

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

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

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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	3
	Conclusions and Recommendations.....	3
2.	INTRODUCTION	5
	Organization of Report.....	5
	QIP Requirements	5
	Description of the QIP Validation Process	6
	Evaluating the Overall Validity and Reliability of Study Results.....	6
3.	QUARTERLY QIP ACTIVITY.....	7
	QIP Validation Activities.....	7
4.	SUMMARY OF FINDINGS	12
	Findings Specific to the MMCD Statewide Collaborative Quality Improvement Project.....	12
	Design	14
	Implementation and Outcomes	14
	Findings Specific to Small-Group Collaborative Quality Improvement Projects.....	15
	Findings Specific to Internal Quality Improvement Projects	15
	Design	16
	Implementation	16
	Outcomes	17
	QIP Strengths and Opportunities for Improvement.....	18
	QIP Recommendations	18
<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 service provided to Medi-Cal managed care members.

This QIPs Status Report provides a summary of QIPs validated during the period of October 1, 2012, through December 31, 2012, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

The DHCS contracts with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization (EQRO) that validates QIP proposals and annual submissions. The Centers for Medicare & Medicaid Services (CMS) produced protocols for plans to use when implementing 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.

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 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. 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.

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. 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.

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 October 1, 2012, through December 31, 2012, HSAG reviewed 48 statewide collaborative QIP study design submissions and 23 internal QIP (IQIP) 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 Program Quarterly QIP Activity
October 1, 2012, through December 31, 2012**

General QIP Topic	Count
All-Cause Readmissions	48
Children's Access to Providers	5
Asthma	4
Retinal Eye Exam	3
Care for Older Adults	2
Childhood Obesity	2
Diabetes Care	2
CD4 and Viral Load Testing	1
Chronic obstructive pulmonary disease (COPD)	1
Hypertension	1
Out-of-Home Placement	1
Patient Experience	1

For the 48 statewide collaborative QIP study design submissions, 44 submissions achieved a *Met* validation status. Two submissions initially received a *Partially Met* validation status and, upon resubmission, received a *Met* validation status.

Of the total 23 IQIP submissions, there was a mixture of new study design QIPs, annual submissions, and resubmissions. The three new study design submissions received a *Met* validation status. Two submissions were annual submissions: one submission received a *Met* validation status while the other submission received a *Partially Met* status and will require a resubmission in the next quarter. The remaining 18 resubmissions were from IQIPs initially submitted and validation in the prior quarter with a need for resubmission. Six of these resubmissions received either a *Partially Met* or *Not Met* validation status and were required to be resubmitted for a second time and validated during the current quarter. Of the six IQIPs with a second resubmission, two finally received a *Met* validation status. However, four of the second resubmissions will require yet another resubmission in the next quarter.

Summary of Overall QIP Outcomes

None of the statewide collaborative QIPs and only seven of the 23 IQIP submissions validated during the review period had progressed to the Outcomes stage. Three of the seven IQIP submissions assessed for statistically significant improvement (Activity IX) demonstrated improvement in project outcomes over baseline performance.

One IQIP submission was assessed for and achieved sustained improvement (Activity X) for two of its four outcomes. Overall, implementation of this IQIP has led to improved health outcomes for the targeted study population by decreasing the number of unnecessary hospitalizations and ER visits for members with COPD.

Conclusions and Recommendations

QIPs validated during the review period of October 1, 2012, through December 31, 2012, showed that plans continued to demonstrate strength in the Design stage as most of the QIP submissions received an overall *Met* validation status. Plans should focus on improving the Implementation stage of their IQIPs as this will directly affect the Outcomes stage. The activities within the Implementation stage demonstrated the most opportunity for improvement. Plans' barrier analyses lacked sufficient details, which hindered the ability to identify, implement, and track interventions. Also, the IQIP submissions lacked the necessary focus on the effectiveness and timeliness of specific interventions, which hurt the plans' ability to improve IQIP 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 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 in detail 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.

