Health Insurance Exchange Consumer Experience Surveys: Qualified Health Plan Enrollee Experience Survey

Supporting Statement—Part B
Collections of Information Employing Statistical Methods

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Centers for Medicare & Medicaid Services

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1. Potential Respondent Universe and Sampling Methods

This supporting statement includes information in support of the Qualified Health Plan (QHP) Enrollee Experience Survey (QHP Enrollee Survey). The Centers for Medicare & Medicaid Services (CMS) developed the QHP Enrollee Survey, as directed by Section 1311(c)(4) of the Patient Protection and Affordable Care Act (ACA), and which contributes a subset of survey measures to the Quality Rating System (QRS) required under Section 1311(c)(3) of the ACA. CMS designed the QHP Enrollee Survey and the QRS to provide comparable and useful information to consumers about the quality of health care services and enrollee experience with QHPs offered through a Health Insurance Exchange (Exchange) (also known to consumers as Health Insurance Marketplaces).[1]

1.1 Sampling of Reporting Units

As outlined in 45 CFR § 156.1125(b), QHP issuers are required to conduct the QHP Enrollee Survey following a survey sampling methodology provided by HHS for each QHP with more than 500 enrollees in the previous year that has been offered in an Exchange for at least one year.

In compliance with the legislation, CMS has specified several aspects of these requirements in a manner that meets the requirements while minimizing burden on the public. First, CMS established the reporting unit as the unique state-product type offered by a QHP issuer through an Exchange.[2] Product types subject to the QHP Enrollee Survey requirements include health maintenance organization [HMO], preferred provider organization [PPO], exclusive provider organization [EPO], and point of service [POS]. At this time, QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee for service plans), stand-alone dental plans, or child-only plans. The QHP Enrollee Survey requirements also do not apply to basic health program (BHP) plans.

Second, CMS has established detailed criteria to help issuers determine which QHPs are required to collect QHP Enrollee Survey data. QHP issuers are required to collect data and submit validated 2027 QHP Enrollee Survey response data for each reporting unit that meets all of the below criteria:

1. Offered through an Exchange in the prior year (i.e., 2026 calendar year);
2. Offered through an Exchange in the ratings year (i.e., 2027 calendar year) as the exact same product; and
3. Meets the QHP Enrollee Survey minimum enrollment requirements:
    a. Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2026), and
    b. Included more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2026).

[1] Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

[2] For purposes of QRS participation, the term “offered” includes all reporting units that are operational through an Exchange (i.e., reporting units that are available for purchase through an Exchange Small Business Health Options Program [SHOP] or individual market, are accepting new members or groups, or have active or existing members) during the applicable year.

To comply with the regulation, QHP Issuers must collect and report survey data for all eligible reporting units. For the 2027 survey, CMS estimates that no more than 360 reporting units will be required to field the QHP Enrollee Survey. This estimate is primarily based on trends in the number of reporting units required to collect and report survey data along with review of several data sources used to update the list of eligible reporting units maintained by CMS. In 2023, 324 reporting units submitted survey data, in 2024 it was 342, and in 2025 it was 353. CMS anticipates that approximately 355 reporting units will participate in the 2026 survey data collection. Updates to the QHP Issuer List are based on a combination of reports provided to CMS by issuers, CMS review of enrollment data maintained by the Center for Consumer Information and Insurance Oversight (CCIIO), and other sources.

1.2 Sample Frame & Respondent Universe

QHP issuers generate the sample frame for each reporting unit, then provide the sample frames to their contracted HHS-approved survey vendor, which is responsible for drawing a simple random sample. For the 2027 QHP Enrollee Survey, the sample frame must include every enrollee within an eligible reporting unit who meets the following criteria:

1. Enrollee is in a QHP offered through an Exchange in the prior year (i.e., 2026 calendar year);
2. Enrollee is in a QHP offered through an Exchange that provides family and/or adult medical coverage;
3. Enrollee is 18 years of age or older on December 31, 2026;
4. Enrollee meets continuous enrollment criteria (has been enrolled in the eligible QHP from July 1, 2026 through December 31, 2026, with no more than a single 45-day break in enrollment during those six months); and
5. Enrollee is still enrolled on the specified anchor date (January 6, 2027).

