

QHP Enrollee Survey: Discrepancy Report Instructions and Form

Discrepancy Report Instructions

A discrepancy is defined as any deviation from the standard QHP Enrollee Survey protocols, as described in the *2023 QHP Enrollee Survey Technical Specifications*. Examples of discrepancies for the QHP Enrollee Survey include, but are not limited to: sampling errors, material production errors, fielding errors, data coding errors, data processing errors, and data breaches. These discrepancies require corrections to procedures and/or electronic processing to realign survey activities to comply with QHP Enrollee Survey protocols. Vendors are required to complete and submit an initial Discrepancy Report to CMS and may be asked to complete and submit an updated Discrepancy Report and implement corrections per a timeline specified by CMS.

Please follow the instructions below upon identification of a discrepancy during survey data collection or data submission:

- Report all discrepancies to CMS within one business day of becoming aware of the discrepancy through the submission of an initial Discrepancy Report Form. Vendors email CMS a completed initial Discrepancy Report Form documenting all impacted QHP reporting units. This email should be sent to QHP_Survey@air.org. Do **not** include any Protected Health Information (PHI)/Personally Identifiable Information (PII) in the Discrepancy Report Form itself or in any emails to CMS.
- Complete the Discrepancy Report Form in its entirety to the extent the requested information is available. Designate sections for which information is not immediately available as “To be Updated”. The *Vendor Organization Information* and *Vendor Contact Person* sections of the Discrepancy Report Form must be populated.
- Provide the following information in the Discrepancy Report:
 - Information for each QHP reporting unit impacted by the discrepancy.
 - A detailed description of the discrepancy (e.g., how it was identified, when it occurred, the corrective actions taken to prevent the identified issue from reoccurring).
 - Any other information that might assist CMS in determining next steps.
- Submit a second Discrepancy Report Form no later than two weeks after the initial Discrepancy Report if all required information is not immediately available.
- Notify QHP issuer clients upon submission of a Discrepancy Report to CMS regarding their reporting unit(s), as applicable. Provide QHP issuer clients with a reporting unit-specific Discrepancy Report, as applicable.

Discrepancy Report Form

I. General Information

Vendor Organization Information

Organization Name	
Mailing Address	
City	
State	
Zip Code	

Vendor Contact Person

First Name, Last Name	
Title	
Telephone Number	
Email Address	

II. Impacted QHP Reporting Units

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

Vendor Name:				
Date:				
Plan Name	Reporting Unit ID	Total Eligible Enrollees	Total Sampled Enrollees	Total Enrollees Impacted by the Discrepancy

III. Discrepancy Information

Provide detailed information for each of the following items.

Description of the discrepancy and how it was discovered:

Timeframe during which each listed reporting unit was impacted:

Description of the Corrective Action Plan that will be implemented to address the discrepancy, along with the proposed timeline for implementing the Corrective Action Plan:

Additional information to assist CMS in determining a review outcome and next steps: