

Qualified Health Plan (QHP) Enrollee Experience Survey System Technical Expert Panel (TEP)

Deliverable 4-3: Option Period 3 Meeting 2 Summary Report

Submitted to:

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted by:

American Institutes for Research
1400 Crystal City Drive, 10th Floor
Arlington, VA 22202

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Technical Expert Panel Overview

Section 1311(c)(4) of the Patient Protection and Affordable Care Act (ACA) directs the Secretary of the Department of Health & Human Services (HHS) to establish a system that will evaluate enrollee satisfaction with the Qualified Health Plans (QHPs) offered through the Health Insurance Marketplace®.¹ The [QHP Enrollee Experience Survey](#) (QHP Enrollee Survey) draws from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®²) Health Plan Surveys, which measure patient/enrollee experience and are widely used to assess Medicare, Medicaid, and other commercial health plan performance. A subset of the QHP Enrollee Survey data are combined with clinical quality measures and reported as part of the Quality Rating System (QRS).

The Centers for Medicare & Medicaid Services (CMS) contracts with the American Institutes for Research® (AIR®) to support the implementation of the QHP Enrollee Survey. As part of this engagement, the AIR Project Team (Project Team) coordinates and facilitates two Technical Expert Panel (TEP) meetings per contract year. The Project Team provides the TEP with information and/or findings and requests feedback on selected aspects of the QHP Enrollee Survey, including survey development and refinement, guidance related to the survey, technical issues related to testing and fielding the survey instrument, and analysis and reporting of survey findings. The TEP then advises the Project Team on the implementation of the QHP Enrollee Survey.

The TEP consists of 18 stakeholder representatives, including consumers and consumer advocates, Marketplace administrators, health plan representatives, quality measurement experts, state officials, and subject matter experts (SMEs). Coretta Lankford, PhD, is the Project Team project director and the TEP Chair.

¹ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services. Unless the context indicates otherwise, the term “Marketplace” refers to the Federally facilitated Exchanges (FFEs) (inclusive of states performing plan management functions [SPEs]), State-based Exchanges (SBEs), and SBEs on the federal platform (SBE-FPs).

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

Report Purpose

The purpose of the QHP Enrollee Survey TEP Meeting Report (Deliverable 4-3) is to summarize key takeaways and suggestions for the Project Team’s consideration from the March 2, 2026, TEP meeting. This report does not include the Project Team’s final recommendations to CMS based on TEP inputs. The Project Team will formalize its recommendations in other planned deliverables, including the Call Letter for the QRS and QHP Enrollee Survey (Del 4-13), Select Statistical Analyses (Del 8-12), Lessons Learned Report (Del 7-11), and QHP Enrollee Survey Technical Specifications (Del 5-3).

Executive Summary of Key TEP Recommendations

Exhibit 1 presents a summary of the recommendations TEP members made at the March 2, 2026, TEP meeting.³

Exhibit 1. Recommendations From the March 3, 2026, TEP Meeting

Topic	Suggestions
Survey analyses	<ul style="list-style-type: none">• When discussing survey response rates, use terminology that more accurately reflects how the “complete” category is defined for the QHP Enrollee Survey.• Conduct additional analyses to understand whether breakoff rates are higher at transition points in the survey such as the start of new sections.• Conduct analyses to understand why the Chinese web survey has the highest breakoff rate including reviewing for cultural appropriateness and identifying where breakoffs commonly occur for this respondent group. Also, assess whether there are any technical issues with the Chinese version of the questionnaire that prior cognitive testing may not have captured.• Take a deeper look into the characteristics of respondents who complete less than 10 but more than one question.
Survey materials	<ul style="list-style-type: none">• Offer the survey in Traditional Chinese (in addition to Simplified Chinese) to increase response rates among Chinese speakers.• To increase response rates, request issuers advertise the survey to enrollees in various ways.

³ One or more TEP members supported all recommendations listed in this report.

Topic	Suggestions
Survey revisions	<ul style="list-style-type: none"> • Present Questions 11 and 12 together on a single page in the internet instrument to reduce confusion and breakoff rates. • Include open-ended questions to ensure we are collecting the most important information to enrollees. For example, after each overall rating question ask for a rationale for the rating. • Use the detailed response categories for race and ethnicity as outlined in the Office of Management and Budget (OMB Statistical Policy Directive Number 15 (SPD15) guidance).
Reporting	<ul style="list-style-type: none"> • Make the public use files (PUFs) more accessible on the QHP Enrollee Survey website to encourage researchers to explore the data and conduct analyses.

