

2022 Quality Rating System and QHP Enrollee Experience Survey: Operational Instructions

Document Purpose

This document serves as a resource for Qualified Health Plan (QHP) issuers to use to review the Quality Rating System (QRS) and QHP Enrollee Experience Survey (QHP Enrollee Survey) requirements and to validate information included in the preliminary 2022 QRS QHP List. The QRS QHP List includes QHP issuers and their respective reporting units that CMS identified as eligible for the 2022 QRS and QHP Enrollee Survey based on the 2022 participation requirements. QHP issuers should follow the instructions provided in this document to:

- 1) Prepare reporting units to collect and submit both 2022 QRS clinical measure data and QHP Enrollee Survey response data;
- 2) Generate sample frames for the QHP Enrollee Survey;
- 3) Complete the National Committee for Quality Assurance's (NCQA) Healthcare Organization Questionnaire (HOQ) (i.e., confirm reporting unit information, select an U.S. Department of Health and Human Services - (HHS) approved QHP Enrollee Survey vendor, and confirm sample frame validation); and
- 4) Provide information regarding reporting unit ineligibility, if applicable.

Additionally, this document provides a table of [key QHP issuer due dates](#), links to [additional resources](#), and an [eligibility roadmap](#) for determining QHP issuer eligibility for the submission of QRS clinical measure data and QHP Enrollee Survey response data.

In May 2022, the Centers for Medicare & Medicaid Services (CMS) will post a file containing the 2022 Quality Rating System (QRS) QHP List to the CMS Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM).

CMS encourages QHP issuer users to register and/or request access to the HIOS-MQM through the CMS Enterprise Portal (<https://portal.cms.gov>) to view reporting units that CMS identifies as eligible for the 2022 QRS and QHP Enrollee Survey based on the 2022 participation requirements. Details for registering and requesting access to HIOS and the MQM are included in the [HIOS-MQM Quick Reference Guide](#), available on [CMS' Health Insurance Marketplace Quality Initiatives \(MQI\) Website](#).

QHP Issuer Requirements for the 2022 QRS and QHP Enrollee Survey

As a condition of certification and participation in the Health Insurance Exchanges (Exchanges)¹, CMS requires that QHP issuers submit QRS clinical measure data and QHP Enrollee Survey response data for their respective QHPs offered through an Exchange in accordance with CMS guidelines.² Exchanges are also required to display QHP quality rating information on their respective websites.³ QHP issuers can refer to the [Quality Rating System](#)

¹ Unless the context indicates otherwise, the term "Exchanges" refers to the Federally-facilitated Exchanges (FFE) and the State-based Exchanges (SBEs) (inclusive of State-based Exchanges on the Federal Platform [SBE-FPs]).

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

³ 45 C.F.R. §§ 155.1400 and 155.1405.

[and Qualified Health Plan Enrollee Survey: Technical Guidance for 2022](#) for all relevant statutory and regulatory citations for the QRS and QHP Enrollee Survey. On behalf of CMS, the QRS and QHP Enrollee Survey Project Team oversees the 2022 QRS clinical measure and QHP Enrollee Survey response data collection and submission.

Reporting Requirements

QHP issuers are required to collect and submit validated 2022 QRS clinical measure data and QHP Enrollee Survey response data to CMS for each reporting unit⁴ that meets all the criteria listed below:

- Offered⁵ 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; and
- Meets the QRS and QHP Enrollee Survey minimum enrollment requirements:^{6,7}
 - Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2021); and
 - Included more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2022).

In other words, QHP issuers are required to collect and submit validated clinical measure data and QHP Enrollee Survey response data for each *product type* offered through an 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. Total counts must include enrollees from both Small Business Health Options Program (SHOP) and individual markets (i.e., combine all SHOP and individual market enrollees from the same product type to get the total count of enrollment). For additional details, please review [Table 1: Terminologies and Definitions](#) and refer to [Table 2: QRS and QHP Enrollee Survey Guidelines for Including and Excluding Plans and Enrollees in a Reporting Unit](#) and [Table 3: Example Reporting Units for a QHP Issuer Assessed Against 2022 QRS and QHP Enrollee Survey Participation Criteria](#).

QHP issuers with reporting units that meet the eligibility criteria listed above are required to submit both 2022 QRS clinical measure data and QHP Enrollee Survey response data; QHP issuers may not submit only one or the other.

