

2027 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 2027.

Note: A QIS must include at least one goal and three 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:**
- 2. Company Legal Name:**
- 3. HIOS Issuer ID:**
- 4. Issuer State:**
- 5. QIS Primary Contact's Name:**
- 6. QIS Primary Contact's Title:**
- 7. QIS Primary Contact's Phone:**
- 8. QIS Primary Contact's Email:**
- 9. QIS Secondary Contact's Name:**
- 10. QIS Secondary Contact's Title:**
- 11. QIS Secondary Contact's Phone:**
- 12. QIS Secondary Contact's Email:**
- 13. Date Issuer Began/Will Begin Offering Coverage Through the Exchange:**

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
<input type="checkbox"/> New QIS	Answer question 2 below, then go to Part C of this form.
<input type="checkbox"/> 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 2027.
<input type="checkbox"/> 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.

2. What category best describes the new QIS submission?

Type of New QIS	Instructions
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.

Click or tap here to enter text.

3. What category best describes the continuing QIS submission?

Type of Continuing QIS	Instructions
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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?

Click or tap here to enter text.

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.

Click or tap here to enter text.

Part C. QIS Summary

1. QIS Title

Provide a short title for the QIS.

Click or tap here to enter text.

2. 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.).

Click or tap here to enter text.

3. 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.

Click or tap here to enter text.

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

Click or tap here to enter text.

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:

Click or tap here to enter text.

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:

Click or tap here to enter text.

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
Click or tap here to enter text.	Click or tap here to enter text.	% earned incentive/completed target	% earned incentive/completed target	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	% earned incentive/completed target	% earned incentive/completed target	Click or tap here to 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.

Click or tap here to enter text.

2. Topic Area Selection

Check each topic area this QIS addresses.

QIS Topic Area	Example Activities
<input type="checkbox"/> Improve health outcomes	<ul style="list-style-type: none"> • Quality reporting • Effective case management • Care coordination • Chronic disease management • Medication and care compliance initiatives
<input type="checkbox"/> Prevent hospital readmissions	<ul style="list-style-type: none"> • Comprehensive program for hospital discharge that includes: <ul style="list-style-type: none"> ○ Patient-centered education and counseling ○ Comprehensive discharge planning ○ Post-discharge reinforcement by an appropriate health care professional
<input type="checkbox"/> Improve patient safety and reduce medical errors	<ul style="list-style-type: none"> • Appropriate use of best clinical practices • Evidence-based medicine • Health information technology

<input type="checkbox"/> Implement wellness and health promotion activities	<ul style="list-style-type: none"> • Smoking cessation • Weight management • Stress management • Healthy lifestyle support • Diabetes prevention • Other prevention screenings
<input checked="" type="checkbox"/> Reduce health and health care disparities (Required)	<ul style="list-style-type: none"> • Language services • Community outreach • Cultural competency trainings

3. 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.

Click or tap here to enter text.

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

Click or tap here to enter text.

4. 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:

Click or tap here to enter text.

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:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 1-a Assessment. All issuers should record baseline results in the excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 the excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

- Yes
 No

If “Yes,” please add a new performance target on the excel workbook “Tab 1 QIS Measures”. (*A new performance target must be identified if you are continuing a QIS and met the previous performance target.*)

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

Click or tap here to enter text.

4a-2. Measure 1b

Measure 1b name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 1b Assessment. All issuers should record baseline results in the excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 the excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

- Yes
 No

If “Yes,” please add a new target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

4a-3. Measure 1c

Measure 1c name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 1c Assessment. All issuers should record baseline results in the excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 the excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

- Yes
- No

If “Yes,” please add a new performance target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

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

Please summarize your progress on achieving Goal 1:

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

4b. QIS Goal 2:

Click or tap here to enter text.

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:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 2a Assessment. All issuers should record baseline results in excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 the excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

Yes

No

If “Yes,” please add a new performance target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

4b-2. Measure 2b

Measure 2b name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 2b Assessment. All issuers should record baseline results in excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 the excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

- Yes
 No

If “Yes,” please add a new performance target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

4b-3. Measure 2c

Measure 2c name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 2c Assessment. All issuers should record baseline results in the excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 the excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

Yes

No

If “Yes,” please add new performance target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

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

Please summarize your progress on achieving Goal 2:

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

4c. QIS Goal 3:

Click or tap here to enter text.

