

Qualified Health Plan Enrollee Experience Survey

Quality Assurance Guidelines and Technical Specifications

(Version 2.0)

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Communication and Technical Support for the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

Survey vendors use the following resources to obtain information or technical support for any aspect of the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey).

QHP Enrollee Survey Information and Technical Assistance for Survey Vendors

For general information, for important news and updates, and to access all materials that support implementation of the QHP Enrollee Survey, visit the Project Website at:

[QHP Enrollee Survey](#)

For technical assistance, contact the QHP Enrollee Survey Project Team (Project Team), as noted below:

By e-mail: qhpcahps@air.org

By telephone: 844-849-5243

Quality Rating System (QRS) Information and Technical Assistance

For documentation related to the Quality Rating System (QRS), including the QRS and QHP Enrollee Survey Technical Guidance and QRS Measure Technical Specifications, visit the following link:

[Health Insurance Marketplace Quality Initiatives](#)

Technical Assistance for QHP Issuers

QHP issuers with questions about the QRS and QHP Enrollee Survey technical guidance and specifications should contact the Exchange Operations Support Center (XOSC) Help Desk via e-mail at CMS_FEPS@cms.hhs.gov or via phone at 855-CMS-1515.

List of Abbreviations and Acronyms

Abbreviation/Acronym	Term
AHRQ	Agency for Healthcare Research and Quality
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CATI	Computer Assisted Telephone Interviewing
CES	Consumer Experience Survey
CMS	Centers for Medicare & Medicaid Services
EPO	Exclusive Provider Organization
FAQ	Frequently Asked Questions (a list of frequently asked questions and suggested responses)
FFM	Federally-Facilitated Marketplace
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services
HIM	Health Insurance Marketplace
HMO	Health Maintenance Organization
HOQ	Healthcare Organization Questionnaire
MQI	Marketplace Quality Initiatives
MSP	Multi-State Plan
NCOA	National Change of Address
OMB	Office of Management and Budget
PII	Personally Identifiable Information
POS	Point of Service
PPO	Preferred Provider Organization
QAP	Quality Assurance Plan
QHP	Qualified Health Plan
QHP Enrollee Survey	Qualified Health Plan Enrollee Experience Survey
QRS	Quality Rating System
SBM	State-Based Marketplace
SHOP	Small Business Health Options Program
SIP	State Issuer Product Type
SMS	Survey Management System
SPM	State Partnership Marketplace
TEP	Technical Expert Panel

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I. OVERVIEW

Overview (Section I)

The Centers for Medicare & Medicaid Services (CMS) developed this “Quality Assurance Guidelines and Technical Specifications” manual (QAG) for the National Implementation of the 2016 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) to document requirements for standardized data collection so that survey data collected across survey vendors are comparable. This **Overview** section provides survey vendors and QHP issuers with an overview of the content in this manual. Readers are directed to the various sections of the QAG for detailed information on the requirements, protocols, and procedures for the administration of the QHP Enrollee Survey. The QAG is organized into the following sections:

Introduction and Background (Section II)

Section II describes the development of the QHP Enrollee Survey and provides an overview of the component survey measures.

QHP Enrollee Survey Participation Requirements (Section III)

Section III provides information on the requirements for administering the QHP Enrollee Survey, including communication with enrollees and the roles and responsibilities of the Project Team (including CMS), QHP issuers, and survey vendors. This section also provides survey vendor guidelines for establishing an automated Survey Management System (SMS) to manage the QHP Enrollee Survey administration process. In addition, it provides guidelines for implementing survey vendor customer support activities to provide technical assistance to sampled enrollees during survey administration.

Sampling (Section IV)

Section IV provides detailed instructions to survey vendors for drawing the QHP Enrollee Survey sample for each reporting unit, including a description of the eligibility criteria and sample frame data file generation, the validation of sample frame data files, the sampling protocol, and oversampling.

Data Collection Protocol (Section V)

Section V describes the data collection protocol and procedures for the QHP Enrollee Survey. The data collection procedures allow for both the standardized administration of the QHP Enrollee Survey by different survey vendors and the comparability of the resulting data.

Confidentiality and Data Security (Section VI)

Section VI provides requirements for protecting the identity of sampled enrollees included in the survey sample, ensuring confidentiality of data, and maintaining physical and electronic data security.

Data Coding and Processing (Section VII)

Section VII contains information about preparing the QHP Enrollee Survey data files for submission, including information on the requirements for decision rules related to processing returned questionnaires, assignment of survey disposition codes, and quality control measures. In addition, this section provides the procedures and steps for determining whether a returned survey meets the definition of a completed survey, along with information about survey response rate calculations.

Data Submission (Section VIII)

Section VIII provides information on data submission and data validation checks.

Data Analysis and Public Reporting (Section IX)

Section IX provides information regarding the QHP Enrollee Survey results that CMS will provide to QHP issuers. This section also describes permissible data analyses that survey vendors may provide to QHP issuer clients and marketing requirements for QRS and QHP Enrollee Survey results.

Quality Oversight (Section X)

Section X provides information on the quality oversight activities that the Project Team conducts to verify survey vendor compliance with all protocol and procedure requirements for the administration of the QHP Enrollee Survey.

Discrepancy Reports (Section XI)

Section XI describes the process for notifying the Project Team of any discrepancies (deviations from the standard QHP Enrollee Survey protocols and specifications) that occur during data collection.

Appendices

The appendices of this manual include Minimum Business Requirements; Model Survey Vendor Quality Assurance Plan; Frequently Asked Questions for Customer Support; Mailing Materials

and Questionnaire; Telephone Script; Internet Survey Entry Page; Sample Frame File Layout; Submission File Layout; and Discrepancy Report.

II. INTRODUCTION AND BACKGROUND

Overview

Section 1311(c)(4) of the Affordable Care Act (ACA) (42 U.S.C. 13031) directs the Secretary of the U.S. Department of Health and Human Services (HHS) to establish an enrollee satisfaction survey system with the purpose of evaluating enrollee experiences with Qualified Health Plans (QHPs) offered through the Health Insurance Marketplaces (Marketplaces) and the Small Business Health Options Program (SHOP). Unless the context indicates otherwise, the term Marketplaces refers to the Federally-facilitated Marketplaces (FFMs) (inclusive of states performing plan management functions in State Partnership States) and State-based Marketplaces (SBMs). CMS developed the QHP Enrollee Survey to collect data for three main purposes:

- a. To inform consumer decision-making in choosing a QHP.
- b. To inform quality improvement efforts for QHPs.
- c. To allow for effective oversight (assist Marketplaces in overseeing QHPs, and state and federal regulators in overseeing Marketplaces).

HHS-approved QHP Enrollee Survey vendors administer the QHP Enrollee Survey using a standardized protocol to facilitate QHP comparison both within and across Marketplaces. The results of the QHP Enrollee Survey, along with clinical measures collected through the Quality Rating System (QRS), will be provided to consumers through the Marketplace websites beginning in 2016.

Survey Development

The QHP Enrollee Survey captures accurate and reliable information from consumers about their experiences with the health care they received through their QHP. The survey includes a core question set of key areas of care and service, with some questions grouped to form composites. Survey data will be used to examine QHP performance and to create national benchmarks for QHP performance beginning in 2016.

CMS used the Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) principles ([About CAHPS](#)) to inform QHP Enrollee Survey development. CAHPS is the standardized survey instrument used by CMS across patient experience survey programs. To remain consistent with this standard while simultaneously considering the similarities between QHPs and health plans, CMS adopted the current version of the CAHPS 5.0 Health Plan Survey (Adult Medicaid) as the core of the QHP Enrollee Survey. The QHP Enrollee Survey includes all questions in the core CAHPS 5.0 Health Plan Survey (Adult Medicaid). The QHP Enrollee Survey also adds several new domains and items based on a comprehensive review of the literature and related surveys, consumer focus groups, public comments, stakeholder discussions,

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

and input from a Technical Expert Panel (TEP). These additional topics include shared decision-making between patients and providers, care coordination, and information provided by the health plan.

Consistent with other CAHPS instruments, the QHP Enrollee Survey uses a 6-month reference period. To facilitate comparability of survey administration across QHP issuers, QHP issuers and survey vendors may not change the wording of the survey questions, the response categories, or the order of the questions. The survey vendor may make minor modifications to the format and layout of the questionnaire, adhering to the formatting parameters specified in the **Data Collection Protocol** section of this manual.

The questionnaire includes both core question items and “About You” question items. The core questions must be placed at the beginning of the survey. The “About You” questions must follow the core questions.

Many of the items contained within the QHP Enrollee Survey are preceded by screener or gate questions. These questions confirm that only those sampled enrollees for whom a particular item is relevant answer the pertinent subsequent items following each specific gate question.

Foreign Language Translations

In addition to English, the QHP Enrollee Survey questionnaire is available in Spanish and Traditional Chinese (Mandarin) translations.

Supplemental Questions

To promote standardization during survey administration, survey vendors may *not* include supplemental questions for 2016 National Implementation.

Incentives

CMS does not allow QHP issuers or survey vendors to use incentives of any kind for the QHP Enrollee Survey.

QHP Enrollee Survey Use

The QHP Enrollee Survey produces comparable data on sampled enrollees’ experience of care, allowing objective and meaningful comparisons among QHP domains that are important to consumers. QHP Enrollee Survey results will be publicly reported beginning with 2016 National Implementation. Data collected during the 2016 National Implementation will be used to examine QHP performance and to create national benchmarks for care.

CMS will publicly report survey results from the 2016 National Implementation to assist enrollees in the selection of a QHP. In addition, QHP issuers can use survey results to identify

areas for quality improvement. Administrators and policymakers can also rely on the measures to devise, implement, and monitor quality improvement efforts and to make policy decisions.

The QHP Enrollee Survey meets the QRS survey measure reporting requirement. 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 the QRS, refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2016*, which can be found on the CMS Health Insurance Marketplace Quality Initiatives (MQI) website at: [Health Insurance Marketplace Quality Initiatives](#).

Survey Measures

The 2016 QHP Enrollee Survey is comprised of the following measures.

Four global rating questions reflect overall satisfaction:

1. Rating of All Health Care.
2. Rating of Health Plan.
3. Rating of Personal Doctor.
4. Rating of Specialist.

Five composite measures summarize responses in key areas:

1. Access to Care.
2. Access to Information.
3. Care Coordination.
4. Cultural Competence.
5. Plan Administration.

Three Healthcare Effectiveness Data and Information Set (HEDIS[®])² survey measures:

1. Flu Vaccinations for Adults Ages 18–64.
2. Aspirin Use and Discussion.
3. Medical Assistance with Smoking and Tobacco Use Cessation.

For information on the QHP Enrollee Survey measures included in the QRS and scoring methodology, refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience*

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

Survey: Technical Guidance for 2016, which can be found on the CMS MQI website at: [Health Insurance Marketplace Quality Initiatives](#).

Sources of Information About the QHP Enrollee Survey

The QHP Enrollee Survey Project Website ([QHP Enrollee Survey](#)) provides protocols and materials for survey implementation as well as updated announcements and news about the QHP Enrollee Survey. The Project Website is the main vehicle for communicating information to HHS-approved survey vendors. Survey vendors should submit any questions regarding this manual (QAG) to the technical assistance e-mail address qhpcahps@air.org.

Additional CAHPS-related information may be accessed through the Agency for Healthcare Research and Quality (AHRQ) at <https://cahps.ahrq.gov>.

III. QHP ENROLLEE SURVEY PARTICIPATION REQUIREMENTS

Overview

This **QHP Enrollee Survey Participation Requirements** section provides information on the requirements for administering the survey, including communication with enrollees and the roles and responsibilities of the Project Team (including CMS), QHP issuers, and survey vendors.

Communication with QHP Enrollees About the QHP Enrollee Survey

QHP issuers may notify enrollees that they may be asked to participate in the 2016 QHP Enrollee Survey; however, certain types of promotional communication—either oral, written, or in the survey materials (e.g., survey cover letters and telephone scripts)—are **not** permitted, since these communications may introduce bias in the survey results. Survey vendors, QHP issuers, or their agents may **not**:

- Ask any QHP Enrollee Survey questions of enrollees (e.g. field a separate survey that contains the QHP Enrollee Survey questions) 4 weeks prior to and during the official 2016 QHP Enrollee Survey administration (generally any time from January 1 through April 30). This restriction does not apply to other CMS surveys.
- 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 benefit from positive feedback provided by enrollees by asking enrollees to choose certain responses or indicate that the plan is hoping for a given response.
- Offer incentives of any kind for participation in the survey.

Roles and Responsibilities

The Project Team provides oversight to facilitate the collection of high-quality survey data through standardized survey protocols and data collection methods. The Project Team will provide training, technical assistance, and oversight to HHS-approved survey vendors.

QHP issuers are responsible for contracting with and authorizing an HHS-approved survey vendor to conduct the QHP Enrollee Survey, creating the sample frame, and arranging for its validation by an NCQA-Licensed HEDIS Compliance Organization or an NCQA-Certified HEDIS Compliance Auditor. Refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2016*, which can be found on the CMS MQI website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

Survey vendors are responsible for drawing the survey sample from the validated sampling frame provided by the QHP issuer; conducting the QHP Enrollee Survey on behalf of their QHP issuer clients; using the standardized survey protocols, guidelines, and specifications described in

this manual (or in any updates posted on the Project Website); and submitting the survey data to CMS via the Project Website.

The following content clarifies the roles and responsibilities of the participating organizations.

Project Team Roles and Responsibilities

The Project Team requires standardized administration of the QHP Enrollee Survey and data collection methodology for measuring and publicly reporting sampled enrollees' perspectives on care received through their QHP. The Project Team will:

- Provide QHP Enrollee Survey vendors with the survey administration protocol, timeline, and description of the data submission tools through distribution of this manual (QAG) for the 2016 National Implementation.
- Annually train survey vendors to administer the QHP Enrollee Survey.
- Provide oversight prior to and during survey administration.
- Provide technical assistance to survey vendors and QHP issuers via a toll-free telephone number (844-849-5243), e-mail address (qhpcahps@air.org), and the Project Website (<http://qhpcahps.cms.gov>).
- Provide survey vendors with the tools, format, and procedures for submitting the collected data.
- Process, review, and analyze data files submitted by survey vendors.
- As part of the QRS preview process, generate preview reports containing summary-level QHP Enrollee Survey results for participating QHP issuers to review prior to public reporting.
- Provide summary-level QHP Enrollee Survey results to QHP issuers and Marketplaces.

QHP Issuer Roles and Responsibilities

QHP issuers offering insurance coverage through the Marketplaces (individual and SHOP)—including Multi-State Plan (MSP) issuers, regardless of the Marketplace model in which they operate (i.e., Federally-facilitated Marketplace [FFM], State Partnership Marketplace [SPM], or State-based Marketplace [SBM])—must, as a condition of QHP certification, collect and submit validated QRS measure data to CMS in accordance with all CMS-issued requirements and guidance. The QRS measure set includes survey measures based on enrollee responses to the QHP Enrollee Survey as well as clinical performance measures. For additional information on the QRS, refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2016*. QHP issuers are not required to attend survey vendor training but are welcome to do so.

QHP issuers that participate in the QHP Enrollee Survey agree to:

- Contract with a HHS-approved QHP Enrollee Survey vendor to administer the survey.
 - The list of HHS-approved QHP Enrollee Survey vendors can be found on the Project Website at: <http://qhpcahps.cms.gov>.
- Authorize an HHS-approved QHP Enrollee Survey vendor to administer the QHP Enrollee Survey on their behalf by completing the survey vendor authorization process via the Project Website by **January 5, 2016**.
 - QHP issuers are *not* permitted to self-administer the survey.
- Contract with an NCQA-Licensed HEDIS Compliance Organization or an NCQA-Certified HEDIS Compliance Auditor (HEDIS Compliance Auditor) to verify the integrity of the sample frame before the survey vendor draws the sample and administers the QHP Enrollee Survey. Any NCQA-Certified HEDIS Compliance Auditor can validate the sample frame for the QHP Enrollee Survey.
 - The current list of NCQA-Licensed HEDIS Compliance Organizations is available on NCQA's website at: http://www.ncqa.org/Portals/0/HEDISQM/Programs/SVC/LicOrgs%204_2015.pdf.
 - The current list of NCQA-Certified HEDIS Compliance Auditors is available on NCQA's website at: http://www.ncqa.org/Portals/0/HEDISQM/Programs/CHCA%204_2015.pdf.
 - Details about the HEDIS Compliance Audit program are available on NCQA's website at: <http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx>.
- Create a QHP Enrollee Survey sampling frame of enrollees who meet eligible population criteria according to specifications provided in the QAG.
- Submit a QHP Enrollee Survey sample frame data file to the HEDIS Compliance Auditor for validation by **January 31, 2016**.
- Complete the NCQA Healthcare Organization Questionnaire for the survey sample frame validation by **February 29, 2016**.
- Send the HEDIS Compliance Auditor's approval notice to the HHS-approved QHP Enrollee Survey vendor before the QHP Enrollee Survey is administered.
- Make the validated QHP Enrollee Survey sampling frame available to the survey vendor that will select the survey sample, conduct the survey, and submit the survey data on the issuer's behalf.
- Designate a staff member as the QHP Enrollee Survey administrator, who will serve as the survey vendor's main point of contact for the QHP Enrollee Survey.

- Preview QHP Enrollee Survey results as part of the QRS preview process prior to public reporting.

Survey Vendor Roles and Responsibilities

To participate in the National Implementation of the 2016 QHP Enrollee Survey, survey vendors must be approved to administer the QHP Enrollee Survey.

Survey vendors that participate in the QHP Enrollee Survey agree to:

- Follow the rules of participation to administer the QHP Enrollee Survey. Refer to the **Survey Vendor Rules of Participation** section below for more information.
- Establish and maintain a Survey Management System (SMS). Refer to the **Establishing a Survey Management System** section below for more information.
- Provide customer support for enrollees with questions about the survey. Refer to the **Survey Vendor Customer Support** section below for more information.
- Comply with the program requirements established by CMS to administer the QHP Enrollee Survey contained in the QAG.
- 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.
- Administer the QHP Enrollee Survey and oversee the quality of work of staff and subcontractors, if applicable, according to the protocols and procedures established by CMS and contained in the QAG.
- Submit a list of the QHP reporting units for which the survey vendor is contracted to administer a survey. The Project Team will compare this list to the list of authorized QHP Enrollee Survey vendors received from QHP issuers.
- Verify that all client QHP issuers have authorized the survey vendor to submit data on their behalf.
- Draw the sample from the validated sample frame provided by the QHP issuer using the specifications provided in the QAG.
- Successfully submit a test data file by the deadline established by CMS.
- Successfully submit data files to the QHP Enrollee Survey Data Submission System in accordance with the data file specifications in the QAG by the data submission deadline established by CMS.
- Correct any errors returned by the QHP Enrollee Survey Data Submission System until data are submitted accurately and within the deadline established by CMS.

- Meet all QHP Enrollee Survey due dates (including submission of Quality Assurance Plans (QAPs), project reports, and survey materials for review) or risk revocation of approval to administer the QHP Enrollee Survey.

Note: In order for the Project Team to perform the required quality oversight activities, organizations approved to administer the QHP Enrollee Survey must conduct all business operations within the continental United States, Hawaii, and Alaska or U.S. Territories. This requirement also applies to all staff and subcontractors.

*If a survey 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 the QRS.*

Survey Vendor Rules of Participation

Any survey vendor administering the QHP Enrollee Survey must adhere to the following participation rules found in the participation form. To be eligible, the organization must:

1. Participate in a teleconference call with the Project Team (as determined by CMS) to discuss relevant survey experience, organizational survey capability and capacity, quality control procedures, and role of subcontractors (if applicable).
2. Submit an interim survey data file to CMS (as determined by CMS).
3. Participate in and successfully complete QHP Enrollee Survey Vendor Training and all subsequent QHP Enrollee Survey vendor update trainings. At a minimum, the organization's project manager, mail survey supervisor, telephone survey supervisor, Internet survey supervisor, and sampling manager must attend training as representatives of the organization. It is strongly recommended that the project director and any additional key staff responsible for programming, data coding, and file preparation also attend training. Subcontractor attendance is optional.
4. Review and follow the *2016 Quality Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications* and any policy updates.
5. Attest to the accuracy of the organization's data collection (as determined by CMS), following guidelines set forth in the *2016 Quality Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*.
6. Develop and submit a survey vendor Quality Assurance Plan (QAP) by the due date. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires), telephone scripts, and the Internet survey instrument.
7. Participate and cooperate in all oversight activities conducted by the Project Team. This requirement includes subcontractors.

8. Refrain from producing survey results for a QHP client issuer that controls, is controlled by, or is under common control with the survey vendor.
9. Successfully field the QHP Enrollee Survey for at least one client within 24 months of receiving initial HHS-approved survey vendor status. A survey vendor must continue to field at least one QHP Enrollee Survey during every 24-month increment following the initial 24-month period.
10. Submit data on time according to CMS-specified deadlines. No late submissions will be allowed.
11. Acknowledge that CMS may, at its sole discretion, terminate, discontinue, or not renew the “approved” status of a survey vendor. CMS may exercise these actions at any point during survey administration. CMS will provide written notice to the impacted survey vendor.
12. Acknowledge that review of, and agreement with, the rules of participation are necessary for participation. This acknowledgement will occur annually as part of the survey vendor solicitation and application process.

Establishing a Survey Management System

Survey vendors implement an automated Survey Management System (SMS) to effectively track sampled enrollee data elements, data regarding various stages of survey implementation and processes, and returned survey data. The SMS stores data files containing enrollee-specific sample data to track key events for each sampled enrollee through major survey milestones as part of the fielding schedule (e.g., address updated, undeliverable return, first survey mailing, and telephone attempts). Event tracking employs flags and dates for each specified event. Survey vendors assign a unique identifier to each sampled enrollee. These unique identifiers must be included on the survey questionnaire and *cannot* contain enrollee-identifiable information. The SMS links to the Computer Assisted Telephone Interviewing (CATI) system so that data from telephone interviews are seamlessly incorporated into relevant data files in the SMS.

The SMS incorporates use of disposition codes to record the ultimate resolution of each sampled enrollee. Survey vendors may use their own system’s “interim” disposition codes but must demonstrate a mapping of interim codes to final disposition codes as specified in the **Data Coding** section.

Survey vendors thoroughly test all modules of the SMS prior to survey implementation and establish access levels and security passwords so that only authorized users have access to sensitive data.

Retention and Storage of Data Collected

Survey vendors retain QHP Enrollee Survey data collected through mail, telephone, and Internet modes in a secure and environmentally controlled location for a minimum of 3 years.

Survey Vendor Customer Support

Survey vendors establish a customer support toll-free telephone number and an e-mail address for sampled enrollees who have questions about the QHP Enrollee Survey and survey administration process.

- Customer support capabilities must be operational by the start of the mail phase of the data collection protocol (i.e., mailing of the prenotification letter). *Note: Survey vendors are required to test the functionality of the customer support toll-free telephone number and e-mail address prior to the start of survey fielding.*
- Survey vendors must be able to respond to questions from English-, Spanish-, and Chinese-speaking sampled enrollees, if applicable.
- Customer support telephone lines must be staffed live from 9 a.m. to 8 p.m. (survey vendor local time), Monday through Friday, excluding federal holidays.
- Survey vendors must have the capacity to answer at least 90 percent of incoming calls live within 30 seconds or less, from 9 a.m. to 8 p.m. (survey vendor local time), Monday through Friday.
- A voicemail mailbox must be available after hours and on weekends and federal holidays, and voicemail messages must be returned within 24 hours or on the next business day.
- Survey vendors provide a customer support e-mail address on survey mailing materials.
- Survey vendors provide a response to customer support e-mail inquiries within 24 hours of receipt or on the next business day if the e-mail is received during the weekend. Questions that cannot be responded to within 24 hours of receipt must at least be acknowledged by the survey vendor within 24 hours as having been received.
- Survey vendors document and track customer support phone calls and e-mails for quality assurance purposes and periodically assess the reliability and consistency of phone and e-mail responses provided by customer support staff.

A list of frequently asked questions (FAQ) and suggested answers to those questions are included in **Appendix C: Frequently Asked Questions for Customer Support**. This document provides guidance to survey vendor customer support staff for responding to sampled enrollee questions by phone or via e-mail.

Customer Support Staff Training

Customer support staff must be properly trained on the QHP Enrollee Survey specifications, methodology, and FAQ; the way to respond when answers to questions are not known; and the rights of survey respondents. Customer support staff must also be able to handle questions via the toll-free telephone number and e-mail address in Spanish and Chinese (if applicable). If customer support staff are not trained to administer telephone interviews, they must be trained in

procedures for transferring calls to telephone interviewers or scheduling callbacks. See the **Inbound Telephone Interviewing Protocol** section for more information.

Use of Subcontractors for Customer Support

Survey vendors may use subcontractors for customer support operations. Survey vendors must obtain signed confidentiality agreements from subcontractors prior to employing them for customer support services.

Survey vendors that subcontract customer support operations are responsible for providing proper oversight to verify the integrity of the process and must provide the Project Team with documentation of their subcontractor-specific quality oversight processes. At a minimum, survey vendors are responsible for attending and participating in a subcontractor's internal customer support training to confirm compliance with the protocols, procedures, and guidelines established for the customer support component of the QHP Enrollee Survey. Survey vendors provide feedback to subcontractors regarding the quality and accuracy of responses and verify that the subcontractor's customer support staff correct any areas that require improvement.

IV. SAMPLING

Overview

This **Sampling** section provides detailed instructions to survey vendors for drawing the QHP Enrollee Survey sample for each reporting unit, including a description of the eligibility criteria and sample frame data file generation, the validation of sample frame data files, the sampling protocol, and oversampling.

Sample Frame Data File Generation

QHP issuers generate a complete, accurate, and valid sample frame data file representative of the entire eligible population for each sampling and reporting unit. Generating accurate and complete sample frames is important not only for data collection activities but also for public reporting. After data submission, the requested sample file variables are evaluated as potential case-mix adjusters and the publicly reported scores generated for each reporting unit are applied to specific QHPs in the Quality Rating System. Accurately assigning QHPs to reporting units and providing full information on QHPs and enrollees improves the quality of the publicly reported data. *Note: For 2016 National Implementation, sampling units and reporting units are the same.*

Definition of a Sampling/Reporting Unit

For the 2016 National Implementation, the sampling/reporting unit is defined at the product type level (i.e., Exclusive Provider Organization [EPO], Health Maintenance Organization [HMO], Preferred Provider Organization [PPO], Point of Service [POS]) offered by a QHP issuer through the Marketplace in a particular state. Marketplace refers to the FFMs (inclusive of states performing plan management functions in State Partnership States) and SBMs. QHP issuers are required to collect data by product type and to submit separate data files for each product type by state. For example, all HMOs offered through the Marketplace in Florida for QHP issuer XYZ are considered a single sampling unit. *Note: Depending on the way a QHP issuer packages its plan offerings, the sampling unit might include anywhere from a single QHP to many QHPs spanning all coverage categories (e.g., bronze, silver, gold, platinum, catastrophic).* For instance:

- If a QHP issuer has multiple products in a single state (e.g., two HMOs), then all HMOs offered by a single QHP issuer in a single state are considered a single sampling/reporting unit.
- QHP issuers may not combine product types (e.g., an HMO and a PPO).
- A QHP issuer that offers both a QHP and a Multi-State Plan (MSP) option of the same product type in the same state must combine enrollees from both QHP and MSP products.

- A QHP issuer that offers the same product type in the individual marketplace as well as the Small Business Health Options Program (SHOP) within a state must combine enrollees from both the individual Marketplace and SHOP.

QHP issuers create a sample frame for *each product type* they offer through the Marketplace within a particular state. For convenience, this manual refers to the sampling/reporting unit as a State Issuer Product Type (SIP) sampling unit.

Reporting units that are decertified or discontinued before June 15, 2016, are exempt from participating in the 2016 QHP Enrollee Survey.

Defining the Sample Frame: Eligibility Guidelines

A sample frame is the list of all eligible individuals enrolled in an eligible QHP within a state—this list forms a SIP sampling/reporting unit. To identify the eligible population to include in SIP sampling units, issuers make eligibility decisions based on the QHP and the enrollee.

QHP and Enrollee Eligibility

QHP issuers collect and submit QHP Enrollee Survey response data for each product type offered through a Marketplace in 2016 that had more than 500 enrollees as of July 1, 2015. Reporting units that are decertified or discontinued before June 15, 2016, are exempt from participating in the 2016 QHP Enrollee Survey. All enrollees of QHPs within the product type are included in the count of enrollees for this requirement, not just survey-eligible enrollees, as defined below. These product type groups (SIPs) will be used to identify enrollees who are eligible for inclusion in the sample frame. These groups, stratified by state, define each QHP issuer's SIP sampling units.

When determining which enrollees to include in each reporting unit, QHP issuers must consider the following requirements:

- All enrollees in QHPs offered through the Marketplace should be included. Enrollees in QHPs offered outside the Marketplace (off-Marketplace) and non-QHPs should not be included.
- All enrollees in QHPs that provide family and/or adult-only medical coverage should be included. At this time, QHP Enrollee Survey requirements do not apply to child-only health plans³ or stand-alone dental plans.⁴

³ HHS will continue to monitor the number of child-only QHPs in the Marketplaces. A limited number of child-only QHPs and enrollees may prohibit reliable child-only QRS rating calculations and QHP Enrollee Survey results.

⁴ CMS will continue to monitor both of these plan types and will consider developing a quality rating system and QHP Enrollee Survey for these in the future.

