

2025 Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Operational Instructions

Document Purpose

This document serves as a resource for Qualified Health Plan (QHP) issuers to review Quality Rating System (QRS) and QHP Enrollee Experience Survey (QHP Enrollee Survey) requirements and to validate information included in the preliminary 2025 QRS QHP List.

This document also provides an [eligibility roadmap \(Appendix A\)](#) to determine QHP issuer eligibility for the submission of QRS clinical measure data and QHP Enrollee Survey response data, a table of [key QHP issuer due dates \(Appendix C\)](#), and links to [additional resources \(Appendix C\)](#).

Instructions for QHP Issuers

The QRS QHP List includes QHP issuers and their respective reporting units that CMS identified as eligible for the 2025 QRS and QHP Enrollee Survey based on 2025 participation requirements. QHP issuers should follow the instructions provided in this document to do the following:

- 1) Determine reporting unit eligibility to collect and submit both 2025 QRS clinical measure data and QHP Enrollee Survey response data based on the participation criteria.
- 2) For **eligible** reporting units:
 - a. Contract with a Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) Compliance Organization (licensed by the National Committee for Quality Assurance [NCQA]) to validate the QHP Enrollee Survey sample frame and the QRS clinical measure data by October 1, 2024.
 - b. Contract with an HHS-approved vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS by January 31, 2025.
 - c. Generate the QHP Enrollee Survey sample frame on or after January 7, 2025. The HEDIS Compliance Auditor completes sample frame validation by January 31, 2025.
 - d. Attest to the QRS and QHP Enrollee Survey eligibility criteria via the [QHP Enrollee Survey website](#) by January 31, 2025. This includes confirming reporting unit information, reporting survey vendor selection to CMS, and confirming sample frame validation.
 - e. Complete the National Committee for Quality Assurance (NCQA)'s Healthcare Organization Questionnaire (HOQ) to request QRS submission.
- 3) For **ineligible** reporting units:
 - a. Report ineligibility status to CMS via the [QHP Enrollee Survey website](#) by January 31, 2025.

In May 2025, the Centers for Medicare & Medicaid Services (CMS) will post a file containing the 2025 QRS QHP List to the CMS Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM). If QHP issuers do not review the 2025 QRS QHP List to verify

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance.

information and identify discrepancies, CMS will assume the information in the 2025 QRS QHP List is accurate and final.

CMS encourages QHP issuer users to request access to the HIOS-MQM through the [CMS Enterprise Portal](#) to view reporting units required to collect and submit 2025 QRS and QHP Enrollee Survey data based on 2025 participation requirements. Details for registering for access to HIOS-MQM are included in the [HIOS-MQM Quick Reference Guide for Production Users](#), available on the [CMS MQI website](#).

QHP Issuer Requirements for the 2025 QRS and QHP Enrollee Survey

As a condition of certification and participation in the Health Insurance Exchanges (Exchanges)², CMS requires QHP issuers to submit QRS clinical measure data and QHP Enrollee Survey response data for their respective QHPs offered through an Exchange in accordance with CMS guidelines.³ Exchanges are also required to display QHP quality rating information on their respective websites.⁴ QHP issuers can refer to the [Quality Rating System \(QRS\) and Qualified Health Plan \(QHP\) Enrollee Survey: Technical Guidance for 2025](#) for all relevant statutory and regulatory citations for the QRS and QHP Enrollee Survey. On behalf of CMS, the QRS Project Team and the QHP Enrollee Survey Project Team oversee the collection and submission of 2025 QRS clinical measure data and QHP Enrollee Survey response data.

Participation Criteria

QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data to CMS for each reporting unit⁵ that meets all the criteria listed below:

- Offered⁶ through an Exchange in the prior year (i.e., 2024 calendar year);
- Offered through an Exchange in the ratings year (i.e., 2025 calendar year) as the exact same product type; and
- Meets the QRS and QHP Enrollee Survey minimum enrollment requirements^{7,8}:

² Unless the context indicates otherwise, the term “Exchanges” refers to Federally-facilitated Exchanges (FFE) and State-based Exchanges (SBEs) (including State-based Exchanges on the Federal Platform [SBE-FPs]).

³ 45 C.F.R. §§ 156.200(b)(5),(h); 156.1120; and 156.1125.

⁴ 45 C.F.R. §§ 155.1400 and 155.1405.

⁵ Pursuant to 45 C.F.R. §§ 156.1120(a)(3) and 156.1125(b)(3), QHP issuers participating in the Exchange must include information in their respective QRS and QHP Enrollee Survey data submissions only for those enrollees at the level specified by HHS.

⁶ For purposes of QRS and QHP Enrollee Survey participation eligibility, 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 [SHOP or individual], accepting new members or groups, or that have active or existing members).

⁷ 45 C.F.R. §§ 156.1120(a) and 156.1125(b).

⁸ The QHP Enrollee Survey minimum enrollment requirement aligns with standards set forth in 45 C.F.R. § 156.1125(b)(1). CMS established the minimum enrollment requirement for QRS to align with the QHP Enrollee Survey minimum enrollment requirement and to support a sufficient size for credible and reliable results.

- Included more than 500 enrollees as of July 1 of the prior year (i.e., July 1, 2024); and
- Includes more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2025).

Note: In other words, QHP issuers are required to collect and submit validated QRS clinical measure data and QHP Enrollee Survey response data for each *product type* offered through an Exchange for *two consecutive years* (i.e., 2024 and 2025) that had more than 500 enrollees as of July 1, 2024, and has more than 500 enrollees as of January 1, 2025.

