

Please retain a copy of the completed Quality Improvement Strategy (QIS) Implementation Plan form so that it is available for future reference for reporting on activities conducted to implement the QIS. For detailed instructions, please refer to the QIS Technical Guidance and User Guide for the 20XX Plan Year.

QIS Submission Type

Part A. New, Discontinuing, or Continuing QIS Submission

This field is required, but will not be scored as part of the QIS evaluation.

1. Type of QIS Submission

Select the option that describes the type of QIS submission, and follow the instructions to complete the submission.

Type of QIS	Instructions
<input type="checkbox"/> New QIS¹ with No Previous QIS Submission	Complete the Background Information Section (Parts A, B, and C) and the Implementation Plan Section (Parts D and E).
<input type="checkbox"/> New QIS after Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period²	Complete a new/separate form to submit the new QIS, including the Background Information Section (Parts A, B and C) and the Implementation Plan Section (Parts D and E). (Must also submit a form to close out the discontinued QIS; see “Discontinuing a QIS”).
<input type="checkbox"/> Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period	Complete a form to close out the discontinued QIS, including the Background Information Section (Parts A, B, and C) and the Implementation Plan Section (Parts D and E), with the discontinued QIS information. Include the Progress Report (Part G) to report on progress of the QIS up to the point it was discontinued. (Must submit at least one QIS to cover all eligible QHPs; see “New QIS after Discontinuing a QIS Submitted during a prior QHP Application Period”).
<input type="checkbox"/> Continuing a QIS with No Modifications	Complete the Background Information Section (Parts A, B, and C), Implementation Plan Section (Parts D and E), and the Progress Report Summary (Part G). Do not complete the QIS Modification Summary (Part F).
<input type="checkbox"/> Continuing a QIS with Modifications³	Complete the Background Information Section (Parts A, B, and C), Implementation Plan Section (Parts D and E); Modification Section (Part F), and the Progress Report Section (Part G).

¹ A “new QIS” is defined as a QIS that has not been previously submitted to an Exchange, or is a QIS that is based upon a different market-based incentive(s) and/or topic area(s) than the issuer’s previous QIS.

² A new QIS is required if an issuer: changes its QIS market-based incentive type or sub-type, changes its QIS topic area, reaches one or more of its QIS performance targets, the QIS is not having the expected impact, or the QIS results in negative outcomes or unintended consequences.

³ An issuer may continue with an existing QIS even if it changes the following: activities, goals, and/or performance measures.

2. Targets All Health Plans and Product Types Offered Through an Exchange (Must Pass)

Please indicate the number of forms that will be submitted: This is form of .

2a. Indicate if this QIS is applicable to all eligible QHPs you offer or are applying to offer through the Exchanges, or to a subset of eligible QHPs.

- All QHPs
- Subset of QHPs^{4*}

* If "Subset of QHPs" was selected above, an additional QIS Implementation Plan(s) (Parts D and E of this form) must be submitted for eligible QHPs not covered by this QIS.

2b. Select the relevant product types to which the QIS applies. Check all that apply. To update a prior QIS submission by changing product types, use Criterion 28b in the Modification Summary section (Part F)

- Health Maintenance Organization (HMO)
- Point of Service (POS)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)
- Indemnity

⁴ An issuer that previously covered all eligible QHPs with a single QIS may choose to cover a subset of QHPs with its existing QIS in subsequent years, but must submit an additional QIS form(s) to cover its remaining eligible QHPs. Similarly, an issuer that previously covered subsets of its eligible QHPs with different quality improvement strategies may discontinue one or more of its strategies by submitting QIS forms to close them out. The issuer must also ensure all eligible QHPs are covered by an existing or new QIS.

Background Information

Part B. Issuer Information

These fields are required, but will not be scored as part of the QIS evaluation. Issuers may update the information in Part B from year to year, as needed.

3. Issuer Legal Name

4. Company Legal Name

5. HIOS Issuer ID

6. Issuer State

7. QIS Primary Contact's First Name

QIS Primary Contact's Last Name

8. QIS Primary Contact's Title

9. QIS Primary Contact's Phone

Ext.

10. QIS Primary Contact's Email

11. QIS Secondary Contact's First Name

QIS Secondary Contact's Last Name

12. QIS Secondary Contact's Title

13. QIS Secondary Contact's Phone

Ext.

