

# 2024 Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Operational Instructions

## Document Purpose

This document serves as a resource for Qualified Health Plan (QHP) issuers to review Quality Rating System (QRS) and QHP Enrollee Experience Survey (QHP Enrollee Survey) requirements and to validate information included in the preliminary 2024 QRS QHP List. The QRS QHP List includes QHP issuers and their respective reporting units that CMS identified as eligible for the 2024 QRS and QHP Enrollee Survey based on 2024 participation requirements. QHP issuers should follow the instructions provided in this document to do the following:

- 1) Prepare reporting units to collect and submit both 2024 QRS clinical measure data and QHP Enrollee Survey response data.
- 2) Generate sample frames for the QHP Enrollee Survey and complete the National Committee for Quality Assurance (NCQA)'s Healthcare Organization Questionnaire (HOQ) to request QRS submission.
- 3) Confirm reporting unit information, attest to eligibility, and select a U.S. Department of Health and Human Services (HHS)-approved QHP Enrollee Survey vendor by registering an account and accessing the [QHP Enrollee Survey Website](#).
- 4) Provide information regarding reporting unit ineligibility, if applicable, by registering an account and accessing the [QHP Enrollee Survey Website](#).

This document also provides a table of [key QHP issuer due dates \(Appendix C\)](#), links to [additional resources \(Appendix C\)](#), and an [eligibility roadmap \(Appendix A\)](#) to determine QHP issuer eligibility for the submission of QRS clinical measure data and QHP Enrollee Survey response data.

In May 2024, the Centers for Medicare & Medicaid Services (CMS) will post a file containing the 2024 QRS QHP List to the CMS Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM). If QHP issuers do not review the 2024 QRS QHP List to verify information and identify discrepancies, CMS will assume the information in the 2024 QRS QHP List is accurate and final.

CMS encourages QHP issuer users to request access to the HIOS-MQM through the [CMS Enterprise Portal](#) to view reporting units required to collect and submit 2024 QRS and QHP Enrollee Survey data based on 2024 participation requirements. Details for registering for access to HIOS-MQM are included in the [HIOS-MQM Quick Reference Guide for Production Users](#), available on the [CMS MQI website](#).

QHP issuers must communicate reporting unit eligibility or ineligibility status for the 2024 QHP Enrollee Survey and select an HHS-approved vendor (if eligible) via the [QHP Enrollee Survey Website](#). In order to access the website, issuers must register an account in CMS's Identity Management (IDM) system and request the QHP Issuer role. Detailed instructions for registering an account to access the QHP Enrollee Survey Website are included in the 2024 QHP Enrollee Survey Website Issuer User Guide, available on the CMS [MQI website](#).

## QHP Issuer Requirements for the 2024 QRS and QHP Enrollee Survey

As a condition of certification and participation in the Health Insurance Exchanges (Exchanges)<sup>1</sup>, CMS requires QHP issuers to submit QRS clinical measure data and QHP Enrollee Survey response data for their respective QHPs offered through an Exchange in accordance with CMS guidelines.<sup>2</sup> Exchanges are also required to display QHP quality rating information on their respective websites.<sup>3</sup> QHP issuers can refer to the [Quality Rating System and Qualified Health Plan Enrollee Survey: Technical Guidance for 2024](#) for all relevant statutory and regulatory citations for the QRS and QHP Enrollee Survey. On behalf of CMS, the QRS Project Team and the QHP Enrollee Survey Project Team oversee the collection and submission of 2024 QRS clinical measure data and QHP Enrollee Survey response data.

### Participation Criteria

QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data to CMS for each reporting unit<sup>4</sup> that meets all the criteria listed below:

- Offered<sup>5</sup> through an Exchange in the prior year (i.e., 2023 calendar year);
- Offered through an Exchange in the ratings year (i.e., 2024 calendar year) as the exact same product type; and
- Meets the QRS and QHP Enrollee Survey minimum enrollment requirements<sup>6,7</sup>:
  - Included more than 500 enrollees as of July 1 of the prior year (i.e., July 1, 2023); and
  - Includes more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2024).

**Note:** In other words, QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data for each *product type* offered through an Exchange for *two consecutive years* (i.e., 2023 and 2024) that had more than 500 enrollees as of July 1, 2023, and has more than 500 enrollees as of January 1, 2024.

The minimum enrollment threshold is determined by the total number of enrollees within the reporting unit, not by the number of survey-eligible enrollees. Total counts must include enrollees from both the Small Business Health Options Program (SHOP) and individual markets (i.e., to get the total enrollment count, combine all SHOP and individual market enrollees for the

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<sup>1</sup> Unless the context indicates otherwise, the term “Exchanges” refers to Federally-facilitated Exchanges (FFE) and State-based Exchanges (SBEs) (including State-based Exchanges on the Federal Platform [SBE-FPs]).

