Health Insurance Exchanges Quality Improvement Strategy (QIS) for Plan Year 2026 (PY2026): Results-at-a-Glance for the Federally-facilitated Exchanges
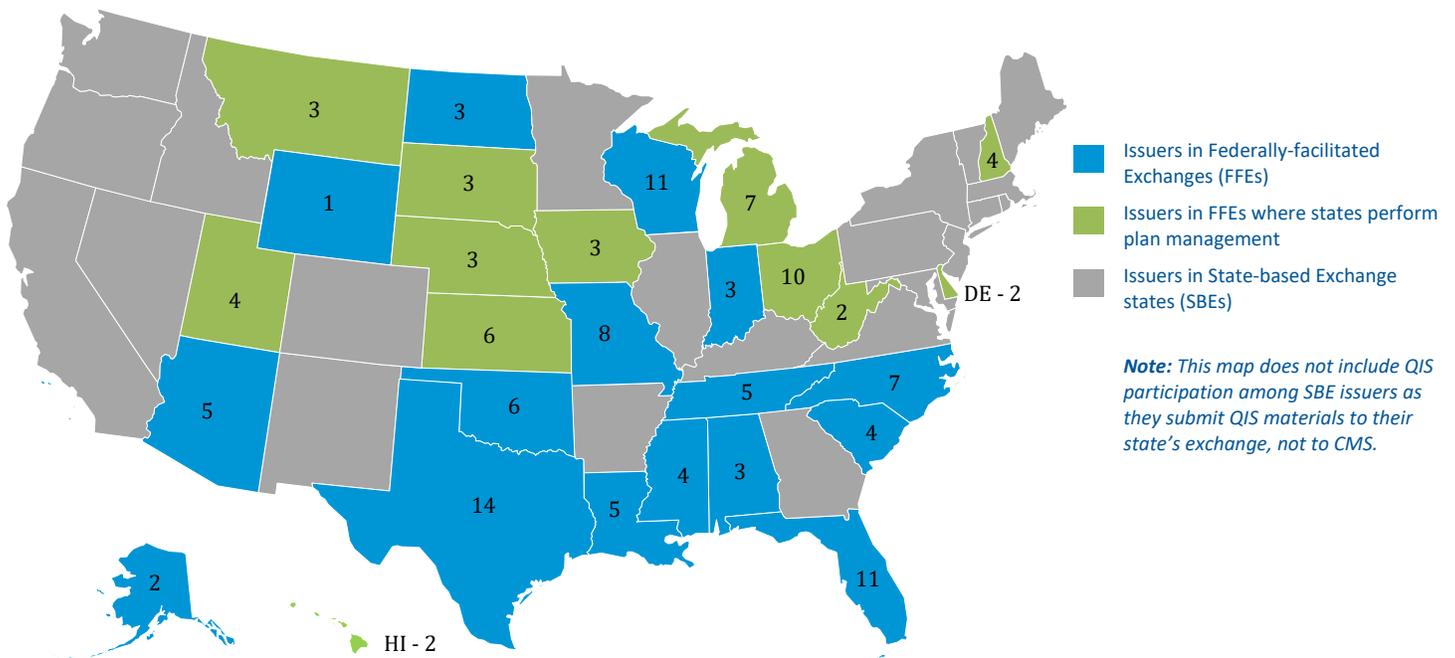
The Quality Improvement Strategy (QIS) is a payment structure that incentivizes improved health outcomes of Qualified Health Plan (QHP) enrollees. The goals of the QIS are to: (1) offer increased reimbursement or other market-based incentives to improve the health outcomes of plan enrollees, (2) address key quality improvement topic areas (e.g., improve health outcomes, implement wellness and health promotion activities), and (3) report implementation plans and progress related to quality improvement efforts.[1]

Issuers offering QHPs through the Federally-facilitated Exchanges (FFEs) and FFEs where states perform plan management that meet participation criteria are required to report to CMS on their QIS each year.[2] Issuers offering QHPs through State-based Exchanges (SBEs) are required to report and submit QIS data to their Exchanges each year.[3]

Summary of QIS Reporting for PY2026

PY2026 Federally-facilitated Exchange State Participation in QIS

For PY2026, 92 issuers in Federally-facilitated Exchange (FFE) states and 49 issuers in FFE states that perform plan management functions participated in QIS, as summarized in the map below.

