completed" or "Partially Completed" survey?
E	Blank/ Nonresponse/ No Answer	Valid Plan Alias	Yes	Assess Survey—Does survey meet criteria for "Completed" or "Partially Completed" survey?
F	No	Blank/ Nonresponse/ No Answer	No	X40: Ineligible—Not Eligible
G	No	Invalid Plan Alias	No	X40: Ineligible—Not Eligible
H	Blank/ Nonresponse/ No Answer	Blank/ Nonresponse/ No Answer	Yes	Assess Survey—Does survey meet criteria for "Completed" or "Partially Completed" survey?
I	Blank/ Nonresponse/ No Answer	Invalid Plan Alias	No	X40: Ineligible—Not Eligible

Note: Vendors apply the guidelines in **Exhibit 55** only after determining that a sampled enrollee meets the age and continuous enrollment criteria. At no time do vendors clean or recode survey responses.

Additional guidance regarding the validity of commonly provided responses to Question 2 is provided in **Exhibit 56**.

Exhibit 56: Valid and Invalid Plan Aliases for Determining Survey Eligibility Status

Valid Plan Aliases for Question 2	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 - Health Savings Account (HSA) - Medicaid, including state-specific names for Medicaid (e.g., Medi-Cal, AHCCCS)* - Numerical values** - A combination of valid plan aliases (e.g., Gold PPO)	- Employer-sponsored health plan - Medicare - Medicare Advantage, even if the plan is offered by the same issuer 65+ health plan - Senior health plan - TRICARE - Veterans Health Administration (VA)

Medicaid is only a valid plan alias for sampled enrollees who have the enrollee-specific Medicaid Expansion QHP Enrollee variable coded as "1 = Yes" in the sample frame file for QHPs operating in a state with Medicaid expansion. The Medicaid Expansion QHP Enrollee variable indicates whether an enrollee was enrolled in the QHP via a Medicaid 1115 waiver. Vendors must check and review the sample frame to confirm eligibility for sampled enrollees who provide "Medicaid" as a response to Question 2. Telephone interviewers are instructed to continue the interview if a sampled enrollee responds with "Medicaid" for Question 2.
**Numerical values are considered valid unless they refer to a Medicare plan by using the number "65+." Numerical values that are PII (e.g., date of birth, Social Security number) must be redacted.

Final Survey Disposition Codes

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

Exhibit 57 includes a description of each disposition code and provides information on how to code the Date_Complete variable. Each sampled enrollee must be assigned a final disposition code before data submission. All cases with a disposition code of either 10 or 31 are assigned an uppercase "T" (telephone), an "I" (internet), or an "M" (mail) indicator to note the survey mode in which the sampled enrollee responded. For example, a sampled enrollee who returned a complete mail survey is assigned a final disposition code of "M10." All other cases with final disposition codes other than 10 or 31 are preceded by an uppercase "X" for the mode indicator. All letters (i.e., T, I, M, X) within a final disposition code must be capitalized in test and final data submissions.

Exhibit 57: Final Survey Disposition Codes and Date_Complete Coding Guidelines

Code	Description	Date_Complete Coding Guidelines
M, I, or T 10	**Completed Survey** Assign this code if the respondent answers 50% or more (i.e., 10 or more) of a selected list of key survey items—the items that all respondents are eligible to answer, excluding "About You" items. See the **Definition of a Completed Survey** section.	Code as the date the completed survey was received or administered.
M, I, or T 31	**Partially Completed Survey** - Assign this code if the respondent answers less than 50% (i.e., fewer than 10) of a selected list of key survey items—the items that all respondents are eligible to answer, excluding "About You" items. See the **Definition of a Completed Survey** section. - Assign this code to a mail or internet survey that has at least one key question answered but CATI follow-up does not result in enough key items being answered to meet the definition of a completed survey.	Code as the date the partially completed survey was received or administered, not the date of any follow-up phone calls.
X20	**Ineligible: Deceased** Assign this code if the sampled enrollee is reported as deceased during the survey period.	Code as the date it is determined the sampled enrollee is deceased.
X40	**Ineligible: Not Eligible** 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 their responses to Question 1 and Question 2 (see **Exhibit 55**). - The sampled enrollee returns the survey with comments in the margins or white mail indicating that they have not been enrolled in the health plan or indicates they are not in the health plan during CATI and ends the interview prior to answering any survey questions. - The sampled enrollee does not meet continuous enrollment criteria.	Code as the date it is determined that the sampled enrollee does not meet all required eligibility criteria for being included in the survey sample.
X43	**Do Not Survey List** Assign this code if the sampled enrollee is on the vendor's "Do Not Survey" list.	Code as the first date of fielding for the reporting unit.
X22	**Language Barrier** Assign this code if the sampled enrollee does not speak one of the approved survey languages: English, Spanish, or Chinese (if applicable).	Code as the date it is determined that a language barrier prevents the sampled enrollee from completing the survey.

Code	Description	Date_Complete Coding Guidelines
X24	**Mentally or Physically Incapacitated** • Assign this code if it is determined that the sampled enrollee is unable to complete the survey because they are 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 their behalf.	Code as the date it is determined that a mental or physical incapacity or institutionalization prevents the sampled enrollee from completing the survey.
X32	**Refusal** Assign this code if a sampled enrollee or proxy indicates, either in writing or verbally (for telephone administration), that they do not wish to participate in the survey, or requests to be placed on the "Do Not Survey" list during data collection.	Code as the date the sampled enrollee or proxy indicates, either in writing or verbally, that they do not wish to participate in the survey, or requests to be placed on the "Do Not Survey" list.
X33	**Non-Response After Maximum Attempts** Assign this code if the mailing address, email 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. **Note:** Mail surveys are to be accepted through May 6, 2022. If vendors are still fielding the survey after May 6, 2022, they must accept and process data for all mail surveys received through the end of the protocol (Day 73).	Code as the last date of fielding for the reporting unit.
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.	Code as the date the blank survey or incomplete survey was received or administered.
X35	**Bad Contact Information** Assign this code if it is determined that the mailing address, email address, *and* telephone number for a sampled enrollee are not viable. See **Assigning the Bad Contact Information Disposition Code and Flags** section for more information.	Code as the latest date it is determined that the mail address, email address, and telephone number for a sampled enrollee is not viable.

Definition of a Completed Survey

A "completed survey" is defined as a survey in which a sampled enrollee answers 50% 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% of key survey items.

There are 20 key survey items in the 2022 QHP Enrollee Survey; a respondent must answer at least 10 key survey items for a survey to be considered a completed survey. A key item is considered answered in the following instances:

- The enrollee selected one of the available response options for the key item on the mail, telephone, or internet survey.
- The enrollee provided a response of "Don't Know" for the key item during a telephone interview.
- The enrollee provided a response of "Not Applicable" for the key item on the mail, telephone, or internet survey.

A key item is not considered answered if it is left blank on a mail or internet survey or if it is not asked during a telephone interview. A key item is also not considered answered if the enrollee verbally refuses to answer the key item during a telephone interview. See **Exhibit 58** for additional information.

Exhibit 58: Determine Whether a Key Item is Answered

Survey Response	Valid Values	Key Item Answered for Mail?	Key Item Answered for Internet?	Key Item Answered for Telephone?
Any available response option	0 through 10 (varies based on question)	Yes	Yes	Yes
Refused (Phone Only)	-1	N/A	N/A	No
Don't know (Phone Only)[20]	-2	N/A	N/A	Yes
Blank/ Nonresponse/ No Answer	-3	No	No	No
Not Applicable	-5	Yes	Yes	Yes

See **Exhibit 59** for the list of key survey items.

Exhibit 59: Key Survey Items

Item Number	Item
1	Enrollee in health plan?
3	Written materials/internet provided needed information about health plan?
4	Health plan provided information on cost for health care services or equipment?
5	Found information about cost of prescription medicines?
6	Got needed information or help from health plan's customer service?
9	Ease of filling out forms from health plan?

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[20] "Don't know" is an available response option for Question 21, so a response of "Don't know" to this question is considered answered.

Item Number	Item
13	How often did health plan not pay for care that enrollee's doctor said was needed?
14	How often did enrollee have to pay out-of-pocket for care they thought their health plan would pay for?
15	How often did enrollee delay visiting or not visit a doctor because they were worried about the cost?
16	How often did enrollee delay filling or not fill a prescription because they were worried about the cost?
17	How often did enrollee need medical care but could not get it because of a public health emergency (like the coronavirus)?
18	How confident is enrollee that they understand health insurance terms?
19	How confident is enrollee that they know most of the things they need to know about using health insurance?
20	Enrollee's rating of health plan?
21	Did enrollee's personal doctor offer telephone or video appointments?
22	When enrollee needed care right away, in a clinic, emergency room, or doctor's office, how often did they get care as soon as they needed?
23	How often did enrollee get an appointment for a check-up or routine care at a doctor's office or clinic as soon as they needed?
24	How many times did enrollee go to a doctor's office or clinic to get health care?
28	How many times did enrollee visit their personal doctor to get care?
41	How often did enrollee get an appointment to see a specialist as soon as they needed?

Assigning the Bad Contact Information Disposition Code and Flags

The final disposition code of "X35—Bad Contact Information" is assigned when the vendor has exhausted all attempts to obtain a valid address and a valid telephone number for a sampled enrollee, and the enrollee is unreachable by email. **Exhibit 60** details examples of sufficient and insufficient evidence for use of the X35 disposition code.

Vendors must track attempts to obtain a correct mailing address and telephone number for each sampled enrollee during survey fielding. **Exhibit 61** illustrates when the X35 disposition code should be assigned and how to differentiate between the appropriate use of the "X33—Non-Response After Maximum Attempts" and X35 disposition codes.

In general, contact information is assumed to be viable unless there is sufficient evidence to suggest the contrary. If the evidence is insufficient, then the vendor must continue attempting to contact the sampled enrollee until the required number of attempts has been exhausted.

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

Exhibit 60: Evidence to Support Use of X35 Disposition Code

Evidence to Support Use of X35—Bad Contact Information	✓
For the mail component of survey fielding, sufficient evidence that a sampled enrollee's address is not viable includes: • QHP issuer does not provide a mailing address in the sample frame, and the vendor is unable to obtain an address for the sampled enrollee. • QHP issuer provides an incomplete mailing address in the sample frame, and the 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."	
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 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: • QHP issuer does not provide a telephone number in the sample frame, and the 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 they have the wrong telephone number; other attempts to obtain the correct telephone number are not successful.	
For the telephone component of survey fielding, insufficient evidence that a sampled enrollee's telephone number is not viable includes: • The vendor obtains a busy signal every time a telephone attempt is made.	
For the internet component of survey fielding, sufficient evidence that a sampled enrollee's email address is not viable includes: • QHP issuer does not provide an email address in the sample frame. • QHP issuer provides an incomplete email address in the sample frame. • Email is returned as undeliverable (i.e., "bounces back").	
For the internet component of survey fielding, insufficient evidence that a sampled enrollee's email address is not viable includes: • Sampled enrollee unsubscribes from email communications. • Sampled enrollee does not open the email communications.	

Note: The use of the X35 disposition code is only appropriate in cases in which a vendor has exhausted all attempts to contact the sampled enrollee and the result is an undeliverable mail piece, an undeliverable email, and an invalid telephone number.

Exhibit 61: Differentiating Between X33—Non-Response After Maximum Attempts and X35—Bad Contact Information

Sufficient Evidence of Bad Mailing Address?	Sufficient Evidence of Bad Email Address?	Sufficient Evidence of Bad Telephone Number?	Disposition Code
Yes	Yes	Yes	**X35** Assign <bad-address-flag>. Assign <bad-email-flag>. Assign <bad-telephone-flag>.

Sufficient Evidence of Bad Mailing Address?	Sufficient Evidence of Bad Email Address?	Sufficient Evidence of Bad Telephone Number?	Disposition Code
No	No	No	**X33**
Yes	No	No	**X33** Assign <bad-address-flag>.
No	Yes	No	**X33** Assign <bad-email-flag>.
No	No	Yes	**X33** Assign <bad-telephone-flag>.
Yes	Yes	No	**X33** Assign <bad-address-flag>. Assign <bad-email-flag>.
Yes	No	Yes	**X33** Assign <bad-address-flag>. Assign <bad-telephone-flag>.
No	Yes	Yes	**X33** Assign <bad-email-flag>. Assign <bad-telephone-flag>.

Assigning the Survey Round Variable

Vendors assign a survey round variable to each sampled member. The survey round variable provides detail on which round of outreach a mail or telephone survey was completed or partially completed and should be associated with the mailed questionnaire or call attempt in which data are collected. For final dispositions of I10 or I31, the survey round variable is coded as IN. For all final dispositions other than M10, T10, I10, M31, T31, or I31, the survey round variable is coded as NC. **Exhibit 62** lists all of the survey round variables.

Exhibit 62: Survey Round Variables

Survey Round	Description	Disposition Codes
M1	Respondent completed or partially completed the first mailed questionnaire.	M10, M31
M2	Respondent completed or partially completed the second mailed questionnaire.	M10, M31
T1	Respondent completed or partially completed the survey during the first telephone attempt.	T10, T31
T2	Respondent completed or partially completed the survey during the second telephone attempt.	T10, T31
T3	Respondent completed or partially completed the survey during the third telephone attempt.	T10, T31
T4	Respondent completed or partially completed the survey during the fourth telephone attempt.	T10, T31
T5	Respondent completed or partially completed the survey during the fifth telephone attempt.	T10, T31
T6	Respondent completed or partially completed the survey during the sixth telephone attempt.	T10, T31
TN	Respondent completed or partially completed the survey during an inbound call.	T10, T31
IN	Respondent completed or partially completed the internet survey.	I10, I31

Survey Round	Description	Disposition Codes
NC	Used for all final disposition codes that are not M10, T10, I10, M31, T31, or I31.	X20, X40, X43, X22, X24, X32, X33, X34, X35

Vendors Conduct Quality Control for Data Submission

Vendors must conduct quality control measures on data included in the data submission files throughout survey fielding and prior to data submission. Quality control procedures verify that data from completed internet, mail, and telephone surveys are accurately captured and assist vendors with identifying problems in the data received from QHP issuers, internal data file processing procedures, or data coding operations prior to data submission.

Note: Quality control procedures must be conducted by a different staff member than the individual who originally performed the task.

Specific quality control procedures for data submission files include those described in **Exhibit 63**.

Exhibit 63: Quality Control Checks for Survey Data Files

Data File Quality Control Procedures	✓
Ongoing Quality Control Checks:	
Run frequencies and count distributions on both sampled enrollee administration data and sampled enrollee response data. Investigate if there are outliers or anomalies (including missing data). For example, 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 towards the very young or very old?).	
Check data processing programs to confirm that data elements are coded properly in the data submission files.	
Verify that surveys are assigned a disposition code of either complete or partially complete based on specified completeness criteria described in the **Collect Data** section.	
Review disposition codes and investigate whether there are any disconnects between the presence of survey response data and the assignment of final disposition codes of ineligible or nonresponse.	
Review all plan aliases provided by sampled enrollees for Question 2 and evaluate whether these responses (in conjunction with Question 1 responses) render the sampled enrollee's responses eligible or ineligible for data submission. Please refer to **Exhibit 55: Confirming the Sampled Enrollee Meets Eligibility Criteria** and **Exhibit 56: Valid and Invalid Plan Aliases for Determining Survey Eligibility Status** for additional information. **Note:** Medicaid is only a valid plan alias for sampled enrollees who have the enrollee-specific Medicaid Expansion QHP Enrollee variable coded as "1 = Yes" in the sample frame file for QHPs operating in a state with Medicaid expansion. The Medicaid Expansion QHP Enrollee variable indicates whether an enrollee was enrolled in the QHP via a Medicaid 1115 waiver. Vendors must check and review the sample frame to confirm eligibility for sampled enrollees who provide "Medicaid" as a response to Question 2.	
Review a selected random sample of cases (recommended minimum of 10%) from the final data submission file and compare the survey record header field data elements in the file to the enrollee information provided by the QHP issuer in the validated sample frame.	

