**2023 Washington Health Benefit Exchange Quality Improvement Strategy**

Submission of a Quality Improvement Strategy (QIS) is a requirement for all issuers seeking qualified health plan (QHP) certification on the Washington Health Benefit Exchange (Exchange). The purpose of the QIS is to encourage quality and value in health care received by QHP enrollees through the implementation of financial incentives for providers and enrollees. For detailed instructions about how to complete this form, please refer to the Washington Health Benefit Exchange QIS User Guide for 2023.

*Note: A QIS must include at least one goal and two measures. This form permits an issuer to submit up to three goals and three measures per goal. If issuers would like to submit more than three goals or three measures per goal, email* *QHP@wahbexchange.org* *for a modified form.*

**Part A. Issuer Information**

|  |  |
| --- | --- |
| 1. **Issuer Legal Name:**
 | [Enter Text] |
| 1. **Company Legal Name:**
 | [Enter Text] |
| 1. **HIOS Issuer ID:**
 | [Enter Text] |
| 1. **Issuer State:**
 | [Enter Text] |
| 1. **QIS Primary Contact’s Name:**
 | [Enter Text] |
| 1. **QIS Primary Contact’s Title:**
 | [Enter Text] |
| 1. **QIS Primary Contact’s Phone:**
 | [Enter Text] |
| 1. **QIS Primary Contact’s Email:**
 | [Enter Text] |
| 1. **QIS Secondary Contact’s Name:**
 | [Enter Text] |
| 1. **QIS Secondary Contact’s Title:**
 | [Enter Text] |
| 1. **QIS Secondary Contact’s Phone:**
 | [Enter Text] |
| 1. **QIS Secondary Contact’s Email:**
 | [Enter Text] |
| 1. **Date Issuer Began/Will Begin Offering Coverage Through the Exchange:**
 | [Enter Text] |

**Part B. QIS Submission Type**

1. **Please select the QIS type that best describes your submission and follow the corresponding instructions.**

|  |  |
| --- | --- |
|  **Type of QIS** | **Instructions** |
| [ ]  **New QIS**  | Answer question 2 below, then go to Part C of this form. |
| [ ]  **Continuing QIS**  | Answer question 3 below, then go to Part C of this form. Only check this box if your QIS market-based incentive type, QIS topic area, and QIS goals remain the same for 2022.  |
| [ ]  **Discontinuing QIS** | Go to Part C of this form. Report progress on the discontinuing QIS on this form, then submit a second QIS form for the new QIS marking ‘New QIS’ as the QIS submission type. |

1. **What category best describes the new QIS submission?**

|  |  |
| --- | --- |
| **Type of New QIS** | **Instructions** |
| [ ]  **New QIS with no current QIS in place** | Go to Part C of this form. Fill out all baseline measures in this report and leave progress fields empty.  |
| [ ]  **New QIS with continuing QIS remaining in place** | Select this only after completing a QIS for your continuing QIS. Go to Part C of this form. Fill out all baseline measures in this report and leave progress fields empty.  |
| [ ]  **New QIS after discontinuing your current QIS** | Select this only after completing a QIS for your discontinuing QIS. Answer question 2a below and fill out the remainder of the QIS form for the new QIS, providing baseline measures and leaving progress fields empty. |

**2a. Why is the issuer discontinuing a current QIS?**

|  |
| --- |
|[ ]  Met performance target and discontinuing QIS |
|[ ]  Changing QIS market-based incentive type |
|[ ]  Changing QIS topic area |
|[ ]  Changing QIS goals |
|[ ]  QIS has resulted in negative outcomes or unintended consequences |
| Provide any additional comments about the discontinuation in the text box below.

