Medi-Cal Managed Care Program

Quality Improvement Projects Status Report

July 1, 2009 – September 30, 2009

Medi-Cal Managed Care Division
California Department of
Health Care Services

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Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal Managed Care Program and overseeing quality improvement activities. The DHCS requires its contracted, full-scope managed care plans, prepaid health plans, and specialty plans to conduct quality improvement projects (QIPs) to assess and improve the quality of a targeted area of clinical or nonclinical care or service provided to Medi-Cal members.

This QIPs Status Report provides a summary of QIPs validated during the period of July 1, 2009, through September 30, 2009, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

The DHCS contracts with Health Services Advisory Group, Inc. (HSAG) as the external quality review organization (EQRO) that validates QIP proposals and annual submissions. The Centers for Medicare & Medicaid Services (CMS) produced protocols for plans to use when conducting QIPs[1] and for EQROs to use when validating QIPs.[2] The EQRO reviews each QIP using the validating protocol to ensure plans design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from the QIP.

[1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

Summary of Overall Findings

HSAG evaluated 22 QIPs submitted by plans using its QIP Validation Tool and scored the QIPs against the CMS validation protocol. This is the first review period in which HSAG provides an overall validation status of *Met, Partially Met,* or *Not Met*. For QIPs validated during the period of July 1, 2008, through June 30, 2009, HSAG provided plans with validation feedback and assigned a *Not Applicable* validation finding instead of providing an overall *Met, Partially Met,* or *Not Met* finding because the DHCS allowed plans this time as a transition period to comply with HSAG's more rigorous enforcement of CMS' QIP requirements. During this transition period, the DHCS revised its QIP requirements and had HSAG provide training to plans on its QIP validation process and forms.

Plans' QIP submissions represent a total of 15 projects during the validation period and 13 of these received an overall *Met* status either upon initial validation or as part of a resubmission validation review. The DHCS requires that plans receive an overall *Met* validation status; therefore, the two plans that received a *Not Met* status will resubmit their QIPs until they achieve a *Met* status. The results for these two plans will be included in the next QIPs Status Report.

Conclusions

HSAG noted substantial improvement in plan compliance with CMS' protocol for conducting QIPs. Plans were receptive to QIP training, technical assistance, and prior validation feedback, as evidenced by the gradual improvement of QIPs validated since July 1, 2008.

This review period marks the first time that HSAG found any plan's QIP submission that fully met CMS' QIP requirements. HSAG commends the DHCS for taking decisive action to revise its QIP requirements, thereby holding plans to a more rigorous validation standard, which demonstrates DHCS's commitment to quality improvement that ultimately benefits its Medi-Cal managed care enrollees.

The plans demonstrated many strengths within QIPs submitted during the validation period. Plans participating in a small-group collaborative (SGC) QIP focused on *Appropriate Treatment for Children With Upper Respiratory Infection (URI)* all demonstrated sustained improvement and showed statistically significant improvement on their HEDIS®[3] measure by increasing the percentage of children who were not prescribed an antibiotic for a URI.

[3] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

In addition, some internal QIPs (IQIPs) validated during this period showed sustained improvement in reducing health disparities by improving immunization rates among African-American and Hispanic children, decreasing antibiotic overuse in children with upper respiratory infection, increasing childhood immunization rates by using immunization registries, improving care for members with diabetes, and improving timely prenatal and postpartum care.

Plans still have opportunities for improvement. Many plans struggled to incorporate a data analysis plan and conduct statistical significance testing. In addition, while plans have begun to achieve compliance with QIP requirements following the EQRO validation and provision of feedback, they have an opportunity to increase proficiency with the CMS activities and meet validation upon their initial QIP submission.

Recommendations

Based on the validation activities and findings, HSAG recommends the following:

- The DHCS and HSAG should explore viable options for plans to conduct statistical significance testing, since many plans lack internal resources and expertise.
- Plans should make previous QIP validation feedback, the *Quality Improvement Assessment Guide for Plans*, and technical assistance training and resources available to staff members who are actually responsible for documenting the QIP to increase compliance with validation requirements.
- Because the small-group collaborative approach and its implemented interventions may serve as a best practice, plans participating in the SGC URI QIP should consider sharing their QIP results and interventions strategies with other plans and state Medicaid agencies.

Organization of Report

This report has seven sections:

- **Executive Summary**—Outlines the scope of EQR activities, provides the status of plan submissions and overall validation findings for the review period, and presents recommendations.
- **Introduction**—Provides an overview of QIP requirements and HSAG's QIP validation process.
- **Quarterly QIP Activity**—Provides a table of all QIPs that HSAG validated during the review period, including evaluation element scores and the overall validation status by type of QIP.
- **Summary of QIP Validation Findings**—Summarizes validation findings across plans related to QIP study design, study implementation, quality outcomes achieved, strengths and opportunities for improvement, and recommendations by type of QIP.
- **Appendix A**—Includes a listing of all active QIPs and their status.
- **Appendix B**—Provides detailed scoring tables for each evaluation element within the ten QIP activities for the statewide collaborative (SWC) QIPs, small-group collaborative (SGC) QIPs, and internal QIPs (IQIPs).
- **Appendix C**—Provides a scoring comparison table by QIP activity for the statewide collaborative QIP, SGC QIPs, and IQIPs.

QIP Requirements

QIPs are a federal requirement. The Code of Federal Regulations (CFR) at 42 CFR 438.240[4] requires that all states operating a Medicaid managed care program ensure that their contracted plans conduct QIPs.

QIPs are a contract requirement for Medi-Cal managed care plans. The DHCS requires each of its contracted Medi-Cal managed care plans to conduct two DHCS-approved QIPs in accordance with federal requirements. Plans must always maintain two active QIPs. For full-scope plans, the statewide Medi-Cal managed care collaborative project serves as one of the two required QIPs. The second QIP can be either an IQIP or an SGC QIP involving at least three Medi-Cal managed care plans.

[4] Federal Register/Vol. 67, No. 115, June 14, 2002, 2002/Rules and Regulations, p. 41109.

Description of the QIP Validation Process

The primary objective of QIP validation is to determine each plan's compliance with federal requirements, which include:

- *Measuring* performance using objective quality indicators.
- *Implementing* systematic interventions to achieve improvement in quality.
- *Evaluating* the effectiveness of the interventions.
- *Planning* and *initiating* activities to increase or sustain improvement.

Federal regulations also require that plans conduct and that an EQRO validate QIPs in a manner consistent with the CMS protocols for conducting and validating QIPs.[5]

The CMS protocol for validating QIPs focuses on two major areas:

- Assessing the plan's methodology for conducting the QIP.
- Evaluating the overall validity and reliability of study results.

QIP validation ensures that:

- Plans design, implement, and report QIPs in a methodologically sound manner.
- Real improvement in quality of care and services is achievable.
- Documentation complies with the CMS protocol for conducting QIPs.
- Stakeholders can have confidence in the reported improvements.