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

<sup>3</sup> 45 C.F.R. §§ 155.1400 and 155.1405.

<sup>4</sup> 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.

<sup>5</sup> For purposes of QRS and QHP Enrollee Survey participation eligibility, the term “offered” includes all reporting units that are operational through an Exchange (i.e., reporting units that are available for purchase through an Exchange [SHOP or individual], accepting new members or groups, or that have active or existing members).

<sup>6</sup> 45 C.F.R. §§ 156.1120(a) and 156.1125(b).

<sup>7</sup> 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.

same product type). For additional details, please review [Exhibit 1: Terminology and Definitions](#), and refer to [Exhibit 2: QRS and QHP Enrollee Survey Guidelines for Including and Excluding Plans and Enrollees in a Reporting Unit](#) and [Exhibit 3: Example Reporting Units for a QHP Issuer Assessed Against 2024 QRS and QHP Enrollee Survey Participation Criteria](#).

QHP issuers with reporting units that meet the criteria listed above are required to submit **both** 2024 QRS clinical measure data **and** QHP Enrollee Survey response data; QHP issuers **may not** submit only one or the other.

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

Reporting units discontinued before June 15 of the ratings year (i.e., June 15, 2024) are exempt from these requirements. QHP issuers that have reporting units with more than 500 enrollees as of July 1, 2023, that are uncertain whether they will have more than 500 enrollees as of January 1, 2024, should proceed as if they are required to field the 2024 QHP Enrollee Survey by contracting with an HHS-approved QHP Enrollee Survey vendor and preparing to generate the sample frame on or after **January 5, 2024**. If the eligibility status of a reporting unit changes, then the QHP issuer must notify CMS within 3 business days of discovery, but by no later than **January 31, 2024**. For steps on how to notify CMS about reporting unit ineligibility, please see the [Required Actions for Ineligible Reporting Units](#) section of this document.

Although reporting units that meet all the preceding eligibility criteria will be required to collect and submit 2024 QRS clinical measure data and QHP Enrollee Survey response data, not all reporting units will be eligible for QRS scoring. Eligible reporting units will not receive QRS scores and ratings until their *third* consecutive year of operation in the Exchange. Therefore, a reporting unit that is eligible to be scored must meet the criteria for data submission *and have been in operation for at least three consecutive years*. A reporting unit must have been operational on the Exchange in 2022, 2023, and 2024 to receive QRS scores and ratings.

### ***Determining Eligibility***

To evaluate whether a reporting unit is required to collect and submit 2024 QRS clinical measure data and QHP Enrollee Survey response data, QHP issuers should review [Exhibit 1: Terminology and Definitions](#) and [Appendix A: Data Submission Eligibility Roadmap](#).

If a QHP issuer determines that a reporting unit is ineligible to collect and submit 2024 QRS clinical measure data and QHP Enrollee Survey response data, the QHP issuer must notify CMS via the [QHP Enrollee Survey Website](#). For steps on how to notify CMS about reporting unit ineligibility, please see the [Required Actions for Ineligible Reporting Units](#) section of this document.

### Exhibit 1: Terminology and Definitions

Terminology	Definition
<b>Operational</b>	The QHPs in the reporting unit are available for purchase on an Exchange (SHOP or individual), accepting new members or groups, and/or have active or existing members.
<b>Not Operational</b>	The QHPs in the reporting unit are not sold on an Exchange (SHOP or individual), are not accepting new members or groups, and do not have active or existing members (i.e., they have zero members).
<b>Discontinued</b>	The QHPs in the reporting unit will not be offered (i.e., are not being offered to new members and/or will not be available for purchase during the 2025 individual market 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, 2024, and will not be sold through an Exchange during the 2025 individual market open enrollment period. In the event that a reporting unit is discontinued before June 15 of the ratings year (i.e., June 15, 2024) 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 <a href="#">Marketplace Quality Initiatives FAQs</a> for the difference between discontinuation and uniform modification.

### Reporting Unit Plan and Enrollee Inclusion Criteria

QHP issuers should refer to [Exhibit 2: QRS and QHP Enrollee Survey Guidelines for Including and Excluding Plans and Enrollees in a Reporting Unit](#) and [Exhibit 3: Example Reporting Units for a QHP Issuer Assessed Against 2024 QRS and QHP Enrollee Survey Participation Criteria](#) to review guidelines and examples for including enrollees in a reporting unit. CMS will not accept data submissions for reporting units that do not follow the guidelines as defined in [Exhibit 2](#) for determining which enrollees should be included.