- The number and types of interventions should be selected based on the ability of the plan to assess the effects 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 48 statewide collaborative QIP Design phase submissions and 23 IQIP submissions for the period of October 1, 2012, through December 31, 2012. 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 Program Quarterly QIP Activity
October 1, 2012, through December 31, 2012**

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
Statewide Collaborative QIPs					
Alameda Alliance for Health—Alameda	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Alameda	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Contra Costa	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Fresno	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Kings	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Madera	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Sacramento	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—San Francisco	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—San Joaquin	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Santa Clara	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Stanislaus	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Tulare	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
CalOptima—Orange	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
CalViva Health—Fresno	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
CalViva Health—Kings	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
CalViva Health—Madera	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
Care1st Partner Plan—San Diego	All-Cause Readmissions	Study Design	60%	60%	<i>Partially Met</i>
		Study Design Resubmission	100%	100%	<i>Met</i>
CenCal Health—San Luis Obispo	All-Cause Readmissions	Study Design	100%	100%	<i>Met</i>
CenCal Health—Santa Barbara	All-Cause Readmissions	Study Design	100%	100%	<i>Met</i>
Central California Alliance for Health—Merced	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Central California Alliance for Health—Monterey and Santa Cruz	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Community Health Group Partnership Plan—San Diego	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Contra Costa Health Plan—Contra Costa	All-Cause Readmissions	Study Design	70%	100%	<i>Partially Met</i>
		Study Design Resubmission	90%	100%	<i>Met</i>

**Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
October 1, 2012, through December 31, 2012**

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
Statewide Collaborative QIPs					
Gold Coast Health Plan—Ventura	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Kern	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Los Angeles	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Sacramento	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—San Diego	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Stanislaus	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Tulare	All-Cause Readmissions	Study Design	89%	100%	<i>Met</i>
Health Plan of San Joaquin—San Joaquin	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Health Plan of San Mateo—San Mateo	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Inland Empire Health Plan—Riverside and San Bernardino	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Kaiser—Sacramento	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Kaiser—San Diego	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Kern Family Health Care—Kern	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
L.A. Care Health Plan—Los Angeles	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Molina Healthcare of California Partner Plan, Inc.—Sacramento	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Molina Healthcare of California Partner Plan, Inc.—San Diego	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Partnership HealthPlan of California—Marin and Mendocino	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Partnership Health Plan of California—Napa, Solano, and Yolo	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Partnership Health Plan of California—Sonoma	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
San Francisco Health Plan—San Francisco County	All-Cause Readmissions	Study Design	90%	100%	<i>Met</i>
Santa Clara Family Health Plan—Santa Clara	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>
Senior Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	All-Cause Readmissions	Study Design	80%	100%	<i>Met</i>

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

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					
AIDS Healthcare Foundation—Los Angeles	CD4 and Viral Load Testing	Annual	85%	100%	<i>Met</i>
Alameda Alliance for Health—Alameda	Improving Anti-Hypertensive Medication Fills Among Members with Hypertension	Resubmission	100%	100%	<i>Met</i>
CalViva Health—Fresno	Retinal Eye Exam	Study Design Resubmission	90%	100%	<i>Met</i>
CalViva Health—Kings	Retinal Eye Exam	Study Design Resubmission	90%	100%	<i>Met</i>
CalViva Health—Madera	Retinal Eye Exam	Study Design Resubmission	90%	100%	<i>Met</i>
Care1st Health Plan—San Diego	Comprehensive Diabetes Care	Resubmission	64%	88%	<i>Not Met</i>
		Resubmission 2	89%	100%	<i>Met</i>
Central California Alliance for Health—Merced	Improving Asthma Health Outcomes	Study Design Resubmission	59%	43%	<i>Not Met</i>
		Study Design Resubmission 2	55%	40%	<i>Not Met</i>
Central California Alliance for Health—Monterey and Santa Cruz	Improving Asthma Health Outcomes	Study Design Resubmission	59%	43%	<i>Not Met</i>
		Study Design Resubmission 2	55%	40%	<i>Not Met</i>
Community Health Group Partnership Plan—San Diego	Increasing Assessment, Diagnosis and Appropriate Treatment of COPD	Resubmission	85%	100%	<i>Met</i>
Family Mosaic Project—San Francisco	Reduce Out-of-Home Placement	Annual	72%	100%	<i>Partially Met</i>
Kaiser—San Diego	Children's Access to Primary Care Practitioners	Resubmission	56%	71%	<i>Not Met</i>
		Resubmission 2	81%	71%	<i>Partially Met</i>
Partnership HealthPlan of California—Marin and Mendocino	Improving Access to Primary Care for Children and Adolescents	Study Design	90%	100%	<i>Met</i>