Meeting Summary

January 30, 2026, Pre-TEP Meeting with Consumers

Six of the 18 TEP members represent consumer perspectives. On January 30, 2026, the Project Team convened a 1-hour pre-TEP meeting via Teams® to give these members an opportunity to share their experiences with the QHPs and the Marketplaces (federal and state) and build upon what was discussed at the previous TEP meeting on November 30, 2025. Four of the six consumer members attended this meeting. The Project Team incorporated summary points from this discussion into slides for the full March 2, 2026, TEP meeting, as described below.

March 2, 2026, Full TEP Meeting Objectives and Attendance

The Project Team convened the second TEP meeting of Option Period 3 via Teams teleconference on Monday, March 2, 2026.

The objectives of this meeting were to:

- Share consumers' reflections about their experiences in the Marketplaces;
- Provide updates on the QHP Enrollee Survey activities;
- Provide an overview of findings from selected 2025 QHP Enrollee Survey statistical analyses
- Discuss 2026 updates and proposed refinements to the 2027 QHP Enrollee Survey.

Fifteen of the 18 TEP members attended the meeting, including five consumer members. The Project Team sent an email to TEP members after the meeting seeking additional insights into topics discussed during the meeting. The Project Team did not receive any additional feedback.

[Appendix A. TEP Members](#) presents a list of TEP members in attendance. [Appendix B. Meeting Attendees](#) includes a list of CMS staff and Project Team members in attendance. [Appendix C. TEP Agenda](#) includes a copy of the full meeting agenda.

The following sections provide details on what the Project Team shared with TEP members and TEP member feedback throughout the meeting.

Welcome and Roll Call

Tandrea Hilliard-Boone, PhD, TEP Task Lead, welcomed all TEP members; acknowledged the Project Team and CMS staff; facilitated roll call and introductions of TEP members, and briefly reviewed TEP member roles and responsibilities.

Recap of the November 3, 2025, TEP Meeting

Dr. Hilliard-Boone briefly reviewed recommendations from the November 3, 2025, TEP meeting. During that meeting, the Project Team (1) recapped the February 28, 2025, TEP meeting; (2) heard consumer members' reflections; (3) provided updates on the survey project; (4) gathered TEP feedback on findings from analysis of the 2025 QHP Enrollee Survey data; and (5) gathered TEP feedback on potential updates to the QHP Enrollee Survey. Exhibit 2 presents a summary of recommendations TEP members made at the November 3, 2025, TEP meeting.

Exhibit 2. TEP Member Recommendations from the November 3, 2025, TEP Meeting

Topic	Suggestions
Survey analyses	<ul style="list-style-type: none">• Conduct a subgroup analysis as part of the driver analysis to learn more about people with complex care needs and those who require care coordination. This could include an analysis that examines utilization, such as the number of office visits, to account for those with more complex care needs.• Use the race and ethnicity categories from the Office of Management and Budget (OMB) Statistical Policy Directive Number 15 (SPD15) to support the recommended subgroup analysis.
Survey administration	<ul style="list-style-type: none">• TEP members supported extending the telephone dialing timeframe to allow survey vendors to begin contacting enrollees by phone earlier.• TEP members supported refining the prenotification letter, survey cover letter, reminder letter, and notification/reminder emails to use plain language.

Topic	Suggestions
Survey revisions	<ul style="list-style-type: none"> • Consider adding items related to medical debt to understand additional financial impacts of coverage and copayments. • Expand the scope of items addressing delays in care to capture broader insurance-related barriers such as finding a doctor or specialist who would accept their insurance. Also, modify questions to better determine whether the delays in care enrollees experienced occurred while they were covered by their current health plan. • In reference to survey Question 35, <i>“In the last 6 months, how often did you and your personal doctor talk about all of the prescriptions medicines you were taking?”</i> one TEP member suggested broadening the question to include all medications, including alternative medications and over-the-counter medications, to provide a more holistic review. • Shorten items when possible to use plain language for better health literacy. For example, Question 32 about interactions with a personal doctor could be shortened to <i>“How often did your doctor know your medical history?”</i> • In reference to the binary sex variable in Question 61, <i>“What is your sex?”</i> a TEP member noted that this does not account for the gender diversity of the population and advocated for greater variation in gender options for all health surveys.
Reporting	<ul style="list-style-type: none"> • TEP members recommended that ratings be normed so that the aggregate ratings better reflect the individual measure ratings. Currently most are topped out, and the scores are important because this is what people use to shop for health plans.
Removing survey items from composites	<ul style="list-style-type: none"> • TEP members supported removing the two suggested survey items based on analysis looking at composite properties. This included Question 30, <i>“In the last 6 months, how often did your personal doctor show respect for what you had to say?”</i> in the Doctor Communication composite, and question 34, <i>“In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?”</i> in the Care Coordination composite. • One TEP member cautioned that some of the flagged questions for potential removal may be less critical to ask a healthier person but would be important to retain for someone who has more interactions with the healthcare system, such as a person with a disability or chronic condition who needs multiple tests conducted or who sees several specialists. In the latter case, it would be important to keep questions like Question 34 in the doctor communication composite.

