

Medi-Cal Managed Care
Quality Improvement Projects Status Report
July 1, 2013 – September 30, 2013

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

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Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal program and overseeing quality improvement activities of its managed care plans (MCPs). The Medi-Cal Managed Care Division (MMCD) requires its contracted, full-scope MCPs, prepaid MCPs, and specialty MCPs to conduct quality improvement projects (QIPs) to assess and improve the quality of a targeted area of clinical or nonclinical care or services provided to Medi-Cal managed care members.

This QIPs Status Report provides a summary of QIPs validated during the period of July 1, 2013, through September 30, 2013, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

DHCS contracts with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization (EQRO) that validates QIP proposals and annual submissions. The Centers for Medicare & Medicaid Services (CMS) produced protocols for MCPs to use when conducting QIPs¹ and for EQROs to use when validating QIPs.² The EQRO reviews each QIP using the validating protocol to ensure MCPs design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, DHCS and interested parties can have confidence in reported improvements that result from the QIP.

Summary of Overall Validation Findings

HSAG evaluated QIPs submitted by 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 July 1, 2013, through September 30, 2013, HSAG reviewed 91 QIPs. HSAG received 45 statewide collaborative QIPs that were annual submissions and 46 internal QIPs (IQIPs). One of the IQIPs was a study design submission, one was a study design resubmission, and 44 were annual submissions. There were no small-group collaborative QIPs in progress during this review period. Although some of the statewide collaborative QIPs were received outside of the 2013–14 first quarter reporting period, they are included in this report so that the validation results for all MCPs participating in the collaborative QIP are included. This allows for comparisons across all participating 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
July 1, 2013, through September 30, 2013²**

General QIP Topic	Number of QIPs	Number of Submissions
All-Cause Readmissions (Collaborative QIP) ¹	45	45
Diabetes	12	12
Prenatal/Postpartum Care	8	10
Cervical Cancer	7	7
Hypertension Control	4	4
Children’s Access to Primary Care Practitioners	3	3
Annual Monitoring for Patients on Persistent Medications	2	2
Asthma Control	2	2
Advance Care Directives	1	1
Attention Deficit Hyperactivity Disorder	1	1
Care for Older Adults	1	1
Childhood Immunizations	1	1
Childhood Obesity	1	1
Patient Experience	1	1

¹Although some of the *All-Cause Readmissions* QIPs were received outside of the 2013–14 first quarter reporting period, they are included so that comparisons can be made across all MCPs participating in the collaborative.

²Only QIPs that had submissions during Q1 are included in this table.

Of the 45 statewide collaborative QIPs, 16 received a *Met* validation status, 28 received a *Partially Met* validation status, and 1 received a *Not Met* validation status. Since July 1, 2009, DHCS has required MCPs to resubmit their QIPs until they have achieved an overall *Met* validation status; 29 QIPs will require a resubmission.

Of the 46 IQIP submissions, 7 received a *Met* validation status, 28 received a *Partially Met* validation status, and 11 received a *Not Met* validation status, which results in 39 QIPs requiring a resubmission.

HSAG did not include two QIP resubmissions that were submitted on July 8, 2013, in this report. The information on these QIPs was included in the April 1, 2013–June 30, 2013, fourth quarter report. Since the previous report was the final report of the fiscal year, MMCD and HSAG determined that the validation results from the two resubmissions should be included in the final quarterly report, so the validation results from the resubmissions were reported with the previous submissions in the same reporting period.

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, 29 IQIPs were assessed for statistically significant improvement (Activity IX), and 5 of those 29 IQIPs were assessed for sustained improvement (Activity X). Only 5 IQIPs achieved statistically significant improvement. Of these 5 IQIPs, 4 were assessed for sustained improvement and 3 achieved sustained improvement over the baseline rate. Additionally, 1 IQIP achieved statistically significant improvement for one of its two study indicators; when assessed for sustained improvement, it was determined that the QIP was successful at sustaining the improvement on this indicator.

Conclusions and Recommendations

QIPs validated during the review period of July 1, 2013, through September 30, 2013, showed that many of the MCPs are having difficulty ensuring that there is a connection between the identified barriers and the planned interventions. Additionally, most MCPs did not identify an evaluation plan for each intervention and did not document all required components of the causal/barrier analysis. Approximately 64 percent of the statewide collaborative QIPs and 85 percent of the IQIPs received an overall validation score of *Partially Met* or *Not Met* and will need to be resubmitted.

Several IQIPs that were at Remeasurement 3 had not shown statistically significant or sustained improvement over the baseline rate in any of the remeasurement periods. HSAG and DHCS met with the MCPs, and it was agreed that HSAG will provide technical assistance to the MCPs on reassessing barriers and making adjustments to interventions to ensure better outcomes

moving forward. (Note: Some of the conversations with the MCPs happened outside the reporting period; however, the information is included in this report since the decisions are related to the current reporting period submissions.)

DHCS decided that 19 IQIPs submitted during this reporting period should be closed. All 19 of these IQIPs received an overall validation status of *Partially Met* or *Not Met*. Various factors contributed to the IQIPs not being able to achieve a *Met* validation status, including the influx of the seniors and persons with disabilities (SPD) population into the MCP and major changes being made to the measure specifications for the measures being used as indicators for the QIP study. These changes made the results from the most recent measurement period incomparable to the previous measurement periods, resulting in the decision that the QIPs be closed. (Note: Some of the decisions to close these IQIPs were made outside the reporting period; however, the information is included in this report since the decisions are related to the current reporting period submissions.)

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

- ◆ MCPs should describe the causal/barrier analysis and/or the quality improvement process used to determine the barriers. A narrative description of the casual/barrier analysis and/or the quality improvement process should include the following:
 - Specific data analysis performed
 - Steps taken to identify the barriers
 - Involvement of any committees, teams, or workgroups
 - Description of the quality improvement tools used (fishbone diagram, brainstorming, etc.)
 - Description of how the barriers were prioritized
- ◆ MCPs should have a plan for evaluating each intervention and document the process used to evaluate the effectiveness of the interventions.
- ◆ MCPs should refer to the Quality Improvement Assessment (QIA) Guide and QIP Completion Instructions before documenting a QIP.
- ◆ MCPs should include the correct Healthcare Effectiveness Data and Information Set (HEDIS[®])³ specifications, when applicable.
- ◆ MCPs should ensure that all components of the data analysis plan are documented in Activity VI of the QIP submission form.
- ◆ MCPs should request technical assistance before resubmitting a QIP.