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

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					
Partnership Health Plan—Napa, Solano, and Yolo	Improving Access to Primary Care for Children and Adolescents	Study Design	90%	100%	Met
Partnership Health Plan—Sonoma	Improving Access to Primary Care for Children and Adolescents	Study Design	90%	100%	Met
San Francisco Health Plan—San Francisco County	Patient Experience	Resubmission	100%	100%	Met
Santa Clara Family Health Plan—Santa Clara	Childhood Obesity Partnership and Education	Resubmission	88%	86%	Partially Met
		Resubmission 2	100%	100%	Met
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	Care for Older Adults	Resubmission	91%	80%	Not Met
		Resubmission 2	97%	90%	Partially Met
¹ Type 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.					
² Percentage 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> .					
³ Percentage 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> .					
⁴ Overall 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> .					

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. During the current review period of October 1, 2012, to December 31, 2012, the participating collaborative plans added their plan-specific

calendar year 2011 data to their QIP submission forms as historical data and part of the study topic rationale. The data consisted of the plans' overall readmission rates as well as the readmission rates for the seniors and persons with disabilities (SPD) and non-SPD populations.

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 as well as the common language for Activities I through V which 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 are included in the current October 1, 2012, to December 31, 2012 QIP status report.

Table 4.1 provides average rates for each activity within the CMS protocols. Appendix B includes a table of scores for each evaluation element within the activities.

Table 4.1—Statewide Collaborative QIP Activity Average Rates*
(N = 48 Submissions)
October 1, 2012, to December 31, 2012

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100% (96/96)	0% (0/96)	0% (0/96)
	II: Clearly Defined, Answerable Study Question(s)	100% (48/48)	0% (0/48)	0% (0/48)
	III: Clearly Defined Study Indicator(s)	98% (94/96)	2% (2/96)	0% (0/96)
	IV: Correctly Identified Study Population	100% (48/48)	0% (0/48)	0% (0/48)
	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection	65% (119/183)	10% (18/183)	25% (46/183)
Implementation	VII: Sufficient Data Analysis and Interpretation	Not Assessed	Not Assessed	Not Assessed
	VIII: Appropriate Improvement Strategies	Not Assessed	Not Assessed	Not Assessed
Outcomes	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.

Design

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

- ♦ The plans benefitted from the collaborative efforts of the workgroup in developing common language for Activities I through V. The documentation demonstrated excellent performance in Activities I through V including an appropriate study topic, a clearly defined study question, and a properly identified study indicator. Sampling techniques were not necessary for this QIP, so Activity V was scored *Not Applicable*. At least 98 percent or more of the evaluation elements for each of these activities received a *Met* score.
- ♦ Activity VI, Accurate/Complete Data Collection, was the only activity evaluated this review period that the plans had to complete without the benefit of agreed-upon common language. Only 65 percent of the elements were scored *Met*. Thirty-five percent of the elements were scored either *Partially Met* or *Not Met*, which meant that the submissions did show deficiencies in the data collection documentation. The two most common deficiencies were not including a final audit report and an incomplete and/or inaccurate data analysis plan.

Implementation and Outcomes

The Implementation and Outcomes stages include QIP validation findings for Activities VII through X. The ACR QIP had not progressed beyond the Design stage; therefore, these activities were not assessed.

During the current review period, the plans began working on their upcoming improvement strategies so that their interventions could be implemented beginning in January 2013. The collaborative evaluation workgroup met and developed a fishbone diagram that included identified barriers related to reducing readmission rates. MMCD distributed the resulting diagram to the entire collaborative. To facilitate the ongoing collaborative process, HSAG instructed the plans to perform their own barrier analyses and to create an intervention grid that they would submit to HSAG and MMCD for evaluation by January 31, 2013. In turn, HSAG and MMCD would provide feedback to the plans, aiding in the ongoing success of the collaborative QIP process.