Consumers’ Reflections on Experiences in the Marketplaces

Dr. Coretta Lankford, Project Director and TEP Chair, reviewed key points from the pre-TEP meeting with four of the six consumer members on January 30, 2026, in preparation for the March 2, 2026, TEP meeting.

Plan Renewal:

- All four consumers reported renewing their qualified health plans this year.
- One consumer noted that since they had previously done the work of identifying providers last year and had positive experiences when accessing care, they decided to keep the same plan.

Premium Increases and Affordability:

- One consumer reported an increase in their premium from last year. While another consumer did not experience an increase for their plan, they wish there had been more general communication about who was going to be impacted by premium increases.
- One consumer with navigator experience assisted several others with Marketplace enrollment this year. They highlighted how bronze plans are overall not affordable, as they have extremely high deductibles which many consumers are not aware of. For example, one individual they assisted initially enrolled in a plan with a zero-dollar premium with a high deductible. The consumer helped the individual switch to another plan with a more affordable deductible before open enrollment closed.

Customer Support:

- When seeking support from the federal Marketplace customer support line, one consumer was surprised to hear an automated message stating that representatives may not be familiar with Marketplace-specific technical verbiage or terminology.
 - They noted that this reflects a need for more training for customer support staff to ensure consumers receive optimal support.

Transition out of the Marketplace:

- When asked about disenrollment from Marketplace plans, one consumer shared that they know two people who decided not to re-enroll due to their premium nearly tripling. Both currently lack health insurance.
- Another consumer reported knowing someone who disenrolled from the Marketplace due to cost and joined their spouse's health insurance plan.
- One self-employed consumer noted that they are searching for a salaried job to secure health insurance.

Concerns about Marketplace policy changes:

- One consumer shared concerns about Marketplace policy changes and the snowball effects that could come from these decisions.

- For example, potential impacts to employees who receive employer stipends to purchase health insurance, as these stipends may no longer be sufficient to cover costs. Another consumer expressed concerns about potential removal of coverage for pre-existing conditions.
- Another consumer highlighted that many people who are transitioning from Marketplace to Medicare coverage are unaware of potential tax implications. For example, if there is overlap in receipt of Medicare Part A and Marketplace premium tax credits, consumers are responsible for repayment when filing taxes. There is a need for more transparency so that consumers are aware of these financial impacts, if applicable.

TEP members had the opportunity to share comments and ask questions in response to the reflections shared from the pre-TEP consumer meeting.

- A TEP member inquired what state the consumer who received the customer support message lived in. The consumer shared that they live in Florida and had called the federal Marketplace customer support number. Several TEP members noted that it would be helpful to know what states consumers live in. The Project Team reminded members that the locations of all TEP members can be found in the TEP membership list, which is part of the Charter.

Project Update

Zoe Sousane, Data Collection Director, provided an update on the project's completed and upcoming activities, as noted below.

2026 QHP Enrollee Survey.

- For the 2026 QHP Enrollee Survey, AIR began conducting quality oversight of survey vendors in October 2025. QHP issuers attested to eligibility/ineligibility to collect the QHP Enrollee Survey and authorized survey vendors via the QHP Enrollee Survey website in December 2025 – January 2026. CMS published the [Final 2026 QHP Enrollee Survey Technical Specifications](#) in February 2026. Survey vendors began fielding the 2026 QHP Enrollee Survey in February 2026. AIR completed data submission training for survey vendors in February 2026.

2027 QHP Enrollee Survey and Beyond.

- CMS and AIR submitted the information collection renewal package (ICR) for the 2027 survey to the Office of Management and Budget (OMB) and the ICR was [posted to the Federal Register](#) for the 60-day public comment period, which goes through April 14, 2026. The [2026 Draft Call Letter](#) proposing future survey revisions for public comment was posted in February 2026. Comments must be submitted by March 20, 2026.

Prior to the next TEP meeting in Fall 2026.

- Survey vendors will submit all 2026 survey data in May 2026. AIR will process survey data and produce reports for QHP issuers and states. AIR will post the 2027 vendor application materials, including the minimum business requirements, and will review vendor applications in July 2026. AIR will begin updating the 2027 QHP Enrollee Survey Technical Specifications for release in September 2026. AIR will train survey vendors on the revised protocols in September 2026.

2026 Survey Vendor Contracting Update.

- There are five Health and Human Services (HHS)-approved survey vendors for the 2026 QHP Enrollee Survey: Center for the Study of Services (CSS), Medallia, Inc., Press Ganey, Qualtrics, and 2M Research. Of these survey vendors, CSS, Press Ganey, and Qualtrics are contracted with QHP issuer clients and will field the survey in 2026. Based on vendors' Report #3 (Final Client List), submitted February 6, 2026:
 - 340 QHP reporting units are required to field the survey;
 - 206 (61%) of all reporting units will oversample;
 - 112 will oversample at or below 30%;
 - 94 will oversample beyond the current guidance (ranging from a 35% oversample to a 680% oversample) due to having an approved exception request in place.