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

Organization of Report

This report has six sections:

- ◆ **Executive Summary**—Outlines the scope of external quality review activities, provides the status of MCP submissions and overall validation findings for the review period, and presents recommendations.
- ◆ **Introduction**—Provides an overview of QIP requirements and HSAG’s QIP validation process.
- ◆ **Quarterly QIP Activity**—Provides a table of all QIPs that HSAG validated during the review period, including evaluation element scores and the overall validation status by type of QIP.
- ◆ **Summary of QIP Validation Findings**—Summarizes validation findings across MCPs related to QIP study design, study implementation, quality outcomes achieved, strengths and opportunities for improvement, and recommendations by type of QIP.
- ◆ **Appendix A**—Includes a listing of all active QIPs and their status.
- ◆ **Appendix B**—Provides detailed scoring tables for each evaluation element within the 10 QIP activities for the statewide collaborative QIPs and internal QIPs (IQIPs).

QIP Requirements

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

QIPs are a contract requirement for Medi-Cal MCPs. 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.

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

Description of the QIP Validation Process

The primary objective of QIP validation is to determine each MCP's compliance with federal requirements, which include:

- ◆ *Measuring* performance using objective quality indicators.
- ◆ *Implementing* systematic interventions to achieve improvement in quality.
- ◆ *Evaluating* the effectiveness of the interventions.
- ◆ *Planning* and *initiating* activities to increase or sustain improvement.

Federal regulations also require that MCPs conduct and that an EQRO validate QIPs in a manner consistent with the CMS protocols for implementing and validating QIPs.⁵

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

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

QIP validation ensures that:

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

Evaluating the Overall Validity and Reliability of Study Results

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

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

⁵ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 7: Implementation of Performance Improvement Projects: A Voluntary Protocol for External Quality Review (EQR)*, Version 2.0, September 2012, and *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

QIP Validation Activities

HSAG reviewed 45 statewide collaborative QIP submissions and 46 IQIP submissions for the period of July 1, 2013, through September 30, 2013. Table 3.1 includes the statewide *All-Cause Readmissions* collaborative QIPs and Table 3.2 includes the IQIPs. The tables list the QIPs by QIP type, MCP, and study topic. Additionally, the tables summarize the validation results for the QIPs, providing an overall validation status of *Met*, *Partially Met*, or *Not Met*. Tables 3.1 and 3.2 also display the percentage of evaluation elements that received a *Met* score as well as the percentage of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable QIP. All critical elements must receive a *Met* score for a QIP to receive an overall validation status of *Met*.

**Table 3.1—Medi-Cal Managed Care Quarterly Statewide All-Cause Readmissions Collaborative QIP Annual Submission Results¹
July 1, 2013, through September 30, 2013**

MCP Name and County	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Alameda Alliance for Health—Alameda	63%	86%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—Alameda	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Contra Costa	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Fresno	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Kings	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Madera	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Sacramento	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—San Francisco	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Santa Clara	81%	100%	<i>Met</i>
Anthem Blue Cross Partnership Plan—Tulare	81%	100%	<i>Met</i>
CalOptima—Orange	94%	100%	<i>Met</i>
CalViva Health—Fresno	100%	100%	<i>Met</i>
CalViva Health—Kings	100%	100%	<i>Met</i>
CalViva Health—Madera	100%	100%	<i>Met</i>
Care1st Partner Plan—San Diego	56%	57%	<i>Not Met</i>
Central California Alliance for Health—Merced	94%	100%	<i>Met</i>
Central California Alliance for Health—Monterey and Santa Cruz	94%	100%	<i>Met</i>

**Table 3.1—Medi-Cal Managed Care Quarterly Statewide All-Cause Readmissions Collaborative QIP Annual Submission Results¹
July 1, 2013, through September 30, 2013**

MCP Name and County	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
CenCal Health—San Luis Obispo	88%	86%	<i>Partially Met</i>
CenCal Health—Santa Barbara	88%	86%	<i>Partially Met</i>
Community Health Group Partnership Plan—San Diego	75%	71%	<i>Partially Met</i>
Contra Costa Health Plan—Contra Costa	75%	100%	<i>Partially Met</i>
Gold Coast Health Plan—Ventura	63%	100%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Kern	94%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Los Angeles	94%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Sacramento	94%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—San Diego	94%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Stanislaus	94%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Tulare	94%	86%	<i>Partially Met</i>
Health Plan of San Joaquin—San Joaquin	75%	86%	<i>Partially Met</i>
Health Plan of San Mateo—San Mateo	69%	86%	<i>Partially Met</i>
Inland Empire Health Plan—Riverside and San Bernardino	69%	71%	<i>Partially Met</i>
Kaiser—Sacramento County	88%	100%	<i>Met</i>
Kaiser—San Diego County	81%	86%	<i>Partially Met</i>
Kern Family Health Care—Kern	81%	86%	<i>Partially Met</i>
L.A. Care Health Plan—Los Angeles	81%	86%	<i>Partially Met</i>
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	69%	86%	<i>Partially Met</i>

**Table 3.1—Medi-Cal Managed Care Quarterly Statewide All-Cause Readmissions Collaborative QIP Annual Submission Results¹
July 1, 2013, through September 30, 2013**

MCP Name and County	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Molina Healthcare of California Partner Plan, Inc.—Sacramento	69%	86%	<i>Partially Met</i>
Molina Healthcare of California Partner Plan, Inc.—San Diego	69%	86%	<i>Partially Met</i>
Partnership HealthPlan of California—Marin	81%	86%	<i>Partially Met</i>
Partnership HealthPlan of California—Mendocino	81%	86%	<i>Partially Met</i>
Partnership HealthPlan of California—Napa, Solano, and Yolo	81%	86%	<i>Partially Met</i>
Partnership HealthPlan of California—Sonoma	81%	86%	<i>Partially Met</i>
San Francisco Health Plan—San Francisco	94%	86%	<i>Partially Met</i>
Santa Clara Family Health Plan—Santa Clara	88%	86%	<i>Partially Met</i>
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	75%	86%	<i>Partially Met</i>
<p>¹Although some of the <i>All-Cause Readmissions</i> QIPs were received outside of the 2013–14 first quarter reporting period, they are included so that comparisons can be made across all MCPs participating in the collaborative.</p> <p>²Percentage of Evaluation Elements Scored Met—The percentage is calculated by dividing the total elements scored <i>Met</i> (critical and non-critical) by the sum of the total number of elements scored <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>³Percentage of Critical Elements Scored Met—The percentage of critical elements scored <i>Met</i> is calculated by dividing the total critical elements scored <i>Met</i> by the sum of the critical elements scored <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>⁴Overall Validation Status—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i>.</p>			

**Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
July 1, 2013, through September 30, 2013**

MCP Name and County	Name of Internal Project/Study	Type of Submission ¹	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
AIDS Healthcare Foundation—Los Angeles	Advance Care Directives	Annual Submission	93%	100%	<i>Met</i>
Alameda Alliance for Health—Alameda	Improving Anti-Hypertensive Medication Fills Among Members With Hypertension	Annual Submission	54%	57%	<i>Not Met</i>
Anthem Blue Cross Partnership Plan—Alameda	Diabetes Management	Annual Submission	84%	90%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—Contra Costa	Diabetes Management	Annual Submission	84%	90%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—Fresno	Diabetes Management	Annual Submission	80%	80%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—Kings	Diabetes Management	Annual Submission	80%	80%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—Madera	Diabetes Management	Annual Submission	80%	80%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—Sacramento	Improving HEDIS Postpartum Care Rates	Annual Submission	85%	90%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—San Francisco	Improving HEDIS Postpartum Care Rates	Annual Submission	83%	90%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—San Joaquin	Improving HEDIS Postpartum Care Rates	Annual Submission	57%	70%	<i>Not Met</i>
Anthem Blue Cross Partnership Plan—Santa Clara	Improving HEDIS Postpartum Care Rates	Annual Submission	86%	90%	<i>Partially Met</i>
Anthem Blue Cross Partnership Plan—Stanislaus	Improving HEDIS Postpartum Care Rates	Annual Submission	57%	70%	<i>Not Met</i>

**Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
July 1, 2013, through September 30, 2013**

MCP Name and County	Name of Internal Project/Study	Type of Submission ¹	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Anthem Blue Cross Partnership Plan—Tulare	Improving HEDIS Postpartum Care Rates	Annual Submission	89%	90%	<i>Partially Met</i>
CalOptima—Orange	Improving the Rates of Cervical Cancer	Annual Submission	82%	90%	<i>Partially Met</i>
CalViva Health—Fresno	Retinal Eye Exam	Annual Submission	72%	80%	<i>Not Met</i>
CalViva Health—Kings	Retinal Eye Exam	Annual Submission	76%	80%	<i>Not Met</i>
CalViva Health—Madera	Retinal Eye Exam	Annual Submission	76%	80%	<i>Not Met</i>
Care1st Partner Plan—San Diego	Comprehensive Diabetes Care	Annual Submission	74%	90%	<i>Partially Met</i>
Central California Alliance for Health—Merced	Improving Asthma Health Outcomes	Annual Submission	88%	86%	<i>Partially Met</i>
Central California Alliance for Health—Monterey and Santa Cruz	Improving Asthma Health Outcomes	Annual Submission	88%	86%	<i>Partially Met</i>
CenCal Health—San Luis Obispo	Annual Monitoring for Patients on Persistent Medications	Annual Submission	94%	100%	<i>Met</i>
CenCal Health—Santa Barbara	Annual Monitoring for Patients on Persistent Medications	Annual Submission	94%	100%	<i>Met</i>
Community Health Group Partnership Plan—San Diego	Increasing Postpartum Care Visits Within 6 Weeks of Delivery	Study Design Submission	67%	71%	<i>Not Met</i>
		Study Design Resubmission 1	100%	100%	<i>Met</i>
		Annual Submission	76%	80%	<i>Partially Met</i>

**Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
July 1, 2013, through September 30, 2013**

MCP Name and County	Name of Internal Project/Study	Type of Submission ¹	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Health Net Community Solutions, Inc.—Kern	Improve Cervical Cancer Screening Among Female Medi-Cal Seniors and Persons With Disabilities	Annual Submission	69%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Los Angeles	Improve Cervical Cancer Screening Among Female Medi-Cal Seniors and Persons With Disabilities	Annual Submission	69%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Sacramento	Improve Cervical Cancer Screening Among Female Medi-Cal Seniors and Persons With Disabilities	Annual Submission	69%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—San Diego	Improve Cervical Cancer Screening Among Female Medi-Cal Seniors and Persons With Disabilities	Annual Submission	69%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Stanislaus	Improve Cervical Cancer Screening Among Female Medi-Cal Seniors and Persons With Disabilities Annual Submission	Annual Submission	69%	86%	<i>Partially Met</i>
Health Net Community Solutions, Inc.—Tulare	Improve Cervical Cancer Screening Among Female Medi-Cal Seniors and Persons With Disabilities	Annual Submission	69%	86%	<i>Partially Met</i>
Health Plan of San Joaquin—San Joaquin	Improving the Percentage Rate of HbA1c Testing	Annual Submission	74%	90%	<i>Partially Met</i>
Health Plan of San Mateo—San Mateo	Increasing Timeliness of Prenatal Care	Annual Submission	74%	90%	<i>Partially Met</i>

**Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
July 1, 2013, through September 30, 2013**

MCP Name and County	Name of Internal Project/Study	Type of Submission ¹	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Inland Empire Health Plan—Riverside and San Bernardino	Attention Deficit Hyperactivity Disorder Management	Annual Submission	64%	57%	<i>Partially Met</i>
Kaiser—Sacramento	Childhood Immunizations	Annual Submission	69%	71%	<i>Partially Met</i>
Kaiser—San Diego	Children’s Access to Primary Care Practitioners	Annual Submission	65%	86%	<i>Partially Met</i>
Kern Family Health Care—Kern	Comprehensive Diabetic Quality Improvement Plan	Annual Submission	71%	80%	<i>Partially Met</i>
L.A. Care Health Plan—Los Angeles	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Annual Submission	74%	90%	<i>Partially Met</i>
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	Improving Hypertension Control	Annual Submission	77%	90%	<i>Not Met</i>
Molina Healthcare of California Partner Plan, Inc.—Sacramento	Improving Hypertension Control	Annual Submission	74%	90%	<i>Not Met</i>
Molina Healthcare of California Partner Plan, Inc.—San Diego	Improving Hypertension Control	Annual Submission	79%	90%	<i>Not Met</i>
Partnership HealthPlan of California—Napa, Solano, and Yolo	Improving Access to Primary Care for Children & Adolescents	Annual Submission	92%	100%	<i>Met</i>
Partnership HealthPlan of California—Sonoma	Improving Access to Primary Care for Children & Adolescents	Annual Submission	84%	100%	<i>Met</i>
San Francisco Health Plan—San Francisco	Patient Experience	Annual Submission	86%	89%	<i>Partially Met</i>

**Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
July 1, 2013, through September 30, 2013**

MCP Name and County	Name of Internal Project/Study	Type of Submission ¹	Percentage of Evaluation Elements Scored Met ²	Percentage of Critical Elements Scored Met ³	Overall Validation Status ⁴
Santa Clara Family Health Plan—Santa Clara	Childhood Obesity Partnership and Education	Annual Submission	44%	43%	<i>Not Met</i>
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	Care for Older Adults	Annual Submission	97%	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

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* QIP validation results for 48 *ACR* QIP Design stage submissions were included in the October 1, 2012, to December 31, 2012, QIP status report.

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

For this report, HSAG reviewed 45 statewide collaborative QIP submissions, which included baseline rates from calendar year 2012.

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 = 45 Submissions)
July 1, 2013, to September 30, 2013**

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	99% (89/90)	0% (0/90)	1% (1/90)
	II: Clearly Defined, Answerable Study Question(s)	100% (45/45)	0% (0/45)	0% (0/45)
	III: Clearly Defined Study Indicator(s)	100% (90/90)	0% (0/90)	0% (0/90)
	IV: Correctly Identified Study Population	100% (45/45)	0% (0/45)	0% (0/45)
	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection**	78% (141/180)	17% (31/180)	4% (8/180)
Implementation	VII: Sufficient Data Analysis and Interpretation**	71% (128/180)	4% (8/180)	24% (44/180)
	VIII: Appropriate Improvement Strategies	62% (56/90)	38% (34/90)	0% (0/90)
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.

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

Design

The Design stage includes QIP validation findings for Activities I through VI. The MCPs demonstrated 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. The MCPs’ average percentage of the applicable elements in Activity I with a *Met* score was 99 percent, and 100 percent for applicable elements in Activities II, III, and IV.

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

The MCPs struggled with Activity VI, with an average rate of only 78 percent of applicable elements receiving a *Met* score. Only 76 percent of the QIPs included a description of a defined and systematic process for collecting baseline data. Additionally, less than half (42 percent) of the QIPs included a description of the data analysis plan.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. The MCPs struggled with this stage of the QIP process for the statewide collaborative QIP.

Activity VII assesses whether the MCPs’ data analysis techniques comply with industry standards, appropriate statistical tests are used, and accurate/reliable information is obtained. Since the statewide collaborative QIP submission only included baseline data and sampling was not used, only four of the elements for this activity were assessed. The QIPs’ average rate for elements with a *Met* score was 80 percent or better for three of the four elements; however, the average rate for QIPs with a *Met* score for the element that assesses whether the MCPs identified factors that threaten internal or external validity of findings was only 27 percent. Sixty-seven percent of the QIPs received a *Not Met* status for this element, and 7 percent received a *Partially Met* status. It is evident from these results that the MCPs have opportunities for improving their documentation of the factors that threaten the internal or external validity of their QIPs. Due to the low scores for this element, the average percentage of applicable elements receiving *Met* scores for Activity VII was 71 percent.

Activity VIII assesses if the barrier analysis is adequate to identify barriers to improvement, the MCP has developed appropriate improvement strategies, and the timeline for implementation of interventions is reasonable. This activity received the lowest score out of all the activities for the QIP validation process. Only 62 percent of the QIPs obtained a *Met* validation status, and 38 percent achieved a *Partially Met* status. None of the QIPs received a *Not Met* status for this activity. Since the statewide collaborative QIP was at the baseline measurement period, only two elements were assessed for Activity VIII. Eighty-four percent

of the QIPs achieved a *Met* status for including documentation of system changes that are likely to induce permanent change. However, most of the MCP's did not document the connection between the identified causes/barriers and their interventions, resulting in only 40 percent of the QIPs achieving a *Met* status for this element.

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, they were not assessed for statistically significant or sustained improvement.

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 July 1, 2013, to September 30, 2013, HSAG reviewed 46 IQIP submissions.

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 = 46 Submissions)
July 1, 2013, to September 30, 2013

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	97% (89/92)	3% (3/92)	0% (0/92)
	II: Clearly Defined, Answerable Study Question(s)	98% (45/46)	2% (1/46)	0% (0/46)
	III: Clearly Defined Study Indicator(s)	96% (94/98)	3% (3/98)	1% (1/98)
	IV: Correctly Identified Study Population	96% (44/46)	2% (1/46)	2% (1/46)
	V: Valid Sampling Techniques	92% (155/168)	3% (5/168)	5% (8/168)
	VI: Accurate/Complete Data Collection	95% (226/237)	2% (5/237)	3% (6/237)
Implementation	VII: Sufficient Data Analysis and Interpretation**	72% (230/318)	12% (39/318)	15% (49/318)
	VIII: Appropriate Improvement Strategies	26% (35/135)	60% (81/135)	14% (19/135)
Outcomes	IX: Real Improvement Achieved	37% (42/115)	5% (6/115)	58% (67/115)
	X: Sustained Improvement Achieved	80% (4/5)	0% (0/5)	20% (1/5)

*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 demonstrated high performance for all the activities under the Design stage. The MCPs showed a sufficient understanding of how to develop a QIP study by selecting an appropriate topic, clearly defining their study questions and indicators, correctly identifying the study population, using valid sampling techniques, and providing a complete and accurate data collection plan. The QIPs received an overall *Met* score of 92 percent or better for each of these activities.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. As with the statewide collaborative QIP, the MCPs struggled with the Implementation stage for the IQIPs.