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 October 1, 2012, to December 31, 2012, HSAG reviewed 23 total IQIP 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 = 23 Submissions)
October 1, 2012, to December 31, 2012

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	96% (44/46)	4% (2/46)	0% (0/46)
	II: Clearly Defined, Answerable Study Question(s)	100% (23/23)	0% (0/23)	0% (0/23)
	III: Clearly Defined Study Indicator(s)	89% (50/56)	11% (6/56)	0% (0/56)
	IV: Correctly Identified Study Population	83% (19/23)	17% (4/23)	0% (0/23)
	V: Valid Sampling Techniques	94% (17/18)	0% (0/18)	6% (1/18)
	VI: Accurate/Complete Data Collection	87% (85/98)	12% (12/98)	1% (1/98)
Implementation	VII: Sufficient Data Analysis and Interpretation	77% (70/91)	14% (13/91)	9% (8/91)
	VIII: Appropriate Improvement Strategies**	71% (30/42)	14% (6/42)	14% (6/42)
Outcomes	IX: Real Improvement Achieved	50% (14/28)	18% (5/28)	32% (9/28)
	X: Sustained Improvement Achieved	0% (0/1)	100% (1/1)	0% (0/1)
<p>* The activity average rate represents the average percentage of applicable 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. See Appendix B for the number and a description of evaluation elements.</p> <p>** Totals may not equal 100 percent due to rounding.</p>				

Design

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

- ◆ The plans demonstrated excellent performance in Activities I, II, and V by selecting an appropriate study topic, clearly defining their study questions, and using valid sampling techniques, when applicable. At least 94 percent or more of the evaluation elements for each of these activities received a *Met* score.
- ◆ For Activities III, IV, and VI, the plans demonstrated acceptable performance for defining the study indicators, identifying the study population, and accurately and completely collecting the data. Eighty-three to 89 percent of the elements were scored *Met*. Deficiencies noted most frequently for these activities included an incomplete or inaccurate data analysis plan. One plan in two counties struggled with staffing changes which resulted in incorrect definitions of the study indicators and study population.

Implementation

The Implementation stage includes IQIP 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. Seventy-seven percent of the elements in this activity received a *Met* score.

Twenty-one IQIP submissions had at least one element receive a *Partially Met* or *Not Met* score for Activity VII. The primary deficiencies included an incomplete and/or inaccurate interpretation of findings and/or inaccurate and unclear information. The following five plans had the most room for improvement (i.e., most *Partially Met* and *Not Met* elements):

- ◆ Care1st—San Diego County, Comprehensive Diabetes Care.
- ◆ Central California Alliance for Health—Merced, Monterey, and Santa Cruz counties, *Improving Asthma Health Outcomes*.
- ◆ Family Mosaic Project—San Francisco County, *Reduction of Out-of-Home Placement*.
- ◆ Kaiser—San Diego County, Children's Access to Primary Care Practitioners.
- ◆ SCAN—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults*.

Seventy-one percent of the elements for Activity VIII received a *Met* score, revealing weaknesses in the documented improvement strategies. Of the seven plans' IQIP submissions with deficiencies, the prominent issue was not documenting the relationship between the intervention strategy and the causal barrier analysis and results. Additionally, the interventions did not appear likely to induce permanent change in the outcomes.

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 seven IQIP submissions validated during the review were assessed for real (statistically significant) improvement. The seven IQIP submissions included, at a minimum, Remeasurement 1 data and were evaluated through Activity IX. Of those seven submissions, three IQIPs submissions (two IQIPS) achieved statistically significant improvement over baseline for at least one study indicator. The two IQIPs were:

- ◆ Community Health Group Partnership Plan—San Diego County, Increasing Assessment, Diagnosis and Appropriate Treatment of COPD.
- ◆ SCAN—Los Angeles, Riverside and San Bernardino counties, *Care for Older Adults*. (Two submissions)

For the remaining four IQIP submissions, two elements were both scored as *Not Met* 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.