Ms. Sousane shared a timeline of QHP Enrollee Survey Project Activities. Since the November 3, 2025 TEP meeting, the Project Team began oversight of the approved survey vendors. To date, the team has completed a review of vendor mail, telephone, and internet materials, completed data record review sessions to review last year's submitted data, and reviewed vendor telephone interviewing systems to confirm skip pattern logic. In the coming weeks and months, the team will review vendor customer support systems, conduct remote site visits, and conduct telephone interviewer monitoring. Data collection for survey vendors occurs approximately from February – May 2026. Vendors will submit test survey data in April, and final data in May. Also, the 60-day comment period for the 2027 OMB package is currently active.

After sharing this update, Ms. Sousane asked TEP members if they had additional comments, questions, or reactions.

- A TEP member asked for more information on where or in which states oversampling is occurring, and if there are any trends regarding issuers who elect to oversample. The Project Team answered that issuers who are oversampling are located across the country. Issuers who have oversampled before tend to oversample again. The 2025 survey administration year was the first year that issuers were permitted to oversample more than

30%. The most common reasons issuers cite for oversampling is to obtain a greater number of completed surveys.

- A TEP member asked what the approximate sampling size for reporting units is, considering there is one reporting unit who is oversampling at 680%. The Project Team shared that the base sample size is 1,300, and the total sample size increases in accordance with requested oversampling percentages. For example, a QHP issuer who requests a 15% oversample would have a total sample size of 1,495, and a QHP issuer who requests a 30% oversample would have a total sample size of 1,690. For reporting units that oversampling at higher percentages, such as 680%, the Project Team confirmed that they have a large enough enrollee population to support this oversampling approach.
 - The TEP member also asked about the history of why oversampling was capped at 30%. The Project Team noted that this cap has been in place since the project began, and that the oversampling cap is set by CMS. CMS proposed to remove the oversampling cap in the 2027 OMB package and the 2026 Draft Call Letter.
 - Another TEP member asked if oversampling is the only aspect of the survey protocol that issuers can adjust to increase response rates. The Project Team noted that in addition to oversampling, issuers are also able to notify enrollees that they will be receiving a survey to emphasize the survey’s validity and increase response rates. Additionally, the Project Team continuously consults with survey vendors on suggestions to improve the survey process. For example, CMS is removing the oversampling cap because this was a request from survey vendors and issuers to improve survey response.
- A TEP member asked if vendors can otherwise modify the protocol, such as changing the number of reminders or utilizing different modes. The Project Team responded that vendors can submit exception requests for certain material or protocol adjustments, such as minor formatting revisions, revisions to the signature on the mail and email materials, or sending emails across multiple days to reduce chances of email being flagged as spam. Other aspects of the protocol, such as the number of mailings, emails, and telephone attempts, cannot be modified to ensure standardization across all issuers.

Overview of Findings From Selected Statistical Analyses

Chris Pugliese, Senior Researcher, provided an overview of analyses of response timing, survey breakoffs, and comparisons with other Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan surveys using 2025 QHP Enrollee Survey data.

Response Timing Analysis

The Project Team conducted an analysis to examine the distribution and timing of responses across this contact schedule, with the goal of understanding how respondents engaged with the survey over the course of fielding.

- For the 2025 survey administration, sampled enrollees were contacted multiple times throughout the 73-day fielding period. Each enrollee received up to four mailings, as many as three email reminders, and up to six telephone call attempts.
- Sharp increases in responses were observed on days when email reminders were sent, while mailings produced more gradual increases over time. The number of responses generated by each successive attempt declined. Email and telephone reminders also resulted in some enrollees returning the mail questionnaire they had already received.
- Follow-up across multiple modes was effective for engaging groups that historically have lower response rates. Telephone follow-up yielded higher response levels among enrollees with an eighth-grade education or less and among those reporting fair or poor health. Combined mail and telephone outreach was beneficial for enrollees who preferred to respond in a language other than English.

Respondent Journey Analysis- Breakoffs

The Project Team conducted analyses to examine how and where enrollees tend to break off, that is, stop responding before completing the survey.

- Breakoffs were uncommon among respondents using the internet instrument; once enrollees answered the first survey item, 96% completed the survey.
- The Project Team also assessed whether certain types of respondents were more likely to break off. Respondents completing the survey in Chinese had higher breakoff rates than other language groups. Additional qualitative research with these respondents may help clarify the factors contributing to this pattern.
- The Project Team also examined which survey items were common breakoff points. Breakoffs were most frequently observed at Question 1, where respondents are asked to confirm their enrollment in a health plan, and at Questions 11 and 12, which ask how often plan materials were available in a preferred language or in an alternative format such as large print or braille. The narrow focus of these items may signal to some respondents that

the survey is not relevant to their circumstances, prompting them to discontinue participation.

