



Quality Improvement Strategy (QIS) Implementation Plan and Progress Report

June 3, 2015

Please retain a copy of the completed QIS Implementation Plan so that it is available for future use for reporting on activities conducted to implement the QIS.

QIS Submission Type

Part A. New or Continuing QIS Submission *This field is required, but will not be scored as part of the QIS evaluation. This section provides direction about which parts of this form to complete depending on the type of QIS submission.*

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| 1 | <p>Type of QIS Submission</p> <p><i>Check the box that describes the type of QIS submission. Follow the directions provided to complete the remainder of the form.</i></p> | <p><input type="checkbox"/> New QIS¹ with no Previous QIS submission</p> <ul style="list-style-type: none"> - Complete the Background Information section (Parts B and C) and the Implementation Plan Section (Parts D and E). <p><input type="checkbox"/> New QIS After Discontinuing a QIS Submitted During the Most Recent QHP Application Period</p> <ul style="list-style-type: none"> - Complete two forms. One to close out the discontinued QIS: <ul style="list-style-type: none"> - Complete the Background Information section (Parts B and C); - Complete the Implementation Plan Section (Parts D and E) including the discontinued QIS information; - Complete the Progress Report Section (Part F); AND - Complete a new/separate form to submit the new QIS: <ul style="list-style-type: none"> - Complete the Background Information section (Parts B and C); - Complete the Implementation Plan Section (Parts D and E). <p><input type="checkbox"/> Continuing a QIS with No Modifications</p> <ul style="list-style-type: none"> - Complete the Background Information section (Parts B and C); AND - Confirm the Implementation Plan Section (Parts D and E) is completed with the prior year's information, because it is unchanged; AND - Complete the Progress Report Section (Part F). <p><input type="checkbox"/> Continuing a QIS with Modifications (modifications can be to measures, performance targets and/or activities)</p> <ul style="list-style-type: none"> - Complete the Background Information section (Parts B and C); AND - Complete the Implementation Plan Section (Parts D and E) updating any necessary information based on modifications; AND - Complete the Progress Report Section (Part F). |
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¹ A "new QIS" is defined as a QIS that has not been previously submitted to the Federally-facilitated Marketplace (FFM) for evaluation, or is a QIS that is based upon a different market-based incentive(s) and/or topic area(s) than the issuer's previous QIS.

Background Information

Part B. Issuer Information

These fields are required, but will not be scored as part of the QIS evaluation.

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| 2 | Issuer Legal Name | |
| 3 | Company Legal Name | |
| 4 | HIOS Issuer ID | |
| 5 | Issuer State | |
| 6 | QIS Primary Contact's Name | |
| 7 | QIS Primary Contact's Title | |
| 8 | QIS Primary Contact's Telephone | |
| 9 | QIS Primary Contact's Email | |
| 10 | QIS Secondary Contact's Name | |
| 11 | QIS Secondary Contact's Title | |
| 12 | QIS Secondary Contact's Telephone | |
| 13 | QIS Secondary Contact's Email | |
| 14 | Date Issuer Began Offering Coverage Through the Marketplace | |
| 15 | <p>Current Payment Model(s) Description</p> <p><i>Select the category(ies)² of payment models that are used by the issuer across all product lines (e.g., Medicare, Medicaid, commercial, Marketplace), not just applicable to the QIS described in this document. Provide the percentage of payments tied to quality or value if Fee for Service – Linked to Quality or Value OR if Alternative Payment Models were selected.</i></p> | <p>Indicate the payment model(s) currently used:</p> <p><input type="checkbox"/> Fee for Service (FFS) – No Link to Quality or Value</p> <p><input type="checkbox"/> Fee for Service – Linked to Quality or Value</p> <p><input type="checkbox"/> Alternative Payment Models Built Upon Fee for Service Architecture</p> <p><input type="checkbox"/> Population-based Payment</p> <p>If Fee for Service – Linked to Quality or Value was selected, indicate the percentage of FFS payments linked to Quality or Value _____%</p> <p>If Alternative Payment Models was selected, indicate the percentage of payments tied to quality or value through Alternative Payment Models ____%</p> |

² Categories of payment models are defined in Rajkumar R, Conway PH, Tavenner M. CMS—Engaging Multiple Payers in Payment Reform. JAMA. 311:19. See the 2016 *QIS Technical Guidance & User Guide* for examples of payment models within each category.