The minimum enrollment threshold is determined by the total number of enrollees within the reporting unit, not by the number of survey-eligible enrollees. Total counts must include enrollees from both the Small Business Health Options Program (SHOP) and individual markets (i.e., to get the total enrollment count, combine all SHOP and individual market enrollees for the same product type). For additional details, please review [Exhibit 1: Terminology and Definitions](#), and refer to [Exhibit 2: QRS and QHP Enrollee Survey Inclusions and Exclusions](#) and [Exhibit 3: Example Reporting Units for a QHP Issuer Assessed Against 2025 QRS and QHP Enrollee Survey Participation Criteria](#).

QHP issuers with reporting units that meet the criteria listed above are required to submit **both** 2025 QRS clinical measure data **and** QHP Enrollee Survey response data; QHP issuers **may not** submit only one or the other.

QRS and QHP Enrollee Survey requirements do not apply to indemnity (i.e., fee-for-service) plans, stand-alone dental plans, child-only plans, or basic health program plans.

Reporting units discontinued before June 15 of the ratings year (i.e., June 15, 2025) are exempt from these requirements. For an eligible reporting unit impacted by a QHP issuer change in ownership (e.g., merger, acquisition) effective as of January 1 of the ratings year, the QHP issuer that assumes the reporting unit is responsible for meeting these requirements. For an eligible reporting unit impacted by a transfer (e.g., all enrollees automatically transferred to a new reporting unit of the same product type) effective prior to June 15 of the ratings year, the QHP issuer is responsible for meeting QRS and QHP Enrollee Survey requirements for that reporting unit.

QHP issuers that have reporting units with more than 500 enrollees as of July 1, 2024, that are uncertain whether they will have more than 500 enrollees as of January 1, 2025, should proceed as if they are required to field the 2025 QHP Enrollee Survey by contracting with an HHS-approved QHP Enrollee Survey vendor and preparing to generate the sample frame on or after **January 7, 2025**. If the eligibility status of a reporting unit changes, then the QHP issuer must notify CMS within 3 business days of discovery, but by no later than **January 31, 2025**. For steps on how to notify CMS about reporting unit ineligibility, please see the [Required Actions for Ineligible Reporting Units](#) section of this document.

Although reporting units that meet all the preceding eligibility criteria will be required to collect and submit 2025 QRS clinical measure data and QHP Enrollee Survey response data, not all reporting units will be eligible for QRS scoring. Eligible reporting units will not receive QRS scores and ratings until their *third* consecutive year of operation in the Exchange. Therefore, a reporting unit that is eligible to be scored must meet the criteria for data submission *and have been in operation for at least three consecutive years*. A reporting unit must have been

operational on the Exchange in 2023, 2024, and 2025 in order to receive 2025 QRS scores and ratings.

Determining Eligibility

To evaluate whether a reporting unit is required to collect and submit 2025 QRS clinical measure data and QHP Enrollee Survey response data, QHP issuers should review [Exhibit 1: Terminology and Definitions](#) and [Appendix A: Data Submission Eligibility Roadmap](#).

If a QHP issuer determines that a reporting unit is ineligible to collect and submit 2025 QRS clinical measure data and QHP Enrollee Survey response data, the QHP issuer must notify CMS via the [QHP Enrollee Survey website](#). For steps on how to notify CMS of reporting unit ineligibility, please see the [Required Actions for Ineligible Reporting Units](#) section of this document.

Exhibit 1: Terminology and Definitions

Terminology	Definition
Operational	The QHPs in the reporting unit are available for purchase on an Exchange (SHOP or individual market), accepting new members or groups, and/or have active or existing members.
Not Operational	The QHPs in the reporting unit are not sold on an Exchange (SHOP or individual market), are not accepting new members or groups, and do not have active or existing members (i.e., they have zero members).
Discontinued	The QHPs in the reporting unit will not be offered (i.e., will not be offered to new members and/or will not be available for purchase during the 2026 individual market open enrollment period) through an Exchange and will not be operational. For example, the QHPs in the reporting unit will have zero active members in the ratings year prior to June 15, 2025, and will not be sold through an Exchange during the 2026 individual market open enrollment period. In the event that a reporting unit is discontinued before June 15 of the ratings year (i.e., June 15, 2025) and all enrollees are automatically transferred to a new reporting unit of the same product type, then the new reporting unit is responsible for meeting reporting requirements. Please refer to the Marketplace Quality Initiatives FAQs for the difference between discontinuation and uniform modification.

Reporting Unit Plan and Enrollee Inclusion Criteria

QHP issuers should refer to [Exhibit 2: QRS and QHP Enrollee Survey Inclusions and Exclusions](#) and [Exhibit 3: Example Reporting Units for a QHP Issuer Assessed Against 2025 QRS and QHP Enrollee Survey Participation Criteria](#) to review guidelines and examples for including enrollees in a reporting unit. CMS will not accept data submissions for reporting units that do not follow the guidelines as defined in [Exhibit 2](#) for determining which enrollees should be included.