Evaluating the Overall Validity and Reliability of Study Results

A QIP that accurately documents CMS protocol requirements has high validity and reliability. *Validity* is the extent to which the data collected for a QIP measure its intent. *Reliability* is the extent to which an individual can reproduce the study results. For each completed QIP, HSAG assesses threats to the validity and reliability of QIP findings and determines when a QIP is no longer credible. Using its QIP Validation Tool and standardized scoring, HSAG reports the overall validity and reliability of the findings as one of the following:

- ***Met*** = High confidence/confidence in the reported study findings.
- ***Partially Met*** = Low confidence in the reported study findings.
- ***Not Met*** = Reported study findings that are not credible.

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[5] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002, and *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002.

QIP Validation Activities

HSAG reviewed 22 QIPs for the period from July 1, 2009, through September 30, 2009. Of these, 10 QIPs were annual submissions and 12 were resubmissions. A resubmission means a plan updated a previously submitted QIP with additional documentation because it received an overall validation status of *Not Met* or *Partially Met* on its annual submission. The DHCS requires plans to resubmit its QIP until it achieves an overall *Met* status.

Table 3.1 summarizes QIPs validated during the reporting period. HSAG reports an overall validation status of *Met*, *Partially Met,* or *Not Met* for QIPs validated during this reporting period. Previously, HSAG assigned a *Not Applicable* validation status due to HSAG's more rigorous approach to validating QIPs as the new EQRO. Further, DHCS decided to allow plans time to transition to the more stringent requirements.

The DHCS released a Medi-Cal Managed Care Division (MMCD) *All Plan Letter 09-008* communication to plans in June 2009 requiring them to transition their existing QIPs to HSAG's QIP Summary Form for all QIPs submitted after July 1, 2009. In addition, plans that received an overall *Partially Met* or *Not Met* validation status for QIPs validated after July 1, 2009, were required to resubmit their QIPs until they achieve a *Met* status.

As a result of the new QIP requirements and validation feedback, some plans requested technical assistance from HSAG. During the period of July 1 through September 30, 2009, HSAG provided technical assistance training to seven plans, addressing overall QIP documentation, components of a data analysis plan, statistical significance testing, validation feedback discussion, benchmark and study indicator considerations, and a new QIP proposal discussion. In addition, HSAG continued work with one specialty plan to assist in the development of a QIP proposal and will continue monthly technical assistance until May 2010, at which time the plan will submit its first QIP proposal to the DHCS.

Based on identified challenges with validating QIPs at the county level, as noted in the previous QIPs Status Report, HSAG outlined a proposed approach for review and submitted it to the DHCS in September 2009. The proposed approach would impact new plan QIP proposals by requiring plans to document enough information at the county level across the activities to meet CMS requirements. In addition, HSAG would evaluate the QIP indicators for improvement at the county level. The DHCS supported HSAG's county-level validation approach and will communicate these changes to plans as part of its quality and performance improvement requirements for 2010.

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity, July 1, 2009, through September 30, 2009

Plan Name	Name of Project/Study	Type of Review*	Overall Validation Status**
Statewide Collaborative QIPs			
No QIPs reviewed for the quarter			
Small-Group Collaborative QIPs			
CalOptima	Appropriate Treatment for Children With Upper Respiratory Infection	Annual	*Met*
Community Health Group	Improving Treatment of Chronic Obstructive Pulmonary Disease	Annual	*Met*
Health Net	Appropriate Treatment for Children With Upper Respiratory Infection	Annual	*Met*
LA Care Health Plan	Appropriate Treatment for Children With Upper Respiratory Infection	Annual	*Met*
Molina Healthcare	Appropriate Treatment for Children With Upper Respiratory Infection	Annual	*Not Met*
Molina Healthcare	Appropriate Treatment for Children With Upper Respiratory Infection	Resubmission 1	*Met*
Internal QIPs			
CenCal Health	Proper Antibiotic Use	Annual	*Met*
Community Health Group	Increasing Screens for Postpartum Depression	Annual	*Not Met*
Community Health Group	Increasing Screens for Postpartum Depression	Resubmission 1	*Met*
Contra Costa Health Plan	Reducing Health Disparities—Childhood Immunization Rates	Resubmission 1	*Not Met*
Contra Costa Health Plan	Reducing Health Disparities—Childhood Immunization Rates	Resubmission 2	*Met*
Health Plan of San Joaquin	Chlamydia Screening	Annual	*Met*
Inland Empire Health Plan	Child Upper Respiratory Infections	Resubmission 1	*Not Met*
Inland Empire Health Plan	Child Upper Respiratory Infections	Resubmission 2	*Met*
Kaiser Permanente—South	Improving Blood Sugar Levels in Diabetic Members	Annual	*Not Met*
Kaiser Permanente—South	Improving Blood Sugar Levels in Diabetic Members	Resubmission 1	*Met*
Kern Family Health Care	Use of Immunization Registry for Children	Resubmission 1	*Not Met*
Kern Family Health Care	Use of Immunization Registry for Children	Resubmission 2	*Not Met*
Partnership Health Plan	Asthma Management	Annual	*Not Met*
Partnership Health Plan	Asthma Management	Resubmission 1	*Not Met*
San Francisco Health Plan	Diabetes Care Management	Resubmission 1	*Met*
Western Health Advantage	Improving Timeliness of Prenatal and Postpartum Care	Resubmission 1	*Met*

*__Type of Review__—Indicates whether the review is a new proposal, annual submission, or resubmission. A resubmission means the plan was required to resubmit the QIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

**__Overall Validation Status__—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

The CMS protocol for conducting a QIP specifies ten core activities. Rather than assessing them separately, HSAG categorizes them into three main stages to examine strengths and opportunities for improvement across key areas. For each of the three types of QIPs—SWCs, SGCs, and IQIPs—HSAG presents validation findings according to these three main stages:

Study Design—CMS Protocol Activities I–IV

- Selecting an appropriate study topic(s)
- Presenting a clearly defined, answerable study question(s)
- Documenting a clearly defined study indicator(s)
- Stating a correctly identified study population

Study Implementation—CMS Protocol Activities V–VII

- Presenting a valid sampling technique (if sampling was used)
- Specifying accurate/complete data collection
- Documenting appropriate improvement strategies

Quality Outcomes Achieved—CMS Protocol Activities VIII–X

- Presentation of sufficient data analysis and interpretation
- Evidence of real improvement achieved
- Data supporting sustained improvement achieved

This section provides specific findings for each of the three QIP types and discusses strengths, opportunities for improvement, and recommendations. At the end of the section, HSAG also provides conclusions across all QIPs.

The DHCS Statewide Collaborative-Specific Findings

No plan submitted a statewide collaborative QIP for validation from July 1, 2009, through September 30, 2009. All plans will submit their collaborative QIPs for validation in October 2009.

From July 1, 2009, through September 30, 2009, a collaborative subgroup developed a health plan and provider survey for outcome measurement of the member health education campaign implemented statewide. The DHCS administered the health plan survey at the end of September. The survey will obtain information about the plans' implementation of the campaign materials in order to assess plan participation and the reach of the campaign. The provider survey evaluates provider participation, use, and satisfaction with the campaign materials and assesses whether the campaign increased communication between providers and members. The work group is currently finalizing the provider survey.

