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2021 Qualified Health Plan Enrollee Experience Survey Vendor Training

October 20, 2020

Disclaimer: Survey materials and changes are pending OMB approval

Agenda

Agenda Item	Time
Training Logistics	1:00 p.m. – 1:10 p.m.
CMS Welcome	1:10 p.m. – 1:15 p.m.
Program Overview	1:15 p.m. – 1:25 p.m.
Eligibility and Sampling	1:25 p.m. – 1:55 p.m.
Data Collection Protocol	1:55 p.m. – 2:30 p.m.
Data Coding, File Specifications, and Submission	2:30 p.m. – 2:40 p.m.
Data Analysis and Public Reporting	2:40 p.m. – 2:50 p.m.
Quality Oversight	2:50 p.m. – 3:10 p.m.
Wrap-Up and Next Steps	3:10 p.m. – 3:15 p.m.

★ = New/Revised Guidance for 2021

! = Existing Guidance Emphasized for 2021

Note: *A summary of changes is included in the 2021 Technical Specifications*

- 2021 Qualified Health Plan (QHP) Enrollee Experience Survey Vendor Training focuses on:
  - New/Revised Guidance for 2021
  - Existing Guidance Emphasized for 2021
  - Quality Control and Oversight
- Comprehensive Summary Slides of the 2021 Technical Specifications included as an Appendix to this presentation
- ! Vendors are responsible for reviewing the content and updates included in the 2021 Technical Specifications

Welcome

Program Overview

- Roles and Responsibilities
  - Project Team
  - QHP Issuers
  - Vendors
- 2021 Survey Administration
- Technical Assistance

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Centers for Medicare & Medicaid Services (CMS)

- Sponsorship
- Guidance
- Oversight
- Public Reporting

Booz Allen Hamilton; National Committee for Quality Assurance (NCQA)

- Project Management
- Survey Design and Methodology
- Data Submission
- Analysis
- Technical Support
- Survey Operations and Oversight

Roles and Responsibilities: Project Team

- Provide Technical Specifications

- Train vendors annually

- Provide survey administration oversight

- Provide technical assistance

- Provide tools, format, and procedures for data submission

- Process, review, and analyze data

- Provide survey results

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Roles and Responsibilities: QHP Issuers

- Contract with:
  - HHS-approved vendor to conduct survey
  - NCQA HEDIS® Compliance Auditor to validate sample frame
- Generate sample frame for each reporting unit according to specifications (**no earlier than January 7, 2021**)
- Complete sample frame validation process by January 29, 2021
- Provide validated sample frame to vendor
- ! Notify CMS of any changes in eligibility status within 3 business days but **no later than** date specified in 2021 Operational Instructions
- Authorize vendor to conduct survey via NCQA's Healthcare Organization Questionnaire (HOQ) by January 29, 2021

HEDIS®, Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Roles and Responsibilities: Vendors

- Follow all rules of participation and program requirements
- Draw sample from validated sample frame
  - Vendors must adhere to all sampling procedures specified in the *2021 QHP Enrollee Survey Technical Specifications.*
- Administer survey per specifications
- Oversee work quality of staff and subcontractors
- ! Subcontractors are **<u>not</u>** permitted for sample frame receipt, survey sample selection, email/internet survey administration, or data preparation/submission
- ★ QHP Enrollee Survey activities may **<u>not</u>** be conducted virtually, unless specified by CMS
- Submit data files in accordance with data file specifications
- Meet all due dates and project reporting requirements
- ! Notify CMS of QHP issuer clients that do not provide a validated sample frame as of January 28, 2021

★ Vendors **<u>must</u>** conduct all survey-related work at their official business location

★ Vendors **<u>must</u>** develop a disaster recovery plan for conducting ongoing business operations in the event of a natural or human-related disaster

! Vendors **<u>must</u>** maintain established electronic security procedures as required by HIPAA to protect against unauthorized access to electronic files

! After a minimum of 3 years, or as otherwise specified by CMS, vendors **<u>must</u>** securely destroy QHP-related data files

- Including paper copies or scanned images of the questionnaires and electronic data files, either onsite or using an offsite contractor

General Updates to 2021 Survey Instrument

★ General Updates to 2021 Survey Instrument:

- Updated dates and years throughout, as needed

- Added 2 questions (Q17 and Q21) and updated question numbering accordingly

- Updated skip patterns to align with revised question numbers

- Added "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)

2021 QHP Enrollee Survey Timeline

Task	Date
Conditionally approved vendors contract with QHP issuers	September – December 2020
2021 QHP Enrollee Survey Vendor Training	October 20, 2020
Vendors are notified of final approval status	October 29, 2020
CMS conducts remote data systems review	November – December 2020
Survey Materials: Vendors submit: • **Mail:** Survey instrument and letters • **Internet:** Internet survey, emails, and required credentials • **Telephone:** Screenshots of CATI system	**Deadline (Mail):** November 2, 2020 **Deadline (Internet):** November 23, 2020 **Deadline (Telephone):** December 4, 2020

2021 QHP Enrollee Survey Timeline (cont'd.)

Task	Date
Report #1: Vendors submit Quality Assurance Plan (QAP)	**Deadline:** November 10, 2020
Report #2: Vendors submit preliminary QHP client list and oversampling requests	**Deadline:** January 4, 2021
QHP issuers generate sample frame for each sampling unit	January 7 - 29, 2021
QHP issuers notify CMS if no longer meet enrollment threshold as of January 1, 2020	**Deadline:** Mid - January 2021
Vendors notify CMS of QHP issuer clients that have not provided validated sample frame	**Deadline:** January 28, 2021
QHP issuers arrange for NCQA HEDIS Compliance Auditor to perform sample frame validation	**Deadline:** January 29, 2021

2021 QHP Enrollee Survey Timeline (cont'd.)

Task	Date
• QHP issuers complete sample frame validation and vendor authorization in HOQ • QHP issuers complete contracting activities	**Deadline:** January 29, 2021
• Vendors receive validated sample frames and obtain confirmation that NCQA-Certified HEDIS Compliance Auditor validated sample frame • Vendors then draw survey sample	**Deadline:** January 29, 2021
Vendors administer QHP Enrollee Survey per sampling and fielding protocols	January - May 2021

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2021 QHP Enrollee Survey Timeline (cont'd.)

Task	Date
Report #3: Vendors submit final QHP client list	**Deadline:** February 9, 2021
Report #4: Vendors submit interim progress report	**Deadline:** April 5, 2021
Vendors submit interim data file for testing purposes	April 7 - 9, 2021
Data submission: • Files due by 11:59 p.m. (ET) on May 24, 2021	May 17 - 24, 2021
Data resubmission (if requested) • Must submit within 3 business days of date requested	May 25 - 28, 2021
Report #5: Vendors submit final report	**Deadline:** May 28, 2021

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- **CMS Marketplace Quality Initiatives [(MQI) Website](#)**
  - General information, important news, and updates
  - Materials that support survey implementation
  - 2021 QHP Enrollee Survey Technical Specifications
  - 2021 QHP Enrollee Survey Instruments (English, Spanish, Chinese)
  - Discrepancy Report Template
  - ★ Exception Request Template
  - 2021 QRS and QHP Enrollee Survey Technical Guidance
- **Technical Assistance**
  - Email: QHPSurveyVendor@bah.com
  - Submit all inquiries, materials, and reports to this address

Program Overview Questions?

Eligibility and Sampling

- Reporting Unit Definition
- QHP Eligibility Guidelines
- Sample Frame Generation, Validation, Layout
- 0% Bias Variables
- Sample Frame File Quality Control Checks
- Sampling Protocol

Reporting Unit Definition

- Defined as the unique State-Product type offered by QHP issuer through the Exchange, including QHPs in both the individual market and the Small Business Health Options Program (SHOP)
  - ★ Enrollees in indemnity (i.e., fee-for-service) health plans, child-only health plans, or stand-alone dental plans are excluded
  - ★ Enrollees in basic health program plans are excluded
- QHP issuers create a sample frame of all survey-eligible enrollees for each product type offered through the Exchange in a particular state
- Identified by a Reporting Unit ID
  - Issuer ID (5-digit)–State (2-character)–Product Type (3-character)
  - 12345–TX–PPO
- ! QHP issuer offering the same product type in the individual market (individual and family plans) and SHOP within a state **must** combine enrollees from the individual and family plans and SHOP

- QHP issuers are required to collect and submit survey response data for each reporting unit that meets all below criteria:
  - Offered through an Exchange in the prior year (2020)
  - ! Offered through an Exchange in the ratings year (2021) as same product type
  - Included more than 500 enrollees as of July 1, 2020
  - Included more than 500 enrollees as of January 1, 2021
- ★ QRS and QHP Enrollee Survey requirements do not apply to:
  - Indemnity plans (i.e., fee for service plans), stand-alone dental plans, or child-only plans
  - Basic health program (BHP) plans

- QHP issuers are required to collect and submit validated clinical measure and survey response data for each product type offered through an Exchange for 2 consecutive years (i.e., 2020 and 2021) that meets the specified enrollment thresholds

★ Reporting units are eligible to be scored if the reporting unit met criteria for data submission and has been in operation as the same product type for 2018, 2019, 2021

! All enrollees within the product type are included in the count of enrollees (**not** just "survey eligible" enrollees)
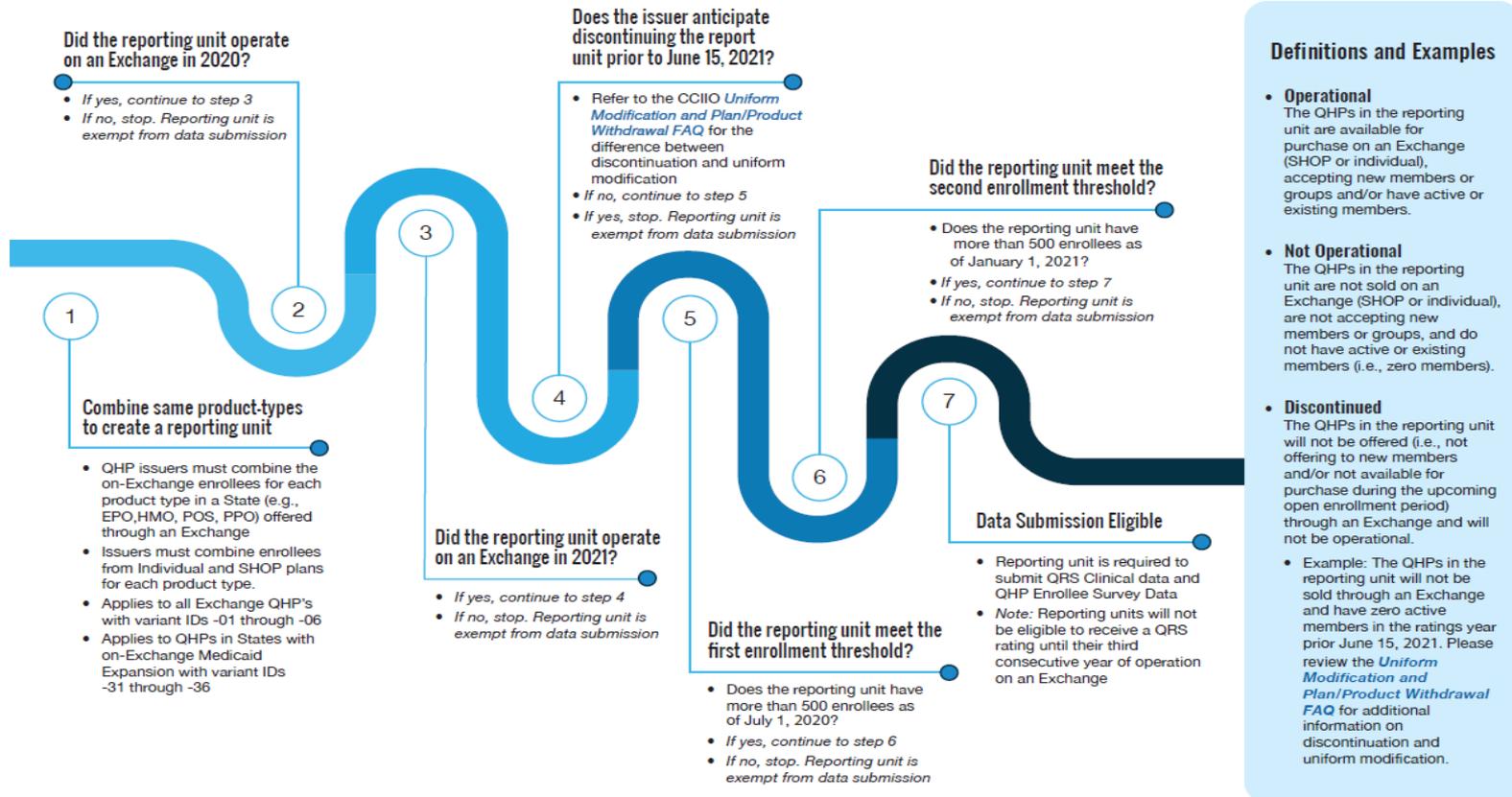
QHP Eligibility Guidelines (cont'd.)

Reporting Unit	Enrollment as of July 1, 2020	Enrollment as of January 1, 2021	Offered as of June 15, 2021	Required to submit QRS and QHP Enrollee Survey data?
12345-WV-PPO	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	Yes	Yes
12345-WV-HMO	601 (501 individual, 100 SHOP)	N/A	No – Discontinued as of December 31, 2020	No – Not operating in ratings year
12345-MD-PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	Yes	No – Insufficient enrollment size in both years
12345-MD-HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	Yes	No – Insufficient enrollment size as of January 1, 2021
12345-MD-EPO	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	Yes	Yes
12345-MD-POS	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	Yes	No – Insufficient enrollment size in both years

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QRS and QHP Enrollee Survey Data Submission Eligibility Roadmap

Did the reporting unit operate on an Exchange in 2020?
- If yes, continue to step 3
- If no, stop. Reporting unit is exempt from data submission

Does the issuer anticipate discontinuing the report unit prior to June 15, 2021?
- Refer to the CCIIO *Uniform Modification and Plan/Product Withdrawal FAQ* for the difference between discontinuation and uniform modification
- If no, continue to step 5
- If yes, stop. Reporting unit is exempt from data submission

Did the reporting unit meet the second enrollment threshold?
- Does the reporting unit have more than 500 enrollees as of January 1, 2021?
- If yes, continue to step 7
- If no, stop. Reporting unit is exempt from data submission

Combine same product-types to create a reporting unit
- QHP issuers must combine the on-Exchange enrollees for each product type in a State (e.g., EPO,HMO, POS, PPO) offered through an Exchange
- Issuers must combine enrollees from Individual and SHOP plans for each product type.
- Applies to all Exchange QHP's with variant IDs -01 through -06
- Applies to QHPs in States with on-Exchange Medicaid Expansion with variant IDs -31 through -36

Did the reporting unit operate on an Exchange in 2021?
- If yes, continue to step 4
- If no, stop. Reporting unit is exempt from data submission

Did the reporting unit meet the first enrollment threshold?
- Does the reporting unit have more than 500 enrollees as of July 1, 2020?
- If yes, continue to step 6
- If no, stop. Reporting unit is exempt from data submission

Data Submission Eligible
- Reporting unit is required to submit QRS Clinical data and QHP Enrollee Survey Data
- *Note:* Reporting units will not be eligible to receive a QRS rating until their third consecutive year of operation on an Exchange

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

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

- **Discontinued**
  The QHPs in the reporting unit will not be offered (i.e., not offering to new members and/or not available for purchase during the upcoming open enrollment period) through an Exchange and will not be operational.
  - Example: The QHPs in the reporting unit will not be sold through an Exchange and have zero active members in the ratings year prior June 15, 2021. Please review the *Uniform Modification and Plan/Product Withdrawal FAQ* for additional information on discontinuation and uniform modification.

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Enrollee Eligibility Guidelines

Enrollee Eligibility Status	Eligibility Criteria
Eligible if:	Enrollee is in a QHP offered through the Exchange (HIOS variant IDs -01 through -06 or -31 through -36 for states with Medicaid 1115 waivers allowing access to Exchange plans)
	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, 2020
	Enrollee meets continuous enrollment criteria ★ Allowable gap in continuous enrollment has been updated (from 31 to 45 days)
	Enrollee is still enrolled on January 6, 2021
	Enrollees who have requested to not be contacted (i.e., on a "Do Not Survey" list)
Ineligible if:	Enrollee is in a QHP offered outside the Exchange (HIOS variant ID -00) or a non-QHP
	★ Enrollee is in an indemnity (i.e., fee-for-service) plan, child-only health plan, or stand-alone dental plan ★ Enrollee is in a basic health program (BHP) plan
	Enrollee is younger than 18 years of age as of December 31, 2020
	Enrollee does not meet continuous enrollment criteria
	Enrollee discontinued enrollment for the PY 2021 prior to 11:59 p.m. ET January 6, 2021
	Enrollee is deceased as of January 6, 2021

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QHP issuers:

- Must produce a single sample frame file for each reporting unit

- May not combine sample frame files for different reporting units or products into a single file

- Must adhere to layout and format in Sample Frame File Layout (Appendix F)

Sample Frame Generation (cont'd.)

QHP issuers:

- May not generate sample frames prior to January 7, 2021 and must remove disenrolled and deceased enrollees (as of January 6, 2021)

- Must arrange for an NCQA HEDIS Compliance Auditor to validate sample frames no later than January 29, 2021

- Must provide a list of common plan name aliases to vendors prior to fielding to support accurate eligibility determinations for enrollee response data

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Sample Frame Validation

Step	Description
Step 1	• In the NCQA HOQ, the QHP issuer enters information for each QHP Enrollee Survey reporting unit it is required to report • This is the number of sample frames the QHP issuer must produce ***Note:*** *This is also the same number of reporting units for which the QHP issuer must authorize a vendor and verify required reporting unit information within the HOQ*
Step 2	The QHP issuer generates the sample frame data file(s) per specifications
Step 3	The QHP issuer delivers the sample frame data file(s) to the NCQA HEDIS Compliance Auditor (auditor) to allow the validation of the sample frame by January 29, 2021 ***Note:*** *Vendors notify CMS of any QHP issuer clients that have not provided a validated sample frame as of January 28, 2021*
Step 4	• The auditor validates the sample frame data files and notifies the QHP issuer of the results • If necessary, the QHP issuer makes corrections to the sample frame until the desired audit result is achieved
Step 5	The auditor enters the result of the sample frame validation into the HOQ
Step 6	The QHP issuer forwards the sample frame data file(s) and documentation of sample frame validation results to the vendor (via secure transmission)
Step 7	The vendor draws the survey sample and administers the survey according to specifications

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Key Changes to Sample Frame File Layout

★ Updated years and dates throughout, as needed

★ Decreased the position length for the Enrollee Education and Enrollee Employment variables from 2 to 1 and revised field positions for all subsequent variables accordingly

★ Removed the completeness thresholds for the Enrollee Education and Enrollee Employment variables

★ Updated the notes for the QHP Issuer Legal Name variable to specify that superscript characters or trademark symbols must not be included

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Key Changes to Sample Frame File Layout (cont'd.)

★ Clarified how to assign valid values for Medicaid Expansion QHP Enrollee and APTC Eligibility Flag

★ Revised the Reporting Status variable description to align with the revised reporting eligibility guidelines for 2021

★ Added information about 0% bias variables

Key Changes to Sample Frame File Layout (cont'd.)

★ Included additional information/examples for the following variables:
  - Product Type (62)
  - Issuer ID (325 - 329)
  - QHP State (330 - 331)
  - Reporting Unit ID (332 - 343)
  - APTC Eligibility Flag (349)
  - Medicaid Expansion QHP Enrollee (600)

★ Specified that the following variables must not be missing:
  - Product Type (62)
  - Issuer ID (325 - 329)
  - QHP State (330 - 331)
  - Reporting Unit ID (332 - 343)
  - Total Enrollment (932 - 940)

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- Completeness thresholds included for each variable
  - ★ Thresholds for Enrollee Education (323) and Enrollee Employment (324) have been removed
  - ★ Decreased field length for these variables and updated field positions for all subsequent variables

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[1]
Enrollee Education	Num	1	323	323	The highest grade or level of school that the enrollee has 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 9 = Missing **Note:** A valid value is required for every enrollee in the record.	
Enrollee Employment	Num	1	324	324	Best description of enrollee's employment status.	1 = Employed full-time 2 = Employed part-time 3 = Homemaker 4 = Full-time student 5 = Retired 6 = Unable to work for health reasons 7 = Unemployed 8 = Other 9 = Missing **Note:** A valid value is required for every enrollee in the record.	

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★ **Superscript characters or trademark symbols must not be included in the QHP Issuer Legal Name variable (1 - 60)**

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[29]
QHP Issuer Legal Name	Char	60	1	60	Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the QHP is operating.	**Note:** This variable MUST be identical for all enrollees included in the sample frame and MUST not be blank. **Note:** Do NOT use acronyms or abbreviations. Do NOT include extra spaces or parentheses. Do NOT include superscript characters or trademark symbols. **Note:** This variable is used in the QI Reports. Please confirm QHP Issuer Legal Name is spelled correctly.	100%

★ Clarified the notes for APTC Eligibility Flag (349)

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[1]
APTC Eligibility Flag	Num	1	349	349	Indicates whether enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction.	1 = Yes 2 = No 9 = Missing **Note:** If an enrollee is eligible for APTCs at any point during the continuous enrollment period (July 1 through December 31, 2020), the variable should be coded as 1 = Yes. **Note:** A valid value is required for every enrollee in the record.	70% 30% = 9

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★ Clarified the Notes for Medicaid Expansion QHP Enrollee (600)

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[1]
Medicaid Expansion QHP Enrollee	Num	1	600	600	QHPs operating in a state with a Section 1115 waiver as part of the Medicaid Expansion **MUST** include all QHP enrollees and indicate whether they are enrolled via an 1115 waiver. It is the responsibility of the QHP to know whether their Reporting Units contain such persons.	1 = Yes 2 = No 3 = Missing 9 = Not Applicable (State Does Not Have a Medicaid 1115 Waiver) **Note:** A valid value is required for every enrollee in the record. **Note:** Organizations with Medicaid Expansion QHP enrollees (1 = Yes) should have Variant ID values between -31 and -36. **Note:** QHPs operating in states without Section 1115 waivers use 9 = Not Applicable. **Note:** If an enrollee is enrolled via an 1115 waiver at any point during the continuous enrollment period (July 1 through December 31, 2020), the variable should be coded as 1 = Yes.	100%

Sample Frame File Layout (cont'd.)

★ Revised Reporting Status (601) variable and valid value descriptions to align with the revised reporting eligibility guidelines for 2021

Variable	Type	Field Posi-tion Length	Field Posi-tion Start	Field Posi-tion End	Description	Valid Values	Completeness Threshold[29]
Reporting Status	Num	1	601	601	This variable is an identifier to determine whether a particular Reporting Unit is eligible for scoring as part of the Quality Rating System. Only plans that began offering coverage within a state's Exchange in Plan Year 2018 or before are eligible for scoring. This variable is based on the plan year the QHP issuer began offering the Reporting Unit within the state's Exchange. Please refer to the **Create Sample Frame and Draw Sample (Sampling)** section of the *2021 QHP Enrollee Survey Technical Specifications* for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2018 or before 2 = Issuer began offering this product type within state's Exchange in Plan Year 2019 or 2020 9 = Missing **Note:** A valid value is required for every enrollee in the record. **Note:** This variable MUST not be missing (0% bias variable). **Note:** Only plans that began coverage within a state's Exchange in Plan Year 2018 or before are eligible for scoring.	100%

! 6 select variables (0% bias variables) must be populated for every record in the file and must meet specific logic agreements for each record:

- Product Type (62)

- Issuer ID (325 - 329)

- QHP State (330 - 331)

- Reporting Status (601)

- Reporting Unit ID (332 - 343)

- Total Enrollment (932 - 940)

! Discrepancies in these variables can be indicative of a potential sample error

- QHP issuers may not append additional fields to the sample frame

Product Type (62)

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[25]
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) **Note:** A valid value is required for every enrollee in the record. QHP issuers may NOT combine product types. This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable MUST match the reported 3-character product type in the Reporting Unit ID variable. For example: Reporting Unit ID = 12345-TX-PPO; then **all** Product Type = PPO. **Note:** This variable MUST not be missing (0% bias variable).	100%

Issuer ID (325 - 329)

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[25]
Issuer ID	Num	5	325	329	Unique HIOS issuer ID number.	**Note:** A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable MUST match the reported 5-digit **Issuer ID** in the **Reporting Unit ID** variable. For example: Reporting Unit ID = 12345-TX-PPO; then **all** Issuer ID = 12345. **Note:** This variable MUST not be missing (0% bias variable).	100%

0% Bias Variables (cont'd.)

