Crosswalk of Changes to the Qualified Health Plan Enrollee Survey **(**OMB Control Number: 0938-1221)

**The following table contains the list of changes to the QHP Enrollee Survey.**

| **2021 QHP Enrollee Survey Question** | **2024 QHP Enrollee Survey Question** | **Type of Change** | **Reason Change** |
| --- | --- | --- | --- |
| 1. 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 Checkbox Never  2 Checkbox Sometimes  3 Checkbox Usually  4 Checkbox Always  99 Checkbox Not Applicable; did not need medical care | **N/A** | Removal | CMS removed this question to align with the end of the federal COVID-19 public health emergency in May 2023. CMS initially developed this question in 2021 to collect data on care delayed due to concerns about public health emergencies. |
| 47. Have you had either a flu shot or flu spray in the nose since July 1, 2020?  1 Checkbox Yes  2 Checkbox No  3 Checkbox Don’t know | **N/A** | **Removal** | **CMS removed this question to align with the measure steward’s (National Committee for Quality Assurance) retirement of the *Flu Vaccination for Adults Ages 18-64* measure beginning in the 2024 ratings year.** |
| 66. Are you of Hispanic, Latino, or Spanish origin?  1 Checkbox Yes, of Hispanic, Latino, or Spanish origin  2 Checkbox No, not of Hispanic, Latino, or Spanish origin | 1. Are you Hispanic, Latino/a, or Spanish Origin? *Mark one or more.*   1 Checkbox No, not of Hispanic, Latino/a, or Spanish origin  2 Checkbox Yes, Mexican, Mexican American, or Chicano/a  3Checkbox Yes, Puerto Rican  4Checkbox Yes, Cuban  5Checkbox Yes, another Hispanic, Latino/a, or Spanish origin | **Revision** | **CMS revised this question to align with the 2011 Department of Health and Human Services (HHS) Data Standard**[[1]](#footnote-2) **(based on the 1997 Office of Management and Budget [OMB] standards for the Classification of Federal Data on Race and Ethnicity). CMS revised the question to align with the ethnicity data standard and expanded the response options for ethnicity. This question incorporates response options from Question 67 in the 2021 survey (Type of Hispanic Ethnicity).** |
| 67. Which group best describes you?  1 Checkbox Mexican, Mexican American, Chicano  2 Checkbox Puerto Rican  3 Checkbox Cuban  4 Checkbox Another Hispanic, Latino, or Spanish origin | **N/A** | **Removal** | **CMS removed this question given the revisions to Question 66 in the 2021 survey. The response options in this question were incorporated into Question 64 of the 2024 survey.** |
| 1. What is your race? *Mark one or more*.   1 Checkbox White  2 Checkbox Black or African American  3 Checkbox American Indian or Alaska Native  4 Checkbox Asian  5 Checkbox Native Hawaiian or Pacific Islander | 1. What is your race? *Mark one or more*.   1 Checkbox American Indian or Alaska Native  2 Checkbox Asian Indian  3 Checkbox Chinese  4 Checkbox Filipino  5 Checkbox Japanese  6Checkbox Korean  7 Checkbox Vietnamese  8 Checkbox Other Asian  9 Checkbox Black or African American  10 Checkbox Native Hawaiian  11 Checkbox Guamanian or Chamorro  12 Checkbox Samoan  13 Checkbox Other Pacific Islander  14Checkbox White | **Revision** | **CMS revised this question to align the response options with the 2011 HHS Data Standard (based on the 1997 OMB standards). The response options from the 2021 survey were rearranged alphabetically, and additional race subcategories were added.** |

1. <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0> [↑](#footnote-ref-2)