These seven QIPs often did not implement interventions that linked directly to barriers that had been identified through analysis. Additionally, when appropriate interventions were implemented during the measurement period, they lacked the critical analysis necessary to determine the effectiveness of the interventions.

Without a method to evaluate the effectiveness of interventions, the plans are severely limited in their ability to revise, standardize, or discontinue improvement strategies, which ultimately limits their success to affect change in subsequent measurement periods. HSAG recognizes that the comments/feedback provided to the plans in the current validation tool do not contain the level of detail that would assist the plans in making their improvement strategies more effective. HSAG will be addressing this area in the validation of all upcoming QIPs.

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. Only one of the two IQIPS (three IQIP submissions) that achieved statistically significant improvement over baseline reported a subsequent measurement period and was assessed for sustained improvement (Activity X).

- ◆ Community Health Group Partnership Plan—San Diego County's *Increasing Assessment, Diagnosis and Appropriate Treatment of COPD* QIP demonstrated sustained improvement, resulting in decreased hospitalizations and emergency room visits for members with COPD in San Diego County.

QIP Strengths and Opportunities for Improvement

Similar to the last reporting period, plans demonstrated aptitude with the Design phase for QIPs, as evidenced by the high percentage of *Met* evaluation elements for this review period, October 1, 2012, through December 31, 2012.

Only 43 percent of the QIPs with at least one remeasurement period were 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 many 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 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 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.

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 should prioritize the identified barriers and systematically implement interventions that directly address the barriers for the targeted population.

Plans should incorporate a method to evaluate the effectiveness of each intervention. The number and types of interventions should be selected based on the ability of the plan to assess the effects of each intervention. Intervention evaluations should be completed soon after implementation so that interventions can be timely revised or standardized, or new interventions implemented, to affect study outcomes. The results of the intervention evaluation should be clearly documented in the QIP as well as the resulting quality improvement actions of the plan.

HSAG will 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:

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

Table A.1—The MMCD Statewide Collaborative QIPs
October 1, 2012, through December 31, 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	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—The MMCD Statewide Collaborative QIPs
October 1, 2012, through December 31, 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	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—The MMCD Statewide Collaborative QIPs
October 1, 2012, through December 31, 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	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
October 1, 2012, through December 31, 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	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
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Postpartum Care	Clinical	Improve the rate of postpartum care visits	X	Remeasurement 2
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
October 1, 2012, through December 31, 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	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
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

Table A.2—Internal QIPs
October 1, 2012, through December 31, 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	QIP Progression
Internal QIPs						
Community Health Group Partnership Plan—San Diego	GMC	Postpartum Care	Clinical	Increase the percentage of women being screened for postpartum depression	X	Remeasurement 4
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
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 1
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
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

Table A.2—Internal QIPs
October 1, 2012, through December 31, 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	QIP Progression
Internal QIPs						
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 Obesity	Clinical	Increase the documentation rates of BMI percentile, counseling, or referral for nutrition education and physical activity for children	X	Remeasurement 3 Complete
Kaiser—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	VIII	Baseline

Table A.2—Internal QIPs
October 1, 2012, through December 31, 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	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
October 1, 2012, through December 31, 2012

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps 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>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—Statewide Collaborative QIP Activities I to VI Ratings (N = 48 Submissions)
October 1, 2012, through December 31, 2012¹

