

Centers for Medicare & Medicaid Services

Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) Website Vendor User Guide

Version 2.1 4/29/2024

Table of Contents

1.	Introduction	1
2.	Register a New User Account in CMS's Identity Management (IDM) System.	3
3.	Request a QHP Enrollee Survey Vendor Role	7
4.	Sign In to QHP Enrollee Survey Website	.5

1. Introduction

Section 1311(c)(4) of the Patient Protection and Affordable Care Act (PPACA) requires the United States Department of Health and Human Services Secretary (HHS) to develop an enrollee satisfaction survey system that assesses consumer experience with Qualified Health Plans (QHPs) offered through the Health Insurance Exchanges. The goals of the survey are to provide comparable and useful information to consumers about the quality of health care services and enrollee experiences delivered by QHPs offered through the Exchanges, facilitate oversight of QHP issuer compliance with quality reporting standards, and provide actionable information to QHP issuers so they can improve quality and performance.

The Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) website is a secure online website developed by the Centers for Medicare and Medicaid Services (CMS) to support QHP Enrollee Survey operations.

The QHP Enrollee Survey website has three objectives:

- Enable QHP issuers to attest to the survey eligibility criteria or report ineligibility status.
- Enable QHP issuers to select an authorized survey vendor.
- Enable QHP survey vendors to securely submit survey data.

All QHP Enrollee Survey vendors are required to sign in to the <u>QHP Enrollee Survey website</u> to perform the following activities by the deadline established by CMS:

- Submit at least one interim data file for testing purposes between April 3–5, 2024.
 - Vendors must submit at least one unencrypted test ZIP file containing files for two reporting units, including at least 100 records across the two reporting units.
 - The test period enables vendors and the QHP Enrollee Survey Project Team to test data submission protocols and make any necessary adjustments prior to the beginning of the data submission period.
- Submit all final data files between May 10–17, 2024, in accordance with the file specifications provided in the Code and Submit Data section of the <u>QHP Enrollee Survey: Technical</u> <u>Specifications for 2024</u>.
 - The final data files must include responses from mail surveys received through May 3, 2024.
 - If vendors are still fielding the survey after May 3, 2024, they must accept and process data for all mail surveys received through the end of the protocol.
- Correct any errors returned by the QHP Enrollee Survey Project Team and submit revised data files between May 20–22, 2024.

Vendors will be notified when registration opens to access the <u>QHP Enrollee Survey website</u> ahead of test data submission.

Existing vendor users will be able to sign into the <u>QHP Enrollee Survey website</u> with their previously registered account.

New vendor users must take the following steps to access the website:

- 1. Register an account in CMS's <u>Identity Management (IDM)</u> system. For detailed steps on how to register an account, see <u>Section 2</u>. (Register a New User Account in CMS's IDM System).
- 2. Request the QHP Survey Vendor role. For detailed steps on how to request the Vendor role, see <u>Section 3 (Request a QHP Enrollee Survey Vendor Role)</u>.
 - After receiving a confirmation email that the role request is approved, vendors will be able to sign in to the QHP Enrollee Survey website.

Vendors can contact <u>QHP_Survey@air.org</u> with any questions related to account setup, QHP Enrollee Survey website access, or the data submission process.

2. Register a New User Account in CMS's Identity Management (IDM) System

This section provides step-by-step instructions on how to register and create a user ID and password through the CMS IDM system.

Note: If you have registered in the CMS IDM before and already have an existing CMS IDM account, please skip the steps in this section. Do not create a duplicate IDM account.

1. Navigate to <u>https://home.idm.cms.gov/</u>.

The **Sign In** page (Figure 1) appears.

Sign In User ID Password Agree to our Terms & Conditions Sign In Agree to our Terms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Eorgot User ID Eorgot Password		
Sign In User ID Password Agree to our Terms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password	C	
Sign In User ID Password Agree to our Terms & Conditions Sign In Agree to our Terms & Conditions CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password		
Sign In User ID Password Agree to our Terms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password		
User ID Password Agree to our Terms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password	Sign	In
Password Agree to our Ierms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password	User II	D
Password Agree to our Terms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password		
Agree to our Terms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password	Passw	rord
Agree to our Terms & Conditions Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password		
Sign In OR CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR OR New User Registration Eorgot User ID Forgot Password	- Agre	ee to our Terms & Conditions
ORORORORORORON		
OR		Sign In
CMS PIV Card Only PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR OR New User Registration Eorgot User ID Eorgot Password		OR
PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login. OR New User Registration Forgot User ID Forgot Password		CMS PIV Card Only
New User Registration	DIV/11c	ere: To activate the PIV functionality you
password during your initial login. OROR New User Registration <u>Forgot User ID</u> <u>Forgot Password</u>	must f	first sign in using your EUA ID and
OR New User Registration Forgot User ID Forgot Password	passw	ord during your initial login.
New User Registration Forgot User ID Forgot Password		OR
Forgot User ID Forgot Password		New User Registration
Forgot User ID Forgot Password	L	
Forgot Password	<u>Forgot</u>	<u>t User ID</u>
	Forgot	t Password

Figure 1: CMS IDM Sign In Page

2. Click the New User Registration button.

The **Personal** tab (Figure 2) of the IDM Self Service registration page appears.