Issuers are to exclude individuals if:

1. Enrollee is in a QHP offered outside the Exchange or a non-QHP;
2. Enrollee is in a QHP offered through the Exchange that is an indemnity (i.e., fee-for-service) plan, child-only health plan, or stand-alone dental plan;
3. Enrollee is in a BHP plan;
4. Enrollee is younger than 18 years of age as of December 31, 2026;
5. Enrollee does not meet continuous enrollment criteria;
6. Enrollee discontinued enrollment prior to 11:59 p.m. ET on January 6, 2027; or
7. Enrollee is deceased as of January 6, 2027.

The sample frame is audited by a National Committee for Quality Assurance (NCQA)-Licensed Healthcare Effectiveness Data and Information Set (HEDIS®)[3] Compliance Organization (NCQA-Certified HEDIS Compliance Auditor) to verify that the sample frame conforms to all established specifications.

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

Survey vendors then draw a simple random sample from each audited eligible sample frame. Vendors must deduplicate the sample frame by the Subscriber of Family Identifier (SFID) before selecting the sample frame to ensure that only one person in each household is surveyed.

1.3 Sample Size

For the 2027 QHP Enrollee Survey, CMS continues to propose a sample size of 1,300 enrollees per reporting unit. In the 2025 administration of the QHP Enrollee Survey, reporting units that had sufficient enrollment to produce the full sample of 1,300 enrollees received an average of 144 responses.

Additionally, CMS proposes removing the cap for oversampling to allow QHP issuers the option to oversample at any rate upon approval by CMS. QHP issuers may want to oversample in an effort to improve the likelihood that a reportable result for QRS is achieved or increase the reliability and validity of survey results. There is precedent to allow for oversampling in the implementation of CMS Consumer Assessment of Health Providers Surveys (CAHPS®) surveys, such as Medicare Advantage and Prescription Drug Plans (MA & PDP) CAHPS, which permit oversampling at any level upon request to CMS. In the 2025 administration of the QHP Enrollee Survey, 234 out of 353 eligible reporting units opted to oversample.

2. Information Collection Procedures

The QHP Enrollee Survey is conducted by HHS-approved survey vendors that meet minimum business requirements. A similar system is currently used for other CMS surveys, including Medicare CAHPS, Hospital CAHPS (HCAHPS), Home Health CAHPS (HHCAHPS), the CAHPS Survey for Accountable Care Organizations, and the Health Outcomes Survey.

Under this model, all issuers that are required to conduct the QHP Enrollee Survey must contract with an HHS-approved survey vendor to collect the data and submit it to CMS on their behalf (45 CFR § 156.1125(a)). CMS is responsible for approving and training vendors, providing technical assistance to vendors, and overseeing vendors to verify that they are following the data collection protocols.

The data collection protocol for the 2027 QHP Enrollee Survey is a mixed-mode methodology that combines internet, mail, and telephone surveys. All sampled enrollees receive a pre-notification letter informing them they have been sampled for the survey and providing information about the survey and how the data collected will be used. The pre-notification letter also provides information on completing the survey online, including the website URL and the sample member's unique login credentials, and a quick-response (QR) code to link enrollees directly to the online survey.

On Day 7 of fielding, sampled enrollees who provided their issuer with an email address receive a notification email and survey vendors mail the first mail survey. The mail survey does not include a link to the internet survey. The first mail survey is followed by a reminder email to nonrespondents on Day 13. This is followed by a second reminder email to nonrespondents on Day 19 and a reminder letter on Day 20.

A second mail survey are mailed to nonrespondents on Day 34. On Day 40, enrollees receive a third reminder email. Finally, on Day 48, survey vendors will initiate telephone follow-up calls, making no more than six attempts on varying days of the week and at differing times of the day. Data collection ends on Day 73. Exhibit B1 includes the complete fielding schedule.

