Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
January 1, 2012 – March 31, 2012

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 managed care members.

This QIPs Status Report provides a summary of QIPs validated during the period of January 1, 2012, through March 31, 2012, 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.*

[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.*

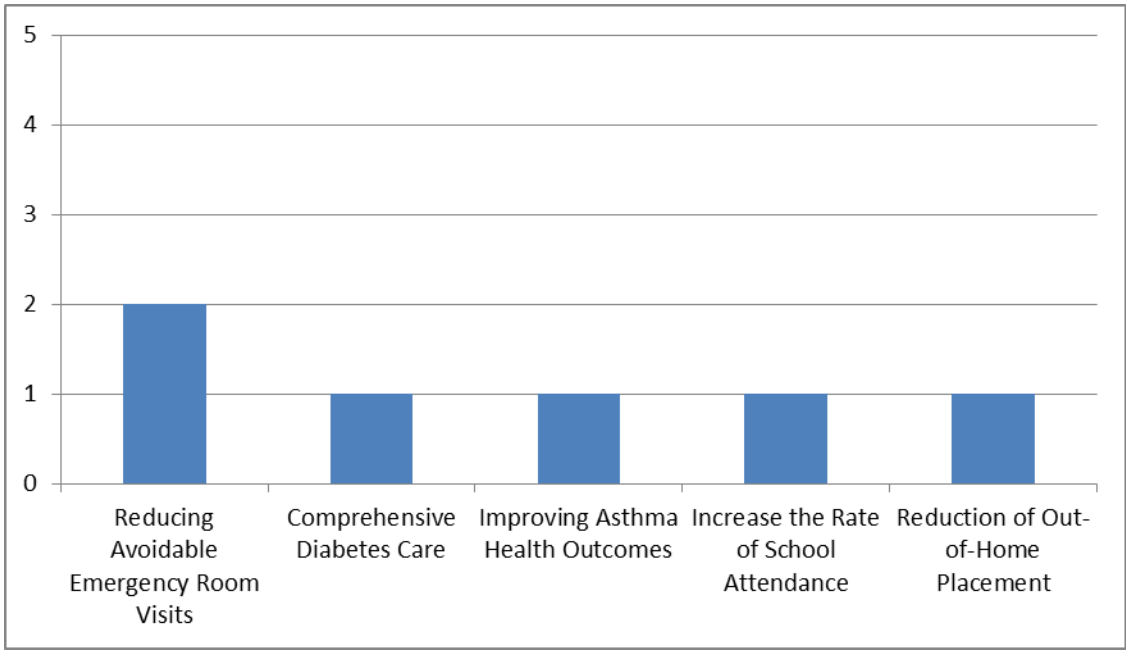
Summary of Overall Validation Findings

HSAG evaluated QIPs submitted by plans using its QIP Validation Tool, which scores the QIPs against the CMS validation protocol. Through QIP validation HSAG assesses a plan's methodology for conducting the QIP and evaluates the overall validity and reliability of study results. The Introduction section of this report provides a detailed description of HSAG's validation process.

HSAG provided an overall validation status of *Met, Partially Met,* or *Not Met* for each QIP submission. The DHCS requires that QIPs receive an overall *Met* validation status; therefore, plans must resubmit their QIP until it achieves a *Met* validation status, unless otherwise specified.

For the period of January 1, 2012, through March 31, 2012, HSAG reviewed six QIPs which included a combination of five resubmissions and one proposal resubmission. Four of the QIPs were internal QIPs, and two QIPs were part of the statewide collaborative QIP. The figure below depicts the topics of the six QIPs from the most to least number of submissions.

Figure 1-1—Medi-Cal Managed Care Program Quarterly QIP Activity
January 1, 2012, through March 31, 2012



Two submissions, one each from Care 1st and Central California Alliance for Health, were resubmissions from the statewide collaborative QIP, *Reducing Avoidable Emergency Room Visits*. The remaining QIP topics all had one resubmission during the reporting period.

Table 1.1 shows the six QIPs broken down by type of submission.

Table 1.1—Medi-Cal Managed Care Program Quarterly QIP Activity
January 1, 2012, through March 31, 2012

QIP Type	Count
Proposal Resubmission	1
Resubmission	5

Table 1.2 reports the overall validation status of the six QIP submissions.