1 Personal	2 Contact	3 Credentials
* Optional fields are labeled as (Optional	I).	
First Name		
Middle Name (Optional)		
Last Name		
Suffix (Optional)		•
Date Of Birth MM/DD/YYYY		
E-mail Address]
Confirm E-mail Address		
View Terms & Conditions		
I agree to the terms and conditions		

Figure 2: IDM System User Registration Form – Personal Tab

- 3. Enter the Name, Date of Birth, and E-mail Address information into the respective fields of the IDM system User Registration form. Please use the e-mail address that was provided to the QHP Project Team ahead of data submission.
- 4. Read the IDM system Terms and Conditions, click the checkbox to acknowledge agreement with the Terms and Conditions, and then click the **Next** button.

The **Contact** tab (Figure 3) of the IDM Self Service registration page appears.

0	2	3
Personal	Contact	Credentials
* Ontional fields are labeled as (Ontiona	n)	
	")·	
Is your Address a US or Foreign Addres	s?	
US Address O Fore	eign Address	
Home Address Line 1		
- Home Address Line 2 (Optional)		
(optional)		
City		
C State		
		•
Zip Code		
Zip Code Extension (Optional)		
0000		
- Phone Number		
000-000-0000		
Cancel Back		Next

Figure 3: IDM System User Registration Form – Contact Tab

- 5. If the home address is located inside the US, keep the default "US Address" setting. If the home address is located outside of the United States, click the **Foreign Address** radio button.
- 6. Enter the Home Address and Phone Number information into the respective fields and then click the **Next** button.

The **Credentials** tab (Figure 4) of the IDM Self Service registration page appears.

- 7. Enter the desired user ID and password into the respective fields of the User registration form.
- 8. Click the **Select Challenge Question** list box and choose a challenge question from the list that appears.
- 9. Type the challenge question answer into the **Challenge Question Answer** field.
- Click the Submit button to submit the account registration request.
 The system displays a message that indicates the account was successfully created.

Personal	Contact	3 Credentials
* Optional fields are labeled as (Optional)		
User ID		
New Password		O
Confirm Password		O
Security Questions —		•
Answer		
Cancel Back		Submit

Figure 4: IDM System User Registration Form – Credentials Tab

3. Request a QHP Enrollee Survey Vendor Role

To access the Vendor Dashboard on the QHP Enrollee Survey website to upload data, vendors must request the "QHP Survey Vendor" role by signing into the CMS IDM system.

This section provides the steps that users must follow to sign into the IDM system to request the QHP Enrollee Survey Vendor role.

1. Navigate to <u>https://home.idm.cms.gov/</u>.

The **Sign In** page (Figure 5) appears.

	IMPL
Sign	In
User I	D
Passw	rord
Agr	ee to our <u>Terms & Conditions</u>
	Sign in
	OR
	CMS PIV Card Only
PIV Us	ers: To activate the PIV functionality, you
must	irst sign in using your EUA ID and
passw	ord during your initial login.
	OR
	New User Registration
Forgo	t User ID
<u>0</u>	t Password
<u>Forgo</u>	

Figure 5: CMS IDM Sign In Page

- 2. Enter the user ID and password, created while registering an account, into the respective fields.
- 3. Read the Terms & Conditions, click the check box to acknowledge agreement, and then click the **Sign In** button.

4. In the Verify with Email Authentication window (Figure 6) that appears, if you have multiple registered Multi-factor Authentication (MFA) devices, select an MFA factor by clicking on the drop-down arrow next to the mail icon.



Figure 6: Verification Code Request

- 5. Follow the directions for the chosen MFA factor (MFA device).
- 6. If you chose email as the authentication factor, click the **Send me the code** button in the Verify with Email Authentication window (Figure 6) to request a one-time verification code via email.
- 7. Enter the verification code received into the Verification code field (Figure 7).

