

# Qualified Health Plan Enrollee Experience Survey

## 2024 VENDOR PARTICIPATION FORM

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Vendors requesting approval to administer the 2024 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) on behalf of QHP issuers must complete this Participation Form. Prospective vendors must fulfill all requirements outlined in the *2024 QHP Enrollee Survey Minimum Business Requirements (MBR)* and listed below before applying for consideration to administer the 2024 QHP Enrollee Survey on behalf of QHP issuers.

Prospective vendors must submit completed Participation Forms to [ghp\\_survey@air.org](mailto:ghp_survey@air.org) in PDF format with the following naming convention: 2024 QHP Participation Form\_ [Vendor Name]\_DDMMYY (e.g., 2024 QHP Participation Form\_VendorXYZ\_071423.pdf). Vendors must also submit a curriculum vitae (CV) for all identified vendor and subcontractor key project staff.

**ALL VENDOR PARTICIPATION FORMS AND MATERIALS ARE DUE TO THE QHP ENROLLEE SURVEY PROJECT TEAM (PROJECT TEAM) BY: JULY 14, 2023, AT 11:59 P.M. (ET).**

Survey vendors that are granted conditional approval must complete 2024 QHP Enrollee Survey Vendor Training to earn final approval to administer the 2024 QHP Enrollee Survey. The tentative date for 2024 QHP Enrollee Survey Vendor Training is September 28, 2023.<sup>1</sup>

Please note that the *Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2024 (2024 Technical Specifications)* will be published by October 2023. Prospective vendors must comply with the *2024 Technical Specifications* for approval as a 2024 QHP Enrollee Survey Vendor.

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<sup>1</sup> According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221. The time required to complete this information collection is estimated to average 100 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The expiration date for this form is 11/30/2023.

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.

## I. General Information

Please complete the section below to provide general organizational information.

1. Organization Name	
2. Organization Mailing Address	
3. Organization Telephone Number	
4. Organization Website Address	
5. Number of Years in Business and Date Company Founded	
6. Number of Years Conducting Patient Experience Surveys by Mode	Mail: Telephone: Internet:
7. Number of Years Conducting Mixed-Mode (i.e., Mail, Telephone, and Internet) Patient Experience Surveys	
8. Primary Contact Person (First Name, Last Name; Title; Credentials)	
9. Primary Contact Mailing Address	
10. Primary Contact Telephone Number	
11. Primary Contact Email Address	

## II. QHP Enrollee Survey Minimum Business Requirements

Vendors must meet all *Minimum Business Requirements*.

Please check “Yes” or “No” for each item below to indicate your organization’s compliance with the following *Minimum Business Requirements*.

### 1. Relevant Survey Experience

Number of Years in Business		
Vendor has been in business for a minimum of four years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Survey Experience*		
Vendor has a minimum of three years’ recent experience administering standardized patient experience surveys as an organization within the most recent five-year period (2019-2023).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a minimum of three years’ recent experience conducting large-scale mixed-mode (mail/telephone/internet) survey protocols <i>in all three modes</i> within the most recent five-year period (2019-2023).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has recent experience* administering patient experience surveys for vulnerable populations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a minimum of two years’ recent experience employing a statistical sampling process within the most recent five-year period (2019-2023).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has recent experience* submitting patient experience survey data to an external third-party organization.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has recent experience complying with CMS-sponsored survey protocols.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\*Experience with polling questions, qualitative data collection, surveys that did not use statistical sampling methods, or Interactive-Voice Response (IVR) surveys is not considered relevant experience for approval.*

In reviewing applications, CMS will consider the applicant’s recent experience on other CMS-sponsored surveys as a vendor. Experience with polling questions, qualitative data collection, surveys that did not use statistical sampling methods, or Interactive-Voice Response (IVR) surveys are not considered relevant experience for approval.

Recent experience on CMS-Sponsored Surveys		
CMS has approved the applicant as a vendor to implement other CMS-sponsored or CAHPS surveys.	<input type="checkbox"/> Yes Complete table below	<input type="checkbox"/> No

In the table below, provide details of at least five (but not more than 10) recent CMS-sponsored standardized patient experience surveys your organization conducted within the last five-year period (2019-2023). For mixed-mode survey administrations, indicate in the Mode of Survey Administration column the specific mixed modes used (e.g., mail and internet).

