

Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
April 1, 2012 – June 30, 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 April 1, 2012, through June 30, 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 QIPs¹ 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.*

Introduction of New Statewide Collaborative QIP

The reporting period of April 1, 2012, through June 30, 2012, marked the beginning of the new statewide collaborative QIP, *All-Cause Readmissions (ACR)*. Over the course of several months, the DHCS, HSAG, and the Medi-Cal managed care plans determined that ACR was a relevant topic which would require additional focus. This topic also aligns with CMS' Readmissions Reduction Program.³ The proposed timelines for the ACR QIP are outlined in Table 1.1.

**Table 1.1—Statewide Collaborative QIP:
All-Cause Readmissions Proposed Timelines**

QIP Phase	Milestones	Targeted Due Date
Study Design	QIP proposal validation	April–May 2012
	Evaluation plan development—logic model	May–June 2012
	Plans conduct barrier analysis and design interventions	July–December 2012
	Plans submit QIP study design phase historical data	September 2012
	Evaluation plan development	October–December 2012
	EQRO Collaborative Interim Report	June 2013
Baseline	Plans submit QIP with baseline data (CY 2012)	September 2013
	Health plans undergo performance measure audit	March–June 2013
	QIP validation	April–May 2013
	Plans analyze results, conduct barrier analysis, and modify interventions as appropriate	January–June 2013
	EQRO Baseline Report	May 2014
Remeasurement 1	Plans submit QIP with Remeasurement 1 data (CY 2013)	September 2014
	Health plans undergo performance measure audit	March–June 2014
	QIP validation	April–May 2014
	EQRO 1st Remeasurement Report	May 2015
Remeasurement 2	Plans submit QIP with Remeasurement 2 data (CY 2014)	September 2015
	Health plans undergo performance measure audit	March–June 2015
	QIP validation	April–May 2015
	EQRO Final Remeasurement Report	May 2016

³ <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html>

The April 2012 Medi-Cal Quality Conference, *Reducing Readmissions Through Safe Transitions of Care*, focused on proven methods of reducing readmissions in managed care populations. The primary objective for the conference was to provide Medi-Cal managed care plans with technical assistance related to improvement strategies to reduce hospital readmissions. The keynote address focused on reducing readmissions through safe transitions of care. Stephen Jencks, MD, MPH, Consultant in Healthcare Safety and Quality, was the keynote speaker; his presentation focused on understanding and preventing rehospitalization and other adverse results of poor transition planning.

For the ACR QIP, a modified validation tool was created to review the plans' proposals due to the inclusion of the collaborative-developed common language for the proposals. HSAG provided a review score of *Pass* or *Fail* for each submission. This is the only time that HSAG will use the new *Pass/Fail* validation tool for the ACR QIP; all future submissions will be validated using the customary validation tool.

Summary of Overall Validation Findings

HSAG evaluated internal QIPs (IQIPs) 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 IQIP submission. The DHCS requires that QIPs receive an overall *Met* validation status; therefore, plans must resubmit a QIP until it achieves a *Met* validation status, unless otherwise specified.

For the period of April 1, 2012, through June 30, 2012, HSAG reviewed four IQIPs, which were all proposals. HSAG also reviewed 24 QIP proposals (23 plans, one proposal resubmission) from the ACR Collaborative QIP.

One submission by Care1st Partner Plan was a proposal resubmission from the statewide collaborative QIP. The remaining QIP topics all had one submission during the reporting period.

Table 1.2 shows the 28 QIPs broken down by type of submission.

**Table 1.2—Medi-Cal Managed Care Program Quarterly QIP Activity
April 1, 2012, through June 30, 2012**

QIP Type	Count
Proposal Resubmission	1
Proposal	27

Table 1.3 reports the overall validation status of the four IQIP submissions.

**Table 1.3—Medi-Cal Managed Care Program Quarterly IQIP Activity
April 1, 2012, through June 30, 2012**

QIP Validation Status	Count
<i>Met</i>	4
<i>Partially Met</i>	0
<i>Not Met</i>	0

Table 1.4 reports the overall validation status of the 24 ACR submissions.

**Table 1.4—Medi-Cal Managed Care Program Quarterly ACR Activity
April 1, 2012, through June 30, 2012**

QIP Validation Status	Count
<i>Pass</i>	23
<i>Fail</i>	1

Summary of Overall QIP Outcomes

Of the four IQIP submissions, none of the QIPs validated during the review period were assessed for real improvement because they were all proposals. Statistically significant improvement is considered real improvement. All four submissions received a *Met* status on their initial proposal submissions.