- Individuals 18 years or older who have been enrolled in an eligible QHP continuously for at least the past 6 months, with no more than one 31-day break in enrollment during the 6 months. Use December 31, 2015, as the anchor date to determine whether the individual meets the age and 6-month continuous enrollment requirement. For example, include all individuals enrolled in an eligible QHP who are 18 years or older as of December 31, 2015, and who have been enrolled since July 1, 2015 (still allowing for a single 31-day break).
- The QHP Enrollee Survey allows for one gap in enrollment of up to 31 days as long as there are no other gaps in enrollment through December 31, 2015. An allowable gap can occur anytime during the continuous enrollment period (July 1–December 31, 2015).
- Individuals with primary health coverage through the eligible QHP in which they are enrolled. QHP issuers allow the sample frame to include multiple adults (ages 18 years and older) from the same policy. The survey vendor will deduplicate the sample frame to ensure that the survey sample includes only one adult per policy when it draws the sample from the sample frame.
- Enrollees in otherwise eligible QHPs that are suppressed by CMS from being offered in the Marketplace are included in determining the number of enrollees in the SIP and are included in the sampling frame if they meet the other eligibility criteria described in the **QHP and Enrollee Eligibility** section.

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

Sample Frame Generation

QHP issuers generate a sample frame data file for each SIP sampling unit so that the survey vendor can generate the random sample. QHP issuers use the standardized layout and format provided for the sample frame data file in **Appendix G: Sample Frame File Layout**. QHP issuers send the validated sample frame and the HEDIS Compliance Auditor's approval notice to the survey vendor before the QHP Enrollee Survey is administered.

Excluding QHP Disenrollees

In order to ensure standardization among QHP enrollees, QHP issuers are required to exclude individuals who discontinue their coverage through the QHP for plan year 2016. CMS and the Project Team recognize that the limited amount of time to generate the sample frames and the fact that the 2015-2016 Open Enrollment Period (OEP) extends until January 31, 2016, make it challenging to exclude disenrollees. QHP issuers are expected to make a good faith effort to exclude individuals who disenroll from the QHP as of January 1, 2016. QHP issuers are **not** permitted to generate a separate list of disenrollees. All exclusions of disenrollees must occur prior to the sampling frame being submitted for the HEDIS Compliance Audit.

QHP issuers are also required to eliminate deceased enrollees as of January 1, 2016, and update enrollment files with address and telephone number corrections before generating sample frames. QHP issuers may *not* generate sample frames earlier than January 2016.

Additional information about notifications that will be sent to QHPs operating in the states using the Federally-facilitated Marketplace (Healthcare.gov) by CMS regarding QHP enrollees who cancel or discontinue coverage can be found in “Bulletin 16: Guidance for Issuers on 2016 Reenrollment in the Federally-facilitated Marketplace (FFM)”. This guidance can be found at the following URL:

https://www.regtap.info/uploads/library/ENR_2016AutoReenrollmentBulletin16_v2_5CR_082515.pdf.

Sample Frame Data Elements and Standardized Format

The sample frame includes a single record for each eligible enrollee in the SIP as defined by the eligibility guidelines above. Variables included on the sample frame are important for data collection activities and for identifying and applying case-mix adjusters for public reporting. **Appendix G** provides the information (data elements) that should be included for each enrollee in the sample frame.

The standardized layout for the sample frame is an ASCII fixed-width text file with defined, fixed-column positions for each data element. This layout contains one record or line for each enrollee meeting the eligible population criteria (one record/enrollee per line, one line per record).

Data elements adhere to the value label characteristics described in **Appendix G** and are to be placed in the designated columns (field positions). No delimiters are to be used. Field contents must be left aligned, and data must start in the first position of each field.

While QHP issuers should fully populate all sample frame variables because of the importance of these variables, it is possible that an issuer does not possess specific data elements at the QHP or enrollee level. QHP issuers denote these data elements with the valid value for *Missing*. QHP issuers may *not* append any additional fields to the sample frame that are not specified in the sample frame file layout.

Sample Frame Validation Process

QHP issuers contract with an NCQA-Licensed HEDIS Compliance Organization or an NCQA-Certified HEDIS Compliance Auditor to perform the HEDIS Compliance Audit (i.e., validation of QHP Enrollee Survey sample frame data file). QHP issuers arrange for an NCQA-Licensed HEDIS Compliance Organization or an NCQA-Certified HEDIS Compliance Auditor to verify the integrity of the sample frame before the survey vendor draws the sample and administers the survey. Any NCQA-Licensed HEDIS Compliance Organization or NCQA-Certified HEDIS Compliance Auditor can validate the sample frame for the QHP Enrollee Survey.

- The current list of NCQA-Licensed HEDIS Compliance Organizations is available on NCQA's website at:
http://www.ncqa.org/Portals/0/HEDISQM/Programs/SVC/LicOrgs%204_2015.pdf.
- The current list of NCQA-Certified HEDIS Compliance Auditors is available on NCQA's website at: http://www.ncqa.org/Portals/0/HEDISQM/Programs/CHCA%204_2015.pdf.
- Details about the HEDIS Compliance Audit program and the data validation process is available on NCQA's website at:
<http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx>.

QHP issuers complete the sample frame validation process via NCQA's Healthcare Organization Questionnaire (HOQ). QHPs will need to give the NCQA-Certified HEDIS Compliance Auditor access to the HOQ to enter the sample frame validation information. See **Table 4-1: Sample Frame Validation Process** for more information.

For more information on the data validation requirements, refer to the *Quality Rating System and Qualified Health Plan Enrollee Survey: Technical Guidance for 2016*, which can be found on the CMS MQI website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

Table 4-1. Sample Frame Validation Process

Step	Description
Step 1	In the NCQA HOQ, the QHP issuer enters information on the number of QHP Enrollee Survey reporting units it intends to report (i.e., SIP sampling units). This is the number of sample frames the QHP issuer must produce. Note: <i>This is also the same number of reporting units for which the QHP issuer must authorize a survey vendor in the QHP Enrollee Survey Vendor Authorization System.</i>
Step 2	The QHP issuer generates the sample frame data files according to specifications.
Step 3	The QHP issuer delivers the sample frame data files to the NCQA HEDIS Compliance Auditor by January 31, 2016 .
Step 4	The auditor validates the sample frame data files and notifies the QHP issuer of the results. If necessary, the QHP issuer makes corrections to the sample frame until it achieves the desired audit result.
Step 5	The auditor enters the result of the sample frame validation into the HOQ.
Step 6	The QHP issuer forwards the sample frame data files and documentation of sample frame validation results to the QHP Enrollee Survey vendor.
Step 7	The survey vendor draws the survey sample and administers the QHP Enrollee Survey according to specifications.

Sampling Protocol

Prior to sampling, the survey vendor confirms with the QHP issuer that an NCQA-Certified HEDIS Compliance Auditor has performed the sample frame validation. On confirmation that the sample frame has been validated, the survey vendor obtains the sample frame from the QHP issuer and draws the sample of enrollees to be included in the QHP Enrollee Survey. The survey vendor draws the sample to ensure that the QHP issuer does not know which enrollees will be surveyed.

Survey vendors use the following definitions and protocol to draw the sample from the validated sample frame:

Definitions

- **Subscriber or Family ID (SFID).** The SFID is the covered family unit. It includes a primary insured person and dependents, if dependents are included in the coverage.
- **Enrollee Unique Identifier (EUID).** The EUID denotes a specific person. Each person included in the SFID, including the primary insured person and every dependent, has an EUID.

Protocol

- Survey vendors sort the sample frame by SFID and then group each individual person (i.e., each EUID) associated with the same SFID by their SFID. If there is only one EUID associated with a SFID, survey vendors retain that person in the sample frame. If there are multiple EUIDs associated with a SFID, survey vendors use a simple random sampling procedure to select one EUID for retention in the sample frame and exclude the other EUIDs. The goal is to limit the sample frame to one eligible person per SFID. The sample frame with only one eligible person per SFID is called the deduplicated sample frame.
 - If the sample frame file includes duplicate entries for the same enrollee based on the name, address, and date of birth, then survey vendors remove the duplicate entries before selecting the survey sample.
 - If there is no SFID, then the sample is deduplicated by address.
 - If SFIDs are unique for each enrollee in the covered family unit, then the sample is deduplicated by address.
- Survey vendors calculate three “count” variables based on the deduplication process for inclusion in the data files submitted to CMS. (The Project Team will use these variables to determine selection probabilities and create survey weights.)
 - First, survey vendors calculate a count of the total number of enrollees in the sample frame provided by the QHP issuer for each sampling unit *before* deduplication (field name = n_fr). (See **Appendix H: Submission File Layout**.) *Note: This value will be the same for all enrollees in the same sampling unit.*
 - Second, survey vendors calculate a count of the number of survey-eligible enrollees covered by the SFID associated with each retained EUID (field name = k). This value is calculated by summing the number of EUIDs per SFID *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).*
 - Third, survey vendors calculate a count of the total number of records in the sample frame for the sampling unit *after* deduplication—that is, the “deduplicated sample frame” (field name = M). The deduplicated file should have only one record per SFID. *Note: This value will be the same for all enrollees in the same sampling unit.*
- Survey 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 (EUIDs) in the deduplicated sample frame for a given SIP sampling unit, include all the available enrollees in the sample.
 - Upon approval from the Project Team, CMS will permit drawing a random sample larger than 1,300 (see **Oversampling** section).

Survey vendors create a file containing all sampled enrollees to be included in the QHP Enrollee Survey. Survey vendors retain QHP Enrollee Survey sample data in a secure and environmentally controlled location for a minimum of 3 years.

Oversampling

CMS will permit selecting a larger sample (oversampling) for the 2016 QHP Enrollee Survey. Oversampling may occur at the reporting unit level as long as there is sufficient eligible enrollee volume to support the increased sample size. All oversampling must occur in increments of 5 percent and may not exceed a 30 percent oversample, as shown in **Table 4-2**.

Table 4-2. 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 who wish to draw a sample larger than 1,300 members for their reporting unit(s) should notify their survey vendor of this as early as possible.

Survey vendors are required to make a formal request, on behalf of their QHP issuer clients, to the Project Team to request to perform an oversample by January 5, 2016. Oversampling requests must be submitted to the Project Team at qhpcahps@air.org in conjunction with Report #2 (Preliminary QHP Client List). As part of this request, survey vendors will need to provide the following information:

- The reporting units requesting to oversample,
- The desired oversampling rate,
- An estimate of the number of eligible enrollees, and
- Reason for oversampling.

All requests for oversampling must be submitted by survey vendors no later than January 5, 2016. Requests for oversampling submitted after this date will not be considered.

Regardless of the desired sample size, survey vendors should follow the QHP Enrollee Survey sampling protocol in order to draw the sample for all reporting units. Additionally, survey

vendors must follow the standard data collection protocol and procedures for all sampled enrollees.

“Do Not Survey” List

Before survey administration, it is recommended that survey vendors check to see if sampled enrollees appear on their internal “Do Not Survey” list from the prior year’s survey administration. Enrollees included on a “Do Not Survey” list can be excluded from the survey and should be assigned a final disposition code of “X40—Ineligible: Not Eligible or on a ‘Do Not Survey’ list.” The “Do Not Survey” list applies to all survey modes (e.g., Internet, mail, telephone). If a sampled enrollee requests to be placed on a “Do Not Survey” list after data collection has begun, that sampled enrollee record should be assigned a Final Disposition Code of “X32—Refusal” and added to the survey vendor’s “Do Not Survey” list.

Survey vendors may maintain entries on its internal “Do Not Survey” list for 3 years. QHP issuers should not remove enrollees who have requested not to be contacted from the sample frame.

V. DATA COLLECTION PROTOCOL

Overview

This **Data Collection Protocol** section describes the protocol and procedures for collecting data for the QHP Enrollee Survey. The data collection procedures outlined below allow for standardized survey administration across different survey vendors and for the comparability of the resulting data.

The QHP Enrollee Survey must be administered in two different languages—English and Spanish. Survey vendors also have the option of offering the QHP Enrollee Survey in Traditional Chinese (Mandarin). The English survey employs a mixed-mode data collection methodology that includes a prenotification letter (with a mandatory Internet component), two survey mailings, a reminder letter, and telephone follow-up of nonrespondents. The Spanish survey employs a mixed-mode data collection methodology that includes a prenotification letter (with an optional Internet component), two survey mailings, a reminder letter, and telephone follow-up of nonrespondents. The Chinese survey employs a mixed-mode data collection methodology that includes a prenotification letter (with no Internet option), two survey mailings, a reminder letter, and telephone follow-up of nonrespondents.

The basic tasks and associated timeline for conducting the 2016 QHP Enrollee Survey are summarized below in **Table 5-1: 2016 National Implementation Reporting and Administrative Schedule** and in **Table 5-2: 2016 National Implementation Survey Administration Schedule**. Survey vendors must adhere to the data collection schedule, as outlined, and may *not* depart from the schedule or modify it in any way.

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 physically and/or mentally unable to respond to the survey directly. The survey instrument allows an enrollee who is unable to complete the survey to have a family member or other proxy complete the survey on his or her behalf. A sampled enrollee who is unable to respond to the telephone interview but who wishes to complete the survey may grant permission for a proxy to assist him or her. If a sampled enrollee is unable or unwilling to grant permission, then the interviewer must end the interview and use the appropriate disposition code. See the **Data Coding** section for more information. CATI training materials must include instructions for obtaining permission from a sampled enrollee to use a designated proxy.

2016 National Implementation Schedule

Table 5-1. 2016 National Implementation Reporting and Administrative Schedule

Task	Date
Conditionally approved survey vendors contract with QHP issuers to administer the QHP Enrollee Survey. During the contracting process, survey vendors inform clients of the date by which they need to receive the validated sample frame.	August 2015– December 2015
2016 QHP Enrollee Survey Vendor Training.	October 20, 2015
<p>Submit survey materials to ghpcahps@air.org. The Project Team responds to the survey vendor within 10 business days.</p> <p>Mail: Survey vendors submit samples of all mail materials to the Project Team for review and approval prior to volume printing and mail administration. Survey vendors submit mail samples for each language in which they are administering the survey (English, Spanish, and Chinese, if applicable).</p> <p>Telephone: Survey vendors submit CATI screen shots (both non-proxy and proxy versions) to the Project Team for review and approval prior to telephone administration. Survey vendors submit CATI screen shots (both non-proxy and proxy versions) for each language in which they are administering the survey (English, Spanish, and Chinese, if applicable).</p> <p>Internet: Survey vendors submit at least five user names and passwords to the Project Team for review and approval prior to Internet administration for the English version of the programmed Internet survey and the Spanish version of the programmed Internet survey, if applicable.</p>	November 2–17, 2015
QHP issuers authorize the survey vendor they are contracted with for 2016 QHP Enrollee Survey administration via the Survey Vendor Authorization System. This process is completed for each reporting unit.	November 2, 2015– January 5, 2016
Report #1: Survey vendors submit Quality Assurance Plan (QAP). Submit Report #1 to ghpcahps@air.org .	December 7, 2015
<p>QHP issuers generate a sample frame for each reporting unit. QHP issuers arrange for an NCQA-Certified HEDIS Compliance Auditor to perform the sample frame validation.</p> <p>Survey vendors verify that each QHP issuer client completes an NCQA Health Organization Questionnaire (HOQ). Survey vendors instruct QHP issuers that did not complete an HOQ to contact NCQA to complete one.</p>	January 2016
Report #2: Survey vendors submit preliminary QHP client list and oversampling requests. Submit Report #2 to ghpcahps@air.org .	January 5, 2016

Task	Date
QHP issuers authorize survey vendors via the Survey Vendor Authorization System to collect and submit QHP Enrollee Survey data to CMS on their behalf.	NLT January 5, 2016
Report #3: Survey vendors submit final QHP client list. Submit Report #3 to ghpcahps@air.org .	January 27, 2016
Survey vendors receive validated sample frames from QHP issuers. Survey vendors obtain confirmation from the QHP issuer that an NCQA-Certified HEDIS Compliance Auditor validated the sample frame. The survey vendor draws a survey sample from the validated sample frame.	January 2016– February 2016
Survey vendors administer QHP Enrollee Surveys. Note: Data collection may extend into May 2016 as long as survey vendors are able to fully exhaust the protocol and subsequently submit survey data on time.	January 2016– May 2016
Test data submission. Survey vendors successfully submit at least one interim data file via the Data Submission System on the Project Website.	April 6–8, 2016
Report #4: Survey vendors submit Interim Progress Report. Submit Report #4 to ghpcahps@air.org .	April 11, 2016
Data submission. Files are due by 11:59 p.m. (ET) May 25, 2016.	May 11–25, 2016
Survey vendor data resubmission, if requested. Survey vendors must resubmit any data within 5 business days of date requested.	May 26, 2016– June 24, 2016
Report #5: Survey vendors submit Final Report. Submit Report #5 to ghpcahps@air.org .	June 7, 2016

Project Reporting

During the data collection period, survey vendors submit the following reports to the Project Team. Survey vendors submit reports directly to the Project Mailbox (ghpcahps@air.org).

Report #1

Survey vendors submit a Quality Assurance Plan (QAP) as Report #1 that addresses all required elements as described in the **Quality Oversight** section. Survey vendors follow the Model Survey Vendor Quality Assurance Plan template provided in **Appendix B** when writing the QAP, presenting content in the same order as the template. Report #1 is due on December 7, 2015. Returning survey vendors may submit the prior year's version of the QAP in "track change" mode to emphasize updates and revisions, as long as it follows the Model Survey Vendor QAP template. A survey vendor's QAP must be approved by the Project Team before data collection activities may begin.

Report #2

Survey vendors submit a preliminary list of QHP issuer clients and all associated reporting units to the Project Team (Report #2). The Project Team reconciles these lists with the QHP Survey Vendor Authorization System to identify any discrepancies. Oversampling requests are submitted in conjunction with Report #2. Report #2 is due on January 5, 2016. The Project Team will provide survey vendors with a template for Report #2.

Report #3

Following the completion of QHP issuer contracting, survey vendors submit a final list of QHP issuer clients and all associated reporting units to the Project Team (Report #3). The Project Team reconciles these lists with the QHP Survey Vendor Authorization System to identify any discrepancies. Report #3 is due on January 27, 2016. The Project Team will provide survey vendors with a template for Report #3.

Report #4

Survey vendors submit an Interim Progress Report to the Project Team during survey fielding (Report #4). This report contains a spreadsheet displaying the fielding status for each QHP client reporting unit and a summary of customer support phone calls and e-mails. Report #4 is due on April 11, 2016. The Project Team will provide survey vendors with a template for Report #4.

Report #5

All survey vendors submit a Final Report to the Project Team after survey administration and data submission are complete (Report #5). This report includes a retrospective discussion of survey implementation and lessons learned. The Project Team uses Final Reports to inform changes to the survey administration protocol in future administration cycles. Final Reports include survey vendor feedback on the following topics:

- Timeline and flow of survey administration.
- The survey instrument and/or specific items in the instrument.
- Mailing of letters and survey packets.
- Address validation.
- Survey receipt and data entry.
- CATI interviewing operations.
- Internet survey operations.
- Survey vendor customer support operations.
- Data submission process.

- Recommendations for future administration cycles of the QHP Enrollee Survey.

Report #5 is due on June 7, 2016. The Project Team will provide survey vendors with a template for Report #5.

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

Table 5-2. 2016 National Implementation Survey Administration Schedule

Task	2016 National Implementation Administration
Survey vendors sample enrollees according to sampling protocols.	<i>January 2016–February 2016</i>
Mail prenotification letter to sampled enrollees. For English and Spanish (if applicable) language prenotification letters, include the URL that offers the option to complete the survey by Internet.	<i>Day 0</i>
Customer support phone center opens (toll-free phone number required).	<i>Day 1</i>
Mail first questionnaire with survey cover letter to nonrespondents 1 week (7 calendar days) after the prenotification letter is mailed.	<i>Day 7</i>
Mail reminder letter to nonrespondents 10 calendar days after the first questionnaire is mailed. If the 10th calendar day after the first questionnaire mailing date falls on a weekend, then survey vendors mail the reminder letter the preceding Friday.	<i>Day 17</i>
Mail second questionnaire with survey cover letter to nonrespondents 3 weeks (21 calendar days) after the first questionnaire is mailed.	<i>Day 28</i>
Initiate telephone follow-up contact for nonrespondents 3 weeks (21 calendar days) after the second questionnaire is mailed. Make no more than 6 call attempts. Call attempts must occur over a minimum of 2 different weeks during the 21–calendar day telephone interview period. Call attempts must be scheduled at different times of the day on different days of the week.	<i>Days 49–70</i>
End data collection activities. End all telephone interviews. Inactivate Internet survey. Close customer support toll-free line. Note: Mail surveys received after the scheduled survey fielding end date for a particular sample may not be included in data submission files.	<i>Day 71</i>

Mail Protocol

This section provides detailed information on the process for implementing the mail component of the survey data collection protocol for 2016 National Implementation.

The QHP Enrollee Survey questionnaire, prenotification letter, reminder letter, and survey cover letters are available in three languages: English, Spanish, and Traditional Chinese (optional). To facilitate the comparability of survey results across different modes of data collection (Internet, mail, telephone) and across survey vendors, survey vendors cannot change the wording of survey questions, the response categories, or the order of questions in the questionnaires. In addition, survey vendors cannot modify the wording of the prenotification letter, reminder letter, or survey cover letters. Survey 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, and may **not** modify the translation of the questionnaires or related materials. Finally, survey vendors may **not** add supplemental questions to the questionnaire or revise any survey skip patterns.

***Note:** Each survey vendor must submit copies of survey mailing materials (prenotification letters, survey cover letters, questionnaires, reminder letters), CATI interviewing scripts (proxy and non-proxy screen shots), and the programmed Internet survey for review by the Project Team. Survey vendors must submit mail, telephone, and Internet materials for each language in which they are administering the survey (English, Spanish, and/or Chinese, if applicable). See the **Quality Oversight** section of this manual for more information.*

Production of Letters, Envelopes, and Questionnaires

Survey vendors produce a sufficient volume of English, Spanish, and Chinese (if applicable) materials required for survey administration, including prenotification letters, survey cover letters, questionnaires, and reminder letters. This includes a sufficient volume of additional English, Spanish, and Chinese (if applicable) surveys for instances when sampled enrollees receive a survey in one language and request the survey in one of the other two approved languages (e.g., receives English survey and requests Spanish or Chinese survey).

Prenotification Letters

The prenotification letter sent to sampled enrollees provides information about the purpose of the QHP Enrollee Survey and presents those enrollees completing the survey in English or Spanish with the option of completing the survey via the Internet. For 2016 National Implementation, survey vendors are not required to provide a Spanish Internet option to Spanish-speaking enrollees.

Survey vendors cannot make any changes to the text of the prenotification letters. The prenotification letters adhere to the following specifications:

- Full sampled enrollee name and address are used to address all envelopes.
- Contain a personal salutation (i.e., “Dear [Sampled Enrollee Name]”).
- A senior executive of the survey vendor or a senior executive of the QHP issuer signs the prenotification letter.
- The QHP issuer’s legal plan name is inserted in designated fill locations; however, the legal plan name may be replaced with a reporting unit name that is more readily identifiable by sampled enrollees. Survey vendors should work with their QHP clients to identify the plan name that will be most identifiable by sampled enrollees.
- For English surveys, the prenotification letter includes information about the Internet survey option. It contains both a customized user name and password for each sampled enrollee, along with instructions for completing the survey on a designated, secure website. The website URL is also included. For more information, see the **Internet Protocol** section.
- If a survey vendor is offering the Spanish Internet option to sampled enrollees, then the survey vendor provides information in Spanish on how to complete the Internet survey within the Spanish prenotification letter. See bullet above for additional details.
- Include the survey vendor’s customer support telephone number and e-mail address.
- Include the survey vendor’s logo, the QHP issuer’s logo, or both the survey vendor’s and the QHP issuer’s logo; however, the return address must be that of the survey vendor *only*.
- Do not include subcontractor contact information (e.g., name, address, or logo).
- Must fit on one page and be printed using a minimum font size, equal to or larger than 11 points, of a readable font such as Times New Roman or Arial.
- Survey vendors send the prenotification letter in the appropriate language if they can determine the sampled enrollee’s preferred language from the sample frame. All other sampled enrollees receive the English version of the prenotification letter, which includes text in Spanish and Chinese about how sampled enrollees may request survey materials in their preferred language.
 - Alternatively, survey vendors may print the prenotification letters with English on one side and either Spanish or Chinese on the reverse side, depending on the language preference of enrollees within a particular QHP.
 - **Note:** *Since Chinese survey administration is optional for 2016 National Implementation, survey vendors may omit Chinese language characters from prenotification letters if the survey is not being offered in Chinese for the applicable reporting unit.*

Cover Letters

Each questionnaire packet includes a survey cover letter to explain the purpose of the survey, provide instructions on how to complete the survey, and encourage sampled enrollees to participate. The survey cover letter also contains the survey vendor's toll-free customer support number and e-mail address so that sampled enrollees may contact the survey vendor if they have any questions about the survey. There are two different versions of the survey cover letter—one for inclusion with the first questionnaire mailing and one for inclusion with the second questionnaire mailing.

Survey vendors cannot change the text of the survey cover letters. Survey cover letters adhere to the following specifications:

- Are printed on a separate sheet of paper and not attached to the questionnaire.
- Contain a personal salutation (i.e., “Dear [Sampled Enrollee Name]”).
- A senior executive of the survey vendor or a senior executive of the QHP issuer signs cover letters.
- The QHP issuer's legal plan name is inserted in designated fill locations; however, the legal plan name may be replaced with a reporting unit name that is more readily identifiable by sampled enrollees.
- Include the survey vendor's customer support telephone number and e-mail address.
- Include the survey vendor's logo, the QHP issuer's logo, or both the survey vendor's and the QHP issuer's logo; however, the return address must be that of the survey vendor *only*.
- Do not include subcontractor contact information (e.g., name, address, or logo).
- Use a minimum font size, equal to or larger than 11 points, of a readable font such as Times New Roman or Arial.
- Survey vendors send cover letters in the appropriate language if they can determine the sampled enrollee's preferred language from the sample frame. All other sampled enrollees receive the English version of the survey cover letter, which includes text in Spanish and Chinese about how sampled enrollees may request survey materials in their preferred language.
 - Alternatively, survey vendors may print the cover letters with English on one side and either Spanish or Chinese on the reverse side, depending on the language preference of enrollees within a QHP.
 - ***Note:*** *Since Chinese survey administration is optional for 2016 National Implementation, survey vendors may omit Chinese-language characters from cover letters if the survey is not being offered in Chinese for the applicable reporting unit.*

Reminder Letters

Reminder letters provide information about the purpose of the survey, include the Internet survey URL link and login credentials (if applicable), and remind sampled enrollees that they should have already received the first survey cover letter and questionnaire.

Survey vendors cannot make any changes to the text of the reminder letters. Reminder letters adhere to the same specifications as the survey cover letters. These specifications are detailed in the section directly preceding this section.

Envelopes

- Survey vendors supply outgoing envelopes for mailing the prenotification letter, the reminder letter, and the questionnaire packets to sampled enrollees. The prenotification letter, reminder letter, and questionnaire packet envelopes *must be printed with the survey vendor's address as the return address, which includes the survey vendor's name. The outbound envelopes must include the survey vendor's logo, the QHP issuer's logo, or both the survey vendor's and the QHP issuer's logo.*
- The envelopes used to mail the prenotification letter, reminder letter, and questionnaire packets do not include any banners or taglines such as “Important Information Enclosed—Please Reply Immediately” or messages such as “Important Information from the Centers for Medicare & Medicaid Services Enclosed.”
- The use of window envelopes is permissible. If window envelopes are used, then the survey vendor's logo, the QHP issuer's logo, or both the survey vendor's and the QHP issuer's logo must be visible through the window of the envelope—unless logo(s) are printed directly on the window envelopes.
- A postage-paid business reply envelope is included with each questionnaire packet and preaddressed to the survey vendor. The survey vendor's name must be included in the return address block.

Questionnaires

Questionnaires adhere to the following requirements and format specifications:

- Survey vendors include full questionnaire title with the administration year at the top of the first page of the questionnaire.
- All survey instructions are inserted at the top of the first page of the questionnaire.
- Survey vendors include the Office of Management and Budget (OMB) language, along with the OMB number and expiration date, on either the front page or the first page of the questionnaire. See **Appendix D: Mailing Materials and Questionnaire** for OMB language.

- Survey vendors inscribe the survey vendor-generated unique identifier assigned to the sampled enrollee on the survey questionnaire for tracking purposes. Survey vendors do **not** print sampled enrollee names or addresses on the questionnaires and do **not** attach personalized cover letters to the questionnaires.
 - Survey vendors may include the sampled enrollee unique ID on the front page of the survey or the back page of the survey or both the front and back pages of the survey.
 - Survey vendors may affix labels containing a sampled enrollee's unique ID to the survey. These labels may be affixed to the front page of the survey or the back page of the survey or both the front and back pages of the survey.
 - The sampled enrollee's name is **not** printed on the questionnaire.
- Subcontractor contact information (e.g., name, address) may **not** be included in the questionnaire.
- Survey vendors must use a two-column format to display survey questions. Question and response categories must remain together in the same column and on the same page.
- No changes are permitted to the wording of the survey questions or answer categories.
- No changes are permitted to the order of the QHP Enrollee Survey questions.
- No changes are permitted to the order of the “About You” questions.
- The “About You” questions **cannot** be eliminated from the questionnaire.
- No changes are permitted to the order of the response categories for any survey questions, including the core and “About You” questions.
- The presentation of questions and response options (vertical versus horizontal presentation of response options, use of matrix or grid format) **cannot** deviate from the format presented in the questionnaire templates provided by the Project Team.
 - Response categories are displayed vertically for all survey questions, including the global rating questions.
 - Response categories are listed individually for each question and may **not** be presented using a matrix format that lists the response categories across the top of the page and the questions down the side of the page. For example, when a series of questions is asked that has the same answer categories (e.g., Never, Sometimes, Usually, Always), the answer categories must be repeated with every question.
- The return address of the survey vendor *only* must be added to the questionnaire in order to ensure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the sampled enrollee.

