

Medi-Cal Managed Care
Quality Improvement Projects Status Report
January 1, 2013 – March 31, 2013

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

June 2013



1.	EXECUTIVE SUMMARY.....	1
	Purpose of Report	1
	Scope of External Quality Review Activities Conducted	1
	Summary of Overall Validation Findings.....	1
	Summary of Overall QIP Outcomes	2
	Conclusions and Recommendations.....	2
2.	INTRODUCTION	4
	Organization of Report.....	4
	QIP Requirements	4
	Description of the QIP Validation Process	5
	Evaluating the Overall Validity and Reliability of Study Results.....	5
3.	QUARTERLY QIP ACTIVITY.....	6
	QIP Validation Activities.....	6
4.	SUMMARY OF FINDINGS	8
	Findings Specific to the MMCD Statewide Collaborative Quality Improvement Project.....	8
	Findings Specific to Small-Group Collaborative Quality Improvement Projects.....	10
	Findings Specific to Internal Quality Improvement Projects	10
	Design	11
	Implementation	11
	Outcomes	11
	QIP Strengths and Opportunities for Improvement.....	12
	QIP Recommendations	13
	<i>APPENDIX A.</i> STATUS OF ACTIVE QIPs	A-1
	<i>APPENDIX B.</i> EVALUATION ELEMENT SCORING TABLES.....	B-1

Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal program and overseeing quality improvement activities of its managed care health plans. The Medi-Cal Managed Care Division (MMCD) 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 services provided to Medi-Cal managed care members.

This QIPs Status Report provides a summary of QIPs validated during the period of January 1, 2013, through March 31, 2013, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

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, DHCS and interested parties can have confidence in reported improvements that result from the QIP.

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.

¹ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Implementation of Performance Improvement Projects (PIPs): A Voluntary Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

² U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Validation of Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG provided an overall validation status of *Met*, *Partially Met*, or *Not Met* for each QIP submission. The MMCD 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 January 1, 2013, through March 31, 2013, HSAG reviewed seven internal QIP submissions. The table below depicts the general topics of the QIPs from the most to least number of submissions.

**Table 1.1—Medi-Cal Managed Care Quarterly QIP Activity
January 1, 2013, through March 31, 2013**

General QIP Topic	Count
Asthma Health Outcomes	2
Children's Access to Primary Care Practitioners	2
Care for Older Adults	1
Childhood Immunizations	1
Out-of-Home Placement	1

Of the seven internal QIP submissions, there was one new study design QIP submission, two study design resubmissions, and four annual resubmissions. The study design submission and resubmissions received a *Met* validation status. One annual resubmission initially received a *Partially Met* validation status and upon its subsequent resubmission received a *Met* validation status. The other two annual resubmissions all received a *Met* validation status.

Summary of Overall QIP Outcomes

Only two of the seven QIP submissions validated during the review period had progressed to the Outcomes stage and were assessed for statistically significant improvement (Activity IX). Of these two QIP submissions, only one submission demonstrated statistically significant improvement. The plan that documented a statistically significant increase was able to improve the percentage of older adults who received at least one pain screening and/or a functional status assessment.

No QIP submissions were assessed for sustained improvement (Activity X).

Conclusions and Recommendations

QIPs validated during the review period of January 1, 2013, through March 31, 2013, showed that plans continued to demonstrate strength in the Design stage as 100 percent of the applicable evaluation elements received a *Met* score. Plans should focus on improving the Implementation stage of their QIPs as this will directly affect the Outcomes stage. The activity related to improvement strategies within the Implementation stage demonstrated the

most opportunity for improvement. Plans' barrier analyses lacked sufficient process and outcome details, which hindered the ability to identify the targeted population and implement data-driven interventions. Additionally, the QIP submissions lacked intervention evaluations, which limited the plans' ability to improve QIP outcomes.