Table 1.2—Medi-Cal Managed Care Program Quarterly QIP Activity
January 1, 2012, through March 31, 2012

QIP Validation Status	Count
Met	6
Partially Met	0
Not Met	0

Summary of Overall QIP Outcomes

Of the six submissions, three QIPs validated during the review period progressed to a second remeasurement period and were assessed for real improvement. Statistically significant improvement is considered real improvement. All three QIP submissions that were assessed for real improvement achieved real improvement for at least one study indicator outcome:

- Care 1st—San Diego County, *Reducing Avoidable Emergency Room Visits*
- Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties, *Reducing Avoidable Emergency Room Visits*
- Family Mosaic Project—San Francisco County, *Reduction of Out-of-Home Placement*

Of the three QIPs that were assessed for real improvement, two were also assessed for sustained improvement. Sustained improvement is defined as improvement in performance over baseline which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

Of the two QIP submissions assessed for sustained improvement during the reporting period, one achieved sustained improvement: Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties, *Reducing Avoidable Emergency Room Visits.*

Care 1st—San Diego County's *Reducing Avoidable Emergency Room Visits* did not achieve sustained improvement.

Conclusions and Recommendations

QIPs validated during the review period of January 1, 2012, through March 31, 2012, showed that plans continued to demonstrate strength in the design and implementation study stages as all of the QIP submissions received an overall *Met* validation status.

The greatest opportunities for improvement involve plans achieving real and sustained improvement within Activities IX and X of the QIP.

Based on a review of validation findings during the review period, HSAG provides the following recommendations:

- Plans should work with HSAG to obtain technical assistance on the QIP validation feedback prior to sending their resubmission to ensure a thorough understanding of the validation feedback.
- Plans should address all prior recommendations before resubmitting their QIPs.
- While the statewide collaborative ER QIP was retired as a formal QIP, plans should continue to monitor ER usage data, conduct quarterly data review, identify and prioritize barriers, and continue to work with hospitals, providers, and members to develop strategies to reduce avoidable ER visits.

Organization of Report

This report has six sections:

- **Executive Summary**—Outlines the scope of external quality review 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 10 QIP activities for the statewide collaborative (SWC) QIPs and internal QIPs (IQIPs).

QIP Requirements

QIPs are a federal requirement. The Code of Federal Regulations (CFR) at 42 CFR 438.240[3] 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 a small-group collaborative QIP involving at least three Medi-Cal managed care plans.

[3] 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.[4]

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 categories:

- ***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.

[4] 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 six QIP submissions for the period of January 1, 2012, through March 31, 2012. Table 3.1 lists the QIPs by plan and subject. Additionally, the table summarizes the QIPs HSAG validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. Table 3.1 also displays the percentage score of evaluation elements that received a *Met* score as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable QIP. All critical elements must receive a *Met* score for a QIP to receive an overall validation status of *Met*.

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
January 1, 2012, through March 31, 2012

Plan Name and County	Name of Project/Study	Type of Review[1]	Percentage Score of Evaluation Elements Met[2]	Percentage Score of Critical Elements Met[3]	Overall Validation Status[4]
Internal QIPs					
Care 1st—San Diego	Comprehensive Diabetes Care	Resubmission	97%	100%	*Met*
Central California Alliance for Health—Monterey, Santa Cruz, and Merced	Improving Asthma Health Outcomes	Proposal Resubmission	96%	100%	*Met*
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Resubmission	96%	100%	*Met*
Family Mosaic Project—San Francisco	Reduction of Out-of-Home Placement	Resubmission	94%	100%	*Met*
Statewide Collaborative QIPs					
Care 1st—San Diego	Reducing Avoidable Emergency Room Visits	Resubmission	84%	100%	*Met*
Central California Alliance for Health—Monterey, Santa Cruz, and Merced	Reducing Avoidable Emergency Room Visits	Resubmission	97%	100%	*Met*

[1]**Type of Review**—Designates the QIP review as 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.

[2]**Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[3]**Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[4]**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*.

*Not Applicable—Percentage scores were not applied for a small number of QIPs still in the process of final QIP submission/closeout, for which a new scoring methodology had not yet been implemented.

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—statewide collaborative, small-group collaborative, and IQIPs—HSAG presents validation findings according to these three main study stages:

1. 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.

2. Implementation—CMS Protocol Activities V–VII

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

3. Outcomes—CMS Protocol Activities VIII–X

- Presenting sufficient data analysis and interpretation.
- Reporting evidence of real improvement achieved.
- Documenting data for 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.

Findings Specific to the DHCS Statewide Collaborative Quality Improvement Project

The measurement period of October 1, 2011, through December 31, 2011, was the last annual submission for the statewide collaborative QIP, *Reducing Avoidable Emergency Room (ER) Visits*. However, two plans were required to resubmit their final QIP submission during the measurement period of January 1, 2012, through March 31, 2012. The objective of the statewide ER collaborative QIP was to reduce ER visits that could have been more appropriately managed by and/or referred to a primary care provider in an office or clinic setting among members 1 year of age and older.

