

# **Qualified Health Plan Enrollee Experience Survey**

## **Quality Assurance Guidelines and Technical Specifications**

**(Version 3.0)**

**September 2016**

Health Insurance **Marketplace**

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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 the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey).

### **QHP Enrollee Survey Information and Technical Assistance for Survey Vendors**

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

- <http://qhpcahps.cms.gov>

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

- By e-mail: [qhpcahps@air.org](mailto: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 CMS Marketplace Quality Initiatives (MQI) website at:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

### **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](mailto: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
SMS	Survey Management System
SPM	State Partnership Marketplace
TEP	Technical Expert Panel

## Summary Table of Changes to the 2017 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) Quality Assurance Guidelines and Technical Specifications

Please note that the information presented in the summary of changes table below is intended to provide a high-level overview of the substantive updates and revisions made to the *QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications* (QAG) between the 2016 and 2017 survey administration years. It is not meant to be a comprehensive or exhaustive list of all modifications. It is the full responsibility of the survey vendor to review the 2017 QAG in its entirety to verify that all 2017 specifications and guidelines are appropriately followed.

QAG Section	Summary of Changes
General	<ul style="list-style-type: none"> <li>▪ Revised dates, survey question numbers, and table references throughout the QAG as necessary.</li> <li>▪ Updated the QAG to indicate that survey vendors are required to submit reports (including Discrepancy Reports) and draft survey materials for review via a survey vendor portal on the Project Website (<a href="https://qhpcahps.cms.gov/">https://qhpcahps.cms.gov/</a>) in 2017.</li> <li>▪ Included the Summary Table of Changes to the 2017 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) Quality Assurance Guidelines and Technical Specifications and added the relevant updates to the beginning of each QAG chapter, excluding appendices.</li> </ul>
Overview, Section I	<ul style="list-style-type: none"> <li>▪ No notable changes.</li> </ul>
Introduction and Background, Section II	<ul style="list-style-type: none"> <li>▪ Added the following sections:               <ul style="list-style-type: none"> <li>○ <b>Quality Rating System (QRS) Survey Measures.</b></li> <li>○ <b>Survey Measures for QHP Enrollee Survey Quality Improvement (QI) Reports.</b></li> </ul> </li> </ul>
QHP Enrollee Survey Participation Requirements, Section III	<ul style="list-style-type: none"> <li>▪ Updated the <b>Communication with QHP Enrollees About the QHP Survey</b> section to include revised guidance on asking QHP Enrollee Survey questions for data collection efforts outside of the QHP Enrollee Survey administration.</li> <li>▪ Updated the <b>QHP Issuer Roles and Responsibilities</b> section to require that QHP issuers notify the Project Team if their eligibility status to field the QHP Enrollee Survey changes within 3 business days of discovery, but no later than January 15, 2017.</li> <li>▪ Updated the requirements in the <b>Survey Vendor Rules of Participation</b> section to align with the 2017 Participation Form.</li> <li>▪ Updated the <b>Survey Vendor Customer Support</b> section to indicate that survey vendors must use a project-specific customer support e-mail address and to clarify that customer support telephone lines must be staffed live during the survey vendor's regular business hours.</li> </ul>

QAG Section	Summary of Changes
Sampling, Section IV	<ul style="list-style-type: none"> <li>▪ Updated and rearranged the eligibility criteria in the <b>QHP Eligibility</b> and <b>Enrollee Eligibility</b> sections to align with the <i>Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2017</i>.</li> <li>▪ Added <b>Table 4-1. Enrollee Eligibility Requirements for the 2017 QHP Enrollee Survey</b>.</li> <li>▪ Updated the <b>QHP Eligibility</b> section to require that QHP issuers notify the Project Team and their authorized HHS-approved survey vendor if they did not meet the January 1, 2017, enrollment threshold within 3 business days of discovery but no later than January 15, 2017.</li> <li>▪ Revised the <b>Sample Frame Generation</b> section to indicate that the sample frame is developed for a single reporting unit only (e.g., different reporting units may not be combined into a single sample frame file) and that accurate sample frame generation is the responsibility of the QHP issuer.</li> <li>▪ Revised the <b>Sampling Protocol</b> section to: <ul style="list-style-type: none"> <li>○ Require that survey vendors notify the Project Team of QHP issuer clients that have not provided a validated sample frame as of January 23, 2017.</li> <li>○ Clarify that deduplication of the sample frame by address is only permitted if the sample frame does not contain SFIDs (Subscriber or Family IDs) or if all SFIDs are unique.</li> <li>○ Provide additional guidance on how to calculate the count variable (field name=k) in the absence of SFIDs.</li> </ul> </li> <li>▪ Added the following sections: <ul style="list-style-type: none"> <li>○ <b>Adding Enrollee Contact Information to a Validated QHP Enrollee Survey Sample Frame.</b></li> <li>○ <b>Fielding Additional Surveys Using the QHP Enrollee Survey Sample Frame.</b></li> <li>○ <b>Obtaining Access to Prior Years' QHP Enrollee Survey Datasets.</b></li> </ul> </li> </ul>
Data Collection Protocol, Section V	<p><b>General</b></p> <ul style="list-style-type: none"> <li>▪ Updated the section throughout to clarify that all survey materials in all survey modes and all applicable languages must be approved by the Project Team prior to survey administration.</li> <li>▪ Updated the section throughout to indicate that survey vendors include a customized login (e.g., user name and/or password) on all applicable mail survey materials to allow sampled enrollees to enter the Internet survey instrument. This differs from previous guidance because it allows survey vendors to use discretion when determining login credentials and no longer requires the use of both a username and a password.</li> </ul>

QAG Section	Summary of Changes
Data Collection Protocol, Section V <i>(Continued)</i>	<p><b>Survey Administration Schedule</b></p> <ul style="list-style-type: none"> <li>▪ Decreased the time between the mailing of the prenotification letter and the mailing of the first questionnaire from 7 days to 3 days.</li> <li>▪ Increased the time between the mailing of the first questionnaire and the mailing of the reminder letter from 10 days to 14 days.</li> <li>▪ Increased the time between the mailing of the first questionnaire and the mailing of the second questionnaire from 21 days to 28 days.</li> <li>▪ Decreased the duration of the telephone protocol from 21 days to 18 days.</li> <li>▪ Updated <b>Table 5-2. 2017 QHP Enrollee Survey Administration Schedule</b> according to these changes.</li> </ul> <p><b>Mail Protocol</b></p> <ul style="list-style-type: none"> <li>▪ Added new requirements and formatting options in the <b>Production of Letters, Envelopes, and Questionnaires</b> section.</li> <li>▪ Revised the <b>Quality Control for Outbound Mail Surveys</b> section to add a requirement to confirm that printed survey materials match survey proofs.</li> <li>▪ Added the <b>Processing Surveys Returned from Deceased Sampled Enrollees</b> and the <b>Use of Subcontractors for Inbound Mail</b> sections.</li> <li>▪ Revised the <b>Foreign Language Mail Administration</b> section for Spanish-speaking and Chinese-speaking enrollees to clarify guidance surrounding foreign language mail survey administration requirements.</li> </ul> <p><b>Telephone Protocol</b></p> <ul style="list-style-type: none"> <li>▪ Revised the <b>Telephone Interviewing System</b> section to provide guidelines related to caller ID programming.</li> <li>▪ Added the <b>Federal Regulations for Calling Sampled Enrollees</b> section to clarify the survey vendor’s responsibilities.</li> <li>▪ Revised the <b>Outbound Telephone Interviewing Protocol</b> section to clarify how survey vendors handle telephone follow-up attempts for a partially completed telephone survey.</li> <li>▪ Revised the <b>Telephone Interviewing Specifications</b> section to clarify that survey vendors are solely responsible for programming skip patterns accurately.</li> <li>▪ Revised the <b>Use of Subcontractors for the Telephone Phase</b> section to clarify the requirements for monitoring telephone interviews when a telephone subcontractor is used.</li> <li>▪ Added the following sections:             <ul style="list-style-type: none"> <li>○ <b>Proxy Respondents by Telephone.</b></li> <li>○ <b>Leaving Messages on Answering Machines.</b></li> </ul> </li> </ul>

QAG Section	Summary of Changes
Data Collection Protocol, Section V (Continued)	<p><b>Internet Protocol</b></p> <ul style="list-style-type: none"> <li>▪ In the <b>Internet Protocol</b> section, prior Internet survey requirements were moved to one of the five new subsections listed below: <ul style="list-style-type: none"> <li>○ <b>General Internet Survey Protocol Requirements.</b></li> <li>○ <b>Programming Specifications.</b></li> <li>○ <b>Text Convention Requirements.</b></li> <li>○ <b>Security Requirements.</b></li> <li>○ <b>System Requirements.</b></li> </ul> </li> <li>▪ Updated requirements in the <b>General Internet Survey Protocol Requirements</b> section to indicate that survey vendors program the Internet survey instrument according to <b>Appendix F: Internet Survey Script.</b></li> <li>▪ Revised the <b>Programming Specifications</b> section to: <ul style="list-style-type: none"> <li>○ Require that the Q2 open-ended text response box is programmed to accept at least a 250-character response.</li> <li>○ Clarify that the inclusion of a functional progress indicator bar is optional.</li> </ul> </li> <li>▪ Updated the <b>Text Convention Requirements</b> section to require that survey vendors use either black or dark blue readable font to program all Internet survey questions and response options.</li> <li>▪ Revised the <b>Internet Survey Entry Page</b> section to indicate that survey vendors must use the entry page language included in <b>Appendix F: Internet Survey Script</b> and to clarify proper coding of the &lt;web-entry-flag&gt; XML data element.</li> </ul>
Confidentiality and Data Security, Section VI	<ul style="list-style-type: none"> <li>▪ Updated the <b>Protecting Sampled Enrollee Confidentiality</b> section to clarify that survey vendors must redact all personally identifiable information (PII) from data files prior to data submission.</li> <li>▪ Revised the <b>Data and Records Storage and Retention</b> section to indicate that survey vendors are permitted to securely destroy hardcopy mail surveys after confirming that scanned images of the hardcopy surveys have been saved.</li> </ul>
Data Coding, Section VII	<ul style="list-style-type: none"> <li>▪ Updated <b>Table 7-1. Survey Disposition Codes</b> to: <ul style="list-style-type: none"> <li>○ Remove the X11—Ineligible: Institutionalized disposition code.</li> <li>○ Revise the definition of the X24—Mentally or Physically Incapacitated disposition code.</li> <li>○ Revise the X32—Refusal disposition code to remove previous guidance that hang-ups are not considered refusals; survey vendors use their discretion to determine whether a hang-up is considered a refusal.</li> <li>○ Revise the definition of the X35—Bad Address and Bad Telephone Number disposition code.</li> </ul> </li> <li>▪ Added the <b>Assigning the Bad Address and Bad Telephone Number Disposition Code</b> section to provide guidance on when to assign the X35 disposition and to clarify proper coding of the &lt;bad-address-flag&gt; and &lt;bad-telephone-flag&gt; XML data elements.</li> </ul>

QAG Section	Summary of Changes
Data Coding, Section VII (Continued)	<ul style="list-style-type: none"> <li>▪ Added <b>Table 7-3. Differentiating Between X33—Nonresponse After Maximum Attempts and X35—Bad Address and Bad Telephone Number and Flag Assignment Rules.</b></li> <li>▪ Added <b>Table 7-5. Valid and Invalid Plan Aliases for Use in Determining a Sampled Enrollee’s Survey Eligibility Status.</b></li> <li>▪ Revised the <b>Calculating Response Rates</b> section to remove the X11—Ineligible: Institutionalized disposition code from the response rate formula.</li> </ul>
Data Submission, Section VIII	<ul style="list-style-type: none"> <li>▪ Added new requirements to the <b>Quality Control Procedures for Data Submission</b> section and revised the turnaround time for survey vendors to submit revised data files to the Project Team from 5 business days to 3 business days.</li> </ul>
Data Analysis and Public Reporting, Section IX	<ul style="list-style-type: none"> <li>▪ Included the <b>Data Cleaning by the Project Team</b> section to codify the data cleaning guidance circulated to survey vendors on March 9, 2016.</li> <li>▪ Added <b>Table 9-1. Scenarios Encountered in QHP Enrollee Survey Data Files and Subsequent Data Cleaning Steps Taken by the Project Team.</b></li> <li>▪ Revised the <b>Providing Deidentified Datasets to Regulatory Agencies</b> section to include guidance on the questions related to an enrollee’s experience with costs (Q54-Q57).</li> </ul>
Quality Oversight, Section X	<ul style="list-style-type: none"> <li>▪ Moved the <b>Project Reporting</b> section from the Data Collection Protocol chapter to the Quality Oversight chapter.</li> <li>▪ Updated the <b>Survey Material Review</b> section to clarify that: <ul style="list-style-type: none"> <li>○ All survey materials in all survey modes and all applicable languages must be approved by the Project Team prior to survey administration.</li> <li>○ Survey vendors must submit revised survey materials within 5 business days of the Project Team’s resubmission request.</li> </ul> </li> <li>▪ Revised the <b>Seeded Mailings</b> section to clarify that survey vendors seed the Project Team in one QHP reporting unit for each survey language being implemented by mail (but only if the mailings include a letter and/or survey in Spanish or Chinese).</li> <li>▪ Updated the <b>Telephone Interviewer Monitoring</b> section to indicate that, in the event that a survey vendor uses more than one telephone subcontractor for the QHP Enrollee Survey, a separate interviewer monitoring session is required with each subcontractor.</li> </ul>
Discrepancy Reports, Section XI	<ul style="list-style-type: none"> <li>▪ Revised the <b>Overview</b> section to: <ul style="list-style-type: none"> <li>○ Include a definition for the term “discrepancy.”</li> <li>○ Provide examples of discrepancies that may occur during QHP Enrollee Survey administration.</li> </ul> </li> <li>▪ Revised the <b>Discrepancy Report Process</b> section to indicate that survey vendors are required to submit Discrepancy Reports through the Project Website in 2017.</li> </ul>

QAG Section	Summary of Changes
Appendix A: Minimum Business Requirements	<ul style="list-style-type: none"> <li>▪ Revised <b>Appendix A</b> to align with the 2017 Minimum Business Requirements.</li> </ul>
Appendix B: Model Quality Assurance Plan	<ul style="list-style-type: none"> <li>▪ Added the following items to the <b>Work Plan for QHP Enrollee Survey Administration</b> section: <ul style="list-style-type: none"> <li>○ Quality assurance checks for sample frame files and the sample selection process.</li> <li>○ Seeded mailing process used for each survey language being implemented.</li> <li>○ Survey languages implemented for the Internet, mail, and telephone phases, and the survey administration process used for each language.</li> <li>○ Leaving messages on sampled enrollees' answering machines.</li> <li>○ Suppression of sampled enrollees who complete the Internet survey from subsequent mail and telephone follow-up.</li> <li>○ Suppression of sampled enrollees who complete the mail survey from subsequent telephone follow-up.</li> <li>○ Redaction of PII.</li> </ul> </li> <li>▪ Added the following items to the <b>Confidentiality, Privacy, and Data Security Procedures</b> section: <ul style="list-style-type: none"> <li>○ Measures used to protect respondent privacy and safeguard PII.</li> <li>○ Method used to transmit sampled enrollee PII to a subcontractor, if necessary.</li> </ul> </li> <li>▪ Added the <b>Resolution of Discrepancies from the 2016 QHP Enrollee Survey Administration</b> section for use by returning survey vendors only.</li> </ul>
Appendix C: Frequently Asked Questions (FAQ) for Customer Support	<ul style="list-style-type: none"> <li>▪ Added the following FAQ items to <b>Appendix C</b>: <ul style="list-style-type: none"> <li>○ I have already mailed the survey back.</li> <li>○ Please remove me from this survey and stop contacting me (sent via e-mail).</li> <li>○ Can you mail me another survey?</li> </ul> </li> <li>▪ Made minor revisions to other FAQ items for clarity.</li> </ul>
Appendix D: Mailing Materials and Questionnaire	<ul style="list-style-type: none"> <li>▪ <b>Questionnaire</b> <ul style="list-style-type: none"> <li>○ Removed the question that previously read: Did you have health insurance in the United States at any time between January 1 and December 31, 2016?</li> <li>○ Removed the "Please Specify" response lines from the last question.</li> <li>○ Added six new disability-related questions (Q74–Q79).</li> <li>○ Included the word "of" in the question stem and response options for Q84.</li> </ul> </li> </ul>

QAG Section	Summary of Changes
Appendix D: Mailing Materials and Questionnaire (Continued)	<ul style="list-style-type: none"> <li>▪ <b>Letters</b> <ul style="list-style-type: none"> <li>○ In the prenotification letter and first and second cover letters, revised the phrase: “Your answers will be part of a pool of information from others like you” to “Your answers will be part of a pool of information from others who are enrolled in your health plan.”</li> <li>○ Revised the survey vendor contact information portion of the second survey mailing cover letter to align with the language used in the first survey mailing cover letter.</li> <li>○ Included a call-out box in the prenotification letter and the reminder letter to draw attention to the Internet survey option.</li> </ul> </li> </ul>
Appendix E: Telephone Script	<ul style="list-style-type: none"> <li>▪ Added standardized language for call backs to sampled enrollees to finish partially completed telephone surveys.</li> <li>▪ Included additional interviewer instructions on how to handle proxy interviews.</li> <li>▪ Removed one question from the 2016 telephone script to align with the 2017 questionnaire, as follows: Did you have health insurance in the United States at any time between January 1 and December 31, 2016?</li> <li>▪ Added six new disability-related questions to the telephone script to align with the 2017 questionnaire (Q74–Q79).</li> <li>▪ Revised specifications for Q9, Q15, and Q34 to indicate that response options should only be read if necessary.</li> <li>▪ Changed the coding value for a “NO” response from “2” to “0” for Q68, Q69, and Q86.</li> <li>▪ Included the word “of” in the question stem and response options for Q84 to align with the 2017 questionnaire.</li> <li>▪ Included additional instructions to programmers and interviewers throughout the script for clarity.</li> <li>▪ Removed the proxy telephone script.</li> </ul>
Appendix F: Internet Survey Script	<ul style="list-style-type: none"> <li>▪ Revised the Internet Survey Entry Page language to remove the requirement to include a fill field for the QHP issuer name and to clarify the requirements for the <b>Survey Instructions</b> section.</li> <li>▪ Added an English Internet Survey Script.</li> </ul>
Appendix G: Sample Frame File Layout	<ul style="list-style-type: none"> <li>▪ Clarified that QHP issuers must generate an individual sample frame for each reporting unit and that the sample frame must not be combined with other product lines or products.</li> <li>▪ Deleted the following variables from the layout: <ul style="list-style-type: none"> <li>○ MSP Flag</li> <li>○ Market Coverage</li> <li>○ Enrollment Route</li> <li>○ Hispanic</li> <li>○ Race</li> </ul> </li> <li>▪ Renamed “The Year Plan Began Operating” variable to “Reporting Status.”</li> <li>▪ Removed the 00=Non-Exchange valid value from the Variant ID variable.</li> </ul>

QAG Section	Summary of Changes
Appendix G: Sample Frame File Layout (Continued)	<ul style="list-style-type: none"> <li>▪ Included guidance to indicate that enrollees with a Variant ID valid value of 09=Missing should be retained in the sample frame.</li> <li>▪ Revised and updated field positions throughout the layout beginning at field position 359.</li> <li>▪ Updated and clarified variable descriptions and valid value notes throughout the layout.</li> </ul>
Appendix H: Data Submission File Layout	<ul style="list-style-type: none"> <li>▪ Deleted the following XML data elements from the layout: <ul style="list-style-type: none"> <li>○ &lt;msp-flag&gt;</li> <li>○ &lt;market-coverage&gt;</li> <li>○ &lt;enrollment-route&gt;</li> <li>○ &lt;hispanic-frame&gt;</li> <li>○ &lt;race&gt;</li> <li>○ &lt;help-other-text&gt;</li> </ul> </li> <li>▪ Added the following XML data elements to the layout based on the 2017 QHP Enrollee Survey questionnaire: <ul style="list-style-type: none"> <li>○ &lt;diff-hear&gt;</li> <li>○ &lt;diff-see&gt;</li> <li>○ &lt;diff-remember&gt;</li> <li>○ &lt;diff-walk-climb&gt;</li> <li>○ &lt;diff-dress-bath&gt;</li> <li>○ &lt;diff-errands&gt;</li> </ul> </li> <li>▪ Clarified appropriate assignment of the following flags: <ul style="list-style-type: none"> <li>○ &lt;bad-address-flag&gt;</li> <li>○ &lt;bad-telephone-flag&gt;</li> <li>○ &lt;web-entry-flag&gt;</li> </ul> </li> <li>▪ Removed the X11 valid value from the &lt;final-disposition&gt; XML data element.</li> <li>▪ For the &lt;proxy&gt; XML data element, clarified that the valid value of 2=Not Applicable should only be used for mail and Internet surveys.</li> <li>▪ Removed the phone-only valid values of -1=Refused and -2=Don't Know from Q89 and Q90.</li> <li>▪ Revised and updated XML data element descriptions, valid values, and coding notes throughout the layout, as necessary.</li> <li>▪ Removed underscores from XML data element names and inserted hyphens in their place.</li> </ul>
Appendix I: Discrepancy Report	<ul style="list-style-type: none"> <li>▪ Revised the <b>Sample Discrepancy Report Instructions and Form</b> section to: <ul style="list-style-type: none"> <li>○ Include a definition for the term “discrepancy.”</li> <li>○ Provide examples of discrepancies that may occur during QHP Enrollee Survey administration.</li> <li>○ Indicate that survey vendors submit Discrepancy Reports through the Project Website in 2017.</li> </ul> </li> </ul>

QAG Section	Summary of Changes
Appendix J: Scoring Specifications for QHP Enrollee Survey Quality Improvement Reports	<ul style="list-style-type: none"><li data-bbox="480 239 1432 310">▪ Added scoring specifications for the QHP Enrollee Survey Quality Improvement Reports.</li></ul>

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## I. OVERVIEW

## **Overview (Section I)**

The Centers for Medicare & Medicaid Services (CMS) developed this “Quality Assurance Guidelines and Technical Specifications” (QAG) manual for the 2017 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 a brief summary of the content included in this manual. Readers are directed to the various sections of the QAG to find detailed information on the requirements, protocols, and procedures for the administration of the QHP Enrollee Survey. The QAG is organized into the following additional 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 includes requirements 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 procedures.

## **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 data confidentiality, and maintaining physical and electronic data security.

## **Data Coding and Processing (Section VII)**

Section VII contains information on preparing QHP Enrollee Survey data files for submission, including decision rule requirements 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 describing the QHP Enrollee Survey results that CMS will provide to QHP issuers. This section also details the 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 Script; Sample Frame File Layout; Data Submission File Layout; Discrepancy Report; and Scoring Specifications for QHP Enrollee Survey Quality Improvement Reports.

## **II. INTRODUCTION AND BACKGROUND**

### Summary of Changes for 2017

- Added the following sections:
  - **Quality Rating System (QRS) Survey Measures.**
  - **Survey Measures for QHP Enrollee Survey Quality Improvement (QI) Reports.**

## 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 Marketplace<sup>SM</sup> (Marketplace<sup>SM</sup>) and the Small Business Health Options Program (SHOP).<sup>1</sup> 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:

- To inform consumer decision-making in choosing a QHP.
- To inform quality improvement efforts for QHPs.
- To allow for effective oversight (assist Marketplaces in overseeing QHPs and assist 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.

## 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.

CMS used the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) principles (<http://www.ahrq.gov/cahps/about-cahps/index.html>) to inform QHP Enrollee Survey development.<sup>2</sup> CAHPS is a survey instrument used by CMS across patient experience survey

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<sup>1</sup> Health Insurance Marketplace<sup>SM</sup> and Marketplace<sup>SM</sup> are service marks of the U.S. Department of Health and Human Services.

