

Medi-Cal Managed Care

Quality Improvement Projects Status Report

April 1, 2013 – June 30, 2013

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

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Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal program and overseeing quality improvement activities of its managed care plans (MCPs). The Medi-Cal Managed Care Division (MMCD) requires its contracted, full-scope MCPs, prepaid MCPs, and specialty MCPs 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 April 1, 2013, through June 30, 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 MCPs 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 MCPs 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 MCPs using its QIP Validation Tool, which scores the QIPs against the CMS validation protocol. Through QIP validation, HSAG assesses an MCP'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, MCPs must resubmit a QIP until it achieves a *Met* validation status, unless otherwise specified.

For the period of April 1, 2013, through June 30, 2013, HSAG reviewed 5 internal QIPs with a total of 12 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
April 1, 2013, through June 30, 2013**

General QIP Topic	Number of QIPs	Number of Submissions
Diabetes Management	2	6
Annual Monitoring for Patients on Persistent Medications	2	4
Perinatal Access and Care	1	2

Of the 12 internal QIP submissions, there were 5 new study design QIP submissions, 5 study design resubmissions, and 2 study design second resubmissions. Initially, 3 study design submissions received a *Not Met* validation status, and 2 received a *Partially Met* validation status; therefore, all 5 submissions required a resubmission. Two of the 5 resubmissions still did not receive a *Met* validation status, which required a second resubmission before they achieved an overall *Met* validation status. The second resubmission of 2 QIPs did not occur until July 8, 2013; however, MMCD and HSAG agreed that they should be reported with the previous submissions in the current review period.

Summary of Overall QIP Outcomes

Since all 12 QIP submissions were study design submissions, they only included Activities I through VI. None of the QIP submissions validated during the review period had progressed to the Implementation or Outcomes stage; therefore, they were not assessed for statistically significant or sustained improvement.

Conclusions and Recommendations

QIPs validated during the review period of April 1, 2013, through June 30, 2013, showed that the MCPs do not consistently apply knowledge gained from designing and conducting prior QIPs. All of the new QIP study design submissions required at least one resubmission before they received an overall *Met* validation status.

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

- ◆ MCPs should refer to the Quality Improvement Assessment (QIA) Guide and QIP Completion Instructions before documenting a QIP.
 - MCPs should include the correct Healthcare Effectiveness Data and Information Set (HEDIS[®])³ specifications, when applicable.
 - MCPs should ensure that all components of the data analysis plan are documented in Activity VI of the QIP submission form.
- ◆ MCPs should contact MMCD or HSAG for assistance prior to their initial submission of a new QIP if they have questions regarding the QIPs' study design.
- ◆ MCPs should request technical assistance before resubmitting a QIP.

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

Organization of Report

This report has six sections:

- ◆ **Executive Summary**—Outlines the scope of external quality review activities, provides the status of MCP 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 MCPs related to QIP study design, study implementation, quality outcomes achieved, strengths and opportunities for improvement, and recommendations by type of QIP.
- ◆ **Appendix A**—Includes a listing of all active QIPs and their status.
- ◆ **Appendix B**—Provides detailed scoring tables for each evaluation element within the 10 QIP activities for the statewide collaborative (SWC) QIPs and internal QIPs (IQIPs).

QIP Requirements

QIPs are a federal requirement. The Code of Federal Regulations (CFR) at 42 CFR 438.240⁴ requires that all states operating a Medicaid managed care program ensure that their contracted MCPs conduct QIPs.

QIPs are a contract requirement for Medi-Cal MCPs. MMCD requires each of its contracted Medi-Cal MCPs to conduct two MMCD-approved QIPs in accordance with federal requirements. MCPs must always maintain two active QIPs. For full-scope MCPs, 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 MCPs.

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

Description of the QIP Validation Process

The primary objective of QIP validation is to determine each MCP'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 MCPs conduct and that an EQRO validate QIPs in a manner consistent with the CMS protocols for implementing and validating QIPs.⁵

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

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

QIP validation ensures that:

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

Evaluating the Overall Validity and Reliability of Study Results

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

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

⁵ 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.medicare.gov/Medicare-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 12 QIP submissions for the period of April 1, 2013, through June 30, 2013. Table 3.1 lists the QIPs by QIP type, MCP, 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
April 1, 2013, through June 30, 2013¹**

MCP Name and County	Name of Project/Study	Type of Submission ²	Percentage of Evaluation Elements Scored Met ³	Percentage of Critical Elements Scored Met ⁴	Overall Validation Status ⁵
Internal QIPs					
Anthem Blue Cross Partnership Plan—Alameda	Improving Diabetes Management	Study Design	64%	67%	<i>Not Met</i>
		Resubmission 1	80%	67%	<i>Partially Met</i>
		Resubmission 2	100%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Contra Costa	Improving Diabetes Management	Study Design	64%	67%	<i>Not Met</i>
		Resubmission 1	80%	67%	<i>Partially Met</i>
		Resubmission 2	100%	100%	<i>Met</i>
CenCal Health—San Luis Obispo	Annual Monitoring for Patients on Persistent Medications	Study Design	70%	100%	<i>Partially Met</i>
		Resubmission	90%	100%	<i>Met</i>
CenCal Health—Santa Barbara	Annual Monitoring for Patients on Persistent Medications	Study Design	72%	100%	<i>Partially Met</i>
		Resubmission	90%	100%	<i>Met</i>
Contra Costa Health Plan—Contra Costa	Improving Perinatal Access and Care	Study Design	44%	43%	<i>Not Met</i>
		Resubmission	100%	100%	<i>Met</i>
<p>¹ Although the second resubmissions of Anthem’s QIPs dated July 8, 2013, were outside of the current 2012–13 fourth quarter reporting period, they were included with the earlier submissions for consistency of the submission format. The QIP submission form was revised and will be used for all other QIP submissions beginning July 1, 2013.</p> <p>² Type of Submission—Designates the QIP submission as a new study design, annual submission, or resubmission. A resubmission means the MCP 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>³ 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>.</p> <p>⁴ 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>.</p> <p>⁵ 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>.</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 MCPs submitted the Design stage of their *ACR* QIPs between August 2012 and November 2012. The submissions included their historical MCP-specific data composed of the MCPs' 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.

From January 2013 to March 2013, the MCPs continued to work on their improvement strategies. MCPs were required to submit their barrier analyses and an intervention grid to HSAG and MMCD for evaluation. HSAG and MMCD conducted technical assistance calls with each MCP and provided feedback on the MCP's improvement strategies. Each call was followed by a summary e-mail which included both general and MCP-specific recommendations.

Based on the information exchanged during the technical assistance calls, six MCPs were required to incorporate the feedback and resubmit their barrier analyses and intervention grids: one resubmission was due and submitted on March 29, 2013, and the other five resubmissions were due May 10, 2013. Four submissions were received by May 10, 2013, and one was not received until May 17, 2013. Between May 16, 2013, and June 3, 2013, HSAG and MMCD conducted a technical assistance call with each of the six MCPs.

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 April 1, 2013, to June 30, 2013, HSAG reviewed 12 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 = 12 Submissions)
April 1, 2013, to June 30, 2013¹

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100% (24/24)	0% (0/24)	0% (0/24)
	II: Clearly Defined, Answerable Study Question(s)	92% (11/12)	8% (1/12)	0% (0/12)
	III: Clearly Defined Study Indicator(s)	96% (23/24)	4% (1/24)	0% (0/24)
	IV: Correctly Identified Study Population	58% (7/12)	42% (5/12)	0% (0/12)
	V: Valid Sampling Techniques	90% (27/30)	0% (0/30)	10% (3/30)
	VI: Accurate/Complete Data Collection	61% (38/62)	10% (6/62)	29% (18/62)
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

¹ Although the second resubmissions of Anthem's QIPs dated July 8, 2013, were outside of the current 2012–13 fourth quarter reporting period, they were included with the earlier submissions for consistency of the submission format. The QIP submission form was revised and will be used for all other QIP submissions beginning July 1, 2013.

*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 MCPs demonstrated high performance in Activities I, II, III, and V by selecting an appropriate study topic; clearly defining their study questions and study indicators; and using valid sampling techniques, when applicable. At least 90 percent of the applicable evaluation elements for each of these activities received a *Met* score.

Activity IV was scored down since Anthem's and Contra Costa Health Plan's QIP submissions did not include the correct and/or complete HEDIS specifications to accurately define the study population. These deficiencies were corrected in subsequent resubmissions.

All study design submissions must include Activities I through VI. CenCal Health and Contra Costa Health Plan did not include Activity VI in their initial submissions; therefore, every evaluation element in Activity VI was scored *Not Met*. Both MCPs included Activity VI in their resubmissions. Additionally, all three MCPs had deficiencies noted for an incomplete or inaccurate data analysis plan. Both Anthem and Contra Costa Health Plan addressed these deficiencies; however, CenCal Health did not include a data analysis plan in its resubmissions for Santa Barbara and San Luis Obispo counties, so the score for this element remained *Not Met*.

After Anthem's resubmissions received *Partially Met* validation scores, HSAG initiated a technical assistance call with the MCP. All deficiencies were addressed on the call, and both of Anthem's second resubmissions received a *Met* validation status.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. The QIPs submissions had not progressed to the Implementation stage; therefore, HSAG did not validate data analysis and interventions activities.

Outcomes

The Outcomes stage includes QIP validation findings for Activities IX and X. Since the QIP submissions had not progressed to the Outcomes stage, they were not assessed for statistically significant or sustained improvement.

QIP Strengths and Opportunities for Improvement

Similar to the last few review periods, MCPs demonstrated aptitude with specific aspects of the Design phase for QIPs, as evidenced by the high percentage of *Met* evaluation elements for Activities I, II, III, and V for this review period, April 1, 2013, through June 30, 2013.

However, MCPs continue to omit the same information required for the Design stage. Current HEDIS specifications are not accurately or completely referenced or included. Additionally, MCPs continue to inaccurately or incompletely document a data analysis plan. Two MCPs did not include Activity VI in their study design submissions, which was unusual since this has been an ongoing requirement.

QIP Recommendations

MCPs should refer to the QIA Guide and the QIP Completion Instructions when documenting their QIPs. They should not rely on their ability to resubmit QIPs after receiving validation feedback from HSAG. Additionally, if MCPs have questions regarding their QIPs' study design, they should contact MMCD or HSAG for assistance prior to initial submission.

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
April 1, 2013, through June 30, 2013**

(*See page A-10 for grid category explanations.)

MCP Name and County	MCP 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
April 1, 2013, through June 30, 2013**

(*See page A-10 for grid category explanations.)

MCP Name and County	MCP 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
April 1, 2013, through June 30, 2013**

(*See page A-10 for grid category explanations.)

MCP Name and County	MCP 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
April 1, 2013, through June 30, 2013
 (*See page A-10 for grid category explanations.)

MCP Name and County	MCP 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	Improving Diabetes Management	Clinical	Improve the rate of HbA1c and retinal eye exam screening	VI	Study Design
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Improving Diabetes Management	Clinical	Improve the rate of HbA1c and retinal eye exam screening	VI	Study Design
Anthem Blue Cross Partnership Plan—Fresno	CP	Improving Diabetes Management	Clinical	Improve the rate of HbA1c and retinal eye exam screening	VI	Study Design
Anthem Blue Cross Partnership Plan—Kings	CP	Improving Diabetes Management	Clinical	Improve the rate of HbA1c and retinal eye exam screening	VI	Study Design
Anthem Blue Cross Partnership Plan—Madera	CP	Improving Diabetes Management	Clinical	Improve the rate of HbA1c and retinal eye exam screening	VI	Study Design
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

Table A.2—Internal QIPs
April 1, 2013, through June 30, 2013
 (*See page A-10 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Activities Validated	QIP Progression
Internal QIPs						
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
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	Annual Monitoring for Patients on Persistent Medications	Clinical	Increase the monitoring of patients on ACE Inhibitors or ARBs, Digoxin, and diuretics	VI	Study Design
CenCal Health—Santa Barbara	COHS	Annual Monitoring for Patients on Persistent Medications	Clinical	Increase the monitoring of patients on ACE Inhibitors or ARBs, Digoxin, and diuretics	VI	Study Design

Table A.2—Internal QIPs
April 1, 2013, through June 30, 2013
 (*See page A-10 for grid category explanations.)