HSAG received two statewide collaborative QIP resubmissions for validation, one from Care 1st—San Diego County and the other from Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties. Table 4.1 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 4.1—Statewide Collaborative QIP Activity Average Rates*
(N = 2 Submissions)
January 1, 2012, through March 31, 2012

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100% (12/12)	0% (0/12)	0% (0/12)
	II: Clearly Defined, Answerable Study Question(s)	100% (4/4)	0% (0/4)	0% (0/4)
	III: Clearly Defined Study Indicator(s)	100% (14/14)	0% (0/14)	0% (0/14)
	IV: Correctly Identified Study Population	100% (4/4)	0% (0/4)	0% (0/4)
Implementation	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection	90% (9/10)	0% (0/10)	10% (1/10)
	VII: Appropriate Improvement Strategies	100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	VIII: Sufficient Data Analysis and Interpretation	88% (14/16)	6% (1/16)	6% (1/16)
	IX: Real Improvement Achieved†	63% (5/8)	0% (0/8)	38% (3/8)
	X: Sustained Improvement Achieved	50% (1/2)	0% (0/2)	50% (1/2)

* 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 Appendix B for the number and a description of evaluation elements.

†The sum may not equal 100 percent due to rounding.

Design

The two QIPs submitted during this review period demonstrated an excellent application of the design stage, with 100 percent of evaluation elements scored *Met* in Activities I through IV.

Implementation

Similar to the design stage, the QIPs overall received *Met* scores for 94 percent of the applicable evaluation elements in Activities V through VII.

Activity V. Valid Sampling Techniques

Activity Summary: Overall, QIPs were appropriately documented to show that sampling was not applicable.

This activity was not applicable for both submissions since the QIPs did not incorporate sampling methodology.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Overall, plans documented accurate and complete data collection.

One plan, Care 1st—San Diego County, met all of the evaluation element criteria for accurate and complete data collection with 100 percent of the evaluation elements scored *Met*. Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties was scored down for not providing the complete date range for each measurement period, which resulted in a 90 percent score overall for Activity VI.

Activity VII. Appropriate Improvement Strategies

Activity Summary: Overall, the QIP demonstrated appropriate improvement strategies.

One hundred percent of the evaluation elements for Activity VII received a *Met* score, showing that both plans' improvement strategies were appropriate and likely to induce permanent change. Additionally, the interventions were either revised if not successful or standardized if successful.

Outcomes

Both QIP submissions progressed to a third remeasurement period, and HSAG assessed Activities VIII through X to determine whether the plans achieved the intended quality outcome of reducing avoidable ER visits.

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: Overall, QIP submissions provided sufficient data analysis and interpretation.

For this activity, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. Overall, the two plans documented adequate data analysis and interpretation with 88 percent of the evaluation elements scored as *Met*.

Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties received *Met* scores for 100 percent of the evaluation elements. Care 1st—San Diego County's submission received a *Not Met* score for failing to identify whether there were factors that affected the ability to compare measurements. Additionally, the plan was scored *Partially Met* for not providing a complete discussion of the success of the QIP. HSAG identified both of these issues in the previous submission's summary tool; however, the plan did not address the deficiencies, resulting in lowered scores.

Activity IX. Real Improvement Achieved

Activity Summary: One of two plans reported real improvement between measurement periods.

For this activity, HSAG evaluated whether the plans' study indicator outcome for the third remeasurement period demonstrated improved performance compared to the second remeasurement period.

Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties received a *Met* score for all four elements in Activity IX, demonstrating statistically significant improvement from Remeasurement 2 to Remeasurement 3. Conversely, Care 1st—San Diego County received a *Not Met* score for three out of the four elements. The plan did not demonstrate statistically significant improvement from Remeasurement 2 to Remeasurement 3.

Activity X. Sustained Improvement Achieved

Activity Summary: One of two plans' QIP submissions achieved sustained improvement.

Unlike Activity IX, which measured for statistically significant improvement compared to the prior measurement period, Activity X assessed for sustained improvement from baseline to the final remeasurement period. Sustained improvement is defined as improvement in performance over baseline which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties received a *Met* score for Activity X; the plan was able to demonstrate sustained improvement in reducing the avoidable emergency department visits from baseline to Remeasurement 3. Care 1st—San Diego County was unable to achieve sustained improvement; instead, its Remeasurement 3 rate demonstrated a statistically significant decline in performance over baseline.

Statewide Collaborative QIP Strengths and Opportunities for Improvement

The DHCS recognized that growing emergency room utilization has been a considerable concern for the increasing cost of health care. The avoidable visits to ERs have been extremely costly and care could be provided in a more appropriate setting. When possible, members should be treated by their primary care provider for non-emergency conditions in order to promote consistent, quality care.

The statewide collaborative QIP submissions demonstrated high validation scores for both the study design and study implementation phases. This suggests that plans followed the statewide collaborative QIP methodology to produce valid and reliable rates.

Health plans play an important piece in the process of member health and clinical outcomes. It must be noted that the plans' role is limited in the ER visits process and that the member, provider, and hospital all play major roles in the process and must work cohesively to have an impact on reducing avoidable ER visits.