Part C. Data Sources Used for Problem Identification and Monitoring Progress

This field is required, but will not be scored as part of the QIS evaluation.

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| 16 | <p>Data Sources</p> <p><i>Indicate the data sources used for identifying QHP enrollee population needs, and health and health care disparities, as well as for monitoring progress.</i></p> <p><i>(Check all that apply.)</i></p> | <ul style="list-style-type: none"><input type="checkbox"/> Internal issuer enrollee data<input type="checkbox"/> Medical records<input type="checkbox"/> Claims files<input type="checkbox"/> Surveys (enrollee, beneficiary satisfaction, other)<input type="checkbox"/> Plan data (complaints, appeals, customer service)<input type="checkbox"/> Registries<input type="checkbox"/> Census data (Specify type [e.g., block, tract, zip code])_____<input type="checkbox"/> Area Health Resource File (AHRF)<input type="checkbox"/> All-payer claims data<input type="checkbox"/> State health department population data<input type="checkbox"/> Regional collaborative health data<input type="checkbox"/> Other (Specify)_____ |
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QIS Implementation Plan Section

Please retain a copy of the completed QIS Implementation Plan for future use.

Part D. QIS Summary

These fields are required, but will not be scored as part of the QIS evaluation.

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| 17 | <p>QIS Title</p> <p>Provide a short title for the QIS.</p> <p>(100 character limit)</p> | |
| 18 | <p>QIS Description</p> <p>Provide a brief summary description of the QIS. The description must include information about all of the following:</p> <ul style="list-style-type: none"> • Market-based incentive type(s) (see Element 19); • QIS topic area(s) (see Element 20); and • The overall goal(s) of the QIS (no more than two), which should be labeled Goal 1 and Goal 2 (Note: Measures described in Element 24 should be linked to these goals). • Indicate if this is a strategy³ that the issuer currently has in place for its Marketplace product line and/or for other product lines. • Indicate if this strategy is a part of a broader initiative at the state or regional level. • If the strategy is part of a state initiative, check “yes” or “no” to indicate whether participation in the initiative is mandatory. <p>(1,000 character limit)</p> | <p>Market-based incentive type: _____</p> <p>QIS topic area: _____</p> <p>Goal 1: _____</p> <p>Goal 2: _____</p> <p>Is this strategy already in place for your Marketplace product line? <input type="checkbox"/> Yes</p> <p style="padding-left: 100px;"><input type="checkbox"/> No</p> <p>Is this strategy part of a broader initiative? If Yes, please describe: _____</p> <p>Is participation in the initiative described above mandated by your state? <input type="checkbox"/> Yes</p> <p style="padding-left: 100px;"><input type="checkbox"/> No</p> |

³ Issuers may use existing strategies employed in non-Marketplace product lines (e.g., Medicaid, commercial) if the existing strategies are relevant to their QHP enrollee populations and meet the QIS requirements and criteria.

Part E. QIS Requirements

These fields will be scored as part of the QIS evaluation. Elements marked “must pass” are elements that must receive a “meets” score during the QIS evaluation. If any “must pass” elements are scored as “does not meet” in the QIS evaluation, the issuer must revise its Implementation Plan and submit it for re-review.