<sup>2</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

programs to standardize health care quality data. Standardized data enables comparisons across health plans at a point in time and the monitoring of change in quality over time. 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, 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 data 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 are eligible to answer the pertinent subsequent items following each specific screener 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 in the 2017 QHP Enrollee Survey. CMS may reconsider this decision in future years.

### **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.

CMS will publicly report survey results from the QHP Enrollee Survey 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 2017*, which can be found on the CMS Health Insurance Marketplace Quality Initiatives (MQI) website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

## **Quality Rating System (QRS) Survey Measures**

The QRS includes 12 survey-based measures that utilize data from the QHP Enrollee Survey, which are listed below:

1. Rating of All Health Care.
2. Rating of Health Plan.
3. Rating of Personal Doctor.
4. Rating of Specialist.
5. Access to Care.
6. Access to Information.
7. Care Coordination.
8. Cultural Competence.
9. Plan Administration.
10. Flu Vaccinations for Adults Ages 18–64.
11. Aspirin Use and Discussion.
12. Medical Assistance with Smoking and Tobacco Use Cessation.

This list includes three HEDIS<sup>®3</sup>-based measures (Aspirin Use and Discussion, Flu Vaccinations for Adults Ages 18–64, and Medical Assistance with Smoking and Tobacco Use Cessation), which are collected in the QHP Enrollee Survey because the patient is the best source of information.

For information on the QHP Enrollee Survey measures included in the QRS and the scoring methodology, refer to the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2017*, 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 Measures for QHP Enrollee Survey Quality Improvement (QI) Reports**

In addition to the QRS, CMS and the Project Team produce a separate QHP Enrollee Survey Quality Improvement (QI) Report that provides QHP issuers with results for all QHP Enrollee Survey items and measures and presents actionable information that can be used for quality improvement efforts. The measures included in these QI Reports are different from those included in the QRS and are listed below:

1. Getting Care Quickly.
2. Getting Needed Care.
3. Getting Information in a Needed Language or Format.
4. How Well Doctors Communicate.
5. How Well Doctors Coordinate Care and Keep Patients Informed.
6. Health Plan Customer Service.
7. Getting Information about Health Plan and Costs of Care.
8. Enrollee Experience with Cost.
9. Rating of All Health Care.
10. Rating of Personal Doctor.
11. Rating of Specialist.
12. Rating of Health Plan.
13. Enrollee's Rating of Likelihood of Recommending Health Plan to Friends and Family.

The structure of the composites used in the QHP Enrollee Survey QI Reports largely aligns with the CAHPS Health Plan 5.0 composite structure in order to facilitate comparisons to other populations. Additional detail about the scoring specifications for these composites can be found

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<sup>3</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

## **in Appendix J: Scoring Specifications for QHP Enrollee Survey Quality Improvement Reports.**

### **Sources of Information About the QHP Enrollee Survey**

The QHP Enrollee Survey Project Website (<http://qhpcahps.cms.gov>) 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 and also serves as a portal through which survey vendors submit required deliverables to the Project Team. Survey vendors should submit any questions regarding this manual (QAG) to the technical assistance e-mail address ([qhpcahps@air.org](mailto: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**

### Summary of Changes for 2017

- Updated the **Communication with QHP Enrollees About the QHP Survey** section to include revised guidance on asking QHP Enrollee Survey questions for data collection efforts outside of the QHP Enrollee Survey administration.
- Updated the **QHP Issuer Roles and Responsibilities** section to require that QHP issuers notify the Project Team if their eligibility status to field the QHP Enrollee Survey changes within 3 business days of discovery but no later than January 15, 2017.
- Updated the requirements in the **Survey Vendor Rules of Participation** section to align with the 2017 Participation Form.
- Updated the **Survey Vendor Customer Support** section to indicate that survey vendors must use a project-specific customer support e-mail address and to clarify that customer support telephone lines must have staff available during the survey vendor's regular business hours.

## 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 2017 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, because these communications may introduce bias to the survey results. Survey vendors, QHP issuers, or their agents may **not**:

- 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 indicating that the plan is hoping for a given response.
- Offer incentives of any kind for participation in the survey.

CMS strongly encourages QHP issuers and their agents not to ask QHP Enrollee Survey questions of enrollees 4 weeks prior to and during the QHP Enrollee Survey administration period (generally anytime from January 1 to April 30). QHP issuers should take respondent burden and response rates into account when considering the timing of any additional data collection efforts.

## 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 2017*, 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 sample 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, materials, and a description of the data submission tools through distribution of this manual (QAG) for the 2017 QHP Enrollee Survey.
- 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](mailto: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.
- 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 (e.g., 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 2017*.

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

- Contract with an 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>.
  - QHP issuers are *not* permitted to self-administer the survey.
- 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, 2017**.
- 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/CompAud/LicOrgs%208.8\\_2016.pdf?ver=2016-08-08-202858-930](http://www.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/LicOrgs%208.8_2016.pdf?ver=2016-08-08-202858-930).
  - The current list of NCQA-Certified HEDIS Compliance Auditors is available on NCQA's website at: [http://www.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/CHCA%208.30\\_2016.pdf?ver=2016-08-31-222234-677](http://www.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/CHCA%208.30_2016.pdf?ver=2016-08-31-222234-677).
  - Details about the HEDIS Compliance Audit program are available on NCQA's website at: <http://www.ncqa.org/hedis-quality-measurement/certified-survey-vendors-auditors-software-vendors/hedis-compliance-audit-program>
- Create a complete, accurate, and valid QHP Enrollee Survey sample 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, 2017**.
- Complete the NCQA Healthcare Organization Questionnaire (HOQ) for the survey sample frame validation by the deadline established by NCQA (**February 2017**).
- 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 sample 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.
- If the QHP issuer's eligibility status to field the QHP Enrollee Survey changes, notify the QHP Enrollee Survey Project Team within 3 business days of discovery (but no later than **January 15, 2017**).
- 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 2017 QHP Enrollee Survey data collection, survey vendors must be approved to administer the QHP Enrollee Survey.

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

- Follow the specified Rules of Participation to administer the QHP Enrollee Survey. Please refer to the **Survey Vendor Rules of Participation** section for more information.
- Establish and maintain a Survey Management System (SMS). Please refer to the **Establishing a Survey Management System** section for more information.
- Provide customer support for enrollees with questions about the survey. Please refer to the **Survey Vendor Customer Support** section for more information.
- Comply with the program requirements established by CMS and contained in the QAG to administer the QHP Enrollee Survey.
- 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.

*Note: Survey vendors notify the Project Team ([ghpcahps@air.org](mailto:ghpcahps@air.org)) of any QHP issuer clients that have not provided a validated sample frame as of **January 23, 2017**.*

- Administer the QHP Enrollee Survey and oversee the quality of work performed by 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 to CMS on their behalf within the QHP Enrollee Survey Vendor Authorization System.
- 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 files 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.
- Conduct all business operations for the QHP Enrollee Survey within the continental United States, Hawaii, Alaska, or U.S. Territories so that the Project Team can perform the required quality oversight activities. This requirement also applies to all staff and subcontractors.

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

### ***Survey Vendor Rules of Participation***

Any survey vendor participating in the 2017 QHP Enrollee Survey administration must adhere to the following Participation Rules found in the 2017 Participation Form. To be eligible, the organization must:

- Meet the QHP Enrollee Survey Minimum Business Requirements (MBR).
- Participate in a teleconference call with the QHP Enrollee Survey 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).

- 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.
- Review and comply with the 2017 Quality Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications and any policy updates.
- Develop and submit a survey vendor Quality Assurance Plan (QAP) as specified by the deadline determined by CMS. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires, reminder letters, and envelopes), telephone scripts, and the Internet survey instrument.
- Participate and cooperate in all oversight activities conducted by the QHP Enrollee Survey Project Team, included but not limited to: survey material review, onsite/remote site visits, seeded mailings, telephone interview monitoring, data review, and other oversight activities as determined by CMS.
- Acknowledge that the use of virtual telephone interviewers is prohibited.
- Comply with all rules and regulations pertaining to personally identifiable information (PII) and Protected Health Information (PHI) per the Health Insurance Portability and Accountability Act (HIPAA).
- Submit an interim survey data file to CMS, as determined by CMS.
- Submit data on time, as specified by the deadline determined by CMS.
- Attest to the accuracy of the organization's data collection (as determined by CMS) and follow the guidelines set forth in the *2017 Quality Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*.
- Notify the QHP Enrollee Survey Project Team of any discrepancy or variation from standard QHP Enrollee Survey protocols that occurs when the discrepancy is identified. The survey vendor must complete and submit a Discrepancy Report (in the format and manner specified by CMS) within 1 business day of becoming aware of the discrepancy.
- Attest that it is organizationally independent from the QHP issuer client. The survey vendor must not administer the QHP Enrollee Survey or produce survey results to meet CMS requirements for any QHP client issuer that controls, is controlled by, or is under common control with the survey vendor.

- Acknowledge that contracting with, and successfully administering, the QHP Enrollee Survey on behalf of at least one QHP issuer within 24 months of receiving initial approval status is a requirement for continued approval status. A survey vendor must continue to field the survey for at least one QHP issuer during every 24-month increment following the initial 24-month period.
- 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.
- Acknowledge that review of and agreement with the Rules of Participation is necessary for participation.

### ***Establishing a Survey Management System***

Survey vendors implement an automated, electronic Survey Management System (SMS) to effectively track sampled enrollee data elements, data collected throughout various stages of survey implementation, 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 during 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 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 uses 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.

### ***Survey Vendor Customer Support***

Survey vendors establish a customer support toll-free telephone number and a project-specific e-mail address for sampled enrollees who have questions about the QHP Enrollee Survey and/or 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 during the survey vendor's regular business hours, 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 during survey vendor's regular business hours, Monday through Friday, excluding federal holidays.
- 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 if the message is received during the weekend or on a federal holiday.
- Survey vendors provide a project-specific 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 or on a federal holiday. If a survey vendor cannot provide a response to a question within 24 hours of receipt, then the survey vendor must at least acknowledge receipt of the inquiry within 24 hours.
- 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 questions commonly asked by sampled enrollees 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 project-specific e-mail address in Spanish and Chinese (if applicable). If customer support staff are not trained to administer telephone interviews, then they must be trained in procedures to transfer calls to telephone interviewers or to schedule callbacks. Please refer to the **Inbound Telephone Interviewing Protocol** section 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 work and operations conducted by subcontractor(s) 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**

### Summary of Changes for 2017

- Updated and rearranged the eligibility criteria in the **QHP Eligibility** and **Enrollee Eligibility** sections to align with the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2017.
- Added **Table 4-1. Enrollee Eligibility Requirements for the 2017 QHP Enrollee Survey.**
- Updated the **QHP Eligibility** section to require that QHP issuers notify the Project Team if they did not meet the January 1, 2017, enrollment threshold within 3 business days of discovery but no later than January 15, 2017.
- Revised the **Sample Frame Generation** section to indicate that the sample frame is developed for a single reporting unit only (e.g., different reporting units may not be combined into a single sample frame file) and that accurate sample frame generation is the responsibility of the QHP issuer.
- Revised the **Sampling Protocol** section to:
  - Require that survey vendors notify the Project Team of QHP issuer clients that have not provided a validated sample frame as of January 23, 2017.
  - Clarify that deduplication of the sample frame by address is only permitted if the sample frame does not contain SFIDs (Subscriber or Family IDs) or if all SFIDs are unique.
  - Provide additional guidance on how to calculate the second count variable (field name=k) in the absence of SFIDs.
- Added the following sections:
  - **Adding Enrollee Contact Information to a Validated QHP Enrollee Survey Sample Frame.**
  - **Fielding Additional Surveys Using the QHP Enrollee Survey Sample Frame.**
  - **Obtaining Access to Prior Years' QHP Enrollee Survey Datasets.**

## 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 procedures.

## Sample Frame Data File Generation

QHP issuers are required to generate a complete, accurate, and valid sample frame data file that is representative of the entire eligible population for each reporting unit (defined in the section below). Generating accurate and complete sample frames is important not only for data collection activities but also for public reporting. After the data are submitted, the requested sample file variables are evaluated as potential case-mix adjusters. These adjusters are applied to the publicly reported scores generated for the Quality Rating System. The scores associated with each product type are applied to specific QHPs within specific state Marketplaces. Accurately

assigning QHPs to reporting units and providing full information on QHPs and enrollees improves the quality of the publicly reported data.

### Definition of a Reporting Unit

For the 2017 QHP Enrollee Survey, the reporting unit is defined as the product type (e.g., 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 (i.e., unique state-product type). Indemnity plans (i.e., fee for service plans) are not subject to QHP Enrollee Survey requirements.

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. QHP issuers may **not** combine product types (e.g., an HMO and a PPO).

- If more than one plan is offered through the Marketplace for a given product type (e.g., bronze HMO and silver HMO) in a particular state for QHP issuer XYZ, then these plans are considered a single reporting 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).*
- If a QHP issuer has multiple products in a single state (e.g., two HMOs), then all HMOs offered by that QHP issuer in that particular state are considered a single reporting unit.
- A QHP issuer that offers both a QHP and a Multi-State Plan (MSP) option for 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.

### Defining the Sample Frame: Eligibility Guidelines

A sample frame is the list of all eligible individuals enrolled in an eligible QHP by product type within a particular state. QHP issuers generate a sample frame for *each product type* they offer through the Marketplace with separate sample frames by state. To identify the eligible population to include in each reporting unit, issuers make eligibility decisions based on the QHP and the enrollee.

### ***QHP Eligibility***

QHP issuers are required to collect and submit 2017 QHP Enrollee Survey response data for each reporting unit that meets the following criteria:

- Offered through a Marketplace in 2016; and
- Offered through a Marketplace in 2017; and
- Had more than 500 enrollees as of July 1, 2016, **and** more than 500 enrollees as of January 1, 2017. The counts of enrollees include all enrollees of QHPs within the product type and not just survey-eligible enrollees, as defined below in the **Enrollee Eligibility** section.
  - Reporting units that are discontinued before June 15, 2017, are exempt from these requirements.
  - For an eligible reporting unit impacted by a QHP issuer change in ownership (e.g., merger, acquisition) effective as of January 1, 2017, the QHP issuer that assumes the reporting unit is responsible for meeting these requirements.
  - QHP issuers that had more than 500 enrollees as of July 1, 2016, but are uncertain as to whether they will have more than 500 enrollees as of January 1, 2017, should proceed as if they will be required to field the QHP Enrollee Survey by preparing the sample frame and authorizing an HHS-approved survey vendor. If it is later discovered that the issuer did not meet the January 1, 2017, enrollment threshold, then the QHP issuer must notify the QHP Enrollee Survey Project Team and the HHS-approved survey vendor within 3 business days of discovery (but no later than January 15, 2017).

### ***Enrollee Eligibility***

QHP issuers adhere to the following guidelines when determining which enrollees to include in the QHP Enrollee Survey sample frame file:

- **Include** enrollees in QHPs offered through the Marketplace, regardless of how they enrolled in these QHPs, and who continue to be enrolled as of January 1, 2017. For example, an eligible enrollee who does not have access to a Marketplace website could enroll in a Marketplace QHP directly with a QHP issuer. Such an enrollee is to be included in the 2017 QHP Enrollee Survey sample frame. These QHPs will be designated by Health Insurance Oversight System (HIOS) ID variants -01 through -06.
- **Do not include** enrollees in QHPs offered outside the Marketplace (off-Marketplace plans) and non-QHPs (traditional commercial plans). Off-Marketplace plans include those that mirror QHPs offered on the Marketplace due to guaranteed availability requirements (Section 147.104a of the Affordable Care Act) and are designated with a HIOS variant ID -00.

- **Include** enrollees in QHPs that provide family and/or adult-only medical coverage. At this time, QHP Enrollee Survey requirements do not apply to child-only health plans<sup>4</sup> or stand-alone dental plans (SADPs).<sup>5</sup>
- **Include** individuals 18 years or older who have been enrolled in an eligible QHP continuously for the last 6 months (from July 1–December 31, 2016), with no more than one 31-day break in enrollment during the continuous enrollment period.
  - Use December 31, 2016, as the anchor date to determine whether the individual meets the age and 6-month continuous enrollment requirement in order to be included in the 2017 QHP Enrollee Survey sample frame. For example, include all individuals enrolled in an eligible QHP who are 18 years or older as of December 31, 2016, and who have been enrolled since July 1, 2016 (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, 2016. An allowable gap can occur anytime during the continuous enrollment period (July 1–December 31, 2016). The individual must be enrolled for 5 of the 6 months between July 1 and December 31, 2016.

*Note: Enrollees who switch among different product lines (commercial, Medicaid, Medicare, Marketplace) or products (HMO, POS, PPO and EPO) during the time specified for continuous enrollment (i.e., July 1–December 31, 2016) are considered continuously enrolled and are included in the product line/product in which they were enrolled as of the end of the continuous enrollment period (i.e., December 31, 2016). For example, a member enrolled in an HMO product who switches to a PPO product during the continuous enrollment period is included in the sample frame for the PPO product for the 2017 QHP Enrollee Survey.*

- **Include** 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.
- **Include** enrollees in a reporting unit that may be aligned to a different certified QHP issuer in the prior year, in cases where the QHP issuer has documented a change in ownership that is effective as of January 1, 2017 (e.g., the gaining QHP issuer should include enrollees previously aligned to the ceding QHP issuer in cases of merger or acquisition).

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<sup>4</sup> CMS 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.

<sup>5</sup> 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.

*Note: QHP issuers must produce a single sample frame for each reporting unit. If an issuer offers multiple products, then it must produce sample frames separately by reporting unit/product (e.g., HMO, POS, PPO, EPO). QHP issuers may not combine sample frame data files for different reporting units or different products into a single file.*

QHP issuers must 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.

For a summary of enrollee eligibility requirements, see **Table 4-1: Enrollee Eligibility Requirements for the 2017 QHP Enrollee Survey**.

**Table 4-1. Enrollee Eligibility Requirements for the 2017 QHP Enrollee Survey**

Enrollee Eligibility Status	Eligibility Criteria
<b>Eligible if all of the listed criteria are met.</b>	Enrollee is in a QHP offered through the Marketplace (HIOS variant IDs -01 through -06).
	Enrollee is in a QHP that provides family and/or adult medical coverage.
	Enrollee is 18 years of age or older as of December 31, 2016.
	Enrollee meets continuous enrollment criteria.
	Enrollee is still enrolled on January 1, 2017.
<b>Ineligible if any of the listed criteria apply.</b>	Enrollee is in a QHP offered outside the Marketplace (HIOS variant ID -00).
	Enrollee is in a QHP that provides child-only health plans or stand-alone dental plans.
	Enrollee is younger than 18 years of age as of December 31, 2016.
	Enrollee does not meet continuous enrollment criteria.
	Enrollee is no longer enrolled as of January 1, 2017.

### **Sample Frame Generation**

QHP issuers generate one sample frame data file for each reporting unit (i.e., reporting units may not be combined into a single file) so that the survey vendor can generate the random sample of enrollees. The sample frame must be specific to a given reporting unit (unique state-product type for each QHP issuer) and must *not* be combined with other product lines or products. QHP issuers use the standardized layout and format provided for the sample frame data file in **Appendix G: Sample Frame File Layout**. QHP issuers must arrange for an NCQA-Certified HEDIS Compliance Auditor to perform the sample frame validation. However, the QHP issuer is ultimately responsible for the accuracy of the sample frame. 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 and Deceased Enrollees**

In order to ensure standardization among the QHP enrollees included within sample frames for the 2017 QHP Enrollee Survey, QHP issuers are required to exclude individuals who discontinue their coverage through the QHP for plan year 2017. CMS and the Project Team recognize that the limited amount of time to generate the sample frames and the fact that the 2016–2017 Open Enrollment Period (OEP) extends until January 31, 2017, 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, 2017. QHP issuers are *not* permitted to generate a separate list of disenrollees. All exclusions of disenrollees must occur prior to submitting the sample frame for the HEDIS Compliance Audit.

QHP issuers are also required to eliminate deceased enrollees as of January 1, 2017, and update enrollment files with address and telephone number corrections before generating sample frames. QHP issuers may *not* generate sample frames earlier than January 2017.

### **Sample Frame Data Elements and Standardized Format**

The sample frame includes a single record for each eligible enrollee in the reporting unit as defined by the eligibility guidelines above. Variables included in the sample frame are important for data collection activities and for identifying and applying case-mix adjusters for public reporting. **Appendix G: Sample Frame File Layout** 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 who meets the eligible population criteria (one enrollee record per line).

Data elements adhere to the value label characteristics described in **Appendix G** and are to be placed in the designated columns (i.e., specified 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.

It is extremely important that QHP issuers fully populate all sample frame variables due to their impact on final survey response rates; however, 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* provided in **Appendix G**.

*Note: QHP issuers may not append any additional data 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/CompAud/LicOrgs%208.8\\_2016.pdf?ver=2016-08-08-202858-930](http://www.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/LicOrgs%208.8_2016.pdf?ver=2016-08-08-202858-930).
- The current list of NCQA-Certified HEDIS Compliance Auditors is available on NCQA's website at: [http://www.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/CHCA%208.30\\_2016.pdf?ver=2016-08-31-222234-677](http://www.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/CHCA%208.30_2016.pdf?ver=2016-08-31-222234-677).
- Details about the HEDIS Compliance Audit program and the data validation process are available on NCQA's website at: <http://www.ncqa.org/hedis-quality-measurement/certified-survey-vendors-auditors-software-vendors/hedis-compliance-audit-program>.

QHP issuers complete the sample frame validation process via NCQA's Healthcare Organization Questionnaire (HOQ). QHP issuers need to grant the NCQA-Certified HEDIS Compliance Auditor access to the HOQ to enter the sample frame validation information. See **Table 4-2: 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 2017*, 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 4-2. Sample Frame Validation Process**

Step	Description
<b>Step 1</b>	In the NCQA HOQ, the QHP issuer enters information on the number of QHP Enrollee Survey reporting units it intends to report. This is the number of sample frames the QHP issuer must produce. <b>Note:</b> 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.
<b>Step 2</b>	The QHP issuer generates the sample frame data files according to specifications.
<b>Step 3</b>	The QHP issuer delivers the sample frame data files to the NCQA HEDIS Compliance Auditor by <b>January 31, 2017</b> .
<b>Step 4</b>	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.
<b>Step 5</b>	The auditor enters the result of the sample frame validation into the HOQ.

Step	Description
<b>Step 6</b>	The QHP issuer forwards the sample frame data files and documentation of sample frame validation results to the QHP Enrollee Survey vendor.
<b>Step 7</b>	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.

*Note: Survey vendors notify the Project Team ([qhpcahps@air.org](mailto:qhpcahps@air.org)) of any QHP issuer clients that have not provided a validated sample frame as of January 23, 2017.*

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

### **Definitions**

- **Subscriber or Family Identifier (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 enrollee (i.e., each EUID) associated with the same SFID by the SFID. If there is only one EUID associated with an SFID, then survey vendors retain that enrollee in the sample frame. If there are multiple EUIDs associated with an SFID, then 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 enrollee per SFID. The sample frame with only one eligible enrollee 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 a sample frame does not contain SFIDs, then the sample frame is deduplicated by address.
- If SFIDs are unique for each enrollee in the covered family unit, then the sample frame is deduplicated by address.

*Note: Deduplication of the sample frame by address is only prescribed if the sample frame does not contain SFIDs or if all of the SFIDs in a particular sample frame are unique; deduplication by address may not be performed on sample frames that have already been deduplicated by SFIDs.*

- 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 reporting unit *before* deduplication (field name=n-fr). (See **Appendix H: Data Submission File Layout.**)
 

*Note: This value will be the same for all enrollees in the same reporting 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. If a sample frame does not contain SFIDs, then the count variable is calculated by summing the number of EUIDs per mailing address *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 reporting unit *after* deduplication—that is, the number of enrollees in the “deduplicated sample frame” (field name=M). The deduplicated sample frame should have only one record per SFID. If a sample frame does not contain SFIDs, then the sample frame should have only one record per address.
 

*Note: This value will be the same for all enrollees in the same reporting 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 reporting unit, then the survey vendor includes all available enrollees in the sample.