Exhibit 2: QRS and QHP Enrollee Survey Inclusions and Exclusions

Creating a Reporting Unit <i>Applies to QHP Enrollee Survey and QRS Clinical Measures</i>
Include the following enrollees:
Enrollees in QHPs offered through an Exchange (HIOS variant IDs-01 through -06, <u>and</u> -31 through -36 for states with Medicaid 1115 waivers where the Medicaid expansion population is eligible to enroll in Exchange plans) in the prior year (i.e., the 2024 calendar year)

Creating a Reporting Unit <i>Applies to QHP Enrollee Survey and QRS Clinical Measures</i>
Enrollees in QHPs that provide family and/or adult medical coverage
<p>Enrollees from both the individual market (individual and family plans [IFPs]) and SHOP if the QHP issuer offers the same product type in the individual market as well as the SHOP within a state (i.e., combine SHOP and IFPs if they are the same product type offered in the same state).</p> <p><i>Example:</i></p> <ul style="list-style-type: none"> • QHP issuer XYZ has 500 SHOP HMO enrollees in a particular state and 200 IFP HMO enrollees in the same state. • QHP issuer XYZ pulls the reporting unit sample frame on or after January 7, 2025, containing 700 enrollees from SHOP and individual and family HMOs.
<p>Combine enrollees from multiple products of the same product type in a single state into one reporting unit.</p> <p><i>Example:</i></p> <ul style="list-style-type: none"> • QHP issuer XYZ has three HMO plans in a particular state. • QHP issuer XYZ combines enrollees from the three HMO plans for that state into a single reporting unit.
<p>Combine enrollees from the same product type with multiple plan levels (i.e., bronze, expanded bronze, silver, gold, platinum, catastrophic) into one reporting unit.</p> <p><i>Example:</i></p> <ul style="list-style-type: none"> • QHP issuer XYZ has silver and gold HMOs in a particular state. • QHP issuer XYZ combines enrollees from the silver and gold HMOs for that state into a single reporting unit.
<p>Enrollees in QHPs offered through an Exchange that may be aligned with a different issuer in the prior year in cases where the QHP issuer has documented a change in ownership that is effective as of January 1 of the ratings year (i.e., the 2025 calendar year); in cases such as mergers or acquisitions, the gaining QHP issuer should include enrollees previously aligned to the ceding QHP issuer</p>
<p>Exclude the following enrollees:</p>
<p>Enrollees in plans offered outside the Exchange (HIOS variant ID-00) and non-QHPs</p>
<p>Enrollees in indemnity (i.e., fee-for-service) plans, child-only health plans, or stand-alone dental plans</p>
<p>Enrollees in a basic health program (BHP) plan.</p>
<p>Confirm minimum enrollment criteria:</p>
<p>The QHPs in the reporting unit will operate on the Exchange as the exact same product type in both the 2024 and 2025 calendar years.</p>
<p>There were more than 500 enrollees in the reporting unit as of July 1 of the prior year (i.e., July 2024).</p>
<p>There are more than 500 enrollees in the reporting unit as of January 1 of the ratings year (i.e., January 2025).</p>

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

[Exhibit 3](#) provides examples of reporting units for a QHP issuer assessed against 2025 QRS and QHP Enrollee Survey Participation Criteria.

Exhibit 3: Example Reporting Units for a QHP Issuer Assessed Against 2025 QRS and QHP Enrollee Survey Participation Criteria

Reporting Unit	Enrollment as of July 1, 2024 (total and per individual market vs. SHOP)	Enrollment as of January 1, 2025 (total and per individual market vs. SHOP)	Discontinued Prior to June 15, 2025	Meets Participation Criteria? (i.e., Required to Submit QRS Clinical Measure and QHP Enrollee Survey Response Data)
12345-WV-PPO	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	No	Yes
12345-WV-HMO	601 (501 individual, 100 SHOP)	N/A	Yes—Discontinued as of December 31, 2024	No—Not operating in ratings year
12345-MD-PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	No	No—Insufficient enrollment size in both years
12345-MD-HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	No	No—Insufficient enrollment size as of January 1, 2025
12345-MD-EPO	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	No	Yes
12345-WV-POS	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	No	No—Insufficient enrollment size in both years

Contracting with a QHP Enrollee Survey Vendor

QHP issuers with reporting units required to participate in the QHP Enrollee Survey must contract with 1) an HHS-approved vendor to administer the QHP Enrollee Survey and 2) an NCQA HEDIS® Compliance Auditor to validate survey sample frame.

A [list of HHS-approved vendors](#) is available on the [MQI website](#). Vendors will sample eligible enrollees using a standardized data collection protocol specified by CMS and will collect responses to the survey questions. QHP issuers are not required to contract with the same vendor from the previous survey administration year. QHP issuers may contract with any vendor on the list of approved vendors for the current survey administration year.

QHP Enrollee Survey Sample Frame Creation and Validation

QHP issuers with reporting units required to participate in the QHP Enrollee Survey are responsible for creating a sample frame of eligible enrollees for each reporting unit (i.e., each product type by state). QHP issuers must attempt to fully populate all sample frame variables. CMS has included completeness thresholds for each variable in the sample frame (i.e., none missing). Field population for all variables is required, not optional, and QHP issuers should meet these minimum completeness thresholds.

QHP issuers must create the sample frame on or after **January 7, 2025**, and arrange for its validation by an NCQA-Certified HEDIS®⁹ Compliance Auditor. All sample frames must include all enrollees (including both individual market and SHOP enrollees) as of **11:59 p.m. ET**

⁹ Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).

on **January 6, 2025 (the anchor date)**. See [Appendix B: Example Quality Control Checks for Sample Frame Files](#).

The [HEDIS® Compliance Audit website](#) includes additional information related to data validation, including the data validator contracting process, as well as HEDIS® Compliance Audit standards, policies, and procedures.