- All questionnaires are printed in black and white; however, survey vendors may opt to add a highlight color.
- All questionnaires are printed using a minimum font size, equal to or larger than 11 points, of a readable font such as Times New Roman or Arial.
- Survey vendors **must** use the text conventions used in the CMS-provided questionnaire. For example:
 - Survey vendors **cannot** bold text that is not bold in the template questionnaire (e.g., question stems, response categories).
 - Survey vendors **must** bold text that is bold in the template questionnaire (e.g., emphasized words, skip pattern language).
 - Survey vendors **cannot** underline text that is bold in the template questionnaire.
- A prepaid business reply envelope addressed to the survey vendor or the survey vendor's subcontracted scanning service is included in each outgoing package. The survey vendor's name must be included in the address block of the business reply envelope to reassure sampled enrollees that the questionnaire is being returned to the survey vendor.
- Questionnaires are populated with the QHP issuer's legal plan name in designated fill locations; however, the legal plan name may be replaced with a reporting unit name that is more readily identifiable by enrollees.
 - Survey vendors work with QHP issuers to identify the reporting unit name that is most readily identifiable by sampled enrollees.
 - Survey vendors may include a list of reporting unit aliases in the survey packet. This list should be preceded by the phrase: "You may also know your plan by one of the following names." This phrasing is to be placed after the QHP Issuer Name. For example, for QHP issuer XYZ Plan, "You may also know your plan by one of the following names: ABC Plan, CDE Plan, or EFG Plan."

See **Appendix D: Mail Materials and Questionnaire**.

Optional Questionnaire Formatting Guidelines

Survey vendors are allowed some flexibility in formatting the QHP Enrollee Survey questionnaires. The following options may be used when formatting the survey questionnaires:

- Wide margins (at least $\frac{3}{4}$ inches) may be used to create sufficient white space for enhanced readability.
- Response categories may be formatted using ovals instead of boxes.
- Survey vendors have the following options regarding the use of coding numbers on surveys:
 - The inclusion of coding numbers on surveys is optional.

- If survey vendors use coding numbers on surveys, then they may include coding numbers either to the left or to the right of the response categories.
- Survey vendors may present coding numbers as subscripts.
- For survey questions that allow more than one answer, survey vendors may use alphabetical coding.
- Survey vendors may amend skip pattern language from “If no, go to #X” to “If no, go to Question X.” In addition, if the skip pattern directs the respondent to a question on a subsequent page, vendors are permitted to include the page number along with the question number in the skip pattern instruction (i.e., “If no, go to #X on page X”).
- A code may be placed on mail questionnaires to aid the survey vendor’s customer service staff in identifying the survey round when assisting sampled enrollees.
- The survey vendor’s logo, the QHP issuer’s logo, or both the survey vendor’s and the QHP issuer’s logo may be included on the cover page or the first page of the questionnaire.

Outgoing Mail Requirements

Mailing requirements and recommendations for the QHP Enrollee Survey questionnaire packets are described below. Survey vendors follow these requirements to maximize response rates and facilitate consistency across administration of the mail mode.

Survey vendors follow the procedures outlined below in mailing all survey materials.

- Make every reasonable attempt to contact all eligible sampled enrollees, regardless of whether they have complete mailing addresses. Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by the Project Team.
- Enclose a self-addressed, stamped business reply envelope in the survey mail packet, along with the survey cover letter and questionnaire. The questionnaire *cannot* be mailed without both a survey cover letter and a self-addressed, stamped business reply envelope.
- Address all mail materials to the sampled enrollee using the address provided in the sample frame data file (unless the survey vendor receives an updated mailing address).
- In order to facilitate delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail prenotification letters and questionnaires using first-class postage or indicia.

Address Standardization

Survey vendors employ address standardization techniques to verify that address information is current and is formatted to enhance deliverability. Survey vendors use commercial tools such as

the National Change of Address (NCOA) database to update addresses provided by the QHP issuer for sampled enrollees and to standardize addresses to conform to U.S. Postal Service formats. Survey vendors *must* update addresses prior to mailing and for all mail materials returned as undeliverable.

Quality Control for Outgoing Mail Surveys

Survey vendors are responsible for the quality of work performed by any staff and/or subcontractors, such as fulfillment houses, and should conduct onsite verification of printing and mailing processes regardless of whether survey vendor or subcontractor staff perform this work.

To avoid survey administration errors and to facilitate the delivery of questionnaires, survey vendors:

- Perform interval checking of at least 10 percent of printed mailing pieces for:
 - Fading, smearing, and misalignment.
 - Bleed-throughs, which can cause problems when scanning data from completed surveys.
 - Appropriate survey content, accurate address information, and proper postage for the survey packet.
 - Assurance that all printed materials in a mailing envelope include the same unique identifier.
 - Assurance that all pages are included in the questionnaire.
 - Assurance that surveys and survey cover letters are matched to the same sampled enrollee.
- Initiate “seeded mailings” to designated project staff to check for timeliness of delivery, for address accuracy, and that all required mailing materials are included in the mailing envelope.
- Perform address validations to check for missing or incorrect information.
- Update addresses using the NCOA or other commercial address databases (whenever updated addresses are available).
- Verify that the number of mail survey packets to be mailed matches the number of sampled enrollees.

Note: Survey vendors must describe quality control processes in detail in the QAP and must retain records of all quality control activities conducted.

Use of Subcontractors for Outgoing Mail

Survey vendors may use subcontractors for mailing operations. Survey vendors must obtain signed confidentiality agreements from subcontractors prior to employing them for mailing

services. Survey vendors are responsible for the quality of work performed by any subcontractors.

Survey vendors that subcontract mailing operations are responsible for providing proper oversight to verify the integrity of the process and must provide the Project Team with documentation of subcontractor-specific oversight processes. At a minimum, survey vendors are responsible for attending and participating in subcontractor training to confirm compliance with the protocols, procedures, and guidelines established for the mail component of the QHP Enrollee Survey. Subcontractor attendance at the QHP Enrollee Survey Vendor Training is optional.

Incoming Mail Requirements

The following guidelines are provided for receiving and tracking returned questionnaires. Survey vendors may use key-entry or optical scanning technology to capture survey data. Returned questionnaires must be tracked by date of receipt and must be processed and key-entered or scanned in a timely manner.

- The date the questionnaire is received from each sampled enrollee must be entered into the data record created for each case in the data file.
- Returned questionnaires must be logged into the Survey Management System within 24 hours of receipt so that the associated sampled enrollees are removed from further mailings and the telephone follow-up phase. Outbound telephone attempts must cease within 24 hours of receiving a completed mail or Internet survey.
- If a mail survey questionnaire is returned and the survey vendor learns that the sampled enrollee is deceased and the questionnaire was completed by someone else, it is *not* acceptable to scan the questionnaire. If the survey 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 questionnaire), the survey vendor should *not* process or scan data from the questionnaire but should instead assign the applicable final disposition code to the case to indicate that the sampled enrollee is deceased. If the survey was completed prior to an enrollee's subsequent death, the survey data may be retained.
- A final QHP Enrollee Survey disposition code must be assigned to each sampled enrollee (see the **Data Coding** section).
- Mail surveys received after the protocol end date are not processed; these surveys are shredded.

Processing Undeliverable Mail

Prenotification letters and survey packets returned as undeliverable are flagged for address updating. Survey vendors reissue the returned item as soon as possible if an alternative address is

obtained. Sampled enrollees with an invalid or undeliverable mailing address for whom the survey vendor has a valid telephone number are triaged to the telephone phase of the protocol, but only after the survey vendor makes every reasonable effort to obtain a valid address.

If a prenotification letter and/or survey mail packet is returned by the U.S. Postal Service as undeliverable, survey vendors may *not* contact the sampled enrollee by telephone for updated address information. Survey vendors obtain viable addresses through other means early in the survey administration process. Survey vendors may begin the telephone phase of protocol early for a sampled enrollee if confirmation of a bad address is received.

Survey vendors are not required to store undeliverable surveys returned by the U.S. Postal Service. Survey vendors can discard surveys returned as undeliverable *after removing all enrollee-identifying information such as names and addresses*. Prior to disposal, survey vendors *must* shred all materials containing enrollee-identifying information in order to protect sampled enrollees' confidentiality.

Processing Surveys Returned Blank

Regardless of whether the survey vendor uses scanning or key-entry, if a sampled enrollee returns a blank questionnaire (a questionnaire without any questions answered) during the mail phase of the protocol, then survey vendors assign an interim disposition code of "M34: Blank Survey Returned or Incomplete Survey." Sampled enrollees who return a blank questionnaire are triaged to the telephone phase of the protocol. Sampled enrollees who return blank questionnaires are *not* assigned a final disposition code of "M32: Refusal" unless they included a note with or on the blank questionnaire specifically stating that they refuse to participate.

Processing Duplicate Surveys Returned by the Same Sampled Enrollee

In some instances, survey vendors may receive two different mail surveys returned by the same sampled enrollee. If the sampled enrollee completes and returns both surveys, then the survey vendor should use the survey that is the most complete (i.e., the survey with the most key items completed; see **Table 7-2**). If the surveys are equally complete, then the survey vendor uses the first survey received. See the **Data Coding** section for additional information on defining a complete survey.

Processing Surveys Returned as Ineligible

If a mail survey is returned with a note (attached or written directly on the survey) that the sampled enrollee is unable to complete the survey or is ineligible (e.g., deceased, physically or mentally incapacitated, institutionalized), then the survey vendor either scans the survey or stores the hardcopy with complete surveys for the required 3-year retention period. Survey vendors should apply the appropriate final disposition code to the case based on the type of ineligibility.

Optical Scanning Requirements

- Survey vendors scan or “wand” in all returned mail surveys on a daily basis so that surveys are designated as “received” and the date of receipt is recorded in the Survey Management System (SMS). The survey vendor’s SMS must track *duplicate* returned surveys (i.e., if a sampled enrollee completes and returns both the first and second questionnaire mailings) separately, and the date of receipt must be captured for each survey.
- The scanning program must *not* permit scanning of duplicate questionnaires.
- The scanning program must *not* permit out-of-range or invalid responses.
- A sample of questionnaires (minimum of 10 percent) must be rescanned and compared with the original scans as a quality control measure. Discrepancies are reconciled by a supervisor.
- The survey responses marked in a sample of hardcopy questionnaires (minimum of 10 percent) must be compared with the entries scanned for that case to make sure that the scanning program scanned the marked responses correctly.

Survey vendors must demonstrate that quality assurance procedures are in place to verify the integrity of their scanning programs.

Data Entry Requirements

- Survey vendors record all returned mail surveys on a daily basis so that they are designated as “received” and the date of receipt is recorded in the SMS. The survey vendor’s SMS must track *duplicate* returned surveys (i.e., if a sampled enrollee completes and returns both the first and second questionnaire mailings) separately, and the date of receipt must be captured for each survey.
- The key-entry process must *not* permit keying of duplicate questionnaires.
- The key-entry program must *not* permit out-of-range or invalid responses.
- All questionnaires must be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different key-entry staff person must rekey the questionnaire to verify that all entries are accurate. If any discrepancies are observed, a supervisor must resolve the discrepancy and verify that the correct value is keyed.

Staff Training

All staff involved in the outgoing and incoming mail phases of survey implementation, including support staff, must be thoroughly trained in the survey specifications and protocols. A copy of sections of this manual should be made available to all staff as needed. In particular, staff involved in questionnaire assembly and mailing, data receipt, and data entry must be trained in:

- Use of relevant equipment and software (Survey Management Systems for entering questionnaire receipt, scanning equipment, and data entry programs).
- Role-specific QHP Enrollee Survey protocols (e.g., required contents of questionnaire packets, how to document or enter returned questionnaires into the tracking system).
- Decision rules and coding guidelines for returned questionnaires (see the **Data Coding** section).
- Proper handling of hardcopy and electronic data, including data storage requirements (see the **Confidentiality and Data Security** section).

Foreign Language Mail Administration

Options for Spanish-Speaking Sampled Enrollees

Spanish language surveys must be made available to Spanish-speaking enrollees. There are three options for making Spanish materials available to sampled enrollees based on the availability of the Spanish language preference indicator and the prevalence of enrollees who prefer Spanish.

1. QHP issuers may provide survey vendors with a file of *all* enrollees that contains names, contact information, telephone numbers, and Spanish language preference indicators. On the basis of this information, survey vendors may mail Spanish survey materials to all sampled enrollees identified with a Spanish language preference. The survey vendor mails the prenotification letter in English and Spanish. The Spanish cover letters must include English text providing instructions for calling the survey vendor to request an English survey.

Note: At no time should the enrollees in the sample be identified to the QHP issuer.

2. For QHP reporting units that contain a majority of enrollees with a Spanish language preference but that lack Spanish language preference information for every sampled enrollee, survey vendors may either:
 - a. Mail the prenotification letter in both English and Spanish, and include both an English and Spanish cover letter and questionnaire in each survey mailing (double stuffing).
 - b. Mail the prenotification letter in English to sampled enrollees and include text in Spanish with the survey vendor's toll-free telephone number for sampled enrollees to call to request a Spanish language survey.
- All requested Spanish language surveys must be mailed within 2 days of the telephone request if a telephone survey is not completed at the time of the initial request for a Spanish language survey.

- The survey vendor conducts the remainder of the protocol in Spanish for each sampled enrollee who contacts the survey vendor to request a Spanish questionnaire. For example, if a sampled enrollee contacts the survey vendor to request a Spanish questionnaire and does not complete and return the first Spanish mail questionnaire, then the survey vendor mails the second questionnaire in Spanish and conducts telephone follow-up, if needed, in Spanish.
3. For QHP reporting units that contain a minority of enrollees with a Spanish language preference but that lack Spanish language preference information for every sampled enrollee, the survey vendor includes Spanish text in the English prenotification and cover letters providing instructions for calling the survey vendor to request a Spanish survey.
- All requested Spanish language surveys must be mailed within 2 days of the telephone request if a telephone survey is not completed at the time of the initial request for a Spanish language survey.
 - The survey vendor conducts the remainder of the protocol in Spanish for each sampled enrollee who contacts the survey vendor to request a Spanish questionnaire. For example, if a sampled enrollee contacts the survey vendor to request a Spanish questionnaire and does not complete and return the first Spanish mail questionnaire, then the survey vendor mails the second questionnaire in Spanish and conducts telephone follow-up, if needed, in Spanish.

Note: When selecting one of the survey language mailing options (e.g., interpreting “majority” versus “minority” for Spanish- and/or Chinese-speaking populations), survey vendors work with their contracted QHP issuer clients to determine the best strategy for achieving optimal response rates for each QHP issuer’s membership.

Options for Chinese-Speaking Sampled Enrollees

Survey vendors are provided Traditional Chinese language questionnaires for use in surveying enrollees who require Chinese language surveys. There are three options for making Chinese language materials available to sampled enrollees:

1. QHP issuers may provide survey vendors with a file of *all* enrollees that contains names, contact information, telephone numbers, and Chinese language preference indicators. On the basis of this information, survey vendors may mail Chinese survey materials to all sampled enrollees identified with a Chinese language preference. The survey vendor mails the prenotification letter in English and Chinese. The Chinese cover letters must include English text providing instructions for calling the survey vendor to request an English survey.

Note: At no time should the enrollees in the sample be identified to the QHP issuer.

2. For QHP reporting units that contain a majority of enrollees with a Chinese language preference but for which QHP issuers are unable to provide Chinese language preference information for every sampled enrollee, survey vendors may either:
 - a. Mail the prenotification letter in both English and Chinese, and include both an English and Chinese cover letter and questionnaire in each survey mailing (double stuffing).
 - b. Mail the prenotification letter in English to sampled enrollees and include text in Chinese with the survey vendor's toll-free telephone number for sampled enrollees to call to request a Chinese language survey.
 - All requested Chinese language surveys must be mailed within 2 days of the telephone request if a telephone survey is not completed at the time of the initial request for a Chinese language survey.
 - The survey vendor conducts the remainder of the protocol in Chinese for each sampled enrollee who contacts the survey vendor to request a Chinese questionnaire. For example, if a sampled enrollee contacts the survey vendor to request a Chinese questionnaire and does not complete and return the first Chinese mail questionnaire, then the survey vendor mails the second questionnaire in Chinese and conducts telephone follow-up, if needed, in Chinese.
3. For QHP reporting units that contain a minority of enrollees with a Chinese language preference but for which QHP issuers are unable to provide Chinese language preference information for every sampled enrollee, the survey vendor includes Chinese text in the English prenotification and cover letters providing instructions for calling the survey vendor to request a Chinese survey.
 - All requested Chinese language surveys must be mailed within 2 days of the telephone request if a telephone survey is not completed at the time of the initial request for a Chinese language survey.
 - The survey vendor conducts the remainder of the protocol in Chinese for each sampled enrollee who contacts the survey vendor to request a Chinese questionnaire. For example, if a sampled enrollee contacts the survey vendor to request a Chinese questionnaire and does not complete and return the first Chinese mail questionnaire, then the survey vendor mails the second questionnaire in Chinese and conducts telephone follow-up, if needed, in Chinese.

Telephone Protocol

This section describes the protocol that survey vendors must follow for the telephone phase of QHP Enrollee Survey administration. Survey vendors use a Computer Assisted Telephone Interviewing (CATI) system. Telephone interviews may *not* be completed on paper and key-

entered afterward. For 2016 National Implementation, the telephone phase will be available in English, Spanish, and Chinese (Mandarin). Chinese telephone survey administration is optional for 2016 National Implementation.

Telephone Interviewing System

The survey vendor CATI system links electronically to the Survey Management System (SMS) to allow tracking of sampled enrollees through the survey administration process and incorporates programming that appropriately follows each skip pattern in the questionnaire. Survey vendors are responsible for programming telephone scripts and specifications and for facilitating adequate resources to complete the telephone phase within the specified data collection protocol timeline. *Note: Survey vendors have flexibility in programming CATI script conventions; however, consistent conventions must be used throughout the script.*

Survey vendors may use predictive dialing as long as there is a live interviewer available to interact with the sampled enrollee and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations.

Inbound Telephone Interviewing Protocol

CMS requires that all survey vendors provide the option of *inbound* telephone interviews to sampled enrollees during the mail component of data collection. If a sampled enrollee calls the survey vendor customer support telephone number requesting to complete the survey by telephone, the survey vendor must be able to conduct the QHP Enrollee Survey by telephone. This requires that CATI systems are fully functional to handle inbound requests at the start of the mail administration protocol (i.e., mailing of the first survey packet).

If an interviewer is not available at the time of the sampled enrollee's inbound call, then the survey vendor may schedule a callback appointment to complete the telephone interview at a time requested by the sampled enrollee. If the survey vendor calls at the scheduled callback time and receives no response, then the survey 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 as a result of an inbound telephone request for an interview, then 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; standard mail and telephone phases of the data collection protocol are resumed and continued.

Outbound Telephone Interviewing Protocol

Following the mail phase of the data collection protocol, survey vendors identify sampled enrollees eligible for telephone follow-up. These include sampled enrollees who did not respond to the mail or Internet survey and sampled enrollees who returned a blank or partially complete mail questionnaire or submitted a partially complete Internet survey. *Note: When contacting*

sampled enrollees by phone to finish partially complete surveys, survey vendors must ask all survey questions, not just those questions that were missing from the partially complete survey.

Specifically, if a sampled enrollee did not return a completed survey by mail or Internet, survey vendors must follow up by telephone to attempt to complete the survey over the telephone. Sampled enrollees with an invalid or undeliverable mailing address for whom the survey vendor has a valid telephone number are assigned to telephone follow-up after the survey vendor makes every reasonable effort to obtain a valid address.

Obtaining Telephone Numbers

QHP issuers provide survey vendors with telephone numbers for enrollees in the sample frame data file. Survey vendors use a secondary source (e.g., telephone matching services or software, directory assistance, or other telephone directory applications) to verify the telephone number for each sampled enrollee.

Telephone Attempts

Survey vendors attempt to reach every nonrespondent. Repeated attempts are made until the sampled enrollee is contacted, is found ineligible, or six attempts have been made. After six attempts, no further attempts are made to contact the sampled enrollee by telephone.

A telephone attempt is defined as 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 2 different calendar weeks during the 21–calendar day telephone interview period.

Each of the following scenarios 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 gets a busy signal during each of three consecutive telephone attempts—if possible, at 20-minute intervals.
- The interviewer obtains a sampled enrollee’s answering machine or voicemail. Survey vendors review the Health Insurance Portability and Accountability Act (HIPAA) requirements when developing a protocol for whether interviewers leave messages on a sampled enrollee’s answering machine or voicemail. Survey vendors are permitted to leave up to two messages for sampled enrollees.

Survey vendors call sampled enrollees who did not complete a mail survey six times over a 21–calendar day period unless they are found to be ineligible or are away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a sampled enrollee is found to be ineligible for the survey, then the survey vendor must *not* continue to attempt to complete the survey by telephone.

If a survey vendor reaches a sampled enrollee on the sixth call attempt and the respondent requests a callback, survey vendors may call the respondent back even though that call attempt is technically the seventh call attempt. This may be done as long as the telephone data collection protocol is still open.

If a sampled enrollee calls customer support to complete an inbound telephone interview after the maximum telephone attempts have been reached, survey vendors may still administer the survey by telephone as long as the outbound telephone phase of the protocol is still open.

If a sampled enrollee requests the survey vendor’s inbound customer support line number during an outbound call attempt, then the survey vendor provides the sampled enrollee with its customer support line number.

Telephone Interviewing Specifications

The telephone phase of the data collection protocol uses standardized telephone scripts and design specifications provided by CMS. The standardized scripts must be programmed into the survey vendor’s CATI system. (See **Appendix E: Telephone Scripts**.)

The Project Team provides survey vendors with standardized telephone scripts in English, Spanish, and Mandarin Chinese for telephone administration. Survey vendors may *not* translate the telephone scripts into any other language.

Survey vendors submit screen shots reflecting the programmed telephone scripts to the Project Team for review. Survey vendors submit screen shots for each language in which they are administering the survey (English, Spanish, and Chinese, if applicable). See the **Quality Oversight** section of this manual for more information.

Survey vendors program skip patterns into their CATI systems. Appropriately skipped items must be coded as *Appropriately Skipped*. For example, if a respondent answers “No” to question 5 of the QHP Enrollee Survey, the program skips to question 7. Question 6 is then coded with the valid value for *Appropriately Skipped*. See **Appendix H: Submission File Layout** for valid values. The CATI system enforces adherence to skip pattern coding.

In instances in which an interviewer is unable to ascertain a response to a gate item, the survey vendor codes the gate item and any items in the skip pattern as *Missing*. For example, if an

interviewer selects *Don't Know* or *Refused* to question 5 of the QHP Enrollee Survey, then the CATI system must be programmed to skip question 6 and automatically code it as *Missing*.

Contacting Difficult-To-Reach Enrollees

Some sampled enrollees may be difficult to reach because of incorrect telephone numbers, illness, or institutionalization. Survey vendor requirements and recommendations for contacting difficult-to-reach sampled enrollees are outlined below.

- After generating the sample file of enrollees, survey vendors verify accuracy of the telephone numbers provided by the QHP issuer using a commercial address/telephone database service or directory assistance.
- Survey vendors make every effort to obtain correct telephone numbers for sampled enrollees.
- To avoid divulging survey selection status, survey vendors are *not* permitted to request updated contact information for sampled enrollees from a QHP issuer. QHP issuers provide survey vendors with current enrollee contact information in the sample frame file.
- Survey vendors attempt to identify a new or updated telephone number for any sampled enrollee whose telephone number is no longer in service and for any sampled enrollee who has moved so that the enrollee can be contacted prior to the end of the data collection period.
- If a sampled enrollee's telephone number is incorrect but the individual answering the telephone knows how to reach the intended sampled enrollee and provides updated contact information, the interviewer uses the updated information to contact the sampled enrollee.
- If an enrollee is ill, unavailable, or temporarily away during initial contact, the interviewer must attempt to recontact the enrollee before the data collection period ends.
- If the individual answering the telephone states that the sampled enrollee is institutionalized but is still able to complete the survey, the survey vendor requests information on how to contact the institutionalized sampled enrollee and subsequently uses that information to attempt to contact the sampled enrollee.

Telephone Interviewer Training

Telephone interviewer training is essential to verify that interviewers are following QHP Enrollee Survey protocols and procedures and that telephone survey data are collected accurately, efficiently, and in a standardized manner. Survey vendors must provide training to all interviewers prior to the start of telephone survey data collection activities. To achieve data standardization, each interviewer is trained on the QHP Enrollee Survey specifications and protocols and on telephone administration of the survey. It is imperative that interviewers understand the content and purpose of the survey to successfully encourage participation. Survey vendors also train interviewers in the use of refusal avoidance and conversion techniques.

*Note: Although implementing refusal avoidance and conversion techniques during the telephone phase of the protocol is critical, employing these techniques in select scenarios is **not** allowed for the QHP Enrollee Survey. These situations include: (1) using refusal conversion techniques on a sampled enrollee who has indicated that he or she is currently at work and cannot participate in the survey and (2) using refusal conversion techniques on a sampled enrollee who has indicated that he or she is driving. In these situations, the survey vendor should attempt to recontact the sampled enrollee at a later time.*

Interviewers must be trained on the question-by-question specifications, scripted introductions, and standardized question probes found within the telephone script.

Ideally, telephone interviewers are interchangeable; telephone survey results are not dependent on the interviewer conducting the survey. Interviewers are trained to do the following to facilitate standardized, nondirective interviews:

- Read questions and response choices verbatim, so that all sampled enrollees answer the intended question. Reworded questions may bias a sampled enrollee's response as well as overall survey results. Response categories should be read at an even pace, with consistent inflection, and without additional emphasis on any particular category.
- 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 category 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.
- Record both the outcome of all call attempts to reach a sampled enrollee and the current status of all sampled enrollees designated for telephone follow-up.
- Operate the survey vendor's CATI system. This includes navigating back and forth easily throughout the survey and making any necessary changes without disrupting the flow of the interview.

Telephone interviewers and customer support staff must also be trained to utilize the Frequently Asked Questions (FAQ) document to answer questions posed frequently by sampled enrollees in a standardized manner. Survey vendor firms must have telephone interviewers and/or customer support staff available to answer the FAQ in all languages in which the survey is being offered. See **Appendix C: Frequently Asked Questions for Customer Support**.

Survey vendors make sure that telephone survey supervisors understand effective quality control standards and procedures to monitor and supervise interviewers.

Interviewer training processes are subject to review during oversight visits by the Project Team.

Telephone Interviewer Monitoring

Telephone interviewers are adequately supervised and monitored throughout the telephone phase of the data collection protocol to verify that interviewers adhere to the established protocols and procedures for the QHP Enrollee Survey. Proper interviewer training and supervision facilitates standardized, nondirective interviews. Consistent monitoring of interviewer work is essential to assure standardized and accurate results.

A telephone interviewer monitoring and evaluation program that features silent monitoring is implemented during the telephone phase of the data collection protocol. Silent monitoring is the monitoring of live and/or recorded interviews. Survey vendors monitor a minimum of 10 percent of all telephone interviews, of which at least 7 percent must be observed via silent monitoring. Use of callbacks for up to 3 percent of monitoring is optional. If survey vendors implement both silent monitoring and callbacks in their evaluation programs, then the proportion of interviews monitored via each of these techniques is documented in the survey vendor's QAP. Survey vendors that elect not to use callbacks monitor the required 10 percent of calls using only silent monitoring.

Survey vendors monitor both call attempts and completed interviews, across all interviewers and times of the day.

Survey vendors document the outcome of telephone interviewer monitoring sessions (silent monitoring and callbacks). Survey vendors use standard templates containing objective evaluation criteria to document the results of silent monitoring and callbacks.

The Project Team remotely monitors live interviews during survey administration for quality control purposes. Live monitoring is useful for providing instant feedback to telephone interviewers. Interviewers who consistently fail to follow the script verbatim, employ proper probes, or remain objective and courteous, or who are difficult to understand or cannot operate the computer system competently are identified and retrained or, if necessary, replaced. See the **Oversight** section for more information.

The Project Team may also monitor interviews during onsite visits. As part of the onsite visit, the Project Team reviews processes that survey vendors employ to monitor and assess telephone interviewers and to determine how interviewer performance can be improved.

Use of Subcontractors for the Telephone Phase

Survey vendors may use subcontractors for telephone interviewing operations. Survey vendors must obtain signed confidentiality agreements from subcontractors prior to employing telephone interviewing services. This is necessary to protect enrollee confidentiality, as survey vendors provide individually identifying information to subcontractors for conducting telephone interviews. Survey vendors are responsible for the quality of work performed by any subcontractors.

Survey vendors that subcontract telephone interviewing operations are responsible for providing proper oversight to facilitate the integrity of the process and must provide the Project Team with documentation of subcontractor-specific oversight processes. At a minimum, survey 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. Survey vendors monitor at least 10 percent of interviews performed by the subcontractor, regardless of the percentage of interviews that the subcontractor monitors. Survey vendors must also provide feedback to the subcontractor regarding interviewer performance and verify that the subcontractor's interviewers correct any areas that require improvement. Subcontractor attendance during QHP Enrollee Survey Vendor Training is optional.

Telephone Data Processing Requirements

The following guidelines are provided to assist in the proper processing and management of telephone interview data:

- Survey vendors include the unique ID number assigned to each sampled enrollee in the Survey Management System (SMS) and in the final data file for each sampled enrollee.
- Survey vendors enter the date of the interview with each sampled enrollee in the SMS. Survey vendors must be able to link each telephone interview to the SMS so that appropriate variables, such as the language in which the survey was conducted and the date when the telephone interview was completed, can be pulled into the final data file.
- Survey vendors de-identify all telephone interview data when the data are transferred into the final data file for delivery. Identifiable data include sampled enrollee names and contact information.
- Survey vendors assign a final QHP Enrollee Survey disposition code to each sampled enrollee and include this disposition code in the final data file for each sampled enrollee. Survey vendors are responsible for developing and using a set of interim disposition codes to track actions related to sampled enrollees before survey dispositions are finalized. See the **Data Coding** section for more information.