*Note: Survey vendors may draw a random sample larger than 1,300 with prior approval from the Project Team (see **Oversampling** section).*

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

### Oversampling

Survey vendors are permitted to oversample, or to select a sample larger than the standard 1,300 enrollee sample, for the 2017 QHP Enrollee Survey with prior approval from the Project Team. QHP issuers may want to oversample to increase response rates, the reliability and validity of survey results, or the likelihood that a reportable result is achieved. Oversampling may be conducted for a particular reporting unit as long as the reporting unit contains enough eligible enrollees 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 4-3**.

**Table 4-3. 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 any of their reporting unit(s) should notify their survey vendor of this intent as early as possible.

Survey vendors are required to make a formal request to the Project Team, on behalf of their QHP issuer clients, to request to perform an oversample by January 5, 2017. Oversampling requests must be submitted through the Project Website (<http://qhpcahps.cms.gov>) in conjunction with Report #2 (Preliminary QHP Client List). As part of this request, survey vendors need to provide the following information:

- The reporting unit(s) requesting to oversample.
- The desired oversampling rate.
- An estimate of the number of eligible enrollees.

All oversampling requests must be submitted by survey vendors no later than January 5, 2017.

Regardless of the desired sample size, survey vendors must follow the QHP Enrollee Survey sampling protocol in order to draw the sample for all reporting units. In addition, survey vendors must follow the standard data collection protocol and procedures for all sampled enrollees.

### **“Do Not Survey” List**

Prior to survey administration, the Project Team recommends that survey vendors check whether any sampled enrollees appear on their organization’s internal “Do Not Survey” list from the prior year’s survey administration. Sampled enrollees included on a survey vendor’s “Do Not Survey” list should 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.” These individuals are not replaced in the sample. The “Do Not Survey” list applies to all survey modes (e.g., Internet, mail, and telephone). If a sampled enrollee requests to be placed on a “Do Not Survey” list after data collection has begun, then that sampled enrollee’s record should be assigned a final disposition code of “X32—Refusal” and added to the survey vendor’s “Do Not Survey” list. During the creation of the sample frame, QHP issuers should not remove enrollees who have requested not to be contacted. Although excluded from the survey, enrollees who have requested not to be contacted should not be excluded from the sample frame at the time it is created.

*Note: Survey vendors may not exclude sampled enrollees from the survey based on a QHP issuer’s “Do Not Call” list.*

Survey vendors maintain entries on an internal “Do Not Survey” list for 3 years.

### **Adding Enrollee Contact Information to a Validated QHP Enrollee Survey Sample Frame**

Survey vendors are never permitted to request that QHP issuers provide updated contact information for particular enrollees so as not to divulge the survey selection status of any enrollees. Survey vendors cannot send the selected survey sample to QHP issuers for contact information updating. However, survey vendors may update contact information for enrollees using the guidelines and specifications provided in the following paragraph.

After survey vendors receive the validated sample frame for a particular reporting unit, the survey vendor assesses the completeness of the contact information (i.e., mailing address, telephone number) included in the sample frame for each sampled enrollee and pulls the survey sample. If the survey vendor determines that the amount of missing contact information for sampled enrollees poses a threat to desired response rates, then the survey vendor may request that the QHP issuer provide additional enrollee contact information, if available. If a QHP issuer is able to provide additional enrollee contact information, the QHP issuer updates the mailing address and telephone number for all enrollees included in the full validated sample frame file for which it has updated contact information. The QHP issuer then returns the updated sample frame file to the survey vendor through a secure transmission method. The survey vendor subsequently determines if an updated mailing address or telephone number has been included for any of the enrollees included in the survey sample. If updated contact information is provided for any sampled enrollees, then the survey vendor uses the updated contact information for survey contact attempts.

### **Fielding Additional Surveys Using the QHP Enrollee Survey Sample Frame**

Survey vendors are permitted to use the QHP Enrollee Survey sample frame to draw additional samples to field other surveys after the sample for the QHP Enrollee Survey has been drawn; however, survey vendors and QHP issuers are strongly discouraged from asking sampled enrollees any QHP Enrollee Survey questions 4 weeks prior to or during QHP Enrollee Survey administration (generally any time from January 1 to April 30). The Project Team strongly encourages that any households or SFIDs that are sampled for the 2017 QHP Enrollee Survey be excluded from these additional surveys to avoid overburdening enrollees.

### **Obtaining Access to Prior Years' QHP Enrollee Survey Datasets**

QHP issuers may utilize a different HHS-approved QHP Enrollee Survey vendor from one survey administration year to the next. For trending purposes, a QHP issuer may want its new survey vendor to have access to a QHP Enrollee Survey dataset from the prior year's administration. A QHP issuer that would like its current survey vendor to receive a copy of its dataset from the prior year's survey administration should submit a written request to the Project Team via e-mail at [qhpcahps@air.org](mailto:qhpcahps@air.org). The e-mail should include a list of all the reporting units for which a QHP issuer is requesting a dataset be released to its survey vendor as well as the name of the survey vendor organization that should receive the dataset. Upon receipt of this request, the Project Team will coordinate with the appropriate survey vendor to transmit the dataset(s) securely.

## **V. DATA COLLECTION PROTOCOL**

## Summary of Changes for 2017

### General

- Updated the section throughout to clarify that all survey materials in all survey modes and all applicable languages must be approved by the Project Team prior to survey administration.
- Updated the section throughout to indicate that survey vendors include a customized login (e.g., user name and/or password) on all applicable mail survey materials to allow sampled enrollees to enter the Internet survey instrument. This differs from previous guidance because it allows survey vendors to use discretion when determining login credentials and no longer requires the use of both a username and a password.

### Survey Administration Schedule

- Decreased the time between the mailing of the prenotification letter and the mailing of the first questionnaire from 7 days to 3 days.
- Increased the time between the mailing of the first questionnaire and the mailing of the reminder letter from 10 days to 14 days.
- Increased the time between the mailing of the first questionnaire and the mailing of the second questionnaire from 21 days to 28 days.
- Decreased the duration of the telephone protocol from 21 days to 18 days.
- Updated **Table 5-2. 2017 QHP Enrollee Survey Administration Schedule** according to these changes.

### Mail Protocol

- Added new requirements and formatting options in the **Production of Letters, Envelopes, and Questionnaires** section.
- Revised the **Quality Control for Outbound Mail Surveys** section to add a requirement to confirm that printed survey materials match survey proofs.
- Added the **Processing Surveys Returned from Deceased Sampled Enrollees** and the **Use of Subcontractors for Inbound Mail** sections.
- Revised the **Foreign Language Mail Administration** section for Spanish-speaking and Chinese-speaking enrollees to clarify guidance surrounding foreign language mail survey administration requirements.

### Telephone Protocol

- Revised the **Telephone Interviewing System** section to provide guidelines related to caller ID programming.
- Added the **Federal Regulations for Calling Sampled Enrollees** section to clarify the survey vendor's responsibilities.
- Revised the **Outbound Telephone Interviewing Protocol** section to clarify how survey vendors handle telephone follow-up attempts for a partially completed telephone survey.
- Revised the **Telephone Interviewing Specifications** section to clarify that survey vendors are solely responsible for programming skip patterns accurately.
- Revised the **Use of Subcontractors for the Telephone Phase** section to clarify the requirements for monitoring telephone interviews when a telephone subcontractor is used.
- Added the following sections:
  - **Proxy Respondents by Telephone.**
  - **Leaving Messages on Answering Machines.**

## Summary of Changes for 2017

### Internet Protocol

- In the **Internet Protocol** section, prior Internet survey requirements were moved to one of the five new subsections listed below:
  - **General Internet Survey Protocol Requirements.**
  - **Programming Specifications.**
  - **Text Convention Requirements.**
  - **Security Requirements.**
  - **System Requirements.**
- Updated requirements in the **General Internet Survey Protocol Requirements** section to indicate that survey vendors program the Internet survey instrument according to **Appendix F: Internet Survey Script.**
- Revised guidance in the **Programming Specifications** section to:
  - Require that the Q2 open-ended text response box is programmed to accept at least a 250-character response.
  - Clarify that the inclusion of a progress indicator is optional.
- Updated the **Text Convention Requirements** section to require that survey vendors use either black or dark blue readable font to program all Internet survey questions and response options.
- Revised the **Internet Survey Entry Page** section to indicate that survey vendors must use the entry page language included in **Appendix F: Internet Survey Script** and to clarify proper coding of the <web-entry-flag> XML data element.

## 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 (offering the Internet component is mandatory), 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 (offering the Internet component is optional), 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 2017 QHP Enrollee Survey are summarized below in **Table 5-1: 2017 QHP Enrollee Survey Reporting and Administrative Schedule** and in **Table 5-2: 2017 QHP Enrollee 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 (X24—Mentally or Physically Incapacitated). See the **Data Coding** section for more information on coding and the **Proxy Respondents by Telephone** section for more information on the appropriate rewording of questions for proxy interviews. CATI training materials must include instructions for obtaining permission from a sampled enrollee to use a designated proxy.

## 2017 QHP Enrollee Survey Schedule

**Table 5-1. 2017 QHP Enrollee Survey 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 2016– December 2016
2017 QHP Enrollee Survey Vendor Training.	October 20, 2016
QHP issuers authorize the survey vendor they are contracted with for 2017 QHP Enrollee Survey administration via the Survey Vendor Authorization System. This process is completed for each reporting unit.	November 2, 2016– January 5, 2017

Task	Date
<p>Survey vendors submit survey materials through the Project Website. The Project Team responds to the survey vendor within 10 business days.</p> <p><b>Mail:</b> 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 and Spanish, and Chinese, if applicable).</p> <p><b>Telephone:</b> Survey vendors submit CATI screenshots to the Project Team for review and approval prior to telephone administration. Survey vendors submit CATI screenshots for each language in which they are administering the survey (English and Spanish, and Chinese, if applicable).</p> <p><b>Internet:</b> Survey vendors submit at least 5 login credentials 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 14, 2016– January 9, 2017
<p>Report #1: Survey vendors submit Quality Assurance Plan (QAP). Submit Report #1 through the Project Website.</p>	December 2, 2016
<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 2017
<p>Report #2: Survey vendors submit preliminary QHP client list and oversampling requests. Submit Report #2 through the Project Website.</p>	January 5, 2017
<p>QHP issuers authorize survey vendors via the Survey Vendor Authorization System to collect and submit QHP Enrollee Survey data to CMS on their behalf.</p>	No Later Than January 5, 2017
<p>QHP issuers notify the Project Team and authorized survey vendor if it is determined that they no longer meet the enrollment threshold as of January 1, 2017.</p>	No Later Than January 15, 2017
<p>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.</p> <p>The survey vendor draws a survey sample from the validated sample frame.</p>	January 2017– February 2017
<p>Survey vendors notify the Project Team of any QHP issuer clients that have not provided a validated sample frame.</p>	January 23, 2017

Task	Date
Survey vendors administer QHP Enrollee Surveys. <i>Note: Data collection may extend into May 2017 as long as survey vendors are able to fully exhaust the protocol and submit survey data on time.</i>	January 2017– May 2017
Report #3: Survey vendors submit final QHP client list and sample frame receipt status for each reporting unit. Submit Report #3 through the Project Website.	February 6, 2017
Report #4: Survey vendors submit Interim Progress Report. Submit Report #4 through the Project Website.	April 4, 2017
Test data submission: Survey vendors successfully submit at least one interim data file via the Data Submission System on the Project Website.	April 11–13, 2017
Data submission: Files are due by 11:59 p.m. (ET) May 25, 2017.	May 11–25, 2017
Survey vendor data resubmission, if requested. Survey vendors must resubmit any data within 3 business days of date of request.	May 26, 2017– June 9, 2017
Report #5: Survey vendors submit Final Report. Submit Report #5 through the Project Website.	June 5, 2017

**Table 5-2. 2017 QHP Enrollee Survey Administration Schedule**

Task	Administration Schedule for the 2017 QHP Enrollee Survey
Survey vendors sample enrollees according to sampling protocols.	January 2017– February 2017
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.	Day 0
Customer support phone center opens (toll-free phone number required).	Day 1
Mail first questionnaire with survey cover letter to nonrespondents 3 calendar days after the prenotification letter is mailed.	Day 3
Mail reminder letter to nonrespondents 14 calendar days after the first questionnaire is mailed. If the 14th calendar day after the first questionnaire mailing date falls on a weekend, then survey vendors mail the reminder letter the preceding Friday.	Day 17
Mail second questionnaire with survey cover letter to nonrespondents 4 weeks (28 calendar days) after the first questionnaire is mailed.	Day 31

Task	Administration Schedule for the 2017 QHP Enrollee Survey
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 18–calendar day telephone interview period. Call attempts must be scheduled at different times of the day on different days of the week.	Days 52–70
<i>End data collection activities.</i> <i>End all telephone interviews.</i> <i>Inactivate Internet survey.</i> <i>Close customer support toll-free line.</i> <b>Note:</b> Mail surveys received after the scheduled fielding end date for a particular sample may <b>not</b> be included in data submission files.	Day 71

## Mail Protocol

This section provides detailed information on the process for implementing the mail component of the survey data collection protocol for the 2017 QHP Enrollee Survey.

The QHP Enrollee Survey questionnaire, prenotification letter, reminder letter, and survey cover letters are available in three languages: English, Spanish, and Traditional Chinese. English and Spanish mail survey administration is required for the 2017 QHP Enrollee Survey.

Administration in Traditional Chinese is 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.

Each survey vendor must submit copies of survey mailing materials (prenotification letters, survey cover letters, questionnaires, reminder letters, envelopes), CATI interviewing scripts (screenshots), and the programmed Internet survey for review and approval by the Project Team. Survey vendors must submit mail, telephone, and Internet materials for each language in which they are administering the survey (English and Spanish, and Chinese, if applicable). All survey

materials must be approved by the Project Team prior to survey administration. Please refer to 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 in which a sampled enrollee receives a survey in one language and requests 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 sampled enrollees completing the survey in English or Spanish with the option of completing the survey via the Internet. For 2017, 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 standard prenotification letter templates. Prenotification letters adhere to the following specifications:

- Include the sampled enrollee’s full name and address in the address block.
- Contain a personal salutation (i.e., “Dear [Sampled Enrollee Name]”).
- Include the signature of a senior executive of either the survey vendor or the QHP issuer.
- Insert the QHP issuer’s legal plan name in designated fill locations.

*Note: The legal plan name may be replaced with a reporting unit name more readily identifiable by sampled enrollees. Survey vendors should work with their QHP issuer clients to identify the plan name most identifiable by sampled enrollees.*

- Include the survey vendor’s toll-free customer support telephone number and project-specific e-mail address.
- Display the survey vendor’s logo, the QHP issuer’s logo, or both logos in the header.
- Include the return address of the survey vendor *only*.
- Do not include subcontractor contact information (e.g., name, address, or logo).
- Include information about accessing the Internet survey in a call-out box as shown in the standard template.

- 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); however, the text about accessing the Internet survey that is included in the call-out box must be printed in a 14-point font.

Survey vendors may include tracking codes on prenotification letters to assist with quality control and assurance activities as long as the codes are unobtrusive and do not obscure the standard prenotification letter text.

Survey vendors adhere to the following language-specific requirements for prenotification letters:

- English prenotification letters provide information about the Internet survey option, instructions for completing the survey on a secure website, the URL address for the designated website, and a customized login (e.g., user name and/or password) for each sampled enrollee. For more information, please refer to the **Internet Protocol** section.
- If the Spanish Internet survey option is being used, then Spanish prenotification letters provide information about the Spanish Internet survey option, instructions for completing the survey on a secure website, the URL address for the designated website, and a customized login (e.g., user name and/or password) for each sampled enrollee.

*Note: Two different versions of the Spanish prenotification letter are available—one version for reporting units opting to field the Spanish Internet survey and a second version for reporting units opting not to field the Spanish Internet survey.*

- Survey vendors mail the prenotification letter in the appropriate language if the sampled enrollee's preferred language can be determined from the sample frame and the QHP issuer opts to mail Spanish or Chinese survey materials to sampled enrollees based on language preference information included in 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 prenotification letters with English on one side and either Spanish or Chinese, if applicable, on the reverse side, depending on the language preference of enrollees within a particular reporting unit.

*Note: Because Chinese survey administration is optional for the 2017 QHP Enrollee Survey, survey vendors may omit Chinese text 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 project-specific e-mail address so that sampled enrollees may contact the survey vendor with 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 make any changes to the text of the standard survey cover letter templates. Survey cover letters adhere to the following specifications:

- Are printed on a separate sheet of paper and not attached to the questionnaire.
- Include the sampled enrollee’s full name and address in the address block.
- Contain a personal salutation (i.e., “Dear [Sampled Enrollee Name]”).
- Include the signature of a senior executive of either the survey vendor or the QHP issuer.
- Include the QHP issuer’s legal plan name in designated fill locations.

*Note: The legal plan name may be replaced with a reporting unit name more readily identifiable by sampled enrollees. Survey vendors should work with their QHP issuer clients to identify the plan name most identifiable by sampled enrollees.*

- Include the survey vendor’s toll-free customer support telephone number and project-specific e-mail address.
- Display the survey vendor’s logo, the QHP issuer’s logo, or both logos in the header.
- Include the return address 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 may include tracking codes on cover letters to assist with quality control and assurance activities as long as the codes are unobtrusive and do not obscure the text.

Survey vendors adhere to the following language-specific requirements for cover letters:

- Survey vendors send cover letters in the appropriate language if the sampled enrollee’s preferred language can be determined from the sample frame and the QHP issuer opts to mail Spanish or Chinese survey materials to sampled enrollees based on language preference information included in the sample frame. All other sampled enrollees receive the English version of the survey cover letter, which includes text in Spanish and Chinese, if applicable, 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, if applicable, on the reverse side, depending on the language preference of enrollees within a QHP.

*Note: Because Chinese survey administration is optional for the 2017 QHP Enrollee Survey, survey vendors may omit Chinese text 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 standard reminder letter templates. Reminder letters adhere to the same specifications as prenotification letters. These specifications are detailed in the **Prenotification Letters** section.

Survey vendors adhere to the following language-specific requirements for reminder letters:

- English reminder letters provide information about the Internet survey option, instructions for completing the survey on a secure website, the URL address for the designated website, and a customized login (e.g., user name and/or password) for each sampled enrollee.
- If the Spanish Internet survey option is being used, then Spanish reminder letters provide information about the Spanish Internet survey option, instructions for completing the survey on a secure website, the URL address for the designated website, and a customized login (e.g., user name and/or password) for each sampled enrollee.

*Note: Two different version of the Spanish reminder letter are available—one version for reporting units opting to field the Spanish Internet survey and a second version for reporting units not fielding the Spanish Internet survey.*

- Survey vendors mail the reminder letter in the appropriate language if the sampled enrollee's preferred language can be determined from the sample frame and the QHP issuer opts to mail Spanish or Chinese survey materials to sampled enrollees based on language preference information included in the sample frame. All other sampled enrollees receive the English version of the reminder 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 reminder 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 reporting unit.

*Note: Because Chinese survey administration is optional for the 2017 QHP Enrollee Survey, survey vendors may omit Chinese characters from reminder letters if the survey is not being offered in Chinese for the applicable reporting unit.*

## **Envelopes**

Outbound envelopes (envelopes that contain the prenotification letter, questionnaire packets, and the reminder letter) adhere to the following requirements:

- Include the survey vendor's name and address as the return address (regardless of the location from where the envelope is actually mailed).
- Survey vendors may affix address labels to outbound envelopes given that they have an established quality assurance process in place to confirm that labels match survey IDs.
- Display the survey vendor's logo, the QHP issuer's logo, or both logos.
- Do not display 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 logos must be visible through the window of the envelope—unless logo(s) are printed directly on the window envelopes.

Business reply envelopes must be included with each questionnaire packet and preaddressed to the survey vendor. The name included in the return address block of the business reply envelope must be that of the survey vendor even if the address is that of a mail processing subcontractor.

Survey vendors may include codes on outbound and/or business reply envelopes to assist with survey tracking.

## **Questionnaires**

Questionnaires adhere to the following requirements and format specifications:

- Survey vendors include the 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 may not include bullets in the survey instructions.
- 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. Please refer to **Appendix D: Mailing Materials and Questionnaire** for the OMB language.
- Survey vendors inscribe the survey vendor-generated unique identifier assigned to the sampled enrollee on the survey questionnaire for tracking purposes.

***Note:** Survey vendors do **not** print sampled enrollee names or addresses on questionnaires and do **not** attach personalized cover letters to 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.
- Subcontractor contact information (i.e., name) 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 response categories for any survey questions.
- QHP Enrollee Survey questions **cannot** be eliminated from the questionnaire.
- The presentation of questions and response options (vertical versus horizontal) **cannot** deviate from the format presented in the standard questionnaire template.
  - Response categories are displayed vertically for all survey 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.
- All questionnaires are printed in black and white; however, survey vendors may opt to print the surveys in black and white with 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).
- The return address of the survey vendor or the subcontractor 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 business reply envelope is misplaced and the sampled enrollee chooses to return the questionnaire independent of the business reply envelope. The name included in the return address must be that of the survey vendor only.
- A prepaid business reply envelope addressed to the survey vendor or the survey vendor's subcontracted scanning service is included in each outbound survey 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 issuer clients to identify the reporting unit name that is most readily identifiable by sampled enrollees.
  - Survey vendors may include a separate 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.” If this wording is printed on the questionnaire, then it should be on the cover or before the first question.

Survey vendors must use the text conventions used in the standard questionnaire template. 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.
- Survey vendors **must** italicize text that is italicized in the template questionnaire.

Please refer to **Appendix D: Mailing Materials and Questionnaire** for the standard templates for the English prenotification letter, cover letters, reminder letter, and questionnaire. Templates for materials in Spanish and Chinese are available on the QHP Enrollee Survey Website (<http://qhpcahps.cms.gov>).

### ***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 or circles instead of boxes.

*Note: If a survey vendor formats response categories with ovals or circles instead of boxes, then the survey vendor updates the survey instructions to read: “Answer each question by marking the [oval/circle] to the left of your answer.”*

- 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 as long as the code does not obscure standard questionnaire text.
- 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.

### **Outbound Mail Requirements**

Outbound mail requirements 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. As noted previously, all materials related to survey administration must be reviewed by the Project Team.

Survey vendors follow the procedures outlined below in mailing all survey materials (i.e., prenotification letters, questionnaire packets, reminder letters).

- Make every reasonable attempt to contact all eligible sampled enrollees, regardless of whether they have complete mailing addresses.
- Retain a record of attempts to acquire missing address data.
- Enclose a self-addressed, pre-paid business reply envelope in each 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, pre-paid 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 obtains an updated mailing address).
- If a sampled enrollee completes the Internet survey, then the survey vendor must make every attempt to cease all mail and telephone contact attempts to that sampled enrollee.

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.

### **Quality Control for Outbound 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:

- Review and confirm that the printed survey materials match the survey proofs.
- 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, address accuracy, and that all required mailing materials are included in the mailing envelope (e.g., prenotification letter, mail survey packets, reminder letter).
- 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 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 Outbound Mail**

Survey vendors may use subcontractors for outbound 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 subcontractor oversight to verify the integrity of the work and operations conducted by subcontractor(s) 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.

### **Inbound Mail Requirements**

Inbound mail requirements for receiving and tracking returned questionnaires are described below. Survey vendors may use optical scanning technology or key entry 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 a particular sampled enrollee must be entered into the data record created for that 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 future mailings and the telephone follow-up phase. Outbound telephone attempts must cease within 24 hours of receiving a completed mail or Internet survey.
- 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 and disposed of in a secure manner.

### **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, then 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 the 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*. 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 survey (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 survey are triaged to the telephone phase of the protocol. Sampled enrollees who return blank surveys are *not* assigned a final disposition code of "M32—Refusal" unless they included a note with or on the blank survey specifically stating that they refuse to participate.

### ***Processing Duplicate Surveys Returned by the Same Sampled Enrollee***

Survey vendors may receive two different surveys completed by the same sampled enrollee. If the sampled enrollee completes and returns two 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**), regardless of the mode by which the survey was completed. If the surveys are equally complete, then the survey vendor uses the first survey received. Please refer to 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), 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.

