Performance Evaluation Report

Kaiser Prepaid Health Plan (KP Cal, LLC) – Marin and Sonoma Counties

July 1, 2008–June 30, 2009

Medi-Cal Managed Care Division
California Department of
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1. Executive Summary

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal Managed Care (MCMC) Program to approximately 3.6 million beneficiaries (as of June 2009) in the State of California through a combination of contracted full-scope and specialty managed care plans. The DHCS is responsible for assessing the quality of care delivered to members through its contracted plans, making improvements to care and services, and ensuring that contracted plans comply with federal and State standards.

Federal law requires that states use an external quality review organization (EQRO) to prepare an annual, independent technical report that analyzes and evaluates aggregated information on the health care services plans provide. The EQRO's performance evaluation centers on federal and State-specified criteria that fall into the domains of quality, access, and timeliness. The EQRO assigns compliance review standards, performance measures, and quality improvement projects (QIPs) to domains of care. The report must contain an assessment of the strengths and weaknesses of the plans, provide recommendations for improvement, and assess the degree to which the plans addressed any previous recommendations.

The DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an EQRO, to prepare the external quality review technical report. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review. Plan-specific reports are issued in tandem with the technical report.

This report is specific to the MCMC Program's contracted plan, KP Cal, LLC, operating in Marin and Sonoma counties as Kaiser Prepaid Health Plan Marin/Sonoma (referred to herein as "Kaiser PHP–Marin and Sonoma Counties" or "the plan"), for the review period of July 1, 2008, to June 30, 2009. Plan-specific reports include findings for each plan regarding its organizational assessment and structure, performance measures, and QIPs as they relate to the quality, access, and timeliness domains of care. Actions taken by the plan subsequent to June 30, 2009, regarding findings identified within this report will be included in the next annual plan-specific evaluation report.

Kaiser PHP–Marin and Sonoma Counties is contracted with Medi-Cal managed care as a specialty plan. As such, the plan has contractual requirements that have been modified from those specified for the full-scope contracted health plans.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

Quality

The quality domain of care relates to a plan's ability to increase desired health outcomes for Medi-Cal managed care members through the provision of health care services and the plan's structural and operational characteristics.

The DHCS uses performance measures and QIP results to assess care delivered to members by a plan in areas such as preventive screenings and well-care visits, management of chronic disease, and appropriate treatment for acute conditions, all of which are likely to improve health outcomes. In addition, the DHCS monitors aspects of a plan's operational structure that support the delivery of quality care, such as the adoption of practice guidelines, a quality assessment and performance improvement program, and health information systems.

HSAG found that Kaiser PHP–Marin and Sonoma Counties demonstrated average to above-average performance for the quality of care domain. This was based on the plan's 2009 performance measure rates (which reflected 2008 measurement data), QIP outcomes, and compliance review standards related to measurement and improvement.

Performance measures have been assigned to one of the three domains of care, although performance measures can fall under more than one domain. For instance, measures such as well-care visits for children and adolescents, childhood immunizations, timeliness of prenatal care and postpartum care, cancer screening, and diabetes care fall under the domains of quality and access because members rely on access to and the availability of these services to receive care according to generally accepted clinical guidelines.

To create a uniform standard for assessing plans on MCMC-required performance measures, MCMC established a minimum performance level (MPL) and a high performance level (HPL) for each measure. Rates below the MPLs indicate low performance, rates at or above the HPLs indicate high performance, and rates at the MPLs or between the MPLs and HPLs demonstrate average performance.

The plan reports a combined performance measure rate for Marin and Sonoma Counties for two measures. Both of the 2009 performance measures for Kaiser PHP–Marin and Sonoma Counties

were designated in the quality domain of care. Furthermore, the rates for both measures exceeded the established MPLs and HPLs. Kaiser PHP–Marin and Sonoma Counties can improve the quality of care for its Medi-Cal managed care members by selecting new performance measures that reflect areas of low and actionable performance, since the plan already exceeds the HPLs for both measures in its first year of reporting rates.