The 2025 QHP Enrollee Survey Sample Frame File Layout detailing the required sample frame data elements can be found in **Appendix E** of the [QHP Enrollee Survey: Technical Specifications for 2025](#), as well as **Appendix H** of the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2025](#), which are both posted on the CMS [MQI website](#). Additional details and instructions are included in the **Create Sample Frame and Draw Sample (Sampling)** section of the [QHP Enrollee Survey: Technical Specifications for 2025](#), and Section 6.2: QHP Enrollee Sample Frame of the [Quality Rating System and QHP Enrollee Survey Technical Guidance for 2025](#).

Note: For QRS clinical measure data, NCQA will open the annual HOQ completion process in December 2024 and close access in February 2025, for QHP issuers to request a QRS submission. When opened by NCQA, the HOQ can be accessed at: <https://applications.ncqa.org/>. For more information regarding the HOQ, visit: <https://www.ncqa.org/hedis/data-submission/>. QHP issuers should submit questions about the HOQ to the NCQA portal.¹⁰

Enrollee Eligibility for the QHP Enrollee Survey: Continuous and Current Enrollment

To be considered eligible for the QHP Enrollee Survey and included in the sample frame, enrollees must satisfy two enrollment criteria for Plan Year 2025: continuous and current enrollment. See Exhibit 6: Enrollee Eligibility Requirements for the 2025 QHP Enrollee Survey in the [Quality Rating System and QHP Enrollee Survey: Technical Guidance for 2025](#) for an overview of which enrollees to include in each reporting unit's sample frame.

- Enrollees are considered **continuously enrolled** if they are enrolled in an eligible QHP from July 1 through December 31, 2024, with no more than one 45-day break (i.e., allowable gap) in enrollment. An allowable gap can occur anytime during the continuous enrollment period (July 1 through December 31, 2024). Enrollees who switch among different product lines (i.e., Exchange, non-Exchange, Medicaid, Medicare) and products (i.e., HMO, POS, PPO, EPO) within the eligible QHP during the continuous enrollment period are considered continuously enrolled and are included in the product line/product in which they were enrolled at the end of the continuous enrollment period (i.e., December 31, 2024).
- **Note:** During the allowable gap in enrollment, it may be possible for an enrollee to obtain coverage via a different product line (i.e., Exchange, non-Exchange, Medicaid, Medicare) or another QHP product on the Exchange (i.e., HMO, POS, PPO, EPO). Provided this enrollee meets all other criteria and is enrolled at the end of the continuous enrollment period (i.e., December 31, 2024), the enrollee should be included in the sample frame.
- Enrollees are considered **currently enrolled** if they are enrolled in an eligible QHP

¹⁰ Please refer to [QRS and QHP Enrollee Survey: Technical Guidance for 2025](#) for information regarding QRS clinical measure data submission requirements.

- at the end of the continuous enrollment period (i.e., December 31, 2024), **and**
- on January 6, 2025 (the anchor date).

Option to Oversample

QHP issuers eligible to field the QHP Enrollee Survey may choose to draw a sample larger than the specified 1,300 enrollees per reporting unit (i.e., oversample). All oversampling must occur in increments of 5% and may not exceed a 30% oversample, as shown in [Exhibit 4](#). This decision must be communicated to the contracted HHS-approved QHP Enrollee Survey vendor, who will submit all oversampling requests to CMS by **January 8, 2025**. Oversampling requests are subject to CMS approval.

Exhibit 4: Permitted Oversampling Levels

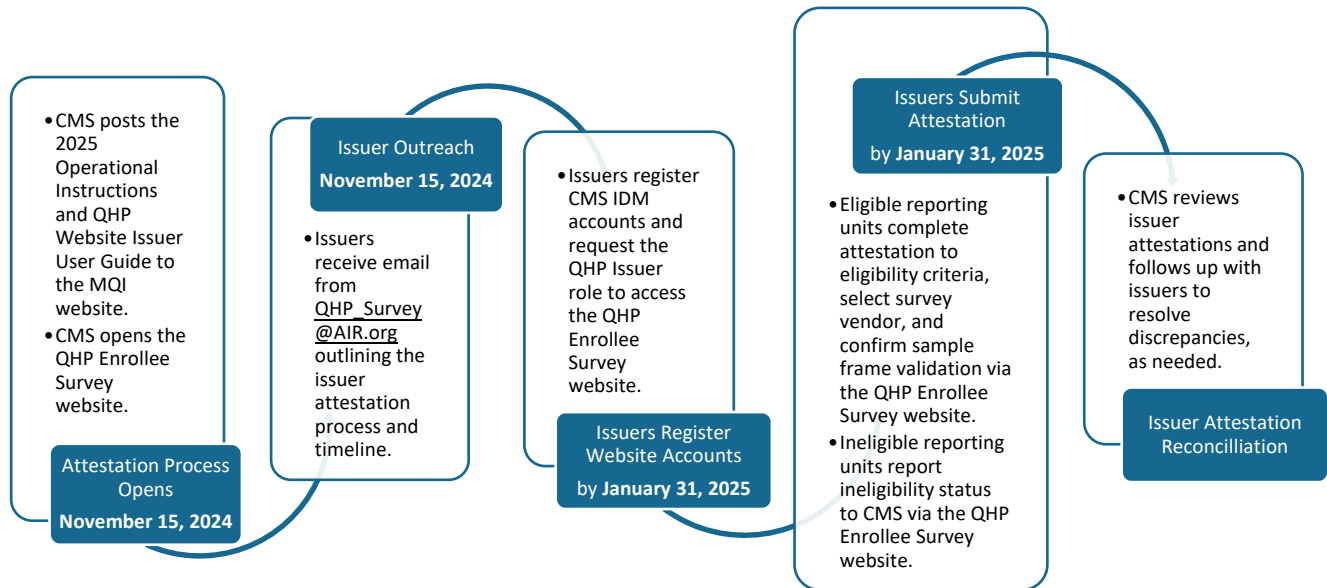
Oversample Increment	Increase	Total Sample Size
5%	65	1,365
10%	130	1,430
15%	195	1,495
20%	260	1,560
25%	325	1,625
30%	390	1,690

