

Qualified Health Plan Enrollee Experience Survey 2026 REQUEST FOR APPEAL FORM

Organization Name: _____ Date Submitted: _____

Address: _____

Primary Contact: _____ Title: _____

Telephone: _____ E-mail: _____

Please provide *new* or *additional information* in the response section(s) below for each *Criterion Not Met* that is being appealed and a justification for the initial exclusion of this information from your organization's 2026 QHP Enrollee Survey Vendor Participation Form.

Criterion Not Met:
New or Additional Information:
Justification for Exclusion from Vendor Participation Form:
Criterion Not Met:
New or Additional Information:
Justification for Exclusion from Participation Form:

Submit the appeal form to the QHP Enrollee Survey Project Team via email at the following address: QHP_Survey@air.org. Please include the following in the subject line: "[Vendor Name] 2026 Vendor Appeal Form".

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. This information collection supports the monitoring and approval of survey vendors by the Department of Health and Human Services (HHS) for the Qualified Health Plan (QHP) Enrollee Survey. Vendors not approved by HHS that are seeking to appeal HHS's decision must complete this form for further consideration. The valid OMB control number for this information collection is 0938-1249; this control number is valid until XX/XX/XXXX. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.