Legend:
- Issuers in Federally-facilitated Exchanges (FFEs)
- Issuers in FFEs where states perform plan management
- Issuers in State-based Exchange states (SBEs)

Note: This map does not include QIS participation among SBE issuers as they submit QIS materials to their state's exchange, not to CMS.

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[1] Section 1311(g)(1)(E) of the Affordable Care Act defines a quality improvement strategy to include "the implementation of activities to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings".

[2] At this time, QIS requirements do not apply to indemnity plans (i.e., fee for service plans) or stand-alone dental plans.

[3] State-based Exchanges (SBEs), including SBEs on the federal platform (SBE-FPs), are encouraged to follow the same approach followed by the FFEs for QIS implementation but have flexibility to establish their own reporting and evaluation standards. Issuers participating in or applying to participate in SBEs (including SBE-FPs) should contact the applicable Exchange for details on any state-specific requirements.

The **170 QIS submissions** for PY2026 contained **156 total QIS strategies**.[4,5] Additionally, **15 of the 141 total issuers** reported tracking more than one QIS (11%). Of the 170 evaluated PY2026 submissions, 72% received "Meets" designations, 22% received "Interim Meets" designations, and 6% received a "Does Not Meet" designation.[6]

Category	Subcategory	Count (Percent) of Submissions
Submissions by Exchange Type	**Total**	**170 (100%)**
	Issuers in FFEs	111 (65%)
	Issuers in FFEs where states perform plan management functions	59 (35%)
QIS Submission Type[7]	**Total**	**170 (100%)**
	Progress Report	134 (79%)
	Implementation Plan	22 (13%)
	Modification Summary Supplement	14 (8%)

Summary of PY2026 QIS Data

QIS Topic Areas

The graph below illustrates the number of PY2026 Implementation Plan submissions categorized by QIS topic area.[8]
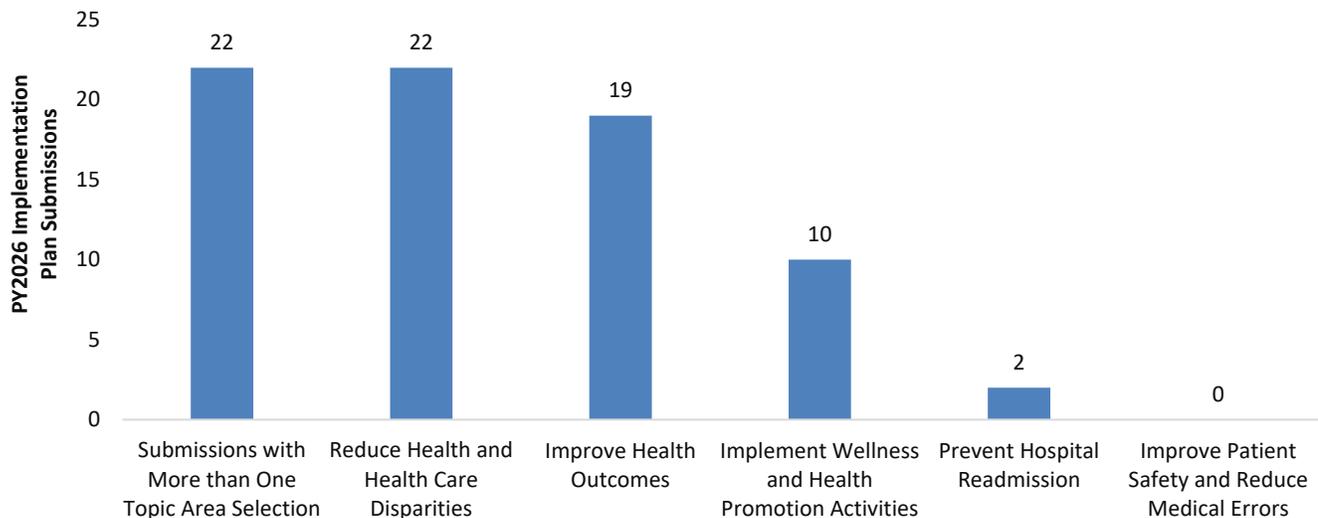
All PY2026 strategies addressed more than one topic area.
- For PY2026, "Reduce Health and Health Care Disparities" was the most selected QIS topic area (100%).
- "Improve Health Outcomes" was the second most common QIS topic area for PY2026 (86%).