|  |
| --- |
| [Enter Text Here]  |

 |

1. **What category best describes the continuing QIS submission?**

|  |  |
| --- | --- |
| **Type of Continuing QIS** | **Instructions** |
| [ ]  **Continuing QIS with No Modifications** | Fill out progress fields in the report with data from the past year. If you check this box, all baseline information must remain the same as your original submission. |
| [ ]  **Continuing QIS with Corrections** | This applies if the issuer misreported data in the previous QIS submission and wishes to modify the previous submission only by correcting the data error.Answer question 3a below. Fill out progress fields in the report with data from the past year. |
| [ ]  **Continuing QIS with Modifications** | Answer question 3b below. If you check this box, your QIS goals remain the same, but you are modifying your measures, performance targets and/or activities. Fill out progress fields in the report with data from the past year. |

**3a. What correction is the issuer making to this QIS?**

|  |
| --- |
| [Enter Text Here]  |

**3b. What modification is the issuer making to this QIS?**

|  |
| --- |
|[ ]  Met QIS performance target and changing performance target |
|[ ]  Changing QIS measures |

[ ]  Changing QIS activities

[ ]  Updating data sources

[ ]  Updating baseline and/or follow up results to match QRS values

|  |  |
| --- | --- |
| Provide any additional comments about the modification in the text box below.

|  |
| --- |
| [Enter Text Here] |

 |

**Part C. QIS Summary**

1. **QIS Title**

Provide a short title for the QIS.

|  |
| --- |
| [Enter Text Here]  |

1. **QIS Description**

Provide a brief description of the QIS. A QIS must incentivize quality by tying payments to measures of performance. The description must identify the market-based incentive type (i.e., directed toward provider or enrollee behavior) and the QIS topic area (e.g., improve health outcomes, prevent hospital readmissions, etc.).

|  |
| --- |
| [Enter Text Here] |

1. **Rationale for QIS**

**3a. Provide a rationale for the QIS.**

Identify the issuer’s current QHP enrollee population(s) toward whom the QIS is targeted and include a description of how the QIS will address that population’s needs.

|  |
| --- |
| [Enter Text Here] |

**3b. State why this QIS is a priority for the issuer’s organization.**

|  |
| --- |
| [Enter Text Here] |

**Part D. QIS Details**

1. **Market-based Incentive Type – Targeted at Provider and/or Enrollee**

Select the types of market-based incentives the QIS includes. Check all that apply.

**1a. Provider Market-based Incentives:**

[ ]  Increased reimbursement

[ ]  Bonus payment

[ ]  In-kind incentives

[ ]  Other provider market-based incentives

Describe the incentive and why this type of incentive was selected in the space provided:

|  |
| --- |
| [Enter Text Here] |

**1b. Enrollee Market-based Incentives:**

[ ]  Premium credit

[ ]  Co-payment reduction or waiver

[ ]  Co-insurance reduction

[ ]  Cash or cash equivalents

[ ]  Other enrollee market-based incentives

Describe the incentive and why this type of incentive was selected in the space provided:

|  |
| --- |
| [Enter Text Here] |

**1c. Results of Market-Based Incentives**

Explain the impact to date of the market-based incentives in Table 1-1 below. New QIS submissions should identify a performance target for their incentives and should leave results blank. Issuers may refer to the QIS User Guide for more guidance completing this section.

**Table 1-1.** Summary of Market-Based Incentive Results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Market-Based Incentive Description** | **Corresponding QIS Goal #** | **Performance Target** | **Follow-Up Results** | **Reporting Period** |
| [Enter Text] | [Enter Text] | % earned incentive/completed target | % earned incentive/completed target | [Enter Text] |
| [Enter Text] | [Enter Text] | % earned incentive/completed target | % earned incentive/completed target | [Enter Text] |

Provide a description of the current status of the market-based incentives utilized in the issuer’s QIS including any progress and any potential barriers.

|  |
| --- |
| [Enter Text Here] |

1. **Topic Area Selection**

Check each topic area this QIS addresses.

|  |  |
| --- | --- |
|  **QIS Topic Area** | **Example Activities**  |
| [ ]  **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
* Other prevention screenings
 |
| [x]  **Reduce health and health care disparities (Required)** | * Language services
* Community outreach
* Cultural competency trainings
 |

1. **QHPs to Which the QIS Applies**

**3a. Indicate if this QIS will be applicable to all eligible QHPs offered through the Exchange, or to a subset of eligible QHPs**.