- One potential improvement is to present Questions 11 and 12 together on a single page in the internet instrument beginning with the 2028 administration. Grouping the items may help clarify that they are the only questions of this type, thereby reducing confusion and potentially lowering breakoff rates.

Comparison with Other CAHPS Health Plan Surveys

The Project Team conducted an in-depth comparison of the QHP Enrollee Survey with two analogous CAHPS surveys: Medicare Advantage (MA) CAHPS and Adult Medicaid Health Plan CAHPS.

- These surveys were selected because they are established CAHPS instruments that ask beneficiaries about their experiences with their health plans, as well as with the health care and providers associated with those plans.

Scoring Methodology.

- The Project Team examined differences in how the QHP Enrollee Survey and MA CAHPS determine which surveys are included in the scoring and reporting. The QHP Enrollee Survey scores include enrollees with at least half of the core questions that all enrollees are eligible to answer, which corresponds to at least 10 of the 19 core questions.
- In contrast, MA CAHPS includes all surveys where there is a response to at least one question of the 19 core questions.
 - Changing our criteria to include all surveys with at least one complete question could increase the number of reporting units that meet the minimum response threshold required for measure reporting in the QRS, which currently requires at least 100 responses for a reporting unit's measure to be reportable.
 - However, this may also affect the scores, depending on the types of respondents who provide only partial responses and the patterns of responses they contribute.
 - Future analyses can compare scores calculated using all surveys that have at least one complete question to assess any potential impacts on score distributions and reporting outcomes.

Response Rate Calculation.

- QHP Enrollee Survey response rates would increase by about 1.5% if including all surveys where there is at least one complete question.

Survey Administration.

States' Adult Medicaid CAHPS survey protocols include the following design elements to increase engagement:

- Sending reminder messages using different persuasive appeals, such as reciprocity-based statements (“help us help you”).
- Using varied reminder formats, including colored postcards, brown kraft paper envelopes, priority mailing envelopes, and large format envelopes.
- Increasing survey visibility during fielding through:
 - Playing reminder messages while callers wait on the phone with health plan representatives.
 - Featuring survey announcements in member newsletters.
 - Encouraging providers to mention the survey during patient visits.

Mr. Pugliese posed three questions to the TEP:

- **“What benefits and risks do you see from including partial completes in the calculation of scores and response rates?” TEP members provided the following feedback:**
 - A TEP member asked why Medicare Advantage CAHPS allows for partial completes to be included in calculations while the QHP Enrollee Survey does not. The Project Team will follow up with Medicare Advantage CAHPS representatives to fully understand their regulations.
 - Another TEP member advised the team to be mindful of terminology particularly when using the term “complete” to reference QHP Enrollee Survey response since “complete” is defined as answering at least 10 out of 19 questions because technically this includes partially completed surveys.
 - » The member encouraged the Project Team to use data-driven decisions when calculating scores, and to take a deeper look into the characteristics of respondents who complete less than 10 but more than one question.
 - » Another TEP member suggested that the Project Team include the partial completes on an experimental basis and flag and compare them to the completes to identify systematic differences.
 - The TEP member also highlighted the 4% breakoff rate of the QHP Enrollee Survey and noted that this is low compared to other surveys. The member encouraged the Project Team to review where breakoffs are occurring to see if breakoffs are occurring at transition points in the survey (e.g., new sections), which is a known place for breakoffs.

- Another TEP member asked whether the respondents who do not complete the survey tend to answer the same questions before breakoff. The Project Team did not look at the overall attribution of the partial completes but shared that the partial completes are about 5% of the total number of people that responded to the survey.
 - » The member also asked if the respondents can skip questions. The Project Team shared that respondents can skip questions across all modes. Respondents skip questions on the mail survey by not answering them. Vendors are required to program the web survey so that enrollees can continue the survey without answering a question. In the telephone survey, there is a “don’t know” option to skip questions.
- A participant shared that they received a recent survey in the mail which included the statement, *“Because we are asking only a few people to take the survey, it is very important that you complete the survey right away.”* The participant noted that this could potentially increase response rates.
- A TEP member was concerned regarding the finding that the Chinese language survey has the highest breakoff rate. They suggested double checking that translation of the Chinese survey is culturally appropriate, especially when discussing quality and trustworthiness. The Project Team shared that the Chinese survey was cognitively tested but will flag this point for further analysis.
 - » The TEP member also suggested that offering the survey in traditional Chinese language would be better for some groups who do not know or do not prefer simplified Chinese.
 - » Another TEP member raised that the high breakoff rate of the Chinese survey could suggest a technical issue with the Chinese version of the survey. The Project Team will further investigate why there is a higher breakoff rate in Chinese.
- **“The analyses found other potential ways to increase response rates, including translating the survey into additional languages, changing notification appeal, using different mailing formats, and issuers advertising the survey. Which of these do you feel would most impact response rates?” TEP members provided the following feedback:**
 - A TEP member agreed with making the survey materials more appealing, and having issuers advertise the survey. The TEP member shared that they were able to increase response rates by posting a link to a survey they manage on their website. This allowed people who had opted out of emails to still view the survey link, and ultimately, the survey received increased responses because of this change.
 - » Another TEP member cautioned against attempting to change the appeal of the survey materials, as there is research on the topic suggesting that appeal does not