Attestation via the QHP Enrollee Survey Website

The [QHP Enrollee Survey website](#) is a secure online platform developed by CMS to support QHP Enrollee Survey operations. QHP issuers with both eligible **and** ineligible reporting units must complete an attestation to the QRS and QHP Enrollee Survey issuer eligibility criteria via the [QHP Enrollee Survey website](#) by **January 31, 2025**. Registration is required to access the website and complete the attestation process. Designated QHP issuer contacts will receive an email from QHP_Survey@air.org on November 15, 2024 with instructions to access the website, confirm reporting unit information, attest to eligibility criteria, authorize selected HHS-approved QHP Enrollee Survey vendor (if eligible), confirm sample frame validation (if eligible), or report ineligibility status (if ineligible).

The Issuer Attestation and Survey Vendor Selection Process is depicted in [Exhibit 5](#).

Exhibit 5: Issuer Attestation and Survey Vendor Selection Process



Accessing the QHP Enrollee Survey Website

To access the [QHP Enrollee Survey website](#), QHP issuers must designate **one primary contact per reporting unit** to submit the attestation on behalf of their organization. The primary contact should be the individual who will log into the website, confirm reporting unit information (e.g., issuer legal name, reporting unit ID, years operational), attest to eligibility status, provide July 1, 2024, and January 1, 2025, enrollment numbers, and submit the attestation form. QHP issuers may designate **one secondary contact** as a backup in the event the **primary contact** is not available or is unable to access the website. If necessary, QHP issuers may designate additional **email contacts** who will receive email communications regarding the attestation process but will **not have access** to the website to submit the attestation.

QHP issuers received an email from QHP_Survey@air.org in October 2024 to confirm designated primary and secondary contacts for the 2025 attestation process. If you did not receive this email or need to update the primary contact for your organization, please contact QHP_Survey@air.org.

In order to access the website, new users must 1) register an account in CMS' Identity Management System (IDM); 2) complete remote identity proofing (RIDP) and request the QHP Issuer role. Detailed instructions for accessing the QHP Enrollee Survey website are included in the QHP Enrollee Survey Website Issuer User Guide, available on the [MQI website](#).

Required Actions for Eligible Reporting Units

QHP issuers with reporting units required to participate in the 2025 QHP Enrollee Survey are required to confirm/attest to reporting unit information, authorize the selected HHS-approved QHP Enrollee Survey vendor, and confirm sample frame validation for each eligible reporting unit via the [QHP Enrollee Survey website](#). This process enables the authorization of an HHS-approved QHP Enrollee Survey vendor to field the survey on behalf of the QHP issuer. The QHP Enrollee Survey website is **not** a contracting vehicle, and QHP issuers must contract directly with QHP Enrollee Survey vendors.

The website is populated with issuer legal names and reporting unit IDs associated with the primary point of contact for each reporting unit. Once logged in, issuers will select each reporting unit and follow the question prompts to verify all required information (e.g., general information; enrollment status as of July 1, 2024; enrollment status as of January 1, 2025; year plan began operating; operational status in 2023, 2024, and 2025; whether the reporting unit will discontinue prior to June 15, 2025, and whether enrollees in a discontinued reporting unit will be transferred to another reporting unit). After following the website prompts and providing the requested information, eligible reporting units will be prompted with a drop-down menu for issuers to select their contracted survey vendor. QHP issuers should contact QHP_Survey@air.org with any questions regarding this process.

Required Actions for Ineligible Reporting Units

QHP issuers with reporting units that do not meet the eligibility criteria are required to report ineligibility status to CMS via the [QHP Enrollee Survey website](#) by **January 31, 2025**. QHP issuers must confirm information for each reporting unit that does not meet eligibility criteria by following the website question prompts and selecting from a drop-down menu of ineligibility reasons. [Exhibit 6: Ineligibility Reasons](#) provides information on when each of these ineligibility reasons applies.

Please follow the steps below before selecting an ineligibility reason:

- 1) Review the definition of “Operational,” “Not Operational,” and “Discontinued” in [Exhibit 1](#) and refer to the [Quality Rating FAQs](#) for the difference between discontinuation (e.g., changes in a reporting unit’s product type) and uniform modification to determine the reporting unit’s operational status.
- 2) Determine whether the reporting unit met the enrollment threshold as of July 1, 2024, and/or January 1, 2025.
- 3) Follow the question prompts in the [QHP Enrollee Survey website](#) to confirm reporting unit information (e.g., general information; enrollment status as of July 1, 2024; enrollment status as of January 1, 2025; whether the reporting unit will discontinue prior to June 15, 2025; and whether enrollees in a discontinued reporting unit will be transferred to another reporting unit) and select ineligibility reason from the drop down menu if the reporting unit:
 - will be discontinued prior to June 15, 2025; or
 - does not meet the enrollment threshold as of July 1, 2024, and/or January 1, 2025; or
 - does not operate in the current year (2024) but will operate in the upcoming year (2025); or

- is exempt from submitting the 2025 QRS clinical measure data or QHP Enrollee Survey response data for any other reason.