[ ]  All eligible QHPs

[ ]  Subset of eligible QHPs

**3b. If “Subset of eligible QHPs” was selected above, an additional QIS form must be submitted for eligible QHPs not covered by this QIS.**

Indicate the number of forms that will be submitted: [Enter 1, 2, 3, etc. of x]

**3c. If “Subset of QHPs” was selected above, list each plan’s unique 14-digit HIOS Plan ID**

**to which this QIS applies.**

|  |
| --- |
| [Enter Text Here] |

**3d. If “Subset of QHPs” was selected above, include a narrative description of the why multiple QIS are being implemented.**

|  |
| --- |
| **[Enter Text Here]** |

1. **Goals, Measures, and Performance Targets to Monitor QIS Progress**

Issuers may refer to the QIS User Guide for background information about QIS goals, measures, and performance targets and for guidance completing this section.

**4a. QIS Goal 1:**

|  |
| --- |
| [Enter Text Here] |

Identify the measures used to track progress against Goal 1. At least one measure must be identified.

**4a-1. Measure 1a**

Measure 1a name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

Is Measure 1a modified from the current QIS submission?

[ ]  Yes

[ ]  No

[ ]  Not Applicable (*only applies to new QIS submissions*)

If “Yes,” detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If “Yes,” provide the 4-digit ID number: [Enter number here]

Describe how Measure 1a supports the tracking of performance related to Goal 1:

|  |
| --- |
| [Enter Text Here] |

Measure 1-a Assessment. All issuers should record baseline results in Table 4-1 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a Quality Rating System (QRS) measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-1 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-1.** Assessment for Measure 1a

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 1a | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure? *(A new performance target must be identified if you are continuing a QIS and met the previous performance target.)*

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers are there to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4a-2. Measure 1b**

Measure 1b name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

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

[ ]  Yes

[ ]  No

[ ]  Not Applicable *(only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If “Yes,” provide the 4-digit ID number: [Enter number here]

Describe how Measure 1b supports the tracking of performance related to Goal 1:

|  |
| --- |
| [Enter Text Here] |

Measure 1b Assessment. All issuers should record baseline results in Table 4-2 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-2 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-2.** Assessment for Measure 1b

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 1b | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers have there been to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4a-3. Measure 1c**

Measure 1c name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

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

[ ]  Yes

[ ]  No

[ ]  Not Applicable *(only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If “Yes,” provide the 4-digit ID number: [Enter number here]

Describe how Measure 1c supports the tracking of performance related to Goal 1:

|  |
| --- |
| [Enter Text Here] |

Measure 1c Assessment. All issuers should record baseline results in Table 4-3 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-3 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-3.** Assessment for Measure 1c

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 1c | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers have there been to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4a-4. Progress Toward Goal 1** *(If this is a new QIS, leave this section blank.)*

Please summarize your progress on achieving Goal 1:

|  |
| --- |
| [Enter Text Here] |

Provide a description of which activities and market incentives were most helpful in working towards this goal:

|  |
| --- |
| [Enter Text Here] |

Provide a description of which activities and market incentives were ineffective in working towards this goal:

|  |
| --- |
| [Enter Text Here] |

**4b. QIS Goal 2:**

|  |
| --- |
| [Enter Text Here] |

Identify the measures used to track progress against Goal 2. At least one measure must be identified.