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| <p>19</p> | <p>Market-Based Incentive Type(s) (Must Pass)</p> <p><i>19a – Check the type of market-based incentive(s) that are used by the QIS. (Check all that apply.) For each market-based incentive type, check the sub-type the QIS includes. (Check all that apply.)</i></p> <p><i>If “Other” is selected, briefly describe the market-based incentive sub-type in the space provided.</i></p> | <p><input type="checkbox"/> Provider Market-based Incentives:</p> <p><input type="checkbox"/> Increased reimbursement</p> <p><input type="checkbox"/> Bonus payment</p> <p><input type="checkbox"/> In-kind incentives (e.g., provision of resources/clinical support for physician practices transformation) (Please specify) ____</p> <p><input type="checkbox"/> Other provider market-based incentive (Please specify) _____</p> <p><input type="checkbox"/> Enrollee Market-based Incentives:</p> <p><input type="checkbox"/> Premium credit</p> <p><input type="checkbox"/> Co-payment reduction or waiver</p> <p><input type="checkbox"/> Co-insurance reduction</p> <p><input type="checkbox"/> Cash or cash equivalents</p> <p><input type="checkbox"/> Other enrollee market-based incentive (Please specify) _____</p> |
| <p>20</p> | <p>Topic Area Selection* (Must Pass)</p> <p><i>20a – Check box(es) for the topic area(s) this QIS addresses, as defined in the Affordable Care Act.⁴</i></p> <p><i>(Check all that apply.)</i></p> <p><i>*Implementation of activities to reduce health and health care disparities is required. It can be selected as a Topic Area or integrated into relevant Activities (see 23c).</i></p> | <p><input type="checkbox"/> Implementation of activities for improving health outcomes</p> <p><input type="checkbox"/> Implementation of activities to prevent hospital readmissions</p> <p><input type="checkbox"/> Implementation of activities to improve patient safety and reduce medical errors</p> <p><input type="checkbox"/> Implementation of wellness and health promotion activities</p> <p><input type="checkbox"/> Implementation of activities to reduce health and health care disparities (if this topic area is not selected, describe how your implementation activities relate to health and health care disparities in 23c.)</p> |

⁴ Affordable Care Act, Section 1311(g)(1).

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| 21 | <p>Targets all Health Plans Offered Through the Marketplace (Must Pass)</p> <p><i>21a – Check “All health plans” if the QIS applies to all health plans included in the current QHP Application and Certification process. Check “Subset of health plans” if the QIS covers a subset of the issuer’s health plans.*</i></p> <p><i>*Additional QIS Implementation Plan(s) must be submitted for health plans not covered by this QIS.</i></p> | <p>21a. Indicate if this QIS is applicable to <u>all</u> health plans offered through the Marketplace or a subset of health plans:</p> <p>[] All health plans</p> <p>[] Subset of health plans*</p> <p>*If “Subset of health plans” was selected above, please indicate the number of forms that will be submitted using the space provided below (e.g., This is form 1 of 2.).</p> <p>This is form _____of _____.</p> |
| | <p><i>21b – Indicate the relevant product types to which the QIS applies.</i></p> <p><i>(Check all that apply.)</i></p> | <p>21b. Product Types to which this QIS applies:</p> <p>[] Health Maintenance Organization (HMO)</p> <p>[] Point of Service (POS)</p> <p>[] Preferred Provider Organization (PPO)</p> <p>[] Exclusive Provider Organization (EPO)</p> |
| | <p><i>21c – In the space provided, specify all health plans covered by the QIS by listing each Plan’s 14-digit unique HIOS Plan ID (Standard Component ID [SCID]). Indicate if each one is a new or existing health plan.</i></p> | <p>21c. Provide all the HIOS Plan IDs (Standard Component IDs) to which the QIS applies and indicate “new” or “existing” for each health plan:</p> <p>_____ [] New [] Existing</p> <p>_____ [] New [] Existing</p> <p>_____ [] New [] Existing</p> |
| 22 | <p>Rationale for QIS (Must Pass)</p> <p><i>Provide a rationale for the QIS that addresses all of the following criteria:</i></p> <p><i>22a – How will the QIS address the needs of the current QHP enrollee population?</i></p> <p><i>(1,000 character limit)</i></p> <p><i>22b – If health and health care disparities is not one of the topic areas selected (Element 20), how will the QIS address health and health care disparities?</i></p> <p><i>(1,000 character limit)</i></p> | <p>22a. Describe how the QIS will address the needs of the current QHP enrollee population:</p> <p>22b. Describe how the QIS will address health and health care disparities:</p> |