Plan QIPs scored lowest in the study outcomes phase. The plans' greatest challenge was achieving real and sustained improvement.

As a whole, the statewide collaborative QIP did not yield the intended result of sustained improvement across all of the participating plans; however, one of two plans resubmitting the *Reducing Avoidable ER Visits* QIP was able to achieve sustained improvement and positively impact members' ER visits by emphasizing a patient-centered medical home.

Statewide Collaborative QIP Recommendations

As this was the last measurement period and the last resubmission for the QIP, the QIP is now closed. HSAG recommends that plans continue to focus improvement strategies on reducing avoidable ER visits through system, provider, and member interventions. Although the DHCS and HSAG will not be tracking this measure in the future as part of the formal QIP process, HSAG recommends that the plans continue to do the following:

- Monitor ER usage data.
- Conduct quarterly data reviews.
- Identify and prioritize barriers.
- Continue to work with hospitals, providers, and members to develop strategies to reduce avoidable ER visits.

Findings Specific to Small-Group Collaborative Quality Improvement Projects

There were no small-group collaborative QIPs validated during the measurement period.

Findings Specific to Internal Quality Improvement Projects

For the period of January 1, 2012, to March 31, 2012, HSAG reviewed four total submissions; three were resubmissions and one was a proposal resubmission.

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—Internal QIP Activity Average Rates*
(N = 4 Submissions)
January 1, 2012, to March 31, 2012

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100% (23/23)	0% (0/23)	0% (0/23)
	II: Clearly Defined, Answerable Study Question(s)	100% (8/8)	0% (0/8)	0% (0/8)
	III: Clearly Defined Study Indicator(s)	100% (24/24)	0% (0/24)	0% (0/24)
	IV: Correctly Identified Study Population	100% (12/12)	0% (0/12)	0% (0/12)
Implementation	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection	96% (24/25)	4% (1/25)	0% (0/25)
	VII: Appropriate Improvement Strategies	100% (7/7)	0% (0/7)	0% (0/7)
Outcomes	VIII: Sufficient Data Analysis and Interpretation	81% (13/16)	19% (3/16)	0% (0/16)
	IX: Real Improvement Achieved	75% (3/4)	0% (0/4)	25% (1/4)
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

* 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 Appendix B for the number and a description of evaluation elements.

One of the four IQIP submissions validated during the review period progressed to a first remeasurement period and was assessed for real (statistically significant) improvement. None of the submissions included a second remeasurement period; therefore, they were not assessed for sustained improvement (Activity X). The four IQIPs validated during the reporting period were:

- Care 1st—San Diego County, *Comprehensive Diabetes Care*
- Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties, *Improving Asthma Health Outcomes*
- Family Mosaic Project—San Francisco County, *Increase the Rate of School Attendance*
- Family Mosaic Project—San Francisco County, *Reduction of Out-of-Home Placement*

Design

The four IQIPs submitted during this review period demonstrated an excellent application of the design stage, with 100 percent of evaluation elements scored *Met* in Activities I through IV.

Implementation

Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties' *Improving Asthma Health Outcomes* QIP proposal progressed through Activity VI, while the other three IQIP submissions progressed through Activity VII.

Activity V. Valid Sampling Techniques

Activity Summary: None of the IQIPs conducted sampling.

For all four submissions, the plans did not use sampling techniques.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Overall, QIPs demonstrated accurate and completed data collection.

Overall, the four IQIP submissions were able to produce accurate and complete data as 96 percent of the evaluation elements were scored *Met*. Central California Alliance for Health—Monterey, Santa Cruz, and Merced counties, *Improving Asthma Health Outcomes* QIP received a *Partially Met* score for failing to completely document the date ranges for each measurement period in the QIP.

Activity VII. Appropriate Improvement Strategies

Activity Summary: QIP submissions demonstrated effective improvement strategies.

For the three submissions that progressed through Activity VII, 100 percent of the applicable evaluation elements for Activity VII received a *Met* score. The plans documented appropriate improvement strategies in their IQIPs.

Outcomes

Only one QIP submission progressed to a first remeasurement period and was assessed for statistically significant improvement in Activity IX. No QIPs reported a second remeasurement period; therefore, HSAG did not assess for sustained improvement in Activity X.

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: QIP submissions had suitable results for providing sufficient data analysis and interpretation.

For this activity, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. Overall, 81 percent of the evaluation elements received a *Met* score in this activity. Each of the three submissions received a *Partially Met* score for one element.

Care 1st—San Diego County's *Comprehensive Diabetes Care* QIP and Family Mosaic Project—San Francisco County's *Increase the Rate of School Attendance* QIP did not include a complete data analysis plan. Family Mosaic Project—San Francisco County's *Reduction of Out-of-Home Placements* did not indicate whether there were factors that could affect the ability to compare measurements.