Data File Quality Control Procedures	✓
Compare the hard copy questionnaire or CATI system responses for a sample of cases (recommended minimum of 10%) to the scanned responses and to the responses entered in 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.	
Calculate and review 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.	
Question 2 Quality Control Checks Prior to Data Submission:	
Check for and remove double quotes.	
Check for and remove tabbed spacing.	
Check for and remove line breaks.	
Check for and remove double spaces between words and after periods.	
Question 28 Quality Control Checks Prior to Data Submission:	
Review and verify the coding for Question 28 for telephone records. **Note:** For the telephone protocol only, Question 28 is divided into two parts—Question 28A and Question 28B.	
Report only a single valid value for Question 28; do not report separate valid values for Questions 28A and 28B. • Code Question 28 as 0 = None if the sampled enrollee provides a response of "None" to Question 28B. • Code Question 28 as -5 = Not Applicable if the sampled enrollee provides a response of "I do not have a personal doctor" or "Not Applicable" to Question 28B. • Code Question 28 with the appropriate valid value if the sampled enrollee provides one of the remaining numerical response to Question 28A.	
Quality Control Checks Prior to Data Submission:	
Were all the files submitted as part of the submission package named correctly?	
Were files submitted for each Reporting Unit ID listed on the packing slip?	
Does the Issuer ID in the file match what is listed on the data submission packing slip?	
Does the Product Type in the file match the Reporting Unit ID?	
Is there any PII in the field Name_Health_Plan (Question 2)?	
Is the value for n_s less than or equal to the sample size submitted on the packing slip and in the report provided to the Project Team that includes the final list of QHP reporting units (Report #3)?	
Is the vendor authorized to field the survey for the Reporting Unit ID submitted?	
Is the value n_s less than or equal to M?	
Is the value for M less than n_fr?	
Does a record with a final disposition code of either partially complete or complete internet or phone survey (i.e., I10, I31, T10, or T31) also include a valid value for the Response_Time?	
Is the letter proceeding the disposition code capitalized (i.e., I, T, M, X)?	
If a record is assigned a disposition code of X35, are there corresponding Bad Address, Bad Email, and Bad Telephone flags assigned?	
If a record is assigned a disposition code associated with an internet survey, is there a corresponding Web Entry Flag?	
Does the Issuer ID, QHP State, and Product Type match the Reporting Unit ID?	
If a survey is assigned a disposition code of complete, were at least 10 key items answered?	

Data File Quality Control Procedures	✓
Were any invalid responses submitted for a field?	
Were "Mark one or more" questions correctly coded (e.g., Race/Help questions are only assigned a value of missing if all Race/Help questions are missing)?	
Were the missing screeners and inappropriate skips coded correctly?	
Is the Reporting Unit ID present on the QHP list?	
Were any duplicate records submitted?	
Do any cases have a value greater than 9 for K?	
Were any records submitted with missing values? This does not apply to the "missing" responses, but to a field submitted as blank.	
Do all records within the file have the same values for Product Type, HIOS ID, QHP State, Reporting Unit ID, n_s, and M?	
Is the QHP Issuer Name the same for each Reporting Unit ID submitted?	
Are there any records submitted for enrollees under the age of 18?	
Are there any proxy values that are invalid for this mode of administration (e.g., Proxy must equal 2 for mail and internet surveys)?	
If the survey was administered and/or completed in Chinese, was the vendor approved to field the survey in Chinese?	
Is the enrollee response for the Age field in line with what was submitted on the sample frame? This review allows for a difference of +/- 1 year.	
Is the enrollee response for the Sex field in line with what was included on the sample frame?	
Are records with blank (-3) responses to In_Health_Plan and Name_Health_Plan **not** assigned a final disposition of X40 Ineligible? **Note:** Respondents who leave both Question 1 (In_Health_Plan) and Question 2 (Name_Health_Plan) blank are considered eligible unless additional information is gathered that indicates ineligibility (e.g., it is determined that they are under the age of 18).	
Is Total_Enrollment greater than 500?	
Do all sample frame variables exactly match what was provided in the sample frame?	

Response Rate

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 or 43)

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 AAPOR.[21] Specifically, this response rate formula is based on AAPOR's Response Rate 3 (RR3).

Vendors Submit Data File to CMS

Vendors will submit data files to CMS via FTP during the specified data submission periods outlined in this section. Data files received after the final data submission period will be excluded from public reporting, including the QRS.

During data submission, vendors may contact the Project Team at QHPSurveyVendor@bah.com.

Test Data Submission

Vendors will submit one unencrypted, .zip test file containing files for two reporting units including at least 100 records total between the two reporting units in accordance with the entries in **Appendix G: Data Dictionary**. Vendors are permitted to submit files with more records or submit more than two files. This process allows vendors to test data submission protocols and make any necessary adjustments prior to the beginning of the data submission period. More information about test data submission will be provided during Data Submission Training each spring.

Data Submission Deadlines

Data submission for final data files begins May 13, 2022. Vendors ***must*** submit final data files for the 2022 QHP Enrollee Survey by 11:59 p.m. ET on **May 20, 2022**. Data files received after the final data submission deadline will be excluded from public reporting, including the QRS.

CMS Validates Data Files

CMS performs data validation on data files, which includes file validation and data field edits. File validation criteria include verifying that submitted data files are valid and readable, contain the correct number of variables, include accurate names for all variables, and are the appropriate character length (**Exhibit 63** above provides a list of checks performed in the previous survey administration year). CMS also examines data fields for correct data type, field size, formats, and valid values.

Following the completion of primary data validation, CMS reviews the final data files across reporting units to identify any anomalies. This includes generating frequency distributions or other statistics for the variables included in each submitted data file.

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

Vendors Update and Resubmit Data Files (As Needed)

CMS will send the data validation results to vendors. CMS will notify the submitting vendor of any anomalies identified and request that the vendor investigate the anomaly. Based on these findings, vendors may be required to resubmit data within three business days of notification.

CMS Cleans Data

Upon submission of data from vendors, CMS uses a forward-cleaning approach to edit and clean survey data. This approach uses responses to the screener/gate question to control how subsequent questions within the survey (or dependent questions) are treated, such as setting responses to a missing value or retaining the original response. Under this forward-cleaning approach, CMS does *not* update or backfill unanswered screener questions based on responses to subsequent questions. **Exhibit 64** provides examples encountered in data files and subsequent forward-cleaning steps taken by CMS.

Exhibit 64: Forward Data Cleaning Guidelines

Screener Question	Dependent Question(s)	CMS Cleaning Guidelines
Screener question is blank.	Dependent question(s) includes data.	Code the response to the screener question as "missing" and use the dependent question(s) data in analysis.
Screener question is valid.	Dependent question(s) violate skip instructions.	Retain the screener question response and set responses to dependent question(s) to missing.

Note: 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.

Analyze and Report Data

Overview

This section describes CMS' planned analysis of the QHP Enrollee Survey data, the format and process for sharing QHP Enrollee Survey results with QHP issuers and other stakeholders, differences between the QRS and QHP Enrollee Survey results, and data analyses vendors may conduct for client QHP issuers.

Process

CMS Analyzes Data

Once it cleans and verifies the QHP Enrollee Survey data submitted by vendors, CMS will concatenate the data files into a single person-level analytic data file. CMS will use this file to calculate survey composite scores and individual-item scores for each reporting unit. The calculation of QHP Enrollee Survey scores will be performed using the CAHPS Analysis Program (the CAHPS macro), which was developed by the CAHPS Consortium under the auspices of 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 in SAS® (Document No. 20-M019)*, which is included in the CAHPS Survey and Reporting Kit. These materials are available at: https://www.ahrq.gov/cahps/surveys-guidance/helpful-resources/analysis/index.html.

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 like overall health status, overall emotional health, age, survey language, survey mode, chronic conditions and medications, receiving help to complete the survey, 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.

CMS will determine the case-mix adjustment factors once it analyzes prior years' QHP Enrollee Survey data. CMS will calculate case-mix adjusted scores for all composites, global ratings, and individual item measures for each QHP reporting unit and use these scores in its analysis efforts.

Vendors Analyze Data (Optional)

Providing Deidentified Datasets to Regulatory Agencies

Vendors may provide regulatory agencies with deidentified person-level data sets (survey responses) to the core QHP Enrollee Survey questions. Data provided by vendors has not been cleaned by CMS and are considered preliminary data. CMS prohibits attempts to identify individuals in the person-level file; the required redactions will reduce the risk of identifications. **Exhibit 65** includes the survey items that may be included in the vendor-provided person-level data sets as well as those survey items that may never be provided:

Exhibit 65: Survey Items Included in Vendor-Provided Person-Level Data Sets

Permitted to Include in Data Set	Not Permitted to Include in Data Set
• Person-level responses to Questions 3–10, 17, 20–25, and 27–44. • Reporting unit identification number <reporting-unit-id> from the sample frame.	• Person-level responses to Questions 1–2, 11–16, 18–19, 26, and 45–70. • Information from the sample frame or sampled enrollee list (except for reporting unit identification number).

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

CMS Produces Quality Improvement Reports

CMS will produce a QI Report summarizing the item-level results for each reporting unit and state participating in the QHP Enrollee Survey. The reports will include results for the QHP Enrollee Survey global ratings, composite measures, and preventive services measures included in the survey.

CMS will provide comparative benchmark data so QHP issuers can see their results relative to the national level results. 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 methodology guide will accompany the QI Reports when they are released annually in the fall.

Accessing the QI Reports

QHP issuers and State Exchange administrators will receive QHP Enrollee Survey QI Reports (and other related materials) for each respective reporting unit, which will be available via the CMS Health Insurance Oversight System—Marketplace Quality Module (HIOS-MQM) website. QHP issuers and State Exchange administrators will receive an email notification via the HIOS-MQM website prior to the start of a two-week preview period (anticipated August 2022). During this period, they will be able to preview their respective QHP Enrollee Survey QI Reports and QRS quality rates and submit any related inquiries to CMS. **Exhibit 66** provides descriptions of the documents available for preview on the HIOS-MQM website.

Providing Deidentified Datasets to QHP Issuer Clients

Vendors may provide reporting unit-level data sets for survey Questions 3 through 70 and the breakdown of final disposition codes to their QHP issuer clients. Vendors may never provide person-level data sets to QHP issuer clients.

Note: CMS determined that the QHP Enrollee Survey data are not subject to CMS's cell suppression policy; therefore, vendors may include cell values of less than 11 in the reporting unit-level data sets. Vendors must caveat that these survey results are not official CMS results.

Exhibit 66: QHP Issuer Resources for Reviewing QHP Enrollee Survey Results

Document Title	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.
	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*. In addition, reports include national averages and reliability for scoring questions. Please reference the *QI Report Methodology Guide* available in HIOS for additional information about the methodology used to create 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 the inclusion of appropriate respondents in the denominator totals.
Raw results provided by the QHP Enrollee Survey vendors upon data submission	The estimates provided by vendors are preliminary and are intended to provide QHP issuers with an early estimate of their survey scores. Vendors may not perform the same type of data cleaning performed by CMS. Additionally, 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 vendor may analyze the survey data in order to provide QHP issuers with aggregated results and may conduct additional analyses. These vendor analyses are not official survey results and should only be used for quality improvement purposes.

The QHP Enrollee Survey and Quality Rating System

Quality Rating System Measures

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.[22] 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.[23] Exchanges are also required to display QHP quality rating information on their respective websites.[24]

The QRS measure set consists of measures that address areas of clinical quality management; enrollee experience; and plan efficiency, affordability, and management. For 2022, QHP issuers are required to collect and submit validated data for 36 measures in the QRS measure set. CMS will include all 36 measures in scoring in 2022.

A subset of measures from the QHP Enrollee Survey is included in the QRS. For 2022, QRS measures from the survey include access to care, access to information, care coordination, plan administration, rating of all health care, rating of health plan, rating of personal doctor, rating of

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[22] 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.

[23] 4 5 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125.

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

specialist, flu vaccination, and smoking and tobacco use cessation. See **Exhibit 67** for a crosswalk of QHP Enrollee Survey items and composite to QRS measures.

Note: The two questions that were added for 2020 (Questions 17 and 21) are not included in QRS measure or QHP composite scoring but are included as stand-alone items in the QI Reports.

Exhibit 67: Crosswalk of QHP Enrollee Survey Questions Included in the QRS

2022 QRS Survey Measure	2022 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Access to Care	Getting Care Quickly	22	In the last 6 months, when you needed care right away, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? *Include in-person, telephone, or video appointments.*	CAHPS Health Plan Survey 5.0
		23	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? *Include in-person, telephone, or video appointments.*	CAHPS Health Plan Survey 5.0
	Getting Needed Care	25	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? *Include in-person, telephone, or video appointments.*	CAHPS Health Plan Survey 5.0
		41	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? *Include in-person, telephone, or video appointments.*	CAHPS Health Plan Survey 5.0
Access to Information	Access to Information	3	In the last 6 months, how often did written materials or the internet provide the information you needed about how your health plan works?	CAHPS Health Plan Survey 4.0 — Supplemental Items (HEDIS)
		4	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 Survey 4.0 — Supplemental Items (HEDIS)
		5	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 Survey 4.0 — Supplemental Items (HEDIS)

2022 QRS Survey Measure	2022 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Care Coordination	Care Coordination	33	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? *Include in-person, telephone, or video appointments.*	CAHPS Health Plan Survey 5.0– Supplemental Items
		34	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 Survey 5.0– Supplemental Items
		35	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 Survey 5.0– Supplemental Items
		36	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 Survey 5.0 — Supplemental Items
		39	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?	CAHPS Health Plan Survey 5.0– Supplemental Items
		43	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 Survey 5.0– Supplemental Items

2022 QRS Survey Measure	2022 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Plan Administration	Plan Administration	6	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 Survey 5.0
		7	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	CAHPS Health Plan Survey 5.0
	Single Item Measure (Plan Administration)	8	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?	Question developed for QHP Enrollee Survey
	Single Item Measure (Plan Administration)	9	In the last 6 months, how often were the forms from your health plan easy to fill out?	CAHPS Health Plan Survey 5.0
	Single Item Measure (Plan Administration)	10	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 Survey 5.0– Supplemental Items
Rating of all Health Care	Single Item Measure	27	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? *Include in-person, telephone, or video appointments.*	CAHPS Health Plan Survey 5.0
Rating of Health Plan	Single Item Measure	20	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 Survey 5.0
Rating of Personal Doctor	Single Item Measure	40	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 Survey 5.0

2022 QRS Survey Measure	2022 QHP Enrollee Survey Composite	Question Number	Question Wording	Question Source
Rating of Specialist	Single Item Measure	44	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 Survey 5.0
Flu Vaccinations for Adults Ages 18–64	Single Item Measure (Prevention)	47	Have you had either a flu shot or flu spray in the nose since July 1, 2021?	HEDIS CAHPS Health Plan Survey 5.1H
Medical Assistance with Smoking and Tobacco Use Cessation	Single Item Measure (Prevention)	49	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?	HEDIS CAHPS Health Plan Survey 5.1H
	Single Item Measure (Prevention)	50	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.	HEDIS CAHPS Health Plan Survey 5.1H
	Single Item Measure (Prevention)	51	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.	HEDIS CAHPS Health Plan Survey 5.1H

QHP Enrollee Survey Composite versus QRS 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 QRS Enrollee Experience with Health Plan composite includes the scores for three QRS measures: *Access to Information, Plan Administration,* and *Rating of Health Plan*.

The questions included in QRS survey *measures* may be different than the questions included in the "*composites*" shown in the QHP Enrollee Survey QI Reports. For example, the QRS *Access to Care* measure is composed of four questions; by comparison, in the QHP Enrollee Survey QI

Reports, these four questions make up two separate composites: Getting Care Quickly and Getting Needed Care.

