Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
January 1, 2009 – March 31, 2009

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

November 2009

HSAG HEALTH SERVICES ADVISORY GROUP

DHCS California Department of HealthCareServices

Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for the administration of the Medi-Cal Managed Care Program, including the oversight of quality improvement activities. DHCS requires its contracted, full-scope managed care plans, prepaid health plans, and specialty plans to conduct quality improvement projects (QIPs). The purpose of a QIP is to assess and improve the quality of a targeted area of clinical or nonclinical care or service provided to Medi-Cal members.

This QIPs Status Report provides a summary of QIPs validated during the period of January 1, 2009, through March 31, 2009, and presents recommendations for future improvement.

Scope of External Quality Review Activities Conducted

DHCS contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to validate QIP proposals and remeasurement reports. The Centers for Medicare & Medicaid Services (CMS) produced protocols for plans 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 plans 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.

HSAG began QIP validation as the new EQRO for the 2008–2009 contract year, starting with QIPs received by DHCS after July 1, 2008.

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[1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, *Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

Summary of Overall Findings

This report includes a summary of the two QIPs received for validation during the period of January 1, 2009, through March 31, 2009. In addition, the report provides an update on activity related to prior QIP validation recommendations made by HSAG in the previous report, *QIPs Status Report, July 1, 2008–December 31, 2008,* available on DHCS's reports Web page at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx

Using its QIP Validation Tool, HSAG evaluated the two QIPs submitted and scored the QIPs against the CMS validating protocol. Note: Medi-Cal managed care plans had very limited exposure to HSAG's validation process and its QIP Validation Tool prior to March 31, 2009.

Neither of the QIPs reviewed fully met HSAG's validation requirements for compliance with CMS' protocol for conducting QIPs. The validation results revealed findings consistent with those identified from the validation during the previous two quarters—that HSAG's application of the CMS validation requirements is more rigorous than previously experienced by the Medi-Cal managed care plans. In addition, HSAG had not yet fully introduced plans to the QIP Summary Form, so plans had continued to submit QIPs using the National Committee for Quality Assurance's (NCQA's) Quality Improvement Activity (QIA) form, which HSAG found does not capture all CMS-required activities for validation.

Consistent with the approach taken for QIPs validated during the previous two quarters, DHCS and HSAG agreed not to require the plans to resubmit these QIPs. Instead, plans received validation feedback to incorporate as part of their next annual submission after HSAG had an opportunity to orient plans on the new QIP Summary Form and provide technical assistance.

During the period covered by this report, DHCS began revising its QIP requirements for plans based on HSAG's feedback provided in the *QIPs Status Report, July 1, 2008–December 31, 2008*. DHCS worked with HSAG to develop a timeline for the transition and an approach to moving plans toward increased compliance with CMS protocols.

Conclusions

The plans demonstrated some strengths in the QIPs submitted during this period, incorporating feedback from previous validation comments into some areas of the subsequent QIP submissions. The plans' selected QIP topics—preventing adolescent obesity and reducing new incidence of stroke and transient ischemic attack (TIA) among an at-risk population—reflect clinical areas that can impact member health and functional status.

The greatest opportunity for improvement by the plans was documenting QIPs sufficiently across all activities to meet CMS protocol requirements. Plans need a better understanding of the CMS protocols for conducting and validating QIPs as well as technical assistance with QIP documentation.

During this period DHCS began reviewing and revising its QIP requirements to align with the EQRO's validation requirements and CMS protocols, which support the plans in submitting valid and reliable QIPs.

Recommendations

Based on validation activities and findings from January through March 2009, HSAG recommends that DHCS continue to work toward implementation of its modified QIP requirements for the plans. To support this effort HSAG recommends the following:

- Transition plans from use of the QIA form to HSAG's QIP Summary Form to increase compliance with the CMS protocols. Note: DHCS formalized a process to fully implement this transition starting July 1, 2009.
- Coordinate the timing of changes to the QIP reporting requirements with the release of HSAG's *Quality Improvement Assessment Guide for Medi-Cal Managed Care Plans* available on DHCS's reports Web page at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx. The guide serves as a reference for plans by outlining the 10 activities contained in the CMS protocol for conducting QIPs and provides detailed instructions to plans on documenting and completing HSAG's QIP Summary Form. Note: DHCS released the guide in May 2009.
- Hold EQRO technical assistance conference calls for plans, focusing on the CMS protocols, HSAG's validation requirements and scoring methodology, and instructions for documenting QIPs using HSAG's QIP Summary Form. Note: HSAG provided two formal technical assistance calls in June 2009 and offered ongoing technical assistance to the plans.