Total Enrollment (932 - 940)

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[1]
Total Enrollment	Num	9	932	940	The total number of members enrolled in the reporting unit. This must be total number of enrollees within the reporting unit, not the number of survey-eligible enrollees. Please refer to the **Evaluate Reporting Unit Eligibility Criteria** of the *2021 QHP Enrollee Survey Technical Specifications*. **Note:** Total Enrollment should be calculated as of 11:59 p.m. ET on January 1, 2021. **Note:** If total enrollment is 500 or less, consult the *2021 QHP Enrollee Survey: Operational Instructions* (available Fall 2020) for guidance.	0 – 999999999 -1 = Unknown/Missing **Note:** A valid value is required for every enrollee in the record. If unavailable, use -1 = Unknown/Missing. Do NOT leave field blank. **Note:** This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable MUST not be missing (0% bias variable).	100%

QHP State 330-331

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[1]
QHP State	Char	2	330	331	State associated with the QHP issuer. This variable is different than Enrollee State.	2-character Postal Service state abbreviation. **Note:** A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame. **Note:** This variable **MUST** match the reported 2-character QHP state postal code in the **Reporting Unit ID** variable. For example: Reporting Unit ID = 12345-<u>TX</u>-PPO; then **all** QHP State = <u>TX</u>. **Note:** This variable MUST not be missing (0% bias variable).	100%

Reporting Unit ID (332 - 343)

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[29]
Reporting Unit ID	Char	12	332	343	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. **Note:** A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame and the components of this variable MUST match the reported values for the **Issuer ID**, **QHP State**, and **Product Type** variables. For example: Reporting Unit ID = 12345-TX-PPO; then **all** 5-digit Issuer ID = Issuer ID variable = <u>12345</u>; **all** 2-character QHP state postal code = QHP State variable = <u>TX</u>; **all** 3-character product type = Product Type variable = <u>PPO</u>. **Note:** This Reporting Unit ID MUST be listed as it appears in the "Reporting Units Required to Submit 2021 QRS Clinical Measure Data and QHP Enrollee Survey Response Data" in the *2021 QHP Enrollee Survey: Operational Instructions*, which will be made available in the Fall of 2020. **Note:** This variable MUST not be missing (0% bias variable).	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.	100%

Reporting Status (601)

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values	Completeness Threshold[29]
Reporting Status	Num	1	601	601	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 Exchange in Plan Year 2019 or before are eligible for public reporting. This variable is based on the plan year (2019 or 2020) the QHP issuer began offering the Reporting Unit within the state's Exchange. Please refer to the **Create Sample Frame and Draw Sample (Sampling)** section of the *2021 QHP Enrollee Survey Technical Specifications* for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2019 or before 2 = Issuer began offering this product type within state's Exchange in Plan Year 2020 9 = Missing **Note:** A valid value is required for every enrollee in the record. **Note:** This variable MUST not be missing (0% bias variable). **Note:** Only plans that began coverage within a state's Exchange in Plan Year 2018 or before are eligible for public reporting.	100%

Sample Frame File Quality Control Checks

- QHP issuers must conduct QC checks of data included in sample frame

! Vendors **must** also conduct QC checks of the sample frame to verify accuracy of the information provided by QHP issuer

- QC checks verify that data from the sample frame are accurately captured and prevent sampling errors

Sample Frame File Quality Control Checks (cont'd.)

Quality Control Checks for Sample Frame Files

★ Verify that the organization (i.e., Reporting Unit ID [Issuer ID-QHP State-Product type]) is an **exact match** compared to what is listed in the "Reporting Units Required to Submit 2021 QRS Clinical Measure Data and QHP Enrollee Survey Response Data" in the *2021 QHP Enrollee Survey: Operational Instructions*

★ Verify that the Reporting Unit ID corresponds to the correct Issuer Legal Name

Verify that the reporting unit's product type is the exact same product type in 2021 as the reporting unit's product type in 2020

- Verify that the Reporting Unit for the QHP Enrollee Survey and QRS is defined by the unique state-product type (EPO, HMO, POS, and PPO) for each QHP issuer
- QHP issuers may not combine states or product types

Verify that the sample frame contains the entire eligible population, including both the individual market and SHOP enrollees

Review the sample frame files for missing information. Data are required for all variables

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Quality Control Checks for Sample Frame Files
• Verify that enrollees are in QHPs offered through an Exchange • Exchange QHPs are designated as HIOS Variant IDs -01 through -06 and -31 through -36 for Medicaid Expansion QHP enrollees
Verify that data elements are assigned correctly, and all required fields contain allowed values
Verify that the population included in the sample frame matches the population being reported. For example, if an Exchange PPO file is being reported, then no Exchange HMO members should be included in the file
• Run frequencies and count distributions on sample frame data to check for outliers and anomalies (including missing values) • Investigate sample frame files if there are notable differences or missing values and determine if the data are accurate
• Compare the frequencies and count distributions of sample frame data to the previous survey administration year (2020) • Investigate for significant (suggested >30%) changes and determine if the data are accurate

Health Insurance Marketplace

Sample Frame File Quality Control Checks (cont'd.)

Quality Control Checks for Sample Frame Files
★ Verify that organizations with Medicaid Expansion QHP enrollees (600, 1 = Yes) have a Variant ID value between -31 and -36
Verify that all records within a sample frame have the same value for QHP Issuer Legal Name, Product Type, Issuer ID, QHP State, Reporting Unit ID, Reporting Status, and Total Enrollment
• Verify that the Reporting Unit ID (Issuer ID-QHP State-Product Type) in the file name matches those populated in the data
★ The components of the Reporting Unit ID variable must match the reported values for the Issuer ID, QHP State, and Product Type variables   • For example: If Reporting Unit ID = 12345-TX-PPO, then Issuer ID=12345, QHP State=TX, and Product Type=PPO

Health Insurance Marketplace

Quality Control Checks for Sample Frame Files
Verify that QHP Issuer Legal Name does not include extra spaces, abbreviations, or acronyms ***Note:*** *This is how the QHP Issuer name will appear in the Quality Improvement (QI) Report*
Verify that Total Enrollment is greater than 500 ★ This is the total enrollment for the same product type within a state (i.e., all QHP Exchange HMO enrollees meeting the continuous enrollment criteria), not the total number of survey eligible enrollees within the reporting unit ★ Total Enrollment should be greater than the survey-eligible population   • If total enrollment is 500 or less, consult the *2021 QHP Enrollee Survey: Operational Instructions* (available Fall 2020) for guidance

- **Subscriber or Family Identifier (SFID)**
  - Covered family unit
  - Primary insured person + covered dependents

- **Enrollee Unique Identifier (EUID)**
  - Specific person
  - Each person in the SFID has an EUID, including the primary insured person and every dependent

- Remove duplicate entries before selecting sample based on:

  - Name, Address, Date of Birth

- Assess completeness of contact information (mailing address, telephone number, email address) included for each enrollee

- If contact information missingness threatens response rates, vendors may request additional contact information from the QHP issuer

Sampling Procedure:

1. Sort sample frame into the following hierarchy

   - First: Sort by Subscriber or Family Identifier (SFID) to group all covered family members

   - Second: Group all Enrollee Unique Identifiers (EUID) associated with the same SFID

2. Deduplicate sample frame

   - Deduplicate by SFID

     – Use simple random sampling to retain 1 eligible EUID per SFID

   - Deduplicate by address if:

     – SFIDs are unique for each enrollee in the covered family unit

     – Sample frame does not contain SFIDs

     ! No deduplication by address if already deduplicated by SFIDs

3. Draw random sample from deduplicated sample frame

   - Either 1,300 or more (if oversampling)

   ! If sample frame ≤1,300 enrollees, include all enrollees

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! Vendors **must** conduct QC checks of survey sample to verify accurate deduplication and random sampling procedures

- Retain all sample data in secure and environmentally controlled location for at least 3 years

Calculate 3 variables for inclusion in the data file to determine selection probabilities and create survey weights:

1. Count total number of enrollees in sample frame for each reporting unit **before** deduplication (field name = n_fr)

   - This value will be the same for all enrollees in the same reporting unit

2. Count number of survey-eligible enrollees covered by the SFID associated with each retained EUID (field name = K)

   - Calculate by summing number of EUIDs per SFID **before** deduplication

   - If no SFIDs, sum the number of EUIDs per mailing address **before** deduplication

   - This value will vary by enrollee

3. Count total number of records in sample frame for reporting unit **after** deduplication (field name = M)

   - This value will be the same for all enrollees in the same reporting unit

Health Insurance Marketplace

- Exclude sampled enrollees on vendor's "Do Not Survey" list from prior survey year from fielding

★ Vendors are encouraged to maintain a QHP-specific "Do Not Survey" list

- Assign "X43—Do Not Survey List"

- Do not exclude enrollees from the sample based on a QHP issuer's "Do Not Survey" list (including those who opted out of emails)

- Add sampled enrollees who ask to be placed on the list after data collection begins

- Assign "X32—Refusal"

- Vendors maintain list for 3 years and list applies to all survey modes

! Do **<u>not</u>** remove or replace from the sample enrollees who have requested to not be contacted

Enrollees with Known Bad Addresses/Telephone Numbers

Bad Addresses and Telephone Numbers

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

- If an enrollee with a known bad address is randomly selected, vendors are not required to mail them survey materials but are required to include them in the internet and telephone protocols

- ★ If an enrollee with a known bad telephone number is randomly selected for the survey, vendors are not required to call that number but are required to include them in the mail and internet protocols

Oversampling:

- Permitted at the reporting unit level if eligible enrollee volume is sufficient to support the increased sample size

- Must occur in 5% increments and may not exceed 30%

- QHP issuers should notify their vendor of oversampling plans as early as possible

- Vendors submit oversampling requests by **January 4, 2021** (as part of Report #2)

- Vendors must provide a rationale for oversampling decision

Eligibility and Sampling Questions?

Data Collection Protocol

Data Collection Protocol Overview

- Survey Fielding

- Mail Protocol

- Internet Protocol

- Telephone Protocol

- Customer Support

Health Insurance Marketplace

Survey Fielding

Survey Language and Mode of Administration

Mode	English (Required)	Spanish (Required)	Chinese (Optional)
Mail	2 Survey Mailings	2 Survey Mailings	2 Survey Mailings
Internet	Internet Survey	Internet Survey	N/A
Telephone	Phone Follow-Up (6 Attempts)	Phone Follow-Up (6 Attempts)	Phone Follow-Up (6 Attempts)

Task	Date
• Activate internet survey • Mail prenotification letter to sampled enrollees* • Open customer support toll-free line and project-specific email address	Day 0
• Mail first survey with cover letter to non-respondents 6 calendar days after prenotification letter is mailed* • Send notification email to non-respondents 6 calendar days after prenotification letter is mailed*	Day 6

*If a mailout/email day falls on a Sunday or federal holiday, mail/email the following business day

Health Insurance Marketplace

Survey Administration Schedule (cont'd.)

Task	Date
• Mail reminder letter to non-respondents 13 calendar days after first survey is mailed* • Send reminder email to non-respondents 13 calendar days after notification email is sent*	Day 19
• Mail second survey with cover letter to non-respondents 27 calendar days after first survey is mailed* • Send reminder email to non-respondents 27 calendar days after the notification email is sent*	Day 33

*If a mailout/email day falls on a Sunday or federal holiday, mail/email the following business day

Health Insurance Marketplace

Survey Administration Schedule (cont'd.)

Task	Date
• Initiate telephone follow-up for non-respondents 21 calendar days after second survey is mailed	Days 54 - 72
• End data collection activities** • End all telephone interviews • Deactivate internet survey • Close customer support toll-free line and project-specific email address	Day 73

** Vendors must accept and process data for all mail surveys received through 11:59 p.m. (ET) on May 15, 2021

Mail Protocol

★ **Key Changes to Mail Survey for 2021:**

- Updated dates and years throughout, as needed

- Clarified that the OMB statement must be at least 10 points in an easily readable font

- Updated the estimated time to complete the survey to be about 12 minutes

- Updated the expiration date in the OMB statement to XX/XX/XXXX

- Updated the introductions for "Your Health Care in the Last 6 Months," "Your Personal Doctor," and "Getting Health Care from Specialists"

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; this control number is valid until XX/XX/XXXX. The time required to complete this information collection is estimated to average 12 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.

★ **Key Changes to Mail Survey for 2021:**

- Added 2 questions (Q17 and Q21) and updated question numbering

- Updated skip patterns to align with revised question numbers

17. In the last 6 months, how often did you need medical care **but could not get it** because of a public health emergency (such as the coronavirus outbreak)? *Do **not** include dental care.*

₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always
₅ ☐ Not Applicable; did not need medical care

Your Health Care in the Last 6 Months

These questions ask about your own health care. This includes care you got in a clinic, emergency room, doctor's office, by telephone, or by video appointments. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits. Please answer the questions based on your experience with the health plan you had from July through December 2020.

21. In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?

₁ ☐ Yes
₂ ☐ No
₃ ☐ Don't know
₅ ☐ Not Applicable; do not have a personal doctor

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★ Key Changes to Mail Survey for 2021:

- Added "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)

22. In the last 6 months, when you **needed care right away**, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? *Include in-person, telephone, or video appointments.*

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ Not Applicable; did not need care right away

Health Insurance Marketplace

★ Key Changes to Mail Survey Protocol for 2021:

- Specified that vendors must verify mailout dates for all mailing materials (e.g. USPS-generated report)

- Clarified that vendors may use "If no, go to #X on page X" or, "If no, go to question X on page X" in skip pattern language if the skip pattern directs to a question on a subsequent page

! Clarified that all survey links (including embedded login credentials) provided on mail seeds must be functional

Key Changes to Mail Protocol (cont'd.)

★ Key Changes to Mail Letter Requirements for 2021:

- Updated the estimated time to complete the survey to be about 12 minutes

- Included updated translations of Chinese taglines

- Clarified that QHP issuer addresses are not permitted on mail materials

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★ **Key Change to Cover Letter One for 2021:**

- Revised the first sentence

[VENDOR LOGO]   and/or   [QHP ISSUER LOGO ONLY NO ADDRESS]
[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 are asking you to complete the enclosed survey about the care you received through [QHP ISSUER NAME] from July to December 2020. This is your opportunity to help your health plan serve you better. This survey is part of a national ongoing effort to understand the experiences people have with their health plan.

★ **Key Change to Reminder Letter for 2021:**

- Included customer support contact information

[VENDOR LOGO]   and/or   [QHP ISSUER LOGO ONLY NO ADDRESS]
[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. This is your opportunity to help your health plan serve you better. If you sent back a completed survey, thank you for your help and please disregard this letter.

The survey will take about 12 minutes to complete. **Your participation is voluntary.** However, your answers will help people like you make important choices about their health care and will help [QHP ISSUER NAME] improve the care they provide to you. 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.

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 [TYPE OF LOGIN CREDENTIAL(S)]. You may have received an invitation to your email address. If so, it will take you directly to the same survey.

> 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.

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

Thank you for your help!

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Foreign Language Administration

- Make Spanish and Chinese (*if applicable*) materials available based on availability of language preference indicators using the following options:

Option 1: English-Only with Foreign Language Taglines	Option 2: Language Preference Indicators	Option 3: "Double Stuffed"
• Mail English materials to all enrollees with text in Spanish or Chinese *(if applicable)* about how to request materials in available languages • Mail Spanish or Chinese *(if applicable)* materials upon request only	• Mail materials in English, Spanish, or Chinese *(if applicable)* depending on the language preference specified in the sample frame • Materials must include text about how to request materials in other available languages	• Mail materials in both English and Spanish/or Chinese *(if applicable)* (i.e. "double stuff" approach) • Materials must include text about how to request materials in other available language *(if applicable)* ★ ***Note****: Vendors may use language preference indicators to determine which enrollees should receive "double stuffed" letters*

Quality Control for Outbound Mail

- Confirm printed survey materials match survey proofs
! Perform interval checking (at least 10%) of printed mailing pieces
  - Fading, smearing, misalignment
  - Bleed-throughs
  - Survey content
  - Matching unique identifier
  - All pages included
- Log all QA checks to document their completion
- Initiate "seeded mailings"
- Validate and update addresses
- Record all attempts to update mailing address information
- Confirm production totals match sample

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- May use key-entry or optical scanning technology

- Track date of receipt and date processed

- Log completed surveys into SMS within 24 hours of receipt

- Process and enter/scan data in a timely manner

- Must assign a final disposition code to every sampled enrollee

! Vendors **<u>must</u>** include responses from mail surveys received through May 15, 2021 in final data files

  - Mail surveys received after this date must be shredded and destroyed securely

Health Insurance Marketplace

- Scan or "wand-in" all returned mail surveys daily

- Record date of receipt in SMS

- Do not permit same survey to be scanned more than once

- Do not permit out-of-range or invalid responses

! Select and review a sample of cases to verify the scanning program is operating accurately and coding rules are being followed

- Compare hardcopy survey responses to scanned entries

- Recommended minimum of 10%

- Must be conducted throughout the mail protocol

! Conduct ongoing interval checks to verify software consistently scans response values accurately for each language

Health Insurance Marketplace

- **Record date of receipt in SMS**

- **Do not permit the same survey to be keyed more than once**

- **Do not permit out-of-range or invalid responses**

! **100% manual re-key required**

  - Different key entry staff re-keys survey

  - Supervisor resolves discrepancies and verifies correct value

! **Supervisory staff review a sample of cases coded by each data entry staff member (recommended minimum of 10%)**

Vendors:

- Responsible for providing proper oversight of subcontractors

- Obtain signed confidentiality agreements

- Attend subcontractor training to confirm compliance with mail survey protocols, procedures, and guidelines

- Must provide CMS with documentation of subcontractor-specific oversight processes

- Vendors and subcontractors must comply with all HIPAA rules and regulations for safeguarding PII

Survey Fielding or Mail Protocol Questions?

Internet Protocol

★ **Key Changes to Internet Protocol for 2021:**

- Added the following requirements:

  - Internet survey must be presented in a font size of at least 11-point in an easily readable font

  - OMB statement must be at least 10-point in an easily readable font

  - Spacing between paragraphs in emails must be consistent and formatting must allow for a high level of readability

  - Vendors must confirm that all variable fills included in emails match the sampled enrollee's information exactly

★ **Key Changes to Internet Protocol for 2021:**

- Clarified that vendors are encouraged to maintain a QHP-specific unsubscribe list

- Added a recommendation that vendors remove enrollees who unsubscribe from their email list within 2 to 5 business days from the date of the unsubscribe request

- Removed requirement for vendors to test email links for 5% of each reporting unit

  - Vendors must detail email QA checks in their QAP

Key Changes to Internet Protocol (cont'd.)

★ Key Changes to Internet Script for 2021:

- Updated dates and years throughout, as needed

- Updated the estimated time required to complete the survey in the OMB statement to 12 minutes

- Updated the expiration date in the OMB statement to XX/XX/XXXX

- Added 2 questions (Q17 and Q21) and updated question numbering

- Updated skip patterns and programming notes to align with revised question numbers

- Updated the introductions for "Your Health Care in the Last 6 Months," "Your Personal Doctor," and "Getting Health Care from Specialists"

- Added "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)

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★ **Key Changes to Emails for 2021:**

- Updated years throughout, as needed

- Updated the estimated time to complete the survey to be about 12 minutes

- Revised bolding and spacing throughout

  - Bolded "Take Survey Now" button

  - Bolded vendor email address

  - Bolded unsubscribe link

- Removed hyperlinks associated with the ACA and CMS

- Included updated translations of Chinese taglines

★ Notification Email

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

From: [VENDOR NAME]
To: [ENROLLEE EMAIL ADDRESS]
Subject: How do you like your health plan?

Dear [ENROLLEE FIRST AND LAST NAME],

As a member of [QHP ISSUER NAME], you have been randomly chosen to participate in a survey about the care you have received. Your answers will help others make important choices about their health care and will help your health plan improve the care they provide. The survey should take you about 12 minutes to complete. **Your participation is voluntary.** The information you provide will only be shared with authorized persons and your health plan will not see your responses.

Take Survey Now

This email is official communication on behalf of [QHP ISSUER NAME], for a survey required by the Affordable Care Act (ACA) and managed by the Centers for Medicare & Medicaid Services (CMS). You will soon receive a survey in the mail about the care you received through [QHP ISSUER NAME] from July to December 2020. To save time and paper, you can complete this survey online right now by clicking on "Take Survey Now" above.

Your health plan has hired [VENDOR NAME] to administer the survey. If you have any questions about the survey, please call [VENDOR NAME] at (XXX) [XXX-XXXX], between [XX:XX] a.m. and [XX:XX] p.m. [VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [VENDOR EMAIL].

Thank you for your help!

Sincerely,

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

Para responder la encuesta en español por internet, haga clic en: [Responda la Encuesta Ahora]. Para solicitar una encuesta en papel y en español, o para responder la encuesta en español por teléfono, llame al número siguiente: (XXX) [XXX-XXXX].

[IF OFFERING IN CHINESE] 如需索取中文版調查問卷，或以中文進行電話調查問卷，請聯絡：(XXX) [XXX-XXXX]。

If the above link does not work, you can copy and paste the following into your internet browser: [FULL SURVEY URL WITH EMBEDDED LOGIN CREDENTIALS].

To unsubscribe from all future email communication, please click here.

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★ Reminder Email

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

From: [VENDOR NAME]
To: [ENROLLEE EMAIL ADDRESS]
Subject: Survey Reminder - How do you like your health plan?

Dear [ENROLLEE FIRST AND LAST NAME],

Recently, we emailed you about a survey regarding your experiences with your health plan. You have been chosen as part of a random sample of people in your health plan. You can complete this survey online right now by clicking "Take Survey Now" below. If you already completed the survey, thank you for your help and please disregard this email.

The survey should take you about 12 minutes to complete. **Your participation is voluntary.** However, your answers will help others make important choices about their health care and will help your health plan improve the care they provide. The information you provide will only be shared with authorized persons. Your health plan will not see your responses.

Take Survey Now

This email is official communication on behalf of [QHP ISSUER NAME], for a survey required by the Affordable Care Act (ACA) and managed by the Centers for Medicare & Medicaid Services (CMS). This survey is part of a national ongoing effort to understand the experiences people have with their health plan.

Your health plan has hired [VENDOR NAME] to administer this survey. If you have any questions about the survey, please call [VENDOR NAME] at (XXX) [XXX-XXXX], between [XX:XX] a.m. and [XX:XX] p.m. [VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [VENDOR EMAIL].

Thank you for your help!

Sincerely,

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

Para responder la encuesta en español por internet, haga clic en: [Responda la Encuesta Ahora]. Para solicitar una encuesta en papel y en español, o para responder la encuesta en español por teléfono, llame al numero siguiente: (XXX) [XXX-XXXX].

[IF OFFERING IN CHINESE] 如需索取中文版調查問卷，或以中文進行電話調查問卷，請聯絡：(XXX) [XXX-XXXX]。

If the above link does not work, you can copy and paste the following into your internet browser: [FULL SURVEY URL WITH EMBEDDED LOGIN CREDENTIALS].

To unsubscribe from all future email communication, please click here.

Internet Survey Conventions:

! Specified that vendors must follow all text conventions in the survey template (including bolding)

★ Black or dark blue easily readable font of at least 11-point

- Font color must be consistent throughout survey

- May use highlight color for instructions and survey headings

- ★ OMB statement may be in 10-point font

★ *Optional*: Include a link to privacy policy if required for legal purposes

- *Strongly Recommended*: Privacy policy presented in both English and Spanish

Internet Survey Conventions:

★ *Strongly Recommended*: Allow enrollees to return to the landing page to change their language once they have made their initial selection

★ *Optional*: Include a message when an enrollee attempts to skip a question to notify them that they have not responded to the question

★ May provide a list of relevant FAQs on the Questions page

Foreign Language Requirements:

! Work with clients to determine best strategy for achieving optimal response rates in the administration of Spanish or Chinese *(if applicable)* surveys

Option 1: English-Only with Foreign Language Taglines	Option 2: Language Preference Indicators	Option 3: "Double Stuffed"
• Send emails in English only • Include text in Spanish or Chinese (*if applicable*) about how to request a survey in these languages	• Send emails in English, Spanish, or Chinese, depending on the language preference specified in the sample frame • Include text in English, Spanish, or Chinese (*if applicable*) about how to request a survey in these languages	• Send emails in both English and Spanish in 1 email • Include text in Chinese about how to request a Chinese survey (*if applicable*) ***Note:*** *Vendors may use language preference indicators to determine which enrollees should receive "double stuffed" emails*

! Quality Assurance and Control:

- Provide the programmed internet survey URL for both English and Spanish surveys to CMS for review

★ Confirm all email variable fills match sampled enrollee's information exactly

  - The variable fills are QHP issuer logo, enrollee first and last name, QHP issuer name, name and title of senior executive from vendor/QHP issuer, username and/or password

★ Describe the testing of all links included in emails in QAP

- Log all QA checks to document completion

- Seed at least 1 internal staff member in the email distribution list for each reporting unit for which the survey is being fielded

- Seed the Project Team in emails for 1 reporting unit in each language

  ! The survey URL and login credentials must be functional in all seeded emails

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Internet Protocol Questions?

Telephone Protocol

★ **Key Changes to Telephone Protocol for 2021:**

- Updated interviewer monitoring requirements to clarify vendors must:

  - Monitor a minimum of 10% of all telephone interviews for each language in which the survey is administered

  - Confirm interviewers code responses correctly

  - Conduct "floor rounding" to visually monitor and confirm interviewer professionalism

- Specified off-site/remote/at-home telephone interviewing is strictly prohibited, unless otherwise specified by CMS

★ **Key Changes to Telephone Script for 2021:**

- Updated dates and years throughout, as needed

- Updated the estimated time required to complete the survey in the OMB statement to 12 minutes

- Added 2 questions (Q17 and Q21) and updated question numbering accordingly

- Updated skip patterns and programming notes to align with revised question numbers

- Updated several introduction scripts

★ **Updates to Survey Questions:**

- Updated the language for the introductions before Q21, Q28, and Q41

These questions ask about your own health care. This includes care you got in a clinic, emergency room, doctor's office, by telephone, or by video appointments. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

21. In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?

★ **Updates to Survey Questions:**

- Added "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)

22. In the last 6 months, when you <u>needed care right away</u>, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? Include in-person, telephone, or video appointments. Would you say…

- [1] Never,
- [2] Sometimes,
- [3] Usually,
- [4] Always, or
- [-5] Not Applicable; you did not need care right away?