**4b-1. Measure 2a**

Measure 2a name: [**Enter name here**]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

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

[ ]  Yes

[ ]  No

[ ]  Not Applicable (*only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If yes, provide the 4-digit ID number: [Enter number here]

Describe how Measure 2a supports the tracking of performance related to Goal 2:

|  |
| --- |
| [Enter Text Here] |

Measure 2a Assessment. All issuers should record baseline results in Table 4-4 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-4 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-4.** Assessment for Measure 2a

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 2a | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers are there to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4b-2. Measure 2b**

Measure 2b name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

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

[ ]  Yes

[ ]  No

[ ]  Not Applicable *(only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If “Yes,” provide the 4-digit ID number: [Enter number here]

Describe how Measure 2b supports the tracking of performance related to Goal 2:

|  |
| --- |
| [Enter Text Here] |

Measure 2b Assessment. All issuers should record baseline results in Table 4-5 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-5 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-5.** Assessment for Measure 2b

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 2b | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers are there to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4b-3. Measure 2c**

Measure 2c name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

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

[ ]  Yes

[ ]  No

[ ]  Not Applicable *(only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If “Yes,” provide the 4-digit ID number: [Enter number here]

Describe how Measure 2c supports the tracking of performance related to Goal 2:

|  |
| --- |
| [Enter Text Here] |

Measure 2c Assessment. All issuers should record baseline results in Table 4-6 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-6 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-6.** Assessment for Measure 2c

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 2c | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers have there been to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4b-3. Progress Toward Goal 2** *(If this is a new QIS, leave this section blank.)*

Please summarize your progress on achieving Goal 2:

|  |
| --- |
| [Enter Text Here] |

Provide a description of which activities and market incentives were most helpful in working towards this goal:

|  |
| --- |
| [Enter Text Here] |

Provide a description of which activities and market incentives were ineffective in working towards this goal:

|  |
| --- |
| [Enter Text Here] |

**4c. QIS Goal 3:**

|  |
| --- |
| [Enter Text Here] |

Identify the measures used to track progress against Goal 3. At least one measure must be identified.

**4c-1. Measure 3a**

Measure 3a name: [**Enter name here**]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

Is Measure 3a modified from the most recent QIS submission?

[ ]  Yes

[ ]  No

[ ]  Not Applicable (*only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If yes, provide the 4-digit ID number: [Enter number here]

Describe how Measure 3a supports the tracking of performance related to Goal 3:

|  |
| --- |
| [Enter Text Here] |

Measure 3a Assessment. All issuers should record baseline results in Table 4-7 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-7 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-7.** Assessment for Measure 3a

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 3a | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers are there to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4c-2. Measure 3b**

Measure 3b name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

Is Measure 3b modified from the most recent QIS submission?

[ ]  Yes

[ ]  No

[ ]  Not Applicable *(only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If “Yes,” provide the 4-digit ID number: [Enter number here]

Describe how Measure 3b supports the tracking of performance related to Goal 3:

|  |
| --- |
| [Enter Text Here] |

Measure 3b Assessment. All issuers should record baseline results in Table 4-8 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-8 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-8.** Assessment for Measure 3b

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 3b | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers are there to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

**4c-3. Progress Toward Goal 3** *(If this is a new QIS, leave this section blank.)*

Please summarize your progress on achieving Goal 3:

|  |
| --- |
| [Enter Text Here] |

Provide a description of which activities and market incentives were most helpful in working towards this goal:

|  |
| --- |
| [Enter Text Here] |

Provide a description of which activities and market incentives were ineffective in working towards this goal:

|  |
| --- |
| [Enter Text Here] |

**4c-2. Measure 3c**

Measure 3c name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

|  |
| --- |
| [Enter Text Here] |

Is Measure 3c modified from the most recent QIS submission?

[ ]  Yes

[ ]  No

[ ]  Not Applicable *(only applies to new QIS submissions)*

If “Yes”, detail any changes and why changes are being made:

|  |
| --- |
| [Enter Text Here] |

Is this a National Quality Forum (NQF)-endorsed measure?

[ ]  Yes

[ ]  No

If “Yes,” provide the 4-digit ID number: [Enter number here]

Describe how Measure 3c supports the tracking of performance related to Goal 3:

|  |
| --- |
| [Enter Text Here] |

Measure 3c Assessment. All issuers should record baseline results in Table 4-9 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. Performance period (i.e., month and year when data collection began and ended) covered by the baseline should be reported in the header of the table. If the QIS measure is also a QRS measure, issuers must enter the QRS result.