Organization of Report

This report has seven sections:

- **Executive Summary**—Outlines the scope of EQR activities conducted, summarizes overall validation findings for the quarter, and provides recommendations.
- **Introduction**—Provides an overview of QIP requirements and HSAG's QIP validation process.
- **Quarterly QIP Activity**—Provides a table of all QIPs reviewed by HSAG for the quarter, including evaluation element scores and the overall validation status by type of QIP.
- **Summary of QIP Validation Findings**—Summarizes validation findings across plans 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 (SWC) QIPs, small-group collaborative (SGC) QIPs, and internal QIPs (IQIPs).
- **Appendix C**—Provides a scoring comparison table by QIP activity for the statewide collaborative QIP, SGC QIPs, and individual QIPs.

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 plans conduct QIPs.

QIPs are a contract requirement for Medi-Cal managed care plans. DHCS requires each of its contracted Medi-Cal managed care plans to conduct two DHCS-approved QIPs in accordance with federal requirements.

For full-scope managed care plans, 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 an SGC QIP involving at least three Medi-Cal managed care plans.

[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 plan'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 plans conduct and an EQRO validate QIPs in a manner that is consistent with the CMS protocols for conducting and validating QIPs.[4]

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

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

QIP validation ensures that:

- Plans 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:

- ***Met*** = confidence/high 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] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002, and *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002.

QIP Validation Activities

HSAG reviewed two QIPs during the period of January 1, 2009, to March 31, 2009. One QIP was an annual submission, and the other was a new QIP proposal.

Table 3-1 summarizes QIPs validated during the reporting period. HSAG reported an overall validation status of *Not Applicable (NA)* for QIPs validated during this reporting period due to the transition to HSAG's more rigorous approach to validating QIPs as the new EQRO. Neither QIP validated during the reporting period fully met HSAG's validation requirements for compliance with CMS' protocol for conducting QIPs.

During this period, DHCS made significant progress with reviewing and acting upon HSAG's recommendations provided in the *QIPs Status Report, July 1, 2008–December 31, 2008*. DHCS disseminated the CMS protocols to all plans in March 2009 and revised timelines for the statewide emergency room collaborative QIP. DHCS also worked with HSAG to develop an approach and timeline to transition plans from the existing DHCS QIP requirements to new QIP requirements that better align with CMS' protocols for conducting and validating QIPs.

On July 1, 2009, DHCS began requiring that plans submit QIPs using HSAG's QIP Summary Form. For QIPs submitted after July 1, 2009, with a *Not Met* or *Partially Met* validation status, DHCS began requiring that plans resubmit these QIPs until they receive an overall *Met* validation status from the EQRO. DHCS released the All Plan Letter 09-008 on June 9, 2009.

For QIPs submitted prior to July 1, 2009, DHCS granted plans a one-time exception to the normal validation requirements. These exceptions will give plans the opportunity to receive adequate training on HSAG enforcement of the CMS validation requirements and to transition existing QIPs to HSAG's QIP Summary Form. In the next annual QIP submissions, HSAG will require that plans address all *Partially Met* and *Not Met* scores and *Points of Clarification* provided in the validation tool feedback.

As recommended by HSAG, DHCS excluded five QIPs from this one-time exception because they were final closeout reports and required these plans to resubmit their QIPs by July 31, 2009. Because the QIPs had already progressed through a second remeasurement period and needed minimal revisions, HSAG determined that these plans should close out these QIPs rather than report data for another year. For these QIPs, DHCS and HSAG

allowed plans to submit updated QIP documentation on the existing NCQA QIA form by either modifying the form or adding the required documentation in an attachment.

Through June 30, 2009, plans continued to submit QIPs according to the existing DHCS QIP due dates and requirements. HSAG reviewed QIPs received during this period and provided feedback to plans via the QIP Validation Tool. Plans were required to reflect this feedback in their annual submission and to use the QIP Summary Form. All plans will fully transition their existing QIPs to HSAG's QIP Summary Form by June 30, 2010.

In future QIPs Status Reports reflecting QIPs submitted after July 1, 2009, HSAG will begin reporting an overall validation status for each QIP as *Met, Partially Met,* or *Not Met*.

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity, 1/1/2009–3/31/2009

Plan Name & County	Name of Project/Study	Type of Review*	Overall Validation Status**
Statewide Collaborative QIPs			
No QIPs reviewed for the quarter			
SGC QIPs			
No QIPs reviewed for the quarter			
IQIPs			
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	Prevention of Stroke and Transient Ischemic Attack (TIA)	New proposal	*Not Applicable*
Santa Clara Family Health Plan—Santa Clara	Prevention of Adolescent Obesity	Annual submission	*Not Applicable*

*__Type of Review__—Indicates whether the review is a new proposal, annual submission, or resubmission.

**__Overall Validation Status__—Populated from the QIP Validation Tool and based on the percentage scores and whether or not critical elements were *Met*, *Partially Met*, or *Not Met*. For this initial submission, HSAG reported the overall validation status as *Not Applicable* for reasons previously discussed in this report.

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

Study Design—CMS Protocol Activities I–IV

- Selecting an appropriate study topic(s)
- Presenting a clearly defined, answerable study question(s)
- Documenting a clearly defined study indicator(s)
- Stating a correctly identified study population

Study Implementation—CMS Protocol Activities V–VII

- Presenting a valid sampling technique (if sampling was used)
- Specifying accurate/complete data collection
- Documenting appropriate improvement strategies

Quality Outcomes Achieved—CMS Protocol Activities VIII–X

- Presentation of sufficient data analysis and interpretation
- Evidence of real improvement achieved
- Data supporting sustained improvement achieved

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

DHCS Statewide Collaborative Specific Findings

No plans submitted statewide collaborative QIPs for validation for the period of January 1, 2009, to March 31, 2009.

During this period, DHCS's Medical Policy section, responsible for oversight of the statewide collaborative QIP, developed a study question for the ER collaborative QIP, submitted it to HSAG for review, and disseminated it to participating plans. The study question for the collaborative was: "Do targeted interventions decrease the rate of avoidable ER visits during the measurement year?" Plans will include the study question with future QIP submissions.

DHCS supported HSAG's recommendation that the collaborative use the Healthcare Effectiveness Data and Information Set (HEDIS®) *Ambulatory Care—Emergency Department Visits* measure as a calculation indicator only. While plans will continue to report the indicator annually, they will use the avoidable emergency room (ER) visits study indicator to measure real and sustained improvement. This indicator was developed by DHCS and participating plans for the statewide collaborative.

DHCS requested recommendations from HSAG regarding the revision and extension of QIP reporting time frames. HSAG recommended that DHCS:

- Streamline the baseline and remeasurement reporting years for both indicators
- Revise the baseline measurement year and remeasurement years to align the remeasurement period after intervention implementation
- Extend remeasurement from two to three years to capture the impact of both plan-specific interventions and statewide collaborative interventions

DHCS adopted HSAG's timeline recommendations. Appendix C includes the revised collaborative measurement and reporting time frames. DHCS requested that HSAG present the revised measurement and reporting time frames and rationale to plans at the next ER collaborative meeting. Note: HSAG presented this information at the May 2009 meeting of the ER collaborative.

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Small-Group Collaborative Specific Findings

No plans submitted SGC QIPs for validation for the period of January 1, 2009, to March 31, 2009. HSAG reviewed six SGC QIPs in the prior review period, July 1–December 31, 2008. HSAG provided feedback to the plans for inclusion in their next annual submission, along with recommendations to DHCS.

Based on HSAG's recommendations provided in the *QIPs Status Report, July 1, 2008–December 31, 2008*, DHCS did the following during the period of January 1–March 31, 2009:

- Revised its QIP requirements to transition plans from using NCQA's QIA form to using HSAG's QIP Summary Form beginning July 1, 2009.
- Requested that HSAG provide QIP training and technical assistance prior to July 1, 2009, to give plans instruction on documenting QIPs using HSAG's QIP Summary Form, as well as to provide information on HSAG's QIP validation requirements. Note: HSAG provided QIP training in June 2009.

Internal Quality Improvement Project Specific Findings

Two plans submitted IQIPs for validation review for the period of January 1, 2009–March 31, 2009. Table 4.1 provides average rates for each activity within the CMS protocols. Appendix B includes a table of scores for each evaluation element within the activities.

Table 4.1––IQIP Activity Average Rates* (N=2)

QIP Stages	Activity	*Met* Elements	*Partially Met/ Not Met* Elements
Study Design	**I: Appropriate Study Topic**	75%	25%
	II: Clearly Defined, Answerable Study Question(s)	0%	100%
	III: Clearly Defined Study Indicator(s)	50%	50%
	IV: Correctly Identified Study Population	17%	83%
Study Implementation	**V: Valid Sampling Techniques**	50%	50%
	VI: Accurate/Complete Data Collection	25%	75%
	VII: Appropriate Improvement Strategies	50%	50%
Quality Outcomes Achieved	**VIII: Sufficient Data Analysis and Interpretation**	22%	78%
	IX: Real Improvement Achieved	**	**
	X: Sustained Improvement Achieved	**	**

* The activity average rate represents the average percentage of applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

** HSAG assessed no QIPs for this activity/evaluation element because the projects had not progressed to remeasurement.

Study Design

IQIP validation findings for Activities I through IV include the following:

Activity I. Appropriate Study Topic

Activity Summary: Overall, the plans met the criteria for the evaluation elements in Activity I, Appropriate Study Topic.

The two IQIP study topics reviewed for the quarter target were reducing the risk and recurrence of stroke or TIA and preventing adolescent obesity. Both topics have the potential to affect member health, functional status, or satisfaction.

For the few evaluation elements that plans received either a *Partially Met* or *Not Met*, the greatest opportunity for improvement was to document the inclusion or exclusion of members with special health care needs and provide additional documentation on the eligible population. One plan referenced the use of HEDIS specifications but used different age-range criteria in the QIP. Plans should fully document excluded populations.

Activity II. Clearly Defined, Answerable Study Question(s)

Activity Summary: Plans need to include a study question that is clearly defined and answerable.

Although both plans submitted their QIP documentation using a QIA form that did not solicit a study question, one plan did not submit a study question in an answerable format. As plans develop their study questions, they should be stated in an X/Y format (i.e., "Does doing X result in Y?") to help ensure an answerable study question.

Activity III. Clearly Defined Study Indicator(s)

Activity Summary: The plans satisfied many of the indicator elements in Activity III. However, without an answerable study question, the plans experienced difficulty fully meeting all evaluation elements. Also, plans need to document the basis for the study indicators.

Because both plans lacked an answerable study question, HSAG couldn't determine if the study indicators addressed the study question. One plan had an incorrect denominator based on its criteria for continuous enrollment and the allowable gap. The other plan lacked documentation to support the basis for the study indicators. Plans can provide support for study indicators by citing clinical guidelines, peer-reviewed literature, or consensus expert panels with identified sources.

Activity IV. Correctly Identified Study Population

Activity Summary: Plans lacked documentation to support an appropriately defined study population. Plans should completely define the study population, length of enrollment, and eligibility gaps.

One plan received a *Partially Met* for all the evaluation elements because the plan did not completely define the study question and incorrectly calculated the length of enrollment with the allowable eligibility gap. The other plan appropriately documented the method for identifying the study population but lacked documentation related to the length of enrollment and eligibility gaps.

Without a study question in the IQIPs, HSAG could not evaluate whether plans included members to whom the study question applied.

Study Implementation

Findings for IQIP Activities V through VII include the following:

Activity V. Valid Sampling Techniques

Activity Summary: One plan used sampling techniques, demonstrating the ability to estimate the frequency of occurrence and determine a sample size representative of the eligible population. The plan could improve by documenting the confidence level, margin of error, sampling specifications, and sampling methodology to support the study design.

Plans using HEDIS methodology can provide final audit reports to support that they based their sampling methodology on generally accepted principles of research design and statistical analysis.

Activity VI. Accurate/Complete Data Collection

Activity Summary: The plans had an overall opportunity to improve documentation of data collection by identifying all data elements, providing the process for collecting data, including a timeline for baseline and remeasurement data collection, and providing a description of the data collection process.

Both plans appropriately identified the data sources. One plan chose to collect data manually. This plan could improve documentation by providing the qualifications and training of the data abstractor(s) and including the data abstraction tool and instructions.

When using administrative data, plans need to provide an estimate of data completeness. They could use claims lag reports, trending of provider submission rates, and policies and procedures regarding timeliness of claims and encounter data to support the data collection estimate.

Both plans should provide administrative data collection algorithms, flow charts, or a narrative description that outlines the steps in collecting data from the data source, the data analysis process, and study indicator calculations.

The plans need to provide timelines for data collection for both the baseline and remeasurement years.

Activity VII. Appropriate Improvement Strategies

Activity Summary: Both plans documented interventions to address identified causes/barriers and successfully demonstrated system interventions likely to induce permanent change. The plans need better documentation of the quality improvement process used to identify causes/barriers.

Plans should include the quality improvement process used to conduct causal/barrier analysis. For example, plans can document a description of a brainstorming session or include a fishbone diagram to describe the process they used to identify causes/barriers.

Because plan projects have not progressed to the point of remeasurement, HSAG did not assess for successful interventions.

Quality Outcomes Achieved

Validation findings for Activities VIII through X include the following:

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: The plans need to demonstrate sufficient data analysis and interpretation by including a data analysis plan, providing an interpretation of baseline results, providing factors that threaten internal/external validity and presenting data in a clear, accurate, and understandable way.

QIP documentation needs to include a data analysis plan addressing how the plan will calculate study indicators, how the plan will compare results to goals and benchmarks, and the type of statistical testing the plan will use to determine statistical differences between measurement periods.

HSAG requires plans to document factors that threaten the internal or external validity of the findings. Examples of these factors include changes in data collection staff or processes, use of a new vendor, implementation of new data systems, or the absorption of another plan's members. In addition, plans should document the impact of these factors and the resolution.

Activity IX. Real Improvement Achieved

Activity Summary: HSAG did not assess QIPs for this activity because QIPs had not progressed to this activity.

Activity X. Sustained Improvement Achieved

Activity Summary: HSAG did not assess QIPs for this activity because QIPs had not progressed to this activity.

IQIP Strengths and Opportunities for Improvement

The plans demonstrated several strengths in their IQIPs. Both projects targeted serious and challenging public health issues significant to their respective populations: preventing adolescent obesity and reducing new incidence of stroke and TIAs among an at-risk population. Plans selected study topics that have the potential to impact member health and functional status. In some cases, the plans demonstrated that they incorporated HSAG's feedback from QIPs reviewed from first and second quarters.

Opportunities exist to improve compliance with the CMS requirements by transitioning plans to a reporting form that supports collection of the required elements for QIP validation, which DHCS is actively pursuing.

IQIP Recommendations

HSAG recommends that the plans submit new QIP proposals with documentation through Activity IV (or Activity V for projects that will use sampling techniques) before baseline data collection. This gives HSAG the opportunity to review the structure of the QIP and the study design before plans commit resources to pull baseline data. HSAG also recommends that the *Quality Improvement Assessment Guide for Medi-Cal Managed Care Plans* include this guidance for submission of QIP proposals. Note: This information was included in the guide, which DHCS released in May 2009.

As a result of the recommendations included in the *QIPs Status Report, July 1, 2008–December 31, 2008*, DHCS requested that HSAG include information about terminating a QIP in the *Quality Improvement Assessment Guide for Medi-Cal Managed Care Plans*. The guide includes this information, and DHCS released it in May 2009. In addition, DHCS requested that HSAG, as part of its QIP validation tool feedback, provide recommendations to plans regarding when they should consider a QIP final.

Conclusions—Overall QIP Validation Findings

Both QIPs reviewed for the period of January 1, 2009, through March 31, 2009, received an overall validation status of *Not Applicable*. Similar to findings from the validation reviews conducted during the period July–December 2008, the plans' use of NCQA's QIA form as a submission document did not support the documentation of all CMS activities.

DHCS revised its current QIP requirements, which became effective on July 1, 2009. HSAG expects the transition to the new summary form and the technical assistance provided to plans to increase QIP compliance with CMS requirements significantly.

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

- DHCS Statewide Collaborative QIPs
- Small-Group Collaborative QIPs
- Internal QIPs

Table A.1––DHCS Statewide Collaborative QIPs
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
				Steps Validated*	Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits					
Alameda Alliance for Health—Alameda	LI	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Sacramento, San Diego Stanislaus, Tulare	 CP GMC LI			I – VIII	Baseline
CalOptima—Orange	COHS			I – IX	Remeasurement 1
Care 1st—San Diego	GMC			I – IX	Remeasurement 1
CenCal Health—Santa Barbara	COHS			I – IX	Remeasurement 1
Central CA Alliance for Health**— Monterey, Santa Cruz	COHS			I – IX	Remeasurement 1
Community Health Group—San Diego	GMC			I – IX	Remeasurement 1
Contra Costa Health Plan—Contra Costa	LI			I – IX	Remeasurement 1
Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego	 CP GMC			I – IX	Remeasurement 1
Health Plan of San Joaquin—San Joaquin	LI			I – IX	Remeasurement 1
Health Plan of San Mateo—San Mateo	COHS			I – IX	Remeasurement 1
Inland Empire Health Plan—Riverside, San Bernardino	LI			I – IX	Remeasurement 1
**Central Coast Alliance for Health changed its name to Central CA Alliance for Health effective July 1, 2009.					

Table A.1––DHCS Statewide Collaborative QIPs
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
				Steps Validated*	Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits					
Kaiser Permanente (North)—Sacramento	GMC	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
Kaiser Permanente (South)—San Diego	GMC			I – IX	Remeasurement 1
Kern Family Health Care—Kern	LI			I – VIII	Baseline
LA Care Health Plan—Los Angeles	LI			I – IX	Remeasurement 1
Molina Healthcare—Riverside, San Bernardino Sacramento, San Diego	CP GMC			I – IX	Remeasurement 1
Partnership Health Plan—Napa, Solano, Yolo	COHS			I – IX	Remeasurement 1
San Francisco Health Plan—San Francisco	LI			I – IX	Remeasurement 1
Santa Clara Family Health Plan—Santa Clara	LI			I – IX	Remeasurement 1
Western Health Advantage—Sacramento	GMC			I – IX	Remeasurement 1

Table A.2––Small-Group Collaborative QIPs

(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Population Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
CalOptima—Orange	COHS	Appropriate Treatment for Children With Upper Respiratory Infection	Clinical	Decrease inappropriate use of antibiotics in children 3 months–18 years of age.	I – IX	Remeasurement 1
Care 1st—San Diego	GMC				I – VIII	Baseline
Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego	 CP GMC				I – IX	Remeasurement 1
LA Care Health Plan—Los Angeles	LI				I – IX	Remeasurement 1
Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego	CP GMC				I – IX	Remeasurement 1
Care 1st—San Diego	GMC	Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – VIII	Baseline
Community Health Group—San Diego	GMC				I – VIII	Baseline

Table A.3––Internal QIPs

(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
AHF Healthcare Centers— Los Angeles	SP	Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS	Clinical	Reduce the number of hospitalizations for members on Coumadin therapy as a result of adverse reactions.	I – IX	Remeasurement 1
AHF Healthcare Centers— Los Angeles	SP	Controlling High Blood Pressure	Clinical	Increase the percentage of cases of controlled blood pressure among adults diagnosed with hypertension.	I – VIII	Baseline
Alameda Alliance for Health—Alameda	LI	Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children	Clinical	Reduce the number of children 2–18 years of age who visit the ER with asthma and return to the ER with additional asthmatic events.	I – VIII	Baseline
Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Sacramento, San Diego Stanislaus, Tulare	CP GMC LI	Improving Diabetes Management	Clinical	Increase HEDIS rates for HbA1c screening and diabetic retinal eye exams among adults 21–65 years of age.	I – X	Remeasurement 4
CenCal Health—Santa Barbara	COHS	Proper Antibiotic Use	Clinical	Decrease inappropriate antibiotic prescribing for children 2–18 years of age.	I – X	Remeasurement 2
Central CA Alliance for Health**—Monterey, Santa Cruz	COHS	Improving Effective Case Management	Clinical	Increase the effectiveness of case management to reduce hospitalizations related to diabetes and congestive heart failure among adults 21 years of age and older.	I – VIII	Baseline
Community Health Group—San Diego	GMC	Increasing Follow-up to Positive Post-Partum Screens	Clinical	Increase the percentage of women receiving a postpartum visit within six months of delivery.	I – VIII	Baseline
**Central Coast Alliance for Health changed its name to Central CA Alliance for Health effective July 1, 2009.						

Table A.3––Internal QIPs

(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities	Clinical	Improve childhood immunization rates and well-care visits in the first 15 months of life for African-American and Hispanic children.	I – X	Remeasurement 4
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities	Clinical	Reduce health disparities in childhood obesity among children 3–11 years of age.	None	Proposal Pending
Family Mosaic Project	SP	*Project pending*				
Family Mosaic Project	SP	*Project pending*				
Health Plan of San Joaquin—San Joaquin	LI	Chlamydia Screening	Clinical	Increase the rate of chlamydia screening in sexually active women 16–25 years of age.	I – IX	Remeasurement 1
Health Plan of San Mateo—San Mateo	COHS	Cervical Cancer Screening	Clinical	Increase the percentage of women who receive a Pap test.	I – VIII	Baseline
Inland Empire Health Plan—Riverside, San Bernardino	LI	Child Upper Respiratory Infections	Clinical	Decrease antibiotic overuse in children 3 months–18 years of age	I – X	Remeasurement 2
Kaiser Permanente (North)—Sacramento	GMC	Childhood Obesity	Clinical	Identify and decrease the number of children 3–11 years of age with a body mass index in the at-risk for overweight and overweight category.	I – VI	Proposal
Kaiser Permanente (South)—San Diego	GMC	Improving Blood Sugar Levels in Diabetic Members	Clinical	Increase the percentage of diabetic members having at least one HbA1c test within the last 12 months.	I – X	Remeasurement 4
Kaiser PHP—Marin, Sonoma	PHP	Cervical Cancer Screening	Clinical	Increase cervical cancer screening among women 18–64 years of age.	I – X	Remeasurement 3

Table A.3––Internal QIPs

(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Kaiser PHP—Marin, Sonoma	PHP	Smoking Prevention	Clinical	Increase the percentage of members 18 years of age and older receiving advice to quit smoking.	I – X	Remeasurement 4
Kern Family Health Care—Kern	LI	Use of Immunization Registry for Children	Clinical	Increase the number of children seen by providers who access and use the regional immunization registry for children 2 years of age and younger.	I – X	Remeasurement 3
Partnership Health Plan—Napa, Solano, Yolo	COHS	Asthma Management	Clinical	Improve management of asthma for members 5–56 years of age.	I – X	Remeasurement 4
San Francisco Health Plan—San Francisco	LI	Diabetes Care Management	Clinical	Improve comprehensive diabetes care: blood glucose control, retinal eye exams, and reduced cholesterol and blood pressure levels.	I – X	Remeasurement 2
Santa Clara Family Health—Santa Clara	LI	Adolescent Obesity Prevention: Increase Screening and Improve Adolescent Health With Timely and Appropriate Health Education Interventions	Clinical	Increase screening for adolescent obesity and timeliness of appropriate health education intervention.	I – VIII	Baseline
SCAN Health Plan—Los Angeles, Orange, Riverside, San Bernardino	SP	Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – VIII	Baseline
SCAN Health Plan—Los Angeles, Orange, Riverside, San Bernardino	SP	Prevention of Stroke and Transient Ischemic Attack (TIA)	Clinical	Reduce the risk and recurrence of stroke or TIA.	None	Baseline

Table A.3––Internal QIPs

	Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
						Steps Validated*	Measurement Completion*
	Western Health Advantage—Sacramento	GMC	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Increase the percentage of pregnant women who receive timely prenatal and postpartum care.	I – X	Remeasurement 3

*Grid category explanations:

Plan Model Type – designated plan model type:

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

Clinical/Nonclinical – designates if the QIP addresses a clinical or non-clinical area of study.

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

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

- *Steps Validated* – provides the number of CMS activities/steps completed through Step X.
- *Measurement Completion* – indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc.

Table B.1—IQIP Activities I to IV Ratings (N = 2 QIPs)

	Evaluation Elements	*Met*	*Partially Met/ Not Met*	*NA or Not Assessed*
Activity I: Appropriate Study Topic				
	1. Reflects high-volume or high-risk conditions (or was selected by the State).	100%	0%	0%
	2. Is selected following collection and analysis of data (or was selected by the State).	100%	0%	0%
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100%	0%	0%
	4. Includes all eligible populations that meet the study criteria.	0%	100%	0%
	5. Does not exclude members with special health care needs.	50%	50%	0%
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100%	0%	0%
	Activity Average Rates**	**75%**	**25%**	**-**
Activity II: Clearly Defined, Answerable Study Question(s)				
C*	1. States the problem to be studied in simple terms.	0%	100%	0%
C*	2. Is answerable.	0%	100%	0%
	Activity Average Rates**	**0%**	**100%**	**-**
Activity III: Clearly Defined Study Indicator(s)				
C*	1. Are well-defined, objective, and measurable.	50%	50%	0%
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	50%	50%	0%
C*	3. Allow for the study questions to be answered.	0%	100%	0%
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	50%	50%	0%
C*	5. Have available data that can be collected on each indicator.	100%	0%	0%
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	Δ	Δ	100%
	7. Includes the basis on which each indicator was adopted, if internally developed.	50%	50%	0%
	Activity Average Rates**	**50%**	**50%**	**-**
Activity IV: Correctly Identified Study Population				
C*	1. Is accurately and completely defined.	50%	50%	0%
	2. Includes requirements for the length of a member's enrollment in the plan.	0%	100%	0%
C*	3. Captures all members to whom the study question applies.	0%	100%	0%
	Activity Average Rates**	**17%**	**83%**	**-**

Notes to Table:

NA is *Not Applicable*

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans 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 applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

Δ No QIPs were assessed for this activity/evaluation element.

