pg. 1

# **QIS Modification Summary Supplement**

Submission date (please indicate the date you are submitting this QIS form via HIOS or SERFF)

Use this form to indicate any modifications to an existing quality improvement strategy (QIS) Implementation Plan on file for the upcoming plan year (making changes to topic areas, goals, activities, measures, performance targets, and/or the product types). You must also report progress on your current QIS using the separate **QIS Progress Report form.** 

For detailed instructions, please refer to the Quality Improvement Strategy: Technical Guidance and User Guide for the current plan year on the <u>Marketplace Quality Initiatives website</u>.

Select this box if you are using this QIS Modification Summary Supplement form to add the "Reduce health and health care disparities" topic area to your existing QIS on file, including any other modifications (i.e., goals, activities, measures, performance targets, product types) that result from the "Reduce health and health care disparities" topic area addition.

# **QIS Submission Type**

## Part A. 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
Continuing QIS with Modifications	<ol> <li>Issuers must complete 2 forms:</li> <li>Complete the Background Information section (Parts A and B) and the QIS Modification Summary (Part C) of the Modification Summary Supplement to reflect modifications for the upcoming year.</li> </ol>
	<ol> <li>Complete the QIS Progress Report form to report on progress achieved on your QIS over the past plan year. See instructions in the QIS Progress Report form: Report on Progress.</li> </ol>

For CMS Use Only

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1286. The time required to complete this information collection is estimated to average 48 hours.

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# **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.

- 2. Issuer Legal Name
- HIOS Issuer ID
   Issuer State
   QIS Primary Contact's First Name
   QIS Primary Contact's Last Name
- 6. QIS Primary Contact's Email
- 7. QIS Primary Contact's Phone Ext.

# Part C. QIS Modification Summary

Complete the following section regarding modifications to the QIS for the upcoming plan year.

# 8. Modifying Product Types, Topic Areas, Goals, Activities, and Measures or Associated Performance Targets (Must Pass)

8a. Which component(s) of your QIS are you modifying for the upcoming plan year? (Check boxes for product types, goals, activities, measures, and performance targets.)

Product Types (complete 8b) Topic Areas (complete 8c) Goals (complete 8d) Activities (complete 8e) Measures (complete 8f) Performance Targets (complete 8f)

*Note:* ONLY enter information in the fields below for the components you have indicated above.

**8b. Modifying QIS Product Types:** For Product Type changes, indicate whether you are adding and/or removing any Product Types to the QIS originally listed in Criterion 2b of your Implementation Plan on file. 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

8c. Modifying QIS Topic Areas: For Topic Area changes, indicate whether you are adding and/or removing any Topic Areas to the QIS originally listed in Element 22 of your Implementation Plan on file. Select all that apply.<sup>1,2</sup>

Note that if you are modifying the QIS Topic Areas for your existing QIS, you must also use this form to modify the QIS Goals listed in Element 20 of the Implementation Plan on file by completing Criterion 8d, and the QIS Activities listed in Element 24 of the Implementation Plan on file by completing Criterion 8e. You may also need to update the QIS Measures and Performance Targets listed in Element 25 of the Implementation Plan on file by completing Criterion 8f.

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

If you have added a topic area(s), please describe how that topic area(s) will be addressed within your existing QIS. If you removed a topic area, please describe the rationale or reason for removing.

(500 character limit)

<sup>&</sup>lt;sup>1</sup> Note that QHP issuers are required to select "reduce health and health care disparities" as a topic area within at least one of their quality improvement strategies, as cited in the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023 (87 FR 27208).

<sup>&</sup>lt;sup>2</sup> Issuers with a current QIS on file should review the information they included in criterion 24d of their QIS Implementation Plan. If you've previously indicated that health and health care disparities is NOT one of the topic areas selected in Element 22, but health and health care disparities are addressed elsewhere in the QIS, you must still have a QIS on file that explicitly includes the "reduce health and health care disparities" topic area. You can use this Modification Summary Supplement form to modify your existing QIS to include the "reduce health and health care disparities" topic area, and you may be able to incorporate some of the information that you stated in criterion 24d of your QIS Implementation Plan form into this form.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1286. The time required to complete this information collection is estimated to average 48 hours.