Distressed Respondent Protocol

During QHP Enrollee Survey telephone interviewing, survey vendors may encounter distressed respondents who are in crisis or are even potentially suicidal. In these situations, survey vendors are not expected to act as professional counselors; nor are they expected to be trained in identifying suicidal respondents. However, survey vendors must have established processes in place for handling and documenting distressed respondent situations (i.e., Distressed Respondent Protocol). A Distressed Respondent Protocol details 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). Survey vendors must incorporate the procedures and guidelines included in the Distressed Respondent Protocol into both interviewer and help desk training.

CMS cannot provide specific guidelines on the way to evaluate or handle distressed respondents; Survey vendors are urged to consult with their organization's Committee for the Protection of Human Subjects Institutional Review Board for guidance. In addition, professional associations for researchers, such as the American Association for Public Opinion Research (AAPOR), might be able to provide further guidance regarding this issue.

Some general guidelines for handling distressed respondent situations are provided below:

- If a respondent is threatening to take his or her own life immediately, then the survey vendor attempts to keep the respondent on the line and call 911 AND refers the individual to the National Suicide Prevention Lifeline (1-800-273-TALK [8255]).
- If the respondent merely expresses thoughts about taking his or her own life, the survey vendor refers the individual to the National Suicide Prevention Lifeline (1-800-273-TALK [8255]). This toll-free number is available 24 hours a day, every day.

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

Internet Protocol

Survey vendors implement a standardized Internet data collection protocol as part of the standard mixed methodology, to provide sampled enrollees with the option of completing the QHP Enrollee Survey via the Internet. This section describes the protocol and specifications that survey vendors must follow for the Internet phase of the QHP Enrollee Survey administration.

Note: For 2016 National Implementation, the Internet protocol is available in English and Spanish.

Internet Survey Requirements

Survey vendors adhere to the following specifications when producing and programming an Internet survey instrument for the QHP Enrollee Survey.

- Survey vendors program the English Internet survey instrument using the English version of the QHP Enrollee Survey mail questionnaire. If applicable, survey vendors program the Spanish Internet survey instrument using the Spanish version of the QHP Enrollee Survey mail questionnaire. See **Appendix D: Mail Materials and Questionnaire** for copies of the mail questionnaires.
- No changes are permitted to the wording of the survey questions or answer categories.
- No changes are permitted to the order of the QHP Enrollee Survey questions.
- No changes are permitted to the order of the “About You” questions.
- The “About You” questions *cannot* be eliminated from the Internet survey.
- No changes are permitted to the order of the response categories for any survey questions, including the core and “About You” questions.
- The presentation of questions and response options (vertical versus horizontal presentation of response options, use of matrix or grid format) in the Internet survey *cannot* deviate from the format presented in the questionnaire templates provided by the Project Team.
 - Response categories are displayed vertically for all survey questions, including the rating questions.
 - Response categories are listed individually for each question and may *not* be presented using a matrix format that lists the response categories across the top of the page and the questions down the side of the page. For example, when a series of questions is asked that has the same answer categories (e.g., Never, Sometimes, Usually, Always), the answer categories must be repeated with every question.
- Survey vendors use the same text conventions used in the CMS-provided questionnaire. For example:
 - Survey vendors *cannot* bold text that is not bold in the template questionnaire (e.g., question stems, response categories).
 - Survey vendors *must* bold text that is bold in the template questionnaire (e.g., emphasized words).
 - Survey vendors cannot underline text that is bold in the template questionnaire.
- Survey vendors make the Internet survey available to sampled enrollees during the entire survey fielding period (i.e., from the initiation of the prenotification letter mailing to the conclusion of telephone interviewing).

- Survey vendors use the standard English and Spanish prenotification and reminder letters (**Appendix D: Mail Materials and Questionnaire**) to provide information about the Internet survey option to sampled enrollees. The prenotification and reminder letters contain a customized user name and password for each sampled enrollee, along with instructions for completing the survey on a designated, secure website. Survey vendors include the website URL for the Internet survey in the prenotification and reminder letters.
 - The survey URL is only provided in the prenotification and reminder letters because research⁵ indicates that response rates may be negatively impacted when more than one survey mode is offered to potential respondents at one time.
 - Survey vendors offering the Spanish Internet option may either provide a separate URL for the Spanish Internet survey in the prenotification and reminder letters or may direct sampled enrollees to an Internet landing page that asks the respondent if he or she would like to take the survey in English or Spanish.
 - *Note: As long as survey vendors execute QHP Enrollee Survey protocols according to the administration schedule, they may provide the Internet survey URL, user name, and password to sampled enrollees who call the customer support line requesting to take the Internet survey. Survey vendors may provide this information to sampled enrollees over the telephone or via e-mail.*
- Survey vendors assign each sampled enrollee two unique IDs—a user name and a password. User names and passwords **cannot** be sequential and must be assigned randomly. User names and passwords must be alphanumeric and at least eight characters in length.
- Survey vendor systems **cannot** allow a sampled enrollee to complete the Internet survey more than once, and survey vendors must link Internet survey responses to the appropriate sampled enrollee in the SMS.
- Survey vendor systems prevent duplicate records. If a sampled enrollee completes more than one survey (e.g., returns a completed mail questionnaire and completes a survey via the Internet), then the survey vendor should use the survey with the most key items completed. See the **Data Coding** section for more information.
- Survey vendor systems immediately remove sampled enrollees who have completed the QHP Enrollee Survey via the Internet from further mail or telephone contact. No further attempts should be made to contact these sampled enrollees.
 - If a sampled enrollee completes the Internet survey before the first mail questionnaire packet mailing, then the survey vendor stops all further outbound contact attempts for that sampled enrollee.

⁵ Medway, R., & Fulton, J. (2012). When more gets you less: A meta-analysis of the effect of concurrent Web options on mail survey response rates. *Public Opinion Quarterly*, 76(4), 733–746. doi:10.1093/poq/nfs047

- Survey vendors program the Internet survey instrument in a manner that allows sampled enrollees to complete the survey in stages. **Note:** *Survey vendors do **not** communicate this functionality to sampled enrollees, as notification of this option could discourage sampled enrollees from completing the survey in one sitting.*
- Survey vendors use firewall protection and use Secure Socket Layer (SSL) to transmit QHP Enrollee Survey data. A separate SSL must be used for each server that collects QHP Enrollee Survey data.
- Survey vendors implement a secure Internet survey instrument that protects the confidentiality of sampled enrollees' responses.
- Survey vendors may **not** log or track the IP address of any sampled enrollees; however, vendors are permitted to track other metadata such as the type of device or Internet browser used.
- Survey vendors may **not** include the name of the sampled enrollee anywhere on the Internet survey instrument.
- The QHP Enrollee Survey URL entry page and the Internet survey instrument pages **cannot** link to either the survey vendor's or the QHP issuer's home page, as this could bias survey responses.
- The Internet survey instrument is programmed to adhere to all survey skip patterns, as specified in the QHP Enrollee Survey mail questionnaire.
- The survey section header under which a question is found in the mail questionnaire is presented on each survey question page.
- Each survey question page includes a progress indicator bar that monitors completion status for sampled enrollees.
- Internet survey questions may **not** be numbered, as question numbers could confuse respondents, since the Internet survey instrument is programmed to follow skip patterns.
- Questions that permit only one response are programmed to accept only one response; questions that permit multiple responses are programmed to accept multiple responses.
 - The open-ended response for question 2 must be programmed to accept at least a 60-character response.
 - **Optional:** *Survey vendors may also include a dropdown menu of QHP issuer aliases for question 2.*
- Survey vendors **cannot** require or compel respondents to answer any Internet survey questions. All Internet survey questions are programmed to allow respondents the opportunity to decline to provide an answer and still proceed with the survey.

- The survey instrument gives sampled enrollees the opportunity to skip to a subsequent question without providing a response to the current question by clicking the “Next” button.
- When a respondent clicks the “Next” button for a gate item, the respondent is automatically directed to the next appropriate survey question according to skip pattern logic.
 - **Exception:** *If a sampled enrollee clicks the “Next” button for question 1 without providing a response, the sampled enrollee should be directed to question 2 (not question 3). This allows the collection of data for both question 1 and question 2, which survey vendors subsequently evaluate in tandem to determine overall eligibility retrospectively.*
- When a respondent clicks the “Next” button for a nongate item, the respondent is automatically directed to the next question in the survey.
- Once a sampled enrollee has selected a response, the survey instrument must allow the sampled enrollee the opportunity to deselect the response in order to skip the question without providing a response.
- The survey instrument gives sampled enrollees the opportunity to return to all previous survey questions.
- Survey vendors must incorporate a “Questions” link on each survey question page that, when clicked, directs sampled enrollees to a page with the following text:
 - “[Survey Vendor Name] is an independent research firm that is helping us conduct the survey. Please call them at their toll-free number (1-800-[Number]) if you have any questions.”
 - In addition to the toll-free number, survey vendors may also provide an e-mail address through which sampled enrollees can submit questions.
- After the last Internet survey question has been completed, an exit page provides confirmation that the survey has been received and thanks the sampled enrollee for participating in the survey.
- It is recommended that survey vendors evaluate whether the Internet survey is optimized for completion on mobile devices, such as tablets and smartphones.

Survey vendors verify each sampled enrollee’s eligibility for the Internet survey retrospectively according to the responses provided for question 1 and question 2. See **Table 7-3: Confirming That the Sampled Enrollee Meets Eligibility Criteria—Assessing Question 1 and Question 2 of the QHP Enrollee Survey** for more information on confirming a sampled enrollee’s eligibility.

Internet Survey Entry Page

The prenotification and reminder letters instruct sampled enrollees on how to login to the survey vendor's QHP Enrollee Survey Internet entry page. Survey vendors establish a URL for the Internet survey instrument. This URL must be accessible solely by typing it into the URL address field; an Internet search engine must *not* detect the URL. A survey vendor's website *cannot* contain links to the URL for the Internet survey. *Note: To reduce the possibility of entering an incorrect URL, the Project Team strongly recommends that survey vendors use an Internet survey URL that is easily recognizable by sampled enrollees.*

At the QHP Enrollee Survey entry page, the sampled enrollee is instructed to enter the unique user name and password provided in the prenotification or reminder letter. Survey vendors must also provide general instructions for completing the survey via the Internet on the entry page (see **Appendix F: Internet Entry Page**), including:

- Instructions on how to use the “Previous” button to return to previous questions in the survey to check, change, or delete an answer.
- Instructions on how to use the “Next” button to advance to a subsequent question in the survey.
- Additional instructions specific to the survey vendor's Internet survey instrument or platform.

Additional requirements for the entry page are noted below:

- Survey vendors include the QHP Enrollee Survey OMB number and statement. See **Appendix F: Internet Entry Page**.
- Survey vendors provide assurance that the sampled enrollee's confidentiality is protected.
- Survey vendors may *not* include the name of the sampled enrollee anywhere on the Internet survey instrument.
- Survey vendors must incorporate a “Questions” link.
- Survey vendors include either the survey vendor's logo, or the QHP issuer's logo, or both the survey vendor's and QHP issuer's logo.

Once the sampled enrollee successfully submits the unique user name and password, the sampled enrollee enters the QHP Enrollee Survey Internet survey instrument.

VI. CONFIDENTIALITY AND DATA SECURITY

Overview

This **Confidentiality and Data Security** section provides requirements for protecting the identity of sampled enrollees included in the survey sample, confidentiality of data, and physical and electronic data security.

Protecting Sampled Enrollee Confidentiality

The Project Team is committed to safeguarding sampled enrollee confidentiality and protecting the rights of respondents. At a minimum, survey vendors are required to provide the following assurances of confidentiality in communications with sampled enrollees (written or verbal):

- Survey responses will never be reported with a sampled enrollee's name or other identifying information.
- All survey responses will be reported in aggregate; no QHP issuer will see a sampled enrollee's individual answers.
- Sampled enrollees can skip or refuse to answer any question they do not feel comfortable answering. Participation in the study will not affect the benefits sampled enrollees currently receive or expect to receive in the future.

In addition, all QHP Enrollee Survey project staff sign affidavits of confidentiality and are prohibited by law from using survey information for anything other than this research study.

The Health Insurance Portability and Accountability Act (HIPAA) protects private medical information and was implemented to improve the efficiency of the health care system. Personally identifiable information (PII) is protected under HIPAA. HIPAA also applies to electronic records, regardless of whether they are being stored or transmitted. All survey vendors approved to implement the QHP Enrollee Survey must adhere to HIPAA requirements for PII. Survey vendors must safeguard all data collected from sampled enrollees, as required by HIPAA.

Survey vendors adhere to the following when conducting the QHP Enrollee Survey:

- Keep confidential data secure, both physically and electronically.
- Limit access to confidential data to authorized staff members only.
- Do **not** share any information that can identify a sampled enrollee with any individual or organization, including QHP issuer clients.
- Develop procedures for identifying and handling breaches of confidential data.
- Do **not** include data that can identify sampled enrollees in QHP Enrollee Survey data files submitted to the Project Website. All file submissions contain enrollee-level de-identified data. In addition, all write-in fields should be reviewed and removed of any identifiable data.

Keeping Confidential Data Secure

Any identifying information associated with a sampled enrollee is considered private and must be protected. When generating sample files, survey vendors will be working with personally identifiable information, such as the name and address or telephone number of sampled enrollees. From the moment the survey 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.

Survey vendors:

- Store electronic data in password-protected locations, and limit the number of staff with access to the passwords.
- Separate individual-identifying data from sampled enrollee response data within the SMS.
- Keep confidential information obtained on hardcopy in a locked room or file cabinet, with access restricted to authorized staff.
- Never remove confidential data from the survey vendor's place of business, either in electronic or hardcopy 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.

Sampling procedures are designed so that QHP issuers cannot identify enrollees selected to participate in the survey. 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 enrollee information that could be used to identify a sampled enrollee (either directly or indirectly). Survey vendors are *not* permitted to share any sampled enrollee identifying information with any individual or organization.

Limited Access to Confidential Data

Survey vendors carefully consider who needs access to confidential QHP Enrollee Survey data and verify that only these staff members have access to the data. All staff members working with sampled enrollee data must sign a confidentiality agreement specific to the QHP Enrollee Survey implementation (see the **Confidentiality Agreements** section for more information).

Confidentiality Agreements

Survey vendors obtain a signed affidavit of confidentiality from all staff, including subcontractors, who will perform work during QHP Enrollee Survey implementation. This includes telephone interviewers, customer support staff, and data receipt and data entry staff. Copies of the signed agreements should be retained by the Project Manager as documentation of

compliance with this requirement. Survey vendors will be asked to provide this documentation during onsite or remote visits by the Project Team.

Maintaining Physical and Electronic Data Security

Survey vendors take appropriate actions to safeguard both the hardcopy and electronic data obtained during the course of implementing the QHP Enrollee Survey, including all data obtained from QHPs or the Project Team and all data provided by survey respondents. The following are measures survey vendors must take to facilitate physical and electronic data security:

- Paper copies of questionnaires or sample files are stored in a secure location, such as a locked file cabinet or within a locked room. *Note: At no time are hardcopies removed from the survey vendor's premises, even temporarily.*
- Electronic data are protected from confidentiality breaches. Electronic security measures may include firewalls, restricted-access levels, or password-protected access.
- Data stored electronically are backed up nightly (or more frequently) to minimize data loss.

Procedures for Identifying and Handling Breaches

Survey vendors develop protocols for identifying when there has been a breach of confidential data with QHP Enrollee Survey data, including when an unauthorized individual has gained access to confidential information, either physically or electronically, and when an authorized individual has distributed confidential data in an unauthorized manner. The survey vendor must notify the Project Team of the breach within 24 hours. Survey vendors also notify the Project Team of a potential data breach that may still be under investigation.

Data and Records Storage

Survey vendors retain returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of 3 years. QHP Enrollee Survey data collected via telephone interviews and the Internet survey are also retained in a secure and environmentally controlled location for a minimum of 3 years.

VII. DATA CODING

Overview

This **Data Coding** section contains information about preparing QHP Enrollee Survey data files for submission, including information on the requirements for decision rules related to processing returned mail survey questionnaires, assignment of survey disposition codes, and quality control measures. In addition, this section provides the procedures and steps for determining whether a returned survey meets the definition of a completed survey, as well as information about survey response rate calculations.

Decision Rules and Coding Guidelines

The QHP Enrollee Survey decision rules and coding guidelines address situations in which survey responses are ambiguous, missing, or incorrectly provided, so that appropriate information is captured for data submission. Survey vendors must adhere to the following guidelines to facilitate valid and consistent coding of these situations.

Mail Surveys

- In order to ensure uniformity in data coding, survey vendors employ the following decision rules to resolve common ambiguous situations when scanning or key-entering mail surveys. If a response mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest.
- If a mark is equidistant between two response options, then code the item with the valid value for *Missing*.
- If a value is missing, then code the item with the valid value for *Missing*. Survey vendors may **not** impute a response.
- When more than one response option is marked, then code the item with the valid value for *Missing*.
 - **Exception:** *Several questions that have instructions to “mark one or more” (e.g., questions on race [question 80] and help received on the survey [question 85]) may have multiple responses. For these questions, enter all responses that the respondent selected.*
- Survey vendors adhere to the following guidelines when coding “Mark one or more” questions (e.g. questions 80 and 85):
 - Record all responses provided by respondents for these questions.
 - For mail and Internet surveys, if a respondent leaves all response options blank, then code all response categories as “Blank/Nonresponse/No Answer (-3)” rather than “Not Checked (0)”.

Telephone Surveys

For questions that use the “Mark one or more” format, if a respondent indicates that they are not Asian (question 80D) or Native Hawaiian or Pacific Islander (question 80L), then survey vendors apply this response to all subgroups that fall under these categories. Similarly, if a respondent provides a “Don’t Know” or “Refused” response to these questions, the same answer should be applied to all subgroups.

- **Note:** Survey vendors do not submit data on questions 80D or 80L from the CATI script to the Project Team. These questions are simply used to drive skip patterns within the race question.

Skip Patterns

As mentioned in the **Introduction and Background** section of this manual, some of the questions included in the QHP Enrollee Survey are screener, or gate, questions—that is, they 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 beside the answer choice that he or she marks.

In mail surveys, some respondents may answer the gate 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 to the gate question). Yet in other cases, some respondents may answer both the gate and follow-up questions with responses that contradict one another.

In cases in which a respondent does not follow the skip pattern as instructed, sometimes referred to as a “failed skip,” survey vendors should *not* edit or clean the sampled enrollee’s response(s). For example, if a respondent indicates that he or she has not needed care right away in the last 6 months (e.g., answers “No” to question 3) but still answers the subsequent question (question 4) about how often he or she received this care as soon as needed, survey vendors should leave the response “as is.”

In addition, respondents may leave gate questions blank but then continue to answer the subsequent follow-up questions. In these cases, the gate question should be coded as *Missing* (-3). Survey vendors should *not* infer the respondent’s answer.

Survey Disposition Codes

Survey 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 a particular case, or final, reflecting the final status of a case. Survey vendors may use interim disposition codes of their choosing for internal tracking purposes; however, these interim codes

are not reported to CMS. Survey vendors develop a crosswalk that demonstrates how interim disposition codes map to the final disposition codes.

A complete listing of acceptable final disposition codes for the 2016 QHP Enrollee Survey can be found in **Table 7-1: Survey Disposition Codes**. *Note: Each sampled enrollee must be assigned a final disposition code before data submission.*

Each respondent in the sample is assigned a final disposition code and a survey mode indicator. All cases with a disposition code of either 10 or 31 are assigned a “T” (telephone), an “I” (Internet), or an “M” (mail) indicator to note the survey mode in which the enrollee responded. For example, a respondent who returned a fully completed mail survey is assigned a final disposition of “M10.”

All cases with final dispositions other than 10 or 31 are preceded by an “X” for the mode indicator—for example, the final disposition code is “X22” if the sampled enrollee does not speak English, Spanish, or Chinese (if applicable).

Table 7-1. Survey Disposition Codes

Code	Description
M, I, or T 10	Completed Survey Assign this code if the respondent answers 50% or more of a selected list of key survey items—the items that all respondents are eligible to answer, excluding “About You” items. See Table 7-2: Key Survey Items Applicable to All Respondents .
M, I, or T 31	Partially Completed Survey Assign this code if the respondent answers less than 50% of a selected list of key survey items—the items that all respondents are eligible to answer, excluding “About You” items. See Table 7-2: Key Survey Items Applicable to All Respondents .
X11	Ineligible: Institutionalized Assign this code if the sampled enrollee is residing in a group home or institution (e.g., hospice, nursing home) and is unable to complete the survey.
X20	Ineligible: Deceased Assign this code if the sampled enrollee is reported as deceased during the course of the survey period.

Code	Description
X40	<p>Ineligible: Not Eligible or on a “Do Not Survey” List</p> <p>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:</p> <ol style="list-style-type: none"> 1. The sampled enrollee is younger than 18 years. 2. The sampled enrollee is ineligible for the survey based on responses to question 1 and question 2. See Table 7-3: Confirming That the Sampled Enrollee Meets Eligibility Criteria—Assessing Question 1 and Question 2 of the QHP Enrollee Survey. 3. The sampled enrollee returns the survey with comments in the margins or white mail indicating that he or she has not been enrolled in the health plan. 4. The sampled enrollee does not meet continuous enrollment criteria. 5. The sampled enrollee is on a “Do Not Survey” list.
X22	<p>Language Barrier</p> <p>Assign this code to a sampled enrollee who does not speak one of the approved survey languages: English, Spanish, or Chinese (if applicable).</p>
X24	<p>Mentally or Physically Incapacitated</p> <p>Assign this code if it is determined that the sampled enrollee is unable to complete the survey because he or she is mentally or physically incapable and a proxy is not available, or the sampled enrollee does not consent to have a proxy complete the survey.</p> <ol style="list-style-type: none"> 1. 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. 2. Note: <i>Proxy interviews may only be conducted if the intended sampled enrollee consents to a proxy taking the survey on his/her behalf.</i>
X32	<p>Refusal</p> <p>Assign this code if a sampled enrollee indicates, either in writing or verbally (for telephone administration), that he or she does not wish to participate in the survey, or requests to be placed on the “Do Not Survey” list during data collection.</p> <ol style="list-style-type: none"> 3. Hang-ups are not considered refusals. Survey vendors continue to attempt to reach a sampled enrollee until six attempts have been made or the sampled enrollee states that he or she does not wish to participate in the survey.
X34	<p>Blank Survey Returned or Incomplete Survey</p> <p>Assign this code if:</p> <ol style="list-style-type: none"> 4. The sampled enrollee returns a blank or incomplete mail survey and no further information about the status of the respondent is available or follow-up telephone attempts to reach the sampled enrollee to complete the survey were unsuccessful. 5. The sampled enrollee initiates CATI but does not answer any key items.

Code	Description
X33	<p>No Response After Maximum Attempts</p> <p>Assign this code if either the mailing 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.</p> <p>Assign this code to cases in which the completed survey is received after the data collection period.</p> <p>Assign this code if the sampled enrollee is away for the duration of the data collection period.</p>
X35	<p>Bad Address or Telephone Number</p> <p>Assign this code if it is determined that the telephone number is bad (disconnected, no telephone number available, etc.) or the mailing address is not viable or the mailing is returned as undeliverable.</p>

Definition of a Completed Questionnaire

A completed questionnaire is defined as a survey in which a sampled enrollee completes 50 percent or more of the “key” items that all respondents are eligible to answer. For 2016 National Implementation, a respondent must answer at least 9 key survey item questions, excluding “About You” items. See **Table 7-2: Key Survey Items Applicable to All Respondents**.

Table 7-2. Key Survey Items Applicable to All Respondents

Item Number	Question Summary
1	Enrollee’s health plan?
3	Getting needed care right away?
5	Made appointment for routine care?
7	Needed to visit a doctor’s office or clinic after regular office hours?
9	Number of visits to a doctor’s office or clinic for care?
14	Does enrollee have personal doctor?
32	Made appointment to see a specialist?
36	Looked for information about health plan?
38	Looked for information on cost for health care services or equipment?
40	Looked for information about prescription medicines?
42	Did enrollee get info or help from health plan’s customer service?
46	Did health plan give enrollee forms to fill out?
52	Global Rating of Health Plan
53	Likelihood of recommending health plan to family and friends
54	Did health plan not pay for care that enrollee’s doctor said you needed?

Item Number	Question Summary
55	Did enrollee have to pay out-of-pocket for care that they thought their health plan would pay for?
56	Did enrollee delay visiting or not visit a doctor because they were worried about the cost?
57	Did enrollee delay filling or not fill a prescription because they were worried about the cost?

If a survey vendor receives more than one completed survey by different modes for a single sampled enrollee, then the survey vendor should consider the survey with more key items answered as the more complete survey (rather than the survey with the highest total number of questions answered). If the same number of key items are answered on duplicate surveys, then the survey vendor should consider the first survey received. Responses from two separate questionnaires may never be combined to form one completed questionnaire.

Confirming That the Sampled Enrollee Meets Eligibility Criteria

Question 1 and question 2 confirm that the sampled enrollee is currently enrolled in the QHP.

- Sometimes sampled enrollees do not recognize the exact name of their health plan (QHP).
- Sometimes a health plan (QHP) is known by more than one name.

Therefore, a sampled enrollee may answer “No” to question 1 but *still be eligible* for the survey.

When sampled enrollees answer “No” to question 1, they proceed to question 2 and are subsequently asked to provide the name of their QHP. **Note:** *Survey vendors are required to submit the open-ended responses to question 2 received from sampled enrollees during data submission. If a sampled enrollee provides personally identifiable information (PII) for question 2, then the survey vendor only submits the name of the QHP in the data submission file.*

Survey vendors use the guidelines below to assess sampled enrollees’ responses to question 1 and question 2 to confirm that sampled enrollees meet the eligible population criteria (telephone interview scripts must accommodate the following rules). Survey vendors obtain a list of common aliases from QHP issuer clients to enable them to make determinations about the following:

- If the sampled enrollee answers “Yes” to question 1, then the survey vendor codes question 1 with the valid value for “Yes” and disregards any response provided for question 2. The sampled enrollee is eligible for the survey (Scenario A).
- If the sampled enrollee answers “No” to question 1 and provides a valid health plan alias for question 2, then the sampled enrollee is eligible for the survey (Scenario B).

- If the sampled enrollee does not provide a response for question 1 and provides a valid health plan alias for question 2, then the sampled enrollee is eligible for the survey (Scenario C).
- If the sampled enrollee answers “No” to question 1 and does not provide a response to question 2, then the sampled enrollee is *not* eligible for the survey (Scenario D).
- If the sampled enrollee answers “No” to question 1 and provides an invalid health plan alias for question 2, then the sampled enrollee is *not* eligible for the survey (Scenario E).
- If the sampled enrollee does not provide a response for either question 1 or question 2, then the sampled enrollee is eligible for the survey (Scenario F). *Note: Survey vendors assume the sampled enrollee is eligible since the sampled enrollee did not provide any responses to suggest otherwise.*
- If the sampled enrollee does not provide a response to question 1 and provides an invalid health plan alias for question 2, then the sampled enrollee is *not* eligible for the survey (Scenario G).

Table 7-3 summarizes these rules.

Note: The survey vendor applies the guidelines in Table 7-3 only after the survey vendor determines that a sampled enrollee meets the age and continuous enrollment criteria.

Table 7-3. Confirming That the Sampled Enrollee Meets Eligibility Criteria

Scenario	Question 1 Response	Question 2 Response	Is Enrollee Eligible?	Final Disposition Code
A	Yes	Any	Yes	Assess Survey— Does survey meet criteria for “Completed” or “Partially Completed” Survey?
B	No	Valid Plan Alias	Yes	
C	Blank/ Nonresponse/ No Answer	Valid Plan Alias	Yes	
D	No	Blank/ Nonresponse/ No Answer	No	X40: Ineligible—Not Eligible or on a “Do Not Survey” list
E	No	Invalid Plan Alias	No	X40: Ineligible—Not Eligible or on a “Do Not Survey” list
F	Blank/ Nonresponse/ No Answer	Blank/ Nonresponse/ No Answer	Yes	Assess Survey—Does survey meet criteria for “Completed” or “Partially Completed” survey?
G	Blank/ Nonresponse/ No Answer	Invalid Plan Alias	No	X40: Ineligible—Not Eligible or on a “Do Not Survey” list

Calculating Response Rates

The response rate is the total number of completed surveys divided by the total number of sampled enrollees selected for the survey sample. For analyses and reports, this 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 = Partial Completed Surveys (disposition code 31)

U = Cases with Unknown Eligibility (disposition codes 33, 34, 35)

O = Other Disposition (disposition codes 22 and 24)

R = Refusal (disposition code 32)

I = Ineligible (disposition codes 11, 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 (AAPOR).⁶ Specifically, this response rate formula is based on AAPOR's Response Rate 3 (RR3).

Quality Control Procedures for Data Coding

Survey vendors will implement quality control measures for every aspect of mail and telephone data processing activities. Required and recommended quality control measures are described in detail in the mode-specific data collection sections of this manual; however, key measures are repeated below as well. Survey vendors should conduct additional quality control measures, as warranted, based on their individual processes, including, but not limited to:

- Selecting and reviewing a sample of cases coded by each coder to make sure that coding rules are being followed correctly.
- Before submitting data to the QHP Enrollee Survey Data Submission System, comparing the responses coded on the hardcopy questionnaire for a sample of cases with the scanned responses and with the responses entered into the data file. This quality control step verifies

⁶ The American Association for Public Opinion Research. (2011). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. (7th ed.). AAPOR.

that the responses included in the data files accurately reflect the sampled enrollees' responses to the survey questions.

