Health Insurance Exchange

Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2026

January 2026

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List of Exhibits

Executive Summary

The *Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2026* (*2026 QHP Enrollee Survey Technical Specifications*) (this document) provides survey vendors and health plan issuers with technical guidance for the 2026 administration of the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey). There are two companion documents for readers who want more information about how the survey data are used:

- *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026* details both the Quality Rating System (QRS) and QHP Enrollee Survey data collection requirements for QHP issuers and other interested parties.

- *2026 Quality Rating System Measure Technical Specifications* details the QRS clinical measure and QRS survey measure specifications.

These documents and all QHP Enrollee Survey materials, including English, Spanish, and Chinese questionnaires, the Discrepancy Report Form, and the Exception Request Form, can be found on the Centers for Medicare & Medicaid Services (CMS) Health Insurance Marketplace Quality Initiatives (MQI) website.

Background. The Patient Protection and Affordable Care Act directs the Secretary of the Department of Health and Human Services (HHS) to develop a quality rating system and assess enrollee satisfaction for each QHP offered through the Health Insurance Marketplaces and the Small Business Health Options Program. As a condition of participation in the Exchanges, CMS requires that QHP issuers submit QRS clinical measure data and QHP Enrollee Survey response data for their respective QHPs offered through an Exchange in accordance with CMS guidelines. Exchanges are also required to display QHP quality rating information on their respective websites.

The goals of the QHP Enrollee Survey are to:

- provide comparable and useful information to consumers about the quality of health care services and enrollee experience with QHPs offered through the Exchanges,

- facilitate oversight of QHP issuer compliance with quality reporting standards set forth in the Patient Protection and Affordable Care Act and implementing regulations, and

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

CMS aligned federal quality reporting standards for QHP issuers with other federal and state quality reporting program standards and its Meaningful Measures Initiative 2.0, aimed at identifying the highest priority areas for quality measurement and quality improvement. States have the flexibility to build upon the federal quality reporting standards for QHP issuers by setting additional standards that reflect state priorities and population-based needs.

QHP issuers that offered coverage through an Exchange in the prior year are required to submit third-party-validated QRS clinical measure data and QHP Enrollee Survey response data to CMS as a condition of certification. The QHP Enrollee Survey is used to measure the experience of the enrollee population in the Exchanges. While the survey uses questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys, [1] modifications and new questions were designed specifically for use with the Exchange enrollee population. Measures derived from a subset of survey questions are included in the QRS measure set and accompanying ratings. The domains of health care measured by the QHP Enrollee Survey include the following:

- Access to Care*

- Access to Information*

- Care Coordination*

- Cultural Competence

- Doctor Communication

- Enrollee Experience with Cost*

- Plan Administration*

- Prevention*

The domains marked with an asterisk (*) are included in the QRS measure set. Additional information on the QHP Enrollee Survey and QRS can be found on the [MQI website](#).

This document includes important data collection details, such as sampling specifications and implementation guidelines, for the 2026 QHP Enrollee Survey. Key exhibits for reference include the following:

- **Summary of Annual Changes.** Exhibit 1 summarizes the changes made to the 2026 specifications.

- **Key 2026 Dates for Survey Vendors.** Exhibit 3 lists the key events and associated dates that must be met by survey vendors to complete work in time to post the quality ratings for 2026 Open Enrollment.

- **Interested Party Resources.** CMS provides several telephone and email (Exhibit 4) and website (Exhibit 5) resources that interested parties (e.g. state-based exchange administrators, QHP issuers, survey vendors, and consumer advocates) can use to get help.

- **QHP Enrollee Survey Process.** Exhibit 7 provides an overview of the annual QHP Enrollee Survey administration process and the responsibilities of QHP issuers, HHS-approved survey vendors hired by issuers to conduct the survey, and CMS.

- **CMS and Vendor Roles and Responsibilities.** CMS requires standardized administration of the QHP Enrollee Survey data collection methodology for

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[1] CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

measuring and publicly reporting sampled enrollees' responses. To participate in QHP Enrollee Survey data collection, vendors must be HHS-approved to administer the QHP Enrollee Survey. Exhibit 8 and Exhibit 9 list CMS's roles and the required vendor roles and responsibilities for survey administration. If a vendor is noncompliant with program requirements for any of its client contracts, the QHP issuer's QHP Enrollee Survey results may not be included in QRS scores.

1.0 Document Purpose and Scope

This *Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2026* (*2026 QHP Enrollee Survey Technical Specifications*) document provides technical guidance regarding the administration of the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) for 2026. This document includes the sampling specifications and implementation guidelines for data collection for the 2026 QHP Enrollee Survey. Department of Health and Human Services (HHS)-approved survey vendors (vendors) will need to reference this document to collect and submit QHP Enrollee Survey data to the Centers for Medicare & Medicaid Services (CMS) in accordance with current requirements. CMS anticipates updating this document on an annual basis to reflect any changes to the survey instrument or administration guidelines.

Note: All HHS-approved QHP Enrollee Survey vendors must thoroughly review this document and due dates. Exhibit 1, the summary of changes, provides only a high-level overview of changes implemented for the 2026 QHP Enrollee Survey administration; each section must be reviewed in its entirety to understand all requirements. Vendors should **not** refer to prior year versions of the *QHP Enrollee Survey Technical Specifications* or any of its associated appendices or survey materials. This document and all associated appendices and survey materials replace all prior versions of guidance for the QHP Enrollee Survey. Vendors and QHP issuers should use the exhibits provided in this document as checklists to confirm that they are adhering to all QHP Enrollee Survey requirements and guidelines.

2.0 Intended Audience and Accompanying Documents

This *2026 QHP Enrollee Survey Technical Specifications* document is intended for QHP Enrollee Survey vendors and other interested parties that support the QHP Enrollee Survey data collection activities. There are two accompanying documents: (a) *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026*, which details both the Quality Rating System (QRS) and QHP Enrollee Survey data collection requirements for QHP issuers and other interested parties, and (b) *2026 Quality Rating System Measure Technical Specifications* (*2026 QRS Measure Technical Specifications*), which details the QRS clinical measure and QRS survey measure specifications. These documents can be found on the CMS Health Insurance Marketplace Quality Initiatives (MQI) website. For questions on individual measures, please contact the appropriate measure steward via the links listed in the *2026 QRS Measure Technical Specifications*.

3.0 Summary of Changes to the *2026 QHP Enrollee Survey Technical Specifications*

Please note that the information presented in [Exhibit 1](#) is intended to provide a high-level overview of the substantive updates and revisions made to the *2026 QHP Enrollee Survey Technical Specifications* (this document) between the 2025 and 2026 survey administration years. It is the full responsibility of each vendor to review this document in its entirety to verify that all 2026 specifications and guidelines are appropriately followed.

Exhibit 1: Summary of Changes to the *2026 QHP Enrollee Survey Technical Specifications*

Technical Specification Section	Summary of Changes
General	• Updated dates throughout, as needed. • Revised deadlines throughout, as needed.
Executive Summary	• Added an asterisk for the "Enrollee Experience with Cost" domain to denote that the measure is now included in the Quality Rating System measure set.
Section 4. Key Dates for QHP Issuers	• Added guidance in Exhibit 2 (Key Dates for QHP Issuers) to emphasize the issuer's responsibility to deliver a validated sample frame to the QHP Enrollee Survey vendor by January 30, 2026. • Revised the Exhibit 2 Note E to clarify that the Open Enrollment Period must begin no later than November 1 and end no later than December 31 of the calendar year preceding the benefit year of enrollment.
Section 5. Key Dates for Vendors	• Revised Exhibit 3 (Key Dates for Vendors) to specify that vendors must submit to the Project Team for review prior to internet administration of the survey at least 18 of each: a) unique sample login credentials, b) Uniform Resource Locator (URL) links with embedded log-in credentials, along with programmed emails, and c) unique quick response (QR) codes.
Section 7. Background	• Revised Exhibit 6 (QHP Enrollee Survey Domains) to add that the "Enrollee Experience With Cost" domain is now included in the Quality Rating System measure set.
Section 8. QHP Enrollee Survey Roles and Responsibilities	• Revised Exhibit 8 to clarify that CMS will provide training to vendors to administer and submit data for the QHP Enrollee Survey annually. • Revised Exhibit 9 (QHP Enrollee Survey Vendor Roles and Responsibilities) to reflect that vendors must have the capacity to conduct the QHP Enrollee Survey activities at the official business location or home-based place of work, as well as, if applicable, the ability to oversee remote operations. • Revised Exhibit 9 (QHP Enrollee Survey Vendor Roles and Responsibilities) to specify that vendors must verify desired oversampling percentages with QHP issuer clients and submit an oversampling Exception Request to CMS on behalf of QHP issuer clients interested in oversampling beyond 30% and at any increment. • Specified that in addition to the QHP Enrollee Survey Vendor Training, the QHP Enrollee Survey Data Submission Training is optional for subcontractors to attend.

Technical Specification Section	Summary of Changes
Section 10. Create Sample Frame and Draw Sample (Sampling)	• Updated Exhibit 14 (Vendor Sampling Activities) to specify that CMS will permit vendors to submit an Exception Request to oversample at any desired percentage. • Updated Oversampling section to reflect oversampling exception request process. • Revised Exhibit 18 (Example Quality Control Checks for Sample Frame Files) to add a quality control check for sample frame files to verify that total enrollment field is accurate and greater than 500.
Section 11. Prepare for Data Collection	• Specified that copies of signed confidentiality agreements must be retained by the vendor's project manager for one year. • Specified that after a minimum of 3 years, or as otherwise specified by CMS, vendors must securely destroy QHP Enrollee Survey–related data files in accordance with any applicable state and federal retention laws and safeguards for PHI and PII.
Section 12. Mail Survey	• Updated links to the Frequently Asked Questions document on the requirements of Section 1557.
Section 13. Internet Survey	• Revised Exhibit 32 to note that the internet survey must be compatible with Microsoft Edge. • Revised Exhibit 32 (Internet Survey Requirements) to remove instructions for vendors to program a landing page for the internet survey – instead, sampled enrollees should be taken to the survey instructions page. • Added a requirement to Exhibit 33 (Internet System Requirements) that specifies the internet survey must include a button that allows respondents to toggle between survey languages throughout the survey. • Updated Exhibit 35 to reflect the revised manual entry process. • Updated Exhibits 36 and 37 to reflect the revised automatic entry processes with email links and QR codes. • Added instructions to Section 13.3.4 (Internet Survey Log-In Page) that specify that once a sampled enrollee's customized log-in information is entered, they must be taken to the survey instructions page in their preferred language. • Removed reference to survey "landing" page throughout the section and replaced it with survey "instructions" page. • Revised Exhibit 38 to remove the internet survey landing page requirements.
Section 16. Collect Data	• Clarified that CMS will remotely monitor live interviews through telephone interview monitoring sessions and discuss vendor's processes during remote visits.
Section 19. Comply With Oversight Activities	• Revised Exhibit 67 (Vendor Oversight Reports) to specify that all vendors, even those without a contract to collect data, are still required to submit a Quality Assurance Plan (QAP) to CMS for review and approval. • Updated guidance in 19.3 (Survey Material Review) to specify that vendors must submit to the Project Team for review prior to internet administration of the survey at least 18 of each: a) unique sample login credentials, b) URL links with embedded log-in credentials, along with programmed emails, and c) unique QR codes. • Updated guidance in Section 19.11 (Exception Requests) to specify that if vendors are requesting multiple exception requests, each proposed exception must be clearly detailed and submitted within one consolidated Exception Request Form.

Technical Specification Section	Summary of Changes
Appendix A: Glossary and List of Acronyms	• Updated Exhibit A-1 (Glossary) and Exhibit A-2 (List of Acronyms).
Appendix B: 2026 Minimum Business Requirements	• Updated guidance to require all staff and vendors, including remote staff, be able to conduct all survey-related activities within the Continental United States, Hawaii, Alaska, and U.S. Territories to enable the Project Team to conduct all required oversight activities. • Updated guidance requiring vendors to have the capacity and demonstrate the ability to oversee and implement remote operations and confirm the continued quality control and data security of remote staff if electing to use remote operations for select survey functions (e.g., customer support, telephone interviewing). • Revised guidance to clarify which personnel are required to attend the Data Submission training.
Appendix C. Model Vendor Quality Assurance Plan	• Updated guidance to require all vendors, whether they have a contract in place to collect data or not, to submit a QAP to CMS for review. • Added guidance for vendors to describe any planned remote operations, as applicable, in detail within their QAPs.

Appendix E. Sample Frame File Layout	• Made the following updates to Exhibit E-1 (Sample Frame File Layout):
	  o Updated the valid value format for Enrollee Date of Birth.
	  o Added three variables to the sample frame (Claim or Encounter with QHP issuer; Primary Care Provider Status; and Visit with Specialty Doctor).
	  o Adjusted the field position start and end for the Total Enrollment variable to account for the three newly added sample frame variables.

Appendix F. Data Dictionary	• Made the following updates to Exhibit F-1 (Data Dictionary File Layout):
	  o Noted that "unknown" codes can only be used with permission from the QHP Project Team prior to data submission for the Internet Opt In, Internet Device Type, Internet Browser, and Response Time variables.
	  o Updated the valid values for Internet Browser to specify Microsoft Edge in Exhibit F-1 (Data Dictionary File).
	  o Noted that -1 = Not ascertained (phone or internet only) for the Response Time variable can only be used with permission from the QHP Project Team prior to data submission.
	  o Revised "Name_Health_Plan" field to note vendors must truncate responses to 250 characters or less.
	  o Added three new variables (SF_Has_Claim, SF_Has_PCP, SF_Has_Specialist).

4.0 Key Dates for QHP Issuers

Exhibit 2 highlights key events and dates associated with 2026 QRS and QHP Enrollee Survey implementation. CMS expects QHP issuers to meet the following deadlines so data validators (Healthcare Effectiveness Data and Information Set [HEDIS® [2]] Compliance Auditors) and vendors can effectively support QHP issuers in complying with data collection and submission requirements. Details are addressed in the sections that follow.

Exhibit 2: Key Dates for QHP Issuers

Event	Date
QHP issuer contracts with a HEDIS® Compliance Organization (National Committee for Quality Assurance [NCQA]-licensed) for validation of the QHP Enrollee Survey sample frame and the QRS clinical measure data.	**Deadline:** October 1, 2025
QHP issuer contracts with an HHS-approved QHP Enrollee Survey vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS.	**Deadline:** January 30, 2026
QHP issuer pulls the QHP Enrollee Survey sample frame on or after January 7, 2026. HEDIS® Compliance Auditor (employee of or contracted by the HEDIS® Compliance Organization) completes validation of the QHP Enrollee Survey sample frame by January 30, 2026. QHP issuer forwards the auditor-locked sample frame data file(s) and documentation of the validation results to their contracted QHP Enrollee Survey vendor (via secure transmission) by January 30, 2026.	**Deadline:** January 30, 2026
QHP issuer completes attestation to the QRS and QHP Enrollee Survey Issuer Eligibility Criteria via the QHP Enrollee Survey website. QHP issuer authorizes a QHP Enrollee Survey vendor and communicates this information to CMS via the QHP Enrollee Survey website. QHP issuer attests if each reporting unit is ineligible or eligible for QRS and QHP Enrollee Survey data submission. • **Ineligible reporting units:** QHP issuer reports ineligibility to CMS if the QHP issuer determines that a reporting unit does not meet the enrollment thresholds or any other eligibility requirement. • **Eligible reporting units:** QHP issuer reports eligibility if the QHP issuer determines that a reporting unit is required to collect and submit validated clinical measure data and QHP Enrollee Survey enrollee response data. QHP issuer authorizes an HHS-approved QHP Enrollee Survey vendor and confirms QHP Enrollee Survey sample frame validation. **Note:** The *2026 QRS and QHP Enrollee Experience Survey: Operational Instructions* include detailed steps on how to complete the attestation and survey vendor authorization via the QHP Enrollee Survey website.	**Deadline:** January 30, 2026
QHP issuer completes NCQA's Healthcare Organization Questionnaire (HOQ) for the HEDIS® Compliance Auditor to prepare for QRS clinical measure data submission.	**Deadline:** February 2026
QHP issuer and HEDIS® Compliance Auditor complete the HEDIS® Compliance Audit™.[a]	January–June 2026[b]
HHS-approved QHP Enrollee Survey vendor administers the QHP Enrollee Survey using the validated survey sample frame.	February–May 2026
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS (on behalf of the QHP issuer).	**Deadline:** May 15, 2026
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's IDSS.[c] **Note:** *Each QHP issuer must submit and plan-lock its QRS clinical measure data by May 29 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 15 deadline.*	**Deadline:** June 15, 2026, by 9:00 p.m. ET

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[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Event	Date
QHP issuers, Exchange administrators, and CMS preview the 2026 QHP quality rating information.	August/September 2026
Anticipated public display of QHP quality rating information.	**Deadline:** Start of the 2027 individual market Open Enrollment Period (OEP)[d]

[a] The HEDIS® Compliance Audit™ is a trademark of NCQA.

[b] For a more detailed timeline for the HEDIS® Compliance Audit™, see https://wpcdn.ncqa.org/www-prod/HEDIS-MY-2025-Audit-Timeline.pdf

[c] There are no fees for QHP issuers associated with accessing and using the IDSS.

[d] For benefit years starting January 1, 2027, and beyond, CMS finalized a change to the annual OEP for coverage through all individual market Exchanges. Rather than specifying November 1 through December 15 as the OEP period as proposed, the final rule at § 155.410(e) provides that the OEP must begin no later than November 1 and end no later than December 31 of the calendar year preceding the benefit year of enrollment.

5.0 Key Dates for Vendors

Exhibit 3 highlights key vendor tasks associated with 2026 QRS and QHP Enrollee Survey implementation. CMS expects all vendors to meet the following deadlines.

Exhibit 3: Key Dates for Vendors

Task	Date
Conditionally approved vendors contract with QHP issuers to administer the QHP Enrollee Survey. During the contracting process, vendors inform clients of the date by which they need to receive the validated sample frame (January 30, 2026).	September 2025–January 2026
Conditionally approved vendors participate in and successfully complete annual QHP Enrollee Survey Vendor Training.	September 25, 2025
Mail Materials—Vendors submit mail materials prior to volume printing. All vendors must submit English and Spanish materials for review. Vendors administering the survey in Chinese are required to submit Chinese mail materials. CMS reviews the submitted materials and responds to the vendor within 10 business days.	**Deadline:** October 10, 2025
CMS conducts remote data record review sessions with returning vendors (if applicable) before the onset of survey fielding.	December 2025
Report #1—Vendors submit Quality Assurance Plans (QAPs).	**Deadline:** October 17, 2025
Internet Materials—Vendors submit the internet survey URL and at least 18 sample log-in credentials (usernames and/or passwords), in addition to 18 URL links with embedded log-in credentials, along with programmed emails prior to internet administration of the survey. Vendors also submit 18 unique QR codes for review. Emails and the internet survey must be programmed in both English and Spanish. Vendors administering the survey in Chinese are required to submit Chinese internet materials. CMS reviews the submitted materials and responds to the vendor within 15 business days.	**Deadline:** October 31, 2025
Telephone Materials—Vendors submit screenshots of programmed computer-assisted telephone interviewing (CATI) scripts prior to the onset of fielding. All vendors must submit English and Spanish screenshots for review. Vendors administering the survey in Chinese are required to submit Chinese telephone materials. CMS reviews the submitted materials and responds to the vendor within 10 business days.	**Deadline:** November 14, 2025
Report #2—Vendors submit a preliminary QHP issuer client list and oversampling requests.	**Deadline:** January 7, 2026
CMS conducts telephone script review sessions.	Mid to late January 2026
Vendors obtain authorization from QHP issuer clients to conduct surveys on their behalf. Vendors receive validated sample frames from QHP issuers. Vendors obtain confirmation from the QHP issuers that a HEDIS® Compliance Auditor validated the sample frame. Vendors notify CMS via email (QHP_Survey@air.org) of any QHP issuer clients that have not provided a validated sample frame.	**Deadline:** January 30, 2026
CMS reviews mail and email seeds.	February–April 2026
Vendors administer the QHP Enrollee Survey per sampling and fielding protocols.	February–May 2026

Task	Date
Report #3—Vendors submit the final QHP issuer client list and sample frame receipt status for each reporting unit.	**Deadline:** February 6, 2026
Vendors participate in annual QHP Enrollee Survey Data Submission Training.	February 26, 2026
CMS conducts remote visit sessions.	March 2026
CMS monitors vendor telephone and email customer support services.	March 2026
Report #4—Vendors submit the Interim Progress Report.	**Deadline:** April 3, 2026
Test Data Submission—Vendors submit at least one unencrypted test ZIP file containing files for two reporting units, to include at least 100 records between the two reporting units. Vendors submit the files via the QHP Enrollee Survey website (https://qhpsurvey.cms.gov) in accordance with the data file specifications described in the Code and Submit Data section of this document Vendors must attend data submission training on February 26, 2026.	April 8–10, 2026
CMS conducts remote telephone interviewer monitoring sessions.	April 2026
QHP Enrollee Survey Data Submission—Vendors submit all data files via the QHP Enrollee Survey website (https://qhpsurvey.cms.gov) in accordance with the data file specifications described in the Code and Submit Data section of the *2026 QHP Enrollee Survey Technical Specifications* (this document) by 11:59 p.m. ET on May 15, 2026.	May 8–15, 2026
Data Resubmission—Vendors resubmit data files within 3 business days upon request, if needed.	May 18–20, 2026
Report #5—Vendors submit the Final Report.	**Deadline:** May 22, 2026

6.0 QHP Enrollee Survey Interested Party Resources

6.1 Help Desk and Technical Assistance for the QHP Enrollee Survey

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

Exhibit 4: QHP Enrollee Survey Resources

Audience	Description	Contact Information
QHP issuers (general questions)	• Please submit questions to the Marketplace Service Desk via email or phone. • Please reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line of the email.	CMS_FEPS@cms.hhs.gov 1-855-CMS-1515 (1-855-267-1515)
QHP issuers (attestation and vendor selection)	• Please submit any questions about QHP issuer attestation and survey vendor selection via email.	QHP_Survey@air.org
SBEs	• Please submit questions to your respective State Officers.	
Federally-Facilitated Exchanges (FFEs) and State-Based Exchanges on the Federal Platform (SBE-FPs)	• Please submit questions via email and reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line.	CMS_FEPS@cms.hhs.gov
Vendors	• Please submit all questions, materials, and reports via email.	QHP_Survey@air.org
Other interested parties	• Please submit questions via email and reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line.	Marketplace_Quality@cms.hhs.gov

6.2 Website Links

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

Exhibit 5: Quality Rating System and QHP Enrollee Survey Website Links

Website	Description	Link
CMS MQI website	This website provides resources related to CMS MQI activities, including the QRS, QHP Enrollee Survey, Quality Improvement Strategy (QIS), and patient safety standards. As the central site for the QHP Enrollee Survey and QRS resources, this site contains instructional documents regarding the QRS and QHP Enrollee Survey implementation and reporting, including this document, the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026*, and the *2026 Quality Rating System Measure Technical Specifications*.	https://www.cms.gov/marketplace/about/health-insurance-marketplace-quality-initiatives
NCQA HEDIS® Compliance Audit™ website	This website provides information related to sample frame validation, including the data validator contracting process, as well as HEDIS® Compliance Audit™ standards, policies, and procedures.	https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/
Registration for Technical Assistance Portal (REGTAP) website	This website serves as an information hub for CMS technical assistance related to Exchange and Premium Stabilization Program requirements. Registered users can access the library, frequently asked questions, training resources, and the inquiry tracking and management system. Use key word search "Quality Rating System" or "QHP Enrollee Survey" to identify any resources related to the QRS and the QHP Enrollee Survey.	https://regtap.cms.gov/ (registration required)
State Exchange Resource Vital Information System (SERVIS) website	This website serves as an information hub for CMS technical assistance related to the SBE requirements. Registered state users can access relevant resources organized by the Center for Consumer Information and Insurance Oversight (CCIIO) State Marketplace and Insurance Programs Group.	https://portal.cms.gov/ (registration required)
CAHPS® website	This website provides a variety of patient experience survey–related information.	https://www.ahrq.gov/cahps/index.html
QHP Enrollee Survey website	This website is intended for QHP issuers to attest to the QRS and QHP Enrollee Experience Survey Issuer Eligibility or Ineligibility Criteria and to notify CMS of their selected HHS-approved survey vendor. This website also allows survey vendors to securely submit data files to CMS on behalf of QHP issuers during the specified data submission periods.	https://qhpsurvey.cms.gov (registration required)

7.0 Background

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

Based on this authority, CMS finalized regulations in May 2014 to establish standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Exchange. [5] As a condition of certification and participation in the Exchanges, CMS requires that QHP issuers submit QRS clinical measure data and QHP Enrollee Survey response data for their respective QHPs offered through an Exchange in accordance with CMS guidelines. [6] **Exchanges are also required to display QHP quality rating information on their respective websites.** [7] QHP issuers can refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026* for all relevant statutory and regulatory citations for the QRS and QHP Enrollee Survey.

7.1 QHP Enrollee Survey Goals

The goals of the QHP Enrollee Survey are to:

- provide comparable and useful information to consumers about the quality of health care services and enrollee experience with QHPs offered through the Exchanges,

- facilitate oversight of QHP issuer compliance with quality reporting standards set forth in the Patient Protect and Affordable Care Act and implementing regulations, and

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

CMS aligned federal quality reporting standards for QHP issuers with other federal and state quality reporting program standards, as well as with the Meaningful Measures Initiative 2.0, aimed at identifying the highest priority areas for quality measurement and quality improvement in order to assess the core quality of care issues that are most vital to advancing the agency's

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[3] The Patient Protection and Affordable Care Act (Pub. L. 111–148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152), collectively referred to as the Patient Protection and Affordable Care Act.

[4] Unless the context indicates otherwise, the term "Exchanges" refers to the Federally-facilitated Exchanges (FFEs), inclusive of FFEs where the state performs plan management functions, and the State Exchanges. State Exchanges are inclusive of State-based Exchanges, which operate their own eligibility and enrollment platform, and State-based Exchanges on the Federal Platform.

[5] See 79 Fed. Reg. 30240 at 30352. Also see 45 C.F.R. §§ 155.1400, 155.1405, 156.1120 and 156.1125.

[6] 45 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125.

[7] 45 C.F.R. §§ 155.1400 and 155.1405.

work to improve patient outcomes. [8] States have the flexibility to build upon the federal quality reporting standards for QHP issuers by setting additional standards that reflect state priorities and population-based needs.

7.2   Required Entities

QHP issuers that offered coverage through an Exchange in the prior year are required to submit third-party–validated QRS clinical measure data and QHP Enrollee Survey response data to CMS as a condition of certification. [9]

7.3   About the QHP Enrollee Survey

The QHP Enrollee Survey is used to measure the experience of the enrollee population in the Exchanges. While the survey utilizes questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Surveys, [10] modifications and new questions were designed specifically for use with the Exchange enrollee population.

Consistent with CAHPS instruments, the QHP Enrollee Survey uses a 6-month reference period. The survey assesses enrollee experience with a QHP offered through an Exchange on the domains presented in Exhibit 6. Measures derived from a subset of survey questions are included in the QRS measure set and accompanying ratings. For a crosswalk that maps each QHP Enrollee Survey item question source and relevant QRS measure, see Exhibit 65.

Exhibit 6: QHP Enrollee Survey Domains

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

* Survey questions within this topic are included in the Quality Rating System measure set.

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[8] The Meaningful Measures Initiative, launched in 2017, is a CMS initiative that identifies the highest priorities for quality measurement and improvement. Since its initial launch in 2017, there have been updated iterations such as the Meaningful Measures 2.0, as well as other new initiatives such as the CMS National Quality Strategy. The Meaningful Measures 2.0 involves assessing those core issues that are the most critical to providing high-quality care and improving individual outcomes. Working as a one of many initiatives and activities under the CMS National Quality Strategy, Meaningful Measures 2.0 promotes innovation and modernization of all aspects of quality measurement, addressing a wide variety of settings, stakeholders, and measurement requirements. The initiative focuses on eight quality priority areas: person-centered care, equity, safety, affordability and efficiency, chronic conditions, wellness and prevention, seamless care coordination, and behavioral health. For additional information, please visit https://www.cms.gov/medicare/quality/meaningful-measures-initiative/cms-quality-strategy.

[9] 45 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125.

[10] CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

For information on the QHP Enrollee Survey measures included in the QRS and the scoring methodology, refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026*, which can be found on the MQI website.

7.4 QHP Enrollee Survey Process

Exhibit 7 provides an overview of QHP Enrollee Survey administration process and the key parties responsible for each administration step.

Exhibit 7: QHP Enrollee Survey Process

	QHP Issuer Responsibility	Vendor Responsibility	CMS Responsibility
Determine Eligibility	• Determine plan eligibility to field the survey. • Contract with vendor and auditor.	• Contract with QHP issuer.	• Publish technical specifications for survey. • Solicit, approve, and train vendors. • Provide technical assistance. • Provide quality oversight.
Create Sample	• Develop sample frame. • Issuer's contracted HEDIS auditor validates sample frame.	• Review and deduplicate sample frame. • Submit oversampling exception request to CMS (if requested by plans). • Draw sample (oversample, if approved by CMS).	• Provide technical assistance. • Provide quality oversight.
Prepare for Data Collection	• Attest to reporting eligibility and notify CMS of vendor selection via the QHP Enrollee Survey website.	• Design survey materials according to specifications. • Program telephone and internet survey. • Update enrollee contact information. • Train staff.	• Review vendor-produced survey materials. • Provide technical assistance. • Provide quality oversight.
Collect Data		• Activate internet survey. • Mail prenotification letter, two survey packets, and reminder letter. • Send notification and reminder emails. • Process incoming mail. • Conduct telephone surveys. • Provide customer support. • Conduct ongoing quality assurance (QA) and quality control (QC).	• Provide technical assistance. • Provide quality oversight.
Code and Process Data		• Ensure data security. • Enter and conduct QA review of data. • Assign disposition codes. • Conduct optional limited analysis for QHP issuer clients.	• Host data submission training. • Hold test data submission. • Provide technical assistance. • Provide quality oversight.

	QHP Issuer Responsibility	Vendor Responsibility	CMS Responsibility
Submit Data ⬇		• Create data files at reporting unit level. • Conduct data QA. • Submit data files to CMS via the QHP Enrollee Survey website. • Correct errors identified by CMS, if needed.	• Conduct QA validation of data files. • Produce data validation reports for vendors. • Provide technical assistance. • Provide quality oversight.
Analyze Data ⬇	• Review/confirm the QHP List in the Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM).		• Clean data. • Analyze data. • Provide technical assistance. • Provide quality oversight.
Report and Use Data	• Review Preview Reports and Quality Improvement (QI) Reports • Use results for marketing. • Use results for QHP issuer/plan QI.	• Calculate response rates. • Retain sample frames, surveys, and data files for 3 years.	• Create QHP issuer QI Reports. • Provide data files to QRS team. • Produce deidentified public use files. • Provide technical assistance. • Provide quality oversight.

7.5   Communication with Enrollees about the QHP Enrollee Survey

Survey vendors and QHP issuers are allowed to notify enrollees that they may be asked to participate in the 2026 QHP Enrollee Survey. If a QHP issuer chooses to notify enrollees that they may receive a survey, then all enrollees must be notified. Certain types of communication (either oral or written, in any survey mailings, emails, telephone scripts, and/or newsletters) are not permitted as they may introduce bias in the survey results. For instance, survey vendors, QHP issuers, or their agents are **not** allowed to:

- Attempt to influence or encourage enrollees to answer survey questions in a particular way

- Imply that the QHP issuer, its personnel, or agents will be rewarded or gain benefits for positive feedback from enrollees by asking enrollees to choose certain responses or indicate that the issuer is hoping for a given response

- Offer incentives of any kind to prompt, influence, or increase participation

- Show or provide the QHP Enrollee Survey or cover letters to enrollees prior to the administration of the survey

- Indicate that the issuer's goal is for all enrollees to rate them a "10" or "Always"

8.0 QHP Enrollee Survey Roles and Responsibilities

8.1 CMS and Vendor Roles and Responsibilities

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

To participate in QHP Enrollee Survey data collection, vendors must be HHS-approved to administer the QHP Enrollee Survey. Exhibit 8 and Exhibit 9 list CMS's roles and the required vendor roles and responsibilities for survey administration.

Exhibit 8: QHP Enrollee Survey CMS Roles and Responsibilities

CMS Roles and Responsibilities
Provide vendors with standardized survey fielding protocols, the associated timeline and materials, and a description of the data submission methods for the QHP Enrollee Survey through distribution of the *2026 QHP Enrollee Survey Technical Specifications* (this document).
Train vendors to administer and submit data for the QHP Enrollee Survey annually.
Conduct oversight of vendor processes and procedures prior to and during survey fielding.
Provide technical assistance via email to vendors and QHP issuers (QHP_Survey@air.org), and update the MQI website as required.
Supply vendors with the tools, format, and procedures for submitting collected data.
Process, review, and analyze data files submitted by vendors.
Provide summary-level QHP Enrollee Survey results to QHP issuers and Exchanges.

Exhibit 9: QHP Enrollee Survey Vendor Roles and Responsibilities

Vendor Roles and Responsibilities	✓
Meet the QHP Enrollee Survey Minimum Business Requirements and adhere to all Participation Rules. **Note:** 2026 Participation Rules are listed in the *2026 Vendor Participation Form*.	
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 contained in this document.	
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. CMS will compare this list to the list of authorized QHP Enrollee Survey vendors received from QHP issuers.	
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. Submit an oversampling Exception Request (see the Exception Requests section) to CMS for approval on behalf of QHP issuer clients interested in oversampling beyond 30% and at any increment.	
Draw the sample from the validated sample frame provided by the QHP issuer using the specifications provided in this document.	

Vendor Roles and Responsibilities	✓
Administer the QHP Enrollee Survey and oversee the quality of work performed by staff and subcontractors, if applicable, per the protocols and procedures established by CMS and contained in this document. Vendors must have the capacity to conduct all survey-related work, including mail and internet survey administration activities and telephone interviewing at the official business location or home-based place of work. Business operations for the QHP Enrollee Survey must be conducted within the continental United States, Hawaii, Alaska, or the U.S. territories to facilitate required quality oversight activities. This requirement applies to all staff and subcontractors.	
Successfully submit test data to CMS for review by the deadline established by CMS (April 8–10, 2026).	
Successfully submit all final data files in accordance with the file specifications included in this document by the deadline established by CMS (May 8–15, 2026).	
Correct any errors returned by CMS until data files are submitted accurately and within the deadline established by CMS (May 18–20, 2026).	
Meet all QHP Enrollee Survey due dates (including submission of QAPs, project reports, and survey materials for review) or risk revocation of approval to administer the QHP Enrollee Survey.	

If a vendor is noncompliant with program requirements for any of its client contracts, then the QHP issuer's QHP Enrollee Survey results may not be included in QRS scores.

8.1.1 Business Location and Continuity

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

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

8.1.2 Permissible Subcontracting

The following activities are eligible for subcontracting by vendors:

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

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

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

Vendors are responsible for providing oversight to verify the integrity of the work conducted by subcontractors and must provide CMS with documentation of subcontractor-specific oversight processes. Vendors must provide written documentation of their oversight process for each subcontracted activity in their Quality Assurance Plan (QAP). These may include a description of internal processes and procedures implemented to check the accuracy and compliance with established protocols of any subcontractor activities, internal reports providing evidence that oversight procedures of subcontractors were implemented, and any corrective actions required to remediate subcontractor errors. The approval of subcontractors is subject to CMS review.

The following activities may not be subcontracted:

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

9.0 Determine QHP Issuer Eligibility

9.1 Overview

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

> **Reporting unit:** The unique state-product type for each QHP issuer through the Exchange, including QHPs in both the SHOP and individual market.
>
> **Product types subject to QRS and QHP enrollee survey requirements:** Exclusive provider organization (EPO), health maintenance organization (HMO), point of service (POS), and preferred provider organization (PPO).

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

- **Step 2:** Determine whether the reporting unit operated on an Exchange in 2025.

- **Step 3:** Determine whether the reporting unit will operate on an Exchange in 2026 as the *same* product type.

- **Step 4:** Confirm that the reporting unit will not discontinue before June 15, 2026.

- **Step 5:** Determine whether the reporting unit met the first enrollment threshold (i.e., had more than 500 enrollees as of July 1, 2025).

- **Step 6:** Determine whether the reporting unit met the second enrollment threshold (i.e., had more than 500 enrollees as of January 1, 2026).

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

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

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

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

- **Discontinued:** The QHPs in the reporting unit will not be offered (i.e., not being offered to new members and/or not available for purchase during the 2027 Open Enrollment period) through an Exchange and will not be operational. For example, the QHPs in the reporting unit will have zero active members in the ratings year prior to June 15, 2026, and will not be sold through an Exchange during the 2027 Open Enrollment period. In the event that a reporting unit is discontinued before June 15 of

the ratings year (i.e., June 15, 2026) *and* all enrollees are automatically transferred to a new reporting unit of the same product type, then the new reporting unit is responsible for meeting reporting requirements. Please refer to the Marketplace Quality Initiatives FAQs for the difference between discontinuation and uniform modification.

9.2 Process

9.2.1 Define Reporting Unit(s)

QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data for each eligible **reporting unit**, which is defined as the unique state-product type offered by a QHP issuer through the Exchange, [11] including QHPs in both the SHOP and the individual market. QHP issuers may not combine product types or states.

The **product type** is defined as the discrete package of health insurance coverage benefits that a health plan insurance issuer offers using a particular product network type (i.e., health maintenance organization [HMO], preferred provider organization [PPO], exclusive provider organization [EPO], and point of service [POS]) plans within a service area. This term refers to a specific contract of covered benefits rather than a specific level of cost sharing imposed. At this time, the QRS and QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee-for-service plans), stand-alone dental plans, or child-only plans. The QRS and QHP Enrollee Survey requirements also do not apply to basic health program (BHP) plans.

9.2.2 Evaluate Reporting Unit Eligibility Criteria

QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data for each reporting unit [12] (defined above) that meets all the below criteria:

- Offered [13] through an Exchange in the prior year (i.e., 2025 calendar year)
- Offered through an Exchange in the ratings year (i.e., 2026 calendar year) as the exact same product type
- Meets the QRS and QHP Enrollee Survey minimum enrollment requirements: [14, 15]
- Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2025)

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[11] "Exchange" includes Federally-facilitated Exchanges, State-based Exchanges, and State-based Exchanges on the Federal Platform.

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

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

[14] 45 C.F.R. §§ 156.1120(a) and 156.1125(b).

[15] The QHP Enrollee Survey minimum enrollment requirement aligns with standards set forth in 45 C.F.R. § 156.1125(b)(1). CMS established the minimum enrollment requirement for QRS to align with the QHP Enrollee Survey minimum enrollment requirement and to support a sufficient size for credible and reliable results.

– Included more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2026)

Note: In other words, QHP issuers are required to collect and submit validated clinical measure data and QHP Enrollee Survey enrollee response data for each *product type* offered through an Exchange for *two consecutive years* (i.e., 2025 and 2026) that had more than 500 enrollees as of July 1, 2025, and more than 500 enrollees as of January 1, 2026.

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

Reporting units discontinued before June 15 of the ratings year (i.e., June 15, 2026) are exempt from the QRS and QHP Enrollee Survey requirements. For an eligible reporting unit impacted by a QHP issuer change in ownership (e.g., merger, acquisition) effective as of January 1 of the ratings year, the QHP issuer that assumes the reporting unit is responsible for meeting these requirements.

CMS will **not** accept voluntary data submissions for reporting units that do not meet eligibility criteria as defined above.

Reporting Unit Plan and Enrollee Inclusion Criteria

Exhibit 10 provides a list of plans and enrollees to include in a reporting unit. CMS will **not** accept data submissions for reporting units that do not follow the guidelines as defined below for determining which enrollees should be included.

Exhibit 10: Guidelines for Plans Determining Which Enrollees to Include and Exclude in a Reporting Unit

Creating a Reporting Unit Applies to QRS Clinical Measures and the QHP Enrollee Survey	✓
Include the following enrollees:	
Enrollees in QHPs offered through an Exchange (HIOS variant IDs -01 through -06 <u>and</u> -31 through -36 for states with Medicaid 1115 waivers where the Medicaid expansion population is eligible to enroll in Exchange plans) in the prior year (i.e., 2025 calendar year)	
Enrollees in QHPs that provide family and/or adult medical coverage	

Enrollees from both the individual market (IFPs) and SHOP if the QHP issuer offers the same product type in the individual market as well as the SHOP within a state (i.e., **combine** SHOP and IFPs if they are the same product type offered in the same state)
Example:
    a. QHP issuer XYZ has 500 SHOP HMO enrollees in a particular state and 200 IFP HMO enrollees.
    b. QHP issuer XYZ pulls the reporting unit sample frame after January 6, 2026, containing 700 enrollees from SHOP and IFP HMOs.	

Combine enrollees from multiple products of the same product type in a single state into one reporting unit
Example:
    a. QHP issuer XYZ has three HMO plans in a particular state.
    b. QHP issuer XYZ combines enrollees from the three HMO plans for that state into a single reporting unit.	

Creating a Reporting Unit Applies to QRS Clinical Measures and the QHP Enrollee Survey	✓

Combine enrollees from the same product type with multiple plan levels (i.e., bronze, expanded bronze, silver, gold, platinum, catastrophic) into one reporting unit.
Example:
    a. QHP issuer XYZ has silver and gold HMOs in a particular state.
    b. QHP issuer XYZ combines enrollees from the silver and gold HMOs for that state into a single reporting unit.	

Enrollees in QHPs offered through an Exchange that may be aligned to a different issuer in the prior year in cases where the QHP issuer has documented a change in ownership that is effective as of January 1 of the ratings year (i.e., 2026 calendar year) should be included. In cases of such mergers or acquisitions, the gaining QHP issuer should include enrollees previously aligned to the ceding QHP issuer.	
Exclude the following enrollees:	
Enrollees in plans offered outside the Exchange (HIOS variant ID-00) and non-QHPs	
Enrollees in indemnity (i.e., fee-for-service) health plans, child-only health plans, or stand-alone dental plans	
Enrollees in BHP plans	
Confirm minimum enrollment criteria	
The QHPs in the reporting unit will operate on the Exchange as the exact same product type in both the 2025 and 2026 calendar years.	
There were more than 500 enrollees in the reporting unit as of July 1 in the prior year (i.e., July 2025).	
There were more than 500 enrollees in the reporting unit as of January 1 of the ratings year (i.e., January 2026).	

Example:

A fictional QHP issuer is certified to offer family medical coverage in two states: West Virginia (WV) and Maryland (MD). Exhibit 11 shows the characteristics of the QHP issuer's reporting units. In accordance with the eligibility criteria defined in Exhibit 10, this QHP issuer must collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data to CMS for reporting unit 12345-WV-PPO and reporting unit 12345-MD-EPO. The other reporting units either did not have sufficient enrollment as of July 1, 2025, did not have sufficient enrollment as of January 1, 2026, or will be discontinued before June 15, 2026.

Exhibit 11: Example Reporting Units for a QHP Issuer Assessed Against 2026 Quality Rating System and QHP Enrollee Survey Participation Criteria

Reporting Unit	Enrollment as of July 1, 2025 (total and per individual market vs. SHOP)	Enrollment as of January 1, 2026 (total and per individual market vs. SHOP)	Discontinued Prior to June 15, 2026?	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, 2025	No—not operating in ratings year
12345-MD-PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	No	No—insufficient enrollment size in both years
12345-MD-HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	No	No—insufficient enrollment size as of January 1, 2026
12345-MD-EPO	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	No	Yes
12345-WV-EPO	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	No	No—insufficient enrollment size in both years

QHP issuers that have specific questions related to the application of the QRS and QHP Enrollee Survey participation criteria and/or are determining reporting unit eligibility should seek guidance from CMS via the Marketplace Service Desk (see Exhibit 4).

9.2.3   Ineligible Reporting Units: Report Ineligible Reporting Units

QHP issuers with ineligible reporting units must submit the reporting unit information and ineligibility reason to CMS by **January 30, 2026**. QHP issuers must include complete information for each reporting unit that does not meet eligibility criteria by selecting from a menu of ineligibility reasons. The *2026 QRS and QHP Enrollee Experience Survey: Operational Instructions* document was posted to the CMS MQI website and distributed to QHP issuers in November 2025. These instructions will include detailed steps on the process for submitting ineligibility information via the QHP Enrollee Survey website.

9.2.4   Eligible Reporting Units: Attest to Reporting Unit Information and Authorize a Vendor

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

A list of HHS-approved vendors is available on the MQI website. QHP issuers may contract with any vendor on the list of approved vendors for the current survey administration year. QHP issuers are not required to contract with the same vendor from the previous survey administration year.

The QHP issuer must formally attest reporting eligibility for their reporting units and authorize a vendor by **January 30, 2026**. The *2026 QRS and QHP Enrollee Experience Survey: Operational Instructions* includes detailed steps on the process for submitting ineligibility information via the QHP Enrollee Survey website.

10.0 Create Sample Frame and Draw Sample (Sampling)

10.1 Overview

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

10.2 Process

10.2.1 Create the Sample Frame (QHP Issuers)

QHP issuers must populate a complete, accurate, and valid sample frame of all survey-eligible enrollees for each reporting unit required to field the survey (see Appendix E: Sample Frame File Layout). The sample frame includes one record or line for each survey-eligible enrollee (i.e., one enrollee record per line). All sample frames must include current enrollees as of **11:59 p.m. ET on January 6, 2026** (the anchor date). Sample frames may **not** be pulled before this date. All sample frames must be pulled on or after January 7, 2026, and must include all enrollees as of the anchor date—**not** the date the sample frame is pulled. QHP issuers must generate all sample frames in a timeframe that supports validation by a HEDIS Compliance Auditor (auditor) and submission to the vendor no later than January 30, 2026.

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

Note: Survey-eligible enrollees must meet the criteria in Exhibit 12. However, eligibility determinations for reporting units to submit QRS clinical data and QHP Enrollee Survey response data are based on total enrollment (i.e., all enrollees in the reporting unit) and not the count of survey-eligible enrollees.

Inclusion and Exclusion Criteria

Exhibit 12 provides an overview for QHP issuers to determine which enrollees to include in each reporting unit's sample frame. To ensure that all enrollees meet the continuous and current enrollment criteria, QHP issuers may **not** generate sample frames until January 7, 2026.

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

Survey eligible enrollees who have requested to not be contacted (i.e., are on a "Do Not Survey" list) must still be included in the sample frame. Vendors will exclude enrollees from fielding based on their internal "Do Not Survey" list; however, enrollees on a QHP issuer's "Do Not Survey" list remain eligible for sampling.

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

Continuous Enrollment for QHP Enrollee Survey

Enrollees are considered to be continuously enrolled if they are enrolled in the eligible QHP from July 1 through December 31, 2025, with no more than a single 45-day break (i.e., allowable gap) in enrollment. An allowable gap can occur anytime during the continuous enrollment period (July 1 through December 31, 2025). Enrollees who switch among different forms of coverage (i.e., Exchange, non-Exchange, Medicaid, Medicare) and product types (i.e., HMO, POS, PPO, EPO) during the continuous enrollment period are considered continuously enrolled if they experience no more than one 45-day break in enrollment *and* were enrolled in the same eligible QHP at the end of the continuous enrollment period (i.e., December 31, 2025).

Current Enrollment

Enrollees are considered currently enrolled if they are enrolled in the eligible QHP at the end of the continuous enrollment period (i.e., December 31, 2025) **and** on January 6, 2026.

Medicaid 1115 Waiver Enrollees

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

Enrollees in Hospice

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

Exhibit 12: Enrollee Eligibility Requirements for the QHP Enrollee Survey (Survey-Eligible Enrollees)

	✓
Enrollee eligibility status: <u>Eligible</u> if <u>all</u> the listed criteria are met. Include Enrollee in sample frame if:	
• Enrollee is in a QHP offered through the Exchange (HIOS variant IDs -01 through -06 <u>or</u> -31 through -36 for states with Medicaid 1115 waivers allowing access to Exchange plans).	
• Enrollee is in a QHP offered through the Exchange that provides family and/or adult medical coverage.	
• Enrollee is 18 years of age or older as of December 31, 2025.	
• Enrollee meets continuous enrollment criteria.	
• Enrollee is still enrolled on January 6, 2026 (i.e., meets current enrollment criteria).	
Enrollee eligibility status: <u>Ineligible</u> if <u>any</u> of the listed criteria apply. Exclude Enrollee from the sample frame if:	
• Enrollee is in a QHP offered outside the Exchange (HIOS variant ID -00) or a non-QHP.	
• Enrollee is in a QHP offered through the Exchange that is an indemnity (i.e., fee-for-service) plan, child-only health plan, or stand-alone dental plan.	
• Enrollee is in a BHP plan.	
• Enrollee is younger than 18 years of age as of December 31, 2025.	
• Enrollee does not meet continuous enrollment criteria.	
• Enrollee discontinued enrollment for the 2026 Plan Year prior to 11:59 p.m. ET on January 6, 2026. • **Note:** QHP issuers are not permitted to generate a separate list of disenrollees. All exclusions of disenrollees must occur prior to submitting the sample frame for the HEDIS Compliance Audit.	
• Enrollee is deceased as of January 6, 2026.	

Sample Frame Data Layout

The standardized sample frame layout is an ASCII fixed-width text file with defined fixed-column positions for each data element. Appendix E: Sample Frame File Layout provides the required data elements included for each enrollee in the sample frame. Data elements must adhere to the value label characteristics described in Appendix E and are to be placed in the designated columns (i.e., specified field positions) without delimiters. Field contents must be left-aligned, and data must start in the first position of each field. QHP issuers must provide an accurate sample frame of all survey-eligible enrollees according to the variables and valid values specified in Appendix E.

QHP issuers must fully populate all sample frame variables. Field population for all variables is required, not optional. For rare instances in which portions of required enrollee data are missing, QHP issuers must denote these data elements with the valid value for *Missing* provided in Appendix E. QHP issuers may not append any additional data fields to the sample frame that are not specified in the sample frame file layout.

10.2.2 Validate Sample Frame (QHP Issuers)

CMS requires that QHP issuers use a HEDIS Compliance Auditor and follow the HEDIS Compliance Audit standards to validate the QHP Enrollee Survey sample frame. Each QHP

issuer is responsible for selecting a HEDIS Compliance Organization, determining fees, and entering into a data validation contract (if necessary). This process is designed to give QHP issuers the maximum opportunity to have valid and publicly reportable results. QHP issuers should refer to the following website to access the list of National Committee for Quality Assurance–certified HEDIS Compliance Auditors: https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/.

Exhibit 13 provides an overview of the sample frame validation process.

Exhibit 13: Sample Frame Validation Process

Step	Description	✔
Step 1	The QHP issuer generates the sample frame data file(s) per specifications. Refer to Exhibit 18: Example Quality Control Checks for Sample Frame Files for additional details.	
Step 2	The QHP issuer delivers the sample frame data file(s) to the NCQA HEDIS Compliance Auditor (auditor).	
Step 3	The 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 makes corrections to the sample frame until the desired audit result is achieved.	
Step 4	The QHP issuer forwards the auditor-locked sample frame data file(s) and documentation of the validation results to the QHP Enrollee Survey vendor (via secure transmission).	
Step 5	The QHP Enrollee Survey vendor draws the survey sample and administers the QHP Enrollee Survey per specifications.	

10.2.3 Provide Sample Frame to Vendor

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

10.2.4 Review Sample Frame (Vendors)

Vendors review the sample frame and assess the completeness of the contact information (e.g., mailing addresses, telephone numbers, and email addresses) included in the sample frame for each eligible enrollee. Vendors also conduct quality assurance (QA) checks of the sample frame to verify the accuracy of the information provided by the QHP issuer (see Exhibit 18 and Exhibit E-2). Vendors must notify the Project Team (QHP_Survey@air.org) of any QHP issuer clients that have not provided a validated sample frame by the deadline established by CMS (see Exhibit 3). Exhibit 14 provides an overview of the sampling process performed by vendors.

Exhibit 14: Vendor Sampling Activities

Step	Description	✔
Step 1	Vendor receives the auditor-locked sample frame data file(s) from the QHP issuer via secure transmission. Vendor unlocks the sample frame data file(s) using the appropriate password according to the licensed organization that conducted the audit.	
Step 2	Vendor reviews sample frame data file(s) and conducts QA checks, including but not limited to the checks specified in Exhibit 18: Example Quality Control Checks for Sample Frame Files and the 0% bias variables as detailed in Exhibit E-2: Recommended Logic Agreement Checks for 0% Bias Variables.	

Step	Description	✓
Step 3	Vendor deduplicates the sample frame data file(s) in accord with the process included in Exhibit 15: Deduplication Hierarchy.	
Step 4	Vendor determines deduplication counts as specified in Exhibit 16: Deduplication Counts Included in the Data Submission File.	
Step 5	Vendor draws a random sample of 1,300 enrollees from the deduplicated sample frame. If there are fewer than 1,300 enrollees for a given reporting unit, then the vendor surveys all available enrollees in the sample frame. **Note:** *Oversampling may be conducted for a reporting unit if the reporting unit contains enough eligible enrollees to support the increased sample size. Vendors are required to submit a formal request to oversample to CMS on behalf of their QHP issuer clients as part of Report #2 (Preliminary QHP Client List). Vendors conduct oversampling at the approved percentage according to Exhibit 17: Permitted Oversampling Levels. For the 2026 QHP Enrollee Survey, CMS will permit vendors to submit an Exception Request (see the Exception Requests section) to oversample at any desired percentage. Requests must be submitted by November 28, 2025.*	
Step 6	Vendor conducts final QA activities on the selected survey sample.	
Step 7	Vendor excludes enrollees who appear on its internal "Do Not Survey" list from receiving survey outreach materials. **Note:** *Vendors do not replace these individuals in the survey sample but should assign a final disposition code of "X43—Do Not Survey List."*	

10.2.5 Draw Survey Sample (Vendors)

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

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

Deduplicate Sample Frame

Vendors must deduplicate the sample frame before selecting the survey sample. Deduplication involves sorting the sample frame by the identifiers outlined in Exhibit 15. To ensure that only one person in each household is surveyed, vendors must sort the sample frame in accord with the hierarchy in Exhibit 15.

Exhibit 15: Deduplication Hierarchy

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

Deduplicate by Address

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

> **Subscriber of Family Identifier (SFID):** Denotes the covered family unit. It includes a primary-insured person and covered dependents.
>
> **Enrollee Unique Identifier (EUID):** Denotes a specific person. Each person included in the SFID has an EUID (including the primary insured person and every dependent).

Calculate Deduplication Counts

Vendors calculate three "count" variables based on the deduplication process for inclusion in the data files submitted to CMS (see Exhibit 16). CMS uses these variables to determine selection probabilities and create survey weights.

Exhibit 16: Deduplication Counts Included in the Data Submission File

Data Submission File Field Name	Definition
n_fr	Count of the total number of enrollees in the sample frame provided by the QHP issuer for each reporting unit *before* deduplication. **Note:** *This value will be the same for all enrollees in the same reporting unit.*
K	Count of the number of survey-eligible enrollees (or EUIDs) covered under each SFID. This value is calculated by summing the number of EUIDs per SFID (or address, if applicable) *before* the deduplication step. **Note:** *This value will vary by enrollee, although many enrollees will have the same value (e.g., "2" will be a common value for this count).*
M	Count of the total number of records in the sample frame for the reporting unit *after* deduplication (i.e., the number of enrollees in the "deduplicated sample frame"). **Note:** *This value will be the same for all enrollees in the same reporting unit.*

Draw the Sample

Vendors draw a random sample of 1,300 enrollees (i.e., EUIDs) from the deduplicated sample frame. If there are fewer than 1,300 enrollees (i.e., EUIDs) for a given reporting unit, then the vendor surveys all available enrollees in the sample frame (i.e., conducts a census survey).

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

Vendors must retain all QHP Enrollee Survey sample data, including the original sample frame file, deduplicated sample frame, and the survey sample file, in a secure and environmentally controlled location for a minimum of 3 years.

Oversampling

QHP issuers may want to oversample (i.e., select a sample larger than the standard sample size of 1,300 enrollees) to increase response rates, the reliability and validity of survey results, or the likelihood that a reportable result is achieved. Oversampling may be conducted for a reporting

unit if the reporting unit contains enough eligible enrollees to support the increased sample size. All oversampling must occur in increments of 5% and may not exceed a 30% oversample, as shown in Exhibit 17.

Exhibit 17: Permitted Oversampling Levels

Oversample Increment	Increase	Total Sample Size
5%	65	1,365
10%	130	1,430
15%	195	1,495
20%	260	1,560
25%	325	1,625
30%	390	1,690

QHP issuers that wish to draw a sample larger than 1,300 enrollees for any of their reporting units should notify their vendor of this intent as early as possible. Vendors with QHP issuer clients interested in oversampling within the permitted oversampling levels shown in Exhibit 17 are required to submit a formal request to oversample to CMS on behalf of their QHP issuer clients as part of Report #2 (Preliminary QHP Client List) by January 7, 2026. Vendors must provide the following information with the request:

- Reporting unit(s) requesting to oversample

- Desired oversampling rate

- Estimate of the number of eligible enrollees

- Rationale for oversampling decision

Vendors with QHP issuer clients interested in oversampling outside the permitted oversampling levels shown in Exhibit 17 must submit an Exception Request (see the Exception Requests section) to CMS on behalf of their QHP issuer clients by November 28, 2025. Regardless of the desired sample size, vendors must follow the sampling protocols outlined in this section to draw the sample for all reporting units and must adhere to all standard data collection protocols and procedures.

10.2.6 Prepare the Survey Sample for Fielding (Vendors)

"Do Not Survey" List

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

The "Do Not Survey" list applies to all survey modes (i.e., internet, mail, and telephone). If a sampled enrollee requests to be placed on a "Do Not Survey" list after data collection has begun,

then that sampled enrollee's record should be assigned a final disposition code of "X32—Refusal" and be added to the vendor's internal "Do Not Survey" list. Vendors must maintain internal "Do Not Survey" list entries for 3 years.

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

Enrollees With Known Bad Addresses and Bad Telephone Numbers

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

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

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

Enrollees With Known Email Preferences

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

10.2.7 Adding Enrollee Contact Information to the Survey Sample

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

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

10.2.8 Fielding Additional Surveys Using the QHP Enrollee Survey Sample Frame

CMS strongly discourages QHP issuers or vendors from asking sampled enrollees any QHP Enrollee Survey questions 4 weeks prior to or during QHP Enrollee Survey fielding (generally any time from December 15 to May 15). Vendors are permitted to use the QHP Enrollee Survey sample frame to draw additional samples to field other surveys after drawing the QHP Enrollee Survey sample; however, CMS strongly encourages that households or SFIDs sampled for the 2026 QHP Enrollee Survey be excluded from additional surveys to avoid overburdening enrollees.

10.2.9 Conducting Quality Control Checks for Sample Frame Files

QHP issuers and vendors must conduct QA checks on data included in the sample frame. QA checks verify that data included in the sample frame are accurately captured and prevent sampling errors. Exhibit 18 describes suggested QA checks for sample frame files. This table should **not** be considered an exhaustive list of QA activities.

Exhibit 18: Example Quality Control Checks for Sample Frame Files

Quality Control 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. **Note:** *The population of this variable reflects how the QHP issuer name will appear in the QI Report.*	
Verify that the reporting unit's product type was exactly the same in both 2025 and 2026.	
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.	
Verify that the Reporting Unit ID for the QRS and the QHP Enrollee Survey is defined by the unique QHP state-product type (i.e., EPO, HMO, POS, PPO) for each QHP issuer. QHP issuers may not combine states or product types.	
Verify that the Reporting Unit ID (Issuer ID-QHP State-Product Type) in the file name matches those populated in the data. The components of the Reporting Unit ID variable **must** match the reported values for the Issuer ID, QHP State, and Product Type variables. For example, if Reporting Unit ID = 12345-TX-PPO, then Issuer ID = 12345, QHP State = TX, and Product Type = PPO for all enrollees.	
Verify that 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. Exchange QHPs are designated as HIOS Variant IDs -01 through -06 and -31 through -36 for Medicaid Expansion QHP enrollees.	
Verify that organizations with Medicaid Expansion QHP enrollees (Field Position 604, 1 = Yes) have a Variant ID value between -31 and -36.	

Quality Control Checks for Sample Frame Files	✓
Run frequencies on sample frame variables to check for outliers and anomalies (including missing values). Investigate sample frame files if there are notable differences or missing values and determine if the data are accurate.	
Compare the frequencies and count distributions of sample frame data to those in the previous survey administration year (2025). Investigate for significant changes (suggested >30%) and determine if the data are accurate.	
Verify that total enrollment is accurate and greater than 500. **Note:** This is the total enrollment for the same product type within a state (i.e., all QHP Exchange HMO enrollees within a state meeting the continuous enrollment criteria), not the total number of survey-eligible enrollees within the reporting unit. Total enrollment should be greater than the survey-eligible population. If total enrollment is equal to or less than 500, consult the *2026 QRS and QHP Enrollee Experience Survey QHP Enrollee Survey Operational Instructions* for guidance. The *2026 QHP Enrollee Survey: Operational Instructions* is available on the MQI website and was distributed to QHP issuers in the November 2025.	

10.2.10 Sample Frame Data Validation Standards

The data validation standards are specified in the *HEDIS Volume 5: Compliance Audit: Standards, Policies, and Procedures*, which is available for purchase on the following website: https://store.ncqa.org/. HEDIS Compliance Auditors use this uniform set of data validation standards to assess each QHP issuer's sample frame for the QHP Enrollee Survey.

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

QHP issuers may utilize a different HHS-approved QHP Enrollee Survey vendor from one survey fielding year to the next. For trending purposes, a QHP issuer may want its new vendor to have access to a QHP Enrollee Survey data set from the prior year's administration. It is not permitted, at any time, for identifiable survey data to pass through the QHP issuer. All data transfers must be coordinated with CMS.

A QHP issuer that would like its current vendor to receive a copy of its data set from the prior year's survey fielding should submit a written request to CMS via email at QHP_Survey@air.org. In the subject line, please include the following: "QHP issuer requesting past survey data sets." 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 utilized, and the name of the new vendor that should receive the data set.

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

11.0 Prepare for Data Collection

11.1 Overview

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

11.1.1 Mixed-Mode Administration

The QHP Enrollee Survey employs a mixed-mode data collection methodology. Exhibit 19 provides an overview of the mixed-mode protocol.

Exhibit 19: Overview of Mixed-Mode Administration

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

The fielding schedule is detailed in Exhibit 45. Please refer to the sections below for mode-specific material requirements and checks that must be completed to prepare to administer the QHP Enrollee Survey.

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

11.1.2 Additional Languages

The QHP Enrollee Survey must be administered in both English and Spanish, with the option of administration in Chinese for the mail, internet, and telephone modes. The Chinese mail, internet, and telephone materials are available in simplified Chinese.

Vendors are not permitted to create or use any other translations of the QHP Enrollee Survey, prenotification letter, reminder letter, survey cover letters, or any other survey materials. Translations of the surveys or related materials may not be modified (see the Guidance on the QHP Enrollee Survey and Patient Protection and Affordable Care Act Regulations on Nondiscrimination section). Vendors must submit all mail (i.e., surveys, letters, and envelopes), telephone (i.e., screenshots of programmed scripts), and internet (i.e., survey URL, log-in credentials, and notification and reminder emails) materials to CMS for review in each language in which the survey is administered. All survey materials must be accepted by CMS prior to survey fielding. Vendors may **not** revise materials after they are accepted by CMS.

Vendors may select one language protocol for all enrollees in a given reporting unit (based on direction from QHP issuer clients) or may use language preference indicators to determine which enrollees should be placed in which language protocol. Exhibit 20 presents the possible language protocols.

Exhibit 20: Overview of Language Protocols

Outreach Mode	English Only	Spanish Only	Chinese Only	English–Spanish Double Stuffed	English–Chinese Double Stuffed	Spanish–Chinese Double Stuffed
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

11.2 Survey Management System and Data Security Infrastructure

11.2.1 Establish Survey Management System

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

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

The SMS must adhere to the requirements detailed in Exhibit 21.

Exhibit 21: Survey Management System Requirements

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

Survey Management System Requirements	✓
Link to the internet surveys and the 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 the ultimate resolution of each sampled enrollee. Vendors may use their own interim disposition codes in the SMS, but must demonstrate a mapping of these interim codes to final disposition codes as specified in the Final Survey Disposition Codes section.	

Vendors must thoroughly test all modules of the SMS prior to survey implementation and establish access levels and security passwords to ensure only authorized users have access to sensitive data.

11.2.2 Protect Data and Confidential Information

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

At a minimum, vendors are required to provide the assurances of confidentiality described in Exhibit 22.

Exhibit 22: Vendor-Required Assurances of Confidentiality

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

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

11.2.3 Keep Confidential Data Secure

Any PII associated with a sampled enrollee must be protected. When generating sample files, vendors will be working with PII, including sampled enrollee names, mailing addresses, telephone numbers, and email addresses. From the moment the vendor receives the sample frame from the QHP issuer, the data must be handled in a way that ensures that enrollee information is kept confidential and that only authorized personnel have access to it. Vendors must implement the data security measures noted in Exhibit 23 to protect confidential enrollee data.

Exhibit 23: Vendor-Required Confidential Data Security Measures

Confidential Data Security Requirements	✓
Store electronic data in password-protected locations and limit the number of staff with password access.	
Separate PII from sampled enrollee response data within the SMS.	
Keep confidential information provided on hard-copy surveys in a locked room or file cabinet, with access restricted to authorized staff only.	
Maintain a clean desk policy and keep sensitive information out of sight when visitors or unauthorized individuals are present.	
Never remove confidential data from the vendor's place of business, either in electronic or hard-copy form.	
Never store confidential data on laptop computers unless those laptops have data encryption software to protect the information (should the laptops be lost or stolen).	
All systems should be logged off or locked when left unattended, even for a short period.	
Never store confidential data on any device, including personal digital assistants, cell phones, and USB drives, or on remote/home systems.	
Never use email or fax to transmit data containing PII.	
Keep an inventory of data containing PII, their location, and staff member(s) with authorized access to these data.	
Maintain a secure transmission log to document transmission of person-level data files, PII, or PHI.	

Sampling procedures are designed so that QHP issuers cannot identify enrollees selected to participate in the survey. Vendors are expected to maintain the confidentiality of sampled enrollees and may **not** provide QHP issuers with the names of enrollees selected for the survey or with any other identifiable enrollee information. Vendors are **not** permitted to share any sampled enrollee identifying information with any individual or organization.

11.2.4 Maintain Data Security

Vendors must take appropriate actions to safeguard both the hard-copy and electronic data obtained during the implementation of the QHP Enrollee Survey, including all data obtained from QHP issuers or CMS and all data provided by survey respondents. Vendors must take the measures described in Exhibit 24 to facilitate physical and electronic data security.

Exhibit 24: Vendor-Required Physical and Electronic Data Security Measures

Physical and Electronic Data Security Requirements	✓
Store paper copies and/or electronic images of scanned surveys in a secure and environmentally controlled location for a minimum of 3 years. • Paper copies must be stored in a locked file cabinet or within a locked room. • Electronic images of scanned surveys must be secured electronically with limited access based on staff roles. **Note:** *At no time may vendors remove paper copies of the survey from the premises.*	
Store original sample file in a secure and environmentally controlled location for a minimum of 3 years.	
Store QHP Enrollee Survey data collected via telephone interviews and the internet survey in a secure and environmentally controlled location for a minimum of 3 years.	

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

11.2.5 Identify and Handle Data Breaches

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

11.2.6 Retain and Destroy Data

Vendors must retain all QHP Enrollee Survey sample data, including the original sample frame file, the deduplicated sample frame, and the survey sample file, in a secure and environmentally controlled location for a minimum of 3 years. In addition, vendors must retain all data files for a minimum of 3 years or as otherwise specified by CMS. Vendors must store returned paper questionnaires in a secure and environmentally safe location, either on-site or using an off-site contractor. All QHP Enrollee Survey–related data files must be easily retrievable.

After a minimum of 3 years, or as otherwise specified by CMS, vendors must securely destroy QHP Enrollee Survey–related data files, including paper copies or scanned images of the questionnaires and electronic data files, either on-site or using an off-site contractor in accordance with any applicable state and federal retention laws and safeguards for PHI and PII.

12.0 Mail Survey

Vendors must prepare prenotification letters, survey packets (i.e., cover letter, survey, and business reply envelope), and reminder letters in sufficient time to mail to sampled enrollees in accord with the fielding timeline shown in Exhibit 45. The requirements described below are intended to maximize response rates and promote consistency among vendors. All materials (in all administered languages) must be reviewed and accepted by CMS prior to fielding. Vendors may **not** revise materials after they are accepted by CMS. The Project Team will email vendors to notify them of final approval of the materials.

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

12.1 Update and Standardize Addresses

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

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

12.2 Produce Mail Materials

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

Vendors should work with their QHP issuer clients to identify the plan name most recognizable by sampled enrollees. The same QHP issuer or reporting unit name must be included in the specified locations in the mail, telephone, and internet survey materials; these locations are denoted by a [QHP ISSUER NAME] fill. The same name should also be included in the Plan_Name_Fill data element in the data submission file (see Appendix F: Data Dictionary). All mail materials must adhere to the requirements noted in Exhibit 25.

Exhibit 25: Mail Material Requirements

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

12.2.1 Survey Instrument Template (Questionnaire)

Regarding the content of the survey itself, vendors cannot change the wording of questions or response categories, the order of questions or response categories, or the skip patterns. Vendors may not add supplemental questions to the survey. Mail surveys must adhere to the requirements noted in [Exhibit 26](#).

Exhibit 26: Mail Survey Requirements

Mail Survey Requirements	✔
Required Survey Questionnaire Content	
Include all survey questions and all response categories in the order specified in the survey template.	
Include the full title of the survey and the administration year at the top of the instructions page of the survey.	
Include instructions on the instructions page of the survey. • The instructions may not include bullets. • The instructions may not be compressed to fit within a single column; they must span both columns.	
Include the OMB language, along with the OMB number and approval expiration date, on either the survey instructions page or the back page of the survey. • The OMB language may not be included on survey question pages. • The OMB language must be included in its entirety. • Please refer to survey material templates for the OMB language.	

Mail Survey Requirements	✓
Print the sampled enrollee's vendor-assigned unique ID (e.g., numeric ID, barcode, QR code) on the instructions page and/or back page of the survey for tracking purposes. **Note:** *The unique ID may not be any ID included in the sample frame. Sampled enrollee names or addresses may not appear on the surveys, and personalized cover letters may not be attached to the surveys.*	
Optional Survey Questionnaire Content	
Print the sampled enrollee's unique ID (e.g., numeric ID, barcode) on each page of the survey.	
Include a list of reporting unit aliases in the survey packet. • This list must be preceded by the phrase, "You may also know your plan by one of the following names." Use the following translations for the Spanish and/or Chinese surveys: — También puede conocer su plan de salud por uno de los siguientes nombres. — 您的健保计划的名称也可能是以下名称之一 • If this information is printed on the survey, it must be on the instructions page.	
Print tracking codes to assist with quality assurance activities (the codes must be unobtrusive and not obscure the text).	
Required Survey Questionnaire Formatting	
Print surveys in black and white; however, vendors may opt to print the surveys in black and white with a highlight color.	
Display each question's response options vertically and list responses individually for each question.	
Do not present response options using a matrix format (i.e., listing the response options across the top of the page and the questions down the side of the page). The response options must be repeated for every question.	
Print all questions on the questions pages of the survey. Do not print any questions on the survey instructions page.	
Use a two-column format to display all survey questions. Each question and its responses must remain together in the same column and on the same page.	
Use the text conventions in the survey template. Vendors must set text in boldface that is boldfaced in the survey template and italicize text that is italicized in the template.	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman or Arial for English and Spanish surveys and PMingLiU for the Chinese survey). Use the same font consistently throughout the surveys. The OMB statement must be at least 10 points and in an easily readable font. The Project Team will assess the survey questionnaire for readability and font usage during quality oversight reviews.	
Optional Survey Questionnaire Formatting	
Use wide margins (at least three quarters of an inch) to create sufficient white space for enhanced readability.	
Format response options using ovals or circles instead of boxes. **Note:** *If ovals or circles are used, then the vendor must update the survey instructions to read: "Answer each question by marking the [oval/circle] to the left of your answer" and use an oval/circle in the sample question.* Use the following translations for the Spanish and Chinese mail surveys: • Responda cada pregunta marcando el [óvalo/círculo] de la izquierda de la respuesta elegida. • 回答问题请在适用选项左边的椭圆形或者圆圈中做记号	
Include question coding numbers on surveys, either to the left or to the right of the response options, or as subscripts.	
Use alphabetical coding for survey questions allowing more than one answer.	

Mail Survey Requirements	✓
Include the page number along with the question number in the skip pattern instruction (e.g., "If no, go to #X on page Y" or "If no, go to question X on page Y") if the skip pattern directs the respondent to a question on a subsequent page.	

12.2.2 Mail Letter Requirements

The QHP Enrollee Survey mail materials consist of the prenotification letter, the first and second cover letters, the reminder letter, and the outbound and return envelopes. Requirements for mail letters are listed in Exhibit 27.

Exhibit 27: Mail Letter Requirements

Requirements for All Prenotification, Cover, and Reminder Letters	✓
Fit on one page.	
Print on white paper only.	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman or Arial for English and Spanish letters and PMingLiU for Chinese letters). Use the same font consistently throughout the letters. The OMB statement must be at least 10 points and in an easily readable font. The Project Team will assess the letters for readability and font usage during quality oversight reviews.	
Include the sampled enrollee's full name and address in the address block. Address all mail materials to the sampled enrollee using the address provided in the sample frame (after address verification activities are performed).	
Use a personal salutation (i.e., "Dear [ENROLLEE FIRST AND LAST NAME]").	
Include the signature of a senior executive of either the vendor or the QHP issuer. Additionally, the name and title of this executive, as well as name of the vendor or QHP issuer organization, must be included in the signature block.	
Include the vendor's toll-free customer support telephone number and project-specific email address.	
Include additional language taglines with information on how to request survey materials in the other languages available, as applicable.	
Do not include a QHP issuer's mail or email address on any mailing material.	
Prenotification and reminder letters only: Include a non-language-specific URL that directs sampled enrollees to the internet survey log-in page, which asks enrollees to enter their log-in credentials. Log-in credential(s) and a QR code must be included on prenotification and reminder letters. **Note:** *The internet survey URL and log-in credential(s) and QR codes must not be printed on the first or second cover letters.*	
Optional	
Include tracking codes, if desired, on letters to assist with QA activities (if the codes are unobtrusive and do not obscure the standard letter text). **Note**: *Vendors may print internal tracking QR codes on the prenotification and reminder letters if these internal tracking QR codes do not interfere with the enrollee-specific QR codes.*	

12.2.3 Prenotification and Reminder Letters

The prenotification and reminder letters provide information about the purpose of the QHP Enrollee Survey. These letters also inform sampled enrollees who wish to complete the survey via the internet that they may do so in English, Spanish, or Chinese (if applicable). Vendors must include instructions for completing the survey on a secure website, the URL for the designated

website, and customized log-in credential(s) (e.g., username and/or password) for each sampled enrollee.

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

12.2.4 Cover Letters

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

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

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

12.2.5 Outbound Envelope

The outbound envelope is used for the prenotification letter, the first survey packet (i.e., first cover letter, survey, and business reply envelope), the reminder letter, and the second survey packet (i.e., second cover letter, survey, and business reply envelope). Outbound envelopes must adhere to the requirements detailed in Exhibit 28.

Exhibit 28: Outbound Envelope Requirements

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

Requirements for Outbound Envelopes	✓
Use window envelopes in which the vendor's logo and/or QHP issuer's logo are visible through the window of the envelope (unless one or both logos are printed directly on the envelopes). The return address block printed on the letter itself must be visible through the envelope window.	
Use and/or print on colored paper for envelopes. Vendors must track all reporting units for which envelopes are printed on colored paper.	
Include codes to assist with survey tracking.	

12.2.6 Business Reply Envelope

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

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

12.2.7 Additional Language Requirements for Mail Materials

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

If a sampled enrollee calls the vendor to request a Spanish (or Chinese) survey, it is strongly recommended that it be mailed within 2 business days of the initial request, if possible. The vendor then conducts the remainder of the protocol in the sampled enrollee's preferred language. Vendors may also attempt to complete an inbound telephone interview with the sampled enrollee during a call in which a Spanish (or Chinese) mail survey is requested.

Vendors should work with their QHP issuer clients to determine the best strategy for optimizing response rates in terms of additional language survey administration based on the language preference indicators provided as part of the sample frame. Potential strategies, described in Exhibit 29, are to be considered along with the language protocols described in Exhibit 20.

Exhibit 29: Additional Language Survey Administration Strategies

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

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

12.3 Guidance on the QHP Enrollee Survey and Patient Protection and Affordable Care Act Regulations on Nondiscrimination

CMS and the Project Team have received several inquiries from QHP issuers and HHS-approved vendors regarding the applicability of certain Patient Protection and Affordable Care Act nondiscrimination regulations to the QHP Enrollee Survey. These regulations include

requirements to provide taglines in non-English languages indicating the availability of language services for individuals who have limited English proficiency on website content and documents that are critical for obtaining health insurance coverage or access to health care services through a QHP for qualified individuals, applicants, qualified employers, qualified employees, or enrollees (see 45 CFR § 155.205(c)(2)(iii) and § 156.250). This information is intended to provide guidance on the applicability of these requirements to the QHP Enrollee Survey.

Documents are considered "critical" for obtaining health insurance coverage or access to health care services through a QHP under § 156.250 and § 155.205(c) if state or federal law or regulation requires that the document be provided to a qualified individual, applicant, qualified employer, qualified employee, or enrollee (see 45 C.F.R. § 155.205(c)(2)(iii)(A), 155.205(c)(2)(iii)(B), and 156.250). Given that an enrollee's response to the QHP Enrollee Survey is voluntary and does not impact the enrollee's eligibility for health insurance coverage or access to health care services, the QHP Enrollee Survey and associated materials are **not** "critical documents"; therefore, these meaningful access requirements do **not** apply.

The Project Team reminds all entities subject to 45 CFR § 155.205(c) of their obligations with regard to providing oral interpretation and written translations to individuals who are limited English proficient at no cost to the individual, under § 155.205(c)(2)(i) and 155.205(c)(2)(ii). For Exchanges and QHP issuers, the oral interpretation standard also includes telephonic interpreter services in at least 150 languages. [16] For a web broker, when such entity has been registered with the Exchange for at least 1 year, whichever is later, the oral interpretation standard also includes telephonic interpreter services in at least 150 languages.

Regulations implementing the requirements of Section 1557 require covered entities to include certain statements and taglines in all "significant publications and significant communications." The HHS Office for Civil Rights enforces Section 1557 and offers frequently asked questions (FAQs) on this requirement on its website: https://www.hhs.gov/sites/default/files/section-1557-final-rule-faqs-7282017rev15.pdf.

While these regulations are not directly applicable to the QHP Enrollee Survey, the QHP Enrollee Survey is administered using a mixed-mode design, with mail, internet, and telephone data collection modes, to increase the likelihood that QHP enrollees will respond to the survey. Additionally, QHP issuers are strongly encouraged to consider the additional language administration options available to increase response rates among individuals with limited English proficiency. QHP issuers should work with their HHS-approved vendors to discuss these options further.

Modifications to QHP Enrollee Survey materials are **not** permitted.

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

12.4 Train Mail Staff

Vendors must train all staff (including subcontractors) involved in the outbound and inbound mail processes on all applicable specifications and protocols. A copy of the applicable sections of this document, including process checklists, should be made available to all staff as needed.

Staff involved in survey packet assembly and mailing, data receipt, and data entry must be trained in the topics noted in Exhibit 30.

Exhibit 30: Training Topics for Mailing and Data Collection Staff

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

12.5 Manage Mail Subcontractors

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

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

12.6 Conduct Mail Quality Assurance

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

Vendors are responsible for the quality of work performed by any staff and/or subcontractors and should conduct on-site verification of printing and mailing processes. Vendors must describe QA processes in detail in their QAP, retain records of all QA activities conducted, and obtain QAP

acceptance by CMS prior to survey fielding (see Appendix C: Model Vendor Quality Assurance Plan).

At a minimum, vendors must adhere to the mail QA requirements described in Exhibit 31 prior to fielding.

Exhibit 31: Mail Quality Assurance Requirements

Mail Quality Assurance Requirements	✓
Review and confirm that the printed survey materials match the previously accepted survey proofs.	
Integrate all mailing seeds directly into the mailing database. In addition, send "seeded mailings" to the designated CMS representatives per the requirements in the Seeded Mailings portion of the Comply With Oversight Activities section.	
Make every reasonable attempt to contact all eligible sampled enrollees regardless of whether they have a complete mailing address.	
Record all attempts to update mailing address information.	
Perform interval checking of at least 10% of printed mailing pieces:	
• Check for fading, smearing, misalignment, and bleed-throughs.	
• Confirm that all pages are included in the survey.	
• Verify that printed materials are in an easily readable font of at least 11 points.	
• Verify accurate content, address information, and postage for the survey packet.	
• Confirm that all printed materials in a mailing envelope include the same unique identifier.	
• Confirm that surveys and cover letters are matched to the same sampled enrollee.	
• Confirm that surveys and cover letters included in the same survey packet are in the same language.	
• Verify that the number of survey packets to be mailed matches the number of sampled enrollees.	
• Log all QA checks to document their completion.	
Seed at least one internal staff member in the mailing database for each reporting unit for which the survey is being fielded to:	
• Confirm the timeliness of delivery.	
• Verify the accuracy of the address.	
• Confirm the inclusion of all required mailing materials.	
• Review the print quality.	

13.0 Internet Survey

Vendors must implement a protocol to provide sampled enrollees with the option of completing the QHP Enrollee Survey on the internet. Vendors must establish a secure, password-protected URL for sampled enrollees to complete the internet survey. To reduce the possibility of a sampled enrollee typing the URL incorrectly, CMS strongly recommends that vendors use an internet survey URL that is easily recognizable by sampled enrollees. Vendors must program and complete testing of the internet survey, as well as notification and reminder emails, before the prenotification letter is mailed to sampled enrollees. The standard English, Spanish, and Chinese internet survey template and notification and reminder email templates are available on the MQI website. All materials (in all administered languages) must be reviewed and accepted by CMS prior to fielding. Vendors may **not** revise materials after they are accepted by CMS. The Project Team will email vendors to notify them of final approval of the materials.

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

The internet survey administration and use of email notification are critical components of the project; therefore, the Project Team does not allow subcontracting of these functions. Vendors must adhere to the requirements described in Exhibit 32 for the internet survey protocol.

13.1 Internet Survey Requirements

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

Vendors must test the functionality of the button, the full unique URL, the "unsubscribe" link, and the QR codes prior to fielding and must describe these testing procedures in their QAP. Exhibit 32 describes the requirements for the internet survey protocol.

Exhibit 32: Internet Survey Requirements

Internet Survey Requirements	✓
Make the internet survey available to sampled enrollees during the entire survey fielding period (i.e., from the mailing of the prenotification letter to the conclusion of telephone interviewing).	
Ensure the internet survey is available in English and Spanish (and Chinese, if applicable).	
Optimize the internet survey for use on mobile phones, tablets, and computers. The survey must be compatible with iOS and Android devices and popular browsers (e.g., Chrome, Safari, Firefox, Microsoft Edge).	

Internet Survey Requirements	✔
Program a log-in page where sampled enrollees who choose to type in the internet survey URL (from the prenotification letter or reminder letter) must enter their customized log-in credentials. Once log-in credentials are entered, sampled enrollees are taken to the survey instructions page. The log-in page must include instructions on how to enter log-in credentials, with a button that allows respondents to toggle between survey languages [(i.e., English and Spanish (and Chinese, if applicable)].	
Enrollees are automatically directed to the survey instructions page by (a) clicking on the embedded "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button (or clicking on the full unique URL with embedded log-in credentials) in the notification and reminder emails or (b) scanning the customized QR code provided on the prenotification and reminder letters. Vendors must program the survey instructions page to appear in the language specified by the enrollee's language protocol. The survey instructions page must include a button that allows respondents to toggle between survey languages [i.e., English and Spanish (and Chinese, if applicable)]. **Note:** *The survey instructions page also appears after the log-in page when an enrollee manually enters the URL and log-in credentials from the information provided on the prenotification and reminder letters.*	
Program the English and Spanish (and Chinese, if applicable) internet survey per the scripts posted on the MQI website.	
Use a font size of at least 11 in an easily readable font (e.g., Times New Roman or Arial for English and Spanish materials and PMingLiU for Chinese materials). The OMB statement must be at least 10 points and in an easily readable font.	
Provide information about the internet survey option to sampled enrollees using the standard English and Spanish (and Chinese, if applicable) prenotification letter and reminder letter templates (all materials are posted on the MQI website). Vendors also communicate information about the internet survey option via a notification email and two reminder emails for sampled enrollees who have an email address included in the sample frame.	
Do not allow a sampled enrollee to complete the internet survey more than once.	
Link internet survey responses to the appropriate sampled enrollee in the SMS.	
Provide a toll-free number and a project-specific email address on all letters and emails through which sampled enrollees can submit questions.	
Immediately remove sampled enrollees who have completed the survey via the internet from further mail, email, or telephone contact. No further attempts should be made to contact these sampled enrollees. All scheduled outbound telephone attempts and reminder emails must cease within 24 hours of receiving a completed internet survey.	

13.2 Program Internet Survey

Vendors must adhere to the following system, security, and programming requirements for the internet survey and may not deviate from the format presented in the standard internet survey. Vendors must adhere to all requirements and specifications shown in Exhibit 33 and Exhibit 34.

Exhibit 33: Internet System Requirements

Internet System Requirements	✔
Allow sampled enrollees to complete the survey in stages. Do not communicate this functionality to sampled enrollees, as it could discourage sampled enrollees from completing the survey in one sitting.	

Internet System Requirements	✓
Save all previously completed responses regardless of the question at which the sampled enrollee exits the survey (e.g., if a respondent answers Questions 1–60 but then exits the survey at Question 5, all responses for Questions 1–60 should be saved in the instrument upon reentry).	
Do not require sampled enrollees to answer survey questions. All survey questions must be programmed to allow respondents to leave a question unanswered and still proceed with the survey through the use of a "Next/Próxima/下一页" (or "Siguiente") button.	
Automatically direct the sampled enrollee to the next appropriate survey question per skip pattern logic when a sampled enrollee clicks the "Next/Próxima/下一页" (or "Siguiente") button for a screener/gate item without providing a response. **Note:** *If a sampled enrollee clicks the "Next/Próxima/下一页" (or "Siguiente") button for Question 1 without providing a response, the sampled enrollee is directed to Question 2 (not Question 3). This allows the collection of data for both Questions 1 and 2, which vendors later evaluate together to determine overall eligibility.*	
Automatically direct the sampled enrollee to the next question in the survey when a sampled enrollee clicks the "Next/Próxima/下一页" (or "Siguiente") button for a non-screener/non-gate item without providing a response.	
Allow sampled enrollees the opportunity to return to all previous survey questions to check, change, or delete an answer.	
Include a button that allows respondents to toggle between survey languages throughout the survey.	
Optional	
Optionally include a progress indicator bar to display internet survey completion status.	
Optionally include a message when an enrollee attempts to skip a question to alert them that they have not responded to the question. This language must be reviewed and accepted by CMS prior to survey fielding.	

Exhibit 34: Internet Security Requirements

Internet Security Requirements	✓
Implement a secure, password-protected internet survey that protects the confidentiality of sampled enrollees' responses.	
Assign each sampled enrollee a customized log-in (e.g., username and/or password) for inclusion on prenotification and reminder letters. Log-in credentials cannot be sequential and must be assigned randomly. Log-in credentials must also be alphanumeric and at least eight characters in length. If both a username and a password are provided to enrollees, each must be randomly assigned, alphanumeric, and at least eight characters in length.	
Embed the full unique URL and the "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button included on notification and reminder emails with log-in credentials. Enrollees must be automatically logged in to the survey once they click on the URL link or button. Match respondents one to one with the sampled enrollees. Test embedded log-in credentials prior to fielding. Refer to Program Notification and Reminder Emails for requirements.	
Vendors must (a) create a unique QR code for each sampled enrollee that automatically logs them into the internet survey once they scan the QR code, (b) match respondents one to one with the sampled enrollees, and (c) test QR codes prior to fielding.	
Use firewall protection, intrusion detection, and a secure website for the survey.	
Use Secure Sockets Layer (SSL) to transmit QHP Enrollee Survey data.	
Do not log or track the Internet Protocol (IP) address of any sampled enrollee; however, vendors are required to track other metadata such as the type of device or internet browser used. Refer to the Data Dictionary for all the variables that must be tracked.	
Do not include the name of the sampled enrollee anywhere on the internet survey.	

Internet Security Requirements	✔
Do not link to either the vendor's or QHP issuer's home page on the login page, survey instructions page, or any subsequent pages.	
Do not include links to the internet survey URL on the vendor's website.	
Optional	
Vendors may include a link to their privacy policy if required for legal purposes. It is strongly recommended that the privacy policy is provided in English and Spanish (and Chinese, if applicable).	

13.3 Internet Survey 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. The entry process diagrams shown in Exhibit 35, Exhibit 36, and Exhibit 37 illustrate the user interface flow for the QHP Enrollee Survey. There are three routes of entry into the internet survey:

- Manual entry (typing) of the survey URL and 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.

13.3.1 Manual Entry Process

Prenotification and reminder letters contain the survey URL and customized log-in credentials.

Exhibit 35: Internet Survey Sampled Enrollee Manual Entry Process
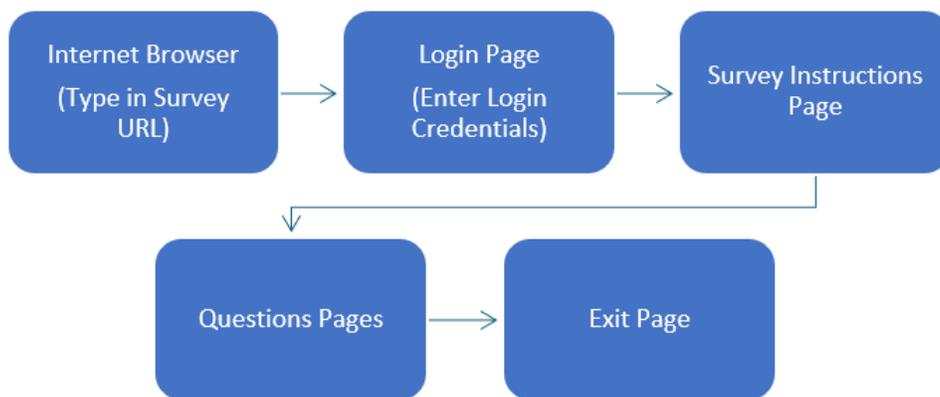
13.3.2 Automatic Entry Process (Email Links)

Notification and reminder emails contain links to the internet survey that are embedded with customized log-in credentials.
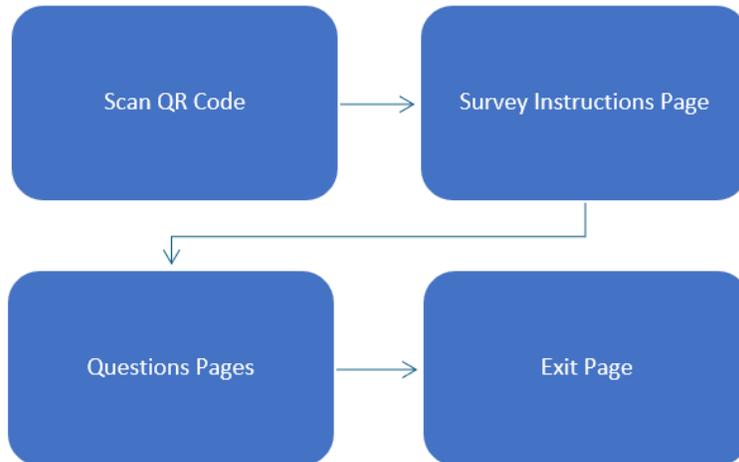
Exhibit 36: Internet Survey Sampled Enrollee Automatic Entry Process (Email Links)
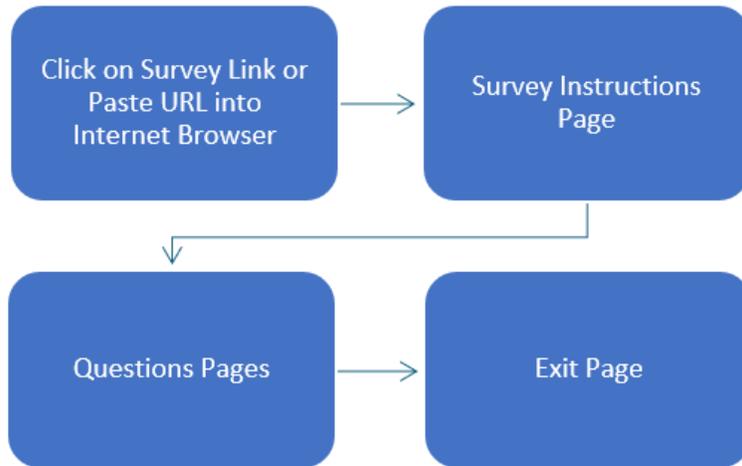
13.3.3 Automatic Entry Process (QR Code)

Prenotification and reminder letters must contain QR codes that link to the internet survey and are embedded with customized log-in credentials.

Exhibit 37: Internet Survey Sampled Enrollee Automatic Entry Process (QR Code)

13.3.4 Internet Survey Log-in Page

On the log-in page, the sampled enrollee is instructed to enter the customized log-in information (e.g., username and/or password) provided in the prenotification and reminder letters. These instructions must be presented in English and Spanish (and Chinese, if applicable). Once the customized log-in information is successfully entered, the sampled enrollee is taken to the survey instructions page in their preferred language to begin the internet survey. Vendors must adhere to the log-in page language provided in the English and Spanish (and Chinese, if applicable) internet survey scripts posted on the MQI website.

13.3.5 Internet Survey Instructions Page

When a sampled enrollee clicks on the "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button with embedded log-in credentials, clicks on (or copies and pastes) the full unique URL with embedded log-in credentials in the notification or reminder email, or scans a QR code from the prenotification or reminder letter, they must be automatically logged in to the internet survey, bypassing the log-in page. After the sampled enrollee is logged into the internet survey, they are directed to the internet survey instructions page. The content to be included on this page is detailed in [Exhibit 38](#).

Vendors must include a button that allows respondents to toggle between survey languages throughout the survey.

13.3.6 Internet Survey Questions Pages

Vendors must adhere to the internet survey log-in, instructions, questions, and exit page requirements as listed in [Exhibit 38](#).

Exhibit 38: Internet Survey Programming Requirements

Internet Survey Programming Requirements	✓
Internet Survey Log-in Page Requirements	
Instruct sampled enrollees in English and Spanish (and Chinese, if applicable) to enter the log-in credentials to begin the internet survey.	
Provide a "Questions/Preguntas/如果有疑问" link that, when clicked, directs sampled enrollees to a page with the standard text provided in the internet survey script about how to contact the vendor if the sampled enrollee has questions about the survey. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas/如果有疑问 page. All language included on the Questions/Preguntas/如果有疑问 page is subject to review by CMS.	
Include either the vendor's logo and/or the QHP issuer's logo.	
Use either a black or dark blue, easily readable font of at least 11 points; the font must be consistent throughout the internet survey.	
Internet Survey Instructions Page Requirements	
Include instructions on how to use the "Previous/Anterior/上一页" button to return to previous survey questions to check, change, or delete an answer.	
Include instructions on how to use the "Next/Próxima (or Siguiente)/下一页" button to advance to a subsequent survey question.	
Include additional instructions specific to the vendor's internet survey instrument or platform, as applicable.	
Include either the vendor's logo and/or the QHP issuer's logo.	
Include the OMB statement, number, and expiration date in a font size of at least 10 points. Please refer to the [MQI website](#) for the English, Spanish, and Chinese (if appliable) internet survey scripts.	
Include a statement assuring sampled enrollees that the confidentiality of their responses is protected.	

Internet Survey Programming Requirements	✓
Use either a black or dark blue, easily readable font of at least 11 points (e.g., Times New Roman or Arial for English and Spanish surveys and PMingLiU for the Chinese survey); the font must be consistent throughout the internet survey.	
Provide a "Questions/Preguntas/如果有疑问" link that, when clicked, directs sampled enrollees to a page with the standard text provided in the internet survey script about how to contact the vendor if the sampled enrollee has questions about the survey. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas/如果有疑问 page. All language included on the Questions/Preguntas/如果有疑问 page is subject to review by CMS.	
Include the full questionnaire title with the administration year at the top of the instructions page.	
Internet Survey Question Page Requirements	
Include all QHP Enrollee Survey questions and response categories in the internet survey.	
Adhere to all survey skip patterns.	
Include the appropriate section header under which the question is found in the internet survey template on each survey question(s) page.	
Do not number questions, as question numbers could confuse respondents because the survey instrument is programmed to follow skip patterns.	
Use either a black or dark blue, easily readable font of at least 11 points for all survey questions and response options (e.g., Times New Roman or Arial for English and Spanish surveys and PMingLiU for the Chinese survey); the font must be consistent throughout the survey. Vendors may opt to use a highlight color for instructions and survey headings.	
Program questions permitting only one response to accept only one response and program questions permitting multiple responses to accept multiple responses.	
Program the open-ended response box for Question 2 to accept at least a 250-character response. In addition to the response box, vendors may include a dropdown menu of QHP issuer aliases for this question.	
Display only one screener/gate item per webpage.	
Display at least two but no more than three questions per webpage.	
Provide a "Questions/Preguntas/如果有疑问" link on each survey question page that, when clicked, directs sampled enrollees to a page with information about how to contact the vendor if the sampled enrollee has questions about the survey, per the standard text provided in the internet survey script. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas/如果有疑问 page. All language included on the Questions/Preguntas/如果有疑问 page is subject to review by CMS.	
Internet Survey Exit Page Requirements	
Provide an exit page after the last survey question has been completed that confirms the survey has been received and thanks the sampled enrollee for participating.	
Provide a "Questions/Preguntas/如果有疑问" link that, when clicked, directs sampled enrollees to a page with information about how to contact the vendor if the sampled enrollee has questions about the survey, per the standard text provided in the internet survey script. Vendors may also include relevant FAQs about the survey on the Questions/Preguntas/如果有疑问 page. All language included on the Questions/Preguntas/如果有疑问 page is subject to review by CMS.	

13.4 Program Notification and Reminder Emails

For enrollees with an email address included in the sample frame, vendors communicate the availability of the internet survey via a notification email (sent 6 days after the prenotification letter is mailed). Vendors also send two reminder emails to nonrespondents with operational email addresses during the email outreach in accord with the fielding schedule specified in Exhibit 45.

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

The Project Team recommends that vendors:

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

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

Vendors must adhere to all notification and reminder email requirements and specifications shown in Exhibit 39.

13.4.1 Notification Email Requirements

Similar to the prenotification letter mailed to sampled enrollees, the notification email provides information about the purpose of the QHP Enrollee Survey. The notification email is sent 6 days after the prenotification letter is mailed to those enrollees who have an email address included in the sample frame. Sampled enrollees who complete the internet survey prior to the delivery of the notification email must be removed from the email distribution list.

The notification email informs sampled enrollees who wish to complete the survey in English, Spanish, or Chinese (if applicable) that they may do so via the internet. The notification email must include both a full, unique URL with embedded log-in credentials and a "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button with embedded log-in credentials. The embedded log-in credentials are unique to the sampled enrollee. All sampled enrollees who click on (or copy and paste) a survey link from an email must be automatically logged in to the internet survey (without the need to enter log-in credentials) and be directed to a survey instructions page in English, Spanish, or Chinese (if applicable), as specified by the enrollee's language protocol.

Please refer to the MQI website for the standard English, Spanish, and Chinese notification email templates. All notification emails (in all administered languages) must meet the requirements described in Exhibit 39 and must be reviewed and accepted by CMS prior to fielding. Vendors may not revise materials after they are accepted by CMS. The Project Team will email vendors to notify them of final approval of the materials.

13.4.2 Reminder Email Requirements

Sampled enrollees for whom an email address is included in the sample frame, and who have not yet responded to the survey will receive two reminder emails. Vendors must send the reminder emails in accord with the fielding schedule specified in Exhibit 45. Vendors must remove all sampled enrollees who complete the survey by mail, internet, or telephone prior to the date on which the reminder emails are scheduled to be circulated from the email distribution list.

The reminder emails must adhere to the same programming requirements as the notification email, and must include both a full unique URL with embedded log-in credentials and a "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button with embedded log-in credentials. The embedded log-in credentials are unique to the sampled enrollee. All sampled enrollees who click on (or copy and paste) a survey link from an email must be automatically logged in to the internet survey without the need to enter log-in credentials and be directed to a survey instructions page in English, Spanish, or Chinese (if applicable), as specified by the enrollee's language protocol.

Please refer to the MQI website for the standard English, Spanish, and Chinese reminder email templates. All reminder emails (in all administered languages) must meet the requirements described in Exhibit 39 and must be reviewed and accepted by CMS prior to fielding. Vendors may not revise materials after they are accepted by CMS. The Project Team will email vendors to notify them of final approval of the materials.

Exhibit 39: Notification and Reminder Email Requirements

Notification and Reminder Email Requirements	✓
Send the notification email 6 days after the prenotification letter is mailed.	
Send the two reminder emails according to the fielding schedule specified in Exhibit 45: 2025 QHP Enrollee Survey Fielding Schedule.	
Use the text conventions in the survey template. Vendors must bold text that is bold in the email templates.	
Use a font size of at least 11 points in an easily readable font (e.g., Times New Roman or Arial for English and Spanish materials and PMingLiU for Chinese materials).	
Use consistent spacing between paragraphs. All formatting must allow for a high level of readability.	
Display the "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button in a callout box with text printed in bold 14-point font, as shown in the standard email templates.	
Use only black or dark blue font presented on a white background.	
Display the vendor's logo and/or the QHP issuer's logo in the header of the notification and reminder emails. Logos may be presented in color. Vendors may include their return address if desired but cannot include the QHP issuer's return address.	
Use a personal salutation (i.e., "Dear [ENROLLEE FIRST AND LAST NAME]").	
Include the vendor name, QHP issuer name, enrollee name, and vendor customer support contact information in the designated fill locations.	
Include the standardized subject line according to the applicable email template.	

Notification and Reminder Email Requirements	✓
Include a non-language-specific, unique, full URL with embedded log-in credentials that directly routes sampled enrollees to a survey instructions page in English, Spanish, or Chinese (if applicable), as specified by the enrollee's language protocol. Sampled enrollees must be automatically logged in to the survey.	
Embed a non-language-specific unique hyperlink in a "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button with log-in credentials that directly routes sampled enrollees to the survey instructions page. Sampled enrollees must be automatically logged in to the survey.	
Include an unsubscribe link at the bottom of all emails.	
Format all hyperlinks (e.g., full survey URL, vendor email address, unsubscribe link, "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button) in a color different than the rest of the email text. **Note:** The color chosen for these hyperlinks must be of a high contrast so enrollees who are visually impaired can easily see them (e.g., yellow or fluorescent green are not of sufficient contrast).	
Include the name and title of a senior executive of either the vendor or the QHP issuer and the name of the vendor organization or QHP issuer in the signature block.	
Optional	
Vendors may include taglines required by the QHP issuer for legal purposes. Vendors do not need to request the inclusion of this information as an exception. For language specific to nondiscrimination, see Guidance on the QHP Enrollee Survey and Patient Protection and Affordable Care Act Regulations on Nondiscrimination.	
With the permission of the QHP issuer, vendors may program their emails to appear to come from "[VENDOR NAME] on behalf of [QHP ISSUER]." Vendors must not program their emails to appear to come from only "[QHP ISSUER]." Vendors that decide to use this customization must detail in their QAP their testing processes for ensuring that the correct QHP issuer name populates for each sampled enrollee.	

13.5 Additional Language Requirements for the Internet Survey

Vendors are required to administer the internet survey in English and Spanish (and Chinese, if applicable). Vendors should work with their QHP issuer clients to determine the best strategy for optimizing response rates in terms of additional language survey administration based on the language preference indicators provided as part of the sample frame. Potential strategies are listed below. These strategies are to be considered along with the language protocols described in Exhibit 20.

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

- If language preference indicators are not available, vendors have the following options:
  – Send notification and reminder emails in English only. English notification and reminder emails must include text in Spanish and Chinese (if applicable) that provides instructions about how sampled enrollees may request a survey in their preferred language.
  – Send notification and reminder emails in both English and Spanish (i.e., as single dual language "double-stuffed" emails). In this scenario, vendors are *not* required to

include English or Spanish text that provides instructions about how sampled enrollees may request a survey in their preferred language. If vendors field the survey in Chinese, they must include Chinese text providing instructions about how sampled enrollees may request a survey (i.e., mail, telephone, or internet) in Chinese.

13.6 Conduct Internet Survey Quality Assurance

Vendors must submit English and Spanish (and Chinese, if applicable) notification and reminder emails with the unique, full URL and "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button to CMS for review according to the due dates included in Exhibit 3. Vendors must provide the programmed internet survey URL with at least 18 usernames and/or passwords (how the information is presented on prenotification and reminder letters) and at least 18 unique URLs with embedded log-in credentials (how the information is presented on notification and reminder emails) to CMS for review. Vendors must submit at least 18 unique QR codes to CMS for review for use in the prenotification and reminder letters.

At a minimum, vendors must adhere to the internet QA requirements described in Exhibit 40.

Exhibit 40: Internet Quality Assurance Requirements

Internet Quality Assurance Requirements	✓
Review and confirm that the internet survey and notification and reminder emails match the previously accepted material proofs.	
Integrate all email seeds directly into the email distribution list for each reporting unit. In addition, send "seeded emails" to the designated CMS representatives per the requirements in the Seeded Mailings portion of the Comply With Oversight Activities section.	
Make every reasonable attempt to contact all eligible sampled enrollees regardless of whether they have a complete email address. It is recommended that vendors run email addresses through an email verification service prior to fielding.	
Log all internet survey quality assurance checks to document their completion.	
Confirm that when the URL included on prenotification and reminder letters is typed into a browser, the enrollee is directed to the internet survey log-in page and instructed to enter log-in credentials.	
Confirm that when a sampled enrollee scans the QR code provided on a prenotification or reminder letter, they are directly routed to the internet survey instructions page. **Note:** *Vendors must include QR codes.*	
Perform interval checking of notification and reminder emails to:	
• Confirm that notification and reminder emails are matched to the same sampled enrollee.	
• Confirm that all variable fills (QHP issuer logo, enrollee first and last name, QHP issuer name, name and title of senior executive from vendor/QHP issuer) match the sampled enrollee's information exactly.	
• Check for consistent formatting, spacing, and misalignment. Spacing between paragraphs must be consistent throughout the emails, and all formatting must allow for a high level of readability.	
Test the functionality of the links and buttons in the notification and reminder emails prior to fielding to:	
• Verify that the unique, full URL embedded with log-in credentials automatically logs the correct sampled enrollee into the survey and, when clicked, directly routes enrollees to the internet survey instructions page.	

Internet Quality Assurance Requirements	✓
• Verify that the "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button with embedded log-in credentials automatically logs the correct sampled enrollee into the survey and, when clicked, directly routes enrollees to the internet survey instructions page.	
• Verify the unsubscribe link successfully removes the sampled enrollee from further email communications. Refer to the Email Unsubscribe and Do Not Survey section for additional information.	
Check all programmed internet surveys prior to fielding to:	
• Confirm adherence to all internet survey page requirements.	
• Check for consistent formatting, spacing, and misalignment.	
• Verify accuracy of survey skip patterns.	
• Confirm that a sampled enrollee is not able to complete the internet survey more than once.	
Seed at least one internal staff member in the email distribution list for each reporting unit for which the survey is being fielded to:	
• Confirm timeliness of delivery.	
• Confirm appropriate formatting.	
• Verify the functionality of the unique URL and the "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button.	
• Verify the linkage of internet survey responses to the correct sampled enrollee.	

14.0 Telephone Survey

Vendors must use a CATI system to administer the telephone phase of the QHP Enrollee Survey. Telephone interviews may not be completed on paper and key-entered afterward. The telephone survey must be available in English and Spanish (and Chinese, if applicable). To prepare for data collection, vendors must obtain sampled enrollee telephone numbers, program the CATI system, and train telephone interviewers.

14.1 Update Telephone Numbers

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

14.2 Program Computer-Assisted Telephone Interviewing System

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

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

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

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

Vendors must submit screenshots reflecting the programmed telephone scripts to CMS for review in each language in which they will administer the survey, according to the schedule

established in Exhibit 3: Key Dates for Vendors. CMS also reviews skip pattern programming prior to survey fielding (see the Comply with Oversight Activities section).

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

14.3 Train Telephone Interviewers

Telephone interviewer training is essential to verify that interviewers are following QHP Enrollee Survey protocols and procedures and to ensure that telephone survey data are collected accurately, efficiently, and in a standardized manner. Vendors must provide training to all interviewers prior to the start of telephone survey data collection activities.

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

Ideally, telephone interviewers are interchangeable; that is, telephone survey results are not dependent on the interviewer conducting the survey. Interviewers must be trained to facilitate standardized, nondirective interviews. Interviewers must be trained on the requirements detailed in Exhibit 41.

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

Exhibit 41: Interviewer Training Requirements

Interviewer Training Requirements	✓
Read questions and response choices **verbatim** so all sampled enrollees answer the intended questions. Reworded questions may bias a sampled enrollee's responses as well as overall survey results. Response choices should be read at an even pace, with consistent inflection, and without additional emphasis on any choice.	
Probe when a sampled enrollee fails to give a complete or adequate answer. Interviewer probes are neutral and nondirective and do not increase the likelihood of any one response over another. Successful probes stimulate the sampled enrollee to provide responses that meet question objectives.	
Maintain a professional, neutral rapport with the sampled enrollee. There is no personal component to an interviewer's interaction with a sampled enrollee. To maintain interview standardization, interviewers communicate very little about themselves.	
Minimize interviewer coding and answer interpretation. Interviewers must record only answers that respondents specify.	

Interviewer Training Requirements	✓
Record the appropriate outcome of all call attempts to reach a sampled enrollee.	
Operate the CATI system efficiently. This includes navigating back and forth easily throughout the system and making any necessary changes without disrupting the flow of the interview.	

Telephone interviewers must also be trained to use the FAQs in a standardized manner. Vendors must have telephone interviewers and/or customer support staff available to answer the FAQs in all languages in which the survey is being offered. For more details, please refer to the FAQs (available in English, Spanish, and Chinese) on the QHP Enrollee Survey page of the MQI website.

Vendors must ensure that telephone survey supervisors understand the effective QA standards and procedures to monitor and supervise interviewers.

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

14.4 Comply With Federal Regulations

It is the responsibility of the vendor to fully comply with all federal and state laws, regulations, and guidelines. Vendors may use predictive dialing if there is a live interviewer available to interact with the sampled enrollee and the system is compliant with Federal Trade Commission and Federal Communications Commission regulations, as put into effect by the Telephone Consumer Protection Act of 1991 (TCPA). It is the responsibility of the vendor to understand whether its system may be construed as a predictive dialer under Federal Communications Commission regulations. Vendors are required to provide sampled enrollees with a revocation option through the use and maintenance of a "Do Not Survey" list when using predictive dialing.

14.5 Manage Telephone Subcontractors

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

Vendors that subcontract telephone interviewing operations are responsible for providing proper oversight to verify the integrity of the work and operations. They must provide CMS with documentation of subcontractor-specific oversight processes. At a minimum, vendors are responsible for attending and participating in a subcontractor's telephone interviewer training to confirm compliance with the protocols, procedures, and guidelines established for the telephone component of the QHP Enrollee Survey.

14.6 Additional Language Requirements for Telephone Interviews

Vendors should work with their QHP issuer clients to determine the best strategy for optimizing response rates in terms of additional language survey administration based on the language preference indicators provided as part of the sample frame. Refer to the language protocols described in Exhibit 20 for additional information.

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

14.7 Conduct Telephone Quality Assurance

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

At a minimum, vendors must adhere to the telephone QA requirements described in Exhibit 42.

Exhibit 42: Telephone Quality Assurance Requirements

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

15.0 Customer Support

15.1 Establish Customer Support Resources

Vendors must establish a customer support toll-free telephone number and a project-specific email address for sampled enrollees who have questions about the QHP Enrollee Survey. Customer support capabilities must be tested and operational by the start of the mail phase of the data collection protocol (i.e., prenotification letter mail date/internet survey activation date).

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

At a minimum, vendors must adhere to the customer support QA requirements described in Exhibit 43.

Exhibit 43: Vendor Customer Support Requirements

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

FAQs and standardized answers to those questions are available in English, Spanish, and Chinese on the QHP Enrollee Survey page of the MQI website. These FAQs documents provide guidance to customer support staff when responding to questions commonly asked by sampled enrollees.

15.2 Train Customer Support Staff

Customer support staff must be properly trained on QHP Enrollee Survey requirements, methodology, and FAQs (see the QHP Enrollee Survey page of the MQI website); the proper way to respond when answers are not known; and the rights of survey respondents. If customer

support staff are not trained to administer telephone interviews, then they must be trained in procedures to transfer calls to telephone interviewers or to schedule callbacks. Please refer to the Inbound Telephone Interviewing Protocol section (e.g., [INTRO 4: INBOUND REQUESTS]) of the CATI script for more information.

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

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

15.3 Manage Customer Support Subcontractors

Vendors may use subcontractors for customer support operations. Signed confidentiality agreements must be obtained prior to employing them. Subcontractors must comply with all HIPAA rules and regulations for safeguarding PHI. Subcontractors are required to fulfill the same requirements detailed in Sections 15.1 and 15.2 of the Customer Support section.

Vendors are responsible for the quality of work performed by subcontractors and must provide CMS with documentation of their subcontractor-specific quality oversight processes. This includes providing proper oversight to verify the integrity of the work and operations conducted by subcontractor(s). At a minimum, vendors are responsible for participating in a subcontractor's internal customer support training to confirm compliance with the protocols, procedures, and guidelines established for the QHP Enrollee Survey. Vendors must provide feedback to subcontractors regarding the quality and accuracy of responses and verify that each subcontractor's customer support staff has corrected any areas requiring improvement.

15.4 Conduct Customer Support Quality Assurance

To reduce survey fielding errors and to facilitate customer support, vendors must conduct the customer support QA requirements detailed in Exhibit 44.

Exhibit 44: Customer Support Quality Assurance Requirements

Customer Support Quality Assurance Requirements	✓
Confirm the accuracy of responses for a minimum of 10% of customer support inquiries.	
Review the speed of responses for all customer support inquiries.	
Review a minimum of 10% of customer support inquiries by listening to telephone recordings and reviewing email responses to confirm professionalism of customer support representatives.	
Confirm that all requests to customer support that result in a scheduled phone survey result in a follow up phone call to take the survey, as scheduled.	
Confirm that all customer support inquiries in English and Spanish (and Chinese, if applicable) receive an accurate response within 24 hours or the next business day.	

16.0 Collect Data

16.1 Overview

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

The basic tasks and associated timeline for conducting the 2026 QHP Enrollee Survey are summarized in Exhibit 45. Vendors must adhere to this schedule.

Exhibit 45: 2026 QHP Enrollee Survey Fielding Schedule

Task	Timeframe
Sample enrollees per sampling protocols.	**January–February 2026**
• Mail prenotification letter to sampled enrollees.[a] • Activate internet survey. • Open customer support toll-free line and project-specific email address.	**Day 1**
• Mail first survey with cover letter to nonrespondents 6 calendar days after the prenotification letter is mailed.[a] • Send notification email to nonrespondents 6 calendar days after the prenotification letter is mailed.[a]	**Day 7**
• Send first reminder email to nonrespondents 6 calendar days after the notification email is sent.[a]	**Day 13**
• Send second reminder email to nonrespondents 6 calendar days after the first reminder email is sent.[a]	**Day 19**
• Mail reminder letter to nonrespondents 13 calendar days after the first survey is mailed.[a]	**Day 20**
• Mail second survey with cover letter to nonrespondents 14 calendar days after the reminder letter is mailed.[a]	**Day 34**
• Initiate telephone follow-up contact for nonrespondents 21 calendar days after the second survey is mailed.	**Days 55–73**
• End data collection activities.[b] • End all telephone interviews. • Close customer support toll-free line and project-specific email address.	**Day 73**

[a] If a mailout/email day falls on a Sunday or federal holiday, mail/email on the following business day.
[b] 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 1, 2026). If vendors are still fielding the survey after May 1, 2026, they must accept and process data for all mail and internet surveys received through the end of the protocol (Day 73).

16.2 Data Collection Process

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

Note: Vendors must accept and process data for all mail and internet surveys received through 2 weeks before the end of data submission, by 11:59 p.m. ET on May 1, 2026. If vendors are still fielding the survey after May 1, they must accept and process data for all mail and internet surveys received through the end of the protocol (Day 73).

16.2.1 Collect Data by Mail

All mailings must be sent according to the specified fielding days included in the survey administration schedule (i.e., between Day 1 and Day 34), as shown in Exhibit 45 above. Vendors are strongly encouraged to mail letters and surveys using first-class postage or indicia or priority mail to facilitate timely delivery and maximize response rates. Vendors are required to verify mailout dates for all mailing materials (e.g., USPS-generated report). At its discretion, CMS may request that vendors provide documentation of mailout dates.

Inbound Mail

The requirements for receiving and tracking returned mail surveys are described in Exhibit 46. Vendors may use optical scanning technology or key-entry to capture survey data.

Exhibit 46: Processing Inbound Mail

Inbound Mail Receipt and Tracking Requirements	✓
Record or scan all returned mail surveys daily to designate them as "received" so that the associated sampled enrollees are removed from future mailings, emails, and telephone follow-up. Outbound telephone attempts and scheduled reminder emails must cease within 24 hours of receiving a completed mail or internet survey. Process and enter or scan all response data in a timely manner.	
Record the date the survey is received and enter it in the SMS. The SMS must track duplicate returned surveys (i.e., return of both the first and second mail surveys by a sampled enrollee) separately. In this case, the date of receipt must be captured for each survey.	
Do not permit the same survey to be keyed more than once.	
Do not enter out-of-range or invalid responses.	
Implement quality assurance procedures, including ongoing interval checks, to verify that software consistently scans response values accurately for each language in which the survey is administered.	
Assign a final disposition code to each sampled enrollee (see Final Survey Disposition Codes section).	
Include responses from mail surveys received through May 1, 2026, in final data files even though the fielding schedule ends on Day 73. Mail surveys received after this date must be shredded and disposed of in a secure manner. **Note:** *If vendors are still fielding the survey after May 1, 2026, they must accept and process data for all mail surveys received through the end of the protocol (Day 73).*	

Mail Survey Decision Rules for Data Coding

To ensure uniformity in data coding, vendors must use the decision rules described in Exhibit 47 to resolve common ambiguous situations when scanning or key-entering surveys.

Exhibit 47: Decision Rules for Coding Mail Survey Data

Scenario	Decision Rule
The response mark falls between two response options but is obviously closer to one than the other.	Select the option to which the mark is closest.

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

Mail Survey Skip Patterns

Some questions included in the QHP Enrollee Survey are screener/gate questions and are designed to determine whether one or more follow-up questions about the same topic are applicable to the respondent. The respondent is directed to the next applicable question by a "skip" instruction printed next to the answer choice that they mark.

In the mail surveys, some respondents may answer the screener question but leave applicable follow-up questions blank. In other cases, some respondents may mark an answer to follow-up questions that do not apply to them (according to the answer provided in the screener question). In other cases, some respondents may answer both the screener/gate and follow-up questions with responses that contradict each other.

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

Processing Undeliverable Mail

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

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

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

Processing Surveys Returned Blank

If a sampled enrollee returns a blank survey, vendors assign an interim disposition code of "X34—Blank Survey Returned or Incomplete Survey." Vendors do not mail a second survey to these sampled enrollees but instead attempt to contact them during the telephone phase.

Sampled enrollees who return blank surveys are not assigned a final disposition code of "X32—Refusal" unless they include a note with or on the blank survey specifically stating that they refuse to participate.

Processing Duplicate Surveys

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

Processing Ineligible Surveys

If a mail survey is returned with a note (attached to or written directly on the survey) saying that the sampled enrollee is unable to complete the survey or is ineligible (e.g., deceased, physically or mentally incapacitated), then the vendor either scans the survey or stores the hard-copy for the required 3-year retention period. Vendors should apply the appropriate final disposition code to the case based on the type of ineligibility as defined in Exhibit 48. See Exhibit 55: Final Survey Disposition Codes and Date Completed Coding Guidelines for the complete list of disposition codes.

Exhibit 48: Types of Ineligible Surveys and Disposition Codes

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

Description	Code
Ineligible: Not Eligible Assign this code if it is determined during the data collection period that the sampled enrollee does not meet all the required eligibility criteria for being included in the survey sample. This includes identifying any of the following: • The sampled enrollee is younger than 18 years of age. • The sampled enrollee is ineligible for the survey based on their responses to Question 1 and Question 2 (see Exhibit 53). • The sampled enrollee returns the survey with comments in the margins or white mail indicating that they are not enrolled in the health plan. • The sampled enrollee does not meet continuous enrollment criteria.	X40
"Do Not Survey" List Assign this code if the sampled enrollee is on the vendor's "Do Not Survey" list.	X43
Language Barrier Assign this code to a sampled enrollee who does not speak one of the available survey languages: English, Spanish, or Chinese (if applicable).	X22
Mentally or Physically Incapacitated Assign this code if it is determined that the sampled enrollee is unable to complete the survey because they are mentally or physically incapacitated or are residing in a group home or institution (e.g., hospice, nursing home) *and* either a proxy is not available *or* the sampled enrollee does not consent to have a proxy complete the survey. This disposition code is also used when a person other than the intended sampled enrollee answers the telephone during a call attempt and states that the sampled enrollee is mentally or physically unable to complete the survey. **Note:** *Proxy interviews may only be conducted if the intended sampled enrollee consents to a proxy taking the survey on their behalf.*	X24

Quality Assurance: Mail

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

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

- **For manual key-entry:** All surveys must be 100% rekeyed for QA purposes. That is, for every survey being reviewed, a different staff member must reenter the survey data to verify that all entries are accurate. If any discrepancies are observed, then a supervisor must resolve the discrepancies and verify that the correct values have been entered. Beyond the double data entry requirement, it is recommended that supervisory staff review a minimum of 10% of cases coded by each data entry staff member to check for accuracy.

16.2.2 Collect Data by Internet

Vendors mail the prenotification and reminder letters to sampled enrollees on the specified fielding days, informing them of the availability of the internet survey. These letters include instructions for completing the survey on a secure website, the URL address for the designated website, and a customized log-in (e.g., username and/or password) for each sampled enrollee.

Vendors must also include a QR code that directs sampled enrollees to the internet survey on prenotification and reminder letters. In addition, for enrollees with an email address included in the sample frame, vendors communicate the availability of the internet survey via a notification email. Vendors also must send reminder emails to nonrespondents with operational email addresses according to the fielding schedule specified in Exhibit 45.

Before each email is sent, vendors must remove from the email distribution list all enrollees for whom they have received a completed mail, internet, or telephone survey. All emails must include: instructions for completing the survey on a secure website; a full, unique URL with embedded log-in credentials; and a "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button with embedded log-in credentials that directly routes enrollees to the internet survey instructions page when clicked. Enrollees must be automatically logged in to the internet survey when they click the full, unique URL with embedded log-in credentials or the "Take Survey Now/Responda la encuesta ahora/立即参加问卷调查" button provided in the emails.

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

Vendors must stop all further outbound contact attempts (via mail, email, or telephone) to an enrollee within 24 hours of receiving their completed internet survey.

Vendors verify each sampled enrollee's eligibility for the internet survey according to the responses provided for Question 1 and Question 2. See Exhibit 12 for more information on confirming a sampled enrollee's eligibility.

Undeliverable Email

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

Email Unsubscribe and Do Not Survey

Vendors must include an unsubscribe link in the notification and reminder emails. Enrollees who click on the unsubscribe link must be removed from further email communications but must continue to receive mail and telephone follow-up until a final disposition code is assigned or the

survey protocol ends. Vendors are encouraged to maintain a QHP-specific unsubscribe list instead of using a company-wide unsubscribe list to ensure that the maximum number of enrollees receive email outreach. It is strongly recommended that vendors remove enrollees who unsubscribe from further email outreach within 2–5 business days from the date of the unsubscribe request. Vendors must test the unsubscribe link prior to fielding.

If an enrollee replies to an email requesting to be removed from all future contact and the email is successfully received by the vendor (i.e., it is received via a monitored email inbox), then the enrollee should be assigned a final disposition code of "X32—Refusal"; be added to the vendor's "Do Not Survey" list; and be removed from future email, mail, and telephone follow-up. Vendors maintain entries on an internal "Do Not Survey" list for 3 years. Vendors are strongly encouraged to prepare a QHP-specific "Do Not Survey" list rather than a company-wide list.

16.2.3 Collect Data by Telephone

Telephone administration begins on Day 55 of fielding and ends on Day 73 of fielding (i.e., it spans 19 calendar days). Vendors are responsible for procuring adequate resources to complete the telephone phase within the timeline shown in Exhibit 45.

Outbound Telephone Attempts to Nonrespondents

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

> **Telephone Attempt**: An attempt to reach the sampled enrollee by telephone at different times of day, on different days of the week, and in different weeks over a minimum of two different calendar weeks during the 19-calendar day telephone interview period.

Vendors use both the Enrollee Phone 1 (primary) and Enrollee Phone 2 (secondary) numbers provided by the QHP issuer in the sample frame. The vendor has discretion to determine the number of attempts made to each phone number; however, no more than a total of six call attempts can be made to a sampled enrollee. See Exhibit 49 for the definition of a call attempt.

Exhibit 49: Definition of a Telephone Attempt

Each of the following is considered one telephone attempt:	✓
The telephone rings at least six times with no answer.	
The interviewer reaches a household and is told that the sampled enrollee is not available, at which point the interviewer attempts to schedule a callback date and time.	
The interviewer reaches the sampled enrollee but is asked to call back at a more convenient time, at which point the interviewer attempts to schedule a callback date and time.	
The interviewer reaches a busy signal. At the discretion of the vendor, a telephone attempt may consist of up to three busy signals received in 1 day. Vendors must describe their process for handling busy signals in their QAP.	
The interviewer obtains a sampled enrollee's answering machine or voicemail.	

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

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

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

If a sampled enrollee is not able to take the survey during an outbound call but requests a specific callback date and time, the vendor must make every reasonable effort to accommodate the requested callback date and time specified by the enrollee.

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

Inbound Calls

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

If an interviewer is not available at the time of the sampled enrollee's inbound call, then the vendor schedules a callback appointment at a time requested by the sampled enrollee. If the vendor calls back at the scheduled time and receives no response, then the vendor must make at least one additional attempt on the next day at the same time to contact the sampled enrollee. If a survey is not conducted in response to an inbound request, standard mail, internet, and telephone protocols are resumed. Any callback attempts made during the mail phase of the protocol do not count toward the six call attempts required for the outbound telephone phase.

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

Telephone (Computer-Assisted Telephone Interviewing) Data Processing Requirements

Vendors must use the guidelines described in [Exhibit 50](#) to process and manage survey data collected via the telephone protocol.

Exhibit 50: Telephone (Computer-Assisted Telephone Interviewing) Data Processing Requirements

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

Refusal Avoidance and Conversion

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

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

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

- When a sampled enrollee indicates they are driving.

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

Leaving Messages on Answering Machines

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

Distressed Respondent Protocol

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

> **Distressed Respondent Protocol:** Instructions for how to assist a respondent whose health and safety might be in jeopardy while balancing the respondent's right to confidentiality and privacy through the protection of PII.

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

Some general guidelines for handling distressed respondent situations include:

- If a sampled enrollee threatens to take their own life immediately, then the vendor attempts to keep the individual on the line, calls 911, and refers the individual to the 988 Suicide & Crisis Lifeline (call or text 988). This service is available 24 hours a day every day.

- If the sampled enrollee expresses thoughts about taking their own life, then the vendor refers them to the 988 Suicide & Crisis Lifeline (call or text 988).

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

Quality Assurance: Computer-Assisted Telephone Interviewing Monitoring

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

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

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

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

Vendor Requirements

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

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

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

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

Interviewers must meet the following conditions consistently or should be retrained or replaced:

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

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

Requirements for Subcontractor Monitoring (if Applicable)

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

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

16.3 Data Collection Considerations

16.3.1 Disenrollees

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

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

16.3.2 Proxy Respondents

Although enrollees are encouraged to respond directly to the survey, not all respondents can do so. A **proxy** may complete the survey for a sampled enrollee who is unable to respond to the survey directly, if the sampled enrollee grants permission to do so. For a vendor to interview a proxy respondent, the below conditions must be met:

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

- The intended sampled enrollee consents to a proxy taking the survey on their behalf.

- The proxy is familiar with the sampled enrollee's health and health care experiences (e.g., a relative or friend).

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

- "My [relative/household member] can take the survey. Talk to him/her."

- "I do not take surveys, but my [relative/household member] can answer health questions for me. Please speak with him/her."

- "I am busy right now. Please speak with my [relative/household member], who can take the survey on my behalf."

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

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

All proxy survey questions must be reworded to increase the likelihood that proxy respondents provide answers about the sampled enrollee instead of about themselves. Examples are:

- Question 21: In the last 6 months, when [he/she] needed care right away, how often did [he/she] get care as soon as [he/she] needed?

- Question 41: How many specialists has [he/she] seen in the last 6 months?

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

- Question 44: In general, how would [he/she] rate [his/her] overall health? Would [he/she] say it is …

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

16.3.3 Contacting Difficult-to-Reach Enrollees

Some sampled enrollees may be difficult to reach because of incorrect telephone numbers, illness, or institutionalization. Vendor requirements for contacting difficult-to-reach sampled enrollees are outlined in Exhibit 51.

Exhibit 51: Contacting Difficult-to-Reach Enrollees

Requirements for Contacting Difficult-to-Reach Enrollees	✓
Make every effort to obtain correct telephone numbers for sampled enrollees by using a commercial address/telephone database service or directory.	
Optionally, ask QHP issuers to provide updated contact information for all enrollees included in the original sample frame file for a reporting unit. However, to avoid divulging survey selection status, vendors may not request updated contact information for sampled enrollees. Please refer to Adding Enrollee Contact Information to the Survey Sample section for more information.	
Attempt to identify a new or updated telephone number for any sampled enrollee whose telephone number is no longer in service, or for any sampled enrollee who has moved, so the enrollee can be contacted prior to the end of the data collection period.	
Use updated enrollee contact information provided by the individual answering the telephone during the initial contact.	
Recontact any enrollee who is ill, unavailable, or temporarily away during initial contact, before the data collection period ends.	
Request and subsequently use information on how to contact the sampled enrollee if the individual answering the telephone states that the sampled enrollee is institutionalized but still able to complete the survey.	

Vendors must track and document attempts to obtain a correct mailing address and telephone number for each sampled enrollee during survey fielding. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest the contrary. If the evidence is insufficient, then the vendor must continue attempting to contact the sampled enrollee until the required number of attempts has been exhausted.

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

17.0 Code and Submit Data

17.1 Overview

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

17.2 Process

Vendors must securely submit deidentified enrollee response data to CMS via the QHP Enrollee Survey website. CMS will provide detailed instructions to vendors during the mandatory Data Submission Training held on February 26, 2026.

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

17.2.1 Vendors Create Data Submission File

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

Prior to submitting data files, vendors must conduct a thorough review of the data file format, particularly for the responses included in the Question 2 write-in field. Specific QA procedures and recommended data validation checklists for data submission files can be found in Exhibit 61.

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

Processing Written Text Responses and Confirming Eligibility
Vendors must submit the open-ended responses to Question 2 as provided by the sampled enrollee during survey fielding in their data files. Exhibit 52 provides guidelines to vendors for processing responses to Question 2.

Exhibit 52: Guidelines to Processing Written Text Responses

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

Vendors must use the guidelines in Exhibit 53 to assess each sampled enrollee's response to Question 1 (Our records show that you are now in the health plan named on the front page. Is that right?) and Question 2 (What is the name of your health plan?) to confirm that the sampled enrollees meet the eligible population criteria (telephone interview scripts must accommodate the following rules). QHP issuers are required to provide a list of common aliases to vendors to enable them to make accurate eligibility determinations when the scenarios outlined in Exhibit 53 are encountered.

Exhibit 53: Confirming the Sampled Enrollee Meets Eligibility Criteria

Scenario	Question 1 Response	Question 2 Response	Is Enrollee Eligible?	Final Disposition Code
A	Yes	Any response (including "none," "N/A," "I don't know," and blank), unless it is an Invalid Plan Alias Note: *If a respondent indicates that they are not enrolled in the health plan, they are considered ineligible. See Scenario C.*	Yes (unless Question 2 response is an Invalid Plan Alias)	**Any Question 2 Response** (including "none," "N/A," "I don't know," and blank): Assess survey— Does survey meet criteria for "Completed" or "Partially Completed" survey? **OR Invalid Plan Alias Question 2 Response:** X40: Ineligible—Not Eligible.

Scenario	Question 1 Response	Question 2 Response	Is Enrollee Eligible?	Final Disposition Code
B	Yes	Response includes both a Valid and an Invalid Plan Alias (e.g., "Gold Medicare")	No	X40: Ineligible—Not Eligible **Note:** *The QHP Enrollee Survey assumes all enrollees are eligible until there is evidence that a respondent is ineligible (not eligible). When an invalid and a valid plan alias are present in Question 2, the invalid plan alias overrides the valid plan alias and the respondent is deemed ineligible.*
C	Yes	Response indicates that the respondent has switched/changed/ is no longer in the plan	No	X40: Ineligible—Not Eligible **Note:** *The QHP Enrollee Survey assumes all enrollees are eligible until there is evidence that a respondent is ineligible (not eligible). When a respondent indicates they are not in the plan, they are deemed ineligible.*
D	No	Valid Plan Alias	Yes	Assess survey— Does survey meet criteria for "Completed" or "Partially Completed" survey?
E	Blank/ Nonresponse/ No Answer	Valid Plan Alias	Yes	Assess survey — Does survey meet criteria for "Completed" or "Partially Completed" survey?
F	No	Blank/ Nonresponse/ No Answer	No	X40: Ineligible—Not Eligible
G	No	Invalid Plan Alias	No	X40: Ineligible—Not Eligible

Scenario	Question 1 Response	Question 2 Response	Is Enrollee Eligible?	Final Disposition Code
H	Blank/ Nonresponse/ No Answer	Blank/ Nonresponse/ No Answer	Yes	Assess survey— Does survey meet criteria for "Completed" or "Partially Completed" survey?
I	Blank/ Nonresponse/ No Answer	Invalid Plan Alias	No	X40: Ineligible—Not Eligible

Note: Vendors apply the guidelines in Exhibit 53 only after determining that a sampled enrollee meets the age and continuous enrollment criteria. At no time do vendors clean or recode survey responses.

Additional guidance regarding the validity of commonly provided responses to Question 2 is provided in Exhibit 54.

Exhibit 54: Valid and Invalid Plan Aliases for Determining Survey Eligibility Status

Valid Plan Aliases for Question 2	Invalid Plan Aliases for Question 2
• Marketplace • Exchange • Obamacare • Patient Protection and Affordable Care Act • Written response for product type, regardless of product type • Written response for metal level, regardless of metal level • Health Savings Account (HSA) • Medicaid, including state-specific names for Medicaid (e.g., Medi-Cal, AHCCCS)[a] • Numerical values[b] • A combination of valid plan aliases (e.g., Gold PPO)	• Employer-sponsored health plan • Medicare • Medicare Advantage, even if the plan is offered by the same issuer • 65+ health plan • Senior health plan • TRICARE • Veterans Health Administration (VA)

[a] Medicaid is only a valid plan alias for sampled enrollees who have the enrollee-specific Medicaid Expansion QHP Enrollee variable coded as "1 = Yes" in the sample frame file for QHPs operating in a state with Medicaid expansion. The Medicaid Expansion QHP Enrollee variable indicates whether an enrollee was enrolled in the QHP via a Medicaid 1115 waiver. Vendors must check and review the sample frame to confirm eligibility for sampled enrollees who provide "Medicaid" as a response to Question 2. Telephone interviewers are instructed to continue the interview if a sampled enrollee responds with "Medicaid" for Question 2.

[b] Numerical values are considered valid unless they refer to a Medicare plan by using the number "65+." Numerical values that are personally identifiable information (e.g., date of birth, Social Security number) must be redacted.

Final Survey Disposition Codes

Vendors are required to maintain up-to-date, accurate disposition codes for each sampled enrollee. Typically, disposition codes are either interim, indicating the current status of the case, or final, reflecting the final status of the case. Vendors may use interim disposition codes of their choosing for internal tracking purposes; however, these interim codes are not reported to CMS.

Vendors develop a crosswalk that demonstrates how interim disposition codes map to the final disposition codes. Vendors must provide this crosswalk in their QAP.

