Medi-Cal Managed Care
Quality Improvement Projects Status Report
July 1, 2014 – September 30, 2014

Managed Care Quality and Monitoring 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 Managed Care Quality and Monitoring Division (MCQMD) 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, 2014, through September 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 QIPs[1] and for EQROs to use when validating QIPs.[2] The EQRO reviews each QIP using the validating protocol to ensure MCPs design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, DHCS and interested parties can have confidence in reported improvements that result from a 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.

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[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. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on February 19, 2013.

[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. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on February 19, 2013.

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, 2014, through September 30, 2014, HSAG reviewed 104 QIPs—47 were statewide collaborative QIP annual submissions and 57 were internal QIP (IQIP) annual submissions. Due to MCQMD's expansion into new counties, two of the statewide collaborative QIP submissions were at baseline, while 45 of the submissions were at Remeasurement 1. The IQIPs were at various stages of reporting. 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 2014–15 first quarter reporting period, HSAG includes the validation results for them in this report so that the results for all MCPs participating in the collaborative QIP are included. This allows HSAG to make 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, 2014, through September 30, 2014[1]

General IQIP Topic	Number of QIPs	Number of Submissions
All-Cause Readmissions (Collaborative QIP)[2]	47	47
Internal QIPs (IQIPs)		
Prenatal/Postpartum Care	20	20
Diabetes	17	17
Hypertension	4	4
Children's Access to Primary Care Practitioners	3	3
Childhood Immunization Status	3	3
Asthma	2	2
Persistent Medications	2	2
Avoidable Emergency Department Visits	1	1
CD4 & Viral Load Testing	1	1
Depression	1	1
High Risk Medications	1	1
Patient Experience	1	1
School Attendance	1	1
Total for IQIPs	**57**	**57**

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

[2]Although some of the *All-Cause Readmissions* QIPs were received during the 2014–15 second quarter, HSAG includes them in the first quarter report so that the validation information for all MCPs participating in the collaborative is included together.

Of the 47 statewide collaborative QIPs, 19 achieved a *Met* validation status and 28 received a *Partially Met* validation status, requiring a resubmission. A resubmission means the MCP was

required to resubmit the QIP with updated documentation because the QIP did not meet HSAG's validation criteria to receive an overall *Met* validation status.

Of the 57 IQIP submissions, 22 achieved a *Met* validation status, 30 received a *Partially Met* validation status, and five received a *Not Met* validation status, which resulted in 35 IQIPs requiring a resubmission.

Note that HSAG did not include validation results in this report from two IQIPs that were resubmitted on July 2, 2014. HSAG included the information on these QIPs in the April 1, 2014–June 30, 2014, fourth quarter report. Since the previous report was the final report of the fiscal year, MCQMD and HSAG determined that the validation results from the two IQIP resubmissions should be included in the final quarterly report. This allowed for the validation results from the resubmissions to be reported in the same reporting period as the results from the previous submissions.

Summary of Overall QIP Outcomes

Statewide Collaborative QIP

During the reporting period, 45 statewide *All-Cause Readmissions* collaborative QIPs were assessed for statistically significant improvement (Activity IX). No *All-Cause Readmissions* QIPs were assessed for sustained improvement (Activity X) since the QIPs had not yet progressed to this stage. Only six *All-Cause Readmissions* QIPs achieved statistically significant improvement over baseline.

Internal QIPs

During the reporting period, 25 IQIPs were assessed for statistically significant improvement (Activity IX), and three of those 25 IQIPs were assessed for sustained improvement (Activity X). Six IQIPs achieved statistically significant improvement over baseline for at least one study indicator. Of these six IQIPs, three were assessed for sustained improvement and all three achieved sustained improvement for at least one study indicator.

Conclusions and Recommendations

During the review period of July 1, 2014, through September 30, 2014, all QIPs submitted were annual submissions. Based on the validation results, the MCPs showed continued opportunities to improve the Implementation stage of the QIP process. As was true in previous quarters, many MCPs did not have processes in place to evaluate the efficacy of the interventions to determine if they were 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. Based on a

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

- MCPs should continue to improve on describing the causal/barrier analysis and/or the quality improvement process used to determine the barriers. A narrative description of the casual/barrier analysis and/or the quality improvement process should include:
  - Specific data analysis performed.
  - Steps taken to identify the barriers.
  - Involvement of any committees, teams, or work groups.
  - Description of the quality improvement tools used (fishbone diagram, brainstorming, etc.).
  - Description of how the barriers were prioritized.
- MCPs should ensure that all components of the data analysis and interpretation of study results in Activity VII are thoroughly documented, including the following:
  - Identify any factors that threaten the internal or external validity of the findings.
  - Provide interpretation of findings.
  - Provide accurate or clear data.
  - Indicate if there are statistical differences between the initial measurement period and the remeasurement period.
  - Identify factors that affect the ability to compare between the two measurement periods.
  - Provide an interpretation of the success of the study.
- MCPs should develop system changes that are likely to induce permanent change.
- MCPs should have a plan for evaluating each intervention and document the process used to evaluate the effectiveness of the interventions.
- MCPs should refer to the QIP Completion Instructions and previous QIP validation tools before documenting a QIP.
- MCPs should request technical assistance before submitting a QIP if they have any questions.

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 438.240[3] requires that all states operating a Medicaid managed care program ensure that their contracted MCPs conduct QIPs.

QIPs are a contract requirement for Medi-Cal MCPs. DHCS requires each of its contracted Medi-Cal MCPs to conduct two DHCS-approved QIPs in accordance with federal requirements. MCPs must always maintain two active QIPs. For full-scope MCPs, the statewide Medi-Cal managed care collaborative project serves as one of the two required QIPs. The second QIP can be either an IQIP or a small-group collaborative QIP involving at least three Medi-Cal MCPs.

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

Description of the QIP Validation Process

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

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

Federal regulations also require that MCPs conduct and that an EQRO validate QIPs in a manner consistent with the CMS protocols for implementing and validating QIPs.[4]

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

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

QIP validation ensures that:

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

Evaluating the Overall Validity and Reliability of Study Results

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

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

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

QIP Validation Activities

HSAG reviewed 47 statewide collaborative QIP submissions and 57 IQIP submissions for the period of July 1, 2014, through September 30, 2014. Table 3.1 and Table 3.2 summarize the QIPs that were validated during this review period. Table 3.1 includes the statewide *All-Cause Readmissions* collaborative QIPs. HSAG validated Activities I through VIII for two *All-Cause Readmissions* QIP submissions and Activities I through IX for 45 *All-Cause Readmissions* QIP submissions. Table 3.2 includes the IQIPs and lists the QIPs by MCP and county, study topic, QIP submission type, and activities validated. Additionally, both tables display the percentage of evaluation and critical elements that received a *Met* score and summarize the validation results for the QIPs, providing an overall validation status of *Met*, *Partially Met*, or *Not Met*. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable QIP. All critical elements must receive a *Met* score for a QIP to receive an overall validation status of *Met*.

Table 3.1— Medi-Cal Managed Care Quarterly Statewide *All-Cause Readmissions* Collaborative QIP Remeasurement 1 Annual Submission Results[1]
July 1, 2014, through September 30, 2014

MCP Name and County	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Alameda Alliance for Health—Alameda	I–IX	80%	86%	*Partially Met*
Anthem Blue Cross Partnership Plan—Alameda	I–IX	69%	100%	*Partially Met*
Anthem Blue Cross Partnership Plan—Contra Costa	I–IX	73%	100%	*Partially Met*
Anthem Blue Cross Partnership Plan—Fresno	I–IX	69%	100%	*Partially Met*
Anthem Blue Cross Partnership Plan—Kings	I–IX	81%	100%	*Met*
Anthem Blue Cross Partnership Plan—Madera	I–IX	73%	100%	*Partially Met*
Anthem Blue Cross Partnership Plan—Sacramento	I–IX	73%	100%	*Partially Met*
Anthem Blue Cross Partnership Plan—San Francisco	I–IX	69%	100%	*Partially Met*
Anthem Blue Cross Partnership Plan—Santa Clara	I–IX	69%	100%	*Partially Met*
Anthem Blue Cross Partnership Plan—Tulare	I–IX	73%	100%	*Partially Met*
CalOptima—Orange	I–IX	85%	100%	*Met*
CalViva Health—Fresno	I–IX	81%	86%	*Partially Met*
CalViva Health—Kings	I–IX	85%	86%	*Partially Met*
CalViva Health—Madera	I–IX	81%	86%	*Partially Met*
Care1st Partner Plan—San Diego	I–IX	81%	86%	*Partially Met*
CenCal Health—San Luis Obispo	I–IX	69%	86%	*Partially Met*

MCP Name and County	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
CenCal Health—Santa Barbara	I–IX	65%	86%	*Partially Met*
Central California Alliance for Health—Merced	I–IX	88%	100%	*Met*
Central California Alliance for Health—Monterey and Santa Cruz	I–IX	92%	100%	*Met*
Community Health Group Partnership Plan—San Diego	I–IX	88%	100%	*Met*
Contra Costa Health Plan—Contra Costa	I–IX	88%	86%	*Partially Met*
Gold Coast Health Plan—Ventura	I–IX	77%	86%	*Partially Met*
Health Net Community Solutions, Inc.—Kern	I–IX	77%	86%	*Partially Met*
Health Net Community Solutions, Inc.—Los Angeles	I–IX	88%	100%	*Met*
Health Net Community Solutions, Inc.—Sacramento	I–IX	77%	86%	*Partially Met*
Health Net Community Solutions, Inc.—San Diego	I–IX	88%	100%	*Met*
Health Net Community Solutions, Inc.—San Joaquin*	I–VIII	88%	86%	*Partially Met*
Health Net Community Solutions, Inc.—Stanislaus	I–IX	77%	86%	*Partially Met*
Health Net Community Solutions, Inc.—Tulare	I–IX	81%	86%	*Partially Met*
Health Plan of San Joaquin—San Joaquin	I–IX	81%	100%	*Met*
Health Plan of San Joaquin—Stanislaus*	I–VIII	94%	100%	*Met*
Health Plan of San Mateo—San Mateo	I–IX	62%	86%	*Partially Met*
Inland Empire Health Plan—Riverside/San Bernardino	I–IX	73%	100%	*Partially Met*
Kaiser North—Sacramento	I–IX	85%	100%	*Met*
Kaiser South—San Diego	I–IX	96%	100%	*Met*
Kern Family Health Care—Kern	I–IX	81%	86%	*Partially Met*
L.A. Care Health Plan—Los Angeles	I–IX	92%	86%	*Partially Met*
Molina Healthcare of California Partner Plan, Inc.—Riverside/San Bernardino	I–IX	88%	100%	*Met*

MCP Name and County	Activities Validated	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	I–IX	85%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—San Diego	I–IX	85%	100%	*Met*
Partnership HealthPlan of California—Marin	I–IX	85%	100%	*Met*
Partnership HealthPlan of California—Mendocino	I–IX	85%	100%	*Met*
Partnership HealthPlan of California—Napa/Solano/Yolo	I–IX	85%	100%	*Met*
Partnership HealthPlan of California—Sonoma	I–IX	88%	100%	*Met*
San Francisco Health Plan—San Francisco	I–IX	88%	100%	*Met*
Santa Clara Family Health Plan—Santa Clara	I–IX	73%	100%	*Partially Met*
Senior Care Action Network Health Plan—Los Angeles/Riverside/San Bernardino	I–IX	77%	86%	*Partially Met*

[1]Although some of the *All-Cause Readmissions* QIPs were received outside of the 2014–15 first quarter reporting period, they are included so that comparisons can be made across all MCPs participating in the collaborative.

[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*.

*****This is a new county for the MCP that was added to the QIP during the reporting period. Since the county was new, the MCP submitted baseline data rather than Remeasurement 1 data.

Table 3.2—Medi-Cal Managed Care Quarterly Internal QIP Results
July 1, 2014, through September 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	Increasing CD4 and Viral Load Testing	Annual Submission	I–VIII	65%	71%	*Not Met*
AIDS Healthcare Foundation—Los Angeles	Reducing Avoidable Emergency Department Visits	Annual Submission	I–VIII	88%	86%	*Not Met*
Alameda Alliance for Health—Alameda	Improving Anti-hypertensive Medication Fills Among Members with Hypertension	Annual Submission	I–X	64%	71%	*Not Met*
Anthem Blue Cross Partnership Plan—Sacramento	Childhood Immunization Status	Annual Submission	I–VIII	88%	90%	*Partially Met*
Anthem Blue Cross Partnership Plan—Alameda	Improving Diabetes Management	Annual Submission	I–VIII	84%	90%	*Partially Met*
Anthem Blue Cross Partnership Plan—Contra Costa	Improving Diabetes Management	Annual Submission	I–VIII	74%	78%	*Partially Met*
Anthem Blue Cross Partnership Plan—Fresno	Improving Diabetes Management	Annual Submission	I–VIII	84%	90%	*Partially Met*
Anthem Blue Cross Partnership Plan—Kings	Improving Diabetes Management	Annual Submission	I–VIII	79%	89%	*Partially Met*
Anthem Blue Cross Partnership Plan—Sacramento	Improving Diabetes Management	Annual Submission	I–VIII	84%	90%	*Partially Met*
Anthem Blue Cross Partnership Plan—San Francisco	Improving Diabetes Management	Annual Submission	I–VIII	88%	90%	*Partially Met*
Anthem Blue Cross Partnership Plan—Tulare	Improving Diabetes Management	Annual Submission	I–VIII	76%	80%	*Partially Met*
Anthem Blue Cross Partnership Plan—Alameda	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	88%	80%	*Partially Met*
Anthem Blue Cross Partnership Plan—Contra Costa	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	89%	89%	*Partially Met*
Anthem Blue Cross Partnership Plan—Fresno	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	88%	80%	*Partially Met*

MCP Name and County	Name of Internal Project/Study	Type of Submission[1]	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Anthem Blue Cross Partnership Plan—Kings	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	89%	89%	*Partially Met*
Anthem Blue Cross Partnership Plan—Madera	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	89%	89%	*Partially Met*
Anthem Blue Cross Partnership Plan—Sacramento	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	92%	90%	*Partially Met*
Anthem Blue Cross Partnership Plan—Santa Clara	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	92%	90%	*Partially Met*
Anthem Blue Cross Partnership Plan—Tulare	Improving Timeliness of Prenatal and Postpartum Care	Annual Submission	I–VIII	92%	90%	*Partially Met*
CalOptima—Orange	Improvement of Prenatal Visit Rates for Pregnant Members	Annual Submission	I–VIII	80%	80%	*Partially Met*
CalViva Health—Fresno	Retinal Eye Exam	Annual Submission	I–IX	89%	100%	*Met*
CalViva Health—Kings	Retinal Eye Exam	Annual Submission	I–IX	91%	100%	*Met*
CalViva Health—Madera	Retinal Eye Exam	Annual Submission	I–IX	91%	100%	*Met*
Care1st Partner Plan—San Diego	Comprehensive Diabetes Care	Annual Submission	I–IX	71%	80%	*Not Met*
CenCal Health—San Luis Obispo	Annual Monitoring for Patients on Persistent Medications	Annual Submission	I–IX	62%	86%	*Partially Met*
CenCal Health—Santa Barbara	Annual Monitoring for Patients on Persistent Medications	Annual Submission	I–IX	62%	86%	*Partially Met*
Central California Alliance for Health—Merced	Improving Asthma Health Outcomes	Annual Submission	I–IX	85%	100%	*Met*
Central California Alliance for Health—Monterey/Santa Cruz	Improving Asthma Health Outcomes	Annual Submission	I–IX	93%	100%	*Met*
Community Health Group Partnership Plan—San Diego	Increasing Postpartum Care Visits within Six Weeks of Delivery	Annual Submission	I–IX	91%	100%	*Met*

MCP Name and County	Name of Internal Project/Study	Type of Submission[1]	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Contra Costa Health Plan—Contra Costa	Improving Perinatal Access and Care	Annual Submission	I–VIII	100%	100%	*Met*
Family Mosaic Project—San Francisco	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Annual Submission	I–VIII	88%	86%	*Partially Met*
Family Mosaic Project—San Francisco	Increase the Rate of School Attendance	Annual Submission	I–VIII	82%	86%	*Partially Met*
Gold Coast Health Plan—Ventura	Increase the Rate of Annual Diabetic Eye Exam	Annual Submission	I–IX	77%	100%	*Partially Met*
Health Net Community Solutions, Inc.—Kern	Postpartum Care	Annual Submission	I–VIII	100%	100%	*Met*
Health Net Community Solutions, Inc.—Los Angeles	Postpartum Care	Annual Submission	I–VIII	100%	100%	*Met*
Health Net Community Solutions, Inc.—Sacramento	Postpartum Care	Annual Submission	I–VIII	100%	100%	*Met*
Health Net Community Solutions, Inc.—San Diego	Postpartum Care	Annual Submission	I–VIII	100%	100%	*Met*
Health Net Community Solutions, Inc.—San Joaquin	Postpartum Care	Annual Submission	I–VIII	100%	100%	*Met*
Health Net Community Solutions, Inc.—Stanislaus	Postpartum Care	Annual Submission	I–VIII	100%	100%	*Met*
Health Net Community Solutions, Inc.—Tulare	Postpartum Care	Annual Submission	I–VIII	100%	100%	*Met*
Health Plan of San Joaquin—San Joaquin	Improving the Percentage Rate of HbA1c Testing	Annual Submission	I–IX	77%	80%	*Partially Met*
Health Plan of San Mateo—San Mateo	Timeliness of Prenatal Care	Annual Submission	I–IX	80%	90%	*Partially Met*
Inland Empire Health Plan—Riverside/San Bernardino	Comprehensive Diabetes Care	Annual Submission	I–VIII	69%	71%	*Partially Met*
Kaiser North—Sacramento	Childhood Immunizations	Annual Submission	I–IX	81%	100%	*Met*

MCP Name and County	Name of Internal Project/Study	Type of Submission[1]	Activities Validated	Percentage of Evaluation Elements Scored Met[2]	Percentage of Critical Elements Scored Met[3]	Overall Validation Status[4]
Kaiser South—San Diego	Children's Access to Primary Care Practitioners	Annual Submission	I–IX	81%	86%	*Partially Met*
Kern Family Health Care—Kern	Comprehensive Diabetic Quality Improvement Plan	Annual Submission	I–IX	80%	90%	*Partially Met*
L.A. Care Health Plan—Los Angeles	Improving HbA1c and Diabetic Retinal Exam Screening Rates	Annual Submission	I–IX	83%	100%	*Met*
Molina Healthcare of California Partner Plan, Inc.—Riverside/San Bernardino	Improving Hypertension Control	Annual Submission	I–IX	86%	90%	*Partially Met*
Molina Healthcare of California Partner Plan, Inc.—Sacramento	Improving Hypertension Control	Annual Submission	I–IX	86%	90%	*Partially Met*
Molina Healthcare of California Partner Plan, Inc.—San Diego	Improving Hypertension Control	Annual Submission	I–IX	80%	90%	*Partially Met*
Partnership HealthPlan of California—Marin	Improving the Timeliness of Prenatal and Postpartum Care	Annual Submission	I–IX	93%	100%	*Met*
Partnership HealthPlan of California—Mendocino	Childhood Immunization Status—Combo 3	Annual Submission	I–IX	91%	100%	*Met*
Partnership HealthPlan of California—Napa/Solano/ Yolo	Improving Access to Primary Care for Children and Adolescents	Annual Submission	I–X	89%	100%	*Met*
Partnership HealthPlan of California—Sonoma	Improving Access to Primary Care for Children and Adolescents	Annual Submission	I–X	89%	100%	*Met*
San Francisco Health Plan—San Francisco	Patient Experience	Annual Submission	I–IX	88%	100%	*Met*
Santa Clara Family Health Plan—Santa Clara	Diabetic Retinopathy Improvement and Prevention by Screening	Annual Submission	I–VIII	96%	100%	*Met*
Senior Care Action Network Health Plan—Los Angeles/Riverside/San Bernardino	Patient Safety Analysis—Use of High Risk Medication	Annual Submission	I–VIII	88%	86%	*Not Met*

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

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

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

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

The CMS protocol for conducting a QIP specifies 10 core activities. Rather than assessing them separately, HSAG categorizes them into three main stages to examine strengths and opportunities for improvement across key areas. For each of the three types of QIPs—statewide collaborative, small-group collaborative, and IQIPs—HSAG presents validation findings according to these three main study stages:

1. Design—CMS Protocol Activities I–VI

- Selecting appropriate study topics.
- Presenting clearly defined, answerable study questions.
- Documenting clearly defined study indicators.
- Stating a correctly identified study population.
- Presenting a valid sampling technique (if sampling was used).
- Specifying accurate/complete data collection procedures.

2. Implementation—CMS Protocol Activities VII and VIII

- Presenting sufficient data analysis and interpretation.
- Designing/documenting appropriate improvement strategies.

3. Outcomes—CMS Protocol Activities IX and X

- Reporting evidence of real improvement achieved.
- Documenting data for sustained improvement achieved.

This section provides specific findings for each of the three QIP types and discusses strengths, opportunities for improvement, and recommendations. At the end of the section, HSAG also provides conclusions across all QIPs.

Findings Specific to the MCQMD Statewide Collaborative Quality Improvement Project

Background

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

historical MCP-specific data, which included the MCPs' calendar year 2011 overall readmission rates as well as the readmission rates for the Seniors and Persons with Disabilities (SPD) and non-SPD populations. Additionally, the submissions included the common language for Activities I through V that had been developed by the study design workgroup and approved by the collaborative. For uniformity of reporting, all *ACR* annual submissions were included in the Quarter 1 Quarterly Summary Report and were excluded from the Quarter 2 reporting period. QIP validation results for 29 *ACR* QIP Design stage resubmissions were included in the October 1, 2012, to December 31, 2012, QIP status report.

In January 2013, MCPs were required to submit their barrier analyses and an intervention grid to HSAG and MCQMD for evaluation. From January 2013 through June 2013, the MCPs continued to work on their improvement strategies. HSAG and MCQMD 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.

Forty-five baseline submissions (with *ACR* rates for CY 2012 and Activities I through VIII) were submitted in September 2013. At the end of the 2013–14 Quarter 3 review period, all 45 QIPs (representing 23 MCPs) had achieved an overall *Met* validation status. For these 45 *ACR* QIPs, Remeasurement 1 submissions (with *ACR* rates for CY 2013 and Activities I through IX) were submitted in September 2014. Due to MCQMD's expansion into new counties, two additional baseline submissions (with *ACR* rates for CY 2013 and Activities I through VIII) were also submitted in September 2014.

Statewide Collaborative Quality Improvement Project Current Quarter Findings

During Quarter 1, HSAG reviewed 47 statewide collaborative *ACR* QIP submissions from 23 MCPs, which included Remeasurement 1 rates for 45 QIPs and baseline rates for two *ACR* QIPs. The baseline and Remeasurement 1 rates were for calendar year 2013. Nineteen of the *ACR* QIP submissions achieved an overall *Met* validation status, and 28 *ACR* QIP submissions received a *Partially Met* validation status, requiring a resubmission.

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 = 47 Submissions, from 23 MCPs, in 30 Counties)
July 1, 2014, to September 30, 2014

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100% (94/94)	0% (0/94)	0% (0/94)
	II: Clearly Defined, Answerable Study Question(s)	100% (47/47)	0% (0/47)	0% (0/47)
	III: Clearly Defined Study Indicator(s)	100% (94/94)	0% (0/94)	0% (0/94)
	IV: Correctly Identified Study Population	100% (47/47)	0% (0/47)	0% (0/47)
	V: Valid Sampling Techniques	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection**	99% (186/188)	1% (1/188)	1% (1/188)
Implementation	VII: Sufficient Data Analysis and Interpretation**	73% (269/368)	15% (57/368)	11% (42/368)
	VIII: Appropriate Improvement Strategies	82% (150/184)	17% (32/184)	1% (2/184)
Outcomes	IX: Real Improvement Achieved	44% (80/180)	0% (0/180)	56% (100/180)
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed

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

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

Design

The Design stage includes QIP validation findings for Activities I through VI. For the *ACR* QIP, the MCPs demonstrated a strong application of the Design stage by selecting an appropriate topic, clearly defining their study questions and indicators, correctly identifying the study population, and providing a complete and accurate data collection plan. At least 99 percent of the evaluation elements for each of these activities received a *Met* score.