All issuers should record a performance target for each QIS measure (*This should be the actual rate that the issuer is aiming to meet, not a percentile benchmark published by NCQA or other quality metric publisher*.)

Issuers with a continuing QIS should provide follow-up results in Table 4-9 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.

Performance period (i.e., month and year when data collection began and ended) covered by the follow-up results should be reported in the header of the table.

**Table 4-9.** Assessment for Measure 3c

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Baseline****(MM/YYYY-MM/YYYY)** | **Performance Target**  | **Follow-Up Results (MM/YYYY-MM/YYYY)** | **Follow-Up Results (MM/YYYY-MM/YYYY)** |
| QIS Measure 3c | Rate:Numerator:Denominator: | Rate: | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

Indicate the data sources used to report this QIS measure (i.e. medical records, claim files, surveys, etc.):

|  |
| --- |
| [Enter Text Here] |

For continuing QIS issuers, did you meet your performance target?

[ ]  Yes

[ ]  No

If “Yes,” what is the new performance target for this measure?

|  |
| --- |
| [Enter Text Here] |

If “No,” what barriers are there to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier.

|  |
| --- |
| [Enter Text Here] |

1. **Summary of QIS Activities**

**5a. QIS Initiation/Start Date**: [Enter date here]

**5b. Explain planned activities, a target for each activity, and progress implementing activities in Table 5-1.** Issuers should identify the QIS goal that corresponds with each planned activity. For a continuing QIS, activities performed in previous years should remain in the chart, and any new activities that will be conducted for the upcoming plan year should be added to the chart.For a new QIS, issuers should leave the Progress Report section blank.Issuers may refer to the QIS User Guide for guidance completing this table.

**Table 5-1**. QIS Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Corresponding QIS Goal # | Target | Progress Report | Reporting Period  |
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**5c. Provide a list of any known or anticipated barriers to implementing these activities, and identify actions that will be taken to address the barriers.**

|  |
| --- |
| [Enter Text Here] |

**Part E. Payment Models Description**

In the below section, issuers should report on the categories of payment models utilized across their Exchange product line. This information is gathered to gain understanding of how issuers use payment mechanisms tied to quality and value to advance our shared goals of enhancing health plan competition on value and offering affordable coverage in the Exchange. To complete this reporting, issuers can refer to the definitions of APM categories below. For additional details on how to report payment types in Table 1-1, refer to the HCP-LAN APM Measurement report (<http://hcp-lan.org/workproducts/apm-methodology-2018.pdf>).

**Note: If an issuer completes the Washington Health Care Authority’s (HCA) annual payer value-based payment survey during 2021 for its Exchange line of business and elects to authorize HCA to share those results with the Exchange, the issuer is not required to complete Table 1-1 and Questions 1b-1d below.**

**APM Categories Defined in HCP-LAN**

|  |  |
| --- | --- |
| **Payment Model Type** | **Payment Model Description** |
| **Fee-for-Service (FFS) – No Link to Quality and Value** | These payments utilize traditional FFS payments that are not adjusted to account for infrastructure investments, provider reporting of quality data, or provider performance on cost and quality metrics. DRGs that are not linked to quality are included in this category. |
| **Fee-for-Service – Linked to Quality and Value** | These payments utilize traditional FFS payments but are subsequently adjusted based on infrastructure investments to improve care or clinical services, whether providers report quality data, or how well they perform on cost and quality metrics.  |
| **Alternative Payment Models (APM) Built on Fee-for-Service Architecture** | These payments are based on FFS architecture, while providing mechanisms for effective management of a set of procedures, an episode of care, or all health services provided for individuals. In addition to taking quality considerations into account, payments are based on cost performance against a target, irrespective of how the financial benchmark is established, updated, or adjusted. Providers that meet their cost and quality targets are eligible for shared savings, and those that do not may be held financially accountable.  |
| **Population-based Payment** | These payments are structured in a manner that encourages providers to deliver well-coordinated, high quality person-level care within a defined or overall budget. This holds providers accountable for meeting quality and, increasingly, person-centered care goals for a population of patients or members. Payments are intended to cover a wide range of preventive health, health maintenance, and health improvement services, among other items. These payments will likely require care delivery systems to establish teams of health professionals to provide enhanced access and coordinated care. |