QRS and QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee for service plans), stand-alone dental plans, child-only plans, or basic health program (BHP) plans.

⁴ 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.

⁵ 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 that have active or existing members).

⁶ 45 C.F.R. §§ 156.1120(a) and 156.1125(b).

⁷ 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.

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.

QHP issuers with reporting units with more than 500 enrollees as of July 1, 2021, that are uncertain whether they will have more than 500 enrollees as of January 1, 2022, should proceed as if they are required to field the 2022 QHP Enrollee Survey by contracting with an HHS-approved QHP Enrollee Survey vendor and preparing to generate the sample frame on or after **January 7, 2022**. If the eligibility status of a reporting unit changes, then the QHP issuer must notify CMS within three business days of discovery, but no later than **January 6, 2022**.

While reporting units that meet all eligibility criteria above will be required to collect and submit 2022 QRS clinical measure data and QHP Enrollee Survey response data, not all reporting units will be eligible for QRS scoring. Eligible reporting units will not receive QRS scores and ratings until their third consecutive year of operation in the Exchange. Therefore, a reporting unit that is eligible to be scored must meet the criteria for data submission and have been in operation for at least three consecutive years. A reporting unit must be operational on the Exchange in 2020, 2021, and 2022 to receive QRS scores and ratings.

Determining Eligibility

To evaluate whether a reporting unit is required to collect and submit 2022 QRS clinical measure data and QHP Enrollee Survey response data, QHP issuers should review [Table 1: Terminologies and Definitions](#) below and [Appendix A: Data Submission Eligibility Roadmap](#).

Table 1: Terminologies and Definitions

Terminology	Definition
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 Uniform Modification and Plan/Product Withdrawal FAQ for the difference between discontinuation and uniform modification.

If a QHP issuer determines that a reporting unit is ineligible to collect and submit 2022 QRS clinical measure data and QHP Enrollee Survey response data, the QHP issuer must notify CMS. For steps on how to notify CMS about reporting unit ineligibility, please see the [Required Action for Ineligible Reporting Units](#) section of this document.

Reporting Unit Plan and Enrollee Inclusion Criteria

QHP issuers should refer to [Table 2: QRS and QHP Enrollee Survey Guidelines for Including and Excluding Plans and Enrollees in a Reporting Unit](#) and [Table 3: Example Reporting Units for a QHP Issuer Assessed Against 2022 QRS and QHP Enrollee Survey Participation Criteria](#)

below to review guidelines and examples for including plans and enrollees in a reporting unit. CMS will not accept data submissions for reporting units that do not follow the guidelines as defined in Table 2 for determining which enrollees should be included.

Table 2: QRS and QHP Enrollee Survey Guidelines for Including and Excluding Plans and Enrollees in a Reporting Unit

Creating a Reporting Unit <i>Applies to QRS Clinical Measures and the QHP Enrollee Survey</i>		✓
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) 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 individual family plans if they are the same product type offered in the same state). <i>Example:</i> <ul style="list-style-type: none"> • 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. <i>Example:</i> <ul style="list-style-type: none"> • 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. <i>Example:</i> <ul style="list-style-type: none"> • 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.		
Include 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).		

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.

[Table 3](#) below provides example reporting units for a QHP issuer assessed against 2022 QRS and QHP Enrollee Survey Participation Criteria.

Table 3: 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-POS	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	No	No – Insufficient enrollment size in both years

Requirements for QHP Enrollee Survey Sample Frame Creation and Validation

QHP issuers are responsible for creating a sample frame of eligible enrollees for each reporting unit (i.e., each product type by state) and contracting with and authorizing an HHS-approved vendor to conduct the QHP Enrollee Survey. QHP issuers must attempt to fully populate all sample frame variables. CMS has included completeness thresholds (i.e., not missing) for each variable in the sample frame. Field population for all variables is required, not optional, and QHP issuers should meet these minimum completeness thresholds. Please refer to [Appendix C: 2022 QHP Enrollee Survey Sample Frame File Layout](#).

QHP issuers must create the sample frame on or after **January 7, 2022** and arrange for its validation by an NCQA Certified HEDIS^{®8} Compliance Auditor. All sample frames must include all enrollees (including both individual market and SHOP enrollees) as of **11:59 p.m. ET on January 6, 2022 (the anchor date)**. See [Appendix B: Example Quality Control Checks for Sample Frame Files](#) and [Appendix C: 2022 QHP Enrollee Survey Sample Frame File Layout](#). Additional details are included in the **Create Sample Frame and Draw Sample (Sampling)** section of the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2022](#), which is posted on the [MQI Website](#).