Action Required: One-time verification code	
CMS Identity Management System (IDM)	Verify with Email Authentication
Dear Jane Doe,	A verification code was sent to ss@gdit.com. Check your email and enter the code below.
Your sign-on request requires the use of a one-time code for authentication.	✓ Do not challenge me on this device for the next 30 minutes
Please enter the following code for verification:	Verify
131153	Back to sign in

Figure 7: One-time Verification Code Email and the Verification Code Window

8. Click the Verify button.

You will be taken to the IDM Self-Service dashboard.

CMS.gov IDM Self Serv	lice		ے ایس Need Help?	Jane Doe	
	My Profile To access your Profile please click here.	+2	Role Request To request access to a new Application please click here.		
23	Manage My Roles To access your existing Roles please click here. You can View Add Edit or Remove Roles: and View and Request Approval	20	My Requests To access your own Pending requests please click here. You can View or Cancel your requests on this page.		
_	of upcoming Role Certifications.		,		

Figure 8: IDM Self Service Dashboard

9. Click on the Role Request button located on the IDM Self-Service dashboard (Figure 8). The **Role Request** window (Figure 9) appears.

Role Request		::
	•	•
Application	Role	Review
Select an Application		
Select the Application for which you want	to add the Role.	· · ·

Figure 9: Role Request Page

- 10. From the **Select an Application** drop-down list (Figure 9), select the "Qualified Health Plan Enrollee Satisfaction Survey" application.
- 11. From the **Select a Role** drop-down list (Figure 10), select the "QHP Survey Vendor" role (Figure 11).

Role Request		::
Application	Role	Beview
Approactori	i loite	Reffer
Selected Application Qualified Health Plan Enrollee S	Satisfaction Survey	
The Qualified Health Plan (QHP) Survey yearly, consumer experience with QHPs formation by each Marketplace to allow i	web application supports the Enrollee Experi offered through a Health Insurance Exchange individuals to assess enrollee experience an	ience Survey system that assesses e. It also requires public display of in- 10ng comparable plans.
View Helpdesk Details		
Select a Role		•
Select the Role you want to request.		
Cancel Back		



ble Request		
	* Optic	onal fields are labeled as (Optional)
0	0	3
Application	Role	Review
Selected Application Qualified Health Plan Enrollee Sa	isfaction Survey	
The Qualified Health Plan (QHP) Survey we	b application supports the Enrollee Experience Survey system that assesses yea It also requires public display of information by each Marketplace to allow indiv	arly, consumer experience with QHPs of- viduals to assess enrollee experience
among comparable plans	······································	
among comparable plans.		
view Helpdesk Details		
View Helpdesk Details		-
View Helpdesk Details		
View Helpdesk Details Select a Role End User QHP Survey Issuer		•
View Helpdesk Details - Select a Role End User QHP Survey Issuer QHP Survey Vendor		<u>_</u>
View Helpdesk Details Select a Role End User QHP Survey Vendor Approver		
View Helpdesk Details Select a Role End User QHP Survey Issuer QHP Survey Vendor Approver QHP Survey Approver		<u>م</u>
View Helpdesk Details View Helpdesk Details Select a Role End User QHP Survey Issuer QHP Survey Vendor Approver QHP Survey Approver Help Desk		ſm



Ξ. **Role Request** 4 RIDP Application Role Reviev **Remote Identity Proofing** Identity Verification - What to Expect To complete this role request, it is important to note that Experian, a trusted and reliable agent, needs to collect further details about you. Please ensure that you have entered your full legal name, current home address, your personal primary phone number, date-of-birth, and your personal e-mail address correctly to ensure a seamless and secure process. For additional information or assistance, we encourage you to visit the Experian Customer Assistance website: http://www.experian.com/help Experian identity verification is limited to US addresses and US territories only. If you have a foreign address please call your Tier 1 Help Desk to verify your identity. View Terms & Conditions I agree to the terms and conditions Next Cancel Back

Upon selecting the QHP Survey Vendor role, the initial **Remote Identity Proofing (RIDP)** page (Figure 12) will be displayed.

Figure 12: Role Request – Initial RIDP Page

- 12. Review the **Identity Verification** description statement.
- 13. Click the View Terms & Conditions link and review the RIDP terms and conditions.
- 14. Click the **I agree to the terms and conditions** check box to acknowledge agreement with the terms and conditions.
- 15. Click the **Next** button.

The Identity Verification form (Figure 13) appears.