QHP Enrollee Survey vs. QRS Communication of Relative Performance

The QHP Enrollee Survey QI Report approach to convey relative performance 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*.

In contrast, the QRS measure data are standardized across all reporting units. Therefore, if a majority of eligible reporting units submit high measure raw values, a single eligible reporting unit may submit a high raw value for a given measure but may receive a low standardized score for the measure because many other reporting units performed even better. 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/methodology guide will accompany the 2022 QHP Enrollee Survey QI Reports.

Please note that refinements to the survey may impact comparability between years. In addition, due to methodology and scoring variations from year to year, prior year versions of the *QHP Enrollee Survey QI Report Methodology Guide* should not be independently applied to data from other years.

Denominator Size Calculation

There is a difference in how CMS calculates and communicates the denominator size 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 *Care Coordination* measure 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 Coordination* 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.

QRS Scoring Eligibility Criteria

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 scoring through the QRS until a reporting unit's third consecutive year in the Exchange and is based on its survey results in the third year. Therefore, a reporting unit that is eligible to be

scored must meet the data submission criteria *and have been in operation for at least three consecutive years*. A summary of reporting unit eligibility is shown below as **Exhibit 68**.

Exhibit 68: Reporting Unit Eligibility for Scoring

Criteria	Required to Submit 2022 QRS Clinical Measure and QHP Enrollee Survey Response Data?	Eligible To Be Scored?	Reporting Status Variable (*Sample Frame*)
Reporting Unit Began Operating in 2022	No, does not meet participation criteria	No	Not eligible to submit data or to be scored; no sample frame is generated
Reporting Unit Began Operating in 2021 & Continued Operating in 2022 and Meets the Participation Criteria	Yes	No	2= Issuer began offering this product type within state's Exchange in Plan Year 2021
Reporting Unit Operates for at Least Three Consecutive Years (2020, 2021, and 2022) and Meets the Participation Criteria	Yes	Yes	1= Issuer began offering this product type within state's Exchange in Plan Year 2020 or before (i.e., operational in 2020, 2021, and 2022)

QRS marketing and display requirements can be found in the *Quality Rating System and Qualified Health Plan Enrollee Survey: Technical Guidance for 2022.*

Comply with Oversight Activities

Overview

CMS conducts oversight of all participating vendors to facilitate compliance with QHP Enrollee Survey protocols. All vendors, including subcontractors (if applicable), that participate in the QHP Enrollee Survey are required to take part in all quality oversight activities. CMS' oversight activities are not a substitute for the vendor's own oversight and QA activities.

This section describes the oversight activities for the QHP Enrollee Survey. All materials and procedures relevant to survey fielding are subject to review by CMS. Vendors must submit oversight materials to CMS via email (QHPSurveyVendor@bah.com). In the event of a disaster with the potential to disrupt or suspend normal QHP Enrollee Survey activities, CMS may modify oversight activities accordingly.

Note: Signing the *2022 Vendor Participation Form* signifies agreement with all the Rules of Participation, including all QHP Enrollee Survey quality oversight activities.

Oversight Reports

During the data collection period, vendors submit the Oversight Reports listed in **Exhibit 69**. Oversight Reports must be submitted with the email subject line "[VENDOR NAME] Report [#] Submission" by the date specified by CMS.

Exhibit 69: Vendor Oversight Reports

Report #	Description
Report #1	Vendors submit a Quality Assurance Plan (QAP) as Report #1 as a Word document. The QAP is a comprehensive document that is developed and periodically revised by 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 vendors use to verify high-quality data collection and continuity in survey processes.
	Note: Vendors that do not have a contract to collect data are not required to submit a QAP to CMS for review and approval. If a vendor contracts with a QHP issuer after the specified QAP submission deadline, then the vendor must prepare and submit a QAP within 10 business days of contracting with the QHP issuer.
	Vendors follow the Model Vendor QAP template provided in **Appendix C: Model Vendor Quality Assurance Plan** when preparing the QAP, presenting content in the same order as the template. Returning vendors submit the prior year's version of the QAP with "tracked changes" to emphasize updates and revisions; it should follow the appropriate year's Model Vendor QAP template.
	A vendor's QAP must be accepted by CMS before data collection activities may begin. CMS subsequently provides QAP feedback to vendors via email. If necessary, CMS conducts conference calls with vendors to discuss any questions, issues, or concerns regarding the submitted QAP. If revisions are needed, vendors must resubmit a revised version of the QAP to CMS for review within 10 business days following receipt of CMS feedback.
	CMS reviews each QAP for completeness and verifies that the vendor's stated processes are compliant with QHP Enrollee Survey protocols.
	Note: QAP acceptance by CMS does not constitute or imply approval or endorsement of the vendor's QHP Enrollee Survey processes.

Report #	Description
Report #2	Vendors submit a preliminary list of QHP issuer clients and all associated reporting units to CMS (Report #2). CMS reconciles these lists with the QHP issuer authorizations reported in the HOQ to identify any discrepancies. Oversampling requests are submitted in conjunction with Report #2. CMS will provide vendors with a template for Report #2.
Report #3	Following the completion of QHP issuer contracting, vendors submit a final list of QHP issuer clients and all associated reporting units to CMS (Report #3). CMS reconciles these lists with the QHP issuer authorizations reported in the HOQ to identify any outstanding discrepancies. Vendors also record the validated sample frame receipt status for each reporting unit in Report #3. CMS will provide vendors with a template for Report #3.
Report #4	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. In addition, vendors must report requests received from enrollees to take the survey in a language other than English, Spanish, or Chinese. The number of requests and specific language must be reported. CMS will provide vendors with a template for Report #4.
Report #5	All 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. Topics include, but are not limited to, fielding timeline, survey instrument, mailing survey operations, address validation and telephone number updates, data receipt and entry, CATI interviewing operations, and internet survey operations. In addition, vendors must report requests received from enrollees to take the survey in a language other than English, Spanish, or Chinese. The number of requests and specific language must be reported. CMS uses Final Reports to inform changes to the survey fielding protocol in future administration cycles. CMS will provide vendors with a template for Report #5.

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

Survey Material Review

Prior to volume printing and survey fielding, CMS reviews electronic versions of all survey materials for each survey mode and language in which the survey is being fielded. All materials submitted to CMS for review should appear as they would to a survey respondent or telephone interviewer. This requirement includes:

- **Mail:** Print-ready templates for prenotification letters, cover letters for the first and second survey mailings, reminder letters, surveys, and outbound and business reply envelopes. Vendors submit these as PDF files. All vendors are required to submit mail materials in English and Spanish. Only vendors implementing the Chinese protocol are required to submit mail materials in Chinese.

  Note: Vendors are only required to submit one example of outbound and business reply envelopes; the submission of multiple versions by language is not required.

- **Internet:** Internet survey URL along with at least 12 user names and/or passwords, which replicate how internet survey login credentials appear to sample enrollees on mail letters. Vendors must also submit at least 12 unique URLs with embedded login credentials, which replicate the embedded login credentials that sampled enrollees receive via notification and/or reminder emails. If the vendor is planning on using QR codes, they must also submit at least 12 unique QR codes to CMS for review. Vendors must also email examples of a notification email and a reminder email that include functional survey links with embedded

login credentials to [QHPSurveyVendor@bah.com.](mailto:QHPSurveyVendor@bah.com) Vendors must notify the Project Team once these email templates are sent. If vendors plan to send emails with both English and Spanish in one email message, they must also send an example of this email to CMS for review. Vendors are required to submit internet materials in English and Spanish.

- **Telephone (Computer-Assisted Telephone Interviewing [CATI]):** Screenshots of the programmed telephone interviewing script. CMS prefers to receive CATI screenshot images with one question per page, saved as a PDF. Vendors are responsible for the accurate programming of all survey skip patterns in the CATI system. CMS does not review skip pattern programming during its review of static screenshots; however, CMS will conduct a telephone script review remotely with vendors to test the accuracy of skip pattern programming. Vendors are also responsible for programming proxy scripts in the CATI system; CMS does not review proxy scripts. All vendors are required to submit CATI screenshots in English and Spanish. Only vendors implementing the Chinese protocol are required to submit CATI screenshots in Chinese.

During the survey material review period, vendors will make submissions by email, submitting all materials by mode on the date specified by CMS. When submitting materials, vendors must use the following language in the subject line, "[VENDOR NAME] QHP [INSTRUMENT TYPE] Material Review" (e.g., "XYZ Inc. QHP Mail Material Review"). Due to the large file size, vendors should submit materials as a .zip file. Vendors must submit a completed mode-specific cover sheet with each survey material submission. The cover sheets will be provided to vendors prior to the survey material submission deadline.

CMS reviews survey materials and responds to vendors to request any necessary revisions to mail and telephone materials within 10 business days, and to request any necessary revisions to internet materials within 15 business days. Vendors must submit revised materials within the timeframe specified by CMS. All survey materials in all applicable modes and languages must be accepted by CMS before the vendor may begin survey fielding.

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

Telephone Script Review

Once it has accepted telephone materials in all languages in which the survey will be administered, CMS conducts a remote review of the telephone script with each vendor. The purpose of this review session is to assess the alignment between the telephone materials submitted to CMS (including the telephone script and interviewer instructions) and the CATI script, as well as the accuracy of the script programming. During the telephone script review sessions, CMS will review various responses designed to test the skip pattern logic of the CATI system. Introduction screens and survey question screens will be reviewed. Telephone script review may occur for all languages in which the vendor is fielding the survey.

Telephone script review sessions will occur with vendors via web conferencing or independently via remote access. CMS will schedule telephone script review sessions with vendors during mutually convenient times. If a vendor uses multiple telephone subcontractors, a telephone script review session is required with each telephone subcontractor being used. Alternatively, the vendor may provide CMS with temporary login credentials to independently access and review

the telephone script in the vendor's and/or subcontractor's CATI system(s). Vendors that select this option will not need to schedule web conferencing sessions.

If any errors or issues are discovered during the session, the Project Team will hold an attenuated session with the vendor once the issue has been resolved to verify that any necessary updates were implemented appropriately.

Seeded Mailings

Vendors seed CMS' representatives directly in the mailing database and email protocols for one QHP reporting unit that is being fielded via mail and internet in each survey language (English, Spanish, and Chinese [if applicable]). If a vendor fields the survey in English only with foreign language taglines and an enrollee calls in to request a survey in Spanish or Chinese (if applicable), then the vendor must seed CMS' representatives in the requested language as well. The vendor must seed CMS' representatives throughout the remainder of the fielding protocol when a Spanish and Chinese (if applicable) survey is requested.

If a vendor uses more than one print and mail facility (and/or subcontractor), then the vendor must seed the CMS' representatives in one reporting unit produced at each print and mail facility (and/or subcontractor) in each language administered.

The following addresses should be seeded in the mailing database:

QHP Enrollee Survey Project Team
National Committee for Quality Assurance (NCQA)
1100 13th Street, NW, 3rd Floor
Washington, DC 20005

QHP Enrollee Survey Project Team
Booz Allen Hamilton
901 15th Street, NW
Suite 400
Washington, DC 20005

Vendors must also seed the QHP Enrollee Survey Project Team at QHPSurveyVendor@bah.com in the email protocol for one reporting unit in English and Spanish. All survey links must direct the Project Team to the live internet survey and embedded login credentials must be functional.

Vendors must seed CMS in the mailing database and email protocol, rather than in separate mailing and email lists. This approach allows CMS to assess the following components:

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

Note: Vendors must include functional internet survey login credentials and operational survey links in the seeded mailings and emails sent to CMS' representatives for review.

Telephone and Email Customer Support

CMS calls each vendor's telephone customer support line and emails the project-specific customer support email address to ask a standard set of questions taken from the QHP Enrollee Survey FAQs (**Appendix D: Frequently Asked Questions for Customer Support Staff and Interviewers**). This customer support review allows CMS to assess whether responses provided by staff members are appropriate and in accordance with the FAQs 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). Telephone and email customer support reviews may occur for all languages in which the vendor is fielding the survey.

CMS provides feedback to the vendor if the customer support staff provides incorrect responses to the FAQs, calls are consistently not answered live, or email responses are not provided within the specified time frame. In these cases, vendors retrain customer support staff accordingly and are subject to additional review.

Onsite/Remote Visits

CMS may conduct vendor onsite or remote visits 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 web conferencing. During remote visits, vendors share and present all required systems, processes, and documentation using web conferencing. Additional information about onsite and remote visits is detailed below.

Participants

Because CMS conducts its reviews with 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 vendor staff in advance of the onsite or remote visit. CMS may also review any additional information or facilities deemed necessary to complete the review, including work performed by subcontractors, if applicable.

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 vendor's survey systems and assesses the adherence of implemented protocols and quality control activities to the requirements in the 2022 QHP Enrollee Survey Technical Specifications. All materials relevant to survey fielding are subject to review. The 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.

- Internet materials and internet survey operations.

- 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 vendors with a defined time to correct any problems identified during the visit and to provide follow-up documentation to verify corrections. Vendors are subject to follow-up monitoring, as needed.

Data Record Review

CMS conducts annual data record review sessions remotely with returning QHP Enrollee Survey vendors prior to survey administration. Data record review sessions allow CMS to review each vendor's Survey Management System (SMS) and understand how the system supports QHP Enrollee Survey administration activities. During the session, CMS tracks person-level records (or case IDs) through the SMS during each phase of survey administration (i.e., from sample frame file receipt through data submission). CMS will provide a list of case IDs for review one business day prior to the remote session.

During the session, CMS will confirm that data files are easily retrievable; check that data source materials are available; review the vendor's SMS; confirm that the final disposition code and other survey administration variables are applied correctly; and verify that responses (e.g., scanned survey images) in mail, telephone, and internet source files match the responses included in the corresponding data record in the data submission file.

All vendor QHP-related systems and databases must be easily accessible for CMS to review during the data record review session. CMS will also review data files, including scanned survey images from the prior year's survey administration. Vendors must provide the information for each case ID from all applicable data sources to ensure consistency across data sources and with data records in the submission file provided to CMS.

The checks for each case ID, the relevant data sources, and the required vendor staff for each section of the data record review session are listed in **Exhibit 70**.

Note: Each data record review session follows a selection of case IDs through survey administration from beginning to end. Given this process, all staff listed below should participate in the entirety of the session.

Exhibit 70: Data Record Review Requirements

Database/Data Files	Required Vendor Staff	Checks for Each Case ID
Original sample frame file received from QHP issuer (.txt file)	Project Manager, Sampling Manager	• Identify date sample frame received. • Identify selected sampled enrollee. • Verify sample frame file variables by field position. • Verify number of records in the file. • Verify number of individuals under the selected enrollee's SFID.
Deduplicated sample frame file	Project Manager, Sampling Manager	• Verify case ID links to the selected enrollee. • Verify sample frame file variables by field position. • Verify number of records in the file.
Final sample file (enrollees selected for the survey)	Project Manager, Sampling Manager	• Verify case ID links to the selected enrollee. • Confirm variables in the file (e.g., product type, enrollee age). • Confirm sampling rate and sample selection. • Confirm number of enrollees in the file.
NCOA or address update file	Project Manager, Mail Supervisor, Sampling Manager	• Confirm when address was updated (i.e., before or after deduplication). • Verify minimum necessary information was provided to NCOA and subcontractors, if applicable. • Confirm turnaround time for address update. • Confirm whether an updated address was received/used.
Mail survey administration databases/data files (enrollee-level)	Project Manager, Mail Supervisor, Information System Staff	• Confirm mail attempts and dates for each wave. • Verify mail returns and dates of returns. • Review mail survey responses. • Determine "Plan Name Fill."
Scanned survey images	Project Manager, Mail Supervisor	• For mail completes (M10) and mail partial completes (M31), compare responses to data in the survey data record with the final data file received from vendor. • Review survey plan fill field in introduction and Q1. • Review aliases, if included. • Review Q1/Q2 eligibility determinations.
Telephone append database/data files	Project Manager, Telephone Supervisor, Sampling Manager	• Confirm when telephone number was updated (i.e., before or after the survey sample is drawn and directly proceeding telephone follow-up). • Verify minimum necessary information provided to telephone append database and subcontractors, if applicable. • Confirm turnaround time for telephone number update. • Confirm whether an updated telephone number was received/used.
Telephone survey administration databases/data files (enrollee-level)	Project Manager, Telephone Supervisor, Information System Staff	• Confirm call attempts and spacing (i.e., date, time, and count). • Confirm call outcomes. • Review telephone survey responses from the telephone data file.
Internet survey administration databases/data files (enrollee-level)	Project Manager, Internet Supervisor, Information System Staff	• Confirm dates of internet survey entry. • Confirm survey duration, device type, and internet browser. • Review internet survey responses. • Review Q1/Q2 eligibility determinations.

