Medi-Cal Managed Care
Quality Improvement Projects Status Report
January 1, 2014 – March 31, 2014

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

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Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal program and overseeing quality improvement activities of its Medi-Cal 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 January 1, 2014, through March 31, 2014, 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 January 1, 2014, through March 31, 2014, HSAG reviewed five statewide collaborative QIP submissions from four MCPs and 40 internal QIP (IQIP) submissions from six 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
January 1, 2014, through March 31, 2014[1]

General QIP Topic	Number of QIPs	Number of Submissions
All-Cause Readmissions (Collaborative QIP)	4	5
Internal IQIPs		
Prenatal/Postpartum Care	9	17
Diabetes	8	15
Childhood Immunizations	2	3
Hypertension Control	1	2
CD4 & Viral Load	1	1
Child and Adolescent Depression Rating	1	1
Increase in School Attendance	1	1
Total for IQIPs	23	40

[1]Only QIPs that had submissions during Q3 are included in this table.

All 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. Three of the QIPs received an overall *Met* validation status, and one received an overall *Partially Met* validation status. The QIP that received a *Partially Met* validation status was resubmitted during the same reporting period and received a *Met* validation status. All statewide collaborative QIPs have achieved a *Met* validation status and will not need to be resubmitted again until September 30, 2014, when the MCPs report their Remeasurement 1 data.

Of the 40 IQIP submissions, 36 were study design submissions in various stages of the review process (study design submission or study design resubmission) and three were annual resubmissions in various stages of the review process (Resubmission 2, Resubmission 3, or Resubmission 4). Initially, four study design submissions received a *Met* validation status, and 16 study design submissions received a *Partially Met* validation status and required resubmission. All 16 study design resubmissions occurred during the Quarter 3 review period and received a *Met* validation status. As for the three annual resubmissions, two initially received a *Met* validation status, while one received a *Partially Met* validation status and required resubmission. The IQIP was resubmitted during the Quarter 3 review period and received a *Met* validation status. All

IQIPs have received a *Met* validation status and will not need to be resubmitted again until August 29, 2014.

Note: During a technical assistance call on January 30, 2014, with Family Mosaic Project (FMP), HSAG determined that the MCP needed to modify the baseline and Remeasurement 1 periods of its *School Attendance* IQIP. FMP resubmitted the IQIP in February; however, since this IQIP was not a new study design submission or an annual submission, HSAG did not include the QIP in the above summary of QIP validation activities. The IQIP received a *Met* validation status, and FMP's next annual submission for this IQIP will be August 29, 2014.

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, three 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, none of these IQIPs were assessed for sustained improvement (Activity X).

Conclusions and Recommendations

During the review period of January 1, 2014, through March 31, 2014, all of the MCPs were able to correct the deficiencies noted during their Quarter 1 and 2 QIP submissions, resulting in all QIPs achieving a *Met* validation status. No QIPs will need to be resubmitted during Quarter 4.

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

- Include an appropriate study question that is in an X/Y format—i.e., *Does doing X result in Y?*
- Ensure that the correct measurement year is identified in the QIP.
- Provide a consistent definition of the study population in the QIP.
- Include a description of how the study indicator(s) rate will be compared to the goal.

- Include a complete interpretation of results.
- Document the process used to identify the barriers/interventions and how the interventions will be evaluated for effectiveness.
- Ensure that all components of the data analysis plan and the interpretation of the data are included in the QIP. Specifically:
  - Ensure that the description of the data collection process includes a definition of the numerator and denominator populations for each study indicator.
  - Submit the data collection tool that will be used to ensure consistent and accurate data collection.
  - Include a description of how the indicator rates will be calculated.
  - Indicate which statistical testing method will be used to compare measurement periods and ensure the method is consistent throughout the QIP.
  - Ensure that the data interpretation of the QIP results is accurate and include whether or not any changes are statistically significant.
- Refer to the Quality Improvement Assessment (QIA) Guide and QIP Completion Instructions before documenting a QIP to ensure all required information is included in the QIP.
- 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 5 statewide collaborative QIP submissions and 40 IQIP submissions for the period of January 1, 2014, through March 31, 2014. Tables 3.1 and 3.2 summarize only 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 them 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 Results
January 1, 2014, through March 31, 2014

MCP Name and County	Type of Submission[1]	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Alameda Alliance for Health—Alameda	Annual Resubmission 2	69%	86%	*Partially Met*
	Annual Resubmission 3	100%	100%	*Met*
Care1st Partner Plan—San Diego	Annual Resubmission 2	94%	100%	*Met*
Community Health Group Partnership Plan—San Diego	Annual Resubmission 2	100%	100%	*Met*
Health Plan of San Joaquin—San Joaquin	Annual Resubmission 2	100%	100%	*Met*

[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*.

Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
January 1, 2014, through March 31, 2014

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	Increasing CD4 & Viral Load Testing	Study Design Submission	I–VI	91%	100%	*Met*
Alameda Alliance for Health—Alameda	Improving Anti-Hypertensive Medication Fills Among Members With Hypertension	Annual Resubmission 3	I–IX	77%	86%	*Partially Met*
		Annual Resubmission 4	I–IX	85%	100%	*Met*
Anthem Blue Cross Partnership Plan—Sacramento	Childhood Immunization Status	Study Design Submission	I–VI	88%	71%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Alameda	Improving Diabetes Management	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Contra Costa	Improving Diabetes Management	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Fresno	Improving Diabetes Management	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*

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]
Anthem Blue Cross Partnership Plan—Kings	Improving Diabetes Management	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Sacramento	Improving Diabetes Management	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—San Francisco	Improving Diabetes Management	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Tulare	Improving Diabetes Management	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Alameda	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Contra Costa	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*

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]
Anthem Blue Cross Partnership Plan—Fresno	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Kings	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Madera	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Sacramento	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Santa Clara	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*
Anthem Blue Cross Partnership Plan—Tulare	Improving Timeliness of Prenatal and Postpartum Care	Study Design Submission	I–VI	94%	86%	*Not Met*
		Study Design Resubmission 1	I–VI	100%	100%	*Met*

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 3	I–IX	91%	100%	*Met*
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Annual Resubmission 2	I–IX	86%	100%	*Met*
Family Mosaic Project—San Francisco	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Study Design Resubmission 1	I–VI	100%	100%	*Met*
Partnership HealthPlan of California—Marin	Improving Timeliness of Prenatal and Postpartum Care	Study Design Resubmission 1	I–VI	100%	100%	*Met*
Partnership HealthPlan of California—Mendocino	Childhood Immunization Status—Combo 3	Study Design Resubmission 1	I–VI	100%	100%	*Met*

[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.

Findings Specific to the MMCD Statewide Collaborative Quality Improvement Project

Background

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

overall readmission rates as well as the readmission rates for the seniors and persons with disabilities (SPD) and non-SPD populations. Additionally, the submissions included the common language for Activities I through V that had been developed by the study design workgroup and approved by the collaborative. For uniformity of reporting, all *ACR* 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.

In January 2013, MCPs were required to submit their barrier analyses and an intervention grid to HSAG and MMCD for evaluation. From January 2013 through June 2013, the MCPs continued to work on their improvement strategies. 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 VIII) were submitted in September 2013 (Quarter 1). At the end of the Quarter 2 review period, 41 QIPs (representing 19 MCPs) had received an overall *Met* validation status, and 4 QIPs (representing 4 MCPs) needed to be resubmitted.

Statewide Collaborative Quality Improvement Project Current Quarter Findings

During Quarter 3, HSAG reviewed five statewide collaborative QIP resubmissions from four MCPs, which included baseline rates from calendar year 2012. Three of the QIP resubmissions received an overall *Met* validation status, and one MCP had to submit its QIP twice during the review period before the QIP received a *Met* validation status.

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 = 5 Resubmissions, from 4 MCPs, in 4 Counties)
January 1, 2014, to March 31, 2014**

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100% (10/10)	0% (0/10)	0% (0/10)
	II: Clearly Defined, Answerable Study Question(s)	100% (5/5)	0% (0/5)	0% (0/5)
	III: Clearly Defined Study Indicator(s)	100% (10/10)	0% (0/10)	0% (0/10)
	IV: Correctly Identified Study Population	100% (5/5)	0% (0/5)	0% (0/5)
	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection	95% (19/20)	5% (1/20)	0% (0/20)

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Implementation	VII: Sufficient Data Analysis and Interpretation	85% (17/20)	15% (3/20)	0% (0/20)
	VIII: Appropriate Improvement Strategies	80% (8/10)	20% (2/10)	0% (0/10)
Outcomes	IX: Real Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

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

Design

The Design stage includes QIP validation findings for Activities I through VI. The MCPs continue to demonstrate high performance in Activities I–IV by selecting an appropriate study topic, clearly defining their study questions and study indicators, and correctly identifying the study population. All MCPs met 100 percent of the requirements for all applicable evaluation elements for Activities I through IV.

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

The MCPs met 95 percent of the requirements for all applicable evaluation elements for Activity VI. Initially, one MCP did not provide a complete data analysis plan with its Annual Resubmission 2, resulting in a lower score for Activity VI. In the subsequent resubmission (Annual Resubmission 3), the MCP provided the required information, resulting in the MCP meeting 100 percent of the requirements for all applicable elements in this activity.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. The MCPs continue to improve their application of the Implementation stage; however, for the statewide collaborative QIP, they are still struggling in key areas related to this stage.

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. All QIPs received *Met* scores for two of the four elements within Activity VII (Elements 3 and 5). Eighty-five percent of the elements in this activity received a *Met* score. Initially, one QIP had a

deficiency related to Element 1, which assesses if the data analysis and study results are conducted according to the data analysis plan; however, the MCP corrected the deficiency and resubmitted the QIP a second time during the review period, receiving a *Met* score for the element. Additionally, two MCPs did not provide a complete and accurate interpretation of their study results, resulting in only 60 percent of QIPs receiving a *Met* score for Element 4. One of the MCPs had to resubmit its IQIP a second time during the review period, which resulted in the MCP being able to correct the deficiency in Element 4 and the score for the element being changed from *Partially Met* to *Met*.

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 significantly improved their barrier analyses process by developing improvement strategies and identifying realistic timelines for implementing interventions, Activity VIII continues to receive the lowest score out of all the QIP activities. Across all submissions, 80 percent of the applicable elements received a *Met* score, and 20 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. Three 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 for the element that assesses if the MCP documented the connection between the identified causes/barriers and their interventions. One QIP initially received a *Partially Met* score for both of these elements, but upon subsequent submission, the QIP received a *Met* score for these elements.

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 January 1, 2014, to March 31, 2014, HSAG reviewed 40 IQIP submissions from 6 MCPs.

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 = 40 Submissions, from 6 MCPs, in 16 Counties)
January 1, 2014 to March 31, 2014

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100% (80/80)	0% (0/80)	0% (0/80)
	II: Clearly Defined, Answerable Study Question(s)**	98% (39/40)	3% (1/40)	0% (0/40)
	III: Clearly Defined Study Indicator(s)	100% (85/85)	0% (0/85)	0% (0/85)
	IV: Correctly Identified Study Population	100% (40/40)	0% (0/40)	0% (0/40)
	V: Valid Sampling Techniques	100% (198/198)	0% (0/198)	0% (0/198)
	VI: Accurate/Complete Data Collection	90% (177/196)	2% (3/196)	8% (16/196)
Implementation	VII: Sufficient Data Analysis and Interpretation	88% (22/25)	12% (3/25)	0% (0/25)
	VIII: Appropriate Improvement Strategies	92% (11/12)	8% (1/12)	0% (0/12)
Outcomes	IX: Real Improvement Achieved	25% (3/12)	0% (0/12)	75% (9/12)
	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.

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

Design

The Design stage includes QIP validation findings for Activities I through VI. For their IQIPs, the MCPs continue to demonstrate excellent application of 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 MCPs met 90 percent or more of the requirements for all applicable evaluation elements within Activities I through VI.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. During the review period, three IQIPs progressed to Activities VII and VIII. Since only 3 IQIPs progressed to these activities in Quarter 3 (compared to 37 IQIPs in Quarter 2), HSAG made no comparisons to Quarter 2 results.

Activity VII assesses whether the MCPs' data analysis techniques comply with industry standards, appropriate statistical tests are used, and accurate/reliable information is obtained. The MCPs met 88 percent of the requirements for all applicable evaluation elements for this activity. Across all QIPs, seven of the nine elements within Activity VII received a *Met* score.

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 continue to make significant improvement in this activity, meeting 92 percent of the requirements for all applicable evaluation elements. All of the QIPs received a *Met* score on three of the four elements. For the fourth element, which assesses whether the MCPs' improvement strategies related to causes/barriers identified through data analysis and quality improvement processes, 75 percent of the QIPs received a *Met* score. 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 review period, three QIPs progressed to Activity IX; however, none of the QIP indicators achieved statistically significant improvement over baseline.

The validation results suggest that the interventions 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, 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 no IQIPs achieved statistically significant improvement over baseline, Activity X was not assessed.

QIP Strengths and Opportunities for Improvement

The MCPs demonstrated a thorough application of 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 January 1, 2014, through March 31, 2014. As in prior review periods, the greatest opportunity for improvement in the Design stage continues to be in the area of providing a complete description of the data analysis plan.

The MCPs continue to make improvements in the Implementation stage; however, they still have an opportunity to improve upon their interpretation of the findings, identifying statistical differences between the initial measurement and the remeasurement periods, and 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 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
January 1, 2014, through March 31, 2014
(*See page A-11 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

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

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
January 1, 2014, through March 31, 2014
(*See page A-11 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 the clinically indicated number of CD4 and Viral Load tests	Study Design
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—Sacramento	GMC	Childhood Immunization Status	Clinical	Q, A, T	Increase the percentage of children 2 years of age who received the immunizations required in Combination 3	Study Design
Anthem Blue Cross Partnership Plan—Alameda	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c	Study Design
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c	Study Design

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Anthem Blue Cross Partnership Plan—Fresno	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c	Study Design
Anthem Blue Cross Partnership Plan—Kings	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c	Study Design
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c	Study Design
Anthem Blue Cross Partnership Plan—San Francisco	CP	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c	Study Design

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Anthem Blue Cross Partnership Plan—Tulare	LI	Improving Diabetes Management	Clinical	Q, A	Increase the percentage of members who receive or appropriately control HbA1c, LDL, nephropathy testing, blood pressure screening, and retinal eye exam screening; and decrease the percentage of members who have poor control of HbA1c	Study Design
Anthem Blue Cross Partnership Plan—Alameda	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design
Anthem Blue Cross Partnership Plan—Fresno	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design
Anthem Blue Cross Partnership Plan—Kings	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design
Anthem Blue Cross Partnership Plan—Madera	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design
Anthem Blue Cross Partnership Plan—Tulare	LI	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Q, A, T	Increase the percentage of members receiving prenatal and postpartum care	Study Design
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
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

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
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 Six 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
Family Mosaic Project—San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Q	Increase the rate of school attendance	**
Family Mosaic Project—San Francisco	SP	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Clinical	Q	Decrease the rate of depression among capitated members	Study Design
Gold Coast Health Plan—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

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
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
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

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

*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.

**FMP submitted its *School Attendance* IQIP as a special submission to revise the baseline and Remeasurement 1 periods.

Table B.1—Statewide *All-Cause Readmissions* Collaborative QIP
Activities I to VI Ratings (N = 5 Submissions)
January 1, 2014, through March 31, 2014

	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% (5/5)	0% (0/5)	0% (0/5)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (5/5)	0% (0/5)	0% (0/5)
	Activity Average Rates	**100% (10/10)**	**0% (0/10)**	**0% (0/10)**
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% (5/5)	0% (0/5)	0% (0/5)
	Activity Average Rates	**100% (5/5)**	**0% (0/5)**	**0% (0/5)**
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% (5/5)	0% (0/5)	0% (0/5)
	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% (5/5)	0% (0/5)	0% (0/5)
	Activity Average Rates	**100% (10/10)**	**0% (0/10)**	**0% (0/10)**
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% (5/5)	0% (0/5)	0% (0/5)
	Activity Average Rates	**100% (5/5)**	**0% (0/5)**	**0% (0/5)**
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 = 5 Submissions)
January 1, 2014, through March 31, 2014 *cont.*

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (5/5)	0% (0/5)	0% (0/5)
	2. A defined and systematic process for collecting baseline and remeasurement data.	100% (5/5)	0% (0/5)	0% (0/5)
	3. Qualifications of staff members collecting manual data.	Not Applicable	Not Applicable	Not Applicable
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	Not Applicable	Not Applicable	Not Applicable
	5. An estimated degree of administrative data completeness and quality. Met = 80–100 percent complete Partially Met = 50–79 percent complete Not Met = <50 percent complete or not provided	100% (5/5)	0% (0/5)	0% (0/5)
	6. A description of the data analysis plan.	80% (4/5)	20% (1/5)	0% (0/5)
	Activity Average Rates	**95% (19/20)**	**5% (1/20)**	**0% (0/20)**

*"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.2—Statewide *All-Cause Readmissions* Collaborative QIP
Activities VII and VIII Ratings (N = 5 Submissions)
January 1, 2014, through March 31, 2014

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VII: Analyze Data and Interpret Study Results				
	1. Are conducted according to the data analysis plan in the study design.	80% (4/5)	20% (1/5)	0% (0/5)
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.	100% (5/5)	0% (0/5)	0% (0/5)
	4. Include an interpretation of findings.	60% (3/5)	40% (2/5)	0% (0/5)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	100% (5/5)	0% (0/5)	0% (0/5)
	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	**85% (17/20)**	**15% (3/20)**	**0% (0/20)**
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	80% (4/5)	20% (1/5)	0% (0/5)
	2. System changes that are likely to induce permanent change.	80% (4/5)	20% (1/5)	0% (0/5)
	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	**80% (8/10)**	**20% (2/10)**	**0% (0/10)**

