Medi-Cal Managed Care
Quality Improvement Projects Status Report
October 1, 2013 – December 31, 2013

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

April 2014

TABLE OF CONTENTS

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 October 1, 2013, through December 31, 2013, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

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

During the reporting period of October 1, 2013, through December 31, 2013, HSAG reviewed 29 statewide collaborative QIP submissions from 18 MCPs, and 38 internal QIP (IQIP) submissions from 20 MCPs. 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
October 1, 2013, through December 31, 2013[1]

General QIP Topic	Number of QIPs	Number of Submissions
All-Cause Readmissions (Collaborative QIP)[2]	29	29
Internal QIPs (IQIPs)		
Diabetes	13	15
Prenatal/Postpartum Care	4	6
Hypertension Control	4	5
Asthma Control	2	2
Childhood Immunizations	2	2
Children's Access to Primary Care Practitioners	1	2
Increase in School Attendance	1	2
CD4 & Viral Load	1	1
Child and Adolescent Depression Rating	1	1
Childhood Obesity	1	1
Patient Experience	1	1
Total for IQIPs	31	38

[1] Only QIPs that had submissions during Q2 are included in this table.

[2] Although some of the *All-Cause Readmissions* QIPs were received during the 2013–14 second quarter, they were included in the first quarter report so that the validation information for all MCPs participating in the collaborative is included together.

All 29 statewide collaborative QIPs received were resubmissions. 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 *Met* validation status. Twenty-five of the QIPs received an overall *Met* validation status, and 4 received an overall *Partially Met* validation status. The four QIPs receiving a *Partially Met* validation status will need to be resubmitted a second time.

Of the 38 IQIP submissions, 1 was a study design submission and 37 were submissions in various stages of the review process (annual submission, resubmission 1, or resubmission 2). The study design submission received a *Partially Met* validation status and will require a resubmission in the next quarter. Of the 37 other submissions, 19 received a *Met* validation status. Eighteen submissions initially received a *Partially Met* or *Not Met* validation status;

however, after multiple resubmissions during the review period, only five IQIPs still have a *Partially Met* or *Not Met* status and will need to be resubmitted in the next quarter. Two IQIPs were closed during the review period—AIDS Healthcare Foundation's (AHF's) *Increasing CD4 and Viral Load Testing* and Santa Clara Family Health Plan's (SCFHP's) *Childhood Obesity Partnership and Education (COPE)*. (Note: Anthem Blue Cross Partnership Plan resubmitted its *Improving Diabetes Management* IQIP annual resubmission 1 during the review period, so the validation results are included in this report; however, HSAG and DHCS made the decision to close this IQIP during first quarter, which was noted in the first quarter report. Anthem resubmitted the IQIP after DHCS decided to close it, and since the IQIP was submitted, HSAG validated it. Please note that implementation of this IQIP in five counties is considered five IQIPs, not one.

Summary of Overall QIP Outcomes

Statewide Collaborative QIP

The MCPs only reported Activities I through VIII for their statewide *All-Cause Readmissions* collaborative QIPs since these QIPs had not reached the Outcomes stage yet. The QIPs will be assessed for statistically significant improvement over baseline at the next annual submission (Remeasurement 1).

Internal QIPs

During the reporting period, 17 IQIPs were assessed for statistically significant improvement (Activity IX), and no study indicators achieved statistically significant improvement over baseline. Since sustained improvement cannot be assessed until statistically significant improvement has been achieved, no IQIPs were assessed for sustained improvement (Activity X).

Conclusions and Recommendations

QIPs validated during the review period of October 1, 2013, through December 31, 2013, showed that many of the MCPs were able to correct the deficiencies that were noted during their Quarter 1 QIP submission and achieve a *Met* validation status. The remaining MCPs are still having difficulty ensuring that there is a connection between the identified barriers and the planned interventions as well as identifying an evaluation plan for each intervention. Additionally, the MCPs are not thoroughly documenting all required components of their causal/barrier analyses. Four statewide collaborative QIPs, one study design QIP, and five IQIPs will need to be resubmitted in the next quarter. Since these QIPs have required multiple resubmissions, HSAG will hold technical assistance calls with each of the MCPs to provide

guidance on how to address identified deficiencies and ensure a *Met* validation status is achieved.

In addition to the 19 IQIPs DHCS decided to close in the first quarter, 2 IQIPs were closed during the second quarter. Following are the reasons these IQIPs were closed:

- AHF: *Increasing CD4 and Viral Load Testing*—Changes were made to the clinical practice guidelines for the frequency of CD4 and Viral Load testing which resulted in the QIP indicator no longer matching the guidelines.
- SCFHP: *Childhood Obesity Partnership and Education (COPE)*—The MCP changed the study indicator numerator, resulting in compromised data collection and the results no longer being comparable.

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

- MCPs should identify study indicators that are well defined and objective, and measure change.
- MCPs should continue to improve on describing the causal/barrier analysis and/or the quality improvement process used to determine the barriers. A narrative description of the casual/barrier analysis and/or the quality improvement process should include the following:
  - Specific data analysis performed.
  - Steps taken to identify the barriers.
  - Involvement of any committees, teams, or work groups.
  - Description of the quality improvement tools used (fishbone diagram, brainstorming, etc.).
  - Description of how the barriers were prioritized.
- MCPs should ensure that all components of the data analysis plan are documented in Activity VI of the QIP Summary Form.
- MCPs should ensure that all components of the data analysis and interpretation of study results in Activity VII are thoroughly documented, including the following:
  - Identify factors that threatened internal or external validity of findings
  - Provide interpretation of findings.
  - Indicate if there are statistical differences between the initial measurement period and the remeasurement period.
  - Identify factors that affected the MCP's ability to compare the initial measurement period to the remeasurement period.
- MCPs should properly specify the margin of error and confidence level.