Database/Data Files	Required Vendor Staff	Checks for Each Case ID
Other administrative databases/data files (e.g., final disposition, date of completion, undeliverable mail flag, bad phone number flag, web entry flag)	Project Manager, Information System Staff	• Customer support database (if needed). • Confirm date and route of contact. • Review request and outcome.

Exhibit 70 is not exhaustive; CMS reserves the right to request additional information or source files from vendors, as deemed necessary.

Remote data record review sessions are held via web conferencing and take approximately three hours. During the session, CMS will review a minimum of five and a maximum of 15 case IDs. The remote review sessions are restricted to authorized participants, who use passwords to join the session. Session recording is disabled, and no data are stored.

CMS, at its discretion, may conduct additional data record review sessions with new or returning vendors during fielding. These additional sessions may occur following the test data submission period, during onsite or remote visits, or at another time specified by CMS. The process used for data record review sessions conducted during fielding follows the process used for data record review sessions conducted in advance of fielding.

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). During telephone monitoring, CMS reviews processes that vendors (or their subcontractors) employ to monitor and assess telephone interviewers and to determine how interviewer performance may be improved. Silent monitoring is useful for providing instant feedback to telephone staff.

Telephone interview monitoring sessions may occur during onsite visits or via web conferencing. CMS will schedule remote telephone interview monitoring sessions with vendors during mutually convenient times. If a vendor uses multiple telephone subcontractors or call center facilities, then a telephone interview monitoring session is required with each telephone subcontractor or facility being used and for each language being administered.

To allow CMS to hear a variety of telephone interviews, monitoring sessions will be scheduled for a two-hour duration for each language in which the survey is administered. If CMS is unable to observe an adequate number of interviews during the initial telephone interview monitoring session, then CMS may request an additional monitoring session and/or recorded telephone interviews (if available) at its discretion.

Data Validation and 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 vendors may be asked to resubmit data. In this event, vendors must resubmit data within three business days of the original request.

Vendors must adhere to all submission requirements as stated in the 2022 QHP Enrollee Survey Technical Specifications and in accordance with additional guidance that is periodically posted on the MQI website or emailed from CMS. Vendors should monitor the MQI website on a regular basis for additional data submission information and updates.

Exception Requests

Exception requests provide vendors with additional flexibility to implement certain variations from the specified requirements given their organizational needs, while still maintaining data integrity for standardized data collection and reporting. Exceptions are defined as variations from the specified survey administration requirements. Vendors must submit any requests for exceptions to the Project Team prior to survey data collection or data submission.

Note: No alternative modes of survey administration will be permitted other than those prescribed for the survey: mail, telephone, and internet in English and Spanish; mail and telephone in Chinese.

To request an exception, vendors must:

- Complete and submit the Exception Request Form, available on the MQI website, to the Project Team via email (QHPSurveyVendor@bah.com) prior to the start of survey fielding.
- If requesting multiple exceptions, submit one Exception Request Form for each proposed exception.
  - o Submit one Exception Request Form on behalf of multiple QHP issuer clients with the same Exception Request. Include a list of the QHP issuer clients to which the exception request applies in the specified section of the Exception Request Form.
  - o Submit an updated Exception Request Form for QHP issuer clients not included in the original request, as needed.
- Complete each section of the Exception Request Form with sufficient detail, including clearly defined timeframes, for the Project Team to make an informed decision. Subcontractor information (if applicable) must be included in the form.
- Only implement the exception after the submitted Exception Request Form is accepted by the Project Team prior to the start of survey fielding.
- For renewal/update exception requests, submit the previously accepted Exception Request Form with any changes to the exception request in tracked changes for the Project Team to make an informed decision.

Exceptions fall into the following categories:

- **Operations:** Changes to protocols and operations specified in the 2022 QHP Enrollee Survey Technical Specifications. For example, vendors must request an exception to continue telephone interviews with disenrollees.

- **Survey Materials:** Changes to survey material templates posted on the [MQI website](). For example, vendors must request an exception to use internet survey login credentials that do not meet the specified requirements.
- **Other:** Vendors must request an exception for alternative approaches not identified in the specified requirements of the 2022 QHP Enrollee Survey Technical Specifications.

Exception Requests will be reviewed by the Project Team. Reviews will include an assessment of the methodological soundness of the proposed alternative and the potential for introducing bias. Depending on the type of exception, a review of procedures, onsite or remote visit, and/or conference call may be required. The Project Team will notify vendors whether or not their exception has been accepted. Exceptions will be valid for one year. Exception Requests are for internal vendor use only and must not be used for marketing purposes.

Discrepancy Reports

During survey data collection or data submission, vendors must notify CMS of any discrepancies, defined as any deviation from the standard QHP Enrollee Survey protocols. Discrepancies include, but are not limited to, material production errors, sampling errors, fielding errors, data breaches, data coding errors, and data processing errors. These discrepancies require corrections to procedures and/or electronic processing to realign survey activities to comply with QHP Enrollee Survey protocols. In its oversight role, the Project Team may also identify discrepancies that require correction.

Vendors are required to:

- Complete and submit an initial Discrepancy Report via email ([QHPSurveyVendor@bah.com]()) to notify CMS within 24 hours of becoming aware of the discrepancy.
- Complete all sections of the initial Discrepancy Report to the extent the information is available. Sections for which requested information is not immediately available should be designated as "To be Updated."
- Submit a second Discrepancy Report no later than two weeks after the initial Discrepancy Report if all required information is not immediately available.
- Comply with all requests for updated Discrepancy Reports per the timeline specified by CMS.
- Notify QHP issuer clients whenever a Discrepancy Report is submitted to CMS regarding their reporting unit(s), as applicable.
- Provide QHP issuer clients with a reporting unit-specific Discrepancy Report(s), as applicable.

The Discrepancy Report provides CMS with information about the nature, timing, cause, and extent of the discrepancy, as well as the vendor's proposed corrective action and its associated implementation timeline, if applicable. CMS reviews each Discrepancy Report within five business days and subsequently decides the actual or potential impact of the discrepancy on publicly reported survey results. CMS may undertake a formal review of vendor procedures and/or require a conference call or onsite or remote visit depending on the nature of the

discrepancy. CMS will notify the vendor if additional information is required, as well as the review outcome.

Corrective Action Plans

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

CMS may request that the vendor develop and submit a Corrective Action Plan to address deficiencies in its systems or processes. CMS will determine a schedule by which the 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 vendor discuss the status of the plan via teleconference, and the timing of any changes the vendor has made or is in the process of making. The nature of the requested changes dictates the kind of deliverables the vendor will be expected to provide and the dates by which these deliverables must be provided.

Noncompliance

Noncompliance with QHP Enrollee Survey protocols, including program requirements, successful completion of all required training activities, timely submission of the QAP and all 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.
- QHP Enrollee Survey data collected by these vendors may be withheld from public reporting.

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.

Appendix A. Glossary and List of Acronyms

Exhibit A-1: Glossary

Term	Definition
Continuous Enrollment	Enrollees are considered continuously enrolled if they are enrolled in an eligible QHP from July 1 through December 31, 2021 with no more than one 45-day break in enrollment during that period. An allowable gap can occur anytime during the continuous enrollment period (July 1 through December 31, 2021).
Currently Enrolled	Individuals enrolled in the QHP as of 11:59 p.m. ET on January 6, 2022.
Data Validation	A process by which an independent third party validates a QHP issuer's QRS measure data, including its data systems and processes. The data validator will verify completeness, accuracy, and comparability of the measure results. For 2022, CMS requires QHP issuers to contract with a HEDIS Compliance Organization (NCQA-licensed). A HEDIS Compliance Auditor, employed or contracted by that organization, will validate all QRS clinical measure results and the sample 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 prior to data submission and the sample frame for the QHP Enrollee Survey prior to survey administration. For 2022, QHP issuers must contract with a HEDIS Compliance Auditor, who will serve as the data validator.
Disenrollees	Individuals who indicate by mail, internet, or phone that they are no longer enrolled in the QHP.
Distressed Respondent Protocol	Instructions for 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 PII.
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).
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.

Term	Definition
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* available for purchase can be accessed at the following link: http://store.ncqa.org/index.php/performance-measurement.html.
Healthcare Organization Questionnaire (HOQ)	The NCQA system through which QHP issuers authorize a QHP Enrollee Survey vendor and prepare for QRS clinical measure data and QHP Enrollee Survey response data submission.
HEDIS Compliance Auditor	An individual certified by NCQA to validate QRS clinical measure data and the QHP Enrollee Survey sample frame using the standardized HEDIS Compliance Audit program.
Interactive Data Submission System (IDSS)	The NCQA system through which QHP issuers submit validated QRS clinical measure data to CMS.
Live or Real-time Monitoring	Monitoring a "real time" interview, rather than a recorded interview.
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.
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.
Nondirective Interview	An interview in which the interviewer does not lead/direct the respondent to select any one response option over others.
Point of Service (POS)	A type of health insurance product modeled after an HMO, but with an opt-out option. In this type of product, enrollees may choose to receive services either within the organization's health care system (e.g., an in-network practitioner) or outside the organization's health care delivery system (e.g., an out-of-network practitioner). The level of benefits or reimbursement is generally determined by whether the enrollee uses in-network or out-of-network services.
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 (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.
Proxy	A family member or other person who completes the survey on behalf of a sampled enrollee who is unable to do so.
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.

Term	Definition
Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2022	A document published on the MQI website that includes detailed specifications and protocols for HHS-approved 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	An HHS-approved 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.
QHP Quality Rating Information	Information that includes QRS scores and ratings, as well as QHP Enrollee Survey results.
Quality Rating System (QRS)	As directed by the Affordable Care Act section 1311 (c)(3), the 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, and submitted, and ratings are calculated.
Refusal Avoidance and Conversion Techniques	Practices used by telephone interviewers to encourage a sampled enrollee to complete the survey, or to complete it via mail or internet instead.
Reporting Unit	The unit by which a QHP issuer groups its 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 QHP 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 displaying QHP quality rating information to help consumers compare QHPs.
Sample 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 (HEDIS Compliance Auditor) will validate the survey sample frame, and the HHS-approved QHP Enrollee Survey vendor will generate an enrollee sample based on the validated sample frame.
Silent Monitoring	A third-party listens to a telephone interview (live or recorded), without speaking or participating, to determine whether the interview has been conducted as designed.
Subscriber of Family Identifier (SFID)	Denotes the covered family unit. It includes a primary-insured person and dependents (if dependents are included in the coverage).
Survey Sample	The random group of individuals chosen from the sample frame as participants for the QHP Enrollee Survey.
Telephone Attempt	An attempt to reach the sampled enrollee by telephone at different times of day (within time periods in which the target population tends to respond), on different days of the week, and in different weeks over a minimum of two different calendar weeks during the 19-calendar day telephone interview period.

Exhibit A-2: List of Acronyms

Acronym	Definition
AAPOR	Association for Public Opinion Research
AHRQ	Agency for Healthcare Research and Quality
APTC	Advance Premium Tax Credit
AV	Actuarial Value
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CATI	Computer-Assisted Telephone Interviewing
CCIIO	Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
EPO	Exclusive Provider Organization
EUID	Enrollee Unique Identifier
FAQ	Frequently Asked Question
FCC	Federal Communications Commission
FFE	Federally-facilitated Exchange
FTC	Federal Trade Commission
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Department of Health & Human Services
HIOS-MQM	Health Insurance Oversight System-Marketplace Quality Module
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HOQ	Healthcare Organization Questionnaire
IDSS	Interactive Data Submission System
IFP	Individual and Family Plan
IVR	Interactive-Voice Response
MBR	Minimum Business Requirements
MQI	Marketplace Quality Initiatives
MSD	Marketplace Service Desk
NCOA	National Change of Address
NCQA	National Committee for Quality Assurance
OMB	Office of Management and Budget
PHI	Protected Health Information
PII	Personally Identifiable Information
POS	Point of Service
PPACA	Patient Protection and Affordable Care Act
PPO	Preferred Provider Organization
PY	Plan Year

Acronym	Definition
QAP	Quality Assurance Plan
QHP	Qualified Health Plan
QHP Enrollee Survey	Qualified Health Plan Enrollee Experience Survey
QI	Quality Improvement
QIS	Quality Improvement Strategy
QRS	Quality Rating System
REGTAP	Registration for Technical Assistance Portal
SBE	State-based Exchange
SFID	Subscriber of Family Identifier
SFTP	Secure File Transfer Protocol
SHOP	Small Business Health Options Program
SMS	Survey Management System
SSL	Secure Sockets Layer

Appendix B. 2022 Minimum Business Requirements

A vendor must fulfill all the Minimum Business Requirements (MBR) listed below to apply for consideration to administer the 2022 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) on behalf of QHP issuers. These include requirements related to relevant survey experience, organizational survey capacity, quality control procedures, and approval term.

Relevant Survey Experience

Demonstrated recent experience in fielding patient experience surveys, as described in **Exhibit B-1**.

Exhibit B-1: Vendor Relevant Survey Experience Requirements

Criteria	Vendor Requirements
Number of Years in Business	Minimum of four years.
Organizational Survey Experience	• Minimum of three years' prior experience administering standardized patient experience surveys; all experience within the last three years (2018–2021). • Minimum of three years' prior experience conducting large-scale mixed-mode survey protocols (mail/telephone/internet) in all three modes; all experience within the last three years (2018–2021). • Prior experience* administering patient experience surveys for vulnerable populations. • Minimum of two years' prior experience employing a statistical sampling process; all experience within the last three years (2018–2021). • Prior experience* submitting patient experience survey data to an external third-party organization. • Prior experience complying with CMS-sponsored survey project protocols. Poor past performance on CMS-sponsored survey projects (e.g., not adhering to the timeline and/or survey administration procedures, not adhering to required oversight activities, not adhering to Discrepancy Report procedures and/or Corrective Action Plans) is considered a failure to meet minimum business requirements. • Approval as a vendor in prior years does not guarantee future approval.
Experience with Multiple Survey Languages	• Prior experience administering mail, telephone, and internet surveys in English and Spanish. • Prior experience with Chinese language survey administration if opting to administer the 2021 QHP Enrollee Survey in Chinese.

Experience with polling questions, qualitative data collection, surveys that did not use statistical sampling methods, and Interactive-Voice Response (IVR) surveys are not considered relevant experience for approval.

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 as described in **Exhibit B-2**.