During the review period, Kaiser PHP–Marin and Sonoma Counties had two QIP projects with multiple years of remeasurement. The *Cervical Cancer Screening* QIP had a decrease in the last remeasurement period when compared to the baseline rate. The plan's *Improving Assistance with Smoking Cessation* QIP had sustained improvement; however, both QIPs lacked documentation to support a valid and reliable study. HSAG cannot attribute the improvement or decline to the plan's QIP efforts based on the submitted documentation. Kaiser PHP–Marin and Sonoma Counties has an opportunity to improve its documentation of both QIPs to meet compliance with federal requirements for conducting a QIP. Following the Centers for Medicare & Medicaid Services (CMS) protocol for conducting a QIP increases the likelihood that the plan will achieve real and sustained improvement of health outcomes.

Overall, Kaiser PHP–Marin and Sonoma Counties demonstrated compliance with most areas of the compliance review conducted by the Member Rights/Program Integrity Unit (MRPIU). The plan is primarily a closed system, providing all care for members within its own clinics and hospitals, which allows better controls for data completeness. Additionally, the plan uses electronic health records that support the use of data to identify opportunities for improvement in a timely manner.

Access

The access domain of care relates to a plan's standards, set forth by the State, to ensure the availability of and access to all covered services for Medi-Cal managed care members.

The DHCS has contract requirements for plans to ensure access to and the availability of services to members. The DHCS uses monitoring processes, including audits, to assess plans' compliance with access standards. These standards include assessment of network adequacy and availability of services, coordination and continuity of care, and coverage of services. However, as a prepaid health plan with a very small population, Kaiser PHP–Marin and Sonoma Counties is required to report on only two measures, and neither of the plan's performance measures fell under the access domain of care.

Kaiser PHP–Marin and Sonoma Counties demonstrated average performance for the access domain of care based on its QIP outcomes that addressed access and compliance review standards related to the availability of and access to care.

MRPIU's review found the plan was fully compliant with cultural and linguistic services requirements. Additionally, the plan was compliant with prior-authorization notifications.

The plan's *Cervical Cancer Screening* QIP had a decline in performance between baseline and the remeasurement period, which may point to issues with access; however, the findings were not valid and reliable.

Timeliness

The timeliness domain of care relates to a plan's ability to make timely utilization decisions based on the clinical urgency of the situation, minimize any disruptions to care, and provide a health care service quickly after a need is identified.

The DHCS has contract requirements for plans to ensure timeliness of care and uses monitoring processes, including audits, to assess plans' compliance with these standards in areas such as enrollee rights and protections, grievance system, continuity and coordination of care, and utilization management. In addition, performance measures such as childhood immunizations, well-care visits, and prenatal and postpartum care fall under the timeliness domain of care because they relate to providing a health care service after a need is identified within a recommended period. However, Kaiser PHP–Marin and Sonoma Counties is required to report on only two measures, and neither of the plan's required measures fell under the timeliness domain of care.

Based on compliance review standards related to timeliness, Kaiser PHP–Marin and Sonoma Counties demonstrated average performance in the timeliness domain of care. Kaiser PHP–Marin and Sonoma Counties was fully compliant with prior-authorization notifications. The plan had two audit findings related to the grievance system. One of ninety grievance files reviewed exceeded the acknowledgement letter time frame. Another file was missing a required resolution letter.

Conclusions and Recommendations

Overall, Kaiser PHP–Marin and Sonoma Counties demonstrated average to above-average performance in providing quality care as well as average performance in providing accessible and timely health care services to its MCMC members. Both performance measure rates were above the HPLs.

The plan demonstrated full compliance with prior-authorization notifications, cultural and linguistic services requirements, and program integrity. Opportunities for improvement exist for the grievance system and QIPs.

Based on the overall assessment of Kaiser PHP–Marin and Sonoma Counties in the areas of quality and timeliness of and access to care, HSAG recommends that the plan does the following:

- Retire the existing performance measures and select two additional measures for 2010 that target low-performance areas.
- Improve QIP documentation by using HSAG's QIP Summary Form, which provides guidance to increase compliance with the CMS protocol for conducting QIPs.
- Submit QIP documentation sufficient to achieve an overall *Met* validation status to demonstrate plan efforts that contributed to the increased rate for advising members to quit smoking.
- Retire both existing QIPs after successfully meeting validation requirements to focus on an area of low performance.
- Monitor the grievance process to ensure timely notification to members and the inclusion of resolution letters.