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

Creating a Reporting Unit <i>Applies to QRS Clinical Measures and the QHP Enrollee Survey</i>
<b>Include the following enrollees:</b>
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., the 2023 calendar year)
Enrollees in QHPs that provide family and/or adult medical coverage
Enrollees from both the individual market (individual and family plans [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., <b>combine SHOP and IFPs if they are the same product type offered in the same state</b> ).
<i>Example:</i>
<ul style="list-style-type: none"> <li>QHP issuer XYZ has 500 SHOP HMO enrollees in a particular state and 200 IFP HMO enrollees in the same state.</li> <li>QHP issuer XYZ pulls the reporting unit sample frame on or after January 5, 2024, containing 700 enrollees from SHOP and individual and family HMOs.</li> </ul>
<b>Combine</b> enrollees from multiple products of the same product type in a single state into one reporting unit.
<i>Example:</i>
<ul style="list-style-type: none"> <li>QHP issuer XYZ has three HMO plans in a particular state.</li> <li>QHP issuer XYZ combines enrollees from the three HMO plans for that state into a single reporting unit.</li> </ul>

<b>Creating a Reporting Unit</b> <i>Applies to QRS Clinical Measures and the QHP Enrollee Survey</i>
<b>Combine</b> enrollees from the same product type with multiple plan levels (i.e., bronze, expanded bronze, silver, gold, platinum, catastrophic) into one reporting unit. <i>Example:</i> <ul style="list-style-type: none"> <li>QHP issuer XYZ has silver and gold HMOs in a particular state.</li> <li>QHP issuer XYZ combines enrollees from the silver and gold HMOs for that state into a single reporting unit.</li> </ul>
Enrollees in QHPs offered through an Exchange that may be aligned with 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., the 2024 calendar year); in cases such as mergers or acquisitions, the gaining QHP issuer should include enrollees previously aligned to the ceding QHP issuer
<b>Exclude the following enrollees:</b>
Enrollees in plans offered outside the Exchange (HIOS variant ID-00) and non-QHPs
Enrollees in indemnity (i.e., fee-for-service) plans, child-only health plans, or stand-alone dental plans
Enrollees in basic health program plans.
<b>Confirm minimum enrollment criteria:</b>
The QHPs in the reporting unit will operate on the Exchange as the exact same product type in both the 2023 and 2024 calendar years.
There were more than 500 enrollees in the reporting unit as of July 1 of the prior year (i.e., July 2023).
There are more than 500 enrollees in the reporting unit as of January 1 of the ratings year (i.e., January 2024).

QHP issuers must use a consistent approach when determining the eligible population and reporting for the QHP Enrollee Survey, the QRS clinical measures, and each product offering.

[Exhibit 3](#) provides examples of reporting units for a QHP issuer assessed against 2024 QRS and QHP Enrollee Survey Participation Criteria.

**Exhibit 3: Example Reporting Units for a QHP Issuer Assessed Against 2024 QRS and QHP Enrollee Survey Participation Criteria**

Reporting Unit	Enrollment as of July 1, 2023 (Total and per Individual Market vs. SHOP)	Enrollment as of January 1, 2024 (Total and per Individual Market vs. SHOP)	Discontinued Prior to June 15, 2024?	Meets Participation Criteria? (i.e., Required to Submit QRS Clinical Measure and QHP Enrollee Survey Response Data)
<b>12345-WV-PPO</b>	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	No	Yes
<b>12345-WV-HMO</b>	601 (501 individual, 100 SHOP)	N/A	Yes—Discontinued as of December 31, 2023	No—Not operating in ratings year
<b>12345-MD-PPO</b>	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	No	No—Insufficient enrollment size in both years
<b>12345-MD-HMO</b>	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	No	No—Insufficient enrollment size as of January 1, 2024
<b>12345-MD-EPO</b>	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	No	Yes

Reporting Unit	Enrollment as of July 1, 2023 (Total and per Individual Market vs. SHOP)	Enrollment as of January 1, 2024 (Total and per Individual Market vs. SHOP)	Discontinued Prior to June 15, 2024?	Meets Participation Criteria? (i.e., Required to Submit QRS Clinical Measure and QHP Enrollee Survey Response Data)
12345-WV-POS	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	No	No—Insufficient enrollment size in both years

## Requirements for QHP Enrollee Survey Sample Frame Creation and Validation

QHP issuers are responsible for creating a sample frame of eligible enrollees for each reporting unit (i.e., each product type by state) and contracting with and authorizing an HHS-approved vendor to conduct the QHP Enrollee Survey. QHP issuers must attempt to fully populate all sample frame variables. CMS has included completeness thresholds for each variable in the sample frame (i.e., none missing). Field population for all variables is required, not optional, and QHP issuers should meet these minimum completeness thresholds.