Activity IX. Real Improvement Achieved

Activity Summary: One of the four submissions was assessed for but did not achieve real improvement.

Family Mosaic Project—San Francisco County's *Reduction of Out-of-Home Placements* QIP documented improvement from baseline to Remeasurement 1; however, the improvement was not statistically significant.

Activity X. Sustained Improvement Achieved

Activity Summary: None of the submissions were assessed for sustained improvement.

None of the IQIPs included a second remeasurement period; therefore, HSAG could not assess for sustained improvement.

Unlike Activity IX, which measured for statistically significant improvement between the two most recent measurement periods, Activity X assesses for sustained improvement from baseline to the final remeasurement period. Sustained improvement is defined as improvement in performance over baseline which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

Internal QIP Strengths and Opportunities for Improvement

Similar to the last reporting period, plans demonstrated aptitude with the design and implementation phases for QIPs, as evidenced by the high percentage of *Met* evaluation elements for this review period, January 1, 2012, through March 31, 2012.

The main opportunity for improvement relates to the plans' ability to implement HSAG's feedback provided in the QIP Summary Tools delivered to the plans. The necessity for resubmission was the result of the plans not correcting previous recommendations in their most recent IQIP submissions.

Internal QIP Recommendations

Many plans required a resubmission from their initial annual submissions, which could have been avoided by incorporating the recommendations provided in the prior year's QIP validation feedback. Plans do not always apply the knowledge gained from prior review periods as they relate to the requirements for the critical evaluation elements. Plans should focus on HSAG's previous recommendations prior to resubmitting their QIPs.

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

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

Table A.1—The DHCS Statewide Collaborative QIPs
January 1, 2012, through March 31, 2012
(*See page A-8 for grid category explanations.)

Plan Name and 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					
Care 1st—San Diego	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–X Closed	Remeasurement 3
Central California Alliance for Health— Monterey, Santa Cruz, and Merced	COHS			I–X Closed	Remeasurement 3

Table A.2—Small-Group Collaborative QIPs
January 1, 2012, through March 31, 2012
(*See page A-8 for grid category explanations.)

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps Validated	Measurement Completion
NA	NA	NA	NA	NA	NA	

Table A.3—Internal QIPs
January 1, 2012, through March 31, 2012
(*See page A-8 for grid category explanations.)

Plan Name and 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	Advance Directives	Nonclinical	Improve the rate of members who have an advance directive document or documented discussion of advance directives	VIII	Remeasurement 1
AHF Healthcare Centers—Los Angeles	SP	Increasing CD4 and Viral Load Testing	Clinical	Increase the percentage of members who receive CD4 and Viral Load tests	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Alameda	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Fresno	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—San Francisco	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—San Joaquin	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Stanislaus	LI	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Tulare	LI	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 1
CalOptima—Orange	COHS	Improving the Rates of Cervical Cancer Screening	Clinical	Improve the rate of cervical cancer screening	IX	Remeasurement 1

Table A.3—Internal QIPs
January 1, 2012, through March 31, 2012
(*See page A-8 for grid category explanations.)

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps Validated	Measurement Completion
Care 1st—San Diego	GMC	Comprehensive Diabetes Care	Clinical	Improve the rate of comprehensive diabetes care	VIII	Proposal
CenCal Health Plan—San Luis Obispo	COHS	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Clinical	Increase the documentation rates of BMI percentile, counseling or referral for nutrition education and physical activity	IX	Remeasurement 1
CenCal Health Plan—Santa Barbara	COHS	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Clinical	Increase the documentation rates of BMI percentile, counseling or referral for nutrition education and physical activity	X	Remeasurement 2
Central California Alliance for Health—Monterey, Santa Cruz, and Merced	COHS	Improving Asthma Health Outcomes	Clinical	Decrease the rate of ER admissions for members with persistent asthma	VI	Proposal
Community Health Group—San Diego	GMC	Postpartum Care	Clinical	Increase the percentage of women being screened for postpartum depression	X	Remeasurement 3
Community Health Group—San Diego	GMC	Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment of COPD patients 40 years and older by increasing Spirometry testing for assessment and diagnosis, decreasing acute inpatient hospitalizations and emergency department visits, and increasing the appropriate use of asthma medications.	X	Remeasurement 4

Table A.3—Internal QIPs
January 1, 2012, through March 31, 2012
(*See page A-8 for grid category explanations.)

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps Validated	Measurement Completion
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities—Childhood Obesity	Clinical	Increase rates of provider documentation of BMI percentiles, counseling for nutrition, and counseling for physical activity for children	IX	Remeasurement 1
Family Mosaic Project—San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Increase the rate of school attendance	VIII	Baseline
Family Mosaic Project—San Francisco	SP	Reduction of Out-of-Home Placement	Clinical	Reduce the occurrences of out of home placement	IX	Remeasurement 1
Health Net—Fresno	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Kern	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Los Angeles	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Sacramento	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—San Diego	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Net—Stanislaus	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1

Table A.3—Internal QIPs
January 1, 2012, through March 31, 2012
(*See page A-8 for grid category explanations.)