Exhibit B1. Data Collection Protocol for 2027 QHP Enrollee Survey

Task	Timeframe
Sample enrollees per sampling protocols.	**January–February 2027**
• Mail prenotification letter to sampled enrollees. [a] • Activate internet survey. • Open customer support toll-free line and project-specific email address.	**Day 1**
• Mail first survey with cover letter to nonrespondents 6 calendar days after the prenotification letter is mailed. [a] • Send notification email to nonrespondents 6 calendar days after the prenotification letter is mailed. [a]	**Day 7**
• Send first reminder email to nonrespondents 6 calendar days after the notification email is sent. [a]	**Day 13**
• Send second reminder email to nonrespondents 6 calendar days after the first reminder email is sent. [a]	**Day 19**
• Mail reminder letter to nonrespondents 13 calendar days after the first survey is mailed. [a]	**Day 20**
• Mail second survey with cover letter to nonrespondents 14 calendar days after the reminder letter is mailed. [a]	**Day 34**
• Send third reminder email to nonrespondents 21 calendar days after the second reminder email is sent. [a]	**Day 40**
• Initiate telephone follow-up contact for nonrespondents 8 calendar days after the third reminder email is sent.	**Days 48–73**
• End data collection activities. • End all telephone interviews. • Deactivate internet survey. • Close customer support toll-free line and project-specific email address.	**Day 73**

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

QHP Enrollee Survey Scoring

CMS calculates the CAHPS®-based QRS survey measures with an approach similar to the one CMS uses in the Medicare Advantage-Prescription Drug Program (MA-PDP) quality measurement initiative for data collected through the MA-PDP CAHPS® survey.[4]

CMS calculates QRS survey measures rates from the QHP Enrollee Survey using analysis code based on the CAHPS® Analysis Program Version 5.0 ("CAHPS® macro"), which was developed by the CAHPS® Consortium under the auspices of the Agency for Healthcare Research and Quality (AHRQ) and is commonly used for scoring CAHPS-related applications.

To adjust for any systematic biases with the enrollee response data, CMS applies a case-mix adjustment to the QHP Enrollee Survey response data and uses the adjusted data when calculating the QRS survey measures. It is common in survey-based applications to case-mix adjust for such factors as overall health status, age, and education to account for biases due to survey response tendencies. The QHP Enrollee Survey variables used in the case-mix adjustment

[4] General background information about the scoring of CAHPS®-based measures in the MA-PDP program is presented in the *MA-PDP CAHPS® Survey: Quality Assurance Protocols and Technical Specifications* (http://www.ma-pdpcahps.org/).

include the following: general health rating, mental health rating, chronic conditions/ medications, age, education, survey language, help with the survey, and survey mode. The final variables to be included in the case-mix adjustment will be determined based on additional analysis of the 2027 QHP Enrollee Survey data. A list of the 2025 QHP Enrollee Survey case-mix adjusters is available in Appendix B: 2025 QHP Enrollee Survey Case-Mix Adjusters Variables.

All CAHPS®-based measures are based on weighted, case-mix adjusted means. CMS uses person-level sampling weights to account for the different probabilities of selection across reporting units. Sampling weights are used to make sure the survey results accurately represent the entire target population (i.e., all QHP enrollees), rather than respondents only. Using the weights for scoring the measures increases the influence of respondents from smaller populations and reduces the influence of respondents from larger populations. The weights are calculated as follows:

$$Final\ Weight\ = \left(\frac{M}{n\_s}\right) * \mathrm{k}$$

Where:
n_s = Total number of sampled enrollees in the reporting unit;
M = Total number of records in the reporting unit after de-duplication;
k = Number of eligible enrollees covered by the Subscriber or Family ID (SFID) associated with the sampled enrollee.