QHP issuers must create the sample frame on or after **January 5, 2024**, and arrange for its validation by an NCQA-Certified HEDIS<sup>®8</sup> Compliance Auditor. All sample frames must include all enrollees (including both individual market and SHOP enrollees) as of **11:59 p.m. ET on January 4, 2024 (the anchor date)**. See [Appendix B: Example Quality Control Checks for Sample Frame Files](#).

The 2024 QHP Enrollee Survey Sample Frame File Layout detailing the required sample frame data elements can be found in **Appendix F** of the [QHP Enrollee Survey: Technical Specifications for 2024](#), as well as **Appendix H** of the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2024](#), which are both posted on the CMS [MQI website](#). Additional details and instructions are included in the **Create Sample Frame and Draw Sample (Sampling)** section of the [QHP Enrollee Survey: Technical Specifications for 2024](#) which is posted on the [MQI website](#).

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

To be considered eligible for the QHP Enrollee Survey and included in the sample frame, enrollees must satisfy two enrollment criteria for Plan Year 2024: continuous and current enrollment.

- Enrollees are considered **continuously enrolled** if they are enrolled in an eligible QHP from July 1 through December 31, 2023, with no more than one 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, 2023). Enrollees who switch among different product lines (i.e., Exchange, non-Exchange, Medicaid, Medicare) and products (i.e., HMO, POS, PPO, EPO) within the eligible QHP during the continuous enrollment period are considered continuously enrolled and are included in the product line/product in which they were enrolled at the end of the continuous enrollment period (i.e., December 31, 2023).

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

- **Note:** During the allowable gap in enrollment, it may be possible for an enrollee to obtain coverage via a different product line (i.e., Exchange, non-Exchange, Medicaid, Medicare) or another QHP product on the Exchange (i.e., HMO, POS, PPO, EPO). Provided this enrollee meets all other criteria and is enrolled at the end of the continuous enrollment period (i.e., December 31, 2023), the enrollee should be included in the sample frame.
- Enrollees are considered **currently enrolled** if they are enrolled in an eligible QHP
  - at the end of the continuous enrollment period (i.e., December 31, 2023), **and**
  - on January 4, 2024 (the anchor date).

### Option to Oversample

QHP issuers eligible to field the QHP Enrollee Survey may choose to draw a sample larger than the specified 1,300 enrollees per reporting unit (i.e., oversample). All oversampling must occur in increments of 5% and may not exceed a 30% oversample, as shown in [Exhibit 4](#). This decision must be communicated to the contracted HHS-approved QHP Enrollee Survey vendor, who will submit all oversampling requests to CMS by **January 5, 2024**. Oversampling requests are subject to CMS approval.

**Exhibit 4: Permitted Oversampling Levels**

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

### Required Actions for Eligible Reporting Units: Confirm Reporting Unit Information, Complete Eligibility Attestation, and Select HHS-Approved QHP Enrollee Survey Vendor

QHP issuers with reporting units that meet the 2024 QRS and QHP Enrollee Survey Reporting Requirements outlined in this document and in the [QHP Enrollee Survey: Technical Specifications for 2024](#) are required to confirm/attest to reporting unit information and select an HHS-approved QHP Enrollee Survey vendor for each eligible reporting unit via the [QHP Enrollee Survey Website](#). This process enables the authorization of an HHS-approved QHP Enrollee Survey vendor to field the survey on behalf of the QHP issuer. The QHP Enrollee Survey Website is **not** a contracting vehicle, and QHP issuers must contract directly with QHP Enrollee Survey vendors. A list of the 2024 HHS-approved vendors and associated contact information for contracting purposes is available on the CMS [MQI Website](#).

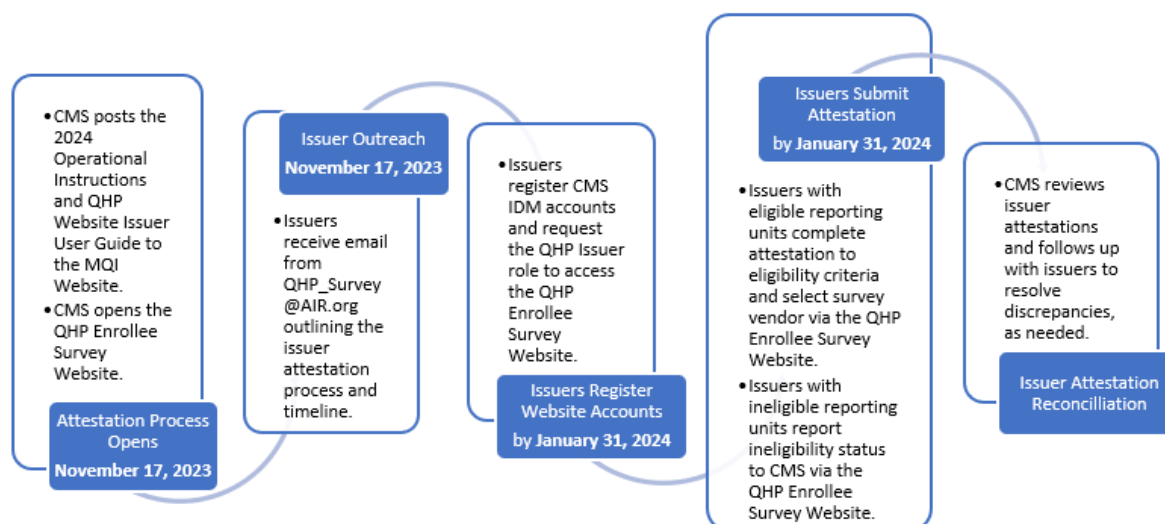
On **November 17, 2023**, the QHP Enrollee Survey Project Team will open the [QHP Enrollee Survey Website](#) and provide instructions via email ([QHP\\_Survey@air.org](mailto:QHP_Survey@air.org)) for QHP issuers to access the website, confirm reporting unit information, and select an HHS-approved QHP Enrollee Survey Vendor. QHP issuers must confirm reporting unit information and report their