### ***Processing Surveys Returned from Deceased Sampled Enrollees***

If a mail survey is returned and the survey vendor learns that the sampled enrollee is deceased and the survey was completed by someone else, it is *not* acceptable to use the survey. 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), then the survey vendor should **not** process or use data from the survey but should instead assign the applicable final disposition code to the case to indicate that the sampled enrollee is deceased (X20—Ineligible: Deceased). If the survey was completed prior to an enrollee’s subsequent death, then the survey data are retained.

### **Optical Scanning Requirements**

Optical scanning requirements for the QHP Enrollee Survey are described below.

- Survey vendors scan or “wand in” all returned mail surveys on a daily basis to designate them as “received.”
- The date of receipt for each returned survey is recorded in the Survey Management System (SMS). The survey vendor’s SMS must track duplicate returned surveys (i.e., return of both the first and second mail surveys by a sampled enrollee) separately, and the date of receipt must be captured for each survey.
- The scanning program must not permit the same survey to be scanned more than once.
- 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 the selected cases 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 the scanning programs.

### **Key Entry Requirements**

Data key entry requirements for the QHP Enrollee Survey are described below.

- Survey vendors record all returned mail surveys on a daily basis to designate them as “received.”
- The date of receipt for each returned survey is recorded in the SMS. The survey vendor’s SMS must track *duplicate* returned surveys (i.e., return of both the first and second mail surveys by a sampled enrollee) separately, and the date of receipt must be captured for each survey.
- The key entry process must **not** permit the same survey to be keyed more than once.
- 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 member must rekey the questionnaire to verify that all entries are accurate. If any discrepancies are observed, then a supervisor must resolve the discrepancy and verify that the correct value is keyed.
- Survey vendors select and review a sample of cases coded by each data entry staff member to make sure that coding rules are being followed correctly.

### ***Staff Training***

All staff involved in the outbound and inbound mail phases of survey implementation, including all 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 survey packet assembly and mailing, data receipt, and data entry must be trained in:

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

### ***Use of Subcontractors for Inbound Mail***

Survey vendors may use subcontractors for inbound mailing operations and optical scanning or key entry tasks. Survey vendors must obtain signed confidentiality agreements from subcontractors prior to employing them for these services. Survey vendors are responsible for the quality of work performed by any subcontractors.

Survey vendors that subcontract inbound mail operations and data processing are responsible for providing proper subcontractor oversight to verify the integrity of the work and operations conducted by subcontractor(s) 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.

## Foreign Language Mail Administration

### Options for Spanish-Speaking Sampled Enrollees

Spanish language surveys must be made available to Spanish-speaking enrollees. Survey vendors must include Spanish text on all English prenotification letters, reminder letters, and cover letters to provide instructions on how to call the survey vendor's toll-free telephone number to request a Spanish survey. If a sampled enrollee calls the survey vendor to request a Spanish survey, then the survey vendor must mail a Spanish survey to the sampled enrollee within 2 business days of the initial request. The survey vendor then conducts the remainder of the protocol in Spanish. The survey vendor may also attempt to complete an inbound telephone interview with the sampled enrollee during the call in which the sampled enrollee requests a Spanish mail survey.

*Note: 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 in terms of the administration of foreign language surveys. Survey vendors make Spanish materials available to sampled enrollees based on the availability of Spanish language preference indicators using one of the options below:*

- Mail the prenotification letter and all subsequent survey mailings in either English or Spanish, depending on the language preference indicator of the sampled enrollee included in the sample frame. The Project Team recommends that survey vendors include instructions in English on Spanish cover letters on how to call the survey vendor to request an English survey; however, this is not a requirement.
- Mail the prenotification letter and all subsequent survey mailings in both English and Spanish. Survey packet mailings include both an English and Spanish cover letter and questionnaire ("double stuffed" survey packets).

*Note: In this scenario, survey vendors may print the prenotification letters, cover letters, and reminder letters with English on one side and Spanish on the reverse side.*

### Options for Chinese-Speaking Sampled Enrollees

Survey vendors are provided with Traditional Chinese language surveys for optional use in surveying enrollees who require Chinese language surveys. If fielding Chinese language surveys, survey vendors include Chinese text on all English prenotification letters, reminder letters, and cover letters to provide instructions on how to call the survey vendor's toll-free telephone number to request a Chinese survey. If a sampled enrollee calls the survey vendor to request a Chinese survey, then the survey vendor must mail a Chinese survey to the sampled enrollee within 2 business days of the initial request. The survey vendor then conducts the remainder of the protocol in Chinese. The survey vendor may also attempt to complete an inbound telephone

interview with the sampled enrollee during the call in which the sampled enrollee requests a Chinese mail survey.

*Note: 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 in terms of the administration of foreign language surveys. If fielding in Chinese, survey vendors make Chinese materials available to sampled enrollees based on the availability of Chinese language preference indicators using one of the options below:*

- Mail the prenotification letter and all subsequent survey mailings in either English or Chinese, depending on the language preference indicator of the sampled enrollee included in the sample frame. The Project Team recommends that survey vendors include instructions in English on Chinese cover letters on how to call the survey vendor to request an English survey; however, this is not a requirement.
- Mail the prenotification letter and all subsequent survey packet mailings in both English and Chinese. Survey packet mailings include both an English and Chinese cover letter and questionnaire (“double stuffed” survey packets).

*Note: In this scenario, survey vendors may print the prenotification letters, cover letters, and reminder letters with English on one side and Chinese on the reverse side.*

## 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. The use of virtual telephone interviewers is strictly prohibited for the QHP Enrollee Survey.

For 2017, the telephone phase will be available in English, Spanish, and Chinese (Mandarin). English and Spanish telephone survey administration is required for the 2017 QHP Enrollee Survey; Chinese telephone survey administration is optional.

## Telephone Interviewing System

The survey vendor CATI system links electronically to the SMS to allow tracking of sampled enrollees throughout 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 procuring adequate resources to complete the telephone phase within the specified data collection protocol timeline. Please refer to **Appendix E: Telephone Script** for the standard English CATI script template.

Survey vendors have flexibility in programming CATI script conventions; however, consistent conventions must be used throughout the script.

*Note: Survey vendors may program their caller ID to display the survey vendor name in an attempt to increase response rates; however, survey vendors may **not** program the caller ID to display “on behalf of [QHP Issuer Name].”*

### **Federal Regulations for Calling Sampled Enrollees**

It is the responsibility of the survey vendor to ensure full compliance with all federal and state laws, regulations, and guidelines. 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. It is the responsibility of the survey vendor to establish whether its system may be construed as a predictive dialer under FCC regulations.

Survey vendors are required to provide sampled enrollees with a revocation option through the use and maintenance of a “Do Not Survey” list when using predictive dialing.

### **Inbound Telephone Interviewing Protocol**

CMS requires that all survey vendors provide the option of *inbound* telephone interviews to sampled enrollees during the mail phase of data collection. If a sampled enrollee calls the survey vendor customer support telephone number requesting to complete the survey by telephone, then 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 prenotification letter).

If an interviewer is not available at the time of the sampled enrollee’s inbound call, then the survey vendor schedules a callback appointment to complete the telephone interview at a time requested by the sampled enrollee. If the survey vendor calls back at the scheduled 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 request for a telephone 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 protocols 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 mail survey or a

partially completed mail or Internet survey (i.e., a survey in which less than 50 percent of the key items are answered).

Specifically, if a sampled enrollee did not return a completed survey by mail or Internet, then 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.

When contacting sampled enrollees by phone to finish partially completed **mail surveys**, survey vendors must ask *all* survey questions, not just those questions that were missing from the partially completed survey. Alternatively, if a survey vendor recontacts a sampled enrollee by phone to finish a partially completed **telephone survey**, then the survey vendor may continue the survey from the last survey question answered.

### **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 or obtain a telephone number for each sampled enrollee.

### **Telephone Attempts**

Survey vendors attempt to reach nonrespondents from the mail and Internet modes. Repeated telephone attempts are made until the sampled enrollee is contacted, found ineligible, or six attempts have been made. After six telephone attempts have been made, no further attempts are made to contact the sampled enrollee.

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 18–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 call sampled enrollees who did not complete a mail or Internet survey up to six times over an 18-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, then 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, then 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.

### **Leaving Messages on Answering Machines**

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 each sampled enrollee.

### **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 Script.**)

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 screenshots reflecting the programmed telephone scripts to the Project Team for review. Survey vendors submit screenshots for each language in which they are

administering the survey (English, Spanish, and Chinese, if applicable). Please refer to the **Quality Oversight** section of this manual for more information.

Survey vendors program skip patterns into their CATI systems. Survey vendors are responsible for accurate programming of all survey skip patterns in the CATI system; the Project Team does not verify skip pattern programming. Appropriately skipped items must be coded as *Appropriately Skipped*. For example, if a respondent's answer to Question 5 of the QHP Enrollee Survey is "No," then the program skips to Question 7. Question 6 is then coded with the valid value for *Appropriately Skipped*. Please refer to **Appendix H: Data Submission File Layout** for valid values. The CATI system enforces adherence to skip pattern coding appropriately.

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 for contacting difficult-to-reach sampled enrollees are outlined below.

- After generating the sample file of enrollees, survey vendors verify the 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; however, survey vendors are allowed to ask QHP issuers to provide updated contact information for all enrollees included in the original sample frame file for a particular reporting unit. Please refer to **Adding Enrollee Contact Information to a Validated QHP Enrollee Survey Sample Frame** in the **Sampling** section for more information.
- 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, then the interviewer uses the updated information to contact the sampled enrollee.

- If an enrollee is ill, unavailable, or temporarily away during initial contact, then 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, then 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.

### Proxy Respondents by Telephone

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 (X24—Mentally or Physically Incapacitated). See the **Data Coding** section for more information. CATI interviewer training materials must include instructions for obtaining permission from a sampled enrollee to use a designated proxy.

To ensure that proxy respondents answer survey questions about the enrollee, all proxy survey questions must be reworded to reference the sampled enrollee. Examples are presented below:

- Question 3: In the last 6 months, did [he/she] have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?
- Question 34: How many specialists has [he/she] seen in the last 6 months?
- The last series of questions ask about [his/her] background.
- Question 58: In general, how would [he/she] rate [his/her] overall health? Would he/she say it is...

### 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.

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 when a sampled enrollee indicates that he or she is currently at work and cannot participate in the survey.
2. Using refusal conversion techniques when a sampled enrollee indicates that he or she is driving.

In these situations, survey vendors 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 efficiently. 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. Please refer to **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 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 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. As part of its oversight processes, the Project Team may request that survey vendors procure these standard templates for review.

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 on remote telephone interview monitoring.

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 personally identifiable information (PII) 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 verify the integrity of the work and operations conducted by the subcontractor(s) 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.

Although it is preferred that both the survey vendor and the telephone subcontractor monitor 10 percent of QHP Enrollee Survey interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor to conduct a combined total of at least 10 percent of all interviews, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor and its subcontractor can determine the ratio of telephone monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Interviews monitored concurrently by the survey vendor and the subcontractor do not contribute separately to each organization's monitoring requirements. 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 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 deidentify 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.
- Survey vendors conduct periodic reviews of data files by comparing the responses to at least 50 completed telephone interviews directly from the CATI system to the values output in the data file.

## **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. 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, calls 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, then 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 2017, the Internet protocol is available in English and Spanish. English Internet survey administration is required for the 2017 QHP Enrollee Survey, while Spanish Internet survey administration is optional. A Chinese Internet option is not currently available.*

### General Internet Survey Protocol Requirements

Survey vendors adhere to the following general requirements for the Internet survey protocol:

- 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 program the English Internet survey instrument according to **Appendix F: Internet Survey Script**. If applicable, survey vendors program the Spanish Internet survey instrument using the text in the Spanish mail questionnaire and the programming conventions used in the English Internet survey script provided in **Appendix F**.
- Survey vendors use the standard English prenotification and reminder letter templates and the Spanish with Internet option prenotification and reminder letter templates (**Appendix D: Mailing Materials and Questionnaire**) to provide information about the Internet survey option to sampled enrollees. The prenotification and reminder letters contain a customized login (e.g., user name and/or 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.
  - Survey vendors offering the Spanish Internet option may either provide a separate URL for the Spanish Internet survey in the prenotification letter and reminder letter 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.

As long as survey vendors execute QHP Enrollee Survey protocols according to the administration schedule, they may provide the Internet survey URL and login credentials 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.

It is recommended that survey vendors evaluate whether the Internet survey is optimized for completion on mobile devices, such as tablets and smartphones.

## Programming Specifications

Survey vendors adhere to the following programming specifications for the Internet survey:

- Survey vendors include the full questionnaire title with the administration year at the top of the Internet survey.
- The Internet survey instrument is programmed to adhere to all survey skip patterns, as specified in **Appendix F: Internet Survey Script**.
- Internet survey questions may *not* be numbered, as question numbers could confuse respondents because 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 box for Question 2 must be programmed to accept at least a 250-character response.
  - In addition to the response box, survey vendors may also include a dropdown menu of QHP issuer aliases for Question 2.
- Each Internet survey question must be displayed separately as one question per webpage regardless of whether or not the question is a gate or a non-gate item.
- Each survey question page includes the appropriate section header under which the question is found in the mail questionnaire.
- QHP Enrollee Survey questions *cannot* be eliminated from the Internet survey.
- No changes are permitted to the wording of the survey questions or answer categories.
- No changes are permitted to either the order of the survey questions or the order of the response categories.

- The presentation of questions and response categories (vertical versus horizontal) in the Internet survey *cannot* deviate from the format presented in the standard Internet survey script.
  - Response categories are displayed vertically for all survey 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 webpage and the questions down the side of the webpage. 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.
- 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.
- Survey vendors may choose to include a functional progress indicator bar within the Internet survey to gauge survey completion status.

### Text Convention Requirements

Survey vendors must use the text conventions used in the standard Internet survey script. For example:

- Survey vendors *cannot* bold text that is not bold in the script (e.g., question stems, response categories).
- Survey vendors *must* bold text that is bold in the script (e.g., emphasized words).
- Survey vendors *cannot* underline text that is bold in the script.
- Survey vendors *must* italicize text that is italicized in the script.
- Survey vendors use either black or dark blue readable font for all survey questions and response options; the font color used for survey questions and response options must be consistent throughout the survey. Survey vendors may opt to use a highlight color for instructions and survey headings.

Please refer to **Appendix F: Internet Survey Script** for the standard English Internet survey template.

### Security Requirements

Survey vendors adhere to the following security requirements for the Internet survey:

- Survey vendors assign each sampled enrollee a customized login (e.g., user name and/or password). Login credentials *cannot* be sequential and must be assigned randomly. Login credentials must also be alphanumeric and at least eight characters in length.

- 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, they 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 QHP issuer's home page.

### System Requirements

Survey vendors adhere to the following system requirements for the Internet survey:

- 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 on this topic.
- 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 survey packet mailing, then the survey vendor stops all further outbound contact attempts to that sampled enrollee.
- Survey vendor systems allow 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.*
- The survey instrument **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 without providing a response, the respondent is automatically directed to the next appropriate survey question according to skip pattern logic.

*Note: 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 without providing a response, 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.
- The survey instrument includes 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.

### **Internet Survey Entry Page**

The prenotification and reminder letters instruct sampled enrollees on how to log in to the survey vendor’s Internet survey entry page. Survey vendors establish a URL for the Internet survey instrument. A survey vendor’s website *cannot* contain links to the Internet survey URL.

*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.*

On the Internet QHP Enrollee Survey entry page, the sampled enrollee is instructed to enter a customized login (e.g., user name and/or password) provided in the prenotification or reminder letter. Survey vendors must adhere to the Internet survey entry page language provided in **Appendix F: Internet Survey Script**. Survey vendors implementing the Spanish Internet option

must use the Spanish translation of the Internet survey entry page language provided on the Project Website.

Survey vendors must also provide instrument-specific instructions on the entry page on how to complete the survey, including:

- Instructions on how to use the “Previous” button to return to previous survey questions to check, change, or delete an answer.
- Instructions on how to use the “Next” button to advance to a subsequent survey question.
- 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 statement, number, and expiration date. Please refer to **Appendix F: Internet Survey Script**.
- 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 Internet survey instrument.

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 7-4: 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.

*Note: Survey vendors code the <web-entry-flag> XML data element as “Yes” for any sampled enrollee who logs into the Internet survey instrument, regardless of whether the enrollee completes the Internet survey. Please refer to **Appendix H: Data Submission File Layout** for additional information.*

## **VI. CONFIDENTIALITY AND DATA SECURITY**

### Summary of Changes for 2017

- Updated the **Protecting Sampled Enrollee Confidentiality** section to clarify that survey vendors must redact all personally identifiable information (PII) from data files prior to data submission.
- Revised the **Data and Records Storage and Retention** section to indicate that survey vendors are permitted to securely destroy hardcopy mail surveys after confirming that scanned images of the hardcopy surveys have been saved.

## 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 all 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 below requirements 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, deidentified data only. In addition, the write-in field for Question 2 should be reviewed and removed of any identifiable data. All PII must be redacted from the file prior to data submission.

### **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 PII 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 implementation of 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 hardcopy surveys removed from the survey vendor's premises, even temporarily.*
- Electronic data are protected from confidentiality breaches. Electronic security measures include at a minimum: firewalls, restricted-access levels, and 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 a breach of confidential QHP Enrollee Survey data—including when an unauthorized individual gains access to confidential information, either physically or electronically, and when an authorized individual distributes confidential data in an unauthorized manner. The survey vendor must notify the Project Team of the breach within 24 hours. Survey vendors must also notify the Project Team immediately of a potential data breach that may still be under investigation.

## Data and Records Storage and Retention

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. After scanning hardcopy mail surveys and confirming that the resulting images are stored within the survey management system, survey vendors are permitted to destroy, in a secure manner, the hardcopy mail surveys. 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**

### Summary of Changes for 2017

- Updated **Table 7-1. Survey Disposition Codes** to:
  - Remove the X11—Ineligible: Institutionalized disposition code.
  - Revise the definition of the X24—Mentally or Physically Incapacitated disposition code.
  - Revised the X32—Refusal disposition code to remove previous guidance that hangups are not considered refusals; survey vendors use their discretion to determine whether a hangup is considered a refusal.
  - Revised the definition of the X35—Bad Address and Bad Telephone Number disposition code.
- Added the **Assigning the Bad Address and Bad Telephone Number Disposition Code** section to provide guidance on when to assign the X35 disposition code and to clarify proper coding of the <bad-address-flag> and <bad-telephone-flag> XML data elements.
- Added **Table 7-3. Differentiating Between X33—Nonresponse After Maximum Attempts and X35—Bad Address and Bad Telephone Number and Flag Assignment Rules.**
- Added **Table 7-5. Valid and Invalid Plan Aliases for Use in Determining a Sampled Enrollee’s Survey Eligibility Status.**
- Revised the **Calculating Response Rates** section to remove the X11—Ineligible: Institutionalized disposition code from the response rate formula.

## 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 option 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.
- If 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 86] and help received on the survey [Question 90]) 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., Question 86 and Question 90):
  - 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 the race question (Question 86), if a respondent indicates that they are not Asian (Question 86D) or Native Hawaiian or Pacific Islander (Question 86L), 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, then the same answer should be applied to all subgroups.

**Note:** *Survey vendors do not submit data collected for CATI script Question 86D or Question 86L 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, then 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 2017 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, if applicable. 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 complete 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	<p><b>Completed Survey</b></p> <p>Assign this code if the respondent answers 50 percent or more of a selected list of key survey items—the items that all respondents are eligible to answer, excluding “About You” items. See <b>Table 7-2: Key Survey Items Applicable to All Respondents</b>.</p>
M, I, or T 31	<p><b>Partially Completed Survey</b></p> <p>Assign this code if the respondent answers less than 50 percent of a selected list of key survey items—the items that all respondents are eligible to answer, excluding “About You” items. See <b>Table 7-2: Key Survey Items Applicable to All Respondents</b>.</p>
X20	<p><b>Ineligible: Deceased</b></p> <p>Assign this code if the sampled enrollee is reported as deceased during the course of the survey period.</p>
X40	<p><b>Ineligible: Not Eligible or on a “Do Not Survey” List</b></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> <ul style="list-style-type: none"> <li>• The sampled enrollee is younger than 18 years.</li> <li>• The sampled enrollee is ineligible for the survey based on responses to Question 1 and Question 2. See <b>Table 7-4: Confirming That the Sampled Enrollee Meets Eligibility Criteria—Assessing Question 1 and Question 2 of the QHP Enrollee Survey</b>.</li> <li>• 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.</li> <li>• The sampled enrollee does not meet continuous enrollment criteria.</li> <li>• The sampled enrollee is on the survey vendor’s “Do Not Survey” list.</li> </ul>
X22	<p><b>Language Barrier</b></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><b>Mentally or Physically Incapacitated</b></p> <p>Assign this code if it is determined that the sampled enrollee is unable to complete the survey because he/she is mentally or physically incapable or residing in a group home or institution (e.g., hospice, nursing home) <i>and</i> either a proxy is not available <i>or</i> the sampled enrollee does not consent to have a proxy complete the survey.</p> <p>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.</p> <p><b>Note:</b> Proxy interviews may only be conducted if the intended sampled enrollee consents to a proxy taking the survey on his/her behalf.</p>

Code	Description
X32	<p><b>Refusal</b></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>
X33	<p><b>No Response After Maximum Attempts</b></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>
X34	<p><b>Blank Survey Returned or Incomplete Survey</b></p> <p>Assign this code if:</p> <ul style="list-style-type: none"> <li>• The sampled enrollee returns a blank or partially complete mail survey <b>and</b> either no additional contact information is available <b>or</b> telephone attempts to reach the sampled enrollee to complete the survey were unsuccessful.</li> <li>• The sampled enrollee initiates CATI but does not answer any key items.</li> </ul>
X35	<p><b>Bad Address and Bad Telephone Number</b></p> <p>Assign this code if it is determined that the mailing address <b>and</b> telephone number for a sampled enrollee are not viable. See the <b>Assigning the Bad Address and Bad Telephone Number Disposition Code</b> section below for more information.</p>

## Definition of a Completed Survey

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

For the 2017 QHP Enrollee Survey, a respondent must answer at least 9 key survey items for a survey to be considered a “completed survey.” A survey in which less than 9 key survey items are answered is considered a “partially completed survey.” 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?
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 mail or by different survey modes for a single sampled enrollee, then the survey vendor should retain the survey with more key items answered (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 retains the first survey received. Responses from two separate surveys may never be combined to form one completed survey.

If a survey meets the definition of a “completed survey” (i.e., at least 50 percent of key survey items answered) but the survey is not entirely complete (e.g., 60 percent complete), then the survey vendor is not required to conduct any additional outreach activities to the sampled enrollee. If a survey only meets the definition of a “partially completed survey” (i.e., less than 50 percent of key survey items), then the survey vendor must follow-up with the sampled enrollee according to the guidelines specified in the **Data Collection Protocol** section.

## Assigning the Bad Address and Bad Telephone Number Disposition Code

The final survey disposition code of “X35—Bad Address and Bad Telephone Number” is assigned when the survey vendor has exhausted attempts to obtain a valid address and a valid telephone number for a sampled enrollee. Survey vendors must track attempts to obtain a correct mailing address and telephone number for each sampled enrollee during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest the contrary. If the evidence is insufficient, then the survey vendor must continue attempting to contact the sampled enrollee until the required number of attempts has been exhausted.

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

For the *mail component* of survey administration, **sufficient** evidence that a sampled enrollee’s address is not viable includes:

- QHP issuer provides an incomplete mailing address in the sample frame, and the survey vendor is unable to obtain a complete or updated address for the sampled enrollee.
- Mail is returned marked as “Address Unknown.”
- Mail is returned marked as “Moved—No Forwarding Address.”