1. **In Table 1-1 below, enter the percentage of total annual payments made through each payment arrangement for your qualified health plan products.**

**1a. If the issuer authorizes HCA to share its annual payer value-based payment survey results with the Exchange, check the box below and leave the remainder of Part E blank.**

[ ]  Yes, we authorize HCA to share payer value-based payment survey results on our Exchange line of business with the Exchange.

**Table 1-1.** Percentage of Issuer’s Payments by Payment Method Subcategory in Exchange Plans

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Method Category** | **Payment Method Subcategory** | **Strategy** | **Percentage of Payments by Payment Type in Exchange Plans** |
| **1****FFS - No Link to Quality and Value** | 1 | **Fee-for-Service**   |  %  |
| **2FFS - Link to Quality and Value** | 2A | **Foundational Payments for Infrastructure & Operations**   |  %  |
| 2B | **Pay for Reporting**   |  %  |
| 2C | **Rewards for Performance**   |  % |
| 2D | **Rewards and Penalties for Performance**  |  %  |
| **3APM built on FFS Architecture** | 3A | **APM with Upside Gainsharing**  |  % |
| 3B | **APM with Upside Gainsharing and Downside Risk**  |  %  |
| **4Population-Based Payment** | 4A | **Condition-Specific Population-Based Payment**  |  %  |
| 4B | **Comprehensive Population-Based Payment**  |  %  |
| **Percentage of Total Annual Payments** |  100%  |  |  $ -  |

If issuer selects fee-for-service linked to quality and value, alternative payment model, or population-based payment, provide a brief description of the payment model in the questions below.

**1b. Describe payment models that are fee-for-service – linked to quality and value and whether these payments are specific to particular products**. Please be specific.

|  |
| --- |
| [Enter Text Here] |

**1c. Describe payment models that are alternative payment models (APMs) and whether these payments are specific to particular products.** Please be specific.

|  |
| --- |
| [Enter Text Here] |

**1d. Describe payment models that are population-based payments and whether these payments are specific to particular products.** Please be specific.

|  |
| --- |
| [Enter Text Here] |

**Part F. Reducing Health and Health Care Disparities**

The Exchange seeks to understand health and health care disparities that exist in the QHP population in order to more effectively direct our outreach to consumers, improve our health literacy education materials, and better address challenges that Exchange consumers face in shopping for and choosing health insurance. Because efforts by issuers and the Exchange to identify health disparities and effectively monitor activities to reduce disparities in the Exchange population have been limited by a lack of consistent and comprehensive population data, the Exchange is requiring issuers to meet the target of sixty percent (60%) enrollee self-reported race or ethnicity data for HPF enrollees by 2022 and seventy percent (70%) by 2023. This is a phased approach in preparation for the NCQA’s eighty percent (80%) HEDIS reporting requirement in 2024. In addition, the Exchange seeks to gather data on geographical differences in QIS measures.

1. **Race and Ethnicity Data**

Racial and ethnic categories are socially constructed, yet they have real impacts on the lives of people. Therefore, disaggregated data is critical to identify inequities in service delivery or outcomes. For the Exchange population, enter the proportion of enrollees for whom the issuer has **self-reported** race or ethnicity data in Table 1-1. This data can come from multiple sources which should be listed in the table. Please refer to the crosswalk in Table 1-2 for guidance on how to roll-up race and ethnicity information into the larger reporting categories listed on Table 1-1.