In the next annual review, HSAG will evaluate the plan's progress with these recommendations along with its continued successes. *Note*: Because Kaiser PHP–Marin and Sonoma Counties will terminate its contract with the DHCS as of June 30, 2011, the plan will not be following up on the recommendations regarding performance measures.

Plan Overview

Kaiser Prepaid Health Plan for Marin and Sonoma Counties is a managed care plan contracted with the MCMC Program as KP Cal, LLC ("Kaiser PHP–Marin and Sonoma Counties" or "the plan"). The plan provides medical services similar to full-scope plans, but it is contracted with the DHCS as a prepaid health plan. In 1992, when the DHCS first introduced managed care in Marin and Sonoma counties, not enough plans were interested in participating to support the Two-Plan or Geographic Managed Care model in that area. At that time there was no legislative authority for a County-Organized Health System (COHS) in the two counties. Kaiser already operated in Marin and Sonoma counties as a private health maintenance organization, so the DHCS contracted with the plan to provide Medi-Cal managed care to a small number of members as a prepaid health plan.

The plan became operational with the MCMC Program in 1992 in both Marin and Sonoma counties. Because Kaiser PHP was the only Medi-Cal managed care plan available in Marin and Sonoma counties, there was no mandatory enrollment. Enrollment was voluntary for eligible Medi-Cal members in the two counties. As of June 30, 2009, the plan had 788 Medi-Cal managed care members in Marin County and 1,533 members in Sonoma County.[1]

Note: Partnership Health Plan, a COHS, began operating in Sonoma County in October 2009 and will begin operating in Marin County as of July 1, 2011. Enrollment in the new COHS plan will be mandatory for all eligible Medi-Cal members. Kaiser PHP will no longer contract with the DHCS as a Medi-Cal managed care plan in Marin County, but will continue serving Medi-Cal members as a subcontractor to Partnership Health Plan.

[1] *Medi-Cal Managed Care Enrollment Report, June 2009*. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

Conducting the Review

According to federal requirements, the State or its EQRO must conduct a review to determine a Medicaid managed care plan's compliance with standards established by the State related to enrollee rights and protections, access to services, structure and operations, measurement and improvement, and grievance system standards.

The DHCS conducts this review activity through an extensive monitoring process to assess plans' compliance with State and federal requirements at the point of initial contracting and through subsequent, ongoing monitoring activities.

Findings

HSAG organized, aggregated, and analyzed results from the DHCS's compliance monitoring reviews to draw conclusions about Kaiser PHP–Marin and Sonoma Counties' performance in providing quality, accessible, and timely health care and services to its MCMC members. Compliance monitoring standards primarily fall under the timeliness and access domains of care; however, standards related to measurement and improvement fall under the quality domain of care. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Medical Audit Review

For most MCMC plans, the DHCS's Audits and Investigations Division (A&I) works in conjunction with the California Department of Managed Health Care (DMHC) to conduct routine medical surveys and medical performance audits (joint medical audits) of MCMC plans. These joint medical audits assess plans' compliance with contract requirements and State and federal regulations. For five of the MCMC plans, the DMHC and A&I conduct non-joint medical audits approximately once every three years—each agency issues its own medical audit results.

For the purposes of this report, HSAG reviewed the most current medical audit reports available as of June 30, 2009, to assess the plan's compliance with State-specified standards. While Kaiser–Sacramento County and Kaiser–San Diego County were designated to receive non-joint medical performance audits by A&I, no separate medical performance audit was conducted by A&I for

Kaiser PHP–Marin and Sonoma Counties. In December 2008, DMHC conducted a non-joint routine medical survey for Kaiser's northern region (which included Marin and Sonoma counties). It was unclear from the medical survey whether the scope of the audit included review of Kaiser's Medi-Cal managed care plans. Furthermore, the report was based on a regional geographic area and was not county-specific. For those two reasons, the results of the DMHC medical survey were excluded from this evaluation report, but they can be accessed on DMHC's Web site.[2]

Member Rights and Program Integrity Monitoring Review

MRPIU is responsible for monitoring plan compliance with contract requirements and State and federal regulations pertaining to member rights and program integrity. To accomplish this, MRPIU reviews and approves plans' written policies and procedures for member rights (such as member grievances, prior-authorization request notifications, marketing and enrollment programs, and cultural and linguistic services) and for program integrity (fraud and abuse prevention and detection). These reviews are done before a plan becomes operational in the MCMC Program, when changes are made to policies and procedures, during contract renewal, and if the plan's service area is expanded.