- Calculating and reviewing 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.
- Conducting periodic reviews of data files by comparing at least 50 completed telephone interview responses directly from the CATI system to the values output in the data file.

VIII. DATA SUBMISSION

Overview

This **Data Submission** section provides information on submitting data, including data file specifications, data submission procedures, and quality control procedures for data submission.

Data File Specifications

The QHP Enrollee Survey data files that survey vendors submit must include selected variables from the sample frame and survey question responses provided by sampled enrollees during survey fielding. Data files also include variables associated with survey administration, such as a final disposition code for each sampled enrollee, as well as variables needed to calculate sampled enrollees' selection probabilities for purposes of generating sample weights. (*Note: Recall that only one enrollee is selected for inclusion in the sample when multiple enrollees are covered by a single policy, so selection probabilities vary across sampled enrollees*).

Data files *must* contain a record and associated final disposition code for *all* sampled enrollees, including both survey respondents and nonrespondents.

- Records for survey respondents include data for the selected variables from the sample frame, survey responses, and the variables associated with survey administration.
- Records for nonrespondents include data for the selected variables from the sample frame and relevant variables associated with survey administration but will not include survey responses. Data from nonrespondents are used by the Project Team to conduct nonresponse analyses and to potentially adjust survey weights for nonresponse bias.

The data file reporting format for the QHP Enrollee Survey is Extensible Markup Language (XML). This format provides the utilities and abilities for the survey vendor to scale up or down to fit the needs of the various formats and question types within the survey.

Appendix H: Submission File Layout provides detailed information about required information, acceptable answers, and valid values for each survey question. **Appendix H** also contains an example of a valid QHP Enrollee Survey data file. The Project Team will provide survey vendors with an XML schema prior to data submission to assist survey vendors with file preparation.

See **Table 7-1: Survey Disposition Codes** for additional information regarding disposition codes for the QHP Enrollee Survey.

Data Submission Procedures

Authentication Process

Survey vendors login to the Project Website's secure portal located at <http://qhpcahps.cms.gov>. All Internet communications will be secured and encrypted, using a Secure Socket Layer (SSL) certificate. Login instructions will be available in spring of 2016. The Project Team will notify survey vendors when these instructions are available via a survey vendor update e-mail. During data submission, survey vendors contact the Project Technical Support Team by e-mail at qhpcahps@air.org or by phone at 844-849-5243 if their connection to the Project Website is not secure.

Data Submission Process

The Project Team developed a secure Data Submission System to accommodate the QHP Enrollee Survey data submission process. After logging in to this system through the Project Website using the process outlined in the **Authentication Process** section above, a link specific to the submission of data files will be displayed; survey vendors click on this link to begin the process of submitting data files.

Detailed instructions on how to submit data for each reporting unit that the survey vendor has been authorized to report on will be provided on the Project Website. The Project Team will notify survey vendors when these instructions are available via a survey vendor update e-mail.

Survey File Submission Naming Convention

There is no required naming convention for the data files that survey vendors submit. As survey vendors upload data files, the Data Submission System's Internet application automatically assigns files names using an internal naming convention system.

Data Submission Deadlines

Survey vendors submit at least one interim test file containing at least 100 records in the format described in **Appendix H: Submission File Layout** to the Data Submission System between April 6 and April 8, 2016. This allows surveys vendors to test data submission protocols and make any necessary adjustments prior to the beginning of the data submission period.

Survey vendors submit final data files for the 2016 QHP Enrollee Survey from May 11 through May 25, 2016. *Note: All data files must be submitted to the Project Website and pass required initial file and data validations by 11:59 p.m. (ET) on May 25, 2016.*

Quality Control Procedures for Data Submission

- The Project Team recommends that survey vendors conduct quality control measures on the data included in submission files to verify that data from completed mail, phone, and Internet surveys have been captured accurately. This includes running frequencies of distributions on both the sampled enrollee administrative data and the sampled enrollee response data to check for outliers or anomalies, including missing values.
 - For example, survey vendors might run frequencies on the race variable (e.g., all respondents coded as Alaska Native) and the age variable (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?). By reviewing frequencies of both the sampled enrollee administrative data and the sampled enrollee response data, survey vendors may be able to identify problems in the data they receive from QHP issuers, their own data file processing, or their data coding operations.
- Survey vendors verify that the surveys meet the completeness criteria described in the **Data Coding** section of this manual. Survey vendors assign either a completed interview code or a partial data/breakoff code according to whether the survey passes the completeness criteria. (See the **Data Coding** section for the definition of a completed survey.)
- Survey vendors conduct a final check of the disposition code assigned to all sampled cases before submitting data files to the QHP Enrollee Survey Data Submission System. If the survey vendor identifies a case assigned either an ineligible or nonresponse final disposition code *and* there are data included in the response file, the vendor should check its records.
- Survey vendors select a random sample of the cases in the data submission file and compare the variables included in the enrollee response section in the data submission file to the questionnaire (for mail surveys) or to the CATI file (for surveys completed by phone).
- Data validation will be performed automatically upon submission to the Data Submission System. This includes file validation and data field edits.
 - The file validation criteria include verifying that submitted XML files are valid and readable by the Project Website's system, contain the correct number of variables, have all variables correctly named, and have the appropriate record length.
 - The data edits include examining data fields for correct data type, field size, formats, and valid values to verify that only legitimate values are submitted. Any errors are reported through the Web platform, and the survey vendor is required to remedy and resubmit the data.
 - *Note: All data files must be submitted to the Project Website and pass required initial file and data validations by 11:59 p.m. (ET) on May 25, 2016.*

- Following the completion of the automated validations, the Project Team conducts a review of the data. This review includes generating frequency distributions or other statistics for the variables included in each file submitted by survey vendors. The distributions and statistics will be examined by the Project Team to identify any anomalies. If this review reveals any errors, the Project Team will notify the submitting survey vendor of the issue and request that the survey vendor investigate the anomaly. This review will occur in early June of 2016. Based on these findings, survey vendors may be required to resubmit data. If data files require resubmission, the Project Team will notify the impacted survey vendor via e-mail. Data must be resubmitted within 5 days of notification.

IX. DATA ANALYSIS AND PUBLIC REPORTING

Overview

This **Data Analysis and Public Reporting** section provides information on planned analysis of the QHP Enrollee Survey data and CMS reporting activities using the data. This section also describes the data analyses that survey vendors may conduct for client QHP issuers and marketing requirements for QRS and QHP Enrollee Survey results.

Data Analysis

Once QHP Enrollee Survey data submitted by survey vendors is cleaned and verified, data files from all survey vendors will be concatenated into a single person-level analytic data file. Using this file, composite scores and individual item scores from the survey will be calculated for each QHP reporting unit.

As noted in the **Sampling** section of this manual, CMS defines QHP reporting units for 2016 National Implementation in terms of state/issuer/product-type combinations in which product types include EPO, HMO, POS, and PPO. For example, HMOs offered by issuer XYZ through the Marketplace in Florida are considered a single reporting unit. CMS will explore data collection and reporting at a more granular level (e.g., metal level) in the future, keeping in mind the need to balance the benefits of this information with QHP issuer data collection responsibilities.

The QHP Enrollee Survey draws heavily from the CAHPS Health Plan 5.0 Survey. The Project Team anticipates that composites will be formed from the QHP Enrollee Survey that include the standard composites from the CAHPS Health Plan 5.0 Survey, as well as several new composites based on additional items included in the QHP Enrollee Survey. Psychometric analysis of the 2015 Beta Test data will establish the final set of QHP Enrollee Survey composites for 2016.

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 such as overall health status, age, 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. Factors to be used in the case-mix adjustment will be determined once the 2016 National Implementation data have been analyzed.

The calculation of QHP Enrollee Survey scores will be performed using the CAHPS Analysis Program (CAHPS macro), which was developed by the CAHPS Consortium under the auspices of the 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 (Document*

No. 2015), which is included in the CAHPS® Survey and Reporting Kit. These materials are available at: <https://cahps.ahrq.gov/surveys-guidance/survey4.0-docs/2015-Instructions-for-Analyzing-Data-from-CAHPS-Surveys.pdf>.

Case-mix adjusted scores for all composites, global ratings, and individual item measures will be created for each QHP reporting unit. These scores will be used in CMS analysis efforts for 2016.

Scoring specifications for the 2015 Beta Test of the QHP Enrollee Survey may be found in the QRS scoring specifications located at:

https://gallery.mailchimp.com/b3417098aa1015d47281a8918/files/2015_QHP_Scoring_Specs_060215.pdf. Survey vendors will be notified via a survey vendor update e-mail once the scoring specifications are finalized for 2016 National Implementation.

Data Cleaning

The Project Team employs a forward-cleaning approach for editing and cleaning survey data. This approach uses responses to gate items to control how subsequent items within the questionnaire are treated, such as setting responses to a missing value or retaining the original response. Under this forward-cleaning data approach, gate items that were initially unanswered are *not* updated or back-filled based on responses to subsequent items. Data are cleaned using the following conventions and guidelines:

- a. If the screener is a yes/no-type question and is blank or missing, AND if the follow-up question is a “How Often” question that was answered “Never,” THEN recode the follow-up as missing (this assumes that the respondent was *ineligible* to answer the follow-up questions, which is supported by their response of “Never” to the follow-up, but left the screener blank).
- b. If the screener is a yes/no-type question and is blank or missing, AND if the follow-up question is a “how often” question and the response given is “Sometimes,” “Usually,” or “Always,” THEN keep the response to the follow-up and back-code the screener question to “Yes” (this assumes that the respondent was *eligible* to respond but left the screener blank).
- c. For situations that do not correspond to the *a* or *b* logic above, if the screener is blank or missing AND the follow-up question is NOT a “How Often” question BUT contains a valid response, THEN keep the response to the follow-up (this requires no recoding). If the screener was a yes/no item, back-code the screener to “Yes” (this assumes that the respondent was eligible to respond but left the screener blank). This logic is essentially the same as *b*, but for follow-up items that are not “How Often” items.

Reporting

The overarching goals of CMS reporting efforts for the QHP Enrollee Survey are:

- To inform consumer choice by providing comparable and useful information regarding the quality of health care services across QHPs offered through the Marketplaces.
- To provide actionable information that QHP issuers may use to improve quality and performance.
- To facilitate regulatory oversight of QHPs with regard to the quality standards set forth in the Affordable Care Act (ACA).

To meet these goals, CMS will implement two key reporting activities: the Quality Rating System (QRS) and additional reporting of QHP Enrollee Survey results to QHP issuers and Marketplaces.

Quality Rating System

Section 1311(c)(3) of the ACA directs the Secretary of Health and Human Services (HHS) to develop a quality rating system for QHPs based on quality and price. CMS requires that QHP issuers report health care quality information for its QHPs offered through a Marketplace as a condition of certification and participation in the Marketplace.

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 2016, topics from the survey include access to care, access to information, care coordination, cultural competence, flu vaccination, plan administration, rating of all health care, rating of health plan, rating of personal doctor, and rating of specialist.

In 2016, CMS will calculate QRS scores and ratings and provide the summary-level survey scores and an overall five-star quality rating to QHP issuers. Beginning in 2016, QRS results will be publicly reported on Marketplace websites to help consumers compare and choose QHPs.

Detailed measure specifications for the QRS can be found in the *QRS Measure Technical Specifications*. Detailed information on QHP issuer requirements for the QRS can be found in the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2016*, which can be found on the CMS MQI website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

Beginning with the 2016 Open Enrollment Period, the results of the 2016 Quality Reporting System along with selected composites from the QHP Enrollee Survey will be publicly reported

through Marketplace websites as required by section 1311(c)(4) of the Affordable Care Act (ACA).

Additional Public Reporting of QHP Enrollee Survey Data

Beginning with the 2016 QHP Enrollee Survey, CMS plans to publish deidentified survey data through <https://data.healthcare.gov/> to allow researchers and other private entities to perform additional analyses of survey data.

Reporting Units Eligible for Public Reporting

Beginning in the second year of operation as a certified entity, QHP issuers are required to field the QHP Enrollee Survey; however, the results from the QHP Enrollee Survey are not eligible for public reporting through the QRS until a reporting unit's third consecutive year in the Marketplace, and based on its survey results in the third year. A summary of reporting unit eligibility is shown in **Table 9-1**.

Table 9-1 Reporting Unit Eligibility for Public Reporting

	Reporting Unit Began Operating in Plan Year (PY) 2016	Reporting Unit Began Operating in PY 2015 & Continued Operating in PY 2016	Reporting Unit Began Operating in PY 2014 & Continued Operating in PY 2015 & 2016
Eligible to Field 2016 QHP Enrollee Survey?	No	Yes	Yes
Eligible to be Publicly Reported?	No	No	Yes

Additional Reporting of QHP Enrollee Survey Results to QHP Issuers and Marketplaces

CMS will provide each QHP issuer that participates in the 2016 QHP Enrollee Survey with a report summarizing the summary-level results for each of its QHP reporting units. The design of the reports will be built on the design of CAHPS quality improvement reports already in use with Medicare health plans. The reports will include results for the global ratings, composite measures, and preventive services measures included in the survey.

Comparative benchmark data will be provided so that QHP issuers can see their results relative to reference groups of their peers (e.g., aggregate results for comparable product types across the state).

A report will also be prepared for each Marketplace. These reports will focus on presenting performance results across QHP reporting units in a particular state. For example, a Marketplace report will present in one place scores on the survey composite measures and global ratings across all reporting units within a particular state, with relevant national benchmarks. The report can be used to highlight common areas in need of improvement across QHPs in the state and to identify high and low performers within a particular state. These reports will be distributed to the applicable State-based Marketplace (SBM), state insurance commissioner, or other state-based regulatory agency during the fall of 2016. Similar reports will be produced for the Office of Personnel Management (OPM) for all QHPs participating in the Multi-State Plan Program (MSP).

Survey Vendor Analysis of QHP Enrollee Survey Data

CMS-calculated results for the QHP Enrollee Survey are the official survey results. A survey vendor may analyze the survey data in order to provide QHP issuers with aggregated results that they can use for quality improvement purposes as long as **cell sizes are not too small (fewer than 11 cases)**. No information based on fewer than 11 sampled enrollees can be released. This means that no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms. No number smaller than 11 should appear in any material provided to QHP issuers. For example, if a certain response option is chosen fewer than 11 times, data for that response option cannot be displayed, even if 11 or more responses were received for the corresponding question as a whole.

Intervention or follow-up with low-scoring individuals is not permitted. Survey vendors should ensure that QHP issuers recognize that these vendor analyses are not official survey results and should **only** be used for quality improvement purposes. Survey vendors may provide QHP issuers with preliminary QHP reporting unit survey results developed specifically for QHP issuers. When providing QHP issuers with preliminary survey results, survey vendors must communicate that the survey vendor scores are **not** the official CMS scores.

Providing Deidentified Datasets to Regulatory Agencies

Survey vendors are not permitted to provide member-level datasets to QHP issuer clients, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides to survey respondents.

It is acceptable for approved survey vendors to provide regulatory agencies (e.g., states, state insurance departments) with deidentified person-level survey responses to the core QHP Enrollee Survey questions used to assess enrollee experiences (questions 3–52), with the exclusions described below for Q12, Q13, and Q49–Q51. It is not acceptable for survey vendors to provide any regulatory agencies with survey responses to the questions that ask for health status and demographic information (“About You” questions 58–85), even if those responses are

deidentified. Likewise, it is *not* acceptable for survey vendors to provide information from the sample frame or survey administration to regulatory agencies in the enrollee-level file, except the reporting unit identification number, which may be included. The reporting unit identification number is defined as <reporting-unit-id> in **Appendix H: Data Submission Layout**). This will ensure that all privacy-related assurances made to survey respondents are appropriately maintained. Survey vendors should ensure that regulatory agencies recognize that CMS *prohibits* trying to identify individuals in the enrollee-level file.

There are several core QHP Enrollee Survey questions that are relevant to a limited number of enrollees that potentially could reveal the identity of an enrollee. It is *not* acceptable for survey vendors to include responses to the following questions in the person-level file provided to issuers:

- Q12 – An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter to help you speak with anyone at your doctor’s office or clinic?
- Q13 – In the last 6 months, when you needed an interpreter at your doctor’s office or clinic, how often did you get one?
- Q49 – In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?
- Q50 – In the last 6 months, did you need the forms in a different format, such as large print or braille?
- Q51 – 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?

In addition, responses to the following core QHP Enrollee Survey questions should be recoded into more aggregated categories for the person-level file survey vendors provide to QHP issuers:

- Q9 – 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?

Category	Original Code	Recode
None	0	0
1 time	1	1
2	2	2
3	3	2
4	4	2
5 to 9 times	5	2
10 or more times	6	2

- Q15 – In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

Category	Original Code	Recode
None	0	0
1 time	1	1
2	2	2
3	3	2
4	4	2
5 to 9 times	5	2
10 or more times	6	2

- Q34 – How many specialists have you seen in the last 6 months?

Category	Original Code	Recode
None	0	0
1 specialist	1	1
2	2	2
3	3	2
4	4	2
5 or more specialists	5	2

Marketing Requirements for QRS and QHP Enrollee Survey Results

QHP issuers may reference the quality ratings and survey results for its QHPs in its marketing materials, in a manner specified by HHS.⁷ Any QHP issuer that elects to include its QHP quality rating information, specifically QRS scores and ratings and QHP Enrollee Survey results, in its marketing materials (whether paper, electronic, or other media) must do so in accordance with the instructions below.⁸

As 2015 was the beta test year, all 2015 QRS and QHP Enrollee Survey results (including numerical scores and star ratings) may not be used by QHP issuers for marketing activities.

The 2016 marketing guidelines are generally based on CMS guidance related to marketing QHPs as communicated in the *Final 2016 Letter to Issuers in the Federally-facilitated Marketplaces*.⁹

⁷ 45 CFR 156.1120(c), 156.1125(c)

⁸ The scope of the definition for “marketing” extends beyond the public’s general concept of advertising materials. The definition of marketing materials, as referenced here, is equivalent to what is described for the Medicare Advantage program 42 CFR 422.2260.

⁹ See Chapter 4, Section 5, Oversight of Marketing Activities in the *Final 2016 Letter to Issuers in the Federally-facilitated Marketplaces*, available at <https://www.cms.gov/CCIIO/Resources/Regulations-and->

- A QHP issuer that elects to include QRS and QHP Enrollee Survey information in its marketing materials must do so in a manner that does not mislead consumers.
- QHP issuers must include the following disclaimer on all marketing materials referencing QRS information:
 - CMS rates Qualified Health Plans (QHPs) offered through the Marketplaces using the Quality Rating System (QRS), which is based on third-party validated clinical measure data and QHP Enrollee Survey response data. CMS calculates ratings each year (on a 5-star scale), and ratings may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace Quality Initiatives website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.
- If marketing materials reference only QHP Enrollee Survey information, QHP issuers must include the following disclaimer on all materials:
 - CMS evaluates qualified health plans (QHPs) offered through the Marketplaces using QHP Enrollee Survey response data. QHP issuers contract with HHS-approved survey vendors who independently conduct the survey each year. QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace Quality Initiatives website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.
- If marketing materials reference QRS and QHP Enrollee Survey information, QHP issuers must include the following disclaimer on all materials:
 - CMS rates qualified health plans (QHPs) offered through the Marketplaces using the Quality Rating System (QRS), which is based on third-party validated clinical measure data and QHP Enrollee Survey response data. CMS calculates QRS ratings each year using a 5-star scale. QHP issuers contract with HHS-approved survey vendors who independently conduct the QHP Enrollee Survey each year. QRS ratings and QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace Quality Initiatives website at <http://www.cms.gov/Medicare/Quality-Initiatives->

[Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf](#). See also 45 CFR 156.225 Marketing and Benefit Design of QHPs, 156.260 Privacy and Security, and 156.200(e) Non-discrimination

[Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html](#).

- All disclaimers must be clear and conspicuous.
- QHP issuers that choose to include QHP quality rating information in marketing materials must use the most up-to-date information within 30 days of the release of final information by CMS and discontinue marketing based on the previous year's information. CMS anticipates issuing the final QRS ratings each year prior to the start of the annual Open Enrollment Period for 2017.
- Materials should reference specific QHPs and their CMS-assigned quality rating information. Materials should be specific as to the state to which the information applies. QHP issuers may also advertise a product type's quality rating information (e.g., a "5-star HMO") as QRS scores and ratings and QHP Enrollee Survey results are calculated for each product type (e.g., EPO, HMO, POS, PPO) and assigned to each QHP within the product type.
- QHP issuers with one or more QHPs that were assigned a specific QRS global rating (e.g., 5-stars) should not create or disseminate marketing materials in a way that implies that all of their QHPs achieved this rating.
- QHP issuers are encouraged to advertise QRS ratings (i.e., stars) rather than scores (i.e., numerical value), which are less meaningful to consumers.
- QHP issuers are encouraged to advertise QRS global ratings rather than ratings for other QRS components (i.e., summary indicators, domains, or composites). If QHP issuers choose to advertise ratings for QRS components, the QHP issuer may use only the component titles assigned by CMS without variation. Additionally, the QHP issuer must always include the QRS global rating alongside the QRS component rating.
- The use of a general label in reference to the rating of a specific QHP (e.g., "a 5-star plan") can only be used to reference the QRS global rating, unless the component is specified (e.g., "a 5-star plan for [insert component name]"). QHP issuers may not use the rating for another QRS component (i.e., summary indicator, domain, composite, or measure) to imply a higher global quality rating than actually received. For example, a QHP issuer may not promote a QHP that received a global rating of three stars and a summary indicator rating of five stars as a "5-star plan."
- QHP issuers should not use superlatives (e.g., "highest ranked," "one of the best") in a manner that could mislead consumers or without additional context. For example, a QHP that is the only one in the state that received a 5-star rating for a specific QRS component, but received a 3-star global rating, may not be promoted as the highest ranked QHP in the state when other QHPs have a higher global rating.

- QHP issuers may not claim that any of their product types or QHPs are recommended or endorsed by the federal government, HHS, CMS, CCIIO, or the Marketplaces. This includes, but is not limited to, use of the Department's name or logo, the Agencies' name and marks, or the Marketplaces' names, logos and marks in a manner which would convey the false impression that any product type recommended or endorsed by the federal government, HHS or its Agencies, or the Marketplaces.
- QHP issuers must comply with all applicable state laws and regulations on health plan marketing and must not employ marketing practices that will have the effect of discouraging the enrollment of individuals with significant health needs in QHPs.¹⁰

Pursuant to 45 CFR 156.340 (a)(1) and 156.225, a QHP issuer participating in the FFMs maintains responsibility for its compliance and the compliance of any of its delegated or downstream entities, including affiliated agents and brokers, with the QRS and QHP Enrollee Survey marketing standards. As noted in the 2015 (and 2016) Letter to Issuers, States generally regulate health plan marketing practices and materials and related documents under State law, and CMS does not intend to review QHP marketing materials for compliance with State standards as described at 45 C.F.R. 156.225(a). In FFMs, CMS may review QHP marketing materials for compliance with 45 C.F.R. 156.200(e) and 45 C.F.R. 156.225(b). CMS will work with States to determine where additional monitoring and review of marketing activities may be needed.

If CMS receives a complaint about a QHP issuer's marketing activities related to quality rating information which is generally overseen by the State, CMS will send the complaint to the state regulators or federal entities, as appropriate, for investigation. Following investigation by the state or another federal agency investigation, CMS may also take the necessary enforcement action.

¹⁰ 45 C.F.R. § 156.225.

X. QUALITY OVERSIGHT

Overview

In order to facilitate compliance with QHP Enrollee Survey protocols, the Project Team conducts oversight of all participating survey vendors. This **Quality Oversight** section describes the oversight activities for the QHP Enrollee Survey. All materials and procedures relevant to survey administration are subject to review by the Project Team. *Note: Signing the QHP Enrollee Survey Vendor Participation Form signifies agreement with all the rules of participation, including all QHP Enrollee Survey quality oversight activities.*

Survey Vendor Quality Oversight Activities

All survey vendors, including subcontractors (if applicable), that participate in the QHP Enrollee Survey are required to take part in all quality oversight activities. These include but are not limited to the following:

- Survey Material Review.
- QHP Enrollee Survey Quality Assurance Plan (QAP).
- Seeded Mailings.
- Telephone and E-mail Customer Support.
- Onsite/Remote Visits (with survey vendors and/or their subcontractors).
- Telephone Interview Monitoring.
- Data Validations/Analysis of Submitted Data.
- Corrective Action Plans.

A description of each quality oversight activity is provided below.

Survey Material Review

The Project Team reviews and approves electronic versions of all survey materials for each survey mode and for each language in which the survey is being fielded (English, Spanish, and Chinese, if applicable), as indicated below:

- Mail: Prenotification letters, cover letters for the first and second survey mailings, reminder letters, questionnaires, and outbound and business reply envelopes.
- Telephone: Nonproxy and proxy telephone interviewing scripts (screen shots).
- Internet: Internet survey URL along with at least five user names and corresponding passwords.

Survey vendors submit electronic copies of all materials to the Project Team at qhpcahps@air.org for approval prior to volume printing and survey administration.

The Project Team reviews survey materials and responds to survey vendors to request any necessary revisions within 10 business days.

QHP Enrollee Survey Quality Assurance Plan

The QHP Enrollee Survey Quality Assurance Plan (QAP) is a comprehensive document that is developed and periodically revised by survey vendors to describe and document implementation of and compliance with all required QHP Enrollee Survey protocols. The QAP also details the quality oversight and assurance processes that survey vendors use to verify high-quality data collection and continuity in survey processes.

The Project Team reviews each QAP for completeness and verifies that the survey vendor's stated processes are compliant with QHP Enrollee Survey protocols. The Project Team subsequently provides QAP feedback to survey vendors via e-mail. If necessary, the Project Team conducts conference calls with survey vendors to discuss any questions, issues, or concerns regarding the submitted QAP.

QAP acceptance by the Project Team does not constitute or imply approval or endorsement of the survey vendor's QHP Enrollee Survey processes. Other oversight activities are used to examine, verify, and accept the actual processes by which the survey is administered.

See **Appendix B: Model Survey Vendor Quality Plan**.

Note: Updated QAPs (for reapproved survey vendors or for survey vendors submitting a revised QAP) must be submitted in a "track change" version for ease of identifying changes made from the previously submitted QAP. Survey vendors without any QHP issuer clients are not required to submit a QAP to the Project Team for review.

Seeded Mailings

Survey vendors seed the Project Team in the mailing database for *one* QHP reporting unit. The following addresses should be seeded in the mailing database:

Amy Moss
National Committee for Quality Assurance (NCQA)
1100 13th Street, NW, Suite 1000
Washington, DC 20005

Daniel Harwell
American Institutes for Research (AIR)
1000 Thomas Jefferson Street, N.W.
Washington, DC 20007

Note: If survey vendors field surveys in Spanish and/or Chinese, the Project Team should be seeded in the mailing database for one QHP reporting unit that is being fielded in each language.

Telephone and E-mail Customer Support

The Project Team calls each survey vendor's telephone customer support line to ask a standard set of questions taken from the QHP Enrollee Survey FAQ. The Project Team also submits an e-mail to the survey vendor's electronic customer support address containing FAQ questions. This customer support review allows the Project Team to assess whether responses provided by staff members are appropriate and in accordance with the FAQ and other specifications. The Project Team also verifies that calls to the customer support line are answered live during regular business hours and that responses to e-mail inquiries are received within 24 hours (or the next business day). The Project Team provides feedback to the survey vendor if the customer support staff provides incorrect responses to the set of FAQ questions, calls are consistently not answered live, or e-mail responses are not provided within the specified time frame. Survey vendors should retrain customer support staff accordingly and are subject to additional review.

Onsite/Remote Visits

The Project Team may conduct survey vendor onsite or remote visits on a rotating annual basis to verify compliance with QHP Enrollee Survey specifications and requirements. These visits allow the Project Team to review and observe systems, procedures, facilities, resources, and documentation used to administer the QHP Enrollee Survey. Remote visits are conducted via WebEx and teleconference. During remote visits, survey vendors share and present all required systems, processes, and documentation using the WebEx platform. Additional information about onsite and remote visits is detailed below.

Participants

Since the Project Team conducts its reviews with survey vendor staff during onsite and remote visits, confidentiality agreements are signed by all parties for each visit, as needed. The Project Team coordinates with survey vendor staff to cover agenda items presented in advance to the survey vendors. The Project Team may also review any additional information or facilities determined to be necessary to complete the review, including work performed by subcontractors, if applicable. *Note: Survey vendors must make their subcontractors available to participate in onsite or remote visits, as needed.*

Activities

During the onsite and remote visits, the Project Team reviews the survey vendors' survey systems and assesses protocols and quality control activities according to the QAG. All materials

relevant to survey administration are subject to review. The systems and program review includes but is not necessarily limited to:

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

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

Follow-Up Activities

After the completion of an onsite or remote visit, the Project Team may pose follow-up questions and/or request additional information, as needed. The Project Team will provide survey vendors with a defined time period to correct any problems identified during the visit and to provide follow-up documentation to verify corrections. Survey vendors are subject to follow-up monitoring, as needed.

Telephone Interview Monitoring

The Project Team also conducts live monitoring of telephone interviews to assess various quality control criteria for each monitored interviewer (e.g., script adherence, probing, intonation, professionalism, neutrality, coding, etc.). Silent monitoring is useful for providing instant feedback to telephone staff.

Telephone interview monitoring sessions may occur during onsite visits or via WebEx and conference call outside of a scheduled onsite or remote visit. The Project Team will schedule remote telephone interview monitoring sessions with survey vendors during mutually convenient times.

During telephone monitoring, the Project Team may review processes that survey vendors employ to monitor and assess telephone-interviewing personnel and to determine how interviewer performance may be improved.