- [-1] REFUSED
- [-2] DON'T KNOW

★ **Updates to Survey Questions:**

- Added Q17, and updated question numbering accordingly

17. In the last 6 months, how often did you need medical care <u>but could not get it</u> because of a public health emergency (such as the coronavirus outbreak)? Do <u>not</u> include dental care. Would you say...

1 ☐ **Never**

2 ☐ **Sometimes**

3 ☐ **Usually**

4 ☐ **Always**

-5 ☐ **Not Applicable; you did not need medical care?**

-1 ☐ REFUSED

-2 ☐ DON'T KNOW

Health Insurance Marketplace

★ Updates to Survey Questions:

- Added Q21, and updated question numbering accordingly

These questions ask about your own health care. This includes care you got in a clinic, emergency room, doctor's office, by telephone, or by video appointments. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

21. In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 ☐ YES
- 2 ☐ NO
- 3 ☐ DON'T KNOW
- -5 ☐ NOT APPLICABLE; DO NOT HAVE A PERSONAL DOCTOR
- -1 ☐ REFUSED

★ Updates to Survey Questions:

- Added REFUSED and DON'T KNOW response options to Q28B

> **28B.** Is that because you have a personal doctor but did not visit them in the last 6 months, or is that because you do not have a personal doctor?
>
> (READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)
>
> 0 ☐ YOU HAVE A PERSONAL DOCTOR BUT DID NOT VISIT THEM
> IN THE LAST 6 MONTHS; OR → [GO TO #41]
> -5 ☐ YOU DO NOT HAVE A PERSONAL DOCTOR? → [GO TO #41]
>
> -1 ☐ REFUSED → [IF REFUSED, GO TO #41]
> -2 ☐ DON'T KNOW → [IF DON'T KNOW, GO TO #41]

★ **Updates to Telephone Introduction Scripts:**

- Combined [INTRO2] and [INTRO2-1] and updated numbering of next script accordingly
  - (i.e., former [INTRO2-2] is now [INTRO2-1]).

[INTRO2]   If you need help to complete this interview or if you feel you are unable to complete it by yourself, then you can have a family member or friend help you or do it for you. This person needs to be someone who knows you well and is able to answer questions about the healthcare you received from July through December 2020. Is there someone available who could help you or who could do the interview for you?

1	YES	→	[GO TO INTRO2-1]
2	NOT AVAILABLE	→	[SCHEDULE CALLBACK]
3	NO/REFUSAL	→	[TERMINATE INTERVIEW, CODE AS MENTALLY/PHYSICALLY INCAPABLE]

Health Insurance Marketplace

★ Updates to Telephone Introduction Scripts:

- Updated or added response options to the following introduction scripts:
  - [HELLO], [INTRO1], [INTRO2], [INTRO3-1], [INTRO4], [CALLBACK TO COMPLETE A PREVIOUSLY STARTED TELEPHONE SURVEY]

[CALLBACK TO COMPLETE A PREVIOUSLY STARTED TELEPHONE SURVEY]

Hello, may I please speak to {ENROLLEE OR PROXY NAME}?

1	YES	→	[GO TO CALLBACK TO CONFIRM ENROLLEE OR PROXY]
2	NOT AVAILABLE	→	[SCHEDULE CALLBACK]
3	NO/REFUSAL	→	[CODE AS REFUSAL]

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

Key Changes to Telephone Script

★ Updates to Telephone Introduction Scripts:

- Revised interviewer notes in the following introduction scripts:

  - [HELLO], [INTRO1], [INTRO2-1], [INTRO3], [INTRO3-1]

- Updated language in the text of the following introduction scripts:

  - [INTRO1], [INTRO3-1], [INTRO4]

- Updated a response option to include a programmer instruction instead of an interviewer note in the following scripts:

  - [INTRO2-1], [INTRO3]

Telephone Quality Assurance Requirements

! Vendors Must:

- Confirm telephone script matches previously accepted screenshots

- Verify system follows each skip pattern correctly, as well as all other programming instructions in the script template

- Test each response option, including "Don't Know" and "Refused," for all questions to confirm that the sampled enrollee is directed to the appropriate next question

Health Insurance Marketplace

Telephone Quality Assurance Requirements (cont'd.)

! **Vendors Must:**

- Verify that the infrastructure to support initial dialing in sampled enrollee's preferred language is operational

- Make every reasonable attempt to contact nonrespondents
  - Vendors must use a secondary source to verify or obtain a telephone number for each sampled enrollee

Telephone Interviewer Monitoring Requirements

- Vendors must implement a monitoring and evaluation program throughout the telephone protocol

! Vendors must monitor a minimum of 10% of all interviews

  - At least 7% using silent monitoring (live **and** recordings)

  - Up to 3% using callback monitoring

  - ★ Must monitor 10% of interviews for each survey language (English, Spanish, and Chinese (*if applicable*))

  - Must be conducted at a 10% rate throughout phone phase

  - ★ Must check for correct response coding

! Vendors must monitor both attempts and completed interviews

  - Across all interviewers and times of day

! **Telephone Interviewer Monitoring Requirements:**

★ Supervisory staff must conduct "floor rounding"

- Confirm professionalism of interviewers

■ Telephone interviewers must be aware of and follow applicable federal and state regulations when monitoring and/or recording telephone calls

■ Telephone interviewers must document monitoring session outcomes

■ Vendors must provide feedback to subcontractor on interviewer performance

■ CMS remotely monitors live interviews for oversight purposes

Health Insurance Marketplace

Vendors Must:

! Provide proper oversight of subcontractors

- Obtain signed confidentiality agreements

- Attend and oversee subcontractor's telephone interviewer training

! Provide feedback on interviewer performance

- Vendors and subcontractors must comply with all HIPAA rules and regulations for safeguarding PII

Health Insurance Marketplace

Data Processing Requirements:

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

- Vendors work with QHP issuer clients to determine how to optimize response rates for foreign language administration, based on language preference indicators included in the sample frame

- If a sampled enrollee calls the vendor to request a Spanish or Chinese survey during the mail protocol, the vendor should begin telephone attempts in the enrollee's preferred language from the beginning of the telephone protocol

Health Insurance Marketplace

Customer Support

★ **Key Changes to Customer Support Protocol for 2021:**

- Added guidance on how customer support agents and interviewers should respond to questions regarding public health emergencies (Appendix D)

II. Concerns About Participating in the Survey

1. **I have not seen my doctor this year due to concerns about the current public health emergency (e.g., COVID-19, coronavirus, pandemic). Should I still answer the survey?**

   Yes. Even if you have not seen your doctor in a while or if you have not used health services from your plan, any information you can provide will be helpful.

2. **I was very sick this year due to the current public health emergency (e.g., COVID-19, coronavirus, pandemic). Should I still answer the survey?**

   I am sorry to hear that you were sick. Despite the difficult circumstances, your health plan is committed to improving the care they provide. By answering the questions, you will help provide information about the quality of your health plan and areas for improvement. Your participation is very important.

3. **I saw my doctor virtually this year during a telephone/video appointment. Does that count as a doctor's visit?**

   Yes, for the purposes of this survey, all telephone/video visits are considered doctor's visits. Any information you can provide about your experiences with your health plan will be helpful.

4. **Why are you asking questions about my healthcare during this difficult time?**

   Despite the difficult circumstances, your health plan is committed to improving the care they provide. By answering the questions, you will help provide information about the quality of your health plan and areas for improvement. Your health plan may use this information to provide better service to individuals in the future.

5. **Why are you calling me?**

   You are being asked to participate in a survey about your experiences receiving care through your health plan in the last 6 months. By answering the questions, you will help

★ Key Changes to Customer Support Protocol for 2021:

- Clarified that customer support agent guidance can be used for both telephone and email support (Appendix E)

- Added guidance on how customer support agents and interviewers should prepare for and handle questions regarding public health emergencies (Appendix E)

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3. **Helpful Customer Support Staff Tips**

- **Answering questions about a public health emergency (e.g., COVID-19):** If a sampled enrollee contacts customer support to ask how they should respond to the survey given public health emergency concerns, encourage the enrollee to answer the survey using the relevant FAQs for reference. All survey responses are important and helpful, regardless of an enrollee's healthcare experience during the public health emergency. Despite the difficult circumstances, it is important to collect this information to help health plans improve the care that they provide. For the purposes of this survey, all telephone/video visits are considered doctor's visits.

Telephone Protocol Questions and Customer Support Questions?

Data Coding, Specifications, and Submission

★ Key Changes to Data Coding, Specifications, and Submission

- Data Dictionary Specifications

- Quality Control Procedures

- Data Submission Process

- Data Retention and Destruction

★ Key Changes to Data Coding, Specifications, and Submission for 2021:

- Updated the number of key survey items from 18 to 20 to align with the addition of 2 new survey questions
  - An enrollee must answer at least 10 key items to be defined as a "completed survey"
- Added new quality control checks for vendors to conduct prior to data submission:
  - Does a record with a Final_Disposition code of either partially complete or complete internet or phone survey also include a valid value for the Response_Time?
  - Are records with blank responses to Q1 (In_Health_Plan) and Q2 (Name_Health_Plan) **not** assigned a final disposition coded as X40?
  - Is Total_Enrollment greater than 500?
  - Do all sample frame variables exactly match what was provided in the sample frame?

★ **Key Changes to the Data Dictionary (Appendix G) for 2021:**

- Added 2 new variables to align with the addition of new survey questions:
  - Q17: Delay_Care_PHE
  - Q21: Offer_Tele_Appt

- Updated question numbers to align with the addition of 2 new survey questions

- Decreased the Max Field Size for the SF_Educ and SF_Employment variables from 2 to 1

- Added valid value of 9 = Not Applicable (Nonrespondent) to the Proxy variable

- Clarified that the Alternate_Phone_Flag is determined based on the presence or absence of a value for the Enrollee Phone 2 variable included in the sample frame provided by the QHP issuer

- Added valid value of -4 = Appropriate Skip to Q2 (Name_Health_Plan) variable

- Updated APTC_CSR, Medicaid_Expansion, and Reporting_Status variables to align with updates to Sample Frame File Layout

Data Dictionary Specifications

★ **Key Changes to the Data Dictionary (Appendix G)**

▪ New Variable Name and Valid Values:

Variable Name	Description	Valid Values
Delay_Care_PHE	Q17: In the last 6 months, how often did you need medical care but could not get it because of a public health emergency (such as the coronavirus outbreak)?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable
Offer_Tele_Appt	Q21: In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?	1 = Yes 2 = No 3 = Don't Know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable

Health Insurance Marketplace

Data Dictionary Specifications (cont'd.)

★ Clarified Descriptions for Select Variables

Variable Name	Description
Alternate_Phone_ Flag	Was an alternate phone number provided (from the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer)? *__Note:__ This value is determined based on the presence or absence of a value in the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer*

Data Dictionary Specifications (cont'd.)

★ **Updated Valid Values for Select Variables:**

Variable Name	Description	Valid Values
Proxy	• Indicates whether the telephone interview was completed by a proxy • This field is only applicable to cases completed by telephone and aligns with the interviewer's response to Q69 in the CATI script	0 = Non-Proxy Interview 1 = Proxy Interview 2 = Not Applicable (Mail and Internet Only) 9 = Not Applicable (Nonrespondent)
Name_Health_Plan	Q2: What is the name of your health plan?	Text Response -1 = Refused (Phone Only) -2 = Don't know (Phone Only) -3 = Blank/ Nonresponse/ No Answer (Mail/Internet) -4 = Appropriate Skip

Health Insurance Marketplace

Quality Control Procedures for Data Coding

! Ongoing Quality Control Checks for Data Processing Activities:

- Run frequencies and count distributions on administration and response data

- Check data processing programs to confirm proper coding

- Verify surveys are assigned a complete/partially complete disposition code

- Review disposition codes to see if there are any disconnects between presence of response data and assignment of ineligible/nonresponse final disposition codes

- Select and review a sample of coded cases (Recommend minimum of 10%)

- Compare hardcopy responses to scanned responses to responses entered in data files (Recommended minimum of 10%)

- Calculate and review response rates on periodic basis

Note: _Checks must be performed by a different staff member than the individual who originally performed the task_

Quality Control Procedures for Data Coding (cont'd.)

! Q2 Quality Control Checks for Data Processing Activities:

- Review all plan aliases provided for Q2 and evaluate whether these responses (in conjunction with Q1 responses) render the sampled enrollee as eligible or ineligible

- Review Q2 responses for:
  - Double quotes
  - Tabbed spacing
  - Line breaks
  - Double spaces between words and after periods

Health Insurance Marketplace

! Q28 Quality Control Checks for Data Processing Activities:

- Review coding for Q28 telephone records

  - Q28 is split into Q28A and Q28B for telephone only

- Report only a single value for Q28 (do not report separate values for Q28A and Q28B)

Note: *This question number was updated due to the addition of 2 new questions (previously Q26)*

These questions ask about your personal doctor. 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.

28A. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Include in person, telephone or video appointments.

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

- 0 ☐ NONE → [IF NONE, GO TO #28B]
- 1 ☐ 1 TIME → [IF 1 TIME, GO TO #29]
- 2 ☐ 2 → [IF 2, GO TO #29]
- 3 ☐ 3 → [IF 3, GO TO #29]
- 4 ☐ 4 → [IF 4, GO TO #29]
- 5 ☐ 5 TO 9 TIMES → [IF 5 TO 9 TIMES, GO TO #29]
- 6 ☐ 10 OR MORE TIMES, OR → [IF 10 OR MORE TIMES, GO TO #29]
- -5 ☐ NOT APPLICABLE; YOU DO NOT HAVE A PERSONAL DOCTOR? → [IF NOT APPLICABLE, GO TO #41]

- -1 ☐ REFUSED → [IF REFUSED, GO TO #41]
- -2 ☐ DON'T KNOW → [IF DON'T KNOW, GO TO #41]

28B. Is that because you have a personal doctor but did not visit them in the last 6 months, or is that because you do not have a personal doctor?

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

- 0 ☐ YOU HAVE A PERSONAL DOCTOR BUT DID NOT VISIT THEM IN THE LAST 6 MONTHS; OR → [GO TO #41]
- -5 ☐ YOU DO NOT HAVE A PERSONAL DOCTOR? → [GO TO #41]

- -1 ☐ REFUSED → [IF REFUSED, GO TO #41]
- -2 ☐ DON'T KNOW → [IF DON'T KNOW, GO TO #41]

- Report a single value for Q28 (do not report separate values for Q28A and Q28B)

  - Code Q28 as 0 = None if the sampled enrollee provides a response of "I have a personal doctor but did not visit them in the last 6 months" to Q28B

  - Code Q28 as -5 = Not Applicable if the sampled enrollee provides a response of "Not Applicable" to Q28A or "I do not have a personal doctor" to Q28B

  - Code Q28 with the appropriate valid value if the sampled enrollee provides a remaining numerical response to Q28A

Field (Field Names must be used as the Column Headings in the Submission File)	Question Number	Description	Valid Values	Data Type	Max Field Size
Num_Visits_Doc	28	In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Refer to Exhibit 53: Quality Control Checks for Survey Data Files for coding guidelines specific to telephone records.	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 -5 = Not Applicable	Num	2

- Vendors submit data files via Secure File Transfer Protocol (SFTP)
- Data Submission Training in Spring
- Test File(s): April 7 – 9, 2021
    - At least 1 unencrypted test zip file containing files for 2 reporting units with at least 100 records between the 2 reporting units
    - Test files may include >100 records
    - May submit more than 2 files
- Final Data Files: May 17 – 24, 2021
    - All data files must be received by **11:59 p.m. ET on May 24**
    - No exceptions to the deadline
    - Files received late will be excluded from the QRS and public reporting
- Data File Resubmission: May 25 – 28, 2021
    - Revised data files must be submitted within 3 business days

★ After a minimum of 3 years, or as otherwise specified by CMS, vendors should securely destroy QHP-related data files, either onsite or using an offsite contractor

- These data files include paper copies or scanned images of the questionnaires and electronic data files

Data Coding, Specifications, and Submission Questions?

Data Analysis and Public Reporting

- QHP Enrollee Survey scores calculated using CAHPS® Analysis Program (CAHPS® macro)

- CMS uses a forward-cleaning approach to edit and clean survey data

- Vendors **never** clean or recode survey response data

- CMS produces Quality Improvement (QI) Reports for all reporting units that field the 2021 survey

  - Includes items not displayed in the QRS

  - Composites align with CAHPS Health Plan 5.0 composites, which differ from QRS measures

- For 2021, QHP issuers are required to collect and submit validated data for 37 measures in the QRS measure set

Key Changes to Public Reporting Requirements

★ Due to the suspension of the 2020 data collection, reporting units in their second year of operation in 2020 were unable to submit data for the first time during the 2020 ratings year

   ★ Therefore, CMS is amending the scoring eligibility criteria such that the 2020 ratings year will not count towards scoring eligibility for 2021

   ★ Reporting units are considered eligible for scoring if they were operational on the Exchange in 2018, 2019, and 2021, and meet the minimum enrollment criteria

   ★ This modification does not apply to 2021 QRS and QHP data submission eligibility

Key Changes to Public Reporting Requirements (cont'd.)

Criteria	Required to Field 2021 QHP Enrollee Survey?	Eligible to be Scored?
Reporting Unit began Operating in Plan Year (PY) 2021	No	No
Reporting Unit began Operating in PY 2020 and Continued Operating in PY 2021	Yes	No
Reporting Unit Began Operating in PY 2019 and Continued Operating in PY 2020 and 2021	Yes	★ No, operation in 2020 does not count towards scoring eligibility in 2021
★ Reporting Unit Began Operating in 2018 (or earlier) and Continued Operating in 2019 and 2021	Yes	Yes

- Starting with the 2020 Open Enrollment Period (OEP), CMS displayed star ratings on a 1- to 5-star scale (5 is highest) for the QRS global rating and 3 summary indicator ratings on the HealthCare.gov website for each scoring-eligible QHP available through HealthCare.gov

- Due to the COVID-19 public health emergency:
  - CMS will display ratings for QHPs that received a rating during the 2019 ratings year
  - State-based Exchanges (SBEs) whose consumers do not use HealthCare.gov may continue to display 2019 QHP quality rating information on their respective websites during the individual market OEP for PY 2021 or follow a state-specific approach

★ Vendors may provide reporting-unit level data sets for survey Q3 - Q70 and the breakdown of final disposition codes to QHP issuers

- **Must** communicate that vendor scores are **not** official CMS scores
- May **not** provide member-level datasets to QHP issuers

★ Vendors may submit deidentified member-level datasets to regulatory agencies on behalf of QHP issuer clients (e.g., states and state insurance commissioners)

- ★ May include person-level responses for Q3 - Q10, Q17, Q20 - Q25, or Q27 - Q44
- ! May include reporting unit identification number <reporting-unit-id> from sample frame
- ★ May **not** include person-level responses to Q1, Q2, Q11 - Q16, Q18 - 19, Q26, or Q45 - Q70
- ! May **not** include information from sample frame or sampled enrollee list (except for reporting unit identification number)

Data Analysis and Public Reporting Questions?

Vendor Quality Oversight

Quality Oversight Timeline

Oversight Activity	Deadline/Timeframe
Survey Materials	**Mail:** November 2, 2020 **Internet:** November 23, 2020 **Telephone:** December 4, 2020
Quality Assurance Plan (QAP)	November 10, 2020
Data Record and Systems Review	November - December 2020
Telephone Script Review	January 2021
Seeded Mailings	February - April 2021
Seeded Emails	February - April 2021
Customer Support Review	March 2021
Onsite/Remote Visits	March - April 2021
Telephone Interview Monitoring	April 2021

! CMS oversight activities are **<u>not</u>** a substitute for the vendor's own oversight and quality assurance activities

★ Key Changes to Vendor Quality Oversight

- Noted that in the event of a disaster with the potential to disrupt or suspend normal QHP Enrollee Survey activities, CMS may modify oversight activities accordingly

- Added information on business continuity planning

- Added additional requirements to the Quality Assurance Plan (QAP)

- Noted that the Data Record Review activity will be modified for 2021 due to the suspension of 2020 QHP Enrollee Survey data collection activities

- Added a section on Exception Requests

- Documents compliance of survey fielding protocols with Technical Specifications requirements

- Model QAP Template (Appendix C of QHP Technical Specifications)
  - Present information in specified order
  - Submit previously accepted QAPs in track change mode
  - Vendors without clients are not required to submit a QAP for review
  - ★ Revisions to QAPs are due within 10 business days

- Acceptance of QAP does not constitute approval or endorsement of vendor's processes

- Deadline: November 10, 2020

- Section A: Organizational Background, Structure, and Staff Experience
  - ★ Added requirement to include information about email service providers
- Section B: Work Plan for QHP Enrollee Survey Administration
  - ★ Added requirements to include the following:
    - Percent of interviews monitored in each survey language and "floor rounding" procedures
    - Description of monitoring interviewer audio as well as their coding selections
    - Description of how email links are tested
    - Description of how variable fills in emails are confirmed
    - Process for triaging mail and internet nonrespondents to telephone follow-up
    - Description of quality assurance processes for customer support inquiries
- Section C: Confidentiality, Privacy, and Data Security Procedures
  - ★ Added requirement to explain process for reporting and controlling PII incidents

■ Submit all survey materials to QHPSurveyVendor@bah.com

Mail Materials	Internet Survey and Emails	Telephone Scripts
• Print-ready letters and survey templates • English and Spanish required, Chinese, if applicable • One example of each envelope type	• Survey URL with at least 12 user names and/or passwords • 12 unique URLs with embedded login credentials • Notification/reminder emails with embedded login credentials • English and Spanish required	• Screenshots of CATI script • English and Spanish required, Chinese, if applicable

Health Insurance Marketplace

- **Mode-Specific Deadlines:**
  - Mail: November 2, 2020
  - Internet: November 23, 2020
  - Telephone: December 4, 2020

- **Project Team provides revision requests**
  - 10 business days for mail and telephone materials
  - 15 business days for internet materials

- **Vendors submit revisions within 5 business days**

★ Changed name of activity to "Telephone Script Review" from "Simulated Telephone Interview Review"

- Project Team conducts a review of telephone scripts once telephone materials are accepted

  - Review skip pattern and alignment with accepted materials
  - English and Spanish scripts

- Format and Requirements

  ★ Web conference format or independent review

  ★ Vendors opting for independent reviews must provide temporary login credentials to CATI system

  - If multiple subcontractors, a session is required with each subcontractor
  - If errors are found, an attenuated session will be held to verify corrections

- Timeframe: January 2021

Seeded Mailings	Seeded Emails
▪ Integrate with survey mailing sample ▪ Include designated CMS representatives and at least 1 internal staff member in mailing database ▪ Seed 1 reporting unit for **each survey language** implemented ! Survey links (including embedded login credentials) provided on mail seeds must be functional	▪ Seed Project Team in email protocol for 1 reporting unit in English and Spanish • If sending "double-stuffed" emails, do not send English-only or Spanish-only emails ! Embedded login credentials on email seeds **must** be functional ! Survey links in email seeds **must** direct to a live survey • Internet survey instrument is reviewed during this process

Health Insurance Marketplace

Customer Support Review

- Customer Support Telephone Line
  - Ask standard set of questions from FAQ (Appendix D)
  - Confirm customer support staff responses are appropriate and accurate
- Customer Support Email
  - Send standard set of FAQ to project-specific email address
  - Confirm accuracy of responses
  - Verify 24-hour response turnaround time is met
- Resource
  - Telephone Customer Support Agent and Interviewer Guidance (Appendix E)
- Timeframe: March 2021

Health Insurance Marketplace

- Evaluate vendor's compliance with QHP Enrollee Survey requirements

- Review Items

  - Survey Management and Data Systems

  - Sampling

  - Mail, Internet, and Telephone Materials and Related Facilities

  - Data Collection Protocol

  - Data Coding and Submission

- Timeframe: March - April 2021

Health Insurance Marketplace

Data Record and System Review Before Fielding:

★ This activity will be modified for 2021 survey administration due to the suspension of 2020 QHP Enrollee Survey data collection activities

▪ Conduct review of data records and systems with each vendor

- Check the tracking of mail and email seeds
- Review source files and the SMS
- Confirm accurate coding of final disposition and survey administration variables

▪ Timeframe: November - December 2020

Data Review During Fielding:

▪ Follows process used for previous years' data record review sessions

▪ Timeframe: TBD, as needed

- Assess interviewer compliance with telephone specifications

- 2-hour session
  - Web conference format
  - ★ 1 session for each language in which the survey is administered

- Required for each call center/telephone subcontractor

- Timeframe: April 2021

Health Insurance Marketplace

★ New Process for 2021

- Any variations to survey materials require the submission of an Exception Request to the Project Team

- Allows flexibility to implement certain variations from survey administration requirements given organizational needs

- Request exceptions prior to start of survey fielding using the Exception Request Form on MQI website

- Submit via email (QHPSurveyVendor@bah.com)

  - Complete each section with sufficient detail, including clearly defined timeframes

    - Subcontractor information (*if applicable*) must be included in the form

- Submit 1 Exception Request Form on behalf of multiple QHP issuer clients with the same Exception Request

  - Include QHP issuer client list to which the exception request applies in the specified section of the Exception Request Form

- Submit updated Exception Request Form for QHP issuer clients not included in the original request, as needed

- Only implement after accepted by the Project Team

- Exceptions are valid for 1 year

Exception Categories:

- **Operations**: Changes to protocols and operations specified in the *2021 QHP Enrollee Survey Technical Specifications*

  - Example: Continuing telephone interviews with disenrollees

- **Survey Materials**: Changes to material templates posted on the MQI website

  - Example: Using internet survey login credentials that do not meet specified requirements

- **Other**: Vendors must request an exception for alternative approaches not identified in the specified requirements of the *2021 QHP Enrollee Survey Technical Specifications*

II. Exception Request Information

Provide detailed information for each of the following items:

Type of Exception Request (Select One):

☐ New
☐ Renewal/Update

Exception Request Category (Select One):

☐ Operations
☐ Material
☐ Other Exception (Specify)

Rationale for Proposed Exception Requested:

Explanation of Implementation of Proposed Exception Request (key personnel involved; system resources; physical, electronic, and data security procedures; enrollee confidentiality procedures; remote access procedures; data transmittal procedures; risk mitigation procedures; and quality control, staff oversight, and training procedures):

Evidence that Exception Will Not Pose Bias or Affect Survey Responses:

2021 Qualified Health Plan Enrollee Experience Survey
Exception Request Form

- Any deviation from the standard QHP Enrollee Survey protocols during survey data collection or data submission

  - Submit initial Discrepancy Report via email (QHPSurveyVendor@bah.com) within 24 hours of becoming aware of a discrepancy

  - Submit a second Discrepancy Report within 2 weeks of initial report

- Discrepancy Report Form Template posted to [MQI website](#)

- Include sufficient detail on the following components:

  - Description and discovery of discrepancy

  - Timeframe of discrepancy

  - List of impacted reporting units

  - Corrective action plan and timeline

Health Insurance Marketplace

Vendor Oversight Reports

Submit all reports to QHPSurveyVendor@bah.com

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

Report	Activity	Comment	Due Date
#1	Vendor QAP	• Addresses all required elements of survey administration	November 10, 2020
#2	Preliminary QHP Client List	• Client list for reconciliation • Oversampling requests	January 4, 2021
#3	Final QHP Client List	• Final QHP client list • Sample frame receipt status	February 9, 2021
#4	Interim Progress Report	• Fielding status for each QHP reporting unit • Summary of customer support calls and emails	April 5, 2021
#5	Final Report	• Discussion of survey implementation and lessons learned • Count of other foreign language requests • Recommendations for next year	May 28, 2021

- Project Team conducts oversight activities before, during, and after fielding

! CMS oversight activities are not a substitute for the vendor's own oversight and quality assurance activities

- Vendors must comply with all oversight activities

- Submit the following items to QHPSurveyVendor@bah.com:

  - QAP

  - Survey Materials

  - Seeded Emails

  - Vendor Reports

  ★ Exception Requests

  - Discrepancy Reports and Corrective Action Plans

Vendor Quality Oversight Questions?