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[4] Note that there can be multiple form submissions for the same QIS strategy (i.e., an issuer submits both a Progress Report and Modification Summary Supplement form for the same QIS).

[5] The number of strategies is derived from the number of evaluated Implementation Plans (n=22) and Progress Report forms (n=134). The Implementation Plan is a prospective form that issuers use to state the QIS goals and measures they plan to implement by January 1 of the upcoming plan year (i.e. PY2026). The Progress Report is a retrospective form used to report on progress of the QIS goals and measures that were defined in the previous plan year (i.e., PY2025).

[6] The QIS evaluation designations are applied by CMS to communicate how issuers' strategies satisfy each year's QIS requirements. For more information on PY2026 QIS evaluation methodology, see Section 6 of the QIS Technical Guidance and User Guide for the 2026 Plan Year.

[7] Issuers establishing a new QIS must submit an Implementation Plan, while those continuing an existing QIS must submit a Progress Report. Issuers modifying components of an existing QIS for the upcoming year are required to submit a Modification Summary Supplement form to document those changes.

[8] Denominator is all evaluated PY2026 Implementation Plan forms (n=22).

Market-Based Incentive Types

The table below includes the number and percentage of provider market-based incentives and enrollee market-based incentives selected in PY2026 Implementation Plans.[9]

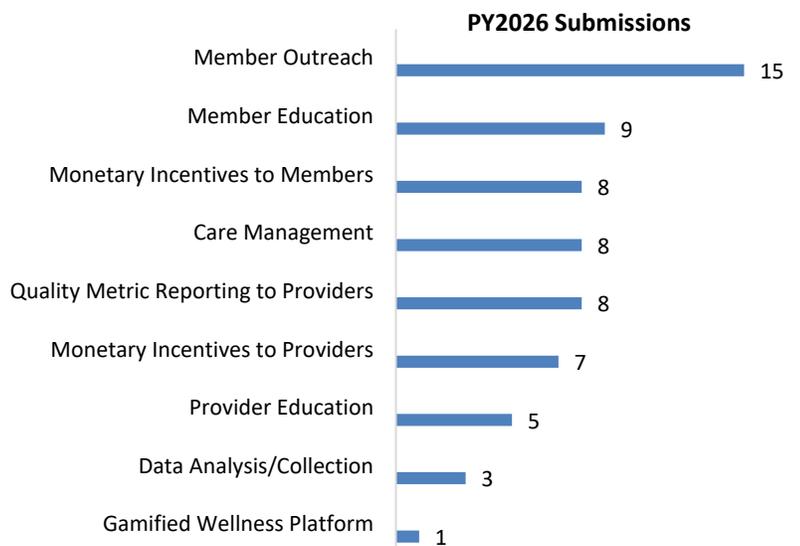| Market-based Incentive Type	PY2026 QIS Strategies	
Provider Market-based Incentives	**Count**	**Percentage**
Bonus payment	8	36%
Increased reimbursement	5	23%
In-kind incentives	3	14%
Other provider market-based incentives	2	9%
Total provider market-based incentives	**14**	**64%**
Enrollee Market-based Incentives	**Count**	**Percentage**
Cash or cash equivalents	17	77%
Other enrollee market-based incentives	2	9%
Co-payment reduction or waiver	1	5%
Co-insurance reduction	1	5%
Premium credit	0	0%
Total enrollee market-based incentives	**18**	**82%**

QHP issuers continue to favor enrollee market-based incentives over provider market-based incentives in their strategies.

- Most QIS strategies utilized enrollee market-based incentives (82%).
- The most selected enrollee market-based incentive was cash or cash equivalents (77%).
- Provider market-based incentives were utilized in more than half of PY2026 QIS strategies (64%).
- The most selected provider market-based incentive was bonus payments (36%).