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| 23 | <p>Activity(ies) that Will Be Conducted to Implement the QIS (Must Pass)</p> <p><i>List the activities implemented to achieve the identified goals. Describe how the activities advance the QIS as it relates to each of the following:</i></p> <p><i>(1,000 character limit)</i></p> | List the activities: |
| | <p>23a – <i>Market-based incentive selected (see Element 19);</i></p> <p><i>(1,000 character limit)</i></p> | 23a. Describe how the activities relate to the selected market-based incentive. |
| | <p>23b – <i>Topic area(s) selected (see Element 20); and</i></p> <p><i>(1,000 character limit)</i></p> | 23b. Describe how the activities relate to the selected topic area(s). |
| | <p>23c – <i>Health and health care disparities (if not selected as a separate topic area in Element 20).</i></p> <p><i>(1,000 character limit)</i></p> | 23c. Describe how the activities relate to health and health care disparities (if not selected as a topic area). |

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| 24 | <p>Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress (Must Pass)</p> <p><i>Restate the goal(s) identified in the QIS Description (Element 18).</i></p> <p><i>For each goal, identify at least one (but no more than two) primary measure(s) used to track progress against the goal.</i></p> <p><i>(500 character limit for each goal; 2,000 character limit for each measure)</i></p> | Goal 1: | Goal 2: |
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| <p>24a – Name of the measure, whether the measure is NQF-endorsed, ⁵ NQF ID if applicable (NQF-endorsed measures are not required), and if it is not an NQF-endorsed measure OR if NQF specifications were modified, a description of the measure.</p> | <p>Measure 1a 24a. Measure 1a Name: - NQF-endorsed Measure: [] Yes [] No - If yes, NQF ID: - If not an NQF-endorsed measure <u>OR</u> if NQF specifications have been modified, describe the measure (500 characters)</p> | <p>Measure 2a 24a. Measure 2a Name: - NQF-endorsed Measure: [] Yes [] No - If yes, NQF ID: - If not an NQF-endorsed measure <u>OR</u> if NQF specifications have been modified, describe the measure (500 characters)</p> |
| <p>24b – Description of how each measure will support tracking of performance related to the Goal.</p> | <p>24b. [Measure name] supports the tracking of performance related to [goal] by:</p> | <p>24b. [Measure name] supports the tracking of performance related [goal] by:</p> |
| <p>24c – Baseline results for each selected measure, including the rate and associated numerator and denominator, if applicable. If the measure does not have numerator and denominator, provide the appropriate data such as count</p> | <p>24c. Baseline Results - Numerator _____ - Denominator _____ - Count or other data point _____</p> | <p>24c. Baseline Results - Numerator _____ - Denominator _____ - Count or other data point _____</p> |
| <p>24d – Performance period (e.g., the measurement year) covered by the baseline data assessment.</p> | <p>24d. Performance Period:</p> | <p>24d. Performance Period:</p> |

⁵ NQF is an organization that—as part of its mission—uses a multi-stakeholder process to evaluate quality measures for endorsement. All NQF-endorsed measures are given an ID number. A list of endorsed measures can be found in NQF’s Quality Positioning System (<http://www.qualityforum.org/QPS/QPSTool.aspx>).

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| <i>24e – Performance target</i> | 24e. Performance Target: | 24e. Performance Target: |
| | 24a. Measure 1b Name: - NQF-endorsed Measure: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, NQF ID: - If not an NQF-endorsed measure OR if NQF specifications have been modified, describe the measure (500 characters). | 24a. Measure 2b Name: - NQF-endorsed Measure: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, NQF ID: If not an NQF-endorsed measure OR if NQF specifications have been modified, describe the measure (500 characters). |
| | 24b. [Measure name] supports the tracking of performance related [goal] by: | 24b. [Measure name] supports the tracking of performance related [goal] by: |
| | 24c. Baseline Results - Numerator_____ - Denominator_____ - Count or other data point _____ | 24c. Baseline Results - Numerator_____ - Denominator_____ - Count or other data point _____ |
| | 24d. Performance Period: | 24d. Performance Period: |
| | 24e. Performance Target: | 24e. Performance Target: |