- MCPs should develop system changes that are likely to induce permanent change.
- MCPs should have a plan for evaluating each intervention and document the process used to evaluate the effectiveness of the interventions.
- MCPs should refer to the Quality Improvement Assessment (QIA) Guide and QIP Completion Instructions before documenting a QIP.
- MCPs should request technical assistance before resubmitting a QIP or if a QIP does not achieve statistically significant improvement over baseline.

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 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 MCPs conduct QIPs.

QIPs are a contract requirement for Medi-Cal MCPs. DHCS requires each of its contracted Medi-Cal MCPs to conduct two DHCS-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.

[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 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.[4]

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.

[4] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 7: Implementation of Performance Improvement Projects: A Voluntary Protocol for External Quality Review (EQR)*, Version 2.0, September 2012, and *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2013.

QIP Validation Activities

HSAG reviewed 29 statewide collaborative QIP submissions and 38 IQIP submissions for the period of October 1, 2013, through December 31, 2013.

All 29 statewide collaborative QIPs received were resubmissions. 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 *Met* validation status. Twenty-five of the QIPs received an overall *Met* validation status, and four received an overall *Partially Met* validation status. The four QIPs receiving a *Partially Met* validation status will need to be resubmitted a second time.

Tables 3.1 and 3.2 only summarize those QIPs that were validated during this review period. Table 3.1 includes the statewide *All-Cause Readmissions* collaborative QIPs. HSAG validated Activities I through VIII for the *All-Cause Readmissions* QIP submissions. Table 3.2 includes the IQIPs and lists the QIPs by MCP and county, study topic, QIP submission type, and activities validated. Additionally, both tables display the percentage of evaluation and critical elements that received a *Met* score and summarize the validation results for the QIPs, providing an overall validation status of *Met*, *Partially Met*, or *Not Met*. 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 Statewide *All-Cause Readmissions*
Collaborative QIP Annual Resubmission 1 Results
October 1, 2013, through December 31, 2013

MCP Name and County	Percentage of Evaluation Elements Scored Met[1]	Percentage of Critical Elements Scored Met[2]	Overall Validation Status[3]
Alameda Alliance for Health—Alameda	63%	86%	*Partially Met*
Care1st Partner Plan—San Diego	63%	57%	*Partially Met*
CenCal Health—San Luis Obispo	100%	100%	*Met*
CenCal Health—Santa Barbara	100%	100%	*Met*
Community Health Group Partnership Plan—San Diego	94%	86%	*Partially Met*
Contra Costa Health Plan—Contra Costa	100%	100%	*Met*
Gold Coast Health Plan—Ventura	88%	100%	*Met*
Health Net Community Solutions, Inc.—Kern	100%	100%	*Met*
Health Net Community Solutions, Inc.—Los Angeles	100%	100%	*Met*
Health Net Community Solutions, Inc.—Sacramento	100%	100%	*Met*
Health Net Community Solutions, Inc.—San Diego	100%	100%	*Met*
Health Net Community Solutions, Inc.—Stanislaus	100%	100%	*Met*
Health Net Community Solutions, Inc.—Tulare	100%	100%	*Met*
Health Plan of San Joaquin—San Joaquin	88%	86%	*Partially Met*
Health Plan of San Mateo—San Mateo	94%	100%	*Met*
Inland Empire Health Plan—Riverside and San Bernardino	100%	100%	*Met*
Kaiser—San Diego County	94%	100%	*Met*
Kern Family Health Care—Kern	94%	100%	*Met*

Table 3.1—Medi-Cal Managed Care Quarterly Statewide *All-Cause Readmissions*
Collaborative QIP Annual Resubmission 1 Results
October 1, 2013, through December 31, 2013

MCP Name and County	Percentage of Evaluation Elements Scored Met[1]	Percentage of Critical Elements Scored Met[2]	Overall Validation Status[3]
L.A. Care Health Plan—Los Angeles	100%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	100%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—Sacramento	100%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—San Diego	100%	100%	*Met*
Partnership HealthPlan of California—Marin	100%	100%	*Met*
Partnership HealthPlan of California—Mendocino	100%	100%	*Met*
Partnership HealthPlan of California—Napa, Solano, and Yolo	100%	100%	*Met*
Partnership HealthPlan of California—Sonoma	100%	100%	*Met*
San Francisco Health Plan—San Francisco	100%	100%	*Met*
Santa Clara Family Health Plan—Santa Clara	100%	100%	*Met*
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	100%	100%	*Met*

[1]**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*.

[2]**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*.

[3]**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*.

Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
October 1, 2013, through December 31, 2013

MCP Name and County	Name of Internal Project/Study	Type of Submission[1]	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
AIDS Healthcare Foundation—Los Angeles	CD4 & Viral Load Testing	Annual Submission	I–IX	81%	100%	*Met* *QIP Closed*
Alameda Alliance for Health—Alameda	Improving Anti-Hypertensive Medication Fills Among Members With Hypertension	Annual Resubmission 1	I–IX	62%	71%	*Partially Met*
		Annual Resubmission 2	I–IX	62%	71%	*Partially Met*
Anthem Blue Cross Partnership Plan—Alameda	Diabetes Management	Annual Resubmission 1	I–VIII	96%	90%	*Partially Met* *QIP Closed*
Anthem Blue Cross Partnership Plan—Contra Costa	Diabetes Management	Annual Resubmission 1	I–VIII	96%	90%	*Partially Met* *QIP Closed*
Anthem Blue Cross Partnership Plan—Fresno	Diabetes Management	Annual Resubmission 1	I–VIII	96%	90%	*Partially Met* *QIP Closed*
Anthem Blue Cross Partnership Plan—Kings	Diabetes Management	Annual Resubmission 1	I–VIII	96%	90%	*Partially Met* *QIP Closed*
Anthem Blue Cross Partnership Plan—Madera	Diabetes Management	Annual Resubmission 1	I–VIII	96%	90%	*Partially Met* *QIP Closed*
CalViva Health—Fresno	Retinal Eye Exam	Annual Resubmission 1	I–VIII	100%	100%	*Met*
CalViva Health—Kings	Retinal Eye Exam	Annual Resubmission 1	I–VIII	100%	100%	*Met*
CalViva Health—Madera	Retinal Eye Exam	Annual Resubmission 1	I–VIII	100%	100%	*Met*

Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
October 1, 2013, through December 31, 2013

MCP Name and County	Name of Internal Project/Study	Type of Submission[1]	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Care1st Partner Plan—San Diego	Comprehensive Diabetes Care	Annual Resubmission 1	I–IX	85%	90%	*Partially Met*
		Annual Resubmission 2	I–IX	85%	90%	*Partially Met*
Central California Alliance for Health—Merced	Improving Asthma Health Outcomes	Annual Resubmission 1	I–VIII	100%	100%	*Met*
Central California Alliance for Health—Monterey and Santa Cruz	Improving Asthma Health Outcomes	Annual Resubmission 1	I–VIII	100%	100%	*Met*
Community Health Group Partnership Plan—San Diego	Increasing Postpartum Care Visits Within 6 Weeks of Delivery	Annual Resubmission 1	I–VIII	96%	100%	*Met*
Contra Costa Health Plan—Contra Costa	Improving Perinatal Access and Care	Annual Submission	I–VIII	95%	88%	*Partially Met*
		Annual Resubmission 1	I–VIII	95%	88%	*Partially Met*
		Annual Resubmission 2	I–VIII	100%	100%	*Met*
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Annual Submission	I–IX	62%	71%	*Partially Met*
		Annual Resubmission 1	I–IX	65%	71%	*Partially Met*
Family Mosaic Project—San Francisco	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Study Design Submission	I–VI	64%	80%	*Partially Met*

Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
October 1, 2013, through December 31, 2013

MCP Name and County	Name of Internal Project/Study	Type of Submission[1]	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Gold Coast Health Plan—Ventura	Increase Rate of Annual Diabetic Eye Exam	Annual Submission	I–VIII	64%	70%	*Partially Met*
		Annual Resubmission 1	I–VIII	92%	100%	*Met*
Health Plan of San Joaquin—San Joaquin	Improving the Percentage Rate of HbA1c Testing	Annual Resubmission 1	I–IX	91%	100%	*Met*
Health Plan of San Mateo—San Mateo	Increasing Timeliness of Prenatal Care	Annual Resubmission 1	I–IX	91%	100%	*Met*
Kaiser—Sacramento	Childhood Immunizations	Annual Resubmission 1	I–VIII	100%	100%	*Met*
Kaiser—San Diego	Children's Access to Primary Care Practitioners	Annual Resubmission 1	I–IX	73%	86%	*Partially Met*
		Annual Resubmission 2	I–IX	81%	100%	*Met*
Kern Family Health Care—Kern	Comprehensive Diabetic Quality Improvement Plan	Annual Resubmission 1	I–IX	88%	100%	*Met*
L.A. Care Health Plan—Los Angeles	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Annual Resubmission 1	I–IX	91%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	Improving Hypertension Control	Annual Resubmission 1	I–IX	94%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—Sacramento	Improving Hypertension Control	Annual Resubmission 1	I–IX	91%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—San Diego	Improving Hypertension Control	Annual Resubmission 1	I–IX	91%	100%	*Met*

Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
October 1, 2013, through December 31, 2013

MCP Name and County	Name of Internal Project/Study	Type of Submission[1]	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Partnership HealthPlan of California—Marin	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	75%	83%	*Not Met*
Partnership HealthPlan of California—Mendocino	Childhood Immunization Status—Combo 3	Study Design Submission	I–VI	83%	83%	*Not Met*
San Francisco Health Plan—San Francisco	Patient Experience	Annual Resubmission 1	I–VIII	100%	100%	*Met*
Santa Clara Family Health Plan—Santa Clara	Childhood Obesity Partnership and Education	Annual Resubmission 1	I–IX	30%	29%	*Not Met* *QIP Closed*

[1]**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 *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 IQIPs—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.

NOTE: With each QIP submission, all activities are revalidated to ensure noted deficiencies are corrected and no changes have been made to the documentation for the activities.

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 MCPs submitted the Design stage of their *ACR* QIPs between August 2012 and November 2012. The submissions included their historical MCP-specific data, which included the MCPs' calendar year (CY) 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* Annual Submissions were included in the Q1 Quarterly Summary Report and were excluded in the Q2 reporting period. QIP validation results for 29 *ACR* QIP Design stage resubmissions were included in the October 1, 2012, to December 31, 2012, QIP status report.

From January 2013 through June 2013, the MCPs continued to work on their improvement strategies. In January, 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.

Baseline submissions (with ACR rates for CY 2012 and Activities I through VI) were due in September 2013. Five MCPs, representing 16 QIP submissions, received an overall *Met* validation status; however, the remaining 18 MCPs, representing 29 QIP submissions, required a resubmission. For this report, HSAG reviewed 29 statewide collaborative QIP baseline resubmissions.

For the 29 resubmissions, Table 4.1 provides average rates for each activity within the CMS protocols. Tables B.1 through B.3 in Appendix B show the scores for each evaluation element within the activities.

**Table 4.1—Statewide *All-Cause Readmissions* Collaborative QIP Activity Average Rates*
(N = 29 Resubmissions)
October 1, 2013, to December 31, 2013**

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	**I: Appropriate Study Topic**	98% (57/58)	2% (1/58)	0% (0/58)
	II: Clearly Defined, Answerable Study Question(s)	100% (29/29)	0% (0/29)	0% (0/29)
	III: Clearly Defined Study Indicator(s)	100% (58/58)	0% (0/58)	0% (0/58)
	IV: Correctly Identified Study Population	100% (29/29)	0% (0/29)	0% (0/29)
	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection**	97% (112/116)	1% (1/116)	3% (3/116)

Table 4.1—Statewide *All-Cause Readmissions* Collaborative QIP Activity Average Rates*
(N = 29 Resubmissions)
October 1, 2013, to December 31, 2013

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Implementation	VII: Sufficient Data Analysis and Interpretation	93% (108/116)	3% (3/116)	4% (5/116)
	VIII: Appropriate Improvement Strategies	88% (51/58)	12% (7/58)	0% (0/58)
Outcomes	IX: Real Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

*The activity average rate represents the average percentage of applicable elements across all submissions 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.

**The activity totals may not equal 100 percent due to rounding.

Design

The Design stage includes QIP validation findings for Activities I through VI. 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. The MCPs' average percentage of the applicable elements in Activity I with a *Met* score was 98 percent, and 100 percent for applicable elements in Activities II, III, and IV.

Activity V was not applicable for the statewide collaborative QIP; therefore, it was not scored.

The MCPs improved their scores in Activity VI, with 97 percent of applicable elements receiving a *Met* score compared to 78 percent from Quarter 1. The MCPs appear to have a better understanding of Activity VI; however, a few of the MCPs still did not provide a description of the data analysis plan, accounting for the *Partially Met* and *Not Met* scores for this activity. Although some of the MCPs did not provide a description of the data analysis plan, the number of QIP submissions receiving a *Met* score for this element improved by 48 percentage points from Quarter 1 to Quarter 2. Overall, the percent of applicable elements receiving a *Met* score improved by 19 percentage points from Quarter 1 validation results for this activity, even though a few MCPs did not provide all required documentation.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. The MCPs improved their Quarter 1 results with their resubmissions in Quarter 2; however, they are still struggling in key areas of the statewide collaborative QIP.

Activity VII assesses whether the MCPs' data analysis techniques comply with industry standards, appropriate statistical tests are used, and accurate/reliable information is obtained. Since the statewide collaborative QIP submission only included baseline data and sampling was not used, only four of the elements for this activity were assessed. The QIPs' average rate for elements in Activity VII with a *Met* score was 90 percent or better for all four elements. In Quarter 1, only 27 percent of the QIPs received a *Met* score for the element that assesses whether the MCPs identified factors that threatened internal or external validity of findings. However, during this review period (Quarter 2), 90 percent of the QIP resubmissions received a *Met* score for this element, while 10 percent received a *Not Met* score. It is evident from these results that the MCPs have a much better understanding of the documentation required to achieve a *Met* score for the element related to factors that threatened the internal or external validity of findings. The average percentage of applicable elements receiving *Met* scores for Activity VII was 93 percent.

Activity VIII assesses if the barrier analysis is adequate to identify barriers to improvement, the MCP has developed appropriate improvement strategies, and the timeline for implementation of interventions is reasonable. Although the MCPs have made significant improvements on their barrier analyses, developing improvement strategies, and identifying realistic timelines for implementing interventions, this activity continues to receive the lowest score out of all the activities for the QIP validation process. Across all submissions, 88 percent of the applicable elements received a *Met* score, and 12 percent received a *Partially Met* score. None of the elements in this activity received a *Not Met* score. Since the statewide collaborative QIP was at the baseline measurement period, only two elements were assessed for Activity VIII. Ninety percent of the QIPs received a *Met* score for the element that assesses if the MCP included documentation of system changes that are likely to induce permanent change, and 86 percent received a *Met* score for the element that assesses if the MCP documented the connection between the identified causes/barriers and their interventions.

Outcomes

The Outcomes stage includes QIP validation findings for Activities IX and X. Since the statewide collaborative QIP had not progressed to the Outcomes stage, the QIPs were not assessed for Activities IX and X.

Findings Specific to Small-Group Collaborative Quality Improvement Projects

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

Findings Specific to Internal Quality Improvement Projects

For the period of October 1, 2013, to December 31, 2013, HSAG reviewed 38 IQIP submissions from 20 MCPs in 30 counties.

Table 4.2 provides average rates for each activity within the CMS protocols. Appendices B.4 through B.6 include tables with scores for each evaluation element within the activities.

Table 4.2—Internal QIP Activity Average Rates*
(N = 38 Submissions, from 20 MCPs in 30 Counties)
October 1, 2013 to December 31, 2013

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100% (76/76)	0% (0/76)	0% (0/76)
	II: Clearly Defined, Answerable Study Question(s)	100% (38/38)	0% (0/38)	0% (0/38)
	III: Clearly Defined Study Indicator(s)	94% (80/85)	5% (4/85)	1% (1/85)
	IV: Correctly Identified Study Population	92% (35/38)	5% (2/38)	3% (1/38)
	V: Valid Sampling Techniques	97% (137/141)	3% (4/141)	0% (0/141)
	VI: Accurate/Complete Data Collection	90% (180/201)	7% (14/201)	3% (7/201)
Implementation	VII: Sufficient Data Analysis and Interpretation	85% (184/217)	9% (19/217)	6% (14/217)
	VIII: Appropriate Improvement Strategies	79% (76/96)	19% (18/96)	2% (2/96)
Outcomes	IX: Real Improvement Achieved	29% (20/68)	6% (4/68)	65% (44/68)
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

*The activity average rate represents the average percentage of applicable elements with a *Met, Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity. See Appendix B for the number and a description of evaluation elements.

Design

The Design stage includes QIP validation findings for Activities I through VI. For their IQIPs, the MCPs continue to demonstrate high performance for all the activities under the Design stage. The MCPs showed a sufficient understanding of how to develop a QIP study by selecting an appropriate topic, clearly defining their study questions and indicators, correctly identifying the study population, using valid sampling techniques, and providing a

complete and accurate data collection plan. The QIPs received an overall *Met* score of 90 percent or better for each of these activities.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. As with the statewide collaborative QIP, the MCPs improved their Quarter 1 validation results but still struggled in key areas.

Activity VII assesses whether the MCPs' data analysis techniques comply with industry standards, appropriate statistical tests are used, and accurate/reliable information is obtained. Only 85 percent of the QIPs obtained a *Met* score for this activity, 9 percent received a *Partially Met* score, and 6 percent received a *Not Met* score. During the Quarter 2 review period, the MCPs improved their performance from Quarter 1 for the element that assesses if the QIP includes an interpretation of the findings, with 78 percent of the QIPs receiving a *Met* score on the element compared to 52 percent during the previous review period. The MCPs also improved their performance from Quarter 1 for the element that identifies factors that threatened internal or external validity of findings, with 91 percent of the QIPs receiving a *Met* score on this element compared to 59 percent during the previous review period.

Although the MCPs made improvements, they showed a decline in performance related to the element that assesses whether the MCP identified statistically significant differences between the initial measurement period and the remeasurement period. Fifty-nine percent of the QIPs received a *Met* score for this element during the review period, which is a decline from the 62 percent that received a *Met* score in Quarter 1.

Also, the percentage of QIPs receiving a *Met* score for the element that assesses if the MCP identified factors that affected the ability to compare the initial measurement period with the remeasurement period declined from 79 percent in Quarter 1 to 71 percent in Quarter 2. Several MCPs have opportunities to make improvements in the documentation of their data analysis and interpretation of study results.

Activity VIII assesses if the barrier analysis is adequate to identify barriers to improvement, the MCP has developed appropriate improvement strategies, and the timeline for implementation of interventions is reasonable. The MCPs made significant improvement between Quarter 1 and Quarter 2 for this activity, with 79 percent of the QIPs receiving a *Met* score for this activity in Quarter 2 compared to 26 percent in Quarter 1. The MCPs improved their scores on all four elements within this activity, with at least 82 percent of the QIPs receiving a *Met* score on three of the four elements. For the fourth element, which assesses whether the MCP's improvement strategies related to causes/barriers identified through data analysis and quality improvement processes, only 60 percent of the QIPs received a *Met* score

on the element. Although the MCPs struggled with this element, the overall percentage of QIPs receiving a *Met* score on this element improved by more than 40 percentage points when compared to Quarter 1. The MCPs still have opportunities to improve their causal/barrier analysis processes and development of evaluation plans.

Outcomes

The Outcomes stage includes QIP validation findings for Activities IX and X.

Activity IX assesses the likelihood that the reported improvement is "real" improvement to verify if the MCP has achieved significant improvement and if reported improvement in processes or outcomes of care is actual improvement. During the Quarter 2 review period, 17 of the submitted QIPs had progressed to Activity IX. Of these 17 QIPs, none achieved statistically significant improvement over baseline.

The validation results suggest that the interventions that many of the MCPs are implementing are not effective. Additionally, review of the QIPs shows that the MCPs are not evaluating each of their interventions or conducting new causal/barrier analyses. Without a method to evaluate the effectiveness of interventions, the MCPs are limited in their ability to revise, standardize, scale up, or discontinue improvement strategies, which ultimately limits their success in affecting change in subsequent measurement periods.

Activity X assesses for sustained improvement to determine if the process can reasonably ensure continued improvement over time and if real change resulted from changes in health care delivery that can be documented by the MCP. Sustained improvement is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period. Since there were no IQIPs that achieved statistically significant improvement over baseline, Activity X was not assessed.

QIP Strengths and Opportunities for Improvement

The MCPs demonstrated a high aptitude with the majority of elements in the Design stage, as evidenced by the high percentage of *Met* evaluation elements for Activities I through VI during the review period of October 1, 2013, through December 31, 2013. The greatest opportunity for improvement in the Design stage is in the area of providing a complete description of the data analysis plan.

The MCPs have improved significantly in the Implementation stage; however, they still have an opportunity to improve their efforts on conducting causal/barrier analyses and linking analyses results to the corresponding interventions to increase the likelihood that the interventions will result in statistically significant and sustained improvement.

During this review period, no IQIPs demonstrated statistically significant improvement over baseline and therefore were not assessed for sustained improvement. The MCPs have an opportunity to improve their outcomes by implementing interventions that can achieve improvement.

QIP Recommendations

As has been recommended in previous quarters, the MCPs should continue to re-evaluate the effectiveness of their interventions, and causal/barrier analyses should be performed to identify and prioritize barriers for each measurement period. The MCPs must accurately document the analysis, providing the data, identified barriers, and the rationale for how barriers are prioritized. The interventions should be modified or replaced if the QIP is not achieving statistically significant improvement.

MCPs should continue to refer to the QIA Guide and the QIP Completion Instructions when documenting their QIPs to ensure all required documentation is included in QIP submissions. Additionally, if MCPs have questions regarding QIP documentation or study design and implementation processes, they should contact MMCD or HSAG for technical assistance.

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

- MMCD Statewide Collaborative QIPs
- Internal QIPs

Table A.1—MMCD Statewide *All-Cause Readmissions* Collaborative QIP
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression
QIP Description: 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 **QIP Domains of Care: Quality and Access**			
Alameda Alliance for Health—Alameda	LI	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Alameda	CP	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Fresno	CP	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Kings	CP	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Madera	CP	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Clinical	Baseline
Anthem Blue Cross Partnership Plan—San Francisco	CP	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Clinical	Baseline
Anthem Blue Cross Partnership Plan—Tulare	LI	Clinical	Baseline
CalOptima—Orange	COHS	Clinical	Baseline
CalViva Health—Fresno	LI	Clinical	Baseline
CalViva Health—Kings	LI	Clinical	Baseline
CalViva Health—Madera	LI	Clinical	Baseline
Care1st Partner Plan—San Diego	GMC	Clinical	Baseline
Central California Alliance for Health—Merced	COHS	Clinical	Baseline
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Clinical	Baseline
CenCal Health—San Luis Obispo	COHS	Clinical	Baseline

Table A.1—MMCD Statewide *All-Cause Readmissions* Collaborative QIP
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression
QIP Description: 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 **QIP Domains of Care: Quality and Access**			
CenCal Health—Santa Barbara	COHS	Clinical	Baseline
Community Health Group Partnership Plan—San Diego	GMC	Clinical	Baseline
Contra Costa Health Plan—Contra Costa	LI	Clinical	Baseline
Gold Coast Health Plan—Ventura	COHS	Clinical	Baseline
Health Net Community Solutions, Inc.—Kern	CP	Clinical	Baseline
Health Net Community Solutions, Inc.—Los Angeles	CP	Clinical	Baseline
Health Net Community Solutions, Inc.—Sacramento	GMC	Clinical	Baseline
Health Net Community Solutions, Inc.—San Diego	GMC	Clinical	Baseline
Health Net Community Solutions, Inc.—Stanislaus	CP	Clinical	Baseline
Health Net Community Solutions, Inc.—Tulare	CP	Clinical	Baseline
Health Plan of San Joaquin—San Joaquin	LI	Clinical	Baseline
Health Plan of San Mateo—San Mateo	COHS	Clinical	Baseline
Inland Empire Health Plan—Riverside and San Bernardino	LI	Clinical	Baseline
Kaiser—Sacramento County	GMC	Clinical	Baseline
Kaiser—San Diego County	GMC	Clinical	Baseline
Kern Family Health Care—Kern	LI	Clinical	Baseline
L.A. Care Health Plan—Los Angeles	LI	Clinical	Baseline
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	CP	Clinical	Baseline

Table A.1—MMCD Statewide *All-Cause Readmissions* Collaborative QIP
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression
QIP Description: 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 **QIP Domains of Care: Quality and Access**			
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Clinical	Baseline
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Clinical	Baseline
Partnership HealthPlan of California—Marin	COHS	Clinical	Baseline
Partnership HealthPlan of California—Mendocino	COHS	Clinical	Baseline
Partnership HealthPlan of California—Napa, Solano, and Yolo	COHS	Clinical	Baseline
Partnership HealthPlan of California—Sonoma	COHS	Clinical	Baseline
San Francisco Health Plan—San Francisco	LI	Clinical	Baseline
Santa Clara Family Health Plan—Santa Clara	LI	Clinical	Baseline
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	SP	Clinical	Baseline

Table A.2—Active Internal QIPs
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
AIDS Healthcare Foundation—Los Angeles**	SP	Increasing CD4 and Viral Load Testing	Clinical	Q, A	Increase the percentage of members who receive CD4 and Viral Load tests	Remeasurement 3
Alameda Alliance for Health—Alameda	LI	Improving Anti-hypertensive Medication Fills Among Members with Hypertension	Clinical	Q, A	Improving hypertension diagnosis and anti-hypertensive medication fills among members with hypertension	Remeasurement 1
Anthem Blue Cross Partnership Plan—Alameda**	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	Baseline
Anthem Blue Cross Partnership Plan—Contra Costa**	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	Baseline
Anthem Blue Cross Partnership Plan—Fresno**	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	Baseline
Anthem Blue Cross Partnership Plan—Kings**	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	Baseline
Anthem Blue Cross Partnership Plan—Madera**	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	Baseline
CalViva Health—Fresno	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Baseline
CalViva Health—Kings	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Baseline

Table A.2—Active Internal QIPs
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
CalViva Health—Madera	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Baseline
Care1st Partner Plan—San Diego	GMC	Comprehensive Diabetes Care	Clinical	Q, A	Improve the rate of LDL-C screening levels, HbA1c screening levels, and nephropathy monitoring for members with diabetes	Remeasurement 2
CenCal Health—San Luis Obispo	COHS	Annual Monitoring for Patients on Persistent Medications	Clinical	Q	Increase the monitoring of patients on ACE Inhibitors or ARBs, Digoxin, and diuretics	Baseline
CenCal Health—Santa Barbara	COHS	Annual Monitoring for Patients on Persistent Medications	Clinical	Q	Increase the monitoring of patients on ACE Inhibitors or ARBs, Digoxin, and diuretics	Baseline
Central California Alliance for Health—Merced	COHS	Improving Asthma Health Outcomes	Clinical	Q, A	Decrease the rate of ER admissions for members with persistent asthma	Baseline
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Improving Asthma Health Outcomes	Clinical	Q, A	Decrease the rate of ER admissions for members with persistent asthma	Baseline
Community Health Group Partnership Plan—San Diego	GMC	Increasing Postpartum Care Visits within 6 Weeks of Delivery	Clinical	Q, A, T	Increasing the percentage of postpartum exams within six weeks of delivery in order to improve the mother's physical and mental health	Baseline
Contra Costa Health Plan—Contra Costa	LI	Improving Perinatal Access and Care	Clinical	Q, A, T	Increase rates of timely prenatal and postpartum visits	Baseline

Table A.2—Active Internal QIPs
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Family Mosaic Project—San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Q	Increase the rate of school attendance	Remeasurement 2
Family Mosaic Project—San Francisco	SP	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Clinical	Q (Note: FMP's interventions for this QIP have not yet been submitted. The access and timeliness domains of care may be added if the interventions address access and timeliness issues.)	Decrease the rate of depression among capitated members	Study Design
Gold Coast—Ventura	COHS	Increase Rate of Annual Diabetic Eye Exam	Clinical	Q, A	Improve quality of care provided to diabetic members by increasing the rate of the annual diabetic eye exam	Baseline
Health Plan of San Joaquin—San Joaquin	LI	Improving the Percentage Rate of HbA1c Testing	Clinical	Q, A	Improve the percentage rate of HbA1c testing	Remeasurement 2
Health Plan of San Mateo—San Mateo	COHS	Timeliness of Prenatal Care	Clinical	Q, A, T	Increase the rate of first prenatal visits occurring within the first trimester of pregnancy	Remeasurement 3
Kaiser—Sacramento County	GMC	Childhood Immunizations	Clinical	Q, A, T	Increase the percentage of children receiving Combo 3 and Combo 10 immunizations	Baseline
Kaiser—San Diego County	GMC	Children's Access to Primary Care Practitioners	Clinical	Q, A	Improve the access to primary care practitioners for members 25 months–6 years of age	Remeasurement 1