Exhibit B-2: Vendor Organizational Survey Capacity Requirements

Criteria	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 period (e.g., February through May). • Ability for all staff and subcontractors to conduct all survey-related activities within the Continental United States, Hawaii, Alaska, and U.S. Territories to enable the Project Team to conduct all required oversight activities. • Adherence to requirements specified in the 2022 QHP Enrollee Survey Technical Specifications.
Personnel	• Designated Project Manager who is directly employed by the vendor (i.e., not a subcontractor) to oversee all survey operations and who has at least three years of experience in overseeing all functional aspects of survey operations including mail, telephone, internet, data file preparation, and data security. This individual must have a strong background in survey research and methodology and previous experience using mixed-mode administration. • Designated Mail Supervisor with a minimum of one year's previous experience managing large-scale mail survey projects. • Designated Telephone Center Survey Supervisor with a minimum of one year's previous experience managing large-scale telephone interviewing projects. • Designated Internet Survey Supervisor with a minimum of one year's previous experience managing large-scale internet survey projects. • Designated Sampling Manager who is directly employed by the vendor (i.e., not a subcontractor) and has a minimum of one year's previous experience with sample frame development and sample selection. • Designated Information System staff responsible for data submission (programmer), who are directly employed by the vendor (i.e., not a subcontractor) and have a minimum of one year's previous experience preparing and submitting data files in a specified format to third-party organization(s). • Sufficient and experienced organizational back-up staff for coverage of key staff.

Criteria	Vendor Requirements

System Resources	• Availability of commercial physical plant and system resources that 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 for a vendor's official business location or a subcontractor's official business location (when applicable), include but are not limited to the following:
	  – Capacity to conduct all survey-related work, including mail and internet survey administration activities and telephone interviewing at the official business location. Home-based places of work (e.g., residences) and virtual organizations will not be considered for approval.
	  – Capacity to reproduce and mail questionnaires, cover letters, and reminder letters at the official business location.
	  – Capacity to process (e.g., scan or key enter) incoming paper surveys at the official business location.
	  – Capacity to program electronic telephone interview systems in accordance with specifications provided and conduct telephone interviews using an electronic telephone interviewing system at the official business location.
	  – Capacity to produce and program the internet survey and all required emails in-house.
	  – Capacity to produce a mobile-ready version of the internet survey in-house.
	  – Capacity to handle concurrent survey projects while maintaining high-quality survey data and response rates.
	  – Capacity to employ 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.
	• Capacity to maintain a secure work environment for receiving, processing, and storing hard copy and electronic versions of questionnaires and sample files that protects the confidentiality of survey response data and PII.
	• Capacity to prepare, accommodate, and plan for onsite visits from CMS or the Project Team for quality oversight purposes.

Use of Subcontractors (Subject to Approval)	• Receive approval from CMS as part of the vendor application process, or as soon as the need for a subcontractor is identified. • Meet the criteria outlined for the survey administration activities that they will conduct. Subcontracting of sample file generation, email or internet survey administration, and/or data file preparation and submission is not allowed. • Use only a reasonable number of subcontractors for printing, outgoing mail processing, data entry/scanning, and telephone interviewing based on the vendor's estimated number of surveyed enrollees (subject to CMS review).

Criteria	Vendor Requirements
Mode Administration	• Responsible for printing, assembling, and mailing survey materials in accordance with the 2022 QHP Enrollee Survey Technical Specifications. • Responsible for programming electronic telephone interviewing systems in accordance with the 2022 QHP Enrollee Survey Technical Specifications. • Responsible for producing and programming the internet survey in accordance with the 2022 QHP Enrollee Survey Technical Specifications. • Comply with all quality oversight requirements described in the 2022 QHP Enrollee Survey 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 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 English and 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 (i.e., no remote, home-based, or virtual work) under normal business operations; however, under extenuating or unforeseen circumstances, CMS may permit remote, home-based, or virtual mail/internet survey administration and/or telephone interviewing assuming that vendors can demonstrate they satisfy the criteria specified by CMS.
Sampling Experience	• Consistent experience in the last two years (2019–2021) selecting random samples based on specific eligibility criteria. • 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 time frame. • Adhere to all sampling procedures as specified in the 2022 QHP Enrollee Survey Technical Specifications. • Conduct quality checks on sample frame file(s) received from QHP issuer(s) and sampling procedures to verify accuracy and completeness of sample frame information and processes. • Conduct the sampling process in-house. Vendors must not subcontract this activity.
Data Submission	• Scan or key enter data per standard protocols. • Adhere to all data preparation and submission rules as specified in the 2022 QHP Enrollee Survey 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 and submit data to CMS on their behalf. • Work with the Project Team to resolve data and data file submission problems.

Criteria	Vendor Requirements
Data Security	• Maintain established electronic security procedures related to access levels, passwords, and firewalls as required by Health Insurance Portability and Accountability Act (HIPAA) to protect against unauthorized access to electronic files. • 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 natural or human-related disaster that includes coordination with relevant emergency preparedness systems. • Use required encryption protocols, if applicable, to transmit data files. CMS-defined PII must be transmitted securely (e.g., encrypted file via email, data portal, SFTP). • Implement established procedures for identifying, handling, 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. <u>All data must be easily retrievable.</u> • Store returned paper questionnaires in a secure and environmentally safe location, either onsite or using an offsite contractor. • After a minimum of three years, or as otherwise specified by CMS, securely destroy QHP Enrollee Survey-related data files.
Confidentiality	• Store data files (paper and/or electronic) securely and confidentially in accordance with specified requirements. • Ensure data confidentiality for sampled enrollee 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 vendor business hours and a survey-specific customer support email address to accommodate both English and Spanish inquiries throughout the duration of survey fielding. • Accommodate telephone inquiries from Chinese-speaking survey participants, if administering the survey in Chinese.

Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data as shown in **Exhibit B-3**.

Exhibit B-3: Vendor Quality Control Requirements

Criteria	Vendor Requirements
Demonstrated Quality Control Procedures	- Establish and document quality control procedures for all phases of survey implementation, as specified in the 2022 QHP Enrollee Survey Technical Specifications: - Internal staff training. - Printing, mailing, and recording receipt of surveys. - Telephone administration of surveys (electronic telephone interviewing system). - Internet administration of surveys. - Adequate monitoring of subcontractor(s), if applicable. - Scanning and coding of survey data. - Preparing final data files for submission. - 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 2022 QHP Enrollee Survey Technical Specifications. - Accommodate onsite and/or remote visits by CMS and the Project Team to the physical business premises on which major operations of survey business are conducted, as specified in the 2022 QHP Enrollee Survey Technical Specifications.
Training Requirements	- Successfully complete the required vendor training via Webinar after confirmation of conditional approval status. - Successfully complete an evaluation of the QHP Enrollee Survey Vendor Training. - 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. - Attendance by vendor staff responsible for data coding and file preparation is strongly recommended. - Subcontractor attendance is optional.

Approval Term

An approved vendor may administer the QHP Enrollee Survey for the specified amount of time, as described in **Exhibit B-4**.

Exhibit B-4: Vendor Approval Term Requirements

Criteria	Vendor Requirements
Approval Term	One year.

Appendix C. Model Vendor Quality Assurance Plan

HHS-approved QHP Enrollee Survey vendors are required to develop and submit an annual Quality Assurance Plan (QAP). This comprehensive Word document details compliance with and implementation of all required QHP Enrollee Survey protocols as specified in the 2022 QHP Enrollee Survey Technical Specifications.

The purpose of this Model QAP is to inform the structure of a vendor's QAP so that all required items are addressed for review by CMS with an appropriate level of detail in the sequence specified. Vendors are required to submit a QAP in the form of a Word document that follows the order of items as listed in this Model QAP. If items are presented out of sequence, then the vendor must label all responses with the appropriate item number, as indicated in the Model QAP (e.g., A.1.a.). Returning vendors must submit the prior year's version of the QAP in track changes mode to emphasize all updates and revisions.

After reviewing a submitted QAP, CMS may hold a conference call with the vendor to discuss questions or issues related to the QAP, if necessary. If revisions to the QAP are needed, the vendor must resubmit an updated version of the QAP to CMS for review within 10 business days.

Note: Vendors that do not have a contract to collect data are not required to submit a QAP to CMS for review. If a vendor contracts with a QHP issuer after the specified QAP submission deadline, then the vendor must prepare and submit a QAP within 10 business days of contracting with the QHP issuer.

A. Organizational Background, Structure, and Staff Experience

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

1. Include the following 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 primary and secondary contact persons, direct telephone number, and email address.

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

2. Provide an organizational chart including all vendor staff and subcontractor organizations that clearly specifies all staff names and titles, including those staff responsible for managing subcontractors. Include those responsible for each of the following tasks:

    a. Overall project management, including tracking and supervision of all tasks.

    b. Sampling procedures, including obtaining and reviewing 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.

3. Summarize the background and experience of key staff listed in the organizational chart, including a description of any key subcontractor staff. This summary must include a discussion of how the individual's qualifications are relevant to the QHP Enrollee Survey tasks that they are 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 *2022 QHP Enrollee Survey Vendor Participation Form*. Describe all vendor oversight of subcontractor activities and detail each subcontractor's quality assurance procedures. Include this information for any company through which your organization buys purchased services (e.g., bulk printing, email service providers).

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

    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 Survey Management System (SMS), mailing equipment, scanning or data entry equipment, and computer-aided telephone interview (CATI) 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 by the QHP Enrollee Survey protocols. The

timeline must describe when each milestone activity will be completed (e.g., *X* weeks after sample selection, *Y* weeks after mailing the first questionnaire). If your organization is using a waved approach for fielding, provide the estimated fielding start date for each fielding wave.

3. Describe how the sample frame is obtained and detail the quality assurance checks conducted on the sample frame file. Include the quality checks for the 0% bias variables (i.e., Product Type, Issuer ID, QHP State, Reporting Unit ID, Reporting Status, and Total Enrollment). Describe how the sample is selected, address oversampling procedures, if applicable, and the quality control process used for sample selection.

4. Provide a detailed description of the mail phase of the protocol, to include the following:

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

    d. 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 vendors. A description of the process used to administer Chinese mail surveys is only required for those vendors implementing the Chinese language survey option.

5. Provide a detailed description of the telephone phase of the protocol, including the following:

    a. Process for obtaining and updating telephone numbers and programming the CATI system (and software used).

    b. Process for handling multiple telephone numbers for a single sampled enrollee.

        Note: Vendors describe up to six attempts to contact the sampled enrollee by telephone total, inclusive of multiple telephone numbers, if applicable.

    c. Testing 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.

    d. Testing process to confirm that the correct QHP issuer name populates for each sampled enrollee for vendors that decide to program their caller ID to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]".

    e. Conducting telephone interviews. Include the dial-out algorithm and spacing of calls to enrollees.

    f. Process for handling busy signals.

    g. Process for handling getting placed on hold, including how long interviewers must wait on hold before disconnecting the call.

    h. Capturing enrollee responses obtained during telephone interviewing.

i. Verifying that telephone interviewers are following QHP Enrollee Survey data collection protocols and procedures during the telephone survey administration phase.

   Note: Vendors describe telephone interview monitoring procedures in detail and denote the percent of interviews monitored by each monitoring method (e.g., live, recorded), the percent of interviews monitored in each survey language, and "floor rounding" procedures. Vendors describe how they monitor both the audio of interviewers as well as their coding selections. Vendors also describe standardized procedures for capturing and disseminating interviewer feedback. Indicate the average interviewer to supervisor ratio per call shift.

j. Quality control process for monitoring subcontractors, if applicable. Describe the interview monitoring process for subcontractor(s) and the checks your organization conducts on interim data received from subcontractors, if applicable, to verify accuracy.

k. Leaving voicemail messages on sampled enrollees' answering machines. Include the voicemail message script, if applicable. Specify the call attempts during which messages are left, if applicable.

l. 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 vendors. A description of the process used to conduct Chinese telephone interviews is only required for those vendors implementing the Chinese language survey option.

6. Provide a detailed description of the internet phase of the protocol, including the following:

   a. Programming the internet survey.

   b. Optimizing the internet survey for use on mobile devices.

   c. Programming and customizing prenotification and reminder emails.

   d. Testing and quality control checks of the internet survey to confirm that programming is accurate and in accordance with QHP Enrollee Survey protocols and that data integrity is maintained.

   - Include a description of how prenotification and reminder emails are tested, including a description of how email links (i.e., the "Take Survey Now/Responda la encuesta ahora" button, full survey URL, and unsubscribe link) are tested.

   - Include a description of how all variable fills (i.e., QHP issuer logo, enrollee first and last name, QHP issuer name, and name and title of senior executive from vendor/QHP issuer) are tested to ensure that they match the correct enrollee.

   - Include a description of how QR codes are tested to ensure that they match the correct enrollee, if applicable.

   - Include a description of the testing process used to ensure that the correct QHP issuer name populates for each sampled enrollee for vendors that choose to customize their emails to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]."

e. Capturing enrollee survey responses from the internet protocol.

   Note: A description of the process for collecting internet survey data is required for all vendors. Describe how survey response data is captured from all internet surveys, including those for which respondents do not click the **Submit** button.

f. Tracking undeliverable email addresses and procedures for suppressing sampled enrollees with bad email addresses from subsequent email waves.

g. Maintaining data security.

h. The process used for Spanish internet survey administration.

   Note: A description of the process used to administer Spanish internet surveys is required for all vendors.

7. Describe data receipt activities, including monitoring and tracking surveys during the transition from the mail/internet phase of the survey to the telephone phase.

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

   b. 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.

   c. Quality control processes used to validate the accuracy of key-entry and/or electronic scanning procedures. Describe the ongoing interval checks implemented to verify that software consistently scans responses accurately for each language in which the survey is fielded.

   d. Suppression of sampled enrollees who complete the internet survey from subsequent mail, email, and telephone follow-up.

   e. Suppression of sampled enrollees who complete the mail survey from subsequent mail, email, and telephone follow-up.

   f. Process for triaging mail and internet nonrespondents to telephone follow-up.

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

   a. Application of QHP Enrollee Survey disposition codes, including the mapping of internal disposition codes to final disposition codes. Vendors that subcontract telephone interviewing must provide a three-way telephone disposition crosswalk that translates the subcontractor's codes to the vendor's codes to QHP Enrollee Survey final codes.

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

   c. Uploading data files to CMS via File Transfer Protocol (FTP) site.

   d. Quality control processes used to validate the accuracy of data file preparation and submission. Detail the specific quality assurance activities performed to verify data accuracy (e.g., frequencies and distributions, duplicate data entry checks, evaluation of completeness criteria, disposition code checks, review of randomly selected records, data processing program checks).

    e.   Retrospective review of QHP Enrollee Survey Question 1 and Question 2 to determine eligibility.

    f.   Inclusion of new variables (if applicable) in the final data file output and checks that these new variables map to the correct field.

9. Describe telephone and email customer support operations.

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

    b.   Provide the customer support toll-free telephone number and the project-specific email address. Indicate whether the customer support telephone number is project-specific.

    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 written transcripts of the English and Spanish customer support telephone line voicemail messages. Provide the Chinese translation, if applicable.

    f.   Detail quality assurance processes for customer support inquiries. Include a description of how responses to telephone and email inquiries are reviewed for accuracy, professionalism, and timeliness across all survey languages. Describe the checks to confirm that all requests for a scheduled phone survey result in a conducted survey.

10. In the appendices to the QAP, include all forms used in QHP Enrollee Survey administration that may assist CMS in reviewing the vendor's processes (e.g., tracking logs, quality assurance checklists, survey status flags, 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 (including the sample frame file) 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.   Quality control activities in place to verify that scanned electronic images are exact duplicates of the original hard copy surveys.

    d.   Data retention policy and storage facility, including length of time that materials are retained and the name of the storage facility (if materials are stored off-site).

    e.   Process for reporting and controlling incidents of PII breach.

2. Describe measures used to protect respondent privacy. 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 (or subcontractors), 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.

D. Returning Vendors Only

Remediation of Issues from 2021 QHP Enrollee Survey Administration

For each instance in which your organization did not meet 2021 requirements for oversight activities and/or administration tasks, or for which any corrective action was required to realign processes to the specified protocols, describe the new and/or revised processes and procedures that your organization implemented to prevent these issues from recurring during the 2022 QHP Enrollee Survey administration. All 2021 issue items are documented in your organization's 2021 Final Oversight Report. If any of these items are omitted, your organization will be required to submit an updated 2022 QAP that addresses the omitted items.