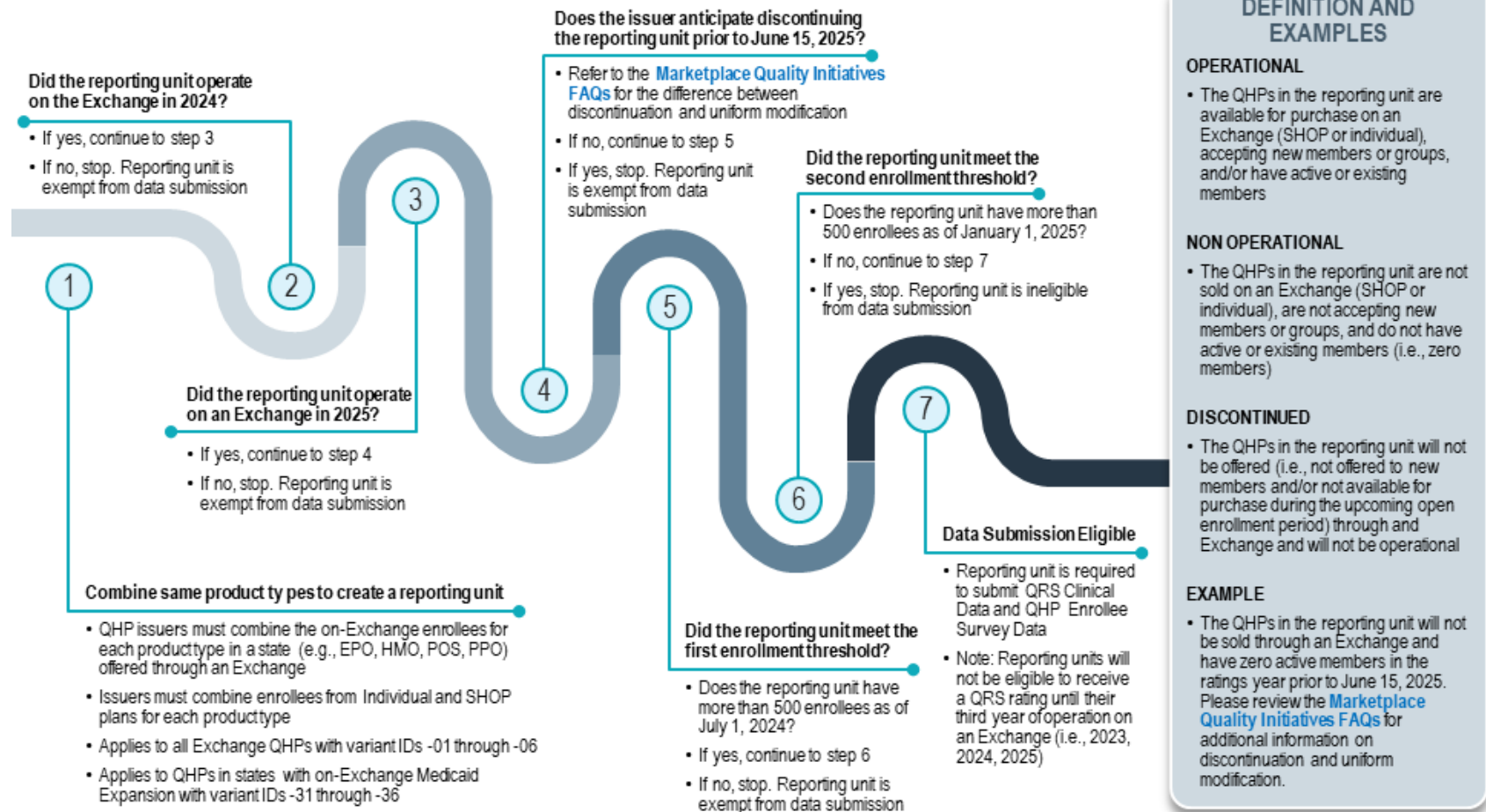
Exhibit 6: Ineligibility Reasons

Ineligibility Reason	QHP Issuer Instructions
<p>Reporting Unit Discontinued Prior to June 15, 2025</p>	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if the reporting unit will not be offered (i.e., is not being offered to new members and/or not available for purchase during the 2025 open enrollment period) through an Exchange and will not be operational. For example, the reporting unit has zero active members prior to June 15, 2025, and will not be sold through an Exchange during the 2026 open enrollment period. • QHP issuers that respond “Yes” to the question “Will the reporting unit be discontinued prior to June 15, 2025?” must provide the expected enrollee count on June 15, 2025 and indicate whether the reporting unit will be operational during the 2025 open enrollment period. • QHP issuers that respond “Yes” to the question “Will the reporting unit be discontinued prior to June 15, 2025?” must indicate whether enrollees from this reporting unit will be transferred to another reporting unit and indicate the Reporting Unit ID to which enrollees will be transferred to, if applicable.
<p>Reporting Unit Operates in Current and Upcoming Years but Did Not Meet Minimum Enrollment Threshold as of July 1, 2024</p>	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if the reporting unit operates in 2024 and 2025 but did not meet the enrollment threshold as of July 1, 2024.
<p>Reporting Unit Operates in Current and Upcoming Years but Did Not Meet Minimum Enrollment Threshold as of January 1, 2025</p>	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if the reporting unit operates in 2024 and 2025 but did not meet the enrollment threshold as of January 1, 2025.
<p>Reporting Unit Operates in Current and Upcoming Years but Did Not Meet Minimum Enrollment Threshold as of July 1, 2024, AND January 1, 2025</p>	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if the reporting unit operates in 2024 and 2025 but did not meet the enrollment threshold as of July 1, 2024, and January 1, 2025.
<p>Reporting Unit Did Not Operate in Current Year (2024) but Will Operate in Upcoming Year (2025)</p>	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if the reporting unit did not operate in 2024 but will operate in 2025.