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

2024 Plan Year QIS Modification Summary Supplement OMB 0938-1286 Expiration Date: 02/29/2024

8d. Modifying QIS Goals: For modified Goal(s), indicate which Goal(s) you are modifying and state the new Goal(s) in the space provided below. Please do not include specific performance targets or goals tied to a specific calendar year or plan year because this Modification Summary Supplement will remain on file, and references to specific years or performance targets will become outdated over time:

Goal 1

Goal 2

Provide a rationale for the modification(s).

(500 character limit)

8e. Modifying QIS Activities: If you are modifying Activities, describe them here.

(500 character limit)

Provide a rationale for the modification(s).

(500 character limit)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1286. The time required to complete this information collection is estimated to average 48 hours. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

8f. **Modifying QIS Measures or Associated Performance Targets:** For modified Measures or Associated Performance Targets, indicate which Measure(s) you are modifying and state the **NEW** Measure(s) and Performance Target(s).

Description of modification (e.g., remove measure, change measure or measure specifications, change target, add new measure). **Note**: *If you are removing a measure, you just need to state which measure you are removing in the space below and you do NOT need to fill out any further information for the measure.* 

(500 character limit)

Please select and provide all **NEW** information for each measure which is being changed.

### Measure 1a name:

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

If yes, provide the 4-digit ID number:

Baseline Assessment: Provide the baseline results by either:

• Calculating the rate and providing the associated numerator and denominator: (*Note: The numerator and denominator should calculate to the rate provided.*)

Calculated Rate:

Numerator:

Denominator:

#### - OR -

• Indicating the data point if the measure is not a rate:

Data Point:

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

Provide the **NEW** numerical value performance target for this measure (i.e., the target rate or data point the QIS intends to achieve): (**Note:** This entry should be a rate (%) or a data point target, NOT a percentage change.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1286. The time required to complete this information collection is estimated to average 48 hours. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Provide a rationale for the modifications.

(500 character limit)

## Measure 1b name:

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

If yes, provide the 4-digit ID number:

Baseline Assessment: Provide the baseline results by either:

• Calculating the rate and providing the associated numerator and denominator: (*Note:* The numerator and denominator should calculate to the rate provided.)

Calculated Rate:

Numerator:

Denominator:

## - OR -

• Indicating the data point if the measure is not a rate:

Data Point:

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

Provide the **NEW** numerical value performance target for this measure (i.e., the target rate or data point the QIS intends to achieve):

(Note: This entry should be a rate (%) or a data point target, NOT a percentage change.)

2024 Plan Year QIS Modification Summary Supplement OMB 0938-1286 Expiration Date: 02/29/2024

pg. 8

Provide a rationale for the modifications.

(500 character limit)

### Measure 2a name:

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

If yes, provide the 4-digit ID number:

Baseline Assessment: Provide the baseline results by either:

• Calculating the rate and providing the associated numerator and denominator: (*Note:* The numerator and denominator should calculate to the rate provided.)

Calculated Rate:

Numerator:

Denominator:

- OR -

• Indicating the data point if the measure is not a rate:

Data Point:

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

Provide the **NEW** numerical value performance target for this measure: (**Note:** This entry should be a rate (%) or a data point target, NOT a percentage change.)

Provide a rationale for the modifications.

(500 character limit)

## Measure 2b name:

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

If yes, provide the 4-digit ID number:

Baseline Assessment: Provide the baseline results by either:

• Calculating the rate and providing the associated numerator and denominator: (*Note: The numerator and denominator should calculate to the rate provided.*)

Calculated Rate:

Numerator:

Denominator:

- OR -

• Indicating the data point if the measure is not a rate:

Data Point:

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

Provide the **NEW** numerical value performance target for this measure (i.e., the target rate or data point the QIS intends to achieve):

(Note: This entry should be a rate (%) or a data point target, NOT a percentage change.)

Provide a rationale for the modifications.

(500 character limit)