Exhibit 55 includes a description of each disposition code and provides information on how to code the Date_Complete variable. Each sampled enrollee must be assigned a final disposition code before data submission. All cases with a disposition code of either 10 or 31 are assigned an uppercase "T" (telephone), "I" (internet), or "M" (mail) indicator to note the survey mode in which the sampled enrollee responded. For example, a sampled enrollee who returned a complete mail survey is assigned a final disposition code of "M10." All other cases with final disposition codes other than 10 or 31 are preceded by an uppercase "X" for the mode indicator. All letters (i.e., T, I, M, X) within a final disposition code must be capitalized in test and final data submissions.

Exhibit 55: Final Survey Disposition Codes and Date_Complete Coding Guidelines

Code	Description	Date_Complete Coding Guidelines
M10, I10, or T10	**Completed Survey** Assign this code if the respondent answers 50% or more (i.e., 10 or more) of a selected list of key survey items—the items that all respondents are eligible to answer, excluding "About You" items. See the Definition of a Completed Survey section.	Code as the date the completed survey was received or administered.
M31, I31, or T31	**Partially Completed Survey** • Assign this code if the respondent answers less than 50% (i.e., fewer than 10) of a selected list of key survey items—the items that all respondents are eligible to answer, excluding "About You" items. See the Definition of a Completed Survey section. • Assign this code to a mail or internet survey that has at least one key question answered but CATI follow-up does not result in enough key items being answered to meet the definition of a completed survey.	Code as the date the partially completed survey was received or administered, not the date of any follow-up phone calls.
X20	**Ineligible: Deceased** Assign this code if the sampled enrollee is reported as deceased during the survey period.	Code as the date it is determined the sampled enrollee is deceased.

Code	Description	Date_Complete Coding Guidelines
X40	**Ineligible: Not Eligible** Assign this code if it is determined during the data collection period that the sampled enrollee does not meet all the required eligibility criteria for being included in the survey sample. This includes identifying the following: • The sampled enrollee is younger than 18 years. • The sampled enrollee is ineligible for the survey based on their responses to Question 1 and Question 2 (see Exhibit 53). • The sampled enrollee returns the survey with comments in the margins or white mail indicating that they have not been enrolled in the health plan or indicates they are not in the health plan during CATI and ends the interview prior to answering any survey questions. • The sampled enrollee does not meet continuous enrollment criteria.	Code as the date it is determined that the sampled enrollee does not meet all required eligibility criteria for being included in the survey sample.
X43	**Do Not Survey List** Assign this code if the sampled enrollee is on the vendor's "Do Not Survey" list.	Code as the first date of fielding for the reporting unit.
X22	**Language Barrier** Assign this code if the sampled enrollee does not speak one of the approved survey languages: English, Spanish, or Chinese (if applicable).	Code as the date it is determined that a language barrier prevents the sampled enrollee from completing the survey.
X24	**Mentally or Physically Incapacitated** • Assign this code if it is determined that the sampled enrollee is unable to complete the survey because they are mentally or physically incapable or residing in a group home or institution (e.g., hospice, nursing home) *and* either a proxy is not available *or* the sampled enrollee does not consent to have a proxy complete the survey. • This disposition code is also used when a person other than the intended sampled enrollee answers the telephone during a call attempt and states that the sampled enrollee is mentally or physically unable to complete the survey. **Note:** *Proxy interviews may only be conducted if the intended sampled enrollee consents to a proxy taking the survey on their behalf.*	Code as the date it is determined that a mental or physical incapacity or institutionalization prevents the sampled enrollee from completing the survey.

Code	Description	Date_Complete Coding Guidelines
X32	**Refusal** Assign this code if a sampled enrollee or proxy indicates, either in writing or verbally (for telephone administration), that they do not wish to participate in the survey or requests to be placed on the "Do Not Survey" list during data collection.	Code as the date the sampled enrollee or proxy indicates, either in writing or verbally, that they do not wish to participate in the survey or requests to be placed on the "Do Not Survey" list.
X33	**Nonresponse After Maximum Attempts** • Assign this code if the mailing address, email address, or telephone number for the sampled enrollee is assumed to be viable but the sampled enrollee does not respond to the survey or cannot be reached during the data collection period. • Assign this code to cases in which the completed survey is received after the data collection period. • Assign this code if the sampled enrollee is away for the duration of the data collection period. **Note:** *Mail surveys are to be accepted through May 1, 2026. If vendors are still fielding the survey after May 1, 2026, they must accept and process data for all mail surveys received through the end of the protocol (Day 73).*	Code as the last date of fielding for the reporting unit.
X34	**Blank Survey Returned or Incomplete Survey** Assign this code if: • The sampled enrollee returns a blank mail or internet survey (or a survey in which no key items are answered) and either no additional contact information is available or telephone attempts to reach the sampled enrollee to complete the survey were unsuccessful. • The sampled enrollee initiates CATI but does not answer any key items.	Code as the date the blank survey or incomplete survey was received or administered.
X35	**Bad Contact Information** Assign this code if it is determined that the mailing address, email address, *and* telephone number for a sampled enrollee are not viable. See Assigning the Bad Contact Information Disposition Code and Flags section for more information.	Code as the latest date it is determined that the mail address, email address, and telephone number for a sampled enrollee are not viable.

Definition of a Completed Survey

A "completed survey" is defined as a survey in which a sampled enrollee answers 50% or more of the "key items" in the survey. Key items are survey questions that all respondents are eligible to answer, excluding the "About You" items. A "partially completed survey" is defined as a survey in which a sampled enrollee answers less than 50% of key survey items.

There are 19 key survey items in the 2026 QHP Enrollee Survey; a respondent must answer at least 10 key survey items for a survey to be considered a completed survey. A key item is considered answered in the following instances:

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

A key item is not considered answered if it is left blank on a mail or internet survey or if it is not asked during a telephone interview. A key item is also not considered answered if the enrollee verbally refuses to answer the key item during a telephone interview. See Exhibit 56 for additional information.

Exhibit 56: Determine Whether a Key Item Is Answered

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

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

See Exhibit 57 for the list of key survey items.

Exhibit 57: Key Survey Items

Item Number	Item
1	Enrollee in health plan?
3	Written materials/internet provided needed information about health plan?
4	Health plan provided information on cost for health care services or equipment?
5	Found information about cost of prescription medicines?
6	Got needed information or help from health plan's customer service?
9	Ease of filling out forms from health plan?
13	How often did health plan not pay for care that enrollee's doctor said was needed?
14	How often did enrollee have to pay out of pocket for care they thought their health plan would pay for?
15	How often did enrollee delay visiting or not visit a doctor because they were worried about the cost?
16	How often did enrollee delay filling or not fill a prescription because they were worried about the cost?
17	How confident is enrollee that they understand health insurance terms?
18	How confident is enrollee that they know most of the things they need to know about using health insurance?
19	Enrollee's rating of health plan?
20	Did enrollee's personal doctor offer telephone or video appointments?
21	When enrollee needed care right away, in a clinic, emergency room, or doctor's office, how often did they get care as soon as they needed?
22	How often did enrollee get an appointment for a checkup or routine care at a doctor's office or clinic as soon as they needed?
23	How many times did enrollee go to a doctor's office or clinic to get health care?
27	How many times did enrollee visit their personal doctor to get care?
40	How often did enrollee get an appointment to see a specialist as soon as they needed?

Assigning the Bad Contact Information Disposition Code and Flags

The final disposition code of "X35—Bad Contact Information" is assigned when the vendor has exhausted all attempts to obtain a valid address and a valid telephone number for a sampled enrollee and the enrollee is unreachable by email. Exhibit 58 details examples of sufficient and insufficient evidence for use of the X35 disposition code.

Vendors must track attempts to obtain a correct mailing address and telephone number for each sampled enrollee during survey fielding. Exhibit 59 illustrates when the X35 disposition code should be assigned and how to differentiate between the appropriate use of the "X33—Non-Response After Maximum Attempts" and X35 disposition codes.

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

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

Exhibit 58: Evidence to Support Use of X35 Disposition Code

Evidence to Support Use of X35—Bad Contact Information	✓
For the mail component of survey fielding, sufficient evidence that a sampled enrollee's address is not viable includes: • QHP issuer does not provide a mailing address in the sample frame and the vendor is unable to obtain an address for the sampled enrollee. • QHP issuer provides an incomplete mailing address in the sample frame and the vendor is unable to obtain a complete or updated address for the sampled enrollee. • Mail is returned marked as "Address Unknown." • Mail is returned marked as "Moved–No Forwarding Address."	
For the mail component of survey fielding, insufficient evidence that a sampled enrollee's address is not viable includes: • Address search does not result in an exact match. If the search does not result in an exact match, then the vendor must attempt to mail the survey using the available address.	
For the telephone component of survey fielding, sufficient evidence that a sampled enrollee's telephone number is not viable includes: • QHP issuer does not provide a telephone number in the sample frame and the vendor is unable to obtain a telephone number for the sampled enrollee. • The telephone interviewer dials the sampled enrollee's telephone number and receives a message that the telephone number is nonworking or out of order and no updated number is available from directory assistance or other attempted tracking methods. • The telephone interviewer dials the sampled enrollee's telephone number, speaks to a person, and is informed that they have the wrong telephone number; other attempts to obtain the correct telephone number are not successful.	
For the telephone component of survey fielding, insufficient evidence that a sampled enrollee's telephone number is not viable includes: • The vendor obtains a busy signal every time a telephone attempt is made.	
For the internet component of survey fielding, sufficient evidence that a sampled enrollee's email address is not viable includes: • QHP issuer does not provide an email address in the sample frame. • QHP issuer provides an incomplete email address in the sample frame. • Email is returned as undeliverable (i.e., "bounces back").	
For the internet component of survey fielding, insufficient evidence that a sampled enrollee's email address is not viable includes: • Sampled enrollee unsubscribes from email communications. • Sampled enrollee does not open the email communications.	

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

Exhibit 59: Differentiating Between X33—Nonresponse After Maximum Attempts and X35—Bad Contact Information

Sufficient Evidence of Bad Mailing Address?	Sufficient Evidence of Bad Email Address?	Sufficient Evidence of Bad Telephone Number?	Disposition Code
Yes	Yes	Yes	**X35** Assign <bad-address-flag> Assign <bad-email-flag> Assign <bad-telephone-flag>
No	No	No	**X33**
Yes	No	No	**X33** Assign <bad-address-flag>
No	Yes	No	**X33** Assign <bad-email-flag>
No	No	Yes	**X33** Assign <bad-telephone-flag>
Yes	Yes	No	**X33** Assign <bad-address-flag> Assign <bad-email-flag>
Yes	No	Yes	**X33** Assign <bad-address-flag> Assign <bad-telephone-flag>
No	Yes	Yes	**X33** Assign <bad-email-flag> Assign <bad-telephone-flag>

Assigning the Survey Round Variable

Vendors assign a survey round variable to each sampled member. The survey round variable provides detail on the round of outreach in which a mail or telephone survey was completed or partially completed and should be associated with the mailed questionnaire or call attempt in which data are collected. For final dispositions of I10 or I31, the survey round variable is coded as IN. For all final dispositions other than M10, T10, I10, M31, T31, or I31, the survey round variable is coded as NC. Exhibit 60 lists all of the survey round variables.

Exhibit 60: Survey Round Variables

Survey Round	Description	Disposition Codes
M1	Respondent completed or partially completed the first mailed questionnaire.	M10, M31
M2	Respondent completed or partially completed the second mailed questionnaire.	M10, M31
T1	Respondent completed or partially completed the survey during the first telephone attempt.	T10, T31
T2	Respondent completed or partially completed the survey during the second telephone attempt.	T10, T31
T3	Respondent completed or partially completed the survey during the third telephone attempt.	T10, T31

Survey Round	Description	Disposition Codes
T4	Respondent completed or partially completed the survey during the fourth telephone attempt.	T10, T31
T5	Respondent completed or partially completed the survey during the fifth telephone attempt.	T10, T31
T6	Respondent completed or partially completed the survey during the sixth telephone attempt.	T10, T31
TN	Respondent completed or partially completed the survey during an inbound call.	T10, T31
IN	Respondent completed or partially completed the internet survey.	I10, I31
NC	Used for all final disposition codes that are not M10, T10, I10, M31, T31, or I31.	X20, X40, X43, X22, X24, X32, X33, X34, X35

17.2.2 Vendors Conduct Quality Control for Data Submission

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

Note: QA procedures must be conducted by a staff member different from the individual who originally performed the task.

Specific QA procedures for data submission files include those described in Exhibit 61.

Exhibit 61: Quality Control Checks for Survey Data Files

Data File Quality Control Procedures	✔
Ongoing Quality Control Checks:	
Run frequencies and count distributions on both sampled enrollee administration data and sampled enrollee response data. Investigate if there are outliers or anomalies (including missing data). For example, vendors might run frequencies on the race data element (e.g., Are all respondents coded as Alaska Native?) or the age data element (e.g., Is there a reasonable distribution of age categories across sampled enrollees or do the ages lean heavily toward the very young or very old?).	
Check data processing programs to confirm that data elements are coded properly in the data submission files.	
Verify that surveys are assigned a disposition code of either complete or partially complete based on specified completeness criteria described in the Collect Data section.	
Review disposition codes and investigate whether there are any disconnects between the presence of survey response data and the assignment of final disposition codes of ineligible or nonresponse.	
Review all plan aliases provided by sampled enrollees for Question 2 and evaluate whether these responses (in conjunction with Question 1 responses) render the sampled enrollee's responses eligible or ineligible for data submission. Please refer to Exhibit 53: Confirming the Sampled Enrollee Meets Eligibility Criteria and Exhibit 54: Valid and Invalid Plan Aliases for Determining Survey Eligibility Status for additional information. **Note:** *Medicaid is only a valid plan alias for sampled enrollees who have the enrollee-specific Medicaid Expansion QHP Enrollee variable coded as "1 = Yes" in the sample frame file for QHPs operating in a state with Medicaid expansion. The Medicaid Expansion QHP Enrollee variable indicates whether an enrollee was enrolled in the QHP via a Medicaid 1115 waiver. Vendors must check and review the sample frame to confirm eligibility for sampled enrollees who provide "Medicaid" as a response to Question 2.*	

Data File Quality Control Procedures	✓
Review a selected random sample of cases (recommended minimum of 10%) from the final data submission file and compare the survey record header field data elements in the file to the enrollee information provided by the QHP issuer in the validated sample frame.	
Compare the hard-copy questionnaire or CATI system responses for a sample of cases (recommended minimum of 10%) to the scanned responses and to the responses entered in the data file. This quality control step verifies that the responses included in the data files accurately reflect the sampled enrollees' responses to the survey questions.	
Calculate and review response rates on a periodic basis for each QHP issuer client. If a QHP issuer's reporting unit exhibits a very low response rate, this could be an indication of a data collection or data processing problem.	
Question 2 Quality Control Checks Prior to Data Submission:	
Check for and remove double quotes.	
Check for and remove tabbed spacing.	
Check for and remove line breaks.	
Check for and remove double spaces between words and after periods.	
Question 27 Quality Control Checks Prior to Data Submission:	
Review and verify the coding for Question 27 for telephone records. **Note:** *For the telephone protocol only, Question 27 is divided into two parts—Question 27A and Question 27B.*	
Report only a single valid value for Question 27; do not report separate valid values for Questions 27A and 27B. • Code Question 27 as 0 = None if the sampled enrollee provides a response of "None" to Question 27. • Code Question 27 as -5 = Not Applicable if the sampled enrollee provides a response of "I do not have a personal doctor" or "Not Applicable" to Question 27B. • Code Question 27 with the appropriate valid value if the sampled enrollee provides one of the remaining numerical responses to Question 27A.	
Quality Control Checks Prior to Data Submission:	
Were all the files submitted as part of the submission package named correctly?	
Were files submitted for each Reporting Unit ID listed on the packing slip?	
Does the Issuer ID in the file match what is listed on the data submission packing slip?	
Does the Product Type in the file match the Reporting Unit ID?	
Is there any PII in the field Name_Health_Plan (Question 2)?	
Is the value for n_s less than or equal to the sample size submitted on the packing slip and in the report provided to the Project Team that includes the final list of QHP reporting units (Report #3)?	
Is the vendor authorized to field the survey for the Reporting Unit ID submitted?	
Is the value n_s less than or equal to M?	
Is the value for M less than n_fr?	
Does a record with a final disposition code of either partially complete or complete internet or phone survey (i.e., I10, I31, T10, or T31) also include a valid value for the Response_Time?	
Is the letter proceeding the disposition code capitalized (i.e., I, T, M, X)?	
If a record is assigned a disposition code of X35, are there corresponding Bad Address, Bad Email, and Bad Telephone flags assigned?	
If a record is assigned a disposition code associated with an internet survey, is there a corresponding Web Entry Flag?	
Does the Issuer ID, QHP State, and Product Type match the Reporting Unit ID?	
If a survey is assigned a disposition code of complete, were at least 10 key items answered?	
Were any invalid responses submitted for a field?	
Were "Mark one or more" questions correctly coded (e.g., Race/Help questions are only assigned a value of missing if all Race/Help questions are missing)?	
Were the missing screeners and inappropriate skips coded correctly?	
Is the Reporting Unit ID present on the QHP list?	
Were any duplicate records submitted?	

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

Response Rate

For analyses and reports, the response rate is calculated as shown in the following formula:

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

where

C = Completed Surveys (disposition code 10)

E = Partially Completed Surveys (disposition code 31)

U = Cases With Unknown Eligibility (disposition codes 33, 34, 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:

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

This response rate formula is based on the standard definitions established by the American Association for Public Opinion Research, specifically the Response Rate 3 formula. [17]

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

17.2.3 Vendors Submit Data File to CMS

Vendors will submit data files to CMS via the QHP Enrollee Survey website (https://qhpsurvey.cms.gov) during the specified data submission periods outlined in this section. Data files received after the final data submission period will be excluded from public reporting, including the QRS. Complete data submission instructions, including site access and URL, will be available prior to training.

For questions or technical assistance, vendors should contact the Project Team at QHP_Survey@air.org.

Test Data Submission

The data submission period for test data files is April 8–10, 2026. Vendors **must** submit test data files for the 2026 QHP Enrollee Survey by 11:59 p.m. ET on **April 10, 2026**. If a vendor has not submitted at least one test file by Day 3 of the test window (e.g., April 10, 2026), an email notification reminder will be sent to the vendor.

- Vendors must submit at least one unencrypted, ZIP test file containing files for two reporting units, including at least 100 records total across the two reporting units in accordance with the entries in Appendix F: Data Dictionary.
  – Vendors may submit multiple test files.
  – Vendors may submit files with more records or submit more than two files during the 3-day window of time.
  – Vendors should email the Project Team one data submission summary log per ZIP file, specifying the date the file was uploaded to the QHP Enrollee Survey website.

- Upon test file submission, the vendor is notified that the file has been received and is undergoing initial quality checks. This may take several minutes to complete.

- The QHP Enrollee Survey website will display a summary of the files submitted and the status of each file. Specifically, the page will display:
  – Name of file
  – Status of submission (File Error, Pending/Failed/Passed Validation)
  – Submission type
  – Date submitted

- Submitted test files are considered "passed" only if the files pass automated quality checks, including:
  – File contains at least 100 records.
  – File format matches the Data Submission File Layout or ZIP file containing multiple test data files.
  – An uploaded ZIP file may contain multiple test data files with the following naming convention: <Reporting Unit ID>.csv.
  – To assist with tracking multiple submissions, ZIP files should use the following naming convention: <VendorName>_Submission_<Letter>.zip. For example,

vendors should use <VendorName>_Submission_A.zip for the first ZIP file, <VendorName>_Submission_B.zip for the second ZIP file, and so on.

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

– Emailed data submission summary logs should use the following naming convention: <VendorName>_Submission_<Letter>_Log.xlsx. The data submission associated with the first ZIP file would be <VendorName>_Submission_A_Log.xlsx, <VendorName>_Submission_B_Log.xlsx, and so on.

– System confirms that the Reporting Unit ID in the file name matches the Reporting Unit ID within the file.

- If any test data file fails submission or the initial quality checks, the vendor will be notified which file (name) contained error(s).

- Vendors are not able to download data files from the QHP Enrollee Survey website.

- All files submitted will be retained until 3 days after the test window ends; then they will be removed from the site and deleted.

More information about test data submission will be provided during the 2026 Data Submission Training, which will be held on **February 26, 2026**.

Final Data Submission

Data submission for final data files begins May 8, 2026. Vendors **must** submit final data files for the 2026 QHP Enrollee Survey by 11:59 p.m. ET on **May 15, 2026.** Vendors are strongly encouraged to submit data files early in the data submission period. Data files received after the final data submission deadline will be excluded from public reporting, including the QRS.

- Vendors must submit final data files to CMS via the QHP Enrollee Survey website (https://qhpsurvey.cms.gov); files with the same name will overwrite previous submissions (only the most recent file will be retained).

- Upon final file submission, the vendor will be notified that the file has been received and is undergoing initial quality checks. This may take several minutes to complete.

- The QHP Enrollee Survey website will provide a summary of the files submitted and the status of each file. Specifically, the page will display:
– Name of file
– Status of submission (File Error, Pending/Failed/Passed Validation)
– Submission type
– Date submitted

- Files are not considered as having "passed submission" until they pass automated quality checks including:
– File contains at least 100 records.
– File format matches the Data Submission File Layout.

- An uploaded ZIP file may contain multiple test data files with the following naming convention: <Reporting Unit ID>.csv.
- To assist with tracking multiple submissions, ZIP files should use the following naming convention: <VendorName>_Submission_<Letter>.zip. For example, vendors should use <VendorName>_Submission_A.zip for the first ZIP file, <VendorName>_Submission_B.zip for the second ZIP file, and so on.
- ZIP files must contain properly named CSV files. The Project Team will reject an entire ZIP file if any CSV files within the ZIP file violate the CSV naming convention.
- Emailed data submission summary logs should use the following naming convention: <VendorName>_Submission_<Letter>_Log.xlsx. The data submission associated with the first ZIP file would be <VendorName>_Submission_A_Log.xlsx, <VendorName>_Submission_B_Log.xlsx, and so on.
- System confirms the Reporting Unit ID in the file name matches the Reporting Unit ID within the file.

- After close of the final data submission window, the Project Team will perform additional reviews to identify potential final data file errors, including validation of the Reporting Unit IDs for which the vendor is authorized.

- If errors are identified, vendors must log in to the QHP Enrollee Survey website and resubmit file(s) within 3 business days of notification.

17.2.4 CMS Validates Data Files

CMS performs data validation on test and final data files that includes file validation and data field edits. File validation includes verifying that submitted data files are valid and readable, contain the correct number of variables, include accurate names for all variables, and are the appropriate character length. Exhibit 61 provides a list of checks performed in the previous survey administration year. CMS also examines data fields for correct data type, field size, formats, and valid values.

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

17.2.5 Vendors Update and Resubmit Data Files (as Needed)

CMS will send the data validation results to vendors. CMS will notify the submitting vendor of any anomalies identified and request that the vendor investigate each anomaly. Based on these findings, vendors may be required to resubmit data within 3 business days of notification.

17.2.6 CMS Cleans Data

Upon submission of data from vendors, CMS uses a forward-cleaning approach to edit and clean survey data. This approach uses responses to the screener/gate question to control how subsequent questions within the survey (or dependent questions) are treated, such as setting responses to a missing value or retaining the original response. Under this forward-cleaning

approach, CMS does **not** update or backfill unanswered screener questions based on responses to subsequent questions. Exhibit 62 provides examples encountered in data files and subsequent forward-cleaning steps taken by CMS.

Exhibit 62: Forward Data Cleaning Guidelines

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

Note: Vendors may never clean or recode survey response data or infer a sampled enrollee's intended response. The above-mentioned data cleaning steps for the QHP Enrollee Survey are strictly conducted by CMS.

18.0 Analyze and Report Data

18.1 Overview

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

18.2 Process

18.2.1 CMS Analyzes Data

Once it cleans and verifies the QHP Enrollee Survey data submitted by vendors, CMS will concatenate the data files into a single person-level analytic data file. CMS will use this file to calculate survey composite scores and individual-item scores for each reporting unit. The calculation of QHP Enrollee Survey scores will be performed using analysis code based on the CAHPS Analysis Program (the CAHPS macro), which was developed by the CAHPS Consortium under the auspices of Agency for Healthcare Research and Quality (AHRQ) and is commonly used for scoring CAHPS-related applications. A comprehensive description of calculations performed by the CAHPS macro can be found in *Instructions for Analyzing Data from CAHPS Surveys in SAS® (Document No. 20-M019)*, which is included in the CAHPS Survey and Reporting Kit. These materials are available at https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/helpful-resources/analysis/2020-instructions-for-analyzing-data.pdf.

The composite and individual item scores from the QHP Enrollee Survey will be case-mix adjusted. It is common in survey-based applications to case-mix adjust scores for factors like overall health status, overall emotional health, age, survey language, survey mode, chronic conditions and medications, receiving help to complete the survey, and education to account for biases due to survey respondent tendencies. For example, enrollees in poor health, young enrollees, and enrollees with higher levels of education tend to give lower ratings. QHPs with high concentrations of such enrollees would tend to receive lower unadjusted scores than would other QHPs even if the former QHPs provided a quality of service comparable to that of the latter QHPs.

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

18.2.2 Vendors Analyze Data (Optional)

Providing Deidentified Data Sets to Regulatory Agencies

Vendors may provide regulatory agencies with deidentified person-level data sets (survey responses) to the core QHP Enrollee Survey questions. Data provided by vendors have not been cleaned by CMS and are considered preliminary data. CMS prohibits attempts to identify

individuals in the person-level file; the required redactions will reduce the risk of identifications. Exhibit 63 includes the survey items that may be included in the vendor-provided person-level data sets as well as those survey items that may never be provided.

Exhibit 63: Survey Items Included in Vendor-Provided Person-Level Data Sets

Permitted to Include in Data Set	Not Permitted to Include in Data Set
• Person-level responses to Questions 3–10, 19–24, and 26–43 • Reporting unit identification number <reporting-unit-id> from the sample frame	• Person-level responses to Questions 1–2, 11–18, 25, and 44–67 • Information from the sample frame or sampled enrollee list (except for reporting unit identification number)

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

18.2.3 CMS Produces Quality Improvement Reports

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

CMS will provide comparative benchmark data so QHP issuers can see their results relative to the national-level results. The structure of the composites used in the QHP Enrollee Survey QI Reports largely aligns with the CAHPS Health Plan 5.0 composite structure to facilitate comparisons with other populations. A methodology guide will accompany the QI Reports when they are released annually in the fall.

18.2.4 Accessing the Quality Improvement Reports

QHP issuers and State Exchange administrators will receive QHP Enrollee Survey QI Reports (and other related materials) for each respective reporting unit, which will be available via the CMS HIOS–MQM website. QHP issuers and State Exchange administrators will receive an email notification via the HIOS–MQM website prior to the start of a 2-week preview period (anticipated August–September 2026). During this period, they will be able to preview their respective QHP Enrollee Survey QI Reports and QRS quality rates and submit any related inquiries to CMS. Exhibit 64 provides descriptions of the documents available for preview on the HIOS–MQM website.

Providing Deidentified Data Sets to QHP Issuer Clients

Vendors may provide reporting unit–level data sets for survey Questions 3–67 and the breakdown of final disposition codes to their QHP issuer clients. Vendors may never provide person-level data sets to QHP issuer clients.

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

Exhibit 64: QHP Issuer Resources for Reviewing QHP Enrollee Survey Results

Document Title	Description
QI Reports	These reports communicate the full results of the QHP Enrollee Survey, including questions not included as part of the QRS measure set. The raw frequencies for all QHP Enrollee Survey questions are included in the QHP Enrollee Survey QI Reports. CMS intends to release the QHP Enrollee Survey QI Reports during the QRS preview period. The results shown in QHP Enrollee Survey QI Reports are produced after data cleaning and scoring procedures. First, the data used for these reports are cleaned according to standard CAHPS rules. Second, the scores are weighted and case-mix adjusted. Lastly, the scores are calculated using the CAHPS Analysis Program (CAHPS macro) and the full national QHP Enrollee Survey database. This program, along with instructions for using it, is available at no cost at *Instructions for Analyzing Data From CAHPS Surveys*. In addition reports include national averages and reliability for scoring questions. Please reference the *QI Report Methodology Guide* available in HIOS for additional information about the methodology used to create the QHP Enrollee Survey QI Reports.
QRS survey measures (e.g., via QRS preview)	CMS-calculated results for the QRS include survey measures derived from a subset of questions in the QHP Enrollee Survey. The results in the QHP Enrollee Survey QI Reports differ from those reported for QRS survey measures, as additional scoring specifications are used to calculate QRS survey measure results. QRS survey measure results are calculated via additional post-survey processing, including case-mix adjustment, removal of invalid responses, and the inclusion of appropriate respondents in the denominator totals.
Raw results provided by the QHP Enrollee Survey vendors upon data submission	The estimates provided by vendors are preliminary and are intended to provide QHP issuers with an early estimate of their survey scores. Vendors may not perform the same type of data cleaning performed by CMS. Additionally, vendors are unable to implement the identical case-mix adjustment that is performed by CMS because they do not have access to the full national data set. A vendor may analyze the survey data in order to provide QHP issuers with aggregated results and may conduct additional analyses. These vendor analyses are not official survey results and should only be used for quality improvement purposes.

18.3 The QHP Enrollee Survey and Quality Rating System

18.3.1 Quality Rating System Measures

CMS issued a regulation in May 2014 to establish standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Exchange. [18] As a condition of certification and participation in the Exchanges, CMS requires that QHP issuers submit QHP Enrollee Survey response data and QRS clinical measure data for their respective

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[18] Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond, Final Rule, 79 Fed. Reg 30240 at 30352 (May 27, 2014), 45 C.F.R. §§ 156.1120 and 156.1125.

QHPs offered through an Exchange in accordance with CMS guidelines. [19] Exchanges are also required to display QHP quality rating information on their respective websites. [20]

The QRS measure set consists of measures that address areas of clinical quality management; enrollee experience; and plan efficiency, affordability, and management.

A subset of measures from the QHP Enrollee Survey is included in the QRS. For 2026, QRS measures from the survey include access to care, access to information, care coordination, enrollee experience with cost, plan administration, rating of all health care, rating of health plan, rating of personal doctor, rating of specialist, and smoking and tobacco use cessation. See Exhibit 65 for a crosswalk of QHP Enrollee Survey items and composites to QRS measures.

Exhibit 65: Crosswalk of QHP Enrollee Survey Questions Included in the Quality Rating System

2026 QRS Survey Measure	2026 QHP Enrollee Survey Composite or Individual Question	Question Number	Question Wording	Question Source
Access to Care	Getting Care Quickly	21	In the last 6 months, when you needed care right away, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? *Include in-person, telephone, or video appointments.*	CAHPS® Health Plan Survey 5.0
		22	In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? *Include in-person, telephone, or video appointments.*	CAHPS® Health Plan Survey 5.0
	Getting Needed Care	24	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? *Include in-person, telephone, or video appointments.*	CAHPS® Health Plan Survey 5.0
		40	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? *Include in-person, telephone, or video appointments.*	CAHPS® Health Plan Survey 5.0
Access to Information	Access to Information	3	In the last 6 months, how often did written materials or the internet provide the information you needed about how your health plan works?	CAHPS® Health Plan Survey 4.0— Supplemental Items (HEDIS®)
		4	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?	CAHPS® Health Plan Survey 4.0— Supplemental Items (HEDIS®)

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[19] 45 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125.
[20] 45 C.F.R. §§ 155.1400 and 155.1405.

2026 QRS Survey Measure	2026 QHP Enrollee Survey Composite or Individual Question	Question Number	Question Wording	Question Source
		5	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?	CAHPS® Health Plan Survey 4.0—Supplemental Items (HEDIS®)
Care Coordination	Care Coordination	32	When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care? *Include in-person, telephone, or video appointments.*	CAHPS® Health Plan Survey 5.0—Supplemental Items
		33	In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?	CAHPS® Health Plan Survey 5.0—Supplemental Items
		34	In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?	CAHPS® Health Plan Survey 5.0—Supplemental Items
		35	In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?	CAHPS® Health Plan Survey 5.0—Supplemental Items
		38	In the last 6 months, how often did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?	CAHPS® Health Plan Survey 5.0—Supplemental Items
		42	In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?	CAHPS® Health Plan Survey 5.0—Supplemental Items

2026 QRS Survey Measure	2026 QHP Enrollee Survey Composite or Individual Question	Question Number	Question Wording	Question Source
Enrollee Experience with Cost	Enrollee Experience with Cost	13	In the last 6 months, how often did your health plan not pay for care that your doctor said you needed?	Question developed for QHP Enrollee Survey
		14	In the last 6 months, how often did you have to pay out of your own pocket for care that you thought your health plan would pay for?	Question developed for QHP Enrollee Survey
		15	In the last 6 months, how often did you have to delay visiting or not visit a doctor because you were worried about the cost?	Question developed for QHP Enrollee Survey
		16	In the last 6 months, how often did you delay filling or not fill a prescription because you were worried about the cost?	Question developed for QHP Enrollee Survey
Plan Administration	Plan Administration	6	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	CAHPS® Health Plan Survey 5.0
		7	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	CAHPS® Health Plan Survey 5.0
	Individual Question (Plan Administration)	8	In the last 6 months, how often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?	Question developed for QHP Enrollee Survey
	Individual Question (Plan Administration)	9	In the last 6 months, how often were the forms from your health plan easy to fill out?	CAHPS® Health Plan Survey 5.0
	Individual Question (Plan Administration)	10	In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?	CAHPS® Health Plan Survey 5.0—Supplemental Items
Rating of All Health Care	Individual Question	26	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? *Include in-person, telephone, or video appointments.*	CAHPS® Health Plan Survey 5.0
Rating of Health Plan	Individual Question	19	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan in the last 6 months?	CAHPS® Health Plan Survey 5.0
Rating of Personal Doctor	Individual Question	39	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	CAHPS® Health Plan Survey 5.0

2026 QRS Survey Measure	2026 QHP Enrollee Survey Composite or Individual Question	Question Number	Question Wording	Question Source
Rating of Specialist	Individual Question	43	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	CAHPS® Health Plan Survey 5.0
Medical Assistance With Smoking and Tobacco Use Cessation	Individual Question (Prevention)	47	In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	HEDIS® CAHPS® Health Plan Survey 5.1
	Individual Question (Prevention)	48	In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	HEDIS® CAHPS® Health Plan Survey 5.1
	Single Individual Question (Prevention)	49	In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	HEDIS® CAHPS® Health Plan Survey 5.1

18.3.2 QHP Enrollee Survey Composite Versus Quality Rating System Measure Construction

Historically, the CAHPS program has used the term "composite" to refer to a construct that is derived from more than one survey question. The QHP Enrollee Survey QI Reports use the term "composite" in the same context as other CAHPS surveys (e.g., Getting Needed Care and Getting Care Quickly). However, for the QRS, the term "composite" refers to a grouping of measures; it is the first level of summary results in the QRS hierarchy. For example, the QRS Enrollee Experience With Health Plan composite includes the scores for three QRS measures: *Access to Information*, *Plan Administration*, and *Rating of Health Plan*.