Survey name, type, contract number	Average sample size (and response rate %) per data collection period	Data collection period (Start and end dates)	Number of contracted clients	Mode of survey administration (Mixed mode, mail-only, telephone-only, internet-only)	Language(s) administered	Number of years administering survey
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Experience with Survey Administration in Multiple Languages		
Vendor has recent experience administering mail, telephone, and internet surveys in English and Spanish.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organization seeking CMS approval to administer the QHP Enrollee Survey in Chinese?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applying to administer the QHP Enrollee Survey in Chinese: Vendor has recent experience administering mail surveys in Simplified Chinese and telephone surveys in Mandarin.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Explanation**

Please explain any “No” responses to the above *Relevant Survey Experience* requirements. Indicate the requirement(s) to which the explanation applies:

Requirement	Explanation

## 2. Organizational Survey Capacity

<b>Anticipated Clients for 2024 Survey Administration</b>		
Do you have any anticipated clients for 2024 survey administration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your organization anticipates clients for 2024 survey administration, please specify estimated number of clients:		
<b>Capacity to Handle Estimated Workload</b>		
Vendor has sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys, perform telephone interviews using an electronic telephone interviewing system, and administer the internet survey during the survey fielding period (e.g., February to May).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor conducts all survey-related activities within the Continental United States, Hawaii, Alaska, and U.S. Territories. This requirement applies to all staff and subcontractors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to adhere to requirements specified in the <i>2024 Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Personnel</b>		
Vendor has designated a Project Manager (PM) who oversees all survey operations. The PM's Curriculum Vitae (CV) shows evidence of: <ul style="list-style-type: none"> <li>at least three years of experience overseeing all functional aspects of survey operations including mail, telephone, internet, data file preparation, and data security;</li> <li>strong background in survey research and methodology; and</li> <li>previous experience leading mixed-mode administration.</li> </ul> <b>Note:</b> PM must be the vendor's direct employee, not a subcontractor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Mail Survey Supervisor with a minimum of one year's previous experience managing large-scale mail survey projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Telephone Center Survey Supervisor with a minimum of one year's previous experience managing large-scale telephone interviewing projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Internet Survey Supervisor with a minimum of one year's previous experience managing large-scale internet survey projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Sampling Manager, directly employed by the vendor (i.e., not a subcontractor), with a minimum of one year's previous experience with sample frame development and sample selection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>Vendor has designated Information System personnel (i.e., programmers) responsible for data submission who are directly employed by the vendor (i.e., not a subcontractor) and have a minimum of one year's previous experience preparing and submitting data files in a specified format to external third-party organization(s).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor has appropriate organizational back-up staff for coverage of key staff, in terms of sufficiency and experience.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>System Resources</b></p>		
<p>Vendor's commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. <b>Note:</b> <i>All system resources are subject to oversight activities, including onsite visits to physical locations and remote quality oversight activities.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor and its designated subcontractors (if applicable) conduct business operations and all survey-related work, including mail and internet survey administration and telephone interviewing, at the vendor's or approved subcontractor's official business location. Home-based places of work (e.g., residences) and virtual organizations will not be considered without CMS approval.</p> <p><b>Note:</b> <i>Vendors seeking an exception to this rule must submit an exception request following receipt of confirmation of conditional approval status. The exception request must indicate the reason for the exception and the potential impact it might have on survey administration, data management, and data security.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor has the capacity to reproduce and mail questionnaires, cover letters and reminder letters at the vendor's or subcontractor's official business location, as outlined in the <i>2024 Technical Specifications</i>.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor has the capacity to process (e.g., scan or key enter) incoming paper surveys at the vendor's or designated subcontractor's official business location, as outlined in the <i>2024 Technical Specifications</i>.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor has the capacity to program electronic telephone interview systems in accordance with specifications provided and to conduct telephone interviews using an electronic telephone interviewing system at the vendor's or subcontractor's official business location, as outlined in the <i>2024 Technical Specifications</i>.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor has the capacity to produce and program the internet survey instrument and all required emails in-house.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor has the capacity to produce a mobile-ready version of the internet survey in-house.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vendor can manage concurrent survey projects while maintaining high-quality survey data and response rates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has an electronic survey management system that tracks fielded surveys through each stage of the protocol via random, unique de-identified enrollee identification numbers and interim disposition codes. The electronic survey management system prevents duplicative records.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to provide regular progress reports to QHP issuers, within guidelines specified by CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor maintains a secure work environment for receiving, processing, and storing hardcopy and electronic versions of questionnaires and sample files that protects the confidentiality of survey response data and Personally Identifiable Information (PII).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the resources to prepare, accommodate, and plan for onsite or remote visits from CMS or the CMS-sponsored Project Team for quality oversight purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Mixed-Mode Administration</b>		
Vendor can print, assemble, and mail survey materials in accordance with the <i>2024 Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can program the electronic telephone interviewing system in accordance with the <i>2024 Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can produce and program the internet survey instrument in accordance with the <i>2024 Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can comply with all quality oversight requirements described in the <i>2024 Technical Specifications</i> . This includes the submission of sample mail materials, sample telephone scripts and interviewer screen shots, and an internet survey test link and test emails to the Project Team for review and approval prior to survey administration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a demonstrated ability to collect and accurately process survey data through all phases of survey administration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has demonstrated experience identifying and contacting nonrespondents for mail and telephone follow-up.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to adhere to the survey administration timeline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has experience using commercial software and resources to verify that addresses and telephone numbers are updated and correct for all sampled enrollees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capability to administer the survey in English and Spanish (and Chinese, if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vendor can assign appropriate disposition codes to each sampled enrollee to indicate final survey status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor's mail and internet survey administration activities and telephone interviews are not conducted from any residences (i.e., no remote, home-based, or virtual work) without approval from CMS. Vendors seeking to utilize remote operations must submit an exception request following confirmation of conditional approval status. CMS may permit remote, home-based, or virtual mail/internet survey administration and/or telephone interviewing assuming that vendors can demonstrate they satisfy the criteria specified by CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Sampling Experience</b>		
Vendor has consistent experience in the five most recent years (2019-2023) selecting random samples based on specific eligibility criteria.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has documentation of its statistical approach to drawing a sample and can demonstrate its ability to work with QHP issuer(s) to electronically obtain sample frame(s) for sampling within a specified time frame.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will adhere to all sampling procedures specified in the <i>2024 Technical Specifications</i> , including conducting quality checks on sample frame file(s) to verify accuracy and completeness of sample frame information and processes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendors will conduct the sampling process in-house and will not subcontract this activity.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Data Submission</b>		
Vendor has the capability to scan or key enter data per protocols detailed in the <i>2024 Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to follow all data preparation and submission rules specified in the <i>2024 Technical Specifications</i> , including verifying data are de-identified and contain no duplicate cases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can register an account in CMS's Identity Management (IDM) system and submit data electronically to the designated website in the format specified in the <i>2024 Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will execute Business Associate Agreement(s) with QHP issuer(s) and receive annual authorization from QHP issuer(s) to collect and submit data to CMS on their behalf.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will work with the Project Team to resolve data and data file submission problems within the specified timeframe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