selected survey vendor via the [QHP Enrollee Survey Website](#) by **January 31, 2024**. Given that the QHP Enrollee Survey Website is a new process for 2024, QHP issuers are encouraged to register an account early to ensure they are able to provide the required information by the January 31, 2024 deadline.

The website is populated with issuer legal names and reporting unit IDs associated with the primary point of contact for each reporting unit. Once logged in, issuers will select each reporting unit and follow the question prompts to verify all required information (e.g., general information; enrollment status as of July 1, 2023; enrollment status as of January 1, 2024; year plan began operating; operational status in 2022, 2023, and 2024; and whether the reporting unit will discontinue prior to June 15, 2024). After following the website prompts and providing the requested information, eligible reporting units will be prompted with a drop-down menu for issuers to select the appropriate survey vendor. QHP issuers should contact [QHP\\_survey@air.org](mailto:QHP_survey@air.org) with any questions regarding this process.

The Issuer Attestation and Survey Vendor Selection Process is depicted in [Exhibit 5](#).

### Exhibit 5: Issuer Attestation and Survey Vendor Selection Process



### Required Actions for Eligible Reporting Units: Validate Sample Frame

The QHP Enrollee Survey sample frame validation must be completed by **January 31, 2024** by an NCQA-Certified HEDIS Compliance Auditor.

**Note:** For QRS clinical measure data, NCQA will open the annual HOQ completion process in December 2023 and close access in February 2024, for QHP issuers to request a QRS submission. When opened by NCQA, the HOQ can be accessed at: <https://applications.ncqa.org/>.



For more information regarding the HOQ, visit: <https://www.ncqa.org/hedis/data-submission/>. QHP issuers should submit questions about the HOQ to the NCQA portal.<sup>9</sup>

## Required Actions for Ineligible Reporting Units

QHP issuers with reporting units that do not meet the eligibility criteria are required to report ineligibility status to CMS via the [QHP Enrollee Survey Website](#) by **January 31, 2024**. QHP issuers must confirm information for each reporting unit that does not meet eligibility criteria by following the website question prompts and selecting from a drop-down menu of ineligibility reasons. [Exhibit 6: Ineligibility Reasons](#) provides information on when each of these ineligibility reasons applies.

Please follow the steps below before selecting an ineligibility reason:

- 1) Review the definition of “Operational,” “Not Operational,” and “Discontinued” in [Exhibit 1](#) and refer to the [Quality Rating FAQs](#) for the difference between discontinuation (e.g., changes in a reporting unit’s product type) and uniform modification to determine the reporting unit’s operational status.
- 2) Determine whether the reporting unit met the enrollment threshold as of July 1, 2023, and/or January 1, 2024.
- 3) Follow the question prompts in the [QHP Enrollee Survey Website](#) to confirm reporting unit information (e.g., general information; enrollment status as of July 1, 2023; enrollment status as of January 1, 2024; and whether the reporting unit will discontinue prior to June 15, 2024) and select ineligibility reason from the drop down menu if the reporting unit:
  - will be discontinued prior to June 15, 2024; or
  - does not meet the enrollment threshold as of July 1, 2023, and/or January 1, 2024; or
  - does not operate in the current year (2023) but will operate in the upcoming year (2024); or
  - is exempt from submitting the 2024 QRS clinical measure data or QHP Enrollee Survey response data for any other reason.