14. QIS Secondary Contact's Email

15. Date Issuer Began Offering Coverage Through the Exchange

 / /

16. Current Payment Model(s) Description

Select the category(ies) of payment models that are used by the issuer across its Exchange product line. Provide the percentage of payments in each payment model category⁵ used by the issuer across its Exchange product line. The total percentage of payments across all four payment model types should equal approximately 100 percent.⁶

Payment Model Type	Payment Model Description	Provide Percentage
<input type="checkbox"/> Fee for Service – No Link to Quality and Value	Payments are based on volume of services and not linked to quality or efficiency.	<input type="text"/> %
<input type="checkbox"/> Fee for Service – Linked to Quality and Value	At least a portion of payments vary based on the quality or efficiency of health care delivery.	<input type="text"/> %
<input type="checkbox"/> Alternative Payment Models Built on Fee for Service Architecture	Some payment is linked to the effective management of a segment of the population or an episode of care. Payments are still triggered by delivery of services, but there are opportunities for shared savings or two-sided risk.	<input type="text"/> %
<input type="checkbox"/> Population-based Payment	Payment is not directly triggered by service delivery so payment is not linked to volume. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., more than one year).	<input type="text"/> %
Total	Please confirm the total percentage of payments across all four payment model type categories equals approximately 100%.	<input type="text"/> %

⁵ Categories of payment models are defined in the *Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group – Alternative Payment Model (APM) Framework Final White Paper*, available at: <https://hcp-lan.org/workproducts/apm-whitepaper.pdf>. See the *QIS Technical Guidance and User Guide for the 20XX Plan Year* for examples of payment models within each category.

⁶ To calculate the percentage of payments for Fee for Service payments linked to quality or value, and/or Alternative Payment Models tied to quality or value, issuers should use the calculation methodologies defined in the *Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs (APM Measurement Effort) Final Paper*, available at: <https://hcp-lan.org/groups/apm-fpt/apm-report/>. See Table 1 (p. 7-10) for instructions to calculate the percentage of payments for these two payment model categories.

Part C. Data Sources Used for Goal Identification and Monitoring Progress

These fields are required, but will not be scored as part of the QIS evaluation. Issuers may update the information in Part C from year to year, as needed.

17. Data Sources

Indicate the data sources used for identifying QHP enrollee population needs and supporting the QIS rationale (Element 22). Check all that apply.

Data Sources
<input type="checkbox"/> Internal issuer enrollee data
<input type="checkbox"/> Medical records
<input type="checkbox"/> Claim files
<input type="checkbox"/> Surveys (enrollee, beneficiary satisfaction, other)
<input type="checkbox"/> Plan data (complaints, appeals, customer service, other)
<input type="checkbox"/> Registries
<input type="checkbox"/> Census data Specify Type [e.g., block, tract, ZIP Code]: <input style="width: 200px;" type="text"/>
<input type="checkbox"/> Area Health Resource File (AHRF)
<input type="checkbox"/> All-payer claims data
<input type="checkbox"/> State health department population data
<input type="checkbox"/> Regional collaborative health data
<input type="checkbox"/> Other: Please describe. Do not include company identifying information in your data source description. <i>(100 character limit)</i> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>

QIS Implementation Plan Section

Part D. QIS Summary

These fields are required, but will not be scored as part of the QIS evaluation.

18. QIS Title

Provide a short title for the QIS.

(200 character limit)

19. QIS Description

Provide a brief summary description of the QIS. The description must include the market-based incentive type and topic area (see Elements 20 and 21).

(1,000 character limit)

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

Yes

No

Is the QIS submission⁷ a strategy that the issuer currently has in place for its Exchange product line and/or for other product lines?

Yes

No

⁷ Issuers may use existing strategies employed in non-Exchange product lines (e.g., Medicaid, commercial) if the existing strategies are relevant to their QHP enrollee populations and meet the QIS requirements and criteria.

If "yes" was checked for either/both of the above, please describe the State initiative and/or current issuer strategy.

(1,000 character limit)

Describe the overall goal(s) of the QIS (no more than two).

Note: The topic area(s) selected in Element 21 and the measures described in Element 24 should be linked to these goals.

QIS Goal 1

(500 character limit)

QIS Goal 2

(500 character limit)

Part E. QIS Requirements

The Elements in Part E will be scored as part of the QIS evaluation. All elements must receive a “meets” score during the QIS evaluation. If any elements are scored as “does not meet” in the QIS evaluation, the issuer must revise those elements and resubmit its Implementation Plan for re-review.

20. Market-based Incentive Type(s) (Must Pass)

Select the type and sub-type of market-based incentive(s) the QIS includes. Check all that apply. If either “In-kind incentives,” “Other provider market-based incentives,” or “Other enrollee market-based incentives” is selected, provide a brief description in the space provided.