CMS calculates the case-mix adjustment for each question or composite in the following steps:

1. Perform ordinary least squared regression on the entire person-level QHP data using the *n* case-mix adjusters as independent variables and the unadjusted score as the dependent variable. Coefficients obtained in this regression estimate the tendency of enrollees across RUs to respond more or less favorably to a given question or composite. To counter the estimated tendency, CMS multiplies the coefficients by negative one (-1) and denotes them as: $\widehat{\beta_1}, \dots, \widehat{\beta_n}$
2. Calculate reporting unit i's raw unadjusted score: $y_{i,unadj}$
3. Calculate reporting unit i's mean values for adjuster variables[5]: $\bar{\alpha}_{Ui,1}, \dots, \bar{\alpha}_{Ui,n}$
4. Calculate national-level mean values for adjuster variables: $\bar{\alpha}_{N,1}, \dots, \bar{\alpha}_{N,n}$
5. Calculate reporting unit *i*'s case-mix adjusted raw score, y_{adj}, using the following formula:

$$y_{i,adj} = y_{i,unadj} + \widehat{\beta_1}\left(\bar{\alpha}_{Ui,1} - \bar{\alpha}_{N,1}\right) + \cdots + \widehat{\beta_n}\left(\bar{\alpha}_{Ui,n} - \bar{\alpha}_{N,n}\right)$$

[5] Missing values are imputed by substituting the mean adjuster value of reporting unit *i.*

3. Methods to Maximize Response Rates and Address Non-Response Bias

3.1 Maximizing Response Rates

CMS will make every effort to maximize the response rate, while retaining the voluntary nature of the survey. The mixed-mode methodology of the QHP Enrollee Survey provides sampled individuals with multiple methods for completing the survey across a 73-day time period. CMS developed this methodology using best practices within the survey research field, including the Tailored Design Method.[6]

CMS has implemented an email outreach protocol, required survey vendors to optimize the internet survey for mobile devices, required survey vendors include a QR code to link enrollees to the online survey, and added an alternative phone number field to the sample frame to maximize the survey response rate.

3.2 Evaluating Non-Response Bias

Exhibit B2 summarizes the QHP Enrollee Survey response rate since beginning nationwide fielding.

Exhibit B2. QHP Enrollee Survey Response Rates

QHP Enrollee Survey Year	Response Rate
2016	30.0%
2017	26.7%
2018	25.8%
2019	23.2%
2021	22.1%
2022	18.3%
2023	16.3%
2024	18.0%
2025	15.5%

Response rates for the QHP Enrollee Survey are calculated using the Response Rate 3 (RR3) formula established by the American Association for Public Opinion Research (AAPOR). A response is counted as a completed survey if the respondent completes 50 percent (i.e., 10 or more) of a selected list of key survey items – the items that all respondents are eligible to answer, excluding the questions in the "About You" section of the survey. Other CMS surveys have reported response rates between 23% and 39%[7].

Given that the 2025 QHP Enrollee Survey response rate was below 80 percent, CMS conducted a non-response bias analysis to determine whether non-respondents systematically differ from respondents based on their experience with their health plan per Office of Management and

[6] Dillman, D., Smyth, J., & Christian, L. (2014). *Internet, phone, mail, and mixed-mode surveys: The tailored design method* (4th ed.). Wiley.

[7] This is the range of each CMS surveys' publicly-reported response rate. Different CMS surveys calculate and report their official response rates using different AAPOR formulas based on each survey's fielding methodology.

Budget (OMB) guidelines. Similar to previous survey administration years, CMS found that older enrollees continued to be more likely to respond compared to younger enrollees. For example, respondents ages 18-24 had an 8.91% response rate, while individuals ages 55-64 had a 22.70% response rate. CMS also found associations between enrollee characteristics like sex and written language preferences and the likelihood of completing the survey. This pattern was observed in the 2014 psychometric test, the 2015 beta test, and the 2016-2024 nationwide administration years. More detailed findings from the 2025 non-response bias evaluation are included in Appendix A: Nonresponse Bias Analysis of the 2025 QHP Enrollee Survey.