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| 25 | <p>Timeline for Implementing the QIS</p> <p><i>Provide information regarding the following criteria:</i></p> <p>25a – <i>The start date for QIS implementation.</i></p> <p>25b – <i>Dates for defined milestones (e.g., when updated measure results will be available to assess progress).</i></p> <p><i>(100 character limit per milestone)</i></p> | <p>25a. QIS Initiation/Start Date (MM/YYYY)</p> <p>Milestone 1 _____</p> <p>Date for Milestone 1 (MM/YYYY)</p> <p>Milestone 2 _____</p> <p>Date for Milestone 2 (MM/YYYY)</p> |
| 26 | <p>Risk Assessment</p> <p><i>Provide information regarding anticipated barrier(s) and mitigation activities</i></p> <p>26a – <i>List any known or anticipated barriers in implementing QIS activities.</i></p> <p><i>(1,500 character limit)</i></p> <p>26b – <i>For each barrier identified, describe the mitigation activities that will be incorporated into the QIS if needed.</i></p> <p><i>(1,500 character limit)</i></p> | <p>26a. List any known or anticipated barriers.</p> <p>26b. Describe mitigation activities for each barrier identified in 26a.</p> |

QIS Progress Report Section

Part F. Progress Report Summary

These fields will be scored as part of the QIS evaluation. Elements marked “must pass” are elements that must receive a “meets” during the QIS evaluation. If any “must pass” elements are scored as “does not meet” in the QIS evaluation, the issuer must revise its Progress Report and submit it for re-review.

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| 27 | <p>Addition of Health Plans to the Issuer’s QIS</p> <p><i>27a – Check “Add health plan(s)” if the issuer is adding health plans to its existing QIS. Check “No additional health plans” if the issuer is not adding any health plans to its existing QIS.</i></p> <p><i>27b – If “Add health plan(s)” was selected, list all new health plans and provide each plan’s 14-digit unique HIOS Plan ID (Standard Component ID). Select “Not Applicable” if no new health plans were included.</i></p> | <p>27a. Indicate if the issuer is adding health plans to its existing QIS:</p> <p><input type="checkbox"/> Add health plan(s)</p> <p><input type="checkbox"/> No additional health plans</p> <p>27b. Provide all the HIOS Plan IDs (Standard Component ID) for health plans new to this QIS.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Not Applicable</p> |
| 28 | <p>QIS Modifications</p> <p><i>28a.a. If “Continuing a QIS with Modifications” was selected in Element 1, please indicate what type of modification the issuer is making to its QIS. (Check all that apply.)</i></p> <p><i>If “Continuing a QIS with Modifications” was <u>not</u> selected in Element 1, check “Not Applicable.”</i></p> <p><i>28b. Provide a justification and brief description of the modification(s) selected in criterion 28a.</i></p> <p><i>Check “Not Applicable” if no modifications were/will be made.</i></p> <p><i>500 characters</i></p> | <p>28a. Indicate modifications:</p> <p><input type="checkbox"/> Performance measures</p> <p><input type="checkbox"/> Performance targets</p> <p><input type="checkbox"/> Activities</p> <p><input type="checkbox"/> Not applicable</p> <p>28b. Provide a justification and description of the change identified above:</p> <p><input type="checkbox"/> Not applicable</p> |

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| 29 | <p>Analyze Progress Using Baseline Data, as Documented in Implementation Plan</p> <p><i>Restate the goals identified in the Implementation Plan (Elements 18 and 24).</i></p> <p><i>For each goal, identify at least one (but no more than two) primary measures used to track progress against the goal. For each measure identified, provide the following:</i></p> | Goal 1: | Goal 2: |
| 29a – Performance period (e.g., the measurement year covered by the updated data). | 29a. Measure 1a Performance Period: | 29a. Measure 2a Performance Period: | |
| 29b – Measure name (this should be the same as what was included in Element 24). | 29b. Measure 1a Name: | 29b. Measure 2a Name: | |
| <p>29c – Baseline results for each selected measure, including the rate and associated numerator and denominator, if applicable (this should be the same figure entered in Element 24).</p> <p><i>If the measure does not have numerator and denominator, provide the appropriate data such as count.</i></p> | <p>29c. Baseline Results</p> <ul style="list-style-type: none"> - Numerator_____ - Denominator_____ - Count or other data point _____ | <p>29c. Baseline Results</p> <ul style="list-style-type: none"> - Numerator_____ - Denominator_____ - Count or other data point _____ | |