Wrap-Up and Next Steps

- 1 individual from vendor firm must complete training evaluation

  - Available immediately following training

  - Due **October 23**

  - Final approval notifications will be sent October 29

  - Final approval status to be posted to MQI website October 30

- Training slides to be posted on MQI website

Health Insurance Marketplace

Final Questions?

Thank You!

Health Insurance Marketplace

Appendix: 2021 Qualified Health Plan Enrollee Experience Survey Training Summary Slides

Note: *These slides are for reference only.*

★ = New/Revised Guidance for 2021

! = Existing Guidance Emphasized for 2021

Note: _A summary of changes is included in the 2021 Technical Specifications_

★ General Changes to the Technical Specifications:

- Updated dates throughout, as needed
- Revised the deadlines and survey question numbers throughout, as needed

Program Overview

- **Roles and Responsibilities**
  - Project Team
  - QHP Issuers
  - Vendors
- **Survey Overview**
  - About the Survey
  - Survey Measures
  - 2021 Survey Administration
- **Technical Assistance**

Health Insurance Marketplace

Centers for Medicare & Medicaid Services (CMS)

- Sponsorship
- Guidance
- Oversight
- Public Reporting

Booz Allen Hamilton; National Committee for Quality Assurance (NCQA)

- Project Management
- Survey Design and Methodology
- Data Submission
- Analysis
- Technical Support
- Survey Operations and Oversight

Roles and Responsibilities: Project Team

- Provide Technical Specifications

- Train vendors annually

- Provide survey administration oversight

- Provide technical assistance

- Provide tools, format, and procedures for data submission

- Process, review, and analyze data

- Provide survey results

Roles and Responsibilities: QHP Issuers

- Contract with:
  - HHS-approved vendor to conduct survey
  - NCQA HEDIS® Compliance Auditor to validate sample frame
- Generate sample frame for each reporting unit according to specifications (**no earlier than January 7, 2021**)
- Complete sample frame validation process by January 29, 2021
- Provide validated sample frame to vendor
- ! Notify CMS of any changes in eligibility status within 3 business days but **no later than** date specified in 2021 Operational Instructions
- ! Authorize vendor to conduct survey via NCQA's Healthcare Organization Questionnaire (HOQ)

HEDIS®, Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance (NCQA).

Vendor Authorization via NCQA's HOQ

- Select vendor from list of approved vendors in HOQ for each reporting unit required to conduct 2021 QHP Enrollee Survey

  - Not a substitution for the contracting process

- Verify required reporting unit information, including:

  - Enrollment

  - Year Plan Began Operating

- Must be completed along with sample frame validation by January 29, 2021

- HOQ available beginning mid-December 2020

- Additional information will be provided to QHP issuers in the 2021 Operational Instructions (released Fall 2020)

Roles and Responsibilities: Vendors

- Follow all rules of participation and program requirements

- Draw sample from validated sample frame

  - Vendors must adhere to all sampling procedures specified in the *2021 QHP Enrollee Survey Technical Specifications.*

- Administer survey per specifications

- Oversee work quality of staff and subcontractors

- QHP Enrollee Survey activities may **<u>not</u>** be conducted virtually, unless specified by CMS

- Submit data files in accordance with data file specifications

- Meet all due dates and project reporting requirements

! Notify CMS of QHP issuer clients that do not provide a validated sample frame as of January 28, 2021

★ Vendors **<u>must</u>** conduct all survey-related work at their official business location

★ Vendors **<u>must</u>** develop a disaster recovery plan for conducting ongoing business operations in the event of a natural or human-related disaster

! Vendors **<u>must</u>** maintain established electronic security procedures as required by HIPAA to protect against unauthorized access to electronic files

! After a minimum of 3 years, or as otherwise specified by CMS, vendors **<u>must</u>** securely destroy QHP-related data files

- Including paper copies or scanned images of the questionnaires and electronic data files, either onsite or using an offsite contractor

- Includes core CAHPS® Health Plan 5.0 Survey questions
  - Questions added to collect data specific to population
  - Vendors **<u>may not</u>** include supplemental questions
- Supplies data to the Quality Rating System (QRS)
  - *2021 Quality Rating System and Qualified Health Plan Enrollee Survey Technical Guidance*
- Data used in Quality Improvement (QI) Reports

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

General Updates to 2021 Survey Instrument

★ General Updates to 2021 Survey Instrument:

- Updated dates and years throughout, as needed

- Added 2 questions (Q17 and Q21) and updated question numbering accordingly

- Updated skip patterns to align with revised question numbers

- Added "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)

2021 QHP Enrollee Survey Timeline

Task	Date
Conditionally approved vendors contract with QHP issuers	September - December 2020
2021 QHP Enrollee Survey Vendor Training	October 20, 2020
Vendors are notified of final approval status	October 29, 2020
CMS conducts remote data systems review	November - December 2020
Survey Materials: Vendors submit: • **Mail:** Survey Instrument and letters • **Internet:** Internet survey, emails, and required credentials • **Telephone:** Screenshots of CATI system	**Deadline (Mail):** November 2, 2020 **Deadline (Internet):** November 23, 2020 **Deadline (Telephone):** December 4, 2020

Health Insurance Marketplace

Task	Date
Report #1: Vendors submit Quality Assurance Plan (QAP)	**Deadline:** November 10, 2020
Report #2: Vendors submit preliminary QHP client list and oversampling requests	**Deadline:** January 4, 2021
QHP issuers generate sample frame for each sampling unit	January 7 - 29, 2021
QHP issuers notify CMS if no longer meet enrollment threshold as of January 1, 2020	**Deadline:** Mid - January 2021
Vendors notify CMS of QHP issuer clients that have not provided validated sample frame	**Deadline:** January 28, 2021
QHP issuers arrange for NCQA HEDIS Compliance Auditor to perform sample frame validation	**Deadline:** January 29, 2021

Health Insurance Marketplace

2021 QHP Enrollee Survey Timeline (cont'd.)

Task	Date
• QHP issuers complete sample frame validation and vendor authorization in HOQ • QHP issuers complete contracting activities	**Deadline:** January 29, 2021
• Vendors receive validated sample frames and obtain confirmation that NCQA-Certified HEDIS Compliance Auditor validated sample frame • Vendors then draw survey sample	**Deadline:** January 29, 2021
Vendors administer QHP Enrollee Survey per sampling and fielding protocols	January - May 2021

Health Insurance Marketplace

2021 QHP Enrollee Survey Timeline (cont'd.)

Task	Date
Report #3: Vendors submit final QHP client list	**Deadline:** February 9, 2021
Report #4: Vendors submit interim progress report	**Deadline:** April 5, 2021
Vendors submit interim data file for testing purposes	April 7 - 9, 2021
Data submission: • Files due by 11:59 p.m. (ET) on May 24, 2021	May 17 - 24, 2021
Data resubmission (if requested) • Must submit within 3 business days of date requested	May 25 - 28, 2021
Report #5: Vendors submit final report	**Deadline:** May 28, 2021

Technical Assistance for Vendors

- CMS Marketplace Quality Initiatives (MQI) Website
  - General information, important news, and updates
  - Materials that support survey implementation
  - 2021 QHP Enrollee Survey Technical Specifications
  - 2021 QHP Enrollee Survey Instruments (English, Spanish, Chinese)
  - Discrepancy Report Template
  - ★ Exception Request Template
  - 2021 QRS and QHP Enrollee Survey Technical Guidance
- Technical Assistance
  - Email: QHPSurveyVendor@bah.com
  - Submit all inquiries, materials, and reports to this address

Technical Assistance for QHP Issuers

- **Marketplace Service Desk (MSD)**
  - Email: CMS_FEPS@cms.hhs.gov
    - Please reference "QHP Enrollee Survey" in the subject line
  - Telephone:1-855-CMS-1515 (1-855-267-1515)
- **CMS Marketplace Quality Initiative (MQI) Website**
  - http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html
  - *2021 Quality Rating System and Qualified Health Plan Enrollee Survey Technical Guidance*

Eligibility and Sampling

- **Reporting Unit Definition**

- **Eligibility Guidelines (QHP Issuers and Enrollees)**

- **Sample Frame Generation and Validation**

- **Sample Frame File Quality Control Checks**

- **Sampling Protocol**
  - Count Variables
  - Do Not Survey List
  - Enrollees with Known Bad Addresses and Email Preferences
  - Enrollees in Hospice

- **Oversampling**

- Defined as the unique State-product type offered by QHP issuer through the Exchange, including QHPs in both the individual market and the Small Business Health Options Program (SHOP)
  - Product Type = HMO, POS, PPO, or EPO
  - ★ Enrollees in indemnity (i.e., fee-for-service) health plans, child-only health plans, or stand-alone dental plans are excluded
  - ★ Enrollees in basic health program plans are excluded
- QHP issuers create a sample frame of all survey-eligible enrollees for each product type offered through the Exchange in a particular state
  - May include a single QHP or many QHPs
  - May span a variety of product or metal levels (e.g., bronze, silver, gold)
  - Cannot combine product types
- Identified by a Reporting Unit ID
  - Issuer ID (5-digit)–State (2-character)–Product Type (3-character)
  - 12345–TX–PPO

- If there are multiple products of the same type in a single state (3 HMOs in a particular state), then the QHP issuer must combine the enrollees into 1 reporting unit

- If multiple plan levels (silver and gold) are offered through the Exchange for a given product type (HMO) in a state for a QHP issuer, then all HMOs offered by that issuer in that state are considered a single reporting unit

! QHP issuer offering the same product type in the individual market (individual and family plans) and SHOP within a state **must** combine enrollees from the individual and family plans and SHOP

- QHP issuers are required to collect and submit survey response data for each reporting unit that meets all below criteria:
  - Offered through an Exchange in the prior year (2020)
  - ! Offered through an Exchange in the ratings year (2021) as same product type
  - Included more than 500 enrollees as of July 1, 2020
  - Included more than 500 enrollees as of January 1, 2021
- ★ QRS and QHP Enrollee Survey requirements do not apply to:
  - Indemnity plans (i.e., fee for service plans), stand-alone dental plans, or child-only plans
  - Basic health program (BHP) plans
- ★ Updated allowable gap in continuous enrollment (from 31 to 45 days)

- QHP issuers are required to collect and submit validated clinical measure and survey response data for each product type offered through an Exchange for 2 consecutive years (i.e., 2020 and 2021) that meets the specified enrollment thresholds
! All enrollees within the product type are included in the count of enrollees (**not** just "survey eligible" enrollees)

Health Insurance Marketplace

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

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

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

- Reporting units discontinued before June 15, 2021 are exempt from QRS and QHP Enrollee Survey requirements

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

- For an eligible reporting unit impacted by a QHP issuer change in ownership (e.g., merger, acquisition) effective as of January 1, 2021 the gaining QHP issuer is responsible for meeting the survey requirements

QHP Eligibility Guidelines (cont'd.)

- QHP issuers with more than 500 enrollees as of July 1, 2020 that are uncertain if they will have more than 500 enrollees as of January 1, 2021 proceed as though they will be required to field the survey

  ! If the QHP issuer does not meet the January 1, 2021 minimum enrollment threshold, it **must** notify CMS within 3 business days of discovery, but **no later than** the date specified in the 2021 Operational Instructions

  ! QHP issuers **must** notify CMS within 3 business days of discovery of any eligibility status changes, **no later than** the date specified in the 2021 Operational Instructions

QHP Eligibility Guidelines (cont'd.)

Operating Status Criteria	Required to Field 2021 QHP Enrollee Survey
Reporting Unit began operating in Plan Year (PY) 2021	No
Reporting Unit product type changed between PY 2020 and PY 2021	No
Reporting Unit began operating in PY 2020 and continued operating as exact same product in PY 2021	Yes
Reporting Unit began operating in PY 2019 and continued operating as exact same product in PY 2020 and PY 2021	Yes
Reporting Unit began operating in PY 2019, did not operate in PY 2020, and resumed operating in PY 2021	No
Reporting Unit began operating in PY 2019, continued operating in PY 2020, and will not operate in PY 2021	No

Health Insurance Marketplace

QHP Eligibility Guidelines (cont'd.)

Reporting Unit	Enrollment as of July 1, 2020	Enrollment as of January 1, 2021	Offered as of June 15, 2021	Required to submit QRS and QHP Enrollee Survey data?
12345-WV-PPO	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	Yes	Yes
12345-WV-HMO	601 (501 individual, 100 SHOP)	N/A	No – Discontinued as of December 31, 2020	No – Not operating in ratings year
12345-MD-PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	Yes	No – Insufficient enrollment size in both years
12345-MD-HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	Yes	No – Insufficient enrollment size as of January 1, 2021
12345-MD-EPO	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	Yes	Yes
12345-MD-POS	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	Yes	No – Insufficient enrollment size in both years

Health Insurance Marketplace

QRS and QHP Enrollee Survey Data Submission Eligibility Roadmap

Did the reporting unit operate on an Exchange in 2020?
- If yes, continue to step 3
- If no, stop. Reporting unit is exempt from data submission

Does the issuer anticipate discontinuing the report unit prior to June 15, 2021?
- Refer to the CCIIO *Uniform Modification and Plan/Product Withdrawal FAQ* for the difference between discontinuation and uniform modification
- If no, continue to step 5
- If yes, stop. Reporting unit is exempt from data submission

Did the reporting unit meet the second enrollment threshold?
- Does the reporting unit have more than 500 enrollees as of January 1, 2021?
- If yes, continue to step 7
- If no, stop. Reporting unit is exempt from data submission

Combine same product-types to create a reporting unit
- QHP issuers must combine the on-Exchange enrollees for each product type in a State (e.g., EPO, HMO, POS, PPO) offered through an Exchange
- Issuers must combine enrollees from Individual and SHOP plans for each product type.
- Applies to all Exchange QHP's with variant IDs -01 through -06
- Applies to QHPs in States with on-Exchange Medicaid Expansion with variant IDs -31 through -36

Did the reporting unit operate on an Exchange in 2021?
- If yes, continue to step 4
- If no, stop. Reporting unit is exempt from data submission

Did the reporting unit meet the first enrollment threshold?
- Does the reporting unit have more than 500 enrollees as of July 1, 2020?
- If yes, continue to step 6
- If no, stop. Reporting unit is exempt from data submission

Data Submission Eligible
- Reporting unit is required to submit QRS Clinical data and QHP Enrollee Survey Data
- *Note:* Reporting units will not be eligible to receive a QRS rating until their third consecutive year of operation on an Exchange

Definitions and Examples

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

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

- **Discontinued**
  The QHPs in the reporting unit will not be offered (i.e., not offering to new members and/or not available for purchase during the upcoming open enrollment period) through an Exchange and will not be operational.
  - Example: The QHPs in the reporting unit will not be sold through an Exchange and have zero active members in the ratings year prior June 15, 2021. Please review the *Uniform Modification and Plan/Product Withdrawal FAQ* for additional information on discontinuation and uniform modification.

A text version of this roadmap can be found on slide XX

Health Insurance Marketplace

Enrollee Eligibility Guidelines

Enrollee Eligibility Status	Eligibility Criteria
Eligible if:	Enrollee is in a QHP offered through the Exchange (HIOS variant IDs -01 through -06 or -31 through -36 for states with Medicaid 1115 waivers allowing access to Exchange plans)
	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, 2020
	Enrollee meets continuous enrollment criteria
	★ Updated allowable gap in continuous enrollment (from 31 to 45 days)
	Enrollee is still enrolled on January 6, 2021
	Enrollees who have requested to not be contacted (i.e., on a "Do Not Survey" list)
Ineligible if:	Enrollee is in a QHP offered outside the Exchange (HIOS variant ID -00) or a non-QHP
	★ Enrollee is in an indemnity (i.e., fee-for-service) plan, child-only health plan, or stand-alone dental plan ★ Enrollee is in a basic health program (BHP) plan
	Enrollee is younger than 18 years of age as of December 31, 2020
	Enrollee does not meet continuous enrollment criteria
	Enrollee discontinued enrollment for the PY 2021 prior to 11:59 p.m. ET January 6, 2021
	Enrollee is deceased as of January 6, 2021

Health Insurance Marketplace

- QHP issuers are required to generate a complete and accurate sample frame file representative of entire eligible population for each reporting unit

- Include all enrollees in QHPs offered through the Exchange who are still enrolled as of 11:59 p.m. ET on January 6, 2021 (**anchor date**)

  - Designated by HIOS ID variants -01 through -06 **or** -31 through -36 (for states with Medicaid 1115 waivers allowing access to Exchange plans)

  - Do **not** include enrollees in QHPs offered outside the Exchange (off-Exchange plans), designated by HIOS ID variant -00

  - Do **not** include enrollees in non-QHPs (traditional commercial plans)

- Include all enrollees in QHPs that provide family and/or adult-only medical coverage (including SHOP plans)

  - ★ QHP Enrollee Survey requirements do not apply to child-only health plans, stand-alone dental plans, or indemnity plans

  - ★ QHP Enrollee Survey requirements do not apply to basic health program plans

★ Include **<u>continuously enrolled</u>** individuals ≥18 years (as of December 31, 2020) enrolled from July 1 through December 31, 2020 with no more than one 45-day break

- Enrollees who switch among different product lines (commercial, Medicaid, Medicare) or products (HMO, POS, PPO, EPO) within the eligible QHP period are considered continuously enrolled and included in the product line/product they were enrolled in at the end of the continuous enrollment period

▪ Include **<u>currently enrolled</u>** individuals who are enrolled in the eligible QHP at the end of the continuous enrollment period (i.e., December 31, 2020) **<u>and</u>** as of 11:59 p.m. (ET) on January 6, 2021

▪ Include individuals with primary health coverage through the eligible QHP in which they are enrolled

Health Insurance Marketplace

- When the QHP issuer has documented a change in ownership effective as of January 1, 2021, include enrollees aligned to a different QHP issuer in the prior year (e.g., the gaining QHP issuer includes enrollees **previously aligned to the ceding QHP issuer**)

- Include enrollees who requested not to be contacted (e.g., are on a "Do Not Survey" list)

- Exclude individuals who discontinue their coverage through the QHP for plan year 2021 prior to 11:59 p.m. (ET) on January 6, 2021

- ***Note:*** *QHP issuers cannot generate a separate disenrollee list; all exclusions must occur prior to submitting the sample frame for the HEDIS Compliance Audit*

- Exclude deceased enrollees as of January 6, 2021

Key Changes to Sample Frame File Layout

★ Updated years and dates throughout, as needed

★ Decreased the position length for the Enrollee Education and Enrollee Employment variables from 2 to 1 and revised field positions for all subsequent variables accordingly

★ Removed the completeness thresholds for the Enrollee Education and Enrollee Employment variables

★ Updated the notes for the QHP Issuer Legal Name variable to specify that superscript characters or trademark symbols must not be included

Health Insurance Marketplace

Key Changes to Sample Frame File Layout (cont'd.)

★ Clarified how to assign valid values for Medicaid Expansion QHP Enrollee and APTC Eligibility Flag

★ Revised the Reporting Status variable description to align with the revised reporting eligibility guidelines for 2021

★ Added information about 0% bias variables

Key Changes to Sample Frame File Layout (cont'd.)

★ Included additional information/examples for the following variables:
- Product Type (62)
- Issuer ID (325 - 329)
- QHP State (330 - 331)
- Reporting Unit ID (332 - 343)
- APTC Eligibility Flag (349)
- Medicaid Expansion QHP Enrollee (600)

★ Specified that the following variable must not be missing:
- Product Type (62)
- Issuer ID (325 - 329)
- QHP State (330 - 331)
- Reporting Unit ID (332 - 343)
- Total Enrollment (932 - 940)

- QHP issuers must produce a single sample frame file for each reporting unit
- QHP issuers may not combine sample frame files for different reporting units or products into a single file
- QHP issuers must populate the sample frame to the extent possible
  - If portions of data are missing, QHP issuers must denote these elements with the valid value for *Missing*
- QHP issuers must adhere to layout and format specified in Sample Frame File Layout (Appendix F)
  - Note completeness thresholds included for each variable
    - ★ Removed completeness threshold for Enrollee Education and Enrollee Employment variables
    - ★ Decreased field length for Enrollee Education and Enrollee Employment variables and updated field positions for all subsequent variables
  - ★ Reporting Status variable description has been revised to align with the revised reporting eligibility guidelines for 2021

Health Insurance Marketplace

Sample Frame Generation (cont'd.)