4. Tests of Procedures

The QHP Enrollee Survey uses core questions and supplemental items from the CAHPS Health Plan Adult Commercial 5.1, CAHPS Health Plan Adult Commercial 5.0, CAHPS Health Plan Adult Commercial 4.0, and CAHPS Clinician and Groups 2.0 surveys, as well as Section 4302 of the ACA. These items have undergone extensive testing and practical use by the AHRQ, OMB, NCQA, and other users since they were first developed.

In 2014, CMS conducted a psychometric test to evaluate the psychometric properties of the QHP Enrollee Survey in the Exchange population with 30 QRS reporting units (defined by state, issuer, and product type (i.e., HMO, PPO, POS, or EPO) and a Beta Test in 2015. As a result of the psychometric and beta tests, CMS identified changes in the questionnaire items, data collection procedures, and sampling specifications that obtained approval for the 2016 implementation of the survey.

For the 2017 implementation and beyond, CMS added six disability status items to address requirements of Section 4302 data collection standards of the ACA. CMS removed several question items between 2017 and 2018 due to either low screen-in rates or question being removed from the QRS.

In consultation with the QHP Enrollee Survey Technical Expert Panel (TEP), CMS has continued to review the survey to evaluate the impact of the survey's length and consider options to reduce the respondent burden. CMS conducted focus groups and cognitive testing to support identification of future refinements for the QHP Enrollee Survey.

5. Statistical Consultants

This sampling and statistical plan was prepared and reviewed by staff of CMS and American Institutes for Research (AIR). The primary statistical design was provided by Christian Evensen at cevensen@air.org, Chris Pugliese at cpugliese@air.org, Brittany Martin at bmartin@air.org, and Coretta Lankford at clankford@air.org.

Appendix A: Nonresponse Bias Analysis of the 2025 QHP Enrollee Survey

Given the potential detrimental impact that nonresponse bias can have on survey estimates, OMB requires that all federal surveys that achieve a response rate below 80 percent perform a nonresponse bias analysis (Office of Management and Budget, 2006). This nonresponse bias analysis utilizes demographic information that QHP issuers included in the sample frame about all survey-eligible individuals.

First, the research team calculated the 2025 response rate by enrollees' Census divisions, age, gender, and spoken and written language preferences and then compared these rates to the national response rate. The results of this analysis are shown in Exhibit B3.

Exhibit B3. 2025 Response Rates by Enrollee Characteristics

2025 enrollee characteristics	Total sampled	Number of completed surveys	% of total completed surveys	% of QHP Enrollee Survey sample	Response rate
Total	**600,168**	**50,912**	**100.00**	**100.00**	**15.48%**
Census region					
East North Central (IL, IN, MI, OH, WI)	89,353	8,556	16.80%	14.90%	16.70%
East South Central (AL, KY, MS, TN)	35,456	2,707	5.32%	5.91%	13.80%
Mid-Atlantic (NJ, NY, PA)	51,190	5,116	10.00%	8.53%	17.80%
Mountain (AZ, CO, ID, MT, NM, NV, UT, WY)	68,261	6,696	13.20%	11.40%	16.80%
New England (CT, MA, ME, NH, RI, VT)	38,818	3,770	7.40%	6.47%	17.00%
Pacific (AK, CA, HI, OR, WA)	59,549	5,787	11.40%	9.92%	17.70%
South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA)	131,343	8,600	16.90%	21.90%	13.00%
West North Central (IA, KS, MN, MO, ND, NE, SD)	51,065	4,658	9.15%	8.51%	16.30%
West South Central (AR, LA, OK, TX)	75,133	5,022	9.86%	12.50%	12.70%
Age					
18–24	44,793	1,497	2.94%	7.46%	8.91%
25–34	123,152	4,791	9.41%	20.50%	9.94%
35–44	123,889	6,220	12.20%	20.60%	11.50%
45–54	118,768	8,823	17.30%	19.80%	14.20%
55–64	178,175	27,721	54.40%	29.70%	22.70%
65–74	9,447	1,569	3.08%	1.57%	26.40%
75+	1,944	291	0.57%	0.32%	22.50%