QIS Activities

The graph below summarizes the types of activities selected in PY2026 Implementation Plans.[10]

- For PY2026, issuers' QIS activities primarily focused on conducting outreach to their members (68%).
- Other popular activities amongst PY2026 issuers included:
    - Member education (41%)
    - Offering monetary incentives to members (36%)
    - Care management (36%)
    - Reporting quality metrics to providers (36%)
- Some of the unique activities implemented in PY2026 strategies included partnering with Federally Qualified Health Centers (FQHCs) and offering member rewards to help pay for utility bills and childcare in addition to healthcare costs.
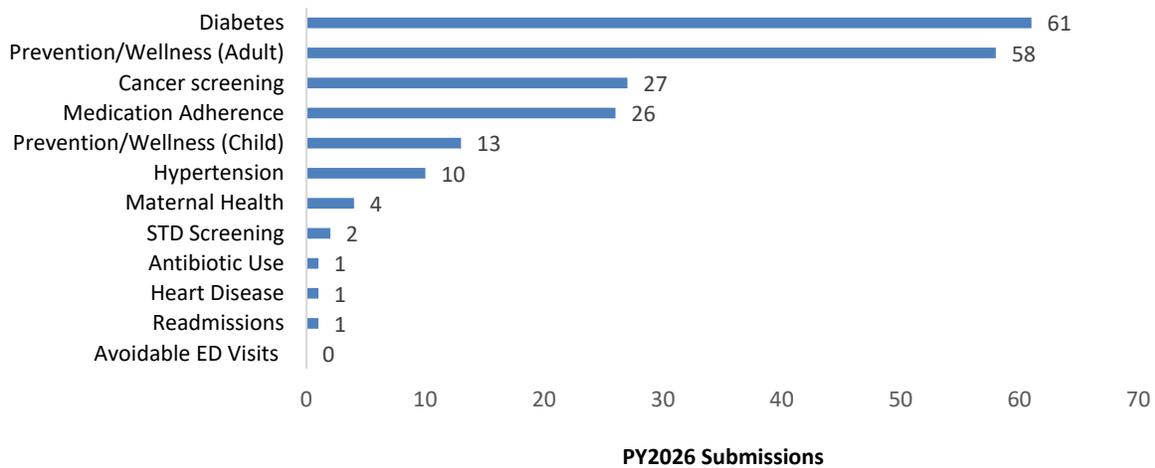
PY2026 Submissions

Activity	Count
Member Outreach	15
Member Education	9
Monetary Incentives to Members	8
Care Management	8
Quality Metric Reporting to Providers	8
Monetary Incentives to Providers	7
Provider Education	5
Data Analysis/Collection	3
Gamified Wellness Platform	1

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[9] Denominator is all evaluated PY2026 Implementation Plan forms (n=22). Note that some strategies included both provider and enrollee market-based incentives, resulting in the sum of the total provider and enrollee market-based incentives being greater than 22. Strategies are also able to select multiple types of incentives under the same category.

[10] Denominator is all evaluated PY2026 Implementation Plan forms (n=22). Note that some issuers employed more than one activity, resulting in the sum of the total activity counts to be greater than 22. The text fields from Elements 19, 20, 23, 24, and 25 of the Implementation Plan form were analyzed to collect data for the activity variable.
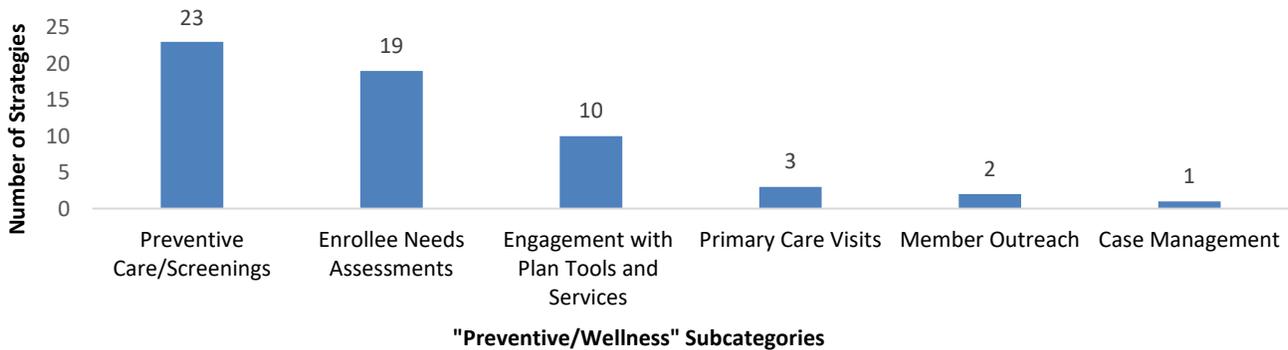
QIS Priority Areas

