

Please retain a copy of the completed Quality Improvement Strategy (QIS) 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 2018 Plan Year.

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.

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
New QIS¹ with No Previous QIS submission	Complete the Background Information Section (Parts B and C) and the Implementation Plan Section (Parts D and E).
New QIS after Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period²	Must complete two forms: 1. Complete a form to close out the discontinued QIS, including the Background Information Section (Parts B and C); Implementation Plan Section (Parts D and E), with the discontinued QIS information; and Progress Report Section (Part F); AND 2. Complete a new/separate form to submit the new QIS, including the Background Information Section (Parts B and C) and the Implementation Plan Section (Parts D and E).
Continuing a QIS with No Modifications	Complete the Background Information Section (Parts B and C), Implementation Plan Section (Parts D and E), and the Progress Report Section (Part F).
Continuing a QIS with Modifications³	Complete the Background Information Section (Parts B and C); Implementation Plan Section (Parts D and E); and the Progress Report Section (Part F).

¹ A "new QIS" is defined as a QIS that has not been previously submitted to a Marketplace, 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.

² A new QIS is required if an issuer: changes its QIS market-based incentive type or 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.

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

Background Information

Part B. Issuer Information

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

2. Issuer Legal Name

3. Company Legal Name

4. HIOS Issuer ID

5. Issuer State

6. QIS Primary Contact's First Name

QIS Primary Contact's Last Name

7. QIS Primary Contact's Title

8. QIS Primary Contact's Phone

Ext.

9. QIS Primary Contact's Email

10. QIS Secondary Contact's First Name

QIS Secondary Contact's Last Name

11. QIS Secondary Contact's Title

12. QIS Secondary Contact's Phone

Ext.

13. QIS Secondary Contact's Email

14. Date Issuer Began Offering Coverage Through the Marketplace

/ /

15. Current Payment Model(s) Description

Select the category(ies)⁴ of payment models that are used by the issuer across its Marketplace product line. If “Fee for Service – Linked to Quality or Value” AND/OR “Alternative Payment Models Built upon Fee for Service Architecture” is checked, provide the percentage of payments tied to quality or value.

Payment Model Type	Payment Model Description
Fee for Service – No Link to Quality and Value	Payments are based on volume of services and not linked to quality or efficiency.
Fee for Service – Linked to Quality and Value	At least a portion of payments vary based on the quality or efficiency of health care delivery.
Alternative Payment Models Built on Fee for Service Architecture	Some payment is linked to the effective management of a segment of the population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or two-sided risk.
Population-based Payment	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).

Provide percentage of payments:⁵

Percentage of Fee for Service payments linked to quality and value: %

Percentage of payments tied to quality and value through alternative payment models: %

⁴ Categories of payment models are defined in Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group – Alternative Payment Model (APM) Framework Final White Paper. <https://hcp-lan.org/workproducts/apm-whitepaper.pdf>. See the *QIS Technical Guidance and User Guide for the 2018 Plan Year* for examples of payment models within each category.

⁵ To calculate the percentage of payments for Fee for Service payments linked to quality and value, and/or Alternative Payment Models tied to quality and 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. <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.

16. Data Sources

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

Data Sources
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

If you checked "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.

17. QIS Title

Provide a short title for the QIS.

(200 character limit)

18. QIS Description

Provide a brief summary description of the QIS. The description must include the market-based incentive type and topic area.

(1,000 character limit)

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

Yes

No

Is the QIS submission⁶ a strategy that the issuer currently has in place for its Marketplace product line and/or for other product lines?

Yes

No

⁶ 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.

QIS Implementation Plan and Progress Report Form

OMB 0938-1286

Expiration Date: 10/31/2018

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 20 and the measures described in Element 24 should be linked to these goals.

QIS Goal 1: Is Goal 1 modified from the most recent QIS submission?

Yes No Not Applicable

(500 character limit)

QIS Goal 2: Is Goal 2 modified from the most recent QIS submission?

Yes No Not Applicable

(500 character limit)

Part E. QIS Requirements

The elements in Part E will be scored as part of the QIS evaluation. All elements must receive a “meets” score during 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.

19. Market-based Incentive Type(s) (Must Pass)

Select the type and sub-type of market-based incentive(s) the QIS includes. Check all that apply. If either “In-kind incentives” or “Other provider 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)

20. Topic Area Selection (Must Pass)

Select the topic area(s) this QIS addresses, as defined in the Affordable Care Act.⁷ Check each topic area that applies.

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

⁷ Implementation of wellness and health promotion activities are cited in Section 2717(b) of the Affordable Care Act. All other activities are cited in Section 1311(g)(1) of the Affordable Care Act.

21. Targets All Health Plans Offered Through a Marketplace (Must Pass)

21a. Indicate if this QIS is applicable to all eligible QHPs you offer or are applying to offer through the Marketplaces, or to a subset of eligible QHPs.

All QHPs

Subset of QHPs*

* 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.

If "Subset of QHPs" was selected above, please indicate the number of forms that will be submitted: This is form _____ of _____ .

21b. In the space provided, specify all eligible QHPs covered by the QIS by listing each plan's unique 14-digit HIOS Plan ID (Standard Component ID [SCID]). Indicate if each one is a new or existing eligible QHP. For initial submissions, specify all eligible QHPs covered by the QIS. To update a prior QIS submission by adding or removing SCIDs, use Element 27. Note: Please list additional health plans covered by the QIS on pages 26 and 27.

HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan

21c. Select the relevant product types to which the QIS applies. Check all that apply.

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

22. Rationale for QIS (Must Pass)

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

(1,000 character limit)

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

Is the activity(ies) modified from the most recent QIS submission?

Yes No Not Applicable

23a. List the activities that will be implemented to achieve the identified goals.

(1,000 character limit)

23b. Describe how the activities relate to the selected market-based incentive (see Element 19).

(1,000 character limit)

23c. Describe how the activities relate to the topic area(s) selected (see Element 20).

(1,000 character limit)

23d. If the issuer did not choose health and health care disparities as a topic area in Element 20, 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 20; OR (2) health and health care disparities are not addressed in this QIS, check Not Applicable.

(1,000 character limit)

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

Restate the goal(s) identified in the QIS description (see Element 18).

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 against the goal.

24a. Measure 1a

Is Measure 1a modified from the most recent QIS submission?

Yes No Not Applicable

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. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

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

-

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

24a. **Measure 1b**

Is Measure 1b modified from the most recent QIS submission?

Yes

No

Not Applicable

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

24b. Describe how [Measure 1b] 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. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

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

-

24e. Provide 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) used to track progress against the goal.

24a. Measure 2a

Is Measure 2a modified from the most recent QIS submission?

Yes

No

Not Applicable

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

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

24c. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

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

-

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

24a. **Measure 2b**

Is Measure 2b modified from the most recent QIS submission?

Yes No Not Applicable

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

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

(1,000 character limit)

24c. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

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

-

24e. Provide 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)

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

26. Risk Assessment

- 26a. List all known or anticipated barriers to implementing QIS activities. If no barriers were identified, describe how you assessed barriers.

(1,500 character limit)

- 26b. Describe the mitigation activities that will be incorporated to address each barrier identified in Criterion 26a.

(1,500 character limit)

QIS Progress Report Section

Part F. Progress Report Summary

The elements in Part F 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.

27. Addition/Removal of QHPs and product types to the Issuer’s QIS

27a. Indicate if the issuer is adding or removing any QHPs to the QIS originally listed in Criterion 21b.

Add QHP(s)

Remove QHP(s)

No additions or removals

27b. If “Add QHP(s)” or “Remove QHP(s)” was selected, list the QHPs that were added or removed (all newly QIS-eligible QHPs should be listed) and provide each plan’s unique 14-digit HIOS Plan ID (SCID). If “No additions or removals” was selected, check Not Applicable.

Note: To list more than three SCIDs, please use page 28.

HIOS Plan ID (SCID)	Add QHP	Remove QHP
HIOS Plan ID (SCID)	Add QHP	Remove QHP
HIOS Plan ID (SCID)	Add QHP	Remove QHP

27c. Indicate if the issuer is adding or removing any product types to the QIS originally listed in Criterion 21c. Check all that apply. If there are no additions or removals, check Not Applicable.

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

28. QIS Modifications

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 Part D (Implementation Plan). If no modifications are being made, select “Not Applicable” for each criterion.

28a. Modifying the activities of the QIS (Element 23)? If no, check Not Applicable.

(500 character limit)

28b. Modifying the goals of the QIS? If no, check Not Applicable.

(500 character limit)

28c. Modifying the measure(s) of the QIS? If no, check Not Applicable.

(500 character limit)

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

Restate the goals identified in the most recent Implementation Plan. For each goal, restate the measure(s) information identified in the most recent Implementation Plan, and complete the fields below.

QIS Goal 1:

(500 character limit)

Measure 1a:

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

-

- 29b. 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 your most recent QIS submission, including the rate and associated numerator and denominator, if applicable. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

- 29e. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable. If the measure is not a rate, but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

Was the performance target (Criterion 24e) achieved?

Yes

No

Measure 1b:

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

-

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

-

- 29c. Measure 1b name:

- 29d. Restate the baseline results from Criterion 24c of your most recent QIS submission, including the rate and associated numerator and denominator, if applicable. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

- 29e. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable. If the measure is not a rate, but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

Was the performance target (Criterion 24e) achieved?

Yes

No

QIS Goal 2:

(500 character limit)

Measure 2a:

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

-

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

-

- 29c. Measure 2a name:

- 29d. Restate the baseline results from Criterion 24c of your most recent QIS submission, including the rate and associated numerator and denominator, if applicable. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

- 29e. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable. If the measure is not a rate, but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

Was the performance target (Criterion 24e) achieved?

Yes

No

Measure 2b:

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

-

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

-

- 29c. Measure 2b Name:

- 29d. Restate the baseline results from Criterion 24c of your most recent QIS submission, including the rate and associated numerator and denominator, if applicable. If the measure is not a rate but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

- 29e. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable. If the measure is not a rate, but another data point, enter the number in the space provided for numerator and enter "1" in the space for denominator.

Rate or other data point:

Numerator:

Denominator:

Was the performance target (Criterion 24e) 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. Include a description of activities that led to the outcome.

If modifications were checked in Element 28, indicate whether the information provided here affects the decision to modify or change the QIS.

(1,500 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 Criterion 31a, describe the mitigation activities implemented to address each barrier. Also, describe the result(s) of the mitigation activities. If "No" was selected in Criterion 31a, check Not Applicable.

(750 character limit)

32b. If "Yes" was selected in Criterion 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 Criterion 31b, check Not Applicable.

(750 character limit)

Criterion 21b continued

In the space provided, please specify any additional health plans (outside of those already listed in Criterion 21b) covered by the QIS by listing each plan's unique 14-digit HIOS Plan ID (Standard Component ID [SCID]). Indicate if each one is a new or existing health plan.

HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
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HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan
HIOS Plan ID (SCID)	New Health Plan	Existing Health Plan