2025 enrollee characteristics	Total sampled	Number of completed surveys	% of total completed surveys	% of QHP Enrollee Survey sample	Response rate
Sex					
Female	319,660	31,574	62.00%	53.30%	16.80%
Male	280,479	19,338	38.00%	46.70%	13.90%
Language preferences					
Spoken language					
English	318,917	27,128	53.30%	53.10%	15.40%
Spanish	24,292	2,956	5.81%	4.05%	17.40%
Chinese	2,752	279	0.55%	0.46%	18.20%
Other	60,867	4,299	8.44%	10.10%	13.90%
Missing	193,340	16,250	31.90%	32.20%	15.70%
Written language					
English	255,533	22,451	44.10%	42.60%	15.70%
Spanish	21,102	2,811	5.52%	3.52%	18.00%
Chinese	2,316	247	0.49%	0.39%	18.70%
Other	10,866	826	1.62%	1.81%	15.40%
Missing	310,351	24,577	48.30%	51.70%	15.10%

Similar to previous survey administration years, response rates were higher as respondents increased in age. In addition, the response rate was higher among female sampled enrollees.

The Project Team then used an unweighted multivariable logistic regression model to estimate the probability of completing a survey and assess whether the respondent characteristics reviewed and examined in the previous section were significantly associated with survey response or nonresponse, controlling for the impact of other respondent characteristics.

The team did not adjust the regression with the survey weights because nonresponses were contained to only those in the sample (i.e., those who had an opportunity to respond/not respond). The logistic regression model included predictors for enrollee sex, age, written and spoken language preference, and Census division. The odds ratio and 95 percent confidence interval estimates from the logistic regression are presented in Exhibit B4.

Exhibit B4. Multivariable Logistic Regression – Demographic Associations with Survey Response, 2025

Enrollee characteristics	*n*	Odds ratio	95% confidence interval lower bound	95% confidence interval upper bound
Sex (Ref: Male)				
Male	280,479	REF	–	–
Female	319,660	1.39*	1.37	1.42
Age (Ref: 18–24)				
18–24	44,793	REF	–	–
25–34	123,152	1.17*	1.10	1.24
35–44	123,889	1.54*	1.46	1.63
45–54	118,768	2.33*	2.20	2.46
55–64	178,175	5.16*	4.89	5.44
65–74	9,447	5.61*	5.20	6.05
75 or older	1,944	4.94*	4.31	5.66
Written language preference (Ref: English)				
English	255,533	REF	–	–
Spanish	21,102	2.07*	1.77	2.42
Chinese	2,316	1.12	0.83	1.53
Other	10,866	0.84*	0.77	0.92
Missing	310,351	0.82*	0.80	0.85
Spoken language preference (Ref: English)				
English	318,917	REF	–	–
Spanish	24,292	0.84*	0.73	0.98
Chinese	2,752	0.87	0.65	1.15
Other	60,867	0.97	0.93	1.02
Missing	193,340	1.09*	1.05	1.13
Census division (Ref: South Atlantic)				
South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, WV)	131,343	REF	–	–
East North Central (IL, IN, MI, OH, WI)	89,353	1.44*	1.39	1.48
East South Central (AL, KY, MS, TN)	35,456	1.21*	1.15	1.26
Mountain (AZ, CO, ID, MT, NM, NV, UT, WY)	68,261	1.42*	1.37	1.47
New England (CT, MA, ME, NH, RI, VT)	38,818	1.33*	1.28	1.39
Pacific (AK, CA, HI, OR, WA)	59,549	1.31*	1.26	1.36
Mid-Atlantic (PA, NJ, NY)	51,190	1.37*	1.31	1.42
West North Central (IA, KS, MN, MO, ND, NE, SD)	51,065	1.38*	1.33	1.44
West South Central (AR, LA, OK, TX)	75,133	1.01	0.98	1.05
Metal level (Ref: Bronze)				