The graph below summarizes the priority areas addressed by PY2026 strategies.[11]

Diabetes — 61
Prevention/Wellness (Adult) — 58
Cancer screening — 27
Medication Adherence — 26
Prevention/Wellness (Child) — 13
Hypertension — 10
Maternal Health — 4
STD Screening — 2
Antibiotic Use — 1
Heart Disease — 1
Readmissions — 1
Avoidable ED Visits — 0

PY2026 Submissions

- For PY2026, diabetes was the most commonly addressed QIS priority area (39%).
- Prevention/Wellness (Adult) was the second most commonly addressed QIS priority area for PY2026 (37%).

"Prevention/Wellness (Adult)" Subcategory Breakdown

The graph below summarizes the "Prevention/Wellness (Adult)" priority area by subcategory.[12]

Number of Strategies

Preventive Care/Screenings — 23
Enrollee Needs Assessments — 19
Engagement with Plan Tools and Services — 10
Primary Care Visits — 3
Member Outreach — 2
Case Management — 1

"Preventive/Wellness" Subcategories

- The "Prevention/Wellness (Adult)" QIS priority area (n=58) encompasses QIS strategies that focus on general health promotion efforts that fall outside the scope of other priority areas. CMS separately analyzed these strategies to identify specific areas of focus within the "Prevention/Wellness (Adult)" priority area.

- For PY2026, Preventive Care/Screenings unrelated to cancer and sexually transmitted diseases (n=23) was the most common subcategory within the "Prevention/Wellness (Adult)" category (40%).

- Enrollee Needs Assessments (n=19) was the second most common subcategory within the "Prevention/Wellness (Adult)" priority area (33%).

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[11] Denominator is the sum of all evaluated PY2026 Implementation Plan forms (n=22) and all evaluated PY2026 Progress Report forms (n=134). Note that CMS identified multiple relevant priority areas for some submissions, resulting in the sum of priority area totals to exceed 134. The text fields from Elements 19, 20, 23, and 25 of the Implementation Plan form and the text fields from Element 16 of the Progress Report form were analyzed to collect data for the priority area variable.

[12] Denominator is the number of PY2026 strategies that align with the "Prevention/Wellness (Adult)" priority area (n=58).

Topic Area Spotlight: Implement Wellness and Health Promotion Activities

The "Implement Wellness and Health Promotion Activities" topic area reflects an emphasis on proactive health engagement and has seen a marked increase in adoption among newly QIS eligible issuers in recent years.[13,14] Ten of the 22 PY2026 Implementation Plans selected this topic area (45%), with six of these focusing on the diabetes priority area and incorporating performance metrics tied to diabetes care management. Many others used measures related to Wellness/Preventive Primary Care Visits, such as completion of wellness exams in rural counties and child/adolescent well-care visits.

Notably, most of the strategies addressing this topic area prioritized Member Outreach and Care Management activities (80%). This signals a strong commitment to improving health outcomes through direct engagement with consumers, especially among members with diabetes. Other commonly implemented activities included:
   • Monetary Incentives to Members and/or Providers (8 submissions)
   • Member and/or Provider Education (7 submissions)
   • Data Analysis, Collection, and Reporting (2 submissions)

"Implement Wellness and Health Promotion Activities" Strategies (n=10)