In September 2009 the DHCS provided plans with guidance on calculating the collaborative HEDIS® *Ambulatory Care—Emergency Department Visits* indicator based on HSAG's previous recommendation provided in the *QIPs Status Report: April 1, 2009–June 30, 2009*. HSAG noted that plans inconsistently reported this rate because of confusion related to the inclusion or exclusion of members younger than one year of age. The DHCS's guidance should improve consistent reporting among plans with this indicator in the October 2009 QIP submissions.

The DHCS also sent a reminder to plans that statistical significance testing is a CMS QIP requirement. The reminder provided plans with HSAG's statistical testing recommendations and tools to prepare them for their upcoming QIP submissions. HSAG noted that plans continued to struggle with statistical significance testing as part of their QIPs and identified this as an ongoing area for improvement.

Small-Group Collaborative-Specific Findings

Plans submitted six small-group collaborative (SGC) QIPs for validation, including annual submissions and resubmissions, from July 1, 2009, through September 30, 2009. Four plans reported on the SGC QIP topic, *Appropriate Treatment for Children With Upper Respiratory Infection (URI),* with one plan resubmission, while one plan reported on *Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD).*

Table 4.1 provides average rates for each activity within the CMS protocols based on all SGC QIP submissions from July 1, 2009, through September 30, 2009. Appendix B includes a table of scores for each evaluation element within the activities.

Table 4.1—Small-Group Collaborative Activity Average Rates* (N = 6 Submissions)
July 1, 2009, through September 30, 2009

QIP Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Study Design	**I: Appropriate Study Topic**	100%	0%	0%
	II: Clearly Defined, Answerable Study Question(s)	100%	0%	0%
	III: Clearly Defined Study Indicator(s)	90%	8%	2%
	IV: Correctly Identified Study Population	83%	17%	0%
Study Implementation	**V: Valid Sampling Techniques**	Δ	Δ	Δ
	VI: Accurate/Complete Data Collection	90%	10%	0%
	VII: Appropriate Improvement Strategies	94%	6%	0%
Quality Outcomes Achieved	**VIII: Sufficient Data Analysis and Interpretation**	92%	8%	0%
	IX: Real Improvement Achieved	75%	21%	4%
	X: Sustained Improvement Achieved	100%	0%	0%

* The activity average rate represents the average percentage of applicable elements with a *Met, Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. See Table B.1 in Appendix B for the number and description of evaluation elements.

Δ No QIPs used sampling techniques; therefore, evaluation elements were not assessed.

Study Design

SGC validation findings for Activities I through IV include the following:

Activity I. Appropriate Study Topic

Activity Summary: All QIPs met the criteria for the evaluation elements in Activity I, Appropriate Study Topic.

Both SGC QIP topics represent clinical areas of study. All plans appropriately selected a study topic with the ability to impact member health or functional status.

Activity II. Clearly Defined, Answerable Study Question(s)

Activity Summary: Plans scored 100 percent on this QIP activity by providing an answerable study question in an appropriate study format.

Plans demonstrated strong improvement in this area when compared to the prior year's validation results, during the period of July 1, 2008, through December 31, 2008, in which only 17 percent of SGC QIPs achieved compliance with this activity.

As of July 1, 2009, the DHCS required plans to transition to HSAG's QIP Summary Form. The previous form used by plans to submit QIPs did not support the collection of a study question, which resulted in this activity being one of the greatest identified opportunities for improvement. The plans' transition to the new form, along with previous validation feedback and technical assistance, may have resulted in the increased compliance.

Activity III. Clearly Defined Study Indicator(s)

Activity Summary: Overall, plans did well with basing their QIPs on current evidenced-based practice guidelines, using available data to report study indicators, and using nationally recognized HEDIS measures.

For this activity, plans made substantial improvement over validation findings for SGC QIPs in the prior-year review period of July 1, 2008, through December 31, 2008, during which only 58 percent of the evaluation elements achieved a *Met* status compared to 90 percent for QIPs validated during this period.

Four of the five plans achieved a *Met* status on all evaluation elements for this activity. The plan that did not meet all evaluation elements received HSAG feedback that it did not completely define all of its study indicators, and that it lacked documentation of QIP goals. In addition, the plan did not document the basis for adopting one of the study indicators. Based on validation feedback, the plan resubmitted its QIP addressing these areas and met all evaluation elements upon validation re-review.

Activity IV. Correctly Identified Study Population

> **Activity Summary:** Overall, plans correctly identified the study population.

In their initial QIP submission, four of five plans received *Met* scores for all of the evaluation elements in this activity. HSAG gave the fifth plan *Partially Met* scores because one of the study indicators did not completely define the eligible population of Primary Care Providers (PCPs) within the URI QIP. In addition, the plan needed to include the length of enrollment requirements for PCPs for inclusion in the study population. Because the plan did not fully define the study population, HSAG could not determine if the study population captured all members to whom the study question applied. Upon resubmission, the plan met all the evaluation elements for this activity.

As noted in the previous activities, plans have greatly improved compliance. Plans' submissions met 17 percent of the evaluation elements on their SGC QIPs validated in the previous year, July 1, 2008, through December 31, 2008, compared with 83 percent for SGC QIPs validated during this reporting period.

Study Implementation

Findings for SGC Activities V through VII include the following:

Activity V. Valid Sampling Techniques

> **Activity Summary:** HSAG did not assess QIPs for this activity because plans did not use sampling techniques.

Activity VI. Accurate/Complete Data Collection

> **Activity Summary:** Plans demonstrated proficiency with the applicable evaluation elements within this activity. Plans did well with identifying the sources of data and providing an estimated degree of data completeness.

All SGC QIPs used an administrative data process; therefore, many elements within this activity did not apply. However, plans' submissions met 90 percent of those that were relevant. One plan did not completely define a study indicator, which impacted the identification of all data elements for collection. This plan also lacked documentation of administrative data collection algorithms to produce the indicators. Another plan omitted a timeline for its second remeasurement period.

Activity VI was an area identified as having one of the greatest opportunities for SGC QIP improvement based on the plans achieving *Met* scores for only 25 percent of the evaluation elements in the prior year's review period of July 1, 2008, through December 31, 2008. Plans showed substantial improvement as demonstrated by meeting 90 percent of the activity's evaluation elements during this validation review period.

Activity VII. Appropriate Improvement Strategies

> **Activity Summary:** Plans met 94 percent of the evaluation elements for this activity, demonstrating an overall understanding of quality improvement processes to assess improvement strategies.

Plans did well with the evaluation elements within Activity VII. All plans documented conducting causal/barrier analysis; however, one plan lacked documentation to describe this process. All plans demonstrated that system interventions were likely to have permanent change.

URI SGC QIPs had interventions that were successful and plans appropriately documented steps taken to standardize and monitor these interventions.

When a plan finds that an intervention was not successful, it needs to describe problem-solving techniques using data analysis to identify possible causes and solutions. One QIP did not show interventions that were successful and lacked this documentation.

Quality Outcomes Achieved

SGC validation findings for Activities VIII through X include the following:

Activity VIII. Sufficient Data Analysis and Interpretation

> **Activity Summary:** Plans demonstrated strong improvement with data analysis and interpretation.

Overall, plans conducted analysis consistent with the data analysis plan, identified internal or external factors that threaten validity, interpreted the findings, and identified initial and remeasurement study indicators and factors that affect the ability to compare measurement year results.