Enrollee characteristics	*n*	Odds ratio	95% confidence interval lower bound	95% confidence interval upper bound
Catastrophic	1,624	1.02	0.79	1.32
Bronze	162,414	REF	–	–
Bronze Expanded	30,484	0.99	0.94	0.96
Silver	279,020	1.07*	1.04	1.03
Gold	88,585	1.10*	1.07	1.12
Platinum	7,239	1.19*	1.11	1.18
Missing	30,802	1.04	0.98	1.09
Product type (Ref: EPO)				
EPO	142,463	REF	–	–
HMO	333,952	0.99	0.97	1.02
POS	37,366	1.11*	1.06	1.16
PPO	86,387	1.16*	1.13	1.20

*Point estimates were statistically significant at $p < 0.05$.

Multiple logistic regression results showed that enrollee characteristics were associated with differences in the likelihood of survey completion, controlling for the effects of other characteristics. Female enrollees had a 39 percent greater likelihood of completing the survey than male enrollees. Across age categories, the estimates suggest a trend such that older plan enrollees were more likely to complete the survey when compared with younger enrollees. For example, enrollees ages 55–64 were about 5.16 times more likely to complete the survey than enrollees ages 18–24. Compared to enrollees whose preferred written language was English, enrollees who preferred to write in a language other than Spanish or Chinese were less likely to complete the survey. Compared with individuals who preferred English as a written language, enrollees who preferred Spanish as a written language were 2 times more likely to respond to the survey and enrollees with a missing written language preference were 18 percent less likely to respond to the survey. Enrollees who preferred Chinese spoken language were 12 percent more likely to respond compared to enrollees who preferred English spoken language. There were also Census division differences in the estimated associations with survey completion. For example, enrollees who lived in the South Atlantic region had a substantially lower likelihood of completing the survey than enrollees who lived in the East North Central and Mountain regions.

Appendix B: 2025 QHP Enrollee Survey Case-Mix Adjusters Variables

Exhibit B5 provides a list of the 2025 QHP Enrollee Survey case-mix adjusters.

Exhibit B5. Coding of Case-mix Adjusters Variables

Case-mix Variable	Survey Question	Variable Coding
Education	What is the highest grade or level of school that you have completed?	1) 8th grade or less 2) Some high school, but did not graduate 3) High school graduate or GED (REFERENCE) 4) Some college or 2-year degree 5) 4-year college graduate 6) More than 4-year college degree
Overall Health Rating	In general, how would you rate your overall health?	1) Excellent (REFERENCE) 2) Very good 3) Good 4) Fair 5) Poor
Mental Health Rating	In general, how would you rate your overall mental or emotional health?	1) Excellent (REFERENCE) 2) Very good 3) Good 4) Fair 5) Poor
Age	What is your age?	1) 18 to 24 2) 25 to 34 (REFERENCE) 3) 35 to 44 4) 45 to 54 5) 55 to 64 6) 65 to 74 7) 75 or older
Survey Language	From data collection vendor	English (REFERENCE) Spanish Chinese
Survey Mode	From data collection vendor	Mail Telephone (REFERENCE) Web
Chronic Conditions and Medications	Question 50: Did you get health care 3 or more times for the same condition or problem? Question 51: Is this a condition or problem that has lasted for at least 3 months? Question 52: Do you now need or take medicine prescribed by a doctor? Question 53: Is this medicine to treat a condition that has lasted for at least 3 months?	1) No care and No medications; *Q50 = no and Q52 = no* 2) Acute care and/or Acute medications; *Q50 = yes and/or Q52 = yes.* 3) Chronic care or chronic medications; *(Q50 = yes and Q51 = yes) OR (Q52 = yes and Q53 = yes)* 4) Chronic care and chronic medications *(all 4 questions = yes)*
Received Help Responding	Did someone help you complete this survey?	1) Yes 0) No (REFERENCE)