Based on a review of validation findings during the review period, HSAG provides the following recommendations to plans regarding their QIPs:

- ◆ Plans should notify DHCS when there are staffing changes related to QIPs and request technical assistance from HSAG before submitting their QIPs.
- ◆ Plans should request technical assistance before resubmitting a QIP.
- ◆ Plans should refer to the completion instructions to ensure that all components of the data analysis plan are documented in Activity VI of the QIP submission form.
- ◆ Plans should conduct and document the process as well as the results of the barrier analyses for each measurement period.
- ◆ Barrier analysis and subgroup analysis should be completed annually, at a minimum, and the plans should include the process and the results in their QIP submission.
- ◆ Plans will need to increase their efforts related to the evaluation of interventions to ensure that QIP outcomes achieve improvement.
 - Plans should incorporate a method to evaluate the effectiveness of each intervention.
 - Intervention evaluations should be completed soon after implementation so that interventions can be revised or standardized, or new interventions implemented, in a timely manner to affect study outcomes.
 - The results of the intervention evaluation should be clearly documented in the QIP as well as the subsequent quality improvement actions of the plan.

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 438.240³ 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. MMCD requires each of its contracted Medi-Cal managed care plans to conduct two MMCD-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 implementing 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 Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 7: Implementation of Performance Improvement Projects: A Voluntary Protocol for External Quality Review (EQR)*, Version 2.0, September 2012, and *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

QIP Validation Activities

HSAG reviewed seven QIP submissions for the period of January 1, 2013, through March 31, 2013. Table 3.1 lists the QIPs by QIP type, plan, and study topic. Additionally, the table summarizes the validation results for the QIPs, providing an overall validation status of *Met*, *Partially Met*, or *Not Met*. Table 3.1 also displays the percentage of evaluation elements that received a *Met* score as well as the percentage 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 Quarterly QIP Activity
January 1, 2013, through March 31, 2013**

Plan Name and County	Name of Project/Study	Type of Submission ¹	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Internal QIPs					
Central California Alliance for Health—Merced	Improving Asthma Health Outcomes	Study Design Resubmission 3	91%	100%	<i>Met</i>
Central California Alliance for Health—Monterey and Santa Cruz	Improving Asthma Health Outcomes	Study Design Resubmission 3	91%	100%	<i>Met</i>
Family Mosaic Project—San Francisco	Reduce Out-of-Home Placement	Resubmission	80%	100%	<i>Met</i>
Kaiser—Sacramento	Childhood Immunizations	Study Design Submission	82%	100%	<i>Met</i>
Kaiser—San Diego	Children's Access to Primary Care Practitioners	Resubmission 3	88%	86%	<i>Partially Met</i>
		Resubmission 4	100%	100%	<i>Met</i>
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	Care for Older Adults	Resubmission 3	100%	100%	<i>Met</i>
<p>¹Type of Submission—Designates the QIP submission as a new study design, 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.</p> <p>²Percentage of Evaluation Elements Scored Met—The percentage is calculated by dividing the total elements scored <i>Met</i> (critical and non-critical) by the sum of the total number of elements scored <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>³Percentage of Critical Elements Scored Met—The percentage of critical elements scored <i>Met</i> is calculated by dividing the total critical elements scored <i>Met</i> by the sum of the critical elements scored <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>⁴Overall Validation Status—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i>.</p>					

The CMS protocol for conducting a QIP specifies 10 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 internal QIPs—HSAG presents validation findings according to these three main study stages:

1. Design—CMS Protocol Activities I–VI

- ◆ Selecting appropriate study topics.
- ◆ Presenting clearly defined, answerable study questions.
- ◆ Documenting clearly defined study indicators.
- ◆ Stating a correctly identified study population.
- ◆ Presenting a valid sampling technique (if sampling was used).
- ◆ Specifying accurate/complete data collection procedures.

2. Implementation—CMS Protocol Activities VII and VIII

- ◆ Presenting sufficient data analysis and interpretation.
- ◆ Designing/documenting appropriate improvement strategies.

