

Please retain a copy of the completed Quality Improvement Strategy (QIS) Implementation Plan form so that it is available for future reference for reporting on activities conducted to implement the QIS. For detailed instructions, please refer to the QIS Technical Guidance and User Guide for the 2020 Plan Year.

## QIS Submission Type

### Part A. New, Discontinuing, or Continuing QIS Submission

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

#### 1. Type of QIS Submission

Select the option that describes the type of QIS submission, and follow the instructions to complete the submission.

Type of QIS	Instructions
<b>New QIS<sup>1</sup> with No Previous QIS Submission</b>	Complete the Background Information Section (Parts A, B, and C) and the Implementation Plan Section (Parts D and E).
<b>New QIS after Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period<sup>2</sup></b>	Complete a form to submit the new QIS, including the Background Information Section (Parts A, B and C) and the Implementation Plan Section (Parts D and E). (Must also submit a form to close out the discontinued QIS; see “Discontinuing a QIS”).
<b>Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period</b>	Complete a form to close out the discontinued QIS, including the Background Information Section (Parts A, B, and C) and the Implementation Plan Section (Parts D and E), with the discontinued QIS information. Include the Progress Report (Part G) to report on progress of the QIS up to the point it was discontinued. (Must submit at least one QIS to cover all eligible QHPs; see “New QIS after Discontinuing a QIS Submitted during a prior QHP Application Period”).
<b>Continuing a QIS with No Modifications</b>	Complete the Background Information Section (Parts A, B, and C), Implementation Plan Section (Parts D and E), and the Progress Report Summary (Part G). Do not complete the QIS Modification Summary (Part F).
<b>Continuing a QIS with Modifications<sup>3</sup></b>	Complete the Background Information Section (Parts A, B, and C), Implementation Plan Section (Parts D and E); Modification Section (Part F), and the Progress Report Section (Part G).

<sup>1</sup> A “new QIS” is defined as a QIS that has not been previously submitted to an Exchange.

<sup>2</sup> A new QIS is required if an issuer: changes its QIS market-based incentive sub-type, changes its QIS topic area, reaches one or more of its QIS performance targets, the QIS is not having the expected impact, or the QIS results in negative outcomes or unintended consequences.

<sup>3</sup> An issuer may continue with an existing QIS even if it changes the following: goals, activities, measures and/or performance targets.

**2. Targets All QHPs and Product Types Offered Through an Exchange (Must Pass)**

Please indicate the number of forms that will be submitted: This is form \_\_\_\_\_ of \_\_\_\_\_.

2a. Indicate if this QIS is applicable to all eligible QHPs you offer or are applying to offer through the Exchanges, or to a subset of eligible QHPs.

All QHPs

Subset of QHPs<sup>4\*</sup>

\* If "Subset of QHPs" was selected above, an additional QIS Implementation Plan(s) (Parts D and E of this form) must be submitted for eligible QHPs not covered by this QIS.

2b. Select the relevant product types to which the QIS applies. Check all that apply. To update a prior QIS submission by changing product types, use Element 28 in the Modification Summary section (Part F).

Health Maintenance Organization (HMO)

Point of Service (POS)

Preferred Provider Organization (PPO)

Exclusive Provider Organization (EPO)

Indemnity

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<sup>4</sup> An issuer that previously covered all eligible QHPs with a single QIS may choose to cover a subset of QHPs with its existing QIS in subsequent years but must submit an additional QIS form(s) to cover its remaining eligible QHPs. Similarly, an issuer that previously covered subsets of its eligible QHPs with different quality improvement strategies may discontinue one or more of its strategies by submitting QIS forms to close them out. The issuer must also ensure all eligible QHPs are covered by an existing or new QIS.

## Background Information

### Part B. Issuer Information

These fields are required but will not be scored as part of the QIS evaluation. Issuers may update the information in Part B from year to year, as needed.

- |   |  |
|---|--|
| <b>3. Issuer Legal Name</b>   | <b>4. Company Legal Name</b>                         |
| <b>5. HIOS Issuer ID</b>  | <b>6. Issuer State</b>                               |
| <b>7. QIS Primary Contact's First Name</b>                          | <b>QIS Primary Contact's Last Name</b>               |
| <b>8. QIS Primary Contact's Title</b>                               | <b>9. QIS Primary Contact's Phone</b> <b>Ext.</b>    |
| <b>10. QIS Primary Contact's Email</b>                              |  |
| <b>11. QIS Secondary Contact's First Name</b>                       | <b>QIS Secondary Contact's Last Name</b>             |
| <b>12. QIS Secondary Contact's Title</b>                            | <b>13. QIS Secondary Contact's Phone</b> <b>Ext.</b> |
| <b>14. QIS Secondary Contact's Email</b>                            |  |
| <b>15. Date Issuer Began Offering Coverage Through the Exchange</b> |  |

Note: for all date fields in this form, use the down arrow key to activate the calendar and then use the mouse or arrow keys to navigate to the correct date.

**16. Current Payment Model(s) Description**

Select the category(ies) of payment models that are used by the issuer across its Exchange product line. Provide the percentage of payments in each payment model category<sup>5</sup> used by the issuer across its Exchange product line. The total percentage of payments across all four payment model types should equal approximately 100 percent.<sup>6</sup>

<b>Payment Model Type</b>	<b>Payment Model Description</b>	<b>Provide Percentage</b>
<b>Fee for Service – No Link to Quality and Value</b>	Payments are based on volume of services and not linked to quality or efficiency.	%
<b>Fee for Service – Linked to Quality and Value</b>	At least a portion of payments vary based on the quality or efficiency of health care delivery.	%
<b>Alternative Payment Models Built on Fee for Service Architecture</b>	Some payment is linked to the effective management of a segment of the population or an episode of care. Payments are still triggered by delivery of services, but there are opportunities for shared savings or two-sided risk.	%
<b>Population-based Payment</b>	Payment is not directly triggered by service delivery, so payment is not linked to volume. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., more than one year).	%
<b>Total</b>	Please confirm the total percentage of payments across all four payment model type categories equals approximately 100%.	%

<sup>5</sup> Categories of payment models are defined in the *Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group – Alternative Payment Model (APM) Framework Final White Paper*, available at: <https://hcp-lan.org/workproducts/apm-whitepaper.pdf>. See the *QIS Technical Guidance and User Guide for the 2020 Plan Year* for examples of payment models within each category.

<sup>6</sup> To calculate the percentage of payments for Fee for Service payments linked to quality or value, and/or Alternative Payment Models tied to quality or value, issuers should use the calculation methodologies defined in the *Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs (APM Measurement Effort) Final Paper*, available at: <https://hcp-lan.org/groups/apm-fpt/apm-report/>. See Table 1 (p. 7-10) for instructions to calculate the percentage of payments for these two payment model categories.

**Part C. Data Sources Used for Goal Identification and Monitoring Progress**

These fields are required but will not be scored as part of the QIS evaluation. Issuers may update the information in Part C from year to year, as needed.

**17. Data Sources**

Indicate the data sources used for identifying QHP enrollee population needs and supporting the QIS rationale (Element 22). Check all that apply.

<b>Data Sources</b>
Internal issuer enrollee data
Medical records
Claim files
Surveys (enrollee, beneficiary satisfaction, other)
Plan data (complaints, appeals, customer service, other)
Registries
Census data Specify Type [e.g., block, tract, ZIP Code]:
Area Health Resource File (AHRF)
All-payer claims data
State health department population data
Regional collaborative health data
Other: Please describe. Do not include company identifying information in your data source description.  (100 character limit)

## QIS Implementation Plan Section

### Part D. QIS Summary

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

#### 18. QIS Title

Provide a short title for the QIS.

*(200 character limit)*

#### 19. QIS Description

Provide a brief summary description of the QIS. The description must include the market-based incentive type and topic area (see Elements 20 and 21).

*(1,000 character limit)*

Is the QIS described above part of a mandatory State initiative?

Yes                      No

Is the QIS submission<sup>7</sup> a strategy that the issuer currently has in place for its Exchange product line and/or for other product lines?

Yes                      No

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<sup>7</sup> Issuers may use existing strategies employed in non-Exchange product lines (e.g., Medicaid, commercial) if the existing strategies are relevant to their QHP enrollee populations and meet the QIS requirements and criteria.

If "yes" was checked for either/both of the above, please describe the State initiative and/or current issuer strategy.

*(1,000 character limit)*

**Describe the overall goal(s) of the QIS (no more than two).**

**Note:** *The topic area(s) selected in Element 21 and the measures described in Element 24 should be linked to these goals.*

**Note:** *If you modified the Goals, describe the modifications in Part F, QIS Modification Summary: Criterion 27a, and include the modified goals here in Element 19.*

**QIS Goal 1:**

*(500 character limit)*

**QIS Goal 2:**

*(500 character limit)*

## **Part E. QIS Requirements**

**The Elements in Part E will be scored as part of the QIS evaluation.** If any elements are scored as “does not meet” in the QIS evaluation, the issuer must revise those elements and resubmit its Implementation Plan for re-review.

### **20. Market-based Incentive Type(s) (Must Pass)**

Select the sub-type of market-based incentive(s) the QIS includes. Check all that apply. If either “In-kind incentives,” “Other provider market-based incentives,” or “Other enrollee market-based incentives” is selected, provide a brief description in the space provided.

#### **Provider Market-based Incentives:**

Increased reimbursement

Bonus payment

In-kind incentives (Provide a description in the space below.) *(500 character limit)*

Other provider market-based incentives (Provide a description in the space below.)  
*(500 character limit)*

#### **Enrollee Market-based Incentives:**

Premium credit

Co-payment reduction or waiver

Co-insurance reduction

Cash or cash equivalents

Other enrollee market-based incentives (Provide a description in the space below.)  
*(500 character limit)*

**21. Topic Area Selection (Must Pass)**

Select the topic area(s) this QIS addresses, as defined in the Patient Protection and Affordable Care Act.<sup>8</sup> Check each topic area that applies.

QIS Topic Area	Example Activities Cited in the Patient Protection and Affordable Care Act
<b>Improve health outcomes</b>	<ul style="list-style-type: none"> <li>▪ Quality reporting</li> <li>▪ Effective case management</li> <li>▪ Care coordination</li> <li>▪ Chronic disease management</li> <li>▪ Medication and care compliance initiatives</li> </ul>
<b>Prevent hospital readmissions</b>	<ul style="list-style-type: none"> <li>▪ Comprehensive program for hospital discharge that includes:               <ul style="list-style-type: none"> <li>- Patient-centered education and counseling</li> <li>- Comprehensive discharge planning</li> <li>- Post-discharge reinforcement by an appropriate health care professional</li> </ul> </li> </ul>
<b>Improve patient safety and reduce medical errors</b>	<ul style="list-style-type: none"> <li>▪ Appropriate use of best clinical practices</li> <li>▪ Evidence-based medicine</li> <li>▪ Health information technology</li> </ul>
<b>Implement wellness and health promotion activities</b>	<ul style="list-style-type: none"> <li>▪ Smoking cessation</li> <li>▪ Weight management</li> <li>▪ Stress management</li> <li>▪ Healthy lifestyle support</li> <li>▪ Diabetes prevention</li> </ul>
<b>Reduce health and health care disparities</b>	<ul style="list-style-type: none"> <li>▪ Language services</li> <li>▪ Community outreach</li> <li>▪ Cultural competency trainings</li> </ul>

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<sup>8</sup> Implementation of wellness and health promotion activities are cited in Section 2717(b) of the Patient Protection and Affordable Care Act. All other activities are cited in Section 1311(g)(1) of the Patient Protection and Affordable Care Act.

**22. Rationale for QIS (Must Pass)**

Provide a rationale for the QIS that describes the issuer's current QHP enrollee populations and how the QIS will address the needs of the current QHP enrollee population(s).

*(1,500 character limit)*

**23. Activity(ies) that Will Be Conducted to Implement the QIS (Must Pass)**

23a. List the activities that will be implemented to achieve the identified goals. If the activity(ies) were modified, please include the modified activity(ies) here, and describe the modifications in Part F, QIS Modification Summary: Criterion 27b.

*(1,500 character limit)*

23b. Describe how the activities relate to the selected market-based incentive (see Element 20).

*(1,500 character limit)*

23c. Describe how the activities relate to the topic area(s) selected (see Element 21).

*(1,500 character limit)*

- 23d. If the issuer did not choose health and health care disparities as a topic area in Element 21, but the QIS does include activities related to addressing health and health care disparities, describe the activities below. If (1) health and health care disparities is one of the topic areas selected in Element 21; OR (2) health and health care disparities are not addressed in this QIS, check  Not Applicable.

*(1,500 character limit)*

#### **24. Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress (Must Pass)**

**Note:** *If you modified the measures and/or associated performance targets, describe the modifications in Part F, QIS Modification Summary: Criterion 27c, and include the modified measures and/or associated performance targets here in Element 24.*

Restate the goal(s) identified in the QIS description (see Element 19).

##### **QIS Goal 1:**

*(500 character limit)*

For this goal, identify at least one (but no more than two) primary measure(s) used to track progress toward meeting the goal.

24a. **Measure 1a**

Measure 1a Name:

Provide a narrative description of the measure numerator and denominator.

*(500 character limit)*

Is this a National Quality Forum (NQF)-endorsed measure?      Yes      No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes      No

24b. Describe how [Measure 1a] supports the tracking of performance related to [Goal 1].

*(1,000 character limit)*

24c. **Baseline Assessment.** Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

- 24d. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

—

- 24e. Provide the numerical value performance target for this measure:

- 24f. **Measure 1b**

Measure 1b Name:

Provide a narrative description of the measure numerator and denominator.

*(500 character limit)*

Is this a National Quality Forum (NQF)-endorsed measure?      Yes      No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes      No

- 24g. Describe how [Measure 1b] supports the tracking of performance related to [Goal 1].

*(1,000 character limit)*

- 24h. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

- 24i. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

—

- 24j. Provide the numerical value performance target for this measure:

**QIS Goal 2:**

*(500 character limit)*

For this goal, identify at least one (but no more than two) primary measure(s) track progress towards meeting the goal.

24k. **Measure 2a**

Measure 2a Name:

Provide a narrative description of the measure numerator and denominator.

*(500 character limit)*

Is this a National Quality Forum (NQF)-endorsed measure?      Yes      No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes      No

24l. Describe how [Measure 2a] supports the tracking of performance related to [Goal 2].  
(1,000 character limit)

24m. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

24n. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

—

24o. Provide the numerical value performance target for this measure:

24p. **Measure 2b**

Measure 2b Name:

Provide a narrative description of the measure numerator and denominator.

*(500 character limit)*

Is this a National Quality Forum (NQF)-endorsed measure?      Yes      No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes      No

24q. Describe how [Measure 2b] supports the tracking of performance related to [Goal 2].

*(1,000 character limit)*

24r. **Baseline Assessment.** Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

24s. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

—

24t. Provide the numerical value performance target for this measure:

**25. Timeline for Implementing the QIS**

25a. QIS Initiation/Start Date:

25b. Describe the milestone(s) and provide the date(s) for each milestone (e.g., when activities described in Element 23 will be implemented). At least one milestone is required.

*(100 character limit per milestone)*

	<b><u>Milestone(s)</u></b>	<b><u>Date for Milestone(s)</u></b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

## 26. Risk Assessment

- 26a. List all known or anticipated barriers to implementing QIS activities.  
(750 character limit)

If no barriers were identified, describe how you assessed risk in the box below. If barriers were identified above, this box should be left blank.

(750 character limit)

- 26b. Describe the mitigation activities that will be incorporated to address each barrier identified in Criterion 26a.  
(1,500 character limit)

Optional: *If there is any additional information you would like to provide regarding your QIS Implementation Plan, please do so in the box below.*  
(1,500 character limit)



If "New QIS with No Previous QIS submission," STOP HERE.  
If "New QIS after Discontinuing," STOP HERE.  
If "Discontinuing a QIS," SKIP to page 22 (Part G. Progress Report Summary).  
If "Continuing a QIS with Modifications," continue to page 21 (Part F. Modification Summary).  
If "Continuing a QIS with No Modifications," SKIP to page 22 (Part G. Progress Report Summary).

## Progress Report Section

### Part F. QIS Modification Summary

#### 27. Modifying Goals, Activities, and Measures or Associated Performance Targets (Must Pass)

If "Continuing a QIS with Modifications" was selected in Part A, Element 1, please indicate what type of modification(s) the issuer is making to its QIS and provide a rationale for the modification(s). Note that modifications only apply to elements in Parts D and E (Implementation Plan).

27a. **QIS Goals:** Which Goals, if any, are modified from the prior year's QIS submission? Select all that apply.

Goal 1                  Goal 2

Describe Modifications to Goals (500 character limit)

27b. **QIS Activities:** Are Activities modified from the prior year's QIS submission?

Yes                      No

If yes, describe Modifications to Activities (500 character limit)

27c. **QIS Measures or Associated Performance Targets:** Which Measures or Associated Performance Targets, if any, are modified from the prior year's QIS submission? Select all that apply.

Measure 1a                  Measure 1b                  Measure 2a                  Measure 2b

Describe Modifications to Measures or Associated Performance Targets (500 character limit)

## 28. Modifying Product Types

Are the product types modified from the prior year's QIS submission? Indicate whether the issuer is adding and/or removing any product types to the QIS originally listed in Criterion 2b. Select all that apply.

Health Maintenance Organization (HMO)	Add	Remove
Point of Service (POS)	Add	Remove
Preferred Provider Organization (PPO)	Add	Remove
Exclusive Provider Organization (EPO)	Add	Remove
Indemnity	Add	Remove

## Part G. Progress Report Summary

**The elements in Part G will be scored as part of the QIS evaluation.** All elements must receive a "meets" during the QIS evaluation. If any elements are scored as "does not meet" in the QIS evaluation, the issuer must revise its Progress Report and submit it for re-review.

**Note:** The Goals and Measures identified in this section (Part G: Progress Report Summary) are the Goals and Measures from the prior year's Implementation Plan against which progress is measured (i.e., the Goal(s) and/or Measure(s) as stated before modifications were made, where applicable).

## 29. Analyze Progress Using Baseline Data, as Documented in the Implementation Plan (Must Pass)

Restate the Goal(s) identified in the prior year's Implementation Plan. For each Goal, restate the Measure(s) information identified in Element 24 from the prior year's Implementation Plan, and complete the fields below.

### QIS Goal 1:

(500 character limit)

### Measure 1a:

29a. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

—

29b. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

—

29c. Measure 1a Name:

29d. Restate the baseline results from Criterion 24c of Measure 1a of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

29e. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24e of Measure 1a) achieved?

Yes

No

**Measure 1b:**

29f. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

—

29g. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

—

29h. Measure 1b Name:

- 29i. Restate the baseline results from Criterion 24c for Measure 1b of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

- 29j. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24e of Measure 1b) achieved?

Yes

No

**QIS Goal 2:**

*(500 character limit)*

**Measure 2a:**

- 29k. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

—

- 29l. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

—

29m. Measure 2a Name:

- 29n. Restate the baseline results from Criterion 24c of Measure 2a of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

- 29o. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24e of Measure 2a) achieved?

Yes

No

**Measure 2b:**

- 29p. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

- 29q. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

-

- 29r. Measure 2b Name:

- 29s. Restate the baseline results from Criterion 24c of Measure 2b of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

- 29t. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24e of Measure 2b) achieved?

Yes

No

### 30. Summary of Progress (Must Pass)

Indicate why progress was or was not made toward the performance target(s) documented in Element 24 of your prior year's QIS submission. Include a description of activities that led to the outcome, and if applicable, indicate whether the information provided here affects the decision to modify the QIS (Part F: QIS Modification Summary).

If the issuer selected "Discontinuing a QIS Submitted During a Prior QHP Application Period" in Element 1, provide the rationale for discontinuing the QIS.

If applicable, provide information about changes made based on Post-Certification Assessment (PCA) Reports from the previous year.

*(3,000 character limit)*

**31. Barriers**

31a. Were barriers encountered in implementing the QIS?

Yes                      No

If "Yes," describe the barriers. *(1,500 character limit)*

31b. Were there problems meeting timelines as indicated in Element 25?

Yes                      No

If "Yes," describe the problems in meeting timelines. *(1,500 character limit)*

### 32. Mitigation Activities

- 32a. If "Yes" was selected in 31a, describe the mitigation activities implemented to address each barrier. Also, describe the result(s) of the mitigation activities. If "No" was selected in 31a, check  Not Applicable.

*(1,500 character limit)*

- 32b. If "Yes" was selected in 31b, describe the mitigation activities implemented to address each problem in meeting the timeline. Also, describe the result(s) of the mitigation activities. If "No" was selected in 31b, check  Not Applicable.

*(1,500 character limit)*

Optional: *If there is any additional information you would like to provide regarding your QIS Progress Report, please do so in the box below.*

*(1,500 character limit)*