Note: All new and/or revised processes and procedures presented in this section must also be included in the appropriate section of your 2022 QAP so that the entirety of your organization's quality control and assurance processes are documented in each applicable section.

Appendix D. Frequently Asked Questions for Customer Support Staff and Interviewers

Overview

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

I. General Questions About the Survey

1. **Who is conducting this survey?**

   I'm an interviewer from [VENDOR NAME]. [QHP ISSUER NAME] has asked our organization to help conduct this survey, which asks about the care you received through [QHP ISSUER NAME] between July 2021 and December 2021.

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

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

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 six months. By answering the questions, you'll help provide information about the quality of your health plan. This survey information will also be used to inform health plan quality ratings that people can use to compare plans on HealthCare.gov or their state's Marketplace website. Additionally, [QHP ISSUER NAME] may use this information to provide better service to individuals in the future.

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

   The information from this survey will be combined with other information and will be used to inform health plan quality ratings that people can use to compare plans on HealthCare.gov or their state's Marketplace website. [QHP ISSUER NAME] will also use the combined survey data to provide better service and care for their enrollees.

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, or CMS, a federal agency within the Department of Health & Human Services, or HHS, responsible for overseeing this survey, at marketplace_quality@cms.hhs.gov.

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

   On average, the survey takes about 12 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 experience receiving services through your health plan.

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

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

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

Please use your healthcare experiences with [QHP ISSUER NAME] from July through December 2021 to answer the survey questions.

II. Concerns About Participating in the Survey

1. **I have not seen my doctor this year due to concerns about the current public health emergency (e.g., COVID-19, coronavirus, pandemic). Should I still answer the survey?**

Yes. Even if you haven't seen your doctor in a while or if you haven't used health services from your plan, any information you can provide will be helpful.

2. **I was very sick this year due to the current public health emergency (e.g., COVID-19, coronavirus, pandemic). Should I still answer the survey?**

I'm sorry to hear that you were sick. Despite the difficult circumstances, your health plan is committed to improving the care they provide. By answering the questions, you'll help provide information about the quality of your health plan and areas for improvement. Your participation is very important.

3. **I saw my doctor virtually this year during a telephone/video appointment. Does that count as a doctor's visit?**

Yes, for the purposes of this survey, all telephone/video visits are considered doctor's visits. Any information you can provide about your experiences with your health plan will be helpful.

4. **Why are you asking questions about my healthcare during this difficult time?**

Despite the difficult circumstances, your health plan is committed to improving the care it provides. By answering the questions, you'll help provide information about the quality of your health plan and areas for improvement. Your health plan may use this information to provide better service to individuals in the future.

5. **Why are you calling me?**

You're being asked to participate in a survey about your experiences receiving care through your health plan in the last six months. By answering the questions, you'll help

provide information about the quality of your health plan that may be used, along with other information, to assist Marketplace consumers in choosing a health plan. Additionally, [QHP ISSUER NAME] may use this information to help provide better service to individuals in the future. Your participation is very important.

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

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

7. **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 the Health Insurance Portability and Accountability Act or HIPAA. We've been authorized by [QHP ISSUER NAME] and the Centers for Medicare & Medicaid Services, or CMS, to conduct this survey and will maintain complete confidentiality of all information provided.

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

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

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

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

10. **I do not participate in surveys.**

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

11. **I'm not interested.**

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

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

I understand that your time is valuable. This is a very important survey, and I would really appreciate your help today. The interview should take about 12 minutes. If you prefer, I can also schedule the interview at a more convenient time.

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

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

[ENROLLEE SPECIFY].

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

14. This isn't a good time for me.

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

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

15. I don't want to answer a lot of personal questions.

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

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

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

17. Do I have to complete the survey?

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

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

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

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

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

20. I don't want to buy anything.

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

21. 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.

22. 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.

23. 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.

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

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

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

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

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

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

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

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

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

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

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

Thank for you contacting us. We are an independent company conducting this experience survey on behalf of your health plan. Your question/concern should be directed to the

health plan itself. You may wish to contact the health plan's customer service line at the number listed on your health plan ID card.

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

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

III. Questions About Completing the Survey

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

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

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

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

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've been randomly selected to complete this survey and so we are requesting that only you complete the survey. Everyone selected for this survey gives very important information that will assist in improving the services provided through your health plan.

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'm unable to provide technical support. However, if you'd like, I could complete the survey with you over the phone now or arrange for someone to call you at a more convenient time.

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

5. **I am having difficulty scanning the QR code. Can you help me?**

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

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

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

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

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

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

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

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

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

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

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

Appendix E. Customer Support Agent and Interviewer Guidance

This guidance section is intended for vendor training purposes and can be used with customer support agents and telephone interviewers. It provides best practices for both types of staff.

Guidance for Customer Support Agents

1. **Overview and Customer Support Process**

   As part of the QHP Enrollee Survey, a customer support toll-free telephone number and a project-specific email address must be established for sampled enrollees who have questions about the survey. For customer support questions received via telephone or email, as customer support agents, you must consistently answer calls live (and respond to emails promptly) and be properly trained on the following:

   - QHP Enrollee Survey specifications, methodology, and Frequently Asked Questions (FAQs).

   - Appropriate way to respond when answers to questions are not known.

   - Rights of sampled enrollees.

   - If you are not trained to administer telephone interviews, then you must be trained in procedures to transfer calls to telephone interviewers or to schedule callbacks.

2. **General Customer Support Techniques**

   - Study and thoroughly familiarize yourself with the FAQs to become knowledgeable about the QHP Enrollee Survey.

   - Speak in an upbeat and courteous tone.

   - Maintain a professional and neutral relationship with sampled enrollees at all times.

   - Do not provide personal information or opinions about the survey.

   - Listen carefully to sampled enrollee questions and offer concise responses.

   - Speak clearly and politely to establish a rapport with the sampled enrollee.

   - Reply to email customer support inquiries in a professional manner with correct spelling and grammar.

3. **Helpful Customer Support Staff Tips**

   - **Completing a survey via an inbound call:** If a sampled enrollee calls the customer support number and requests to complete the survey by telephone, then you may complete the interview by phone (if you are appropriately trained to do so), transfer the call live to a telephone interviewer, or schedule a callback.

   - **Scheduling a callback, if necessary:** If a telephone interviewer is not available at the time of a sampled enrollee's inbound call, and you are unable to conduct the survey, then you must schedule a callback appointment for the date and time requested by the sampled enrollee.

- **Confirming which survey the sampled enrollee is calling about:** If the customer support line is not specific to the QHP Enrollee Survey, then you should probe and confirm the specific survey the caller is asking about. Once the survey project is determined, use the appropriate survey project FAQ to answer any questions.

- **Encouraging participation from uninterested sampled enrollees:** If a sampled enrollee expresses that they are not interested in the survey, then you should remind the sampled enrollee that participation is important and will assist in the improvement of health care services for them and other individuals.

- **Directing sampled enrollees with complaints about the QHP issuer**: If a sampled enrollee expresses complaints about their health plan or asks questions about coverage, then instruct the sampled enrollee to contact the QHP issuer directly. You can also direct sampled enrollees with billing questions to the QHP issuer.

- **Handling distressed sampled enrollees:** In the rare instance that a sampled enrollee is in crisis or a potentially suicidal situation, then you should attempt to keep the sampled enrollee on the line, call 911, and/or refer the individual to the National Suicide Prevention Lifeline (1–800–273–TALK [8255]), if needed. In these situations, you must adhere to the distressed sampled enrollee protocol established by the vendor.

- **Answering questions about a public health emergency (e.g., COVID-19):** If a sampled enrollee contacts customer support to ask how they should respond to the survey given public health emergency concerns, encourage the enrollee to answer the survey using the relevant FAQs for reference. All survey responses are important and helpful, regardless of an enrollee's health care experience during the public health emergency. Despite the difficult circumstances, it is important to collect this information to help health plans improve the care that they provide. For the purposes of this survey, all telephone/video visits are considered doctor's visits.

4. **Reference Materials**

Frequently Asked Questions (FAQs)

A list of FAQs and standardized answers are available on the MQI website (also see **Appendix D: Frequently Asked Questions for Customer Support Staff and Interviewers**). This document provides guidance to customer support agents when responding to questions commonly asked by sampled enrollees. The FAQs and responses are also available in Spanish and Chinese.

Inbound Computer-Assisted Telephone Interviewing (CATI) Script

The telephone phase of the QHP Enrollee Survey protocol requires the use of a CATI system to administer the QHP Enrollee Survey via telephone. The CATI telephone interview script includes introductory text for customer support agents to use when they receive an inbound call from a sampled enrollee who would like to take the survey over the phone. The full CATI script can be found on the MQI website. The script is also available in Spanish and Chinese.

Guidance for Telephone Interviewers

1. Overview and Telephone Interview Process

The telephone phase of the QHP Enrollee Survey protocol is available in English, Spanish, and Chinese. English and Spanish telephone survey fielding is required for 2022 survey administration while Chinese fielding is optional. If the survey is offered in Chinese, it must also be implemented in Chinese during the telephone phase. Telephone interviewers use a CATI system to administer the telephone phase.

As a telephone interviewer, you play an extremely important role in the overall success of this study. You are the link to hundreds of sampled enrollees who will provide valuable information to CMS. You are the person who develops rapport with the sampled enrollees, assures them that their participation is important, and obtains their full cooperation and informed consent.

As a professional interviewer, your job is to help each sampled enrollee feel at ease and comfortable with the interview. The key to accomplishing this goal is to be fully informed about the survey, the interview, and the data collection procedures.

The sections below describe telephone interviewing techniques for interviewers conducting the QHP Enrollee Survey.

2. General Interviewing Techniques

Telephone Interview Introduction

The QHP Enrollee Survey is administered in an electronic system for the telephone protocol of the survey. As a telephone interviewer on the QHP Enrollee Survey, you will use the system to conduct each interview.

The telephone interview introduction script is broken into multiple sections depending on how the interview is initiated. These include:

- Interviews initiated during an outbound call.
- Interviews initiated by a customer support agent during an inbound call.
- Interviews initiated during a callback.
- Proxy interviews.

Refusal Avoidance

The first and most critical step in avoiding refusals is your effort to establish rapport with reluctant sampled enrollees to minimize the incidence of refusals. You will not be able to call back and convert a refusal—your initial contact with the sampled enrollee is the only chance you will have to create a successful interview. The following are some tips to follow to avoid refusals:

- Make sure you are prepared and have a positive attitude when you start each call.
- Treat sampled enrollees the way you would like to be treated.
- Always use an effective, positive, and friendly tone and maintain a professional outlook.

- Pay careful attention to what the sampled enrollee says during the interview.

- Listen to the sampled enrollee completely rather than assuming you know the reason they are objecting to the interview.

- Listen before evaluating and entering a response option code.

- Be patient and address all questions that a sampled enrollee has.

- Always remain in control of the interaction.

- Understand the reason for reluctance/refusal at the start of the call or figure it out as quickly as possible.

- Listen as an ally, not an adversary, and do not debate or argue with the sampled enrollee.

- Be prepared to address one (or more) reason(s) for reluctance/refusal.

- Focus your comments to sampled enrollees on why they specifically are important to the study.

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

- When a sampled enrollee indicates that they are currently at work and cannot participate in the survey.

- When a sampled enrollee indicates that they are driving.

In these situations, you should attempt to schedule a callback with the sampled enrollee, if possible.

Administering Survey Questions

- You must be trained to use the FAQs document to answer questions posed frequently by sampled enrollees in a standardized manner. Study and thoroughly familiarize yourself with the FAQs for this project before you begin conducting telephone interviews.

- Read all questions and response options in the indicated order and verbatim, so that all sampled enrollees answer the intended question. Reworded questions may bias a sampled enrollee's responses as well as overall survey results.

- Ask every question specified (unless the interview instructions indicate to skip to a future question based on an enrollee's response). Never skip a question because you think the sampled enrollee has answered the question already, even when a sampled enrollee has seemingly provided the answer as part of the response to a preceding question.

- Read response options at an even pace, with consistent inflection, and without additional emphasis on any response options.

- Maintain a professional, neutral rapport with the sampled enrollee. There is no personal component to your interaction with a sampled enrollee. To maintain

interview standardization, you should not communicate much information about yourself (see *Providing Neutral Positive Feedback* below).

- During the interview, occasional use of the sampled enrollee's name is permitted.

- Never suggest answers to the sampled enrollee. Read the questions and response options exactly as they are worded and repeat the question and/or response options again, if necessary. In instances when a sampled enrollee gives an answer before you have read all response options, you must continue to read the responses (except when indicated in the survey instructions). You may inform the sampled enrollee that all response options must be read by saying, "I'm sorry, but I must read all response options."

- In the instance when a sampled enrollee provides an answer to a question before you've gotten to that question you must still read the full question and response options as indicated by the interviewer instructions for the question.

Probing

At times, it will be necessary for you to probe to obtain a more complete or specific answer from a sampled enrollee. To elicit a designated response option, you will often need to use an appropriate neutral or nondirective probe. The important thing to remember is not to suggest answers or lead the sampled enrollee. Some general rules for probing are as follows:

- Repeat the question/response options if the sampled enrollee misunderstood, misinterpreted the question and/or responses, or provided an unacceptable response (e.g., not a designated response option). After hearing the question and/or responses the second time, the sampled enrollee will most likely understand what information is expected.

- Use a silent probe, which is pausing or hesitating to indicate to the sampled enrollee that you need additional or better information. This is a good probe to use after you have determined the sampled enrollee's response pattern.

- If the sampled enrollee asks you to answer the question for them, let the sampled enrollee know that you cannot answer the question. Instead, ask the sampled enrollee if they require clarification on the question and/or response options.

Providing Neutral Positive Feedback

The use of neutral feedback can help build rapport with sampled enrollees. Periodically acknowledging the sampled enrollee during the interview can help gain and retain cooperation during the interview.

Examples of acceptable neutral acknowledgment words are listed below:

- Thank you.

- All right.

- Okay.

- Yes.

- I understand.

- I see.

- Let me repeat the question/responses for you.

Avoiding Bias

A common pitfall of interviewing is unknowingly introducing bias into an interview. Bias occurs when you say or do something that affects the answers sampled enrollees provide during an interview. An interview that has significant bias will not provide accurate data for the research being conducted.

As a professional interviewer, you should remain neutral at all times to avoid introducing bias into the interview. The following tips can help avoid bias:

- Read all statements and questions verbatim.

- Use neutral probes that do not suggest answers.

- Do not provide your own personal opinions or answers in an effort to "help" sampled enrollees.

- Do not attempt to interpret a question for the sampled enrollee. Repeat the question and response options, as necessary.

- Do not paraphrase or change any questions.

- Be aware of body language that can be heard while on the telephone and could influence a response (e.g., yawning, coughing, sighing).

- Never argue, antagonize, or take a sampled enrollee's answers personally. Your reaction could trigger a response that may impact survey results.

- Remain neutral.

Taking these steps to monitor your own spoken and unspoken language will go a long way to guarantee that the interviews you conduct are completed correctly and professionally.

Entering Responses

All of the questions you will ask to have pre-coded response options (except for Question 2). To enter a response for these types of questions, you will simply select the appropriate response option.

The conventions presented below must always be followed to confirm that the responses you enter accurately reflect the sampled enrollee's answers and to confirm that survey data are all collected in the same systematic manner.

- You must listen to what the sampled enrollee says and enter/select the appropriate answer if the response matches a response option. If the answer does not appear to match a response option, repeat the question and/or response options.

- Enter the response immediately after it is given.

- If a sampled enrollee provides a range of responses for a question, probe as appropriate for a more specific answer. For example, if a sampled enrollee says, "two

or three times" and you can enter only one number, then ask for clarification: "Would that be closer to two times or to three times?"

Below is additional information for questions that are slightly different in their response option convention.