The questions included in QRS survey *measures* may be different than the questions included in the "*composites*" shown in the QHP Enrollee Survey QI Reports. For example, the QRS *Access to Care* measure is composed of four questions; by comparison, in the QHP Enrollee Survey QI Reports, these four questions make up two separate composites: Getting Care Quickly and Getting Needed Care.

18.3.3 QHP Enrollee Survey Versus Quality Rating System Communication of Relative Performance

The QHP Enrollee Survey QI Report approach to conveying relative performance is based on a pair-wise *t*-test with an alpha of 0.05. Additional information can be found in the CAHPS macro materials in *Instructions for Analyzing Data From CAHPS Surveys*.

A scoring/methodology guide will accompany the 2026 QHP Enrollee Survey QI Reports. Due to different methodological approaches used for scoring of QHP items and QRS components, there may be instances when an eligible reporting unit's scores on QHP Enrollee Survey items in the QI Reports differ from the scores for certain QRS components.

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

18.3.4 Denominator Size Calculation

There is a difference in how CMS calculates and communicates the denominator size in the QHP Enrollee Survey QI Reports versus the QRS Proof Sheets. QHP Enrollee Survey QI Reports include raw survey frequencies, meaning that the denominator size reported for measures is equal to the total number of eligible respondents who answered the question. For the QRS, CMS calculates survey measures from survey questions using specific QRS scoring specifications. For the QRS, the total denominator size for QRS survey measures reflects the total number of respondents who have a nonmissing value for at least one of the questions within the measure.

For example, the QRS *Care Coordination* measure is identical to the QHP Enrollee Survey QI Report composite Care Coordination. With 75 responses, the result for the Care Coordination composite would appear on the QI Reports, but a *Care Coordination* measure score would not appear in the QRS Proof Sheet, as the score was not calculated due to an insufficient denominator size (<100). These differences stem from the different goals of the two products. The QRS is designed to generate results for public reporting and therefore has higher requirements associated with whether a measure can be reported, while the QHP Enrollee Survey QI Reports are currently designed as a tool to be used for quality improvements undertaken by the QHP issuer.

18.3.5 Quality Rating System Scoring Eligibility Criteria

Beginning in the second year of operation as a certified entity, QHP issuers that also meet the minimum enrollment criteria are required to field the QHP Enrollee Survey; however, the results from the QHP Enrollee Survey are not eligible for scoring through the QRS until a reporting unit's third consecutive year in the Exchange and are based on survey results in the third year. Therefore, a reporting unit that is eligible to be scored must meet the data submission criteria *and have been in operation for at least 3 consecutive years*. A summary of reporting unit eligibility is shown below as Exhibit 66.

Exhibit 66: Reporting Unit Eligibility for Scoring

Criteria	Required to Submit 2026 QRS Clinical Measure and QHP Enrollee Survey Response Data?	Eligible To Be Scored?	Reporting Status Variable (*Sample Frame*)
Reporting unit began operating in 2026	No, does not meet participation criteria	No	Not eligible to submit data or to be scored; no sample frame is generated
Reporting unit began operating in 2025 and continued operating in 2026 and meets the participation criteria	Yes	No	2 = Issuer began offering this product type within state's Exchange in Plan Year 2025
Reporting unit operates for at least 3 consecutive years (2024, 2025, and 2026) and meets the participation criteria	Yes	Yes	1 = Issuer began offering this product type within state's Exchange in Plan Year 2023 or before (i.e., operational in 2024, 2025, and 2026)

QRS marketing and display requirements can be found in the *Quality Rating System and Qualified Health Plan Enrollee Survey: Technical Guidance for 2026*.

19.0 Comply With Oversight Activities

19.1 Overview

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

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

Note: Signing the *2026 Vendor Participation Form* signifies agreement with all the Rules of Participation, including all QHP Enrollee Survey quality oversight activities.

19.2 Oversight Reports

During the data collection period, vendors submit the Oversight Reports listed in Exhibit 67. Oversight Reports must be submitted with the email subject line "[VENDOR NAME] Report [#] Submission" by the date specified by CMS.

Exhibit 67: Vendor Oversight Reports

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

Report # and Title	Description
Report #2: Preliminary QHP Client List	Vendors submit a preliminary list of QHP issuer clients and all associated reporting units to CMS (Report #2). CMS reconciles these lists with the QHP issuer authorizations previously reported by issuers via the QHP Enrollee Survey website to identify any discrepancies. Oversampling requests are submitted in conjunction with Report #2. CMS will provide vendors with a template for Report #2.
Report #3: Final QHP Client List	Following the completion of QHP issuer contracting, vendors submit a final list of QHP issuer clients and all associated reporting units (Report #3) to CMS. CMS reconciles these lists with the QHP issuer authorizations previously reported by issuers via the QHP Enrollee Survey Website to identify any outstanding discrepancies. Vendors also record the validated sample frame receipt status for each reporting unit in Report #3. CMS will provide vendors with a template for Report #3.
Report #4: Interim Progress Report	Vendors submit an Interim Progress Report (Report #4) to CMS during survey fielding. This report contains a spreadsheet displaying the fielding status for each QHP client reporting unit and a summary of customer support phone calls and emails. In addition, vendors must report requests received from enrollees to take the survey in a language other than English, Spanish, or Chinese. The number of requests and specific languages must be reported. CMS will provide vendors with a template for Report #4.
Report #5: Final Report	All vendors submit a Final Report (Report #5) to CMS after completing survey fielding and data submission. This report includes a retrospective discussion of survey implementation and lessons learned. Topics include but are not limited to fielding timeline, survey instrument, mailing survey operations, address validation and telephone number updates, data receipt and entry, CATI interviewing operations, and internet survey operations. In addition, vendors must report requests received from enrollees to take the survey in a language other than English, Spanish, or Chinese. The number of requests and specific languages must be reported. CMS uses Final Reports to inform changes to the survey fielding protocol in future administration cycles. CMS will provide vendors with a template for Report #5.

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

19.3 Survey Material Review

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

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

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

- **Internet:** Vendors must submit the following to QHP_Survey@air.org:

- o The internet survey URL, along with at least 18 usernames and/or passwords that replicate how internet survey log-in credentials appear to sample enrollees in mail letters.

- o At least 18 unique URLs with embedded log-in credentials that replicate the embedded log-in credentials that sampled enrollees receive via notification and/or reminder emails.

- o At least 18 unique QR codes to CMS for review.

- o Examples of a notification email and a reminder email that include functional survey links with embedded log-in credentials. If vendors plan to send emails with both English and Spanish in one email message (and/or English and Chinese, if applicable), they must also send an example of this email to CMS for review.

  Vendors are required to submit internet materials in English and Spanish. Only vendors implementing the Chinese protocol are required to submit internet materials in Chinese.

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

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

CMS reviews survey materials and responds to vendors to request any necessary revisions to mail and telephone materials within 10 business days and will request any necessary revisions to internet materials within 15 business days. Vendors must submit revised materials within the timeframe specified by CMS. All survey materials in all applicable modes and languages must be accepted by CMS before the vendor may begin survey fielding. Vendors may **not** revise materials after they are accepted by CMS. The Project Team will notify vendors with a final determination via email.

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

19.4 Telephone Script Review

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

Telephone script review sessions will occur with vendors via web conferencing or independently via remote access. CMS will schedule telephone script review sessions with vendors during mutually convenient times. If a vendor uses multiple telephone subcontractors, a telephone script review session is required with each telephone subcontractor. Alternatively, the vendor may provide CMS with temporary log-in credentials to independently access and review the telephone script in the vendor's and/or subcontractor's CATI system(s). Vendors that select this option will not need to schedule web conferencing sessions.

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

19.5 Seeded Mailings

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

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

The following address should be seeded in the mailing database:

> QHP Enrollee Survey Project Team
> American Institutes for Research
> 1400 Crystal Drive, 10th Floor
> Arlington, VA 22202-3289

Vendors must also seed the Project Team at QHP_Survey@air.org in the email protocol for one reporting unit in English, Spanish, (and Chinese if applicable). All survey links must direct the Project Team to the live internet survey, and embedded log-in credentials must be functional.

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

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

Note: Vendors must include functional internet survey log-in credentials and operational survey links in the seeded mailings and emails sent to the Project Team for review.

19.6 Telephone and Email Customer Support

CMS calls each vendor's telephone customer support line and sends an email to the project-specific customer support email address to ask a standard set of questions taken from the QHP Enrollee Survey FAQs (available in English, Spanish, and Chinese on the QHP Enrollee Survey page of the MQI website). This customer support review allows CMS to assess whether responses provided by staff members are appropriate and in accordance with the FAQs and other specifications. CMS also verifies that calls to the customer support line are answered live during regular business hours and responses to email inquiries are received within 24 hours (or the next business day). Telephone and email customer support reviews may occur for all languages in which the vendor is fielding the survey.

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

19.7 Remote Visits

CMS will conduct remote visits via web conferencing with vendors to verify compliance with QHP Enrollee Survey specifications and requirements. These visits allow CMS to review and observe systems, procedures, facilities, resources, and documentation used to administer the QHP Enrollee Survey. . During remote visits, vendors share and present all required systems, processes, and documentation, as detailed below.

19.7.1 Participants

Because CMS conducts its reviews with vendor staff during remote visits, confidentiality agreements are signed by all parties for each visit, as needed. CMS coordinates required agenda

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

Vendors must make their subcontractors available to participate in remote visits, as needed.

19.7.2 Activities

During remote visits, CMS reviews the vendor's survey systems and assesses the adherence of implemented protocols and QA activities to meet the requirements as described in the *2026 QHP Enrollee Survey Technical Specifications* (this document). All materials relevant to survey fielding are subject to review. The review includes but is not limited to:

- Survey management
- Data systems
- Printed materials
- Printing, mailing, and other related facilities
- Telephone materials, interview areas, and other related facilities
- Internet materials and internet survey operations
- Data receipt and entry
- Data storage facilities
- Written documentation of survey processes
- Specific and/or randomly selected records

Note: During remote visits, CMS observes and reviews data systems and processes, which may require access to confidential records and/or sampled enrollee PII. CMS may also interview key staff during visits.

19.7.3 Follow-Up Activities

After the completion of a remote visit, CMS may pose follow-up questions and/or request additional information, as needed. CMS will provide vendors with a defined timeframe to correct any problems identified during the visit and to provide follow-up documentation to verify corrections. Vendors are subject to follow-up monitoring, as needed.

19.8 Data Record Review

CMS conducts annual data record review sessions remotely with returning QHP Enrollee Survey vendors prior to survey administration. Data record review sessions allow CMS to review each vendor's SMS and understand how the system supports QHP Enrollee Survey administration activities. During the session, CMS tracks person-level records (or case IDs) through the SMS during each phase of survey administration (i.e., from sample frame file receipt through data submission). CMS will provide a list of case IDs for review 1 business day prior to the remote session.

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

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

The checks for each case ID, the relevant data sources, and the required vendor staff for each section of the data record review session are listed in Exhibit 68.

Note: Each data record review session follows a selection of case IDs through survey administration from beginning to end. Given this process, all staff listed in Exhibit 68 should participate in the entirety of the session.

Exhibit 68: Data Record Review Requirements

Database/Data Files	Required Vendor Staff	Checks for Each Case ID
Original sample frame file received from QHP issuer (text file)	Project Manager, Sampling Manager	• Identify date sample frame received. • Identify selected sampled enrollee. • Verify sample frame file variables by field position. • Verify number of records in the file. • Verify number of individuals under the selected enrollee's SFID.
Deduplicated sample frame file	Project Manager, Sampling Manager	• Verify case ID links to the selected enrollee. • Verify sample frame file variables by field position. • Verify number of records in the file.
Final sample file (enrollees selected for the survey)	Project Manager, Sampling Manager	• Verify case ID links to the selected enrollees. • Confirm variables in the file (e.g., product type, enrollee age). • Confirm sampling rate and sample selection. • Confirm number of enrollees in the file.
National Change of Address (NCOA) or address update file	Project Manager, Mail Supervisor, Sampling Manager	• Confirm when address was updated (i.e., before or after deduplication). • Verify minimum necessary information was provided to NCOA and subcontractors, if applicable. • Confirm turnaround time for address update. • Confirm whether an updated address was received/used.

Database/Data Files	Required Vendor Staff	Checks for Each Case ID
Mail survey administration databases/data files (enrollee-level)	Project Manager, Mail Supervisor, Information System Staff	• Confirm mail attempts and dates for each wave. • Verify mail returns and dates of returns. • Review mail survey responses. • Determine "Plan Name Fill."
Scanned survey images	Project Manager, Mail Supervisor	• For mail completes (M10) and mail partial completes (M31), compare responses to data in the survey data record with the final data file received from vendor. • Review survey plan fill field in introduction and Q1. • Review aliases, if included. • Review Q1/Q2 eligibility determinations.
Telephone append database/data files	Project Manager, Telephone Supervisor, Sampling Manager	• Confirm when telephone number was updated (i.e., before or after the survey sample is drawn and directly proceeding telephone follow-up). • Verify minimum necessary information provided to telephone append database and subcontractors, if applicable. • Confirm turnaround time for telephone number update. • Confirm whether an updated telephone number was received/used.
Telephone survey administration databases/data files (enrollee-level)	Project Manager, Telephone Supervisor, Information System Staff	• Confirm call attempts and spacing (i.e., date, time, and count). • Confirm call outcomes. • Review telephone survey responses from the telephone data file.
Internet survey administration databases/data files (enrollee-level)	Project Manager, Internet Supervisor, Information System Staff	• Confirm dates of internet survey entry. • Confirm survey duration, device type, and internet browser. • Review internet survey responses. • Review Q1/Q2 eligibility determinations.
Other administrative databases/data files (e.g., final disposition, date of completion, undeliverable mail flag, bad phone number flag, web entry flag)	Project Manager, Information System Staff	• Customer support database (if needed). • Confirm date and route of contact. • Review request and outcome.

Exhibit 68 is not exhaustive; CMS reserves the right to request additional information or source files from vendors, as deemed necessary.

Remote data record review sessions are held via web conferencing and take approximately 3 hours. During each session, CMS will review a minimum of five and a maximum of 15 case IDs. The remote review sessions are restricted to authorized participants who use passwords to join the session. Session recording is disabled, and no data are stored.

CMS, at its discretion, may conduct additional data record review sessions with new or returning vendors during fielding. These additional sessions may occur following the test data submission

period, during remote visits, or at another time specified by CMS. The process used for data record review sessions conducted during fielding follows the process used for data record review sessions conducted in advance of fielding.

19.9 Telephone Interview Monitoring

CMS conducts live monitoring of telephone interviews via web conferencing to assess various QA criteria for each monitored interviewer (e.g., script adherence, probing, intonation, professionalism, neutrality, coding). During telephone monitoring, CMS reviews processes that vendors (or their subcontractors) employ to monitor and assess telephone interviewers and to determine how interviewer performance may be improved. Silent monitoring is useful for providing instant feedback to telephone staff.

CMS will schedule remote telephone interview monitoring sessions with vendors during mutually convenient times. If a vendor uses multiple telephone subcontractors or call center facilities, CMS will work with the vendor to determine the appropriate quantity and duration of telephone interview monitoring sessions in order to provide sufficient oversight of all call centers and/or subcontractors.

CMS will schedule monitoring sessions with vendors for each language in which the survey is administered. CMS will work with vendors to determine the appropriate duration for each session to allow CMS to hear a variety of telephone interviews, depending on interview volume. If CMS is unable to observe an adequate number of interviews during the initial telephone interview monitoring session, CMS may request an additional monitoring session and/or recorded telephone interviews (if available) at its discretion.

19.10 Data Validation and Analysis of Submitted Data

CMS reviews and analyzes survey data submitted during and immediately following the data submission period to verify the integrity of the data. This review includes but is not limited to statistical and comparative analyses, preparation of data for public reporting, and other activities as required by CMS. If significant issues are identified, vendors may be asked to resubmit data. In this event, vendors must resubmit data within 3 business days of the original request.

Vendors must adhere to all submission requirements as stated in the *2026 QHP Enrollee Survey Technical Specifications* (this document) and in accordance with additional guidance that is periodically posted on the [MQI website](#) or emailed from CMS. Vendors should monitor the [MQI website](#) on a regular basis for additional data submission information and updates.

19.11 Exception Requests

Exceptions are defined as variations from the specified survey administration requirements. CMS allows vendors to submit exception requests to provide additional flexibility to implement certain variations from the specified requirements, while still maintaining data integrity for standardized data collection and reporting. Vendors must submit and receive approval for any requests for exceptions prior to survey data collection or data submission.

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

To request an exception, vendors must:

- Complete the Exception Request Form, available on the QHP Enrollee Survey page of the MQI website, and submit it to the Project Team via email (QHP_Survey@air.org) prior to the start of survey fielding.

- If requesting multiple exceptions, each proposed exception must be clearly detailed and may be submitted within one, consolidated, Exception Request Form:
  - Submit one Exception Request Form on behalf of multiple QHP issuer clients with the same Exception Request. Include a list of the QHP issuer clients to which the exception request applies in the specified section of the Exception Request Form.
  - Submit an updated Exception Request Form for QHP issuer clients not included in the original request, as needed.

- Complete each section of the Exception Request Form with sufficient detail, including clearly defined timeframes, for the Project Team to make an informed decision. Subcontractor information (if applicable) must be included in the form.

- Only implement the exception after the submitted Exception Request Form is accepted by CMS prior to the start of survey fielding.

- For renewal/update exception requests, submit the previously accepted Exception Request Form with any changes to the exception request in tracked changes for the Project Team to make an informed decision.

Exceptions fall into the following categories:

- **Operations:** Changes to protocols and operations specified in the *2026 QHP Enrollee Survey Technical Specifications* (this document)*.* For example, vendors must request an exception to continue telephone interviews with disenrollees.

- **Survey Materials:** Changes to survey material templates posted on the vendor and materials page of the MQI website. For example, vendors must request an exception to use internet survey log-in credentials that do not meet the specified requirements.

- **Other:** Vendors must request an exception for alternative approaches not identified in the specified requirements of the *2026 QHP Enrollee Survey Technical Specifications* (this document).

Exception Requests will be reviewed by the Project Team. Reviews will include an assessment of the methodological soundness of the proposed alternative and the potential for introducing bias. Depending on the type of exception, a review of procedures, a remote visit, and/or a conference call may be required. The Project Team will notify vendors whether their exception has been accepted. Exceptions will be valid for 1 year. Exception Requests are for internal vendor use only and must not be used for marketing purposes.

19.12 Discrepancy Reports

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

Vendors are required to:

- Complete and submit an initial Discrepancy Report Form, available on the QHP Enrollee Survey page of the MQI website, to the Project Team via email (QHP_Survey@air.org) to notify CMS within 24 hours of becoming aware of the discrepancy

- Complete all sections of the initial Discrepancy Report to the extent the information is available. Sections for which requested information is not immediately available should be designated as "To Be Updated"

- Submit a second Discrepancy Report no later than 2 weeks after the initial Discrepancy Report if all required information is not immediately available

- Comply with all requests for updated Discrepancy Reports per the timeline specified by CMS

- Notify QHP issuer clients whenever a Discrepancy Report is submitted to CMS regarding their reporting unit(s), as applicable

- Provide QHP issuer clients with a reporting unit-specific Discrepancy Report(s), as applicable

The Discrepancy Report provides CMS with information about the nature, timing, cause, and extent of the discrepancy as well as the vendor's proposed corrective action and its associated implementation timeline, if applicable. CMS reviews each Discrepancy Report within 5 business days and subsequently decides the actual or potential impact of the discrepancy on publicly reported survey results. CMS may undertake a formal review of vendor procedures and/or require a conference call or onsite or remote visit, depending on the nature of the discrepancy. CMS will notify the vendor if additional information is required and inform the vendor of the review outcome.

19.13 Corrective Action Plans

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

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

19.13.1 Noncompliance

Noncompliance with QHP Enrollee Survey protocols, including program requirements, successful completion of all required training activities, timely submission of the QAP and all other required reports, and participation and cooperation in oversight activities, may result in the following:

- Loss of "approved" status to administer the QHP Enrollee Survey

- Increased oversight activities

- Other sanctions, as deemed appropriate by CMS

- Possible withholding of QHP Enrollee Survey data collected by these vendors from public reporting

If any oversight activity conducted by CMS suggests that survey processes differ from QHP Enrollee Survey protocols, immediate corrective actions may be required and sanctions may be applied. In addition to the oversight activities detailed above, CMS may conduct additional oversight activities.

Appendix A. Glossary and List of Acronyms

Exhibit A-1: Glossary

Term	Definition
Continuous enrollment	Enrollees are considered continuously enrolled if they are enrolled in an eligible Qualified Health Plan (QHP) from July 1 through December 31, 2025, with no more than one 45-day break in enrollment during that period. An allowable gap can occur anytime during the continuous enrollment period (July 1 through December 31, 2025).
Currently enrolled	Individuals enrolled in the QHP as of 11:59 p.m. ET on January 6, 2026.
Data validation	A process by which an independent third party validates a QHP issuer's Quality Rating System (QRS) measure data, including its data systems and processes. The data validator will verify completeness, accuracy, and comparability of the measure results. For 2026, CMS requires QHP issuers to contract with a Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Licensed Organization (National Committee for Quality Assurance [NCQA]-licensed). A HEDIS® Compliance Auditor, employed or contracted by that organization, will validate all QRS clinical measure results using the HEDIS® Compliance Audit standards, policies, and procedures and will determine the accuracy of the sample frame for the QHP Enrollee Survey.
Data validator	An independent third party that validates the QRS clinical measure data and the sample frame for the QHP Enrollee Survey prior to data submission. QHP issuers must contract with a HEDIS® Compliance Auditor, who will serve as the data validator.
Disenrollees	Individuals who indicate by mail, internet, or phone that they are no longer enrolled in the QHP.
Distressed Respondent Protocol	Instructions for how to assist a respondent whose health and safety might be in jeopardy while balancing the respondent's right to confidentiality and privacy through the protection of personally identifiable information (PII).
Enrollee Unique Identifier (EUID)	Denotes a specific person. Each person included in the Subscriber of Family Identifier has an EUID (including the primary insured person and every dependent).
Exclusive provider organization (EPO)	A type of health insurance product that usually limits coverage to care from providers, or groups of providers, who have contracts with the health insurance issuer to be part of a network of participating providers. EPO enrollees will generally not be reimbursed or receive benefits for out-of-network services; however, some EPOs will provide partial reimbursement for emergency situations.
Federally-facilitated Exchange (FFE)	The Exchange model operated by the Department of Health and Human Services (HHS) for individual and small group market coverage. For QHP issuers operating in the FFEs, the Centers for Medicare & Medicaid Services (CMS) will display QHP quality rating information on HealthCare.gov alongside other QHP information to inform consumers.
FFE where the state performs plan management functions	A type of FFE in which a state operates plan management functions while the remaining Exchange functions are operated by HHS. For QHP issuers operating in states performing plan management functions in the FFEs, CMS will display QHP quality rating information on HealthCare.gov.
Health Insurance Exchange (Exchange)	A service in each state where qualified individuals, families, and small businesses can learn about their health insurance options; compare QHPs based on quality, costs, benefits, and other important features; choose a QHP; and enroll in coverage. In some states, the Exchange is operated by the state. In others, it is operated by the federal government.
Health maintenance organization (HMO)	A type of health insurance product that usually limits coverage to care from providers who work for or contract with the HMO and generally will not cover out-of-network care, except in an emergency. In this type of organization, enrollees must obtain all services from affiliated practitioners and must usually comply with a predefined authorization system to receive reimbursement.

Term	Definition
HealthCare.gov	The consumer-facing website developed and operated by CMS that provides eligibility information, enrollment instructions, and QHP information for consumers looking to enroll in a health insurance plan through the FFEs. QRS ratings for QHP issuers operating in the FFEs, including states performing plan management functions, and State-based Exchanges on the Federal Platform (SBE-FPs) will be displayed on HealthCare.gov to support consumers as they search for and enroll in a QHP.
Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit	The HEDIS® Compliance Audit is a data validation process that comprises a standardized review of an organization's data management processes and algorithmic compliance with measure technical specifications. This process verifies the integrity of QRS measure data and allows for comparability across organizations. An overview of the HEDIS® Compliance Audit, the list of National Committee for Quality Assurance (NCQA)–Certified HEDIS® Compliance Auditors, and a link to the *HEDIS® Compliance Audit: Standards, Policies, and Procedures* (available for purchase) can be accessed at the following link: http://store.ncqa.org/index.php/performance-measurement.html.
Healthcare Organization Questionnaire (HOQ)	The NCQA system through which QHP issuers request QRS submission.
HEDIS Compliance Auditor	An individual certified by NCQA to validate QRS clinical measure data and the QHP Enrollee Survey sample frame.
Interactive Data Submission System (IDSS)	The web-based system, owned and managed by the National Committee for Quality Assurance (NCQA), which QHP issuers will use to submit QRS clinical measure data.
Live or real-time monitoring	Monitoring a "real-time" interview rather than a recorded interview.
Measurement year	The measurement year refers to the year reflected in the data. All measure data are retrospective. The exact period represented by the measure is dependent on the technical specifications of that measure.
National Committee for Quality Assurance (NCQA)	The organization that developed and maintains the system through which QHP issuers will submit validated QRS clinical measure data to CMS, the IDSS. NCQA is the measure steward for HEDIS® measures. NCQA also manages the HEDIS® Compliance Audit program.
Nondirective interview	An interview in which the interviewer does not lead/direct the respondent to select any one response option over others.
Point of service (POS)	A type of health insurance product modeled after an HMO but with an opt-out option. In this type of product, enrollees may choose to receive services either within the organization's health care system (e.g., an in-network practitioner) or outside the organization's health care delivery system (e.g., an out-of-network practitioner). The level of benefits or reimbursement is generally determined by whether the enrollee uses in-network or out-of-network services.
Preferred provider organization (PPO)	A type of health insurance product that maintains a network of preferred healthcare providers who have agreed to provide services at discounted rates. PPO enrollees may use providers outside of this network, but out-of-network services are usually covered at a reduced rate (e.g., reduced reimbursement percentages, higher deductibles, higher copayments).
Product type	A discrete package of health insurance coverage benefits that a health insurance issuer offers using a product network type (e.g., HMO, PPO, EPO, POS) within a service area. This term refers to a specific contract of covered benefits rather than a specific level of cost sharing.
Proxy	A family member or other person who completes the survey on behalf of a sampled enrollee who is unable to do so.
Qualified Health Plan (QHP)	A health insurance plan that has met the standards established by the Affordable Care Act and supporting regulation and is issued or recognized by each Exchange through which the plan is offered.

Term	Definition
Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)	A survey tool, developed as directed by the Affordable Care Act section 1311 (c)(4), that includes a comprehensive set of questions related to enrollee experience with their QHP offered through the Exchange. CMS will use enrollee response data for a specified subset of the questions to calculate the QRS survey measures.
Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2026 (this document)	A document published on the Marketplace Quality Initiatives website that includes detailed specifications and protocols for HHS-approved vendors to conduct the QHP Enrollee Survey.
QHP Enrollee Survey score	The average value for a measure from the QHP Enrollee Survey calculated for survey respondents in each reporting unit. A survey score can be for a single assessment question or a combination of several questions on a similar topic that are combined to form a single measure.
QHP Enrollee Survey vendor	An HHS-approved vendor with which a QHP issuer contracts to administer the QHP Enrollee Survey to a sample of the QHP issuer's enrollees and that is authorized to submit the survey response data on the QHP issuer's behalf.
QHP quality rating information	Information that includes QRS scores and ratings as well as QHP Enrollee Survey results.
Quality Rating System (QRS)	As directed by the Affordable Care Act section 1311 (c)(3), the QRS is a system of rating QHPs offered through the Exchange based on quality and price. The QHP quality rating information will be provided to individuals and employers to inform their selection of a QHP and will provide a system for monitoring of QHP quality by regulators.
Ratings year	The year the data are collected (including fielding of the QHP Enrollee Survey), validated, and submitted and during which ratings are calculated.
Refusal avoidance and conversion techniques	Practices used by telephone interviewers to encourage a sampled enrollee to complete the survey by telephone or to complete it via mail or internet instead.
Reporting unit	The unit by which a QHP issuer groups its enrollees for purposes of QRS and QHP Enrollee Survey measure data collection and submission. The reporting unit for the QRS and QHP Enrollee Survey is defined by the unique QHP state-product type for each QHP issuer.
Sampled enrollee	Individual randomly selected from the sample frame.
Sample frame	The QHP issuer's eligible population source file that contains a list of the eligible enrollees for which the QHP Enrollee Survey can be administered. The data validator (HEDIS® Compliance Auditor) will validate the survey sample frame, and the HHS-approved QHP Enrollee Survey vendor will generate an enrollee sample based on the validated sample frame.
Silent monitoring	Interview monitoring in which a third party listens to a telephone interview (live or recorded), without speaking or participating, to determine whether the interview has been conducted as designed.
Subscriber of Family Identifier (SFID)	Denotes the covered family unit. It includes a primary insured person and dependents (if dependents are included in the coverage).
State-based Exchange (SBE)	An Exchange model in which a state operates its own health insurance Exchange for both the individual and small group markets. An SBE is responsible for certifying QHP issuers, overseeing QHP issuer compliance with federal Exchange quality standards as a condition of certification, and displaying QHP quality rating information to help consumers compare QHPs.
State-based Exchange on the Federal Platform (SBE-FP)	An Exchange model in which a State operates its own Health Insurance Exchange, for both the individual and small group markets, but relies on the federal platform to perform certain eligibility and enrollment functions. An SBE-FP is responsible for certifying issuers, overseeing issuer compliance with federal Exchange quality standards as a condition of certification. For QHP issuers operating in SBE-FPs, CMS will display QHP quality rating information on HealthCare.gov.

Term	Definition
Survey sample	The random group of individuals chosen from the sample frame as participants for the QHP Enrollee Survey.
Survey sample frame	The QHP issuer's eligible population source file that contains a list of the eligible enrollees for which the QHP Enrollee Survey can be administered. The data validator will validate the survey sample frame, and the HHS-approved QHP Enrollee Survey vendor will generate an enrollee sample based on the validated sample frame.
Telephone attempt	An attempt to reach a sampled enrollee by telephone. Attempts should be made at different times of day (within time periods in which the target population tends to respond), on different days of the week, and in different weeks over a minimum of two different calendar weeks during the 19-calendar-day telephone interview period.

Exhibit A-2: List of Acronyms

Acronym	Definition
AHRQ	Agency for Healthcare Research and Quality
BHP	Basic Health Program
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CATI	computer-assisted telephone interviewing
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
EPO	exclusive provider organization
EUID	Enrollee Unique Identifier
FAQ	frequently asked question
FCC	Federal Communications Commission
FFE	Federally-facilitated Exchange
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Department of Health and Human Services
HIOS	Health Insurance Oversight System
HIPAA	Health Insurance Portability and Accountability Act
HMO	health maintenance organization
HOQ	Healthcare Organization Questionnaire
IDSS	Interactive Data Submission System
IDM	CMS' identify management system
IFP	Individual and Family Plan
IP	Internet Protocol
MQI	Marketplace Quality Initiatives
MQM	Marketplace Quality Module within HIOS
NCOA	national change of address
NCQA	National Committee for Quality Assurance
OEP	open enrollment period
OMB	Office of Management and Budget
PHI	protected health information
PII	personally identifiable information
POS	point of service
PPO	preferred provider organization
QA	quality assurance
QAP	Quality Assurance Plan
QHP	Qualified Health Plan
QI	quality improvement

QIS	Quality Improvement Strategy
QRS	Quality Rating System
REGTAP	Registration for Technical Assistance Portal
SBE	State-based Exchange
SBE-FP	State-based Exchange on the Federal Platform
SERVIS	State Exchange Resource Virtual Information System
SFID	Subscriber of Family Identifier
SHOP	Small Business Health Options Program
SMS	Survey Management System
SSL	Secure Sockets Layer
TCPA	Telephone Consumer Protection Act of 1991
USPS	United States Postal Service

Appendix B. 2026 Minimum Business Requirements

A vendor must fulfill all Minimum Business Requirements (MBR) listed below to apply for consideration to administer the 2026 Qualified Health Plan (QHP) Enrollee Experience Survey (QHP Enrollee Survey) on behalf of QHP issuers. These include requirements related to relevant survey experience, organizational survey capacity, quality control procedures, and the approval term.

Relevant Survey Experience

Demonstrated recent experience in fielding patient experience surveys.

Criteria	Vendor Requirements
Number of Years in Business	• Minimum of four years.
Organizational Survey Experience	• Minimum of three years' recent experience administering standardized patient experience surveys; all experience within the last 5 years (2021–2025). • Minimum of three years' recent experience conducting large-scale, mixed-mode survey protocols in all three modes (mail/telephone/internet); all experience within the last five years (2021–2025). • Recent experience* administering patient experience surveys for vulnerable populations. • Minimum of two years' recent experience employing a statistical sampling process; all experience within the last five years (2021–2025). • Recent experience* submitting patient experience survey data to an external third-party organization. • Recent experience complying with CMS-sponsored survey project protocols. Poor past performance on CMS-sponsored survey projects (e.g., not adhering to the timeline and/or survey administration procedures, not adhering to required oversight activities, not adhering to Discrepancy Report procedures and/or corrective action) will fail to meet minimum business requirements. **NOTE:** Approval as a vendor in recent years does not guarantee future approval.
Experience with Multiple Survey Languages	• Recent experience administering mail, telephone, and internet surveys in English and Spanish. • Recent experience administering mail and internet surveys in Simplified Chinese and telephone surveys in Mandarin, if opting to administer the 2026 QHP Enrollee Survey in Chinese.

* Experience with polling questions, qualitative data collection, surveys that did not use statistical sampling methods, or interactive voice response surveys is not considered relevant experience for approval.

Organizational Survey Capacity

Capability and capacity to handle the required volume of mail questionnaires and to conduct standardized telephone interviewing and internet surveys in a specified time frame.