If the Project Team is unable to observe a sufficient number of interviews during the initial telephone interview monitoring session, the Project Team may request an additional monitoring session at its discretion.

Data Validations/Analysis of Submitted Data

The Project Team reviews and analyzes all survey data submitted during and immediately following the data submission process in order 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, survey vendors may be asked to resubmit data. In this event, survey vendors must resubmit data within 5 business days of the original request.

Survey vendors must adhere to all submission requirements, as specified in the QAG and periodically posted on the Project Website. Survey vendors should monitor the Project Website on a regular basis for additional data submission information and updates.

Corrective Action Plans

If a survey vendor fails to demonstrate adherence to the QHP Enrollee Survey protocols and guidelines, as evidenced by ongoing problems with its submitted data, or as observed in its implementation process during the onsite/remote visit or other monitoring activities, the Project Team may increase oversight of the survey vendor's activities (or submitted data files) or, if necessary, place the survey vendor on a corrective action plan.

The Project Team may request that the survey vendor develop and submit a corrective action plan. The Project Team will determine a schedule by which the survey vendor must comply with the tasks set forth in the corrective action plan. This schedule will include interim monitoring dates, when the Project Team and the survey vendor will discuss the status of the plan via teleconference, and the timing of any changes the survey vendor has made or is in the process of making. The nature of the requested changes that the survey vendor is asked to implement will dictate the kind of deliverables the survey vendor will be expected to provide and the dates by which the deliverables must be provided.

Noncompliance and Sanctions

Survey vendors that fail to comply with the corrective action plans or oversight activities, or whose implementation of the QHP Enrollee Survey is otherwise found to be unsatisfactory after being given the opportunity to correct deficiencies, may be subject to having their "approved" status rescinded. Further, QHP Enrollee Survey responses collected by these survey vendors may be withheld from public reporting.

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

- Loss of “approved” status to administer the QHP Enrollee Survey.
- Increased oversight activities.
- Other sanctions, as deemed appropriate by CMS.

Note: If any oversight activity conducted by the Project Team 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, the Project Team may conduct additional oversight activities, as specified by CMS.

XI. DISCREPANCY REPORTS

Overview

This **Discrepancy Reports** section describes the process for notifying the Project Team of discrepancies that have occurred during survey data collection and data submission.

Survey vendors follow the discrepancy report process to notify the Project Team of any discrepancies in adherence to the standard QHP Enrollee Survey protocols. A survey vendor may identify a discrepancy from the QHP Enrollee Survey protocol that requires corrections to procedures and electronic processing in order to realign activities to comply with QHP Enrollee Survey protocols. In its oversight role, the Project Team may also identify discrepancies that require correction. Survey vendors are required to formally document and notify the Project Team of any discrepancies and variations that occur during survey administration. Immediately upon discovery, survey vendors are required to formally document the discrepancy and notify the Project Team through the submission of a Discrepancy Report Form.

Discrepancy Report Process

When they identify a discrepancy, survey vendors complete and submit a Discrepancy Report Form to notify the Project Team. See **Appendix I: Discrepancy Report** for a copy of the Discrepancy Report Form. The Discrepancy Report Form is also available on the Project Website. This form provides the Project Team with information about the nature, timing, cause, and extent of the discrepancy, as well as the proposed corrective action plan and its associated implementation timeline.

Survey vendors submit the Discrepancy Report Form, along with an Excel spreadsheet containing a list of all impacted QHP reporting units, to the Project Team via e-mail (qhpcahps@airg.org) within 1 business day of becoming aware of the discrepancy. Survey vendors must clearly identify on the form the date they discovered the discrepancy. All QHP reporting units affected by the discrepancy *must* be included on the form.

The Project Team reviews each Discrepancy Report submitted by survey vendors within 5 business days and subsequently makes a determination on the actual or potential impact of the discrepancy on publicly reported survey results. Depending on the nature and extent of the discrepancy, a formal review of survey vendor procedures and/or a conference call or onsite visit may be undertaken. The Project Team will notify the survey vendor whether additional information is required to document and correct the issue. The Project team notifies the survey vendor once it determines the review outcome. The Project Team will provide a response to the survey vendor within 1 month of the submission of a Discrepancy Report.

APPENDIX A—MINIMUM BUSINESS REQUIREMENTS

A survey vendor must meet all of the Minimum Business Requirements listed below in order to apply to administer the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey).

RELEVANT SURVEY EXPERIENCE

Demonstrated recent experience in fielding patient experience surveys.

Criteria	Survey Vendor Requirements
Number of Years in Business	<ul style="list-style-type: none"> • Minimum of three years.
Organizational Survey Experience	<ul style="list-style-type: none"> • Minimum of two years prior experience administering standardized patient experience surveys as an organization within the most recent three year period. • Minimum of two years prior experience conducting mixed mode (mail/telephone/Internet survey protocol) survey protocol within the most recent three year period. • Prior experience administering patient experience surveys for vulnerable populations, such as additional contact and callback attempts. • Prior experience employing a statistical sampling process within the two most recent years. • Prior experience submitting patient experience survey data to an external third-party organization. • The following activities cannot be used as relevant experience for approval: experience with polling questions, qualitative data collection, surveys that did not use statistical sampling methods and Interactive-Voice Response (IVR) surveys.
Number of Years Conducting Surveys	<ul style="list-style-type: none"> • Minimum of two years experience conducting large-scale patient experience survey projects using mixed mode (mail/telephone/Internet administration).
Experience with Multiple Survey Languages	<ul style="list-style-type: none"> • Prior experience administering mail and telephone surveys in English and Spanish. • Survey vendor(s) will have the option of conducting the 2016 survey in Chinese and should have prior experience with Chinese (Mandarin) language survey administration if choosing to administer Chinese (Mandarin) language surveys.

ORGANIZATIONAL SURVEY CAPACITY

Capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor Requirements
<p>Capacity to Handle Estimated Workload</p>	<ul style="list-style-type: none"> • Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys, perform telephone interviews using an electronic telephone interviewing system, and to administer the Internet survey during survey fielding time period (estimated January through May of calendar year). • All survey-related activities must be conducted within the Continental United States, Hawaii, Alaska and U.S. Territories. • Must adhere to requirements specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.
<p>Personnel</p>	<ul style="list-style-type: none"> • Designated Project Manager, who is directly employed by the survey vendor (i.e., not a subcontractor), overseeing all survey operations has at least two years of experience in overseeing all functional aspects of survey operations including mail, telephone, Internet, data file preparation and data security. Must have strong background in survey research and methodology and previous experience using specified modes of administration. • Designated Mail Supervisor has previous experience managing large-scale mail survey projects. • Designated Telephone Survey Supervisor has previous experience managing large-scale telephone interviewing projects. • Designated Internet Survey Supervisor has experience with managing large-scale Internet survey projects. • Designated Sampling Manager, who is directly employed by the survey vendor (i.e., not a subcontractor), has sample frame development and sample selection experience. • Designated Information System staff responsible for data submission (programmer) must be directly employed by survey vendor (i.e., not a subcontractor) and have previous experience preparing and submitting data files in specified format to external third-party organization(s) within the past two years. • Survey vendor has appropriate, in terms of sufficiency and experience, organizational back-up staff for coverage of key staff.

Criteria	Survey Vendor Requirements
System Resources	<ul style="list-style-type: none"> • Commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. All System Resources are subject to oversight activities including on-site visits to physical locations. • Commercial physical plant. All survey-related work, including mail and Internet survey administration activities and telephone interviewing must be conducted at the survey vendor's or approved subcontractor's official business location. Home-based places of work (e.g., residences) and virtual organizations will not be considered. • Capacity for reproduction and mailing of questionnaire, cover letters and postcards in-house or in accordance with requirements outlined in "Approved Use of Subcontractors." • Incoming paper surveys will be processed (e.g., scanned or key-entered) at the survey vendor's or designated subcontractor's official business location. • Capacity for programming electronic telephone interview systems in accordance with specifications provided and conducting telephone interviews using an electronic telephone interviewing system in-house or in accordance with requirements outlined in "Approved Use of Subcontractors." • Capacity for producing and programming the Internet survey instrument in-house. • Ability to handle concurrent survey projects while maintaining high quality survey data and high response rates. • Electronic survey management system for tracking fielded surveys through each stage of the protocol through the use of a unique de-identified enrollee identification number and interim disposition codes. This electronic management system should also prevent duplicative records. • Provide regular progress reports to QHP issuers, within guidelines specified by CMS. • A secure work environment for receiving, processing and storing hardcopy and electronic versions of questionnaires and sample files that protects the confidentiality of survey response data and individual identifying information. • Prepare, accommodate, and plan for on-site visits from CMS or CMS-sponsored Project Team for quality oversight purposes.

Criteria	Survey Vendor Requirements
Use of Subcontractors (Subject to Approval)	<ul style="list-style-type: none"> • CMS must approve subcontractors as part of the survey vendor approval process at the time of application. (Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing.) • Subcontracting of printing, outgoing mail processing, data entry/scanning, and telephone interview centers by survey vendor is limited to a reasonable number based on a survey vendor's estimated number of enrollees surveyed on behalf of QHP issuers and to be reviewed by CMS. • Subcontracting of sample file generation and data file preparation and submission is not allowed.
Mode Administration	<ul style="list-style-type: none"> • Responsible for printing, assembling and mailing survey materials in accordance with the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. • Responsible for programming electronic telephone interviewing systems in accordance with the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. • Responsible for producing and programming the Internet survey instrument in accordance with the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. • Comply with all quality oversight requirements described in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>, including submitting sample mail materials, telephone scripts or telephone interviewing screen shots and a link to the Internet survey to Project Team for review prior to survey administration. • Demonstrate ability to collect and accurately process survey data through all phases of survey administration. • Experience identifying non-respondents for mail and/or telephone follow-up. • Demonstrate ability to follow survey administration timeline. • Use commercial software/resources to ensure that addresses and telephone numbers are updated and correct for all the sample enrollees. • Demonstrate capability to administer the survey in Spanish (and Chinese if applicable). • Assign appropriate disposition codes to each sampled enrollee indicating final status of survey. • Mail and Internet survey administration activities and telephone interviews are not to be conducted from a residence.

Criteria	Survey Vendor Requirements
Sampling Experience	<ul style="list-style-type: none"> • Consistent experience in the two most recent years selecting sample based on specific eligibility criteria. • Applicant organization must document statistical approach to drawing a sample. • Demonstrate ability to work with individual QHP issuer to electronically obtain sample frame for sampling within specified timeframe. • Conduct quality checks on sample frame file received from QHP issuer to verify accuracy and completeness of sample frame information.
Data Submission	<ul style="list-style-type: none"> • Capability to scan or key-enter data according to standard protocols. • Follow all data preparation and submission rules as specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>, including verifying data are de-identified and contain no duplicate cases. • Submit data electronically in specified format. • Must be authorized by a QHP issuer prior to submission of data. • Execute business associate agreement with a QHP issuer and receive annual authorization from the QHP issuer to collect data on their behalf and submit to CMS. • Work with the Project Team to resolve data and data file submission problems.
Data Security	<ul style="list-style-type: none"> • Established electronic security procedures related to access levels, passwords and firewalls as required by HIPAA. • Perform daily data back-up and offsite redundancy procedures that adequately safeguard system data. • Required encryption protocols, if applicable, must be utilized for transmitting data files. • Established procedures for identifying and reporting breaches of confidential data. • Experience preparing and submitting data via secure methods (HIPAA compliant).
Data Retention	<ul style="list-style-type: none"> • Capacity to retain all data files for a minimum of three years, or as otherwise specified by CMS. • Provision to store returned paper questionnaires in a secure and environmentally safe location.

Criteria	Survey Vendor Requirements
Confidentiality	<ul style="list-style-type: none"> • Data files (paper or electronic) must be stored securely and confidentially in accordance with specified requirements. • Ensure confidentiality of data for sampled individuals 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, Protected Health Information (PHI), and Personally Identifiable Information (PII) protocols in conducting all survey administration and data collection activities.
Technical Assistance/ Customer Support	<ul style="list-style-type: none"> • Establish toll-free customer support telephone lines with live operator during survey vendor regular business hours to accommodate both Spanish and English inquiries starting at the beginning of the survey fielding period and continuing through the duration of survey fielding. • If administering the survey in Chinese, accommodate telephone inquiries from Chinese-speaking survey participants.

QUALITY CONTROL PROCEDURES

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

Criteria	Survey Vendor Requirements
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> • Establish and document quality control procedures for all phases of survey implementation, and as specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>: <ul style="list-style-type: none"> Internal staff training. Printing, mailing and recording receipt of surveys. Telephone administration of survey (electronic telephone interviewing system). Internet administration of survey. Scanning, coding and cleaning of survey data. Preparing final data files for submission. All other functions and processes that affect the administration of the survey. • Physical business premises on which major operations of survey business are conducted are amenable to site visits by CMS and contractor oversight staff, as specified in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.

Criteria	Survey Vendor Requirements
Training Requirements	<ul style="list-style-type: none"> • Participate in and successfully complete all required survey vendor training, via Webinar, after confirmation of conditionally approved status. • Successfully complete a training evaluation to assess survey vendor comprehension of protocols. • Establish in-house training of staff involved in all aspects of survey administration.
Training Participants	<ul style="list-style-type: none"> • Project Manager, Mail Survey Supervisor, Sampling Manager, Telephone Survey Supervisor and Internet Survey Supervisor, at a minimum. • Strongly recommend that all survey vendor staff responsible for data coding and file preparation attend training. • Subcontractor attendance is optional.

APPROVAL TERM

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

Criteria	Survey Vendor Requirements
Approval Term	<ul style="list-style-type: none"> • One year subject to annual re-approval based on submission and review of Participation Form. • Starting in 2017, previously approved survey vendors must have fielded at least one QHP Enrollee Survey during the prior two survey fielding years to remain eligible for consideration as an approved survey vendor.

**APPENDIX B—MODEL SURVEY VENDOR
QUALITY ASSURANCE PLAN**

Survey vendors approved to administer the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) are required to develop and submit a Quality Assurance Plan (QAP) using the QHP Enrollee Survey Model QAP as a guide. Survey vendors present information in the order specified in the model QAP. The purpose of the Model QAP is to inform the structure of the survey vendor's QAP so that all required items are addressed for review by the Project Team. Returning survey vendors submit the prior year's version of the QAP in track changes mode to emphasize updates and revisions. Survey vendors denote revisions with a reference to the applicable Model QAP section and item number (e.g., the survey vendor's organizational chart is labeled "2.a.").

A survey vendor's QAP is a comprehensive working document that details a survey vendor's compliance with QHP Enrollee Survey protocols.

Following review by the Project Team, the survey vendor will receive feedback indicating either acceptance or conditional acceptance of the QAP. If revisions are necessary, the survey vendor must resubmit a revised version of the QAP to the Project Team for approval.

Note: Survey vendors that do not have contracts to collect data are not required to submit a QAP.

A. ORGANIZATIONAL BACKGROUND, STRUCTURE & STAFF EXPERIENCE

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

1. Include the following organizational information:
 - a. Organization name.
 - b. Address.
 - c. Telephone number.
 - d. Website address.
 - e. Contact person name, direct telephone number and e-mail address.

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

2. Provide an organizational chart that shows the names and titles of staff members, including subcontractors, who are responsible for each of the following tasks:
 - a. Overall project management, including tracking and supervision of all tasks.

- b. Sampling procedures, including obtaining and verifying the sample frame, selection of the sample, and assignment of 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 submission processes.
- f. Tracking of key survey events in the Survey Management System.
- g. Survey administration quality control activities.
- h. Confidentiality and data security.
- i. Staff training.

The organizational chart should clearly specify all staff reporting relationships, including those staff responsible for managing subcontractors. The chart should also designate any individuals with quality assurance oversight responsibilities and indicate the tasks for which they are responsible.

3. Summarize the background and experience of the individuals who are responsible for the tasks listed in the organizational chart above, including a description of any subcontractors serving in these roles. The description of each individual's experience must include a discussion of how the person's qualifications are relevant to the QHP Enrollee Survey tasks that he or she is expected to perform. Resumes should be available upon request.
4. Describe the history and affiliation with subcontractor(s), if applicable. Include the functions being provided by the subcontractor(s) and note whether the information being provided differs from that provided on the Participation Form. Describe survey vendor oversight of subcontractor(s) and subcontractor quality assurance procedures.
5. Provide a narrative description of the training received by personnel involved in QHP Enrollee Survey administration, including subcontractor(s), if applicable. Individually discuss training for:
 - 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 the relevant hardware and software. For example, describe the CATI system, mailing equipment, scanning or data entry equipment, and Survey Management System used for the QHP Enrollee Survey.
2. Describe implementation of the QHP Enrollee Survey for the mail, telephone and Internet survey modes. This section of the QAP must describe the entire process that your organization follows for the below listed tasks:
 - a. Fielding the survey.
 - b. Receiving and processing the data.
 - c. Ensuring data quality through the use of quality control procedures during each stage of the protocol.
 - d. Monitoring and tracking sampled enrollees through each phase of the protocol using a Survey Management System.
 - e. Preparing and submitting final files.
3. Include a copy of the schedule or timeline used by your organization to conduct all activities within the timeframes specified in the QHP Enrollee Survey protocols. The timeline must describe when each milestone activity will be completed (e.g., *X* weeks after sample selection, or *Y* weeks after mailing the first questionnaire).
4. Describe how the sample frame is obtained and how the sample is selected.
5. Description of the Mail Phase:
 - a. Updating addresses, production of mail materials and the process for mailing surveys.
 - b. Quality control checks conducted to ensure the quality/accuracy of printed survey materials (including seeded mailings).
 - c. Use of the decision rules and quality control processes to verify the accuracy of decision rule application.
 - d. Key-entry or scanning procedures, and equipment used to process returned surveys.
 - e. Quality control processes used to validate the accuracy of key-entry and/or electronic scanning procedures.
 - f. Quality control process for monitoring subcontractors, if applicable.
6. Description of the Telephone Phase:

- a. Obtaining and updating telephone numbers, programming the CATI system and software used.
 - b. 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.
 - c. Conducting telephone interviews.
 - d. Capturing enrollee survey responses obtained during telephone interviewing.
 - e. Verifying that telephone interviewers are following QHP Enrollee Survey data collection protocols and procedures during the telephone survey administration phase. *Note: Survey vendors describe telephone interview monitoring procedures in detail and denote the percent of interviews monitored by each monitoring method (e.g., live, recorded, callbacks).*
 - f. Quality control process for monitoring subcontractors, if applicable.
7. Description of the Internet Phase:
- a. Administering the Internet protocol.
 - b. Quality control checks of Internet Survey tool to confirm that programming is accurate and in accordance with QHP Enrollee Survey protocols, and that data integrity is maintained.
 - c. Capturing enrollee survey responses from the Internet protocol.
 - d. Data security.
8. Describe data receipt activities, including monitoring and tracking surveys as surveys transition from the mail phase of the survey to the telephone and Internet phase.
9. Describe data preparation and submission procedures for each of the following:
- a. Preparing de-identified data files.
 - b. Uploading data files.
 - c. Quality control processes used to validate the accuracy of data file preparation and submission.
10. Describe customer support operations using a toll-free telephone line and e-mail address.
- a. Identify staff responsible for responding to questions regarding the QHP Enrollee Survey.
 - b. Provide the customer support telephone number and e-mail address.
 - c. Include the hours of live and voicemail operations and the timeframe for returning calls and responding to e-mails.

- d. Detail the process to accommodate English, Spanish- and Chinese-speaking enrollees, if applicable.
 - e. Include a written transcript of the customer support telephone line voicemail message.
11. In the appendices to the QAP, include all forms used in QHP Enrollee Survey administration that may assist the QHP Enrollee Survey Project Team in reviewing the survey vendor's processes (e.g., tracking logs, quality assurance checklists, survey status flags and/or productivity reports). **Note:** *These items should be templates only and must **not** contain any personally identifiable information (PII).*

C. CONFIDENTIALITY, PRIVACY & DATA SECURITY PROCEDURES

1. Describe the physical and electronic security of and the storage procedures for files containing PII and survey data in hard copy and electronic form, including:
 - a. Back-up process for survey administration activities related to electronic data or files.
 - b. Quality control activities in place to verify back-up files are retrievable.
 - c. Data retention policy and storage facility, including length of time that materials will be retained and the name of the storage facility used (e.g., if materials are stored off-site).
2. Describe survey vendor and subcontractor staff confidentiality agreements. Include a copy of the confidentiality agreement.
3. Describe measures used to protect respondent privacy. Survey vendors must facilitate and verify compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements for PII.

APPENDIX C—FREQUENTLY ASKED QUESTIONS FOR CUSTOMER SUPPORT

OVERVIEW

The questions and responses in this document have been compiled to assist survey vendor staff in responding to Frequently Asked Questions (FAQ) related to the QHP Enrollee Experience Survey. Answers have been provided to general questions about the survey, concerns about participating in the survey and questions about completing the survey.

I. General Questions About the Survey

1. Who is conducting this survey?

I am an interviewer from [SURVEY VENDOR NAME]. [QHP ISSUER] has asked our organization to help conduct this survey, which is designed to obtain feedback from their enrollees.

2. Who is sponsoring this survey?

The survey is sponsored by [QHP ISSUER] as required by Section 1311(c)(4) of the Affordable Care Act.

3. What is the purpose of the survey?

The purpose of this survey is to learn about your experiences receiving care through your health plan in the last 6 months. By answering the questions, you will help us provide information to people to help them choose a health plan from the Marketplace based on quality as well as cost. Additionally, [QHP ISSUER] may use this information to help them provide better service to their enrollees in the future.

4. How will the data be used?

The data from this survey will be combined with other data and will then be provided to consumers shopping for health insurance through [MARKETPLACE NAME] to help them choose a health plan. The survey data will also be used by [QHP ISSUER] to provide better service to their enrollees in the future.

5. Is there a government agency that I can contact to find out more about this survey?

Yes, you can contact the Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services responsible for overseeing this program, at marketplace_quality@cms.hhs.gov.

6. How long will the survey take?

The QHP Enrollee Survey takes about 20 minutes to complete.

7. What questions will be asked?

The survey questions ask about your experiences receiving services from your health plan.

II. Concerns about Participating in the Survey

1. Why are you calling me?

You are being asked to participate in a survey about your experiences receiving care with your health plan in the last 6 months. The answers you provide will help others looking for health insurance choose health plans based on quality as well as cost. Your participation is very important.

2. Who will see my answers?

Your answers will be kept confidential and will be seen by authorized persons at the [SURVEY VENDOR] who is conducting this survey on behalf of your health plan. All responses will be merged into a large pool of data that will be shared with the Centers for Medicare & Medicaid Services (CMS), which is responsible for overseeing your health plan. Any information that could identify you will be removed.

3. I thought privacy laws protected my confidentiality. How did you get my contact information?

The survey that we are conducting is in full compliance with privacy laws, also known as HIPAA (Health Insurance Portability and Accountability Act). We've been authorized by [QHP ISSUER] and the Centers for Medicare & Medicaid Services to conduct this survey and will maintain complete confidentiality of all information.

4. How did you get my name? How was I chosen for the survey?

Your name was randomly selected from all enrollees within your health plan as of December 31, 2015.

5. How did you get my phone number?

In order to conduct this survey, [QHP ISSUER] provided [SURVEY VENDOR] with contact information.

6. I do not participate in surveys.

I understand. However, I hope you will consider participating. This is a very important study for [QHP ISSUER]. The results of the survey will help improve the quality of health care services you are receiving.

7. I'm not interested.

[QHP ISSUER] could really use your help. Your participation will assist in the improvement of health care services for you and other enrollees.

8. I'm extremely busy. I don't really have the time.

Your time is valuable. It is a very important survey, and I would really appreciate your help today. The interview will take about 20 minutes. I can schedule the survey interview at another time that is more convenient for you.

9. You called my cell phone. Can you call back after [ENROLLEE SPECIFY] so that the call does not use any of my cell phone minutes?

Yes. We can call you back at [ENROLLEE SPECIFY].
[IF THE CALL BACK CANNOT BE MADE AT THE *ENROLLEE'S* SPECIFIED TIME, THEN "Yes, but not at that time".] Set a future date and time for the telephone interview.

10. I don't want to answer a lot of personal questions.

Your concern is understandable. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

11. I'm very unhappy with [QHP NAME OR ISSUER NAME] and I don't see why I should help them with this survey.

I'm sorry to hear that you are unhappy. Your participation in this survey will help [QHP ISSUER] understand the issues you had and what improvements are needed.

12. Do I have to complete the survey?

Your participation is voluntary. There are no penalties for not participating. Please understand that this is a very important survey and your answers will help us to improve the quality of services [QHP ISSUER] provides and will also help other consumers choose a health plan in the future.

13. Will I get junk mail if I answer this survey?

No. You will not get any junk mail as a result of participating in this survey. Names, phone numbers and addresses are kept strictly confidential and used solely for the purpose of this survey.

14. I don't want anyone to come to my house.

No one will come to your home. The survey gathers information through an online, mail, or telephone survey.

15. I am on the *Do Not Call List*. You should not be calling me.

The *Do Not Call List* prohibits sales and telemarketing calls. We are not selling anything and we are not asking for money. We are a survey research firm. Your health plan has asked us to conduct this survey.

16. I don't want to buy anything.

We are not selling anything. We want to ask you some questions about the care and services provided by [QHP ISSUER].

17. I am hardly ever sick. I don't think you want to speak with me.

Everyone selected for this survey provides very important information that will assist in improving the services provided through your health plan.

18. Will my responses affect my doctor?

Your doctor will not see your survey responses. This is a survey of the services provided by your health plan, not individual physicians.

19. I have not used my health plan. Should I still answer the questions?

Yes. Even if you have not used any health services from your plan, any information you are able to provide will be helpful.

20. I am no longer a member of this health plan.

We understand this, but this survey asks about your care within the last six months. Please answer the survey questions based on your experience with this health plan during the latter part of 2015.

III. Questions about Completing the Survey**1. Where do I put my name and address on the questionnaire?**

Please do not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of who has returned a completed questionnaire.

2. I am not able to complete this by myself. Can I have my _____ help me?

If you feel you are unable to complete the survey yourself, a "proxy" may complete the survey for you. A "proxy" is generally a family member or relative but it could also be a caregiver or a close friend. This person needs to be someone who knows you very well and would be able to answer health-related questions accurately on your behalf, if you grant them permission.

3. I haven't used this health plan, but someone else in my household has. Should I ask them to complete this survey?

No. You have been randomly selected to complete this survey and so we need you to complete the survey. Everyone selected for this survey gives very important information that will assist in improving the services provided through your health plan.

4. I'm unable to complete the survey online, can you help me?

I'm sorry to hear that you are unable to complete the survey online, but unfortunately due to the variety of different computers, operating systems, and internet browsers that individuals use I cannot provide technical support. However, if you'd like I could complete the survey over the phone now or arrange for someone to call you at a convenient time.

[IF ABLE AND RESPONDENT AGREES, COMPLETE SURVEY OR SCHEDULE CALLBACK.]

5. Can I complete the survey on the Internet in Spanish [or Chinese]?

[FOR SURVEY VENDORS OFFERING THE INTERNET SURVEY IN SPANISH]: The Internet survey is only available in English or Spanish at this time. We can provide you with a Chinese survey by mail for you to complete or we can complete the survey over the telephone in Chinese.

[FOR SURVEY VENDORS NOT OFFERING THE INTERNET SURVEY IN SPANISH]: The Internet survey is only available in English at this time. We can provide you with a Spanish [or Chinese] survey by mail for you to complete or we can complete the survey over the telephone in Spanish [or Chinese].

6. I lost the letter with the information on how to take the survey on the Internet.

Note to Customer Support Staff: In this case, customer support staff may provide the sampled enrollee with the Internet survey URL and the corresponding user name and password either via telephone or e-mail.

APPENDIX D—MAILING MATERIALS AND QUESTIONNAIRE

2016 Qualified Health Plan (QHP) Enrollee Experience Survey

English

September 21, 2015

2016 Qualified Health Plan (QHP) Enrollee Experience Survey

Introduction

We are asking you to complete this survey about your experiences with [QHP ISSUER NAME] in the last 6 months. If you changed your health plan for 2016, please answer the questions in the survey based on your experience with the health plan you had from July through December 2015.

Your Privacy is Protected. What you have to say is private and will only be used for this study. Your answers will be part of a pool of information. We will not share your name or answers with anyone, except if required by law.

Your Participation is Voluntary. You do not have to answer any questions that you do not want to answer. If you choose not to answer, it will not affect the benefits you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [SURVEY VENDOR ADDRESS].

What To Do If You Have Questions. [QHP ISSUER NAME] has contracted with [SURVEY VENDOR NAME] to conduct this study. If you have any questions about the survey, call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between XX:XX a.m. and XX:XX p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays) or e-mail [SURVEY VENDOR EMAIL].

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
 No → **If No, go to #1**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1. Our records show that you are now in [QHP ISSUER NAME]. Is that right?

¹ Yes → **If Yes, go to #3**

² No

2. What is the name of your health plan?

Please print: _____

Your Health Care in the Last 6 Months

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits. If you changed your health plan for 2016, please answer the questions based on your experience with the health plan you had from July through December 2015.

3. In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

¹ Yes

² No → **If No, go to #5**

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

5. In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor's office or clinic?

¹ Yes

² No → **If No, go to #7**

6. 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?

¹ Never

² Sometimes

³ Usually

⁴ Always

7. In the last 6 months, did you need to visit a doctor's office or clinic **after** regular office hours?

¹ Yes

² No → **If No, go to #9**

8. In the last 6 months, how often were you able to get care you needed from a doctor's office or clinic **after** regular office hours?

¹ Never

² Sometimes

³ Usually

⁴ Always

9. 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?