Ineligibility Reason	QHP Issuer Instructions
<p>Other</p>	<ul style="list-style-type: none"> • QHP issuers select this ineligibility reason if the reporting unit is exempt from submitting the 2025 QRS clinical measure data and QHP Enrollee Survey response data for reasons other than those provided in the ineligibility reason drop-down menu. • QHP issuers that select “Other” as an ineligibility reason must provide additional information specific to the reporting unit to support exemption from submitting 2025 QRS clinical measure data and QHP Enrollee Survey response data in the “Other Ineligibility Reason” textbox on the QHP Enrollee Survey website.

Appendix A: Data Submission Eligibility Roadmap

QRS & QHP Enrollee Survey Data Submission Eligibility Roadmap



DEFINITION AND EXAMPLES

OPERATIONAL

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

NON OPERATIONAL

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

DISCONTINUED

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

EXAMPLE

- The QHPs in the reporting unit will not be sold through an Exchange and have zero active members in the ratings year prior to June 15, 2025. Please review the [Marketplace Quality Initiatives FAQs](#) for additional information on discontinuation and uniform modification.

Appendix B: Example Quality Control Checks for Sample Frame Files

Exhibit B-1: Example Quality Control Checks for Sample Frame Files

Quality Control Checks for Sample Frame Files	□
Verify that the Reporting Unit ID corresponds to the correct Issuer Legal Name.	
Verify that QHP Issuer Legal Name does not include extra spaces, abbreviations, or acronyms. Note: The population of this variable reflects how the QHP issuer name will appear in the Quality Improvement (QI) Report.	
Verify that the reporting unit's product type was exactly the same in both 2024 and 2025.	
Review the sample frame files for missing information. Data are required for all variables.	
Verify that data elements are assigned correctly and that all required fields contain allowed/valid values.	
Verify that the sample frame contains the entire eligible population, including both individual market and SHOP enrollees.	
Verify that the population included in the sample frame matches the population being reported. For example, if an Exchange PPO file is being reported, then no Exchange HMO, POS, or EPO members should be included in the file.	
Verify that all records within a sample frame have the same value for QHP Issuer Legal Name, Product Type, Issuer ID, QHP State, Reporting Unit ID, Reporting Status, and Total Enrollment.	
Verify that the Reporting Unit ID for the QRS and the QHP Enrollee Survey is defined by the unique QHP State-Product Type (i.e., EPO, HMO, POS, PPO) for each QHP issuer. QHP issuers may not combine states or product types.	
Verify that the Reporting Unit ID (Issuer ID-QHP State-Product Type) in the file name matches those populated in the data. The components of the Reporting Unit ID variable must match the reported values for the Issuer ID, QHP State, and Product Type variables. For example: If Reporting Unit ID = 12345-TX-PPO, then Issuer ID = 12345, QHP State = TX, and Product Type = PPO for all enrollees.	
Verify that State abbreviations in the QHP State and Reporting Unit ID are provided in capitalized letters.	
Verify that enrollees are in QHPs offered through an Exchange. Exchange QHPs are designated as HIOS Variant IDs -01 through -06, and -31 through -36 for Medicaid Expansion QHP enrollees.	
Verify that organizations with Medicaid Expansion QHP enrollees (Field Position 604, 1 = Yes) have a Variant ID value between -31 and -36.	
Run frequencies on sample frame variables to check for outliers and anomalies (including missing values). Investigate sample frame files if there are notable differences or missing values and determine whether the data are accurate.	
Compare the frequencies and count distributions of sample frame data to the previous survey administration year (2024). Investigate for significant changes (suggested >30%) and determine whether the data are accurate.	
Verify that Total Enrollment is greater than 500. Note: This is the total enrollment for the same product type within a state (i.e., all QHP Exchange HMO enrollees within a state meeting the continuous enrollment criteria), not the total number of survey-eligible enrollees within the reporting unit. Total Enrollment should be greater than the survey-eligible population. If total enrollment is equal to or less than 500, consult the Required Actions for Ineligible Reporting Units section of this document for guidance.	

Note: QHP issuers must conduct quality control checks on data included in the sample frame. Quality control checks verify that data from the sample frame are accurately captured and prevent sampling errors. This table should **not** be considered an exhaustive list of possible quality control activities.

Appendix C: Key QHP Issuer Due Dates and Additional Resources

[Exhibit C-1: Key QHP Issuer Due Dates](#) lists key QHP issuer due dates for various tasks required for ineligible and eligible reporting units and [Exhibit C-2: Additional QRS and QHP Enrollee Survey Resources](#) provides additional QRS and QHP Enrollee Survey resources and links. Refer to Exhibit 1 in the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2025](#) for the detailed implementation schedule for the 2025 QRS and QHP Enrollee Survey.