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps Validated	Measurement Completion
Health Net—Tulare	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 1
Health Plan of San Joaquin—San Joaquin	LI	Improving the Percentage Rate of HbA1c Testing	Clinical	Improve the percentage rate of HbA1c testing	VIII	Baseline
Health Plan of San Mateo—San Mateo	COHS	Timeliness of Prenatal Care	Clinical	Increase the rate of first prenatal visits occurring within the first trimester of pregnancy	IX	Remeasurement 1
Inland Empire Health Plan—Riverside, San Bernardino	LI	Attention Deficit Hyperactivity Disorder (ADHD) Management	Clinical	Improve the percentage of follow-up visits for members who are prescribed ADHD medications	IX	Remeasurement 1
Kaiser Permanente—Sacramento	GMC	Childhood Obesity	Clinical	Increase the documentation rates of BMI percentile, counseling or referral for nutrition education and physical activity for children	IX	Remeasurement 1
Kaiser Permanente—San Diego	GMC	Postpartum Care	Clinical	Increase the rate of postpartum care within the first 21–56 days after delivery	IX	Remeasurement 1
LA Care Health Plan—Los Angeles	LI	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Clinical	Improve HbA1C and diabetic retinal exam screening rates	IX	Remeasurement 1
Molina Healthcare—Riverside/San Bernardino	CP	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Molina Healthcare—Sacramento	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Molina Healthcare—San Diego	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1

Table A.3––Internal QIPs
January 1, 2012, through March 31, 2012

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps Validated	Measurement Completion
Partnership Health Plan—Napa/Solano/Yolo	COHS	Improving Care and Reducing Acute Readmissions for People With COPD	Clinical	Improve care and reduce acute readmissions for people with COPD	X	Remeasurement 2
San Francisco Health Plan—San Francisco	LI	Improving the Patient Experience II	Clinical	Increase the percentage of members selecting the top rating for overall health care and personal doctor on a patient satisfaction survey	I–VIII	Baseline
Santa Clara Family Health Plan—Santa Clara	LI	Childhood Obesity Partnership and Education	Clinical	Increase the percentage of members with at least one BMI calculated and documented by a primary care practitioner	VI	Proposal
SCAN Health Plan—Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura	SP	Care for Older Adults	Clinical	Improve rates for all submeasures (HEDIS and other) in care for older adults	VII	Proposal

*Grid category explanations:

Plan Model Type—designated plan model type:

- County-Organized 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—Statewide Collaborative QIP Activities I to IV Ratings (N = 2 Submissions)
January 1, 2012, through March 31, 2012

	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% (2/2)	0% (0/2)	0% (0/2)
	2. Is selected following collection and analysis of data (or was selected by the State).	100% (2/2)	0% (0/2)	0% (0/2)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (2/2)	0% (0/2)	0% (0/2)
	4. Includes all eligible populations that meet the study criteria.	100% (2/2)	0% (0/2)	0% (0/2)
	5. Does not exclude members with special health care needs.	100% (2/2)	0% (0/2)	0% (0/2)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (12/12)**	**0% (0/12)**	**0% (0/12)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	100% (2/2)	0% (0/2)	0% (0/2)
C*	2. Is answerable.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (4/4)**	**0% (0/4)**	**0% (0/4)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	100% (2/2)	0% (0/2)	0% (0/2)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (2/2)	0% (0/2)	0% (0/2)
C*	3. Allow for the study questions to be answered.	100% (2/2)	0% (0/2)	0% (0/2)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (2/2)	0% (0/2)	0% (0/2)
C*	5. Have available data that can be collected on each indicator.	100% (2/2)	0% (0/2)	0% (0/2)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (2/2)	0% (0/2)	0% (0/2)
	7. Includes the basis on which each indicator was adopted, if internally developed.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (14/14)**	**0% (0/14)**	**0% (0/14)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	100% (2/2)	0% (0/2)	0% (0/2)
	2. Includes requirements for the length of a member's enrollment in the plan.	Not applicable	Not applicable	Not applicable
C*	3. Captures all members to whom the study question applies.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**100% (4/4)**	**0% (0/4)**	**0% (0/4)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *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 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.