As part of the monitoring process, MRPIU conducts an on-site review of each plan approximately every two years and follow-up visits when necessary to address unresolved compliance issues and provide technical assistance. For this report, HSAG reviewed the most current MRPIU plan monitoring reports available as of June 30, 2009.

MRPIU conducted an on-site review of Kaiser in August 2009 covering the review period of January 1, 2008, through May 31, 2009, for the geographic managed care contracts (Sacramento and San Diego counties) and the PHP contract (Marin and Sonoma counties). For the purposes of this report, HSAG included only review findings that were specific to the Kaiser PHP–Marin and Sonoma Counties. The plan was fully compliant with prior-authorization notifications, cultural and linguistic services requirements, and program integrity. MRPIU noted two findings related to the plan's grievance system. Out of the 90 files reviewed, one grievance file exceeded the acknowledgment letter time frame. Another file was missing a required resolution letter.

Strengths

Overall, Kaiser PHP–Marin and Sonoma Counties demonstrated compliance with most areas of the MRPIU review. The plan's structure lends itself to providing quality, accessible, and timely care. The plan is primarily a closed system, which allows better controls for data completeness.

[2] Department of Managed Health Care, Division of Plan Surveys. *Final Report – Routine Medical Survey of Kaiser Foundation Health Plan, Inc. August 2009.* Available at http://www.dmhc.ca.gov/library/reports/med_survey/med_default.aspx

Additionally, Kaiser PHP–Marin and Sonoma Counties uses electronic health records that support the use of data to identify opportunities for improvement in a timely manner.

Opportunities for Improvement

The plan should continue to monitor its grievance system to ensure timely notification to members and the inclusion of resolution letters.

Conducting the Review

For its full-scope contracted Medi-Cal managed care plans, the DHCS selects a set of performance measures to evaluate the quality of care delivered by contracted plans to Medi-Cal managed care members on an annual basis. These DHCS-selected measures are referred to as the External Accountability Set (EAS). The DHCS requires that plans collect and report EAS rates, which provides a standardized method of objectively evaluating plans' delivery of services.

For the MCMC Program's contracted specialty plans and prepaid health plan, the DHCS reduces the performance measure requirements to only two performance measures due to the small size or special needs of these plans' member populations. These two performance measures are chosen in consultation with the DHCS and can be selected from the EAS.

HSAG conducts validation of these performance measures as required by the DHCS to evaluate the accuracy of plans' reported results. Validation determines the extent to which plans followed specifications established by the MCMC Program for its selected performance measures when calculating rates.

Findings

HSAG organized, aggregated, and analyzed validated performance measure data to draw conclusions about Kaiser PHP–Marin and Sonoma Counties' performance in providing quality, accessible, and timely care and services to its MCMC members. Both of the plan's selected performance measures fell under all quality domains of care. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Performance Measure Validation

HSAG performed a HEDIS® Compliance Audit™[3] of Kaiser PHP–Marin and Sonoma Counties in 2009. HSAG found all measures to be reportable and that the plan's information systems (IS) supported accurate HEDIS reporting. Auditors found the plan to be fully compliant with IS standards and identified no corrective actions.

[3] HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS Compliance Audit™ is a trademark of the NCQA.

The audit noted that the plan's extensive use of electronic health records and its closed/integrated system were strengths, supporting accurate and complete data when deriving HEDIS rates. The audit did not include any recommendations for improvement in this area.

Performance Measure Results

The table below presents a summary of Kaiser PHP–Marin and Sonoma Counties' HEDIS 2009 performance measure results (based on calendar year 2008 data). Since the plan did not report 2008 rates due to contract issues, HSAG could not compare performance between years; however, the table shows the plan's HEDIS 2009 performance compared to the MCMC-established MPLs and HPLs.

The MCMC Program bases its MPLs and HPLs on the National Committee for Quality Assurance's (NCQA's) national Medicaid 25th percentile and 90th percentile, respectively.