<b>Data Security and Retention</b>		
Vendor maintains established electronic security procedures related to access levels, passwords, and firewalls as required by the Health Insurance Portability and Accountability Act (HIPAA) to protect against unauthorized access to electronic files.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor performs daily data backup and offsite redundancy procedures that safeguard system data adequately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor develops a disaster recovery plan for conducting ongoing business operations in the event of a natural or human-related disaster that complies with relevant emergency preparedness guidelines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to use required encryption protocols, as applicable, to transmit data files. <b>Note:</b> <i>CMS-defined PII must be transmitted securely (e.g., encrypted file via email, data portal, or SFTP).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has established procedures for identifying, handling, and reporting breaches of confidential data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will prepare and submit data via secure, HIPAA compliant methods.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to retain and easily retrieve all data files for a minimum of three years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to store returned paper questionnaires in a secure and environmentally safe location, either onsite or using an offsite contractor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to securely destroy QHP Enrollee Survey-related data files after a minimum of three years, or as otherwise specified by CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Confidentiality</b>		
Vendor has the capacity to store data files (paper and/or electronic) securely and confidentially in accordance with specified requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity and resources to ensure data confidentiality for sampled enrollee PII and survey responses during each phase of the survey process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will obtain signed confidentiality agreements from staff and subcontractors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity and resources to comply with all applicable HIPAA Security and Privacy Rules, as well as Protected Health Information (PHI) and PII protocols in conducting all survey administration and data collection activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Technical Assistance/Customer Support</b>		
Vendor has the capacity to establish toll-free customer support telephone lines with a live operator during regular vendor business hours and a survey-specific customer support email address to accommodate inquiries received in both English and Spanish throughout the duration of survey fielding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If administering the survey in Chinese, vendor has the capacity and resources to accommodate telephone inquiries from Chinese-speaking survey participants.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Explanation