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:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 3a Assessment. All issuers should record baseline results in the excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

- Yes
- No

If “Yes,” please add new performance target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

4c-2. Measure 3b

Measure 3b name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 3b Assessment. All issuers should record baseline results in the excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

Yes

No

If “Yes,” please add new performance target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

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

Please summarize your progress on achieving Goal 3:

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

4c-2. Measure 3c

Measure 3c name: [Enter name here]

Provide a narrative description of the measure numerator and denominator:

Click or tap here to enter text.

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:

Click or tap here to enter text.

Is this a Consensus-Based Entity (CBE)-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:

Click or tap here to enter text.

Measure 3c Assessment. All issuers should record baseline results in the excel workbook “2027 QIS Quantitative Reporting and then use “Tab 0 General Information and Tab 1 QIS Measures” by 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 the excel workbook “Tab 0 General Information and Tab 1 QIS Measures” by 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.

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

Click or tap here to enter text.

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

- Yes
 No

If “Yes,” please add a new performance target on the excel workbook “Tab 1 QIS Measures”.

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

Click or tap here to enter text.

5. Summary of QIS Activities

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

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 the excel workbook

“2027 QIS Quantitative Reporting “Tab 2 Paying for Value”, refer to the HCP-LAN APM Measurement report (<https://hcp-lan.org/wp-content/uploads/2025/08/APM-Framework-White-Paper.pdf>).

Note: If an issuer completes the Washington Health Care Authority’s (HCA) annual payer value-based payment survey during 2025 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 “Tab 2 Paying for Value” and Questions 1b-1d below provided the report to HCA includes the carrier’s On-Exchange population and separated by HIOS ID. If an issuer reports at the parent company level to HCA, then the issuer will need to complete “Tab 2 Paying for Value” for each HIOS ID.

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 the excel workbook

“2027 QIS Quantitative Reporting “Tab 2 Paying for Value”, 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 Paying for Value (value-based payment) survey results on our Exchange line of business with the Exchange and our submission to HCA includes our on-Exchange population broken out by HIOS ID.

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.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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 phased in requirements for issuers to meet NCQA’s standard of eighty percent (80%) directly collected Race and Ethnicity data by HEDIS reporting requirement Measurement Year 2024 ([reported in 2025 on the 2026 QIS form](#)). Note that this 80% standard is measured separately for race and ethnicity. 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 the excel workbook “2027 QIS Quantitative Reporting” and then use “Tab 0 General Information”. This data can come from multiple sources which should be listed in the table. Please refer to the crosswalk in Table 1-1 for guidance on how to roll-up race and ethnicity information into the larger reporting categories listed on “Tab 0 General Information” of the excel workbook.

Explain the information source(s) for race and ethnicity data reported in the excel workbook “Tab 0 General Information”.

Please specify if the date is the data pulled from and if it is cumulative or point-in time. For ease of validation, HBE recommends carriers provide point in time data from March 2026 when coverage effectuated following open enrollment.

Table 1-1. Below is the crosswalk 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 the excel workbook “Tab 0 General Information”.

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.

1a. Does the issuer actively collect race or ethnicity data for its enrollees?

- Yes
- No

1b. Describe how the issuer collects race and/or ethnicity data.

Click or tap here to enter text.

1c. If the Issuer has not yet achieved the 80% collection rate that is required for this QIS, what changes do you plan to implement to achieve that expectation? The Exchange will share Issuer status in achieving the 80% collection rate and Issuer responses to this question as part of Plan Year 2027 Certification deliberations.

Click or tap here to enter text.

1d. Per the Guidance for Participation, issuers are required to stratify all QIS measures by race and ethnicity—. Please report measure results stratified on “Tab 1 QIS Measures” of the “2027 QIS Quantitative Reporting” excel workbook.

1d-1. Explain the information source(s) for race and ethnicity data reported in the Excel “Tab 1 QIS Measures”.

1d-2. If the measure numerator and denominator totals on “Tab 1 QIS Measures” differ than what is reported on the NCQA QRS workbook, please explain why.

1e. Strategy to Improve Producer Collection of Race and Ethnicity Data.

Per the Guidance for Participation, issuers are required to report on plans to work with Producers to increase collection of race and ethnicity data.

Exchange application data indicates customers partnered with a producer are less likely to respond to the race and ethnicity questions on their application. To help support carriers achieving the 80% directly reported race and ethnicity data, the Exchange provided individual reports to carriers on their producer race and data collection. Issuers were required to develop and execute a plan to partner with producers to improve this collection for Plan Year 2026.