Table 4.1—2008–2009 Performance Measure Results for Kaiser PHP–Marin and Sonoma Counties

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	MMCD's Minimum Performance Level[5]	MMCD's High Performance Level (Goal)[6]
Appropriate Testing for Children With Pharyngitis (CWP)	Q	Not reported	90.3%	★★★	47.9%	77.3%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Q	Not reported	97.5%	★★★	79.6%	94.1%

[1] DHCS-selected HEDIS performance measures developed by NCQA.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007. Note: The plan did not report rates in 2008 due to contract issues.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile.
[6] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile.
★ = Below-average performance relative to the national Medicaid 25th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles).
★★★ = Above-average performance relative to the national Medicaid 90th percentile.

Performance Measure Result Findings

Kaiser PHP–Marin and Sonoma Counties reported performance measures rates in 2009 for the first time; therefore, no 2008 rates exist for reporting. The plan exceeded the HPL for both the *Appropriate Testing for Children With Pharyngitis (CWP)* and *Appropriate Treatment for Children with Upper Respiratory Infection (URI)* measures.

HEDIS Improvement Plans

Plans have a contractual requirement to perform at or above the established MPL. Plans that have rates below this minimum level must submit an improvement plan to the DHCS for each area of deficiency, outlining the steps they will take to improve care.

Since the plan did not report performance measure rates in 2008, the DHCS did not require any HEDIS improvement plans for that year. Based on Kaiser PHP–Marin and Sonoma Counties' above-average performance for its 2009 rates, no improvement plan was required.

Strengths

Kaiser PHP–Marin and Sonoma Counties performed above the MCMC high performance goal on both reported measures in 2009.

Opportunities for Improvement

The plan should work with the DHCS to retire its existing performance measures and select two additional measures in 2010 in order to target areas where improvement is needed.

Conducting the Review

The purpose of a quality improvement project (QIP) is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in both clinical and nonclinical areas.

HSAG reviews each QIP using CMS' validating protocol to ensure that plans design, conduct, and report QIPs in a methodologically sound manner and meet all State and federal requirements. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from a QIP.

Findings

HSAG organized, aggregated, and analyzed validated QIP data to draw conclusions about Kaiser PHP–Marin and Sonoma Counties' performance in providing quality, accessible, and timely care and services to its MCMC members. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Quality Improvement Projects Conducted

Kaiser PHP–Marin and Sonoma Counties had two clinical QIPs in progress during the review period of July 1, 2008, through June 30, 2009. The first internal QIP targeted improving cervical cancer screening rates among members 18 to 64 years of age. The second project, also an internal QIP, aimed to increase the percentage of members 18 years of age and older identified as current smokers who received advice from their provider to quit smoking. The cervical cancer screening QIP fell under both quality and access domains of care, while the smoking cessation QIP fell under the quality domain of care.

Quality Improvement Project Validation Findings

The DHCS contracted with HSAG as its new EQRO in the second half of 2008. HSAG began validation for QIPs submitted by the plans after July 1, 2008.

The table below summarizes the validation results for both of Kaiser PHP–Marin and Sonoma Counties' QIPs across CMS protocol activities during the review period.

Table 5.1—QIP Validation Results for Kaiser PHP—Marin and Sonoma Counties (N=2 QIPs)

Activity		Percentage of Applicable Elements		
		Met	*Partially Met*	*Not Met*
I.	Appropriate Study Topic	75%	17%	8%
II.	Clearly Defined, Answerable Study Question(s)	0%	0%	100%
III.	Clearly Defined Study Indicator(s)	33%	33%	33%
IV.	Correctly Identified Study Population	17%	17%	67%
V.	Valid Sampling Techniques (if sampling was used)	0%	17%	83%
VI.	Accurate/Complete Data Collection	29%	7%	64%
VII.	Appropriate Improvement Strategies	13%	13%	75%
VIII.	Sufficient Data Analysis and Interpretation	18%	12%	71%
IX.	Real Improvement Achieved	25%	38%	38%
X.	Sustained Improvement Achieved	0%	50%	50%
Percentage Score of Applicable Evaluation Elements *Met*		**27%**		
Validation Status		***Not Applicable****		
* QIPs were not given an overall validation status during the review period.				

Kaiser PHP–Marin and Sonoma Counties submitted data for baseline and multiple remeasurement periods for both projects during the review period. HSAG assessed both QIPs for real and sustained improvement.