Table A.2—Active Internal QIPs
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Kern Family Health Care—Kern	LI	Comprehensive Diabetic Quality Improvement Plan	Clinical	Q, A	Increase targeted interventions of diabetic patients; increase compliance with HbA1c testing, LDL-C screening, and retinal eye exams	Remeasurement 1
L.A. Care Health Plan—Los Angeles	LI	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Clinical	Q, A	Improve HbA1C and diabetic retinal exam screening rates	Remeasurement 3
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	CP	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure	Remeasurement 3
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure	Remeasurement 3
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure	Remeasurement 3
Partnership HealthPlan of California—Marin	COHS	Improving the Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Improve timely prenatal and postpartum access to care	Study Design
Partnership HealthPlan of California—Mendocino	COHS	Childhood Immunization Status-Combo 3	Clinical	Q, A, T	Increase the rate of childhood immunization status—Combo 3	Study Design
Partnership HealthPlan of California—Napa, Solano, and Yolo	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	A	Improve access to primary care for children and adolescents	Remeasurement 1

Table A.2—Active Internal QIPs
October 1, 2013, through December 31, 2013
(*See page A-9 for grid category explanations.)

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Partnership HealthPlan of California—Sonoma	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	A	Improve access to primary care for children and adolescents	Remeasurement 1
San Francisco Health Plan—San Francisco	LI	Patient Experience	Clinical	Q, A	Increase the percentage of members selecting the top rating for overall health care and personal doctor on a patient satisfaction survey	Baseline
Santa Clara Family Health Plan—Santa Clara**	LI	Childhood Obesity Partnership and Education	Clinical	Q, A	Increase the percentage of members with at least one BMI calculated and documented by a primary care practitioner	Remeasurement 1

*Grid category explanations:

MCP Model Type—designated MCP model type:

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

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

Domain of Care—Indicates HSAG's assignment of each QIP to the domains of care for quality (Q), access (A), and timeliness (T).

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 *Activities Validated* and *Measurement Completion:*

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

**Internal QIPs that were closed during Q2.

Table B.1—Statewide *All-Cause Readmissions* Collaborative QIP
Activities I to VI Ratings (N = 29 Submissions)
October 1, 2013, through December 31, 2013

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity I: Appropriate Study Topic				
C*	1. Is selected following collection and analysis of data (or was selected by the State).	97% (28/29)	3% (1/29)	0% (0/29)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (29/29)	0% (0/29)	0% (0/29)
	Activity Average Rates	**98% (57/58)**	**2% (1/58)**	**0% (0/58)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms and is in the correct X/Y format.	100% (29/29)	0% (0/29)	0% (0/29)
	Activity Average Rates	**100% (29/29)**	**0% (0/29)**	**0% (0/29)**
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% (29/29)	0% (0/29)	0% (0/29)
	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.	100% (29/29)	0% (0/29)	0% (0/29)
	Activity Average Rates	**100% (58/58)**	**0% (0/58)**	**0% (0/58)**
Activity IV: Representative and Generalizable Study Population				
C*	1. Are accurately and completely defined and capture all members to whom the study question(s) apply.	100% (29/29)	0% (0/29)	0% (0/29)
	Activity Average Rates	**100% (29/29)**	**0% (0/29)**	**0% (0/29)**
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	Not Applicable	Not Applicable	Not Applicable
	2. Provide the title of the applicable study indicator(s).	Not Applicable	Not Applicable	Not Applicable
	3. Identify the population size.	Not Applicable	Not Applicable	Not Applicable
C*	4. Identify the sample size.	Not Applicable	Not Applicable	Not Applicable
	5. Specify the margin of error and confidence level.	Not Applicable	Not Applicable	Not Applicable
	6. Describe in detail the methods used to select the sample.	Not Applicable	Not Applicable	Not Applicable
	Activity Average Rates	**Not Applicable**	**Not Applicable**	**Not Applicable**

Table B.1—Statewide *All-Cause Readmissions* Collaborative QIP
Activities I to VI Ratings (N = 29 Submissions)
October 1, 2013, through December 31, 2013 *cont.*

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (29/29)	0% (0/29)	0% (0/29)
	2. A defined and systematic process for collecting baseline and remeasurement data.	100% (29/29)	0% (0/29)	0% (0/29)
	3. Qualifications of staff members collecting manual data.	Not Applicable	Not Applicable	Not Applicable
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not Applicable	Not Applicable	Not Applicable
	5. An estimated degree of administrative data completeness and quality. Met = 80–100 percent complete Partially Met = 50–79 percent complete Not Met = <50 percent complete or not provided	97% (28/29)	0% (0/29)	3% (1/29)
	6. A description of the data analysis plan.	90% (26/29)	3% (1/29)	7% (2/29)
	Activity Average Rates**	**97% (112/116)**	**1% (1/116)**	**3% (3/116)**

*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs 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. Element and/or activity totals may not equal 100 percent due to rounding.

Table B.2—Statewide *All-Cause Readmissions* Collaborative QIP
Activities VII and VIII Ratings (N = 29 Submissions)
October 1, 2013, through December 31, 2013

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VII: Analyze Data and Interpret Study Results				
	1. Are conducted according to the data analysis plan in the study design.**	93% (27/29)	3% (1/29)	3% (1/29)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	Not Applicable	Not Applicable	Not Applicable
	3. Identify factors that threaten internal or external validity of findings.	90% (26/29)	0% (0/29)	10% (3/29)
	4. Include an interpretation of findings.**	93% (27/29)	3% (1/29)	3% (1/29)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	97% (28/29)	3% (1/29)	0% (0/29)
	6. Identify the initial measurement and the remeasurement of study indicators.	Not Applicable	Not Applicable	Not Applicable
	7. Identify statistical differences between the initial measurement and the remeasurement.	Not Applicable	Not Applicable	Not Applicable
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	Not Applicable	Not Applicable	Not Applicable
	9. Include an interpretation of the extent to which the study was successful.	Not Applicable	Not Applicable	Not Applicable
	Activity Average Rates	**93% (108/116)**	**3% (3/116)**	**4% (5/116)**
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	86% (25/29)	14% (4/29)	0% (0/29)
	2. System changes that are likely to induce permanent change.	90% (26/29)	10% (3/29)	0% (0/29)
	3. Revised if the original interventions are not successful.	Not Applicable	Not Applicable	Not Applicable
	4. Standardized and monitored if interventions are successful.	Not Applicable	Not Applicable	Not Applicable
	Activity Average Rates	**88% (51/58)**	**12% (7/58)**	**0% (0/58)**

*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs 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. Element and/or activity totals may not equal 100 percent due to rounding.

Table B.3—Statewide *All-Cause Readmissions* Collaborative QIP Activities IX and X Ratings (N = 29 Submissions) October 1, 2013, through December 31, 2013

	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**

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

Table B.4—Internal QIP
Activities I to VI Ratings (N = 38 Submissions)
October 1, 2013, through December 31, 2013

	Evaluation Elements	Met	Partially Met	Not Met
Activity I: Appropriate Study Topic				
C*	1. Is selected following collection and analysis of data (or was selected by the State).	100% (38/38)	0% (0/38)	0% (0/38)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (38/38)	0% (0/38)	0% (0/38)
	Activity Average Rates	**100% (76/76)**	**0% (0/76)**	**0% (0/76)**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms and is in the correct X/Y format.	100% (38/38)	0% (0/38)	0% (0/38)
	Activity Average Rates	**100% (38/38)**	**0% (0/38)**	**0% (0/38)**
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.	89% (34/38)	11% (4/38)	0% (0/38)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (9/9)	0% (0/9)	0% (0/9)
C*	3. Allow for the study questions to be answered.	97% (37/38)	0% (0/38)	3% (1/38)
	Activity Average Rates	**94% (80/85)**	**5% (4/85)**	**1% (1/85)**
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.	92% (35/38)	5% (2/38)	3% (1/38)
	Activity Average Rates	**92% (35/38)**	**5% (2/38)**	**3% (1/38)**
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	100% (24/24)	0% (0/24)	0% (0/24)
	2. Provide the title of the applicable study indicator(s).	100% (24/24)	0% (0/24)	0% (0/24)
	3. Identify the population size.	100% (21/21)	0% (0/21)	0% (0/21)
C*	4. Identify the sample size.	100% (24/24)	0% (0/24)	0% (0/24)
	5. Specify the margin of error and confidence level.	83% (20/24)	17% (4/24)	0% (0/24)
	6. Describe in detail the methods used to select the sample.	100% (24/24)	0% (0/24)	0% (0/24)
	Activity Average Rates	**97% (137/141)**	**3% (4/141)**	**0% (0/141)**

Table B.4—Internal QIP
Activities I to VI Ratings (N = 38 Submissions)
October 1, 2013, through December 31, 2013 *cont.*

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.**	95% (36/38)	3% (1/38)	3% (1/38)
	2. A defined and systematic process for collecting baseline and remeasurement data.	92% (35/38)	5% (2/38)	3% (1/38)
	3. Qualifications of staff members collecting manual data.	92% (23/25)	4% (1/25)	4% (1/25)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	92% (23/25)	0% (0/25)	8% (2/25)
	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	84% (31/37)	11% (4/37)	5% (2/37)
	6. A description of the data analysis plan.	84% (32/38)	16% (6/38)	0% (0/38)
	Activity Average Rates	**90% (180/201)**	**7% (14/201)**	**3% (7/201)**

*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs 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. Element and/or activity totals may not equal 100 percent due to rounding.

Table B.5—Internal QIP
Activities VII and VIII Ratings (N = 38 Submissions)
October 1, 2013, through December 31, 2013

	Evaluation Elements	Met	Partially Met	Not Met
Activity VII: Analyze Data and Interpret Study Results				
	1. Are conducted according to the data analysis plan in the study design.	88% (28/32)	9% (3/32)	3% (1/32)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	100% (21/21)	0% (0/21)	0% (0/21)
	3. Identify factors that threaten internal or external validity of findings.	91% (29/32)	3% (1/32)	6% (2/32)
	4. Include an interpretation of findings.	78% (25/32)	19% (6/32)	3% (1/32)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	84% (27/32)	13% (4/32)	3% (1/32)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (17/17)	0% (0/17)	0% (0/17)
	7. Identify statistical differences between the initial measurement and the remeasurement.**	59% (10/17)	24% (4/17)	18% (3/17)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.**	71% (12/17)	6% (1/17)	24% (4/17)
	9. Include an interpretation of the extent to which the study was successful.	88% (15/17)	0% (0/17)	12% (2/17)
	Activity Average Rates	**85% (184/217)**	**9% (19/217)**	**6% (14/217)**
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	60% (21/35)	40% (14/35)	0% (0/35)
	2. System changes that are likely to induce permanent change.	91% (32/35)	9% (3/35)	0% (0/35)
	3. Revised if the original interventions are not successful.	93% (14/15)	0% (0/15)	7% (1/15)
	4. Standardized and monitored if interventions are successful.	82% (9/11)	9% (1/11)	9% (1/11)
	Activity Average Rates	**79% (76/96)**	**19% (18/96)**	**2% (2/96)**

*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs 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. Element and/or activity totals may not equal 100 percent due to rounding.

Table B.6—Internal QIP
Activities IX and X Ratings (N = 38 Submissions)
October 1, 2013, through December 31, 2013

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	94% (16/17)	0% (0/17)	6% (1/17)
	2. There is documented improvement in processes or outcomes of care.**	24% (4/17)	24% (4/17)	53% (9/17)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	0% (0/17)	0% (0/17)	100% (17/17)
	4. The improvement appears to be the result of planned intervention(s).	0% (0/17)	0% (0/17)	100% (17/17)
	Activity Average Rates	**29% (20/68)**	**6% (4/68)**	**65% (44/68)**
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**

*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs 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. Element and/or activity totals may not equal 100 percent due to rounding.