- None → **If None, go to #14**
 1 time
 2
 3
 4
 5 to 9 times
 10 or more times

10. 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 Worst health care possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health care possible

11. 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

12. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter to help you speak with anyone at your doctor's office or clinic?

- ¹ Yes
² No → **If No, go to #14**

13. 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

Your Personal Doctor

14. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ¹ Yes
² No → **If No, go to #32**

15. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → **If None, go to #32**
 1 time
 2
 3
 4
 5 to 9 times
 10 or more times

16. 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

17. In the last 6 months, how often did your personal doctor listen carefully to you?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

18. 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

19. In the last 6 months, how often did your personal doctor spend enough time with you?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

20. 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

21. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?

- ¹ Yes
² No → **If No, go to #24**

22. 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

23. 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

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see any specialists?

- ¹ Yes
² No → **If No, go to #26**

25. 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

26. 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 Worst personal doctor possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best personal doctor possible

27. In the last 6 months, did you take any prescription medicine?

- ¹ Yes
² No → **If No, go to #29**

28. 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

29. 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 → **If No, go to #32**

30. 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 → **If No, go to #32**

31. 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

Getting Health Care From Specialists

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

32. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

- ¹ Yes
² No → **If No, go to #36**

33. 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

34. How many specialists have you seen in the last 6 months?

- None → **If None, go to #36**
 1 specialist
 2
 3
 4
 5 or more specialists

35. 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 Worst specialist possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best specialist possible

Your Health Plan

The next series of questions ask about your experiences with your health plan. If you changed your health plan for 2016, please answer the questions based on your experience with the health plan you had from July through December 2015.

36. In the last 6 months, did you look for any information in written materials or on the Internet about your health plan?

- ¹ Yes
² No → **If No, go to #38**

37. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

38. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen. In the last 6 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

- ¹ Yes
² No → **If No, go to #40**

39. 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

- 40.** In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last 6 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them?
- ¹ Yes
- ² No → **If No, go to #42**
- 41.** 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
- 42.** In the last 6 months, did you get information or help from your health plan's customer service?
- ¹ Yes
- ² No → **If No, go to #46**
- 43.** 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
- 44.** 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
- 45.** 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
- 46.** In the last 6 months, did your health plan give you any forms to fill out?
- ¹ Yes
- ² No → **If No, go to #52**
- 47.** 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
- 48.** 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
- 49.** 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
- 50.** In the last 6 months, did you need the forms in a different format, such as large print or braille?
- ¹ Yes
- ² No → **If No, go to #52**

51. 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

52. 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?

- 0 Worst health plan possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health plan possible

53. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, how likely is it that you would recommend this health plan to a friend or family member?

- 0 Not at all likely
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Extremely likely

54. 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

55. 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

56. In the last 6 months, how often did you delay visiting or **not** visit a doctor because you were worried about the cost? *Do not include dental care.*

- ¹ Never
² Sometimes
³ Usually
⁴ Always

57. 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

About You

58. In general, how would you rate your overall health?

- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor

59. In general, how would you rate your overall **mental or emotional** health?

- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor

60. Have you had either a flu shot or flu spray in the nose since July 1, 2015?

- ¹ Yes
² No
³ Don't know

61. 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 → **If Not at all, go to #65**
⁴ Don't know → **If Don't know, go to question #65**

62. 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

63. 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.

- ¹ Never
² Sometimes
³ Usually
⁴ Always

64. 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.

- ¹ Never
² Sometimes
³ Usually
⁴ Always

65. Do you take aspirin daily or every other day?

- ¹ Yes
² No
³ Don't know

66. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- ¹ Yes
² No
³ Don't know

67. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- ¹ Yes
² No

68. Are you aware that you have any of the following conditions? *Mark one or more.*

- ¹ High cholesterol
² High blood pressure
³ Parent or sibling with heart attack before the age of 60

69. Has a doctor ever told you that you have any of the following conditions? *Mark one or more.*

- ¹ A heart attack
² Angina or coronary heart disease
³ A stroke
⁴ Any kind of diabetes or high blood sugar

70. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

- ¹ Yes
² No → **If No, go to #72**

71. Is this a condition or problem that has lasted for at least 3 months? *Do not include pregnancy or menopause.*

- ¹ Yes
² No

72. Do you now need or take medicine prescribed by a doctor? *Do not include birth control.*

- ¹ Yes
² No → **If No, go to #74**

73. Is this medicine to treat a condition that has lasted for at least 3 months? *Do not include pregnancy or menopause.*

- ¹ Yes
² No

74. What is your age?

- ¹ 18 to 24
² 25 to 34
³ 35 to 44
⁴ 45 to 54
⁵ 55 to 64
⁶ 65 to 74
⁷ 75 or older

75. What is your sex?

- ¹ Male
² Female

76. What is the highest grade or level of school that you have completed?

- ¹ 8th 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

77. What **best** describes your employment status? *Mark only ONE.*

- ¹ Employed full-time
² Employed part-time
³ A homemaker
⁴ A full-time student
⁵ Retired
⁶ Unable to work for health reasons
⁷ Unemployed
⁸ Other

78. Are you Hispanic, Latino/a, or Spanish origin?

- ¹ Yes, Hispanic, Latino/a, or Spanish origin
² No, not of Hispanic, Latino/a, or Spanish origin → **If No, go to #80**

79. Which group best describes you?

- ¹ Mexican, Mexican American, Chicano/a
² Puerto Rican
³ Cuban
⁴ Another Hispanic, Latino/a, or Spanish Origin

80. What is your race? *Mark one or more.*

- ¹ White
² Black or African American
³ American Indian or Alaska Native
⁴ Asian Indian
⁵ Chinese
⁶ Filipino
⁷ Japanese
⁸ Korean
⁹ Vietnamese
¹⁰ Other Asian
¹¹ Native Hawaiian
¹² Guamanian or Chamorro
¹³ Samoan
¹⁴ Other Pacific Islander

81. Did you have health insurance in the United States at any time between January 1st and December 31st, 2015?

- ¹ Yes
² No

82. How confident are you that you understand health insurance terms?

- ¹ Not at all confident
² Slightly confident
³ Moderately confident
⁴ Very confident

83. 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

84. Did someone help you complete this survey?

- ¹ Yes
² No → **Thank you. Please return the completed survey in the postage-paid envelope.**

85. How did that person help you? *Mark one or more.*

- ¹ Read the questions to me
² Wrote down the answers I gave
³ Answered the questions for me
⁴ Translated the questions into my language
⁵ Helped in some other way

Please Specify: _____

Thank you.

Please return the completed survey in the postage-paid envelope

2015 PRENOTIFICATION LETTER

[SURVEY VENDOR LOGO]
[SURVEY VENDOR ADDRESS]

[QHP ISSUER LOGO ONLY NO ADDRESS]

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear [ENROLLEE FIRST AND LAST NAME],

You will soon receive a survey about the care you received through [QHP ISSUER NAME] in the last 6 months. This is your chance to help your health plan serve you better. This survey is part of a national ongoing effort to understand the experiences enrollees have with their health plan. The results will help consumers like you make important choices about their health care and will help health plans improve the care they provide. You have been chosen as part of a random sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. The survey will take about 20 minutes to complete.

Your answers will be part of a pool of information from others like you. The information you provide will only be shared with authorized persons. Your health plan will not see your responses. **You may choose to fill out this survey or not. If you choose not to, this will not affect the benefits you receive.** However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

To save time and paper, you can complete this survey online right now by visiting [SURVEY URL]. On this website you will be asked for this private user name and password:

User Name: [XXXX-XXXX]

Password: [XXXX-XXXX]

[QHP ISSUER] contracted with [SURVEY VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between XX:XX a.m. and XX:XX p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [SURVEY VENDOR EMAIL].

Si prefiere la encuesta en español, por favor llame al (XXX) [XXX-XXXX].

[IF OFFERING CHINESE] 如果你想要中文問卷, 請致電 (XXX) [XXX-XXXX].

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR
EXECUTIVE FROM SURVEY VENDOR
or QHP ISSUER]

2015 FIRST SURVEY MAILING COVER LETTER

[SURVEY VENDOR LOGO]
[SURVEY VENDOR ADDRESS]

[QHP ISSUER LOGO ONLY NO ADDRESS]

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear [ENROLLEE FIRST AND LAST NAME],

We need your help. Please fill out the enclosed survey about the care you received through [QHP ISSUER NAME] in the last 6 months. This is your chance to help your health plan serve you better. This survey is part of a national ongoing effort to understand the experiences enrollees have with their health plan. The results will help consumers make important choices about their health care and will help health plans improve the care they provide.

You have been chosen as part of a random sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. If you changed your health plan for 2016, please answer the questions in the survey based on your experience with the health plan you had from July through December 2015. The survey will take about 20 minutes to complete. We hope you will take this chance to tell us about your experiences.

Your answers will be part of a pool of information from others like you. The information you provide will only be shared with authorized persons. Your health plan will not see your responses. **You may choose to fill out this survey or not. If you choose not to, this will not affect the benefits you receive.** However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

Please return the completed survey in the enclosed pre-paid envelope.

[QHP ISSUER] contracted with [SURVEY VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between XX:XX a.m. and XX:XX p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or e-mail [SURVEY VENDOR EMAIL]. Thanks for your help!

Si prefiere la encuesta en español, por favor llame al (XXX) [XXX-XXXX].

[IF OFFERING CHINESE] 如果你想要中文問卷, 請致電 (XXX) [XXX-XXXX].

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR
EXECUTIVE FROM SURVEY VENDOR
or QHP ISSUER]

REMINDER LETTER WITH ONLINE OPTION

[SURVEY VENDOR LOGO]
[SURVEY VENDOR ADDRESS]

[QHP ISSUER LOGO ONLY NO ADDRESS]

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear [SAMPLED ENROLLEE FIRST AND LAST NAME],

Recently, we sent you a survey about your experiences with your health plan. If you have sent back a completed survey, thank you and please disregard this letter.

To save time and paper, you can tell us about your experiences with [QHP ISSUER] online right now by visiting [SURVEY URL]. On this website you will be asked for this private user name and password:

User Name: 99999999

Password: 99999999

If you prefer, you can fill out the survey and mail it back in the postage-paid envelope that came with it. Your answers to the survey questions will help consumers make important choices about their health care and will help [QHP ISSUER] improve the care they provide. Remember, what you say is private and you do not have to answer any question you do not want to answer. **If you did not get the survey or have lost it**, please call [HELPDESK PHONE NUMBER], and we'll send you another survey.

Thank you!

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR EXECUTIVE
FROM VENDOR or QHP ISSUER]

2015 SECOND MAILING COVER LETTER

[SURVEY VENDOR LOGO]
[SURVEY VENDOR ADDRESS]

[QHP ISSUER LOGO ONLY NO ADDRESS]

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear [ENROLLEE FIRST AND LAST NAME],

We need your help. Recently, we mailed you a survey as part of a national ongoing effort to evaluate the experiences you had with your health plan. The results will help consumers like you make important choices about their health care and will help health plans improve the care they provide. If you feel this survey does not apply to you, or if you have any questions, please call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between XX:XX a.m. and XX:XX p.m. [TIME ZONE], Monday through Friday (excluding federal holidays), or email [SURVEY VENDOR EMAIL].

We have enclosed another copy of the survey. Please take the time to tell us what you think about the care you received from your health plan in the last 6 months. Please return the completed survey in the enclosed pre-paid envelope. This is your chance to help your health plan serve you better.

[QHP ISSUER] contracted with [SURVEY VENDOR NAME] to conduct this survey. You have been chosen as part of a random sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. If you changed your health plan for 2016, please answer the questions in the survey based on your experience with the health plan you had from July through December 2015. The survey will take about 20 minutes to complete.

Your answers will be part of a pool of information from others like you. The information you provide will only be shared with authorized persons. Your health plan will not see your responses. **You may choose to fill out this survey or not. If you choose not to, this will not affect the benefits you receive.** However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

Si prefiere la encuesta en español, por favor llame al (XXX) [XXX-XXXX].

[IF OFFERING CHINESE] 如果你想要中文問卷, 請致電 (XXX) [XXX-XXXX].

Sincerely,

[SIGNATURE]

[NAME & TITLE OF SENIOR
EXECUTIVE FROM VENDOR or QHP
ISSUER]

APPENDIX E—TELEPHONE SCRIPT

Qualified Health Plan (QHP) Enrollee Experience Survey

Computer Assisted Telephone Interview Script

Language: English

Data Collection: 2016

Reference Period: 6 months

Interviewer/CATI Programmer Formatting Conventions

NOTE: The following formatting conventions are used only for the purposes of this document. Survey vendors may use their own formatting conventions, if different from those presented here, as long as the intended results are the same (e.g., the same text is read aloud, the same words are emphasized, the same programming instructions are implemented, etc.) and the conventions are applied consistently throughout the script.

- CATI programmer instructions appear in [ENGLISH UPPERCASE LETTERS ENCLOSED IN BRACKETS].
- Inserts or fills from the sample frame appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}.
- Interviewer instructions appear in <ENGLISH UPPERCASE LETTERS ENCLOSED IN ANGLE BRACKETS> or (ENGLISH UPPERCASE LETTERS ENCLOSED IN PARENTHESES).
- Text in UPPERCASE LETTERS should not be read aloud. For example, “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and should not be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in **bold, lowercase letters**.
- Text that is underlined should be emphasized by the interviewer.

Introduction Script

[HELLO] **Hello, may I please speak to {ENROLLEE'S NAME}?**

- | | | |
|---|----------------------------|-----------------------|
| 1 | YES | → [GO TO INTRO1] |
| 2 | NOT AVAILABLE | → [SCHEDULE CALLBACK] |
| 3 | NO / REFUSAL | → [CODE AS REFUSAL] |
| 4 | MENTALLY/PHYSICALLY UNABLE | → [GO TO INTRO2] |

<IF ASKED WHO IS CALLING> **This is {INTERVIEWER NAME} calling from {SURVEY VENDOR} on behalf of {QHP ISSUER NAME}.**

<IF SOMEONE OTHER THAN THE ENROLLEE INDICATES THAT THE ENROLLEE IS MENTALLY/PHYSICALLY UNABLE, THEN ASK TO SPEAK TO THE ENROLLEE TO CONFIRM AND ASK FOR PERMISSION TO USE A PROXY. ENROLLEE MUST PROVIDE PERMISSION FOR A PROXY. IF UNABLE TO SPEAK WITH THE ENROLLEE OR GET PERMISSION FOR A PROXY, THEN ASSIGN DISPOSITION CODE "MENTALLY OR PHYSICALLY INCAPACITATED.">

[INTRO1] **Hello, this is {INTERVIEWER NAME} calling from {SURVEY VENDOR} on behalf of {QHP ISSUER NAME} to ask you to take part in a confidential study about your healthcare experiences with {QHP ISSUER NAME} in the last 6 months. Your name was selected at random to represent people enrolled in {QHP ISSUER NAME}. Your answers are very important and will be used to help people compare health plans in the future. Your participation is voluntary and will not affect any benefits you get. The interview should take less than 20 minutes to complete. This call may be monitored or recorded for quality control purposes. If this is a convenient time, I'd like to begin the interview now.**

<ANSWER ANY QUESTIONS, THEN GO TO QUESTION 1.>

<IF ENROLLEE DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.>

[INTRO2] **If you need help to complete this telephone interview or if you feel you are unable to complete the interview by yourself, then you can have a family member or friend help you or do the interview for you. This person needs to be someone who knows you well and is able to answer questions about the healthcare you have received in the last 6 months.**

[INTRO2-1] **Is there someone available who could help you or who could do the interview for you?**

- 1 YES → [GO TO INTRO2-2]
- 2 NO → [SCHEDULE CALLBACK]

[INTRO2-2] **May we have your permission to conduct the telephone interview with this person on your behalf?**

- 1 YES → [GO TO INTRO2-3]
- 2 NO → (THANK RESPONDENT, TERMINATE INTERVIEW, CODE AS MENTALLY/PHYSICALLY INCAPABLE)

<IF ENROLLEE OR PROXY DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.>

[INTRO2-3] **Hello, this is {INTERVIEWER NAME} calling from {SURVEY VENDOR} on behalf of {QHP ISSUER NAME}. We are asking you to take part in a confidential study about {ENROLLEE NAME}'s healthcare experiences with {QHP ISSUER NAME} in the last 6 months. {He/She} was selected at random to represent people enrolled in {QHP ISSUER NAME}. {His/Her} answers are very important and will be used to help people compare health plans in the future. {His/Her} participation is voluntary and will not affect any benefits that {he/she} gets. The interview should take less than 20 minutes to complete. This call may be monitored or recorded for quality control purposes.**

As you answer the survey questions, please remember that you are answering the questions for {him/her} and that all survey questions refer to {his/her} experiences with {his/her} health plan. Please do not consider your own experiences or information in the answers you provide. If this is a convenient time, I'd like to begin the interview now.

<IF PROXY DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.>

<INTERVIEWER: GO TO Q1>

[CALLBACK] **When would be a convenient time to call back?**

<RECORD CALLBACK TIME ON CALL RECORD.>

1. (IF NECESSARY ASK, OTHERWISE RECORD SEX) **What is your sex? Are you...**

¹ **Male, or**

² **Female?**

⁻¹ DON'T KNOW

⁻² REFUSED

1. **Our records show that you are now in {QHP ISSUER NAME}. Is that right?**

¹ YES → [IF YES, GO TO #3]

² NO

⁻¹ DON'T KNOW

⁻² REFUSED

2. **What is the name of your health plan?**

(RECORD ANSWERS VERBATIM)

⁻¹ DON'T KNOW

⁻² REFUSED

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits. [IF Q1=NO, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ:] If you changed your health plan for 2016, please answer the questions based on your experience with the health plan you had from July through December 2015.]

3. **In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO → [IF NO, GO TO #5]

⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #5]

⁻² REFUSED → [IF REFUSED GO TO #5]

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed? Would you say...

- 1 Never,
2 Sometimes,
3 Usually, or
4 Always?

-1 DON'T KNOW
-2 REFUSED

5. In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor's office or clinic?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
2 NO → [IF NO, GO TO #7]

-1 DON'T KNOW → [IF DON'T KNOW, GO TO #7]
-2 REFUSED → [IF REFUSED, GO TO #7]

6. 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? Would you say...

- 1 Never,
2 Sometimes,
3 Usually, or
4 Always?

-1 DON'T KNOW
-2 REFUSED

7. In the last 6 months, did you need to visit a doctor's office or clinic **after** regular office hours?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
2 NO → [IF NO, GO TO #9]

-1 DON'T KNOW → [IF DON'T KNOW, GO TO #9]
-2 REFUSED → [IF REFUSED, GO TO #9]

8. In the last 6 months, how often were you able to get care you needed from a doctor's office or clinic after regular office hours? Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

⁻¹ DON'T KNOW

⁻² REFUSED

9. 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 → [IF NONE, GO TO #14]

¹ 1 time

² 2

³ 3

⁴ 4

⁵ 5 to 9 times, or

⁶ 10 or more times?

⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #14]

⁻² REFUSED → [IF REFUSED, GO TO #14]

10. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

⁰ 0 WORST HEALTH CARE POSSIBLE

¹ 1

² 2

³ 3

⁴ 4

⁵ 5

⁶ 6

⁷ 7

⁸ 8

⁹ 9

¹⁰ 10 BEST HEALTH CARE POSSIBLE

⁻¹ DON'T KNOW

-2 REFUSED

11. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

-1 DON'T KNOW

-2 REFUSED

12. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter to help you speak with anyone at your doctor's office or clinic?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO → [IF NO, GO TO #14]

-1 DON'T KNOW → [IF DON'T KNOW, GO TO #14]

-2 REFUSED → [IF REFUSED, GO TO #14]

13. In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one? Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

-1 DON'T KNOW

-2 REFUSED

The next series of questions ask about your personal doctor.

14. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #32]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #32]
- ⁻² REFUSED → [IF REFUSED, GO TO #32]

15. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...

- ⁰ None → [IF NONE, GO TO #32]
- ¹ 1 time
- ² 2
- ³ 3
- ⁴ 4
- ⁵ 5 to 9 times, or
- ⁶ 10 or more times

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #32]
- ⁻² REFUSED → [IF REFUSED, GO TO #32]

16. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

17. In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...

- 1** Never,
- 2** Sometimes,
- 3** Usually, or
- 4** Always?

- 1** DON'T KNOW
- 2** REFUSED

18. In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...

- 1** Never,
- 2** Sometimes,
- 3** Usually, or
- 4** Always?

- 1** DON'T KNOW
- 2** REFUSED

19. In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...

- 1** Never,
- 2** Sometimes,
- 3** Usually, or
- 4** Always?

- 1** DON'T KNOW
- 2** REFUSED

20. 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? Would you say...

- 1** Never,
- 2** Sometimes,
- 3** Usually, or
- 4** Always?

-1 DON'T KNOW

-2 REFUSED

21. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO → [IF NO, GO TO #24]

-1 DON'T KNOW → [IF DON'T KNOW, GO TO #24]

-2 REFUSED → [IF REFUSED, GO TO #24]

22. 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? Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

-1 DON'T KNOW

-2 REFUSED

23. 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? Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

-1 DON'T KNOW

-2 REFUSED

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see any specialists?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO → [IF NO, GO TO #26]

⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #26]

⁻² REFUSED → [IF REFUSED, GO TO #26]

25. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

⁻¹ DON'T KNOW

⁻² REFUSED

26. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 0 WORST PERSONAL DOCTOR POSSIBLE

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

10 10 BEST PERSONAL DOCTOR POSSIBLE

-1 DON'T KNOW

-2 REFUSED

27. In the last 6 months, did you take any prescription medicine?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #29]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #29]
- ⁻² REFUSED → [IF REFUSED, GO TO #29]

28. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

29. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #32]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #32]
- ⁻² REFUSED → [IF REFUSED, GO TO #32]

30. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #32]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #32]
- ⁻² REFUSED → [IF REFUSED, GO TO #32]

31. 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? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

When you answer the next questions about getting care from specialists, do not include dental visits or care you got when you stayed overnight in a hospital.

32. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #36]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #36]
- ⁻² REFUSED → [IF REFUSED, GO TO #36]

33. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

34. How many specialists have you seen in the last 6 months? Would you say...

- 0 None** → [IF NONE, GO TO #36]
- 1 1 specialist**
- 2 2**
- 3 3**
- 4 4**
- 5 5 or more specialists?**

- 1 DON'T KNOW** → [IF DON'T KNOW, GO TO #36]
- 2 REFUSED** → [IF REFUSED, GO TO #36]

35. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 0 0 WORST SPECIALIST POSSIBLE**
- 1 1**
- 2 2**
- 3 3**
- 4 4**
- 5 5**
- 6 6**
- 7 7**
- 8 8**
- 9 9**
- 10 10 BEST SPECIALIST POSSIBLE**

- 1 DON'T KNOW**
- 2 REFUSED**

The next series of questions ask about your experiences with your health plan. [IF Q1=NO, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ:]] If you changed your health plan for 2016, please answer the questions based on your experience with the health plan you had from July through December 2015.]

36. In the last 6 months, did you look for any information in written materials or on the Internet about your health plan?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #38]
- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #38]
- ⁻² REFUSED → [IF REFUSED, GO TO #38]

37. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED

38. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen. In the last 6 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #40]
- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #40]
- ⁻² REFUSED → [IF REFUSED, GO TO #40]

39. 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? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

40. In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last 6 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #42]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #42]
- ⁻² REFUSED → [IF REFUSED, GO TO #42]

41. 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? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #46]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #46]
- ⁻² REFUSED → [IF REFUSED, GO TO #46]

43. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

44. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...

- ¹ Never
- ² Sometimes
- ³ Usually, or
- ⁴ Always

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

45. 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? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

46. In the last 6 months, did your health plan give you any forms to fill out?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #52]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #52]
- ⁻² REFUSED → [IF REFUSED, GO TO #52]

47. In the last 6 months, how often were the forms from your health plan easy to fill out?

Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

48. In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out? Would you say...

- ¹ Never
- ² Sometimes
- ³ Usually, or
- ⁴ Always

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

49. In the last 6 months, how often were the forms that you had to fill out available in the language you prefer? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

50. In the last 6 months, did you need the forms in a different format, such as large print or braille?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #52]
- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #52]
- ⁻² REFUSED → [IF REFUSED, GO TO #52]

51. 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? Would you say...

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED

52. 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ⁰ 0 WORST HEALTH PLAN POSSIBLE
- ¹ 1
- ² 2
- ³ 3
- ⁴ 4
- ⁵ 5
- ⁶ 6
- ⁷ 7
- ⁸ 8
- ⁹ 9
- ¹⁰ 10 BEST HEALTH PLAN POSSIBLE
- ⁻¹ DON'T KNOW
- ⁻² REFUSED

53. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, how likely is it that you would recommend this health plan to a friend or family member?

0 0 NOT AT ALL LIKELY

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

10 10 EXTREMELY LIKELY

-1 DON'T KNOW

-2 REFUSED

54. In the last 6 months, how often did your health plan not pay for care that your doctor said you needed? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always?

-1 DON'T KNOW

-2 REFUSED

55. 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? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always?

-1 DON'T KNOW

-2 REFUSED

56. In the last 6 months, how often did you delay visiting or not visit a doctor because you were worried about the cost? Do not include dental care. Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

- 1 DON'T KNOW
- 2 REFUSED

57. In the last 6 months, how often did you delay filling or not fill a prescription because you were worried about the cost? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

- 1 DON'T KNOW
- 2 REFUSED

The last series of questions ask about your background.

58. In general, how would you rate your overall health? Would you say...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?

- 1 DON'T KNOW
- 2 REFUSED

59. In general, how would you rate your overall mental or emotional health? Would you say...

- 1** Excellent
- 2** Very good
- 3** Good
- 4** Fair, or
- 5** Poor?

- 1** DON'T KNOW
- 2** REFUSED

60. Have you had a flu shot or flu spray in the nose since July 1, 2015?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1** YES
- 2** NO

- 1** DON'T KNOW
- 2** REFUSED

61. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1** EVERY DAY
- 2** SOME DAYS
- 3** NOT AT ALL → [IF NOT AT ALL, GO TO #65]

- 1** DON'T KNOW → [IF DON'T KNOW, GO TO #65]
- 2** REFUSED → [IF REFUSED, GO TO #65]

62. 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? Would you say...

- 1** Never,
- 2** Sometimes,
- 3** Usually, or
- 4** Always?

- 1** DON'T KNOW
- 2** REFUSED

63. 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. Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

⁻¹ DON'T KNOW

⁻² REFUSED

64. 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. Would you say...

¹ Never,

² Sometimes,

³ Usually, or

⁴ Always?

⁻¹ DON'T KNOW

⁻² REFUSED

65. Do you take aspirin daily or every other day?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO

⁻¹ DON'T KNOW

⁻² REFUSED

66. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO

⁻¹ DON'T KNOW

⁻² REFUSED

67. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO

⁻¹ DON'T KNOW

⁻² REFUSED

68. Are you aware that you have any of the following conditions?

(TREAT EACH ITEM AS A YES/NO)

	<u>YES</u>	<u>NO</u>
[A.] High cholesterol?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
[B.] High blood pressure?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
[C.] A parent or sibling with a heart attack before the age of 60?	¹ <input type="checkbox"/>	² <input type="checkbox"/>
⁻¹ <input type="checkbox"/> DON'T KNOW		
⁻² <input type="checkbox"/> REFUSED		

69. Has a doctor ever told you that you have any of the following conditions?

(TREAT EACH ITEM AS A YES/NO)

	<u>YES</u>	<u>NO</u>
[A.] A heart attack?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[B.] Angina or coronary heart disease?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[C.] A stroke?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[D.] Any kind of diabetes or high blood sugar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
-1 <input type="checkbox"/> DON'T KNOW		
-2 <input type="checkbox"/> REFUSED		

70. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO → [IF NO, GO TO #72]

-1 DON'T KNOW → [IF DON'T KNOW, GO TO #72]

-2 REFUSED → [IF REFUSED, GO TO #72]

71. Is this a condition or problem that has lasted for at least 3 months?[IF Q75=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ:] **Do not include pregnancy or menopause.**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

72. Do you now need or take medicine prescribed by a doctor?

[IF Q75=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ:] **Do not include birth control.**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO → [IF NO, GO TO #74]

- ⁻¹ DON'T KNOW → [IF DON'T KNOW, GO TO #74]
- ⁻² REFUSED → [IF REFUSED, GO TO #74]

73. Is this medicine to treat a condition that has lasted for at least 3 months?

[IF Q75=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ:] **Do not include pregnancy or menopause.**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ YES
- ² NO

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

74. What is your age? Are you...

(READ LIST, STOP AFTER A RESPONSE IS GIVEN)

- ¹ **18 to 24**
- ² **25 to 34**
- ³ **35 to 44**
- ⁴ **45 to 54**
- ⁵ **55 to 64**
- ⁶ **65 to 74, or**
- ⁷ **75 or older?**

- ⁻¹ DON'T KNOW
- ⁻² REFUSED

76. What is the highest grade or level of school that you have completed? Is it...

(READ LIST, STOP AFTER A RESPONSE IS GIVEN)

- ¹ **8th 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, or**
- ⁶ **More than 4-year college degree?**

- ⁻¹ **DON'T KNOW**
- ⁻² **REFUSED**

77. What best describes your employment status? Would you say...

(ACCEPT ONLY ONE ANSWER)

- ¹ **Employed full-time**
- ² **Employed part-time**
- ³ **A homemaker**
- ⁴ **A full-time student**
- ⁵ **Retired**
- ⁶ **Unable to work for health reasons**
- ⁷ **Unemployed, or**
- ⁸ **Other?**

- ⁻¹ **DON'T KNOW**
- ⁻² **REFUSED**

78. Are you Hispanic, Latino/a, or Spanish origin?

[IF Q75=FEMALE, USE LATINA. IF Q75=MALE OR MISSING, USE LATINO]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- ¹ **YES**
- ² **NO → [IF NO, GO TO #80]**

- ⁻¹ **DON'T KNOW → [IF DON'T KNOW, GO TO #80]**
- ⁻² **REFUSED → [IF REFUSED, GO TO #80]**

79. Which of the following groups best describes you?

[IF Q75=FEMALE, USE MEXICAN/MEXICAN AMERICAN/CHICANA/LATINA. IF Q75=MALE OR MISSING, USE MEXICAN/MEXICAN AMERICAN/CHICANO/LATINO]

(ACCEPT ONLY ONE ANSWER)

- ¹ **Mexican, Mexican American, Chicano/a,**
- ² **Puerto Rican,**
- ³ **Cuban, or**
- ⁴ **Another Hispanic, Latino/a, or Spanish Origin?**

- ⁻¹ **DON'T KNOW**
- ⁻² **REFUSED**

80. I am 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.

(INTERVIEWER: IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY:) **We ask about your race for demographic purposes only.**

[PROGRAMMER: IF NO/DK/REF TO 'ASIAN' SKIP TO 'NATIVE HAWAIIAN OR PACIFIC ISLANDER.' IF NO/DK/REF TO 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' SKIP TO Q81.]