Provider Market-based Incentives

- Increased reimbursement
- Bonus payment
- In-kind incentives (Provide a description in the space below.) (500 character limit)

- Other provider market-based incentives (Provide a description in the space below.) (500 character limit)

Enrollee Market-based Incentives

- Premium credit
- Co-payment reduction or waiver
- Co-insurance reduction
- Cash or cash equivalents
- Other enrollee market-based incentives (Provide a description in the space below.) (500 character limit)

21. Topic Area Selection (Must Pass)

Select the topic area(s) this QIS addresses, as defined in the Affordable Care Act.⁸ Check each topic area that applies.

QIS Topic Area	Example Activities Cited in the Affordable Care Act
<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
<input type="checkbox"/> Reduce health and health care disparities	<ul style="list-style-type: none"> ▪ Language services ▪ Community outreach ▪ Cultural competency trainings

⁸ Implementation of wellness and health promotion activities are cited in Section 2717(b) of the Affordable Care Act. All other activities are cited in Section 1311(g)(1) of the Affordable Care Act.

22. Rationale for QIS (Must Pass)

Provide a rationale for the QIS that describes the issuer's current QHP enrollee populations and how the QIS will address the needs of the current QHP enrollee population(s).

(1,500 character limit)

23. Activity(ies) that Will Be Conducted to Implement the QIS (Must Pass)

23a. List the activities that will be implemented to achieve the identified goals.

(1,500 character limit)

23b. Describe how the activities relate to the selected market-based incentive (see Element 20).

(1,500 character limit)

23c. Describe how the activities relate to the topic area(s) selected (see Element 21).

(1,500 character limit)

23d. If the issuer did not choose health and health care disparities as a topic area in Element 21, but the QIS does include activities related to addressing health and health care disparities, describe the activities below. If (1) health and health care disparities is one of the topic areas selected in Element 21; OR (2) health and health care disparities are not addressed in this QIS, check Not Applicable.

(1,500 character limit)

24. Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress (Must Pass)

Restate the goal(s) identified in the QIS description (see Element 19).

QIS Goal 1

(500 character limit)

For this goal, identify at least one (but no more than two) primary measure(s) used to track progress toward meeting the goal.

24a. **Measure 1a**

Measure 1a Name:

Provide a narrative description of the measure numerator and denominator.
(500 character limit)

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

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

24b. Describe how [Measure 1a] supports the tracking of performance related to [Goal 1].
(1,000 character limit)

24c. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

24d. Note the performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

24e. Provide the numerical value performance target for this measure:

24f. **Measure 1b**

Measure 1b Name:

Provide a narrative description of the measure numerator and denominator.
(500 character limit)

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

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

24g. Describe how [Measure 1b] supports the tracking of performance related to [Goal 1].

(1,000 character limit)

24h. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

24i. Note the performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

24j. Provide the numerical value performance target for this measure:

QIS Goal 2

(500 character limit)

For this goal, identify at least one (but no more than two) primary measure(s) track progress towards meeting the goal.

24k. Measure 2a

Measure 2a Name:

Provide a narrative description of the measure numerator and denominator.

(500 character limit)

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

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

24l. Describe how [Measure 2a] supports the tracking of performance related to [Goal 2].

(1,000 character limit)

24m. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

24n. Note the performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

24o. Provide the numerical value performance target for this measure:

24p. **Measure 2b**

Measure 2b Name:

Provide a narrative description of the measure numerator and denominator.
(500 character limit)

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

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

24q. Describe how [Measure 2b] supports the tracking of performance related to [Goal 2].

(1,000 character limit)

24r. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

24s. Note the performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

24t. Provide the numerical value performance target for this measure:

25. Timeline for Implementing the QIS

25a. QIS Initiation/Start Date:

25b. Describe the milestone(s) and provide the date(s) for each milestone (e.g., when activities described in Element 23 will be implemented). At least one milestone is required.
 (100 character limit per milestone)

	<u>Milestone(s)</u>	<u>Date for Milestone(s)</u>
1.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
2.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
3.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
4.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
5.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
6.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
7.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
8.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
9.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>
10.	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>

26. Risk Assessment

26a. List all known or anticipated barriers to implementing QIS activities.
(750 character limit)

If no barriers were identified, describe how you assessed risk.
(750 character limit)

26b. Describe the mitigation activities that will be incorporated to address each barrier identified in Criterion 26a.
(1,500 character limit)



If "New QIS with No Previous QIS submission," STOP HERE.
If "New QIS after Discontinuing," STOP HERE.
If "Discontinuing a QIS," SKIP to page 21 (Part G. Progress Report Summary).
If "Continuing a QIS with Modifications," continue to next page 19 (Part F. Modification Summary).
If "Continuing a QIS with No Modifications," SKIP to page 21 (Part G. Progress Report Summary).