Plans' submissions achieved 92 percent compliance with the nine evaluation elements for this activity. This is an improvement over the validation finding of 42 percent for the prior year's review period of July 1, 2008, through December 31, 2008. Because all SGC QIPs were already in process and did not include a data analysis plan at the onset of the project, HSAG

requested that plans document how they calculated study indicators and compared results to goals and benchmarks, and how the statistical test was used. For future QIP submissions, plans will need to document a data analysis plan that includes this information prior to conducting data analysis to meet the validation requirements.

Opportunities exist for plans to eliminate inconsistencies when reporting results and to fully document the statistical test used, including the corresponding *p* values to allow the EQRO to replicate results.

Activity IX. Real Improvement Achieved

Activity Summary: Plans appropriately conducted statistical testing to determine if their QIPs achieved real improvement between their baseline and first remeasurement periods.

All SCG QIPs progressed to a remeasurement period and were assessed for real improvement. All four plans participating in the URI SGC QIP demonstrated statistically significant improvement for their second study indicator—the HEDIS measure *Appropriate Treatment for Children With Upper Respiratory Infection*. Two of the four plans also showed statistically significant improvement for their first study indicator, which measured high-volume PCPs' compliance with appropriate treatment for URI.

The COPD SGC QIP did not demonstrate statistically significant improvement between Remeasurement 1 and Baseline.

Activity X. Sustained Improvement Achieved

Activity Summary: Four of the five QIPs progressed to a second remeasurement period. Of these plans, all achieved sustained improvement without a statistically significant decline in performance results.

All of the URI SGC QIPs validated during this period achieved sustained improvement, which suggests that the results observed are due to changes in processes of health care delivery rather than chance.

SGC Strengths and Opportunities for Improvement

All SGC QIPs validated during this review period received an overall *Met* validation status, and HSAG considers these QIPs closed. Based on DHCS's plan validation requirements for plans to achieve an overall *Met* status, HSAG required only one plan to resubmit its annual

submission to achieve compliance. The *Appropriate Treatment for Children With Upper Respiratory Infection* SGC QIPs showed impressive results, with all plans achieving statistically significant improvement with their HEDIS study indicator, which translates into better care for plan members.

HSAG noted good collaboration among this SGC's plan partners. In addition, the SGC invited HSAG to participate in a collaborative meeting in June 2009 to discuss previous validation findings, which resulted in collaborative partners actively problem-solving common validation issues and serving as a resource to one another. This forum for dialogue and communication may have contributed to the increased validation compliance without many subsequent resubmissions.

Finally, this SGC's plan partners identified a large number of "shared" providers among them; therefore, their ability to impact provider behavior as a collective group with a consistent message may also be a factor contributing to the success of the project.

Opportunities exist for plans to gain greater proficiency in conducting statistical significance testing.

SGC Recommendations

Plans participating in the URI SGC QIP should consider sharing their QIP results and interventions strategies with other plans and state Medicaid agencies because the small-group collaborative approach and its implemented interventions may serve as a best practice.

Internal Quality Improvement Project-Specific Findings

Plans submitted 16 internal QIPs (IQIPs) for validation review from July 1, 2009, through September 30, 2009. Five were annual submissions while 11 were resubmissions. Table 4.2 provides average rates for each activity within the CMS protocols. Appendix B includes a table of scores for each evaluation element within the activities.

Table 4.2—IQIP Activity Average Rates* (N = 16 Submissions)
July 1, 2009, through September 30, 2009

QIP Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Study Design	**I: Appropriate Study Topic**	97%	2%	1%
	II: Clearly Defined, Answerable Study Question(s)	84%	9%	7%
	III: Clearly Defined Study Indicator(s)	94%	5%	1%
	IV: Correctly Identified Study Population	90%	4%	6%
Study Implementation	**V: Valid Sampling Techniques**	79%	19%	2%
	VI: Accurate/Complete Data Collection	86%	8%	6%
	VII: Appropriate Improvement Strategies	86%	12%	2%
Quality Outcomes Achieved	**VIII: Sufficient Data Analysis and Interpretation**	73%	8%	19%
	IX: Real Improvement Achieved	66%	31%	3%
	X: Sustained Improvement Achieved	62%	38%	0%

* The activity average rate represents the average percentage of applicable elements with a *Met, Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. See Table B.4 in Appendix B for the number and a description of evaluation elements.

Study Design

IQIP validation findings for Activities I through IV include the following:

Activity I. Appropriate Study Topic

Activity Summary: Overall, the plans met the criteria for the evaluation elements in Activity I, Appropriate Study Topic.

Plans demonstrated the ability to select an appropriate study topic as evidenced by data analysis and selection of high-volume conditions that address a broad spectrum of care and have the potential to affect member health or functional status.

Two QIPs lacked documentation to support the inclusion of all eligible populations. One QIP lacked information as to whether it included or excluded members with special health care needs. Plans need to state explicitly whether they included these members or provide a rationale for excluding them.

Activity II. Clearly Defined, Answerable Study Question(s)

Activity Summary: Plans significantly increased compliance with inclusion of a study question.

A few plans still have an opportunity to state the study question in an answerable format and in simple terms.

Overall, 84 percent of plan submissions met the evaluation elements for Activity II, which increased from only 3 percent of IQIPs that HSAG reviewed from July 1, 2008, through December 31, 2008. Beginning July 1, 2009, the DHCS required plans to transition to HSAG's QIP Summary Form, which supports plans with documenting a study question and which may have helped to improve plan compliance with this activity.

Activity III. Clearly Defined Study Indicator(s)

Activity Summary: Plans demonstrated improvement in defining the QIP study indicators; however, opportunity still exists to fully meet all activity requirements.

Plans continue to demonstrate improvement meeting the evaluation elements within Activity III. Plans' submissions had an activity average rate of 94 percent during this validation period compared with 60 percent for IQIPs reviewed in the prior year, July 1, 2008, through December 31, 2008.

All plans fully defined objective and measureable study indicators, with the exception of one QIP that did not include screening test codes to completely define the indicator. Plans did well basing their IQIPs on current, evidenced-based practice guidelines, peer-reviewed literature, or consensus expert panels. They also had data available to support data collection for the indicators, used nationally recognized measures when available, or included the basis for adopting an internally developed indicator.

Several plans had difficulty aligning their study indicators to answer the study question. HSAG noted this most commonly among QIPs that had multiple study questions and/or multiple study indicators. In some cases, plans may need to add an additional study question to which the study indicator can align.

Activity IV. Correctly Identified Study Population

Activity Summary: Overall, plans correctly identified the study population.

Plans incorporated feedback provided to them in their QIP validation tools from the validation review period of July 1, 2008, through December 31, 2008, and made many of the recommended changes. HSAG noted significant improvement, with the average rate for this activity increasing from 15 percent to 90 percent for the current validation period.

Two plans out of ten received *Partially Met* or *Not Met* scores. These two plans need to include diagnosis codes to identify the study population. One plan also lacked information about members' enrollment requirements. Both plans successfully met all three evaluation elements within this activity on their QIP resubmission.

Study Implementation

Findings for IQIP Activities V through VII include the following:

Activity V. Valid Sampling Techniques

Activity Summary: Opportunities exist for plans to improve documentation to meet all sampling technique requirements.

