

Medi-Cal Managed Care
Quality Improvement Projects Status Report
April 1, 2014 – June 30, 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 Managed Care 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 April 1, 2014, through June 30, 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 QIPs¹ and for EQROs to use when validating QIPs.² The EQRO reviews each QIP using the validating protocol to ensure MCPs design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, DHCS and interested parties can have confidence in reported improvements that result from the QIP.

Summary of Overall Validation Findings

HSAG evaluated QIPs submitted by 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 April 1, 2014, through June 30, 2014, HSAG reviewed 11 internal QIP (IQIP) submissions and five IQIP resubmissions from six MCPs. The table below depicts the general topics of the QIPs, the number of submissions, and the number of resubmissions.

**Table 1.1—Medi-Cal Managed Care Quarterly QIP Activity
April 1, 2014, through June 30, 2014¹**

General IQIP Topic	Number of QIPs	Number of Submissions	Number of Resubmissions
Prenatal/Postpartum Care	7	7	1
Diabetes	2	2	2
Avoidable Emergency Department Visits	1	1	1
High Risk Medications	1	1	1
Total for IQIPs	11	11	5

¹Only QIPs that had submissions during Q4 are included in this table.

All of the IQIP submissions were study designs. Six of the 11 submissions received a *Met* validation status, and five submissions received a *Partially Met* or *Not Met* validation status, requiring 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. Although not all five study design resubmissions occurred during the Quarter 4 review period, HSAG includes analyses for all resubmissions in this report. All five study design resubmissions received a *Met* validation status. MCPs will submit the baseline data for the IQIPs on August 29, 2014.

Summary of Overall QIP Outcomes

Statewide Collaborative QIP

No statewide collaborative QIPs were submitted during the measurement period. The statewide collaborative QIP Remeasurement 1 results are due to HSAG on September 30, 2014. HSAG will summarize the findings from the September submissions in the 2014–15 Quarter 1 QIP Quarterly Status Report.

Internal QIPs

During the reporting period, all IQIPs were assessed for Activities I through VI as part of the study design phase. No IQIPs progressed beyond this point. These IQIPs will be assessed for Activities I through VIII at the next annual submission on August 29, 2014.

Conclusions and Recommendations

During the review period of April 1, 2014, through June 30, 2014, all QIPs submitted were internal study design submissions or resubmissions. Any deficiencies found in the initial submission were corrected and approved during the resubmission process. All internal study design submissions achieved a *Met* validation status, and MCPs will submit baseline data on August 29, 2014. Based on a review of validation findings during the reporting period, HSAG provides the following recommendations to MCPs regarding their QIPs:

- ◆ Include appropriate historical data in order to provide support for selecting the QIP topic.
- ◆ Select indicators that are well-defined, objective, and can measure change.
 - Do not include informational study indicators.
 - Include remeasurement period timelines and goals.
 - Provide accurate measurement year information.
 - Completely define study indicators and provide full descriptions for the title, numerator, and denominator.
 - Document denominators appropriately.
- ◆ Closely align study questions with HEDIS study indicator specifications.
- ◆ Accurately and completely define the study population.
- ◆ Provide accurate sampling information.
- ◆ Include both acceptable confidence level and acceptable margin of error.
- ◆ Submit staff training, experience, and qualifications for collecting manual data.
- ◆ Submit the manual data collection tool with QIP submissions.
- ◆ Document the process used to determine the estimated degree of administrative data completeness that will be used throughout the QIP.
- ◆ Select study indicators that have a possibility to demonstrate statistically significant improvement.
- ◆ Include an appropriate study question that is in an X/Y format—i.e., *Does doing X result in Y?*
- ◆ List accurate allowable gap information.
- ◆ Provide all referenced documentation with the QIP submission.

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 internal QIPs (IQIPs).