Activity VII assesses whether the MCPs' data analysis techniques comply with industry standards, appropriate statistical tests are used, and accurate/reliable information is obtained. Only 72 percent of the QIPs obtained a *Met* status for this activity, 12 percent received a *Partially Met* status, and 15 percent received a *Not Met* status. The element that assesses if the QIP includes an interpretation of the findings received the lowest average of *Met* scores, with 52 percent. This was much lower than the average score of 84 percent on this element for the statewide collaborative QIP. Only 59 percent of the QIPs obtained a *Met* status for the element that assesses the MCPs' documentation of factors that could threaten the internal or external validity of the findings, and 62 percent obtained a *Met* status for the element that assesses if the MCP identified statistical differences between the initial measurement and the remeasurement. Several MCPs have opportunities to improve in the documentation of their data analysis and interpretation of study results.

Activity VIII assesses if the barrier analysis is adequate to identify barriers to improvement, the MCP has developed appropriate improvement strategies, and the timeline for implementation of interventions is reasonable. This activity received the lowest score out of all the activities, with only 26 percent of the QIPs obtaining a *Met* validation status. The following are the main issues that caused poor performance on this activity:

- ◆ The MCPs did not conduct an annual causal/barrier and drill-down analysis in addition to periodic analyses of their most recent data.
- ◆ The MCPs did not ensure that the interventions implemented for a specific barrier are truly relevant to that barrier and will directly impact study indicator(s) outcomes.
- ◆ The MCPs did not have a process in place to evaluate the efficacy of the interventions to determine if they are having the desired effect. Without an evaluation plan, the MCPs cannot determine whether to modify or discontinue existing interventions or implement new strategies, thereby reducing the likelihood of achieving the desired goals and improving performance.

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, 29 QIPs progressed to Activity IX. Of these 29 QIPs, only five (17 percent) achieved statistically significant improvement over baseline. Below are the five QIPs that achieved statistically significant improvement:

- ◆ AIDS Healthcare Foundation—Los Angeles County, *Advance Care Directives*
- ◆ Anthem Blue Cross Partnership Plan—Santa Clara County, *Improving HEDIS Postpartum Rates*
- ◆ Anthem Blue Cross Partnership Plan—Tulare County, *Improving HEDIS Postpartum Rates*
- ◆ Partnership HealthPlan of California—Napa, Solano, and Yolo counties, *Improving Access to Primary Care for Children and Adolescents*
- ◆ Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults*

Of the remaining QIPs, 7 percent received a *Partially Met* validation score and 76 percent received a *Not Met* validation score for achieving statistically significant improvement over baseline.

The validation results suggest that the interventions that many of the MCPs are implementing are not being successful. 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. Partnership HealthPlan of California was not assessed for Activity X since its QIP had not progressed to this stage. Of the remaining four QIPs that did progress to this stage, only Anthem Blue Cross Partnership Plan—Santa Clara County did not achieve sustained improvement. Although Inland Empire Health Plan received a *Partially Met* status for Activity IX, it was able to achieve a *Met* status

for Activity X for one of the two study indicators. Below are the four QIPs that achieved sustained improvement during the review period:

- ◆ AIDS Healthcare Foundation—Los Angeles County, *Advance Care Directives*
- ◆ Anthem Blue Cross Partnership Plan—Tulare County, *Improving HEDIS Postpartum Rates*
- ◆ Inland Empire Health Plan—Riverside and San Bernardino counties, *Attention Deficit Hyperactivity Disorder (ADHD) Management*
- ◆ Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino counties, *Care for Older Adults*

QIP Strengths and Opportunities for Improvement

The MCPs demonstrated a high aptitude with the majority of elements in the Design stage, as evidenced by the high percentage of *Met* evaluation elements for Activities I through VI during the review period of July 1, 2013, through September 30, 2013. The greatest opportunity for improvement in the Design stage is in the area of providing a complete description of the data analysis plan.

The MCPs consistently struggled with the Implementation and Outcomes stages. The MCPs have an opportunity to improve their efforts on conducting causal/barrier analyses and linking analyses results to the corresponding interventions to increase the likelihood that the interventions will result in statistically significant and sustained improvement.

QIP Recommendations

At a minimum, the MCPs should re-evaluate the effectiveness of their interventions annually. Also, 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 obtaining statistically significant improvement.

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

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

- ◆ MMCD Statewide Collaborative QIPs
- ◆ Internal QIPs

Table A.1—MMCD Statewide All-Cause Readmissions Collaborative QIP
July 1, 2013, through September 30, 2013
 (*See page A-11 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	Level of QIP Progress	
			Activities Validated	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	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Alameda	CP	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Fresno	CP	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Kings	CP	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Madera	CP	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—San Francisco	CP	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Clinical	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Tulare	LI	Clinical	I–VIII	Baseline
CalOptima—Orange	COHS	Clinical	I–VIII	Baseline
CalViva Health—Fresno	LI	Clinical	I–VIII	Baseline
CalViva Health—Kings	LI	Clinical	I–VIII	Baseline
CalViva Health—Madera	LI	Clinical	I–VIII	Baseline
Care1st Partner Plan—San Diego	GMC	Clinical	I–VIII	Baseline
Central California Alliance for Health—Merced	COHS	Clinical	I–VIII	Baseline
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Clinical	I–VIII	Baseline
CenCal Health—San Luis Obispo	COHS	Clinical	I–VIII	Baseline