- 16. Enter your Name, Date of Birth, and Email Address information into the respective fields.
- 17. Enter your Social Security Number into the Social Security Number field. Note that this information is *not* stored in the CMS IDM system and is only used for this identity proofing step.
- 18. Enter your Home Address information and Phone Number information into the respective fields. Note that you must enter your personal information in all fields, such as personal email address, personal phone number, and home address. Do not enter any business information. Any information you enter is *not* stored in the CMS IDM system and is only used for this identity proofing step.

ole Request			:
			4
Application	Role	RIDP	Review
Remote Identity Pr	oofing		
We collect your PII (Persona information you enter is acc	l Identifiable Informatio urate.	on) for identity verification (only. Please ensure the
		All fields are required, except	those marked as "Optional"
C Legal First Name		C Legal Last Name	
]
Middle Name (Optional) —		C Suffix (Optional)	•
Date Of Birth		Social Security Number	Ø
Personal E-mail Address		Confirm Personal E-mail Add	dress
Home Address Line 1			
]
Home Address Line 2 (Optio	nal) ————		
)
City		State	•
()
Zip Code		Zip Code	Extension (Optional)
]
Save home addres	s to my profile		
Personal Phone Number (Mo	obile is preferred) ————		
Cancel Back			Submit

Figure 13: Identity Information Verification Form

19. Click the **Submit** button.

The RIDP process begins. Users who successfully complete Online Proofing will see a confirmation message on the screen, after which they can resume the role request process.

If the RIDP Online Proofing process is unsuccessful, the system will display an error message (Figure 14). Users must contact Experian using the contact information and Reference Number provided in the error message and perform Phone Proofing. If Phone Proofing is successful,

users can sign into the CMS IDM system and initiate the role request procedure again. If the Phone Proofing RIDP process is unsuccessful, users may contact the Application Help Desk at <u>QHP_Survey@air.org</u> to inquire about the Manual Proofing process.

emote Identity Proofing	
A We are unable to verify the information you have provided.	8
Submitted Information:	
Jane Doe	
01/01/1991	
123 Test Dr	
Test City, MD 12345	
555-555-5555	
If there is an error in the information you've submitted, you can modify and resubmit by clicking the retry button below or you can	
contact Experian Support Services to complete the one-time verification process over the phone.	
Experian Support Services	
1-866-578-5409	
Reference Number	
QHP-78592380.	
Cancel Retry	

Figure 14: RIDP Online Proofing Error Message

Once the RIDP process is successfully completed, the Role Request page will display a text box titled "Reason for Request" (Figure 15).

Role Request		::
Application	Role	Review
Review		
Application:	Qualified Health Plan Enrollee Satisfaction Survey	
Application Description:	The Qualified Health Plan (QHP) Survey web applic Experience Survey system that assesses yearly, co offered through a Health Insurance Exchange. It als information by each Marketplace to allow individua experience among comparable plans.	cation supports the Enrollee onsumer experience with QHPs so requires public display of als to assess enrollee
Role:	QHP Survey Vendor	
Role Description:	Role assigned to survey vendors	
Reason for Request		0/600 Submit Role Request

Figure 15: Role Request – Entering the Reason for Request

- 20. Enter a brief justification statement into this field to provide a justification for the role request.
- 21. Click the **Submit Role Request** button.

The Role Request page displays a Request ID and a message informing you that the request was successfully submitted.

Once you receive a confirmation email that the role request is approved, you will be able to sign into the QHP Enrollee Survey website.

4. Sign In to QHP Enrollee Survey Website

This section provides the steps that users must follow to sign in to the QHP Enrollee Survey website.

1. Navigate to <u>https://qhpsurvey.cms.gov/</u>.

The Home page (Figure 16) is displayed.

An official website of the United States government Here's how you know	
CMS. gov Qualified Health Plan Enrollee Experience Survey System	Sign in
Home Issuers Vendors FAQ Contact	
About the Qualified Health Plan (QHP) Exposed by the stress part of the stress stress part of the stress	Sign In Less your QHP Enrolle Experience. Survey account. Is in In Development But your of the function of the survey account of the survey acc
Site Policies & Important Links Privacy Policy Plain Language Freedom of Information	Act No Fear Act Nondiscrimination & Accessibility Vulnerability Disclosure Policy
CMS.gov	A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244

Figure 16: QHP ESS Website Home Page

2. Click on the **Sign In** button in the Sign In box or the Sign In link at the top right of the page to access your QHP Enrollee Survey website account.

The IDM **Sign In** page (Figure 17) appears.

(
Sigr	n In
User	ID
Passv	word
🗆 Ag	ree to our <u>Terms & Conditions</u>
	Sign In
	OR
	CMS PIV Card Only
PIV U must passv	s ers: To activate the PIV functionality, you first sign in using your EUA ID and word during your initial login.
	OR
	New User Registration
<u>Forgo</u>	<u>ot User ID</u>
<u>Forgo</u>	ot Password
	-1. A

Figure 17: CMS IDM Sign In Page

- 3. Enter your User ID and Password.
- 4. Click the check box to acknowledge agreement, then click the **Sign In** button.
- 5. Follow the directions for the chosen MFA factor (MFA device) and then click on the **Verify** button.