Plans' submissions using sampling techniques had an activity average rate of 79 percent for *Met* elements. Plans did well with specifying the true or estimated frequency of occurrence and identifying the sample size. Plans can improve by specifying the actual confidence level and margin of error, documenting the methodology for sampling, and demonstrating that they used generally accepted principles of research design and statistical analysis.

Both plans that did not meet all evaluation elements used HEDIS sampling specifications; however, plans lacked documentation as to what those specifications were. Plans can meet these criteria by documenting HEDIS specifications and including a HEDIS Final Audit Report or a certified software seal that demonstrates valid methodology.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Overall, plans did well with providing accurate and complete data collection information.

Plans were able to identify the data elements for collection, specify the sources of data, define systematic processes for collecting data, and use qualified abstraction staff members when appropriate. Plans demonstrated continued improvement with the 11 evaluation elements within this activity. Plans achieved an activity average rate of 86 percent, compared with only 35 percent for IQIPs reviewed in the prior year, July 1, 2008, through December 31, 2008. For QIPs that use administrative data, plans need to provide the estimated degree of automated data completeness and include administrative data collection algorithms/flow charts that show the plans' production of the indicators. In order for plans to fully meet this evaluation element, they need to achieve data completeness between 80 and 100 percent.

Plans using a manual data collection process should ensure that their data abstraction instructions include an overview of the study.

Activity VII. Appropriate Improvement Strategies

Activity Summary: Plans did well with identifying causes/barriers through data analysis and quality improvement processes, as well as implementing system changes that are likely to induce permanent change. Plans can improve by revising interventions that were not successful or by standardizing and monitoring interventions that were successful.

Plans demonstrated good improvement identifying causes/barriers through data analysis, which HSAG previously identified as an opportunity for improvement. Plans achieved an activity average rate of 86 percent compared with 64 percent for IQIPs reviewed in the prior year, July 1, 2008, through December 31, 2008, demonstrating ongoing improvement.

Approximately 50 percent of plans progressed to the point of their first remeasurement period, in which they either needed to revise ineffective interventions or standardize and monitor successful interventions. Several of these plans lacked the appropriate intervention documentation and will need to include this information with future QIP submissions.

Quality Outcomes Achieved

Validation findings for Activities VIII through X include the following:

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: Plans had both success and opportunities for improvement related to the nine evaluation elements within this activity.

Plans had an activity average rate of 73 percent for *Met* elements for IQIPs reviewed during this evaluation period, compared with 39 percent for IQIPs reviewed in the prior year, July 1, 2008, through December 31, 2008. Plans did well identifying the initial and remeasurement periods, identifying factors that affect the ability to compare results, and interpreting whether the study was successful.

Despite the strong improvement, this activity, along with Activities IX and X, offers plans the greatest opportunity for improvement. Most plans struggled with this activity because they did not complete a data analysis plan at the initiation of their QIP, which resulted in HSAG not being able to assess if plans conducted data analysis consistent with their plan. HSAG allowed plans with IQIPs currently in place to submit a data analysis plan outlining how the plan performed data analysis versus the true intent of the CMS protocol, which requires a data analysis plan that outlines the steps a plan will take to conduct data analysis. As plans initiate new QIPs, HSAG will require that a data analysis plan include all appropriate components, which should help plans increase compliance with this activity.

HSAG noted that one of the greatest opportunities for improvement for plans over the past year was the need to conduct statistical significance testing. Fifty percent of IQIPs reviewed this period included this information, whereas only 5 percent of the plans conducted testing for IQIPs reviewed in the prior year, July 1, 2008, through December 31, 2008. Despite improvement, this continues to be an ongoing area for improvement.

Activity IX. Real Improvement Achieved

Activity Summary: Three of the ten IQIPs showed statistically significant improvement for the current validation period. The remaining IQIPs had *Partially Met* scores for achieving improvement for some, but not all, study indicators.

Plans show improved performance with this activity, increasing their activity average rate from 27 percent for IQIPs reviewed in the prior year, July 1, 2008, through December 31,

2008, to 66 percent for those reviewed during this review period. Three plans showed statistically significant improvement for their projects, demonstrated by increased childhood immunization rates through the use of immunization registries, decreased antibiotic overuse in children with upper respiratory infections, and increased Chlamydia screening rates.

Activity X. Sustained Improvement Achieved

Activity Summary: Five of eight plans achieved sustained improvement while the remaining three partially achieved sustained improvement.

Unlike Activity IX, which measures for statistically significant improvement, Activity X assesses for sustained improvement over comparable time periods or determines that a decline in improvement is not statistically significant. Eight of the ten IQIPs had multiple remeasurement periods and progressed to the point of assessing for sustained improvement. Plans achieved an activity average rate of 62 percent for IQIPs validated during this period, compared with 35 percent for IQIPs reviewed in the prior year, July 1, 2008, through December 31, 2008.

Sustained improvement for this validation period included reducing health disparities by improving immunization rates among African-American and Hispanic children, decreasing antibiotic overuse in children with upper respiratory infection, increasing childhood immunization rates by using immunization registries, improving care for members with diabetes, and improving timely prenatal and postpartum care. Project improvements for some study indicators, but not all, include decreasing inappropriate antibiotic prescribing for children, improving blood sugar levels among diabetic members, and improving management of asthma for members 5 through 56 years of age.

IQIP Strengths and Opportunities for Improvement

Plans have shown strong improvement in meeting validation requirements for the IQIPs reviewed during this validation period in comparison to the IQIPs reviewed by HSAG for the first time a year ago, during the period of July 1, 2008, through December 31, 2008. Plans have actively incorporated into their subsequent QIP submissions the validation feedback provided to them over the course of the previous year, and they have gradually improved compliance with the CMS protocol for conducting QIPs. Several plans achieved statistically significant improvement between measurement periods and many plans demonstrated sustained improvement, the goal of a QIP.

Only two plans that submitted their annual results during this period achieved a *Met* status without a subsequent resubmission. While plans demonstrated increased compliance with validation, of the 16 IQIPs reviewed during the validation period, 11 were resubmissions from a previous validation submission that did not fully meet validation requirements. Two plans have yet to achieve an overall *Met* validation status for their IQIPs, and the results of the resubmission review will be reported in the next QIPs Status Report. With their initial annual submissions, plans have an opportunity to improve compliance with the validation requirements. HSAG noted that prior validation feedback, QIP training, and resources provided to the plans are not always shared with the individual responsible for documenting the QIP. Better internal communication may have eliminated the need for multiple QIP submissions. Eight of the ten IQIPs submitted were for project closeout, and six of these received an overall *Met* validation status and were closed.

HSAG expects to see increased initial validation compliance as plans continue to gain proficiency with the EQRO's validation requirements, forms, and scoring methodology.

Opportunities for improvement also exist within Activities VIII, IX, and X. Plans need to provide a data analysis plan that includes all the required elements, including statistical significance testing. During the validation review period, many plans requested HSAG's technical assistance related to statistical significance testing for several of the projects validated during the period as well as for ongoing QIPs.