On **November 17, 2023**, the QHP Enrollee Survey Project Team will open the QHP Enrollee Survey Website and provide instructions via email ([QHP\\_Survey@air.org](mailto:QHP_Survey@air.org)) for QHP issuers to access the website and report ineligibility status. QHP issuers must complete all question prompts for each ineligible reporting unit and confirm ineligibility reason via the QHP Enrollee Survey Website by **January 31, 2024**. Given that the QHP Enrollee Survey Website is a new process for 2024, QHP issuers are encouraged to register an account early to ensure they are able to provide the required information by the **January 31, 2024**, deadline.

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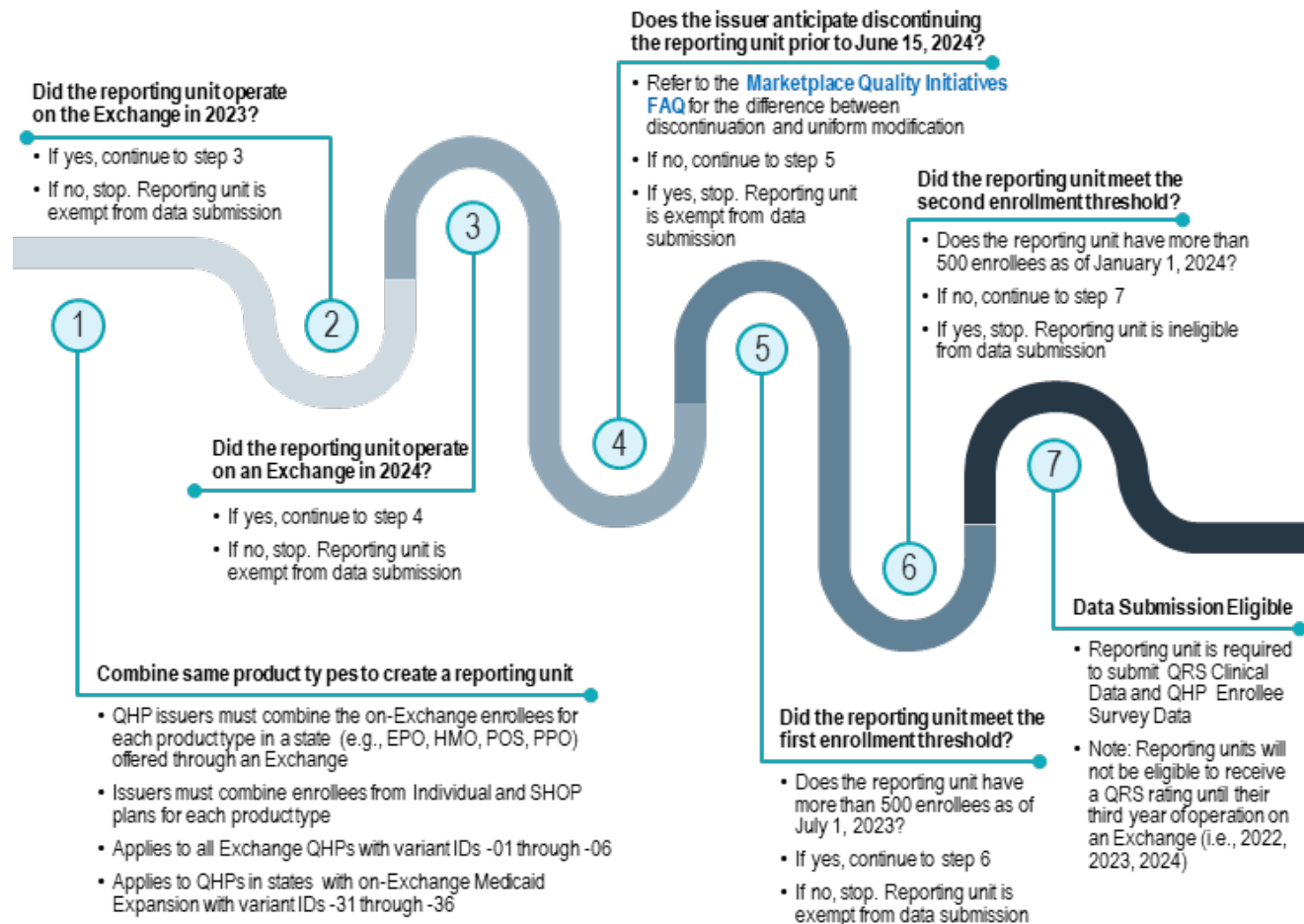
<sup>9</sup> Please refer to [QRS and QHP Enrollee Survey: Technical Guidance for 2024](#) for information regarding QRS clinical measure data submission requirements.