**Table 1-1.** Self-Reported Race and Ethnicity Data for the Exchange Population

|  |
| --- |
| **Race data**Please provide the proportion of enrollees for whom there is self-reported race data. |
| Race | Count | Proportion (%) |
| American Indian/Alaska Native |  |  |
| Asian |  |  |
| Black/African American  |  |  |
| Hawaiian/Pacific Islander |  |  |
| White |  |  |
| Multi-Race |  |  |
| Other |  |  |
| Race Not Provided |  |  |
| Total |  |  |

|  |
| --- |
| **Ethnicity data**Please provide the proportion of enrollees for whom there is self-reported ethnicity data. |
| Ethnicity | Count | Proportion (%) |
| Hispanic |  |  |
| Not Hispanic |  |  |
| Ethnicity Not Provided |  |  |
| Total |  |  |

|  |
| --- |
| Explain the information source(s) for race and ethnicity data. [Enter Text Here]  |

|  |
| --- |
| As of what date is the data pulled from? |

**Table 1-2.** Below is thecrosswalk to rollup reported Race and Ethnicity Data for the Exchange Population. If multiple races are reported on the 834 enrollment file, please count the Enrollee into the Multi-Race category in Table 1-1.

|  |  |
| --- | --- |
| Reported Race | Race Reporting Category  |
| American Indian/Alaska Native | American Indian/Alaska Native |
| Asian Indian | Asian |
| Black/African American | Black/African American |
| Cambodian | Asian |
| Chinese | Asian |
| Filipino | Asian |
| Guamanian | Hawaiian/Pacific Islander |
| Hawaiian | Hawaiian/Pacific Islander |
| Japanese | Asian |
| Korean | Asian |
| Laotian | Asian |
| Other Asian/Pacific Islander | Hawaiian/Pacific Islander |
| Other Race | Other |
| Samoan | Hawaiian/Pacific Islander |
| Thai | Asian |
| Unreported | Race Not Provided |
| Vietnamese | Asian |
| White | White |

|  |  |
| --- | --- |
| Reported Ethnicity | Ethnicity Reporting Category  |
| Cuban | Hispanic |
| Mexican/Mexican-American/Chicano | Hispanic |
| Not Reported                 | Ethnicity Not Provided |
| Not Spanish/Hispanic | Not Hispanic |
| Other Spanish/Hispanic | Hispanic |
| Puerto Rican | Hispanic |

The Exchange encourages issuer collection of health. Collection could be through a variety of sources including health assessment records, survey responses, online account set-up, etc. If the attribute is not collected, enter “not collected” in rate.

**2a. Does the issuer actively collect race or ethnicity data for its enrollees?**

[ ]  Yes

[ ]  No

**2a-1. What proportion of the issuer’s race and/or ethnicity data comes from sources which are not the 834 enrollment file from WAHBE?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Numerator | Denominator | Proportion of population as % |
| Race |  |  |  |
| Ethnicity |  |  |  |

**2a-2. Describe how the issuer collects race and/or ethnicity data.**

|  |
| --- |
| [Enter Text Here] |

**2a-3. If the Issuer has not yet achieved the 60% collection rate that is required in 2022, what changes do you plan to implement to achieve that expectation for 2022? Then, how do you plan to achieve the 70% requirement in 2023?**

|  |
| --- |
| [Enter Text Here] |

1. **Rural Health Data**

A central mission of the Exchange is to ensure that all enrollees have access to high quality care. Rural health and quality of care in rural areas is central to this mission. The Exchange seeks to gather data on how quality improvement strategies are performing in rural areas of an issuer’s Exchange service area.

**3a. For each QIS measure, report these metrics specifically for rural areas in Table 3-1 (*if the QIS applies in rural areas*).** Issuers who do not serve rural areas or have a separate QIS for their rural areas should leave Table 3-1 blank. Issuers may refer to the QIS User Guide for guidance completing this table, including the definition of “rural areas” to be used for this analysis.