- **Question 2:** What's the name of your health plan?
    - When entering answers to open-ended questions (i.e., Question 2), enter the response verbatim, exactly as it was given by the sampled enrollee.
    - When determining the sampled enrollee's eligibility for the survey in Question 2, state the following, "We understand your time is valuable and we want to make sure that you're eligible for the survey based on your response. Thank you for your patience while we confirm."

- **Question 68:** I'm 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.

3. Conducting a Proxy Interview

You are permitted to interview a proxy respondent for the QHP Enrollee Survey if the sampled enrollee is physically or mentally incapable of responding to the survey, or if the sampled enrollee otherwise consents to a proxy completing the survey on their behalf. A proxy is someone who knows the sampled enrollee very well and would be able to answer health-related questions accurately on their behalf. If you determine through your interaction with a sampled enrollee or someone speaking on behalf of the sampled enrollee that the sampled enrollee is physically or mentally incapable of participating in a telephone survey, you should request permission to speak with a proxy respondent.

Additionally, you may conduct a proxy interview for enrollees who do **not** specifically state they are physically or mentally incapable of participating in a telephone survey, given the sampled enrollee consents to having a proxy complete the survey on their behalf. Examples scenarios are provided below:

- "My [relative/household member] can take the survey. Talk to him/her/them."

- "I don't take surveys, but my [relative/household member] can answer health questions for me. Please speak with him/her/them."

- "I'm busy right now. Please speak with my [relative/household member] who can take the survey on my behalf."

The telephone survey introduction includes a script that you can use to identify and request to speak with a proxy respondent.

Several conditions apply to the use of a proxy respondent:

- Proxy interviews may only be conducted if the intended sampled enrollee consents to a proxy taking the survey on his or her behalf.

- The proxy respondent should be familiar with the sampled enrollee's health and health care experiences (e.g., a family member or friend is an ideal proxy).

If a sampled enrollee states that they are physically or mentally incapable of participating in the survey and no acceptable proxy respondent is available, then you must end the interview and assign a final disposition code of "X24—Mentally or Physically Incapacitated."

4. **CATI Script Conventions**

[VENDORS TO INCLUDE CATI CONVENTIONS HERE.]

5. **Reference Materials**

CATI Script

The telephone phase of the QHP Enrollee Survey protocol requires the use of a CATI system to administer the QHP Enrollee Survey via telephone. The full CATI script can be found on the MQI website. The script is also available in Spanish and Chinese.

Appendix F. Sample Frame File Layout

Sample Frame File Layout for 2022 QHP Enrollee Survey

An individual sample frame must be generated for each reporting unit required to administer the 2022 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 2022 QHP Enrollee Survey Technical Specifications. The sample frame must be specific to a given reporting unit (unique QHP State-product type for each QHP issuer) and must **not** be combined with other product lines or products. The required data elements described in **Exhibit F-1: Sample Frame File Layout** must be included for each enrollee included in the sample frame.

QHP issuers **must** attempt to fully populate all sample frame variables.[25] CMS has included completeness thresholds (i.e., not missing) for variables in the sample frame. Field population for all variables is required, not optional, and QHP issuers should meet these minimum completeness thresholds.

Select variables **must** be populated for every record in the file (0% bias variables). These variables must meet logic agreements for each record in the sample frame. For example, the Product Type variable must be the same for all records in the sample frame. Discrepancies in these variables can be indicative of a potential sampling error. The 0% bias variables for 2022 survey administration, in addition to suggested logic checks for each variable, are listed in **Table F-1: Recommended Logic Agreement Checks for 0% Bias Variables** and **Exhibit F-1: Sample Frame File Layout**.

Table F-1: Recommended Logic Agreement Checks for 0% Bias Variables

Variable	Logic Agreement Checks	Example
Product Type	• Must match the reported 3-character Product Type in the **Reporting Unit ID** variable. • Must not be missing. • Must be identical for all records in the sample frame.	Reporting Unit ID=12345-TX-**PPO**; then Product Type=**PPO** for all records.
Issuer ID	• Must match the reported 5-digit Issuer ID in the **Reporting Unit ID** variable. • Must not be missing. • Must be identical for all records in the sample frame.	Reporting Unit ID=**12345**-TX-PPO; then Issuer ID=**12345** for all records.
QHP State	• Must match the reported 2-character QHP State postal code in the **Reporting Unit ID** variable. • Must not be missing. • Must be identical for all records in the sample frame.	Reporting Unit ID=12345-**TX**-PPO; then QHP State=**TX** for all records.

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[25] The Centers for Medicare and Medicaid Services (CMS) may conduct targeted compliance reviews under 45 CFR § 156.715 to examine QHP issuer compliance with the federal data submission and reporting requirements for the QRS and QHP Enrollee Survey subsequent to the data validation of QRS clinical measures.

Variable	Logic Agreement Checks	Example
Reporting Unit ID	• Must match the reported values for the **Issuer ID**, **QHP State**, and **Product Type** variables. • Must not be missing. • Must be identical for all records in the sample frame. • Must be listed as it appears in "Reporting Units Required to Submit 2022 QRS Clinical Measure Data and QHP Enrollee Survey Response Data" in the 2022 QHP Enrollee Survey: Operational Instructions, which will be available in the fall of 2021.	Reporting Unit ID=**12345-TX-PPO**; then for all records: • 5-digit Issuer ID=Issuer ID variable=**12345**; • 2-character QHP state postal code=QHP State variable=**TX**; • 3-character product type=Product Type variable=**PPO**.
Reporting Status	• Must not be missing. • Must be identical for all records in the sample frame.	• Reporting Status=**1** for all records when reporting unit began operating in 2020 or before. • Reporting Status=**2** for all records when reporting unit began operating in 2021.
Total Enrollment	• Must be total number of enrollees within the reporting unit, not the number of survey-eligible enrollees. • Must be greater than 500 and greater than eligible population (sample frame). • Must not be missing. • Must be identical for all records in the sample frame. • Please refer to the **Evaluate Reporting Unit Eligibility Criteria** section of the 2022 QHP Enrollee Survey Technical Specifications.	If a sample frame has 700 records, then Total Enrollment must be greater than 700.

Specific information about each variable is included in **Exhibit F-1: Sample Frame File Layout**.

Select variables in the sample frame may be used for case-mix adjustment for sampled enrollees when scoring survey results. Incomplete data for a given reporting unit could decrease the amount of data available for case-mix adjustment, which may impact scoring precision for both the QHP Enrollee Survey QI Report scores and the scored survey measures included in the Quality Rating System (QRS).

QHP issuers are expected to provide data based upon completeness thresholds provided in the sample fame layout below. A QHP issuer's submission of the locked and audited sample frame file to its vendor constitutes the QHP issuer's attestation to the accuracy, completeness, and quality of data in the sample frame.[26] Sample frame files not meeting completeness thresholds may be subject to resubmission by the QHP issuer until the completeness thresholds are met. Recommended quality control checks for the sample frame are available in the **Create Sample Frame and Draw Sample (Sampling)** section of the 2022 QHP Enrollee Survey Technical Specifications.

In the rare instances in which required enrollee data are missing, QHP issuers must denote these data elements with the valid value for "Missing." QHP issuers may not append any additional data fields to the sample frame that are not specified in the sample frame file layout. All entries must be left justified. The sample frame includes PII; therefore, all vendors and QHP issuers

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[26] Accuracy, completeness, and data quality are required by CMS. Inaccurate data may affect scoring for both the QHP QI Reports and the QHP Enrollee Survey measures included in the QRS.

must safeguard sample frame data in accordance with HIPAA and the security requirements outlined in the 2022 QHP Enrollee Survey Technical Specifications.

Exhibit F-1: Sample Frame File Layout

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
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 or abbreviations. Do NOT include extra spaces or parentheses. Do NOT include superscript characters or trademark symbols. **Note:** This variable is used in the QI Reports. Please confirm QHP Issuer Legal Name is spelled correctly.	100%
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 the QHP Enrollee Survey.	100%

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[27] Completeness thresholds are the recommended percentage of records with populated data (i.e., not missing) within a sample frame. QHP issuers are expected to meet the specified completeness threshold requirements or be able to justify any missing information, if requested.

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
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. For example: Reporting Unit ID = 12345-TX-**PPO**; then **all** Product Type = **PPO**. **Note:** This variable MUST NOT be missing (0% bias variable).	100%
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.		100%
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.		100%
Enrollee First Name	Char	25	113	137	Enrollee first name		100%
Enrollee Middle Initial	Char	1	138	138	Enrollee middle initial		
Enrollee Last Name	Char	25	139	163	Enrollee last name		100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
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.	90% 10% = 9
Enrollee Date of Birth	Num	8	165	172		MMDDYYYY	100%
Enrollee Mailing Address 1	Char	50	173	222	Street address or post office box		100%
Enrollee Mailing Address 2	Char	50	223	272	Mailing address, 2nd line (if needed)		
Enrollee City	Char	30	273	302			100%
Enrollee State	Char	2	303	304	2-character Postal Service state abbreviation		100%
Enrollee ZIP Code	Num	5	305	309	5-digit number		100%
Enrollee Phone 1	Num	10	310	319	3-digit area code plus 7-digit phone number; no separators or delimiters		100%
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, 2021.	1 = Eligible (the member was born on or between July 2, 1956, and July 1, 2003) 2 = Ineligible (the member was born before July 2, 1956, or after July 1, 2003) **Note:** A valid value is required for every enrollee in the record.	100%
Enrollee Age	Num	2	321	322	Enrollee age as of December 31, 2021.	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, 2021, will be coded 80. **Note:** A valid value is required for every enrollee in the record.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
Enrollee Education	Num	1	323	323	The highest grade or level of school that the enrollee has 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 9 = Missing **Note:** A valid value is required for every enrollee in the record.	
Enrollee Employment	Num	1	324	324	Best description of enrollee's employment status.	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 9 = Missing **Note:** A valid value is required for every enrollee in the record.	
Issuer ID	Num	5	325	329	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. For example: Reporting Unit ID = **12345**-TX-PPO; then **all** Issuer ID = **12345**. **Note:** This variable MUST NOT be missing (0% bias variable).	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
QHP State	Char	2	330	331	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. For example: Reporting Unit ID = 12345-**TX**-PPO; then **all** QHP State = **TX**. **Note:** This variable MUST NOT be missing (0% bias variable).	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
Reporting Unit ID	Char	12	332	343	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. **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. For example: Reporting Unit ID = 12345-TX-PPO; then **all** 5-digit Issuer ID = Issuer ID variable = **12345**; **all** 2-character QHP state postal code = QHP State variable = **TX**; **all** 3-character product type = Product Type variable = **PPO**. **Note:** This Reporting Unit ID MUST be listed as it appears in the "Reporting Units Required to Submit 2022 QRS Clinical Measure Data and QHP Enrollee Survey Response Data" in the 2022 QHP Enrollee Survey: Operational Instructions, which will be made available in the fall of 2021. **Note:** This variable MUST NOT be missing (0% bias variable).	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
Metal Level	Num	1	344	344	Metal level associated with enrollee's QHP.	1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 5 = Catastrophic 6 = Bronze Expanded 9 = Missing **Note:** A valid value is required for every enrollee in the record.	100%
Variant ID	Char	2	345	346	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. The Variant IDs associated with Medicaid Expansion Enrollees (31-36) are determined based on the actuarial value; issuers should have the Variant IDs assigned to their enrollees and plans. **Note:** Variant IDs relate to the plan's cost-sharing structure.	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 32 = Medicaid Expansion 33 = Medicaid Expansion 34 = Medicaid Expansion 35 = Medicaid Expansion 36 = Medicaid Expansion 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.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
Spoken Language Preference	Num	1	347	347	Enrollee's preferred spoken language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing **Note:** A valid value is required for every enrollee in the record.	50% 50% = 9
Written Language Preference	Num	1	348	348	Enrollee's preferred written language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing **Note:** A valid value is required for every enrollee in the record.	50% 50% = 9
APTC Eligibility Flag	Num	1	349	349	Indicates whether enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction.	1 = Yes 2 = No 9 = Missing **Note:** If an enrollee is eligible for APTCs at any point during the continuous enrollment period (July 1 through December 31, 2021), the variable should be coded as 1 = Yes. **Note:** A valid value is required for every enrollee in the record.	70% 30% = 9
Plan Marketing Name	Char	250	350	599	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 on a bill).	If Missing, use "Unavailable."	50% 50% = "Unavailable"

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
Medicaid Expansion QHP Enrollee	Num	1	600	600	QHPs operating in a state with a Section 1115 waiver as part of the Medicaid Expansion MUST include all QHP enrollees and indicate whether they are enrolled via an 1115 waiver. It is the responsibility of the QHP to know whether their reporting units contain such persons.	1 = Yes 2 = No 3 = Missing 9 = Not Applicable (State Does Not Have a Medicaid 1115 Waiver) **Note:** A valid value is required for every enrollee in the record. **Note:** Organizations with Medicaid Expansion QHP enrollees (1 = Yes) should have Variant ID values between -31 and -36. **Note:** QHPs operating in states without Section 1115 waivers use 9 = Not Applicable. **Note:** If an enrollee is enrolled via an 1115 waiver at any point during the continuous enrollment period (July 1 through December 31, 2021), the variable should be coded as 1 = Yes.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
Reporting Status	Num	1	601	601	This variable is an identifier to determine whether a particular reporting unit is eligible for scoring as part of the Quality Rating System. Only plans that began offering coverage within a state's Exchange in Plan Year 2020 or before are eligible for scoring. This variable is based on the plan year the QHP issuer began offering the reporting unit within the state's Exchange. Please refer to the **Create Sample Frame and Draw Sample (Sampling)** section of the 2022 QHP Enrollee Survey Technical Specifications for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2020 or before (i.e., operational in 2020, 2021, and 2022) 2 = Issuer began offering this product type within state's Exchange in Plan Year 2021 9 = Missing **Note:** A valid value is required for every enrollee in the record. **Note:** This variable MUST NOT be missing (0% bias variable). **Note:** Only plans that began coverage within a state's Exchange in Plan Year 2020 or before are eligible for scoring. **Note:** A reporting unit that began operating in 2021 is required to both field the survey and submit QRS clinical data but is not eligible for scoring. Review the 2022 QHP Enrollee Survey: Operational Instructions (available in the fall of 2021) to confirm whether the reporting unit is required to field the survey and submit QRS clinical data. Review the **QRS Scoring Eligibility Criteria** section of the 2022 QHP Enrollee Survey Technical Specifications to confirm scoring eligibility. **Note:** The value included for the Reporting Status variable in the sample frame must align with the information submitted via NCQA's HOQ (Has this reporting unit been operational for three years for the exact sample product type [2020, 2021, and 2022]?). If Yes, then Reporting Status = 1. If No, then Reporting Status = 2.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[27]
Enrollee Email Address	Char	320	602	921	Email address.	Maximum of 64 characters for the user name, 1 character for the @, and 255 characters for the domain name. **Note:** A valid value is required for every enrollee in the record. If not available, leave blank. Enrollee email addresses are necessary for internet survey administration.	80% 20% = blank
Enrollee Phone 2	Num	10	922	931	3-digit area code plus 7-digit phone number; no separators or delimiters	**Note:** A valid value is required for every enrollee in the record. If not available, leave blank.	
Total Enrollment	Num	9	932	940	The total number of members enrolled in the reporting unit. This must be total number of enrollees within the reporting unit, not the number of survey-eligible enrollees. Please refer to the **Evaluate Reporting Unit Eligibility Criteria** of the 2022 QHP Enrollee Survey Technical Specifications. **Note:** Total Enrollment should be calculated as of 11:59 p.m. ET on January 1, 2022. **Note:** If total enrollment is 500 or less, consult the 2022 QHP Enrollee Survey: Operational Instructions (available in the fall of 2021) for guidance.	0 – 999999999 -1 = Unknown/Missing **Note:** A valid value is required for every enrollee in the record. If unavailable, use -1 = Unknown/Missing. Do NOT leave field blank. **Note:** This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable MUST NOT be missing (0% bias variable).	100%

Appendix G. Data Dictionary

New Data Submission Variable
The Survey_Round variable is a new variable added to the 2022 QHP Enrollee Survey Data Dictionary.

