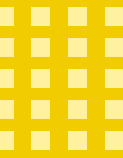




2027 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

Vendor Training

September 2026



Welcome and Training Introduction

Welcome and Training Introduction

- Welcome to the 2027 QHP Enrollee Survey vendor training
- Today's training focuses on:
 - New/revised guidance and key highlights from the *QHP Enrollee Survey: Technical Specifications for 2027 (2027 Technical Specifications)*
 - Changes to survey instruments and protocols
 - Quality assurance and oversight
- Vendors are responsible for reviewing the 2027 Technical Specifications and all survey materials posted on the [QHP Enrollee Survey page of Marketplace Quality Initiatives \(MQI\) website](#)

Agenda

Topic	Time (ET)
Welcome and Training Introduction	1:00–1:10 p.m.
Program Overview	1:10–1:25 p.m.
Eligibility and Sampling	1:25–1:50 p.m.
Survey Instrument Updates	1:50–2:05 p.m.
Data Collection Protocol	2:05–2:45 p.m.
Break	2:45–3:00 p.m.
Data Coding, File Specifications, and Data Submission	3:00–3:20 p.m.
Data Analysis and Public Reporting	3:20–3:30 p.m.
Quality Oversight	3:30–3:50 p.m.
Wrap-Up and Next Steps	3:50–4:00 p.m.

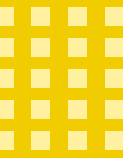
Special Bullets

★ = New/Revised Guidance from the 2027 Technical Specifications

! = Key Highlights from the 2027 Technical Specifications

Note. References to appendices (e.g., Appendix D), exhibits (e.g., Exhibit 18), and sections (e.g., Section 9) refer to the 2027 Technical Specifications

Program Overview



Overview

- Introduction to the QHP Enrollee Survey
- QHP Enrollee Survey goals
- About the survey instrument
- Roles and responsibilities
- QHP Enrollee Survey timeline
- Technical assistance resources

Introduction to the QHP Enrollee Survey

- Established by Section 1311(c)(4) of the Patient Protection and Affordable Care Act
- Assesses enrollee experience and satisfaction with each QHP offered through the Health Insurance Exchanges (Exchanges)
- Supplies data to the Quality Rating System (QRS)
- Collects data for production of Quality Improvement (QI) reports
- QHP issuers are required to submit QHP Enrollee Survey response data and QRS clinical measure data as a condition of certification and participation in the Exchanges

QHP Enrollee Survey Goals

- 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 Patient Protection and Affordable Care Act
- Provide actionable information that QHP issuers can use to improve quality and performance

About the Survey Instrument

- 67 questions, including Consumer Assessment of Healthcare Providers and systems (CAHPS®) questions, and questions specifically designed for the QHP enrollee population
 - Supplemental questions not permitted

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

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

Note. CAHPS®, Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Research and Quality.

Roles and Responsibilities: The Centers for Medicare and Medicaid Services (CMS)

- Provides vendors with standardized survey fielding protocols, the associated timeline and materials, and a description of data submission methods for the QHP Enrollee Survey through distribution of the 2027 Technical Specifications
- Trains vendors to administer and submit data for the QHP Enrollee Survey annually
- Conducts oversight of vendor processes and procedures prior to and during survey fielding
- Provides technical assistance via email to vendors and QHP issuers
- Supplies vendors with the tools, format, and procedures for submitting collected data
- Processes, reviews, and analyzes data files submitted by vendors
- Provides summary-level QHP Enrollee Survey results to QHP issuers and Exchanges

Note. See Exhibit 7: QHP Enrollee Survey Process and Exhibit 8: QHP Enrollee Survey CMS Roles and Responsibilities for additional detail.

Roles and Responsibilities: Survey Vendors

- Meet the QHP Enrollee Survey Minimum Business Requirements and adhere to the Participation Rules
- Establish and maintain a Survey Management System
- Provide customer support to enrollees with questions about the survey in all languages in which the survey is administered
- Comply with the program requirements to administer the QHP Enrollee Survey, as established by CMS and in the 2027 Technical Specifications
- Receive and perform checks of each QHP issuer's sample frame data file to verify that 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 to CMS via QHP_Survey@air.org

Note. See Exhibit 7: QHP Enrollee Survey Process and Exhibit 9: QHP Enrollee Survey Vendor Roles and Responsibilities for additional detail.

Roles and Responsibilities: Survey Vendors (cont'd)

- Verify that all QHP issuer clients submit attestations via the QHP Enrollee Survey website authorizing the vendor to submit data to CMS on their behalf
- Verify desired oversampling percentages with QHP issuer clients
- Draw the sample from the validated sample frame provided by the QHP issuer
- Administer the QHP Enrollee Survey and oversee the quality of work performed by staff and subcontractors, if applicable
- Successfully submit test and final data to CMS by the specified deadlines
- 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

Note. See Exhibit 7: QHP Enrollee Survey Process and Exhibit 9: QHP Enrollee Survey Vendor Roles and Responsibilities for additional detail.

Roles and Responsibilities: QHP Issuers

- Attend 2027 QRS and QHP Enrollee Survey webinars on the Registration for Technical Assistance Portal (REGTAP)
- Contract with:
 - Department of Health and Human Services (HHS)-approved vendor to conduct survey
 - National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Auditor to validate sample frame
- Generate sample frame for each reporting unit (on or after January 7, 2027)
 - HEDIS® Compliance Auditor completes validation of the QHP Enrollee Survey sample frame by January 29, 2027
 - ! QHP issuer securely provides auditor-locked sample frame and documentation of the sample frame validation results to contracted vendor
- Complete the following via the [QHP Enrollee Survey website](#) for each reporting unit no later than January 29, 2027:
 - Attest to eligibility or ineligibility for the 2027 QRS and QHP Enrollee Survey requirements
 - If eligible, report selected vendor to CMS to authorize the vendor to collect data on behalf of the issuer
 - If eligible, confirm reporting unit is contracted with a HEDIS Compliance Auditor to validate QHP Enrollee Survey sample frame

Note. See Exhibit 7: QHP Enrollee Survey Process for additional detail.

High-Level 2027 QHP Enrollee Survey Timeline

Task	Timeframe
Vendors contract with QHP issuers	August 2026 –January 2027
- QHP issuers attest to QRS and QHP Enrollee Survey eligibility status, authorize their vendor to collect and submit data to CMS on their behalf, and confirm sample frame validation - Vendors receive validated QHP issuer sample frames and notify CMS of QHP issuer clients that have not provided validated sample frame	Deadline: January 29, 2027
Vendors administer QHP Enrollee Survey per sampling and fielding protocols	February–May 2027
Vendors participate in QHP Enrollee Survey Data Submission Training	February 25, 2027
Test data submission	April 7–9, 2027
Final Data submission <i>Files due by 11:59 p.m. ET on May 14, 2027</i>	May 7–14, 2027
Data resubmission (if requested) <i>Must submit within three business days of request</i>	May 17–19, 2027

Note. See Appendix A 2027 QHP Enrollee Survey Timeline of this presentation for a comprehensive timeline of all 2027 QHP Enrollee Survey activities.

Technical Assistance Resources

- [CMS MQI website](#)
 - General information, news, and updates
 - *QRS and QHP Enrollee Survey: 2027 Technical Guidance*
- [QHP Enrollee Survey page of the MQI website](#)
 - 2027 Technical Specifications and survey materials
 - Exception Request template
 - Discrepancy Report template
- Technical Assistance for Vendors
 - Email: QHP_Survey@air.org
- Technical Assistance for QHP Issuers
 - Email: CMS_FEPS@cms.hhs.gov (include Marketplace Quality Initiative (MQI)-QRS/QHP Enrollee Survey in subject line)
 - Phone: 1-855-CMS-1515 (1-855-267-1515)

Program Overview Questions?

Eligibility and Sampling

Eligibility and Sampling Overview

- Definitions and eligibility criteria
- Attesting to eligibility (QHP issuers) and reporting client contracting status (vendors)
- Sample frame generation and validation
- Sampling protocols
- Fielding additional surveys using the QHP Enrollee Survey sample frame

Note. See Section 9: Determine QHP Issuer Eligibility and Section 10: Create Sample Frame and Draw Sample for detailed eligibility and sampling requirements.

Definitions

- **Reporting Unit (RU):** the unique state-product type offered by a QHP issuer through the Exchange, including QHPs in both the Small Business Health Options Program (SHOP) and individual markets
 - Identified by a Reporting Unit ID
 - » ID–QHP State–Product Type
 - » 12345-TX-PPO
 - QHP issuers **must** combine SHOP and individual family plans if they are the same product type offered in the same state and **must not** combine product types or states in a reporting unit
- **Product type:** the discrete package of health insurance coverage benefits that a health plan insurance issuer offers using a particular product network
 - Health maintenance organizations (HMO), preferred provider organizations (PPO), exclusive provider organizations (EPO), and point of service (POS) are subject to survey requirements
 - Survey requirements do not apply to basic health program (BHP) plans, indemnity plans (i.e., fee for service plans), stand-alone dental plans, and/or child-only plans

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 that meets all below criteria:
 - Offered through an Exchange in the prior year (2026 calendar year)
 - Offered through an Exchange in the ratings year (2027 calendar year) as the exact same product type
 - Meets the minimum enrollment requirements:
 - » Included more than 500 enrollees as of July 1, 2026
 - » Included more than 500 enrollees as of January 1, 2027
- ! Minimum enrollment threshold is determined by the *total number of enrollees* within the reporting unit in both SHOP and individual markets (**not** just “survey eligible” enrollees)

Reporting Unit Eligibility Criteria (cont'd)

- Reporting units **discontinued** before June 15, 2027, 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 (2027), the QHP issuer that assumes the reporting unit is responsible for meeting reporting requirements
- For an eligible reporting unit impacted by a **transfer** (e.g., a all enrollees automatically transferred to a new reporting unit of the same product type) effective prior to June 15 of the ratings year (2027), the QHP issuer is responsible for meeting these requirements for that reporting unit

Reporting Unit Eligibility Examples

Reporting Unit	Enrollment as of July 1, 2026	Enrollment as of January 1, 2027	Discontinued Prior to June 15, 2027?	Meets Participation Criteria? (i.e., required to submit QRS and QHP Enrollee Survey measure 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, 2026	No – Not operating in ratings year
54321-MD-PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	No	No – Insufficient enrollment size in both years
54321-MD-HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	No	No – Insufficient enrollment size as of January 1, 2027
54321-MD-EPO	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	No	Yes
54321-MD-POS	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	No	No – Insufficient enrollment in both years

Attesting to Reporting Unit Eligibility Status: QHP Issuers

- QHP issuers must attest to each reporting unit's eligibility status via the [QHP Enrollee Survey website](#) by **January 29, 2027**
 - **Ineligible** reporting units must report ineligibility reason
 - **Eligible** reporting units must authorize HHS-approved vendor and confirm sample frame validation
- Registration required
- CMS will post the 2027 Operational Instructions on the [MQI website](#) in November 2026, which will include detailed steps on how to complete the attestation and survey vendor authorization via the QHP Enrollee Survey website

QHP Issuer Client Contracting Status: Survey Vendors

- The deadline for QHP issuers to contract with an HHS-approved vendor is **January 29, 2027**
- Vendors submit two reports that provide the Project Team with contracting status updates
- The Project Team compares vendor reports to completed QHP issuer attestations to identify and reconcile any discrepancies
- Report #2: Preliminary Client List
 - Due to QHP_Survey@air.org on **January 8, 2027**
- Report #3: Final Client List
 - ★ Due to QHP_Survey@air.org on **February 3, 2027**

Sample Frame Generation

- QHP issuers populate sample frame of all survey-eligible enrollees for each eligible reporting unit
 - **Do not** combine sample files for different reporting units or products into a single file
 - Enrollees must meet both continuous and current enrollment requirements
 - ! Enrollees on a “Do Not Survey” list remain eligible for sampling
 - Refer to Exhibit 12 for detailed enrollee eligibility requirements
- Adhere to sample frame file layout (Appendix E)
 - **Must** fully populate all sample frame variables
 - **Do not** append additional data fields
- ! Must generate sample frames on or after January 7, 2027
 - Include current enrollees and remove deceased enrollees as of 11:59 p.m. ET on January 6, 2027 (anchor date)

Note. See Exhibit 12: Enrollee Eligibility Requirements for the QHP Enrollee Survey and Appendix E: Sample Frame File Layout for additional detail.

Sample Frame Validation Process

1. **QHP issuer** generates the sample frame data file(s) per specifications
2. **QHP issuer** delivers the sample frame data file(s) to the NCQA HEDIS Compliance Auditor (auditor)
3. **Auditor** validates the sample frame data file(s) and notifies the QHP issuer of the results. If the auditor determines that the quality or completeness of the sample frame poses a threat to the desired survey response rate, the QHP issuer corrects the sample frame until the desired audit result is achieved
4. **QHP issuer** securely forwards the auditor-locked sample frame data file(s) and documentation of the validation results to the vendor by **January 29, 2027**
5. **Vendor** draws the survey sample and administers the survey per specifications

Vendor Sample Frame QA Checks

! Vendors **must** conduct QA checks of validated sample frames to verify accuracy and prevent sampling errors

Exhibit 18: Example Vendor QA Checks for Sample Frame Files

- Verify that the Reporting Unit ID corresponds to the correct Issuer Legal Name
- Verify that the QHP Issuer Legal Name does not include extra spaces, abbreviations, or acronyms
- Verify that the reporting unit's product type was exactly the same in both 2026 and 2027
- Review the sample frame files for missing information; data are 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

Vendor Sample Frame QA Checks (cont'd)

Exhibit 18: Example Vendor QA Checks for Sample Frame Files (cont'd)

- ! Verify that the Reporting Unit ID for the QRS and 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 in the file name matches those populated in the data
- Verify that State abbreviations in the QHP State and Reporting Unit ID are provided in capitalized letters
- Verify that enrollees are in QHPs offered through an Exchange (i.e., designated as HIOS Variant IDs -01 through -06 and -31 through -26 for Medicaid Expansion QHP enrollees)
- Run frequencies on sample frame variables to check for outliers and anomalies
- Compare frequencies and count distributions of sample frame data to those in the previous survey administration year (2026)
- ! Verify the total enrollment is accurate and greater than 500

Vendor Sample Frame QA Checks (cont'd)

- Select variables (0% bias variables) must be populated for every record in the file
 - Product Type
 - Issuer ID
 - QHP State
 - Reporting Unit ID
 - Variant ID
 - Reporting Status
 - Total Enrollment
- Vendors should verify that these 0% bias variables meet specific logic agreement checks for each record, as discrepancies can indicate a potential sample error

Note. See Exhibit E-2: Recommended Logic Agreement Checks for 0% Bias Variables for additional detail.

Reconciling Sample Frame Discrepancies

- Common vendor-identified sample frame issues:
 - Inaccurate Enrollee Unique ID
 - Invalid Variant IDs
 - Incorrect Total Enrollment Counts
- Vendors **must** notify the Project Team at QHP_Survey@air.org immediately of any sample frame errors
 - The Project Team will provide guidance for resolving discrepancies, such as approval for manually updating fields or direction for the issuer to pull a new sample frame
 - » Should the QHP issuer need to pull a new sample frame, the revised sample frame must be audited and locked before the issuer re-submits the new sample frame to their vendor

Vendor Sampling Activities

Step 1

- Vendor receives auditor-locked sample frame data file(s) from QHP issuer via secure transmission by **January 29, 2027**
- Vendor unlocks sample frame data file(s) using the appropriate password according to the auditor

Step 2

- Vendor reviews sample frame data file(s) and conducts QA checks including, but not limited to, the checks specified in Exhibit 18 and Exhibit E-2

Step 3

- Vendor deduplicates the sample frame data file(s) according to the process included in Exhibit 15

Step 4

- Vendor determines deduplication counts as specified in Exhibit 16

Vendor Sampling Activities (cont'd)

Step 5

- Vendor draws random sample of 1,300 enrollees from deduplicated sample frame
- If there are fewer than 1,300 enrollees in a reporting unit, the vendor surveys all enrollees in the sample frame
- ★ *Vendors may oversample at any percentage, as long as the reporting unit contains enough eligible enrollees to support the increased sample size.*

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
- Do not replace these individuals in the survey sample; assign a final disposition code of "X43–Do Not Survey List"

Sampling Definitions

Subscriber or Family Identifier (SFID)

- Covered family unit
- Primary insured person and covered dependents

Enrollee Unique Identifier (EUID)

- Specific person
- Each person in the SFID has an EUID, including the primary insured person and every dependent

Sampling Protocol

1. Sort the sample frame in accord with the hierarchy in Exhibit 15
 - Step 1: Sort by SFID to group all covered family members together
 - Step 2: Group all EUID's associated with the same SFID
2. Deduplicate sample frame
 - Deduplicate by SFID: Use simple random sampling to retain **one** eligible enrollee (i.e., EUID) per SFID
 - Deduplicate by address if:
 - SFIDs are unique for each enrollee in the covered family unit
 - Sample frame does not contain SFIDs
 - ! No deduplication by address if already deduplicated by SFIDs
3. Draw random sample of 1,300 enrollees from deduplicated sample frame
 - If oversampling, draw sample according to oversampling percentage
 - ! If sample frame $\leq 1,300$ enrollees, include all enrollees

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 **at any percentage**, as long as the reporting unit contains enough eligible enrollees to support the increased sample size
- QHP issuers should notify their vendor of oversampling plans as early as possible
- Vendors must report sample size and oversampling percentage for each reporting unit as part of Report #2 (Preliminary Client List) and Report #3 (Final Client List)

Deduplication Counts

- Vendors calculate three “count” variables based on deduplication for inclusion in submitted data files
- “Count” variables used to determine selection probabilities and create survey weights

Field	Description
n_fr	Total number of enrollees in the sample frame for each reporting unit <i>before</i> deduplication. <i>Note.</i> This value will be the same for all enrollees in the same reporting unit
K	Number of survey-eligible enrollees (or EUIDs) covered under each SFID; calculated by summing the number of EUIDs per SFID (or address, if applicable) <i>before</i> the deduplication step. <i>Note.</i> This value will vary by enrollee
M	Total number of records in the sample frame for reporting unit <i>after</i> deduplication. <i>Note.</i> This value will be the same for all enrollees in the same reporting unit

“Do Not Survey” List

- **Do not** exclude sampled enrollees based on a QHP Issuer’s “Do Not Survey” List, including those who have opted out of emails
- **Do** exclude sampled enrollees based on internal vendor’s “Do Not Survey” list
 - Assign “X43—Do Not Survey List”
 - ! Vendors are encouraged to maintain a QHP-specific “Do Not Survey” list
- If enrollee requests to be placed on “Do Not Survey” list after data collection begins:
 - Assign “X32—Refusal”
 - Add to internal “Do Not Survey” list
- Vendors maintain list for three years; list applies to all survey modes
- ! **Do not** remove or replace enrollees in the sample who have requested to not be contacted

Bad Addresses/Telephone Numbers and Email Preferences

- Enrollees in sample frame with known bad addresses or telephone numbers **cannot** be excluded from the survey sample
 - Known bad address: include enrollee in internet and telephone phases
 - Known bad telephone number: include enrollee in mail and internet phases
- Enrollees in sample frame who asked to be removed from QHP issuer email communications **cannot** be excluded from the final survey sample
 - Vendors are still required to send the enrollee emails
 - » *Exceptions:* The enrollee asks the vendor to stop email communication or appears on the vendor's internal "Do Not Survey" list

Vendor Sample QA Checks

- ! Vendors **must** conduct QA checks of survey sample to verify accurate deduplication and sampling procedures
- Assess completeness of enrollee contact information (mailing address, telephone number, email address)
 - If missing contact information threatens response rates, vendors may request additional contact information from the QHP issuer
 - QHP issuers may provide additional contact information for the entire validated sample frame
 - Vendors **never** send selected survey sample or identifiable person-level information to QHP issuers or ask for updated information for a particular enrollee

Fielding Additional Surveys

- Vendors are strongly discouraged from asking sampled enrollees any QHP Enrollee Survey questions four weeks prior to and during QHP Enrollee Survey Fielding
 - December 15, 2026 – May 15, 2027
- Vendors are permitted to use the QHP Enrollee Survey sample frame to draw additional samples for other survey efforts
 - Only after the QHP Enrollee Survey sample has been drawn
 - Vendors are strongly encouraged to exclude households and SFIDs that are sampled for the 2027 QHP Enrollee Survey

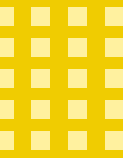
Summary of Key Updates: Eligibility and Sampling

- ★ Clarified guidance on reporting requirements for reporting units that are discontinued before June 15 of the ratings year, and all enrollees are automatically transferred to a new reporting unit of the same product type
- ★ Revised oversampling guidance to reflect that CMS will permit vendors to oversample at any rate. Vendors must include the anticipated sample size and oversampling rate for each reporting unit as part of Report #2 (Preliminary QHP Client List)

Summary of Key Updates: Eligibility and Sampling (cont'd)

- ★ Updated Exhibit 14 (Vendor Sampling Activities) to specify that CMS will permit vendors to oversample at any desired rate. Vendors must include the anticipated sample size and oversampling rate for each reporting unit as part of Report #2 (Preliminary QHP Client List)

Eligibility and Sampling Questions?



Survey Instrument Updates

Office of Management and Budget (OMB) Approval

- The 2027 QHP Enrollee Survey instrument and materials are undergoing the Office of Management and Budget (OMB) approval process
- CMS may provide additional updates to survey materials
- Vendors must comply with oversight deadlines as specified in the 2027 Technical Specifications when producing mail, internet, and telephone materials
- CMS will coordinate further reviews of survey materials if additional updates and revisions are necessary

Survey Instrument Updates Overview

- CMS made the following revisions to the 2027 QHP Enrollee Survey mail, telephone, and internet survey instruments in English, Spanish, and Chinese:
 - Revised survey title
 - Added five gate questions
 - Removed four questions
 - Revised response options for select questions
 - Combined Race/Ethnicity questions
 - Revised select question text
 - Revised select section introductions
 - Revised question numbers throughout, as applicable
- ! Question numbers in this section reflect the question numbers for the 2027 survey
- ! Vendors should pay close attention to question numbers, text, and skip patterns when generating 2027 survey materials
- See Appendix B of this presentation for a crosswalk of the 2026 to the 2027 survey items

Revised Survey Title

- ★ Revised survey title to help with survey recognition and improve response rates
- ★ Title now allows QHP issuers to customize the survey title with their specific QHP issuer name
- ★ Vendors must specify the survey title each QHP issuer will use in Reports #2 and #3

Survey Language	2026 Measure Title	★ NEW 2027 Measure Title
English	2026 Qualified Health Plan (QHP) Enrollee Experience Survey	2027 [QHP ISSUER NAME] Enrollee Experience Survey
Spanish	Encuesta sobre la experiencia de la persona inscrita en un Plan de salud autorizado (Qualified Health Plan, QHP) - 2026	Encuesta sobre la experiencia de la persona inscrita en [QHP ISSUER NAME] - 2027
Chinese	2026 年符合资格健保计划 (Qualified Health Plan) 投保人的体验调查	2027年[QHP ISSUER NAME]投保人的体验调查

Added Five Gate Questions

- ★ Added five gate questions to more closely align with the CAHPS 5.1 Adult survey and allow participants to screen out of follow-up questions that do not apply
- ★ Updated question numbers and skip patterns accordingly throughout the survey

Q#	★ New Question Text
6	In the last 6 months, did you try to get information or help from your health plan's customer service?
10	How often did your health plan's customer service staff treat you with courtesy and respect?
28	A personal doctor is the provider you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
36	In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?
44	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

Revised Response Options

★ Removed “Not Applicable” response options from the following five questions:

- Q7: How often did your health plan’s customer service give you the information or help you needed?
- Q11: How often were the forms from your health plan easy to fill out?
- Q29: 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?
- Q30: How many times did you visit your personal doctor in person, by phone, or by video to get care for yourself?
- Q37: 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?

2026 QHP Enrollee Survey question

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
- 99 ☐ Not Applicable; did not contact my health plan’s customer service for information or help → **If Not Applicable, go to #9**

★ 2027 QHP Enrollee Survey question

7. 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

Removed Four Questions: Medical Assistance with Smoking and Tobacco Use Cessation

- ★ Removed four questions used to calculate the Medical Assistance with Smoking and Tobacco Use Cessation measure:
 - Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
 - 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?
 - 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?
 - 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?
- ★ Updated question numbers accordingly throughout the survey

Combined Race/Ethnicity Questions

- ★ Combined the previously separate race and ethnicity questions into one question
- ★ Revision aligns with [OMB Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#)

65. What is your race and/or ethnicity? *Mark one or more.*

- ¹ ☐ American Indian or Alaska Native
- ² ☐ Asian
- ³ ☐ Black or African American
- ⁴ ☐ Hispanic or Latino
- ⁵ ☐ Middle Eastern or North African
- ⁶ ☐ Native Hawaiian or Pacific Islander
- ⁷ ☐ White

Revised Question Text: Question 1

★Added the word “enrolled” to Q1 for clarity, so that the question now reads:

- Mail Survey: Our records show that you are now enrolled in the health plan named on the front page. Is that right?
- Internet and Telephone Survey: Our records show that you are now enrolled in [QHP ISSUER NAME]. Is that right?

Revised Question Text: “In the last 6 months...”

★ Removed “In the last 6 months” from select questions to reduce repetition and improve readability

2027 Q#	★ Revised Question Text Removing “In the last 6 months”
7	How often did your health plan’s customer service give you the information or help you needed?
8	How often did your health plan’s customer service staff treat you with courtesy and respect?
9	How often did the time that you waited to talk to your health plan’s customer service staff take longer than you expected?
11	How often were the forms from your health plan easy to fill out?
12	How often did the health plan explain the purpose of a form before you filled it out?
13	How often were the forms that you had to fill out available in the language you prefer?

Note: Refer to the Appendix B of this presentation for a detailed crosswalk of 2026 QHP Enrollee Survey questions and their corresponding 2027 survey questions.

Revised Question Text: “In the last 6 months...” (cont’d)

2027 Q#	★ Revised Question Text Removing “In the last 6 months”
14	How often were the forms that you had to fill out available in the format you needed, such as large print or braille?
23	How often did you get an appointment in person, by phone, or by video for a check-up or routine care at a doctor's office or clinic as soon as you needed?
24	Not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic in person, by phone, or by video to get health care for yourself?
25	How often was it easy to get the care, tests, or treatment you needed in person, by phone, or by video?
30	How many times did you visit your personal doctor in person, by phone, or by video to get care for yourself?
31	How often did your personal doctor explain things in a way that was easy to understand?
32	How often did your personal doctor listen carefully to you?

Note: Refer to the Appendix B of this presentation for a detailed crosswalk of 2026 QHP Enrollee Survey questions and their corresponding 2027 survey questions.

Revised Question Text: “In the last 6 months...” (cont’d)

2027 Q#	★ Revised Question Text Removing “In the last 6 months”
33	How often did your personal doctor show respect for what you had to say?
34	How often did your personal doctor spend enough time with you?
37	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?
38	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?
41	Did you need help from anyone in your personal doctor’s office to manage your care among these different providers and services?
42	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?
47	How often did your personal doctor seem informed and up-to-date about the care you got from specialists?

Note: Refer to the Appendix B of this presentation for a detailed crosswalk of 2026 QHP Enrollee Survey questions and their corresponding 2027 survey questions.

Revised Question Text: Telehealth Language

- ★ Revised language on care setting (including telehealth) for select questions to more closely align with the CAHPS 5.1 Adult Survey.

2027 Q#	★ Revised Question Text
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 in person, by phone, or by video as soon as you needed?
23	How often did you get an appointment in person, by phone, or by video for a check-up or routine care at a doctor's office or clinic as soon as you needed?
24	Not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic in person, by phone, or by video to get health care for yourself?
25	How often was it easy to get the care, tests, or treatment you needed in person, by phone, or by video?
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 in person, phone, or video appointment at your doctor's office or clinic, how often did you get one?

Note: Refer to the Appendix B of this presentation for a detailed crosswalk of 2026 QHP Enrollee Survey questions and their corresponding 2027 survey questions.

Revised Question Text: Telehealth Language (cont'd)

2027 Q#	★ Revised Question Text
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 that you got in person, by phone, or by video in the last 6 months?
30	How many times did you visit your personal doctor in person, by phone, or by video to get care for yourself?
35	When you visited your personal doctor for a scheduled in person, phone, or video appointment, how often did he or she have your medical records or other information about your care?
40	In the last 6 months, did you get care in person, by phone, or by video from more than one kind of health care provider or use more than one kind of health care service?
45	How often did you get an in person, phone, or video appointment to see a specialist as soon as you needed?
46	How many specialists have you seen in person, by phone, or by video in the last 6 months?

Note: Refer to the Appendix B of this presentation for a detailed crosswalk of 2026 QHP Enrollee Survey questions and their corresponding 2027 survey questions.

Moved Question Placement

★ Moved Q29 (formerly Q20) from “Your Health Care in the Last 6 Months” section to “Your Personal Doctor” section

29. 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

Note: Refer to the Appendix B of this presentation for a detailed crosswalk of 2026 QHP Enrollee Survey questions and their corresponding 2027 survey questions.

Revised Section Introductions

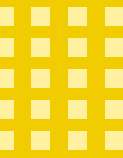
- ★ Revised the introduction to “Your Healthcare in the Last 6 Months,” “Your Personal Doctor,” and “Getting Health Care from Specialists” sections to more closely align with language on care setting (including telehealth) in the CAHPS 5.1 Adult Survey
- ★ Refer to 2027 mail, telephone, and internet survey templates to ensure vendor materials match revised language

Revised Mail letters, Survey Emails, and Telephone Script

- CMS made the following revisions to the 2027 QHP Enrollee Survey mail letters, survey emails, and telephone script in English, Spanish, and Chinese:
 - Updated years and dates, as applicable
 - Revised prenotification letter, reminder letter, cover letter, notification email, and reminder email for plain language to improve readability
 - In the telephone script, consolidated the former Question 27A and Question 27B (Personal Doctor) into one question (now Question 30)

Survey Instrument Updates Questions?

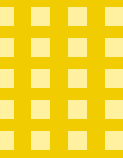
Data Collection Protocol



Data Collection Protocol Overview

- Survey administration
- Mail protocol
- Internet protocol
- Telephone protocol
- Customer support

Note. See Sections 12 (Mail Survey) –16 (Collect Data) for detailed data collection protocol requirements.



Survey Administration

Mixed-Mode Administration

- Modes: Mail, internet, and telephone
- Languages: English (required), Spanish (required), and Chinese (optional)
- Vendors prohibited from translating survey into other languages

Mail: <i>English, Spanish, and Chinese</i>	Internet: <i>English, Spanish, and Chinese</i>	Telephone: <i>English, Spanish, and Chinese</i>
Prenotification letter	Notification email	Up to six follow-up calls to nonrespondents
Two survey packets	★ Three reminder emails	
Reminder letter	Web-based survey	

Survey Fielding Schedule

Task	Timeframe
• Sample enrollees per sampling protocols	Jan–Feb
• Mail prenotification letter, activate internet survey, and open customer support telephone/email	Day 1
• Send notification email and mail first survey packet to nonrespondents six calendar days after 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 34
★ Send third reminder email to nonrespondents 21 calendar days after the second reminder email is sent	Day 40
★ Initiate telephone follow-up for nonrespondents 8 calendar days after the third reminder email is sent	Days 48–73
• End data collection activities, end all telephone interviews, and close customer support telephone/email	Day 73

Note. See Exhibit 45: 2027 QHP Enrollee Survey Fielding Schedule for additional detail.

Survey Fielding Schedule (cont'd)

- ★ If a mailout/email day falls on a Saturday, Sunday, or federal holiday, mail/email on the following business day
- ★ To reduce risk of recipient domains flagging large batches of emails as spam, vendors may send notification/reminder emails within one business day before and/or after the timeframe specified in Exhibit 45
- Vendors must accept and process data for all mail and internet surveys received through 2 weeks prior to the end of data submission (i.e., 11:59 p.m. ET on May 3, 2027). If vendors are still fielding the survey after May 3, 2027, they must accept and process data for all mail and internet surveys received through the end of the protocol (Day 73).

Note. See Exhibit 45: 2027 QHP Enrollee Survey Fielding Schedule for additional detail.

Additional Language Protocols

- Vendors and issuers determine best strategy to maximize response rates for Spanish/Chinese protocols
- In order to determine the language in which enrollees receive the survey, vendors may:
 - Select one language protocol for all enrollees in a reporting unit (based on direction from QHP issuer clients)
 - Use language preference indicators included in the sample frame received from QHP issuers to determine which enrollees are placed in which language protocol
 - “Double stuff” materials (mail and internet) so sampled enrollees receive the materials in multiple languages
- All letters mailed in English must include instructions in Spanish and/or Chinese (if applicable) on how to request materials in preferred language
- If an enrollee requests a Spanish or Chinese survey (if applicable), it is strongly recommended that the vendor mails the survey within two business days
 - May attempt to complete an inbound Spanish/Chinese telephone interview during this request
- Vendors must accommodate enrollee requests to be contacted by telephone in Spanish/Chinese, (if applicable)
- ! Chinese materials are available in Simplified Chinese, appropriate for both Cantonese and Mandarin speakers

Additional Language Protocols (cont'd)

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	Emails in Chinese only	Emails include both English and Spanish	Emails include both English and Chinese	Emails include both Spanish and Chinese
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. See Exhibit 20: Overview of Language Protocols for additional detail.

Survey Management System

- Vendors must implement an automated electronic Survey Management System (SMS) to track sampled enrollee data, data collected during each stage of the protocol, and returned survey data
- SMS must:
 - Separate personally identifiable information (PII) from enrollee response data
 - Employ flags and key dates for each specified key survey event
 - Assign a random, unique, deidentified enrollee identification number to each sampled enrollees (must be included on the survey and cannot contain PII)
 - Prevent duplicative records of sampled enrollees
 - Track enrollees calling to request additional language versions of the survey to confirm enrollees are contacted in the appropriate language throughout the protocol
 - Link to the internet surveys and the computer-assisted telephone interviewing (CATI) systems so that data collected from the internet surveys and telephone interviews are seamlessly incorporated into relevant data files in the SMS
 - Use disposition codes to record ultimate resolution of each sampled enrollee

Note. See Exhibit 21: Survey Management System Requirements for additional detail.

Subcontractors

- ! **Not** permitted for sample frame receipt, survey sample selection, email/internet survey administration, or data preparation/submission
- Permitted for mail and telephone protocols, customer support, data receipt/processing
- Vendors must:
 - Provide oversight of subcontractors
 - Document subcontractor oversight processes in Quality Assurance Plans (QAPs)
 - Obtain signed confidentiality agreements from subcontractors
 - Attend subcontractor trainings
- Subcontractors must participate in all required Project Team quality oversight activities relevant to their specific survey roles (e.g., telephone interviewing subcontractors must participate in the telephone interviewer monitoring)

Data Security and Confidentiality

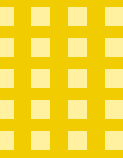
- Vendors and subcontractors must:
 - Adhere to Health Insurance Portability and Accountability Act (HIPAA) requirements
 - Sign confidentiality agreements annually
 - Protect sampled enrollee PII
 - Safeguard both hardcopy and electronic data
 - Notify CMS of confidentiality or data breaches within 24 hours
 - Follow all data confidentiality and security requirements described in the 2027 Technical Specifications

Data Retention and Destruction

- Securely retain data in an environmentally controlled location for a minimum of three years, including:
 - Mail, telephone, and internet data
 - Original sample frame, deduplicated sample frame, and survey sample
 - Hardcopy or scanned images of returned mail surveys
- After three years (or as otherwise specified by CMS), securely destroy all data files
- Copies of signed confidentiality agreements must be retained by the vendor's project manager for one year. Vendors may be asked to provide this documentation during remote visits.

Survey Fielding Questions?

Mail Protocol



Mail Staff Training

- Vendors must train all staff (including subcontractors) involved in mail processes on applicable specifications and protocols
- Training topics for mailing and data collection staff include:
 - Operation of relevant equipment and software (e.g., SMS, scanning equipment, data entry programs)
 - Role-specific survey protocols (e.g., required mail survey packet content, documenting/entering returned surveys into the tracking system)
 - QA procedures for mail production activities and mailout processes
 - Decision rules and coding guidelines for returned surveys
 - Proper handling of hard-copy and electronic data, including data security and storage requirements

Production of Mail Materials

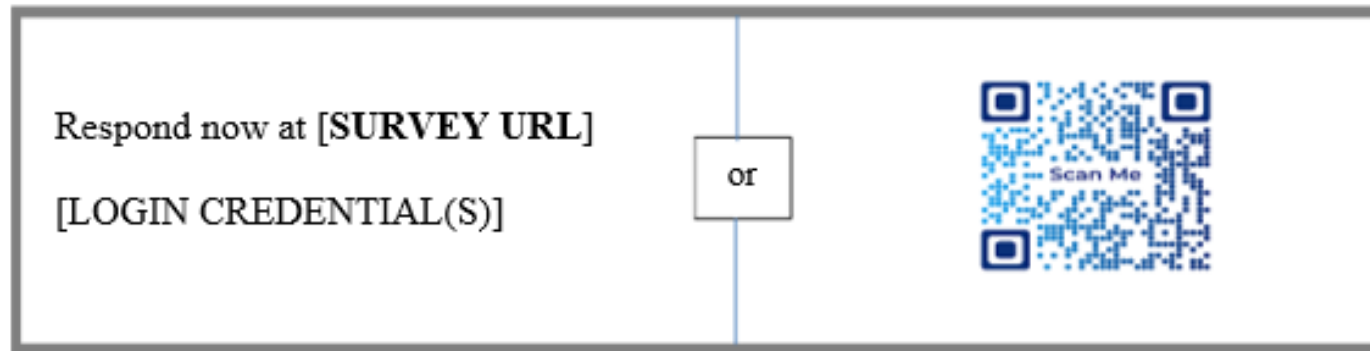
- Four mailing waves
 - Prenotification Letter
 - Two survey packets that include a survey cover letter, survey instrument, and business reply envelope
 - Reminder letter
- Mail material templates available on the [QHP Enrollee Survey page of the MQI website](#)
 - Content and format of vendor materials must not deviate from templates
 - Materials must follow all requirements outlined in 2027 Technical Specifications
 - The Project Team reviews all mail materials ahead of fielding and notifies vendors via email once materials are accepted
- ! Vendors may **not** revise materials after they are accepted by CMS
- Mail materials must adhere to all requirements outlined in the 2027 Technical Specifications
 - See Section 12.0 Mail Survey for detailed requirements

Production of Mail Materials (cont'd)

- All mail materials must:
 - Display vendor and/or QHP issuer logo in the header of the prenotification, cover, and reminder letters and on envelopes
 - Consistently use at least 11-point easily readable font (e.g., Times New Roman or Arial for English and Spanish materials and PMingLiU for Chinese materials)
 - Include QHP issuer's recognizable plan name in designated fill locations
 - ★ May use abbreviated plan names, if desired
 - ★ Must use official plan name in the Plan_Name_Fill variable for submitted data
 - ★ Must ensure consistency in plan naming conventions across all materials
 - ★ Include signature of the vendor or QHP issuer senior executive (use of generic signature permitted, if desired)

QR Codes

- Vendors must include the internet survey URL, log-in credentials, and a QR code on prenotification and reminder letters to inform enrollees of the internet survey option
- QR codes must automatically log in respondents to the survey when scanned and direct them to the survey instructions page
- Vendors must include instructions explaining how to use the QR code
- QR codes **must not** be printed on the first or second cover letters



Accessible Communication and Nondiscrimination Notice

- Section 1557 of the Affordable Care Act requires 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/sites/default/files/section-1557-final-rule-faqs-7282017rev15.pdf>

- Vendors are required to include the CMS Accessible Communication and Nondiscrimination Notice with the survey mailing
 - The template for this notice is included in the survey instrument templates provided on the [QHP Enrollee Survey page of the MQI website](#)
 - Vendors may revise the formatting of this notice to fit on one page, as needed

Update and Standardize Addresses

- Vendors must:
 - Update enrollee addresses prior to the start of mailing to verify that addresses are current and formatted for successful delivery
 - Use commercial tools (e.g., United States Postal Service [USPS] Coding Accuracy Support System–certified ZIP + 4 software and the National Change of Address [NCOA] database) to update and standardize mailing addresses
 - Make every reasonable attempt to contact all sampled enrollees regardless of completeness of the mailing address
 - Retain a record of all attempts to acquire missing address data.

Mail Material QA Requirements

- Confirm printed materials match survey proofs accepted by the Project Team
- Integrate internal staff and CMS mail seeds directly into mailing database
- Make every reasonable attempt to contact sampled enrollees, regardless of completeness of mailing address
 - Record all attempts to update mailing address
- Log all QA checks to document their completion

Mail Material QA Requirements (cont'd)

- Interval check at least 10% of printed mailing pieces to confirm that:
 - Materials are visually acceptable (e.g., no smearing, misalignment, or bleed-throughs)
 - All pages are included in the survey
 - Printed materials are in an easily readable font of at least 11 points
 - Survey packet has accurate content, address information, and postage
 - All the printed materials included in a survey packet or mailing envelope includes same unique identifier, match the sampled enrollee, and are in the same language
 - Number of survey packets to be mailed matches number of sampled enrollees

Collecting Data by Mail

- Send mailings according to the survey administration schedule (see Exhibit 45 for additional detail)
- Vendors are strongly encouraged to use first-class postage or indicia to facilitate timely delivery and maximize response rates
- Vendors must verify mailout dates for all materials (e.g., USPS-generated report)
 - CMS may request documentation of mailout dates from vendors

Processing Inbound Mail

- Vendors process inbound mail using key-entry or optical scanning technology
- Record or scan surveys daily to designate as “received”
 - Cease additional contacts to enrollees who return a completed survey within 24 hours
 - Track date of receipt for each survey
 - Do not permit same survey to be scanned more than once
- Do not permit out-of-range or invalid responses
- Implement QA procedures to verify consistent and accurate scanning
- Assign a final disposition code to each sampled enrollee
- ! Include final responses from mail surveys received through May 3, 2027, in final data files
 - If vendors are still fielding the survey after May 3, 2027, they should accept and process all surveys received through the end of the protocol (Day 73)
 - Mail surveys received after this date must be shredded and disposed securely

Decision Rules

Vendors implement decision rules to resolve ambiguous coding scenarios

Scenario	Decision Rule
Mark falls between two response options, but is obviously closer to one	Select option to which mark is closest
Mark is equidistant between two response options	Code as <i>Missing</i>
Value is missing	Code as <i>Missing</i> . Do not impute a response
More than one response is marked on a question that does not have instructions to "mark one or more"	Code as <i>Missing</i>
One response is crossed out and another response option is selected	Code the corrected response option
There is writing in the margins (e.g., N/A), but a separate response is clearly marked	Code the response clearly marked
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" (mail and internet surveys only)

Mail Survey Skip Patterns

- Screener/gate questions determine whether an enrollee should answer subsequent questions (i.e., a skip pattern)
- Some enrollees may:
 - Answer the screener question but leave follow up questions blank
 - Answer follow up questions that do not apply to them based on response to the screener question
- Vendors do **not** edit or clean responses

6. In the last 6 months, did you try to get information or help from your health plan's customer service?

¹ ☐ Yes

² ☒ No → **If No, go to #10**

7. 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

Processing Undeliverable and Blank Surveys

- If a mail survey is returned **undeliverable**:
 - Make every reasonable effort to obtain a valid address
 - If unable to obtain valid address, attempt to contact enrollee by email/telephone
 - If a prenotification letter is returned undeliverable, do **not** contact sampled enrollee by telephone to obtain updated contact information
 - » Vendors may begin telephone phase early and assign Bad_Address_Flag if confirmation of bad address is received
- ! If a mail survey is returned **blank**:
 - Assign interim disposition code of X34 – Blank Survey Returned or Incomplete Survey
 - Do not mail a second survey; do attempt to contact during telephone phase
 - Do not assign final disposition code of X32 – Refusal unless enrollee explicitly refuses

Processing Duplicate and Ineligible Surveys

- If **duplicate** surveys are returned from the same enrollee:
 - Use the most complete survey (i.e., has most key items answered) regardless of mode
 - » If surveys are equally complete, use first survey received
- If a mail survey is returned with a note that the enrollee is **ineligible**:
 - Scan and store the survey for the required three-year period
 - Apply appropriate final ineligible disposition code based on illegibility reason (Exhibit 48):
 - » X20 – Ineligible: Deceased
 - » X40 – Ineligible: Not Eligible
 - » X43 – Do Not Survey List
 - » X22 – Language Barrier
 - » X24 – Mentally or Physically Incapacitated

Data Entry/Scanning Quality Assurance Procedures

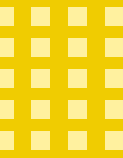
- Review a sample of cases (recommended minimum of 10%) throughout mail protocol
- Scanning:
 - Review randomly selected hard-copy surveys and compare with the scanned entries
- Manual key-entry:
 - All surveys must be 100% rekeyed
 - Supervisors resolve discrepancies and verify correct values have been entered
 - Supervisors review a recommended minimum of 10% of cases coded by each data entry staff member

Summary of Key Updates: Mail Protocol

- ★ Added guidance that vendors should work with their QHP issuer clients to identify the plan name most recognizable to sampled enrollees and may use abbreviated plan names within materials, if desired. Vendors must ensure consistency in naming conventions across all materials
- ★ Updated Exhibit 25 (Mail Material Requirements) to note that vendors must include the QHP issuer's recognizable or abbreviated plan name in designated fill locations
- ★ Updated Exhibit 27 (Mail Letter Requirements) to specify that vendors may choose to include a generic signature in mailing materials instead of a personalized signature block

Mail Protocol Questions?

Internet Protocol



Internet Staff Training

- Vendors must train all staff involved in internet processes on applicable specifications and protocols
- Training topics for internet staff include:
 - Use of relevant software
 - Role-specific QHP Enrollee Survey protocols
 - Proper handling of electronic data, including data security and storage requirements
 - QA procedures for the internet survey and emails

Production of Internet Materials

- ★ Four email waves with embedded login credentials to access the internet survey
 - One notification email
- ★ Three reminder emails
- Email and internet survey templates available on [QHP Enrollee Survey page of the MQI website](#)
 - Content and format of vendor materials must not deviate from templates
 - Materials must follow all requirements outlined in 2027 Technical Specifications
 - The Project Team reviews all internet materials ahead of fielding and notifies vendors via email once materials are accepted
- ! Vendors may **not** revise materials after they are accepted by CMS
- Emails and internet survey must adhere to all requirements outlined in the 2027 Technical Specifications
 - See Section 13.0 Internet Survey for detailed requirements

Programming Notification and Reminder Emails

Notification and reminder emails must:

- Consistently use at least 11-point easily readable font (e.g., Times New Roman or Arial for English and Spanish materials and PMingLiU for Chinese materials)
- Use consistent spacing between paragraphs
- Include “Take Survey Now/Responda la encuesta ahora/立即参加问卷调查” button
 - Must be embedded with unique hyperlink that automatically logs enrollee in to survey instructions page in the language specified by the enrollee’s language protocol
- Use only black or dark blue font presented on a white background
 - Hyperlinks must be in a high-contrast color different than the rest of the email text
- Display the vendor’s logo and/or the QHP issuer’s logo in the header

Programming Notification and Reminder Emails (cont'd)

- Use personalized salutation
- Include vendor name, QHP issuer name, enrollee name, and vendor customer support information in designated fill locations
- Include required standardized subject line
- Include unsubscribe link
- ★ Include signature of the vendor or QHP issuer senior executive (use of generic signature permitted, if desired)
- ★ If desired, vendors may include short additional language links at the top of notification and reminder emails

Programming the Internet Survey

When programming the internet survey, vendors must:

- Optimize and test for use on mobile phones, tablets, and computers
- Ensure compatibility with iOS and Android devices and popular browsers (e.g., Google Chrome, Apple Safari, Mozilla Firefox, Microsoft Edge)
- Use a font size of at least 11 in an easily readable font (e.g., Times New Roman or Arial for English and Spanish materials and PMingLiU for Chinese materials)
- Allow sampled enrollees to complete the survey in stages by saving all previously completed responses
 - Allow enrollees to return to previous questions
 - Do not require enrollees to answer any of the survey questions
- Program skip patterns and adhere to formatting/text conventions in internet script on [QHP Enrollee Survey page of the MQI website](#)

Programming the Internet Survey (cont'd)

- Unless otherwise noted, program each question to accept only one response
- Include “Questions” link on each webpage (see internet script for required language)
- Program the survey instructions page to appear in the language specified by the enrollee’s language protocol
 - Once a sampled enrollee’s customized log-in information is entered, they must be taken immediately to the survey instructions page in their preferred language
- Include a button that allows respondents to toggle between survey languages throughout the survey

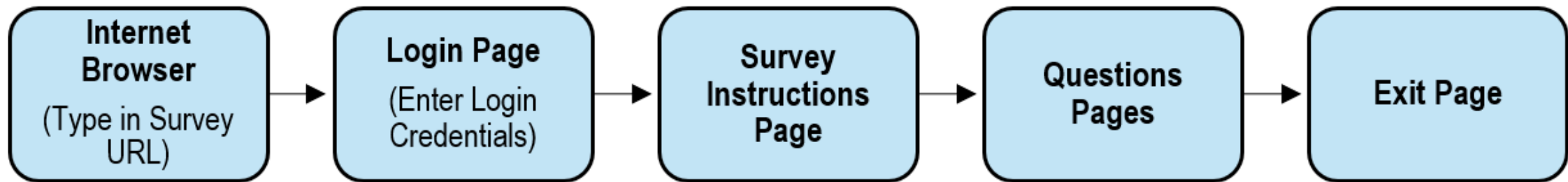
Note. See Exhibit 32 (Internet Survey Requirements), Exhibit 33 (Internet System Requirements), Exhibit 34 (Internet Security Requirements), and Exhibit 38 (Internet Survey Programming Requirements) in the 2027 Technical Specifications for detailed requirements for programming the internet survey.

Internet Survey Sampled Enrollee Entry Process

- Depending on how sampled enrollees enter into the internet survey, they will first be directed to either the log-in page or the survey instructions page
- There are three routes of entry into the internet survey:
 - Manual entry (typing) of the survey URL and log-in credentials from the prenotification/reminder letter into an internet browser
 - Automatic log-in via the “Take Survey Now/Responda la encuesta ahora/立即参加问卷调查” 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 log-in via scanning the QR code on the prenotification/reminder letter

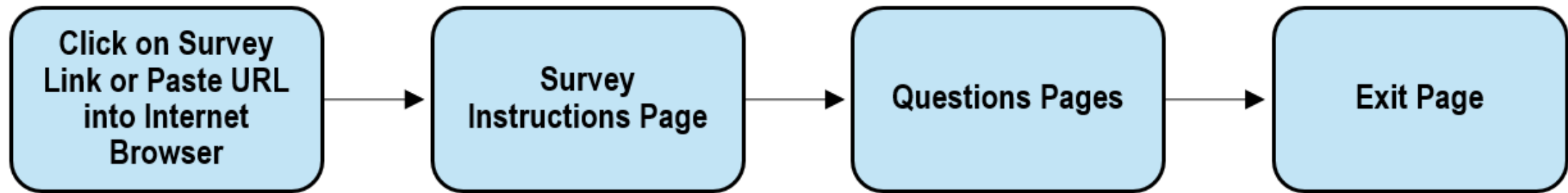
Internet Survey Sampled Enrollee Entry Process: Manual

2027 Technical Specifications, Exhibit 35



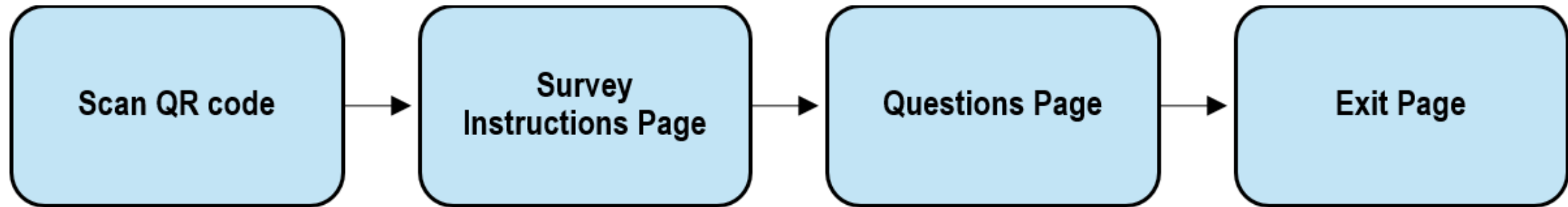
Internet Survey Sampled Enrollee Entry Process: Automatic (Email Links)

2027 Technical Specifications, Exhibit 36



Internet Survey Sampled Enrollee Entry Process: Automatic (QR Codes)

2027 Technical Specifications, Exhibit 37



Internet QA Requirements

- Vendors must program and test internet survey emails before prenotification letter is sent
- Confirm internet survey and emails match proofs accepted by the Project Team
- Seed internal staff and CMS directly into email distribution list
- Make every reasonable attempt to contact sampled enrollees, regardless of availability of complete email address
 - It is recommended that vendors run email addresses through an email verification service prior to fielding
- Log all QA checks to document their completion
- Confirm URL and QR code correctly directs enrollees to the survey instructions page
- Confirm “Take Survey Now/Responda la encuesta ahora/立即参加问卷调查” button directs enrollees to survey instructions page in the language specified by the enrollee’s language protocol

Internet QA Requirements (cont'd)

- Perform interval checking of emails to:
 - Confirm emails are matched to sampled enrollee
 - Confirm variable fills match sampled enrollee information
 - Check formatting
 - Verify working links
- Check programmed internet survey ahead of fielding to:
 - Confirm adherence to internet script
 - Check formatting
 - Verify skip patterns
 - Confirm that sampled enrollees cannot complete internet survey more than once

Collecting Internet Data

- Vendors use survey response data from all internet surveys, regardless of whether the survey was explicitly submitted by the respondent
 - *Example:* If a respondent logs into the survey, answers the first 40 questions, and exits the survey without submitting their data, vendors should collect and use the data for the first 40 questions (assuming enrollee does not later complete survey by mail or telephone)
- Cease contact to enrollees who return a complete internet survey within 24 hours

Undeliverable Emails and Unsubscribe/Do Not Survey

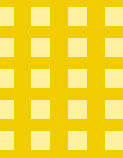
- If an email is returned as **undeliverable**:
 - Assign Bad_Email_Flag and stop further email communications
 - Continue to contact the enrollee by mail and telephone
- If an enrollee **unsubscribes** from email notifications:
 - Remove the enrollee from further email communications (recommended that vendors remove enrollees between two and five days from the request)
 - Continue to contact the enrollee by mail and telephone
- Vendors encouraged to maintain QHP-specific unsubscribe list

Summary of Key Updates: Internet Protocol

- ★ Updated guidance throughout the internet protocol to reflect that the internet protocol includes three reminder emails and the third reminder email should be sent on Day 40 of the fielding
- ★ Updated Exhibit 32 (Internet Survey Requirements) to specify the full software name for internet browsers and to reflect that the internet protocol includes three reminder emails
- ★ Updated guidance to Exhibit 39 (Notification and Reminder Email Requirements) to reflect that the internet protocol includes three reminder emails, to add that vendors can include a generic signature to mailing materials instead of a personalized signature block, and specify that vendors may include short additional language links at the top of notification and reminder emails
- ★ Specified that vendors should work with their QHP issuer clients to identify the plan name most recognizable to sampled enrollees and may use abbreviated plan names within materials. Vendors must ensure consistency in naming conventions across all materials
- ★ Updated notification and reminder emails in English, Spanish, and Chinese in plain language to improve readability

Internet Protocol Questions?

Telephone Protocol



Telephone Staff Training

- To ensure standardized data collection, vendors must train all telephone interviewers (including subcontractors) on applicable specifications and protocols
- Vendors must train telephone interviewers to:
 - Read questions and response choices verbatim
 - Probe to obtain appropriate responses
 - Maintain a professional, neutral tone
 - Minimize answer interpretation (i.e., only record answers that respondents specify)
 - Record the appropriate outcome of all call attempts
 - Operate CATI systems efficiently
 - Use of FAQs available on the [QHP Enrollee Survey page of the MQI website](#)
 - Refusal avoidance

Telephone Protocol Overview

- ★ Vendors make up to six call attempts over 24-day period (i.e., Days 48 to 73) to enrollees who:
 - Have not returned a complete survey by any mode
 - Returned a blank/partially complete survey
 - Have an invalid/undeliverable mailing address but a valid phone number
- Vendors required to program a CATI system that adheres to the standardized CATI script available on the [QHP Enrollee Survey page of the MQI website](#)
- CATI systems must adhere to all requirements outlined in the 2027 Technical Specifications
 - See Section 14.0 Telephone Survey for detailed requirements

Telephone Protocol Requirements

- CATI systems must:
 - Be operational by the start of survey administration to accommodate inbound interview requests
 - Comply with federal and state laws, regulations, and guidelines
 - Link to the SMS
 - Adhere to all survey specifications and skip pattern logic
 - Use consistent conventions throughout the script
- Vendors must use a secondary source (e.g., telematch services) to obtain updated telephone numbers for enrollees in the telephone protocol
 - **Must** update Enrollee Phone 1; may update Enrollee Phone 2 if second number received
 - Handling of attempts to multiple phone numbers left to discretion of vendor
- Vendors must adhere to the Telephone Consumer Protection Act of 1991 (TCPA) requirements set forth by the Federal Communications Commission (FCC)

Telephone Protocol Requirements (cont'd)

- Vendors must program a proxy script to allow proxy respondents to respond in place of the sampled enrollee
 - Vendors **must** program pronouns for proxy interviews using the variable “Enrollee Sex”, Field Position 164, of the sample frame provided by QHP issuers
 - » Replace second person pronouns with third person and ensure sentences are grammatically correct
- Vendors apply sex-specific language for Questions 52 and 53 based on “Enrollee Sex” variable
 - » If the value in the sample frame is 2 = Female or 9 = Missing, female-specific language must be included
- Vendors must implement a process, if needed, to update pronouns throughout the interview
 - Training interviewers as necessary
 - Programming an option to change pronouns throughout the CATI script

Telephone QA Requirements

- At minimum, vendors must:
 - Thoroughly test CATI programming in all languages ahead of survey administration
 - Review and confirm telephone script matches previously accepted screenshots
 - Verify CATI system correctly follows skip patterns and programming specifications
 - Test each response option (including “Don’t Know” and “Refused”) to confirm skip pattern logic
 - Verify capacity to support dialing volume (including additional languages)

Outbound Telephone Attempts

- ★ Vendors make up to six telephone attempts to nonrespondents at different times of day, on different days of the week, and in different weeks over 24-day dialing period
- Definition of a Telephone Attempt:
 - Phone rings six times with no answer
 - Interviewer reaches voicemail
 - Interviewer reaches household or sampled enrollee, but enrollee is not available
 - » Interviewer attempts to schedule callback
 - Interviewer reaches a busy signal (up to three busy signals in a day may equal one attempt)
 - Interviewer placed on hold
- Vendors may leave up to two voicemail messages for sampled enrollees (review HIPAA requirements and document processes in QAP)

Inbound Telephone Interview Requests

- Vendors must accommodate enrollee requests to take the survey over the phone throughout survey administration
- If interviewer not available at time of inbound request, schedule a callback
- If enrollee not available at the time of a callback:
 - Make at least one additional attempt on the next day at the same time
 - If survey not conducted, continue standard mail, internet, and telephone protocols
 - Callback attempts do **not** count towards the six required telephone attempts

Telephone Data Processing Requirements

- Include unique ID number for each enrollee in SMS and final data file
- Enter interview date in SMS and link interviews to appropriate variables (i.e., language, date)
- Remove all PII and protected health information (PHI) when data is transferred to final data file
- Assign final disposition code and include in final data file
- Review data files for accuracy
 - Compare responses from completed interviews directly from CATI system to corresponding responses in final data file
 - Recommended to review a minimum of 10%

Telephone Interviewer Monitoring

CMS remotely monitors live interviews during survey fielding for oversight purposes through telephone interview monitoring sessions

- ! Vendors must silently monitor at least 10% of all interviews for each survey language
 - Must be conducted throughout entire telephone phase
 - Monitor both attempts and completed interviews
 - Callbacks permitted, but do not count towards the 10% monitoring requirement
 - Document outcomes using standard templates
- ! Vendors must not infer the respondent's answers
- Supervisory staff conduct "floor rounding" to assess professionalism
- ! For vendors using telephone subcontractors:
 - A combined total of 10% of interviews must be monitored by the vendor and/or subcontractor

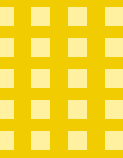
Data Collection Considerations

- **Disenrollees:** Individuals who indicate they are no longer enrolled in the QHP
 - Discontinue contact across all modes to these individuals
 - Assign final disposition of X40 – Ineligible
- **Proxy Respondents:** Someone who completes the survey on the enrollee's behalf
 - Vendors must modify CATI system programming to accommodate proxy interviews
 - Proxy permitted if a sampled enrollee is unable to respond to the survey
 - » Enrollee must consent to a proxy taking a survey on their behalf
 - » Proxy must be familiar with enrollee's health
 - If enrollee is physically/mentally unable to respond to the survey and unable/unwilling to grant permission to a proxy:
 - » Assign final disposition of X24 – Mentally or Physically Incapacitated

Summary of Key Updates: Telephone Protocol

- ★ Updated the telephone fielding timeframe to begin on Day 48 of fielding and span 24 calendar days

Telephone Protocol Questions?



Customer Support

Customer Support Overview

- ! Vendors must establish customer support toll-free telephone number and project-specific email address
- ! Must be operational by start of the mail phase and available for entire data collection period
- Requirements:
 - Answer at least 90% of incoming calls live within 30 seconds during regular business hours
 - Available in all fielded languages (i.e., English, Spanish, and Chinese [if applicable])
 - Program voicemailbox in all fielded languages
 - Return voicemail and respond to email inquiries within 24 hours or one business day
 - Track number of requests for language other than English, Spanish, or Chinese
 - Document and track all customer support inquiries
 - Test customer support systems ahead of survey fielding

Customer Support Staff Training

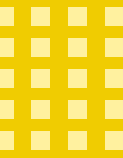
- Vendors train customer support staff on:
 - QHP Enrollee Survey requirements and methodology
 - Procedures for transferring calls to telephone interviewers or scheduling callbacks
 - Frequently Asked Questions document
 - » Available on [QHP Enrollee Survey page of the MQI website](#) in English, Spanish, and Chinese
- Customer Support Agent and Interviewer Guidance (Appendix D) provides guidance on best practices for customer support agents

Customer Support QA Requirements

- To reduce survey fielding errors and facilitate high quality customer support, vendors must:
 - Review at least 10% of customer support responses to confirm accuracy and professionalism
 - Confirm responses for all fielded languages are provided within 24 hours or one business day
 - Confirm that all requests for scheduled telephone surveys are met

Customer Support Questions?

BREAK



Data Coding, File Specifications, and Data Submission

Data Coding, Specifications, and Submission Overview

- Data coding and file specifications
 - Data dictionary
 - Processing written text responses
 - Determining enrollee eligibility
 - Key items and complete survey definition
 - Disposition codes
 - Survey round variables
 - Quality assurance procedures
- Data submission process

Note. See Section 17: Code and submit data for detailed data coding and submission requirements.

Data Coding and File Specifications

Data Dictionary (Appendix F)

- Vendors must adhere to file specifications and format outlined in Appendix F, Exhibit F-2 (Data Dictionary File Layout) when coding and preparing survey response data for submission
- Data dictionary file layout includes detailed information about required data points, acceptable answers, and valid values for each data submission variable
 - Select variables pulled from the sample frame provided by the QHP issuer

Exhibit F-2: 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
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Key Updates: Data Dictionary (Appendix F)

- ★ Revised to reflect updates to the 2027 survey, including the addition of gate items and consolidation of the race/ethnicity question
- ★ The following variables were **added** to the 2027 Data Dictionary:
 - Got_Info_CS
 - HP_Give_Forms
 - Have_Personal_Doc
 - Tests_Ordered
 - Specialists_Visits
 - Asian
 - Hispanic_Latino
 - Mena
 - NHPI

Note. See Exhibit F-1: Revised Data Dictionary Variables for additional detail.