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

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. The MCPs continued to struggle with aspects of this stage 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. None of the 47 statewide collaborative QIPs used sampling; therefore, Element 2 was not assessed. Four of the elements for this activity were assessed for the two baseline submissions, and eight elements were assessed for the 45 Remeasurement 1 submissions. For all *ACR* QIPs, the average percentage of

applicable elements in Activity VII with a *Met* score was 73 percent. All QIPs received a *Met* score for elements 1 and 6 within Activity VII, and between 47 percent and 77 percent of the QIPs received a *Met* score for the remaining six elements. Note that the two QIPs submitting baseline information were not scored for elements 6–9. Following are the main issues that caused poor performance on this activity:

- The MCPs did not indicate if any factors threatened the internal or external validity of the findings.
- The MCPs did not include an interpretation of findings.
- The MCPs did not provide accurate or clear data.
- The MCPs did not identify statistical differences between the baseline and Remeasurement 1 data or identify factors that affected their ability to make comparisons between the two measurement periods.
- The MCPs did not provide an interpretation of the success of the study.

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. Elements 1 and 2 were scored for the two baseline submissions, while all four elements were scored for the remaining 45 Remeasurement 1 submissions. For all *ACR* QIPs, the average percentage of the applicable elements in Activity VIII with a *Met* score was 82 percent. Ninety-four percent of the QIPs received a *Met* score for the elements that assess if the MCP documented the connection between the identified causes/barriers and its interventions and if the MCP included documentation of system changes that are likely to induce permanent change. All QIPs received a *Met* score for the element that assesses if original interventions were revised if not successful; however, the MCPs struggled with Element 4, with only 38 percent of the QIPs receiving a *Met* score for this element. The lower scores for this element were because the MCPs did not provide documentation regarding the success of the implemented interventions and/or how the interventions were standardized and monitored.

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 QIP has achieved significant improvement and if reported improvement in processes or outcomes of care is actual improvement. During the review period, 45 statewide collaborative QIPs progressed to Activity IX. Of these 45 QIPs, six achieved statistically significant improvement over baseline.

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

Activity X assesses for sustained improvement to determine if the process can reasonably ensure continued improvement over time and if real change resulted from changes in health care delivery that can be documented by the MCP. Sustained improvement is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period. Since the statewide collaborative QIP had not yet progressed to this stage, Activity X was not assessed.

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, 2014, to September 30, 2014, HSAG reviewed 57 IQIP submissions from 25 MCPs.

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

Table 4.2—Internal QIP Activity Average Rates* Submissions
(N = 57 Submissions, from 25 MCPs, in 30 Counties)
July 1, 2014, through September 30, 2014

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100% (114/114)	0% (0/114)	0% (0/114)
	II: Clearly Defined, Answerable Study Question(s)	100% (57/57)	0% (0/57)	0% (0/57)
	III: Clearly Defined Study Indicator(s)	100% (121/121)	0% (0/121)	0% (0/121)
	IV: Correctly Identified Study Population	100% (57/57)	0% (0/57)	0% (0/57)
	V: Valid Sampling Techniques	95% (193/204)	4% (9/204)	1% (2/204)
	VI: Accurate/Complete Data Collection**	93% (287/308)	6% (20/308)	0% (1/308)
Implementation	VII: Sufficient Data Analysis and Interpretation	85% (313/367)	10% (35/367)	5% (19/367)
	VIII: Appropriate Improvement Strategies	60% (99/164)	30% (49/164)	10% (16/164)
Outcomes	IX: Real Improvement Achieved	37% (37/100)	16% (16/100)	47% (47/100)
	X: Sustained Improvement Achieved	100% (3/3)	0% (0/3)	0% (0/3)

*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 the IQIPs, the MCPs demonstrated a strong application of the Design stage. The MCPs showed a sufficient understanding of how to develop a QIP study by selecting an appropriate topic, clearly defining their study questions and indicators, correctly identifying the study population, using valid sampling techniques, and providing a complete and accurate data collection plan. At least 93 percent of the applicable elements received an overall *Met* score for each of these activities.

Implementation

The Implementation stage includes QIP validation findings for Activities VII and VIII. The MCPs struggled with the same aspects of the Implementation stage for the IQIPs as they did 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. For all IQIPs, the average percentage of applicable elements in Activity VII with a *Met* score was 85 percent. At least 98 percent of the IQIPs scored for elements 1, 2, and 6 within Activity VII received a *Met* score. For the remaining six elements, between 70 percent and 86 percent of the IQIPs scored for

the elements received a *Met* score. Following are the main issues that lowered the scores on this activity:

- The MCPs did not indicate if any factors threatened the internal or external validity of the findings.
- The MCPs did not include an interpretation of findings.
- The MCPs did not provide accurate or clear data.
- The MCPs did not identify statistical differences between the current measurement period and the baseline measurement period data or identify factors that affected their ability to make comparisons between the two measurement periods.
- The MCPs did not provide an interpretation of the success of the study.

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 the Implementation stage, with only 60 percent of the IQIPs receiving a *Met* score. Following are the main issues that caused poor performance on this activity:

- The MCPs did not conduct annual causal/barrier analyses and/or link the interventions to the identified barriers.
- The MCPs did not ensure that the interventions implemented for a specific barrier were relevant to that barrier and would directly impact study indicator(s) outcomes.
- The MCPs did not provide documentation regarding the success of the implemented interventions and/or how the interventions were standardized and monitored.
- The MCPs did not have a process in place to evaluate the efficacy of the interventions to determine if they were 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. This activity received the lowest score out of all activities, with only 37 percent of the IQIPs assessed for this activity receiving a *Met* score. During the review period, 25 IQIPs progressed to Activity IX. Of these 25 IQIPs, only three (12 percent)

received a *Met* score for the element that assesses if the QIP indicators achieved statistically significant improvement over baseline (Element 3), meaning that all study indicators achieved statistically significant improvement over baseline. Below are the three IQIPs that achieved statistically significant improvement for all study indicators:

- Partnership HealthPlan of California—Napa, Solano, and Yolo counties, *Improving Access to Primary Care for Children and Adolescents*
- Partnership HealthPlan of California—Sonoma County, *Improving Access to Primary Care for Children and Adolescents*
- San Francisco Health Plan—San Francisco County, *Improving the Patient Experience*

An additional three (12 percent) of the IQIPs received a *Partially Met* score for Element 3, meaning that at least one study indicator (but not all) achieved statistically significant improvement over baseline. Below are the three IQIPs that achieved statistically significant improvement for at least one study indicator:

- Alameda Alliance for Health—Alameda County, *Improving Anti-Hypertensive Medication Fills Among Members with Hypertension*
- Central California Alliance for Health—Merced County, *Improving Asthma Health Outcomes*
- Kaiser South—San Diego County, *Children's Access to Primary Care Practitioners*

The remaining 19 IQIPs (76 percent) received a *Not Met* score for Element 3, meaning that no study indicators achieved 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 IQIPs shows that the MCPs are not evaluating each of their interventions or conducting new causal/barrier analyses. As stated previously, 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. San Francisco Health Plan's IQIP was not assessed for Activity X since the QIP had not progressed to this stage. Of the remaining two IQIPs progressing to this stage, both achieved sustained improvement. Although Alameda Alliance for Health's IQIP received a *Partially Met* score for Activity IX, HSAG assessed Activity X for this QIP since one of the indicators achieved statistically significant improvement. Below are the three IQIPs that achieved sustained improvement for at least one study indicator during the review period:

- Alameda Alliance for Health——Alameda County, *Improving Anti-Hypertensive Medication Fills Among Members with Hypertension*
- Partnership HealthPlan of California—Napa, Solano, and Yolo counties, *Improving Access to Primary Care for Children and Adolescents*
- Partnership HealthPlan of California—Sonoma County, *Improving Access to Primary Care for Children and Adolescents*

QIP Strengths and Opportunities for Improvement

The MCPs demonstrated an excellent application of the Design stage, as evidenced by the high percentage of QIPs receiving a *Met* score for the evaluation elements for Activities I through VI. The greatest opportunity for improvement in the Design stage is for the MCPs to provide a complete and accurate data collection plan.

QIP Recommendations

As recommended in previous QIP status reports, the MCPs should continue to reevaluate the effectiveness of their interventions and conduct causal/barrier analyses at least annually to identify and prioritize barriers for each measurement period. The MCPs must accurately document the analyses, providing the data, identified barriers, and rationale for how barriers were prioritized. The MCPs should modify or replace interventions if the QIP is not achieving statistically significant improvement.

The MCPs should implement strategies to ensure all required documentation is included in the QIP Summary Form, including referencing the QIP Completion Instructions and previous QIP validation tools. Additionally, if MCPs have questions regarding QIP documentation or the QIP process, they should contact MCQMD or HSAG for technical assistance.

Appendix A. STATUS OF ACTIVE QIPS

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

- Medi-Cal Managed Care Statewide Collaborative QIPs
- Internal QIPs

Table A.1—Medi-Cal Managed Care Statewide *All-Cause Readmissions* Collaborative QIP
July 1, 2014, through September 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	Remeasurement 1
Anthem Blue Cross Partnership Plan—Alameda	CP	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—Contra Costa	CP	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—Fresno	CP	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—Kings	CP	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—Madera	CP	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—Sacramento	GMC	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—San Francisco	CP	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—Santa Clara	CP	Clinical	Remeasurement 1
Anthem Blue Cross Partnership Plan—Tulare	LI	Clinical	Remeasurement 1
CalOptima—Orange	COHS	Clinical	Remeasurement 1
CalViva Health—Fresno	LI	Clinical	Remeasurement 1
CalViva Health—Kings	LI	Clinical	Remeasurement 1
CalViva Health—Madera	LI	Clinical	Remeasurement 1
Care1st Partner Plan—San Diego	GMC	Clinical	Remeasurement 1
CenCal Health—San Luis Obispo	COHS	Clinical	Remeasurement 1

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	Remeasurement 1
Central California Alliance for Health—Merced	COHS	Clinical	Remeasurement 1
Central California Alliance for Health—Monterey and Santa Cruz	COHS	Clinical	Remeasurement 1
Community Health Group Partnership Plan—San Diego	GMC	Clinical	Remeasurement 1
Contra Costa Health Plan—Contra Costa	LI	Clinical	Remeasurement 1
Gold Coast Health Plan—Ventura	COHS	Clinical	Remeasurement 1
Health Net Community Solutions, Inc.—Kern	CP	Clinical	Remeasurement 1
Health Net Community Solutions, Inc.—Los Angeles	CP	Clinical	Remeasurement 1
Health Net Community Solutions, Inc.—Sacramento	GMC	Clinical	Remeasurement 1
Health Net Community Solutions, Inc.—San Diego	GMC	Clinical	Remeasurement 1
Health Net Community Solutions, Inc.—San Joaquin^	CP	Clinical	Baseline
Health Net Community Solutions, Inc.—Stanislaus	CP	Clinical	Remeasurement 1
Health Net Community Solutions, Inc.—Tulare	CP	Clinical	Remeasurement 1
Health Plan of San Joaquin—San Joaquin	LI	Clinical	Remeasurement 1
Health Plan of San Joaquin—Stanislaus^	LI	Clinical	Baseline
Health Plan of San Mateo—San Mateo	COHS	Clinical	Remeasurement 1
Inland Empire Health Plan—Riverside/San Bernardino	LI	Clinical	Remeasurement 1
Kaiser North—Sacramento	GMC	Clinical	Remeasurement 1
Kaiser South—San Diego	GMC	Clinical	Remeasurement 1
Kern Family Health Care—Kern	LI	Clinical	Remeasurement 1
L.A. Care Health Plan—Los Angeles	LI	Clinical	Remeasurement 1

MCP Name and County	MCP Model Type	Clinical/ Nonclinical	QIP Progression
QIP Description: For members 21 years of age and older, the percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days **QIP Domains of Care: Quality and Access**			
Molina Healthcare of California Partner Plan, Inc.—Riverside/San Bernardino	CP	Clinical	Remeasurement 1
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Clinical	Remeasurement 1
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Clinical	Remeasurement 1
Partnership HealthPlan of California—Marin	COHS	Clinical	Remeasurement 1
Partnership HealthPlan of California—Mendocino	COHS	Clinical	Remeasurement 1
Partnership HealthPlan of California—Napa/Solano/Yolo	COHS	Clinical	Remeasurement 1
Partnership HealthPlan of California—Sonoma	COHS	Clinical	Remeasurement 1
San Francisco Health Plan—San Francisco	LI	Clinical	Remeasurement 1
Santa Clara Family Health Plan—Santa Clara	LI	Clinical	Remeasurement 1
Senior Care Action Network Health Plan—Los Angeles/Riverside/ San Bernardino	SP	Clinical	Remeasurement 1

^ This is a new county for the MCP that was added to the QIP during the reporting period. Since the county was new to the QIP, the MCP submitted baseline data rather than Remeasurement 1 data.

Table A.2—Active Internal QIPs
July 1, 2014, through September 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	Baseline
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	Baseline
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 2
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	Baseline
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	Baseline

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	Baseline
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	Baseline
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	Baseline
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	Baseline

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	Baseline
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	Baseline
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	Baseline
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	Baseline
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	Baseline
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	Baseline
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	Baseline

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	Baseline
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	Baseline
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	Baseline
CalOptima—Orange	COHS	Improvement of Prenatal Visit Rates for Pregnant Members	Clinical	Q, A, T	Increase the percentage of members receiving prenatal care	Baseline
CalViva Health—Fresno	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Remeasurement 1
CalViva Health—Kings	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Remeasurement 1
CalViva Health—Madera	LI	Retinal Eye Exam	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Remeasurement 1
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 3
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	Remeasurement 1
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	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
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	Remeasurement 1
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	Remeasurement 1
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	Remeasurement 1
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	Child and Adolescent Needs and Strengths (CANS) Depression Rating	Clinical	Q	Decrease the rate of depression among capitated members	Baseline
Family Mosaic Project—San Francisco	SP	Increase the Rate of School Attendance	Nonclinical	Q	Increase the rate of school attendance	Baseline
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	Remeasurement 1
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)	Baseline
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)	Baseline

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)	Baseline
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)	Baseline
Health Net Community Solutions, Inc.—San Joaquin	CP	Postpartum Care	Clinical	Q, A, T	Improving postpartum care among Medi-Cal women including Seniors and Persons with Disabilities (SPD)	Baseline
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)	Baseline
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)	Baseline
Health Plan of San Joaquin—San Joaquin	LI	Improving the Percentage Rate of HbA1c Testing	Clinical	Q, A	Improve the percentage rate of HbA1c testing	Remeasurement 3
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 4
Inland Empire Health Plan—Riverside/San Bernardino	LI	Comprehensive Diabetes Care	Clinical	Q, A	Improve the rate of HbA1c testing, HbA1c control (≤9.0%), and retinal eye exams for members with diabetes	Baseline
Kaiser North—Sacramento	GMC	Childhood Immunizations	Clinical	Q, A, T	Increase the percentage of children receiving Combo 3 and Combo 10 immunizations	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
Kaiser South—San Diego	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 2
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 2
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 4
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 4
Molina Healthcare of California Partner Plan, Inc.—Sacramento	GMC	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure	Remeasurement 4
Molina Healthcare of California Partner Plan, Inc.—San Diego	GMC	Improving Hypertension Control	Clinical	Q, A	Increase the percentages of controlled blood pressure	Remeasurement 4
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	Remeasurement 1
Partnership HealthPlan of California—Mendocino	COHS	Childhood Immunization Status—Combo 3	Clinical	Q, A, T	Increase the rate of childhood immunization status—Combo 3	Remeasurement 1
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 2

MCP Name and County	MCP Model Type	Name of Project/Study	Clinical/ Nonclinical	Domain of Care (Quality, Access, Timeliness)	QIP Description	QIP Progression
Partnership HealthPlan of California—Sonoma	COHS	Improving Access to Primary Care for Children and Adolescents	Clinical	A	Improve access to primary care for children and adolescents	Remeasurement 2
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	Remeasurement 1
Santa Clara Family Health Plan—Santa Clara	LI	Diabetic Retinopathy Improvement and Prevention by Screening	Clinical	Q, A	Increase the number of retinal eye exams among members with diabetes	Baseline
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	Baseline

*Grid category explanations:

MCP Model Type—designated MCP model type:

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

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

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

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

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

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

Table B.1—Statewide *All-Cause Readmissions* Collaborative QIP
Activities I to VI Ratings (N = 47 Submissions)
July 1, 2014, through September 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% (47/47)	0% (0/47)	0% (0/47)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (47/47)	0% (0/47)	0% (0/47)
	Activity Average Rates	**100% (94/94)**	**0% (0/94)**	**0% (0/94)**
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% (47/47)	0% (0/47)	0% (0/47)
	Activity Average Rates	**100% (47/47)**	**0% (0/47)**	**0% (0/47)**
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% (47/47)	0% (0/47)	0% (0/47)
	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% (47/47)	0% (0/47)	0% (0/47)
	Activity Average Rates	**100% (94/94)**	**0% (0/94)**	**0% (0/94)**
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% (47/47)	0% (0/47)	0% (0/47)
	Activity Average Rates	**100% (47/47)**	**0% (0/47)**	**0% (0/47)**
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 = 47 Submissions) July 1, 2014, through September 30, 2014 *cont.*

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (47/47)	0% (0/47)	0% (0/47)
	2. A defined and systematic process for collecting baseline and remeasurement data.	100% (47/47)	0% (0/47)	0% (0/47)
	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% (46/47)	0% (0/47)	2% (1/47)
	6. A description of the data analysis plan.	98% (46/47)	2% (1/47)	0% (0/47)
	Activity Average Rates**	**99% (186/188)**	**1% (1/188)**	**1% (1/188)**

*"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 totals may not equal 100 percent due to rounding.

Table B.2—Statewide *All-Cause Readmissions* Collaborative QIP Activities VII and VIII Ratings (N = 47 Submissions) July 1, 2014, through September 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.	100% (47/47)	0% (0/47)	0% (0/47)
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.	77% (36/47)	0% (0/47)	23% (11/47)
	4. Include an interpretation of findings.	47% (22/47)	53% (25/47)	0% (0/47)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	68% (32/47)	32% (15/47)	0% (0/47)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (45/45)	0% (0/45)	0% (0/45)
	7. Identify statistical differences between the initial measurement and the remeasurement.	62% (28/45)	38% (17/45)	0% (0/45)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	56% (25/45)	0% (0/45)	44% (20/45)
	9. Include an interpretation of the extent to which the study was successful.	76% (34/45)	0% (0/45)	24% (11/45)
	Activity Average Rates**	**73% (269/368)**	**15% (57/368)**	**11% (42/368)**
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	94% (44/47)	6% (3/47)	0% (0/47)
	2. System changes that are likely to induce permanent change.	94% (44/47)	6% (3/47)	0% (0/47)
	3. Revised if the original interventions are not successful.	100% (45/45)	0% (0/45)	0% (0/45)
	4. Standardized and monitored if interventions are successful.	38% (17/45)	58% (26/45)	4% (2/45)
	Activity Average Rates	**82% (150/184)**	**17% (32/184)**	**1% (2/184)**

*"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 totals may not equal 100 percent due to rounding.