Please explain any "No" responses to the above *Organizational Survey Capacity* requirements. Indicate the requirement(s) to which the explanation applies:

<b>Requirement</b>	<b>Explanation</b>

### 3. Quality Control Procedures

Demonstrated Quality Control Procedures		
<p>Vendor has the capacity to establish and document quality control procedures for all phases of survey implementation, as specified in the <i>2024 Technical Specifications</i>, including:</p> <ul style="list-style-type: none"> <li>• Internal staff training;</li> <li>• Printing, mailing and recording receipt of surveys;</li> <li>• Telephone administration of surveys (electronic telephone interviewing system);</li> <li>• Internet administration of surveys;</li> <li>• Scanning and coding of survey data;</li> <li>• Monitoring subcontractors (if applicable);</li> <li>• Preparing final data files for submission; and</li> <li>• All other functions and processes that affect the administration of the QHP Enrollee Survey.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Vendor has the capacity to develop and submit an annual Quality Assurance Plan (QAP) for administration in accordance with the <i>2024 Technical Specifications</i>. The QAP provides written evidence of the processes used to collect and process survey data accurately through all phases of fielding.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Physical business premises on which the vendor conducts major survey operations are amenable to onsite and/or remote visits by CMS and the CMS-sponsored Project Team, as specified in the <i>2024 Technical Specifications</i>.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Explanation

Please explain any “No” responses to the above *Quality Control Procedures* requirements. Indicate the requirement(s) to which the explanation applies:

Requirement	Explanation

### III. List of Key Project Staff

Name	Role	Years with Organization	Email Address	Telephone Number
1.				
2.				
3.				
4.				
5.				

## IV. Subcontractors

Subcontractors	Response
Check here if your organization does <b>not</b> plan to use subcontractors for 2024 QHP Enrollee Survey administration.	<input type="checkbox"/>

Please complete the following section for each subcontractor your organization plans to use for 2024 QHP Enrollee Survey administration. The following requirements **must** be met:

- Each subcontractor must meet the criteria outlined for the survey administration activity that it will conduct.
- The subcontracting of printing, outgoing mail processing, data entry and scanning, and telephone interviewing and/or customer support by a vendor is limited to a reasonable number of subcontractors based on the vendor’s estimated number of surveyed enrollees, and subject to CMS review.
- The vendor **may not subcontract** sample file generation, email or internet survey administration, or data file preparation and submission.
- All subcontractors are subject to CMS approval.

### Subcontractor Name(s), Role(s) and Experience

Subcontractor 1	
1. Subcontractor organization name	
2. Mailing address	
3. Telephone number	
4. Number of years in business	
5. Number of years subcontractor has worked with your organization	
6. Survey administration role(s)	
7. Experience related to survey administration role(s), including names of relevant projects	
8. Primary contact person (First name, Last name; Title; Credential(s))	
9. Primary contact telephone number	
10. Primary contact email address	

<b>Subcontractor 2</b>	
1. Subcontractor organization name	
2. Mailing address	
3. Telephone number	
4. Number of years in business	
5. Number of years subcontractor has worked with your organization	
6. Survey administration role(s)	
7. Experience related to survey administration role(s), including names of relevant projects	
8. Primary contact person (First name, Last name; Title; Credential(s))	
9. Primary contact telephone number	
10. Primary contact email address	

<b>Subcontractor 3</b>	
1. Subcontractor organization name	
2. Mailing address	
3. Telephone number	
4. Number of years in business	
5. Number of years subcontractor has worked with your organization	
6. Survey administration role(s)	
7. Experience related to survey administration role(s), including names of relevant projects	
8. Primary contact person (First name, Last name; Title; Credential(s))	
9. Primary contact telephone number	
10. Primary contact email address	

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<b>Subcontractor 4</b>	
1. Subcontractor organization name	
2. Mailing address	
3. Telephone number	
4. Number of years in business	
5. Number of years subcontractor has worked with your organization	
6. Survey administration role(s)	
7. Experience related to survey administration role(s), including names of relevant projects	
8. Primary contact person (First name, Last name; Title; Credential(s))	
9. Primary contact telephone number	
10. Primary contact email address	

## V. Curriculum Vitae

Please submit a CV for all identified key vendor staff and subcontractor staff, if applicable, via email to the Project Team at [qhp\\_survey@air.org](mailto:qhp_survey@air.org). Please ensure subject line in email reads, “[Vendor Name] Key Staff CV Submission.”