Key Updates: Data Dictionary (Appendix F) (cont'd)

★ The following variables were **removed** from the 2027 Data Dictionary to reflect updates to the 2027 survey, including removal of Medical Assistance with Smoking and Tobacco Use Cessation measure questions, and consolidation of race/ethnicity questions:

- Use_Tobacco
- Advised_Quit_Tob
- Recommend_Tob_Med
- Discuss_Tob_Non_Meds
- Not_Hispanic
- Mexican
- Puerto_Rican
- Cuban
- Otr_Hispanic
- Asian_Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other_Asian
- Guamanian_Chamorro
- Samoan
- Otr_Pacific_Island

Key Updates: Data Dictionary (Appendix F) (cont'd)

- ★ Removed valid values for -5 = Not Applicable and added valid values for -4 = Appropriate Skip throughout, as applicable, to reflect addition of gate items and revisions to response options for the 2027 survey
 - Valid value for Appropriate Skip used when an enrollee is not eligible to answer a question based on a prior response or a survey skip pattern

<u>Got_Info_CS</u>	<u>6</u>	<u>In the last 6 months, did you try to get information or help from your health plan's customer service?</u>	<u>1 = Yes</u> <u>2 = No</u> <u>-1 = Refused (phone only)</u> <u>-2 = Don't know (phone only)</u> <u>-3 = Blank/Nonresponse/No answer</u>	<u>Num</u>	<u>2</u>
<u>Got_Info_Needed_CS</u>	<u>76</u>	<u>In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</u>	<u>1 = Never</u> <u>2 = Sometimes</u> <u>3 = Usually</u> <u>4 = Always</u> <u>-1 = Refused (phone only)</u> <u>-2 = Don't know (phone only)</u> <u>-3 = Blank/Nonresponse/No answer</u> <u>-4 = Appropriate Skip</u> <u>-5 = Not applicable</u>	<u>Num</u>	<u>2</u>

Key Updates: Data Dictionary (Appendix F) (cont'd)

★ Revised Case_ID variable from a max field size of 16 to a max field size of 25

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 is corrupted or lost.		Char	25

Key Updates: Data Dictionary (Appendix F) (cont'd)

★Additional updates to the 2027 Data Dictionary:

- Revised question field descriptions throughout to reflect changes to question language made to the 2027 QHP Enrollee Survey
- Added Exhibit F-1 (Revised Data Dictionary Variables) to flag revisions to data dictionary variables

Data Dictionary (Appendix F): Use of Unknown Values

- Vendors encountering the “unknown” value for the following fields: Internet_Browser, Internet_Device_Type, Internet_Opt_In, and Response_Time, must:
 - Notify the Project Team via the QHP_Survey@air.org
 - Obtain approval **before** the use of the “unknown” value during vendor’s internal review process or by no later than **April 30, 2027**
- The Project Team will inform vendors of its decision within 3 business days

Processing Written Text Responses

- As specified in the data dictionary, vendors submit open-ended responses to Question 2 in data files
- Enter responses exactly as written
- Redact PII and PHI (e.g., only submit the QHP name in the data submission file)
- Do not edit or correct misspellings
- Include enrollees who wrote in only a product type (e.g., HMO, POS, PPO, EPO) as eligible regardless of whether product type aligns with associated reporting unit

2. What is the name of your health plan?

Please print:

Note. See Exhibit 52: Guidelines to Processing Written Text Responses for additional detail.

Determining Enrollee Eligibility

- Questions 1 and 2 determine enrollee eligibility
 - See Exhibit 53 for detailed guidelines
- QHP issuers provide list of common plan name aliases
 - See Exhibit 54 for additional common valid/invalid plan aliases
- If an enrollee's response to Question 2 varies significantly from list of common aliases, they are considered ineligible
- Telephone interview scripts must accommodate enrollee eligibility rules

1. Our records show that you are now in the health plan named on the front page. Is that right?

¹ ☐ Yes → **If Yes, go to #3**

² ☐ No

2. What is the name of your health plan?

Please print:

Key Survey Items

- Key items are survey questions that all respondents are eligible to answer, excluding the “About You” items
- Exhibit 57 provides a full list of 19 key items for the 2027 QHP Enrollee Survey
 - ★Exhibit 57 question numbers and text have been updated to reflect revisions to the 2027 survey

★ Exhibit 57: Key Survey Items

Item #	Item Text
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	Tried to get information or help from health plan's customer service?
10	Did your health plan give you any forms to fill out?
15	How often did your health plan not pay for care that your doctor said you needed?
16	How often did you have to pay out of pocket for care that you thought your health plan would pay for?
17	How often did you delay visiting or not visit a doctor because you were worried about the cost?
18	How often did you delay filling or not fill a prescription because you were worried about the cost?
19	How confident are you that you understand health insurance terms?
20	How confident are you that you know most of the things you need to know about using health insurance?
21	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?
22	When you needed care right away, in an emergency room, doctor's office, or clinic, how often did you get care in person, by phone, or by video as soon as you needed?
23	How often did you get an appointment in person, by phone, or by video for a checkup or routine care at a doctor's office or clinic as soon as you needed?
24	Not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic in person, by phone, or by video to get health care for yourself?
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 that you got in person, by phone, or by video in the last 6 months?
28	Do you have a personal doctor?
44	Did you try to make any appointments to see a specialist?

Definition of a Complete Survey

- **Complete Survey:** Sampled enrollee answers $\geq 50\%$ (at least 10) of the key items
 - Vendors make no additional attempts to enrollees who return a complete survey
- **Partially Complete Survey:** Enrollee answers $< 50\%$ of the key items
 - Required to continue following up with enrollee to obtain complete survey
- If an enrollee completes more than one survey:
 - Use survey with most key items answered (regardless of survey mode)
 - If equally complete, use first survey received
- If an enrollee is deceased:
 - Do not retain data if completed by someone after death
 - Retain data if completed prior to death

Disposition Codes

- Designate survey status for each enrollee
- ! Vendors must maintain up-to-date, accurate disposition codes
- Interim disposition codes
 - Represent current survey status
 - Used for internal tracking purposes
 - ! Include crosswalk of interim to final disposition codes in QAP
- Final disposition codes
 - Represent final survey status of enrollees
 - Assigned prior to data submission

Note. Exhibit 55: Final Survey Disposition Codes and Date_Complete Coding Guidelines for additional detail.

Final Disposition Codes

Code	Description	Date_Complete Guidelines
M10, I10, or T10	Completed survey	Code as date completed survey was received or administered
M31, I31, or T31	Partially completed survey	Code as date partially completed survey was received or administered
X20	Ineligible: Deceased	Code as date it is determined enrollee is deceased
X40	Ineligible: Not Eligible	Code as date it is determined enrollee does not meet all required eligibility criteria for being included in survey sample
X43	Do Not Survey List	Code as first date of fielding for reporting unit
X22	Language Barrier	Code as date it is determined that a language barrier prevents the sampled enrollee from completing the survey
X24	Mentally or Physically Incapacitated	Code as date it is determined a mental or physical incapacity or institutionalization prevents the sampled enrollee from completing the survey
X32	Refusal	Code as date sampled enrollee or proxy refuses to complete survey (verbally or in writing)
X33	Nonresponse after Maximum Attempts	Code as last date of fielding for the reporting unit
X34	Blank Survey Returned or Incomplete Survey	Code as date the blank survey or incomplete survey was received or administered
X35	Bad Contact Information	Code as latest date it is determined that contact information is not viable

Note. See Exhibit 55: Final Survey Disposition Codes and Date_Complete Coding Guidelines for additional detail.

Survey Round Variables

- Must be assigned to each sampled individual
- Provide detail on which round of outreach a mail or telephone survey was completed or partially completed
- Must be associated with mailed questionnaire or call attempt in which data were collected
- For disposition codes other than M10/T10/I10 or M31/T31/I31, code Survey Round as NC
- For I10 and I31 disposition codes, code Survey Round as IN

Survey Round	Description	Disposition Codes
M1	Respondent completely/partially completed first mail questionnaire	M10, M31
M2	Respondent completely/partially completed second mail questionnaire	M10, M31
T1–T6	Respondent completed/partially completed survey during the first, second, third, fourth, fifth, or sixth telephone attempt, respectively	T10, T31
TN	Respondent completed/partially completed survey during inbound call	T10, T31
IN	Respondent completed/partially completed internet survey	I10, I31
NC	Used for all final disposition codes that are not M/T/I10 or M/T/I31	X20, X40, X43, X22, X24, X32, X33, X34, X35

QA Procedures

! Ongoing QA checks for data files:

- Run frequencies and count distributions on administration and response data
- Check data processing programs to confirm proper coding
- Verify surveys are assigned a complete/partially complete disposition code
- Review disposition codes for discrepancies between presence of response data and assignment of ineligible/nonresponse final disposition codes
- Select and review a sample of coded cases (recommended minimum of 10%)
- Compare hardcopy responses to scanned responses to responses entered in data files (recommended minimum of 10%)
- Calculate and review response rates on periodic basis

Note. Checks must be performed by a different staff member than the individual who originally performed the task.

QA Procedures (cont'd)

! Question 2 QA checks:

- Review all plan aliases provided for Q2 and evaluate whether these responses (in conjunction with Q1 responses) render the sampled enrollee as eligible or ineligible
- Review Q2 responses for:
 - » Double quotes
 - » Tabbed spacing
 - » Line breaks
 - » Double spaces between words and after periods

Calculating the Response Rate

Response Rate: Total number of completed surveys divided by the total number of sampled enrollees selected for the survey sample

$$\text{Response Rate (RR)} = \frac{C}{(C + E) + (R + O) + (X * U)}$$

Where:

- C = Completed Surveys (disposition code 10)
- E = Partially Completed Surveys (disposition code 31)
- U = Cases with Unknown Eligibility (disposition codes 33, 34, and 35)
- O = Other Disposition (disposition codes 22 and 24)
- R = Refusal (disposition code 32 or 43)
- I = Ineligible (disposition code 20 or 40)
- X = Proportion of cases eligible for this survey, which is calculated as:

$$X = \frac{C + E}{C + E + I + O + R}$$

Note. The response rate formula is based on the standard definitions established by the American Association for Public Opinion Research, specifically the Response Rate 3 formula.



Data Coding and File Specifications Questions?

Data Submission

QHP Enrollee Survey Website

- Available at: <https://qhpsurvey.cms.gov/>
- **Issuer processes completed via the website:**
 - Attest to reporting unit eligibility/ineligibility
 - Report HHS-approved survey vendor to CMS
 - Review 2027 Operational Instructions (to be posted on the [MQI website](#) in Fall 2026), which include detailed steps to submit reporting unit eligibility status and survey vendor selection
- **Vendor processes completed via the website:**
 - Submit test and final QHP Enrollee Survey data files

QHP Enrollee Survey Website: Registration

- Registration is required to gain access to the [QHP Enrollee Survey website](#)
- ! Existing users do not need to re-register
- New users must:
 - Complete remote identity proofing (RIDP) to register an account in CMS's Identity Management (IDM) System and gain access to the QHP Enrollee Survey website as vendor or issuer (as applicable)
 - Provide required information (i.e., full legal name, social security number, date of birth, current residential address, and personal phone number)
 - » CMS uses this information **only** for the purpose of identity verification via the Experian identity verification system
 - » Information is kept private and is not shared with any federal or private agency
 - » Must set up multi-factor authentication for login
- Vendor and issuer website user guides are available on the [QHP Enrollee Survey page of the MQI website](#)

Data Submission Training

- The Project Team will hold a comprehensive data submission training on **February 25, 2027**
 - Provides complete instructions for accessing the QHP Enrollee Survey website and submitting test and final data files
 - Project Manager, Sampling Manager, and Information System personnel are required to attend
 - Subcontractor attendance is optional
- For data submission technical support, contact the Project Team at QHP_Survey@air.org

Data Submission Process and Timeline

- Vendors submit data files to CMS via the [QHP Enrollee Survey website](#)
- Vendors **strongly encouraged** to submit data files early in the test and final data submission periods
- Vendors produce one CSV data file for each reporting unit
- Data files must adhere to file layout specified in Appendix F: Data Dictionary
- Test Data Submission: April 7–9, 2027
 - Vendors submit at least one unencrypted, ZIP test file containing CSV files for two reporting units, including at least 100 records total across the two reporting units
 - ★ Submit one data submission summary log per ZIP file to the QHP Enrollee Survey website
- Final Data Submission: May 7–14, 2027
 - Vendors must submit all final data files by 11:59 p.m. ET on May 14, 2027
 - Data files received after this deadline excluded from the QRS and public reporting
 - ★ Submit one data submission summary log per ZIP file to the QHP Enrollee Survey website
- Data resubmission: May 17–19, 2027
 - If errors are identified in final submitted data files, vendors must correct errors and resubmit data within three business days of request

Data Submission File Naming Conventions

- Uploaded ZIP files must use the following naming convention:
<VendorName>_Submission_<Letter>.zip
 - For example: <VendorName>_Submission_A.zip for the first ZIP file, <VendorName>_Submission_B.zip for the second ZIP file, and so on
- An uploaded ZIP file may contain multiple CSV files that must use the following naming convention: <Reporting Unit ID>.csv
 - The Project Team will reject an entire ZIP file if any CSV files within the ZIP file violate the naming convention
- Data submission summary logs must use the following naming convention:
<VendorName>_Submission_<Letter>_Log.xlsx

Obtaining Access to Prior Year's QHP Enrollee Survey Data Sets

- QHP issuers may use 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 data set from the prior year's administration
- ★ A QHP issuer that would like its current vendor to receive a copy of its data set from the prior year's survey fielding should must submit a written request for the data transfer to CMS via email at QHP_Survey@air.org
- ★ Requests must be made after the QHP issuer has authorized the new survey vendor by completing the 2027 attestation via the QHP Enrollee Survey website (see Exhibit 2)
- The email should include a list of all the reporting units for which a QHP issuer is requesting data sets, the name of the previous vendor, and the name of the new vendor that should receive the data set

Summary of Key Updates: Data Coding, File Specifications, and Data Submission

★ Made the following updates to Appendix F (Data Dictionary):

- Added Exhibit F-1 (Revised Data Dictionary Variables) to flag revisions to data dictionary variables
- Added five new variables (Got_Info_CS, HP_Give_Forms, Have_Personal_Doc, Tests_Ordered, Specialists_Visits) to reflect addition of new gate questions; adjusted numbers accordingly
- Removed variables (Use_Tobacco, Advised_Quit_Tob, Recommend_Tob_Med, Discuss_Tob_Non_Med) to reflect removal of Medical Assistance with Smoking and Tobacco Use Cessation measure questions from the 2027 QHP Enrollee Survey; adjusted question numbers accordingly
- Revised variables to reflect consolidation of the previously separate race and ethnicity questions into one question (Question 65); adjusted question numbers accordingly
- Revised question field descriptions throughout to reflect changes to question language made to the 2027 QHP Enrollee Survey.
- Revised Case_ID variable to allow maximum field size of 25

★ Updated key items denoted in Exhibit 57 to reflect revisions to the 2027 QHP Enrollee Survey

★ Required vendors to submit data submission summary logs via the QHP Enrollee Survey website rather than via email

★ Revised guidance for obtaining access to prior year's QHP Enrollee Survey data set

Data Submission Questions?