Of the 24 ACR submissions, 23 initially received a *Pass* review score. Care1st Partner Plan's initial submission received a *Fail* score because the plan provided an additional study indicator

within Activity III which was not approved according to the collaborative methodology. Care1st Partner Plan was provided with feedback and later resubmitted its proposal and subsequently received a *Pass* review score.

Conclusions and Recommendations

QIPs validated during the review period of April 1, 2012, through June 30, 2012, showed that plans continued to demonstrate strength in the design and implementation study stages as all of the IQIP submissions received an overall *Met* validation status.

Based on a review of validation findings during the review period, HSAG provides the following recommendations to plans for the ACR QIP:

- ◆ Focus on meeting all of the ACR QIP submission deadlines and requirements as outlined in group conference calls and e-mail communication from the DHCS and HSAG.
- ◆ Use plan-specific historical data to develop improvement strategies for reducing readmissions through system, provider, and member interventions.
- ◆ Compare the seniors and people with disabilities (SPD) and non-SPD readmission rates, if available.
- ◆ Develop targeted interventions based on the results, if applicable.
- ◆ Identify and prioritize barriers.
- ◆ Work with hospitals, providers, and members to develop strategies to reduce readmission rates.
- ◆ Be prepared to implement improvement strategies by January 2013.

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 438.240⁴ 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. A small-group collaborative QIP requires participation by at least four Medi-Cal managed care plans, unless the DHCS approves involvement of fewer 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 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.

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 28 QIP submissions for the period of April 1, 2012, through June 30, 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*, and for the ACR QIP, a status of *Pass* or *Fail*. 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
April 1, 2012, through June 30, 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					
Alameda Alliance for Health—Alameda	Hypertension	Proposal	100%	100%	<i>Met</i>
CalViva—Fresno, Kings, and Madera	Retinal Eye Exam	Proposal	100%	100%	<i>Met</i>
Kaiser Permanente—San Diego	Children's Access to Primary Care Practitioners	Proposal	100%	100%	<i>Met</i>
Kern Family Health Care—Kern	Comprehensive Diabetic Quality Improvement Plan	Proposal	100%	100%	<i>Met</i>
Plan Name and County	Name of Project/Study	Type of Review ¹	Review Score ⁵		
Statewide Collaborative QIPs					
Alameda Alliance for Health—Alameda	All-Cause Readmissions	Proposal	<i>Pass</i>		
Anthem Blue Cross Partnership Plan—Alameda, Contra Costa, Fresno, Kings, Madera, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare	All-Cause Readmissions	Proposal	<i>Pass</i>		
CalOptima—Orange	All-Cause Readmissions	Proposal	<i>Pass</i>		
CalViva—Fresno, Kings, and Madera	All-Cause Readmissions	Proposal	<i>Pass</i>		
Care1st Partner Plan—San Diego	All-Cause Readmissions	Proposal	<i>Fail</i>		
Care1st Partner Plan—San Diego	All-Cause Readmissions	Proposal Resubmission	<i>Pass</i>		
Central California Alliance for Health—Santa Cruz/Monterey and Merced	All-Cause Readmissions	Proposal	<i>Pass</i>		
CenCal Health—San Luis Obispo and Santa Barbara	All-Cause Readmissions	Proposal	<i>Pass</i>		
Community Health Group Partnership Plan—San Diego	All-Cause Readmissions	Proposal	<i>Pass</i>		
Contra Costa Health Plan—Contra Costa	All-Cause Readmissions	Proposal	<i>Pass</i>		

**Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
April 1, 2012, through June 30, 2012**

Plan Name and County	Name of Project/Study	Type of Review ¹	Review Score
Gold Coast Health Plan—Ventura	All-Cause Readmissions	Proposal	Pass
Health Net Community Solutions—Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare	All-Cause Readmissions	Proposal	Pass
Health Plan of San Joaquin—San Joaquin	All-Cause Readmissions	Proposal	Pass
Health Plan of San Mateo—San Mateo	All-Cause Readmissions	Proposal	Pass
Inland Empire Health Plan—Riverside and San Bernardino	All-Cause Readmissions	Proposal	Pass
Kaiser Permanente—Sacramento	All-Cause Readmissions	Proposal	Pass
Kaiser Permanente—San Diego	All-Cause Readmissions	Proposal	Pass
Kern Family Health Care—Kern	All-Cause Readmissions	Proposal	Pass
LA Care Health Plan—Los Angeles	All-Cause Readmissions	Proposal	Pass
Molina Healthcare of California Partner Plan—Riverside, San Bernardino, Sacramento, and San Diego	All-Cause Readmissions	Proposal	Pass
Partnership Health Plan of California—Marin, Mendocino, Napa, Solano, Sonoma, and Yolo	All-Cause Readmissions	Proposal	Pass
San Francisco Health Plan—San Francisco	All-Cause Readmissions	Proposal	Pass
Santa Clara Family Health Plan—Santa Clara	All-Cause Readmissions	Proposal	Pass
Senior Care Action Network (SCAN)—Los Angeles, Riverside, and San Bernardino	All-Cause Readmissions	Proposal	Pass

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*.

⁵**Review Score**—Designates the statewide QIP as a pass or fail status based on whether the correct documentation was provided for the critical elements.

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

April 15, 2012 was the first proposal submission of the statewide collaborative QIP, *All-Cause Readmissions*. The objective of the statewide readmission collaborative QIP was to reduce the percentage of hospital readmissions for any diagnosis that occurs within 30 days of an inpatient stay for members 21 years of age and older.

All health plans completed Activities I through VI. For this initial submission, each activity was not scored; instead, the QIP received an overall review score of *Pass* or *Fail*. The scoring procedure change was in response to the work done by the participating collaborative plans in creating common language for Activities I through VI. Table 4.1 provides the review score of the collaborative QIP proposal submissions.

**Table 4.1—Statewide Collaborative QIP Validation Activity
(N = 24 Submissions)
April 1, 2012, through June 30, 2012**

Name of Project/Study	Type of Review ¹	Review Score
Statewide Collaborative QIP		
<i>All-Cause Readmissions</i>	Proposal	<i>Pass</i> (N=22 submissions)
		<i>Fail</i> (N=1 submission)
	Proposal Resubmission	<i>Pass</i> (N=1 submission)
¹ Type of Review —Designates the QIP review as a 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 <i>Met</i> validation status. ² Review Score —Populated from the modified QIP Validation Tool and scored as either <i>Pass</i> or <i>Fail</i> .		

Only one plan, Care1st, received a review score of *Fail*. Care1st's resubmission received a *Pass* review score after it modified its study indicators to match the collaborative methodology.

While QIP activities were not scored, deficiencies within each activity were noted. These deficiencies are included in the following study stages and will need to be addressed in the health plans' next submission.

Design

One plan included duplicate information within the study topic rationale. Five plans did not attach the State-approved *Final Specifications*. Two plans did not provide the study indicator description as was required per the collaborative methodology.

Implementation

Seven plans did not document the administrative data sources. One plan did not select responses for the data and analysis cycles. Two plans did not provide the necessary documentation on how they determined administrative data completeness. Six plans either did not document the date ranges for the measurement periods or included inaccurate dates.

Outcomes

The collaborative QIP had not progressed to the outcomes stage; therefore, Activities VII through X were not assessed.

Statewide Collaborative QIP Strengths and Opportunities for Improvement

The DHCS recognized that increasing readmission rates have been a considerable concern for the growing cost of health care. Readmissions following acute inpatient stays have been extremely costly and indicate that transitions between care and coordination of care could be improved for the members. Primary care providers should be (1) informed of the reason for a member's inpatient stay, and (2) provided with a discharge plan. Members should understand their diagnosis and their discharge plan including medications and follow-up care. Better transitions between service settings and coordination of care among service providers promote consistent, quality care.

The statewide collaborative worked well together to develop the study topic, specifications, and methodology for the collaborative QIP submission. Additionally, a smaller work group developed the common language for the QIP, which was then edited and approved by the entire collaborative. Overall, the plans followed the collaborative methodology and submitted QIPs which satisfied the QIP activity requirements.

Health plans represent an important piece in the process of achieving member health and clinical outcomes. The plan, member, provider, and hospital all play major roles in the readmission process and must work cohesively to have an impact on reducing readmission rates.

Statewide Collaborative QIP Recommendations

As this was the only proposal submission for the QIP, and baseline readmission rates were not available, HSAG recommends that plans use their plan-specific historical data to develop improvement strategies for reducing readmissions through system, provider, and member interventions. Plans should do the following:

- ◆ Compare the SPD and non-SPD readmission rates, if available.
 - Develop targeted interventions based on the results, if applicable.
- ◆ Identify and prioritize barriers.
- ◆ Work with hospitals, providers, and members to develop strategies to reduce readmission rates.
- ◆ Be prepared to implement improvement strategies by January 2013.