Table A.1—MMCD Statewide All-Cause Readmissions Collaborative QIP
July 1, 2013, through September 30, 2013
 (*See page A-11 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	Level of QIP Progress	
			Activities Validated	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	I–VIII	Baseline
Community Health Group Partnership Plan—San Diego	GMC	Clinical	I–VIII	Baseline
Contra Costa Health Plan—Contra Costa	LI	Clinical	I–VIII	Baseline
Gold Coast Health Plan—Ventura	COHS	Clinical	I–VIII	Baseline
Health Net Community Solutions, Inc.—Kern	CP	Clinical	I–VIII	Baseline
Health Net Community Solutions, Inc.—Los Angeles	CP	Clinical	I–VIII	Baseline
Health Net Community Solutions, Inc.—Sacramento	GMC	Clinical	I–VIII	Baseline
Health Net Community Solutions, Inc.—San Diego	GMC	Clinical	I–VIII	Baseline
Health Net Community Solutions, Inc.—Stanislaus	CP	Clinical	I–VIII	Baseline
Health Net Community Solutions, Inc.—Tulare	CP	Clinical	I–VIII	Baseline
Health Plan of San Joaquin—San Joaquin	LI	Clinical	I–VIII	Baseline
Health Plan of San Mateo—San Mateo	COHS	Clinical	I–VIII	Baseline
Inland Empire Health Plan—Riverside and San Bernardino	LI	Clinical	I–VIII	Baseline
Kaiser—Sacramento County	GMC	Clinical	I–VIII	Baseline
Kaiser—San Diego County	GMC	Clinical	I–VIII	Baseline
Kern Family Health Care—Kern	LI	Clinical	I–VIII	Baseline
L.A. Care Health Plan—Los Angeles	LI	Clinical	I–VIII	Baseline
Molina Healthcare of California Partner Plan, Inc.—Riverside and San Bernardino	CP	Clinical	I–VIII	Baseline

Table A.1—MMCD Statewide All-Cause Readmissions Collaborative QIP
July 1, 2013, through September 30, 2013
 (*See page A-11 for grid category explanations.)

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	Level of QIP Progress	
			Activities Validated	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	I–VIII	Baseline
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Clinical	I–VIII	Baseline
Partnership HealthPlan of California—Marin	COHS	Clinical	I–VIII	Baseline
Partnership HealthPlan of California—Mendocino	COHS	Clinical	I–VIII	Baseline
Partnership HealthPlan of California—Napa, Solano, and Yolo	COHS	Clinical	I–VIII	Baseline
Partnership HealthPlan of California—Sonoma	COHS	Clinical	I–VIII	Baseline
San Francisco Health Plan—San Francisco	LI	Clinical	I–VIII	Baseline
Santa Clara Family Health Plan—Santa Clara	LI	Clinical	I–VIII	Baseline
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	SP	Clinical	I–VIII	Baseline

Table A.2—Internal QIPs
July 1, 2013, through September 30, 2013
 (*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	Level of QIP Progress	
						Activities Validated	QIP Progression
AIDS Healthcare Foundation—Los Angeles	SP	Advance Care Directives	Nonclinical	Q	Improve the rate of members who have an advance directive document or documented discussion of advance directives	I–X	Remeasurement 2
AIDS Healthcare Foundation—Los Angeles	SP	Increasing CD4 and Viral Load Testing	Clinical	Q, A	Increase the percentage of members who receive CD4 and Viral Load tests		Remeasurement 3
Alameda Alliance for Health—Alameda	LI	Improving Anti-hypertensive Medication Fills Among Members with Hypertension	Clinical	Q, A	Improving hypertension diagnosis and anti-hypertensive medication fills among members with hypertension	I–IX	Remeasurement 1
Anthem Blue Cross Partnership Plan—Alameda	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Fresno	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Kings	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	I–VIII	Baseline
Anthem Blue Cross Partnership Plan—Madera	CP	Improving Diabetes Management	Clinical	Q, A	Improve the rate of HbA1c and retinal eye exam screening	I–VIII	Baseline

Table A.2—Internal QIPs
July 1, 2013, through September 30, 2013
 (*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	Level of QIP Progress	
						Activities Validated	QIP Progression
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Postpartum Care	Clinical	Q, A, T	Improve the rate of postpartum care visits	I–IX	Remeasurement 3
Anthem Blue Cross Partnership Plan—San Francisco	CP	Postpartum Care	Clinical	Q, A, T	Improve the rate of postpartum care visits	I–IX	Remeasurement 3
Anthem Blue Cross Partnership Plan—San Joaquin	CP	Postpartum Care	Clinical	Q, A, T	Improve the rate of postpartum care visits	I–IX	Remeasurement 2
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Postpartum Care	Clinical	Q, A, T	Improve the rate of postpartum care visits	I–X	Remeasurement 3
Anthem Blue Cross Partnership Plan—Stanislaus	LI	Postpartum Care	Clinical	Q, A, T	Improve the rate of postpartum care visits	I–IX	Remeasurement 2
Anthem Blue Cross Partnership Plan—Tulare	LI	Postpartum Care	Clinical	Q, A, T	Improve the rate of postpartum care visits	I–X	Remeasurement 3
CalOptima—Orange	COHS	Improving the Rates of Cervical Cancer Screening	Clinical	Q	Improve the rate of cervical cancer screening	I–IX	Remeasurement 3
CalViva Health—Fresno	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	I–VIII	Baseline
CalViva Health—Kings	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	I–VIII	Baseline
CalViva Health—Madera	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	I–VIII	Baseline

Table A.2—Internal QIPs
July 1, 2013, through September 30, 2013
 (*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	Level of QIP Progress	
						Activities Validated	QIP Progression
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	I–IX	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	I–VIII	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	I–VIII	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	I–VIII	Baseline
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Improving Asthma Health Outcomes	Clinical	Q, A	Decrease the rate of ER admissions for members with persistent asthma	I–VIII	Baseline
Community Health Group Partnership Plan—San Diego	GMC	Increasing Postpartum Care Visits within 6 Weeks of Delivery	Clinical	Q, T (Note: CHG's interventions for this QIP have not yet been submitted. The access domain of care may be added if the interventions address access issues.)	Increasing the percentage of postpartum exams within six weeks of delivery in order to improve the mother's physical and mental health	I–VIII	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	I–VIII	Baseline

Table A.2—Internal QIPs
July 1, 2013, through September 30, 2013
 (*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	Level of QIP Progress	
						Activities Validated	QIP Progression
Family Mosaic Project—San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Q	Increase the rate of school attendance		
Health Net Community Solutions, Inc.—Kern	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Q, A	Improve cervical cancer screening among seniors and persons with disabilities	I–IX	Remeasurement 3
Health Net Community Solutions, Inc.—Los Angeles	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Q, A	Improve cervical cancer screening among seniors and persons with disabilities	I–IX	Remeasurement 3
Health Net Community Solutions, Inc.—Sacramento	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Q, A	Improve cervical cancer screening among seniors and persons with disabilities	I–IX	Remeasurement 3
Health Net Community Solutions, Inc.—San Diego	GMC	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Q, A	Improve cervical cancer screening among seniors and persons with disabilities	I–IX	Remeasurement 3
Health Net Community Solutions, Inc.—Stanislaus	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Q, A	Improve cervical cancer screening among seniors and persons with disabilities	I–IX	Remeasurement 3
Health Net Community Solutions, Inc.—Tulare	CP	Improve Cervical Cancer Screening Among Seniors and Persons With Disabilities	Clinical	Q, A	Improve cervical cancer screening among seniors and persons with disabilities	I–IX	Remeasurement 3
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	I–IX	Remeasurement 2