3. Outcomes—CMS Protocol Activities IX and X

- ◆ 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 MMCD Statewide Collaborative Quality Improvement Project

MMCD kicked off its statewide collaborative *All-Cause Readmissions (ACR)* QIP in July 2011 to address hospital readmissions that result in costly expenditures and indicate that transitions of care could be improved for members. The statewide collaborative plans submitted the Design stage of their *ACR* QIPs between August 2012 and November 2012. The submissions

included their historical plan-specific data composed of the plans' calendar year 2011 overall readmission rates as well as the readmission rates for the seniors and persons with disabilities (SPD) and non-SPD populations. Additionally, the submissions included the common language for Activities I through V that had been developed by the study design workgroup and approved by the collaborative. For uniformity of reporting, all ACR QIP validation results for 48 ACR QIP submissions were included in the previous October 1, 2012, to December 31, 2012, QIP status report.

During the current review period, the plans continued working on their improvement strategies and began implementing interventions in January 2013. To facilitate the ongoing collaborative process and aid in the success of the collaborative, plans were required to submit their barrier analyses and an intervention grid to HSAG and MMCD for evaluation by January 31, 2013. In turn, HSAG and MMCD conducted technical assistance calls with each plan and provided feedback on their improvement strategies. Each call was followed by a summary e-mail which included both general and plan-specific recommendations. The following general recommendations were included:

- ◆ Completely describe the barrier analysis process.
- ◆ Ensure that the barrier analyses are supported by your plan-specific data.
- ◆ Address the SPD population in the barrier analysis.
- ◆ Clearly prioritize the barriers.
- ◆ Link each intervention to a specific barrier.
- ◆ Provide enough details to fully describe the intervention.
- ◆ Include the implementation date of the intervention and all rollout or piloted progressions of the intervention.
- ◆ Discuss each intervention's targeted population.
- ◆ Break down complex interventions into measureable components.
- ◆ Include an evaluation plan for each intervention.

Based on the information exchanged during the technical assistance calls, six plans were required to incorporate the feedback and resubmit their barrier analyses and intervention grids: one resubmission was due and resubmitted on March 29, 2013, and the other five resubmissions are due May 10, 2013.

Findings Specific to Small-Group Collaborative Quality Improvement Projects

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

Findings Specific to Internal Quality Improvement Projects

For the period of January 1, 2013, to March 31, 2013, HSAG reviewed seven internal QIP submissions.

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—Internal QIP Activity Average Rates*
(N = 7 Submissions)
January 1, 2013, to March 31, 2013**

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100% (14/14)	0% (0/14)	0% (0/14)
	II: Clearly Defined, Answerable Study Question(s)	100% (7/7)	0% (0/7)	0% (0/7)
	III: Clearly Defined Study Indicator(s)	100% (18/18)	0% (0/18)	0% (0/18)
	IV: Correctly Identified Study Population	100% (7/7)	0% (0/7)	0% (0/7)
	V: Valid Sampling Techniques	100% (6/6)	0% (0/6)	0% (0/6)
	VI: Accurate/Complete Data Collection	86% (25/29)	14% (4/29)	0% (0/29)
Implementation	VII: Sufficient Data Analysis and Interpretation	92% (23/25)	8% (2/25)	0% (0/25)
	VIII: Appropriate Improvement Strategies	73% (8/11)	27% (3/11)	0% (0/11)
Outcomes	IX: Real Improvement Achieved	75% (6/8)	0% (0/8)	25% (2/8)
	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.

Design

QIP validation findings for the Design stage, Activities I through VI, include the following:

The plans demonstrated excellent performance in Activities I through V by selecting an appropriate study topic; clearly defining their study questions and study indicators; and using valid sampling techniques, when applicable. One hundred percent of the applicable evaluation elements for each of these activities received a *Met* score.

For Activity VI, the plans demonstrated acceptable performance for accurately and completely collecting the data. Eighty-six percent of the applicable evaluation elements were scored *Met*. Deficiencies noted most frequently for this activity included an incomplete or inaccurate data analysis plan.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII.