MCP Name and County	MCP 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—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
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	Improving Perinatal Access and Care	Clinical	Increase rates of timely prenatal and postpartum visits	VI	Study Design
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
April 1, 2013, through June 30, 2013
 (*See page A-10 for grid category explanations.)

MCP Name and County	MCP 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	VI	Study Design
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
April 1, 2013, through June 30, 2013
 (*See page A-10 for grid category explanations.)

MCP Name and County	MCP 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 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
April 1, 2013, through June 30, 2013

MCP Name and County	MCP 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>MCP Model Type</i>—designated MCP 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 = 12 Submissions)
April 1, 2013, through June 30, 2013¹

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% (12/12)	0% (0/12)	0% (0/12)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (12/12)	0% (0/12)	0% (0/12)
Activity Average Rates**		100% (24/24)	0% (0/24)	0% (0/24)
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms and is in the correct X/Y format.	92% (11/12)	8% (1/12)	0% (0/12)
Activity Average Rates**		92% (11/12)	8% (1/12)	0% (0/12)
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% (12/12)	0% (0/12)	0% (0/12)
	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.	92% (11/12)	8% (1/12)	0% (0/12)
Activity Average Rates**		96% (23/24)	4% (1/24)	0% (0/24)
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.	58% (7/12)	42% (5/12)	0% (0/12)
Activity Average Rates**		58% (7/12)	42% (5/12)	0% (0/12)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	50% (1/2)	0% (0/2)	50% (1/2)
	2. Provide the title of the applicable study indicator(s).	75% (6/8)	0% (0/8)	25% (2/8)
	3. Identify the population size.	100% (2/2)	0% (0/2)	0% (0/2)
C*	4. Identify the sample size.	100% (2/2)	0% (0/2)	0% (0/2)
	5. Specify the margin of error and confidence level.	100% (8/8)	0% (0/8)	0% (0/8)
	6. Describe in detail the methods used to select the sample.	100% (8/8)	0% (0/8)	0% (0/8)
Activity Average Rates**		90% (27/30)	0% (0/30)	10% (3/30)

**Table B.1—Internal QIP Activities I to VI Ratings (N = 12 Submissions)
April 1, 2013, through June 30, 2013¹ cont.**

Evaluation Elements		Met	Partially Met	Not Met
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	75% (9/12)	17% (2/12)	8% (1/12)
	2. A defined and systematic process for collecting baseline and remeasurement data.	75% (9/12)	0% (0/12)	25% (3/12)
	3. Qualifications of staff members collecting manual data.	83% (5/6)	0% (0/6)	17% (1/6)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	38% (3/8)	25% (2/8)	38% (3/8)
	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	75% (9/12)	0% (0/12)	25% (3/12)
	6. A description of the data analysis plan.	25% (3/12)	17% (2/12)	58% (7/12)
Activity Average Rates**		61% (38/62)	10% (6/62)	29% (18/62)
<p>¹ Although the second resubmissions of Anthem's QIPs dated July 8, 2013, were outside of the current 2012–13 fourth quarter reporting period, they were included with the earlier submissions for consistency of the submission format. The QIP submission form was revised and will be used for all other QIP submissions beginning July 1, 2013.</p> <p>*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs 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 = 12 Submissions)
April 1, 2013, through June 30, 2013¹**

Evaluation Elements		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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
<p>¹ Although the second resubmissions of Anthem's QIPs dated July 8, 2013, were outside of the current 2012–13 fourth quarter reporting period, they were included with the earlier submissions for consistency of the submission format. The QIP submission form was revised and will be used for all other QIP submissions beginning July 1, 2013.</p> <p>*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs 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.3—Internal QIP Activities IX and X Ratings (N = 12 Submissions)
April 1, 2013, through June 30, 2013¹**

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
<p>¹ Although the second resubmissions of Anthem's QIPs dated July 8, 2013, were outside of the current 2012–13 fourth quarter reporting period, they were included with the earlier submissions for consistency of the submission format. The QIP submission form was revised and will be used for all other QIP submissions beginning July 1, 2013.</p> <p>**“C” in this column denotes a critical element in HSAG's validation protocol. MCPs 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>				