IQIP Recommendations

HSAG recommends that plans ensure that previous QIP validation feedback, the *Quality Improvement Assessment Guide for Plans*, and technical assistance training and resources are available to staff members who are responsible for documenting the QIP.

HSAG noted that many plans do not have internal resources and expertise related to statistical testing; therefore, an opportunity exists for plans to explore viable options to meet this QIP requirement in the future.

Conclusions—Overall QIP Validation Findings

The 22 QIPs submitted by plans between July 1, 2009, and September 30, 2009, showed marked improvement in meeting validation requirements when compared with QIPs reviewed from July 1, 2008, through December 31, 2008, and since the last QIPs status report for projects validated between April 1, 2009, and June 30, 2009. The DHCS supported this need for improvement by revising its QIP requirements and, beginning July 1, 2009, required all plans to submit QIPs using HSAG's QIP Summary Form. Validation findings in this report show the first quarter of QIPs submitted and reviewed since this requirement became effective. Validation results suggest that this transition has resulted in increased compliance.

Plans participating in the URI SGC QIP all demonstrated sustained improvement and showed statistically significant improvement on their HEDIS measure, *Appropriate Treatment for Children With Upper Respiratory Infection*.

Plans still have an opportunity to improve compliance with validation requirements by submitting a data analysis plan, conducting analysis according to the plan, and including statistical significant testing.

Overall, plans are taking the appropriate steps to increase compliance with HSAG's more rigorous validation requirements. The DHCS has strongly supported improving the quality of plans' QIPs by revising its QIP requirements and by providing plans a transition period with EQRO technical assistance and feedback from July 1, 2008, through June 30, 2009, to help them achieve greater compliance with the CMS protocols.

Appendix A. Status of Active QIPs

Appendix A presents the status of the following types of active QIPs:

- The DHCS Statewide Collaborative QIP
- Small-Group Collaborative QIPs
- Internal QIPs

Table A.1—The DHCS Statewide Collaborative QIPs
July 1, 2009, through September 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*: Steps Validated*	Level of QIP Progress*: Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits					
Alameda Alliance for Health—Alameda	LI	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Sacramento Stanislaus, Tulare	 CP GMC LI			I – VIII	Baseline
CalOptima—Orange	COHS			I – IX	Remeasurement 1
Care 1st—San Diego	GMC			I – IX	Remeasurement 1
CenCal Health—Santa Barbara	COHS			I – IX	Remeasurement 1
Central California Alliance for Health**—Monterey, Santa Cruz	COHS			I – IX	Remeasurement 1
Community Health Group—San Diego	GMC			I – IX	Remeasurement 1
Contra Costa Health Plan—Contra Costa	LI			I – IX	Remeasurement 1
Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego	 CP GMC			I – IX	Remeasurement 1
Health Plan of San Joaquin—San Joaquin	LI			I – IX	Remeasurement 1
Health Plan of San Mateo—San Mateo	COHS			I – IX	Remeasurement 1
Inland Empire Health Plan—Riverside, San Bernardino	LI			I – IX	Remeasurement 1

**Central Coast Alliance for Health changed its name to Central California Alliance for Health effective July 1, 2009.

Table A.1—The DHCS Statewide Collaborative QIPs
July 1, 2009, through September 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
				Steps Validated*	Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits					
Kaiser Permanente (North)—Sacramento	GMC	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
Kaiser Permanente (South)—San Diego	GMC			I – IX	Remeasurement 1
Kern Family Health Care—Kern	LI			I – VIII	Baseline
LA Care Health Plan—Los Angeles	LI			I – IX	Remeasurement 1
Molina Healthcare—Riverside, San Bernardino Sacramento, San Diego	CP GMC			I – IX	Remeasurement 1
Partnership Health Plan—Napa, Solano, Yolo	COHS			I – IX	Remeasurement 1
San Francisco Health Plan—San Francisco	LI			I – IX	Remeasurement 1
Santa Clara Family Health Plan—Santa Clara	LI			I – IX	Remeasurement 1
Western Health Advantage—Sacramento	GMC			I – IX	Remeasurement 1

Table A.2—Small-Group Collaborative QIPs
July 1, 2009, through September 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Population Description*	Level of QIP Progress*: Steps Validated*	Level of QIP Progress*: Measurement Completion*
CalOptima—Orange	COHS	Appropriate Treatment for Children With Upper Respiratory Infection	Clinical	Decrease inappropriate use of antibiotics in children 3 months–18 years of age.	I – X/closed	Remeasurement 2
Care 1st—San Diego	GMC				I – VIII	Baseline
Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego	CP GMC				I – X/closed	Remeasurement 2
LA Care Health Plan—Los Angeles	LI				I – X/closed	Remeasurement 2
Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego	CP GMC				I – X/closed	Remeasurement 3
Care 1st—San Diego	GMC	Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – VIII	Baseline
Community Health Group—San Diego	GMC				I – IX	Remeasurement 1

Table A.3—Internal QIPs
July 1, 2009, through September 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
AHF Healthcare Centers—Los Angeles	SP	Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS	Clinical	Reduce the number of hospitalizations for members on Coumadin therapy as a result of adverse reactions.	I – IX	Remeasurement 1
AHF Healthcare Centers—Los Angeles	SP	Controlling High Blood Pressure	Clinical	Increase the percentage of cases of controlled blood pressure among adults diagnosed with hypertension.	I – VIII	Baseline
Alameda Alliance for Health—Alameda	LI	Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children	Clinical	Reduce the number of children 2–18 years of age who visit the ER with asthma and return to the ER with additional asthmatic events.	I – VIII	Baseline
Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Sacramento Stanislaus, Tulare	 CP GMC LI	Improving Diabetes Management	Clinical	Increase HEDIS rates for HbA1c screening and diabetic retinal eye exams among adults 21–65 years of age.	I – X	Remeasurement 4
CenCal Health—Santa Barbara	COHS	Proper Antibiotic Use	Clinical	Decrease inappropriate antibiotic prescribing for children 2–18 years of age.	I – X/closed	Remeasurement 2
Central California Alliance for Health**—Monterey, Santa Cruz	COHS	Improving Effective Case Management	Clinical	Increase the effectiveness of case management to reduce hospitalizations related to diabetes and congestive heart failure among adults 21 years of age and older.	I – VIII	Baseline

**Central Coast Alliance for Health changed its name to Central California Alliance for Health effective July 1, 2009.

Table A.3—Internal QIPs
July 1, 2009, through September 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Community Health Group—San Diego	GMC	Increasing Follow-up to Positive Postpartum Screens	Clinical	Increase the percentage of women receiving a postpartum visit within six months of delivery.	I – IX	Remeasurement 1
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities in Childhood Immunizations	Clinical	Improve childhood immunization rates and well-care visits in the first 15 months of life for African-American and Hispanic children.	I – X/closed	Remeasurement 4
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities in Pediatric Obesity	Clinical	Reduce health disparities in childhood obesity among children 3–11 years of age.	I - V	Proposal
Family Mosaic Project—San Francisco	SP	*Project pending – 5/31/2010*				
Family Mosaic Project—San Francisco	SP	*Project pending – 12/31/2010*				
Health Plan of San Joaquin—San Joaquin	LI	Chlamydia Screening	Clinical	Increase the rate of chlamydia screening in sexually active women 16–25 years of age.	I – IX	Remeasurement 1
Health Plan of San Mateo—San Mateo	COHS	Cervical Cancer Screening	Clinical	Increase the percentage of women who receive a Pap test.	I – IX	Remeasurement 1
Inland Empire Health Plan—Riverside, San Bernardino	LI	Child Upper Respiratory Infections	Clinical	Decrease antibiotic overuse in children 3 months–18 years of age.	I – X/closed	Remeasurement 2
Kaiser Permanente (North)—Sacramento	GMC	*Project pending*				
Kaiser Permanente (South)—San Diego	GMC	Improving Blood Sugar Levels in Diabetic Members	Clinical	Increase the percentage of diabetic members having at least one HbA1c test within the last 12 months.	I – X/closed	Remeasurement 4