⁸ Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a registered trademark of the National Committee for Quality Assurance (NCQA).

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

Enrollees must satisfy two enrollment criteria for the 2022 plan year to be considered eligible for the QHP Enrollee Survey and included in the sample frame—continuous and current enrollment.

- Enrollees are considered **continuously enrolled** if they are enrolled in an eligible QHP from July 1 through December 31, 2021, with no more than one 45-day break (i.e., allowable gap) in enrollment during that period. An allowable gap can occur anytime during the continuous enrollment period (July 1 through December 31, 2021). Enrollees who switch among different product lines (e.g., Exchange, commercial, Medicaid, Medicare) and products (e.g., 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.
- Enrollees are considered **currently enrolled** if they are enrolled in an eligible QHP:
 - At the end of the continuous enrollment period (i.e., December 31, 2021), **and**
 - On January 6, 2022 (the anchor date).

Option to Oversample

QHP issuers eligible to field the QHP Enrollee Survey may choose to draw a sample larger than the specified 1,300 enrollees per reporting unit (i.e., oversample). All oversampling must occur in increments of 5% and may not exceed a 30% oversample, as shown in [Table 4: Permitted Oversampling Levels](#). This decision must be communicated to the contracted HHS-approved QHP Enrollee Survey vendor, who will submit all oversampling requests to CMS by **January 6, 2022**. Oversampling requests are subject to CMS approval.

Table 4: 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

Requirements for NCQA’s Healthcare Organization Questionnaire (HOQ)

QHP issuers with reporting units that meet the 2022 QRS and QHP Enrollee Survey [Reporting Requirements](#) are required to complete NCQA’s HOQ (e.g., confirm reporting unit information, select HHS-approved QHP Enrollee Survey vendor, and confirm sample frame validation) for each eligible reporting unit. The HOQ enables the authorization of an HHS-approved QHP

Enrollee Survey vendor to field the survey on behalf of the QHP issuer and the validation of a QHP issuer's survey sample frame by an NCQA Certified HEDIS Compliance Auditor. The HOQ is not a contracting vehicle and QHP issuers must contract directly with QHP Enrollee Survey vendors.

NCQA will open the annual HOQ in mid-December **2021**. Once available, the HOQ can be accessed at <https://applications.ncqa.org>. The data submission process for the QRS and QHP Enrollee Survey is detailed in the **Data Submission** and **Submit Data** sections of the [*Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2022*](#), which is posted on the [MQI Website](#).

Confirm Reporting Unit Information

QHP issuers must confirm that all eligible reporting units are included in their HOQ account and verify the required information for each reporting unit (e.g., general information; enrollment status as of July 1, 2021; enrollment status as of January 1, 2022; year plan began operating; and operational status in 2020, 2021, and 2022). Updates to reporting unit information should be made directly in the HOQ. QHP issuers must confirm reporting unit information in the HOQ by **January 28, 2022**.

Select HHS-Approved QHP Enrollee Survey Vendor

QHP issuers required to collect and submit QHP Enrollee Survey response data must authorize their contracted HHS-approved vendor for each eligible reporting unit by selecting the vendor from a drop-down menu in the HOQ. QHP issuers must authorize a vendor by **January 28, 2022**.

A list of the 2022 HHS-approved vendors and associated contact information for the QHP Enrollee Survey is available [here](#).

Validate Sample Frame

The QHP Enrollee Survey sample frame validation must be completed **by January 28, 2022**. Each QHP issuer must provide the NCQA Certified HEDIS Compliance Auditor with access to its HOQ. The NCQA Certified HEDIS Compliance Auditor enters the results of the QHP Enrollee Survey sample frame validation into the HOQ.

Required Action for Ineligible Reporting Units

QHP issuers with reporting units that do not meet the eligibility criteria are required to complete the "2022 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information" template (attached to the Operational Instructions delivery email) and submit it to QRSandQHPSurveyTeam@ncqa.org by **January 6, 2022**. In this template, QHP issuers must include information for each reporting unit that does not meet eligibility criteria by selecting from a drop-down menu of ineligibility reasons. [Table 5: Ineligibility Reasons Available in the "2022 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information" Template \(Column M\)](#) below provides information on when each of these ineligibility reasons apply.