**Exhibit 6: Ineligibility Reasons**

Ineligibility Reason	QHP Issuer Instructions
<p><b>Reporting Unit Discontinued Prior to June 15, 2024</b></p>	<ul style="list-style-type: none"> <li>• QHP issuers select this ineligibility reason if the reporting unit will not be offered (i.e., is not being offered to new members and/or not available for purchase during the 2024 open enrollment period) through an Exchange and will not be operational. For example, the reporting unit has zero active members prior to June 15, 2024, and will not be sold through an Exchange during the 2025 open enrollment period.</li> <li>• QHP issuers that respond “Yes” to the question “Will the reporting unit be discontinued prior to June 15, 2024?” must provide the expected enrollee count on June 15, 2024 and indicate whether the reporting unit will be operational during the 2025 open enrollment period.</li> <li>• QHP issuers that respond “Yes” to the question “Will the reporting unit be discontinued prior to June 15, 2024?” must indicate whether enrollees from this reporting unit will be transferred to another reporting unit and indicate the Reporting Unit ID to which enrollees will be transferred to, if applicable.</li> </ul>
<p><b>Reporting Unit Operates in Current and Upcoming Years but Did Not Meet Minimum Enrollment Threshold as of July 1, 2023</b></p>	<ul style="list-style-type: none"> <li>• QHP issuers select this ineligibility reason if the reporting unit operates in 2023 and 2024 but did not meet the enrollment threshold as of July 1, 2023.</li> </ul>
<p><b>Reporting Unit Operates in Current and Upcoming Years but Did Not Meet Minimum Enrollment Threshold as of January 1, 2024</b></p>	<ul style="list-style-type: none"> <li>• QHP issuers select this ineligibility reason if the reporting unit operates in 2023 and 2024 but did not meet enrollment threshold as of January 1, 2024.</li> </ul>
<p><b>Reporting Unit Operates in Current and Upcoming Years but Did Not Meet Minimum Enrollment Threshold as of July 1, 2023, AND January 1, 2024</b></p>	<ul style="list-style-type: none"> <li>• QHP issuers select this ineligibility reason if the reporting unit operates in 2023 and 2024 but did not meet the enrollment threshold as of July 1, 2023, <b>and</b> January 1, 2024.</li> </ul>
<p><b>Reporting Unit Did Not Operate in Current Year (2023) but Will Operate in Upcoming Year (2024)</b></p>	<ul style="list-style-type: none"> <li>• QHP issuers select this ineligibility reason if the reporting unit did not operate in 2023 but will operate in 2024.</li> </ul>
<p><b>Other</b></p>	<ul style="list-style-type: none"> <li>• QHP issuers select this ineligibility reason if the reporting unit is exempt from submitting the 2024 QRS clinical measure data and QHP Enrollee Survey response data for reasons other than those provided in the ineligibility reason drop-down menu.</li> <li>• QHP issuers that select “Other” as an ineligibility reason must provide additional information specific to the reporting unit to support exemption from submitting 2024 QRS clinical measure data and QHP Enrollee Survey response data in the “Other Ineligibility Reason” textbox on the QHP Enrollee Survey Website.</li> </ul>

## Appendix A: Data Submission Eligibility Roadmap

### QRS & QHP Enrollee Survey Data Submission Eligibility Roadmap



#### DEFINITION AND EXAMPLES

##### OPERATIONAL

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

##### NOT OPERATIONAL

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

##### DISCONTINUED

- The QHPs in the reporting unit will not be offered (i.e., not offered to new members and/or not available for purchase during the upcoming open enrollment period) through and Exchange and will not be operational

##### EXAMPLE

- The QHPs in the reporting unit will not be sold through an Exchange and have zero active members in the ratings year prior to June 15, 2024. Please review the [Marketplace Quality Initiatives FAQs](#) for additional information on discontinuation and uniform modification.

## Appendix B: Example Quality Control Checks for Sample Frame Files

### Exhibit B-1: Example Quality Control Checks for Sample Frame Files

Quality Control Checks for Sample Frame Files	□
Verify that the organization (i.e., Reporting Unit ID [Issuer ID-QHP State-Product Type]) <b>exactly matches</b> what is listed in the QHP Enrollee Survey Website.	
Verify that the Reporting Unit ID corresponds to the correct Issuer Legal Name.	
Verify that QHP Issuer Legal Name does not include extra spaces, abbreviations, or acronyms. <b>Note:</b> The population of this variable reflects how the QHP issuer name will appear in the Quality Improvement (QI) Report.	
Verify that the reporting unit's product type was exactly the same in both 2023 and 2024.	
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 <b>must</b> match the reported values for the Issuer ID, QHP State, and Product Type variables. For example: If Reporting Unit ID = 12345-TX-PPO, then Issuer ID = 12345, QHP State = TX, and Product Type = PPO for all enrollees.	
Verify that enrollees are in QHPs offered through an Exchange. Exchange QHPs are designated as HIOS Variant IDs -01 through -06, and -31 through -36 for Medicaid Expansion QHP enrollees.	
Verify that organizations with Medicaid Expansion QHP enrollees (Field Position 604, 1 = Yes) have a Variant ID value between -31 and -36.	
Run frequencies on sample frame variables to check for outliers and anomalies (including missing values). Investigate sample frame files if there are notable differences or missing values and determine whether the data are accurate.	
Compare the frequencies and count distributions of sample frame data to the previous survey administration year (2023). Investigate for significant changes (suggested >30%) and determine whether the data are accurate.	
Verify that Total Enrollment is greater than 500. <b>Note:</b> This is the total enrollment for the same product type within a state (i.e., all QHP Exchange HMO enrollees within a state meeting the continuous enrollment criteria), not the total number of survey-eligible enrollees within the reporting unit. Total Enrollment should be greater than the survey-eligible population. If total enrollment is equal to or less than 500, consult the <i>2024 QHP Enrollee Survey: Operational Instructions (this document)</i> for guidance.	