Criteria	Vendor Requirements
Capacity to Handle Estimated Workload	• Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys, perform telephone interviews using an electronic telephone interviewing system, and administer the internet survey during the survey fielding period (e.g., February through May). • Ability for all staff and subcontractors (including remote staff) to conduct all survey-related activities within the Continental United States, Hawaii, Alaska, and U.S. Territories to enable the Project Team to conduct all required oversight activities. • Adherence to requirements specified in the *Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2026* (*2026 Technical Specifications*).
Personnel	• Designated Project Manager (PM) who is directly employed by the vendor (i.e., not a subcontractor) to oversee all survey operations. The PM's Curriculum Vitae (CV) shows evidence of at least three years' experience in overseeing all functional aspects of survey operations including mail, telephone, internet, data file preparation, and data security; strong background in survey research and methodology; and previous experience leading mixed-mode administration. • Designated Mail Survey Supervisor with a minimum of one year's experience managing large-scale mail survey projects. • Designated Telephone Center Survey Supervisor with a minimum of one year's experience managing large-scale telephone interviewing projects. • Designated Internet Survey Supervisor with a minimum of one year's experience managing large-scale internet survey projects. • Designated Sampling Manager who is directly employed by the vendor (i.e., not a subcontractor) and has a minimum of one year's experience with sample frame development and sample selection. • Designated Information System personnel (i.e., programmers), who are directly employed by the vendor (i.e., not a subcontractor) and have a minimum of one year's experience preparing and submitting data files in a specified format to third-party organization(s). • Sufficient and experienced organizational back-up staff for coverage of key staff.

Criteria	Vendor Requirements
System Resources	— Availability of commercial physical plant and system resources that meet CMS specifications and can accommodate the volume of surveys being administered. All system resources are subject to oversight activities, including onsite visits to physical locations. CMS specifications for a vendor's official business location or a subcontractor's official business location (when applicable) include but are not limited to the following: — Capacity to conduct all survey-related work, including mail and internet survey administration activities and telephone interviewing at the official business location or home-based place of work. — Capacity to reproduce and mail questionnaires, cover letters, and reminder letters at the official business location. — Capacity to process (e.g., scan or key-enter) incoming paper surveys at the official business location. — Capacity to program electronic telephone interview systems in accordance with specifications provided and conduct telephone interviews using an electronic telephone interviewing system at the official business location. — Capacity to produce and program the internet survey and all required emails in-house. — Capacity to produce a mobile-ready version of the internet survey in-house. — Capacity to handle concurrent survey projects while maintaining high-quality survey data and response rates. — Capacity to employ an electronic Survey Management System to track fielded surveys through each stage of the protocol using a random, unique, deidentified enrollee identification number and interim disposition codes. This electronic management system prevents duplicative records. — Capacity to oversee remote operations and confirm the continued quality control and data security of remote staff if electing to use remote operations for select survey functions (e.g., customer support, telephone interviewing). — Capacity to provide regular progress reports to QHP issuers, within guidelines specified by CMS. — Capacity to maintain a secure work environment for receiving, processing, and storing hard copy and electronic versions of questionnaires and sample files that protects the confidentiality of survey response data and personally identifiable information (PII). — Capacity to prepare, accommodate, and plan for onsite visits from CMS or the CMS-sponsored Project Team for quality oversight purposes.
Use of Subcontractors (Subject to Approval)	• Receive approval from CMS as part of the vendor application process, or as soon as the need for a subcontractor is identified. • Meet the criteria outlined for the survey administration activities that they will conduct. Subcontracting of sample file generation, email or internet survey administration, and/or data file preparation and submission is **not allowed**. • Use only a reasonable number of subcontractors for printing, outgoing mail processing, data entry/scanning, and telephone interviewing and/or customer support based on the vendor's estimated number of surveyed enrollees (subject to CMS review).

Criteria	Vendor Requirements
Mixed-Mode Administration	• Responsible for printing, assembling, and mailing survey materials in accordance with the *2026 Technical Specifications*. • Responsible for programming electronic telephone interviewing systems in accordance with the *2026 Technical Specifications*. • Responsible for producing and programming the internet survey instrument in accordance with the *2026 Technical Specifications*. • Comply with all quality oversight requirements described in the *2026 Technical Specifications*. This includes the submission of sample mail materials, sample telephone scripts and interviewer screenshots, and an internet survey test link to the Project Team for review prior to survey administration. • Demonstrate ability to collect and accurately process survey data through all phases of survey administration. • Demonstrate experience identifying and contacting nonrespondents for mail and telephone follow-up. • Demonstrate ability to adhere to the survey administration timeline. • Use commercial software/resources to verify that addresses and telephone numbers are updated and correct for all sampled enrollees. • Demonstrate capability to administer the survey in English and Spanish (and Chinese, if applicable). • Assign appropriate disposition codes to each sampled enrollee to indicate final survey status. • Adhere to the Telephone Consumer Protection Act of 1991 (TCPA) requirements set forth by the Federal Communications Commission (FCC). • Demonstrate the ability to implement remote operations while maintaining quality and data security if electing to use remote operations for select survey administration roles (e.g., customer support, telephone interviewing).
Sampling Experience	• Consistent experience in the last five years (2021−2025) selecting random samples based on specific eligibility criteria. • Adequately document statistical approach to drawing a sample. • Demonstrate ability to work with QHP issuer(s) to electronically obtain sample frame(s) for sampling within specified timeframe. • Adhere to all sampling procedures as specified in the *2026 Technical Specifications*. • Conduct quality checks on sample frame file(s) received from QHP issuer(s) and sampling procedures to verify accuracy and completeness of sample frame information and processes. • Conduct the sampling process in-house. Vendors must not subcontract this activity.
Data Submission	• Scan or key enter data per protocols detailed in the *2026 Technical Specifications*. • Adhere to all data preparation and submission rules as specified in the *2026 Technical Specifications*, including verifying data are de-identified and contain no duplicate cases. • Complete remote identity proofing (RIDP) to register an account in CMS's Identity Management (IDM) system and gain access to the designated QHP Enrollee Survey website by providing required information, including full legal name, social security number, date of birth, current residential address, and personal phone number.* • Submit data electronically to the designated website in the format specified in the *2026 Technical Specifications*. • Execute Business Associate Agreement(s) with QHP issuer(s) and receive annual authorization from QHP issuer(s) to collect and submit data to CMS on their behalf. • Work with the Project Team to resolve data and data file submission problems.

Criteria	Vendor Requirements
Data Security	• Maintain established electronic security procedures related to access levels, passwords, and firewalls as required by the Health Insurance Portability and Accountability Act (HIPAA) to protect against unauthorized access to electronic files. • Perform daily data backup and offsite redundancy procedures that adequately safeguard system data. • Develop a disaster recovery plan for conducting ongoing business operations in the event of a natural or human-related disaster that includes coordination with relevant emergency preparedness systems. • Use required encryption protocols, as applicable, to transmit data files. CMS-defined PII must be transmitted securely (e.g., encrypted file via email, data portal, or Secure File Transfer Protocol). • Implement established procedures for identifying, handling, and reporting breaches of confidential data. • Prepare and submit data via secure methods (HIPAA compliant).
Data Retention	• Retain all data files for a minimum of three years. All data must be easily retrievable. • Store returned paper questionnaires in a secure and environmentally safe location, either onsite or using an offsite contractor. • After a minimum of three years, or as otherwise specified by CMS, securely destroy QHP Enrollee Survey–related data files.
Confidentiality	• Store data files (paper and/or electronic) securely and confidentially in accordance with specified requirements. • Ensure data confidentiality for sampled enrollee PII and survey responses during each phase of the survey process. • Obtain signed confidentiality agreements from staff and subcontractors. • Ensure compliance with all applicable HIPAA Security and Privacy Rules and Protected Health Information (PHI) and PII protocols in conducting all survey administration and data collection activities.
Technical Assistance/ Customer Support	• Establish toll-free customer support telephone lines with a live operator during regular vendor business hours and a survey-specific customer support email address to accommodate both English and Spanish inquiries throughout the duration of survey fielding. • Accommodate telephone and email inquiries from Chinese-speaking survey participants, if administering the survey in Chinese.

* Vendors requesting electronic access to protected CMS information or systems, including the QHP Enrollee Survey website, must complete identity proofing. CMS uses the Experian identity verification system to remotely perform identity proofing. CMS uses this information for the purpose of identity verification via Experian **only**. Information will be kept private and will not be shared with any federal or private agency. For more information regarding how CMS uses the information you provide, please read the CMS Privacy Act Statement.

Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Vendor Requirements
Demonstrated Quality Control Procedures	• Establish and document quality control procedures for all phases of survey implementation, as specified in the *2026 Technical Specifications*: – Internal staff training. – Printing, mailing, and recording receipt of surveys. – Telephone administration of surveys (electronic telephone interviewing system). – Internet administration of surveys. – Adequate monitoring of subcontractor(s), if applicable. – Scanning and coding of survey data. – Preparing final data files for submission. – All other functions and processes that affect the administration of the QHP Enrollee Survey. • Develop and submit annually a Quality Assurance Plan (QAP) for survey administration in accordance with the *2026 Technical Specifications*. The QAP will provide written evidence of the processes used to collect and process survey data accurately through all phases of fielding. • Accommodate onsite and/or remote visits by CMS and the Project Team to the physical business premises on which major operations of survey business are conducted, as specified in the *2026 Technical Specifications*.
Training Requirements	• After confirmation of conditional approval status, vendor staff must successfully complete QHP Enrollee Survey Vendor Training (September 2025) and Data Submission Training (February 2026). • Successfully complete an evaluation of the QHP Enrollee Survey Vendor Training. • Establish in-house training of staff involved in all aspects of survey administration to ensure compliance with contract training requirements.
Training Participants	• At a minimum, the Project Manager, Mail Survey Supervisor, Sampling Manager, Telephone Survey Supervisor, and Internet Survey Supervisor, are required to attend the QHP Enrollee Survey Vendor Training. Attendance by vendor staff responsible for data coding and file preparation is strongly recommended. • At a minimum, the Project Manager, Sampling Manager, and Information System personnel are required to attend the Data Submission Training. Attendance by vendor staff responsible for data coding and file preparation is strongly recommended. • Subcontractor attendance is optional for both the QHP Enrollee Survey Vendor Training and Data Submission Training.

Approval Term

An approved vendor may administer the QHP Enrollee Survey for the specified amount of time.

Criteria	Vendor Requirements
Approval Term	• One year

Appendix C. Model Vendor Quality Assurance Plan

Department of Health and Human Services (HHS)–approved Qualified Health Plan (QHP) Enrollee Survey vendors are required to develop and submit an annual Quality Assurance Plan (QAP). This comprehensive Word document details compliance with and implementation of all required QHP Enrollee Survey protocols as specified in the *2026 QHP Enrollee Survey Technical Specifications* (this document).

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

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

Note: All HHS-approved vendors are required to submit a QAP to CMS for review by the specified deadline regardless of whether they have a contract in place to collect data on behalf of QHP issuers at the time of submission. Failure to submit a QAP will result in removal of HHS-approval status.

A. Organizational Background, Structure, and Staff Experience

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

1. Include the following vendor organizational information:
   a. Organization name
   b. Mailing address
   c. Physical address, if different from mailing address
   d. Telephone number
   e. Website address
   f. Name of primary and secondary contact persons, direct telephone number, and email address

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

2. Provide an organizational chart that contains all vendor staff and subcontractor organizations and clearly specifies all staff names and titles, including for the staff

responsible for managing subcontractors. Include those responsible for each of the following tasks:

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

    b.   Sampling procedures, including obtaining and reviewing the sample frame, selecting the sample, and assigning a unique identification number to each sampled enrollee

    c.   Data collection procedures, including overseeing the implementation of the mail, telephone, and internet data collection phases of the protocol

    d.   Data receipt and data entry/scanning procedures

    e.   File development and data submission processes

    f.   Tracking of key survey events

    g.   Survey administration process quality checks and control activities

    h.   Confidentiality and data security

    i.   Staff training

3. Summarize the background and experience of key staff listed in the organizational chart, including a description of any key subcontractor staff. This summary must include a discussion of how each individual's qualifications are relevant to the QHP Enrollee Survey tasks that they are expected to perform. Résumés should be available upon request.

4. Describe the history and affiliation with subcontractor(s), if applicable, including the number of years your organization has partnered with each subcontractor. Include the functions being conducted by the subcontractor(s) and note whether this information differs from that provided in the *2026 QHP Enrollee Survey Vendor Participation Form*. Describe all vendor oversight of subcontractor activities and detail each subcontractor's quality assurance procedures. Include this information for any company through which your organization buys purchased services (e.g., bulk printing, email service providers).

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

    a.   Mail production and data entry/scanning personnel

    b.   Telephone interviewers

    c.   Customer support personnel

B. Work Plan for QHP Enrollee Survey Administration

For the following QHP Enrollee Survey administration tasks, identify the processes implemented to conduct each task; the system resources (hardware and software) utilized; and the quality control activities performed, including the documentation maintained as evidence that the quality checks were conducted.

1. Describe the system resources being used to administer the QHP Enrollee Survey. This includes a description of all relevant hardware and software. For example, describe the

Survey Management System, mailing equipment, scanning or data entry equipment, and computer-aided telephone interview (CATI) system used for the QHP Enrollee Survey.

2. Describe planned remote operations (if applicable), including key personnel involved; system resources; physical, electronic, and data security procedures; enrollee confidentiality procedures; remote access procedures; data transmittal procedures; risk mitigation procedures; and quality control, staff oversight, and training procedures for remote staff.

3. Include your organization's schedule or timeline of milestone dates for completing key activities within the timeframes specified by the QHP Enrollee Survey protocols. The timeline must describe when each milestone activity will be completed (e.g., X weeks after sample selection, Y weeks after mailing the first questionnaire). If your organization is using a waved approach for fielding, provide the estimated fielding start date for each fielding wave.

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

5. Provide a detailed description of the mail phase of the protocol, to include the following:
   a. Process for updating addresses and producing and mailing survey materials
   b. Quality control checks conducted to ensure the quality/accuracy of printed survey materials, including the seeded mailing process for each survey language implemented
   c. Quality control process for monitoring subcontractors, if applicable, and the quality control checks your organization conducts on mail items printed in bulk, if applicable
   d. Survey languages implemented for the mail phase of the protocol and the process used for additional language mail survey administration
   Note: A description of the process used to administer Spanish mail surveys is required for all vendors. A description of the process used to administer Chinese mail surveys is only required for those vendors implementing the Chinese language survey option.

6. Provide a detailed description of the telephone phase of the protocol, including the following:
   a. Process for obtaining and updating telephone numbers and programming the CATI system (and software used).
   b. Process for ensuring adherence to Telephone Consumer Protection Act (TCPA) guidelines set forth by the Federal Communications Commission (FCC).
   c. Process for handling multiple telephone numbers for a single sampled enrollee
   Note: Vendors describe up to six attempts to contact the sampled enrollee by telephone total, inclusive of multiple telephone numbers, if applicable.

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

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

f. Conducting telephone interviews (include the dial-out algorithm and spacing of calls to enrollees).

g. Process for handling busy signals.

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

i. Capturing enrollee responses obtained during telephone interviewing.

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

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

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

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

m. Survey languages implemented for the telephone phase of the protocol and the process used for additional language telephone survey administration.

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

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

a. Programming the internet survey

b. Optimizing the internet survey for use on mobile devices

c. Programming and customizing prenotification and reminder emails

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

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

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

    iii.   Include a description of how QR codes are tested to ensure that they match the correct enrollee.

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

e.   Capturing enrollee survey responses from the internet protocol

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

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

g.   Maintaining data security

h.   The processes used for administering the Spanish and Chinese internet surveys

   Note: A description of the process used to administer Spanish internet surveys is required for all vendors. A description of the process used to conduct Chinese internet surveys is only required for those vendors implementing the Chinese language survey option.

8. Describe data receipt activities, including monitoring and tracking surveys during the transition from the mail/internet phase of the survey to the telephone phase. Specifically, describe the following:

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

b.   Data receipt process (logging surveys when they are returned by mail) and data key-entry or scanning procedures, including the equipment used to process returned surveys

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

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

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

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

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

    a. Application of QHP Enrollee Survey disposition codes, including the mapping of internal disposition codes to final disposition codes

       Note: Vendors that subcontract telephone interviewing must provide a three-way telephone disposition crosswalk that translates the subcontractor's codes to the vendor's codes to QHP Enrollee Survey final codes.

    b. Preparation of deidentified data files and redaction of personally identifiable information (PII)

    c. Uploading data files to CMS via the QHP Enrollee Survey website

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

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

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

10. Describe telephone and email customer support operations:

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

       i. Provide the customer support toll-free telephone number (indicate whether it is project specific) and the project-specific email address.

       ii. Include the hours of live operations for the customer support line and the timeframe for returning calls and responding to emails.

       iii. Detail the process to accommodate English-, Spanish-, and (if applicable) Chinese-speaking enrollees.

       iv. Include written transcripts of the English and Spanish customer support telephone line voicemail messages and (if applicable) provide the Chinese translation.

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

11. In the appendices to the QAP, include all forms used in QHP Enrollee Survey administration that may assist CMS in reviewing the vendor's processes (e.g., tracking logs, quality assurance checklists, survey status flags, productivity reports).

    Note: These items should be templates only and must **not** contain any PII.

C. Confidentiality, Privacy, and Data Security Procedures

Describe the physical and electronic security of and the storage procedures for files containing PII (including the sample frame file) and survey data in hard-copy and electronic form, including:

- Backup process for survey administration activities related to electronic data or files

- Quality control activities in place to verify backup files are retrievable

- Quality control activities in place to verify that scanned electronic images are exact duplicates of the original hard-copy surveys

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

- Process for reporting and controlling incidents of PII breach

- Describe measures used to protect respondent privacy. Vendors must facilitate and verify compliance with Health Insurance Portability and Accountability Act requirements for safeguarding PII

- Detail the method used to transmit sampled enrollee PII to a subcontractor (or subcontractors), if necessary

- Include a copy of the confidentiality agreement template signed by staff and subcontractors (if applicable) who are involved in any aspect of QHP Enrollee Survey administration

D. Returning Vendors Only

Remediation of Issues From 2025 QHP Enrollee Survey Administration

For each instance in which your organization did not meet 2025 requirements for oversight activities and/or administration tasks or for which any corrective action was required to realign processes to the specified protocols, describe the new and/or revised processes and procedures that your organization implemented to prevent these issues from recurring during the 2026 QHP Enrollee Survey administration. All 2025 issue items are documented in your organization's 2025 Final Oversight Report. If any of these items are omitted, your organization will be required to submit an updated 2026 QAP that addresses the omitted items.

Note: All new and/or revised processes and procedures presented in this section must also be included in the appropriate section of your 2026 QAP so that the entirety of your organization's quality control and assurance processes is documented in each applicable section.

Appendix D. Customer Support Agent and Interviewer Guidance

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

Guidance for Customer Support Agents

Overview and Customer Support Process

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

- QHP Enrollee Survey specifications, methodology, and frequently asked questions (FAQs)

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

- Rights of sampled enrollees

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

General Customer Support Techniques

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

- Speak in an upbeat and courteous tone.

- Always maintain a professional and neutral relationship with sampled enrollees.

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

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

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

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

Helpful Customer Support Staff Tips

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

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

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

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

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

- **Handling distressed sampled enrollees:** In the rare instance that a sampled enrollee is in crisis or a potentially suicidal situation, then you should attempt to keep the sampled enrollee on the line, call 911, and/or refer the individual to the 988 Suicide & Crisis Lifeline (call or text 988), if needed. In these situations, you must adhere to the Distressed Sampled Enrollee Protocol established by the vendor.

- **Answering questions about a public health emergency:** If a sampled enrollee contacts customer support to ask how they should respond to the survey if they have concerns related to a public health emergency, encourage the enrollee to answer the survey using relevant FAQs. All survey responses are important and helpful, regardless of an enrollee's health care experience during a public health emergency. It is important to collect this information to help health plans improve the care that they provide. For the purposes of this survey, all telephone/video visits are considered doctor's visits.

Reference Materials

Frequently Asked Questions

A list of FAQs and standardized answers are available on the [QHP Enrollee Survey page](#) of the [Marketplace Quality Initiatives (MQI) website](#). This document provides guidance to customer support agents when responding to questions commonly asked by sampled enrollees. The FAQs and responses are available in English, Spanish, and Chinese.

Inbound Computer-Assisted Telephone Interviewing Script

The telephone phase of the QHP Enrollee Survey protocol requires the use of a computer-assisted telephone interviewing (CATI) system to administer the QHP Enrollee Survey via telephone. The CATI includes introductory text for customer support agents to use when they receive an inbound call from a sampled enrollee who would like to take the survey over the phone. The full CATI scripts can be found on the [MQI website](#) in English, Spanish, and Chinese.

Guidance for Telephone Interviewers

Overview and Telephone Interview Process

The telephone phase of the QHP Enrollee Survey protocol is available in English, Spanish, and Chinese. English and Spanish telephone survey fielding is required for 2026 survey administration, while Chinese fielding is optional. If the survey is offered in Chinese, it must also be implemented in Chinese during the telephone phase. Telephone interviewers use a CATI system to administer the telephone phase.

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

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

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

General Interviewing Techniques

Telephone Interview Introduction

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

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

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

Refusal Avoidance

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

- Make sure you are prepared and have a positive attitude when you start each call.

- Treat sampled enrollees the way you would like to be treated.

- Always use an effective, positive, and friendly tone and maintain a professional approach.

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

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

- Listen before evaluating and entering a response option code.

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

- Always remain in control of the interaction.

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

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

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

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

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

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

- When a sampled enrollee indicates that they are driving.

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

Administering Survey Questions

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

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

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

enrollee has seemingly provided the answer as part of the response to a preceding question.

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

- Maintain a professional, neutral rapport with the sampled enrollee. There is no personal component to your interaction with a sampled enrollee. To maintain interview standardization, you should not communicate much information about yourself (see the *Providing Neutral Positive Feedback* section below).

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

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

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

Probing

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

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

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

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

Providing Neutral Positive Feedback

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

Examples of acceptable neutral acknowledgment words are listed below:

- Thank you.

- All right.

- Okay.

- Yes.

- I understand.

- I see.

- Let me repeat the question/responses for you.

Avoiding Bias

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

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

- Read all statements and questions verbatim.

- Use neutral probes that do not suggest answers.

- Do not provide your own personal opinions or answers in an effort to "help" sampled enrollees.

- Do not attempt to interpret a question for the sampled enrollee. Repeat the question and response options, as necessary.

- Do not paraphrase or change any questions.

- Be aware of body language that can be heard while on the telephone and could influence a response (e.g., yawning, coughing, sighing).

- Never argue, antagonize, or take a sampled enrollee's answers personally. Your reaction could trigger a response that may impact survey results.

- Remain neutral.

Taking these steps to monitor your own spoken and unspoken language will go a long way to guarantee that the interviews you conduct are completed correctly and professionally.

Entering Responses

All of the questions you will ask have precoded response options (except for Question 2). To enter a response for these types of questions, you will simply select the appropriate response option.

The conventions presented below must always be followed to confirm that the responses you enter accurately reflect the sampled enrollee's answers and that survey data are all collected in the same systematic manner.

- You must listen to what the sampled enrollee says and enter/select the appropriate answer if the response matches a response option. If the answer does not appear to match a response option, repeat the question and/or response options.

- Enter the response immediately after it is given.

- If a sampled enrollee provides a range of responses for a question, probe as appropriate for a more specific answer. For example, if a sampled enrollee says, "two or three times" and you can enter only one number, then ask for clarification: "Would that be closer to two times or to three times?"

Below is additional information for questions that are slightly different in their response option conventions.

- **Question 2:** What's the name of your health plan?
  – When entering answers to open-ended questions (i.e., Question 2), enter the response verbatim, exactly as it was given by the sampled enrollee.
  – When determining the sampled enrollee's eligibility for the survey in Question 2, state the following: "We understand your time is valuable and we want to make sure that you're eligible for the survey based on your response. Thank you for your patience while we confirm."

- **Question 65:** I'm going to read a list of race categories. For each category, please say yes or no if it describes your race. I must ask you about all categories in case more than one applies.

Conducting a Proxy Interview

You are permitted to interview a proxy respondent for the QHP Enrollee Survey if the sampled enrollee is physically or mentally incapable of responding to the survey or if the sampled enrollee otherwise consents to a proxy completing the survey on their behalf. A proxy is someone who knows the sampled enrollee very well and would be able to answer health-related questions accurately on their behalf. If you determine through your interaction with a sampled enrollee or someone speaking on behalf of the sampled enrollee that the sampled enrollee is physically or mentally incapable of participating in a telephone survey, you should request permission to speak with a proxy respondent.

Additionally, you may conduct a proxy interview for an enrollee who does **not** specifically state they are physically or mentally incapable of participating in a telephone survey if the sampled enrollee consents to having a proxy complete the survey on their behalf. Examples scenarios are provided below:

- "My [relative/household member] can take the survey. Talk to him/her/them."

- "I don't take surveys, but my [relative/household member] can answer health questions for me. Please speak with him/her/them."

- "I'm busy right now. Please speak with my [relative/household member], who can take the survey on my behalf."

The telephone survey introduction includes a script that you can use to identify and request to speak with a proxy respondent.

Several conditions apply to the use of a proxy respondent:

- Proxy interviews may only be conducted if the intended sampled enrollee consents to a proxy taking the survey on his or her behalf.

- The proxy respondent should be familiar with the sampled enrollee's health and health care experiences (e.g., a family member or friend is an ideal proxy).

If a sampled enrollee states that they are physically or mentally incapable of participating in the survey and no acceptable proxy respondent is available, then you must end the interview and assign a final disposition code of "X24—Mentally or Physically Incapacitated."

Computer-Assisted Telephone Interviewing Script Conventions

[VENDORS TO INCLUDE CATI CONVENTIONS HERE.]

Reference Materials

Computer-Assisted Telephone Interviewing Script

The telephone phase of the QHP Enrollee Survey protocol requires the use of a CATI system to administer the QHP Enrollee Survey via telephone. The full CATI script can be found on the [MQI website](#). The script is available in English, Spanish, and Chinese.

Appendix E. Sample Frame File Layout

Sample Frame File Layout for 2026 Qualified Health Plan Enrollee Survey

An individual sample frame must be generated for each reporting unit required to administer the 2026 Qualified Health Plan (QHP) Enrollee Survey (i.e., multiple reporting units cannot be combined into a single file) and must include a single record for each enrollee who meets the eligibility requirements outlined in the *2026 QHP Enrollee Survey Technical Specifications* (this document). The sample frame must be specific to a given reporting unit (unique QHP state-product type for each QHP issuer) and must **not** be combined with other product lines or products. The required data elements described in Exhibit E-1 must be included for each enrollee included in the sample frame.

QHP issuers must attempt to fully populate all sample frame variables. [21] The Centers for Medicare & Medicaid Services (CMS) has included completeness thresholds (i.e., not missing) for variables in the sample frame. Field population for all variables is required, not optional, and QHP issuers should meet these minimum completeness thresholds.

Select variables **must** be populated for every record in the file (0% bias variables). These variables must meet logic agreements for each record in the sample frame. For example, the Product Type variable must be the same for all records in the sample frame file. Discrepancies in these variables can be indicative of a potential sampling error. The 0% bias variables for 2026 survey administration, in addition to suggested logic checks for each variable, are listed in Exhibit E-1 and Exhibit E-2.

Specific information about each variable is included in Exhibit E-1.

Select variables in the sample frame may be used for case-mix adjustment for sampled enrollees when scoring survey results. Incomplete data for a given reporting unit could decrease the amount of data available for case-mix adjustment, which may impact scoring precision for both the QHP Enrollee Survey Quality Improvement Report scores and the scored survey measures included in the Quality Rating System.

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[21] The Centers for Medicare & Medicaid Services may conduct targeted compliance reviews under 45 CFR § 156.715 to examine QHP issuer compliance with the federal data submission and reporting requirements for the Quality Rating System (QRS) and QHP Enrollee Survey subsequent to the data validation of QRS clinical measures.

Exhibit E-1: Sample Frame File Layout

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
QHP Issuer Legal Name	Char	60	1	60	Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the QHP is operating	**Note:** This variable MUST be identical for all enrollees included in the sample frame and MUST NOT be blank. **Note:** Do NOT use acronyms or abbreviations. Do NOT include extra spaces or parentheses. Do NOT include superscript characters or trademark symbols. **Note:** This variable is used in the QI Reports. Please confirm QHP Issuer Legal Name is spelled correctly.	100%
Product Line	Num	1	61	61		3 = Exchange **Note:** A valid value is required for every enrollee in the record. Only "3" is valid for the QHP Enrollee Survey.	100%
Product Type	Num	1	62	62	Name of the product type under which the enrollee's QHP falls	1 = HMO 2 = POS 3 = PPO 4 = EPO **Note:** A valid value is required for every enrollee in the record. QHP issuers may NOT combine product types. This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable MUST match the reported 3-character product type in the Reporting Unit ID variable. For example: Reporting Unit ID = 12345-TX-<u>PPO</u>; then all Product Type = <u>PPO</u>. **Note:** This variable MUST NOT be missing (0% bias variable).	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Subscriber ID	Char	25	63	87	Subscriber or family ID number, which is the common ID for the subscriber and all dependents. Each issuer can decide the format used for this ID.		100%
Enrollee Unique ID	Char	25	88	112	Unique enrollee ID. This ID differentiates between individuals when family members share the Subscriber ID. Each issuer can decide the format used for this ID given it uniquely identifies the enrollee and can be linked back to the issuer's records.		100%
Enrollee First Name	Char	25	113	137	Enrollee first name		100%
Enrollee Middle Initial	Char	1	138	138	Enrollee middle initial		
Enrollee Last Name	Char	25	139	163	Enrollee last name		100%
Enrollee Sex	Num	1	164	164		1 = Male 2 = Female 9 = Missing **Note:** A valid value is required for every enrollee in the record.	90% 10% = 9
Enrollee Date of Birth	Num	8	165	172		YYYYMMDD	100%
Enrollee Mailing Address 1	Char	50	173	222	Street address or Post Office box		100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Enrollee Mailing Address 2	Char	50	223	272	Mailing address, second line (if needed)		
Enrollee City	Char	30	273	302			100%
Enrollee State	Char	2	303	304	2-character Postal Service state abbreviation		100%
Enrollee ZIP Code	Num	9	305	313	9-digit number, no separators or delimiters; leave last 4 digits blank if not available.		100%
Enrollee Phone 1	Num	11	314	324	1 plus 3-digit area code plus 7-digit phone number; no separators or delimiters.		100%
Enrollee Age	Num	2	325	326	Enrollee age as of December 31, 2025.	Numeric, 2-digit variable. For enrollees age 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2025, will be coded 80. **Note:** A valid value is required for every enrollee in the record.	100%
Enrollee Education	Num	1	327	327	The highest grade or level of school that the enrollee has completed.	1 = Eighth grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree 9 = Missing **Note:** A valid value is required for every enrollee in the record.	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Enrollee Employment	Num	1	328	328	Best description of enrollee's employment status.	1 = Employed full-time 2 = Employed part-time 3 = Homemaker 4 = Full-time student 5 = Retired 6 = Unable to work for health reasons 7 = Unemployed 8 = Other 9 = Missing **Note:** A valid value is required for every enrollee in the record.	
Issuer ID	Num	5	329	333	Unique HIOS issuer ID number.	**Note:** A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable MUST match the reported 5-digit Issuer ID in the Reporting Unit ID variable. For example: Reporting Unit ID = 12345-TX-PPO; then all Issuer ID = 12345. **Note:** This variable MUST NOT be missing (0% bias variable).	100%
QHP State	Char	2	334	335	State associated with the QHP issuer. This variable is different than Enrollee State.	2-character Postal Service state abbreviation **Note:** A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable MUST match the reported 2-character QHP state postal code in the Reporting Unit ID variable. For example: Reporting Unit ID = 12345-TX-PPO; then all QHP State = TX. **Note:** This variable MUST NOT be missing (0% bias variable). **Note:** This value must be provided in capitalized letters.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Reporting Unit ID	Char	12	336	347	Reporting Unit ID. It is made up of the following parts (with a hyphen separating each part): 5-digit Issuer ID, 2-character QHP state postal code, and 3-character Product Type	5-digit Issuer ID = Issuer ID variable 2-character QHP state postal code = QHP State variable 3-character product type = Product Type (HMO, POS, PPO, EPO) variable **Note:** A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame, and the components of this variable MUST match the reported values for the Issuer ID, QHP State, and Product Type variables. For example: Reporting Unit ID = 12345-TX-PPO, then all 5-digit Issuer ID = Issuer ID variable = 12345; all 2-character QHP state postal code = QHP State variable = TX; all 3-character product type = Product Type variable = PPO. **Note:** This Reporting Unit ID MUST be listed as it appears on the QHP Enrollee Survey website. Instructions for accessing the website are included in the *2026 QRS and QHP Enrollee Survey: Operational Instructions*. **Note:** This variable MUST NOT be missing (0% bias variable). **Note:** This value must be provided in capitalized letters.	100%
Metal Level	Num	1	348	348	Metal level associated with enrollee's QHP	1 = Platinum 2 = Gold 3 = Silver 4 = Bronze (Not Expanded) 5 = Catastrophic 6 = Bronze Expanded 9 = Missing **Note:** A valid value is required for every enrollee in the record. **Note:** There are separate valid values for Bronze and Bronze Expanded metal levels.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Variant ID	Char	2	349	350	Variant ID associated with enrollee's QHP. Variant IDs 02 and 03 are for federally recognized tribes and eligible Alaska Natives with incomes above 300% of the federal poverty line. The Variant IDs associated with Medicaid Expansion Enrollees (31–36) are determined based on the actuarial value; issuers should have the Variant IDs assigned to their enrollees and plans. **Note:** Variant IDs relate to the plan's cost-sharing structure.	01 = Exchange variant (No CSR) 02 = Zero Cost-Sharing Plan Variation 03 = Limited Cost-Sharing Plan Variation 04 = 73% AV Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 31 = Medicaid Expansion 32 = Medicaid Expansion 33 = Medicaid Expansion 34 = Medicaid Expansion 35 = Medicaid Expansion 36 = Medicaid Expansion 09 = Missing **Note:** A valid value is required for every enrollee in the record. Only the Variant IDs listed above can be included in the sample frame. Do NOT include enrollees in QHPs offered outside the Exchange (off-Exchange health plans) or in non-QHPs, designated by HIOS Variant ID 00. **Note:** Variant IDs of 09 = Missing remain in the sample frame. The enrollee is assumed to be eligible (in an on-Exchange health plan) unless there is evidence to suggest otherwise.	100%
Spoken Language Preference	Num	1	351	351	Enrollee's preferred spoken language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing **Note:** A valid value is required for every enrollee in the record.	50% 50% = 9