Please follow the steps below before selecting an ineligibility reason:

- 1) Refer to the current list of reporting units expected to report QRS clinical and QHP Enrollee Survey response data.
- 2) Review the definition of “Operational”, “Not Operational”, and “Discontinued” in [Table 1](#) and refer to the [Uniform Modification and Plan/Product Withdrawal FAQ](#) for the difference between discontinuation (e.g., changes in reporting unit’s product type) and uniform modification to determine the reporting unit’s operational status.
- 3) Determine if the reporting unit met the enrollment threshold as of July 1, 2021, and/or January 1, 2022.
- 4) Complete and submit the ineligibility template if the reporting unit:
 - will be discontinued prior to June 15, 2022; or
 - does not meet the enrollment threshold as of July 1, 2021, and/or January 1, 2022; or
 - does not operate in current year (2021) (but operates in the upcoming year (2021)); or
 - is exempt from submitting the 2022 QRS clinical measure data or QHP Enrollee survey response data for any other reason.

QHP issuers must complete all fields (Column A – X) in the ineligibility template unless noted otherwise in the instructions and must submit the ineligibility template to QRSandQHPSurveyTeam@ncqa.org as soon as possible but no later than **January 6, 2022**.

Note: Please include “2022 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information (Reporting Unit ID [i.e., HIOS ID-State-Product Type])” as the email subject line.

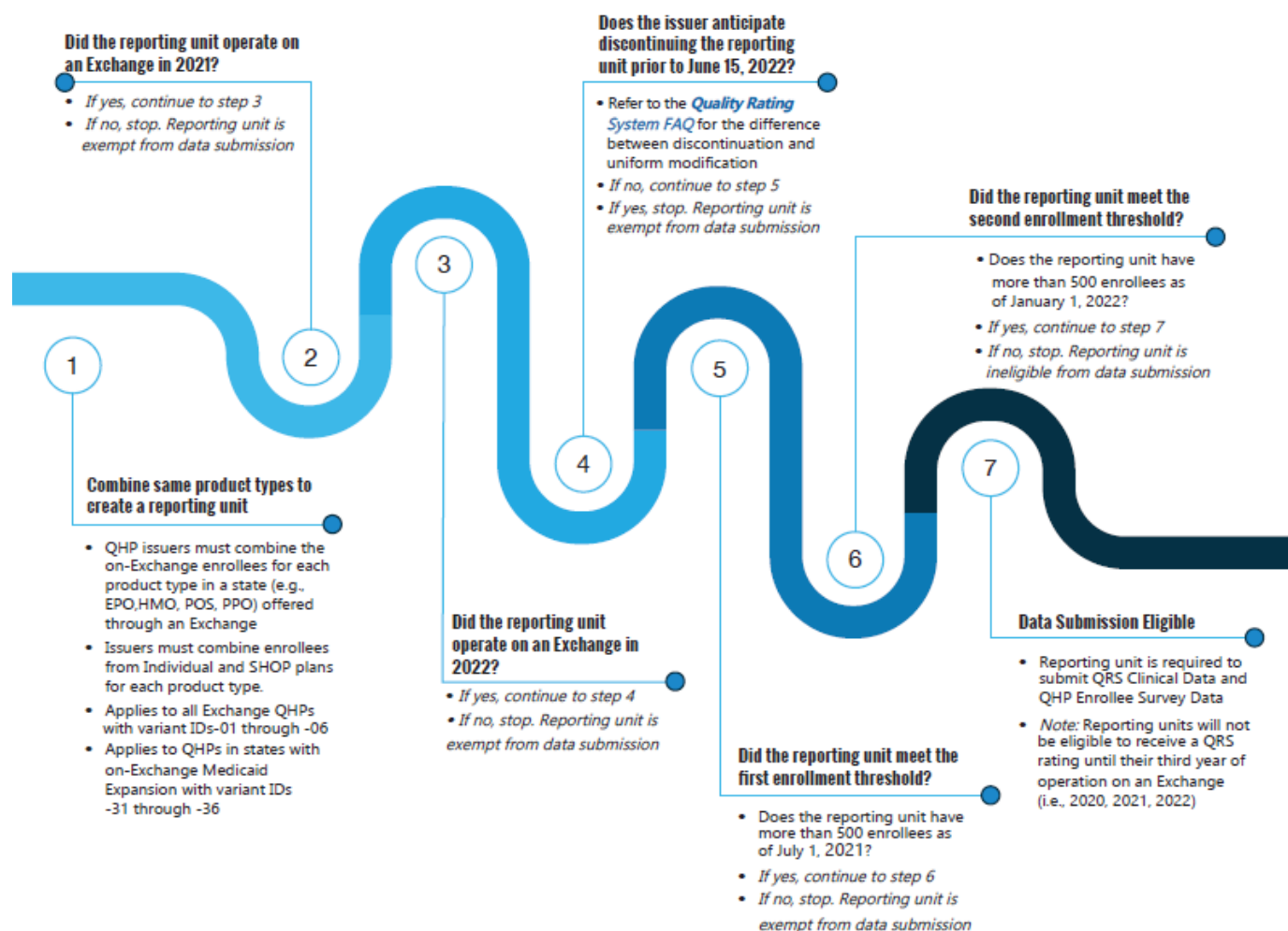
Table 5: Ineligibility Reasons Available in the "2022 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information" Template (Column M)