For Activity VII, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. Ninety-two percent of the elements in this activity received a *Met* score. Only one QIP submission demonstrated deficiencies for Activity VII. Family Mosaic Project—San Francisco County’s *Reduction of Out-of-Home Placement* QIP received *Partially Met* scores for not comparing the project outcomes to the project goal and also for not including a complete interpretation of findings.

Seventy-three percent of the elements for Activity VIII received a *Met* score, revealing weaknesses related to the documented improvement strategies. Two QIP submissions, Family Mosaic Project—San Francisco County’s *Reduction of Out-of-Home Placement* QIP and Kaiser—San Diego County’s *Children’s Access to Primary Care Practitioners* QIP, contained the following deficiencies: not providing a complete description of the barrier analyses, not demonstrating the relationship between the identified barriers and the selected interventions, including interventions that did not appear likely to induce permanent change in the outcomes, and not evaluating the interventions.

Outcomes

Activity IX focuses on statistically significant improvement over baseline which is considered real improvement and reflects a positive effect on the members’ care. During the review period, a total of two QIP submissions validated during the review were assessed for real (statistically significant) improvement. The two QIP submissions included, at a minimum, Remeasurement 1 data and were evaluated through Activity IX. Of the two submissions,

SCAN—Los Angeles, Riverside, and San Bernardino counties' *Care for Older Adults* QIP achieved statistically significant improvement over baseline for at least one study indicator.

For the other QIP submission, Family Mosaic Project—San Francisco County's *Reduction of Out-of-Home Placement* QIP, the plan received *Not Met* scores since (1) there was no statistical evidence that observed improvement was true improvement over baseline for any of the study indicators, and (2) the interventions were therefore not associated with any real improvement of the outcomes.

Activity X assessed for sustained improvement from baseline to the current remeasurement period. Sustained improvement is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period. Although SCAN—Los Angeles, Riverside and San Bernardino counties' *Care for Older Adults* QIP submission achieved statistically significant improvement over baseline, it did not report a subsequent measurement period and therefore could not be assessed for sustained improvement (Activity X).

Family Mosaic Project—San Francisco County's *Reduction of Out-of-Home Placement* QIP did include a second remeasurement period; however, it was not assessed for sustained improvement due to the lack of documented statistically significant improvement. Despite the lack of statistically significant improvement in the outcome, HSAG recognized that due to the small number of members eligible for the project, the plan would have to decrease the number of out-of-home placements to one or less to achieve statistical significance. Since the plan did reduce the number of out-of-home placements from 11 (13.6 percent) to 3 (6.3 percent) during the course of the project, MMCD and HSAG determined the plan had demonstrated clinically significant improvement. Based on these findings, MMCD approved the closure of this QIP. If Family Mosaic Project's contract with DHCS continues beyond June 2013, the plan will need to submit a new QIP proposal topic for approval from MMCD.

QIP Strengths and Opportunities for Improvement

Similar to the last few review periods, plans demonstrated aptitude with the Design phase for QIPs, as evidenced by the high percentage of *Met* evaluation elements for this review period, January 1, 2013, through March 31, 2013.

One of two QIPs with at least one remeasurement period was able to demonstrate statistically significant improvement for at least one study indicator. Statistically significant improvement relates directly to the targeted focus and effectiveness of the interventions implemented during the QIP process.

Although most plans identified the process for conducting a thorough barrier analyses, the details and results of the barrier analyses were not documented. The plans should conduct and document the process as well as document the results of the barrier analyses for each measurement period.

Currently, the QIPs lack the necessary documentation to identify and evaluate the effects of each intervention implemented during the QIPs' measurement periods. Plans should implement interventions discriminately and only after developing a method to evaluate the effectiveness of each intervention. Until this level of documentation is provided, HSAG is limited in its review and dissemination of evidence-based best and emerging practices.

QIP Recommendations

MMCD and HSAG should develop a method to ensure that plans' new QIP staff members are provided technical assistance before submitting any QIPs. Additionally, HSAG should outreach to plans and offer technical assistance to any plan that has not achieved a *Met* validation status after resubmitting a QIP.