*Note: In the above scenarios, survey vendors code the <bad-address-flag> XML data element as “Yes.” Please see **Appendix H: Data Submission File Layout** for additional information.*

For the *mail component* of survey administration, **insufficient** evidence that a sampled enrollee’s address is not viable includes:

- Address search does not result in an exact match. If the search does not result in an exact match, then the survey vendor must attempt to mail the survey using the available address.

For the *telephone component* of survey administration, **sufficient** evidence that a sampled enrollee’s telephone number is not viable includes:

- The survey vendor is unable to obtain a telephone number for the sampled enrollee.
- The telephone interviewer dials the sampled enrollee’s telephone number and receives a message that the telephone number is non-working or out of order, and no updated number is available from directory assistance or other attempted tracking methods.

- The telephone interviewer dials the sampled enrollee’s telephone number, speaks to a person, and is informed that he/she has the wrong telephone number and other attempts to obtain the correct telephone number are not successful.

*Note: In the above scenarios, survey vendors code the <bad-telephone-flag> XML data element as “Yes.” Please see **Appendix H: Data Submission File Layout** for additional information.*

For the *telephone component* of survey administration, **insufficient** evidence that a sampled enrollee’s telephone number is not viable includes:

- The survey vendor obtains a busy signal every time a telephone attempt is made.

*Note: The use of the X35 disposition code is only appropriate in cases in which a survey vendor has exhausted all attempts to contact the sampled enrollee and the result is an undeliverable mail piece for which a valid telephone number was not obtained.*

The following table, **Table 7-3: Differentiating Between X33—Nonresponse After Maximum Attempts and X35—Bad Address and Bad Telephone Number and Flag Assignment Rules**, illustrates when the X35 disposition code should be assigned and how to differentiate between the appropriate use of the X33 and X35 disposition codes.

**Table 7-3. Differentiating Between X33—Nonresponse After Maximum Attempts and X35—Bad Address and Bad Telephone Number and Flag Assignment Rules**

Differentiating Between X33 & X35		
	No Evidence of Invalid Address	Sufficient Evidence of Invalid Address
No Evidence of Invalid Telephone Number	Assign X33 – <i>After all mail and phone attempts exhausted without response.</i>	Assign X33 – After all phone attempts exhausted without response.
		Assign <bad-address-flag>.
Sufficient Evidence of Invalid Telephone Number	Assign X33 – <i>After all mail attempts exhausted without response.</i>	Assign X35.
	Assign <bad-telephone-flag>.	Assign <bad-address-flag>. Assign <bad-telephone-flag>.

## Confirming That the Sampled Enrollee Meets Eligibility Criteria

Taken together, a sampled enrollee's response to Question 1 and Question 2 confirms 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: During data submission, survey vendors are required to submit the open-ended responses to Question 2 as provided by sampled enrollees during survey administration. If a sampled enrollee provides personally identifiable information (PII) along with a response for Question 2, then the survey vendor only submits the QHP name in the data submission file; the survey vendor redacts all PII included in the response to Question 2.*

Survey vendors use the guidelines below to assess each sampled enrollee's response 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 are strongly encouraged to obtain a list of common aliases from QHP issuer clients to enable them to make accurate eligibility determinations when the following scenarios are encountered:

- 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 because 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 7-4** summarizes these rules.

**Table 7-4. 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 “Complete” or “Partially Complete” survey?
G	Blank/ Nonresponse/ No Answer	Invalid Plan Alias	No	X40: Ineligible—Not Eligible or on a “Do Not Survey” list

**Note:** The survey vendor applies the guidelines in **Table 7-4** only after determining that a sampled enrollee meets the age and continuous enrollment criteria. At no time do survey vendors clean or recode survey responses.

Additional guidance regarding the validity of commonly provided responses to Question 2 is provided in **Table 7-5: Valid and Invalid Plan Aliases for Use in Determining a Sampled Enrollee’s Survey Eligibility Status**.

Although guidance is provided on how to evaluate commonly received responses for Question 2, the Project Team strongly encourages survey vendors to work closely with QHP issuer clients to determine a comprehensive list of valid plan aliases for use in eligibility assessment. Survey vendors should also utilize the Plan Marketing Name (if provided) from the sample frame to identify potential plan aliases.

**Table 7-5. Valid and Invalid Plan Aliases for Use in Determining a Sampled Enrollee's Survey Eligibility Status**

Valid Plan Aliases for Q2	Invalid Plan Aliases for Question 2
<ul style="list-style-type: none"> <li>▪ Marketplace</li> <li>▪ Exchange</li> <li>▪ Obamacare</li> <li>▪ Affordable Care Act (ACA)</li> <li>▪ Written response for product type, regardless of product type</li> <li>▪ Written response for metal level, regardless of metal level</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employer-sponsored health plan</li> <li>▪ Medicaid, including state-specific names for Medicaid (e.g., Medi-Cal or AHCCCS)</li> <li>▪ Medicare</li> <li>▪ Medicare Advantage, even if the plan is offered by the same issuer</li> <li>▪ TRICARE</li> <li>▪ Veterans Health Administration (VA)</li> </ul>

## 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 = Partially 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 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).<sup>6</sup> Specifically, this response rate formula is based on AAPOR's Response Rate 3 (RR3).

## Quality Control Procedures for Data Coding

Survey vendors 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. Survey vendors should conduct additional quality control measures as warranted based on internal 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, comparing the hardcopy questionnaire responses for a sample of cases to the scanned responses and to the responses entered into the data file. This quality control step verifies that the responses included in the data files accurately reflect the sampled enrollees' responses to the survey questions.
- 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.

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<sup>6</sup> The American Association for Public Opinion Research. (2016). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. (9th ed.). AAPOR.

## VIII. DATA SUBMISSION

### Summary of Changes for 2017

- Added new requirements to the **Quality Control Procedures for Data Submission** section and revised the turnaround time for survey vendors to submit revised data files to the Project Team from 5 business days to 3 business days.

## Overview

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

## Data File Specifications

The QHP Enrollee Survey data files that survey vendors submit through the Project Website (<https://qhpcahps.cms.gov/>) 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: Data Submission File Layout** provides detailed information about required information, acceptable answers, and valid values for each survey question. 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 log in 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 2017. 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 Team for technical support by e-mail at [qhpcahps@air.org](mailto: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 for which the survey vendor has been authorized to report 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.

### Data Submission Deadlines

Survey vendors will submit at least one unencrypted interim test file containing at least 100 records in the format described in **Appendix H: Data Submission File Layout** to the Data Submission System between April 11 and April 13, 2017. This allows survey vendors to test data submission protocols and make any necessary adjustments prior to the beginning of the data submission period.

Survey vendors must submit final data files for the 2017 QHP Enrollee Survey from May 11 through May 25, 2017.

*Note: All data files must be submitted to the Project Website and pass the automated checks by 11:59 p.m. (ET) on May 25, 2017.*

## Quality Control Procedures for Data Submission

Throughout survey administration and prior to data submission, survey vendors must 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.

- Survey vendors run frequencies and distributions on both sampled enrollee administrative data and sampled enrollee response data to check for outliers or anomalies. This includes checks of missing values.
  - For example, survey vendors might run frequencies on the race data element (e.g., Are all respondents coded as Alaska Native?); or the age data element (e.g., Is there a reasonable distribution of age categories across sampled enrollees, or do the ages lean heavily toward the very young or very old?). By reviewing frequencies of both sampled enrollee administrative data and sampled enrollee response data, survey vendors may be able to identify problems in the data received from QHP issuers, internal data file processing procedures, or data coding operations.
- Survey vendors verify that surveys meet the completeness criteria described in the **Data Coding** section of this manual. Survey vendors assign either a completed disposition code or a partially completed survey disposition code according to whether the survey passes the completeness criteria. Please refer to the **Data Coding** section for the definition of a completed survey.
- Survey vendors periodically check their data processing programs to confirm that XML data elements are being coded properly in final XML files.
- 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 survey response data are included in the response file, then the vendor should check its records.
- Survey vendors select a random sample of cases included in the XML file and compare the data elements in the survey record header fields of the XML file against the enrollee information that was provided by the QHP issuer in the validated sample frame file to make sure that the information was exported to the XML file correctly.
- Survey vendors select a random sample of the cases in the data submission file and compare the variables included in the enrollee response section to the original 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, include accurate names for all variables, and are 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 Project Website's secure portal, and the survey vendor is subsequently required to remedy and resubmit the data.

***Note:** All data files must be submitted to the Project Website and pass the automated checks by 11:59 p.m. (ET) on May 25, 2017.*

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 2017. Based on these findings, survey vendors may be required to resubmit data. If data files require resubmission, then the Project Team will notify the impacted survey vendor via e-mail. In these instances, survey vendors must resubmit data within 3 business days of notification.

## **IX. DATA ANALYSIS AND PUBLIC REPORTING**

### Summary of Changes for 2017

- Included the **Data Cleaning by the Project Team** section to codify the data cleaning guidance circulated to survey vendors on March 9, 2016.
- Added **Table 9-1. Scenarios Encountered in QHP Enrollee Survey Data Files and Subsequent Data Cleaning Steps Taken by the Project Team.**
- Revised the **Providing Deidentified Datasets to Regulatory Agencies** section to include guidance on the questions related to an enrollee's experience with costs (Q54–Q57).

## Overview

This **Data Analysis and Public Reporting** section provides information on the 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, the reporting unit is defined by the unique state-product type for each QHP. For example, all HMOs offered by issuer XYZ through the Marketplace in a particular state 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 2016 QHP Enrollee Survey data will establish the final set of QHP Enrollee Survey composites for 2017.

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. Case-mix adjustment factors will be determined once the 2017 QHP Enrollee Survey 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: <http://www.ahrq.gov/cahps/surveys-guidance/hp/instructions/version5.html>.

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 2017.

## Data Cleaning by the Project Team

Upon submission of data from survey vendors, the Project Team utilizes a forward-cleaning approach to edit and clean survey data. This approach uses responses to the “screener” (or gate) question to control how subsequent questions within the questionnaire (or dependent questions) are treated, such as setting responses to a missing value or retaining the original response. Under this forward-cleaning approach, unanswered screener questions are *not* updated or backfilled based on responses to subsequent questions. Data are cleaned by the Project Team using the following conventions and guidelines:

- If a screener question is blank, but there are data in the dependent questions, then those data are used in analysis and the screener question is set to missing.
- If the response to a screener question is valid, but the respondent violates the skip instruction by answering dependent questions that should have been skipped, then the response to the screener question is retained and the responses for the dependent questions are set to missing.
- If a screener question is embedded within another screener question (a skip pattern within a skip pattern), then the embedded skip pattern is cleaned first. Then the primary skip pattern is cleaned and the embedded skip pattern is treated in the same manner as all other dependent items.

Descriptions of the scenarios encountered in data files and the subsequent cleaning steps taken by the Project Team are provided in **Table 9-1**.

*Note: Survey vendors may never clean or recode survey response data or infer a sampled enrollee’s intended response. The abovementioned data cleaning steps for the QHP Enrollee Survey are strictly conducted by the Project Team.*

**Table 9-1. Scenarios Encountered in QHP Enrollee Survey Data Files and Subsequent Data Cleaning Steps Taken by the Project Team**

Scenario in Data File		Data Cleaning Step Taken by Project Team	
Screener Item	Dependent Item	Screener Item	Dependent Item
Blank	Blank	Set to Missing	Set to Missing
Blank	Includes Data	Set to Missing	No Action Data Retained
Includes Data	Includes Data <i>Skip Pattern Followed</i>	No Action Data Retained	No Action Data Retained
Includes Data	Includes Data <i>Skip Pattern Violated</i>	No Action Data Retained	Set to Missing Data Deleted
Includes Data	Blank	No Action Data Retained	Set to Missing

## 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 (QRS) 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 2017, 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 2017, CMS will calculate QRS scores and ratings and provide the summary-level survey scores and an overall 5-star quality rating to QHP issuers. Beginning in 2017, 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 2017*, 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 2017 Open Enrollment Period, results of the 2017 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 2017 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 9-2**.

**Table 9-2 Reporting Unit Eligibility for Public Reporting**

	Reporting Unit Began Operating in Plan Year (PY) 2017	Reporting Unit Began Operating in PY 2016 & Continued Operating in PY 2017	Reporting Unit Began Operating in PY 2015 & Continued Operating in PY 2016 & 2017
Required to Field 2017 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 2017 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 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 needing improvement across QHPs in the state and to identify high and low performers within a particular state. Similar reports will also 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 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, then 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 survey 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 deidentified enrollee-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 3–53), with the exclusions described below for Question 12, Question 13, and Questions 49–51. 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 58–90) or with survey responses to the questions that ask about an enrollee’s experience with costs (Questions 54–57), 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 File 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. In addition, survey vendors may want to clarify with regulatory agencies that the data are preliminary and have not been cleaned and processed by the Project Team. Consequently, any analysis done with this data file may not match information as reported by CMS to the public, QHP issuers, or Marketplaces.

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 regulatory agencies:

- Question 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?
- Question 13 – In the last 6 months, when you needed an interpreter at your doctor’s office or clinic, how often did you get one?
- Question 49 – In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?
- Question 50 – In the last 6 months, did you need the forms in a different format, such as large print or braille?
- Question 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?

The four items that ask about the enrollee’s experience with costs must also be excluded from data submitted to regulatory agencies. These include:

- Question 54 – In the last 6 months, how often did your health plan **not** pay for care that your doctor said you needed?
- Question 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?
- Question 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.*
- Question 57 – In the last 6 months, how often did you delay filling or **not** fill a prescription because you were worried about the cost?

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 regulatory agencies:

- Question 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?

<b>Category</b>	<b>Original Code</b>	<b>Recode</b>
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

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

<b>Category</b>	<b>Original Code</b>	<b>Recode</b>
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

- Question 34 – How many specialists have you seen in the last 6 months?

<b>Category</b>	<b>Original Code</b>	<b>Recode</b>
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 their QHPs in their marketing materials, in a manner specified by HHS.<sup>7</sup> 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.<sup>8</sup>

The 2017 marketing guidelines are generally based on CMS guidance related to marketing QHPs as communicated in the *Final 2017 Letter to Issuers in the Federally-facilitated Marketplaces*.<sup>9</sup> The guidelines are provided below:

- 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, then 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>.

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<sup>7</sup> 45 CFR 156.1120(c), 156.1125(c)

<sup>8</sup> 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.

<sup>9</sup> See Chapter 4, Section 5, Oversight of Marketing Activities in the *Final 2017 Letter to Issuers in the Federally-facilitated Marketplaces*, available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-Letter-to-Issuers-2-29-16.pdf>. See also 45 CFR 156.225 Marketing and Benefit Design of QHPs, 155.260 Privacy and Security, and 156.200(e) Non-discrimination.

- If marketing materials reference QRS and QHP Enrollee Survey information, then 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-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, then 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 is 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.<sup>10</sup>

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 2017 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.

OPM reserves the authority to supplement these marketing guidelines and review marketing materials for MSP options in the FFMs, and will issue further guidance regarding marketing.

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<sup>10</sup> 45 C.F.R. § 156.225.

## **X. QUALITY OVERSIGHT**

### Summary of Changes for 2017

- Moved the **Project Reporting** section from the Data Collection Protocol chapter to the Quality Oversight chapter.
- Updated the **Survey Material Review** section to clarify that:
  - All survey materials in all survey modes and all applicable languages must be approved by the Project Team prior to survey administration.
  - Survey vendors must submit revised survey materials within 5 business days of the Project Team's resubmission request.
- Revised the **Seeded Mailings** section to clarify that survey vendors seed the Project Team in one QHP reporting unit for each survey language being implemented by mail (but only if the mailings include a letter and/or survey in Spanish or Chinese).
- Updated the **Telephone Interviewer Monitoring** section to indicate that, in the event that a survey vendor uses more than one telephone subcontractor for the QHP Enrollee Survey, a separate interviewer monitoring session is required with each subcontractor.

## 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:

- Project Reporting.
- 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.

## **Project Reporting**

During the data collection period, survey vendors submit the following reports through the Project Website (<https://qhpcahps.cms.gov/>).

### **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 preparing the QAP, presenting content in the same order as the template. Report #1 is due on December 2, 2016. Returning survey vendors submit the prior year's version of the QAP in "track changes" 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.

*Note: Survey vendors that do not have a contract to collect data are not required to submit a QAP to the Project Team for review and approval.*

### **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, 2017. 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 outstanding discrepancies. Survey vendors also designate the validated sample frame receipt status for each reporting unit in Report #3. Report #3 is due on February 6, 2017. 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 4, 2017. 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 5, 2017. 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.*

## **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. This includes all English and Spanish survey materials as well as Chinese survey materials (if applicable), as indicated below:

- **Mail:** Print-ready templates for prenotification letters, cover letters for the first and second survey mailings, reminder letters, questionnaires, and outbound and business reply envelopes. The Project Team prefers to receive mail survey materials for review in PDF format.

- **Telephone:** Screenshots of the programmed telephone interviewing script. The Project Team prefers to receive telephone screenshot images with one question per page in PDF format. Survey vendors are responsible for accurate programming of all survey skip patterns in the CATI system; the Project Team does not verify skip pattern programming.
- **Internet:** Internet survey URL along with at least five customized login credentials (e.g., user names and/or passwords).

Survey vendors submit electronic copies of all materials through the Project Website (<https://qhpcahps.cms.gov/>) for approval prior to volume printing and survey administration. All materials submitted to the Project Team for review should appear as they would to a survey respondent or telephone interviewer.

The Project Team reviews survey materials and responds to survey vendors to request any necessary revisions within 10 business days. Survey vendors must submit revised materials within 5 business days of the Project Team's initial resubmission request.

All survey materials in all applicable modes and languages must be approved by the Project Team before the survey vendor may begin survey administration.

*Note: Survey vendors without any QHP issuer clients are not required to submit survey materials to the Project Team for review.*

### **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. If revisions are needed, the survey vendor must resubmit a revised version of the QAP to the Project Team for approval within the specified time frame.

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.

Please refer to **Appendix B: Model Survey Vendor Quality Assurance Plan**.

*Note: Updated QAPs (for reapproved survey vendors or for survey vendors submitting a revised QAP) must be submitted in “track changes” mode (in either a Microsoft Word or PDF format) to emphasize all changes and revisions made to 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 directly in the mailing database for *one* QHP reporting unit that is being fielded in each survey language being implemented by mail. 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, NW  
Washington, DC 20007

If a survey vendor fields mail surveys printed in Spanish and/or Chinese, then the Project Team should be seeded in the mailing database for one QHP reporting unit that is being fielded in each language. Survey vendors are only required to seed the Project Team in Spanish or Chinese survey mailings if the mailings include a letter and/or survey in Spanish or Chinese.

Survey vendors must seed the Project Team in the mailing database rather than in a separate mailing list. This approach allows the Project Team to assess the following components:

- Timeliness of delivery as compared to the survey vendor’s administration timeline.
- Accuracy and readability of the materials included in each mailing wave.
- Alignment of mailed materials with the materials previously approved by the Project Team.
- Visibility and accuracy of address block.

## **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 project-specific electronic customer support address containing a standard set of questions taken from the FAQ. 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 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, calls are consistently not answered live, or e-mail responses are not provided within the specified time frame. In these cases, survey vendors 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**

Because 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 required agenda item topics with survey vendor staff in advance of the onsite or remote visit. 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.

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 vendor's survey systems and assesses the adherence of implemented protocols and quality control activities 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 teleconferences 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. If a survey vendor is using more than one telephone subcontractor for the QHP Enrollee Survey, then a telephone interview monitoring session is required with each telephone subcontractor being used.

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

To allow the Project Team to hear a variety of telephone interviews, monitoring sessions will be scheduled for a 2-hour duration. If the Project Team is unable to observe a sufficient number of interviews during the initial telephone interview monitoring session, then 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 period to verify the integrity of the data. This review includes but is not limited to statistical and comparative analyses, preparation of data for public reporting, and

other activities as required by CMS. If significant issues are identified, then survey vendors may be asked to resubmit data. In this event, survey vendors must resubmit data within 3 business days of the original request.

Survey vendors must adhere to all submission requirements as specified in the QAG and in accordance with additional guidance that is 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—then 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 to address deficiencies in its systems or processes. 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, during which the Project Team and the survey vendor 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 dictates the kind of deliverables the survey vendor will be expected to provide and the dates by which these 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.

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**

### Summary of Changes for 2017

- Revised the **Overview** section to:
  - Include a definition for the term “discrepancy.”
  - Provide examples of discrepancies that may occur during QHP Enrollee Survey administration.
- Revised the **Discrepancy Report Process** section to indicate that survey vendors are required to submit Discrepancy Reports through the Project Website in 2017.

## Overview

This **Discrepancy Reports** section describes the process for notifying the Project Team of discrepancies that occur during survey data collection or data submission. A discrepancy is defined as any deviation from the standard QHP Enrollee Survey protocols, as described in the *2017 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications*.

Examples of discrepancies include, but are not limited to material production errors, sampling errors, fielding errors, data breaches, data coding errors, and data processing errors.

Survey vendors follow the **Discrepancy Report Process** section outlined below to notify the Project Team if any deviations from the standard QHP Enrollee Survey protocols occur during survey administration or data submission. A survey vendor may identify a deviation from the QHP Enrollee Survey protocol that requires corrections to survey operation procedures, quality assurance and control processes, or electronic processing methods to realign these 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 or variations that occur during 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

Upon discovery of a discrepancy, survey vendors complete and submit a Discrepancy Report Form to notify the Project Team. Please refer to **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 to the Project Team through the Project Website (<https://qhpcahps.cms.gov/>) 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 for consideration to administer the 2017 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey).

## Relevant Survey Experience

Demonstrated recent experience in fielding patient experience surveys.