**Table 3-1.** Aggregate QIS Measure Baselines and Results in Rural Areas

|  |  |  |
| --- | --- | --- |
| **QIS Measure** | **Baseline - Rural Areas****(MM/YYYY-MM/YYYY)** | **Follow-Up Results - Rural Areas****(MM/YYYY-MM/YYYY)** |
| QIS Measure 1a | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 1b | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 1c | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 2a | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 2b | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 2c | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 3a | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 3b | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |
| QIS Measure 3c | Rate:Numerator:Denominator: | Rate:Numerator:Denominator: |

**3b. List the zip codes that you have included in the analysis of the results of your QIS in rural areas:**

|  |
| --- |
| [Enter Text Here] |

**3c. Does the issuer perform any QIS activities specifically aimed at reaching rural enrollees?**

|  |
| --- |
| [Enter Text Here] |

**Part G.** **Incentivizing Primary Care**

The Exchange believes that investing in primary care and care coordination is an important component of improving health care delivery and delivering high value care to Exchange enrollees. QHP issuers should promote and encourage use of primary care in their Exchange line of business.

1. **Bree Collaborative Primary Care Initiatives**

Exchange issuers will be required to participate in one of the following primary care strategies identified by the Bree Collaborative Primary Care workgroup. Please select the strategy that the issuer wishes to focus on:

[ ]  Enrollees should receive information about the value of primary care, how to access primary care within the available plan options, and are asked or otherwise encouraged to select a primary care provider/team at enrollment.

[ ]  Members select or are paneled to a primary care provider/team through a claims-based attribution process or other assignment mechanism.

[ ]  A payment mechanism supports primary care features that are not reimbursed through traditional fee-for-service payments. These mechanisms include value-based reimbursement such as fee-for-service enhancements or prospective payments made in the form of per member per month (PMPM) payments that could include incentives for transformation, performance-based incentives, or more expansive forms of capitation.

**1a. Is this a different strategy than in 2022 QIS?**

[ ]  Yes

[ ]  No

**1a-1. If the issuer selected a different strategy to focus on, please explain why the strategy is changing.**

|  |
| --- |
| [Enter Text Here] |

**1b. Provide a description of current state. What activities does the issuer perform currently related to the selected strategy(ies)?**

|  |
| --- |
| [Enter Text Here] |

**1b. Provide a baseline metric and a benchmark target related to the strategy. If the issuer selected multiple strategies, please provide a benchmark for one of the selected strategies. Please describe the baseline metric and why the issuer is selecting the listed benchmark target.**

|  |
| --- |
| [Enter Text Here] |

**1b. Provide a brief description of how the issuer plans to make progress on the above strategy in the upcoming calendar year.**

|  |
| --- |
| [Enter Text Here] |

1. **Primary Care Clinician Assignment or Selection**

**2a. Does the issuer have the ability to record and track when a patient actively selects a primary care clinician?**

[ ]  Yes

[ ]  No

[ ]  Not Applicable *(only applies if the issuer assigns primary care clinicians to all enrollees)*

**2b. Please complete Table 1-1 for your Exchange population.**

**Table 1-1.** Primary Care Clinician Assignment or Selection

|  |
| --- |
| **Primary Care Clinician Assignment or Selection** Please provide the number and proportion of enrollees who selected or were assigned a primary care clinician during the prior calendar year |
| Rate:Numerator:Denominator: |
| Explain the information source for primary care clinician data.  |

**3.**  **Provide a brief description of any care delivery models that the issuer is using to coordinate care or promote primary care.**

|  |
| --- |
| [Enter Text Here] |

**Part H.** **Appropriate Care for Low Back Pain**

The Exchange is participating in the Low Back Pain Implementation Collaborative led by the Washington Health Alliance. This effort is a multi-stakeholder initiative to advance evidence-based care for patients experiencing low back pain. The Exchange is seeking to learn current practices and areas of focus of QHP issuers related to patients receiving care for low back pain. For more information, please visit: https://wahealthalliance.org/low-back-pain-implementation-collaborative-update/.

Please provide a detailed description of any activities that the issuer is doing to promote evidence-based treatment for low back pain. This may include but is not limited to:

* Value-based purchasing payment models
* Enrollee education
* Shared decision making
* Prior authorization requirements, including those that require a screening tool before some services. An example is requiring a provider to use the STarT Back tool prior to authorizing a spinal injection.

|  |
| --- |
| [Enter Text Here] |