Table A.2—Internal QIPs
July 1, 2013, through September 30, 2013
 (*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	Level of QIP Progress	
						Activities Validated	QIP Progression
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	I–IX	Remeasurement 3
Inland Empire Health Plan—Riverside and San Bernardino	LI	Attention Deficit Hyperactivity Disorder (ADHD) Management	Clinical	Q, A	Improve the percentage of follow-up visits for members who are prescribed ADHD medications	I–X	Remeasurement 3
Kaiser—Sacramento County	GMC	Childhood Immunizations	Clinical	Q, A, T	Increase the percentage of children receiving Combo 3 and Combo 10 immunizations	I–VIII	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	I–IX	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	I–IX	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	I–IX	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	I–IX	Remeasurement 3

Table A.2—Internal QIPs
July 1, 2013, through September 30, 2013
 (*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	Level of QIP Progress	
						Activities Validated	QIP Progression
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure	I–IX	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	I–IX	Remeasurement 3
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	I–IX	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	I–IX	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	I–VIII	Baseline

**Table A.2—Internal QIPs
July 1, 2013, through September 30, 2013**

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	Level of QIP Progress	
						Activities Validated	QIP Progression
Santa Clara Family Health Plan—Santa Clara	LI	Childhood Obesity Partnership and Education	Clinical	Q, A	Increase the percentage of members with at least one BMI calculated and documented by a primary care practitioner	I–IX	Remeasurement 1
Senior Care Action Network Health Plan—Los Angeles, Riverside, and San Bernardino	SP	Care for Older Adults	Clinical	Q, A	Improve rates for all submeasures (HEDIS and other) in care for older adults	I–X	Remeasurement 2

***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.

**Table B.1—Statewide All-Cause Readmissions Collaborative QIP
Activities I to VI Ratings (N = 45 Submissions)
July 1, 2013, through September 30, 2013¹**

Evaluation Elements		Met	Partially Met	Not Met
Activity I: Appropriate Study Topic				
C*	1. Is selected following collection and analysis of data (or was selected by the State).	98% (44/45)	0% (0/45)	2% (1/45)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (45/45)	0% (0/45)	0% (0/45)
Activity Average Rates**		99% (89/90)	0% (0/90)	1% (1/90)
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% (45/45)	0% (0/45)	0% (0/45)
Activity Average Rates**		100% (45/45)	0% (0/45)	0% (0/45)
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% (45/45)	0% (0/45)	0% (0/45)
	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% (45/45)	0% (0/45)	0% (0/45)
Activity Average Rates**		100% (90/90)	0% (0/90)	0% (0/90)
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% (45/45)	0% (0/45)	0% (0/45)
Activity Average Rates**		100% (45/45)	0% (0/45)	0% (0/45)
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 = 45 Submissions)
July 1, 2013, through September 30, 2013¹ *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.	98% (44/45)	2% (1/45)	0% (0/45)
	2. A defined and systematic process for collecting baseline and remeasurement data.	76% (34/45)	24% (11/45)	0% (0/45)
	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	98% (44/45)	0% (0/45)	2% (1/45)
	6. A description of the data analysis plan.	42% (19/45)	42% (19/45)	16% (7/45)
Activity Average Rates**		78% (141/180)	17% (31/180)	4% (8/180)

¹ Although some of the *All-Cause Readmissions* QIPs were received outside of the 2013–14 first quarter reporting period, they are included so that comparisons can be made across all MCPs participating in the collaborative.

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

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

**Table B.2—Statewide All-Cause Readmissions Collaborative QIP
Activities VII and VIII Ratings (N = 45 Submissions)
July 1, 2013, through September 30, 2013¹**

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% (36/45)	2% (1/45)	18% (8/45)
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.	27% (12/45)	7% (3/45)	67% (30/45)
	4. Include an interpretation of findings.	84% (38/45)	4% (2/45)	11% (5/45)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	93% (42/45)	4% (2/45)	2% (1/45)
	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**		71% (128/180)	4% (8/180)	24% (44/180)
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	40% (18/45)	60% (27/45)	0% (0/45)
	2. System changes that are likely to induce permanent change.	84% (38/45)	16% (7/45)	0% (0/45)
	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**		62% (56/90)	38% (34/90)	0% (0/90)
<p>¹ Although some of the All-Cause Readmissions QIPs were received outside of the 2013–14 first quarter reporting period, they are included so that comparisons can be made across all MCPs participating in the collaborative.</p> <p>*“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.</p> <p>**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.</p>				

**Table B.3—Statewide All-Cause Readmissions Collaborative QIP
Activities IX and X Ratings (N = 45 Submissions)
July 1, 2013, through September 30, 2013¹**

Evaluation Elements		Met	Partially Met	Not Met
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	Not Assessed	Not Assessed	Not Assessed
	2. There is documented improvement in processes or outcomes of care.	Not Assessed	Not Assessed	Not Assessed
	3. There is statistical evidence that observed improvement is true improvement over baseline.	Not Assessed	Not Assessed	Not Assessed
	4. The improvement appears to be the result of planned intervention(s).	Not Assessed	Not Assessed	Not Assessed
Activity Average Rates**		Not Assessed	Not Assessed	Not Assessed
Activity X: Sustained Improvement Achieved				
	1. Repeated measurements over comparable time periods demonstrate sustained improvement, or that a decline in improvement is not statistically significant.	Not Assessed	Not Assessed	Not Assessed
Activity Average Rates**		Not Assessed	Not Assessed	Not Assessed
<p>¹ some of the <i>All-Cause Readmissions</i> QIPs were received outside of the 2013–14 first quarter reporting period, they are included so that comparisons can be made across all MCPs participating in the collaborative.</p> <p>**“C” in this column denotes a critical element in HSAG’s validation protocol. MCPs must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded. Element and/or activity totals may not equal 100 percent due to rounding.</p>				