Criteria	Survey Vendor Requirements
<b>Number of Years in Business</b>	<ul style="list-style-type: none"> <li>• Minimum of three years.</li> </ul>
<b>Organizational Survey Experience</b>	<ul style="list-style-type: none"> <li>• Minimum of two years of prior experience administering standardized patient experience surveys as an organization within the most recent three-year period.</li> <li>• Minimum of two years of prior experience conducting mixed mode (mail/telephone/Internet) survey protocols within the most recent three-year period.</li> <li>• Prior experience administering patient experience surveys for vulnerable populations.</li> <li>• Prior experience employing a statistical sampling process within the two most recent years.</li> <li>• Prior experience submitting patient experience survey data to an external third-party organization.</li> <li>• The following activities are not considered 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.</li> <li>• If applicable, poor past performance on CMS-sponsored survey projects will be considered as survey vendors failing to meet minimum business requirements. For example: <ul style="list-style-type: none"> <li>– Not adhering to the timeline and/or procedures for survey administration.</li> <li>– Not adhering to Discrepancy Report and/or Corrective Action Plan procedures.</li> </ul> </li> </ul>
<b>Number of Years Conducting Surveys</b>	<ul style="list-style-type: none"> <li>• Minimum of two years of prior experience within the most recent three-year period conducting large-scale patient experience survey projects using mixed mode administration (mail/telephone/Internet).</li> </ul>
<b>Experience with Multiple Survey Languages</b>	<ul style="list-style-type: none"> <li>• Prior experience administering mail and telephone surveys in English and Spanish.</li> <li>• Survey vendors have the option of conducting the 2017 survey in Chinese and should have prior experience with Chinese (Mandarin) language survey administration if opting to administer Chinese language surveys.</li> </ul>

## Organizational Survey Capacity

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

Criteria	Survey Vendor Requirements
<p><b>Capacity to Handle Estimated Workload</b></p>	<ul style="list-style-type: none"> <li>• Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys, perform telephone interviews using an electronic telephone interviewing system, and administer the Internet survey during the survey fielding time period (estimated February through May of calendar year).</li> <li>• All survey-related activities must be conducted within the Continental United States, Hawaii, Alaska, or U.S. Territories to enable the Project Team to conduct all required oversight activities. This requirement applies to all staff and subcontractors.</li> <li>• Survey vendors must adhere to requirements specified in the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.</li> </ul>
<p><b>Personnel</b></p>	<ul style="list-style-type: none"> <li>• Designated Project Manager, directly employed by the survey vendor (i.e., not a subcontractor), oversees all survey operations and 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 a strong background in survey research and methodology and previous experience using mixed mode administration.</li> <li>• Designated Mail Supervisor has previous experience managing large-scale mail survey projects.</li> <li>• Designated Telephone Survey Supervisor has previous experience managing large-scale telephone interviewing projects.</li> <li>• Designated Internet Survey Supervisor has experience with managing large-scale Internet survey projects.</li> <li>• Designated Sampling Manager, directly employed by the survey vendor (i.e., not a subcontractor), has sample frame development and sample selection experience.</li> <li>• Designated Information System staff responsible for data submission (programmer) must be directly employed by the survey vendor (i.e., not a subcontractor) and have previous experience preparing and submitting data files in a specified format to external third-party organization(s) within the past two years.</li> <li>• Survey vendor has appropriate organizational back-up staff for coverage of key staff, in terms of sufficiency and experience.</li> </ul>

Criteria	Survey Vendor Requirements
<b>System Resources</b>	<ul style="list-style-type: none"> <li>• 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 onsite visits to physical locations.               <ul style="list-style-type: none"> <li>– 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.</li> <li>– Capacity for reproduction and mailing of questionnaires, cover letters and reminder letters at the survey vendor’s or designated subcontractor’s official business location.</li> <li>– Capacity for processing (e.g., scanning or key entering) incoming paper surveys at the survey vendor’s or designated subcontractor’s official business location.</li> <li>– Capacity for programming electronic telephone interview systems in accordance with specifications provided and conducting telephone interviews using an electronic telephone interviewing system at the survey vendor’s or designated subcontractor’s official business location.</li> <li>– Capacity for producing and programming the Internet survey instrument in-house.</li> <li>– Ability to handle concurrent survey projects while maintaining high quality survey data and response rates.</li> <li>– Electronic survey management system tracks fielded surveys through each stage of the protocol using a random, unique de-identified enrollee identification number and interim disposition codes. This electronic management system prevents duplicative records.</li> </ul> </li> <li>• Provide regular progress reports to QHP issuers, within guidelines specified by CMS.</li> <li>• Maintain 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 personally identifiable information.</li> <li>• Prepare, accommodate, and plan for onsite visits from CMS or the CMS-sponsored Project Team for quality oversight purposes.</li> </ul>

Criteria	Survey Vendor Requirements
<b>Use of Subcontractors (Subject to Approval)</b>	<ul style="list-style-type: none"> <li>• 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 that they will conduct.)</li> <li>• Subcontracting of printing, outgoing mail processing, data entry/scanning, and telephone interviewing by a survey vendor is limited to a reasonable number based on the survey vendor's estimated number of surveyed enrollees and subject to CMS review.</li> <li>• Subcontracting of sample file generation and data file preparation and submission is not allowed.</li> </ul>
<b>Mode Administration</b>	<ul style="list-style-type: none"> <li>• Responsible for printing, assembling, and mailing survey materials in accordance with the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.</li> <li>• Responsible for programming electronic telephone interviewing systems in accordance with the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.</li> <li>• Responsible for producing and programming the Internet survey instrument in accordance with the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.</li> <li>• Comply with all quality oversight requirements described in the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>. This includes the submission of sample mail materials, sample telephone scripts and interviewer screen shots, and an Internet survey test link to the Project Team for review and approval prior to survey administration.</li> <li>• Demonstrate ability to collect and accurately process survey data through all phases of survey administration.</li> <li>• Demonstrate experience identifying nonrespondents for mail and/or telephone follow-up.</li> <li>• Demonstrate ability to follow the survey administration timeline.</li> <li>• Use commercial software/resources to ensure that addresses and telephone numbers are updated and correct for all sampled enrollees.</li> <li>• Demonstrate capability to administer the survey in Spanish (and Chinese, if applicable).</li> <li>• Assign appropriate disposition codes to each sampled enrollee indicating final survey status.</li> <li>• Mail and Internet survey administration activities and telephone interviews are not to be conducted from a residence.</li> </ul>

Criteria	Survey Vendor Requirements
<b>Sampling Experience</b>	<ul style="list-style-type: none"> <li>• Consistent experience in the two most recent years selecting sample based on specific eligibility criteria.</li> <li>• Applicant organization must adequately document statistical approach to drawing a sample.</li> <li>• Demonstrate ability to work with QHP issuer(s) to electronically obtain sample frame(s) for sampling within specified timeframe.</li> <li>• Conduct quality checks on sample frame file(s) received from QHP issuer(s) to verify accuracy and completeness of sample frame information.</li> </ul>
<b>Data Submission</b>	<ul style="list-style-type: none"> <li>• Scan or key-enter data according to standard protocols.</li> <li>• Follow all data preparation and submission rules as specified in the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>, including verifying data are de-identified and contain no duplicate cases.</li> <li>• Submit data electronically in the specified format.</li> <li>• Execute business associate agreement with QHP issuer(s) and receive annual authorization from QHP issuer(s) to collect data on their behalf and submit to CMS.</li> <li>• Work with the Project Team to resolve data and data file submission problems.</li> </ul>
<b>Data Security</b>	<ul style="list-style-type: none"> <li>• Maintain established electronic security procedures related to access levels, passwords and firewalls as required by HIPAA.</li> <li>• Perform daily data back-up and offsite redundancy procedures that adequately safeguard system data.</li> <li>• Use required encryption protocols, if applicable, to transmit data files.</li> <li>• Implement established procedures for identifying and reporting breaches of confidential data.</li> <li>• Prepare and submit data via secure methods (HIPAA compliant).</li> </ul>
<b>Data Retention</b>	<ul style="list-style-type: none"> <li>• Retain all data files for a minimum of three years, or as otherwise specified by CMS.</li> <li>• Store returned paper questionnaires in a secure and environmentally safe location.</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• Store data files (paper and/or electronic) securely and confidentially in accordance with specified requirements.</li> <li>• Ensure confidentiality of data for sampled enrollees' personally identifiable information during each phase of the survey process.</li> </ul>

Criteria	Survey Vendor Requirements
	<ul style="list-style-type: none"> <li>• Obtain signed confidentiality agreements from staff and subcontractors.</li> <li>• 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.</li> </ul>
<b>Technical Assistance/ Customer Support</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If administering the survey in Chinese (Mandarin), accommodate telephone inquiries from Chinese-speaking survey participants.</li> </ul>

## Quality Control Procedures

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

Criteria	Survey Vendor Requirements
<b>Demonstrated Quality Control Procedures</b>	<ul style="list-style-type: none"> <li>• Establish and document quality control procedures for all phases of survey implementation, as specified in the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>: <ul style="list-style-type: none"> <li>– Internal staff training.</li> <li>– Printing, mailing, and recording receipt of surveys.</li> <li>– Telephone administration of surveys (electronic telephone interviewing system).</li> <li>– Internet administration of surveys.</li> <li>– Adequate monitoring of subcontractor(s), if applicable.</li> <li>– Scanning and coding of survey data.</li> <li>– Preparing final data files for submission.</li> <li>– All other functions and processes that affect the administration of the QHP Enrollee Survey.</li> </ul> </li> <li>• Develop and submit annually a Quality Assurance Plan (QAP) for survey administration in accordance with the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.</li> <li>• Physical business premises on which major operations of survey business are conducted are amenable to onsite visits by CMS and contractor oversight staff, as specified in the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i>.</li> </ul>

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

## Approval Term

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

Criteria	Survey Vendor Requirements
<b>Approval Term</b>	<ul style="list-style-type: none"> <li>• One year subject to annual approval.</li> <li>• Approved survey vendors are required to maintain a minimum of one active QHP Enrollee Survey client for at least one of two consecutive survey administration periods.</li> </ul>

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

HHS-approved QHP Enrollee Survey vendors are required to develop and submit an annual Quality Assurance Plan (QAP) that describes implementation of and compliance with all required QHP Enrollee Survey protocols. A survey vendor's QAP is a comprehensive working document that details a survey vendor's compliance with QHP Enrollee Survey protocols.

The purpose of this model QAP is to inform the structure of a survey vendor's QAP so that all required items are addressed for review by the Project Team in the appropriate sequence. Survey vendors present information in the order specified in the model QAP. Returning survey vendors submit the prior year's version of the QAP in track changes mode to emphasize all updates and revisions.

After reviewing the submitted QAP, the Project Team holds a conference call with the survey vendor to discuss questions or issues related to the survey vendor's QAP, if necessary. If revisions are needed, the survey vendor must resubmit a revised version of the QAP to the Project Team for approval within the specified time frame.

*Note: Survey vendors that do not have a contract to collect data are not required to submit a QAP to the Project Team for review and approval.*

## **A. ORGANIZATIONAL BACKGROUND, STRUCTURE, AND STAFF EXPERIENCE**

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

1. Include the following survey vendor organizational information:
  - a. Organization name.
  - b. Mailing address.
  - c. Physical address, if different from mailing address.
  - d. Telephone number.
  - e. Website address.
  - f. Name of contact person, 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 survey operations, including sampling, data collection, and data processing activities, are conducted.

2. Provide an organizational chart identifying the names and titles of staff members, including subcontractors (if applicable), 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, selecting the sample, and assigning a unique identification number to each sampled enrollee.
- c. Data collection procedures, including overseeing the implementation of the mail, telephone, and Internet data collection phases of the protocol.
- d. Data receipt and data entry/scanning procedures.
- e. File development and data submission processes.
- f. Tracking key survey events.
- g. Survey administration process quality checks and 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 key staff responsible for the tasks listed in the organizational chart, 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. Résumés should be available upon request.
4. Describe the history and affiliation with subcontractor(s), if applicable, including the number of years your organization has partnered with each subcontractor. Include the functions being conducted by the subcontractor(s) and note whether this information differs from that provided in the 2017 Participation Form. Describe all survey vendor oversight of subcontractor activities and detail each subcontractor's 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 all 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 and assurance procedures during each stage of the protocol (mail, telephone, Internet).
  - d. Monitoring and tracking sampled enrollees through each phase of the protocol (mail, telephone, Internet) using an electronic 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 detail the quality assurance checks conducted on the sample frame file. Describe how the sample is selected and the quality control process used for sample selection.
5. Description of the Mail Phase:
  - a. Process for updating addresses and producing and mailing survey materials.
  - b. Quality control checks conducted to ensure the quality/accuracy of printed survey materials, including the seeded mailing process for each survey language implemented.
  - c. Use of the decision rules and quality control processes to verify the accuracy of decision rule application.
  - d. Data receipt process (logging surveys when they are returned by mail) and data key-entry or scanning procedures, including the equipment used to process returned surveys.

- 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.
  - g. Survey languages implemented for the mail phase of the protocol and the process used for foreign language mail survey administration. *Note: A description of the process used to administer Spanish mail surveys is required for all survey vendors. A description of the process used to administer Chinese mail surveys is only required for those survey vendors implementing the Chinese language survey option.*
6. Description of the Telephone Phase:
- a. Obtaining and updating telephone numbers and programming the CATI system and software used.
  - b. Tests and quality control checks of CATI procedures to confirm that programming is accurate and in accordance with QHP Enrollee Survey protocols, and that data integrity is maintained.
  - 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.
  - g. Leaving voicemail messages on sampled enrollees' answering machines. Include voicemail message script, if applicable.
  - h. Survey languages implemented for the telephone phase of the protocol and the process used for foreign language telephone survey administration. *Note: A description of the process used to conduct Spanish telephone interviews is required for all survey vendors. A description of the process used to conduct Chinese telephone interviews is only required for those survey vendors implementing the Chinese language survey option.*
7. Description of the Internet Phase:
- a. Administering the Internet protocol.
  - b. Tests and quality control checks of the 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.
  - e. Survey languages implemented for the Internet phase of the protocol and the process used for foreign language Internet survey administration, if applicable. *Note: A description of the process used to administer Spanish Internet surveys is only required for those survey vendors implementing the Spanish Internet survey option.*
8. Describe data receipt activities, including monitoring and tracking surveys as they transition from the Internet phase of the survey to the mail and telephone phases.
    - a. Suppression of sampled enrollees who complete the Internet survey from subsequent mail and telephone follow-up.
    - b. Suppression of sampled enrollees who complete the mail survey from subsequent telephone follow-up.
  9. Describe data preparation and submission procedures for each of the following:
    - a. Application of QHP Enrollee Survey disposition codes and interim disposition code mapping, if applicable.
    - b. Preparation of de-identified data files and redaction of personally identifiable information (PII).
    - c. Uploading data files.
    - d. 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 operations for the customer support line and the timeframe for returning calls and responding to e-mails.
    - d. Detail the process to accommodate English- and Spanish-speaking enrollees, 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, AND 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 measures used to protect respondent privacy. Survey vendors must facilitate and verify compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements for safeguarding PII.
3. Detail the method used to transmit sampled enrollee PII to a subcontractor, if necessary.
4. Include a copy of the confidentiality agreement template signed by staff and subcontractors, if applicable, who are involved in any aspect of QHP Enrollee Survey administration.

## **RETURNING SURVEY VENDORS ONLY**

### **D. RESOLUTION OF DISCREPANCIES FROM THE 2016 QHP ENROLLEE SURVEY ADMINISTRATION**

For each issue item noted in your organization's 2016 Final Oversight Feedback Report, if applicable, describe and detail the updates and changes your organization has implemented to ensure that these issues do not recur during the 2017 QHP Enrollee Survey administration.

## **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 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 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 provide better service to 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 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](mailto:marketplace_quality@cms.hhs.gov).

### 6. How long will the survey take?

On average, the QHP Enrollee Survey takes about 20 minutes to complete. The actual time it takes to complete the survey will depend on the answers you provide.

**7. What questions will be asked?**

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

**8. I have already mailed the survey back.**

Our records indicate that we don't have a survey on file from you, and we want to make sure we capture your feedback. We would appreciate it if you could complete this survey now over the phone.

**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 a health plan 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 only 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 de-identified 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 provided.

**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, 2016.

**5. How did you get my phone number?**

In order to conduct this survey, [QHP ISSUER] provided [SURVEY VENDOR] with your 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 the 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. This 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 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 your experience with 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 enrolled in 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 2016.

**21. Please remove me from this survey and stop contacting me (*sent via e-mail*).**

Please provide the unique ID located on the letter [SURVEY VENDOR SPECIFIES UNIQUE ID LOCATION] so that we can remove you from our contact list.

### 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 with you 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 available in English and Spanish at this time. If you’d like to complete a survey in Chinese, we can provide you with a Chinese survey by mail or you 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 you 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 login information either via telephone or e-mail.*

**7. AFTER SECOND SURVEY MAILING: Can you mail me another survey?**

Sorry, but we are not able to mail another survey at this time. Your responses are very important and we want to make sure we capture your feedback. We would appreciate it if you could complete this survey now over the phone.

## **APPENDIX D—MAILING MATERIALS AND QUESTIONNAIRE**

## **2017 QHP Enrollee Survey Questionnaire**

# **2017 Qualified Health Plan (QHP) Enrollee Experience Survey**

English

September 30, 2016

OMB No. 0938-1221: Approval Expires 09/30/2018

# 2017 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 2017, please answer the questions in the survey based on your experience with the health plan you had from July through December 2016.

**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 E-MAIL].

## 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?

- <sup>1</sup>  Yes → **If Yes, go to #3**  
<sup>2</sup>  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 2017, please answer the questions based on your experience with the health plan you had from July through December 2016.

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?

- <sup>1</sup>  Yes  
<sup>2</sup>  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?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  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?

- <sup>1</sup>  Yes  
<sup>2</sup>  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?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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

- <sup>1</sup>  Yes  
<sup>2</sup>  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?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

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### Your Personal Doctor

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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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 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?

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 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?

- Never  
 Sometimes  
 Usually  
 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?

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

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### Getting Health Care From Specialists

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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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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

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### Your Health Plan

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The next series of questions ask about your experiences with your health plan. If you changed your health plan for 2017, please answer the questions based on your experience with the health plan you had from July through December 2016.

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

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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?

- <sup>1</sup> Yes  
<sup>2</sup> 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?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 42.** In the last 6 months, did you get information or help from your health plan's customer service?
- <sup>1</sup> Yes  
 <sup>2</sup> 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?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 44.** In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> 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?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 46.** In the last 6 months, did your health plan give you any forms to fill out?
- <sup>1</sup> Yes  
 <sup>2</sup> 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?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 48.** In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 49.** In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 50.** In the last 6 months, did you need the forms in a different format, such as large print or braille?
- <sup>1</sup> Yes  
 <sup>2</sup> 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?
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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.*

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> 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?

- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

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### About You

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

- <sup>1</sup> Excellent  
<sup>2</sup> Very good  
<sup>3</sup> Good  
<sup>4</sup> Fair  
<sup>5</sup> 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, 2016?

- 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 #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.*

- <sup>1</sup>  A heart attack  
<sup>2</sup>  Angina or coronary heart disease  
<sup>3</sup>  A stroke  
<sup>4</sup>  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?

- <sup>1</sup>  Yes  
<sup>2</sup>  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.*

- <sup>1</sup>  Yes  
<sup>2</sup>  No

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

- <sup>1</sup>  Yes  
<sup>2</sup>  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.*

- <sup>1</sup>  Yes  
<sup>2</sup>  No

74. Are you deaf or do you have serious difficulty hearing?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

75. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

76. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

77. Do you have serious difficulty walking or climbing stairs?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

78. Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

79. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

**80.** 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

**81.** What is your sex?

- 1  Male  
 2  Female

**82.** 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

**83.** 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

**84.** Are you of Hispanic, Latino/a, or Spanish origin?

- 1  Yes, of Hispanic, Latino/a, or Spanish origin  
 2  No, not of Hispanic, Latino/a, or Spanish origin → **If No, go to #86**

**85.** Which group best describes you?

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

**86.** 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

**87.** How confident are you that you understand health insurance terms?

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

**88.** 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

89. Did someone help you complete this survey?

<sup>1</sup>  Yes

<sup>2</sup>  No → **Thank you. Please return  
the completed survey in  
the postage-paid envelope.**

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

<sup>1</sup>  Read the questions to me

<sup>2</sup>  Wrote down the answers I gave

<sup>3</sup>  Answered the questions for me

<sup>4</sup>  Translated the questions into my  
language

<sup>5</sup>  Helped in some other way

**Thank you.**

**Please return the completed survey in the postage-paid envelope.**

## **2017 Prenotification Letter**

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]  
[SURVEY VENDOR 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 who are enrolled in your health plan. 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 [LOGIN CREDENTIAL(S)].

Respond now at [SURVEY URL]

[LOGIN CREDENTIAL(S)]

[QHP ISSUER NAME] 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 E-MAIL].

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]

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**2017 Qualified Health Plan Enrollee Experience Survey**  
Prenotification Letter: English

[DO NOT INCLUDE THIS FOOTER IN LETTERS SENT TO ENROLLEES]

## **2017 First Survey Mailing Cover Letter**

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]  
[SURVEY VENDOR ADDRESS]

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[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 2017, please answer the questions in the survey based on your experience with the health plan you had from July through December 2016. 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 who are enrolled in your health plan. 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 NAME] 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 E-MAIL].

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]

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**2017 Qualified Health Plan Enrollee Experience Survey**  
Cover Letter for First Survey Mailing: English

[DO NOT INCLUDE THIS FOOTER IN LETTERS SENT TO ENROLLEES]

## **2017 Reminder Letter**

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]  
[SURVEY VENDOR ADDRESS]

---

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

Dear [ENROLLEE FIRST AND LAST NAME],

Recently, we sent you a survey about your experiences with your health plan. If you 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 NAME] online right now by visiting [SURVEY URL]. On this website you will be asked for this private [LOGIN CREDENTIAL(S)].

Respond now at [SURVEY URL]

[LOGIN CREDENTIAL(S)]

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 NAME] 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 [SURVEY VENDOR PHONE NUMBER], and we'll send you another survey.

Thank you!

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]

---

**2017 Qualified Health Plan Enrollee Experience Survey**

Reminder Letter: English

[DO NOT INCLUDE THIS FOOTER IN LETTERS SENT TO ENROLLEES]

## **2017 Second Survey Mailing Cover Letter**

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]  
[SURVEY VENDOR 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. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or e-mail [SURVEY VENDOR E-MAIL].

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 NAME] 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 2017, please answer the questions in the survey based on your experience with the health plan you had from July through December 2016. The survey will take about 20 minutes to complete.

Your answers will be part of a pool of information from others who are enrolled in your health plan. 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 prefieres 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]

---

**2017 Qualified Health Plan Enrollee Experience Survey**  
Cover Letter for Second Survey Mailing: English

[DO NOT INCLUDE THIS FOOTER IN LETTERS SENT TO ENROLLEES]

## **APPENDIX E—TELEPHONE SCRIPT**

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# Qualified Health Plan (QHP) Enrollee Experience Survey

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## Computer Assisted Telephone Interview Script

**Language: English**

**Data Collection: 2017**

**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 81.>

<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 Q81. FOR ALL QUESTIONS, REPLACE SECOND PERSON PRONOUNS (YOU, YOUR, ETC.) WITH THIRD PERSON PRONOUNS (HIS/HER, HIM/HER, HE/SHE) FOR PROXY SURVEY. ADJUST SENTENCE AS NECESSARY TO BE GRAMMATICALLY CORRECT. DURING INTERVIEW REMIND THE PROXY THAT HE/SHE IS ANSWERING ABOUT THE SAMPLED PERSON, NOT HIMSELF/HERSELF.>

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

<RECORD CALLBACK TIME ON CALL RECORD.>

[CALLBACK TO COMPLETE A PREVIOUSLY STARTED TELEPHONE SURVEY]  
**Hello, may I please speak to {ENROLLEE NAME}?**

- 1 YES → [GO TO CONFIRM ENROLLEE]
- 2 NO / REFUSAL → [CODE AS REFUSAL]
- 3 NO, NOT AVAILABLE RIGHT NOW → [SCHEDULE CALLBACK]

<IF ASKED WHO IS CALLING: **This is {INTERVIEWER NAME} calling from {SURVEY VENDOR} on behalf of {QHP ISSUER NAME}. Is {ENROLLEE NAME} available to complete a survey that {he/she} started at an earlier date?>**

[CONFIRM ENROLLEE]

**This is {INTERVIEWER NAME} calling from {SURVEY VENDOR} on behalf of {QHP ISSUER NAME}. I would like to confirm that I am speaking with {ENROLLEE NAME}. I am calling to continue the survey started on an earlier date.**

<CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.>

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

- <sup>1</sup>  **Male, or**
- <sup>2</sup>  **Female?**
- <sup>-1</sup>  REFUSED
- <sup>-2</sup>  DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup>  YES → [IF YES, GO TO #3]
- <sup>2</sup>  NO
- <sup>-1</sup>  REFUSED
- <sup>-2</sup>  DON'T KNOW

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

(RECORD ANSWERS VERBATIM)

---

-1  REFUSED

-2  DON'T KNOW

**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 2017, please answer the questions based on your experience with the health plan you had from July through December 2016.]**

**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  REFUSED → [IF REFUSED, GO TO #5]

-2  DON'T KNOW → [IF DON'T KNOW, 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  REFUSED

-2  DON'T KNOW

**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)

- <sup>1</sup>  YES
- <sup>2</sup>  NO → [IF NO, GO TO #7]
- <sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #7]
- <sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup>  Never,
- <sup>2</sup>  Sometimes,
- <sup>3</sup>  Usually, or
- <sup>4</sup>  Always?
- <sup>-1</sup>  REFUSED
- <sup>-2</sup>  DON'T KNOW

**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)

- <sup>1</sup>  YES
- <sup>2</sup>  NO → [IF NO, GO TO #9]
- <sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #9]
- <sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup>  Never,
- <sup>2</sup>  Sometimes,
- <sup>3</sup>  Usually, or
- <sup>4</sup>  Always?
- <sup>-1</sup>  REFUSED
- <sup>-2</sup>  DON'T KNOW

**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?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say...**)

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

**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  REFUSED
- 2  DON'T KNOW

**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  REFUSED → [IF REFUSED, GO TO #14]
- 2  DON'T KNOW → [IF DON'T KNOW, 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  REFUSED
- 2  DON'T KNOW

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)

- <sup>1</sup>  YES
- <sup>2</sup>  NO → [IF NO, GO TO #32]
- <sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #32]
- <sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, GO TO #32]

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say...**)

- <sup>0</sup>  NONE → [IF NONE, GO TO #32]
- <sup>1</sup>  1 TIME
- <sup>2</sup>  2
- <sup>3</sup>  3
- <sup>4</sup>  4
- <sup>5</sup>  5 TO 9 TIMES, OR
- <sup>6</sup>  10 OR MORE TIMES
- <sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #32]
- <sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup>  Never,
- <sup>2</sup>  Sometimes,
- <sup>3</sup>  Usually, or
- <sup>4</sup>  Always?
- <sup>-1</sup>  REFUSED
- <sup>-2</sup>  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**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)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #24]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #24]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #26]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #26]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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)

- <sup>0</sup> 0 WORST PERSONAL DOCTOR POSSIBLE
- <sup>1</sup> 1
- <sup>2</sup> 2
- <sup>3</sup> 3
- <sup>4</sup> 4
- <sup>5</sup> 5
- <sup>6</sup> 6
- <sup>7</sup> 7
- <sup>8</sup> 8
- <sup>9</sup> 9
- <sup>10</sup> 10 BEST PERSONAL DOCTOR POSSIBLE
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #29]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #29]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #32]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #32]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #32]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #32]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
  
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #36]
  
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #36]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
  
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say...**)

- NONE → [IF NONE, GO TO #36]
- 1 SPECIALIST
- 2
- 3
- 4
- 5 OR MORE SPECIALISTS?
  