Additionally, HSAG recommends that the plans do the following in preparation for their September collaborative QIP submission:

- ◆ Address any deficiencies identified in their initial submission.
- ◆ Include their plan-specific historical data in Activity I.

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 April 1, 2012, to June 30, 2012, HSAG reviewed four total submissions.

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)
April 1, 2012, to June 30, 2012

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100% (24/24)	0% (0/24)	0% (0/24)
	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 Assessed	Not Assessed	Not Assessed
	VI: Accurate/Complete Data Collection	Not Assessed	Not Assessed	Not Assessed
	VII: Appropriate Improvement Strategies	Not Assessed	Not Assessed	Not Assessed
Outcomes	VIII: Sufficient Data Analysis and Interpretation	Not Assessed	Not Assessed	Not Assessed
	IX: Real Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
	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.

None of the four IQIP proposal submissions validated during the review period progressed to a first remeasurement period, and were not assessed for real (statistically significant) improvement. Also, 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:

- ◆ Alameda Alliance for Health—Alameda County, *Hypertension*.
- ◆ CalViva—Fresno, Kings, and Madera counties, *Retinal Eye Exam*.

- ◆ Kaiser Permanente—San Diego County, *Children's Access to Primary Care Practitioners*.
- ◆ Kern Family Health Care—Kern County, *Comprehensive Diabetic Quality Improvement Plan*.

Design

The four IQIP proposals 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

None of the IQIPs included sampling techniques; therefore, Activity V was scored *Not Applicable*. Additionally, none of the IQIPs' proposals were reviewed for Activities V–VII since they had not progressed to the point of reporting measurement period data.

Activity V. Valid Sampling Techniques

None of the IQIPs included sampling techniques in Activity V.

Activity VI. Accurate/Complete Data Collection

None of the IQIPs were assessed for Activity VI.

Activity VII. Appropriate Improvement Strategies

None of the IQIPs were assessed for Activity VII.

Outcomes

None of the IQIPs were reviewed for Activities VIII–X because all were proposals.

Activity VIII. Sufficient Data Analysis and Interpretation

None of the IQIPs were assessed for Activity VIII since they did not include measurement period data.

Activity IX. Real Improvement Achieved

None of the IQIPs included a first remeasurement period; therefore, they were not assessed for Activity IX.

Activity X. Sustained Improvement Achieved

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 100 percent validation scores in the design phases for their QIPs, as evidenced by the high percentage of *Met* evaluation elements for this review period, April 1, 2012, through June 30, 2012.

The plans demonstrated the ability to apply HSAG's feedback provided in previous QIP Summary Tools to their new QIPs. Due to their documentation proficiency, none of the plans were required to resubmit their QIP.

Internal QIP Recommendations

HSAG has no recommendations.

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
April 1, 2012, through June 30, 2012**
(*See page A-10 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: All-Cause Readmissions					
Alameda Alliance for Health—Alameda	LI	Clinical	For members 21 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	I–VI	Proposal
Anthem Blue Cross Partnership Plan—Alameda, Contra Costa, Fresno, Kings, Madera, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare	CP	Clinical		I–VI	Proposal
CalOptima—Orange	COHS	Clinical		I–VI	Proposal
CalViva—Fresno, Kings, and Madera	LI	Clinical		I–VI	Proposal
Care1st Partner Plan—San Diego	GMC	Clinical		I–VI	Proposal
Central California Alliance for Health—Santa Cruz, Monterey, and Merced	COHS	Clinical		I–VI	Proposal
CenCal Health—San Luis Obispo and Santa Barbara	COHS	Clinical		I–VI	Proposal
Community Health Group Partnership Plan—San Diego	GMC	Clinical		I–VI	Proposal
Contra Costa Health Plan—Contra Costa	LI	Clinical		I–VI	Proposal
Gold Coast Health Plan—Ventura	COHS	Clinical		I–VI	Proposal
Health Net Community Solutions—Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare	CP, GMC	Clinical		I–VI	Proposal
Health Plan of San Joaquin—San Joaquin	LI	Clinical		I–VI	Proposal
Health Plan of San Mateo—San Mateo	COHS	Clinical		I–VI	Proposal