	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% (48/48)	0% (0/48)	0% (0/48)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (48/48)	0% (0/48)	0% (0/48)
	Activity Average Rates**	100% (96/96)	0% (0/96)	0% (0/96)
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% (48/48)	0% (0/48)	0% (0/48)
	Activity Average Rates**	100% (48/48)	0% (0/48)	0% (0/48)
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.	98% (47/48)	2% (1/48)	0% (0/48)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	Not Applicable	Not Applicable	Not Applicable
C*	3. Allow for the study questions to be answered.	98% (47/48)	2% (1/48)	0% (0/48)
	Activity Average Rates**	98% (94/96)	2% (2/96)	0% (0/96)
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% (48/48)	0% (0/48)	0% (0/48)
	Activity Average Rates**	100% (48/48)	0% (0/48)	0% (0/48)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	Not Applicable	Not Applicable	Not Applicable
	2. Provide the title of the applicable study indicator(s).	Not Applicable	Not Applicable	Not Applicable
	3. Identify the population size.	Not Applicable	Not Applicable	Not Applicable
C*	4. Identify the sample size.	Not Applicable	Not Applicable	Not Applicable
	5. Specify the margin of error and confidence level.	Not Applicable	Not Applicable	Not Applicable
	6. Describe in detail the methods used to select the sample.	Not Applicable	Not Applicable	Not Applicable
	Activity Average Rates**	Not Applicable	Not Applicable	Not Applicable

**Table B.1—Statewide Collaborative QIP Activities I to VI Ratings (N = 48 Submissions)
October 1, 2012, through December 31, 2012¹**

	Evaluation Elements	Met	Partially Met	Not Met
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	96% (46/48)	4% (2/48)	0% (0/48)
	2. A defined and systematic process for collecting baseline and remeasurement data.	65% (31/48)	13% (6/48)	23% (11/48)
	3. Qualifications of staff members collecting manual data.	Not Applicable	Not Applicable	Not Applicable
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not Applicable	Not Applicable	Not Applicable
	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% (39/39)	0% (0/39)	0% (0/39)
	6. A description of the data analysis plan.	6% (3/48)	21% (10/48)	73% (35/48)
	Activity Average Rates**	65% (119/183)	10% (18/183)	25% (46/183)
¹ Actual submission dates ranged from August 2012 to November 2012. **“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. **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.				

Table B.2—Statewide Collaborative QIP Activities VII and VIII Ratings (N = 48 Submissions)
October 1, 2012, through December 31, 2012¹

	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.	Not Assessed	Not Assessed	Not Assessed
C*	2. Allow for the generalization of results to the study population if a sample was selected.	Not Assessed	Not Assessed	Not Assessed
	3. Identify factors that threaten internal or external validity of findings.	Not Assessed	Not Assessed	Not Assessed
	4. Include an interpretation of findings.	Not Assessed	Not Assessed	Not Assessed
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	Not Assessed	Not Assessed	Not Assessed
	6. Identify the initial measurement and the remeasurement of study indicators.	Not Assessed	Not Assessed	Not Assessed
	7. Identify statistical differences between the initial measurement and the remeasurement.	Not Assessed	Not Assessed	Not Assessed
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	Not Assessed	Not Assessed	Not Assessed
	9. Include an 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 VIII: Implement Intervention and 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 the original interventions are not successful.	Not Assessed	Not Assessed	Not Assessed
	4. Standardized and monitored if interventions are successful.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates**	Not Assessed	Not Assessed	Not Assessed
¹ Actual submission dates ranged from August 2012 to November 2012. *"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. **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.				

Table B.3—Statewide Collaborative QIP Activities IX and X Ratings (N = 48 Submissions)
October 1, 2012, through December 31, 2012¹

	Evaluation Elements	Met	Partially Met	Not Met
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. There is statistical evidence that observed improvement is true improvement over baseline.	Not Assessed	Not Assessed	Not Assessed
	4. The improvement appears to be the result of planned intervention(s).	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
¹ Actual submission dates ranged from August 2012 to November 2012. * "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. **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.				

Table B.4—Internal QIP Activities I to VI Ratings (N = 23 Submissions)
October 1, 2012, through December 31, 2012