Exhibit G-1: Data Dictionary File Layout

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Case_ID		Unique identifier assigned by the 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.		Char	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). **Note:** The capitalization of this variable must be identical for all records within a data submission file.	Char	60

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Survey_Vendor_Name		Name of the vendor submitting data.	**Note:** An updated Data Dictionary with the valid values for this variable will be provided to approved vendors in advance of Data Submission Training in spring of 2022. **Note:** The capitalization of this variable must be identical for all records within a data submission file and must exactly match the capitalization specified in the updated Data Dictionary provided to vendors in advance of Data Submission Training in the spring of 2022.	Char	14
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
Flu_Flag		Flu Vaccination for Adults Ages 18-64 Eligibility Flag based on enrollee's age as of July 1, 2021 *(from the sample frame provided by the QHP issuer)*.	1 = Eligible (enrollee was born on or between July 2, 1956, and July 1, 2003). 2 = Ineligible (enrollee was born before July 2, 1956, or after July 1, 2003).	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Enrollee_Age		Enrollee age as of December 31, 2021 *(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, 2021, will be coded 80.	Integer ranging from 18 – 80.	Num	2
SF_Educ		Enrollee education *(from the sample frame provided by the QHP issuer).*	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 9 = Missing	Num	1
SF_Employment		Enrollee employment status *(from the sample frame provided by the QHP issuer).*	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 9 = Missing	Num	1
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).	Char	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
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).	Char	12
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 6 = Bronze Expanded 9 = Missing	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Variant_ID		Cost-sharing variant *(from the sample frame provided by the QHP issuer).*	01 = Exchange Variant (No cost-sharing reduction [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 (Exchange Variant [No CSR]) 32 = Medicaid Expansion (Zero Cost Sharing Plan Variation) 33 = Medicaid Expansion (Limited Cost Sharing Plan Variation) 34 = Medicaid Expansion (73% AV Level Silver Plan CSR) 35 = Medicaid Expansion (87% AV Level Silver Plan CSR) 36 = Medicaid Expansion (94% AV Level Silver Plan CSR) 09 = Missing **Note:** The Variant IDs associated with Medicaid expansion enrollees (31-36) are determined based upon actuarial value and QHP issuers should have provided appropriate Variant IDs in the sample frame.	Char	2
Spoken_Language_Prefer- ence		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_Prefer- ence		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

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
APTC_CSR		Indicates if enrollee qualified for an advance 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 **Note:** If an enrollee is eligible for APTCs at any point during the continuous enrollment period (July 1 through December 31, 2021), the variable should be coded as 1 = Yes.	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, vendors code as "Unavailable." **Note:** This variable should be identical to the Plan Marketing Name included in field positions 350-599 of the sample frame provided by the QHP issuer.	Char	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.	Char	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
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

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
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 (i.e., 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 **Collect Data** section of the *2022 QHP Enrollee Survey Technical Specifications*.	M10, T10, I10, M31, T31, I31, X20, X40, X22, X24, X32, X33, X34, X35, X43 **Note:** X, M, T, and I must be capitalized in the final data submission file.	Char	3
Proxy		Indicates whether the telephone interview was completed by a proxy. This field is only applicable to cases completed by telephone and aligns with the interviewer's response to Question 69 in the CATI script.	0 = Non-Proxy Interview 1 = Proxy Interview 2 = Not Applicable (Mail and Internet Only) 9 = Not Applicable (Nonrespondent)	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Medicaid_Expansion		This variable is an identifier to determine whether the enrollee is enrolled in a QHP via a Medicaid 1115 waiver (only possible if the QHP is operating in a state that has a Section 1115 waiver as part of the Medicaid Expansion). **Note:** QHPs operating in states with an 1115 waiver MUST include all QHP enrollees and indicate whether they are enrolled via an 1115 waiver. It is the responsibility of the QHP to know whether their RUs contain such persons. **Note:** QHPs operating in states without Section 1115 waivers should use 9 = Not Applicable.	1 = Yes 2 = No 3 = Missing 9 = Not Applicable (State Does Not Have Medicaid 1115 Waiver) **Note: I**f an enrollee is enrolled via an 1115 waiver at any point during the continuous enrollment period (July 1 through December 31, 2021), the variable should be coded as 1 = Yes.	Num	1
Reporting_Status		This variable is an identifier to determine whether a particular reporting unit is eligible for scoring 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 Exchange in Plan Year 2020 or before are eligible for scoring. Please refer to the **QRS Scoring Eligibility Criteria** section of the *2022 QHP Enrollee Survey Technical Specifications* for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2020 or before (i.e., operational in 2020, 2021, and 2022) 2 = Issuer began offering this product type within state's Exchange in Plan Year 2021 9 = Missing **Note:** Only plans that began coverage within a state's Exchange in Plan Year 2020 or before are eligible for scoring.	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Date_Complete		All cases are assigned a date based on the final disposition code (e.g., date when survey is completed, partially completed, or when final disposition is determined [MMDDYY]). The 2022 range covers 011522–051522. Refer to **Exhibit 50: Types of Ineligible Surveys and Disposition Codes** for coding guidelines.	MMDDYY	Num	6
Survey_Mode		Survey mode in which the respondent completed (or partially completed) survey.	1 = Internet 2 = Mail 3 = Outbound Telephone 4 = Inbound Telephone 9 = Not Applicable (Nonrespondent)	Num	1
Mixed_Mode		Indicate whether enrollee completed (or partially completed) the survey using more than one mode (e.g., mail and internet, internet and telephone, mail and telephone).	1 = Yes 2 = No 3 = Missing 9 = Not Applicable (Nonrespondent)	Num	1
Survey_Round		Indicates the survey round in which a mail or telephone survey was completed or partially completed. Refer to **Exhibit 62: Survey Round Variables** for coding guidelines.	M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone TN = Inbound telephone IN = Internet survey NC = Not completed	Char	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Internet_Opt_In	-	Method by which respondent opted into internet survey regardless of the mode of survey completion. **Note:** Internet_Opt_In variable is collected for any sampled enrollee who logs into the survey instrument regardless of whether the enrollee completes the internet survey.	1 = Email 2 = Letter (URL) 3 = QR Code 4 = Unknown 5 = Not Applicable (Mail or Phone Only) 9 = Not Applicable (Nonrespondent) **Note:** If this information is collected, then vendors must report it. Otherwise, code all responses as 4 = Unknown.	Num	1
Mail_Drop_Off	-	Last question completed for the mail mode regardless of final disposition code.	1-70 -1 = Not Applicable (did not return a mail survey) -9 = Not Applicable (Nonrespondent) **Note:** Do NOT add leading zeros for questions 1-9 in data submission file.	Num	2
Internet_Drop_Off	-	Last question completed for the internet mode regardless of final disposition code.	1-70 -1 = Not Applicable (did not submit an internet survey) -9 = Not Applicable (Nonrespondent) **Note:** Do NOT add leading zeros for questions 1-9 in data submission file.	Num	2
Phone_Drop_Off	-	Last question completed for the phone mode regardless of final disposition code.	1-68 -1 = Not Applicable (did not complete a phone survey) -9 = Not Applicable (Nonrespondent) **Note:** Do NOT add leading zeros for questions 1-9 in data submission file.	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Internet_Device_Type	–	Type of device respondent used to complete internet-based survey. **Note:** For enrollees who started the internet survey but completed the survey via mail or telephone, vendors should code these cases as "6 = Not Applicable (Mail or Phone Only)." **Note:** For enrollees who did not respond to the survey (final disposition codes of X20, X22, X24, X32, X33, X35, X43), vendors should code these cases as "9 = Not Applicable (Nonrespondent)." **Note:** For ineligible enrollees (X40) or blank surveys (X34), vendors should code with values 1 through 6 if this information is available; if this information is not available, the vendor should code as "9 = Not Applicable (Nonrespondent)."	1 = Mac 2 = PC 3 = Mobile Phone 4 = Tablet 5 = Unknown 6 = Not Applicable (Mail or Phone Only) 9 = Not Applicable (Nonrespondent) **Note:** If this information is collected, then vendors must report it. Otherwise, code as 5 = Unknown.	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Internet_Browser	-	Type of browser respondent used to complete internet-based survey. **Note:** For enrollees who started the internet survey but completed the survey via mail or telephone, vendors should code these cases as "7 = Not Applicable (Mail or Phone Only)." **Note:** For enrollees who did not respond to the survey (final disposition codes of X20, X22, X24, X32, X33, X35, X43), vendors should code these cases as "9 = Not Applicable (Nonrespondent)." **Note:** For ineligible enrollees (X40) or blank surveys (X34), vendors should code with values 1 through 7 if this information is available; if this information is not available, the vendor should code as "9 = Not Applicable (Nonrespondent)."	1 = Chrome 2 = Safari 3 = Firefox 4 = Internet Explorer 5 = Other 6 = Unknown 7 = Not Applicable (Mail or Phone Only) 9 = Not Applicable (Nonrespondent) **Note:** If this information is collected, then vendors must report it. Otherwise, code as 6 = Unknown.	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Response_Time	-	Number of minutes respondent took to complete the survey (phone or internet mode only).	001-999 -1 = Not Ascertained (Phone or Internet Only) -2 = Not Applicable (Mail Only) -9 = Not Applicable (Nonrespondent) **Note:** Response times must be reported in a three-digit format (i.e., if the interview took 12 minutes, then the vendor should enter this as 012). If this information is collected, then vendors must report it. Otherwise, code as -1 = Not Ascertained (Phone or Internet Only). **Note:** Response times of less than one minute should be coded as 001.	Num	3
Email_Address_Flag	-	Was an email address provided *(from the Enrollee Email Address variable in the sample frame provided by the QHP issuer)*?	0 = No 1 = Yes	Num	1
Alternate_Phone_Flag	-	Was an alternate phone number provided *(from the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer)*? **Note:** This value is determined based on the presence or absence of a value in the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer.	0 = No 1 = Yes	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	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 **Collect Data** section of the 2022 QHP Enrollee Survey Technical Specifications. If there is sufficient evidence of a bad address, 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 **Collect Data** section of the 2022 QHP Enrollee Survey Technical Specifications. If there is sufficient evidence of a bad telephone, vendors code this flag as 1=Yes.	0 = No 1 = Yes	Num	1
Bad_Email_Flag	-	Flag indicating whether the email address for a sampled enrollee is not viable. Sufficient evidence for a bad email address is available in the **Collect Data** section of the 2022 QHP Enrollee Survey Technical Specifications. If there is sufficient evidence of a bad email address, vendors code this flag as 1=Yes.	0 = No 1 = Yes	Num	1

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Web_Entry_Flag	-	Flag indicating whether the sampled enrollee ever logged into the internet survey. Vendors code this flag as 1=Yes for any sampled enrollee who logs into the internet survey, regardless of whether the enrollee completes the internet survey. If Web_Entry_Flag is coded as 1=Yes for a record, the record must also have a value between 1 and 5 for Internet_Opt_In.	0 = No 1 = Yes 2 = Not Applicable, Internet Survey Not Offered to Enrollee (Only for Records Completed in Chinese)	Num	1
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 -1 = Refused (Phone Only) -2 = Don't know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip **Note:** Vendors must redact all personally identifiable information provided by respondents.	Char	250
Got_HP_Info_Web	3	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Got_Info_Pay_Serv	4	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2
Got_Info_Pay_Rx	5	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2
Got_Info_Needed_CS	6	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2
HP_CS_Respect	7	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
HP_CS_Wait_Too_Long	8	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
HP_Forms_Easy	9	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2
HP_Explain_Forms	10	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Got_HP_Forms_Lang	11	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Got_HP_Forms_Format	12	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip -5 = Not Applicable	Num	2
HP_Not_Pay_Service	13	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
HP_Thought_Pay	14	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
Delay_Care_Cost	15	In the last 6 months, 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

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Delay_Rx_Cost	16	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
Delay_Care_PHE	17	In the last 6 months, how often did you need medical care but could not get it because of a public health emergency (such as the coronavirus outbreak)?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2
Know_Ins_Terms	18	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	19	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

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Rate_HP	20	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best plan possible, 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
Offer_Tele_Appt	21	In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?	1 = Yes 2 = No 3 = Don't Know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2
Got_Care_Quick	22	In the last 6 months, when you needed care right away, in an emergency room, doctor's office, or clinic, 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 -5 = Not Applicable	Num	2
Got_Appt_Quick	23	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Num_Visits_Office	24	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?	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
Needed_Care_Easy	25	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Got_Interpreter	26	An interpreter is someone who helps you talk with others who do not speak your language. 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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip -5 = Not Applicable	Num	2
Rate_Health_Care	27	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 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Num_Visits_Doc	28	In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Refer to **Exhibit 63: Quality Control Checks for Survey Data Files** for coding guidelines specific to telephone records.	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 -5 = Not Applicable	Num	2
Doc_Easy_Understand	29	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Listen_Carefully	30	In the last 6 months, 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
Respect	31	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Spend_Enough_Time	32	In the last 6 months, 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	33	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Tests_Follow_Up	34	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip -5 = Not Applicable	Num	2
Tests_Results_Soon	35	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Talk_All_Rx_Meds	36	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip -5 = Not Applicable	Num	2
Multiple_Providers	37	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Needed_Care_Coord	38	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Got_Care_Coord	39	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
Rate_Doc	40	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 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Got_Specialist_Care	41	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable	Num	2
Num_Specialists	42	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
Doc_Up_to_Date	43	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip -5 = Not Applicable	Num	2
Rate_Specialist	44	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 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
GHR	45	In general, 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	46	In general, 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	47	Have you had either a flu shot or flu spray in the nose since July 1, 2021?	1 = Yes 2 = No 3 = Don't know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
Use_Tobacco	48	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
Advised_Quit_Tob	49	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Recommend_Tob_Med	50	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?	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	51	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?	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	52	In the past 6 months, 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
Chronic_Condition	53	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	54	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

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Meds_Chronic_Condition	55	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	56	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	57	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
Diff_Remember	58	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	59	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

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Diff_Dress_Bath	60	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	61	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
Age	62	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	63	What is your sex?	1 = Male 2 = Female -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -6 = Other (Phone Only)	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Educ	64	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
Employment	65	What best describes your employment status?	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	66	Are you of Hispanic, Latino, or Spanish origin?	1 = Yes, of Hispanic, Latino, or Spanish origin 2 = No, not of Hispanic, Latino, or Spanish origin -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Hispanic_Detail	67	Which group best describes you?	1 = Mexican, Mexican American, Chicano 2 = Puerto Rican 3 = Cuban 4 = Another Hispanic, Latino, or Spanish Origin -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
White	68-1	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	68-2	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	68-3	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

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Asian	68-4	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
Nhpi	68-5	Native Hawaiian or 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
Help	69	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. Vendors code phone interviews as -3.	Num	2
Help_Read	70-1	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 Question 70/ Phone Interviews -4 = Appropriate Skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Help_Wrote	70-2	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 Question 70/ Phone Interviews -4 = Appropriate Skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Help_Answer	70-3	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 Question 70/ Phone Interviews -4 = Appropriate Skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Help_Translate	70-4	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 Question 70/ Phone Interviews -4 = Appropriate Skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Help_Other	70-5	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 Question 70/ Phone Interviews -4 = Appropriate Skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Total_Enrollment		The total number of members enrolled in the reporting unit *(from the sample frame provided by the QHP issuer)*.	0 – 999999999 -1 = Unknown/Missing **Note:** This variable MUST be identical for all enrollees included in the sample frame.	Num	9
Collection_Start_Date		Date the data collection period began (Day 1) for the reporting unit.	MMDDYY **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Char	6
Collection_End_Date		Date the data collection period ended (Day 73) for the reporting unit.	MMDDYY **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Char	6