Exhibit C-1: Key QHP Issuer Due Dates

QHP Issuer Task	QHP Issuer Deadline
QHP issuer contracts with a HEDIS® Compliance Organization (NCQA-licensed) for validation of the QHP Enrollee Survey sample frame and the QRS clinical measure data.	October 1, 2024
QHP issuer contracts with an HHS-approved QHP Enrollee Survey vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS.	January 31, 2025
QHP issuer pulls sample frame on or after January 7, 2025. HEDIS® Compliance Auditor (employee of or contracted by the HEDIS® Compliance Organization) completes validation of QHP Enrollee Survey sample frame by January 31, 2025.	January 31, 2025
<p>QHP issuer completes attestation to the QRS and QHP Enrollee Experience Survey Issuer Eligibility Criteria via the QHP Enrollee Survey website.</p> <p>QHP issuer authorizes a QHP Enrollee Survey vendor and communicates this information to CMS via the QHP Enrollee Survey website. QHP issuer attests if each reporting unit is eligible or ineligible for QRS and QHP Enrollee Survey data submission.</p> <ul style="list-style-type: none"> • Ineligible reporting units: QHP issuer reports ineligibility to CMS if the QHP issuer determines that a reporting unit does not meet the enrollment thresholds or any other eligibility requirement. • Eligible reporting units: QHP issuer reports eligibility if the QHP issuer determines that a reporting unit is required to collect and submit validated clinical measure data and QHP Enrollee Survey enrollee response data. QHP issuer authorizes an HHS-approved QHP Enrollee Survey vendor and confirms QHP Enrollee Survey sample frame validation. 	January 31, 2025
QHP issuer completes NCQA's HOQ for the HEDIS® Compliance Auditor to document and prepare for QRS clinical measure data submission.	February 2025
QHP issuer and HEDIS® Compliance Auditor complete the HEDIS® Compliance Audit™.	January–June 2025 ^a
HHS-approved QHP Enrollee Survey vendor administers the QHP Enrollee Survey using the validated survey sample frame.	February–May 2025
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS (on behalf of the QHP issuer).	May 16, 2025
<p>QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's IDSS.^b</p> <p>Note: Each QHP issuer must submit and plan-lock its QRS clinical measure data by May 30 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 13 deadline.</p>	June 13, 2025, by 9:00 p.m. ET

^a For a more detailed timeline for the HEDIS® Compliance Audit™, see <https://www.ncqa.org/wp-content/uploads/HEDIS-MY-2024-Audit-Timeline.pdf>.

^b There are no fees for QHP issuers associated with accessing and using the IDSS.

QHP Issuer Task	QHP Issuer Deadline
QHP issuers, Exchange administrators, and CMS preview the 2025 QHP quality rating information.	August/September 2025
Anticipated public display of QHP quality rating information.	Start of the 2026 individual market Open Enrollment Period ^c

Exhibit C-2: Additional QRS and QHP Enrollee Survey Resources

Resource	Description
QHP Enrollee Survey Website	This website is intended for QHP issuers to attest to the QRS and QHP Enrollee Experience Survey Issuer Eligibility Criteria and select an approved vendor. This website also allows vendors to log in and securely submit data files to CMS on behalf of QHP issuers during the specified data submission periods. Issuers will register an account and access the QHP Enrollee Survey website .
CMS MQI Website	This website provides resources related to CMS MQI activities, including the QRS, the QHP Enrollee Survey, Quality Improvement Strategy (QIS) requirements, and patient safety standards. As the central site for MQI resources, this site contains instructional documents regarding implementation and reporting. Spotlight news and recent activities on QRS and QHP Enrollee Survey can be found on the CMS MQI website . The MQI will also contain the form for confirming reporting unit information/attestation and selecting an HHS-Approved QHP Enrollee survey vendor.
QRS Resources	QHP issuers must collect and submit validated QRS measure data to CMS in accordance with all CMS-issued requirements and guidance. For additional information on QRS, refer to the Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2025 and the 2025 Quality Rating System Measure Technical Specifications .
QHP Enrollee Survey Resources	A list of the 2024 HHS-approved QHP Enrollee Survey vendors, as well as the <i>QHP Enrollee Survey: Technical Specifications for 2025</i> and QHP Enrollee Survey website Issuer User Guide, are posted on the QHP Enrollee Survey page of the MQI website.
NCQA HEDIS Compliance Audit Website	This website provides an overview of the HEDIS Compliance Audit program. A list of NCQA-Certified HEDIS Compliance Organizations can be found on NCQA's HEDIS Compliance Audit Certification web page .
NCQA HOQ Support	QHP issuers should submit questions about the HOQ to the NCQA portal .
QRS and QHP Enrollee Survey Technical Support	For QRS and QHP Enrollee Survey Technical Support, contact Marketplace Service Desk (MSD) via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line of the email. For questions specific to the QHP Enrollee Survey website, contact QHP_Survey@air.org .

^c The 2026 individual market open enrollment period (OEP) is from November 1, 2025, to January 15, 2026, for Federally-facilitated Exchange (FFE) and State-based Exchange on the Federal Platform (SBE-FP) states. States with State Exchanges that operate their own eligibility and enrollment platform have flexibility to set an end date no earlier than December 15. See 45 C.F.R. § 155.410(e)(4).