- REFUSED → [IF REFUSED, GO TO #36]
- DON'T KNOW → [IF DON'T KNOW, 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 WORST SPECIALIST POSSIBLE
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 BEST SPECIALIST POSSIBLE
  
- REFUSED
- DON'T KNOW

**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 2017, please answer the questions based on your experience with the health plan you had from July through December 2016.]**

**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)

<sup>1</sup>  YES

<sup>2</sup>  NO → [IF NO, GO TO #38]

<sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #38]

<sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, 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...**

<sup>1</sup>  Never,

<sup>2</sup>  Sometimes,

<sup>3</sup>  Usually, or

<sup>4</sup>  Always?

<sup>-1</sup>  REFUSED

<sup>-2</sup>  DON'T KNOW

**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)

<sup>1</sup>  YES

<sup>2</sup>  NO → [IF NO, GO TO #40]

<sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #40]

<sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, 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 REFUSED**
- 2 DON'T KNOW**

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

**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)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #46]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #46]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #52]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #52]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #52]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #52]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, 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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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)

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

**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?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

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  REFUSED

-2  DON'T KNOW

**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  REFUSED

-2  DON'T KNOW

**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  REFUSED

-2  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**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  REFUSED
- 2  DON'T KNOW

**60. Have you had a flu shot or flu spray in the nose since July 1, 2016?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1  YES
- 2  NO
  
- 1  REFUSED
- 2  DON'T KNOW

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

**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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
  
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**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...**

- <sup>1</sup> Never,
- <sup>2</sup> Sometimes,
- <sup>3</sup> Usually, or
- <sup>4</sup> Always?
  
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup> YES
- <sup>2</sup> NO
  
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup> YES
- <sup>2</sup> NO
  
- <sup>-1</sup> REFUSED
- <sup>-2</sup> 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?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1  YES  
 2  NO  
 -1  REFUSED  
 -2  DON'T KNOW

**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.] <b>High cholesterol?</b>   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| [B.] <b>High blood pressure?</b>  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| [C.] <b>A parent or sibling with a heart attack before the age of 60?</b> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| -1 <input type="checkbox"/> REFUSED                                       |                            |                            |
| -2 <input type="checkbox"/> DON'T KNOW                                    |                            |                            |

**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.] <b>A heart attack?</b>                           | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| [B.] <b>Angina or coronary heart disease?</b>         | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| [C.] <b>A stroke?</b>                                 | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| [D.] <b>Any kind of diabetes or high blood sugar?</b> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| -1 <input type="checkbox"/> REFUSED                   |                            |                            |
| -2 <input type="checkbox"/> DON'T KNOW                |                            |                            |

**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)

- <sup>1</sup>  YES
- <sup>2</sup>  NO → [IF NO, GO TO #72]
- <sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #72]
- <sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, GO TO #72]

**71. Is this a condition or problem that has lasted for at least 3 months?**

[IF Q81=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do not include pregnancy or menopause.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup>  YES
- <sup>2</sup>  NO
- <sup>-1</sup>  REFUSED
- <sup>-2</sup>  DON'T KNOW

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

[IF Q81=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do not include birth control.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup>  YES
- <sup>2</sup>  NO → [IF NO, GO TO #74]
- <sup>-1</sup>  REFUSED → [IF REFUSED, GO TO #74]
- <sup>-2</sup>  DON'T KNOW → [IF DON'T KNOW, GO TO #74]

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

[IF Q81=FEMALE OR MISSING, PROGRAM SO THIS LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do not include pregnancy or menopause.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

<sup>1</sup>  YES

<sup>2</sup>  NO

<sup>-1</sup>  REFUSED

<sup>-2</sup>  DON'T KNOW

**74. Are you deaf or do you have serious difficulty hearing?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

<sup>1</sup>  YES

<sup>2</sup>  NO

<sup>-1</sup>  REFUSED

<sup>-2</sup>  DON'T KNOW

**75. Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

<sup>1</sup>  YES

<sup>2</sup>  NO

<sup>-1</sup>  REFUSED

<sup>-2</sup>  DON'T KNOW

**76. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

<sup>1</sup>  YES

<sup>2</sup>  NO

<sup>-1</sup>  REFUSED

<sup>-2</sup>  DON'T KNOW

**77. Do you have serious difficulty walking or climbing stairs?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1  YES2  NO-1  REFUSED-2  DON'T KNOW**78. Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1  YES2  NO-1  REFUSED-2  DON'T KNOW**79. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1  YES2  NO-1  REFUSED-2  DON'T KNOW

**80. 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  REFUSED
- 2  DON'T KNOW

**82. 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  REFUSED
- 2  DON'T KNOW

**83. 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  REFUSED
- 2  DON'T KNOW

**84. Are you of Hispanic, Latino/a, or Spanish origin?**

[IF Q81=FEMALE, USE LATINA. IF Q81=MALE OR MISSING, USE LATINO]

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- <sup>1</sup> YES
- <sup>2</sup> NO → [IF NO, GO TO #86]
- <sup>-1</sup> REFUSED → [IF REFUSED, GO TO #86]
- <sup>-2</sup> DON'T KNOW → [IF DON'T KNOW, GO TO #86]

**85. Which of the following groups best describes you?**

[IF Q81=FEMALE, USE MEXICAN/MEXICAN AMERICAN/CHICANA/LATINA. IF Q81=MALE OR MISSING, USE MEXICAN/MEXICAN AMERICAN/CHICANO/LATINO]

(ACCEPT ONLY ONE ANSWER)

- <sup>1</sup> **Mexican, Mexican American, Chicano/a,**
- <sup>2</sup> **Puerto Rican,**
- <sup>3</sup> **Cuban, or**
- <sup>4</sup> **Another Hispanic, Latino/a, or Spanish Origin?**
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

**86. 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 RESPONSE OPTION D, 'ASIAN', THEN SKIP TO RESPONSE OPTION L, 'NATIVE HAWAIIAN OR PACIFIC ISLANDER', AND MARK ALL ASIAN SUB-CATEGORIES AS 'NO'. IF NO/DK/REF TO RESPONSE OPTION L, 'NATIVE HAWAIIAN OR PACIFIC ISLANDER', THEN SKIP TO Q87 AND MARK ALL NATIVE HAWAIIAN OR PACIFIC ISLANDER SUB-CATEGORIES AS 'NO'.]

(TREAT EACH ITEM AS A YES/NO QUESTION)

	<u>YES</u>	<u>NO</u>
[A.] Are you White?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[B.] Are you Black or African American?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[C.] Are you American Indian or Alaska Native?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[D.] Are you Asian?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[E.] Are you Asian Indian?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[F.] Are you Chinese?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[G.] Are you Filipino?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[H.] Are you Japanese?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[I.] Are you Korean?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[J.] Are you Vietnamese?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[K.] Are you another type of Asian?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[L.] Are you Native Hawaiian or Pacific Islander?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[M.] Are you Native Hawaiian?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[N.] Are you Guamanian or Chamorro?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[O.] Are you Samoan?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
[P.] Are you another type of Pacific Islander?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
-1 <input type="checkbox"/> REFUSED		
-2 <input type="checkbox"/> DON'T KNOW		

**87. 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  REFUSED  
 -2  DON'T KNOW

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

- <sup>1</sup> Not at all confident,
- <sup>2</sup> Slightly confident,
- <sup>3</sup> Moderately confident, or
- <sup>4</sup> Very confident?
  
- <sup>-1</sup> REFUSED
- <sup>-2</sup> DON'T KNOW

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

- <sup>1</sup> YES
- <sup>2</sup> NO

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

## **APPENDIX F—INTERNET SURVEY SCRIPT**

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# Qualified Health Plan (QHP) Enrollee Experience Survey

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## Internet Survey Script

**Language: English**

**Data Collection: 2017**

**Reference Period: 6 months**

### Internet Survey Script Conventions

- Programmer instructions and survey question numbers appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS] and must *not* be displayed on webpages.
- Inserts or fills from the sample frame appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}.
- Dashed lines indicate the separation between survey question webpages. Each survey question must be displayed on a separate webpage.
- Unless otherwise noted, skipped questions follow the same skip pattern as the “No” or “None” response options.

*Note: A comprehensive list of Internet Survey requirements is available in the Data Collection Protocol section of the 2017 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications (QAG).*

### Programming Specifications

- The Internet survey instrument must be programmed to adhere to all survey skip patterns.
- Unless otherwise noted, all questions are programmed to accept only one response.
- Each question must be programmed to allow the respondent to skip the question without providing a response and to proceed to the next appropriate survey question.
- Each question includes the appropriate section header as specified throughout the script.
- The presentation of questions and response categories *cannot* deviate from the format presented in the script. All response categories must be listed vertically. Matrix format is not permitted.
- A “Questions” link must be included on each webpage.
- After the last survey question, an exit page provides confirmation of survey receipt and thanks the sampled enrollee for participating.

## Text Convention Requirements

- Survey vendors *cannot* bold text that is not bold in the script (e.g., question stems, response categories).
- Survey vendors *must* bold text that is bold in the script (e.g., emphasized words).
- Survey vendors *cannot* underline text that is bold in the script.
- Survey vendors *must* italicize text that is italicized in the script.
- Survey vendors use either black or dark blue readable font for all survey questions and response options; the font color used for survey questions and response options must be consistent throughout the survey. Survey vendors may opt to use a highlight color for instructions and survey headings.

## Internet Survey Entry Page

[SURVEY VENDOR LOGO]

and/or

[QHP ISSUER LOGO]

OMB No. 0938-1221: Approval Expires 09/30/2018

## 2017 Qualified Health Plan (QHP) Enrollee Experience Survey

### Introduction

Thank you for visiting the Qualified Health Plan Enrollee Survey website. We are asking you to complete this survey about your experiences with the health plan named on the letter you received. If you changed your health plan for 2017, please answer the questions in the survey based on your experience with the health plan you had from July through December 2016.

**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 If You Have Questions.** Your health plan has 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-XXX] 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 E-MAIL].

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

### Survey Instructions

[SURVEY VENDORS MUST INCLUDE INSTRUMENT-SPECIFIC INSTRUCTIONS ON HOW TO COMPLETE THE INTERNET SURVEY HERE. THIS INCLUDES:

INSTRUCTIONS ON HOW TO USE THE “PREVIOUS” BUTTON TO RETURN TO PREVIOUS SURVEY QUESTIONS TO CHECK, CHANGE, OR DELETE AN ANSWER.

INSTRUCTIONS ON HOW TO USE THE “NEXT” BUTTON TO ADVANCE TO SUBSEQUENT SURVEY QUESTIONS.

ADDITIONAL INSTRUCTIONS SPECIFIC TO THE SURVEY VENDOR’S INTERNET SURVEY INSTRUMENT OR PLATFORM.]

If you would like to proceed with the survey, please enter the [LOGIN CREDENTIAL(S)] provided in the letter that you received:

[LOGIN CREDENTIAL(S)]

[QUESTIONS LINK SHOULD APPEAR ON EACH WEBPAGE DIRECTING RESPONDENTS TO SURVEY VENDOR CONTACT INFORMATION.]

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

## Internet Survey Script

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

- Yes [IF YES, GO TO #3]  
 No

[IF Q1 IS SKIPPED, SURVEY MUST BE PROGRAMMED TO PROCEED TO Q2.]

---

[2] What is the name of your health plan?

*Please type:* \_\_\_\_\_

[TEXT BOX MUST BE PROGRAMMED TO ACCEPT AT LEAST A 250-CHARACTER RESPONSE. IN ADDITION TO THE TEXT BOX, A DROPDOWN MENU OF QHP ISSUER ALIASES IS ALSO ALLOWABLE.]

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## Your Health Care in the Last 6 Months

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 3-13.]

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 2017, please answer the questions based on your experience with the health plan you had from July through December 2016.

[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?

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 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?

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 Always
- 

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

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 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?

- Never
  - Sometimes
  - Usually
  - 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?

- Yes
  - 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?

- Never
  - Sometimes
  - Usually
  - Always
-

## Your Personal Doctor

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 14-31.]

[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?

- Yes
  - 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?

- Never
  - Sometimes
  - Usually
  - Always
- 

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

- Never
  - Sometimes
  - Usually
  - Always
-

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

- Never
  - Sometimes
  - Usually
  - Always
- 

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

- Never
  - Sometimes
  - Usually
  - 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?

- Never
  - Sometimes
  - Usually
  - Always
- 

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

- Yes
  - 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?

- Never
  - Sometimes
  - Usually
  - 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?

- Never
  - Sometimes
  - Usually
  - 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?

- Yes
  - 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?

- Never
  - Sometimes
  - Usually
  - 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?

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 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?

- Yes  
 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?

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 Always
- 

### Getting Health Care From Specialists

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 32-35.]

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?

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 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

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 36-57.]

The next series of questions ask about your experiences with your health plan. If you changed your health plan for 2017, please answer the questions based on your experience with the health plan you had from July through December 2016.

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

- Yes
  - 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?

- Never
  - Sometimes
  - Usually
  - 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?

- Yes
  - 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?

- Never
  - Sometimes
  - Usually
  - 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?

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 Always
- 

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

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 Always
- 

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

- Never  
 Sometimes  
 Usually  
 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?

- Never
  - Sometimes
  - Usually
  - Always
- 

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

- Yes
  - 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?

- Never
  - Sometimes
  - Usually
  - Always
- 

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

- Never
  - Sometimes
  - Usually
  - Always
- 

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

- Never
  - Sometimes
  - Usually
  - Always
-

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

- Yes  
 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?

- Never  
 Sometimes  
 Usually  
 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  
 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?

- Never
  - Sometimes
  - Usually
  - 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?

- Never
  - Sometimes
  - Usually
  - 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.*

- Never
  - Sometimes
  - Usually
  - 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?

- Never
  - Sometimes
  - Usually
  - Always
- 

## About You

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE FOR QUESTIONS 58-91.]

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

- Excellent
  - Very good
  - Good
  - Fair
  - Poor
- 

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

- Excellent
  - Very good
  - Good
  - Fair
  - Poor
- 

[60] Have you had either a flu shot or flu spray in the nose since July 1, 2016?

- Yes
  - No
  - Don't know
-

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

- Every day
  - Some days
  - Not at all [IF NOT AT ALL, GO TO #65]
  - Don't know [IF DON'T KNOW, 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?

- Never
  - Sometimes
  - Usually
  - 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.

- Never
  - Sometimes
  - Usually
  - 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.

- Never
  - Sometimes
  - Usually
  - Always
-

[65] Do you take aspirin daily or every other day?

- Yes
  - No
  - Don't know
- 

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

- Yes
  - No
  - 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?

- Yes
  - No
- 

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

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

[Q68 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

---

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

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

[Q69 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

---

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

- Yes  
 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.*

- Yes  
 No
- 

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

- Yes  
 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.*

- Yes  
 No
- 

[74] Are you deaf or do you have serious difficulty hearing?

- Yes  
 No
- 

[75] Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes  
 No
-

[76] Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes  
 No
- 

[77] Do you have serious difficulty walking or climbing stairs?

- Yes  
 No
- 

[78] Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?

- Yes  
 No
- 

[79] Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes  
 No
- 

[80] What is your age?

- 18 to 24  
 25 to 34  
 35 to 44  
 45 to 54  
 55 to 64  
 65 to 74  
 75 or older
-

[81] What is your sex?

- Male  
 Female
- 

[82] What is the highest grade or level of school that you have completed?

- 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree
- 

[83] What **best** describes your employment status?

- Employed full-time  
 Employed part-time  
 A homemaker  
 A full-time student  
 Retired  
 Unable to work for health reasons  
 Unemployed  
 Other
- 

[84] Are you of Hispanic, Latino/a, or Spanish origin?

- Yes, of Hispanic, Latino/a, or Spanish origin  
 No, not of Hispanic, Latino/a, or Spanish origin [IF NO, GO TO #86]
- 

[85] Which group best describes you?

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

**[86]** What is your race? *Select one or more.*

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

[Q86 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

---

**[87]** How confident are you that you understand health insurance terms?

- Not at all confident
  - Slightly confident
  - Moderately confident
  - Very confident
- 

**[88]** How confident are you that you know most of the things you need to know about using health insurance?

- Not at all confident
  - Slightly confident
  - Moderately confident
  - Very confident
- 

**[89]** Did someone help you complete this survey?

- Yes
  - No [IF NO, GO TO EXIT PAGE]
-

[90] How did that person help you? *Select one or more.*

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

[Q90 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]

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[EXIT PAGE]

**Thank you for your participation in the survey. This confirms your responses have been received.**

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## **APPENDIX G—SAMPLE FRAME FILE LAYOUT**

## SAMPLE FRAME FILE LAYOUT FOR 2017 QHP ENROLLEE SURVEY

An individual sample frame must be generated for each reporting unit (i.e., do not combine reporting units into a single file) and must include a single record for each enrollee that meets the eligibility requirements outlined in the *2017 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications*. The sample frame must be specific to a given reporting unit (unique state-product type for each QHP issuer) and must **not** be combined with other product lines or products. The following data elements must be included for each enrollee included in the sample frame. QHP issuers must attempt to populate the sample frame file layout to the extent possible; missing data should be the exception. All entries should be left justified.

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
QHP Issuer Legal Name	Char	60	1	60	Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the QHP is operating.	<b>Note: This variable must be identical for all enrollees included in the sample frame and must not be blank.</b>
Product Line	Num	1	61	61		3 = Marketplace <b>Note: A valid value is required for every enrollee in the record.</b>
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) <b>Note: A valid value is required for every enrollee in the record. QHP issuers may not combine product types. This variable must be identical for all enrollees included in the sample frame.</b>

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
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.	
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 <b>Note: A valid value is required for every enrollee in the record.</b>
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	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
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	
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, 2016.	<p>1 = Eligible (the member was born on or between July 2, 1951, and July 1, 1998)</p> <p>2 = Ineligible (the member was born before July 2, 1951, or after July 1, 1998)</p> <p><b>Note: A valid value is required for every enrollee in the record.</b></p>
Enrollee Age	Num	2	321	322	Enrollee age as of December 31, 2016.	<p>Numeric, 2-digit variable.</p> <p>For enrollees age 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2016, will be coded 80.</p> <p><b>Note: A valid value is required for every enrollee in the record.</b></p>
Issuer ID	Num	5	323	327	Unique HIOS issuer ID number.	<p><b>Note: A valid value is required for every enrollee in the record. This variable must be identical for all enrollees included in the sample frame.</b></p>

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
QHP State	Char	2	328	329	State associated with the QHP issuer. This variable is different than Enrollee State.	2-character Postal Service state abbreviation. <b>Note: A valid value is required for every enrollee in the record. This variable must be identical for all enrollees included in the sample frame.</b>
Reporting Unit ID	Char	12	330	341	Reporting unit ID. It is made up of the following parts (with a hyphen separating each part): 5-digit Issuer ID, 2-character QHP State postal code, and 3-character Product Type.	5-digit Issuer ID= Issuer ID variable. 2-character QHP state postal code=QHP State variable. 3-character product type=Product Type (HMO, POS, PPO, EPO) variable. For example: 12345-TX-PPO. <b>Note: A valid value is required for every enrollee in the record. This variable must be identical for all enrollees included in the sample frame and the components of this variable must match the reported values for the Issuer ID, QHP State, and Product Type variables.</b>

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 can be found in HIOS and is also referred to as a “Plan ID – Standard Component” and is a 14-character combination of 5-digit Issuer ID, 2-character QHP State, product, and plan identifiers. All characters, except the 6 <sup>th</sup> and 7 <sup>th</sup> characters, will be numeric.	For example: 12345AZ0010001. 5-digit Issuer ID= Issuer ID variable. 2-character QHP state postal code=QHP State variable. <b>Note: A valid value is required for every enrollee in the record. The components of this variable must match the reported values for the Issuer ID and QHP State variables. If this value is unavailable, QHP issuers use the dummy variable “99999XX9999999”.</b>
Metal Level	Num	1	356	356	Metal level associated with enrollee’s QHP.	1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 5 = Catastrophic 9 = Missing <b>Note: A valid value is required for every enrollee in the record.</b>

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
VARIANT ID	Char	2	357	358	Cost-sharing variant ID associated with enrollee's QHP. Variant IDs 02 and 03 are for federally recognized tribes and eligible Alaska Natives with incomes above 300% of the federal poverty line.	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 <b>Note: A valid value is required for every enrollee in the record. Only the Variant IDs listed above can be included in the sample frame. Do NOT include enrollees in QHPs offered outside the Marketplace (off-Marketplace health plans) or in non-QHPs, which are designated by HIOS Variant ID 00.</b> <b>Note: Variant IDs of 09=Missing remain in the sample frame; the enrollee is assumed to be eligible (in an on-Marketplace health plan) unless there is evidence to suggest otherwise.</b>
Spoken Language Preference	Num	1	359	359	Enrollee's preferred spoken language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Written Language Preference	Num	1	360	360	Enrollee's preferred written language.	1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing
APTC Eligibility Flag	Num	1	361	361	Indicates if enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction.	1 = Yes 2 = No 9 = Missing
Plan Marketing Name	Char	250	362	611	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	612	612	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 3 = Missing 9 = Not Applicable, QHP outside of Arkansas or Iowa

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Reporting Status	Num	1	613	613	<p>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 2015 or before are eligible for public reporting.</p> <p>This variable is based on the plan year (2015 or 2016) the QHP issuer began offering the Reporting Unit within the state's Marketplace. The Standard Component ID is not used to determine this variable.</p> <p>For example, if the Reporting Unit began offering within a state's Marketplace in Plan Year 2015, and have added new Standard Component IDs or products in 2016, the Reporting Unit should still be considered as operating in Plan Year 2015.</p> <p>Please refer to section IX (Data Analysis and Public Reporting) of the QAG for more information.</p>	<p>1 = Issuer began offering this product type within state's Marketplace in Plan Year 2015 or before</p> <p>2 = Issuer began offering this product type within state's Marketplace in Plan Year 2016</p> <p>9 = Missing</p>