Table A.3—Internal QIPs
July 1, 2009, through September 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Kaiser PHP—Marin, Sonoma	PHP	Cervical Cancer Screening	Clinical	Increase cervical cancer screening among women 18–64 years of age.	I – X	Remeasurement 3
Kaiser PHP—Marin, Sonoma	PHP	Smoking Prevention	Clinical	Increase the percentage of members 18 years of age and older receiving advice to quit smoking.	I – X	Remeasurement 4
Kern Family Health Care—Kern	LI	Use of Immunization Registry for Children	Clinical	Increase the number of children seen by providers who access and use the regional immunization registry for children 2 years of age and younger.	I – X	Remeasurement 4
Partnership Health Plan—Napa, Solano, Yolo	COHS	Asthma Management	Clinical	Improve management of asthma for members 5–56 years of age.	I – X	Remeasurement 4
San Francisco Health Plan—San Francisco	LI	Diabetes Care Management	Clinical	Improve comprehensive diabetes care: blood glucose control, retinal eye exams, and reduced cholesterol and blood pressure levels.	I – X/closed	Remeasurement 3
Santa Clara Family Health—Santa Clara	LI	Adolescent Obesity Prevention	Clinical	Increase screening for adolescent obesity and timeliness of appropriate health education intervention.	I – VIII	Baseline
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	SP	Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – VIII	Baseline
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	SP	Prevention of Stroke and Transient Ischemic Attack (TIA)	Clinical	Reduce the risk and recurrence of stroke or TIA.	I - VIII	Baseline

Table A.3—Internal QIPs
July 1, 2009, through September 30, 2009

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Western Health Advantage—Sacramento	GMC	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Increase the percentage of pregnant women who receive timely prenatal and postpartum care.	I – X/closed	Remeasurement 3

*Grid category explanations:

Plan Model Type—designated plan model type:

- County-Operated Health System (COHS) plan
- Geographic-Managed Care (GMC) plan
- Two-Plan Model
  - Local initiative plan (LI)
  - Commercial plan (CP)
- Specialty plan (SP)

Clinical/Nonclinical—designates if the QIP addresses a clinical or nonclinical area of study.

QIP Description—provides a brief description of the QIP and the study population.

Level of QIP Progress—provides the status of each QIP as shown through *Steps Validated* and *Measurement Completion:*

- *Steps Validated*—provides the number of CMS activities/steps completed through Step X.
- *Measurement Completion*—indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc.

Table B.1—SGC Activities I to IV Ratings (N = 6 Submissions)
July 1, 2009, through September 30, 2009

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity I: Appropriate Study Topic				
	1. Reflects high-volume or high-risk conditions (or was selected by the State).	100%	0%	0%
	2. Is selected following collection and analysis of data (or was selected by the State).	100%	0%	0%
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100%	0%	0%
	4. Includes all eligible populations that meet the study criteria.	100%	0%	0%
	5. Does not exclude members with special health care needs.	100%	0%	0%
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100%	0%	0%
	Activity Average Rates**	**100%**	**0%**	**0%**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	100%	0%	0%
C*	2. Is answerable.	100%	0%	0%
	Activity Average Rates**	**100%**	**0%**	**0%**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	83%	17%	0%
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100%	0%	0%
C*	3. Allow for the study questions to be answered.	83%	17%	0%
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	83%	17%	0%
C*	5. Have available data that can be collected on each indicator.	100%	0%	0%
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100%	0%	0%
	7. Includes the basis on which each indicator was adopted, if internally developed.	67%	0%	33%
	Activity Average Rates**	**90%**	**8%**	**2%**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	83%	17%	0%
	2. Includes requirements for the length of a member's enrollment in the plan.	83%	17%	0%
C*	3. Captures all members to whom the study question applies.	83%	17%	0%
	Activity Average Rates**	**83%**	**17%**	**0%**

Notes to Table:
Activity evaluation elements represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. *Not Applicable* and *Not Assessed* elements are excluded.
*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.
**The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.
Δ No QIPs were assessed for this activity/evaluation element.

Table B.2—SGC Activities V to VII Ratings (N = 6 Submissions)
July 1, 2009, through September 30, 2009

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
	Activity V: Valid Sampling Techniques			
	1. Consider and specify the true or estimated frequency of occurrence.	Δ	Δ	Δ
	2. Identify the sample size.	Δ	Δ	Δ
	3. Specify the confidence level.	Δ	Δ	Δ
	4. Specify the acceptable margin of error.	Δ	Δ	Δ
C*	5. Ensure a representative sample of the eligible population.	Δ	Δ	Δ
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	Δ	Δ	Δ
	Activity Average Rates**	**Δ**	**Δ**	**Δ**
	Activity VI: Accurate/Complete Data Collection			
	1. The identification of data elements to be collected.	83%	17%	0%
	2. The identification of specified sources of data.	100%	0%	0%
	3. A defined and systematic process for collecting baseline and remeasurement data.	Δ	Δ	Δ
	4. A timeline for the collection of baseline and remeasurement data.	83%	17%	0%
	5. Qualified staff and personnel to abstract manual data.	Δ	Δ	Δ
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Δ	Δ	Δ
	7. A manual data collection tool that supports interrater reliability.	Δ	Δ	Δ
	8. Clear and concise written instructions for completing the manual data collection tool.	Δ	Δ	Δ
	9. An overview of the study in written instructions.	Δ	Δ	Δ
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	83%	17%	0%
	11. An estimated degree of automated data completeness.	100%	0%	0%
	Activity Average Rates**	**90%**	**10%**	**0%**
	Activity VII: Appropriate Improvement Strategies			
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	83%	17%	0%
	2. System changes that are likely to induce permanent change.	100%	0%	0%
	3. Revised if original interventions are not successful.	100%	0%	0%
	4. Standardized and monitored if interventions were successful.	100%	0%	0%
	Activity Average Rates**	**94%**	**6%**	**0%**

Notes to Table:
Activity evaluation elements represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. *Not Applicable* and *Not Assessed* elements are excluded.
*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.
**The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.
Δ No QIPs were assessed for this activity/evaluation element.