*"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.3—Statewide *All-Cause Readmissions* Collaborative QIP
Activities IX and X Ratings (N = 5 Submissions)
January 1, 2014, through March 31, 2014

	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**

Table B.4—Internal QIP
Activities I to VI Ratings (N = 40 Submissions)
January 1, 2014, through March 31, 2014

	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% (40/40)	0% (0/40)	0% (0/40)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (40/40)	0% (0/40)	0% (0/40)
	Activity Average Rates	**100% (80/80)**	**0% (0/80)**	**0% (0/80)**
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.**	98% (39/40)	3% (1/40)	0% (0/40)
	Activity Average Rates**	**98% (39/40)**	**3% (1/40)**	**0% (0/40)**
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% (40/40)	0% (0/40)	0% (0/40)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (5/5)	0% (0/5)	0% (0/5)
C*	3. Allow for the study questions to be answered.	100% (40/40)	0% (0/40)	0% (0/40)
	Activity Average Rates	**100% (85/85)**	**0% (0/85)**	**0% (0/85)**
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.	100% (40/40)	0% (0/40)	0% (0/40)
	Activity Average Rates	**100% (40/40)**	**0% (0/40)**	**0% (0/40)**
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	100% (33/33)	0% (0/33)	0% (0/33)
	2. Provide the title of the applicable study indicator(s).	100% (33/33)	0% (0/33)	0% (0/33)
	3. Identify the population size.	100% (33/33)	0% (0/33)	0% (0/33)
C*	4. Identify the sample size.	100% (33/33)	0% (0/33)	0% (0/33)
	5. Specify the margin of error and confidence level.	100% (33/33)	0% (0/33)	0% (0/33)
	6. Describe in detail the methods used to select the sample.	100% (33/33)	0% (0/33)	0% (0/33)
	Activity Average Rates	**100% (198/198)**	**0% (0/198)**	**0% (0/198)**

Table B.4—Internal QIP
Activities I to VI Ratings (N = 40 Submissions)
January 1, 2014, through March 31, 2014 *cont.*

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (40/40)	0% (0/40)	0% (0/40)
	2. A defined and systematic process for collecting baseline and remeasurement data.**	98% (39/40)	3% (1/40)	0% (0/40)
	3. Qualifications of staff members collecting manual data.	100% (3/3)	0% (0/3)	0% (0/3)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	54% (19/35)	0% (0/35)	46% (16/35)
	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% (37/38)	3% (1/38)	0% (0/38)
	6. A description of the data analysis plan.**	98% (39/40)	3% (1/40)	0% (0/40)
	Activity Average Rates	**90% (177/196)**	**2% (3/196)**	**8% (16/196)**

*"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 = 40 Submissions)
January 1, 2014, through March 31, 2014

	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.	100% (3/3)	0% (0/3)	0% (0/3)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	100% (1/1)	0% (0/1)	0% (0/1)
	3. Identify factors that threaten internal or external validity of findings.	100% (3/3)	0% (0/3)	0% (0/3)
	4. Include an interpretation of findings.	67% (2/3)	33% (1/3)	0% (0/3)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	100% (3/3)	0% (0/3)	0% (0/3)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (3/3)	0% (0/3)	0% (0/3)
	7. Identify statistical differences between the initial measurement and the remeasurement.	33% (1/3)	67% (2/3)	0% (0/3)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	100% (3/3)	0% (0/3)	0% (0/3)
	9. Include an interpretation of the extent to which the study was successful.	100% (3/3)	0% (0/3)	0% (0/3)
	Activity Average Rates	**88% (22/25)**	**12% (3/25)**	**0% (0/25)**
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	75% (3/4)	25% (1/4)	0% (0/4)
	2. System changes that are likely to induce permanent change.	100% (4/4)	0% (0/4)	0% (0/4)
	3. Revised if the original interventions are not successful.	100% (3/3)	0% (0/3)	0% (0/3)
	4. Standardized and monitored if interventions are successful.	100% (1/1)	0% (0/1)	0% (0/1)
	Activity Average Rates	**92% (11/12)**	**8% (1/12)**	**0% (0/12)**

*"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.6—Internal QIP
Activities IX and X Ratings (N = 40 Submissions)
January 1, 2014, through March 31, 2014

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (3/3)	0% (0/3)	0% (0/3)
	2. There is documented improvement in processes or outcomes of care.	0% (0/3)	0% (0/3)	100% (3/3)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	0% (0/3)	0% (0/3)	100% (3/3)
	4. The improvement appears to be the result of planned intervention(s).	0% (0/3)	0% (0/3)	100% (3/3)
	Activity Average Rates	**25% (3/12)**	**0% (0/12)**	**75% (9/12)**
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**