Plans should incorporate the recommendations provided regarding their collaborative QIP barrier analyses and intervention strategies to their internal QIPs.

HSAG will continue to enhance its comments/feedback regarding the evaluation and effectiveness of improvement strategies in future QIP validation tools.

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

- ◆ MMCD Statewide Collaborative QIPs
- ◆ Small-Group Collaborative QIPs (none active during current quarter)
- ◆ Internal QIPs

**Table A.1—MMCD Statewide Collaborative QIPs
January 1, 2013, through March 31, 2013**
(*See page A-10 for grid category explanations.)

Plan Name and County	Plan Model Type	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
				Activities Validated	QIP Progression
Name of Project/Study: All-Cause Readmissions					
Alameda Alliance for Health—Alameda	LI	Clinical	For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	I-VI	Study Design
Anthem Blue Cross Partnership Plan—Alameda	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Fresno	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Kings	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Madera	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—San Francisco	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—San Joaquin	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Stanislaus	LI	Clinical		I-VI	Study Design
Anthem Blue Cross Partnership Plan—Tulare	LI	Clinical		I-VI	Study Design
CalOptima—Orange	COHS	Clinical		I-VI	Study Design
CalViva Health—Fresno	LI	Clinical		I-VI	Study Design
CalViva Health—Kings	LI	Clinical		I-VI	Study Design
CalViva Health—Madera	LI	Clinical		I-VI	Study Design
Care1st Partner Plan—San Diego	GMC	Clinical		I-VI	Study Design
Central California Alliance for Health—Merced	COHS	Clinical		I-VI	Study Design
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Clinical		I-VI	Study Design
CenCal Health—San Luis Obispo	COHS	Clinical		I-VI	Study Design

**Table A.1—MMCD Statewide Collaborative QIPs
January 1, 2013, through March 31, 2013**
(*See page A-10 for grid category explanations.)

Plan Name and County	Plan Model Type	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
				Activities Validated	QIP Progression
Name of Project/Study: All-Cause Readmissions					
CenCal Health—Santa Barbara	COHS	Clinical	For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	I–VI	Study Design
Community Health Group Partnership Plan—San Diego	GMC	Clinical		I–VI	Study Design
Contra Costa Health Plan—Contra Costa	LI	Clinical		I–VI	Study Design
Gold Coast Health Plan—Ventura	COHS	Clinical		I–VI	Study Design
Health Net Community Solutions, Inc.—Kern	CP	Clinical		I–VI	Study Design
Health Net Community Solutions, Inc.—Los Angeles	CP	Clinical		I–VI	Study Design
Health Net Community Solutions, Inc.—Sacramento	GMC	Clinical		I–VI	Study Design
Health Net Community Solutions, Inc.—San Diego	GMC	Clinical		I–VI	Study Design
Health Net Community Solutions, Inc.—Stanislaus	CP	Clinical		I–VI	Study Design
Health Net Community Solutions, Inc.—Tulare	CP	Clinical		I–VI	Study Design
Health Plan of San Joaquin—San Joaquin	LI	Clinical		I–VI	Study Design
Health Plan of San Mateo—San Mateo	COHS	Clinical		I–VI	Study Design
Inland Empire Health Plan—Riverside and San Bernardino	LI	Clinical		I–VI	Study Design
Kaiser—Sacramento	GMC	Clinical		I–VI	Study Design
Kaiser—San Diego	GMC	Clinical		I–VI	Study Design
Kern Family Health Care—Kern	LI	Clinical		I–VI	Study Design
L.A. Care Health Plan—Los Angeles	LI	Clinical	I–VI	Study Design	
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	CP	Clinical	I–VI	Study Design	

**Table A.1—MMCD Statewide Collaborative QIPs
January 1, 2013, through March 31, 2013**
(*See page A-10 for grid category explanations.)