Data Analysis and Public Reporting

Data Analysis and Public Reporting Overview

- CMS analyzes data
- Vendor analysis and reporting
- QI reports
- QRS measures

Note. See Section 18: Analyze and Report Data for additional detail.

CMS Analyzes Data

- CMS uses a forward-cleaning approach to edit and clean survey data
 - Vendors **never** clean or recode survey response data
- Depending on responses to screener/gate items, CMS may:
 - Retain original responses for subsequent/dependent items
 - Set responses to subsequent/dependent items to a missing value
- Once it cleans and verifies submitted survey data, CMS concatenates data files into a single person-level analytic data file and calculates scores using the CAHPS Analysis Program (“CAHPS Macro”)
- ★ As part of a broader agency-wide transition to open-source software, CMS transitioned to using the R version of the CAHPS Macro available at: <https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems>

Vendors Analyze Data (Optional)

- Vendors may provide regulatory agencies with deidentified person-level data sets (survey responses) to the core QHP Enrollee Survey questions
- Exhibit 63 details the survey items that are permitted and not permitted to be included in the data sets:

Permitted to Include in Data Set	Not Permitted to Include in Data Set
• Person-level responses to Questions 3–12, 21–25, and 27–48 • Reporting unit identification number <reporting-unit-id> from the sample frame	• Person-level responses to Questions 1–2, 13–20, 26, and 49–67 • Information from the sample frame or sampled enrollee list (except for reporting unit identification number)

- Vendors **may not** provide member-level data sets to QHP issuers

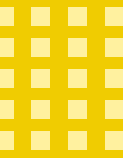
QI Reports

- CMS produces quality improvement (QI) reports for all reporting units that field the 2027 survey
 - Includes results for QHP Enrollee Survey global ratings, composite measures, and preventative services
 - Largely aligns with CAHPS 5.0H composite structure
 - Contains indicators if scores are significantly lower, higher, or similar to national-level score benchmarks
- Reports available to issuers via CMS HIOS-MQM website

QRS Measures

- The QRS subset of measures from the QHP Enrollee Survey includes:
 - Access to care
 - Access to information
 - Care coordination
 - Plan administration
 - Rating of all health care, personal doctor, and specialist
 - Enrollee experience with cost
- ★ Medical Assistance with Smoking and Tobacco Use Cessation measure removed from the QRS measure set for 2027
- Survey-based measures are combined with records-based measures of medical care and plan administration to create overall star ratings of plans

Data Analysis and Public Reporting Questions?



Quality Oversight

Overview

- Quality oversight activities
- Data submission activities
- Project reporting
- Technical support

Note. See Section 19 for detailed quality oversight requirements.

Quality Oversight Activities

- The Project Team conducts oversight of all vendors to facilitate compliance with survey protocols
- All vendors and subcontractors (if applicable) must participate
- Vendors submit all reports and materials to QHP_Survey@air.org unless otherwise specified
- ! Project Team activities are **not** a substitute for the vendor's own quality assurance activities

Before Survey Administration

Oversight Activity	Deadline
Mail material review	October 9, 2026
Report #1: Quality Assurance Plan (QAP)	October 16, 2026
Internet material review	October 30, 2026
Telephone screenshot review	November 13, 2026
Data record review*	December 2026
Telephone script review sessions	Mid to late January 2027

* Only returning HHS-approved survey vendors who submitted data in the prior year

Mail Material Review

- Submit final, print-ready templates for prenotification letters, first and second survey cover letters, reminder letters, questionnaires, outbound envelope, and business reply envelope
 - English and Spanish required; Chinese if applicable
 - Submit in PDF format
 - Due **Friday, October 9, 2026**
- Common findings:
 - Incorrect font and font size
 - Incorrect formatting
 - Mismatch of customer support telephone number, hours, and local time zone across materials
- Project Team provides feedback within 10 business days
- Vendors submit revisions within 10 business days of request
- ! Vendors may **not** revise materials after they are accepted by CMS
 - The Project Team notifies vendors via email once materials are accepted

Report #1: Quality Assurance Plan (QAP)

- Documents vendor compliance with survey protocols and 2027 Technical Specifications
- ! All vendors required to submit a QAP regardless of QHP issuer client contracting status
- Must follow the Model QAP template (Appendix C)
 - Clearly label each item and present information in specified order
 - Describe planned remote operations, if applicable, including: key personnel involved; system resources; procedures for security, enrollee confidentiality, remote access, data transmittal, risk mitigation, quality assurance, and staff oversight for remote staff
 - Submit as Microsoft Word document
 - Returning vendors submit previously accepted QAPs in track changes
- Due **Friday, October 16, 2026**

Report #1: QAP (cont'd)

- Project Team provides feedback within 10 business days
- Vendors submit revisions within 10 business days of request
- Project Team conducts conference calls to discuss QAPs, if needed
- Common findings
 - Outdated protocols
 - Missing detail regarding additional language protocols and oversight
 - Incomplete organizational chart (e.g., missing subcontractors)
- ! Acceptance of QAP does not constitute CMS's approval or endorsement of vendor processes

Internet Material Review

- Submit internet survey URL, with at least:
 - 18 usernames and/or passwords that replicate how internet survey log-in credentials appear on mail letters
 - 18 unique URLs with embedded log-in credentials that replicate embedded log-in credentials that appear in email notifications
 - 18 unique QR codes that automatically log-in respondents to the survey
- English and Spanish required; Chinese if applicable
- Due **Friday, October 30, 2026**

Internet Material Review (cont'd)

- Common findings:
 - Missing or nonworking FAQ link
 - Mismatch of customer support telephone number, hours, and local time zone across materials
- Project Team provides feedback within 15 business days
- Vendors submit revisions within 5 business days of request
- ! Vendors may **not** revise materials after they are accepted by CMS
 - The Project Team notifies vendors via email once materials are accepted

Telephone Screenshot Review

- Submit screenshots of programmed telephone interviewing script
 - Submit in PDF format
 - One question per page preferred
- English and Spanish required; Chinese if applicable
- Due **Friday, November 13, 2026**

Telephone Screenshot Review (cont'd)

- Common findings:
 - Missing or incorrect instructions and/or probes
 - Missing emphasis
 - Missing screenshots of female-specific language for Questions 52 to 54
 - Project Team provides feedback within 10 business days
- Vendors submit revisions within five business days of request
- ! Vendors may **not** revise materials after they are accepted by CMS
 - The Project Team notifies vendors via email once materials are accepted

Data Record Review

- Conducted remotely with returning vendors
- Tracks person-level records through vendor SMS during each phase of administration (i.e., from sample file receipt through data submission) and confirms:
 - Data files and source materials are easily retrievable
 - Accurate application of disposition codes and other variables
 - Accurate response coding based on source files
- Project Team provides case IDs for review one business day prior to session
- Timeframe: **December 2026**
 - Project Team may conduct additional reviews with new or returning vendors during fielding, as needed

Telephone Script Review

- Project Team reviews telephone script programming after acceptance of telephone screenshots
 - Occurs via web conferencing or independently via remote access
 - Vendors provide temporary CATI log-in credentials for independent reviews
 - Review skip pattern logic and alignment with accepted materials
 - English and Spanish required; Chinese if applicable
- ! Notify Project Team ahead of session if the Spanish and/or Chinese scripts are overlaid onto the English programming
- Session required with each subcontractor
 - Project Team holds additional session to verify revisions, if needed
 - Timeframe: **January 2027**

During Survey Administration

Oversight Activity	Timeframe
Seeded Mail and Email Review	February–April 2027
Remote Visits	March 2027
Customer Support Review	March 2027
Test Data Submission	April 7–9, 2027
Telephone Interviewer Monitoring	April 2027

Note. Only HHS-approved vendors who obtain a client for the 2027 survey administration participate in these activities occurring during survey administration.

Seeded Mailings

- Assess timeliness of delivery, accuracy and readability of materials, and functionality of internet survey links/log-in credentials
- ! Seed Project Team and at least one internal staff member directly in survey mailing database
 - Project Team address is included in the 2027 Technical Specifications
- ! Seed one reporting unit for each language implemented
- If using multiple print/mail facilities and/or subcontractors, seed Project Team in one reporting unit at each facility in each language administered

Seeded Emails

- Assess timeliness of delivery, accuracy of email and internet survey content, and survey link/log-in credential functionality
- ! Seed Project Team (QHP_Survey@air.org) directly into email protocol for one reporting unit in English, Spanish, and Chinese (if applicable)
- ! If “double-stuffing” emails, do not send English-only, Spanish-only, or Chinese-only emails
- Ensure all fills (e.g., QHP issuer logo, enrollee first and last name, QHP issuer name, and signature line) are appropriately populated

Remote Visits

- Conducted via web conferencing
- Evaluate vendor's compliance with QHP Enrollee Survey requirements
- Review items may include:
 - Survey management system
 - Enrollee confidentiality and data security
 - Sampling protocols
 - Data collection protocol (mail, internet, and telephone) and related facilities
 - Data coding and submission
 - Customer support
 - Timeframe: **March 2027**

Customer Support Review

- Project Team anonymously contacts vendor customer support telephone lines and email addresses and asks standard set of questions from FAQs (on the [QHP Enrollee Survey page of the MQI website](#) in English, Spanish, and Chinese)
- Assess responses for timeliness, accuracy, and alignment with FAQs and Telephone Customer Support Agent and Interviewer Guidance (Appendix D)
- May review systems in Spanish and Chinese (if applicable)
- Common findings:
 - Incorrect responses
 - Calls consistently not answered live
 - Email responses not provided within required 24-hour timeframe
- Train customer support agents on revised FAQs
- Timeframe: **March 2027**

Telephone Interview Monitoring

- Silent monitoring conducted via web conferences
- Assess interviewer compliance with telephone specifications
- Project Team will work with vendors to determine session frequency and duration based on call volume
- ! Ensure telephone interviewers are trained to:
 - Properly probe during interviews
 - Read the telephone script verbatim
 - Follow interviewer instructions
- Timeframe: **April 2027**

Data Submission Activities

Activity	Timeframe
Data Submission Training	February 25, 2027
Test Data Submission	April 7-9, 2027
Final Data Submission	May 7-14, 2027
Data Resubmission	May 17-19, 2027

Note. Only HHS-approved vendors who obtain a client for the 2027 survey administration participate in these data submission activities.

Test Data Submission

- Project Team hosts data submission training on February 25, 2027
- Vendors submit test data files via the [QHP Enrollee Survey website](#)
 - Website registration required
- Test Data Submission Timeframe: **April 7–9, 2027**
 - Project Team reviews test data files for coding accuracy and notifies vendors of errors, if applicable

Final Data Submission and Data Resubmission

- Submit all final data files via the [QHP Enrollee Survey website](#)
- Submitted data must pass initial website validation checks *and* Project Team QA checks
- Project Team notifies vendors of validation errors and requests data resubmission, as needed
- Vendors resubmit revised data files, as needed, within three business days of request
- Final Data Submission Timeframe: **May 7–14, 2027**
- Data Resubmission Timeframe: **May 17–19, 2027**

Ongoing Oversight Activities

Oversight Activity	Timeframe
Exception Requests	Ongoing, as needed
Discrepancy Reports	Ongoing, as needed
Corrective Action Plans	Ongoing, as needed
Technical Support	Ongoing, as needed

Exception Requests

- Submit exception requests to QHP_Survey@air.org prior to fielding for any variations from 2027 Technical Specifications and survey requirements
 - Includes variations in operations, survey materials, and other alternative approaches
 - Form available on [QHP Enrollee Survey page of the MQI website](#)
 - Complete entire form with sufficient detail
 - Vendors may submit requests for multiple exceptions within one Exception Request Form
- ! Project Team must accept Exception Request Form before implementation
(acceptance valid for one year)

Discrepancy Reports

- Required for any survey administration errors or deviations from the 2027 Technical Specifications and survey requirements
- Template available on [QHP Enrollee Survey page of the MQI website](#)
- ! Submit initial report to QHP_Survey@air.org within 24 hours of discrepancy discovery
- ! Submit a second report within two weeks of initial report if all required information is not immediately available
- Complete entire form in sufficient detail

Corrective Action Plan

- Issued when vendor:
 - Fails to demonstrate adherence to protocols and guidelines
 - Experiences ongoing problems during fielding
- Schedule and status determined by CMS
- Potential outcomes for continued noncompliance:
 - Loss of “approved” status to administer the QHP Enrollee Survey
 - Increased oversight of vendor activities
 - Adjustment to publicly reported scores, as needed
 - Other sanctions, as deemed appropriate by CMS

Vendor Oversight Reports

Submit all reports to QHP_Survey@air.org

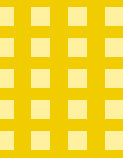
- Subject Line: [VENDOR NAME] Report [#] Submission (e.g., XYZ Inc. Report #1 Submission)

Report	Activity	Content	Due Date
#1	Vendor QAP	• Addresses all required elements of survey administration	October 16, 2026
#2	Preliminary QHP Client List	• Client list for reconciliation ★ Anticipated sample sizes and oversampling percentages ★ Anticipated survey title for each QHP issuer client	January 8, 2027
#3	Final QHP Client List	• Final QHP client list • Sample frame receipt status ★ Final sample sizes and oversampling percentages ★ Final survey title for each QHP issuer client	★ February 3, 2027
#4	Interim Progress Report	• Fielding status for each QHP reporting unit • Summary of customer support calls and emails • Count of other additional language requests	April 2, 2027
#5	Final Report	• Discussion of survey implementation and lessons learned • Count of other additional language requests and summary of languages requested • Recommendations for future survey administration years	May 21, 2027

Summary of Key Updates: Quality Oversight

- ★ Revised requirements for Report #2 (Preliminary Client List) and Report #3 (Final Client List) given revised oversampling and survey title guidance
- ★ Shifted deadline for Report #3 (Final Client List) to two days earlier compared to prior years to allow additional time for Project Team QA

Vendor Quality Oversight Questions?



