Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
July 1, 2012 – September 30, 2012

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

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Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal Managed Care Program and overseeing quality improvement activities. The 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 July 1, 2012, through September 30, 2012, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

The DHCS contracts with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization (EQRO) that validates QIP proposals and annual submissions. The Centers for Medicare & Medicaid Services (CMS) produced protocols for plans to use when conducting QIPs[1] and for EQROs to use when validating QIPs.[2] The EQRO reviews each QIP using the validating protocol to ensure plans design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from the QIP.

Changes to QIP Validation Process

For the period of July 1, 2012, through September 30, 2012, a revised QIP methodology and scoring tool was used to validate the IQIPs. Changes were made to the methodology and tool in order to place greater emphasis on health care outcomes by ensuring that statistically significant improvement has been achieved before assessing for sustained improvement, and

[1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, *Final Protocol, Version 1.0, May 2002.*

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.*

to streamline some aspects of the scoring to make the process more efficient. With greater emphasis on improving QIP outcomes, member health, functional status, and/or satisfaction will also be positively affected. The scoring changes are outlined in greater detail in the Quarterly QIP Activity section of this report.

Summary of Overall Validation Findings

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

HSAG provided an overall validation status of *Met, Partially Met,* or *Not Met* for each QIP submission. The 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 July 1, 2012, through September 30, 2012, HSAG reviewed 43 internal QIPs (IQIPs); all were annual submissions. The table below depicts the general topics of the IQIPs from the most to least number of submissions.

Table 1.1—Medi-Cal Managed Care Program Quarterly QIP Activity
July 1, 2012, through September 30, 2012

QIP Topic	Count
Postpartum Care	9
Cervical Cancer Screening	7
Diabetes Care	4
Hypertension	4
Retinal Eye Exam	3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	3
Asthma	2
Childhood Obesity	2
COPD	2
ADHD Management	1
Children's Access to Providers	1
Advance Directives	1
Care for Older Adults	1
Patient Experience	1
Prenatal Care	1
School Attendance	1

Of the 43 IQIP submissions, 31 achieved a *Met* validation status, while four received a *Partially Met* and eight received a *Not Met* validation status.

Summary of Overall QIP Outcomes

Of the 43 IQIPs validated during the review period, 33 were assessed for statistically significant improvement (Activity IX) and 11 of those 33 IQIPs were assessed for sustained improvement (Activity X).

A majority of IQIPs that were assessed for sustained improvement achieved it. Overall, implementation of these IQIPs has led to improved health outcomes for their targeted study populations. These outcomes included an increase in the number of postpartum visits for mothers, an increase in BMI documentation and nutritional counseling, a decrease in the number of unnecessary hospitalizations and ER visits, and improved medication management for members with COPD.

Two IQIPs were deemed complete after having achieved sustained improvement: Contra Costa Health Plan—Contra Costa County, *Childhood Obesity;* and Kaiser Permanente—Sacramento County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*. These plans must submit a new IQIP proposal to MMCD in the next reporting period.

Conclusions and Recommendations

IQIPs validated during the review period of July 1, 2012, through September 30, 2012, showed that plans continued to demonstrate strength in the design and implementation study stages as most of the IQIP submissions received an overall *Met* validation status. Plans should focus on improving the Outcomes section of their IQIPs as this area demonstrated the greatest need 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:

- The plans should conduct and document the process as well as the results of the barrier analyses for each measurement period.

- Barrier analysis and subgroup analysis should be completed annually, at a minimum, and the plans should include the process and the results in their QIP submission.
- Plans will need to increase their efforts related to the evaluation of interventions to ensure that QIP outcomes achieve improvement.
  - Plans should incorporate a method to evaluate the effectiveness of each intervention.
  - 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 438.240[3] requires that all states operating a Medicaid managed care program ensure that their contracted plans conduct QIPs.

QIPs are a contract requirement for Medi-Cal managed care plans. 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 conducting and validating QIPs.[4]

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

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

QIP validation ensures that:

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

Evaluating the Overall Validity and Reliability of Study Results

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

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

[4] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002, and *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002.

QIP Validation Activities

QIP Methodology and Scoring Changes

HSAG revised its QIP validation methodology in conjunction with some tool scoring changes beginning July 1, 2012, to increase the emphasis on health care outcomes as well as increase efficiency. Changes made to HSAG's validation approach included:

- The number of evaluation elements was reduced from 53 to 37 (evaluation elements still spread across the 10 activities).
- Activities VII and VIII were switched to allow for a more logical flow and progression of the QIP. Activity VII is now Analyze Data and Interpret Study Results and Activity VIII is now Implement Intervention and Improvement Strategies.
- The number of critical elements was reduced from 13 to 10.
- Elements 3 and 4 in Activity IX were reversed.
- A new methodology for Activity IX was implemented.
  - Activity IX will be scored annually after remeasurement data have been reported. When statistically significant improvement is achieved from baseline to the current measurement period for a study indicator, that study indicator will receive a *Met* score. Once a study indicator achieves statistically significant improvement, the score for that study indicator will remain *Met* for the duration of the QIP. Evaluation Element 3 will be scored *Partially Met* if not all of the study indicators achieved statistically significant improvement. If all study indicators achieve statistically significant improvement, Evaluation Element 3 will be scored *Met*.
- A new methodology for Activity X was also implemented.
  - Statistically significant improvement must be achieved (i.e., Activity IX, Evaluation Element 3 receives a *Partially Met* or *Met* score) for at least one study indicator before Activity X will be validated for the study indicators achieving statistically significant improvement. This means that the QIP may report several measurement periods before Activity X will be scored. MMCD and HSAG will determine when a study indicator or the entire QIP is complete based on the study indicators that have achieved sustained improvement.

HSAG reviewed 43 IQIP submissions for the period of July 1, 2012, through September 30, 2012. Table 3.1 lists the QIPs by plan and study topic. Additionally, the table summarizes the QIPs HSAG validated during the review period, 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
July 1, 2012, through September 30, 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					
AHF Healthcare Centers—Los Angeles	Advance Directives	Annual Submission	93%	100%	*Met*
Alameda Alliance for Health—Alameda	Improving Anti-Hypertensive Medication Fills Among Members with Hypertension	Annual Submission	76%	71%	*Partially Met*
Anthem Blue Cross—Alameda	Postpartum Care	Annual Submission	97%	100%	*Met*
Anthem Blue Cross—Contra Costa	Postpartum Care	Annual Submission	100%	100%	*Met*
Anthem Blue Cross—Sacramento	Postpartum Care	Annual Submission	94%	100%	*Met*
Anthem Blue Cross—San Francisco	Postpartum Care	Annual Submission	93%	100%	*Met*
Anthem Blue Cross—San Joaquin	Postpartum Care	Annual Submission	91%	100%	*Met*
Anthem Blue Cross—Santa Clara	Postpartum Care	Annual Submission	94%	100%	*Met*
Anthem Blue Cross—Stanislaus	Postpartum Care	Annual Submission	94%	100%	*Met*
Anthem Blue Cross—Tulare	Postpartum Care	Annual Submission	94%	100%	*Met*
CalOptima—Orange	Cervical Cancer Screening	Annual Submission	85%	100%	*Met*
CalViva—Fresno	Retinal Eye Exam	Annual Submission	75%	83%	*Not Met*
CalViva—Kings	Retinal Eye Exam	Annual Submission	75%	83%	*Not Met*

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
July 1, 2012, through September 30, 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]
CalViva—Madera	Retinal Eye Exam	Annual Submission	75%	83%	*Not Met*
Care1st Health Plan—San Diego	Comprehensive Diabetes Care	Annual Submission	26%	10%	*Not Met*
CenCal Health—San Luis Obispo	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Annual Submission	100%	100%	*Met*
CenCal Health—Santa Barbara	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Annual Submission	97%	100%	*Met*
Central California Alliance for Health—Merced	Improving Asthma Health Outcomes	Annual Submission	45%	0%	*Not Met*
Central California Alliance for Health—Monterey/Santa Cruz	Improving Asthma Health Outcomes	Annual Submission	45%	0%	*Not Met*
Community Health Group—San Diego	Postpartum Screening	Annual Submission	95%	100%	*Met*
Community Health Group—San Diego	Increasing Assessment, Diagnosis and Appropriate Treatment of COPD	Annual Submission	78%	86%	*Partially Met*
Contra Costa Health Plan—Contra Costa	Childhood Obesity	Annual Submission	89%	100%	*Met*
Family Mosaic Project—San Francisco	Increase School Attendance	Annual Submission	81%	100%	*Met*
Health Net—Kern	Cervical Cancer Screening	Annual Submission	81%	100%	*Met*
Health Net—Los Angeles	Cervical Cancer Screening	Annual Submission	89%	100%	*Met*
Health Net—Sacramento	Cervical Cancer Screening	Annual Submission	85%	100%	*Met*
Health Net—San Diego	Cervical Cancer Screening	Annual Submission	89%	100%	*Met*

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
July 1, 2012, through September 30, 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]
Health Net—Stanislaus	Cervical Cancer Screening	Annual Submission	85%	100%	*Met*
Health Net—Tulare	Cervical Cancer Screening	Annual Submission	88%	100%	*Met*
Health Plan of San Joaquin—San Joaquin	Improving the Percentage Rate of HbA1c Testing	Annual Submission	94%	100%	*Met*
Health Plan of San Mateo—San Mateo	Prenatal Care	Annual Submission	91%	100%	*Met*
Inland Empire Health Plan—Riverside, San Bernardino	ADHD Management	Annual Submission	84%	100%	*Met*
Kaiser Permanente—Sacramento	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Annual Submission	100%	100%	*Met*
Kaiser Permanente—San Diego	Children's Access to Primary Care Practitioners	Annual Submission	44%	71%	*Not Met*
Kern Family Health Care—Kern	Diabetes Management	Annual Submission	100%	100%	*Met*
L.A. Care Health Plan—Los Angeles	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Annual Submission	89%	100%	*Met*
Molina Healthcare—Riverside/San Bernardino	Improving Hypertension Control	Annual Submission	94%	100%	*Met*
Molina Healthcare—Sacramento	Improving Hypertension Control	Annual Submission	94%	100%	*Met*
Molina Healthcare—San Diego	Improving Hypertension Control	Annual Submission	91%	100%	*Met*
Partnership Health Plan—Napa, Solano, Sonoma, Yolo	Improving Care and Reducing Acute Readmissions for People With COPD	Annual Submission	85%	100%	*Met*
San Francisco Health Plan—San Francisco County	Patient Experience	Annual Submission	87%	89%	*Partially Met*

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity
July 1, 2012, through September 30, 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]
Santa Clara Family Health Plan—Santa Clara	Childhood Obesity Partnership and Education	Annual Submission	37%	38%	*Not Met*
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	Care for Older Adults	Annual submission	83%	90%	*Partially Met*

[1]**Type of Submission**—Designates the QIP submission as a new proposal, annual submission, or resubmission. A resubmission means the plan was required to resubmit the QIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

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

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

[4]**Overall Validation Status**—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

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 initiated its statewide collaborative *All-Cause Readmission (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 review period of this report, July through September 2012, the statewide collaborative plans worked to examine their study design phase data that were audited and finalized in June in preparation for the upcoming October 2012 QIP submissions.

These validation results will be included in the next quarterly QIP status report.

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 July 1, 2012, to September 30, 2012, HSAG reviewed 43 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 = 43 Submissions)
July 1, 2012, to September 30, 2012

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	97% (83/86)	3% (3/86)	0% (0/86)
	II: Clearly Defined, Answerable Study Question(s)	93% (40/43)	7% (3/43)	0% (0/43)
	III: Clearly Defined Study Indicator(s)	90% (91/101)	10% (10/101)	0% (0/101)
	IV: Correctly Identified Study Population	93% (40/43)	7% (3/43)	0% (0/43)

Table 4.1—Internal QIP Activity Average Rates*
(N = 43 Submissions)
July 1, 2012, to September 30, 2012

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design (continued)	V: Valid Sampling Techniques**	94% (118/126)	1% (1/126)	6% (7/126)
	VI: Accurate/Complete Data Collection	88% (196/223)	6% (14/223)	6% (13/223)
Implementation	VII: Sufficient Data Analysis and Interpretation**	90% (273/305)	7% (20/305)	4% (12/305)
	VIII: Appropriate Improvement Strategies	89% (118/132)	8% (10/132)	3% (4/132)
Outcomes	IX: Real Improvement Achieved	54% (71/132)	8% (11/132)	38% (50/132)
	X: Sustained Improvement Achieved	73% (8/11)	9% (1/11)	18% (2/11)

* 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.

** Totals may not equal 100 percent due to rounding.

Design

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

- The plans demonstrated excellent performance in Activities I through V by selecting an appropriate study topic; clearly defining their study questions and study indicators; correctly identifying their study population; and using valid sampling techniques, when applicable. At least 90 percent or more of the evaluation elements for each of these activities received a *Met* score.
- For Activity VI, Accurate/Complete Data Collection, 88 percent of the elements were scored *Met*. However, 12 percent of the elements were scored either *Partially Met* or *Not Met*, which means that the submissions did show some deficiencies in the data collection. The deficiencies primarily involved an incomplete or inaccurate data analysis plan and manual data collection tools that did not ensure consistent and accurate collection of data according to indicator specifications.

Implementation

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

For Activity VII, HSAG assessed whether the plans had sufficient data analysis and interpretation of results between remeasurement periods. Ninety percent of the elements in this activity received a *Met* score.

Fourteen QIP submissions had at least one element receive a *Partially Met* or *Not Met* score. The deficiencies included an incomplete and/or inaccurate interpretation of findings or failure to accurately identify a statistical difference between measurement periods. The following four plans that had the most room for improvement (i.e., most *Partially Met* and *Not Met* elements):

- Care1st—San Diego County, *Comprehensive Diabetes Care*
- Family Mosaic Project—San Francisco County, *Increase School Attendance*
- Kaiser Permanente—San Diego County, *Children's Access to Primary Care Practitioners*
- Santa Clara Family Health Plan—Santa Clara County, *Childhood Obesity Partnership and Education*

Eighty-nine percent of the elements for Activity VIII received a *Met* score, revealing that, overall, QIP submissions documented effective improvement strategies. Of the three QIPs with deficiencies, the prominent issue was not documenting how successful interventions would be monitored and standardized.

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, 33 QIP annual submissions validated during the review were assessed for real (statistically significant) improvement. A total of 33 QIP submissions included, at a minimum, Remeasurement 1 data and were evaluated through Activity IX. Of those 33 submissions, 15 QIPs achieved statistically significant improvement over baseline for at least one study indicator. The 15 QIPs were:

- AHF—Los Angeles County, *Advance Directives.*
- Anthem Blue Cross—Alameda County, *Postpartum Care.*
- Anthem Blue Cross—Contra Costa County, *Postpartum Care.*
- Anthem Blue Cross—Santa Clara County, *Postpartum Care.*
- Anthem Blue Cross—Tulare County, *Postpartum Care.*

- CenCal Health—San Luis Obispo County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*.
- CenCal Health—Santa Barbara County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*.
- Community Health Group Partnership Plan—San Diego County, *Increasing Assessment, Diagnosis and Appropriate Treatment of COPD*.
- Community Health Group Partnership Plan—San Diego County, *Postpartum Screening*.
- Contra Costa Health Plan—Contra Costa County, *Reducing Childhood Obesity*.
- Family Mosaic Project—San Francisco County, *Increase School Attendance*.
- Inland Empire Health Plan—Riverside and San Bernardino counties, *Attention Deficit Hyperactivity Disorder (ADHD) Management*.
- Kaiser Permanente—Sacramento County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*.
- Partnership Health Plan of California—Napa, Solano, Sonoma, and Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD*.
- SCAN Health Plan—Los Angeles, Riverside and San Bernardino counties, *Care for Older Adults*.

For the remaining 18 QIPs, two elements were 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.

While these 18 QIPs often included the implementation of appropriate interventions during the measurement period, they lacked the critical analysis necessary to determine the effectiveness of the interventions. This was especially true for multi-county plans which represented 13 of the 18 QIPs without statistically significant improvement.

For example, one plan implemented a strategy to require hospitals to provide the plan with notification when a member delivered a baby. The objective of this strategy was to improve the plan's telephone outreach to these members and thereby improve the rate of postpartum visits. No additional information regarding the success of the interventions was documented. Without evaluating the change in the number of hospitals reporting the notification of delivery, and the frequency and completeness of the reporting, HSAG was unable to determine if this intervention was effective. Similarly, without an analysis of how many members were contacted via telephone that then completed a postpartum visit, the success of this intervention could not be determined. The plan did achieve real improvement for three

of its six counties; however, the plan did not document/evaluate why half of the counties did not demonstrate statistically significant improvement in relationship to the interventions the plan implemented across all counties.

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. Eleven of the 33 QIPS achieved statistically significant improvement over baseline, reported a subsequent measurement period, and were assessed for sustained improvement (Activity X). These included:

- Anthem Blue Cross—(1) Alameda, (2) Contra Costa, (3) Santa Clara, and (4) Tulare counties, *Postpartum Care*.
- CenCal Health—(1) San Luis Obispo and (2) Santa Barbara counties, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*.
- Community Health Group—San Diego County, *Increasing Assessment, Diagnosis and Appropriate Treatment of COPD*.
- Community Health Group—San Diego County, *Postpartum Screening*.
- Contra Costa Health Plan—Contra Costa County, *Childhood Obesity*.
- Kaiser Permanente—Sacramento County, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*.
- Partnership Health Plan—Napa, Solano, Sonoma, and Yolo counties, *Improving Care and Reducing Acute Readmissions for People With COPD*.

Nine of the 11 QIPs achieved sustained improvement for at least one study outcome. Overall, the implementation of these QIPs has led to improved health outcomes for the following targeted study populations:

- Increased postpartum visits for mothers in Anthem's Alameda and Contra Costa counties.
- Increased documentation of BMI percentile, counseling or referral for nutrition education, and physical activity for children in CenCal Health's San Luis Obispo and Santa Barbara counties.

- Decreased hospitalizations and emergency room visits for members with COPD in Community Health Group's San Diego County.
- Increased screening for postpartum depression for mothers in Community Health Group's San Diego County.
- Increased documentation of BMI percentile and counseling for physical activity for children in Contra Costa Health Plans' Contra Costa County.
- Increased documentation of BMI percentile, counseling or referral for nutrition education, and physical activity for children in Kaiser Permanente's Sacramento County.
- Improved medication management of COPD exacerbation for members with COPD in Partnership Health Plan's Napa, Solano, Sonoma, and Yolo counties.

Internal QIP Strengths and Opportunities for Improvement

Similar to the last reporting period, plans demonstrated aptitude with the design and implementation phases for their QIPs. This is supported by the high percentage of *Met* evaluation elements for this review period, July 1, 2012, through September 30, 2012.

Only 45 percent of the QIPs with at least one remeasurement period were able to demonstrate statistically significant improvement for at least one study indicator. However, once statistically significant improvement was achieved, 82 percent of QIPs were able to sustain that improvement in a subsequent measurement period. 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 analysis, most plans did not document the details and results of the barrier analyses. 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.

Internal QIP Recommendations

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

Plans should also incorporate a method to evaluate the effectiveness of each intervention. The number and type 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. STATUS OF ACTIVE QIPS

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
July 1, 2012, through September 30, 2012
(*See page A-9 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 number 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, Contra Costa, Fresno, Kings, Madera, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare	CP	Clinical		I–VI	Study Design
CalOptima—Orange	COHS	Clinical		I–VI	Study Design
CalViva—Fresno, Kings, and Madera	LI	Clinical		I–VI	Study Design
Care1st Partner Plan—San Diego	GMC	Clinical		I–VI	Study Design
Central California Alliance for Health—Santa Cruz, Monterey, and Merced	COHS	Clinical		I–VI	Study Design
CenCal Health—San Luis Obispo and Santa Barbara	COHS	Clinical		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—Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare	CP, GMC	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

Table A.1—The MMCD Statewide Collaborative QIPs
July 1, 2012, through September 30, 2012
(*See page A-9 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					
Inland Empire Health Plan—Riverside and San Bernardino	LI	Clinical	For members 21 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	I–VI	Study Design
Kaiser Permanente—Sacramento	GMC	Clinical		I–VI	Study Design
Kaiser Permanente—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, San Bernardino, Sacramento, and San Diego	GMC	Clinical		I–VI	Study Design
Partnership Health Plan of California—Marin, Mendocino, Napa, Solano, Sonoma, and Yolo	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
SCAN Health Plan—Los Angeles, Riverside, and San Bernardino	SP	Clinical		I–VI	Study Design

Table A.2—Internal QIPs
July 1, 2012, through September 30, 2012
(*See page A-9 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
AHF Healthcare Centers—Los Angeles	SP	Advance Directives	Nonclinical	Improve the rate of members who have an advance directive document or documented discussion of advance directives	IX	Remeasurement 1
AHF Healthcare Centers—Los Angeles	SP	Increasing CD4 and Viral Load Testing	Clinical	Increase the percentage of members who receive CD4 and Viral Load tests	IX	Remeasurement 1
Alameda Alliance for Health—Alameda	LI	Hypertension	Clinical	Improving hypertension diagnosis and anti-hypertensive medication fills among members with hypertension	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—Fresno	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

Table A.2—Internal QIPs
July 1, 2012, through September 30, 2012
(*See page A-9 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
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—Fresno	LI	Retinal Eye Exam	Clinical	Increase the number of retinal eye exams among members with diabetes	VI	Study Design
CalViva—Kings	LI	Retinal Eye Exam	Clinical	Increase the number of retinal eye exams among members with diabetes	VI	Study Design
CalViva—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 comprehensive diabetes care	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
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
Central California Alliance for Health—Merced	COHS	Improving Asthma Health Outcomes	Clinical	Decrease the rate of ER admissions for members with persistent asthma	VI	Study Design

Table A.2—Internal QIPs
July 1, 2012, through September 30, 2012
(*See page A-9 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
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
Community Health Group Partnership Plan—San Diego	GMC	Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment of COPD patients 40 years and older by increasing Spirometry testing for assessment and diagnosis, decreasing acute inpatient hospitalizations and emergency department visits, and increasing the appropriate use of asthma medications	X	Remeasurement 4
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities—Childhood Obesity	Clinical	Increase rates of provider documentation of BMI percentiles, counseling for nutrition, and counseling for physical activity for children	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—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—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
July 1, 2012, through September 30, 2012
(*See page A-9 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
Health Net Community Solutions—Sacramento	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 2
Health Net Community Solutions—San Diego	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 2
Health Net Community Solutions—Stanislaus	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 2
Health Net Community Solutions—Tulare	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Improve cervical cancer screening among seniors and persons with disabilities	IX	Remeasurement 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 Permanente—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

Table A.2—Internal QIPs
July 1, 2012, through September 30, 2012
(*See page A-9 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
Kaiser Permanente—San Diego	GMC	Children's Access to Primary Care Practitioners	Clinical	Improve the access to Primary Care Practitioners for Medicaid members 25 months–6 years of age	VIII	Baseline
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—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—Sacramento	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 2
Molina Healthcare of California Partner Plan—San Diego	GMC	Improving Hypertension Control	Clinical	Increase the percentages of controlled blood pressure	IX	Remeasurement 2
Partnership Health Plan of California—Mendocino	COHS	Improving Access for Children	Nonclinical	Improve access to primary care for children and adolescents	VI	Study Design
Partnership Health Plan of California—Napa, Solano, and Yolo	COHS	Improving Care and Reducing Acute Readmissions for People With COPD	Clinical	Improve care and reduce acute readmissions for people with COPD	X	Remeasurement 3
Partnership Health Plan of California—Sonoma	COHS	Improving Access for Children	Nonclinical	Improve access to primary care for children and adolescents	VI	Study Design

Table A.2––Internal QIPs
July 1, 2012, through September 30, 2012

Plan Name and County	Plan Model Type	Name of Project/Study	Clinical/ Nonclinical	QIP Description	Level of QIP Progress	
					Steps Validated	QIP Progression
San Francisco Health Plan—San Francisco	LI	Improving the Patient Experience II	Clinical	Increase the percentage of members selecting the top rating for overall health care and personal doctor on a patient satisfaction survey	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
SCAN 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

*Grid category explanations:

Plan Model Type—designated plan model type:

- County-Organized Health System (COHS) plan
- Geographic-Managed Care (GMC) plan
- Two-Plan Model
  - Local initiative plan (LI)
  - Commercial plan (CP)
- Specialty plan (SP)

Clinical/Nonclinical—designates if the QIP addresses a clinical or nonclinical area of study.

QIP Description—provides a brief description of the QIP and the study population.

Level of QIP Progress—provides the status of each QIP as shown through *Steps Validated* and *Measurement Completion:*

- *Steps Validated*—provides the number of CMS activities/steps completed through Step X.
- *Measurement Completion*—indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc.

Table B.1—Internal QIP Activities I to VI Ratings (N = 43 Submissions)
July 1, 2012, through September 30, 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).	93% (40/43)	7% (3/43)	0% (0/43)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (43/43)	0% (0/43)	0% (0/43)
	Activity Average Rates**	**97% (83/86)**	**3% (3/86)**	**0% (0/86)**
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.	93% (40/43)	7% (3/43)	0% (0/43)
	Activity Average Rates**	**93% (40/43)**	**7% (3/43)**	**0% (0/43)**
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.	88% (38/43)	12% (5/43)	0% (0/43)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (15/15)	0% (0/15)	0% (0/15)
C*	3. Allow for the study questions to be answered.	88% (38/43)	12% (5/43)	0% (0/43)
	Activity Average Rates**	**90% (91/101)**	**10% (10/101)**	**0% (0/101)**
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.	93% (40/43)	7% (3/43)	0% (0/43)
	Activity Average Rates**	**93% (40/43)**	**7% (3/43)**	**0% (0/43)**
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	90% (19/21)	5% (1/21)	5% (1/21)
	2. Provide the title of the applicable study indicator(s).	95% (20/21)	0% (0/21)	5% (1/21)
	3. Identify the population size.	90% (19/21)	0% (0/21)	10% (2/21)
C*	4. Identify the sample size.	95% (20/21)	0% (0/21)	5% (1/21)
	5. Specify the margin of error and confidence level.	95% (20/21)	0% (0/21)	5% (1/21)
	6. Describe in detail the methods used to select the sample.	95% (20/21)	0% (0/21)	5% (1/21)
	Activity Average Rates**	**94% (118/126)**	**1% (1/126)**	**6% (7/126)**

Table B.1—Internal QIP Activities I to VI Ratings (N = 43 Submissions)
July 1, 2012, through September 30, 2012

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	95% (41/43)	5% (2/43)	0% (0/43)
	2. A defined and systematic process for collecting baseline and remeasurement data.	93% (40/43)	5% (2/43)	2% (1/43)
	3. Qualifications of staff members collecting manual data.	81% (22/27)	0% (0/27)	19% (5/27)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	81% (22/27)	0% (0/27)	19% (5/27)
	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% (38/40)	5% (2/40)	0% (0/40)
	6. A description of the data analysis plan.	77% (33/43)	19% (8/43)	5% (2/43)
	Activity Average Rates**	**88% (196/223)**	**6% (14/223)**	**6% (13/223)**

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

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded. Totals may not equal 100 percent due to rounding.

Table B.2—Internal QIP Activities VII and VIII Ratings (N = 43 Submissions)
July 1, 2012, through September 30, 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.	87% (33/38)	11% (4/38)	3% (1/38)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	90% (19/21)	5% (1/21)	5% (1/21)
	3. Identify factors that threaten internal or external validity of findings.	89% (34/38)	0% (0/38)	11% (4/38)
	4. Include an interpretation of findings.	82% (31/38)	13% (5/38)	5% (2/38)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	89% (34/38)	8% (3/38)	3% (1/38)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (33/33)	0% (0/33)	0% (0/33)
	7. Identify statistical differences between the initial measurement and the remeasurement.	79% (26/33)	21% (7/33)	0% (0/33)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	91% (30/33)	0% (0/33)	9% (3/33)
	9. Include an interpretation of the extent to which the study was successful.	100% (33/33)	0% (0/33)	0% (0/33)
	Activity Average Rates**	**90% (273/305)**	**7% (20/305)**	**4% (12/305)**
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	92% (35/38)	5% (2/38)	3% (1/38)
	2. System changes that are likely to induce permanent change.	95% (36/38)	3% (1/38)	3% (1/38)
	3. Revised if the original interventions are not successful.	90% (27/30)	3% (1/30)	7% (2/30)
	4. Standardized and monitored if interventions are successful.	77% (20/26)	23% (6/26)	0% (0/26)
	Activity Average Rates**	**89% (118/132)**	**8% (10/132)**	**3% (4/132)**

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

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded. Totals may not equal 100 percent due to rounding.

Table B.3—Internal QIP Activities IX and X Ratings (N = 43 Submissions)
July 1, 2012, through September 30, 2012

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (33/33)	0% (0/33)	0% (0/33)
	2. There is documented improvement in processes or outcomes of care.	48% (16/33)	9% (3/33)	42% (14/33)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	33% (11/33)	12% (4/33)	55% (18/33)
	4. The improvement appears to be the result of planned intervention(s).	33% (11/33)	12% (4/33)	55% (18/33)
	Activity Average Rates**	**54% (71/132)**	**8% (11/132)**	**38% (50/132)**
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.	73% (8/11)	9% (1/11)	18% (2/11)
	Activity Average Rates**	**73% (8/11)**	**9% (1/11)**	**18% (2/11)**

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

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of elements with a *Met*, *Partially Met, or Not Met* finding across all the evaluation elements for a particular activity. All *Not Applicable* or *Not Assessed* findings are excluded. Totals may not equal 100 percent due to rounding.