★ Superscript characters or trademark symbols must not be included in the QHP Issuer Legal Name variable (Field Position 1-60)

! Select variables (0% bias variables) must be populated for every record in the file and must meet specific logic agreements for each record. These variables for 2021 include:

- Product Type
- Issuer ID
- QHP State
- Reporting Status
- Reporting Unit ID
- Total Enrollment

! Discrepancies in these variables can be indicative of a potential sample error

▪ QHP issuers may not append additional fields to the sample frame

Health Insurance Marketplace

- QHP issuers may not generate sample frames prior to January 7, 2021 and must remove disenrolled and deceased enrollees (as of January 6, 2021)
  - Sample frame will include multiple adults (18 and older) from same policy
  - Vendors select 1 adult per policy at random when drawing the sample
  - Enrollee contact information included in the sample frame
- QHP issuers arrange for an NCQA HEDIS Compliance Auditor to validate sample frames no later than January 29, 2021
  - QHP issuers are responsible for the accuracy of the sample frame
  - Once a QHP issuer receives the validated sample frame from the auditor, they must provide it to their contracted vendor securely
- QHP issuers must provide a list of common plan name aliases to vendors prior to fielding to support accurate eligibility determinations for enrollee response data

Health Insurance Marketplace

Sample Frame Validation

Step	Description
Step 1	• In the NCQA HOQ, the QHP issuer enters information for each QHP Enrollee Survey reporting unit it is required to report • This is the number of sample frames the QHP issuer must produce ***Note:*** *This is also the same number of reporting units for which the QHP issuer must authorize a vendor and verify required reporting unit information within the HOQ*
Step 2	The QHP issuer generates the sample frame data file(s) per specifications
Step 3	The QHP issuer delivers the sample frame data file(s) to the NCQA HEDIS Compliance Auditor (auditor) to allow the validation of the sample frame by January 29, 2021 ***Note:*** *Vendors notify CMS of any QHP issuer clients that have not provided a validated sample frame as of January 28, 2021*
Step 4	• The auditor validates the sample frame data files and notifies the QHP issuer of the results • If necessary, the QHP issuer makes corrections to the sample frame until the desired audit result is achieved
Step 5	The auditor enters the result of the sample frame validation into the HOQ
Step 6	The QHP issuer forwards the sample frame data file(s) and documentation of sample frame validation results to the vendor (via secure transmission)
Step 7	The vendor draws the survey sample and administers the survey according to specifications

Health Insurance Marketplace

Sample Frame File Quality Control Checks

- QHP issuers must conduct QC checks of data included in sample frame

! Vendors **must** also conduct QC checks of the sample frame to verify accuracy of the information provided by QHP issuer

  - QC checks verify that data from the sample frame are accurately captured and prevent sampling errors

Quality Control Checks for Sample Frame Files
★ Verify that the organization (i.e., Reporting Unit ID [Issuer ID-QHP State-product type]) is an **exact match** compared to what is listed in the "Reporting Units Required to Submit 2021 QRS Clinical Measure Data and QHP Enrollee Survey Response Data" in the *2021 QHP Enrollee Survey: Operational Instructions* ★ Verify that the Reporting Unit ID corresponds to the correct Issuer Legal Name
Verify that the reporting unit's product type is the exact same product type in 2021 as the reporting unit's product type in 2020
• Verify that the Reporting Unit for the QHP Enrollee Survey and QRS is defined by the unique state-product type (EPO, HMO, POS, and PPO) for each QHP issuer • QHP issuers may not combine states or product types
Verify that the sample frame contains the entire eligible population, including both the individual market and SHOP enrollees
Review the sample frame files for missing information. Data are required for all variables

Quality Control Checks for Sample Frame Files
• Verify that enrollees are in QHPs offered through an Exchange • Exchange QHPs are designated as HIOS Variant IDs -01 through -06 and -31 through -36 for Medicaid Expansion QHP enrollees
Verify that data elements are assigned correctly, and all required fields contain allowed values.
• Verify that the population included in the sample frame matches the population being reported • For example, if an Exchange PPO file is being reported, then no Exchange HMO members should be included in the file
• Run frequencies and count distributions on sample frame data to check for outliers and anomalies (including missing values) • Investigate sample frame files if there are notable differences or missing values and determine if the data are accurate
• Compare the frequencies and count distributions of sample frame data to the previous survey administration year (2020) • Investigate for significant (suggested >30%) changes and determine if the data are accurate

Quality Control Checks for Sample Frame Files
★ Verify that organizations with Medicaid Expansion QHP enrollees (Field Position 600, 1 = Yes) have a Variant ID value between -31 and -36
Verify that all records within a sample frame have the same value for QHP Issuer Legal Name, Product Type, Issuer ID, QHP State, Reporting Unit ID, Reporting Status, and Total Enrollment
• Verify that the Reporting Unit ID (Issuer ID-QHP State-Product Type) in the file name matches those populated in the data ★ The components of the Reporting Unit ID variable must match the reported values for the Issuer ID, QHP State, and Product Type variables   • For example: If Reporting Unit ID = 12345-TX-PPO, then Issuer ID=12345, QHP State=TX, and Product Type=PPO

Quality Control Checks for Sample Frame Files
Verify that QHP Issuer Legal Name does not include extra spaces, abbreviations, or acronyms ***Note:*** *This is how the QHP Issuer name will appear in the Quality Improvement (QI) Report*
Verify that Total Enrollment is greater than 500 ★ This is the total enrollment for the same product type within a state (i.e., all QHP Exchange HMO enrollees meeting the continuous enrollment criteria), not the total number of survey eligible enrollees within the reporting unit ★ Total Enrollment should be greater than the survey-eligible population   • If total enrollment is 500 or less, consult the *2021 QHP Enrollee Survey: Operational Instructions* (available Fall 2020) for guidance

- Subscriber or Family Identifier (SFID)

  - Covered family unit

  - Primary insured person + covered dependents

- Enrollee Unique Identifier (EUID)

  - Specific person

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

- Remove duplicate entries before selecting sample based on the following:
  - Name, Address, Date of Birth
- Assess completeness of contact information (mailing address, telephone number, email address) included for each enrollee
- If missingness threatens response rates, vendors may request additional contact information from the QHP issuer
  - If available, QHP issuers provide updated contact information for all enrollees in the full validated sample frame file
  - QHP issuers use a secure transfer method to provide the vendor with updated sample frame file
  - Vendors may update contact information in the drawn survey sample based on these updates and use for contact attempts
  - Vendors **never** send selected survey sample to QHP issuers or ask for updated information for a particular enrollee

Health Insurance Marketplace

Sampling Procedure:

1. Sort sample frame into the following hierarchy
   - First: Sort by SFID (to group all family members covered)
   - Second: Group all EUIDs associated with the same SFID
2. Deduplicate sample frame
   - Deduplicate by SFID
     – Use simple random sampling to retain 1 eligible EUID per SFID
   - Deduplicate by address if:
     – SFIDs are unique for each enrollee in the covered family unit
     – Sample frame does not contain SFIDs
     ! No deduplication by address if already deduplicated by SFIDs
3. Draw random sample from deduplicated sample frame
   - Either 1,300 or more (if oversampling)
   ! If sample frame ≤1,300 enrollees, include all enrollees

! Vendors **must** conduct QC checks of survey sample to verify accurate deduplication and random sampling procedures

- Retain all sample data in secure and environmentally controlled location for at least 3 years

Calculate 3 variables for inclusion in the data file to determine selection probabilities and create survey weights:

1. Count total number of enrollees in sample frame for each reporting unit **before** deduplication (field name = n_fr)

   - This value will be the same for all enrollees in the same reporting unit

2. Count number of survey-eligible enrollees covered by the SFID associated with each retained EUID (field name = K)

   - Calculate by summing number of EUIDs per SFID **before** deduplication

   - If no SFIDs, sum the number of EUIDs per mailing address **before** deduplication

   - This value will vary by enrollee

3. Count total number of records in sample frame for reporting unit **after** deduplication (field name = M)

   - This value will be the same for all enrollees in the same reporting unit

★ Vendors are encouraged to maintain a QHP-specific "Do Not Survey" list

■ Exclude from fielding sampled enrollees on vendor's "Do Not Survey" list from prior survey year

- Assign "X43—Do Not Survey List"
- Do not exclude enrollees from the sample based on a QHP issuer's "Do Not Survey" list (including those who opted out of emails)

■ Add sampled enrollees who ask to be placed on the list after data collection begins

- Assign "X32—Refusal"

■ List applies to all survey modes

■ Vendors maintain list for 3 years

! Do **not** remove or replace from the sample enrollees who have requested to not be contacted

- Vendors cannot exclude from sampling enrollees with known bad addresses

- If an enrollee with a known bad address is randomly selected, vendors are not required to mail survey materials but are required to conduct the internet and telephone protocol with the enrollee

Enrollees with Known Bad Telephone Numbers

★ If an enrollee with a known bad telephone number is randomly selected for the survey, vendors are not required to call that number

- Vendors are required to appropriately include the enrollee in the mail and internet phases

- Vendors cannot exclude from sampling enrollees who asked to be removed from QHP issuer email communications

- If an enrollee who unsubscribed from QHP issuer communications is randomly selected for the survey, vendors are still required to send them notification and reminder emails

  - Unless the enrollee clicks the "unsubscribe" button

- Enrollees in hospice are included in the sample frame, given all other eligibility requirements are met

- Enrollees identified as being in hospice during fielding are assigned a final disposition code of "X24—Mentally or Physically Incapacitated"

Oversampling:

- Permitted at the reporting unit level if eligible enrollee volume is sufficient to support the increased sample size

- Must occur in 5% increments and may not exceed 30%

- QHP issuers should notify their vendor of oversampling plans as early as possible

- Vendors submit oversampling requests by **January 4, 2021** (as part of Report #2)

- Vendors **<u>must</u>** provide a rationale for oversampling decision

- Vendors may use the QHP Enrollee Survey sample frame to draw additional samples for other survey efforts

  - Only after the QHP Enrollee Survey sample has been drawn

  - Strongly discourage asking any QHP Enrollee Survey questions 4 weeks prior to or during QHP Enrollee Survey fielding (January 1 – May 15)

  - Strongly encourage excluding households and SFIDs that are sampled for the 2021 QHP Enrollee Survey

Eligibility and Sampling Summary

- Eligibility Guidelines for:
  - QHP issuers
  - Enrollees
- QHP issuers generate a single sample frame data file for each reporting unit no earlier than **January 7, 2021**
- QHP issuers deliver sample frame data files to auditor for validation
- QHP issuers and vendors conduct QC checks on data included in the sample frame file
- Vendors draw the survey sample per protocol and prepare for fielding

Personnel Training and Data Security

- Personnel Training
- Subcontractors
- Survey Management System
- Data Security and Confidentiality
- Data Retention and Destruction

- Designated Personnel
  - Project Manager
  - Mail, Telephone, and Internet Survey Supervisor
  - Sampling Manager
  - Information System Staff
- Complete 2021 QHP Enrollee Survey Vendor Training and all subsequent trainings
- Vendors must successfully complete an evaluation of Vendor Training
- Make Technical Specifications available to staff and subcontractors

Personnel Training – Mail Protocol

- Train on outbound and inbound mail procedures

- Training Topics:

  - Use of relevant equipment and software

  - Role-specific QHP Enrollee Survey protocols

  - QA procedures for mail production activities and mailout processes

  - Decision rules and coding guidelines

  - Proper handling of hardcopy and electronic data, including data storage requirements

- Train on internet survey and email procedures

- Training Topics:

  - Use of relevant software

  - Role-specific QHP Enrollee Survey protocols

  - Proper handling of electronic data, including data storage requirements

  - QA procedures for internet survey and emails

Personnel Training – Telephone Protocol

- Establish interviewer training and monitoring process

- Training Topics:
  - Telephone protocols and question specifications
    - ★ Virtual telephone interviewing prohibited unless otherwise specified by CMS
  - Content and purpose of survey
  - Standardized, nondirective interviews
  - Refusal avoidance and conversion techniques
  - System navigation
  - Proxy guidance (detailed in Telephone Section)
  - Frequently Asked Questions (FAQ) (Appendix D)
  - Telephone Customer Support Agent and Interviewer Guidance (Appendix E)

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- Train on QHP Enrollee Survey specifications, methodology, and FAQ
  - Responding when answers to questions are not known
  - Rights of survey respondents
- Train on procedures for transferring calls to interviewers or scheduling callbacks
  - Refer to Inbound Telephone section of 2021 CATI Script (i.e., [INTRO 4: INBOUND REQUESTS])
- Train on threats respondent may make to self or others
- Telephone Customer Support Agent and Interviewer Guidance (Appendix E)
  - Voicemail **must** be programmed in English, Spanish, and Chinese (*if applicable*)

! **<u>Not</u>** permitted for sample frame receipt, survey sample selection, email/internet survey administration, or data preparation/submission

- Permitted for mail and telephone protocols, customer support, and data receipt and processing

- Must obtain signed confidentiality agreements

! **<u>Must</u>** comply with all HIPAA rules and regulations for safeguarding PII (vendors and subcontractors)

- Must provide and document oversight processes in QAP

- Must participate in all required oversight activities

<u>Note:</u> *Vendors must attend subcontractor training sessions*

Health Insurance Marketplace

- **Survey Management System (SMS) tracks:**
  - Sampled enrollee data elements by unique ID
    - ! Unique IDs **must** be de-identified numbers and cannot contain PII
  - Data collection activities
    - Updated address and/or phone number
    - Undeliverable return
    - Date and outcome of mail survey attempts
    - Date and outcome of telephone attempts
    - Date and outcome of internet attempts
  - Enrollees calling to request a Spanish or Chinese survey to confirm they are contacted in the appropriate language throughout fielding

- Data collection activities must be logged in SMS within **24 hours**

- Vendors test system prior to implementation

- Keep confidential data physically and electronically secure
  - Store data in password-protected locations
  - Separate any PII from sampled enrollee response data
  - Keep confidential hardcopy information in locked room or file cabinet
  - Never store confidential data on computers without data encryption software
  - Maintain clean desk policy and protect sensitive information when visitors or unauthorized individuals are present
  - Never store confidential data on any device, including personal digital assistants, cell phones, universal serial bus drives, or on remote/home systems
- Take appropriate actions to safeguard data
- Maintain a secure transmission log to document transmission of person-level data files, PII, or PHI
- File submissions to CMS **must** contain enrollee-level, deidentified data only
  - ! The write-in field for Q2 **must** be reviewed and any identifiable data removed

- Limit confidential data access to authorized staff members only
- Maintain signed confidentiality agreements
  - Project staff **must** sign affidavits of confidentiality annually
- Maintain physical and electronic data security
  - Electronic security measures may include firewalls, restricted-access levels, or password-protected access
  - Data stored electronically must be backed up nightly (or more frequently) to minimize data loss
  - Electronic images of scanned surveys **must** be secured electronically with limited access based on staff roles
- Develop procedures for identifying and handling breaches
  - ! Vendors **must** notify CMS of confidentiality or data breaches within 24 hours
- ! Redact all PII from data files prior to submission
  - Q2
  - Enrollee name, contact information, date of birth
  - Physician names

- **Data must be retained in a secure and environmentally controlled location for a minimum of 3 years**
    - Includes mail, telephone, and internet data
    - Includes original sample frame file, deduplicated sample frame, and survey sample frame
    - Returned mail surveys or scanned images of hardcopy mail surveys
    - ! Confirm scanned images saved in SMS before securely destroying hardcopies
    - ★ After a minimum of 3 years, or as otherwise specified by CMS, vendors must securely destroy QHP-related data files
        - Including paper copies or scanned images of the questionnaires and electronic data files, either onsite or using an offsite contractor

Personnel Training and Data Security Summary

- Personnel attend annual training and receive role-specific instruction
- QHP Enrollee Survey project staff sign affidavits of confidentiality annually
- Subcontractors
  - Permitted for mail, telephone, customer support, data processing
  - Not permitted for sampling, data file preparation, or data submission
  - Must be available for oversight activities
- SMS tracks key events during fielding
- Data collection activities must be logged within **24 hours**
- Ensure data security per Technical Specifications
- Retain data for at least 3 years

Data Collection Protocol

- Survey Fielding

- Mail Protocol

- Internet Protocol

- Telephone Protocol

- Customer Support

Survey Fielding

Survey Language and Mode of Administration

Mode	English (Required)	Spanish (Required)	Chinese (Optional)
Mail	2 Survey Mailings	2 Survey Mailings	2 Survey Mailings
Internet	Internet Survey	Internet Survey	N/A
Telephone	Phone Follow-Up (6 Attempts)	Phone Follow-Up (6 Attempts)	Phone Follow-Up (6 Attempts)

Survey Administration Schedule

Task	Date
• Activate internet survey • Mail prenotification letter to sampled enrollees* • Open customer support toll-free line and project-specific email address	Day 0
• Mail first survey with cover letter to non-respondents 6 calendar days after prenotification letter is mailed* • Send notification email to non-respondents 6 calendar days after prenotification letter is mailed*	Day 6

*If a mailout/email day falls on a Sunday or federal holiday, mail/email the following business day

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Survey Administration Schedule (cont'd.)

Task	Date
• Mail reminder letter to non-respondents 13 calendar days after first survey is mailed* • Send reminder email to non-respondents 13 calendar days after notification email is sent*	Day 19
• Mail second survey with cover letter to non-respondents 27 calendar days after first survey is mailed* • Send reminder email to non-respondents 27 calendar days after the notification email is sent*	Day 33

*If a mailout/email day falls on a Sunday or federal holiday, mail/email the following business day

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Task	Date
• Initiate telephone follow-up for non-respondents 21 calendar days after second survey is mailed	Days 54 - 72
• End data collection activities** • End all telephone interviews • Deactivate internet survey • Close customer support toll-free line and project-specific email address	Day 73

** Vendors must accept and process data for all mail surveys received through 11:59 p.m. (ET) on May 15, 2021

Health Insurance Marketplace

Communication about Survey to QHP Enrollees

- QHP issuers may notify enrollees that they may be asked to participate in 2021 QHP Enrollee Survey

- Vendors, QHP issuers, or their agents may **<u>not</u>**:
  - Attempt to influence or encourage enrollees to answer survey questions in a particular way
  - Imply that the plan, its personnel, or agents will be rewarded or gain benefits for positive feedback
  - Offer incentives of any kind

- QHP issuers and their agents are strongly discouraged from asking enrollees QHP Enrollee Survey questions 4 weeks prior to and during the administration period (January 1 - May 15)

Mail Protocol

- ACA Requirements and Nondiscrimination

- Production of Mail Materials

- Foreign Language Mail Administration

- Outbound Mail Requirements

- Inbound Mail Requirements

★ Key Changes to Mail Protocol for 2021:

- Specified that vendors must verify mailout dates for all mailing materials (e.g. USPS-generated report)

- Updated the estimated time required to complete the survey from to 12 minutes

- Updated the expiration date in the OMB statement to XX/XX/XXXX

- Clarified that the OMB statement must be at least 10 points in an easily readable font

- Clarified that vendors may use "If no, go to #X on page X" or, "If no, go to question X on page X" in skip pattern language if the skip pattern directs to a question on a subsequent page

- Added 2 questions (Q17 and Q21) and updated question numbering accordingly

- Updated the introductions for "Your Health Care in the Last 6 Months," "Your Personal Doctor," and "Getting Health Care from Specialists"

- Added the instruction "include in-person, telephone, or video appointments" to Q22 - Q28, Q33, Q37, Q41 - Q42

! Clarified that all survey links (including embedded login credentials) provided on mail seeds **must** be functional.

Key Changes to Mail Protocol (cont'd.)

★ **Key Changes to Mail Protocol for 2021:**

- Updated Mail Letter Requirements to:

  - Include updated estimated time to complete the survey to be about 12 minutes

  - Include updated translations to Chinese taglines

  - Include customer support contact information on the Reminder Letter

  - Clarified that QHP issuer addresses are not permitted on mail materials

  - Include updated language to first sentence of Cover Letter 1

- Updated Mail Foreign Language Requirements to:

  - Clarify that vendors may use language preference indicators included in the sample frame to choose whether to double stuff materials (and in which language) for each enrollee

Health Insurance Marketplace

- QHP issuers are required to provide taglines in non-English languages indicating availability of language services for limited English proficient individuals on website contents and documents "critical" for obtaining health insurance coverage or access to health care services

- QHP Enrollee Survey materials are not considered "critical" documents; however, QHP issuers may include the following statements on any QHP Enrollee Survey materials:

  - [Name of covered entity] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

  - [Name of covered entity] cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

  - [Name of covered entity] 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

- QHP issuers and vendors may not produce QHP Enrollee Survey materials in languages other than those specified in the Technical Specifications (i.e., English, Spanish, Chinese)

- Beyond the tagline statements above, QHP issuers and vendors may not change foreign language materials

Mail Material Requirements:

- Must produce sufficient volume of survey materials in English and Spanish; Chinese *(if applicable)*

- Mail Materials

  - Prenotification Letter

  - Survey Cover Letters

  - Reminder Letter

  - Surveys

  - Envelopes

- All mail materials in all languages posted on MQI website

- Must be reviewed by Project Team

  - Submit all materials as PDFs to QHPSurveyVendor@bah.com

Mail Material Requirements:

- May **<u>not</u>** create or use any other translations of QHP Enrollee Survey

- May **<u>not</u>** make changes to text or translations

- Include the same easily recognizable QHP issuer's plan name in each specified fill location
  - Same name included in <plan-name-fill> in Data Dictionary (Appendix G)

- May include tracking codes for QC purposes

Mail Survey Requirements:

- Place full title including administration year at top of first page

- Include all survey instructions at the top of first page

  - No bullets in survey instructions

  - Instructions may not be compressed to fit within a single column; they must span both columns

- Include OMB statement, approval number, and expiration date on either the survey instructions page or the back page of the survey

  - ★ OMB statement must be at least 10 points in an easily readable font

  - May **not** be included on survey questions pages

  - ! **Must** be included in its entirety

Health Insurance Marketplace

Mail Survey Requirements:

★ Include updated introduction for the "Your Health Care in the Last 6 Months" section of the survey

- Add "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)

- Print Q1 and Q2 on the first questions page of the survey

  - Q1 and Q2 may not be printed on the survey instructions page

- The [QHP ISSUER NAME] fill has been removed from Q1

★ Vendors must verify mailout dates for all mailing materials (e.g. USPS-generated report)

Mail Survey Requirements:

- Include enrollee unique identifier
  - Include on the instructions page and/or back page of the survey
  - May include unique IDs on each survey page
  - Cannot include enrollee name or address
  - Cannot contain any PII or any IDs included in the sample frame
- Include QHP issuer name in designated fill locations
  - Work with QHP issuers to identify most readily identifiable name
  - May provide list of alias plan names with the language: "You may also know your plan by one of the following names"
  - Alias list can be included as a separate list in packet or printed on the survey
    - If printed on the survey, must be on the instructions page
- Include address of vendor or subcontractor but name of vendor only in return address
- Subcontractor name may not be included in survey

Health Insurance Marketplace

May **<u>Not</u>** Change:

- 2-column format to display all survey questions, including Q1 and Q2

- Question and response category wording

- Question and response category format

- Question and response category order

Must Follow Specified Text Conventions:

- Must bold text that is bold

- **Cannot** bold text that is not bold
  - Question stems
  - Response categories
  - Only emphasized words and skip pattern language are bold

- **Cannot** underline text that is bold

- Must italicize text that is italicized

- Keep question and response categories together in same column on same page

- Print survey in black and white
  - May use highlight color
  - QHP issuer and/or vendor logos may be printed in color

- Font size ≥ 11 points
  - Easily readable font (e.g., Times New Roman or Arial)

Optional Survey Formatting:

- May include vendor logo and/or QHP issuer logo

- Display each question's response options vertically and list responses individually for each question

- May add a code to assist in identifying the survey round

- Increase margin width (at least ¾ inches)

Optional Survey Formatting:

- Use ovals instead of boxes for response categories

- Include response category coding numbers:

  - May be included to left or right of response categories or as subscripts

  - Alphabetical coding permitted for questions allowing multiple responses

- Amend skip pattern language

  - ★ From "If no, go to question X on page X" to "If no, go to #X on page X" or, "If no, go to question X on page X" if the skip pattern directs to a question on a subsequent page

Prenotification Letter Requirements:

! May not include QHP issuer addresses

- Enrollee's full name and address in the address block

- Personal salutation (i.e., "Dear [ENROLLEE FIRST AND LAST NAME]")

- Vendor logo or QHP issuer logo or both

- Vendor customer support telephone number and email address

- Call-out box for the internet survey

  - Contains non-language specific survey URL and login credential(s) that direct sampled enrollees to a page to enter their unique credential(s)

- QHP name inserted in specified fill locations

Health Insurance Marketplace

Prenotification Letter Requirements:

- Vendor or QHP issuer senior executive name, title, signature, and organization name

- Vendor name only in the return address

- Must fit on 1 page

- Font size ≥ 11 points
  - Easily readable font (e.g., Times New Roman, Arial)
  - Text in the internet call-out box must be printed in 14-point font

- Printed in black on white paper
  - QHP issuer and/or vendor logos may be printed in color

Health Insurance Marketplace

English and Spanish Requirements:

- Must include information about internet survey

- Must include instructions for completing internet survey

- Must include call-out box for the internet survey

  - Customized user name and/or password

  - Secure website URL

- **English** – Must include text in Spanish and Chinese *(if applicable)* on how to request survey materials in other languages offered

- **Spanish** – Must include text in English and Chinese *(if applicable)* on how to request survey materials in other languages offered

- **Chinese** – Must include text in English and Spanish on how to request survey materials in other languages offered

Health Insurance Marketplace

Reminder Letter Requirements:

! May not include QHP issuer addresses

- Adheres to same specifications as the prenotification letter

- Reminds sampled enrollees that they should have already received a mail survey and encourages completion

- Call-out box for the internet survey

  - Contains non-language specific survey URL and login credential(s) that direct sampled enrollees to a page to enter their unique credential(s)

★ Includes customer support contact information

English and Spanish Requirements:

- Must include information about internet survey

- Must include instructions for completing internet survey

- Must include call-out box for the internet survey

  - Customized user name and/or password

  - Secure website URL

- **English** – Must include text in Spanish and Chinese *(if applicable)* on how to request survey materials in other languages offered

- **Spanish** – Must include text in English and Chinese *(if applicable)* on how to request survey materials in other languages offered

- **Chinese** – Must include text in English and Spanish on how to request survey materials in other languages offered

Health Insurance Marketplace

Cover Letter Requirements:

! May not include QHP issuer addresses

■ Enrollee's full name and address in the address block

■ Personal salutation (i.e., "Dear [Sampled Enrollee Name]")

■ Vendor logo or QHP issuer logo, or both

■ Vendor customer support telephone number and email address

■ QHP name inserted in specified fill locations

■ Vendor or QHP issuer senior executive name, title, signature, and organization name

■ Vendor name only in the return address

■ Do **not** print the internet survey URL and login credential(s) on cover letters

Health Insurance Marketplace

Cover Letter Requirements:

- Printed on a sheet of paper separate from survey
  - May **not** be wrapped around survey
  - May **not** be attached to survey
- Must fit on 1 page
- Font size ≥ 11 points
  - Easily readable font (e.g., Times New Roman, Arial)
- Printed in black on white paper
  - QHP issuer and/or vendor logos may be printed in color
- **English** – Must include text in Spanish and Chinese *(if applicable)* on how to request survey materials in other languages offered
- **Spanish** – Must include text in English and Chinese *(if applicable)* on how to request survey materials in other languages offered
- **Chinese** – Must include text in English and Spanish on how to request survey materials in other languages offered

Outbound Envelope Requirements:

- ! May not include QHP issuer addresses
- Used to send prenotification letters, survey packets (i.e., cover letters, surveys, and business reply envelopes), and reminder letters
- Vendor logo and/or QHP issuer logo
- May not include banners such as "Important Information Enclosed"
- Taglines required by QHP issuers for legal purposes are permissible

Outbound Envelopes May:

- Use window envelopes that allow logo printed on the cover letter to be seen through the window
  - The return address block must be visible through window
- Include codes to assist with survey tracking
- Use address labels

Health Insurance Marketplace

Business Reply Envelope Requirements:

- Included with each survey and cover letter

- Pre-paid

- Pre-addressed to vendor or subcontractor

- The name associated with a return address is that of the vendor only

  - The address may be that of the vendor or of the subcontractor

  - ! May not include QHP issuer addresses

Business Reply Envelopes May:

- Include codes to assist with survey tracking

- Include the vendor and/or QHP issuer's logo

- Be printed on colored paper

  - Vendors track all reporting units for which envelopes are printed in color

Health Insurance Marketplace

Foreign Language Requirements:

★ Vendors may use language preference indicators included in the sample frame to choose whether to double stuff materials (and in which languages) for each enrollee

! Work with clients to determine best strategy for achieving optimal response rates for Spanish or Chinese *(if applicable)* surveys

■ Make Spanish and Chinese (*if applicable*) materials available based on availability of language preference indicators using the following options:

Option 1: English-Only with Foreign Language Taglines	Option 2: Language Preference Indicators	Option 3: "Double Stuffed"
• Send emails in English only • Include text in Spanish or Chinese (*if applicable*) about how to request a survey in these languages	• Send emails in English, Spanish, or Chinese, depending on the language preference specified in the sample frame • Include text in English, Spanish, or Chinese (*if applicable*) about how to request a survey in these languages	• Send emails in both English and Spanish in 1 email • Include text in Chinese about how to request a Chinese survey (*if applicable*) ***Note:*** *Vendors may use language preference indicators to determine which enrollees should receive "double stuffed" emails*

Health Insurance Marketplace

Foreign Language Requirements:

- All letters mailed in English must include instructions in Spanish or Chinese *(if applicable)* on how to request materials in their preferred language

  - Standard text included in letter templates

  - If using Option 1, the Spanish text on the prenotification and reminder letters must include the survey URL and login credential(s) to take the internet survey

  - If using Option 3, the sampled enrollee address and salutation **must** be printed on both the front and the back of the letters

  - If using Option 3, letters may be printed with English on 1 side and Spanish/Chinese on the reverse side, and **must** include information on how to request materials in other available language (*if applicable*)

Foreign Language Requirements:

- If an enrollee requests a Spanish or Chinese mail survey, it is strongly recommended that the vendor to mails survey within 2 business days

- Vendors may attempt to complete an inbound Spanish or Chinese phone interview with enrollee during this request

Outbound Mail Requirements:

- Make every reasonable attempt to contact eligible sampled enrollees

- Enclose self-addressed, pre-paid business reply envelope in each survey mail packet, along with cover letter and survey

- Use enrollee address provided in sample frame data file (unless vendor receives an updated mailing address)

- Make every reasonable attempt to cease mail and phone attempts to enrollees who complete internet survey within 24 hours of receipt

- The use of first class postage or indicia is strongly encouraged

Health Insurance Marketplace

Address Standardization Requirements:

- Verify address information is current and formatted to enhance deliverability

- Use commercial tools

  - National Change of Address (NCOA)

- Must update addresses prior to mailing

- Retain record of attempts to acquire or update missing address data

- Confirm printed survey materials match survey proofs
! Perform interval checking (at least 10%) of printed mailing pieces
  - Fading, smearing, misalignment
  - Bleed-throughs
  - Survey content
  - Matching unique identifier
  - All pages included
- Log all QA checks to document their completion
- Initiate "seeded mailings"
- Validate and update addresses
- Record all attempts to update mailing address information
- Confirm production totals match sample

- May use key-entry or optical scanning technology

- Track date of receipt and date processed

- Log completed surveys into SMS within 24 hours of receipt

- Process and enter/scan data in a timely manner

- Must assign a final disposition code to every sampled enrollee

! Vendors **<u>must</u>** include responses from mail surveys received through May 15, 2021 in final data files

  - Mail surveys received after this date must be shredded and destroyed securely

Processing Undeliverable Mail:

- May **not** contact sampled enrollees by phone for updated addresses
- Must triage to phone if invalid address but valid phone number
  - After making every reasonable attempt to obtain a valid address
  - May begin phone phase early upon confirmation of bad address
- May securely discard undeliverable surveys after removing all enrollee-identifying information
- Must shred if contains PII

Processing Surveys Returned Blank:

- Assign interim disposition code

  - "M34—Blank Survey Returned or Incomplete Survey"

- Not required to mail a second survey

- Triage case to phone protocol

- Do not assign final disposition code of "M32—Refusal" unless sampled enrollee includes refusal note with blank survey

Processing Duplicate Surveys:

- If 2 surveys completed, use most complete survey
  - Retain survey with most key items completed
  - Regardless of mode
- If surveys are equally complete, use first survey received

Health Insurance Marketplace

Processing Surveys Returned as Ineligible:

- Assign disposition code based on type of ineligibility
  - Deceased (Disposition Code: X20)
  - Does Not Meet Required Eligibility Criteria (Disposition Code: X40)
  - Do Not Survey List (Disposition Code: X43)
  - Language Barrier (Disposition Code: X22)
  - Physically or Mentally Incapacitated (Disposition Code: X24)
- Scan or store survey hardcopies for 3 years

Processing Surveys with Incorrect Skip Patterns:

- When respondents do not follow a skip pattern as instructed (a "failed skip"), **do not** edit or clean responses

- When respondents leave a screener question blank but then answer subsequent follow-up questions, code the screener question as *Missing*

- Scan or "wand-in" all returned mail surveys daily

- Record date of receipt in SMS

- Do not permit same survey to be scanned more than once

- Do not permit out-of-range or invalid responses

! Select and review a sample of cases to verify the scanning program is operating accurately and coding rules are being followed

- Compare hardcopy survey responses to scanned entries

- Recommended minimum of 10%

- Must be conducted throughout the mail protocol

! Conduct ongoing interval checks to verify software consistently scans response values accurately for each language

- Record date of receipt in SMS

- Do not permit the same survey to be keyed more than once

- Do not permit out-of-range or invalid responses

! 100% manual re-key required

  - Different key entry staff re-keys survey

  - Supervisor resolves discrepancies and verifies correct value

! Supervisory staff review a sample of cases coded by each data entry staff member (recommended minimum of 10%)

Vendors:

- Responsible for providing proper oversight of subcontractors

- Obtain signed confidentiality agreements

- Attend subcontractor training to confirm compliance with mail survey protocols, procedures, and guidelines

- Must provide CMS with documentation of subcontractor-specific oversight processes

- Vendors and subcontractors must comply with all HIPAA rules and regulations for safeguarding PII

Mail Protocol Summary:

- English and Spanish administration required, Chinese optional

- 4-wave mailing

  - Prenotification Letter, 2 Survey Packets, Reminder Letter

- Subcontractors allowed for outbound and inbound activities

- Vendor oversight

  - Printing/Mailing QC activities

  - Data entry and scanning

- CMS oversight

  - Review of all mail materials prior to bulk printing

Internet Protocol

- Internet Protocol

- Internet Survey Requirements

- System Requirements

- Security Requirements

- Internet Survey Entry Process

  - Login, Landing, Instructions, Survey Questions, and Exit Pages

- Notification and Reminder Emails

- Foreign Language Requirements

- Quality Assurance and Control

★ **Key Changes to Internet Protocol for 2021:**

  ■ Added the following requirements:

  - Internet survey must be presented in a font size of at least 11-point in an easily readable font

  - OMB statement must be at least 10-point in an easily readable font

  - Spacing between paragraphs in emails must be consistent and formatting must allow for a high level of readability

  - Vendors must confirm that all variable fills included in emails match the sampled enrollee's information exactly

★ **Key Changes to Internet Protocol for 2021:**

- Added the following recommendations/options:

  - Vendors are strongly encouraged to program the survey so that enrollees can return to the landing page to change their language once they have made their initial selection

  - Vendors may include relevant survey FAQs on the "Questions/ Preguntas" page

  - Optional to include a message when an enrollee attempts to skip a question to notify them that they have not responded to the question

  - Recommended that vendors remove enrollees who unsubscribe from their email list within 2-5 business days from the date of the unsubscribe request

  - Vendors may include a link to their privacy policy in the internet survey if required for legal purposes

    – Strongly recommended that privacy policy is presented in both English and Spanish

★ Key Changes to Internet Protocol for 2021:

- Clarified that vendors are encouraged to maintain a QHP-specific unsubscribe list

- Specified that vendors must follow all text conventions in the survey template (including bolding)

- Removed requirement for vendors to test email links for 5% of each reporting unit

  - Vendors must detail email QA checks in their QAP

★ **Key Changes to Internet Script for 2021:**

- Updated dates and years throughout, as needed
- Updated the estimated time required to complete the survey in the OMB statement to 12 minutes
- Updated the expiration date in the OMB statement to XX/XX/XXXX
- Added 2 questions (Q17 and Q21) and updated question numbering
- Updated skip patterns and programming notes to align with revised question numbers
- Updated the introductions for "Your Health Care in the Last 6 Months," "Your Personal Doctor," and "Getting Health Care from Specialists"
- Added "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)

Health Insurance Marketplace

★ **Key Changes to Emails for 2021:**

- Updated years throughout, as needed

- Updated the estimated time to complete the survey to be about 12 minutes

- Revised bolding and spacing throughout
  - Bolded "Take Survey Now" button
  - Bolded vendor email address
  - Bolded unsubscribe link

- Removed hyperlinks associated with the ACA and CMS

- Included updated translations of Chinese taglines

Health Insurance Marketplace

Internet Protocol Overview:

- Available for entire data collection period
- Both English and Spanish administration required
- Subcontracting is not permitted
- Secure and password-protected internet survey platform
- Easily recognizable URL address
- Optimized for completion on mobile devices
- Programmed and tested before prenotification letter is mailed
- Customized login credentials for each enrollee
- Internet survey URL and login credential(s) provided on prenotification and reminder letters only (not on cover letters)
- Emails sent to all sampled enrollees with an email address provided in the sample frame to inform them of internet survey option

Internet Survey Conventions:

- English and Spanish scripts posted on [MQI website](#)

  ! All text and programming conventions must be followed

- Programmer instructions and question numbers appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS]

  - Must **<u>not</u>** be displayed on webpages

- Inserts or fills from sample frame appear in {UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}

- Dashed RED lines indicate separation into different webpages

  - **<u>1</u>** gate item per webpage

  - **<u>2 or 3</u>** non-gate items per webpage except Q2, Q53, Q70 (vendor discretion)

- Solid RED lines indicate webpage breaks between survey sections

Internet Survey Conventions:

- Unless otherwise noted, skipped questions follow same skip pattern as the "No" or "None" skip pattern
- Must bold text that is bold
  - Only emphasized words and skip pattern language are bold
- **<u>Cannot</u>** bold text that is not bold (e.g., question stems, response categories)
- **<u>Cannot</u>** underline text that is bold
- Must italicize text that is italicized
- ★ Black or dark blue easily readable font of at least 11-point
  - Font color must be consistent throughout survey
  - May use highlight color for instructions and survey headings
  - ★ OMB statement may be in 10-point font
- ★ *Optional*: Include a link to privacy policy if required for legal purposes
  - *Strongly Recommended*: Privacy policy presented in both English and Spanish

- Survey Login Page
- Survey Landing Page
- Survey Instructions Page
- Survey Question Pages
- Survey Exit Page
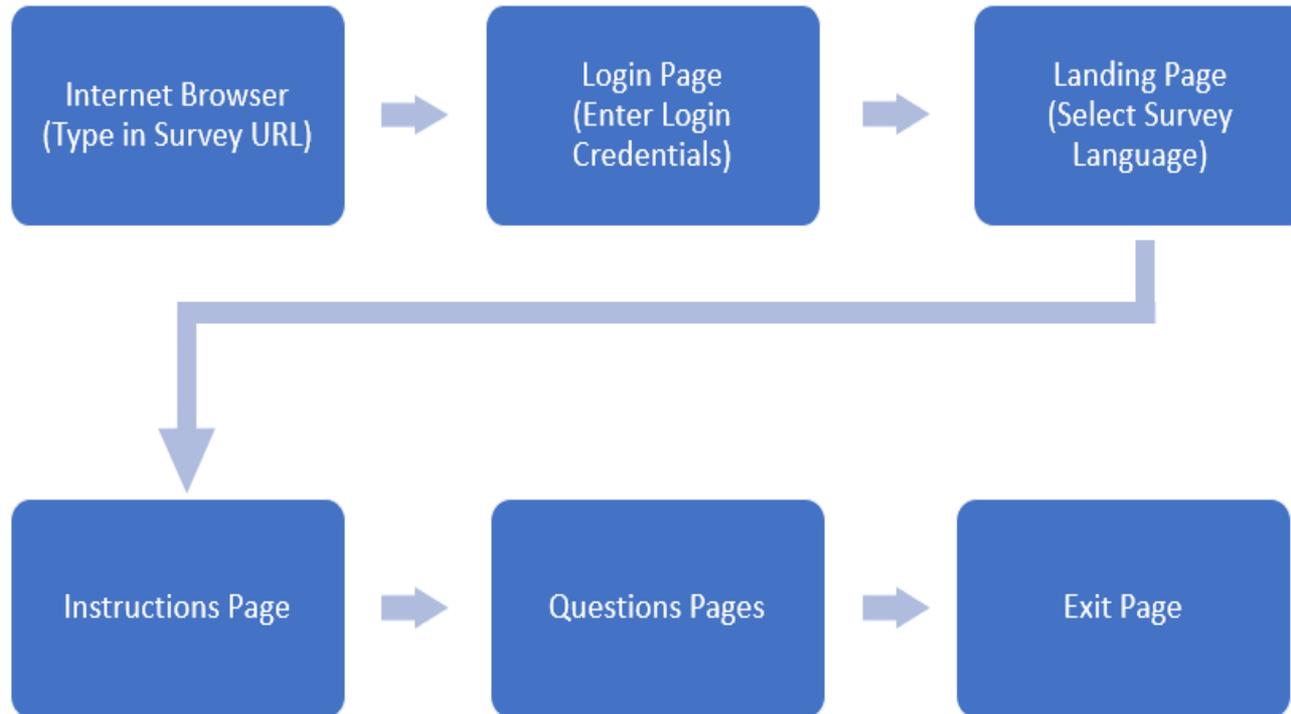
Manual Entry Process

Automatic Entry Process

```
┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ Click on Survey │      │  Landing Page   │      │                 │
│ Link or Paste   │ ──▶  │ (Select Survey  │ ──▶  │ Instructions    │
│ URL into        │      │  Language)      │      │ Page            │
│ Internet Browser│      │                 │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘
                                                           │
          ┌────────────────────────────────────────────────┘
          ▼
┌─────────────────┐      ┌─────────────────┐
│ Questions Pages │ ──▶  │   Exit Page     │
└─────────────────┘      └─────────────────┘
```
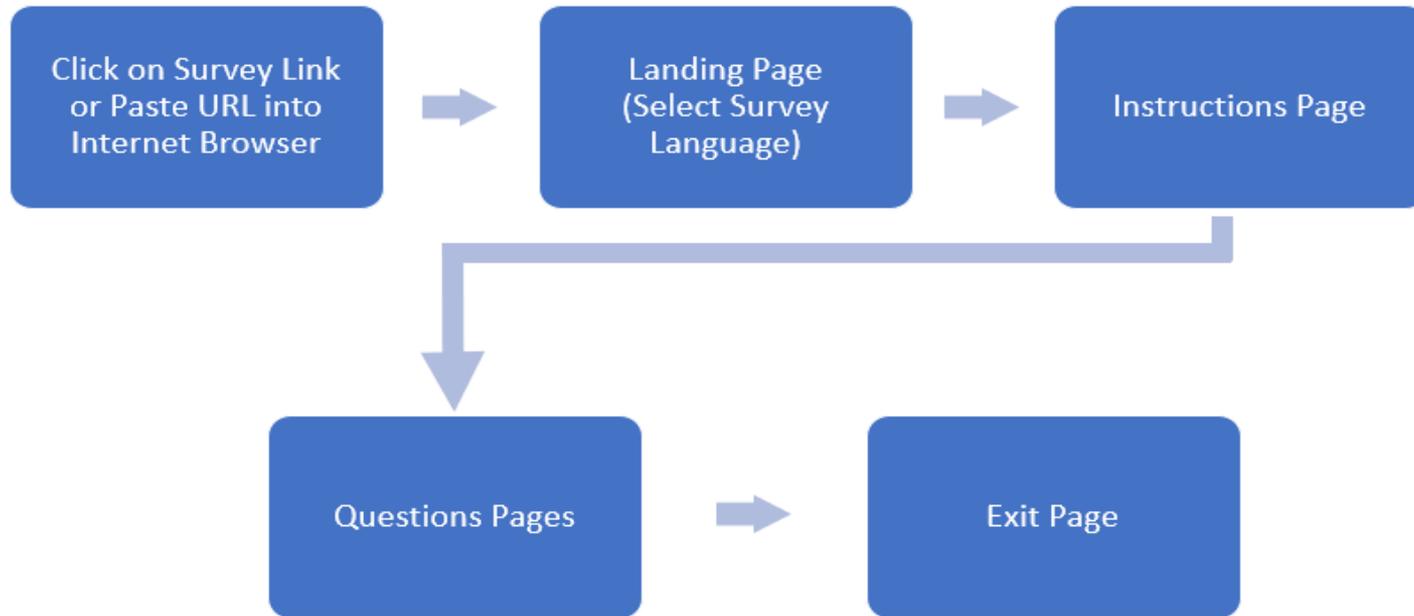
Survey Login Page Requirements:

- Enrollee manually types the survey URL from prenotification or reminder letter
- Instructions included in both English and Spanish to explain how to enter the customized login credentials
- Requires entry of login credentials to proceed
- Once login credentials successfully entered, directs to landing page
- Includes a "Questions" link
  - Contains vendor name and toll-free number
  - May provide customer support email address
  - ★ May provide a list of relevant FAQs
- Displays vendor logo or QHP issuer logo or both
- May **<u>not</u>** link to vendor's or QHP issuer's home page

Survey Landing Page Requirements:

- Directed to landing page once pass login page OR automatic entry to landing page when enrollee clicks custom URL link (with embedded login credentials) from an email
- Includes "English" and "Español" buttons (or a dropdown menu) so enrollees can decide to take the survey in English or Spanish
- Once preferred language is selected, directs to survey instructions page
- Includes a "Questions" link
  - Contains vendor name and toll-free number
  - May provide customer support email address
  - ★ May provide a list of relevant FAQs
- Displays vendor logo or QHP issuer logo or both
- May **not** link to vendor's or QHP issuer's home page
- ★ *Strongly Recommended*: Allow enrollees to return to the landing page to change their language once they have made their initial selection

Instructions Page Requirements:

- Provides general survey navigation instructions
  - "Previous" and "Next" buttons
- Displays OMB statement, approval number, expiration date
- Includes additional instructions specific to internet survey instrument or platform (*if applicable*)
- Includes survey title and administration year
- Assures sampled enrollee's confidentiality is protected
- Includes a "Questions" link
  - Contains vendor name and toll-free number
  - May provide customer support email address
  - ★ May provide a list of relevant FAQs
- Displays vendor logo or QHP issuer logo or both
- May **not** link to vendor's or QHP issuer's home page

"Previous" and "Next" Button Requirements:

- "Previous" button
  - Allows enrollee to return to the previous survey question
- "Next" button
  - Advances survey when an answer is provided
  - Allows enrollee to skip to the next survey question without answering the current question
  - When this button is selected without a response for a gate item, the enrollee is directed to the next appropriate question according to skip pattern logic
  - When this button is selected without a response for a non-gate item, the enrollee is directed to the next question

Survey Question Pages Requirements:

- Display **1** gate item per page
- Display at least **2** but no more than **3** non-gate items per page
  - Except for Q2, Q53, and Q70
  - Vendors use their discretion when deciding to use 2 or 3 non-gate items
- Program to follow all skip pattern logic
- No changes to wording or order of questions or response categories
- Response options must be displayed vertically
  - Matrix presentation **not** allowed
- Do **not** number survey questions
- Each page includes a section header
- ★ Font size of at least 11-point

Health Insurance Marketplace

Survey Question Pages Requirements:

- All pages include "Previous" and "Next" buttons
- All pages include a "Questions" link
  - Contains vendor name and toll-free number
  - May provide customer support email address
  - ★ May provide a list of relevant FAQs
- Program questions that permit only 1 response to accept only 1 response
- Program questions that permit multiple responses to accept multiple responses
- Q2
  - Must accept at least a 250-character response
  - May include a dropdown menu of QHP issuer aliases
- *Optional:* Display a progress indicator bar
- ★ *Optional*: Include a message when an enrollee attempts to skip a question to notify them that they have not responded to the question

Survey Exit Page Requirements:

- Provides confirmation that the survey has been submitted and received by the vendor

- Thanks sampled enrollee for participating

- Includes a "Questions" link

    - Contains vendor name and toll-free number

    - May provide customer support email address

    - ★ May provide a list of relevant FAQs on the Questions page

System Requirements:

- Prevent completion of more than 1 survey per enrollee
- Link responses to appropriate sampled enrollee in SMS
- Remove sampled enrollees who complete the internet survey from further mail, email, or telephone contact attempts
- Allow survey completion in stages
  - The system must save all previously completed responses regardless of the question at which the enrollee exits
- Test system and survey prior to survey administration
! Optimize survey for completion on mobile devices, tablets, and computers, and test prior to fielding
  - Internet surveys must be compatible with iOS and Android devices and popular browsers
  - Optimize emails for a high level of readability on mobile devices

System Requirements:

- Permit enrollees to not answer survey questions but still continue with survey

- Allow sampled enrollees to deselect a previously selected response

- May **not** link to vendor or QHP issuer home page
  - Vendor's website may not contain links to internet survey

Internet Security Requirements:

- Ensure a secure internet survey platform
  - Protect enrollee confidentiality
  - Require customized login credential(s)
  - Implement firewall protection
- ★ Vendors may include a link to their privacy policy in the internet survey if required for legal purposes
  - Strongly recommended that privacy policy is presented in both English and Spanish
- Secure the transmission of internet survey data
  - Secure Sockets Layer (SSL)
  - Separate SSL required for each server used to collect data
- May **not** log or track IP addresses
- May **not** populate name of sampled enrollee in the internet survey

Login Credential(s):

- Customized login credential(s) (user name and/or password) on prenotification and reminder letters **only**:
  - Assigned randomly
  - Non-sequential
  - Alphanumeric
  - At least 8 characters in length
    - If both user name and password used, both **must** be at least 8 characters

- Embedded login credential(s) in a "Take Survey Now" button and full URL within emails:
  - Automatically log enrollees into the survey when clicked
  - Match respondents 1-to-1 with the sampled enrollees
  - Test embedded login credentials prior to fielding

Health Insurance Marketplace

Survey URLs:

- Provided to sampled enrollees in prenotification and reminder letters and customized URLs provided in emails

- May **<u>not</u>** be included on vendor or QHP issuer websites

- Should be easy for enrollees to retype

Customer Support for Internet Surveys:

- May provide survey URL and login credential(s) to an enrollee via phone or email

Notification and Reminder Emails:

- Inform enrollees with an email address included in the sample frame about internet survey option

- Send 1 notification email and 2 reminder emails to non-respondents

  - Notification email sent 6 days after prenotification letter mailed

  - 1st reminder email sent on same day that reminder letter is mailed

  - 2nd reminder email sent on same day that 2nd survey packet mailed

- English and Spanish emails are sent based on available language preference indicators

Notification and Reminder Emails Must:

- Use ≥ 11-point font that is easily readable

    - Information about accessing internet survey must be in a call-out box with at least 14-point font

- Use black or blue font on a white background

    - Format all hyperlinks in a color of a high contrast and different than the rest of the email text

- Display vendor logo or QHP issuer logo or both in the header

    ! May include vendor's return address but cannot include QHP issuer's return address

- Contain a personal salutation

! Follow text conventions in email scripts (e.g., bold text that is bolded in the templates)

★ Have consistent spacing between paragraphs

★ Be formatted to allow for a high level of readability

Notification and Reminder Emails Must Include:

- Vendor name, enrollee email address, and QHP issuer name in designated fill locations

- Standardized subject line

- "Take Survey Now" button in a call-out box and a full URL, both with embedded login credentials, that automatically log sampled enrollees into the internet survey

- Customer support telephone number and project-specific email address

- Vendor or QHP issuer name, title, and organization name

- "Unsubscribe" link that successfully removes the sampled enrollee from further email communications

  - ★ *Recommended*: Remove enrollees who unsubscribe from the email list within 2 to 5 business days from the date of the unsubscribe request

  - ★ *Recommended*: Maintain a QHP-specific unsubscribe list

- May include taglines required by the QHP issuer for legal purposes

Notification Email Requirements:

- Informs enrollee of internet survey option

- Includes instructions for completing survey on a secure website

- Standard notification email template posted on MQI website

Reminder Email Requirements:

- Reminds enrollee of internet survey option

- Informs enrollee they should have already received mail survey

- Includes instructions for completing survey on a secure website

- Standard reminder email template posted on the MQI website

Foreign Language Requirements:

- Include a "Take Survey Now" button and a non-language-specific URL, both with embedded login credentials, that direct sampled enrollees to a landing page where they decide to take the survey in English or Spanish

Foreign Language Administration (cont'd.)