## **APPENDIX H—Data 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.

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 <b>not</b> be a Social Security Number, medical record number, or other ID that might appear in other databases. It is used only to link sample data back to sample frame data in case information in the survey data files or sample data files becomes corrupted or lost.		String	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 enrollee's age as of July 1, 2016 (from the sample frame provided by the QHP issuer).	1 = Eligible (Enrollee was born on or between July 2, 1951, and July 1, 1998.) 2 = Ineligible (Enrollee was born before July 2, 1951, or after July 1, 1998.)	Num	1
<enrollee-age>		Enrollee age as of December 31, 2016 (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, 2016, will be coded 80.	Integer ranging from 18 – 80.	Num	2
<issuer-id>		Unique HIOS issuer ID number (from the sample frame provided by the QHP issuer).	Integer ranging from 10000 – 99999.	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>		Reporting unit ID (from the sample frame provided by the QHP issuer). It is made up of the following parts (with a hyphen separating each part): 5-digit issuer ID, 2-character QHP state postal code, and 3-character product type. For example: 12345-TX-PPO.		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 (from the sample frame provided by the QHP issuer). This number is also referred to as a “Plan ID”. All characters, except the 6 <sup>th</sup> and 7 <sup>th</sup> characters, are Num. For example: 12345AZ0010001.	If QHP issuer is unable to provide this information, survey vendors code as “99999XX9999999”.	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 9 = Missing	Num	1
<variant-id>		Cost-sharing variant (from the sample frame provided by the QHP issuer).	01 = Exchange Variant (No CSR) 02 = Zero Cost Sharing Plan Variation 03 = Limited Cost Sharing Plan Variation 04 = 73% 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
<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

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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
<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 vendors code as "Unavailable".	String	250
<plan-name-fill>		The QHP issuer name printed on the 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
<n-s>		Total number of <b>sampled enrollees</b> in the reporting unit.	<b>Note:</b> This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	4
<n-fr>		Total number of <b>survey-eligible enrollees before deduplication in the sample frame</b> provided by the issuer for the reporting unit.	<b>Note:</b> This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	8
<M>		Total number of <b>records in the deduplicated file</b> for the reporting unit. This file should have only one record per Subscriber or Family ID (SFID).	<b>Note:</b> This value will be the same for all individuals in the reporting unit (<reporting-unit-id>).	Num	8

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<k>		Number of survey-eligible enrollees covered by the SFID that covers the sampled enrollee before deduplication (e.g., total must include subscriber and all survey-eligible dependents covered by subscriber's plan).		Num	2
<final-disposition>		All cases are assigned a final disposition code. A complete list of valid disposition codes is found in Section VII - Data Coding in the <i>Quality Assurance Guidelines and Technical Specifications</i> manual.	M10, T10, I10, M31, T31, I31, X20, X40, X22, X24, X32, X33, X34, X35	String	3
<proxy>		Indicates whether the phone interview was completed by a proxy. This field is only applicable to cases completed by telephone and aligns with the interviewer's response to Q89 in the CATI script.	0 = Non-Proxy Interview 1 = Proxy Interview 2 = Not Applicable (Mail and Internet Only)	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 offered 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 3 = Missing 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 (from the Year Plan Began Operating variable in the sample frame provided by the QHP issuer). Only plans that began offering coverage within a state's Marketplace in Plan Year 2015 or before 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 2015 or before 2 = Issuer began offering this product type within state's Marketplace in Plan Year 2016 9 = Missing	Num	1
<date-complete>		Date when survey is completed, partially completed, or received (MMDDYY). The 2017 range covers 011517 – 052517. For nonrespondents, survey vendors code as "010100".	MMDDYY	String	6
<bad-address-flag>		Flag indicating whether there is sufficient evidence that the address for a sampled enrollee is not viable. A list of sufficient evidence for a bad address is available in Section VII - Data Coding in the <i>Quality Assurance Guidelines and Technical Specifications</i> manual. If there is sufficient evidence of a bad address, survey vendors code this flag as 1=Yes.	0 = No 1 = Yes	Num	1

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<bad-telephone-flag>		Flag indicating whether there is sufficient evidence that the telephone number for a sampled enrollee is not viable. A list of sufficient evidence for a bad telephone number is available in Section VII - Data Coding in the <i>Quality Assurance Guidelines and Technical Specifications</i> manual. If there is sufficient evidence of a bad telephone, survey vendors code this flag as 1=Yes.	0 = No 1 = Yes	Num	1
<web-entry-flag>		Flag indicating whether the sampled enrollee ever logged in to the web survey. Survey vendors code this flag as 1=Yes for any sampled enrollee who logs into the Internet survey instrument, regardless of whether the enrollee completes the Internet survey.	0 = No 1 = Yes 2 = Not Applicable, Internet survey not offered to enrollee	Num	1
<b>Header Fields</b>	END	</headers>			
<b>Your Health Care in the Last 6 Months</b>	START	<last-six-months>			
<in-health-plan>	1	Our records show that you are now in [QHP ISSUER NAME]. Is that right?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<name-health-plan>	2	What is the name of your health plan?	<Text Response> “None” = Refused, Don’t Know, Blank “NA” = Appropriate Skip <b>Note:</b> Survey vendors recode all “Refused” and “Don’t Know” values received from telephone interviews to “None”. <b>Note:</b> Survey vendors redact all personally identifiable information provided by respondents.	Char	250
<need-care-quick>	3	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 -1 = Refused (Phone Only) -2 = Don’t Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<got-care-quick>	4	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 -1 = Refused (Phone Only) -2 = Don’t Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<appt-routine-care>	5	Did you make any appointments for a check-up or routine care at a doctor’s office or clinic?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don’t Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<got-appt-quick>	6	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<num-visits-office>	9	Not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 times 6 = 10 or more times -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<needed-care-easy>	11	How often was it easy to get the care, tests, or treatment you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<got-interpreter>	13	When you needed an interpreter, how often did you get one?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<b>Your Health Care in the Last 6 Months</b>	END	</last-six-months>			
<b>Your Personal Doctor</b>	START	<personal-doctor>			

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ 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 3 = 3 4 = 4 5 = 5 to 9 times 6 = 10 or more times -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<doc-have-info>	20	How often did your personal doctor have your medical records or other information about your care?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<tests-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/ Nonresponse/ No Answer -4 = Appropriate Skip	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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<specialists-visits>	24	Did you see any specialists?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<b>Your Personal Doctor</b>	END	</personal-doctor>			

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<b>Getting Health Care from Specialists</b>	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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<rate-specialist>	35	What number would you use to rate the specialist you saw most often in the last 6 months?	0 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<b>Getting Health Care from Specialists</b>	END	</specialists>			
<b>Your Health Plan</b>	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/ Nonresponse/ No Answer	Num	2
<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/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ No Answer	Num	2
<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/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ No Answer	Num	2
<recommend-hp>	53	How likely is it that you would recommend this health plan to a friend or family member?	0 through 10 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<hp-not-pay-service>	54	How often did your health plan not pay for care that your doctor said you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<hp-thought-pay>	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/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ No Answer	Num	2
<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/ Nonresponse/ No Answer	Num	2
<b>Your Health Plan</b>	END	</health-plan>			
<b>About You</b>	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/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ No Answer	Num	2
<flu-shot>	60	Have you had either a flu shot or flu spray in the nose since July 1, 2016?	1 = Yes 2 = No 3 = Don't know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer <b>Note:</b> Survey vendors recode all "Don't know" values received from telephone interviews to a value of 3 to align with the valid value used on the mail survey.	Num	2
<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/ Nonresponse/ No Answer <b>Note:</b> Survey vendors recode all "Don't know" values received from telephone interviews to a value of 4 to align with the valid value used on the mail survey.	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<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/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ No Answer <b>Note:</b> Survey vendors recode all "Don't know" values received from telephone interviews to a value of 3 to align with the valid value used on the mail survey.	Num	2
<aspirin-unsafe>	66	Do you have a health problem or take medication that makes taking aspirin unsafe?	1 = Yes 2 = No 3 = Don't know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer <b>Note:</b> Survey vendors recode all "Don't know" values received from telephone interviews to a value of 3 to align with the valid value used on the mail survey.	Num	2
<aspirin-risk-ben>	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 -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<cholesterol>	68-1	Are you aware that you have any of the following conditions? <b>Mark one or more.</b>  High cholesterol?	0 = Not Checked 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? <b>Mark one or more.</b>  High blood pressure?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only)	Num	2
<relative-early-ami>	68-3	Are you aware that you have any of the following conditions? <b>Mark one or more.</b>  Parent or sibling with heart attack before the age of 60?	0 = Not Checked 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? <b>Mark one or more.</b>  A heart attack?	0 = Not Checked 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? <b>Mark one or more.</b>  Angina or coronary heart disease?	0 = Not Checked 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? <b>Mark one or more.</b>  A stroke?	0 = Not Checked 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
<diabetes>	69-4	Has a doctor ever told you that you have any of the following conditions? <b>Mark one or more.</b>  Any kind of diabetes or high blood sugar?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't know (Phone Only)	Num	2
<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/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ 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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<diff-hear>	74	Are you deaf or do you have serious difficulty hearing?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-see>	75	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-remember>	76	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-walk-climb>	77	Do you have serious difficulty walking or climbing stairs?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<diff-dress-bath>	78	Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<diff-errands>	79	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1 = Yes 2 = No -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<age>	80	What is your age?	1 = 18-24 2 = 25-34 3 = 35-44 4 = 45-54 5 = 55-64 6 = 65-74 7 = 75 or older -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<sex>	81	What is your sex?	1 = Male 2 = Female -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<educ>	82	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/ Nonresponse/ No Answer	Num	2
<employment>	83	What best describes your employment status?	1 = Employed full-time 2 = Employed part-time 3 = Homemaker 4 = Full-time student 5 = Retired 6 = Unable to work for health reasons 7 = Unemployed 8 = Other -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<hispanic>	84	Are you of Hispanic, Latino/a, or Spanish origin?	1 = Yes, of 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/ Nonresponse/ No Answer	Num	2
<hispanic-detail>	85	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/ Nonresponse/ No Answer -4 = Appropriate Skip	Num	2
<white>	86-1	What is your race? <b>Mark one or more.</b> White?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<black>	86-2	Black or African American?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<aian>	86-3	American Indian or Alaska Native?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<asian-indian>	86-4	Asian Indian?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<chinese>	86-5	Chinese?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<filipino>	86-6	Filipino?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<japanese>	86-7	Japanese?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<korean>	86-8	Korean?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<vietnamese>	86-9	Vietnamese?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<other-asian>	86-10	Other Asian?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<native-hawaiian>	86-11	Native Hawaiian?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<guamanian-chamorro>	86-12	Guamanian or Chamorro?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<samoan>	86-13	Samoan?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<otr-pacific-island>	86-14	Other Pacific Islander?	0 = Not Checked 1 = Checked -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer for All Race Categories	Num	2
<know-ins-terms>	87	How confident are you that you understand health insurance terms?	1 = Not at all confident 2 = Slightly confident 3 = Moderately confident 4 = Very confident -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<know-using-ins>	88	How confident are you that you know most of the things you need to know about using health insurance?	1 = Not at all confident 2 = Slightly confident 3 = Moderately confident 4 = Very confident -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer	Num	2
<help>	89	Did someone help you complete this survey?	1 = Yes 2 = No -3 = Blank/ Nonresponse/ No Answer/ Phone Interviews <b>Note:</b> This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<help-read>	90-1	How did that person help you? <b>Mark one or more.</b> Read the questions to me.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q90/ Phone Interviews -4 = Appropriate Skip <b>Note:</b> This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<help-wrote>	90-2	How did that person help you? <b>Mark one or more.</b> Wrote down the answers I gave.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q90/ Phone Interviews -4 = Appropriate Skip <b>Note:</b> This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<help-answer>	90-3	How did that person help you? <b>Mark one or more.</b> Answered the questions for me.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q90/ Phone Interviews -4 = Appropriate Skip <b>Note:</b> This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2

XML Element	Question Number	Description	Valid Values	Data Type	Max Field Size
<help-translate>	90-4	How did that person help you? <b>Mark one or more.</b> Translated the questions into my language.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q90/ Phone Interviews -4 = Appropriate Skip <b>Note:</b> This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<help-other>	90-5	How did that person help you? <b>Mark one or more.</b> Helped in some other way.	0 = Not Checked 1 = Checked -3 = Blank/ Nonresponse/ No Answer for All Categories in Q90/ Phone Interviews -4 = Appropriate Skip <b>Note:</b> This question is only included on the mail and Internet surveys. Survey vendors code phone interviews as -3.	Num	2
<b>About You</b>	END	</about-you>			
<b>Survey Record</b>	END	</survey-record>			

## **APPENDIX I—DISCREPANCY REPORT**

## Sample Discrepancy Report Instructions and Form

A discrepancy is defined as any deviation from the standard QHP Enrollee Survey protocols, as described in the *2017 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications*. Examples of discrepancies for the QHP Enrollee Survey include, but are not limited to: material production errors, sampling errors, fielding errors, data breaches, data coding errors, and data processing errors.

Survey vendors are required to report all discrepancies to the Project Team within one business day of becoming aware of the discrepancy through the submission of a Discrepancy Report Form. Survey vendors submit Discrepancy Report Forms along with an Excel spreadsheet containing a list of all impacted QHP reporting units to the Project Team through the Project Website (<https://qhpcahps.cms.gov/>).

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.

Please click [here](#) to download the Discrepancy Report Form.

## QHP Enrollee Survey Vendor Discrepancy Report Form

### 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. Impacted QHP Reporting Units**

Survey vendors complete the following information for each QHP reporting unit impacted by the discrepancy detailed in this report.

Survey Vendor Name:				
Date:				
Plan Name	Reporting Unit ID	Total Eligible Enrollees	Total Sampled Enrollees	Total Enrollees Affected by the Discrepancy

**III. Discrepancy Information**

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:

--

Description of the corrective action plan that will be implemented to address the discrepancy, along with the proposed timeline for implementing the corrective action plan:

Additional information to assist the Project Team in determining a review outcome:

## **APPENDIX J—SCORING SPECIFICATIONS FOR QHP ENROLLEE SURVEY QUALITY IMPROVEMENT REPORTS**

## **Introduction**

CMS and the QHP Enrollee Survey Project Team annually produce the QHP Enrollee Survey Quality Improvement (QI) Reports for each reporting unit that fields the QHP Enrollee Survey and submits the required data by the reporting deadline. These reports provide QHP issuers with information on all QHP Enrollee Survey items (including those not scored in the Quality Rating System) to inform quality improvement efforts and to permit comparisons of the issuer's results to national averages. This appendix provides detailed specifications about the methods used to calculate the scores presented in the QI Reports.

## **Composites and Ratings in the QI Reports**

The QHP Enrollee Survey QI Reports provide scores for eight composites and five global ratings. The composites included in the QI Reports align with the CAHPS<sup>®1</sup> Health Plan 5.0 Adult Survey composite structure to permit issuers to compare their QHP Enrollee Survey results with results from other populations, such as commercial plans.

## **Calculating QHP Enrollee Survey Scores**

CMS calculates QHP Enrollee Survey scores from the QHP Enrollee Survey using the CAHPS<sup>®</sup> Analysis Program (“CAHPS<sup>®</sup> Macro”), which was developed by the CAHPS<sup>®</sup> Consortium under the auspices of the Agency for Healthcare Research and Quality (AHRQ). A comprehensive description of the calculations performed by the CAHPS<sup>®</sup> Analysis Program (version 4.1) can be found in *Instructions for Analyzing Data from CAHPS<sup>®</sup> Surveys* in the *CAHPS<sup>®</sup> Survey and Reporting Kit* (<http://www.ahrq.gov/cahps/surveys-guidance/hp/instructions/version5.html>).

To adjust for any systematic biases with the enrollee response data, CMS applies a case-mix adjustment to the QHP Enrollee Survey response data and uses the adjusted data when calculating the scores. It is common in survey-based applications to case-mix adjust for respondent characteristics, such as overall health status, age, and education, to account for biases stemming from survey response tendencies. Based on results from the 2015 beta test of the QHP Enrollee Survey, variables used in the case-mix adjustment for the 2016 QI reports include the following: general health rating, mental health rating, chronic conditions/medications, age, education, survey language, help with the survey, and survey mode. It is expected that these same variables will be used in the QI reports for 2017.

All CAHPS-based measures are based on weighted, case-mix adjusted means that are transformed into a 0 – 100 metric. Person-level sampling weights that take into account differential selection probabilities will be used in the weighting. CMS uses sampling weights to account for the different probabilities of selection across reporting units. The weights are calculated as follows:

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Quality and Research (AHRQ).

$$Final\ Weight = \left(\frac{M}{n_s}\right) * k$$

Where:

M = Total number of records in the sampling unit after-de-duplication;

n\_s = Total number of sampled enrollees in the reporting unit;

k = Number of eligible enrollees covered by the Subscriber or Family ID (SFID) that covers the sampled enrollee.

As shown below, all CAHPS-based questions should be coded so higher values represent more positive responses.

### **Rating of Health Plan**

Question 52 in the QHP Enrollee Survey asks, “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?” Use the following steps to calculate the score for Rating of Health Plan:

1. Calculate the weighted, case-mix adjusted mean for question 52.
2. Transform to a 0 – 100 scale as follows: score =  $[(x - a)/(b - a)] * 100$ , where x = the weighted, case-mix adjusted mean from step 1; a = minimum possible value of x; and b = maximum possible value of x.<sup>2</sup> This matches the QRS measure rate for Rating of Health Plan.

### **Rating of All Health Care**

Question 10 in the QHP Enrollee Survey asks, “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?” To calculate the score for Rating of All Health Care measure, use the same steps that were used to calculate the score for Rating of Health Plan global rating. This matches the QRS measure rate for Rating of All Health Care.

### **Rating of Personal Doctor**

Question 26 in the QHP Enrollee Survey asks, “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?” To calculate the score for Rating of Personal Doctor, use the same steps that were used to calculate the score for Rating of Health Plan. This matches the QRS measure rate for Rating of Personal Doctor.

### **Rating of Specialist**

Question 35 in the QHP Enrollee Survey asks, “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?” To calculate the score for Rating of Specialist, use the same steps that were used to

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<sup>2</sup> This transformation allows the presentation of different survey-based measures on a common metric. The transformation to a 0 – 100 scale applies to all QRS scores using CAHPS-based measures.

calculate the score for Rating of Health Plan. This matches the QRS measure rate for Rating of Specialist.

### ***Likelihood of Recommending Plan to Friends and Family***

Question 53 in the QHP Enrollee Survey asks, “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?” To calculate the score for this item, use the same steps that were used to calculate the score for Rating of Health Plan.

### ***Getting Care Quickly***

The *Getting Care Quickly* composite is composed of two questions, both of which are coded on 1 – 4 scale in the QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the score for the *Getting Care Quickly* composite:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the *Getting Care Quickly* composite:
  - Question 4: In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
  - Question 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?
2. Calculate the average of the weighted, case-mix adjusted means across the two survey questions; use equal weighing of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *Getting Care Quickly* composite.

### ***Getting Needed Care***

The *Getting Needed Care* composite is composed of two questions, both of which are coded on a 1 – 4 scale in the QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the score for the *Getting Needed Care* composite:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the *Getting Needed Care* composite:
  - Question 11: In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
  - Question 33: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
2. Calculate the average of the weighted, case-mix adjusted means for both survey questions; use equal weighing of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *Getting Needed Care* composite.

### ***Getting Information in a Needed Language or Format***

The *Getting Information in a Needed Language or Format* composite is composed of three questions, all of which are coded on a 1 – 4 scale in the QHP Enrollee Survey (i.e., 1 = Never, 2

= Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the score for the *Getting Information in a Needed Language or Format* composite:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the *Getting Information in a Needed Language or Format* composite:
  - Question 13: In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?
  - Question 49: In the last 6 months, how often were the forms that you had to fill out available in a language you prefer?
  - Question 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?
2. Calculate the average of the weighted, case-mix adjusted means across the three survey questions; use equal weighting of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *Getting Information in a Needed Language or Format* composite, which matches the QRS measure rate for Cultural Competence.

### ***How Well Doctors Communicate***

The *How Well Doctors Communicate* composite is composed of four questions, all of which are coded on a 1 – 4 scale in the QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the score for the *How Well Doctors Communicate* composite:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the *How Well Doctors Communicate* composite:
  - Question 16: In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
  - Question 17: In the last 6 months, how often did your personal doctor listen carefully to you?
  - Question 18: In the last 6 months, how often did your personal doctor show respect for what you had to say?
  - Question 19: In the last 6 months, how often did your personal doctor spend enough time with you?
2. Calculate the average of the weighted, case-mix adjusted means across the four survey questions; use equal weighting of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *How Well Doctors Communicate* composite.

### ***How Well Doctors Coordinate Care and Keep Patients Informed***

The *How Well Doctors Coordinate Care and Keep Patients Informed* composite is composed of six questions, all of which are coded on a 1 – 4 scale in the QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the score for the *How Well Doctors Coordinate Care and Keep Patients Informed* composite:

1. Calculate the weighted, case-mix adjusted mean separately for each question included in the *How Well Doctors Coordinate Care and Keep Patients Informed* composite:
  - Question 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?
  - Question 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?
  - Question 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?
  - Question 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?
  - Question 28: In the last 6 months, how often did you and your personal doctor talk about all of the prescriptions you were taking?
  - Question 31: In the last 6 months, how often did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
2. Prior to Step 1, Questions 22 and 23 are combined into a single measure to assess getting results after a blood test, x-ray, or other test. Calculate the simple average of Questions 22 and 23 using equal weighting of the two questions and round the result to the nearest whole number. Use this variable in Step 1 in place of Questions 22 and 23.
3. Calculate the average of the weighted, case-mix adjusted means across the five survey questions (i.e., Questions 20, 25, 28, and 31, and the average of Questions 22 and 23 from Step 2); use equal weighting of the questions.
4. Transform the average from Step 3 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *How Well Doctors Coordinate Care and Keep Patients Informed* composite, which matches the QRS measure rate for Care Coordination.

### **Getting Information About the Health Plan and Cost of Care**

The *Getting Information About the Health Plan and Cost of Care* composite is composed of three questions, all of which are coded on a 1 – 4 scale in the QHP Enrollee Survey (i.e., 1 = Never, 2 = Sometimes, 3 = Usually, and 4 = Always). Use the following steps to calculate the score for the *Getting Information About the Health Plan and Cost of Care* composite:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the *Getting Information About the Health Plan and Cost of Care* composite
  - Question 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?
  - Question 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?
  - Question 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?

2. Calculate the average of the weighted, case-mix adjusted means across the three survey questions; use equal weighing of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *Getting Information About the Health Plan and Cost of Care* composite, which matches the QRS measure rate for Access to Information.

### **Health Plan Customer Service**

The *Health Plan Customer Service* composite is composed of two questions, both of which are coded on a 1 – 4 scale in the QHP Enrollee Survey. Use the following steps to calculate the score for the *Health Plan Customer Service* composite:

1. Calculate the weighted, case-mix adjusted mean separately for each item included in the *Health Plan Customer Service* composite:
  - Question 43: In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
  - Question 44: In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?
2. Calculate the average of the weighted, case-mix adjusted means across both survey questions; use equal weighing of the questions.
3. Transform the average from Step 2 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *Health Plan Customer Service* composite.

### **Enrollee Experience with Cost**

The *Enrollee Experience with Costs* composite is composed of four questions, all of which are coded on a 1 – 4 scale in the QHP Enrollee Survey. Use the following steps to calculate the score for the *Enrollee Experience with Costs* composite:

1. So that higher values represent a more positive response, all four questions in the *Enrollee Experience with Costs* composite are recoded as shown in the table below:

<b>Response Category</b>	<b>Original Value</b>	<b>Recoded Value</b>
Never	1	4
Sometimes	2	3
Usually	3	2
Always	4	1

The four QHP Enrollee Survey questions in the *Enrollee Experience with Costs* composite include:

- Question 54: In the last 6 months, how often did your health plan not pay for a service that your doctor said you needed?
- Question 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?
- Question 56: In the last 6 months, how often did you delay or not visit a doctor because you were worried about the cost? Do not include dental care.

- Question 57: In the last 6 months, how often did you delay or not fill a prescription because you were worried about the cost?
2. Calculate the weighted, case-mix adjusted mean separately for each item included in the *Enrollee Experience with Costs* composite.
  3. Calculate the average of the weighted, case-mix adjusted means across the four survey questions; use equal weighing of the questions.
  4. Transform the average from Step 3 to a 0 – 100 scale (use the same formula as described in Step 2 for Rating of Health Plan). This is the score for the *Enrollee Experience with Costs* composite.