Table B.3—SGC Activities VIII to X Ratings (N = 6 Submissions)
July 1, 2009, through September 30, 2009

	Evaluation Elements	Met	Partially Met	Not Met
	Activity VIII: Sufficient Data Analysis and Interpretation			
C*	1. Is conducted according to the data analysis plan in the study design.	100%	0%	0%
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	Δ	Δ	Δ
	3. Identifies factors that threaten the internal or external validity of the findings.	100%	0%	0%
	4. Includes an interpretation of the findings.	100%	0%	0%
	5. Is presented in a way that provides accurate, clear, and easily understood information.	83%	17%	0%
	6. Identifies initial measurement and remeasurement of study indicators.	100%	0%	0%
	7. Identifies statistical differences between initial measurement and remeasurement.	50%	50%	0%
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	100%	0%	0%
	9. Includes interpretation of the extent to which the study was successful.	100%	0%	0%
	Activity Average Rates**	**92%**	**8%**	**0%**
	Activity IX: Real Improvement Achieved			
	1. Remeasurement methodology is the same as baseline methodology.	100%	0%	0%
	2. There is documented improvement in processes or outcomes of care.	83%	17%	0%
	3. The improvement appears to be the result of planned intervention(s).	83%	17%	0%
	4. There is statistical evidence that observed improvement is true improvement.	33%	50%	17%
	Activity Average Rates**	**75%**	**21%**	**4%**
	Activity X: Sustained Improvement Achieved			
	1. Repeated measurements over comparable time periods demonstrate sustained improvement, or that a decline in improvement is not statistically significant.	100%	0%	0%
	Activity Average Rates**	**100%**	**0%**	**0%**

Notes to Table:
Activity evaluation elements represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. *Not Applicable* and *Not Assessed* elements are excluded.
*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.
**The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.
Δ No QIPs were assessed for this activity/evaluation element.

Table B.4—IQIP Activities I to IV Ratings (N = 16 Submissions)
July 1, 2009, through September 30, 2009

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
	Activity I: Appropriate Study Topic			
	1. Reflects high-volume or high-risk conditions (or was selected by the State).	100%	0%	0%
	2. Is selected following collection and analysis of data (or was selected by the State).	100%	0%	0%
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100%	0%	0%
	4. Includes all eligible populations that meet the study criteria.	88%	0%	12%
	5. Does not exclude members with special health care needs.	94%	6%	0%
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100%	0%	0%
	Activity Average Rates**	**97%**	**2%**	**1%**
	Activity II: Clearly Defined, Answerable Study Question(s)			
C*	1. States the problem to be studied in simple terms.	81%	13%	6%
C*	2. Is answerable.	88%	6%	6%
	Activity Average Rates**	**84%**	**9%**	**7%**
	Activity III: Clearly Defined Study Indicator(s)			
C*	1. Are well-defined, objective, and measurable.	94%	6%	0%
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100%	0%	0%
C*	3. Allow for the study questions to be answered.	75%	19%	6%
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	94%	6%	0%
C*	5. Have available data that can be collected on each indicator.	100%	0%	0%
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100%	0%	0%
	7. Includes the basis on which each indicator was adopted, if internally developed.	100%	0%	0%
	Activity Average Rates**	**94%**	**5%**	**1%**
	Activity IV: Correctly Identified Study Population			
C*	1. Is accurately and completely defined.	88%	12%	0%
	2. Includes requirements for the length of a member's enrollment in the plan.	94%	0%	6%
C*	3. Captures all members to whom the study question applies.	88%	0%	12%
	Activity Average Rates**	**90%**	**4%**	**6%**

Notes to Table:
Activity evaluation elements represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. *Not Applicable* and *Not Assessed* elements are excluded.
*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.
**The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.
Δ No QIPs were assessed for this activity/evaluation element.

Table B.5—IQIP Activities V to VII Ratings (N = 16 Submissions)
July 1, 2009, through September 30, 2009

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
	Activity V: Valid Sampling Techniques			
	1. Consider and specify the true or estimated frequency of occurrence.	86%	14%	0%
	2. Identify the sample size.	100%	0%	0%
	3. Specify the confidence level.	71%	29%	0%
	4. Specify the acceptable margin of error.	72%	14%	14%
C*	5. Ensure a representative sample of the eligible population.	71%	29%	0%
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	71%	29%	0%
	Activity Average Rates**	**79%**	**19%**	**2%**
	Activity VI: Accurate/Complete Data Collection			
	1. The identification of data elements to be collected.	88%	12%	0%
	2. The identification of specified sources of data.	94%	6%	0%
	3. A defined and systematic process for collecting baseline and remeasurement data.	90%	10%	0%
	4. A timeline for the collection of baseline and remeasurement data.	100%	0%	0%
	5. Qualified staff and personnel to abstract manual data.	100%	0%	0%
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	100%	0%	0%
	7. A manual data collection tool that supports interrater reliability.	88%	0%	12%
	8. Clear and concise written instructions for completing the manual data collection tool.	88%	0%	12%
	9. An overview of the study in written instructions.	63%	0%	37%
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	88%	6%	6%
	11. An estimated degree of automated data completeness.	40%	40%	20%
	Activity Average Rates**	**86%**	**8%**	**6%**
	Activity VII: Appropriate Improvement Strategies			
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	88%	12%	0%
	2. System changes that are likely to induce permanent change.	100%	0%	0%
	3. Revised if original interventions are not successful.	86%	0%	14%
	4. Standardized and monitored if interventions were successful.	67%	33%	0%
	Activity Average Rates**	**86%**	**12%**	**2%**

Notes to Table:
Activity evaluation elements represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. *Not Applicable* and *Not Assessed* elements are excluded.
*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.
**The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.
Δ No QIPs were assessed for this activity/evaluation element.

Table B.6—IQIP Activities VIII to X Ratings (N = 16 Submissions)
July 1, 2009, through September 30, 2009

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
	Activity VIII: Sufficient Data Analysis and Interpretation			
C*	1. Is conducted according to the data analysis plan in the study design.	63%	12%	25%
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	100%	0%	100%
	3. Identifies factors that threaten the internal or external validity of the findings.	75%	0%	25%
	4. Includes an interpretation of the findings.	44%	56%	0%
	5. Is presented in a way that provides accurate, clear, and easily understood information.	69%	31%	0%
	6. Identifies initial measurement and remeasurement of study indicators.	100%	0%	0%
	7. Identifies statistical differences between initial measurement and remeasurement.	50%	44%	6%
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	88%	0%	12%
	9. Includes interpretation of the extent to which the study was successful.	88%	12%	0%
	Activity Average Rates**	**73%**	**8%**	**19%**
	Activity IX: Real Improvement Achieved			
	1. Remeasurement methodology is the same as baseline methodology.	100%	0%	0%
	2. There is documented improvement in processes or outcomes of care.	63%	37%	0%
	3. The improvement appears to be the result of planned intervention(s).	75%	25%	0%
	4. There is statistical evidence that observed improvement is true improvement.	25%	63%	12%
	Activity Average Rates**	**66%**	**31%**	**3%**
	Activity X: Sustained Improvement Achieved			
	1. Repeated measurements over comparable time periods demonstrate sustained improvement, or that a decline in improvement is not statistically significant.	62%	38%	0%
	Activity Average Rates**	**62%**	**38%**	**0%**

Notes to Table:
Activity evaluation elements represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. *Not Applicable* and *Not Assessed* elements are excluded.
*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.
**The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded.
Δ No QIPs were assessed for this activity/evaluation element.