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| <p><i>29d – Most up-to-date numerator and denominator data (if applicable) and rate (if applicable) available since the last QIS submission (last QHP Application Period)</i></p> <p><i>If measure does not have numerator, denominator, and rate, provide a count or other data point (See Criterion 24c)</i></p> | <p>29d. Follow-up Results</p> <ul style="list-style-type: none"> - Numerator_____ - Denominator_____ - NA:_____ - Count or other data point (if applicable):_____ - Was the performance target (Criteria 24e) achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> N/A</p> | <p>29d. Follow-up Results</p> <ul style="list-style-type: none"> - Numerator_____ - Denominator_____ - NA:_____ - Count or other data point (if applicable):_____ - Was the performance target (Criteria 24e) achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> N/A</p> |
| | <p>Measure 1b</p> <p>29a. Measure 1b Performance Period:</p> | <p>Measure 2b</p> <p>29a. Measure 2b Performance Period:</p> |
| | <p>29b. Measure 1b Name:</p> | <p>29b. Measure 2b Name:</p> |
| | <p>29c. Baseline Results</p> <ul style="list-style-type: none"> - Numerator_____ - Denominator_____ <p>Count or other data point _____</p> | <p>29c. Baseline Results</p> <ul style="list-style-type: none"> - Numerator_____ - Denominator_____ <p>Count or other data point _____</p> |
| | <p>29d. Follow-up Results</p> <ul style="list-style-type: none"> - Numerator:_____ - Denominator_____ - NA:_____ - Count or other data point (if applicable):_____ - Was the performance target (Criteria 24e) achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <p>29d. Follow-up Results</p> <ul style="list-style-type: none"> - Numerator:_____ - Denominator_____ - NA:_____ - Count or other data point (if applicable):_____ - Was the performance target (Criteria 24e) achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

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| 30 | <p>Summary of Progress</p> <p><i>30a -- Summary of progress, including reasons why progress was or was not made toward the performance target(s) documented in Element 24. Include a description of activities that led to the outcome.</i></p> <p><i>If applicable, indicate whether the information provided here affects the decision to modify or change the QIS.</i></p> <p><i>(1,000 character limit)</i></p> | | |
| 31 | <p>Barriers</p> <p><i>31a – Check the appropriate box to indicate if barriers were encountered when implementing the QIS.</i></p> <p><i>31b – Check the appropriate box to indicate if there were problems meeting timelines.</i></p> <p><i>31c – If “Yes” was selected in 31a or 31b, describe the barriers and/or problems in implementing the QIS or meeting timelines. If “No” was selected in 31a or 31b, select “Not Applicable.”</i></p> | <p>31a. Were barriers encountered in implementing the QIS?</p> <p>[] Yes</p> <p>[] No</p> | <p>31b. Were there problems meeting timelines?</p> <p>[] Yes</p> <p>[] No</p> <p>31c. Describe the barriers and/or problems in implementing the QIS or meeting timelines.</p> <p>[] Not Applicable</p> |
| 32 | <p>Mitigation Activities</p> <p><i>32a – If “Yes” was selected in 31a or 31b, describe the mitigation activities implemented to address each barrier or problem in meeting the timeline. Also, describe the result(s) of the mitigation activities. If “No” was selected in 31a and 31b, select “Not Applicable.”</i></p> <p><i>(1,500 character limit)</i></p> | <p>32a. Describe the mitigation activities. If “No” was selected in 31a and 31b, select “Not Applicable.”</p> <p>[] Not Applicable</p> | |