Table B.2—Statewide Collaborative QIP Activities V to VII Ratings (N = 2 Submissions)
January 1, 2012, through March 31, 2012

	Evaluation Elements	Met	Partially Met	Not Met
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	Not applicable	Not applicable	Not applicable
	2. Identify the sample size.	Not applicable	Not applicable	Not applicable
	3. Specify the confidence level.	Not applicable	Not applicable	Not applicable
	4. Specify the acceptable margin of error.	Not applicable	Not applicable	Not applicable
C*	5. Ensure a representative sample of the eligible population.	Not applicable	Not applicable	Not applicable
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	Not applicable	Not applicable	Not applicable
	Activity Average Rates**	**Not applicable**	**Not applicable**	**Not applicable**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (2/2)	0% (0/2)	0% (0/2)
	2. The identification of specified sources of data.	100% (2/2)	0% (0/2)	0% (0/2)
	3. A defined and systematic process for collecting baseline and remeasurement data.	Not applicable	Not applicable	Not applicable
	4. A timeline for the collection of baseline and remeasurement data.	50% (1/2)	0% (0/2)	50% (1/2)
	5. Qualified staff and personnel to abstract manual data.	Not applicable	Not applicable	Not applicable
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not applicable	Not applicable	Not applicable
	7. A manual data collection tool that supports interrater reliability.	Not applicable	Not applicable	Not applicable
	8. Clear and concise written instructions for completing the manual data collection tool.	Not applicable	Not applicable	Not applicable
	9. An overview of the study in written instructions.	Not applicable	Not applicable	Not applicable
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	100% (2/2)	0% (0/2)	0% (0/2)
	11. An estimated degree of automated data completeness.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	**90% (9/10)**	**0% (0/10)**	**10% (1/10)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	100% (2/2)	0% (0/2)	0% (0/2)
	2. System changes that are likely to induce permanent change.	100% (2/2)	0% (0/2)	0% (0/2)
	3. Revised if original interventions are not successful.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Standardized and monitored if interventions were successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (6/6)**	**0% (0/6)**	**0% (0/6)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *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 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.

Table B.3—Statewide Collaborative QIP Activities VIII to X Ratings (N = 2 Submissions)
January 1, 2012, through March 31, 2012

	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% (2/2)	0% (0/2)	0% (0/2)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	Not applicable	Not applicable	Not applicable
	3. Identifies factors that threaten the internal or external validity of the findings.	100% (2/2)	0% (0/2)	0% (0/2)
	4. Includes an interpretation of the findings.	100% (2/2)	0% (0/2)	0% (0/2)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	100% (2/2)	0% (0/2)	0% (0/2)
	6. Identifies initial measurement and remeasurement of study indicators.	100% (2/2)	0% (0/2)	0% (0/2)
	7. Identifies statistical differences between initial measurement and remeasurement.	100% (2/2)	0% (0/2)	0% (0/2)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	50% (1/2)	0% (0/2)	50% (1/2)
	9. Includes interpretation of the extent to which the study was successful.	50% (1/2)	50% (1/2)	0% (0/2)
	Activity Average Rates**	**88% (14/16)**	**6% (1/16)**	**6% (1/16)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (2/2)	0% (0/2)	0% (0/2)
	2. There is documented improvement in processes or outcomes of care.	50% (1/2)	0% (0/2)	50% (1/2)
	3. The improvement appears to be the result of planned intervention(s).	50% (1/2)	0% (0/2)	50% (1/2)
	4. There is statistical evidence that observed improvement is true improvement.	50% (1/2)	0% (0/2)	50% (1/2)
	Activity Average Rates**	**63% (5/8)**	**0% (0/8)**	**38% (3/8)**
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.	50% (1/2)	0% (0/2)	50% (1/2)
	Activity Average Rates**	**50% (1/2)**	**0% (0/2)**	**50% (1/2)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *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 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.

Table B.4—Internal QIP Activities I to IV Ratings (N = 4 Submissions)
January 1, 2012, through March 31, 2012

	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% (3/3)	0% (0/3)	0% (0/3)
	2. Is selected following collection and analysis of data (or was selected by the State).	100% (4/4)	0% (0/4)	0% (0/4)
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100% (4/4)	0% (0/4)	0% (0/4)
	4. Includes all eligible populations that meet the study criteria.	100% (4/4)	0% (0/4)	0% (0/4)
	5. Does not exclude members with special health care needs.	100% (4/4)	0% (0/4)	0% (0/4)
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100% (4/4)	0% (0/4)	0% (0/4)
	Activity Average Rates**	**100% (23/23)**	**0% (0/23)**	**0% (0/23)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	100% (4/4)	0% (0/4)	0% (0/4)
C*	2. Is answerable.	100% (4/4)	0% (0/4)	0% (0/4)
	Activity Average Rates**	**100% (8/8)**	**0% (0/8)**	**0% (0/8)**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	100% (4/4)	0% (0/4)	0% (0/4)
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100% (3/3)	0% (0/3)	0% (0/3)
C*	3. Allow for the study questions to be answered.	100% (4/4)	0% (0/4)	0% (0/4)
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (4/4)	0% (0/4)	0% (0/4)
C*	5. Have available data that can be collected on each indicator.	100% (4/4)	0% (0/4)	0% (0/4)
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	100% (2/2)	0% (0/2)	0% (0/2)
	7. Includes the basis on which each indicator was adopted, if internally developed.	100% (3/3)	0% (0/3)	0% (0/3)
	Activity Average Rates**	**100% (24/24)**	**0% (0/24)**	**0% (0/24)**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	100% (4/4)	0% (0/4)	0% (0/4)
	2. Includes requirements for the length of a member's enrollment in the plan.	100% (4/4)	0% (0/4)	0% (0/4)
C*	3. Captures all members to whom the study question applies.	100% (4/4)	0% (0/4)	0% (0/4)
	Activity Average Rates**	**100% (12/12)**	**0% (0/12)**	**0% (0/12)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *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 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.