QIS Progress Report Section

Part F. QIS Modification Summary

27. Modifying Goals, Measures, and Activities (Must Pass)

If “Continuing a QIS with Modifications” was selected in Part A, Element 1, please indicate what type of modification(s) the issuer is making to its QIS and provide a rationale for the modification(s). Note that modifications only apply to elements in Part D (Implementation Plan).

27a. **QIS Goals:** Which Goals, if any, are modified from the most recent QIS submission? Select all that apply.

- Goal 1 Goal 2

Describe Modifications to Goals (500 character limit)

27b. **QIS Measures:** Which Measures, if any, are modified from the most recent QIS submission? Select all that apply.

- Measure 1a Measure 1b Measure 2a Measure 2b

Describe Modifications to Measures (500 character limit)

27c. **QIS Activities:** Are Activities modified from the most recent QIS submission?

- Yes No

If Yes, describe modifications to activities (500 character limit)

28. Modifying Product Types (500 character limit)

Are the product types modified from the most recent QIS submission? Indicate whether the issuer is adding and/or removing any product types to the QIS originally listed in Criterion 2b. Select all that apply.

- | | | | | |
|---------------------------------------|--------------------------|-----|--------------------------|--------|
| Health Maintenance Organization (HMO) | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| Point of Service (POS) | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| Preferred Provider Organization (PPO) | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| Exclusive Provider Organization (EPO) | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| Indemnity | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |

Part G. Progress Report Summary

The elements in Part G will be scored as part of the QIS evaluation. All elements must receive a "meets" during the QIS evaluation. If any elements are scored as "does not meet" in the QIS evaluation, the issuer must revise its Progress Report and submit it for re-review.

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

(Must Pass)

Restate the Goal(s) identified in the most recent Implementation Plan. For each Goal, restate the Measure(s) information identified in Element 24, and complete the fields below.

QIS Goal 1

(500 character limit)

Measure 1a

29a. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

29b. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

-

29c. Measure 1a Name:

29d. Restate the baseline results from Criterion 24c of your most recent QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

29e. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24e) achieved?

Yes No

Measure 1b

29f. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

29g. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

/ - /

29h. Measure 1b Name:

29i. Restate the baseline results from Criterion 24h of your most recent QIS submission, including the rate and associated numerator and denominator, if applicable

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

29j. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24j) achieved?

Yes No

QIS Goal 2

(500 character limit)

Measure 2a

29k. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

29l. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

-

29m. Measure 2a Name:

29n. Restate the baseline results from Criterion 24m of your most recent QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

29o. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24o) achieved?

Yes No

Measure 2b

29p. Note the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

-

29q. Note the Progress Report performance period (i.e., month and year when data collection began and ended) covered by the progress update data assessment:

-

29r. Measure 2b Name:

29s. Restate the baseline results from Criterion 24r of your most recent QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

29t. Provide the follow-up results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Was the performance target (Criterion 24t) achieved?

Yes No

30. Summary of Progress (Must Pass)

Indicate why progress was or was not made toward the performance target(s) documented in Element 24. Include a description of activities that led to the outcome, and if applicable, indicate whether the information provided here affects the decision to modify the QIS (Part F).

If the issuer selected "Discontinuing a QIS Submitted During a Prior QHP Application Period" in Element 1, provide the rationale for discontinuing the QIS.

If applicable, provide information about changes made based on Post-Certification Assessment (PCA) Reports from the previous year.

(3,000 character limit)

31. Barriers

31a. Were barriers encountered in implementing the QIS?

Yes No

If "Yes," describe the barriers.

(1,500 character limit)

31b. Were there problems meeting timelines as indicated in Element 25?

Yes No

If "Yes," describe the problems in meeting timelines.

(1,500 character limit)

32. Mitigation Activities

32a. If "Yes" was selected in 31a, describe the mitigation activities implemented to address each barrier. Also, describe the result(s) of the mitigation activities. If "No" was selected in 31a, check

Not Applicable.

(1,500 character limit)

32b. If "Yes" was selected in 31b, describe the mitigation activities implemented to address each problem in meeting the timeline. Also, describe the result(s) of the mitigation activities. If "No" was selected in 31b, check Not Applicable.

(1,500 character limit)