Plan Name and County	Plan Model Type	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
				Activities Validated	QIP Progression
Name of Project/Study: All-Cause Readmissions					
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Clinical	For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	I–VI	Study Design
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Clinical		I–VI	Study Design
Partnership HealthPlan of California—Marin and Mendocino	COHS	Clinical		I–VI	Study Design
Partnership HealthPlan of California—Napa, Solano, and Yolo	COHS	Clinical		I–VI	Study Design
Partnership HealthPlan of California—Sonoma	COHS	Clinical		I–VI	Study Design
San Francisco Health Plan—San Francisco	LI	Clinical		I–VI	Study Design
Santa Clara Family Health Plan—Santa Clara	LI	Clinical		I–VI	Study Design
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	SP	Clinical		I–VI	Study Design

Table A.2—Internal QIPs
January 1, 2013, through March 31, 2013
 (*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	
					Activities Validated	QIP Progression
Internal QIPs						
AIDS Healthcare Foundation—Los Angeles	SP	Advance Directives	Nonclinical	Improve the rate of members who have an advance directive document or documented discussion of advance directives	IX	Remeasurement 1
AIDS Healthcare Foundation—Los Angeles	SP	Increasing CD4 and Viral Load Testing	Clinical	Increase the percentage of members who receive CD4 and Viral Load tests	IX	Remeasurement 2
Alameda Alliance for Health—Alameda	LI	Improving Anti-hypertensive Medication Fills Among Members with Hypertension	Clinical	Improving hypertension diagnosis and anti-hypertensive medication fills among members with hypertension	VIII	Baseline
Anthem Blue Cross Partnership Plan—Alameda	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	X	Remeasurement 2 Complete
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	X	Remeasurement 2 Complete
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 2
Anthem Blue Cross Partnership Plan—San Francisco	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 2
Anthem Blue Cross Partnership Plan—San Joaquin	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 2
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	X	Remeasurement 2
Anthem Blue Cross Partnership Plan—Stanislaus	LI	Postpartum Care	Clinical	Improve the rate of postpartum care visits	IX	Remeasurement 2
Anthem Blue Cross Partnership Plan—Tulare	LI	Postpartum Care	Clinical	Improve the rate of postpartum care visits	X	Remeasurement 2

Table A.2—Internal QIPs
January 1, 2013, through March 31, 2013
 (*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	
					Activities Validated	QIP Progression
Internal QIPs						
CalOptima—Orange	COHS	Improving the Rates of Cervical Cancer Screening	Clinical	Improve the rate of cervical cancer screening	IX	Remeasurement 2
CalViva Health—Fresno	LI	Retinal Eye Exam	Clinical	Increase the number of retinal eye exams among members with diabetes	VI	Study Design
CalViva Health—Kings	LI	Retinal Eye Exam	Clinical	Increase the number of retinal eye exams among members with diabetes	VI	Study Design
CalViva Health—Madera	LI	Retinal Eye Exam	Clinical	Increase the number of retinal eye exams among members with diabetes	VI	Study Design
Care1st Partner Plan—San Diego	GMC	Comprehensive Diabetes Care	Clinical	Improve the rate of LDL-C screening levels, HbA1c screening levels, and nephropathy monitoring for members with diabetes	IX	Remeasurement 1
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	X	Remeasurement 2 Complete
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 3 Complete
Central California Alliance for Health—Merced	COHS	Improving Asthma Health Outcomes	Clinical	Decrease the rate of ER admissions for members with persistent asthma	VI	Study Design

Table A.2—Internal QIPs
January 1, 2013, through March 31, 2013
 (*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	
					Activities Validated	QIP Progression
Internal QIPs						
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Improving Asthma Health Outcomes	Clinical	Decrease the rate of ER admissions for members with persistent asthma	VI	Study Design
Community Health Group Partnership Plan—San Diego	GMC	Postpartum Care	Clinical	Increase the percentage of women being screened for postpartum depression	X	Remeasurement 4 Complete
Community Health Group Partnership Plan—San Diego	GMC	Increasing Assessment, Diagnosis and Appropriate 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 Complete
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	X	Remeasurement 2 Complete
Family Mosaic Project—San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Increase the rate of school attendance	IX	Remeasurement 1
Family Mosaic Project—San Francisco	SP	Reduction of Out-of-Home Placement	Clinical	Reduce the occurrences of out-of-home placement	IX	Remeasurement 2 Complete
Health Net Community Solutions, Inc.—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 2