Ineligibility Reason (Column M)	QHP Issuer Instructions
1 - Reporting Unit Discontinued Prior to June 15, 2022	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if 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 reporting unit has zero active members prior to June 15, 2022, and will not be sold through an Exchange during the 2023 open enrollment period. • QHP issuers that select “1 - Reporting Unit Discontinued Prior to June 15, 2022” in Column M must provide the expected enrollee count on June 15, 2022, in Column Q of the ineligibility template. • QHP issuers that select “1 - Reporting Unit Discontinued Prior to June 15, 2022” in Column M must indicate whether the reporting unit will be operational during the 2023 open enrollment period using the drop-down menu in Column R of the ineligibility template. • QHP issuers that select “1 - Reporting Unit Discontinued Prior to June 15, 2022” in Column M must indicate whether enrollees from this reporting unit will be transferred to another reporting unit in Column S of the ineligibility template. • QHP issuers that select “1 - Reporting Unit Discontinued Prior to June 15, 2022” in Column M and indicate “Yes” in Column S, must indicate the Reporting Unit ID to which enrollees will be transferred to in Column T.
2 - Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of July 1, 2021)	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if the reporting unit operates in 2021 and 2022 but did not meet the enrollment threshold as of July 1, 2021 (i.e., “No” is selected in Column E of the ineligibility template).

Ineligibility Reason (Column M)	QHP Issuer Instructions
3 - Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of January 1, 2022)	<ul style="list-style-type: none"> QHP issuers select this ineligibility reason if the reporting unit operates in 2021 and 2022 but did not meet enrollment threshold as of January 1, 2022 (i.e., “No” is selected in Column I of the ineligibility template).
4 - Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of July 1, 2021 AND January 1, 2022)	<ul style="list-style-type: none"> QHP issuers select this ineligibility reason if the reporting unit operates in 2021 and 2022 but did not meet enrollment threshold as of July 1, 2021 and January 1, 2022 (i.e., “No” is selected for both Column E and Column I of the ineligibility template).
5 - Reporting Unit Does Not Operate in Current Year (2021) (But Operates in Upcoming Year (2022))	<ul style="list-style-type: none"> QHP issuers select this ineligibility reason if the reporting unit does not operate in 2021 but will operate in 2022.
6 - Other	<ul style="list-style-type: none"> QHP issuers select this ineligibility reason if the reporting unit is exempt from submitting the 2022 QRS clinical measure data and QHP Enrollee Survey response data due to reasons other than those provided in the ineligibility reason drop-down menu. QHP issuers that select “6 - Other” as an ineligibility reason must provide additional information specific to the reporting unit to support exemption from submitting 2022 QRS clinical measure data and QHP Enrollee Survey response data in Column U of the ineligibility template.

Appendix A: Data Submission Eligibility Roadmap

QRS and QHP Enrollee Survey Data Submission Eligibility Roadmap



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.

Appendix B: Example Quality Control Checks for Sample Frame Files

Table 6: 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 <i>2022 QHP Enrollee Survey: Operational Instructions</i> .	
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.	
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 <i>2022 QHP Enrollee Survey: Operational Instructions</i> for guidance.	