Foreign Language Requirements:

! Work with clients to determine best strategy for achieving optimal response rates in the administration of Spanish or Chinese *(if applicable)* surveys

■ Send emails using the following options:

Option 1: English-Only with Foreign Language Taglines	Option 2: Language Preference Indicators	Option 3: "Double Stuffed"
• Send emails in English only • Include text in Spanish or Chinese (*if applicable*) about how to request a survey in these languages	• Send emails in English or Spanish, depending on the language preference specified in the sample frame • Include text in English, Spanish, or Chinese (*if applicable*) about how to request a survey in these languages	• Send emails in both English and Spanish • Include text in Chinese (*if applicable*) about how to request a survey in this language ***Note:*** *Vendors may use language preference indicators to determine which enrollees should receive "double stuffed" emails.*

Quality Assurance and Control:

- Provide the programmed internet survey URL for both English and Spanish surveys to CMS for review
  - Vendors **<u>must</u>** provide at least 12 login credentials and at least 12 unique URLs with embedded login credentials
  - Vendors send programmed emails to QHPSurveyVendor@bah.com and notify the Project Team once the email templates have been sent

- ★ Confirm all variable fills in emails match the sampled enrollee's information exactly
  - The variable fills are QHP issuer logo, enrollee first and last name, QHP issuer name, name and title of senior executive from vendor/QHP issuer, username and/or password

- ★ Describe the testing of all links included in emails in QAP

- Log all QA checks to document completion

- Seed at least 1 internal staff member in the email distribution list for each reporting unit for which the survey is being fielded

- Seed the Project Team in emails for 1 reporting unit in each language
  - ! The survey URL and login credentials must be functional in all seeded emails

Summary:

- English and Spanish required

- Available for entire duration of data collection period

- Adhere to internet survey script

- Send prenotification letters, reminder letters, and 3 emails to enrollees to inform them of internet option (include login information and/or embedded login credentials)

- Program and complete testing of the internet survey and emails before the prenotification letter is sent to sampled enrollees

- CMS reviews programmed emails and internet survey instrument

Health Insurance Marketplace

Telephone Protocol

- Telephone Interviewing System

- Inbound Telephone Protocol

- Outbound Telephone Protocol

- Proxy Respondents

- Interviewing Specifications

- Interviewer Training

- Interviewer Monitoring

- Telephone Subcontractors

- Telephone Data Processing

★ **Key Changes to Telephone Protocol for 2021:**

- Updated interviewer monitoring requirements to clarify vendors must:

  - Monitor a minimum of 10% of all telephone interviews for each language in which the survey is administered

  - Confirm interviewers code responses correctly

  - Conduct "floor rounding" to visually monitor and confirm interviewer professionalism

- Specified off-site/remote/at-home telephone interviewing is strictly prohibited, unless otherwise specified by CMS

Health Insurance Marketplace

Key Changes to Telephone Script

★ **Key Changes to Telephone Script for 2021:**

- General Updates:
  - Updated dates and years throughout, as needed
  - Updated the estimated time required to complete the survey in the OMB statement to 12 minutes

- Updates to Survey Questions
  - Added 2 questions (Q17 and Q21) and updated question numbering accordingly
  - Updated skip patterns and programming notes to align with revised question numbers
  - Updated the language for the introductions before Q21,Q28, and Q41
  - Added "include in-person, telephone, or video appointments" to 11 questions (Q22 - Q28, Q33, Q37, Q41 - Q42)
  - Added REFUSED and DON'T KNOW response options to Q28B

★ **Key Changes to Telephone Introduction Scripts for 2021:**

- Combined [INTRO2] and [INTRO2-1] and updated numbering of next script accordingly

- Updated or added response options to the following introduction scripts
  - [HELLO]
  - [INTRO1]
  - [INTRO2]
  - [INTRO3-1]
  - INTRO4]
  - [CALLBACK TO COMPLETE A PREVIOUSLY STARTED TELEPHONE SURVEY]

★ **Key Changes to Telephone Introduction Scripts for 2021:**

- Revised interviewer notes in the following introduction scripts:

  - [HELLO]

  - [INTRO1]

  - [INTRO2-1]

  - [INTRO3]

  - INTRO3-1]

★ **Key Changes to Telephone Introduction Scripts for 2021:**

- Updated language in the text of the following introduction scripts:

  - [INTRO1]

  - [INTRO3-1]

  - [INTRO4]

- Updated a response option to include a programmer instruction instead of an interviewer note in the following scripts

  - [INTRO2-1]

  - [INTRO3]

★ **Key Changes to Telephone Introduction Scripts for 2021:**

- Updated a response option to include a programmer instruction instead of an interviewer note in the following scripts:

  - [INTRO2-1]

  - [INTRO3]

Telephone Requirements:

- Integrated CATI system
- Standardized CATI scripts and specifications
  - English and Spanish required, Chinese optional
- Interviewer capacity must support data collection timeline
- ★ Use of virtual or home-based interviewers is strictly prohibited, unless otherwise specified by CMS
- Interviews may **<u>not</u>** be completed on paper and key-entered later
- Distressed respondent protocol is required

Health Insurance Marketplace

Predictive Dialing Requirements:

- CATI system must comply with all federal and state laws and regulations

- Live interviewer must be available

- Responsibility of vendor to determine whether system may be construed as a predictive dialer under state and federal regulations

- Vendors must provide option for enrollees to revoke consent to be called through use and maintenance of "Do Not Survey" list

Health Insurance Marketplace

CATI Systems Must:

- Link to the SMS electronically

  - Track enrollees through the survey process

- Adhere to all survey specifications and skip pattern logic

  - Vendors test programming prior to administration

  - CATI scripts may **not** be modified

  - CATI scripts must be reviewed by the Project Team

    - Submit all materials to QHPSurveyVendor@bah.com

- *Optional:* May program caller ID to display vendor's name

  - May **not** program to display *"on behalf of [QHP Issuer Name]"*

Telephone Quality Assurance Requirements

Vendors Must:

- Confirm telephone script matches previously accepted screenshots

- Verify system follows each skip pattern correctly, as well as all other programming instructions in the script template

- Test each response option, including "Don't Know" and "Refused", for all questions to confirm that the sampled enrollee is directed to the appropriate next question

Vendors Must:

- Verify infrastructure to support initial dialing in sampled enrollee's preferred language is operational

- Make every reasonable attempt to contact nonrespondents
  - Vendors must use a secondary source to verify or obtain a telephone number for each sampled enrollee

Health Insurance Marketplace

Inbound Telephone Requirements:

- Accommodate enrollees who contact customer support to complete survey during mail protocol

- CATI systems must be able to handle inbound requests by onset of mail protocol

  - Date of prenotification letter mailing/activation of the internet survey

  - Standardized introduction for inbound interview requests in CATI script

- **Must** be available for the remainder of the mail protocol

Inbound Telephone Requirements:

- If an interviewer is not available:

  - Schedule callback appointment

  - If no response, make at least 1 additional contact attempt

- If an inbound interview is not completed:

  - Resume standard mail and telephone protocols

  - Call is **<u>not</u>** counted toward the 6 required outbound attempts

Foreign Language Administration:

- Vendors may attempt to complete an inbound telephone interview with the sampled enrollee during a call in which a Spanish or Chinese (*if applicable*) mail survey is requested

Enrollees in the Outbound Telephone Protocol:

- Did not respond to mail or internet survey

- Returned blank/partially complete mail or internet survey

  - For blank/partially complete mail or internet surveys, vendors **must** ask all survey questions by phone

  - For partially completed **telephone** surveys, vendors may continue survey from the last question answered

- Have an invalid/undeliverable mailing address but valid phone number

Telephone Protocol:

- 6 telephone attempts
  - Different times of day
  - Different days of the week
  - Different weeks
- Attempts span at least 2 different calendar weeks during the 19-day telephone interview period
- No more than 6 attempts may be made

Updating Telephone Numbers:

- Make every effort to update telephone numbers
  - Second source verification required
    - Commercial telephone matching services or software
    - Directory applications
- May request updated contact information from QHP issuers
  - May **only** request contact information for entire sample frame (**not** selected survey sample)
  - May **never** request contact information for specific enrollees

Handling Multiple Phone Numbers:

- If vendors receive 2 enrollee phone numbers in the sample frame

  - **Must** update Enrollee Phone 1 (primary number)

  - Option to update Enrollee Phone 2 (secondary number)

- Use both primary and secondary numbers, but handling of attempts left to vendor discretion

- No more than 6 attempts may be made

Health Insurance Marketplace

Foreign Language Requirements:

- Vendors work with QHP issuer clients to determine how to optimize response rates for foreign language administration, based on language preference indicators included in the sample frame

- If a sampled enrollee calls the vendor to request a Spanish or Chinese survey during the mail protocol, the vendor should begin telephone attempts in the enrollee's preferred language from the beginning of the telephone protocol

Contact 6 Times over 19-Day Period Unless Enrollee:

- Completes survey

- Found ineligible

- Away for the duration of data collection period

- Refuses to complete survey

- 6 attempts have been made

Each of the Following is a Single Telephone Attempt:

- **At least 6 rings** with no answer

- Sampled enrollee requests callback

- Household reached but sampled enrollee not available

- Busy signal reached

  - May consist of 3 consecutive dial-outs made at 20-minute intervals

- Answering machine or voicemail reached

- Interviewer placed on hold for at least 3 minutes

  - May disconnect the call

Answering Machine Messages:

- Vendors may leave messages on answering machines

- Maximum of 2 messages

- Review HIPAA requirements

Handling Disenrollees:

- Disenrollees are individuals insured by a QHP in a reporting unit at the time of sampling, but no longer insured at the time of survey

- Individuals who indicate by mail or internet they are no longer enrolled in the QHP do not receive telephone follow up

- If an individual indicates he or she is a disenrollee by phone:

  - Do not interview

  - Do not make additional telephone attempts

  - Code as "X40—Ineligible"

Special Case Scenarios:

- Callback requests on 6th call attempt
  - Permitted if telephone protocol still open for reporting unit

- Inbound requests after 6th call attempt
  - Permitted if telephone protocol still open for reporting unit

- Requests for customer support number during outbound call attempt
  - Vendors must provide number

Contacting Difficult-to-Reach Enrollees:

- Telephone number no longer in service

  - Attempt to identify updated telephone number

- Incorrect telephone number

  - Use updated information to contact sampled enrollee if provided by individual answering at incorrect number

- Unavailable, ill, or temporarily away

  - Attempt to re-contact before data collection ends

- Institutionalized but capable

  - Request information on how to contact sampled enrollee

  - Attempt to contact institutionalized sampled enrollee

Health Insurance Marketplace

Proxy Respondent Guidelines:

- Vendor may conduct proxy interviews for sampled enrollees who are either physically/mentally capable or incapable
- Sampled enrollee **<u>must</u>** grant permission for proxy to complete telephone interview
- Vendors are responsible for creating and programming proxy scripts prior to the onset of telephone interviewing
- CATI script includes interviewer instructions for:
  - Obtaining permission from sampled enrollee to use proxy
  - Modifying script to accommodate proxies
- Vendor CATI training materials must include instructions on how to obtain permission from a sampled enrollee to use a proxy
- Interviewers indicate whether a phone interview is completed by proxy in Q69 of CATI script

Example Scenarios for Requesting a Proxy:

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

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

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

Dispositioning Proxy Scenarios:

- If sampled enrollee is physically/mentally unable to respond to the survey and is unable/unwilling to grant permission to a proxy, then the interviewer:

  - Ends the interview

  - Assigns a final disposition code of "X24—Mentally or Physically Incapacitated"

CATI Script Templates:

- English, Spanish, and Chinese scripts available

  - CATI script templates for all languages are posted on the MQI website

  - May not be translated into any other languages

- Vendors must submit CATI system screenshots for review

  - Vendors are responsible for accurate programming of all survey skip patterns

  - CMS reviews telephone scripts and skip patterns via web conferencing prior to fielding

  - CMS does not review proxy versions of programmed scripts

CATI Specifications:

- CATI programmer instructions appear in [ENGLISH UPPERCASE LETTERS ENCLOSED IN BRACKETS]

- Inserts or fills from sample frame appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}

- Interviewer instructions appear in (ENGLISH UPPERCASE LETTERS ENCLOSED IN PARENTHESES)

- Text in UPPERCASE LETTERS should not be read aloud

  - DON'T KNOW / REFUSED answer categories should **not** be read

- Text in **bold, lowercase letters** should be read aloud

- Text that is <u>underlined</u> should be emphasized

Health Insurance Marketplace

Telephone Interviewer Training:

- Rationale → Standardized Data Collection

- Interviewer Training Topics

  - QHP Enrollee Survey specifications

  - General interviewing practices

- Refusal Avoidance and Conversion Techniques

  - Not permitted when sampled enrollee is at work or driving

- FAQ located in Appendix D

- Telephone Customer Support Agent and Interviewer Guidance located in Appendix E

Telephone Interviewer Training:

- Read questions and response choices verbatim
- Probe when a sampled enrollee fails to give a complete or adequate answer
- Maintain a professional, neutral rapport with the sampled enrollee
- Minimize interviewer coding and answer interpretation
- Record the appropriate outcome of all call attempts to reach a sampled enrollee
- Operate the CATI system efficiently
- If an enrollee does not provide an answer to a question because they are clearly confused by the question itself, code it as "Don't Know"

Telephone Interviewer Monitoring Requirements:

- Implement a monitoring and evaluation program throughout the telephone protocol

- Monitor a minimum of 10% of all interviews

  - At least 7% using silent monitoring (live **and** recordings)

  - Up to 3% using callback monitoring

  - ★ Must monitor 10% of interviews for each survey language (English, Spanish, and Chinese (*if applicable*))

  - Must be conducted at a 10% rate throughout phone phase

  - ★ Must check for correct response coding

- Monitor both attempts and completed interviews

  - Across all interviewers and times of day

Telephone Interviewer Monitoring Requirements:

★ Supervisory staff conduct "floor rounding"

  - Confirm professionalism of interviewers

- **<u>Must</u>** be aware of and follow applicable federal and state regulations when monitoring and/or recording telephone calls

- Document monitoring session outcomes

- Provide feedback on interviewer performance

- CMS remotely monitors interviews

Vendors Must:

! Provide proper oversight of subcontractors

■ Obtain signed confidentiality agreements

■ Attend and oversee subcontractor's telephone interviewer training

! Monitor combined total of at least 10% of all interviews

- Each organization must conduct monitoring

- A single interview may not be counted more than once (i.e., by the vendor and subcontractor, if monitored simultaneously) in the 10% monitoring total

! Provide feedback on interviewer performance

■ Vendors and subcontractors must comply with all HIPAA rules and regulations for safeguarding PII

Data Processing Requirements:

- Include unique ID number for each enrollee in SMS and final data file

- Enter the interview date in SMS

  - Link each interview to SMS with appropriate variables (e.g., language, date)

- Remove all PII when data is transferred to final data file

- Assign final disposition code and include in final data file

- Review data files for accuracy

  - Compare responses from completed interviews directly from CATI system to corresponding responses in final data file

  - Recommended minimum of 10%

Telephone Protocol Summary:

- English and Spanish administration required, Chinese optional

- 6 call attempts over 2 weeks during 19-day phone period

- Accommodate inbound requests during all protocol modes

- Proxies and subcontractors allowed

- Vendor oversight

  - Interviewer training and monitoring program

  - Subcontractors *(if applicable)*

- CMS oversight

  - Review of CATI scripts and screenshots

  - CMS reviews skip patterns via web conferencing

  - Remote monitoring session

Customer Support

- Customer Support Requirements

- Customer Support Subcontractors

- Customer Support Quality Assurance

★ Key Changes to Customer Support Protocol for 2021:

- Clarified that customer support agent guidance can be used for both telephone and email support

- Added guidance on how customer support agents and interviewers should respond to questions regarding public health emergencies

Health Insurance Marketplace

Customer Support Requirements

Vendors Must:

- Establish a toll-free telephone number
  - Staffed live during vendor's regular business hours
    - 90% of calls answered live within 30 seconds
  - Voicemail available on nights, weekends, and federal holidays
    - Voicemail mailbox **must** be programmed in English, Spanish, and Chinese (*if applicable*)
  - Voicemail messages must be returned within 24-hours
  - If line not project-specific, must probe caller to confirm survey in question
- Establish project-specific email address
  - ! 24-hour turnaround time for inquiries in all languages
  - ! If unable to provide a response within 24 hours, **must** acknowledge receipt
- Operational by start of mail phase (i.e., prenotification letter mail date/internet survey activation date)
  - Test system prior to survey implementation

Customer Support Requirements (cont'd.)

- Vendors Must:
  - Respond to questions in all languages offered
  - Document and track questions and responses
  - Collect information on requests to complete survey in other languages
    - Specify language and count
    - Include findings in Report #5
- FAQ available in Appendix D and MQI Website
  - Updated to reflect changes to survey and include additional questions
  - Available in English, Spanish, and Chinese
  - ★ Questions added to address potential concerns about a public health emergency (i.e. COVID-19)
- Customer Support Agent and Interviewer Guidance
  - ★ Can be used for both telephone and email support
  - ★ Added guidance to customer support agents regarding questions they may receive about a public health emergency (i.e. COVID-19)

Vendors Must:

- Provide proper oversight of subcontractors

- Obtain signed confidentiality agreements

- Attend subcontractor's customer support training

- Provide feedback on the quality and accuracy of customer support responses

- Vendors and subcontractors must comply with all HIPAA rules and regulations for safeguarding PII

Vendors Must:

- Confirm accuracy of at least 10% customer support responses
- Review speed of responses for all customer support inquiries
  - Confirm that all responses are provided within 24 hours
- Review at least 10% of responses to confirm professionalism of customer support representatives
  - Listen to telephone recordings or review email responses
- Confirm that all requests to customer support for a scheduled phone survey result in a conducted survey
- Confirm that all foreign language customer support inquiries are responded to accurately and within 24 hours

Data Coding, Specifications, and Submission

Data Coding, Specifications, and Submission Overview

- Definition of a Complete Survey

- Disposition Codes

- Determining Enrollee Eligibility

- Data Coding and Decision Rules

- Response Rate Calculations

- Quality Control Procedures

- Data File Specifications

- Data Submission Process

Health Insurance Marketplace

Key Changes to Data Coding, Specifications, and Submission

★ Key Changes to Data Coding, Specifications, and Submission for 2021:

- Updated the number of key survey items from 18 to 20 to align with the addition of 2 new survey questions
  - An enrollee must answer at least 10 key items to be defined as a "completed survey"
- Added new quality control checks for vendors to conduct prior to data submission:
  - Does a record with a Final_Disposition code of either partially complete or complete internet or phone survey also include a valid value for the Response_Time?
  - Do records with blank responses to Q1 (In_Health_Plan) and Q2 (Name_Health_Plan) **not** have a final disposition coded as X40?
  - Is Total_Enrollment greater than 500?
  - Do all sample frame variables exactly match what was provided in the sample frame?

Health Insurance Marketplace

★ **Key Changes to the Data Dictionary (Appendix G) for 2021:**

- Added 2 new variables to align with the addition of new survey questions:
  - Q17: Delay_Care_PHE
  - Q21: Offer_Tele_Appt

- Updated question numbers to align with the addition of 2 new survey questions

- Decreased the Max Field Size for the SF_Educ and SF_Employment variables from 2 to 1

- Added valid value of 9 = Not Applicable (Nonrespondent) to the Proxy variable

- Clarified that the Alternate_Phone_Flag is determined based on the presence or absence of a value for the Enrollee Phone 2 variable included in the sample frame provided by the QHP issuer

- Added valid value of -4 = Appropriate Skip to Q2 (Name_Health_Plan) variable

- Updated APTC_CSR, Medicaid_Expansion, and Reporting_Status variables to align with updates to Sample Frame File Layout

- **Complete Survey**
  - Sampled enrollee answers ≥50% of key items in survey
  - Not required to conduct further outreach to complete survey

- **Key items are questions that all respondents are eligible to answer, excluding "About You" items**
  - ★ An enrollee must answer at least 10 key items to be defined as a "completed survey"

- **Partially Complete Survey**
  - Enrollee answers <50% of the key items
  - Required to follow up with enrollees who return a partially complete mail or internet survey to try to obtain a complete survey

- **Key items found in Exhibit 54 of the Technical Specifications**

- If more than 1 survey completed
  - Use survey with the most key items answered (regardless of survey mode)
  - If equally complete, use first survey received

- If an enrollee is deceased
  - If completed by someone else after death, do not retain data
  - If completed by enrollee prior to death, retain data

- Vendors are required to maintain current and accurate disposition codes for all sampled enrollees

- Interim disposition codes represent current survey status of enrollees

- Final disposition codes represent final survey status of enrollees

  - Assigned to each sampled enrollee prior to data submission

- Disposition codes found in Exhibit 53 of the Technical Specifications

Health Insurance Marketplace

Disposition Codes (cont'd.)

Code	Description	Survey Status	Date_Complete Coding Guidelines
M, I, or T 10	Respondent answers 50% or more of key survey items	Completed Survey	Code as the date the completed survey was received or administered
M, I, or T 31	Respondent answers less than 50% of key survey items	Partially Completed Survey	Code as the date the partially completed survey was received or administered
X20	Sampled enrollee is reported as deceased during the survey period	Ineligible: Deceased	Code as the date it is determined the enrollee is deceased
X40	Sampled enrollee does not meet all required eligibility criteria for inclusion in the survey sample	Ineligible: Not Eligible	Code as the date it is determined that the enrollee does not meet all required eligibility criteria
X43	Sampled enrollee is on vendor's "Do Not Survey" list	Do Not Survey List	Code as the first date of fielding for the Reporting Unit

Health Insurance Marketplace

Code	Description	Survey Status	Date_Complete Coding Guidelines
X22	Sampled enrollee does not speak one of the approved survey languages (English, Spanish, or Chinese (*if applicable*))	Language Barrier	Code as the date it is determined that a language barrier prevents the enrollee from completing the survey
X24	Sampled enrollee unable to complete the survey because they are: • Mentally/physically incapable or residing in a group home/institution **AND** • Either a proxy is not available **OR** the sampled enrollee does not consent to a proxy	Mentally or Physically Incapacitated	Code as the date it is determined that a mental or physical incapacity prevents the enrollee from completing the survey

Note: *Use X24 when a person other than the intended enrollee answers the telephone and states that the enrollee is mentally/physically unable to complete the survey*

Disposition Codes (cont'd.)

Code	Description	Survey Status	Date_Complete Coding Guidance
X32	Sampled enrollee indicates refusal to participate in survey **OR** sampled enrollee requests to be placed on "Do Not Survey" list during data collection	Refusal	Code as the date enrollee or proxy indicates they do not wish to participate in the survey, or requests to be placed on the "Do Not Survey" list
X33	Mailing address or telephone number assumed to be viable, but enrollees does not respond or cannot be reached **OR** completed survey received after data collection period **OR** sampled enrollee is away for duration of data collection period	No Response After Maximum Attempts	Code as the last date of fielding for the Reporting Unit

Health Insurance Marketplace

Code	Description	Survey Status	Date_Complete Coding Guidance
X34	Sampled enrollee returns a blank mail or internet survey (or a survey with no key items answered) **AND** either no other contact information is available **OR** telephone attempts to reach the enrollee are unsuccessful **OR** sampled enrollee initiates CATI but does not answer any key items	Blank Survey Returned or Incomplete Survey	Code as the date the blank survey or incomplete survey was received or administered
X35	Both the mailing address **AND** the telephone number are found to be not viable	Bad Address and Bad Telephone Number	Code as the latest date it is determined that the mail address or telephone number for an enrollee is not viable

Health Insurance Marketplace

- **<u>Sufficient</u>** evidence of an invalid address:
  - Incomplete mailing address included in sample frame and vendor is unable to obtain a complete/updated address
  - Mail returned marked as "Address Unknown"
  - Mail returned marked as "Moved–No Forwarding Address"
- **<u>Insufficient</u>** evidence of an invalid address:
  - Address search does not result in exact match
  - If search does not result in an exact match, then vendor must attempt to mail using available address

Health Insurance Marketplace

- **<u>Sufficient</u>** evidence of an invalid telephone number:

  - Vendor is unable to obtain a telephone number

  - Interviewer receives a message that number is non-working or out of order and no updated number is available

  - Interviewer informed that they have wrong number and all other attempts to obtain correct number are unsuccessful

- **<u>Insufficient</u>** evidence of an invalid telephone number:

  - Busy signal every time an attempt is made

- Vendors must keep a record of attempts to acquire accurate contact information

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

Note: *Vendors assign the Bad_Email_Flag for undeliverable emails but this flag is not used to determine the final disposition code*

Determining Enrollee Eligibility

Q1 Response	Q2 Response	Enrollee Eligible?	Final Disposition Code
Yes	Any response (including "none," "N/A," and blank), unless it is an Invalid Plan Alias	Yes	**Any Q2 Response** (including "none," "N/A," and blank): Assess Survey – Completed or Partially Completed **OR** **Invalid Plan Alias Q2 Response:** X40: Ineligible
Yes	Response includes both a Valid and an Invalid Plan Alias (e.g., "Gold Medicare")	No	X40: Ineligible

Note: _Assume all enrollees are eligible until there is evidence that an enrollee is ineligible. When an invalid and a valid plan alias is present in Q2, the invalid plan alias overrides the valid plan alias and the respondent is deemed ineligible_

Health Insurance Marketplace

Determining Enrollee Eligibility (cont'd.)

Q1 Response	Q2 Response	Enrollee Eligible?	Final Disposition Code
No	Valid Plan Alias	Yes	Assess Survey – Completed or Partially Completed
Blank/Nonresponse/ No Answer	Valid Plan Alias	Yes	Assess Survey – Completed or Partially Completed
No	Blank/Nonresponse/ No Answer	No	X40: Ineligible
No	Invalid Plan Alias	No	X40: Ineligible
Blank/Nonresponse/ No Answer	Blank/Nonresponse/ No Answer	Yes	Assess Survey – Completed or Partially Completed
Blank/Nonresponse/ No Answer	Invalid Plan Alias	No	X40: Ineligible

Health Insurance Marketplace

Determining Enrollee Eligibility (cont'd.)