## VI. Participation Rules

Any vendor participating in 2024 QHP Enrollee Survey administration must adhere to the following Participation Rules. To be eligible, the organization must:

1. Meet the *2024 QHP Enrollee Survey Minimum Business Requirements (MBR)*.
2. Participate in a teleconference call with the Project Team (as determined by CMS) to discuss relevant survey experience, organizational survey capability and capacity, quality control procedures, and role of subcontractors (if applicable).
3. Participate in and successfully complete QHP Enrollee Survey Vendor Training and all subsequent QHP Enrollee Survey Vendor update trainings. At a minimum, the organization’s Project Manager, Mail Survey Supervisor, Telephone Survey Supervisor, Internet Survey Supervisor, and Sampling Manager must attend training as representatives of the organization. It is strongly recommended that the Project Director and any additional key staff responsible for programming, data coding, and file preparation also attend training. Subcontractor attendance is optional.
4. Review and comply with the *2024 Technical Specifications* and any policy updates.
5. Develop and submit a vendor Quality Assurance Plan as specified by the deadline determined by CMS. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires, reminder letters and envelopes), telephone scripts and the internet survey instrument.
6. Participate and cooperate (including subcontractors) in all oversight activities conducted by the Project Team, including but not limited to survey material review, remote site visits, seeded mailings, telephone interview monitoring, data review, and other oversight activities as determined by CMS.
7. Acknowledge that mail and internet survey administration activities and telephone interviews are not to be conducted from any residences (i.e., no remote, home-based, or virtual work) under normal business operations.

**Note:** Vendors seeking an exception to this rule must submit an exception request indicating the reason for the exception and the potential impact it might have on survey administration, data management, and data security.



8. Comply with all rules and regulations pertaining to PII and PHI per the HIPAA.
9. Submit an interim survey data file to CMS, as determined by CMS.
10. Submit data on time, as specified by the deadline determined by CMS.
11. Attest to the accuracy of the organization's data collection (as determined by CMS) and follow the guidelines set forth in the *2024 Technical Specifications*.
12. Notify the Project Team of any discrepancies or variations from standard QHP Enrollee Survey protocols that occur as the discrepancy is identified. The vendor must complete and submit a Discrepancy Report (in the format and manner specified by CMS) within one business day of becoming aware of the discrepancy. Vendors must notify QHP issuer clients whenever a Discrepancy Report is submitted to the Project Team regarding their reporting unit(s), as applicable.
13. Attest that the vendor is organizationally independent from the QHP issuer client; the vendor must not administer the QHP Enrollee Survey or produce survey results to meet CMS requirements for any QHP client issuer that controls, is controlled by, or is under common control with the vendor.
14. Acknowledge that contracting with and successfully administering the QHP Enrollee Survey on behalf of at least one QHP issuer within 24 months of receiving initial approval status is a requirement for continued approval status. A vendor must continue to field the survey for at least one QHP issuer during every 24-month increment following the initial 24-month period.
15. Acknowledge that CMS may, at its sole discretion, terminate or discontinue the "approved" status of a vendor. CMS may exercise these actions at any point during survey administration.
16. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation.

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## VII. Applicant Organization Qualification and Acceptance

<p>I certify that:</p> <ul style="list-style-type: none"><li>• I have reviewed and agree to meet the Rules of Participation for participating in the 2024 QHP Enrollee Survey.</li><li>• The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the <i>2024 QHP Enrollee Survey MBR</i>.</li></ul>	<p><b><u>Authorized Representative</u></b></p> <p>Name:</p> <p>Title:</p> <p>Organization:</p> <p>Date:</p> <p>Signature:</p>
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For assistance, please contact the Project Team by email at [ghp\\_survey@air.org](mailto:ghp_survey@air.org).