necessarily lead to higher response rates. They shared an experience where in a survey they were managing, they attempted to change the appeal of survey materials through different designs; ultimately, the plain format performed the best.

- A TEP member asked if QR codes for the survey are advertised. The Project Team shared that the QR codes are unique to individual respondents and cannot be shared. However, issuers could consider sharing QR codes with a link to information about the survey to help increase awareness among enrollees.
- **“Does the TEP have any additional suggestions for potential survey analyses and/or ways we can improve the usefulness and increase response rates of the survey?” TEP members provided the following feedback:**
 - A TEP member asked if there are open-ended questions on the survey. The Project Team shared that currently, the only open-ended question is the first question that asks respondents to identify their health plan.
 - » The TEP member expressed concern about the lack of open-ended questions and noted that with healthcare undergoing rapid changes, respondents may be expecting to use the survey to share their experiences about particular issues they care most about. If the survey does not address their specific concerns, respondents may end the survey early.
 - » A participant shared that a recent survey they received had an “other” option for the question asking about rating their health plan from 0-10, which enabled them to include an explanation.

2026 Updates and Proposed Refinements to the 2027 QHP Enrollee Survey

Ms. Sousane provided an overview of key considerations guiding refinements to the QHP Enrollee Survey including the process for obtaining OMB approval, updates implemented for the 2026 survey, and proposed 2027 updates currently posted for public comment.

Survey Refinement Considerations

- Refinements to the QHP Enrollee Survey affect the QRS because the survey data inform several QRS measures. Since revisions to the QHP Enrollee Survey items can influence QRS scoring and reporting, the Project Team works closely with CMS and the QRS team to ensure alignment between the survey and measure reporting requirements.
- Although the QHP Enrollee Survey is not a CAHPS survey, it incorporates elements from the CAHPS Adult Commercial Health Plan survey to allow comparisons across programs such as Medicare and Medicaid.
- Any changes that impact respondent burden require OMB clearance.

- Proposed updates are included in the Draft Call Letter for stakeholder review and feedback.

2026 Updates to the QHP Enrollee Survey

- The following changes were implemented for the 2026 survey:
 - Revised the QHP Enrollee Survey sample frame to include three new variables:
 - » Claim or Encounter with QHP Issuer – Enrollee had at least one claim or encounter with the QHP issuer during the measurement year.
 - » Primary Care Provider Status – Enrollee had a primary care provider during the measurement year.
 - » Visit with Specialty Care Doctor – Enrollee had at least one visit with a specialty care doctor during the measurement year.
 - Formalized the exception request process for oversampling above the permitted thresholds;
 - Revised the telephone script to update the introduction and reorder questions and;
 - Updated the internet survey to remove the landing page requirement and allow enrollees to begin the survey directly on the instructions page.

Process for Future Updates to the 2027 QHP Enrollee Survey

- Ms. Sousane reviewed the timeline for updating the QHP Enrollee Survey to help the TEP understand the steps involved in renewing OMB clearance for the 2027 survey cycle:
 - **OMB Clearance Requirement.** CMS must obtain approval from the U.S. Office of Management and Budget (OMB) for all information collection activities associated with the QHP Enrollee Survey, including consumer testing.
 - **Renewal Process.** To maintain clearance to field the survey, CMS prepares and submits an updated Information Collection Request (ICR) to OMB. This submission confirms the continued need for the QHP Enrollee Survey and documents any proposed updates to the instrument, protocols, or materials. The current clearance expires in September 2026. The [renewal package](#) for the 2027 survey is currently in the 60-day public comment period, which runs through April 14, 2026.
 - **Public Comment Periods.** The OMB clearance process includes two required federal comment periods:
 - » 60-Day Comment Period: CMS posts the draft ICR package to the Federal Register for public review and feedback. CMS is currently in this period.
 - » 30-Day Comment Period: CMS revises the package based on comments received during the 60-day period and reposts materials for an additional round of public review. Feedback from this stage is incorporated into the final OMB submission.