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

## Appendix C: Key QHP Issuer Due Dates and Additional Resources

[Exhibit C-1: Key QHP Issuer Due Dates](#) lists key QHP issuer due dates for various tasks required for ineligible and eligible reporting units and [Exhibit C-2: Additional QRS and QHP Enrollee Survey Resources](#) provides additional QRS and QHP Enrollee Survey resources and links. Refer Exhibit 1 in the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2024](#) for the detailed implementation schedule for the 2024 QRS and QHP Enrollee Survey.

### Exhibit C-1: Key QHP Issuer Due Dates

QHP Issuer Task	QHP Issuer Deadline
QHP issuer contracts with an HHS-approved QHP Enrollee Survey vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS.	January 31, 2024
QHP issuer pulls sample frame on or after January 5, 2024. HEDIS® Compliance Auditor (employee of or contracted by the HEDIS® Compliance Organization) completes validation of QHP Enrollee Survey sample frame by January 31, 2024.	January 31, 2024
QHP issuer completes attestation to the QHP Enrollee Experience Survey Issuer Eligibility Criteria via the QHP Enrollee Survey Website.	January 31, 2024
QHP issuer authorizes a QHP Enrollee Survey vendor and communicates this information to CMS via the QHP Enrollee Survey Website 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 reports ineligibility to CMS via the QHP Enrollee Survey Website if the QHP issuer determines that a reporting unit does not meet the January 1, 2024, enrollment threshold or any other eligibility requirement within 3 business days of discovery (but no later than January 31, 2024).	

### Exhibit C-2: Additional QRS and QHP Enrollee Survey Resources

Resource	Description
<b>QHP Enrollee Survey Website</b>	Issuers will register an account and access the <a href="#">QHP Enrollee Survey Website</a> to confirm reporting unit information, attest to eligibility/ineligibility status, and authorize an HHS-approved vendor to administer the QHP Enrollee Survey on their behalf (if eligible).
<b>CMS MQI Website</b>	This website provides resources related to CMS MQI activities, including the QRS, the QHP Enrollee Survey, Quality Improvement Strategy (QIS) requirements, and patient safety standards. As the central site for MQI resources, this site contains instructional documents regarding implementation and reporting. Spotlight news and recent activities on QRS and QHP Enrollee Survey can be found on the <a href="#">CMS MQI website</a> . The MQI will also contain the form for confirming reporting unit information /attestation and selecting an HHS-Approved QHP Enrollee survey vendor.
<b>QRS Resources</b>	QHP issuers must collect and submit validated QRS measure data to CMS in accordance with all CMS-issued requirements and guidance. For additional information on QRS, refer to the <a href="#">Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2024</a> and the <a href="#">2024 Quality Rating System Measure Technical Specifications</a> .
<b>QHP Enrollee Survey Resources</b>	A list of the 2024 HHS-approved QHP Enrollee Survey vendors, as well as the <a href="#">QHP Enrollee Survey: Technical Specifications for 2024</a> and QHP Enrollee Survey Website Issuer User Guide, are posted on the <a href="#">QHP Enrollee Survey page</a> of the MQI website.
<b>NCQA HEDIS Compliance Audit Website</b>	This website provides an overview of the HEDIS Compliance Audit program. A list of NCQA-Certified HEDIS Compliance Organizations can be found on <a href="#">NCQA's HEDIS Compliance Audit Certification web page</a> .

Resource	Description
<b>NCQA HOQ Support</b>	QHP issuers should submit questions about the HOQ to the <a href="#">NCQA portal</a> .
<b>QRS and QHP Enrollee Survey Technical Support</b>	<p>For QRS and QHP Enrollee Survey Technical Support, contact Marketplace Service Desk (MSD) via email at <a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a> or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line of the email.</p> <p>For questions specific to the QHP Enrollee Survey Website, contact <a href="mailto:QHP_survey@air.org">QHP_survey@air.org</a>.</p>