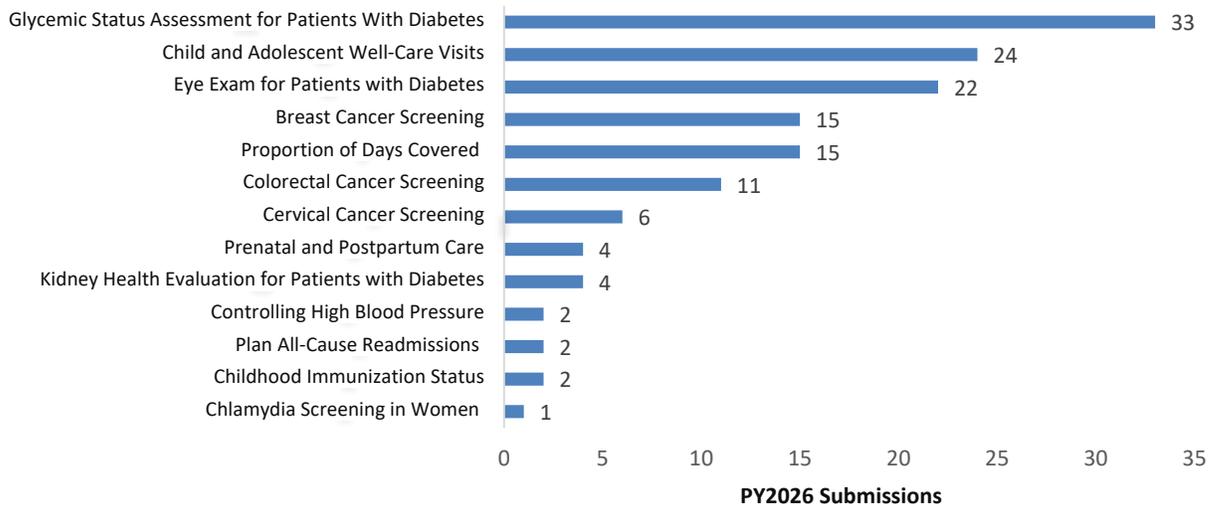| Activities				Measures			
Member Outreach and/or Care Management (n=9)	Monetary Incentives to Members and/or Providers (n=8)	Member and/or Provider Education (n=7)	Data Analysis/ Collection/ Reporting (n=2)	Diabetes Care Management (n=10)	Wellness, Preventive, and Primary Care Visits (n=9)	Breast Cancer Screening (n=2)	Enrollee Demographic Information Collection (n=2)

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[13] Denominator is all PY2026 evaluated Implementation Plan forms (n=22).

[14] A QIS issuer submitting an Implementation Plan for the first time in any given QHP Application Period is considered a "newly eligible QIS issuer."

Quality Rating System (QRS) Measure Representation in QIS

The graph below summarizes the QRS measures utilized in PY2026 QIS submissions.[15] The majority of PY2026 strategies used at least one QRS measure (72%). Across the 170 QIS submissions, issuers used 13 of the 30 available 2026 QRS clinical quality measures (43%). Measures related to diabetes care and child and adolescent well-care visits were the most frequently selected (35% and 14%, respectively).

Measure	PY2026 Submissions
Glycemic Status Assessment for Patients With Diabetes	33
Child and Adolescent Well-Care Visits	24
Eye Exam for Patients with Diabetes	22
Breast Cancer Screening	15
Proportion of Days Covered	15
Colorectal Cancer Screening	11
Cervical Cancer Screening	6
Prenatal and Postpartum Care	4
Kidney Health Evaluation for Patients with Diabetes	4
Controlling High Blood Pressure	2
Plan All-Cause Readmissions	2
Childhood Immunization Status	2
Chlamydia Screening in Women	1

Resources and References

1. Visit the CMS Marketplace Quality Initiatives website.
2. The full list of the current QRS measures is listed in the QRS Measure Technical Specifications.
3. For more information about the implementation of a quality improvement strategy, refer to Quality Improvement Strategy: Technical Guidance and User Guide for the 2026 Plan Year.

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[15] CMS examined the measures that issuers reported in their QIS Implementation Plan, Progress Report, and Modification Summary Supplement forms to determine the prevalence of QRS measures. The Implementation Plan and Modification Summary Supplement forms allow for up to four measures (maximum of two per goal).