- **Internal Timeline and Coordination with Call Letter Activities.** CMS follows a structured internal process to develop, revise, and finalize the Information Collection Request for OMB review, moving from preparation of the initial 60-day package through the subsequent 30-day public comment cycle and final submission. This work overlaps with annual Call Letter development. CMS will incorporate feedback from both the OMB public comment periods and the Call Letter process into the final clearance package.

2027 QHP Enrollee Survey Refinements Posted for Public Comment: Survey Protocol

- The [2026 Draft Call Letter](#) and [2027 OMB Paper Reduction Act \(PRA\) Package](#) are currently in the public comment period. Survey protocol refinements detailed in these documents include:
 - Extend the telephone dialing timeframe from 19 to 25 calendar days and initiate telephone calls to nonrespondents beginning on Day 48 of the protocol;
 - Add a third reminder email on Day 40 of the protocol;
 - Remove the cap for oversampling to allow QHP issuers to oversample at any rate without submitting an exception request.

2027 QHP Enrollee Survey Refinements Posted for Public Comment: Survey Materials

- Survey material refinements detailed in the 2026 Draft Call Letter and 2027 OMB PRA Package include:
 - Adding five screener/gate questions to enable enrollees to skip multiple follow-up questions that may not apply to them;
 - Allowing the customization of the mail and internet survey instruments to replace “Qualified Health Plan (QHP)” with the QHP issuer’s name on the cover page;
 - Revised Race and Ethnicity items for alignment with [OMB Statistical Policy Directive Number 15 \(SPD15\)](#), which was finalized in 2024 and established updated standards for how federal agencies collect and present data on race and ethnicity;
 - Revised prenotification letter, reminder letter, survey cover letter, and notification/reminder emails for plain language;
 - Modified survey questions and telehealth wording to improve consumers’ understanding and increase alignment with other tested surveys, including the CAHPS 5.1 Health Plan Survey;
 - Removed the Medical Assistance with Smoking and Tobacco Use Cessation measures and associated questions;

- » NCQA is currently developing and testing the following potential replacement measures: Tobacco Use Screening and Cessation Intervention and Lung Cancer Screening. CMS anticipates proposing a replacement measure upon finalization.

Ms. Sousane asked the TEP if they had any questions or concerns about the potential survey refinements. TEP members provided the following feedback and recommendations:

- A TEP member highlighted that the QHP Enrollee Survey only uses the minimum standard response options outlined in the SPD guidance for collecting race and ethnicity data. The guidance requires the collection of detailed data on race and ethnicity beyond the minimum categories unless an exemption is granted through the PRA process.
 - The TEP member requested that the Project Team reconsider their use of the minimum categories and switch to the detailed response categories, as it provides for richer analysis for the detailed subgroups of race and ethnicity, and to share the justification for following the minimum standards.
 - Another TEP member agreed with the request to use the detailed categories.
- A TEP member shared that they are in favor of adding the third reminder email, removing the oversampling cap, and allowing the QHP issuer to add their name on the cover page of the survey.
 - Another TEP member agreed with this comment.
- The Project Team thanked the TEP for this feedback and noted that it will be shared with CMS for consideration.

Ms. Sousane asked the TEP if they had additional feedback on ways to improve the usability and usefulness of the QHP Enrollee Survey and/or the QRS. TEP members provided the following feedback and recommendations:

- A TEP member requested that past analyses shared in previous TEP meetings be made more broadly available, as they contain useful information for the public. The Project Team asked the TEP what information specifically would be useful to disseminate.
 - The TEP member shared that they were particularly interested in the analysis from the American Community Survey about disabilities, which provided information on who is enrolled in the Marketplace and who has functional disabilities. The survey refuted the stereotype that everyone who has a disability is on Medicaid and would be useful information to have publicly available.
 - The TEP member recommended that CMS extend their publicly available data to allow researchers to explore the data in a de-identified way for additional robust analyses.

- The Project Team shared that public use files (PUF) are currently available on the CMS website from 2022 to the present. The Project Team will work with CMS to make the PUFs easier to find on the website.

Next Steps

The Project Team provided a high-level overview of the next steps for the QHP Enrollee Survey in the coming months, which will include the following activities:

- Continuing to provide oversight of the 2026 QHP Enrollee Survey administration;
- Monitoring the 2027 OMB PRA Package submission, including addressing comments and;
- Preparing for the administration of the 2027 QHP Enrollee Survey.

The Project Team also shared that the next TEP meeting will occur in Fall 2026.