	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).	91% (21/23)	9% (2/23)	0% (0/23)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (23/23)	0% (0/23)	0% (0/23)
	Activity Average Rates**	96% (44/46)	4% (2/46)	0% (0/46)
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% (23/23)	0% (0/23)	0% (0/23)
	Activity Average Rates**	100% (23/23)	0% (0/23)	0% (0/23)
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.	91% (21/23)	9% (2/23)	0% (0/23)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	80% (8/10)	20% (2/10)	0% (0/10)
C*	3. Allow for the study questions to be answered.	91% (21/23)	9% (2/23)	0% (0/23)
	Activity Average Rates**	89% (50/56)	11% (6/56)	0% (0/56)
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.	83% (19/23)	17% (4/23)	0% (0/23)
	Activity Average Rates**	83% (19/23)	17% (4/23)	0% (0/23)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	100% (3/3)	0% (0/3)	0% (0/3)
	2. Provide the title of the applicable study indicator(s).	100% (3/3)	0% (0/3)	0% (0/3)
	3. Identify the population size.	67% (2/3)	0% (0/3)	33% (1/3)
C*	4. Identify the sample size.	100% (3/3)	0% (0/3)	0% (0/3)
	5. Specify the margin of error and confidence level.	100% (3/3)	0% (0/3)	0% (0/3)
	6. Describe in detail the methods used to select the sample.	100% (3/3)	0% (0/3)	0% (0/3)
	Activity Average Rates**	94% (17/18)	0% (0/18)	6% (1/18)

Table B.4—Internal QIP Activities I to VI Ratings (N = 23 Submissions)
October 1, 2012, through December 31, 2012

	Evaluation Elements	Met	Partially Met	Not Met
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	96% (22/23)	4% (1/23)	0% (0/23)
	2. A defined and systematic process for collecting baseline and remeasurement data.	91% (21/23)	9% (2/23)	0% (0/23)
	3. Qualifications of staff members collecting manual data.	100% (4/4)	0% (0/4)	0% (0/4)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	75% (3/4)	0% (0/4)	25% (1/4)
	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	95% (20/21)	5% (1/21)	0% (0/21)
	6. A description of the data analysis plan.	65% (15/23)	35% (8/23)	0% (0/23)
	Activity Average Rates**	87% (85/98)	12% (12/98)	1% (1/98)
<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.5—Internal QIP Activities VII and VIII Ratings (N = 23 Submissions)
October 1, 2012, through December 31, 2012

	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.	80% (12/15)	7% (1/15)	13% (2/15)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	67% (2/3)	33% (1/3)	0% (0/3)
	3. Identify factors that threaten internal or external validity of findings.	87% (13/15)	13% (2/15)	0% (0/15)
	4. Include an interpretation of findings.	67% (10/15)	20% (3/15)	13% (2/15)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	60% (9/15)	33% (5/15)	7% (1/15)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (7/7)	0% (0/7)	0% (0/7)
	7. Identify statistical differences between the initial measurement and the remeasurement.	100% (7/7)	0% (0/7)	0% (0/7)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	71% (5/7)	0% (0/7)	29% (2/7)
	9. Include an interpretation of the extent to which the study was successful.	71% (5/7)	14% (1/7)	14% (1/7)
	Activity Average Rates**	77% (70/91)	14% (13/91)	9% (8/91)
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	67% (10/15)	13% (2/15)	20% (3/15)
	2. System changes that are likely to induce permanent change.	67% (10/15)	13% (2/15)	20% (3/15)
	3. Revised if the original interventions are not successful.	100% (6/6)	0% (0/6)	0% (0/6)
	4. Standardized and monitored if interventions are successful.	67% (4/6)	33% (2/6)	0% (0/6)
	Activity Average Rates**	71% (30/42)	14% (6/42)	14% (6/42)
<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.6—Internal QIP Activities IX and X Ratings (N = 23 Submissions)
October 1, 2012, through December 31, 2012

	Evaluation Elements	Met	Partially Met	Not Met
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (7/7)	0% (0/7)	0% (0/7)
	2. There is documented improvement in processes or outcomes of care.	43% (3/7)	43% (3/7)	14% (1/7)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	29% (2/7)	14% (1/7)	57% (4/7)
	4. The improvement appears to be the result of planned intervention(s).	29% (2/7)	14% (1/7)	57% (4/7)
	Activity Average Rates**	50% (14/28)	18% (5/28)	32% (9/28)
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.	0% (0/1)	100% (1/1)	0% (0/1)
	Activity Average Rates**	0% (0/1)	100% (1/1)	0% (0/1)
<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>				