QIP Requirements

QIPs are a federal requirement. The Code of Federal Regulations (CFR) at 42 CFR 438.240³ requires that all states operating a Medicaid managed care program ensure that their contracted 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. *EQOR Protocol 7: Implementation of Performance Improvement Projects: A Voluntary Protocol for External Quality Review (EQOR)*, Version 2.0, September 2012, and *EQOR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQOR)*, Version 2.0, September 2012. Available at: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

QIP Validation Activities

HSAG reviewed 16 IQIP submissions for the period of April 1, 2014, through June 30, 2014. Table 3.1 summarizes only those IQIPs that were validated during this review period. Table 3.1 includes the IQIPs and lists them by MCP and county, study topic, QIP submission type, and activities validated. Additionally, the table displays the percentage of evaluation and critical elements that received a *Met* score and summarizes 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 Internal QIP Results
April 1, 2014, through June 30, 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	Reducing Avoidable Emergency Department Visits	Study Design Submission	I–VI	73%	40%	<i>Partially Met</i>
		Study Design Resubmission 1	I–VI	100%	100%	<i>Met</i>
CalOptima—Orange	Improvement of Prenatal Visit Rates for Pregnant Members	Study Design Submission	I–VI	56%	29%	<i>Not Met</i>
		Study Design Resubmission 1	I–VI	100%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Kern	Postpartum Care	Study Design Submission	I–VI	100%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Los Angeles	Postpartum Care	Study Design Submission	I–VI	100%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Sacramento	Postpartum Care	Study Design Submission	I–VI	100%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—San Diego	Postpartum Care	Study Design Submission	I–VI	100%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Stanislaus	Postpartum Care	Study Design Submission	I–VI	100%	100%	<i>Met</i>
Health Net Community Solutions, Inc.—Tulare	Postpartum Care	Study Design Submission	I–VI	100%	100%	<i>Met</i>
Inland Empire Health Plan—Riverside/San Bernardino	Comprehensive Diabetes Care	Study Design Submission	I–VI	44%	14%	<i>Not Met</i>
		Study Design Resubmission 1	I–VI	100%	100%	<i>Met</i>

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
Santa Clara Family Health Plan—Santa Clara	Improving Diabetic Eye Exam Rates	Study Design Submission	I–VI	83%	71%	<i>Not Met</i>
		Study Design Resubmission 1	I–VI	100%	100%	<i>Met</i>
Senior Care Action Network Health Plan—Los Angeles/Riverside/San Bernardino	Patient Safety Analysis—High Risk Medication	Study Design Submission	I–VI	80%	80%	<i>Partially Met</i>
		Study Design Resubmission 1	I–VI	100%	100%	<i>Met</i>

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

No statewide collaborative QIPs were submitted during the measurement period. The statewide collaborative QIP Remeasurement 1 results are due to HSAG on September 30, 2014. HSAG will summarize the findings from the September submissions during the 2014–15 Quarter 1 QIP Quarterly Status Report.

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 April 1, 2014, to June 30, 2014, HSAG reviewed 11 IQIP submissions and five IQIP resubmissions from six MCPs.

Table 4.1 and Table 4.2 provide average rates for each activity within the CMS protocols for initial submissions and resubmissions, respectively. Appendices B.1 through B.6 include tables with scores for each evaluation element within the activities.

**Table 4.1—Internal QIP Activity Average Rates* Initial Submissions
(N = 11 Submissions, from 6 MCPs, in 10 Counties)
April 1, 2014, through June 30, 2014**

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	91% (20/22)	9% (2/22)	0% (0/22)
	II: Clearly Defined, Answerable Study Question(s)	64% (7/11)	36% (4/11)	0% (0/11)
	III: Clearly Defined Study Indicator(s)	74% (17/23)	26% (6/23)	0% (0/23)
	IV: Correctly Identified Study Population	82% (9/11)	18% (2/11)	0% (0/11)
	V: Valid Sampling Techniques	96% (52/54)	4% (2/54)	0% (0/54)
	VI: Accurate/Complete Data Collection	84% (52/62)	8% (5/62)	8% (5/62)
Implementation	VII: Sufficient Data Analysis and Interpretation	Not Assessed	Not Assessed	Not Assessed
	VIII: Appropriate Improvement Strategies	Not Assessed	Not Assessed	Not Assessed
Outcomes	IX: Real Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

*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.

**Table 4.2—Internal QIP Activity Average Rates* Resubmissions
(N = 5 Submissions, from 5 MCPs, in 5 Counties)
April 1, 2014, through June 30, 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% (11/11)	0% (0/11)	0% (0/11)
	IV: Correctly Identified Study Population	100% (5/5)	0% (0/5)	0% (0/5)
	V: Valid Sampling Techniques	100% (12/12)	0% (12/12)	0% (12/12)
	VI: Accurate/Complete Data Collection	100% (24/24)	0% (0/24)	0% (0/24)
Implementation	VII: Sufficient Data Analysis and Interpretation	Not Assessed	Not Assessed	Not Assessed
	VIII: Appropriate Improvement Strategies	Not Assessed	Not Assessed	Not Assessed
Outcomes	IX: Real Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

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

Design

The Design stage includes QIP validation findings for Activities I through VI. For the initial IQIP submissions, the MCPs demonstrated excellent application of Activities I, IV, V, and VI. The MCPs showed sufficient understanding of how to correctly develop a QIP study by selecting an appropriate topic, correctly identifying the study population, using valid sampling techniques, and providing a complete and accurate data collection plan. The MCPs met 82 percent or more of the requirements for all applicable evaluation elements for these activities. Some of the MCPs did not clearly define their study questions or indicators, resulting in lower scores for Activities II and III. Overall, MCPs met 64 and 74 percent, respectively, of the requirements for Activities II and III.

The MCPs corrected all issues identified in the study design submissions during the resubmission process, meeting 100 percent of the requirements for all applicable evaluation elements for these activities.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. Since the IQIPs had not progressed to the Implementation stage, the QIPs were not assessed for Activities VII and VIII.

Outcomes

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

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, IV, V, and VI during the initial submissions, and all identified issues were corrected in the QIP resubmissions. The greatest opportunity for improvement in the Design stage is to provide a clearly defined study question and indicator(s).

QIP Recommendations

The MCPs should reference the HEDIS guidelines when designing a QIP that uses a HEDIS measure for the indicator(s). This will ensure a more clearly defined study question and indicator(s) and will also aid in defining the numerators and denominators for the study.

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 the study design process, they should contact MMCD or HSAG for technical assistance.

Appendix A presents the status of the following types of QIPs that were active as of June 30, 2014:

- ◆ MMCD Statewide Collaborative QIPs
- ◆ Internal QIPs

Table A.1—MMCD Statewide All-Cause Readmissions Collaborative QIP
April 1, 2014, through June 30, 2014
 (*See page A-12 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/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/San Bernardino	CP	Clinical	Baseline

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression
<p>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</p> <p>QIP Domains of Care: Quality and Access</p>			
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/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/San Bernardino	SP	Clinical	Baseline

Table A.2—Active Internal QIPs
April 1, 2014, through June 30, 2014
 (*See page A-12 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
AIDS Healthcare Foundation—Los Angeles	SP	Reducing Avoidable Emergency Department Visits	Clinical	Q, A	Reduce the percentage of avoidable emergency department visits for plan members during the measurement year	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

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—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
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

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—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
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

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—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
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
CalOptima—Orange	COHS	Improvement of Prenatal Visit Rates for Pregnant Members	Clinical	Q, A, T	Increase the percentage of members receiving prenatal 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

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—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/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 the 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 Net Community Solutions, Inc.—Kern	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD)	Study Design
Health Net Community Solutions, Inc.—Los Angeles	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD)	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
Health Net Community Solutions, Inc.— Sacramento	GMC	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD)	Study Design
Health Net Community Solutions, Inc.—San Diego	GMC	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD)	Study Design
Health Net Community Solutions, Inc.—Stanislaus	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD)	Study Design
Health Net Community Solutions, Inc.—Tulare	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD)	Study Design
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
Inland Empire Health Plan—Riverside/San Bernardino	LI	Comprehensive Diabetes Care	Clinical	Q, A	Improve the rate of HbA1c testing, HbA1c control ($\leq 9.0\%$), and retinal eye exams for members with diabetes	Study Design
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

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/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/Yolo	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	A	Improve access to primary care for children and adolescents	Remeasurement 1
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

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
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	Improving Diabetic Eye Exam Rates	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Study Design
Senior Care Action Network Health Plan—Los Angeles/Riverside/San Bernardino	SP	Patient Safety Analysis—Use of High Risk Medication	Clinical	To be determined at baseline submission	Decrease the number of members using high risk medications	Study Design

*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—Internal QIP Initial Submissions
Activities I to VI Ratings (N = 11 Submissions)
April 1, 2014, through June 30, 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).	82% (9/11)	18% (2/11)	0% (0/11)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (11/11)	0% (0/11)	0% (0/11)
Activity Average Rates		91% (20/22)	9% (2/22)	0% (0/22)
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.	64% (7/11)	36% (4/11)	0% (0/11)
Activity Average Rates		64% (7/11)	36% (4/11)	0% (0/11)
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.	73% (8/11)	27% (3/11)	0% (0/11)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (1/1)	0% (0/1)	0% (0/1)
C*	3. Allow for the study questions to be answered.	73% (8/11)	27% (3/11)	0% (0/11)
Activity Average Rates		74% (17/23)	26% (6/23)	0% (0/23)
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.	82% (9/11)	18% (2/11)	0% (0/11)
Activity Average Rates		82% (9/11)	18% (2/11)	0% (0/11)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	100% (9/9)	0% (0/9)	0% (0/9)
	2. Provide the title of the applicable study indicator(s).	100% (9/9)	0% (0/9)	0% (0/9)
	3. Identify the population size.	100% (9/9)	0% (0/9)	0% (0/9)
C*	4. Identify the sample size.	100% (9/9)	0% (0/9)	0% (0/9)
	5. Specify the margin of error and confidence level.	78% (7/9)	22% (2/9)	0% (0/9)
	6. Describe in detail the methods used to select the sample.	100% (9/9)	0% (0/9)	0% (0/9)
Activity Average Rates		96% (52/54)	4% (2/54)	0% (0/54)

**Table B.1—Internal QIP Initial Submissions
Activities I to VI Ratings (N = 11 Submissions)
April 1, 2014, through June 30, 2014 cont.**

Evaluation Elements		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	91% (10/11)	9% (1/11)	0% (0/11)
	2. A defined and systematic process for collecting baseline and remeasurement data.	100% (11/11)	0% (0/11)	0% (0/11)
	3. Qualifications of staff members collecting manual data.	67% (6/9)	22% (2/9)	11% (1/9)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	67% (6/9)	0% (0/9)	33% (3/9)
	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	82% (9/11)	9% (1/11)	9% (1/11)
	6. A description of the data analysis plan.	91% (10/11)	9% (1/11)	0% (0/11)
	Activity Average Rates	84% (52/62)	8% (5/62)	8% (5/62)

*"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—Internal QIP Initial Submissions
Activities VII and VIII Ratings (N = 11 Submissions)
April 1, 2014, through June 30, 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.	Not Assessed	Not Assessed	Not Assessed
C*	2. Allow for the generalization of results to the study population if a sample was selected.	Not Assessed	Not Assessed	Not Assessed
	3. Identify factors that threaten internal or external validity of findings.	Not Assessed	Not Assessed	Not Assessed
	4. Include an interpretation of findings.	Not Assessed	Not Assessed	Not Assessed
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	Not Assessed	Not Assessed	Not Assessed
	6. Identify the initial measurement and the remeasurement of study indicators.	Not Assessed	Not Assessed	Not Assessed
	7. Identify statistical differences between the initial measurement and the remeasurement.	Not Assessed	Not Assessed	Not Assessed
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	Not Assessed	Not Assessed	Not Assessed
	9. Include an interpretation of the extent to which the study was successful.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates	Not Assessed	Not Assessed	Not Assessed
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	Not Assessed	Not Assessed	Not Assessed
	2. System changes that are likely to induce permanent change.	Not Assessed	Not Assessed	Not Assessed
	3. Revised if the original interventions are not successful.	Not Assessed	Not Assessed	Not Assessed
	4. Standardized and monitored if interventions are successful.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates	Not Assessed	Not Assessed	Not Assessed