Note: QHP issuers must conduct quality control checks on data included in the sample frame. Quality control checks verify that data from the sample frame are accurately captured and prevent sampling errors. This table should **not** be considered an exhaustive list of possible quality control activities.

Appendix C: 2022 QHP Enrollee Survey Sample Frame File Layout

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. 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 [Table 8: 2022 QHP Enrollee Survey 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.⁹ 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 7: Recommended Logic Agreement Checks for 0% Bias Variables](#) and [Table 8: 2022 QHP Enrollee Survey Sample Frame File Layout](#).

Table 7: Recommended Logic Agreement Checks for 0% Bias Variables

Variable	Logic Agreement Checks	Example
Product Type	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.
Reporting Unit ID	<ul style="list-style-type: none"> 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 <i>2022 QHP Enrollee Survey: Operational Instructions</i>. 	Reporting Unit ID= 12345-TX-PPO ; then for all records: <ul style="list-style-type: none"> 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.

⁹ 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 Status	<ul style="list-style-type: none"> • Must not be missing. • Must be identical for all records in the sample frame. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 [Table 8: 2022 QHP Enrollee Survey 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 frame 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.¹⁰ Sample frame files not meeting completeness thresholds may be subject to resubmission by the QHP issuer until the completeness thresholds are met.

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 must safeguard sample frame data in accordance with HIPAA and the security requirements outlines in the [2022 QHP Enrollee Survey Technical Specifications](#).

¹⁰ Accuracy, completeness, and data quality are required by CMS. Inaccurate data may affect scoring for both the QHP QI Reports and the QHP survey measures included in the QRS.

Table 8: 2022 QHP Enrollee Survey Sample Frame File Layout

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold ¹¹
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.	<p>Note: This variable MUST be identical for all enrollees included in the sample frame and MUST NOT be blank.</p> <p>Note: Do NOT use acronyms or abbreviations. Do NOT include extra spaces or parentheses. Do NOT include superscript characters or trademark symbols.</p> <p>Note: This variable is used in the QI Reports. Please confirm QHP Issuer Legal Name is spelled correctly.</p>	100%
Product Line	Num	1	61	61		<p>3 = Exchange</p> <p>Note: A valid value is required for every enrollee in the record. Only “3” is valid for the QHP Enrollee Survey.</p>	100%
Product Type	Num	1	62	62	Name of the product type under which the enrollee’s QHP falls.	<p>1 = Health Maintenance Organization (HMO) 2 = Point of Service (POS) 3 = Preferred Provider Organization (PPO) 4 = Exclusive Provider Organization (EPO)</p> <p>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.</p> <p>Note: This variable MUST match the reported 3-character product type in the Reporting Unit ID variable. For example: Reporting Unit ID = 12345-TX-<u>PPO</u>; then all Product Type = <u>PPO</u>.</p> <p>Note: This variable MUST NOT be missing (0% bias variable).</p>	100%