Table A.2—Internal QIPs
January 1, 2013, through March 31, 2013
 (*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	
					Activities Validated	QIP Progression
Internal QIPs						
Health Net Community Solutions, Inc.—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 2
Health Net Community Solutions, Inc.—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 2
Health Net Community Solutions, Inc.—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 2
Health Net Community Solutions, Inc.—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 2
Health Net Community Solutions, Inc.—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 2
Health Plan of San Joaquin—San Joaquin	LI	Improving the Percentage Rate of HbA1c Testing	Clinical	Improve the percentage rate of HbA1c testing	VIII	Remeasurement 1
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 2
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 2
Kaiser—Sacramento	GMC	Childhood Immunizations	Clinical	Increase the percentage of children receiving Combo 3 and Combo 10 immunizations	X	Remeasurement 3 Complete
Kaiser—San Diego	GMC	Children's Access to Primary Care Practitioners	Clinical	Improve the access to primary care practitioners for members 25 months–6 years of age	VIII	Baseline

Table A.2—Internal QIPs
January 1, 2013, through March 31, 2013
 (*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	
					Activities Validated	QIP Progression
Internal QIPs						
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	VIII	Baseline
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 2
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	CP	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 2
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 2
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 2
Partnership HealthPlan of California—Marin and Mendocino	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	Improve access to primary care for children and adolescents	VI	Study Design
Partnership HealthPlan 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 3 Complete
Partnership HealthPlan of California—Napa, Solano, and Yolo	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	Improve access to primary care for children and adolescents	VI	Study Design
Partnership HealthPlan of California—Sonoma	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	Improve access to primary care for children and adolescents	VI	Study Design

**Table A.2—Internal QIPs
January 1, 2013, through March 31, 2013**

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Activities Validated	QIP Progression
Internal QIPs						
San Francisco Health Plan—San Francisco	LI	Patient Experience	Clinical	Increase the percentage of members selecting the top rating for overall health care and personal doctor on a patient satisfaction survey	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	VIII	Baseline
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	SP	Care for Older Adults	Clinical	Improve rates for all submeasures (HEDIS and other) in care for older adults	IX	Remeasurement 1
<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>Activities Validated</i> and <i>Measurement Completion</i>:</p> <ul style="list-style-type: none"> ◆ <i>Activities Validated</i>—provides the number of CMS activities completed through Activity 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 VI Ratings (N = 7 Submissions)
January 1, 2013, through March 31, 2013**

	Evaluation Elements	Met	Partially Met	Not Met
Activity I: Appropriate Study Topic				
C*	1. Is selected following collection and analysis of data (or was selected by the State).	100% (7/7)	0% (0/7)	0% (0/7)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (7/7)	0% (0/7)	0% (0/7)
	Activity Average Rates**	100% (14/14)	0% (0/14)	0% (0/14)
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms and is in the correct X/Y format.	100% (7/7)	0% (0/7)	0% (0/7)
	Activity Average Rates**	100% (7/7)	0% (0/7)	0% (0/7)
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	100% (7/7)	0% (0/7)	0% (0/7)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (4/4)	0% (0/4)	0% (0/4)
C*	3. Allow for the study questions to be answered.	100% (7/7)	0% (0/7)	0% (0/7)
	Activity Average Rates**	100% (18/18)	0% (0/18)	0% (0/18)
Activity IV: Representative and Generalizable Study Population				
C*	1. Are accurately and completely defined and capture all members to whom the study question(s) apply.	100% (7/7)	0% (0/7)	0% (0/7)
	Activity Average Rates**	100% (7/7)	0% (0/7)	0% (0/7)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	100% (1/1)	0% (0/1)	0% (0/1)
	2. Provide the title of the applicable study indicator(s).	100% (1/1)	0% (0/1)	0% (0/1)
	3. Identify the population size.	100% (1/1)	0% (0/1)	0% (0/1)
C*	4. Identify the sample size.	100% (1/1)	0% (0/1)	0% (0/1)
	5. Specify the margin of error and confidence level.	100% (1/1)	0% (0/1)	0% (0/1)
	6. Describe in detail the methods used to select the sample.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates**	100% (6/6)	0% (0/6)	0% (0/6)