**Table A.1—The DHCS Statewide Collaborative QIPs
April 1, 2012, through June 30, 2012**

(*See page A-10 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: All-Cause Readmissions					
Inland Empire Health Plan—Riverside and San Bernardino	LI	Clinical	For members 21 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	I–VI	Proposal
Kaiser Permanente—Sacramento	GMC	Clinical		I–VI	Proposal
Kaiser Permanente—San Diego	GMC	Clinical		I–VI	Proposal
Kern Family Health Care—Kern	LI	Clinical		I–VI	Proposal
L. A. Care Health Plan—Los Angeles	LI	Clinical		I–VI	Proposal
Molina Healthcare of California Partner Plan, Inc.—Riverside, San Bernardino, Sacramento, and San Diego	GMC	Clinical		I–VI	Proposal
Partnership Health Plan of California—Marin, Mendocino, Napa, Solano, Sonoma, and Yolo	COHS	Clinical		I–VI	Proposal
San Francisco Health Plan—San Francisco	LI	Clinical		I–VI	Proposal
Santa Clara Family Health Plan—Santa Clara	LI	Clinical		I–VI	Proposal
Senior Care Action Network (SCAN) Health Plan—Los Angeles, Riverside, and San Bernardino	SP	Clinical	I–VI	Proposal	

Table A.2—Small-Group Collaborative QIPs
April 1, 2012, through June 30, 2012
 (*See page A-10 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	NA

Table A.3—Internal QIPs
April 1, 2012, through June 30, 2012
 (*See page A-10 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
Alameda Alliance for Health—Alameda	LI	Hypertension	Clinical	Improving hypertension diagnosis and anti-hypertensive medication fills among members with hypertension	IV	Proposal
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

Table A.3—Internal QIPs
April 1, 2012, through June 30, 2012
 (*See page A-10 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
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
CalViva—Fresno, Kings, and Madera	LI	Retinal Eye Exam	Clinical	Increase the number of retinal eye exams among members with diabetes	V	Proposal
Care1st Partner Plan—San Diego	GMC	Comprehensive Diabetes Care	Clinical	Improve the rate of comprehensive diabetes care	VIII	Proposal
CenCal Health—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—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 Partnership Plan—San Diego	GMC	Postpartum Care	Clinical	Increase the percentage of women being screened for postpartum depression	X	Remeasurement 3

Table A.3—Internal QIPs
April 1, 2012, through June 30, 2012
 (*See page A-10 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
Community Health Group Partnership Plan—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
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 Community Solutions—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 Community Solutions—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 Community Solutions—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 Community Solutions—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

Table A.3—Internal QIPs
April 1, 2012, through June 30, 2012
 (*See page A-10 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 Community Solutions—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 Community Solutions—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
Health Net Community Solutions—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 and 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
Kaiser Permanente—San Diego	GMC	Children's Access to Primary Care Practitioners	Clinical	Improve the access to Primary Care Practitioners for Medicaid members 25 months–6 years of age	V	Proposal

Table A.3—Internal QIPs
April 1, 2012, through June 30, 2012
 (*See page A-10 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
Kern Family Health Care—Kern	LI	Comprehensive Diabetic Quality Improvement Plan	Clinical	Increase targeted interventions of diabetic patients; increase compliance with HbA1c testing, LDL-C screening, and retinal eye exams	V	Proposal
L. A. 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 of California Partner Plan—Riverside and San Bernardino	CP	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Molina Healthcare of California Partner Plan—Sacramento	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Molina Healthcare of California Partner Plan—San Diego	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 1
Partnership Health Plan of California—Napa, Solano, and 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

**Table A.3—Internal QIPs
April 1, 2012, through June 30, 2012**

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps Validated	Measurement Completion
Senior Care Action Network (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
<p>*Grid category explanations:</p> <p><i>Plan Model Type</i>—designated plan model type:</p> <ul style="list-style-type: none"> ◆ County-Organized Health System (COHS) plan ◆ Geographic-Managed Care (GMC) plan ◆ Two-Plan Model <ul style="list-style-type: none"> ▪ Local initiative plan (LI) ▪ Commercial plan (CP) ◆ Specialty plan (SP) <p><i>Clinical/Nonclinical</i>—designates if the QIP addresses a clinical or nonclinical area of study.</p> <p><i>QIP Description</i>—provides a brief description of the QIP and the study population.</p> <p><i>Level of QIP Progress</i>—provides the status of each QIP as shown through <i>Steps Validated</i> and <i>Measurement Completion</i>:</p> <ul style="list-style-type: none"> ◆ <i>Steps Validated</i>—provides the number of CMS activities/steps completed through Step X. ◆ <i>Measurement Completion</i>—indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc. 						