¹¹ 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 ¹¹
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%
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%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold ¹¹
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.	<p>1 = Eligible (the member was born on or between July 2, 1956, and July 1, 2003)</p> <p>2 = Ineligible (the member was born before July 2, 1956, or after July 1, 2003)</p> <p>Note: A valid value is required for every enrollee in the record.</p>	100%
Enrollee Age	Num	2	321	322	Enrollee age as of December 31, 2021.	<p>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.</p> <p>Note: A valid value is required for every enrollee in the record.</p>	100%
Enrollee Education	Num	1	323	323	The highest grade or level of school that the enrollee has completed.	<p>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</p> <p>Note: A valid value is required for every enrollee in the record.</p>	
Enrollee Employment	Num	1	324	324	Best description of enrollee's employment status.	<p>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</p> <p>Note: A valid value is required for every enrollee in the record.</p>	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold ¹¹
Issuer ID	Num	5	325	329	Unique HIOS issuer ID number.	<p>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.</p> <p>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.</p> <p>Note: This variable MUST NOT be missing (0% bias variable).</p>	100%
QHP State	Char	2	330	331	State associated with the QHP issuer. This variable is different than Enrollee State.	<p>2-character Postal Service state abbreviation.</p> <p>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.</p> <p>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.</p> <p>Note: This variable MUST NOT be missing (0% bias variable).</p>	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold ¹¹
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.	<p>5-digit Issuer ID = Issuer ID variable.</p> <p>2-character QHP state postal code = QHP State variable.</p> <p>3-character product type = Product Type (HMO, POS, PPO, EPO) variable.</p> <p>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.</p> <p>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 <i>2022 QHP Enrollee Survey: Operational Instructions</i>.</p> <p>Note: This variable MUST NOT be missing (0% bias variable).</p>	100%
Metal Level	Num	1	344	344	Metal level associated with enrollee's QHP.	<p>1 = Platinum</p> <p>2 = Gold</p> <p>3 = Silver</p> <p>4 = Bronze</p> <p>5 = Catastrophic</p> <p>6 = Bronze Expanded</p> <p>9 = Missing</p> <p>Note: A valid value is required for every enrollee in the record.</p>	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold ¹¹
Variant ID	Char	2	345	346	<p>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.</p> <p>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.</p> <p>Note: Variant IDs relate to the plan's cost-sharing structure.</p>	<p>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</p> <p>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.</p> <p>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.</p>	100%
Spoken Language Preference	Num	1	347	347	<p>Enrollee's preferred spoken language.</p>	<p>1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing</p> <p>Note: A valid value is required for every enrollee in the record.</p>	50% 50% = 9
Written Language Preference	Num	1	348	348	<p>Enrollee's preferred written language.</p>	<p>1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing</p> <p>Note: A valid value is required for every enrollee in the record.</p>	50% 50% = 9

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold ¹¹
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"
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 ¹¹
Reporting Status	Num	1	601	601	<p>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.</p>	<p>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</p> <p>Note: A valid value is required for every enrollee in the record.</p> <p>Note: This variable MUST NOT be missing (0% bias variable).</p> <p>Note: Only plans that began coverage within a state's Exchange in Plan Year 2020 or before are eligible for scoring.</p> <p>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 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.</p> <p>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.</p>	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold ¹¹
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 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 D: Key QHP Issuer Due Dates and Additional Resources

[Table 9: Key QHP Issuer Due Dates](#) lists key QHP issuer due dates for various tasks required for ineligible and eligible reporting units and [Table 10: Additional QRS and QHP Enrollee Survey Resources](#) provides additional QRS and QHP Enrollee Survey resources and links.

Table 9: Key QHP Issuer Due Dates

QHP Issuer Task	QHP Issuer Deadline
QHP issuers that do not meet eligibility criteria complete and submit the “2022 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information” template to QRSandQHPSurveyTeam@ncqa.org .	January 6, 2022
If eligibility status changes, issuers must notify CMS within 3 business days of discovery, but no later than January 6, 2022.	January 6, 2022
QHP issuer and HEDIS Compliance Auditor complete the validation of QHP Enrollee Survey sampling frame within the HOQ.	January 28, 2022
Authorize an HHS-approved vendor to administer the QHP Enrollee Survey within the HOQ.	January 28, 2022

Table 10: Additional QRS and QHP Enrollee Survey Resources

Resource	Description
CMS MQI Website	This website provides resources related to CMS MQI activities, including the QRS, the QHP Enrollee Survey, Quality Improvement Strategy (QIS) requirements, and patient safety standards. As the central site for MQI resources, this site contains instructional documents regarding implementation and reporting. Spotlight news and recent activities on QRS and QHP Enrollee Survey can be found on the CMS Health Insurance Marketplace Quality Initiatives (MQI) Website .
QRS Resources	QHP issuers must collect and submit validated QRS measure data to CMS in accordance with all CMS-issued requirements and guidance. For additional information on QRS, refer to the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2022 and the 2022 Quality Rating System Measure Technical Specifications .
QHP Enrollee Survey Resources	A list of the 2022 HHS-approved QHP Enrollee Survey vendors is posted on the QHP Survey page of the MQI Website.
NCQA HEDIS Compliance Audit Website	This website provides an overview of HEDIS Compliance Audit program. List of NCQA Certified HEDIS Compliance Organizations can be found on NCQA’s HEDIS Compliance Audit Certification Website .
NCQA HOQ Support	QHP issuers should submit questions about the HOQ to the NCQA portal .
QRS and QHP Enrollee Survey Technical Support	For QRS and QHP Enrollee Survey Technical Support, contact Marketplace Service Desk (MSD) via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference “Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey” in the subject line of the email.