(TREAT EACH ITEM AS A YES/NO QUESTION)

	<u>YES</u>	<u>NO</u>
[A.] Are you White?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[B.] Are you Black or African American?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[C.] Are you American Indian or Alaska Native?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[D.] Are you Asian?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[E.] Are you Asian Indian?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[F.] Are you Chinese?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[G.] Are you Filipino?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[H.] Are you Japanese?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[I.] Are you Korean?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[J.] Are you Vietnamese?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[K.] Are you another type of Asian?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[L.] Are you Native Hawaiian or Pacific Islander?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[M.] Are you Native Hawaiian?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[N.] Are you Guamanian or Chamorro?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[O.] Are you Samoan?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[P.] Are you another type of Pacific Islander?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
-1 <input type="checkbox"/> DON'T KNOW		
-2 <input type="checkbox"/> REFUSED		

81. Did you have health insurance in the United States at any time between January 1st and December 31st, 2015?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

¹ YES

² NO

⁻¹ DON'T KNOW

⁻² REFUSED

82. How confident are you that you understand health insurance terms? Would you say...

¹ Not at all confident,

² Slightly confident,

³ Moderately confident, or

⁴ Very confident?

⁻¹ DON'T KNOW

⁻² REFUSED

83. How confident are you that you know most of the things you need to know about using health insurance? Would you say...

¹ Not at all confident,

² Slightly confident,

³ Moderately confident, or

⁴ Very confident?

⁻¹ DON'T KNOW

⁻² REFUSED

84. (INTERVIEWER NOTE: WAS THIS A PROXY INTERVIEW?)

¹ YES

² NO

Those are all of my questions. Thank you very much for taking the time to complete this survey!

APPENDIX F—INTERNET SURVEY ENTRY
PAGE

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO]
OMB No. 0938-1221: Approval Expires 02/28/2017

Thank you for visiting the Qualified Health Plan Enrollee Survey website. We are asking you to complete this survey about your experiences with [QHP ISSUER NAME]. If you changed your health plan for 2016, please answer the questions in the survey thinking about the health plan you had from July through December 2015.

Your Privacy is Protected. What you have to say is private and will only be used for this study. Your answers will be part of a pool of information. We will not share your name or answers with anyone, except if required by law.

Your Participation is Voluntary. Your participation is voluntary. You do not have to answer any questions that you do not want to answer. If you choose not to answer, it will not affect the benefits you get.

What To Do If You Have Questions. [QHP ISSUER NAME] has contracted with [SURVEY VENDOR NAME] to conduct this survey. If you have any questions, call the Qualified Health Plan Survey Help Desk at [1-XXX-XXX-XXXX] between [DAYS/TIMES/TIMEZONE].

We recommend completing the survey on a computer, laptop or tablet, rather than on a mobile device.

If you would like to proceed with the survey, please enter the unique User Name and Password provided in the letter that you received:

User Name:

Password:

Questions?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

APPENDIX G—SAMPLE FRAME FILE LAYOUT

SAMPLE FRAME FILE LAYOUT FOR 2016 QHP ENROLLEE SURVEY

The sample frame should include a single record for each enrollee in the State Issuer Product Type (SIP) that meets the eligibility guidelines outlined in the *2016 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications*. The following information (data elements) should be included for each enrollee included in the sample frame. All entries should be left justified.

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
QHP Issuer 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 offered.	
Product Line	Num	1	61	61		3 = Marketplace
Product Type	Num	1	62	62	Name of the product type under which the enrollee's QHP falls.	1 = Health Maintenance Organization (HMO) 2 = Point of Service (POS) 3 = Preferred Provider Organization (PPO) 4 = Exclusive Provider Organization (EPO) <u>Note:</u> This variable must be identical for all enrollees included in the sampling frame.
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 on the format for this ID.	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
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 for this ID, as long as it uniquely identifies the enrollee and can be linked back to the issuer's records.	
Enrollee First Name	Char	25	113	137	Enrollee first name	
Enrollee Middle Initial	Char	1	138	138	Enrollee middle initial	
Enrollee Last Name	Char	25	139	163	Enrollee last name	
Enrollee Gender	Num	1	164	164		1 = Male 2 = Female 9 = Missing/Not Available
Enrollee Date of Birth	Num	8	165	172		MMDDYYYY
Enrollee Mailing Address 1	Char	50	173	222	Street address or post office box	
Enrollee Mailing Address 2	Char	50	223	272	Mailing address 2nd line (if needed)	
Enrollee City	Char	30	273	302		
Enrollee State	Char	2	303	304	2-character Postal Service state abbreviation	
Enrollee Zip Code	Num	5	305	309	5-digit number	
Enrollee Phone 1	Num	10	310	319	3-digit area code plus 7-digit phone number; No separators or delimiters	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Flu_Flag	Num	1	320	320	Flu Vaccinations for Adults Ages 18-64 Eligibility Flag coded based on enrollee's age as of July 1, 2015.	1 = Eligible (the member was born on or between July 2, 1950, and July 1, 1997) 2 = Ineligible (the member was born before July 2, 1950, or after July 1, 1997).
Enrollee Age	Num	2	321	322	Enrollee age as of December 31, 2015. 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, 2015 will be coded 80.	
Issuer_ID	Num	5	323	327	Unique HIOS issuer ID number.	<u>Note:</u> This variable must be identical for all enrollees included in the sampling frame.
QHP State	Char	2	328	329	State associated with the enrollee's QHP. 2-character Postal Service state abbreviation.	<u>Note:</u> This variable must be identical for all enrollees included in the sampling frame.
Reporting Unit ID	Char	12	330	341	Sampling and reporting unit ID. It is made up of the following parts (with a "-" separating each part): 5 digit issuer ID, 2 character QHP state postal code, and 3 character product type. For example: 12345-TX-PPO	<u>Note:</u> This variable must be identical for all enrollees included in the sampling frame.

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Standard Component ID	Char	14	342	355	Unique HIOS identifier for the QHP in which the individual is enrolled. This number is also referred to as a “Plan ID – Standard Component” and is a 14-character combination of issuer, QHP state, product, and plan identifiers. For example: 12345AZ0010001. All characters, except the 6 th and 7 th characters, will be numeric.	<u>Note:</u> A valid value should be included for every enrollee. If this value is unavailable, QHP issuers should use the dummy variable with “99999XX9999999”
Metal Level	Num	1	356	356	Metal level associated with enrollee’s QHP.	1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 5 = Catastrophic
Variant ID	Char	2	357	358	Cost-sharing variant ID associated with enrollee’s QHP. Variant IDs 02 and 03 are for members of federally recognized tribes and eligible Alaska Natives whose incomes meet requirements.	00 = Non-Exchange Variant 01 = Exchange variant (No CSR) 02 = Zero Cost Sharing Plan Variation 03 = Limited Cost Sharing Plan Variation 04 = 73% Actuarial Value (AV) Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 09 = Missing
MSP Flag	Num	1	359	359	Indicator of whether enrollee’s plan is part of the Office of Personnel Management’s (OPM) Multi-State Plan Program.	1 = Part of Multi-State Plan Program 2 = Not Part of Multi-State Plan Program 9 = Missing

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Market Coverage	Num	1	360	360	Indicator of the types of Marketplace(s) where issuer offers the enrollee's QHP. The options include Individual Health Insurance Marketplace, Small Business Health Options Program Marketplace (SHOP), or both.	1 = Individual Marketplace Only 2 = Individual Marketplace and SHOP Marketplace 3 = SHOP Marketplace Only 9 = Missing
Enrollment Route	Num	1	361	361	Route through which individual enrolled in the health plan.	1 = Individual Marketplace 2 = SHOP Marketplace 3 = Direct to Issuer 4 = Other 9 = Missing
Spoken Language Preference	Num	1	362	362	Enrollee's preferred spoken language	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing
Written Language Preference	Num	1	363	363	Enrollee's preferred written language	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing
APTC Eligibility Flag	Num	1	364	364	Indicates if enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction.	1 = Yes 2 = No 9 = Missing
Hispanic	Num	1	365	365	Indicates if the enrollee is Hispanic or Latino. This would be self-reported as part of the Marketplace application, though issuer may collect this information independently as well.	1 = Yes 2 = No 9 = Missing

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Race	Num	1	366	366	Indicates the enrollee's race. This would be self-reported as part of the Marketplace application, though issuer may collect this information independently as well.	1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian or Other Pacific Islander 5 = American Indian or Alaska Native 6 = Other 7 = Multiple Races 9 = Missing
Plan Marketing Name	Char	250	367	616	The common name of the QHP in which the individual is enrolled; this is the name a consumer would see on a Marketplace website when enrolling or might see on their bill.	If missing, use "Unavailable".
Medicaid Expansion QHP Enrollee	Num	1	617	617	QHPs operating in Arkansas or Iowa should indicate whether the QHP enrollee is enrolled in the QHP as part of a Section 1115 Medicaid Expansion program. All QHPs offered outside of Arkansas or Iowa should use the "Not Applicable" code (9).	1 = Yes 2 = No 9 = Not Applicable, QHP outside of Arkansas or Iowa

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Year Plan Began Operating	Num	1	618	618	This variable is an identifier to determine whether a particular reporting unit is eligible for reporting as part of the Quality Rating System. Only plans that began offering coverage within a state's Marketplace in Plan Year 2014 are eligible for public reporting. Please refer to section IX (Data Analysis and Public Reporting) of the QAG for more information.	1 = Issuer began offering this product type within state's Marketplace in Plan Year 2014 2 = Issuer began offering this product type within state's Marketplace in Plan Year 2015

APPENDIX H—SUBMISSION FILE LAYOUT

NOTE: Each element must have a closing tag that is the same as the opening tag but with a forward slash. The survey record data element should only occur once per survey. Please see the example XML file for a detailed demonstration.

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
Survey Record	START	<survey_record>			
Header Fields	START	<headers>			
<case_id>		Unique identifier assigned by the Survey Vendor. This should not be a Social Security Number, medical record number, or other ID that might appear in other data bases. It is used only to link sample data back to sample frame data in case information in the survey or sample data files becomes corrupted or lost.		Num	8
<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).		String	60
<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	Num	1
<enrollee_gender>		Variable indicating the enrollee's gender (from the sample frame provided by the QHP issuer)	1 = Male 2 = Female 9 = Missing/Not Available	Num	1

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<flu_flag>		Flu Vaccination For Adults Ages 18-64 Eligibility Flag based on age as of July 1, 2015 (from the sample frame provided by the QHP issuer).	1 = Eligible (Enrollee was born on or between July 2, 1950, and July 1, 1997) 2 = Ineligible (Enrollee was born before July 2, 1950, or after July 1, 1997).	Num	1
<enrollee_age>		Enrollee age as of December 31, 2015 (from the sample frame provided by the QHP issuer). For enrollees age 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2015 will be coded 80.		Num	2
<issuer_id>		Unique HIOS issuer ID number (from the sample frame provided by the QHP issuer).		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	String	2
<reporting_unit_id>		Sampling and reporting unit ID (from the sample frame provided by the QHP issuer). It is made up of the following parts (with a "-" separating each part): 5 digit issuer ID, 2 character QHP state postal code, 3 character product type. For example: 12345-TX-PPO		String	12

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<scid>		Unique HIOS identifier for the QHP in which the individual is enrolled. This number is also referred to as a “Plan ID – Standard Component” and is a 14-character combination of issuer, QHP state, product, and plan identifiers. For example: 12345AZ0010001. All characters, except the 6 th and 7 th characters, will be Num.		String	14
<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 5 = Catastrophic	Num	1
<variant_id>		Cost-sharing variant (From the sample frame provided by the QHP issuer).	00 = Non-Exchange Variant 01 = Exchange variant (No CSR) 02 = Zero Cost Sharing Plan Variation 03 = Limited Cost Sharing Plan Variation 04 = 73% Actuarial Value (AV) Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 09 = Missing	String	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<msp_flag>		Indicator of whether enrollee's plan is part of the Office of Personnel Management's (OPM) Multi-State Plan Program (From the sample frame provided by the QHP issuer).	1 = Part of Multi-State Plan Program 2 = Not Part of Multi-State Plan Program 9 = Missing	Num	1
<market_coverage>		Indicator of the types of Marketplace(s) where enrollee's QHP is offered. (From sample frame provided by QHP issuer).	1 = Individual Marketplace Only 2 = Individual Marketplace and SHOP Marketplace 3 = SHOP Marketplace Only 9 = Missing	Num	1
<enrollment_route >		Route through which individual enrolled in the plan (From the sample frame provided by the QHP issuer).	1 = Individual Marketplace 2 = SHOP Marketplace 3 = Direct to Issuer 4 = Other 9 = Missing	Num	1
<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
<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 advanced premium tax credit (APTC), with or without a cost-sharing reduction (From the sample frame provided by the QHP issuer).	1 = Yes 2 = No 9 = Missing	Num	1

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<hispanic_frame>		Indicates if the enrollee is Hispanic or Latino (From the sample frame provided by the QHP issuer).	1 = Yes 2 = No 9 = Missing	Num	1
<race>		Indicates the enrollee's race (From the sample frame provided by the QHP issuer).	1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian or Other Pacific Islander 5 = American Indian or Alaskan Native 6 = Other 7 = Multiple Races 9 = Missing	Num	1
<plan_marketing_name>		The common name of the QHP in which the individual is enrolled; this is the name a consumer would see on a Marketplace website when enrolling or might see on their bill (From the sample frame provided by the QHP issuer).	If QHP issuer is unable to provide this information, survey vendor should use "Unavailable" as the missing data code.	String	250
<plan_name_fill>		This is the name of the QHP issuer that was printed on this respondent's survey materials.		String	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

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<n_s>		Total number of sampled enrollees in the sampling and reporting unit (Note: this value will be the same for all individuals in the same sampling unit, or <reporting_unit_id>).		Num	4
<n_fr>		Total number of survey-eligible enrollees before de-duplication in the sample frame provided by the issuer for the sampling and reporting unit. This value will be the same for all individuals in the same sampling unit, or <reporting_unit_id>.		Num	8
<M>		Total number of records in the de-duplicated file for the sampling and reporting unit. The de-duplicated file should have only one record per Subscriber or Family ID (SFID). This value will be the same for all individuals in the same sampling unit, or <reporting_unit_id>.		Num	8
<k>		Number of survey-eligible enrollees covered by the same SFID that covers the sampled enrollee before de-duplication (e.g., total must include subscriber and all survey-eligible dependents covered by subscriber's plan).		Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<final_disposition>		All cases will be assigned a final disposition code. A complete listing of valid disposition codes is found in Section VII, Data Coding in the <i>Quality Assurance Guidelines and Technical Specifications</i> manual. Example: M10	M10, T10, I10, M31, T31, I31, X11, X20, X40, X22, X24, X32, X33, X34, X35	String	3
<proxy>		Indicates whether the interview was completed by a proxy. Only applicable to cases completed by telephone.	0 = Non-Proxy Interview 1 = Proxy Interview 2 = Not Applicable	Num	1
<medicaid_expansion>		QHPs operating in Arkansas or Iowa should indicate whether the QHP enrollee is enrolled in the QHP as part of a Section 1115 Medicaid Expansion program. All QHPs outside of Arkansas or Iowa should use the “Not Applicable” code (9). (From the sample frame provided by the QHP issuer)	1 = Yes 2 = No 9 = Not Applicable, QHP outside of Arkansas or Iowa	Num	1

XML Element	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 reporting as part of the Quality Rating System. Only plans that began offering coverage within a state's Marketplace in Plan Year 2014 are eligible for public reporting. Please refer to Section IX (Data Analysis and Public Reporting) of the QAG for more information. (From the sample frame provided by the QHP issuer).	1 = Issuer began offering this product type within state's Marketplace in Plan Year 2014 2 = Issuer began offering this product type within state's Marketplace in Plan Year 2015	Num	1
<date_complete>		Date when survey is completed or received (MMDDYY). For nonrespondents, vendors should use the "dummy" date of 010100.	MMDDYY (020116 - 052516)	String	6
<undeliverable_mail_flag>		Flag indicating whether mail sent to the sampled enrollee was ever returned as undeliverable.	0 = No 1 = Yes	Num	1
<bad_telephone_flag>		Flag indicating whether the telephone number provided by the QHP issuer was non-working, disconnected, or not found. If no phone number is available for the enrollee after using a secondary source, survey vendor should code the case as a bad telephone number (1=Yes).	0 = No 1 = Yes	Num	1

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<web_entry_flag>		Flag indicating whether the sampled enrollee ever logged in to the web survey.	0 = No 1 = Yes 2 = Not Applicable	Num	1
Header Fields	END	</headers>			
Your Health Care in the Last 6 Months	START	<last_six_months>			
<in_health_plan>	1	Asks respondent to verify that they belong to the health plan name mentioned within the question is accurate.	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/Non-Response/ No Answer	Num	2
<name_health_plan>	2	Name of the health plan that the respondent enters.	<Text Response> "None" = Refused, Don't Know, Blank "NA" = Appropriate Skip	Char	250
<need_care_quick>	3	Did respondent have an illness, injury, or condition that needed care right away	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<got_care_quick>	4	When needed care right away, how often got care.	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<appt_routine_care>	5	Did respondent make any appointments for a check_up or routine care	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<got_appt_quick>	6	How often did you get an appointment for a check-up or routine care as soon as respondent needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<need_after_hrs_care>	7	Did you need to visit a doctor's office or clinic after regular office hours?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<got_after_hrs_care>	8	How often were you able to get care you needed from a doctor's office or clinic after regular office hours?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<num_visits_office>	9	How many times did you go to a doctor's office or clinic to get health care for yourself?	0 = None 1 = 1 time 2 = 2 times 3 = 3 times 4 = 4 times 5 = 5 to 9 times 6 = 10 or more times -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<rate_health_care>	10	What number would you use to rate all your health care in the last 6 months?	0 through 10 -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<needed_care_easy>	11	How easy was it to get the care you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<need_interpreter>	12	Did you need an interpreter to help you speak with anyone at your doctor's office or clinic?	1 = Yes 2 = No -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got_interpreter>	13	When needed an interpreter, how often did respondent get one?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2
Your Health Care in the Last 6 Months	END	</last_six_months>			
Your Personal Doctor	START	<personal_doctor>			
<have_personal_doc>	14	Do you have a personal doctor?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<num_visits_doc>	15	How many times did you visit your personal doctor to get care for yourself?	0 = None 1 = 1 time 2 = 2 times 3 = 3 times 4 = 4 times 5 = 5 to 9 times 6 = 10 or more times -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<doc_easy_understand>	16	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<listen_carefully>	17	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<respect>	18	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<spend_enough_time>	19	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<doc_have_info>	20	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<tests_ordered>	21	Did your personal doctor order a blood test, x_ray, or other test for you?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<tests_follow_up>	22	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<tests_results_soon>	23	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<specialists_visits>	24	Did you see any specialists?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<doc_up_to_date>	25	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<rate_doc>	26	What number would you use to rate your personal doctor?	0 through 10 -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<take_rx_meds>	27	Did you take any prescription medicine?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/No Answer	Num	2
<talk_all_rx_meds>	28	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<multiple_providers>	29	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/ Non-Response/ No Answer	Num	2
<need_care_coord>	30	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/ Non-Response/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got_care_coord>	31	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
Your Personal Doctor	END	</personal_doctor>			
Getting Health Care From Specialists	START	<specialists>			
<specialist_appt>	32	Did you make any appointments to see a specialist?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<got_specialist_care>	33	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<num_specialists>	34	How many specialists have you seen in the last 6 months?	0 = None 1 = 1 Specialist 2 = 2 3 = 3 4 = 4 5 = 5 or more specialists -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<rate_specialist>	35	What number would you use to rate the specialist?	0 through 10 -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer -4 = Appropriate Skip	Num	2
Getting Health Care From Specialists	END	</specialists>			
Your Health Plan	START	<health_plan>			
<look_hp_info_web>	36	Did you look for any information in written materials or on the Internet about your health plan?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got_hp_info_web>	37	How often did the 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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<look_info_pay_serv>	38	Did you look for information from your health plan on how much you would have to pay for a health care service or equipment?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<got_info_pay_serv>	39	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<look_info_pay_rx_>	40	Did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/Non-Response/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got_info_pay_rx>	41	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/Non-Response/ No Answer -4 = Appropriate Skip	Num	2
<got_info_cs>	42	Did you get information or help from your health plan's customer service?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/Non-Response/ No Answer	Num	2
<got_info_needed_cs>	43	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<hp_cs_respect>	44	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<hp_cs_wait_too_long>	45	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<hp_give_forms>	46	Did your health plan give you any forms to fill out?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<hp_forms_easy>	47	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<hp_explain_forms>	48	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got_hp_forms_lang>	49	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<need_hp_forms_format>	50	Did you need the forms in a different format, such as large print or braille?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<got_hp_forms_format>	51	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<rate_HP>	52	What number would you use to rate your health plan in the last 6 months?	0 through 10 -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<recommend_hp>	53	Likelihood of recommending this health plan to a friend or family member	0 through 10 -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<hp_not_pay_service>	54	How often did 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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
< hp_thought_pay>	55	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
< delay_care_cost>	56	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<delay_rx_cost>	57	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
Your Health Plan	END	</health_plan>			
About You	START	<about_you>			
<ghr>	58	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/Non-Response/No Answer	Num	2
<mhr>	59	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/Non-Response/No Answer	Num	2
<flu_shot>	60	Have you had either a flu shot or flu spray in the nose since July 1, 2015?	1 = Yes 2 = No 3 = Don't know -1 = Refused (Phone only) -3 = Blank/ Non-Response/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<use_tobacco>	61	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/ Non-Response/ No Answer	Num	2
<advised_quit_tob>	62	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<recommend_tob_meds>__	63	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2
<discuss_tob_non_meds>__	64	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/Non-Response/No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<daily_aspirin>	65	Do you take aspirin daily or every other day?	1 = Yes 2 = No 3 = Don't know -1 = Refused (Phone only) -3 = Blank/ Non-Response/ No Answer	Num	2
<aspirin_unsafe>	66	Do you have a health problem or take medication that makes taking aspirin unsafe for you?	1 = Yes 2 = No 3 = Don't Know -1 = Refused (phone only) -3 = Blank/Non-Response/No Answer	Num	2
<aspirin_risk_ben>__	67	Health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<cholesterol>	68_1	Are you aware that you have any of the following conditions? Mark one or more. High cholesterol?	0 = Unchecked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only)	Num	2
<high_bp>	68_2	Are you aware that you have any of the following conditions? Mark one or more. High blood pressure?	0 = Unchecked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only)	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<relative_early_ami>	68_3	Are you aware that you have any of the following conditions? Mark one or more. Parent or sibling with hearth attack before the age of 60?	0 = Unchecked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only)	Num	2
<heart_attack>	69_1	Has a doctor ever told you that you have any of the following conditions? Mark one or more. A heart attack?	0 = Unchecked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only)	Num	2
<angina_chd>	69_2	Has a doctor ever told you that you have any of the following conditions? Mark one or more. Angina or coronary heart disease?	0 = Unchecked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only)	Num	2
<stroke>	69_3	Has a doctor ever told you that you have any of the following conditions? Mark one or more. A stroke?	0 = Unchecked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only)	Num	2
<diabetes>	69_4	Has a doctor ever told you that you have any of the following conditions? Mark one or more. Any kind of diabetes or high blood sugar?	0 = Unchecked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only)	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<same_condition>	70	Did you get health care 3 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/ Non-Response/ No Answer	Num	2
<chronic_condition>	71	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/ Non-Response/ No Answer -4 = Appropriate Skip	Num	2
<take_meds>	72	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/ Non-Response/ No Answer	Num	2
<meds_chronic_condition>	73	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/ Non-Response/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<age>	74	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/Non-Response/No Answer	Num	2
<sex>	75	What is your sex?	1 = Male 2 = Female -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<educ>	76	What is the highest grade or level of school that you have completed?	1 = 8th 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/Non-Response/No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<employment>	77	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/Non-Response/No Answer	Num	2
<hispanic>	78	Are you Hispanic, Latino/a, or Spanish origin?	1 = Yes, Hispanic, Latino/a, or Spanish origin 2 = No, not of Hispanic, Latino/a, or Spanish origin -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<hispanic_detail>	79	Which group best describes you?	1 = Mexican, Mexican American, Chicano/a 2 = Puerto Rican 3 = Cuban 4 = Another Hispanic, Latino/a, or Spanish Origin -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<white>	80_1	What is your race? Mark one or more White	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<black>	80_2	Black or African American	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<aian>	80_3	American Indian or Alaska Native	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<asian_indian>	80_4	Asian Indian	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<chinese>	80_5	Chinese	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<filipino>	80_6	Filipino	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<japanese>	80_7	Japanese	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<korean>	80_8	Korean	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<vietnamese>	80_9	Vietnamese	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<other_asian>	80_10	Other Asian	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<native_hawaiian>	80_11	Native Hawaiian	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<guamanian_chamorro>	80_12	Guamanian or Chamorro	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<samoan>	80_13	Samoan	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
<otr_pacific_island>	80_14	Other Pacific Islander	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2
< have_ins>	81	Did you have health insurance in the United States at any time between January 1 st and December 31 st , 2014?	1 = Yes 2 = No -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/Non-Response/No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
< know_ins_terms>	82	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/Non-Response/No Answer	Num	2
< know_using_ins>	83	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/Non-Response/No Answer	Num	2
<help>	84	Did someone help you complete this survey?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Non-Response/ No Answer	Num	2
<help_read>	85_1	How did that person help you? Mark one or more. Read the questions to me	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/ Non-response/ No answer to all categories in Q85 -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<help_wrote>	85_2	How did that person help you? Mark one or more. Wrote down the answers I gave	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/ Non-response/ No answer to all categories in Q85 -4 = Appropriate Skip	Num	2
<help_answer>	85_3	How did that person help you? Mark one or more. Answered the questions for me	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/ Non-response/ No answer to all categories in Q85 -4 = Appropriate Skip	Num	2
<help_translate>	85_4	How did that person help you? Mark one or more. Translated the questions into my language	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/ Non-response/ No answer to all categories in Q85 -4 = Appropriate Skip	Num	2
<help_other>	85_5_1	How did that person help you? Mark one or more. Helped in some other way	0 = Not Checked 1 = Checked -1 = Refused (Phone only) -2 = Don't know (Phone only) -3 = Blank/ Non-response/ No answer to all categories in Q85 -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<help_other_text>	85_5_1	How did that person help you? Helped in some other way, Please Specify	<Text Response> “None” = Refused, Don’t Know, Blank “NA” = Appropriate Skip	Char	200
About You	END	</about_you>			
Survey Record	END	</survey_record>			

APPENDIX I—DISCREPANCY REPORT

SAMPLE DISCREPANCY REPORT INSTRUCTIONS AND FORM

Please be sure to complete the Discrepancy Report in its entirety. The form must contain information for the organization submitting the Discrepancy Report and the name of the individual to contact regarding the Discrepancy Report.

Please submit information for each QHP reporting unit impacted by the discrepancy. The following information must be provided in the Discrepancy Report: a detailed description of the discrepancy; how it was identified; the corrective actions taken to prevent the identified issue from reoccurring; and any other information that might assist the Project Team in determining an outcome.

Survey vendors submit Discrepancy Report Forms along with an Excel spreadsheet containing a list of all impacted QHP reporting units to the Project Team via e-mail (qhpcahps@air.org).

QUALIFIED HEALTH PLAN ENROLLEE EXPERIENCE SURVEY VENDOR DISCREPANCY REPORT

I. General Information

Survey Vendor Organization Information

Organization Name	
Mailing Address	
City	
State	
Zip Code	

Survey Vendor Contact Person

First Name, Last Name	
Title	
Telephone Number	
E-mail Address	

II. List all QHP Reporting Units Impacted by this Discrepancy Report

Survey vendors complete the following information in an Excel template to be provided by the Project Team. Survey vendors submit the completed Excel worksheet with the following information to the Project Team at qhpcahps@air.org.

Survey vendor name				
Date:				
Plan Name	Reporting Unit ID	Total Eligible Enrollees	Total Sampled Enrollees	Number of Sampled Enrollees Affected by the Discrepancy

III. Discrepancy Information

Please provide detailed information for each of the following items.

Description of the discrepancy and how it was discovered:

Timeframe during which each listed reporting unit was impacted (e.g., MM/DD/YYYY – MM/DD/YYYY):

For each plan listed, provide:

1. Issuer ID
2. Total Eligible Enrollees
3. Total Sampled Enrollees
4. Number of Sampled Enrollees Affected by the Discrepancy

Description of the corrective action plan that will be implemented to address the discrepancy, along with proposed timeline:

Additional information not included above that might be helpful to the Project Team: