Quality Improvement Strategy (QIS) Issuer Training Series Module 1: QIS Background and QIS Implementation Plan and Progress Report Form

April 19, 2018

Qualified Health Plan (QHP)
Series XII

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QIS Issuer Training Series Objectives

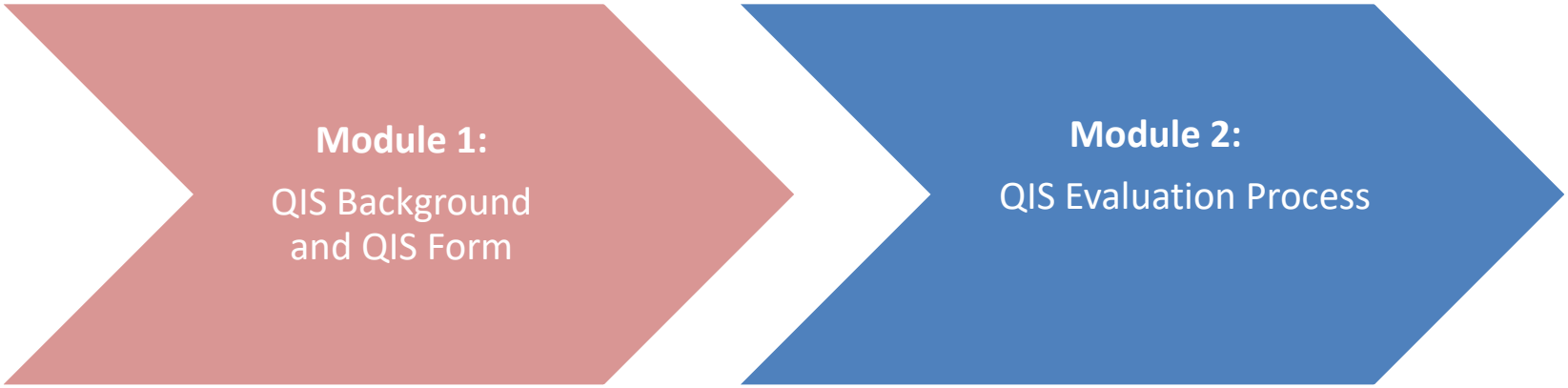
This training series is designed to familiarize issuers with how to comply with the Federally-facilitated Exchanges' (FFEs') QIS implementation and reporting requirements.* At the conclusion of this training series, issuers will:

- Understand QIS elements and criteria;
- Understand how to access, develop, and submit required parts of the QIS Implementation Plan and Progress Report form (QIS form); and
- Understand the evaluation process and timeline.

* State-based Exchanges (SBEs), including SBEs on the Federal Platform (SBE-FPs), are encouraged to follow the same approach for QIS implementation, but have flexibility to establish their own reporting and evaluation standards. Issuers participating or applying to participate in SBEs (including SBE-FPs) should contact the applicable Exchange for details on any State-specific requirements.

QIS Issuer Training Series Modules

The QIS Issuer Training Series is composed of two modules:



Note: The slides from each issuer training session will be posted to the Registration for Technical Assistance Portal (REGTAP) and Marketplace Quality Initiatives (MQI) websites after each webinar.

Overview and Background

Quality Improvement Strategy

Issuers that meet the QIS participation criteria must:

- Implement and report on a quality improvement strategy (QIS) consistent with the standards described in Patient Protection and Affordable Care Act (PPACA) section 1311(g)(1) (45 CFR 156.200(b) Adhere to guidelines, including the *QIS Technical Guidance and User Guide for the 2019 Plan Year*, established by the U.S. Department of Health & Human Services (HHS) in consultation with experts in health care quality and stakeholders (45 CFR 156.1130).

For the 2019 Plan Year, a QIS must address at least one of five topic areas identified in the PPACA and must include a market-based incentive, among other requirements. The five topic areas are:

- Improve health outcomes
- Prevent hospital readmissions
- Improve patient safety and reduce medical errors
- Implement wellness and health promotion activities
- Reduce health and health care disparities

QIS Participation Requirements

- An issuer, including co-ops and issuers offering Multi-state Plan (MSP) options, must submit at least one initial QIS to each Exchange in which it is applying to offer coverage for the 2019 Plan Year if:
  - The issuer offered coverage through the Exchange in 2016 and 2017,
  - The issuer provides family and/or adult-only medical coverage through an Individual Market Exchange or the Small Business Health Options Program (SHOP), and
- The issuer meets the QIS minimum enrollment threshold:
  - The issuer must submit at least one QIS if it had more than 500 enrollees within a product type per state as of July 1, 2017.
  - Each eligible QHP offered through an Exchange within a product type that has more than 500 enrollees as of July 1, 2017, must be covered by a QIS.
- An issuer has the option of implementing one QIS that covers multiple QHPs and product types, **OR** having multiple quality improvement strategies to cover all eligible QHPs and product types.
- Issuers that submitted QIS Implementation Plans or Progress Reports for the 2018 Plan Year are required to submit Progress Reports for the 2019 Plan Year.

QIS Submission Requirements

- Issuers applying for QHP Certification in the Exchanges for the 2019 Plan Year and that meet the QIS participation criteria are required to submit a QIS form in 2018 to either: (a) implement a new QIS beginning no later than January 2019 or (b) provide a progress update on an existing QIS.
- Stand-alone dental plans (SADPs) and child-only plans that are offered on the Exchanges are not subject to the QIS reporting requirements for the 2019 Plan Year.
- No significant changes were made to QIS requirements between the 2018 and 2019 Plan Years. However, issuers should use the 2019 Plan Year QIS form and QIS guidance.

Issuer's Initial QHP Certification Application Year	Two Consecutive Years of Providing Coverage	Calendar Year of Initial QIS Implementation Plan Submission*	Initial QIS Implementation Plan Year	Initial QIS Progress Report Plan Year	Second QIS Progress Report Plan Year
2013	2014 and 2015	2016	2017	2018	2019
2014	2015 and 2016	2017	2018	2019	2020
2015	2016 and 2017	2018	2019	2020	2021
2016	2017 and 2018	2019	2020	2021	2022

* Followed by annual QIS Progress Report submission to the Exchange

QIS Submission Requirements for the 2019 Plan Year

- As specified in 45 CFR 156.1130, issuers are required to provide annual updates on their quality improvement strategies.
- Issuers that submitted a QIS Implementation Plan or a Progress Report for the 2018 Plan Year are required to submit a QIS Progress Report for the 2019 Plan Year as part of their QHP Application during the 2019 QHP Application Period using the 2019 QIS form available on the MQI website.
- At this time, issuers will not be penalized for failure to meet their performance targets. However, each issuer should strive to achieve progress toward meeting the goals and corresponding performance targets specified in its QIS.
- Additional details on the QIS submission requirements and timeline for the 2019 Plan Year can be found in the *QIS Technical Guidance and User Guide for the 2019 Plan Year*, which is available on the MQI website.

QIS Form

Implementation Plans: Issuers that meet the QIS participation criteria **for the first time** and are applying for QHP Certification in the FFEs for the 2019 Plan Year must submit the Implementation Plan section of the QIS form, as part of their 2019 QHP Applications.

***Progress Reporting*:** Issuers that submitted an **Implementation Plan or Progress Report** for the 2018 Plan Year and are applying for QHP Certification in the FFEs for the 2019 Plan Year must submit all sections of the QIS form as part of their 2019 QHP Applications.

- Issuers submitting a Progress Report for the first or second time should transfer the **data from Parts A-E of their 2018 QIS form** to complete parts A-E of their 2019 QIS form.
- Issuers submitting a Progress Report for the first or second time should also complete Part F of the QIS form, providing an update on their QIS **since their last QIS submission**.

QIS Form	Issuers submitting an Implementation Plan for the first time	Issuers submitting a Progress Report
Implementation Plan		
o Part A – New or Continuing QIS Submission	X	X
o Part B – Issuer Information	X	X
o Part C – Data Sources Used for Goal Identification and Monitoring Progress	X	X
o Part D – QIS Summary	X	X
o Part E – QIS Requirements	X	X
Progress Report		
o Part F – Progress Report Summary		X

Steps for Completing the QIS Form

Step 1: Review the *QIS Technical Guidance and User Guide for the 2019 Plan Year*	Step 2: Access and complete required sections of the QIS form	Step 3: Submit completed QIS form
The Technical Guidance section includes comprehensive background information about the QIS requirements.	The QIS form is a fillable PDF document that is only available electronically. Issuers may not request hard copies by mail.	FFE issuers will upload the form through HIOS, along with their other QHP Application materials, to transmit it to the applicable FFE(s) for evaluation.
The User Guide section includes step-by-step instructions for how to comply with the QIS requirements for the 2019 Plan Year.	Issuers should not include any identifying information in their responses to the elements and criteria in Parts A, C, D, E, and F, other than providing Health Insurance Oversight System (HIOS) Plan IDs in Element 21 and Element 27.	FFEs where States perform plan management will submit their QIS forms through the System for Electronic Rate and Form Filing (SERFF) for joint review by the State and FFE.
Issuers that meet the QIS participation criteria for the first time and are applying for QHP Certification in the FFEs for the 2019 Plan Year should consult the Implementation Plan Pre-Submission Checklist (Appendix D) prior to submitting the Implementation Plan section of the QIS form.	To view and save the form, issuers need to download and install Adobe Acrobat Reader®, a free electronic file reader that is available online. Before completing the form, issuers must enable JavaScript®.	Issuers that operate in SBEs and SBE-FPs should consult their States for information on how to submit their QIS forms for evaluation by the SBE and any other State-specific requirements.
	No supplemental documentation will be accepted.	Issuers offering MSP products in FFEs should contact the Office of Personnel Management (OPM) for additional details on its process for evaluating QIS submissions.

Implementation Plan Parts A-E

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Part A. Type of QIS Submission

Issuers should use the 2019 QIS form.

2019 QIS Implementation Plan and Progress Report
Form OMB 0938-1286
Expiration Date: 10/31/2018

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 2019 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 QIS[1] 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 Period[2]**	**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 Modifications[3]**	Complete the Background Information Section (Parts B and C); Implementation Plan Section (Parts D and E); and the Progress Report Section (Part F).

Types of QIS Submissions

- Issuers that submitted an Implementation Plan or Progress Report for the 2018 Plan Year are required to submit Progress Reports for the 2019 Plan Year and should specify which of the following types of QIS submissions they are making:
  - New QIS after Discontinuing a QIS Submitted during a Prior QHP Application Period
  - Continuing a QIS with No Modifications
  - Continuing a QIS with Modifications

Issuers may continue with an existing QIS even if they make the following modifications:	Issuers must implement a new QIS if they make the following changes:*
• Update Issuer Information • Update Current Payment Model(s) Description • Update Data Sources • Change QIS activities • Change QIS goals • Change QIS measures	• QIS market-based incentive type or sub-type change • QIS topic area change • One (or more) of the QIS performance targets is reached or changes • The QIS results in negative outcomes or unintended consequences

* Issuers are strongly encouraged to leave a QIS in place for at least two years before modifying it or developing a new QIS to allow time to determine whether the market-based incentives are working as expected.

Part B. Element 15. Current Payment Model(s) Description

Part B of the QIS form consists of Elements 2-15. Elements 2-14 collect basic issuer information, while Element 15 asks the issuer to select the category(ies) of payment models it uses.

15. Current Payment Model(s) Description

Select the category(ies)[4] of payment models that are used by the issuer across its Exchange 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: ☐ %

Part C: Element 16. Data Sources Used for Goal Identification and Monitoring Progress & Part D: Elements 17 and 18. QIS Summary Elements

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)

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)

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Part D. Element 18. QIS Description (cont'd)

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

Yes No

Is the QIS submission[6] a strategy that the issuer currently has in place for its Exchange product line and/or for other product lines?

Yes No

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. Element 19. Market-based Incentive Type(s)

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)*

Part E. Element 20. Topic Area Selection

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
☐ **Improve health outcomes**	▪ Quality reporting ▪ Effective case management ▪ Care coordination ▪ Chronic disease management ▪ Medication and care compliance initiatives
☐ **Prevent hospital readmissions**	▪ Comprehensive program for hospital discharge that includes: – Patient-centered education and counseling – Comprehensive discharge planning – Post-discharge reinforcement by an appropriate health care professional
☐ **Improve patient safety and reduce medical errors**	▪ Appropriate use of best clinical practices ▪ Evidence-based medicine ▪ Health information technology
☐ **Implement wellness and health promotion activities**	▪ Smoking cessation ▪ Weight management ▪ Stress management ▪ Healthy lifestyle support ▪ Diabetes prevention
☐ **Reduce health and health care disparities**	▪ Language services ▪ Community outreach ▪ Cultural competency trainings

Part E. Element 21. Targets All Health Plans Offered Through the Exchange

21. Targets All Health Plans Offered Through an Exchange (Must Pass)

21a. 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*

* 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

Part E. Element 22. Rationale for QIS & Element 23. Activity(ies) That Will Be Conducted to Implement the QIS

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)

Part E. Element 23. Activity(ies) That Will Be Conducted to Implement the QIS (cont'd)

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)

Part E. Element 24. Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress

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)

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

Part E. Element 24. Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress (cont'd)

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:

Part E. Element 25. Timeline for Implementing the QIS

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)*

	Milestone(s)	Date for Milestone(s)
1.		
2.		
3.		
4.		
5.		

Part E. Element 26. Risk Assessment

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

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Progress Report Overview

- In each subsequent year following the submission of a QIS Implementation Plan, an issuer must submit a Progress Report to the applicable Exchange.
  - At this time, issuers will not be penalized if they do not achieve the performance goals or targets identified in their Implementation Plan.
  - All parts of the form must be completed (i.e., Parts A – F).
  - Issuers should provide an update on their QIS since their last QIS Progress Report submission.
  - Issuers required to address potential concerns with their 2018 QIS submissions, as identified in their 2018 Post-certification Assessment Reports, should do so in their 2019 QIS submissions.

Part F. Element 27. Addition/Removal of QHPs and Product Types to the Issuer's QIS

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

Part F. Element 28. QIS Modifications

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)

Part F. Element 29. Analyze Progress Using Baseline Data, as Documented in the Implementation Plan

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: _____

Part F. Element 29. Analyze Progress Using Baseline Data, as Documented in the Implementation Plan (cont'd)

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

Part F. Element 30. Summary of Progress

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)

Part F. Element 31. Barriers

31. Barriers

31a. Were barriers encountered in implementing the QIS?

◯ Yes ◯ No

If "Yes," describe the barriers.

(1,500 character limit)

Part F. Element 31. Barriers (cont'd)

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)

Part F. Element 32. Mitigation Activities

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)

Resources

Resource	Link
Marketplace Service Desk (reference "Marketplace Quality Initiatives")	CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
CMS MQI website	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ Health-Insurance-Marketplace-Quality-Initiatives.html
QHP Application Website	http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
2019 Letter to Issuers and Notice of Benefit and Payment Parameters for 2019	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/
REGTAP (keyword search "QIS")	https://REGTAP.info
Alternative Payment Model Framework Final White Paper	http://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf
Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs	https://hcp-lan.org/groups/apm-fpt/apm-report/