**Table B.1—Internal QIP Activities I to IV Ratings (N = 4 Submissions)
April 1, 2012, through June 30, 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% (4/4)	0% (0/4)	0% (0/4)
	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% (24/24)	0% (0/24)	0% (0/24)
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% (4/4)	0% (0/4)	0% (0/4)
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% (3/3)	0% (0/3)	0% (0/3)
	7. Includes the basis on which each indicator was adopted, if internally developed.	100% (1/1)	0% (0/1)	0% (0/1)
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)
<p>Note: Activity evaluation element columns represent the average percentage for <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i> elements. All <i>Not Applicable</i> and <i>Not Assessed</i> elements are excluded.</p> <p>*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded.</p>				

Table B.2—Internal QIP Activities V to VII Ratings (N = 4 Submissions)
April 1, 2012, through June 30, 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.	Not Assessed	Not Assessed	Not Assessed
	2. The identification of specified sources of data.	Not Assessed	Not Assessed	Not Assessed
	3. A defined and systematic process for collecting baseline and remeasurement data.	Not Assessed	Not Assessed	Not Assessed
	4. A timeline for the collection of baseline and remeasurement data.	Not Assessed	Not Assessed	Not Assessed
	5. Qualified staff and personnel to abstract manual data.	Not Assessed	Not Assessed	Not Assessed
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not Assessed	Not Assessed	Not Assessed
	7. A manual data collection tool that supports interrater reliability.	Not Assessed	Not Assessed	Not Assessed
	8. Clear and concise written instructions for completing the manual data collection tool.	Not Assessed	Not Assessed	Not Assessed
	9. An overview of the study in written instructions.	Not Assessed	Not Assessed	Not Assessed
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	Not Assessed	Not Assessed	Not Assessed
	11. An estimated degree of automated data completeness.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates**	Not Assessed	Not Assessed	Not Assessed
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	Not Assessed	Not Assessed	Not Assessed
	2. System changes that are likely to induce permanent change.	Not Assessed	Not Assessed	Not Assessed
	3. Revised if original interventions are not successful.	Not Assessed	Not Assessed	Not Assessed
	4. Standardized and monitored if interventions were successful.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates**	Not Assessed	Not Assessed	Not Assessed
<p>Note: Activity evaluation element columns represent the average percentage for <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i> elements. All <i>Not Applicable</i> and <i>Not Assessed</i> elements are excluded.</p> <p>*“C” in this column denotes a critical element in HSAG’s validation protocol. Plans must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded.</p>				

**Table B.3—Internal QIP Activities VIII to X Ratings (N = 4 Submissions)
April 1, 2012, through June 30, 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.	Not Assessed	Not Assessed	Not Assessed
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	Not Assessed	Not Assessed	Not Assessed
	3. Identifies factors that threaten the internal or external validity of the findings.	Not Assessed	Not Assessed	Not Assessed
	4. Includes an interpretation of the findings.	Not Assessed	Not Assessed	Not Assessed
	5. Is presented in a way that provides accurate, clear, and easily understood information.	Not Assessed	Not Assessed	Not Assessed
	6. Identifies initial measurement and remeasurement of study indicators.	Not Assessed	Not Assessed	Not Assessed
	7. Identifies statistical differences between initial measurement and remeasurement.	Not Assessed	Not Assessed	Not Assessed
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	Not Assessed	Not Assessed	Not Assessed
	9. Includes interpretation of the extent to which the study was successful.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates**	Not Assessed	Not Assessed	Not Assessed
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	Not Assessed	Not Assessed	Not Assessed
	2. There is documented improvement in processes or outcomes of care.	Not Assessed	Not Assessed	Not Assessed
	3. The improvement appears to be the result of planned intervention(s).	Not Assessed	Not Assessed	Not Assessed
	4. There is statistical evidence that observed improvement is true improvement.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates**	Not Assessed	Not Assessed	Not Assessed
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
<p>Note: Activity evaluation element columns represent the average percentage for <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i> elements. All <i>Not Applicable</i> and <i>Not Assessed</i> elements are excluded.</p> <p>*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded.</p>				