1e-1. Please describe the methods you put into place for 2026 using to work with producers to improve race and ethnicity data collection. Your answer should include:

- A) Anticipated Reach (e.g., number and percent of producers).
- B) Methods (e.g., changes to compensation, changes to producer agreements, training webinar, email).
- C) Measurable goals for your plan (refer to your individual carrier producer data collection performance from WAHBE)

Click or tap here to enter text.

1e-2. What is your current progress towards your goal(s)?

1e-3. What learnings do you have since executing your plan?

Click or tap here to enter text.

Per the Guidance for Participation, carriers who have financial agreements with brokers must have an enforceable contractual requirement for brokers to collect race and ethnicity for Plan Year 2027.

1e-4. What is your proposed contract term effective Plan Year 2027? Please summarize your contract requirement.

Click or tap here to enter text.

2. 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.

2a. For each QIS measure, report these metrics specifically for rural areas in the excel workbook "2027 QIS Quantitative Reporting" and then use "Tab 1 QIS Measures" (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 “Tab 1 QIS Measures” of the excel workbook 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. If a measure has a hybrid reporting option, issuer should report the hybrid result for their rural population so HBE can compare the rural measure performance to the issuer’s overall performance for the measure.

2b. List the zip codes that you have included in the analysis of the results of your QIS in rural areas:

Click or tap here to enter text.

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

Click or tap here to enter text.

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 the following primary care strategy identified by the Bree Collaborative Primary Care workgroup:

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

On the excel workbook “2027 QIS Quantitative Reporting” use “Tab 3 Primary Care” to enter the baseline, benchmark target, and follow up results.

1a. Did you meet your primary care benchmark target?

- Yes
- No

1b. If “Yes,” what is the new performance target for this primary care strategy? If your target is less than 100%, please explain why.

Click or tap here to enter text.

1c. If “No,” what barriers are there to reaching the performance target? Describe any mitigation activities that will be incorporated to address each barrier and how the issuer plans to make progress on the above strategy in the upcoming calendar year.

Click or tap here to enter text.

1d. Provide a description of current state. What activities does the issuer perform currently related to ensuring customers have a relationship with a primary care provider?

Click or tap here to enter text.

1e. Please explain what your process is to ensure that customers without a known PCP relationship after a specified amount of time are auto-assigned one and specify what that time period is.

Click or tap here to enter text.

2. 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*)

3. Advanced Primary Care Work

3a. Is the issuer participating in advanced primary care work for plan year 2027 besides HCA's PCTM? Examples include efforts such as the PBGH initiatives.

- Yes
- No

3b. If "Yes", detail what model(s) the issuer is participating in and their key components:

3c. Is the Exchange population included in your advanced primary care work?

- Yes
- No

3d. If "No," please explain why the Exchange population is not included:

4. Primary Care Spend Expenditure Report is due 7/31 to the Exchange - please email to qhp@wabhexchange.org.

4a. Issuers who offer only on-Exchange individual market coverage: Please email the Exchange the same report you submit to the OIC. Issuers who offer on and off-Exchange individual market coverage: Please remove any off-Exchange expenditures from the "All Other Individual Health Plans" column prior to emailing to the Exchange.

4b. Please refer to your 2026 QIS form and review the amount you listed that represents a 1% Increase in Primary Care Spend to see your primary care spend dollar increase target for 2026.

What mid-year learnings do you have as you work towards your primary care spend increase target?

5. QRS Survey

5a. Did you oversample on the 2026 QRS Survey?

- Yes
- No

5b. If “No,” please explain why you do not oversample:

5c. What other methods are you doing to increase response rates to the QRS Survey?

Part H. Issuer Attestations

Please include the name of the issuer QIS Contact completing this form in the “Enter Name” fields.

I attest that we have signed the Memorandum of Understanding committing to participate in HCA’s Multi-Payer Collaborative, and we are including Exchange customers in this work.

I attest I reviewed the 2027 QIS form section “1c. Results of Market-Based Incentives” and completed all fields in Table 1-1 the Summary of Market-Based Incentive Results.

I attest I reviewed the 2027 QIS form section 5 “Summary of QIS Activities” and completed all fields in Table 5-1 QIS activities.

I attest I reviewed the numerators and denominators on the 2027 QIS quantitative form, “Tab 1 QIS Measures” for each QIS measure, and they match the audited HEDIS results submitted to CMS for QRS measures.

I attest I reviewed the targets on the 2027 QIS quantitative form, “Tab 1 QIS Measures” for each QIS measure, and they match the targets on our prior QIS submission.
Note – If you set any new targets set in the 2026 QIS submission, they will be found on the 2026 QIS form (word document).