**Table B.1—Internal QIP Activities I to VI Ratings (N = 7 Submissions)
January 1, 2013, through March 31, 2013**

	Evaluation Elements	Met	Partially Met	Not Met
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (7/7)	0% (0/7)	0% (0/7)
	2. A defined and systematic process for collecting baseline and remeasurement data.	86% (6/7)	14% (1/7)	0% (0/7)
	3. Qualifications of staff members collecting manual data.	100% (1/1)	0% (0/1)	0% (0/1)
C*	4. 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)
	5. An estimated degree of administrative data completeness and quality. Met = 80–100 percent complete Partially Met = 50–79 percent complete Not Met = <50 percent complete or not provided	100% (6/6)	0% (0/6)	0% (0/6)
	6. A description of the data analysis plan.	57% (4/7)	43% (3/7)	0% (0/7)
	Activity Average Rates**	86% (25/29)	14% (4/29)	0% (0/29)
<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. Element and/or activity totals may not equal 100 percent due to rounding.</p>				

**Table B.2—Internal QIP Activities VII and VIII Ratings (N = 7 Submissions)
January 1, 2013, through March 31, 2013**

	Evaluation Elements	Met	Partially Met	Not Met
Activity VII: Analyze Data and Interpret Study Results				
	1. Are conducted according to the data analysis plan in the study design.	75% (3/4)	25% (1/4)	0% (0/4)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	100% (1/1)	0% (0/1)	0% (0/1)
	3. Identify factors that threaten internal or external validity of findings.	100% (4/4)	0% (0/4)	0% (0/4)
	4. Include an interpretation of findings.	75% (3/4)	25% (1/4)	0% (0/4)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	100% (4/4)	0% (0/4)	0% (0/4)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (2/2)	0% (0/2)	0% (0/2)
	7. Identify statistical differences between the initial measurement and the remeasurement.	100% (2/2)	0% (0/2)	0% (0/2)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	100% (2/2)	0% (0/2)	0% (0/2)
	9. Include an interpretation of the extent to which the study was successful.	100% (2/2)	0% (0/2)	0% (0/2)
	Activity Average Rates**	92% (23/25)	8% (2/25)	0% (0/25)
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	75% (3/4)	25% (1/4)	0% (0/4)
	2. System changes that are likely to induce permanent change.	75% (3/4)	25% (1/4)	0% (0/4)
	3. Revised if the original interventions are not successful.	100% (1/1)	0% (0/1)	0% (0/1)
	4. Standardized and monitored if interventions are successful.	50% (1/2)	50% (1/2)	0% (0/2)
	Activity Average Rates**	73% (8/11)	27% (3/11)	0% (0/11)
<p>*"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.</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. Element and/or activity totals may not equal 100 percent due to rounding.</p>				

**Table B.3—Internal QIP Activities IX and X Ratings (N = 7 Submissions)
January 1, 2013, through March 31, 2013**

	Evaluation Elements	Met	Partially Met	Not Met
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.	100% (2/2)	0% (0/2)	0% (0/2)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	50% (1/2)	0% (0/2)	50% (1/2)
	4. The improvement appears to be the result of planned intervention(s).	50% (1/2)	0% (0/2)	50% (1/2)
	Activity Average Rates**	75% (6/8)	0% (0/8)	25% (2/8)
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.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates**	Not Assessed	Not Assessed	Not Assessed
<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. Element and/or activity totals may not equal 100 percent due to rounding.</p>				