*"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—Internal QIP Initial Submissions
Activities IX and X Ratings (N = 11 Submissions)
April 1, 2014, through June 30, 2014**

Evaluation Elements		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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 Resubmissions
Activities I to VI Ratings (N = 5 Submissions)
April 1, 2014, through June 30, 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.	100% (1/1)	0% (0/1)	0% (0/1)
C*	3. Allow for the study questions to be answered.	100% (5/5)	0% (0/5)	0% (0/5)
Activity Average Rates		100% (11/11)	0% (0/11)	0% (0/11)
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.)	100% (2/2)	0% (0/2)	0% (0/2)
	2. Provide the title of the applicable study indicator(s).	100% (2/2)	0% (0/2)	0% (0/2)
	3. Identify the population size.	100% (2/2)	0% (0/2)	0% (0/2)
C*	4. Identify the sample size.	100% (2/2)	0% (0/2)	0% (0/2)
	5. Specify the margin of error and confidence level.	100% (2/2)	0% (0/2)	0% (0/2)
	6. Describe in detail the methods used to select the sample.	100% (2/2)	0% (0/2)	0% (0/2)
Activity Average Rates		100% (12/12)	0% (0/12)	0% (0/12)

**Table B.4—Internal QIP Resubmissions
Activities I to VI Ratings (N = 5 Submissions)
April 1, 2014, through June 30, 2014 cont.**

Evaluation Elements		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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.	100% (2/2)	0% (0/2)	0% (0/2)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	100% (2/2)	0% (0/2)	0% (0/2)
	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.	100% (5/5)	0% (0/5)	0% (0/5)
Activity Average Rates		100% (24/24)	0% (0/24)	0% (0/24)

*"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.5—Internal QIP Resubmissions
Activities VII and VIII Ratings (N = 5 Submissions)
April 1, 2014, through June 30, 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.	Not Assessed	Not Assessed	Not Assessed
C*	2. Allow for the generalization of results to the study population if a sample was selected.	Not Assessed	Not Assessed	Not Assessed
	3. Identify factors that threaten internal or external validity of findings.	Not Assessed	Not Assessed	Not Assessed
	4. Include an interpretation of findings.	Not Assessed	Not Assessed	Not Assessed
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	Not Assessed	Not Assessed	Not Assessed
	6. Identify the initial measurement and the remeasurement of study indicators.	Not Assessed	Not Assessed	Not Assessed
	7. Identify statistical differences between the initial measurement and the remeasurement.	Not Assessed	Not Assessed	Not Assessed
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	Not Assessed	Not Assessed	Not Assessed
	9. Include an interpretation of the extent to which the study was successful.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates	Not Assessed	Not Assessed	Not Assessed
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	Not Assessed	Not Assessed	Not Assessed
	2. System changes that are likely to induce permanent change.	Not Assessed	Not Assessed	Not Assessed
	3. Revised if the original interventions are not successful.	Not Assessed	Not Assessed	Not Assessed
	4. Standardized and monitored if interventions are successful.	Not Assessed	Not Assessed	Not Assessed
	Activity Average Rates	Not Assessed	Not Assessed	Not Assessed

*“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 Resubmissions
Activities IX and X Ratings (N = 5 Submissions)
April 1, 2014, through June 30, 2014**

Evaluation Elements		<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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