The **Vendor Dashboard** (Figure 18) will appear. This dashboard will display vendor contact information, an interface to upload survey files, and the ability to view uploaded vendor submissions.

CMS.gov Qualified He Experience S	alth Plan Enrollee Survey System	🕒 Tester Vendor Sign Out
Home Issuers Vendors FAQ Contact Dashbo	pard	
Dashboard		
e Vendor Information	1 Upload TEST Survey File	Vendor Submissions
Test Vendor Company	File * Only CSV and ZIP files will be processed	CSV Files CSV filenames must use the following naming convention: <reporting id="" unit="">.csv.</reporting>
Contact: Tester Vendor Email: <u>ghpees-vendor:</u> <u>ghpkSjyforySizsaayb5@yopmail.com</u> Enrychaeses to optact information please contact us at	Drag file here or choose from folder	ZIP Files To assist with tracking multiple submissions, ZIP files should use the following naming convention: <vendorname>_Submission_<letter>.zip. For example, vendors chould use schedordbrames_Submission = A zin for the first ZID file</letter></vendorname>
on changes to contact monimation preuse contact as at <u>QHP_Survey@air.org</u>	Upload Cancel	-vendorName>_Submission_B.zip for the second ZIP file, and so on. For technical assistance, please contact <u>QHP_Survey@air.org</u> .
Survey CSV Files		
		Ø Refresh
	There are no records to disp	ay
1 Uploads		
	There are no records to disp	ay
👲 CSV Report		
Report includes data for all uploaded CSV files for the current cy	cle.	
Vendor Survey Submission Report		
Site Policies & Important Links Privacy Policy Plain I	anguage Freedom of Information Act No	Pear Act Nondiscrimination & Accessibility Vulnerability Disclosure Policy
		A federal government website managed and paid for by

Figure 18: Vendor Dashboard

6. To upload survey files, review the naming convention requirements in the blue box.

CSV files must use the following naming convention: <Reporting Unit-ID>.csv. Upload CSV files one at a time or upload multiple CSV files in a ZIP file.

To assist with tracking multiple submissions, ZIP files should use the following naming convention: <VendorName>_Submission_<Letter>.<ZIP>. For example, vendors should use <VendorName>_Submission_A.<ZIP> for the first ZIP file, <VendorName>_Submission_B.<ZIP> for the second ZIP file, and so on.

Note: ZIP files must contain properly named CSV files. The Project Team will reject an entire ZIP file if any CSV files within the ZIP file violate the CSV naming convention.

7. Uploaded files will appear in the Uploads pane. If you have uploaded a file that does not appear in the pane, please click Refresh.

Data submission files must include all variables specified in the Data Dictionary (Appendix G of the <u>QHP Enrollee Experience Survey: Technical Specifications for 2024</u>).

All data must be reported at the person level and include:

- All required variables associated with survey administration
- Final disposition codes and survey responses

All data included in the CSV files during data submission are considered final unless the Project Team requests revisions.

- 8. Initial validation results will be displayed on the vendor dashboard within the **Survey CSV Files** pane (Figure 19), which will show the following information:
 - Name of file
 - Status of submission (File Error, Pending/Failed/Passed Validation)
 - Submission type
 - Date submitted
- 9. Once the Analyst Review of the submitted files is complete, vendors will receive a notification indicating a change in file status:
 - Fail Fatal discrepancies are identified; vendors must resubmit the failed data file within 3 business days.
 - Pass with Review Warning discrepancies are identified; a review is required.

Vendors must confirm with the Project Team via email whether (a) the responses are marked appropriately or (b) the vendor plans to resubmit the file.

- Pass No further action is required.
- 10. All submitted survey files <u>must</u> pass this step by 11:59 p.m. ET on May 17, 2024. If the Project Team identifies errors, vendors will receive a Primary Data Validation Report and must resubmit data within 3 business days. All resubmissions must be received and accepted by 11:59 p.m. ET on May 22, 2024.



Figure 19: Vendor Dashboard Showing Sample Uploaded Files

11. To download a CSV report of your uploaded CSVs for the current upload period, click the **Vendor Survey Submission Report** button within the CSV Report pane (Figure 20).

Report includes data for all uploaded CSV files for the current cycle. Vendor Survey Submission Report
endor Survey Submission Report

Figure 20: Vendor Dashboard – Button to Download CSV Report

For any questions regarding the data submission process, please contact <u>QHP_Survey@air.org</u>.