Table B.4—Internal QIP
Activities I to VI Ratings (N = 46 Submissions)
July 1, 2013, through September 30, 2013

Evaluation Elements		Met	Partially Met	Not Met
Activity I: Appropriate Study Topic				
C*	1. Is selected following collection and analysis of data (or was selected by the State).	93% (43/46)	7% (3/46)	0% (0/46)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (46/46)	0% (0/46)	0% (0/46)
	Activity Average Rates**	97% (89/92)	3% (3/92)	0% (0/92)
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% (45/46)	2% (1/46)	0% (0/46)
	Activity Average Rates**	98% (45/46)	2% (1/46)	0% (0/46)
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.	93% (43/46)	7% (3/46)	0% (0/46)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (6/6)	0% (0/6)	0% (0/6)
C*	3. Allow for the study questions to be answered.	98% (45/46)	0% (0/46)	2% (1/46)
	Activity Average Rates**	96% (94/98)	3% (3/98)	1% (1/98)
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.	96% (44/46)	2% (1/46)	2% (1/46)
	Activity Average Rates**	96% (44/46)	2% (1/46)	2% (1/46)
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	100% (28/28)	0% (0/28)	0% (0/28)
	2. Provide the title of the applicable study indicator(s).	100% (28/28)	0% (0/28)	0% (0/28)
	3. Identify the population size.	96% (27/28)	4% (1/28)	0% (0/28)
C*	4. Identify the sample size.	96% (27/28)	4% (1/28)	0% (0/28)
	5. Specify the margin of error and confidence level.	64% (18/28)	7% (2/28)	29% (8/28)
	6. Describe in detail the methods used to select the sample.	96% (27/28)	4% (1/28)	0% (0/28)
	Activity Average Rates**	92% (155/168)	3% (5/168)	5% (8/168)

**Table B.4—Internal QIP
Activities I to VI Ratings (N = 46 Submissions)
July 1, 2013, through September 30, 2013¹ 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.	98% (45/46)	2% (1/46)	0% (0/46)
	2. A defined and systematic process for collecting baseline and remeasurement data.	96% (44/46)	2% (1/46)	2% (1/46)
	3. Qualifications of staff members collecting manual data.	89% (25/28)	0% (0/28)	11% (3/28)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	96% (27/28)	0% (0/28)	4% (1/28)
	5. An estimated degree of administrative data completeness and quality. Met = 80–100 percent complete Partially Met = 50–79 percent complete Not Met = <50 percent complete or not provided	95% (41/43)	2% (1/43)	2% (1/43)
	6. A description of the data analysis plan.	96% (44/46)	4% (2/46)	0% (0/46)
	Activity Average Rates**	95% (226/237)	2% (5/237)	3% (6/237)
<p>*“C” in this column denotes a critical element in HSAG’s validation protocol. MCPs must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded. Element and/or activity totals may not equal 100 percent due to rounding.</p>				

Table B.5—Internal QIP
Activities VII and VIII Ratings (N = 46 Submissions)
July 1, 2013, through September 30, 2013

Evaluation Elements		Met	Partially Met	Not Met
Activity VII: Analyze Data and Interpret Study Results				
	1. Are conducted according to the data analysis plan in the study design.	75% (33/44)	20% (9/44)	5% (2/44)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	92% (24/26)	0% (0/26)	8% (2/26)
	3. Identify factors that threaten internal or external validity of findings.	59% (26/44)	2% (1/44)	39% (17/44)
	4. Include an interpretation of findings.	52% (23/44)	34% (15/44)	14% (6/44)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	77% (34/44)	11% (5/44)	11% (5/44)
	6. Identify the initial measurement and the remeasurement of study indicators.	93% (27/29)	0% (0/29)	7% (2/29)
	7. Identify statistical differences between the initial measurement and the remeasurement.	62% (18/29)	21% (6/29)	17% (5/29)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	79% (23/29)	0% (0/29)	21% (6/29)
	9. Include an interpretation of the extent to which the study was successful.	76% (22/29)	10% (3/29)	14% (4/29)
	Activity Average Rates**	72% (230/318)	12% (39/318)	15% (49/318)
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	18% (8/44)	75% (33/44)	7% (3/44)
	2. System changes that are likely to induce permanent change.	45% (20/44)	48% (21/44)	7% (3/44)
	3. Revised if the original interventions are not successful.	12% (3/26)	69% (18/26)	19% (5/26)
	4. Standardized and monitored if interventions are successful.	19% (4/21)	43% (9/21)	38% (8/21)
	Activity Average Rates**	26% (35/135)	60% (81/135)	14% (19/135)
<p>*"C" in this column denotes a critical element in HSAG's validation protocol. MCPs must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded. Element and/or activity totals may not equal 100 percent due to rounding.</p>				

**Table B.6—Internal QIP
Activities IX and X Ratings (N = 46 Submissions)
July 1, 2013, through September 30, 2013**

Evaluation Elements		Met	Partially Met	Not Met
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	97% (28/29)	0% (0/29)	3% (1/29)
	2. There is documented improvement in processes or outcomes of care.	24% (7/29)	10% (3/29)	66% (19/29)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	17% (5/29)	7% (2/29)	76% (22/29)
	4. The improvement appears to be the result of planned intervention(s).	7% (2/28)	4% (1/28)	89% (25/28)
Activity Average Rates**		37% (42/115)	5% (6/115)	58% (67/115)
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.	80% (4/5)	0% (0/5)	20% (1/5)
Activity Average Rates**		80% (4/5)	0% (0/5)	20% (1/5)
<p>**“C” in this column denotes a critical element in HSAG’s validation protocol. MCPs must receive a <i>Met</i> score for these elements for a QIP to receive a <i>Met</i> validation status.</p> <p>**The activity average rate represents the average percentage of elements with a <i>Met</i>, <i>Partially Met</i>, or <i>Not Met</i> finding across all the evaluation elements for a particular activity. All <i>Not Applicable</i> or <i>Not Assessed</i> findings are excluded. Element and/or activity totals may not equal 100 percent due to rounding.</p>				