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Written Language Preference	Num	1	352	352	Enrollee's preferred written language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing **Note:** A valid value is required for every enrollee in the record.	50% 50% = 9
APTC Eligibility Flag	Num	1	353	353	Indicates whether enrollee qualified for an APTC, with or without a cost-sharing reduction.	1 = Yes 2 = No 9 = Missing **Note:** If an enrollee is eligible for APTCs at any point during the continuous enrollment period (July 1 through December 31, 2025), the variable should be coded as 1 = Yes. **Note:** A valid value is required for every enrollee in the record.	70% 30% = 9
Plan Marketing Name	Char	250	354	603	The common name of the QHP in which the individual is enrolled (e.g., the name a consumer would see on an Exchange website when enrolling or on a bill).	If Missing, use "Unavailable."	50% 50% = "Unavailable"

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Medicaid Expansion QHP Enrollee	Num	1	604	604	QHPs operating in a state with a Section 1115 waiver as part of the Medicaid Expansion MUST include all QHP enrollees and indicate whether they are enrolled via an 1115 waiver. It is the responsibility of the QHP to know whether their reporting units contain such persons.	1 = Yes 2 = No 3 = Missing 9 = Not applicable (state does not have a Medicaid 1115 waiver) **Note:** A valid value is required for every enrollee in the record. **Note:** Organizations with Medicaid Expansion QHP enrollees (1 = Yes) should have Variant ID values between -31 and -36. **Note:** QHPs operating in states without Section 1115 waivers use 9 = Not applicable. **Note:** QHPs operating in states with Section 1115 waivers that are NOT Medicaid Expansion states also use 9 = Not applicable. **Note:** If an expansion enrollee is enrolled in a QHP via a 1115 waiver at any point during the continuous enrollment period (July 1 through December 31, 2025), the variable should be coded as 1 = Yes.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Reporting Status	Num	1	605	605	This variable is an identifier to determine whether a particular reporting unit is eligible for scoring as part of the QRS. Only plans that began offering coverage within a state's Exchange in Plan Year 2024 or before are eligible for scoring. This variable is based on the plan year the QHP issuer began offering the reporting unit within the state's Exchange. Please refer to the Create Sample Frame and Draw Sample (Sampling) section of the *2026 QHP Enrollee Survey Technical Specifications* for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2024 or before (i.e., operational in 2024, 2025, and 2026) 2 = Issuer began offering this product type within state's Exchange in Plan Year 2025 9 = Missing **Note:** A valid value is required for every enrollee in the record. **Note:** This variable MUST NOT be missing (0% bias variable). **Note:** Only plans that began coverage within a state's Exchange in Plan Year 2024 or before are eligible for scoring. **Note:** A reporting unit that began operating in 2025 is required to both field the survey and submit QRS clinical data but is not eligible for scoring. Review the *2026 QRS and QHP Enrollee Survey: Operational Instructions* to confirm whether the reporting unit is required to field the survey and submit QRS clinical data. Review the QRS Scoring Eligibility Criteria section of the *2026 QHP Enrollee Survey Technical Specifications* to confirm scoring eligibility. **Note:** The value included for the Reporting Status variable in the sample frame must align with following criteria: Has this reporting unit been operational for 3 years for the exact sample product type (2024, 2025, and 2026)? If Yes, then Reporting Status = 1. If No, then Reporting Status = 2.	100%

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Enrollee Email Address	Char	320	606	925	Email address	Maximum of 64 characters for the username, 1 character for the @, and 255 characters for the domain name. **Note:** A valid value is required for every enrollee in the record. If not available, leave blank. **Note:** Enrollee email addresses are necessary for internet survey administration.	80% 20% = blank
Enrollee Phone 2	Num	11	926	936	1 plus 3-digit area code plus 7-digit phone number, no separators or delimiters	**Note:** A valid value is required for every enrollee in the record. If not available, leave blank.	
Claim or Encounter with QHP issuer	Num	1	937	937	Enrollee had at least one claim or encounter with the QHP issuer during the measurement year A health care claim or encounter is defined as one of the following: • A request to obtain payment, and the necessary accompanying information from a health care provider to a health plan, for health care. • Transmission of encounter information for the purpose of reporting health care, if there is no direct claim.	1= Yes 2 = No 9 = Missing **Note:** A valid value is required for every enrollee in the record. If unavailable, use 9 = Missing. Do NOT leave field blank.	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Primary Care Provider Status	Num	1	938	938	Enrollee had an assigned primary care provider during the measurement year. A primary care provider is a physician or nonphysician (e.g., nurse practitioner, physician assistant, certified nurse midwife) who offers primary care medical services. Licensed practical nurses and registered nurses are not considered primary care providers.	1 = Yes 2 = No 9 = Missing **Note:** A valid value is required for every enrollee in the record. If unavailable, use 9 = Missing. Do NOT leave field blank.	
Visit with Specialty Care Doctor	Num	1	939	939	Enrollee had at least one visit with a specialty care doctor during the measurement year. A specialty care doctor (i.e., physician) is defined as a surgeon, heart doctor, allergy doctor, skin doctor and other doctor who specializes in one area of health care. Do not include dental visits.	1 = Yes 2 = No 9 = Missing **Note:** A valid value is required for every enrollee in the record. If unavailable, use 9 = Missing. Do NOT leave field blank.	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[a]
Total Enrollment	Num	9	940	**948**	The total number of members enrolled in the reporting unit. This must be the total number of enrollees within the reporting unit, not the number of survey-eligible enrollees. Please refer to the Evaluate Reporting Unit Eligibility Criteria of the *2026 QHP Enrollee Survey Technical Specifications*. Note: Total Enrollment should be calculated as of 11:59 p.m. ET on January 1, 2026. Note: If total enrollment is 500 or less, consult the *2026 QRS and QHP Enrollee Survey: Operational Instructions* for guidance.	0–999999999 -1 = Unknown/missing Note: A valid value is required for every enrollee in the record. If unavailable, use -1 = Unknown/missing. Do NOT leave field blank. Note: This variable MUST be identical for all enrollees included in the sample frame. Note: This variable MUST NOT be missing (0% bias variable).	100%

[a] Completeness thresholds are the recommended percentages of records with populated data (i.e., not missing) within a sample frame. QHP issuers are expected to meet the specified completeness threshold requirements or be able to justify any missing information, if requested.

Exhibit E-2: Recommended Logic Agreement Checks for 0% Bias Variables

Variable	Logic Agreement Checks	Example
Product Type	• Must match the reported 3-character Product Type in the **Reporting Unit ID** variable • Must not be missing • Must be identical for all records in the sample frame	Reporting Unit ID = 12345-TX-**PPO**; then Product Type = **PPO** for all records.
Issuer ID	• Must match the reported 5-digit Issuer ID in the **Reporting Unit ID** variable • Must not be missing • Must be identical for all records in the sample frame	Reporting Unit ID = **12345**-TX-PPO; then Issuer ID = **12345** for all records.
QHP State	• Must match the reported 2-character QHP state postal code in the Reporting Unit ID variable • Must not be missing • Must be identical for all records in the sample frame • Must be in capitalized letters	Reporting Unit ID = 12345-**TX**-PPO; then QHP State = **TX** for all records.
Reporting Unit ID	• Must match the reported values for the **Issuer ID**, **QHP State**, and **Product Type** variables • Must not be missing • Must be identical for all records in the sample frame • Must be in capitalized letters • Must be listed as it appears on the QHP Enrollee Survey website. Instructions for accessing the QHP Enrollee Survey website are included in the *2026 QRS and QHP Enrollee Survey: Operational Instructions*.	Reporting Unit ID = **12345-TX-PPO**; then for all records: • 5-digit Issuer ID = Issuer ID variable = **12345** • 2-character QHP state postal code = QHP State variable = **TX** • 3-character product type = Product Type variable = **PPO**
Variant ID	• Must not be missing (or must be coded with valid value 09 = Missing) • Must not include records with a Variant ID of 00	All records must have a Variant ID with a valid value.
Reporting Status	• Must not be missing • Must be identical for all records in the sample frame	• Reporting Status = 1 for all records when reporting unit began operating in 2024 or before. • Reporting Status = 2 for all records when reporting unit began operating in 2025.
Total Enrollment	• Must be total number of enrollees within the reporting unit, not the number of survey-eligible enrollees • Must be greater than 500 and greater than eligible population (sample frame) • Must not be missing • Must be identical for all records in the sample frame • Please refer to the Evaluate Reporting Unit Eligibility Criteria section of the *2026 QHP Enrollee Survey Technical Specifications.*	If a sample frame has 700 records, then Total Enrollment must be greater than 700.

QHP issuers are expected to provide data based upon completeness thresholds provided in Exhibit E-1: Sample Frame File Layout. A QHP issuer's submission of the locked and audited sample frame file to its vendor constitutes the QHP issuer's confirmation of the accuracy,

completeness, and quality of data in the sample frame. [22] Sample frame files not meeting completeness thresholds may be subject to resubmission by the QHP issuer until the completeness thresholds are met. Recommended quality control checks for the sample frame are available in the Create Sample Frame and Draw Sample (Sampling) section of the *2026 QHP Enrollee Survey Technical Specifications*.

In the rare instances in which required enrollee data are missing, QHP issuers must denote these data elements with the valid value for "Missing." QHP issuers may not append any additional data fields to the sample frame that are not specified in the sample frame file layout. All entries must be left justified. The sample frame includes personally identifiable information; therefore, all vendors and QHP issuers must safeguard sample frame data in accordance with the Health Insurance Portability and Accountability Act and the security requirements outlined in the *2026 QHP Enrollee Survey Technical Specifications* (this document).

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[22] Accuracy, completeness, and data quality are required by the Centers for Medicare & Medicaid Services. Inaccurate data may affect scoring for both the QHP Quality Improvement Reports and the QHP Enrollee Survey measures included in the Quality Rating System.

Appendix F. Data Dictionary

Exhibit F-1: Data Dictionary File Layout

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Case_ID		Unique identifier assigned by the vendor. This should NOT be a Social Security number, medical record number, or other ID that might appear in other databases. It is used only to link sample data back to sample frame data in case information in the survey data files or sample data files is corrupted or lost.		Char	16
QHP_Issuer_Name		Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the issuer is operating *(from the sample frame provided by the QHP issuer)*	**Note:** This variable is identical to the QHP Issuer Legal Name included in field positions 1–60 of the sample frame provided by the QHP issuer. **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID). **Note:** The capitalization of this variable must be identical for all records within a data submission file.	Char	60
Survey_Vendor_Name		Name of the vendor submitting data	**Note:** Instructions for coding this variable will be provided to approved vendors in advance of Data Submission in spring of 2026. **Note:** The capitalization of this variable must be identical for all records within a data submission file and must exactly match the capitalization specified to vendors in advance of Data Submission in spring of 2026.	Char	14
Product_Type		Name of the product type under which the enrollee's QHP falls *(from the sample frame provided by the QHP issuer)*	1 = HMO 2 = POS 3 = PPO 4 = EPO **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Num	1
Enrollee_Sex		Variable indicating the enrollee's sex *(from the sample frame provided by the QHP issuer)*	1 = Male 2 = Female 9 = Missing	Num	1

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Enrollee_Age	-	Enrollee age as of December 31, 2025 *(from the sample frame provided by the QHP issuer)* For enrollees aged 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2025, will be coded 80.	Integer ranging from 18 –80	Num	2
SF_Educ	-	Enrollee education *(from the sample frame provided by the QHP issuer)*	1 = Eighth grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree 9 = Missing	Num	1
SF_Employment	-	Enrollee employment status *(from the sample frame provided by the QHP issuer)*	1 = Employed full-time 2 = Employed part-time 3 = Homemaker 4 = Full-time student 5 = Retired 6 = Unable to work for health reasons 7 = Unemployed 8 = Other 9 = Missing	Num	1
SF_Has_Claim		Enrollee had at least one claim or encounter with the QHP issuer during the measurement year A health care claim or encounter is defined as one of the following: • A request to obtain payment, and the necessary accompanying information from a health care provider to a health plan, for health care. • Transmission of encounter information for the purpose of reporting health care, if there is no direct claim.	1= Yes 2 = No 9 = Missing	Num	1

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
SF_Has_PCP		Enrollee had an assigned primary care provider during the measurement year. A primary care provider is a physician or nonphysician (e.g., nurse practitioner, physician assistant, certified nurse midwife) who offers primary care medical services. Licensed practical nurses and registered nurses are not considered primary care providers.	1 = Yes 2 = No 9 = Missing	Num	1
SF_Has_Specialist		Enrollee had at least one visit with a specialty care doctor during the measurement year. A specialty care doctor (i.e., physician) is defined as a surgeon, heart doctor, allergy doctor, skin doctor and other doctor who specializes in one area of health care. Do not include dental visits.	1 = Yes 2 = No 9 = Missing	Num	1
Issuer_ID		Unique HIOS issuer ID number *(from the sample frame provided by the QHP issuer)*	Integer ranging from 10000–99999 **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Num	5
QHP_State		State associated with the enrollee's QHP *(from the sample frame provided by the QHP issuer)*	2-character Postal Service state abbreviation **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID). **Note:** This value must be provided in capitalized letters.	Char	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Reporting_Unit_ID		Reporting Unit ID *(from the sample frame provided by the QHP issuer)*. It is made up of the following parts (with a hyphen separating each part): 5-digit Issuer ID, 2-character QHP state postal code, and 3-character Product Type. For example: 12345-TX-PPO.	**Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID). **Note:** This value must be provided in capitalized letters.	Char	12
Metal_Level		Metal level associated with enrollee's QHP *(from the sample frame provided by the QHP issuer)*	1 = Platinum 2 = Gold 3 = Silver 4 = Bronze (Not Expanded) 5 = Catastrophic 6 = Bronze Expanded 9 = Missing	Num	1
Variant_ID		Cost-sharing variant *(from the sample frame provided by the QHP issuer)*	01 = Exchange Variant (no CSR) 02 = Zero Cost-Sharing Plan Variation 03 = Limited Cost-Sharing Plan Variation 04 = 73% AV Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 31 = Medicaid Expansion (Exchange Variant [no CSR]) 32 = Medicaid Expansion (Zero Cost-Sharing Plan Variation) 33 = Medicaid Expansion (Limited Cost-Sharing Plan Variation) 34 = Medicaid Expansion (73% AV Level Silver Plan CSR) 35 = Medicaid Expansion (87% AV Level Silver Plan CSR) 36 = Medicaid Expansion (94% AV Level Silver Plan CSR) 09 = Missing **Note:** The Variant IDs associated with Medicaid expansion enrollees (31–36) are determined based upon AV, and QHP issuers should have provided appropriate Variant IDs in the sample frame.	Char	2
Spoken_Language_ Preference		Enrollee's preferred spoken language *(from the sample frame provided by the QHP issuer)*	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing	Num	1

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Written_Language_ Preference		Enrollee's preferred written language *(from the sample frame provided by the QHP issuer)*	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing	Num	1
APTC_CSR		Indicates if enrollee qualified for an APTC, with or without a CSR *(from the sample frame provided by the QHP issuer)*	1 = Yes 2 = No 9 = Missing **Note:** If an enrollee is eligible for APTCs at any point during the continuous enrollment period (July 1 through December 31, 2025), the variable should be coded as 1 = Yes.	Num	1
Plan_Marketing_Name		The common name of the QHP in which the individual is enrolled (e.g., the name a consumer would see on a Marketplace website when enrolling or might see on a bill) *(from the sample frame provided by the QHP issuer)*	If QHP issuer is unable to provide this information, vendors code as "Unavailable." **Note:** This variable should be identical to the Plan Marketing Name included in field positions 354–603 of the sample frame provided by the QHP issuer.	Char	250
Plan_Name_Fill		The QHP issuer name printed on the respondent's survey materials.	**Note:** This variable should include the QHP issuer name exactly as it is printed on the sampled enrollee's survey materials.	Char	250
Survey_Language		The language in which the respondent completed the survey; for nonrespondents, the language in which the survey was attempted	1 = English 2 = Spanish 3 = Chinese	Num	1
n_s		Total number of sampled enrollees in the reporting unit	**Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Num	4
n_fr		Total number of survey-eligible enrollees before deduplication in the sample frame provided by the issuer for the reporting unit	**Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Num	8
M		Total number of records in the deduplicated file for the reporting unit. This file should have only one record per SFID.	**Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Num	8

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
K		Number of survey-eligible enrollees covered by the sampled enrollee's SFID before deduplication (i.e., total must include subscriber and all survey-eligible dependents covered by subscriber's plan)		Num	2
Final_Disposition		All cases are assigned a final disposition code. A complete list of valid disposition codes is found in the Collect Data section of the *2026 QHP Enrollee Survey Technical Specifications*.	M10, T10, I10, M31, T31, I31, X20, X40, X22, X24, X32, X33, X34, X35, X43 **Note:** X, M, T, and I must be capitalized in the final data submission file.	Char	3
Proxy		Indicates whether the telephone interview was completed by a proxy. This field is only applicable to cases completed by telephone and aligns with the interviewer's response to Question 66 in the CATI script.	0 = Non-proxy interview 1 = Proxy interview 2 = Not applicable (mail and internet only) 9 = Not applicable (nonrespondent)	Num	1
Medicaid_Expansion		This variable is an identifier to determine whether the enrollee is enrolled in a QHP via a Medicaid 1115 waiver (only possible if the QHP is operating in a state that has a Section 1115 waiver as part of the Medicaid Expansion). **Note:** QHPs operating in states with an 1115 waiver MUST include all QHP enrollees and indicate whether they are enrolled via an 1115 waiver. It is the responsibility of the QHP to know whether their reporting units contain such persons. **Note:** QHPs operating in states without Section 1115 waivers should use 9 = Not applicable.	1 = Yes 2 = No 3 = Missing 9 = Not applicable (state does not have Medicaid 1115 waiver) **Note:** If an enrollee is enrolled via an 1115 waiver at any point during the continuous enrollment period (July 1 through December 31, 2025), the variable should be coded as 1 = Yes.	Num	1

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Reporting_Status		This variable is an identifier to determine whether a particular reporting unit is eligible for scoring as part of the Quality Rating System *(from the Reporting Status variable in the sample frame provided by the QHP issuer).* Only plans that began offering coverage within a state's Exchange in Plan Year 2024 or before are eligible for scoring. Please refer to the QRS Scoring Eligibility Criteria section of the *2026 QHP Enrollee Survey Technical Specifications* for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2024 or before (i.e., operational in 2024, 2025, and 2026) 2 = Issuer began offering this product type within state's Exchange in Plan Year 2025 9 = Missing **Note:** Only plans that began coverage within a state's Exchange in Plan Year 2024 or before are eligible for scoring.	Num	1
Date_Complete		All cases are assigned a date based on the final disposition code (e.g., date when survey is completed, partially completed, or when final disposition is determined [MMDDYY]). The 2026 range covers 011526–051526. Refer to Exhibit 48: Types of Ineligible Surveys and Disposition Codes for coding guidelines.	MMDDYY	Num	6
Survey_Mode		Survey mode in which the respondent completed (or partially completed) the survey	1 = Internet 2 = Mail 3 = Outbound telephone 4 = Inbound telephone 9 = Not applicable (nonrespondent)	Num	1
Mixed_Mode		Indicates whether the enrollee completed (or partially completed) the survey using more than one mode (e.g., mail and internet, internet and telephone, mail and telephone)	1 = Yes 2 = No 3 = Missing 9 = Not applicable (nonrespondent)	Num	1

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Survey_Round		Indicates the survey round in which a mail or telephone survey was completed or partially completed. Refer to Exhibit 60: Survey Round Variables for coding guidelines.	M1 = First mailing M2 = Second mailing T1 = First telephone T2 = Second telephone T3 = Third telephone T4 = Fourth telephone T5 = Fifth telephone T6 = Sixth telephone TN = Inbound telephone IN = Internet survey NC = Not completed	Char	2
Internet_Opt_In		Method by which respondent opted into internet survey regardless of the mode of survey completion **Note:** The Internet_Opt_In variable is collected for any sampled enrollee who logs in to the survey instrument regardless of whether the enrollee completes the internet survey.	1 = Email 2 = Letter (URL) 3 = QR code 4 = Unknown 5 = Not applicable (mail or phone only) 9 = Not applicable (nonrespondent) **Note:** Code 4 = Unknown, can only be used with permission from the QHP Project Team prior to data submission.	Num	1
Mail_Drop_Off		Last question completed for the mail mode regardless of final disposition code	1–70 -1 = Not applicable (did not return a mail survey) -9 = Not applicable (nonrespondent) **Note:** Do NOT add leading zeros for questions 1–9 in the data submission file.	Num	2
Internet_Drop_Off		Last question completed for the internet mode regardless of final disposition code	1–70 -1 = Not applicable (did not submit an internet survey) -9 = Not applicable (nonrespondent) **Note:** Do NOT add leading zeros for questions 1–9 in the data submission file.	Num	2
Phone_Drop_Off		Last question completed for the phone mode regardless of final disposition code	1–68 -1 = Not applicable (did not complete a phone survey) -9 = Not applicable (nonrespondent) **Note:** Do NOT add leading zeros for questions 1–9 in the data submission file.	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Internet_Device_Type		Type of device respondent used to complete internet-based survey **Note:** For enrollees who started the internet survey but completed the survey via mail or telephone, vendors should code these cases as "6 = Not applicable (mail or phone only)." **Note:** For enrollees who did not respond to the survey (final disposition codes of X20, X22, X24, X32, X33, X35, X43), vendors should code these cases as "9 = Not applicable (nonrespondent)." **Note:** For ineligible enrollees (X40) or blank surveys (X34), vendors should code with values 1–6 if this information is available; if this information is not available, the vendor should code as "9 = Not applicable (nonrespondent)."	1 = Mac 2 = PC 3 = Mobile phone 4 = Tablet 5 = Unknown 6 = Not applicable (mail or phone only) 9 = Not applicable (nonrespondent) **Note:** Code 5 = Unknown can only be used with permission from the QHP Project Team prior to data submission	Num	1

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Internet_Browser	-	Type of browser respondent used to complete internet-based survey **Note:** For enrollees who started the internet survey but completed the survey via mail or telephone, vendors should code these cases as "7 = Not applicable (mail or phone only)." **Note:** For enrollees who did not respond to the survey (final disposition codes of X20, X22, X24, X32, X33, X35, X43), vendors should code these cases as "9 = Not applicable (nonrespondent)." **Note:** For ineligible enrollees (X40) or blank surveys (X34), vendors should code with values 1–7 if this information is available; if this information is not available, the vendor should code as "9 = Not applicable (nonrespondent)."	1 = Chrome 2 = Safari 3 = Firefox 4 = Microsoft Edge 5 = Other 6 = Unknown 7 = Not applicable (mail or phone only) 9 = Not applicable (nonrespondent) **Note:** Code 6 = Unknown can only be used with permission from the QHP Project Team prior to data submission	Num	1
Response_Time	-	Number of minutes respondent took to complete the survey (phone or internet mode only)	001–999 -1 = Not ascertained (phone or internet only) -2 = Not applicable (mail only) -9 = Not applicable (nonrespondent) **Note:** Response times must be reported in a 3-digit format (i.e., if the interview took 12 minutes, then the vendor should enter this as "012"). **Note:** Code -1 = Not ascertained (phone or internet only), can only be used with permission from the QHP Project Team prior to data submission. **Note:** Response times of less than 1 minute should be coded as "001."	Num	3

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Email_Address_Flag		Was an email address provided *(from the Enrollee Email Address variable in the sample frame provided by the QHP issuer)*?	0 = No 1 = Yes	Num	1
Alternate_Phone_Flag		Was an alternate phone number provided *(from the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer)*? **Note:** This value is determined based on the presence or absence of a value in the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer.	0 = No 1 = Yes	Num	1
Bad_Address_Flag		Flag indicating whether there is sufficient evidence that the address for a sampled enrollee is not viable. A list of sufficient evidence for a bad address is available in the Collect Data section of the *2026 QHP Enrollee Survey Technical Specifications*. If there is sufficient evidence of a bad address, vendors code this flag as 1 = Yes.	0 = No 1 = Yes	Num	1
Bad_Telephone_Flag		Flag indicating whether there is sufficient evidence that the telephone number for a sampled enrollee is not viable. A list of sufficient evidence for a bad telephone number is available in the Collect Data section of the *2026 QHP Enrollee Survey Technical Specifications*. If there is sufficient evidence of a bad telephone number, vendors code this flag as 1 = Yes.	0 = No 1 = Yes	Num	1

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Bad_Email_Flag	-	Flag indicating whether the email address for a sampled enrollee is not viable. Sufficient evidence for a bad email address is available in the Collect Data section of the *2026 QHP Enrollee Survey Technical Specifications*. If there is sufficient evidence of a bad email address, vendors code this flag as 1 = Yes.	0 = No 1 = Yes	Num	1
Web_Entry_Flag	-	Flag indicating whether the sampled enrollee ever logged in to the internet survey. Vendors code this flag as 1 = Yes for any sampled enrollee who logs in to the internet survey, regardless of whether the enrollee completes the internet survey. If Web_Entry_Flag is coded as 1 = Yes for a record, the record must also have a value between 1 and 4 for Internet_Opt_In.	0 = No 1 = Yes	Num	1
In_Health_Plan	1	Our records show that you are now in [QHP ISSUER NAME]. Is that right?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Name_Health_Plan	2	What is the name of your health plan?	Text Response -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip **Note:** Vendors must redact all personally identifiable information provided by respondents. Additionally, vendors must truncate responses to 250 characters or less.	Char	250
Got_HP_Info_Web	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?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Got_Info_Pay_Serv	4	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2
Got_Info_Pay_Rx	5	In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2
Got_Info_Needed_CS	6	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2
HP_CS_Respect	7	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
HP_CS_Wait_Too_Long	8	In the last 6 months, how often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?	1= Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
HP_Forms_Easy	9	In the last 6 months, how often were the forms from your health plan easy to fill out?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
HP_Explain_Forms	10	In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Got_HP_Forms_Lang	11	In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Got_HP_Forms_Format	12	In the last 6 months, how often were the forms that you had to fill out available in the format you needed, such as large print or braille?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip -5 = Not applicable	Num	2
HP_Not_Pay_Service	13	In the last 6 months, how often did your health plan not pay for care that your doctor said you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
HP_Thought_Pay	14	In the last 6 months, how often did you have to pay out of your own pocket for care that you thought your health plan would pay for?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Delay_Care_Cost	15	In the last 6 months, how often did you delay visiting or not visit a doctor because you were worried about the cost?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Delay_Rx_Cost	16	In the last 6 months, how often did you delay filling or not fill a prescription because you were worried about the cost?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Know_Ins_Terms	17	How confident are you that you understand health insurance terms?	1 = Not at all confident 2 = Slightly confident 3 = Moderately confident 4 = Very confident -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Know_Using_Ins	18	How confident are you that you know most of the things you need to know about using health insurance?	1 = Not at all confident 2 = Slightly confident 3 = Moderately confident 4 = Very confident -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Rate_HP	19	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best plan possible, what number would you use to rate your health plan in the last 6 months?	0–10 -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Offer_Tele_Appt	20	In the last 6 months, did your personal doctor offer telephone or video appointments so that you did not need to physically visit their office or facility?	1 = Yes 2 = No 3 = Don't know -1 = Refused (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2
Got_Care_Quick	21	In the last 6 months, when you needed care right away, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Got_Appt_Quick	22	In the last 6 months, how often did you get an appointment for a checkup or routine care at a doctor's office or clinic as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2
Num_Visits_Office	23	In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?	0 = None 1 = One time 2 = Two times 3 = Three times 4 = Four times 5 = Five to nine times 6 = 10 or more times -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Needed_Care_Easy	24	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Got_Interpreter	25	An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip -5 = Not applicable	Num	2
Rate_Health_Care	26	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Num_Visits_Doc	27	In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Refer to Exhibit 61: Quality Control Checks for Survey Data Files for coding guidelines specific to telephone records.	0 = None 1 = One time 2 = Two times 3 = Three times 4 = Four times 5 = Five to nine times 6 = 10 or more times -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2
Doc_Easy_Understand	28	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Listen_Carefully	29	In the last 6 months, how often did your personal doctor listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Respect	30	In the last 6 months, how often did your personal doctor show respect for what you had to say?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Spend_Enough_Time	31	In the last 6 months, how often did your personal doctor spend enough time with you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Doc_Have_Info	32	When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Tests_Follow_Up	33	In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip -5 = Not applicable	Num	2
Tests_Results_Soon	34	In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Talk_All_Rx_Meds	35	In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip -5 = Not applicable	Num	2
Multiple_Providers	36	In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Needed_Care_Coord	37	In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Got_Care_Coord	38	In the last 6 months, how often did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Rate_Doc	39	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	0–10 -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Got_Specialist_Care	40	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -5 = Not applicable	Num	2
Num_Specialists	41	How many specialists have you seen in the last 6 months?	0 = None 1 = One specialist 2 = Two specialists 3 = Three specialists 4 = Four specialists 5 = 5 or more specialists -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Doc_Up_to_Date	42	In the last 6 months, how often did your personal doctor seem informed and up to date about the care you got from specialists?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip -5 = Not applicable	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Rate_Specialist	43	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	0–10 -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
GHR	44	In general, how would you rate your overall health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
MHR	45	In general, how would you rate your overall mental or emotional health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Use_Tobacco	46	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	1 = Every day 2 = Some days 3 = Not at all 4 = Don't know -1 = Refused (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Advised_Quit_Tob	47	In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Recommend_Tob_Med	48	In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Discuss_Tob_Non_Meds	49	In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Same_Condition	50	In the past 6 months, did you get health care three or more times for the same condition or problem?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Chronic_Condition	51	Is this a condition or problem that has lasted for at least 3 months?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/nonresponse/no answer -4 = Appropriate skip	Num	2
Take_Meds	52	Do you now need or take medicine prescribed by a doctor?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Meds_Chronic_Condition	53	Is this medicine to treat a condition that has lasted for at least 3 months?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer -4 = Appropriate skip	Num	2
Diff_Hear	54	Are you deaf or do you have serious difficulty hearing?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Diff_See	55	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Diff_Remember	56	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Diff_Walk_Climb	57	Do you have serious difficulty walking or climbing stairs?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Diff_Dress_Bath	58	Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Diff_Errands	59	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1 = Yes 2 = No -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Age	60	What is your age?	1 = 18–24 2 = 25–34 3 = 35–44 4 = 45–54 5 = 55–64 6 = 65–74 7 = 75 or older -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Sex	61	What is your sex?	1 = Male 2 = Female -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Educ	62	What is the highest grade or level of school that you have completed?	1 = Eighth grade or less 2 = Some high school but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Employment	63	What best describes your employment status?	1 = Employed full-time 2 = Employed part-time 3 = Homemaker 4 = Full-time student 5 = Retired 6 = Unable to work for health reasons 7 = Unemployed 8 = Other -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer	Num	2
Not_Hispanic	64-1	Are you of Hispanic, Latino/a, or Spanish origin? No, not of Hispanic, Latino/a, or Spanish origin.	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all ethnicity categories	Num	2
Mexican	64-2	Mexican, Mexican American, or Chicano/a?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all ethnicity categories	Num	2
Puerto_Rican	64-3	Puerto Rican?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all ethnicity categories	Num	2
Cuban	64-4	Cuban?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all ethnicity categories	Num	2
Otr_Hispanic	64-5	Another Hispanic, Latino/a, or Spanish origin?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all ethnicity categories	Num	2
Aian	65-1	What is your race? Are you American Indian or Alaska Native?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Asian_Indian	65-2	Are you Asian Indian?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Chinese	65-3	Are you Chinese?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Filipino	65-4	Are you Filipino?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Japanese	65-5	Are you Japanese?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Korean	65-6	Are you Korean?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Vietnamese	65-7	Are you Vietnamese?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Other_Asian	65-8	Are you Other Asian?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Black	65-9	Are you Black or African American?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Native_Hawaiian	65-10	Are you Native Hawaiian?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Guamanian_Chamorro	65-11	Are you Guamanian or Chamorro?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Samoan	65-12	Are you Samoan?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Otr_Pacific_Island	65-13	Are you Other Pacific Islander?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
White	65-14	Are you White?	0 = Not checked 1 = Checked -1 = Refused (phone only) -2 = Don't know (phone only) -3 = Blank/Nonresponse/No answer for all race categories	Num	2
Help	66	Did someone help you complete this survey?	1 = Yes 2 = No -3 = Blank/Nonresponse/No answer/Phone interviews **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Help_Read	67-1	How did that person help you? *Mark one or more.* Read the questions to me.	0 = Not checked 1 = Checked -3 = Blank/Nonresponse/No answer for all categories in Question 67/Phone interviews -4 = Appropriate skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Help_Wrote	67-2	How did that person help you? *Mark one or more.* Wrote down the answers I gave.	0 = Not checked 1 = Checked -3 = Blank/Nonresponse/No answer for all categories in Question 67/Phone interviews -4 = Appropriate skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2

Field (field names must be used as the column headings in the submission file)	Question Number	Description	Valid Values	Data Type	Max Field Size
Help_Answer	67-3	How did that person help you? *Mark one or more.* Answered the questions for me.	0 = Not checked 1 = Checked -3 = Blank/Nonresponse/No answer for all categories in Question 67/Phone interviews -4 = Appropriate skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Help_Translate	67-4	How did that person help you? *Mark one or more.* Translated the questions into my language.	0 = Not checked 1 = Checked -3 = Blank/Nonresponse/No answer for all categories in Question 67/Phone interviews -4 = Appropriate skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Help_Other	67-5	How did that person help you? *Mark one or more.* Helped in some other way.	0 = Not checked 1 = Checked -3 = Blank/Nonresponse/No answer for all categories in Question 67/Phone interviews -4 = Appropriate skip **Note:** This question is only included on the mail and internet surveys. Vendors code phone interviews as -3.	Num	2
Total_Enrollment	-	The total number of members enrolled in the reporting unit *(from the sample frame provided by the QHP issuer)*	0–999999999 -1 = Unknown/missing **Note:** This variable MUST be identical for all enrollees included in the sample frame.	Num	9
Collection_Start_Date	-	Date the data collection period began (Day 1) for the reporting unit	MMDDYY **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Char	6
Collection_End_Date	-	Date the data collection period ended (Day 73) for the reporting unit	MMDDYY **Note:** This value will be the same for all individuals in the reporting unit (Reporting_Unit_ID).	Char	6