Examples of Valid Plan Aliases for Q2	Examples of Invalid Plan Aliases for Q2
• Marketplace • Exchange • Obamacare • Affordable Care Act (ACA) • Written response for product type, regardless of product type • Written response for metal level, regardless of metal level • Medicaid, including state-specific names for Medicaid (e.g., Medi-Cal, AHCCCS)	• Employer-sponsored health plan • Medicare • Medicare Advantage, even if the plan is offered by the same QHP issuer • TRICARE • Veterans Health Administration (VA)

Note: *QHP issuers are required to provide a list of common plan aliases to vendors*

Health Insurance Marketplace

Medicaid Plan Alias:

- "Medicaid" (and other state-specific names) is a Valid Plan Alias **only** for samples enrollees that have the enrollee-specific Medicaid Expansion QHP Enrollee variable coded as "1 = Yes" in the sample frame file for QHPs operating in a state with Medicaid expansion

    - The Medicaid Expansion QHP Enrollee variable indicates whether an enrollee was enrolled in the QHP via a Medicaid 1115 waiver

- Vendors **must** check and review the sample frame to confirm eligibility for enrollees who provide "Medicaid" as a Q2 response

    - Telephone interviewers should continue an interview if a sampled enrollee provides "Medicaid" as a response to Q2

Processing Written Text Responses for Question 2

! Do not edit written responses to Q2 (except for the redaction of PII)

- **Only** include QHP name in the data submission file

▪ Enter text response data in the final data file exactly as it is written on the mail survey

▪ Do not correct misspelled health plan names

- If plan name is recognizable as valid plan alias, then enrollee is eligible

▪ If only a product type is provided, then enrollee is considered eligible regardless of whether that product type aligns with product type associated with reporting unit

▪ If only a metal level is provided, then enrollee is considered eligible regardless of whether that product type aligns with metal level(s) associated with reporting unit

Data Coding: Decision Rules

When	Code As	Mode
A response is crossed out, and another response option is selected	The corrected response option	Mail
Language is written next to a response option (e.g., N/A); however, a separate response is clearly marked	The response clearly marked	Mail
Questions have instructions to "Mark one or more" (Q68, Q70)	**ALL** selected responses are coded as 1 = Checked **Note:** *If all responses options are left blank, code as -3 = Missing rather than 0 = Not Checked*	Mail
Response mark falls between 2 response options but is obviously closer to 1 than the other	Choice to which mark is closest	Mail

Health Insurance Marketplace

Data Coding: Decision Rules (cont'd.)

When	Code As	Mode
• Missing • A mark falls equidistant between 2 response options • More than 1 response option is marked	-3 = Missing	Mail
"Failed skips" occur	"As is" **_Note:_** *Failed skips should not be edited/cleaned*	Mail
Items are appropriately skipped	-4 = Appropriate Skip	Mail, Internet, Telephone
Screener, or gate, question and dependent questions not answered	-3 = Missing	Mail, Internet, Telephone

Health Insurance Marketplace

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

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 or 43)

I = Ineligibility (disposition code 20 or 40)

X = Proportion of cases eligible for this survey, which is calculated as:

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

Health Insurance Marketplace

Quality Control Procedures for Data Coding

Ongoing Quality Control Checks for Data Processing Activities:

- Run frequencies and count distributions on administration and response data

- Check data processing programs to confirm proper coding

- Verify surveys are assigned a complete/partially complete disposition code

- Review disposition codes to see if there are any disconnects between presence of response data and assignment of ineligible/nonresponse final disposition codes

- Select and review a sample of coded cases (Recommend minimum of 10%)

- Compare hardcopy responses to scanned responses to responses entered in data files (Recommended minimum of 10%)

- Calculate and review response rates on periodic basis

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

Quality Control Procedures for Data Coding (cont'd.)

Quality Control Checks for Data Processing Activities:

★ Confirm that records with Final_Disposition code of either partially complete or complete internet or phone survey also include a valid value for the Response_Time

★ Confirm that records with blank responses to Q1 (In_Health_Plan) and Q2 (Name_Health_Plan) are not assigned a final disposition coded as X40

★ Confirm that Total_Enrollment greater than 500

★ Confirm that all sample frame variables exactly match what was provided in the sample frame

Question 2 Quality Control Checks for Data Processing Activities:

▪ Review all plan aliases provided for Q2 and evaluate whether these responses (in conjunction with Q1 responses) render the sampled enrollee as eligible or ineligible

▪ Review Q2 responses for:

- Double quotes
- Tabbed spacing
- Line breaks
- Double spaces between words and after periods

Question 28 Quality Control Checks for Data Processing Activities:

- Review coding for Q28 telephone records
  - Q28 is split into Q28A and Q28B for telephone only
- Report only a single value for Q28 (do not report separate values for Q28A and Q28B)
  - Code Q28 as 0 = None if the sampled enrollee provides a response of "I have a personal doctor but did not visit them in the last 6 months" to Q28B
  - Code Q28 as -5 = Not Applicable if the sampled enrollee provides a response of "Not Applicable" to Q28A or "I do not have a personal doctor" to Q28B
  - Code Q28 with the appropriate valid value if the sampled enrollee provides a remaining numerical response to Q28A

Note: *This question number was updated due to the addition of 2 new questions (previously Q26)*

- Data submission file includes:
  - Selected variables from sample frame
  - Variables associated with survey administration
  - Final disposition codes
  - Survey responses
- **<u>All</u>** sampled enrollees included regardless of final disposition
- .CSV format

★ Added 2 new variables to align with the addition of new survey questions:

- Q17: Delay_Care_PHE
- Q21: Offer_Tele_Appt

★ Clarified Description for Alternate_Phone_Flag

★ Updated Valid Values for Following Variables:

- Proxy
- Q2: Name_Health_Plan

★ Decreased the Max Field Size for the SF_Educ and SF_Employment variables from 2 to 1

Health Insurance Marketplace

Data Submission File Specifications (cont'd.)

★ **Changes to the Data Dictionary**

- New Variable Name and Valid Values:

Variable Name	Description	Valid Values
Delay_Care_PHE	Q17: In the last 6 months, how often did you need medical care but could not get it because of a public health emergency (such as the coronavirus outbreak)?	1 = Never 2 = Sometimes 3 = Usually 4 = Always -1 = Refused (Phone Only) -2 = Don't Know (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable
Offer_Tele_Appt	Q21: In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?	1 = Yes 2 = No 3 = Don't Know -1 = Refused (Phone Only) -3 = Blank/ Nonresponse/ No Answer -5 = Not Applicable

Health Insurance Marketplace

Data Submission File Specifications

★ Clarified Descriptions for Select Variables:

Variable Name	Description
Alternate_Phone_Flag	Was an alternate phone number provided (from the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer)? **_Note:_** *This value is determined based on the presence or absence of a value in the Enrollee Phone 2 variable in the sample frame provided by the QHP issuer*

★ Updated Valid Values for Select Variables:

Variable Name	Description	Valid Values
Proxy	• Indicates whether the telephone interview was completed by a proxy • This field is only applicable to cases completed by telephone and aligns with the interviewer's response to Q69 in the CATI script	0 = Non-Proxy Interview 1 = Proxy Interview 2 = Not Applicable (Mail and Internet Only) 9 = Not Applicable (Nonrespondent)
Name_Health_Plan	Q2: What is the name of your health plan?	Text Response -1 = Refused (Phone Only) -2 = Don't know (Phone Only) -3 = Blank/ Nonresponse/ No Answer (Mail/Internet) -4 = Appropriate Skip

Web_Entry_Flag and Bad_Email_Flag Variables

- Web_Entry_Flag:

  - Code "Yes" for sampled enrollees who logged into the internet survey, regardless of whether the internet survey was completed

  - Code "No" for sampled enrollees who never logged into the internet survey

- Bad_Email_Flag:

  - Code "Yes" if notification email is undeliverable ("bounces back")

  - In this event, vendors do not attempt to send any reminder emails but should continue to contact the enrollee by mail and telephone

  - Not used for final disposition code determinations

Data Submission Process

- Vendors submit data files via Secure File Transfer Protocol (SFTP)

- Data Submission Training in Spring

- Test File(s): April 7 - 9, 2021

  - At least 1 unencrypted test zip file containing files for 2 reporting units with at least 100 records between the 2 reporting units

  - Test files may include >100 records

  - May submit more than 2 files

- Final Data Files: May 17 - 24, 2021

  - All data files must be received by **11:59 p.m. ET on May 24**

  - No exceptions to the deadline

  - Files received late will be excluded from the QRS and public reporting

Health Insurance Marketplace

Data Coding and Submission Summary

- Data must be coded in accordance to specifications

- Data must be submitted for each sampled enrollee

- Test and final data must be submitted on time
  - Resubmission requests must be completed within 3 business days

Data Analysis and Public Reporting

- Data Analysis and Scoring Specifications

- QHP Enrollee Survey vs. QRS Communication of Relative Performance

- Data Cleaning Procedures

- Case-Mix Adjustment

★ Public Reporting

- 2021 Reporting Timeline

- Reporting Guidelines for Vendors

- QHP Enrollee Survey scores calculated using CAHPS® Analysis Program (CAHPS ® macro)

  - Aligns with MA & PDP CAHPS® to the extent possible
  - Case-mix adjusted

- QRS scoring specifications for 2021

  - *QRS and QHP Enrollee Survey: Technical Guidance for 2021*
  - Scoring specifications for the HEDIS®-based clinical measures available in the *QRS Measure Technical Specifications*

- Communication of Relative Performance

- The QHP Enrollee Survey QI Reports' approach to convey relative performance is based on a pair-wise t-test

- The QRS measure data are standardized across all reporting units

- If the majority of reporting units submit high measure raw values, a single reporting unit may submit a high raw value for a given measure, but may receive a low standardized score for the measure, because many other reporting units performed better

  - Refinements to the survey may impact comparability between years

  - Prior years' QHP Enrollee Survey QI Report Methodology Guide should not be independently applied to data from other years

- CMS uses a forward-cleaning approach to edit and clean survey data
- "Screener" item responses control how subsequent items are treated
  - Retain the original response
  - Set the response to a missing value
- Vendors **never** clean or recode survey response data

- Survey items with multiple responses when only 1 is allowed are set to missing

- If screener is blank, but data is entered for dependent questions, the data are retained and screener is set to missing

- If response to screener is valid, but respondent violates skip instructions, the screener response is retained and the responses for the dependent questions are set to missing

Data Cleaning Procedures (cont'd.)

Scenario in Data File		Data Cleaning Step Taken	
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 Skip Pattern Followed	No Action Data Retained	No Action Data Retained
Includes Data	Includes Data Skip Pattern Violated	No Action Data Retained	Set to Missing Data Deleted
Includes Data	Blank	No Action Data Retained	Set to Missing

- Case-mix adjusters used for the 2019 QHP Enrollee Survey analysis:
  - Education
  - Global Health Rating
  - Mental Health Rating
  - Age
  - Survey Language
  - Survey Mode
  - Chronic Conditions and Medications
  - Respondent Received Help Completing Survey

Health Insurance Marketplace

Goals:

! Empower consumers to make informed healthcare decisions

- Provide actionable information to improve QHP quality and performance

- Facilitate regulatory QHP oversight in accordance with the ACA

Reports Provided to Issuers:

- QRS Preview Report and Proof Sheet

- Quality Improvement (QI) Reports

- For 2021, QHP issuers are required to collect and submit validated data for 37 measures in the QRS measure set

  - ! 27 clinical measures

  - ! 10 survey-based measures

- Includes 2 HEDIS®-based clinical measures

  - Flu Vaccinations for Adults Ages 18 - 64

  - Medical Assistance with Smoking and Tobacco Use Cessation

- Refer to Exhibit 61: Crosswalk of QHP Enrollee Survey Questions included in the QRS

★ Due to the suspension of the 2020 data collection, reporting units in their second year of operation in 2020 were unable to submit data for the first time during the 2020 ratings year

  ★ Therefore, CMS is amending the scoring eligibility criteria such that the 2020 ratings year will not count towards scoring eligibility for 2021

  ★ Reporting units are considered eligible for scoring if they were operational on the Exchange in 2018, 2019, and 2021, and meet the minimum enrollment criteria

  ★ This modification does not apply to 2021 QRS and QHP data submission eligibility

Health Insurance Marketplace

Criteria	Required to Field 2021 QHP Enrollee Survey?	Eligible to be Scored?
Reporting Unit began Operating in Plan Year (PY) 2021	No	No
Reporting Unit began Operating in PY 2020 and Continued Operating in PY 2021	Yes	No
Reporting Unit Began Operating in PY 2019 and Continued Operating in PY 2020 and 2021	Yes	★ No, operation in 2020 does not count towards scoring eligibility in 2021
★ Reporting Unit Began Operating in 2018 (or earlier) and Continued Operating in 2019 and 2021	Yes	Yes

Health Insurance Marketplace

QRS Preview Period:

- Issuers preview CMS-calculated scores and ratings prior to public reporting

- Occurs via the Marketplace Quality Module (MQM) in CMS' Health Insurance Oversight System (HIOS)

  - QHP issuers receive information on how to access reports

- Starting with the 2020 Open Enrollment Period (OEP), CMS displayed star ratings on a 1- to 5-star scale (5 is highest) for the QRS global rating and 3 summary indicator ratings on the HealthCare.gov website for each scoring-eligible QHP available through HealthCare.gov

★ Due to the COVID-19 public health emergency:

  ★ CMS will display ratings for QHPs that received a rating during the 2019 ratings year

  ★ State-based Exchanges (SBEs) whose consumers do not use HealthCare.gov may continue to display 2019 QHP quality rating information on their respective websites during the individual market OEP for PY 2021 or follow a state-specific approach

Health Insurance Marketplace

- Produce for all reporting units that field the 2021 survey
- Present results for all survey composites and items
  - Includes items not displayed in the QRS
  - Composites align with CAHPS Health Plan 5.0 composites, which differ from QRS measures
- Include information on how reporting unit performance compares to national averages
- Distributed after QRS Preview Period
  - ! QHP issuers and State Exchange administrators receive QHP QI reports for each reporting unit via the CMS HIOS-MQM website
  - ! They will receive an email notification prior to the start of a 2-week preview period during which they will preview their QHP QI Reports and QRS quality rates
- Exhibit 60 provides resources for reviewing QHP Enrollee Survey results
- Scoring guide will accompany 2021 QI Reports

Activity	Timeframe
QHP Enrollee Survey data submission deadline	May 24, 2021
QHP issuer submits validated QRS clinical measure data	June 15, 2021
Data processing and scoring	May - July 2021
QHP issuers and Exchanges preview QHP quality rating information	August - September 2021
QHP Enrollee Survey Quality Improvement (QI) Reports made available to QHP issuers	Anticipated Fall 2021
Exchanges begin publicly displaying QHP quality rating information	Individual market open enrollment period for 2022

★ Vendors may provide reporting-unit level data sets for survey Q3 - Q70 and the breakdown of final disposition codes to QHP issuers

- There are no minimum cell size restrictions for the QHP Enrollee Survey; the minimum cell size of 11 sampled enrollees is no longer applicable

▪ **<u>Must</u>** communicate that vendor scores are **<u>not</u>** official CMS scores

▪ Strongly encouraged to explain to clients why CMS scores may differ from vendor reports

- Case-mix adjustment

Health Insurance Marketplace

- May **not** provide member-level datasets to QHP issuers

★ Vendors may submit deidentified member-level datasets to regulatory agencies on behalf of QHP issuer clients (e.g., states and state insurance commissioners)

  ★ May include person-level responses for Q3 - Q10, Q17, Q20 - Q25, or Q27 - Q44

  ! May include reporting unit identification number <reporting-unit-id> from sample frame

  ★ May **not** include person-level responses to Q1, Q2, Q11 - Q16, Q18 - 19, Q26, or Q45 - Q70

  ! May **not** include information from sample frame or sampled enrollee list (except for reporting unit identification number)

- QHP Enrollee Survey scores are calculated using CAHPS Analysis Program

- Vendors do **not** clean survey data

- 2 reports generated using survey-based measures
  - QRS Reports and QI Reports

- Exchanges must adhere to CMS' guidance for publicly displaying QHP Enrollee Survey results

- Vendors **must** adhere to Technical Specifications requirements for generating reports for QHP issuers and regulatory agencies

Vendor Quality Oversight

- Quality Assurance Plan (QAP)
- Survey Material Review
- ★ Telephone Script Review
- Seeded Mailings and Emails
- Customer Support Review
- Onsite/Remote Visits
- ★ Data Record Review
- Telephone Interview Monitoring
- Data Analysis and Validation
- ★ Exception Requests
- Discrepancy Reports and Corrective Action Plans
- Project Reporting

★ Key Changes to Vendor Quality Oversight

- Noted that in the event of a disaster with the potential to disrupt or suspend normal QHP Enrollee Survey activities, CMS may modify oversight activities accordingly

- Added information on business continuity planning

- Added additional requirements to the Quality Assurance Plan (QAP)

- Noted that the Data Record Review activity will be modified for 2021 due to the suspension of 2020 QHP Enrollee Survey data collection activities

- Added a section on Exception Requests

- Documents compliance of survey fielding protocols with Technical Specifications requirements

- Model QAP Template (Appendix C of QHP Technical Specifications)
  - Present information in specified order
  - Submit previously accepted QAPs in track change mode
  - Vendors without clients are not required to submit a QAP for review
  - ★ Revisions to QAPs are due within 10 business days

- Acceptance of QAP does not constitute approval or endorsement of vendor's processes

- Deadline: November 10, 2020

Quality Assurance Plan (QAP) (cont'd.)

- Section A: Organizational Background, Structure, and Staff Experience
  - ★ Added requirement to include information about email service providers
- Section B: Work Plan for QHP Enrollee Survey Administration
  - ★ Added requirements to include the following:
    - Percent of interviews monitored in each survey language and "floor rounding" procedures
    - Description of monitoring interviewer audio as well as their coding selections
    - Description of how email links are tested
    - Description of how variable fills in emails are confirmed
    - Process for triaging mail and internet nonrespondents to telephone follow-up
    - Description of quality assurance processes for customer support inquiries
- Section C: Confidentiality, Privacy, and Data Security Procedures
  - ★ Added requirement to explain process for reporting and controlling PII incidents

Health Insurance Marketplace

- **Submit all survey materials to QHPSurveyVendor@bah.com**
  - Mail Materials
    - Print-ready letters and survey templates
    - English and Spanish required, Chinese, if applicable
    - One example of outbound and business reply envelopes
    - PDF file format
  - Internet Survey and Emails
    - Internet survey URL with at least 12 user names and/or passwords
    - 12 unique URLs with embedded login credentials
    - Notification and reminder emails with embedded login credentials
    - English and Spanish required
  - Telephone Scripts
    - Screenshots of programmed telephone interviewing script
    - English and Spanish required, Chinese, if applicable
    - PDF file format preferred, 1 question per page

Health Insurance Marketplace

- Submit survey materials as a .zip file:
  - Mode-specific submissions
  - Submit mode-specific cover sheet
  - Subject Line: [VENDOR NAME] QHP [INSTRUMENT TYPE] Material Review
  - All materials must appear as they would to respondent or telephone interviewer
  - Vendors without clients are not required to submit survey materials for review

- Mode-Specific Deadlines:
  - Mail: November 2, 2020
  - Internet: November 23, 2020
  - Telephone: December 4, 2020

- Project Team provides revision requests
  - 10 business days for mail and telephone materials
  - 15 business days for internet materials

- Vendors submit revisions within 5 business days

- Integrate with survey mailing sample
- Include designated CMS representatives and at least 1 internal staff member in mailing database
- Seed 1 reporting unit for **each survey language** implemented
  - If fielding the survey in English only (enrollees **must** call in to request a Spanish or Chinese survey), seed the Project Team in 1 reporting unit if an enrollee requests the survey in Spanish and Chinese
    - Seed CMS representatives throughout the remainder of the fielding protocol
  - If more than 1 print/mail facility (and/or subcontractor) is used, seed the Project Team in a reporting unit produced at each print/mail facility (and/or subcontractor) in each language administered
  - Internet survey URL and credentials **must** be operational in mail seeds
- Timeframe: February - April 2021

- Seed Project Team in email protocol for 1 reporting unit in English and Spanish

  - If sending "double-stuffed" emails, do not send English-only or Spanish-only emails

  - ★ Embedded login credentials on email seeds **must** be functional

  - Survey links in email seeds **must** direct to a live survey

- Timeframe: February - April 2021

Health Insurance Marketplace

- **Customer Support Telephone Line**
  - Ask standard set of questions from FAQ (Appendix D)
  - Confirm customer support staff responses are appropriate and accurate

- **Customer Support Email**
  - Send standard set of FAQ to project-specific email address
  - Confirm accuracy of responses
  - Verify 24-hour response turnaround time is met

- **Resource**
  - Telephone Customer Support Agent and Interviewer Guidance (Appendix E)

- **Timeframe: March 2021**

- Evaluate vendor's compliance with QHP Enrollee Survey requirements

- Review Items

  - Survey Management and Data Systems

  - Sampling

  - Mail, Internet, and Telephone Materials and Related Facilities

  - Data Collection Protocol

  - Data Coding and Submission

- Timeframe: March - April 2021

Data Record and System Review Before Fielding:

★ This activity will be modified for 2021 survey administration due to the suspension of 2020 QHP Enrollee Survey data collection activities

- Conduct review of data records and systems with each vendor
  - Check the tracking of mail and email seeds
  - Review source files and the SMS
  - Confirm accurate coding of final disposition and survey administration variables
- Timeframe: November - December 2020

Data Record Review During Fielding:

- Follows process used for previous years' data record review sessions
- Timeframe: TBD, as needed

- Assess interviewer compliance with telephone specifications

- 2-hour session

  - Web conference format

  - ★ 1 session for each language in which the survey is administered

- Required for each call center/telephone subcontractor

- Timeframe: April 2021

- Test Data Submission
  - Project Team will notify vendors if errors found
  - Timeframe: **April 7 - 9, 2021**

- Data Submission
  - Analysis of submitted data
  - Project Team will notify vendors if errors found
  - Timeframe: **May 17 - 24, 2021**

- Data File Resubmission
  - Revised data files must be submitted within 3 business days
  - Timeframe: **May 25 - 28, 2021**

★ New Process for 2021

- Any variations to survey materials require the submission of an Exception Request to the Project Team

- Allows flexibility to implement certain variations from survey administration requirements given organizational needs

- Request exceptions prior to start of survey fielding using the Exception Request Form on MQI website

- Submit via email (QHPSurveyVendor@bah.com)

  - Complete each section with sufficient detail, including clearly defined timeframes

    – Subcontractor information (*if applicable*) must be included in the form

- Submit one Exception Request Form on behalf of multiple QHP issuer clients with the same Exception Request

  - Include QHP issuer client list to which the exception request applies in the specified section of the Exception Request Form

- Submit updated Exception Request Form for QHP issuer clients not included in the original request, as needed

- Only implement after accepted by the Project Team

- Exceptions are valid for 1 year

Exception Categories

- **Operations**: Changes to protocols and operations specified in the *2021 QHP Enrollee Survey Technical Specifications*
  - Example: Continuing telephone interviews with disenrollees
- **Survey materials**: Changes to survey material templates posted on the MQI website
  - Example: Using internet survey login credentials that do not meet specified requirements
- **Other**: Vendors must request an exception for alternative approaches not identified in the specified requirements of the *2021 QHP Enrollee Survey Technical Specifications*

II. Exception Request Information

Provide detailed information for each of the following items:

Type of Exception Request (Select One):

- ☐ New
- ☐ Renewal/Update

Exception Request Category (Select One):

- ☐ Operations
- ☐ Material
- ☐ Other Exception (Specify)

Rationale for Proposed Exception Requested:

Explanation of Implementation of Proposed Exception Request (key personnel involved; system resources; physical, electronic, and data security procedures; enrollee confidentiality procedures; remote access procedures; data transmittal procedures; risk mitigation procedures; and quality control, staff oversight, and training procedures):

Evidence that Exception Will Not Pose Bias or Affect Survey Responses:

2021 Qualified Health Plan Enrollee Experience Survey
Exception Request Form

- Any deviation from the standard QHP Enrollee Survey protocols during survey data collection or data submission
  - Submit initial Discrepancy Report via email (QHPSurveyVendor@bah.com) within 24 hours of becoming aware of a discrepancy
    - Complete initial Discrepancy Report to the extent information is available
    - Mark sections with outstanding information as "To be Updated"
    - Submit a second Discrepancy Report within 2 weeks of initial report
    - Comply with all requests for updated Discrepancy Reports
    - Notify clients when a Discrepancy Report is submitted
    - Provide clients with reporting unit-specific Discrepancy Report(s), as applicable

- Discrepancy Report Form Template posted to [MQI website]

- **Include sufficient detail on the following components:**
  - Description and discovery of discrepancy
  - Timeframe of discrepancy
  - List of impacted reporting units
    - Plan name and issuer ID
    - Total number of eligible enrollees
    - Total number of sampled enrollees
    - Number of affected sampled enrollees
  - Corrective action plan and timeline

Health Insurance Marketplace

- **Discrepancy Report Review Process**
  - Acknowledgment of receipt
  - Assessment of actual or potential data impacts within 5 business days
  - Additional information may be requested

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

Vendor Oversight Reports

Submit all reports to QHPSurveyVendor@bah.com

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

Report	Activity	Comment	Due Date
#1	Vendor QAP	• Addresses all required elements of survey administration	November 10, 2020
#2	Preliminary QHP Client List	• Client list for reconciliation • Oversampling requests	January 4, 2021
#3	Final QHP Client List	• Final QHP client list • Sample frame receipt status	February 9, 2021
#4	Interim Progress Report	• Fielding status for each QHP reporting unit • Summary of customer support calls and emails	April 5, 2021
#5	Final Report	• Discussion of survey implementation and lessons learned • Count of other foreign language requests • Recommendations for next year	May 28, 2021