Table B.3—Statewide *All-Cause Readmissions* Collaborative QIP Activities IX and X Ratings (N = 47 Submissions) July 1, 2014, through September 30, 2014

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (45/45)	0% (0/45)	0% (0/45)
	2. There is documented improvement in processes or outcomes of care.	51% (23/45)	0% (0/45)	49% (22/45)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	13% (6/45)	0% (0/45)	87% (39/45)
	4. The improvement appears to be the result of planned intervention(s).	13% (6/45)	0% (0/45)	87% (39/45)
	Activity Average Rates	**44% (80/180)**	**0% (0/180)**	**56% (100/180)**
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 Submissions
Activities I to VI Ratings (N = 57 Submissions)
July 1, 2014, through September 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% (57/57)	0% (0/57)	0% (0/57)
	2. Has the potential to affect member health, functional status, or satisfaction.	100% (57/57)	0% (0/57)	0% (0/57)
	Activity Average Rates	**100% (114/114)**	**0% (0/114)**	**0% (0/114)**
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% (57/57)	0% (0/57)	0% (0/57)
	Activity Average Rates	**100% (57/57)**	**0% (0/57)**	**0% (0/57)**
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% (57/57)	0% (0/57)	0% (0/57)
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	100% (7/7)	0% (0/7)	0% (0/7)
C*	3. Allow for the study questions to be answered.	100% (57/57)	0% (0/57)	0% (0/57)
	Activity Average Rates	**100% (121/121)**	**0% (0/121)**	**0% (0/121)**
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% (57/57)	0% (0/57)	0% (0/57)
	Activity Average Rates	**100% (57/57)**	**0% (0/57)**	**0% (0/57)**
Activity V: Sound Sampling Techniques				
	1. Enter the measurement period for the sampling methods used (e.g., Baseline, Remeasurement 1, etc.)	97% (33/34)	0% (0/34)	3% (1/34)
	2. Provide the title of the applicable study indicator(s).	100% (34/34)	0% (0/34)	0% (0/34)
	3. Identify the population size.	85% (29/34)	12% (4/34)	3% (1/34)
C*	4. Identify the sample size.	91% (31/34)	9% (3/34)	0% (0/34)
	5. Specify the margin of error and confidence level.	94% (32/34)	6% (2/34)	0% (0/34)
	6. Describe in detail the methods used to select the sample.	100% (34/34)	0% (0/34)	0% (0/34)
	Activity Average Rates	**95% (193/204)**	**4% (9/204)**	**1% (2/204)**

Table B.4—Internal QIP Submissions
Activities I to VI Ratings (N = 57 Submissions)
July 1, 2014, through September 30, 2014 *cont.*

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	100% (57/57)	0% (0/57)	0% (0/57)
	2. A defined and systematic process for collecting baseline and remeasurement data.	100% (57/57)	0% (0/57)	0% (0/57)
	3. Qualifications of staff members collecting manual data.	61% (25/41)	39% (16/41)	0% (0/41)
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications**	95% (39/41)	2% (1/41)	2% (1/41)
	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	96% (53/55)	4% (2/55)	0% (0/55)
	6. A description of the data analysis plan.	98% (56/57)	2% (1/57)	0% (0/57)
	Activity Average Rates**	**93% (287/308)**	**6% (20/308)**	**0% (1/308)**

*"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 totals may not equal 100 percent due to rounding.

Table B.5—Internal QIP Submissions
Activities VII and VIII Ratings (N = 57 Submissions)
July 1, 2014, through September 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.	98% (56/57)	0% (0/57)	2% (1/57)
C*	2. Allow for the generalization of results to the study population if a sample was selected.	100% (39/39)	0% (0/39)	0% (0/39)
	3. Identify factors that threaten internal or external validity of findings.	86% (49/57)	0% (0/57)	14% (8/57)
	4. Include an interpretation of findings.	70% (40/57)	28% (16/57)	2% (1/57)
C*	5. Are presented in a way that provides accurate, clear, and easily understood information.	77% (44/57)	21% (12/57)	2% (1/57)
	6. Identify the initial measurement and the remeasurement of study indicators.	100% (25/25)	0% (0/25)	0% (0/25)
	7. Identify statistical differences between the initial measurement and the remeasurement.	72% (18/25)	28% (7/25)	0% (0/25)
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	80% (20/25)	0% (0/25)	20% (5/25)
	9. Include an interpretation of the extent to which the study was successful.	88% (22/25)	0% (0/25)	12% (3/25)
	Activity Average Rates	**85% (313/367)**	**10% (35/367)**	**5% (19/367)**
Activity VIII: Implement Intervention and Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	54% (31/57)	39% (22/57)	7% (4/57)
	2. System changes that are likely to induce permanent change.	68% (39/57)	25% (14/57)	7% (4/57)
	3. Revised if the original interventions are not successful.	80% (20/25)	16% (4/25)	4% (1/25)
	4. Standardized and monitored if interventions are successful.	36% (9/25)	36% (9/25)	28% (7/25)
	Activity Average Rates	**60% (99/164)**	**30% (49/164)**	**10% (16/164)**

*"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 Submissions
Activities IX and X Ratings (N = 57 Submissions)
July 1, 2014, through September 30, 2014

	Evaluation Elements	*Met*	*Partially Met*	*Not Met*
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	100% (25/25)	0% (0/25)	0% (0/25)
	2. There is documented improvement in processes or outcomes of care.	32% (8/25)	32% (8/25)	36% (9/25)
	3. There is statistical evidence that observed improvement is true improvement over baseline.	12% (3/25)	12% (3/25)	76% (19/25)
	4. The improvement appears to be the result of planned intervention(s).	4% (1/25)	20% (5/25)	76% (19/25)
	Activity Average Rates	**37% (37/100)**	**16% (16/100)**	**47% (47/100)**
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.	100% (3/3)	0% (0/3)	0% (0/3)
	Activity Average Rates	**100% (3/3)**	**0% (0/3)**	**0% (0/3)**