Appendix A. TEP Members

QHP Enrollee Survey TEP Attendance: Option Period 3 Meeting #1	X if Attended
Noemi Altman, MPA Senior Survey Research Associate Consumer Reports, New York, NY	X
Kellan Baker, PhD Executive Director and Chief Learning Officer Whitman-Walker Institute, Washington, DC	
Steve Butterfield, MA Senior Director of State Public Policy Blood Cancer United, Washington, DC	X
Shirley Dominguez Consumer/Navigator Community Engagement Specialist (Epilepsy Alliance)	X
Blake Hodges, MS Senior Consultant Kaiser Foundation Health Plan, Denver, CO	X
Todd Hughes Director, CA Health Interview Survey UCLA Center for Health Policy Research, Los Angeles, CA	X
Emily James Consumer Chef, Los Angeles, CA	X
Itisha Jefferson, BS, Medical Doctorate Candidate Consumer and Family Caregiver Loyola University, Stritch School of Medicine, Maywood, IL	X
Paloma Luisi, MPH Director of the Bureau of Quality Measurement & Evaluation New York State Department of Health, Albany, NY	X
Kimberly Morgan Director, Quality and Performance Measurement Point32Health	
Erin O'Rourke, BS Executive Director of Clinical Performance and Transformation America's Health Insurance Plans, Washington, DC	X
Alex Sanchez, MBA	X

QHP Enrollee Survey TEP Attendance: Option Period 3 Meeting #1	X if Attended
Chief Experience Officer BeWell, New Mexico's Health Insurance Marketplace, Albuquerque, NM	
Riley Simmington Consumer Small Business Owner and Contractor of Professional/Administrative Services, Chicago Illinois	X
Keri Setaro, BFA Consumer; Self-Employed Montclair, NJ	
Ivan Smith Consumer Landscape	X
Jennifer Sullivan Director of Health Coverage Access Center on Budget and Policy Priorities, Washington, DC	X
Kristin Villas, BA, MPA Senior Policy Analyst Washington Health Benefit Exchange, Olympia, WA	X
Silvia Yee Senior Staff Attorney Disability Rights Education and Defense Fund, Berkeley, CA	X

Appendix B. Meeting Attendees

Centers for Medicare & Medicaid Services (CMS) Attendees

Melodee Koehler, QHP Enrollee Survey Lead

Centers for Medicare & Medicaid Services (CMS)

Center for Clinical Standards & Quality (CCSQ)

Quality Measurement & Value-based Incentives Group (QMVIG)

Nidhi Singh-Shah, Deputy Director for Division of Program and Measurement Support

Centers for Medicare & Medicaid Services (CMS)

Center for Clinical Standards & Quality (CCSQ)

Quality Measurement & Value-based Incentives Group (QMVIG)

Deborah Hunter, Technical Advisor

Centers for Medicare & Medicaid Services (CMS)

Consumer Information and Insurance Oversight (CCIIO)

QHP Enrollee Survey Project Team Attendees

Coretta Lankford, Project Director and TEP Chair

American Institutes for Research (AIR)

Tandrea Hilliard-Boone, TEP Task Lead

American Institutes for Research (AIR)

Chris Pugliese, Senior Researcher

American Institutes for Research (AIR)

Akua Asante, TEP Coordinator

American Institutes for Research (AIR)

Meera Bhalla, Research Associate

American Institutes for Research (AIR)

Zoe Sousane, Project Specialist

American Institutes for Research (AIR)

Parakh Patel, Research Associate

American Institutes for Research (AIR)

Chris Evensen, Data Analysis Director

American Institutes for Research (AIR)

Appendix C. TEP Agenda

QHP Enrollee Survey TEP Option Period 3 Meeting 2

Monday, March 2, 2026, 3:00-5:00 pm Eastern Time (ET)

Meeting ID: 283 554 800 893 44

Passcode: qQ9Si6oJ

[Web Conference Link](#)

Time (ET)	Topic
3:00-3:30 pm	Welcome and Introductions <ul style="list-style-type: none">• Welcome members and conduct roll call.• Review the meeting agenda and objectives.• Review TEP roles and responsibilities.• Recap the previous TEP meeting held on November 3, 2025.
3:30-3:45 pm	Consumers' Reflections <ul style="list-style-type: none">• Consumer TEP members share their experiences with QHPs in the Exchanges.
3:45-3:55 pm	Project Update <ul style="list-style-type: none">• Provide an overview of recently completed and upcoming activities.
3:55-4:25 pm	Overview of Findings From 2025 QHP Enrollee Survey Select Statistical Analyses <ul style="list-style-type: none">• Review survey data trends and discuss topics to explore in future analyses.
4:25-4:55 pm	2026 Updates and Proposed Refinements to the 2027 QHP Enrollee Survey <ul style="list-style-type: none">• Discuss the 2026 Draft Call Letter.• Seek feedback from the TEP on proposed refinements to future administrations of the QHP Enrollee Survey.
4:55 pm-5:00 pm	Meeting Wrap-Up <ul style="list-style-type: none">• Review next steps.