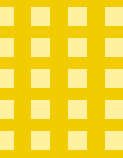
Wrap-Up and Next Steps

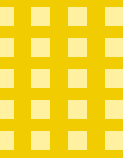
Next Steps

- Training Evaluation
 - Vendors will receive an email following training with instructions to complete the training evaluation
 - Designate **one** person from your organization to complete the evaluation
 - Completion required to obtain final approval
 - Due: **Tuesday, September 29, 2026**
- Final approval notifications will be sent **by Thursday, October 1, 2026**
- Training slides and the final approved vendor list to be posted on the [QHP Enrollee Survey page of the MQI website](#)

Final Questions?

Thank You!





Appendix A: 2027 QHP Enrollee Survey Timeline

2027 QHP Enrollee Survey Timeline

Task	Date
Conditionally approved vendors contract with QHP issuers	September 2026 –January 2027
2027 QHP Enrollee Survey Vendor Training	September 24, 2026
Vendors notified of final approval status	October 1, 2026
CMS conducts remote data record review for returning vendors	December 2026
Survey Materials: Vendors submit: • Mail: Survey instruments and letters • Internet: Internet survey, emails, and required credentials • Telephone: Screenshots of CATI system	Deadline Mail: October 9, 2026 Deadline Internet: October 30, 2026 Deadline Telephone: November 13, 2026

2027 QHP Enrollee Survey Timeline (cont'd)

Task	Date
Report #1: Vendors submit Quality Assurance Plan	Deadline: October 16, 2026
★ Report #2: Vendors submit preliminary QHP client list with anticipated sample size, oversampling percentage (if applicable) for each reporting unit, and report whether QHP issuer customized the survey title.	Deadline: January 8, 2027
• QHP issuers attest to QRS and QHP Enrollee Survey eligibility status, authorize a vendor, and confirm sample frame validation • Vendors obtain authorization from QHP issuer clients to conduct surveys on their behalf	Deadline: January 29, 2027

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 by October 1, 2026.

2027 QHP Enrollee Survey Timeline (cont'd)

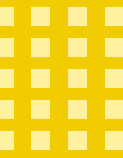
Task	Date
• Vendors receive validated sample frames from QHP issuer clients and obtain confirmation that a HEDIS® Compliance Auditor validated the sample frame • Vendors notify CMS via email of QHP issuer clients that have not provided validated sample frame by the deadline	Deadline: January 29, 2027
• QHP issuer completes NCQA's Healthcare Organization Questionnaire (HOQ) for the HEDIS® Compliance Auditor to prepare for QRS clinical measure data submission	Deadline: February 2027
• QHP issuers and HEDIS® Compliance Auditor complete the HEDIS® Compliance Audit™	January–June 2027

2027 QHP Enrollee Survey Timeline (cont'd)

Task	Date
Vendors administer QHP Enrollee Survey per sampling and fielding protocols	February–May 2027
★ Report #3: Vendors submit final QHP issuer client list, including final sample size, oversampling percentage (if applicable) sample frame receipt status for each reporting unit, and indicate whether QHP Issuer customized the survey title.	★ Deadline: February 3, 2027
Vendors participate in QHP Enrollee Survey Data Submission Training	February 25, 2027
Report #4: Vendors submit Interim Progress Report	Deadline: April 2, 2027

2027 QHP Enrollee Survey Timeline (cont'd)

Task	Date
Test data submission	April 7–9, 2027
Data submission <i>Files due by 11:59 p.m. ET on May 14, 2027</i>	May 7–14, 2027
Data resubmission (if requested) <i>Must submit within three business days of date requested</i>	Deadline: May 17–19, 2027
Report #5: Vendors submit Final Report	Deadline: May 21, 2027



Appendix B: 2026 to 2027 QHP Enrollee Survey Item Crosswalk



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
In_Health_Plan	1	1	Our records show that you are now enrolled in [QHP ISSUER NAME]. Is that right?	Added "enrolled"
Name_Health_Plan	2	2	What is the name of your health plan?	
Got_HP_Info_Web	3	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?	
Got_Info_Pay_Serv	4	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?	
Got_Info_Pay_Rx	5	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?	
Got_Info_CS	N/A	6	In the last 6 months, did you try to get information or help from your health plan's customer service?	New Question for 2027 - Gate Item
Got_Info_Needed_CS	6	7	How often did your health plan's customer service give you the information or help you needed?	Removed "In the last 6 months"
HP_CS_Respect	7	8	How often did your health plan's customer service staff treat you with courtesy and respect?	Removed "In the last 6 months"



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
HP_CS_Wait_Too_Long	8	9	How often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?	Removed "In the last 6 months"
HP_Give_Forms	N/A	10	In the last 6 months, did your health plan give you any forms to fill out?	New Question for 2027 - Gate Item
HP_Forms_Easy	9	11	How often were the forms from your health plan easy to fill out?	Removed "In the last 6 months"
HP_Explain_Forms	10	12	How often did the health plan explain the purpose of a form before you filled it out?	Removed "In the last 6 months"
Got_HP_Forms_Lang	11	13	How often were the forms that you had to fill out available in the language you prefer?	Removed "In the last 6 months"
Got_HP_Forms_Format	12	14	How often were the forms that you had to fill out available in the format you needed, such as large print or braille?	Removed "In the last 6 months"
HP_Not_Pay_Service	13	15	In the last 6 months, how often did your health plan not pay for care that your doctor said you needed?	
HP_Thought_Pay	14	16	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?	



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Got_Appt_Quick	22	23	How often did you get an appointment in person, by phone, or by video for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Removed "In the last 6 months;" revised telehealth language
Num_Visits_Office	23	24	Not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic in person, by phone, or by video to get health care for yourself?	Removed "In the last 6 months;" revised telehealth language
Needed_Care_Easy	24	25	How often was it easy to get the care, tests, or treatment you needed in person, by phone, or by video?	Removed "In the last 6 months;" revised telehealth language
Got_Interpreter	25	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 in person, phone, or video appointment at your doctor's office or clinic, how often did you get one?	Revised telehealth language
Rate_Health_Care	26	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 that you got in person, by phone, or by video in the last 6 months?	Revised telehealth language
Have_Personal_Doc	N/A	28	A personal doctor is the provider you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	New Question for 2027 - Gate Item



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Num_Visits_Doc	27	30	How many times did you visit your personal doctor in person, by phone, or by video to get care for yourself?	Removed "In the last 6 months;" revised telehealth language
Doc_Easy_Understand	28	31	How often did your personal doctor explain things in a way that was easy to understand?	Removed "in the last 6 months"
Listen_Carefully	29	32	How often did your personal doctor listen carefully to you?	Removed "In the last 6 months"
Respect	30	33	How often did your personal doctor show respect for what you had to say?	Removed "In the last 6 months"
Spend_Enough_Time	31	34	How often did your personal doctor spend enough time with you?	Removed "In the last 6 months"
Doc_Have_Info	32	35	When you visited your personal doctor for a scheduled in person, phone, or video appointment, how often did he or she have your medical records or other information about your care?	Removed "In the last 6 months;" revised telehealth language
Tests_Ordered	N/A	36	In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?	New Question for 2027 - Gate Item
Tests_Follow_Up	33	37	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?	Removed "In the last 6 months"



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Tests_Results_Soon	34	38	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?	Removed "In the last 6 months"
Talk_All_Rx_Meds	35	39	In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?	
Multiple_Providers	36	40	In the last 6 months, did you get care in person, by phone, or by video from more than one kind of health care provider or use more than one kind of health care service?	Revised telehealth language
Needed_Care_Coord	37	41	Did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?	Removed "In the last 6 months"
Got_Care_Coord	38	42	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?	Removed "In the last 6 months"
Rate_Doc	39	43	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?	
Specialists_Visits	N/A	44	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?	New Question for 2027 - Gate Item



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Got_Specialist_Care	40	45	How often did you get an in person, phone, or video appointment to see a specialist as soon as you needed?	Removed "In the last 6 months" Revised telehealth language
Num_Specialists	41	46	How many specialists have you seen in person, by phone, or by video in the last 6 months?	Revised telehealth language
Doc_Up_to_Date	42	47	How often did your personal doctor seem informed and up-to-date about the care you got from specialists?	Removed "In the last 6 months"
Rate_Specialist	43	48	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?	
GHR	44	49	In general, how would you rate your overall health?	
MHR	45	50	In general, how would you rate your overall mental or emotional health?	
Use_Tobacco	46	N/A	N/A	Question removed
Advised_Quit_Tob	47	N/A	N/A	Question removed



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Recommend_Tob_Med	48	N/A	N/A	Question removed
Discuss_Tob_Non_Meds	49	N/A	N/A	Question removed
Same_Condition	50	51	In the past 6 months, did you get health care three or more times for the same condition or problem?	
Chronic_Condition	51	52	Is this a condition or problem that has lasted for at least 3 months?	
Take_Meds	52	53	Do you now need or take medicine prescribed by a doctor?	
Meds_Chronic_Condition	53	54	Is this medicine to treat a condition that has lasted for at least 3 months?	
Diff_Hear	54	55	Are you deaf or do you have serious difficulty hearing?	
Diff_See	55	56	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	
Diff_Remember	56	57	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	
Diff_Walk_Climb	57	58	Do you have serious difficulty walking or climbing stairs?	



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Diff_Dress_Bath	58	59	Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?	
Diff_Errands	59	60	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	
Age	60	61	What is your age?	
Sex	61	62	What is your sex?	
Educ	62	63	What is the highest grade or level of school that you have completed?	
Employment	63	64	What best describes your employment status?	
Not_Hispanic	64-1	N/A	N/A	Race/Ethnicity questions consolidated
Mexican	64-2	N/A	N/A	Race/Ethnicity questions consolidated
Puerto_Rican	64-3	N/A	N/A	Race/Ethnicity questions consolidated
Cuban	64-4	N/A	N/A	Race/Ethnicity questions consolidated
Otr_Hispanic	64-5	N/A	N/A	Race/Ethnicity questions consolidated



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Aian	65-1	65-1	What is your race and/or ethnicity? Are you American Indian or Alaska Native?	Race/Ethnicity questions consolidated
Asian	N/A	65-2	Are you Asian?	Race/Ethnicity questions consolidated
Asian_Indian	65-2	N/A	N/A	Race/Ethnicity questions consolidated
Chinese	65-3	N/A	N/A	Race/Ethnicity questions consolidated
Filipino	65-4	N/A	N/A	Race/Ethnicity questions consolidated
Japanese	65-5	N/A	N/A	Race/Ethnicity questions consolidated
Korean	65-6	N/A	N/A	Race/Ethnicity questions consolidated
Vietnamese	65-7	N/A	N/A	Race/Ethnicity questions consolidated
Other_Asian	65-8	N/A	N/A	Race/Ethnicity questions consolidated
Black	65-9	65-3	Are you Black or African American?	Race/Ethnicity questions consolidated
Hispanic_Latino	N/A	65-4	Are you Hispanic or Latino?	Race/Ethnicity questions consolidated



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Mena	N/A	65-5	Are you Middle Eastern or North African?	Race/Ethnicity questions consolidated
Nhpi	N/A	65-6	Are you Native Hawaiian or Pacific Islander?	Race/Ethnicity questions consolidated
Native_Hawaiian	65-10	N/A	N/A	Race/Ethnicity questions consolidated
Guamanian_Chamorro	65-11	N/A	N/A	Race/Ethnicity questions consolidated
Samoaan	65-12	N/A	N/A	Race/Ethnicity questions consolidated
Otr_Pacific_Island	65-13	N/A	N/A	Race/Ethnicity questions consolidated
Help	66	66	Did someone help you complete this survey?	
Help_Read	67-1	67-1	How did that person help you? <i>Mark one or more.</i> Read the questions to me.	
Help_Wrote	67-2	67-2	How did that person help you? <i>Mark one or more.</i> Wrote down the answers I gave.	
Help_Answer	67-3	67-3	How did that person help you? <i>Mark one or more.</i> Answered the questions for me.	



2027 Data Dictionary Variable	2026 Q#	2027 Q#	2027 Question Text	Question Text Change
Help_Translate	67-4	67-4	How did that person help you? <i>Mark one or more.</i> Translated the questions into my language.	
Help_Other	67-5	67-5	How did that person help you? <i>Mark one or more.</i> Helped in some other way.	