Table B.5—Internal QIP Activities V to VII Ratings (N = 4 Submissions)
January 1, 2012, through March 31, 2012

	Evaluation Elements	Met	Partially Met	Not Met
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	Not applicable	Not applicable	Not applicable
	2. Identify the sample size.	Not applicable	Not applicable	Not applicable
	3. Specify the confidence level.	Not applicable	Not applicable	Not applicable
	4. Specify the acceptable margin of error.	Not applicable	Not applicable	Not applicable
C*	5. Ensure a representative sample of the eligible population.	Not applicable	Not applicable	Not applicable
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	Not applicable	Not applicable	Not applicable
	Activity Average Rates**	**Not applicable**	**Not applicable**	**Not applicable**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (4/4)	0% (0/4)	0% (0/4)
	2. The identification of specified sources of data.	100% (4/4)	0% (0/4)	0% (0/4)
	3. A defined and systematic process for collecting baseline and remeasurement data.	100% (1/1)	0% (0/1)	0% (0/1)
	4. A timeline for the collection of baseline and remeasurement data.	75% (3/4)	25% (1/4)	0% (0/4)
	5. Qualified staff and personnel to abstract manual data.	100% (1/1)	0% (0/1)	0% (0/1)
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	100% (1/1)	0% (0/1)	0% (0/1)
	7. A manual data collection tool that supports interrater reliability.	100% (1/1)	0% (0/1)	0% (0/1)
	8. Clear and concise written instructions for completing the manual data collection tool.	100% (1/1)	0% (0/1)	0% (0/1)
	9. An overview of the study in written instructions.	100% (1/1)	0% (0/1)	0% (0/1)
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	100% (4/4)	0% (0/4)	0% (0/4)
	11. An estimated degree of automated data completeness.	100% (3/3)	0% (0/3)	0% (0/3)
	Activity Average Rates**	**96% (24/25)**	**4% (1/25)**	**0% (0/25)**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	100% (3/3)	0% (0/3)	0% (0/3)
	2. System changes that are likely to induce permanent change.	100% (3/3)	0% (0/3)	0% (0/3)
	3. Revised if original interventions are not successful.	Not applicable	Not applicable	Not applicable
	4. Standardized and monitored if interventions were successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**100% (7/7)**	**0% (0/7)**	**0% (0/7)**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *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 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.

Table B.6—Internal QIP Activities VIII to X Ratings (N = 4 Submissions)
January 1, 2012, through March 31, 2012

	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.	33% (1/3)	67% (2/3)	0% (0/3)
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	Not applicable	Not applicable	Not applicable
	3. Identifies factors that threaten the internal or external validity of the findings.	100% (3/3)	0% (0/3)	0% (0/3)
	4. Includes an interpretation of the findings.	100% (3/3)	0% (0/3)	0% (0/3)
	5. Is presented in a way that provides accurate, clear, and easily understood information.	100% (3/3)	0% (0/3)	0% (0/3)
	6. Identifies initial measurement and remeasurement of study indicators.	100% (1/1)	0% (0/1)	0% (0/1)
	7. Identifies statistical differences between initial measurement and remeasurement.	100% (1/1)	0% (0/1)	0% (0/1)
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	0% (0/1)	100% (1/1)	0% (0/1)
	9. Includes interpretation of the extent to which the study was successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	**81% (13/16)**	**19% (3/16)**	**0% (0/16)**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (1/1)	0% (0/1)	0% (0/1)
	2. There is documented improvement in processes or outcomes of care.	100% (1/1)	0% (0/1)	0% (0/1)
	3. The improvement appears to be the result of planned intervention(s).	100% (1/1)	0% (0/1)	0% (0/1)
	4. There is statistical evidence that observed improvement is true improvement.	0% (0/1)	0% (0/1)	100% (1/1)
	Activity Average Rates**	**75% (3/4)**	**0% (0/4)**	**25% (1/4)**
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.	Not assessed	Not assessed	Not assessed
	Activity Average Rates**	**Not assessed**	**Not assessed**	**Not assessed**

Note: Activity evaluation element columns represent the average percentage for *Met*, *Partially Met*, and *Not Met* elements. All *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 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.