During the period covered by this report, HSAG's application of the CMS validation requirements was more rigorous than previously experienced by the MCMC plans. As a result, many plans had difficulty complying fully with these requirements during the first cycle of QIP validations by HSAG. This was the case with the QIPs under way at Kaiser PHP–Marin and Sonoma Counties, neither of which fully met the new validation criteria. As directed by the DHCS, HSAG provided Kaiser PHP–Marin and Sonoma Counties, as well as other plans, with an overall validation status of "Not Applicable" for both QIPs. This allowed time for plans to receive technical assistance and training with HSAG's validation requirements without holding up the ongoing progress of QIPs that were already underway.

Quality Improvement Project Outcomes

Table 5.2 shows Kaiser PHP–Marin and Sonoma Counties' baseline and remeasurement data for its QIPs. The plan's goal for its cervical cancer screening QIP was to increase the rate of screening to 85 percent, consistent with NCQA's national Medicaid 75th percentile. The plan's goal for its smoking cessation QIP was to increase the percentage of adult members identified as current smokers who received advice from their provider to quit smoking to 68.6 percent.

Table 5.2—QIP Outcomes for Kaiser PHP—Marin and Sonoma Counties

QIP #1—Cervical Cancer Screening					
	Baseline Period	Remeasurement Period			
QIP Study Indicator	1/1/05–12/31/05	1/1/06–12/31/06	1/1/07–12/31/07	1/1/08–12/31/08	Sustained Improvement
Percentage of women 18–64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year	80.2%	82.3%	72.6%¥	74.2%	No
¥ Designates statistically significant decline in performance over the prior measurement period.					

QIP #2—Improving Assistance with Smoking Cessation						
	Baseline Period	Remeasurement Period				
QIP Study Indicator	1/1/04–12/31/04	1/1/05–12/31/05	1/1/06–12/31/06	1/1/07–12/31/07	1/1/08–12/31/08	Sustained Improvement
Percentage of members 18 years of age and older who were current smokers, were seen by a practitioner during the measurement year, and received advice to quit smoking	62.3%	68.6%*	63.5%¥	71.1%*	68.6%¥	Yes
* Designates statistically significant improvement over the prior measurement period. ¥ Designates statistically significant decline in performance over the prior measurement period.						

Kaiser PHP–Marin and Sonoma Counties' *Cervical Cancer Screening* QIP improved slightly during the first remeasurement period and then had a statistically significant decrease between Remeasurement 1 and Remeasurement 2. The project did not have any periods of statistically significant improvement and did not sustain improvement. Based on HSAG's validation results, the plan did not meet most of the required elements to produce a valid and reliable QIP.

The plan's *Improving Assistance with Smoking Cessation* QIP had both statistically significant improvements and statistically significant declines between remeasurement periods. Because Kaiser PHP–Marin and Sonoma Counties reported its fourth remeasurement rate above the baseline rate

and had periods of statistically significant improvement, the plan's rates showed sustained improvement. Despite the QIP's reported outcome data, which met the plan's established goal, the QIP lacked documentation to support a valid and reliable study. In its QIP submissions, the plan did not document barrier analysis or its implemented interventions; therefore, HSAG could not attribute the reported improvement to plan efforts.

Strengths

Kaiser PHP–Marin and Sonoma Counties demonstrated a good understanding of documenting support for its QIP topic selections and providing plan-specific data. The plan had a documented rate increase for the percentage of members 18 years of age and older who were current smokers, were seen by a practitioner during the measurement year, and received advice to quit smoking.

Opportunities for Improvement

Kaiser PHP–Marin and Sonoma Counties has an opportunity to improve its QIP documentation to increase compliance with the CMS protocol for conducting QIPs. HSAG recommends that the plan comply with the DHCS requirement to document QIPs using HSAG's QIP Summary Form, which will help the plan document all required elements within the CMS protocol activities.

Despite showing sustained improvement for the smoking cessation QIP, the project was not valid and reliable. The plan should submit documentation sufficient to achieve an overall *Met* validation status to support that its interventions contributed to the increased rate of members who were advised to quit smoking. Both QIPs should be retired after they successfully meet validation requirements to allow the plan to address areas where improvement is needed.