Table B.2—IQIP Activities V to VII Ratings (N = 18 QIPs)

	Evaluation Elements	Met	Partially Met/ Not Met	NA or Not Assessed
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	50%	0%	50%
	2. Identify the sample size.	50%	0%	50%
	3. Specify the confidence level.	0%	50%	50%
	4. Specify the acceptable margin of error.	0%	50%	50%
C*	5. Ensure a representative sample of the eligible population.	50%	0%	50%
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	0%	50%	50%
	Activity Average Rates**	**50%**	**50%**	-
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	50%	50%	0%
	2. The identification of specified sources of data.	100%	0%	0%
	3. A defined and systematic process for collecting baseline and remeasurement data.	0%	100%	0%
	4. A timeline for the collection of baseline and remeasurement data.	50%	50%	0%
	5. Qualified staff and personnel to abstract manual data.	0%	50%	50%
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	0%	50%	50%
	7. A manual data collection tool that supports interrater reliability.	0%	50%	50%
	8. Clear and concise written instructions for completing the manual data collection tool.	0%	50%	50%
	9. An overview of the study in written instructions.	0%	50%	50%
	10. Administrative data collection algorithms/flowcharts that show activities in the production of indicators.	0%	100%	0%
	11. An estimated degree of automated data completeness.	0%	50%	50%
	Activity Average Rates**	**25%**	**75%**	-
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	0%	100%	0%
	2. System changes that are likely to induce permanent change.	100%	0%	0%
	3. Revised if original interventions are not successful.	Δ	Δ	100%
	4. Standardized and monitored if interventions were successful.	Δ	Δ	100%
	Activity Average Rates**	**50%**	**50%**	-

Notes to Table:

NA is *Not Applicable*.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans 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 applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

Δ No QIPs were assessed for this activity/evaluation element.

Table B.3—IQIP Activities VIII to X Ratings (N = 18 QIPs)

	Evaluation Elements	Met	Partially Met/ Not Met	NA or Not Assessed
Activity VIII: Sufficient Data Analysis and Interpretation				
C*	1. Is conducted according to the data analysis plan in the study design.	0%	100%	0%
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	50%	0%	50%
	3. Identifies factors that threaten the internal or external validity of the findings.	0%	100%	0%
	4. Includes an interpretation of the findings.	50%	50%	0%
	5. Is presented in a way that provides accurate, clear, and easily understood information.	0%	100%	0%
	6. Identifies initial measurement and remeasurement of study indicators.	0%	0%	100%
	7. Identifies statistical differences between initial measurement and remeasurement.	0%	0%	100%
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	0%	0%	100%
	9. Includes interpretation of the extent to which the study was successful.	0%	0%	100%
	Activity Average Rates**	**22%**	**78%**	-
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	Δ	Δ	100%
	2. There is documented improvement in processes or outcomes of care.	Δ	Δ	100%
	3. The improvement appears to be the result of planned intervention(s).	Δ	Δ	100%
	4. There is statistical evidence that observed improvement is true improvement.	Δ	Δ	100%
	Activity Average Rates**	Δ	Δ	-
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.	Δ	Δ	100%
	Activity Average Rates**	Δ	Δ	-

Notes to Table:

NA is *Not Applicable*.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans 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 applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

Δ No QIPs were assessed for this activity/evaluation element.

Appendix C. Timeline for the ER Statewide Collaborative QIP

Appendix C presents the updated reporting timeline for the ER statewide collaborative QIP.

Table C.1––Updated Reporting Timeline for the ER Statewide Collaborative QIP

CY 2006 (1/1/06 – 12/31/06)	CY 2007 (1/1/07 – 12/31/07)	CY 2008 (1/1/08 – 12/31/08)	CY 2009 (1/1/09 – 12/31/09)	CY 2010 (1/1/10 – 12/31/10)	CY 2011 (1/1/11 – 12/31/11)	CY 2012 (1/1/12 – 12/31/12)
Statewide Collaborative QIP Design Phase	Baseline Period CY 2007	Remeasurement 1 CY 2008	Remeasurement 2 CY 2009	Remeasurement 3 CY 2010		
				EQRO Interim Report ◆ Initially scheduled for release in June 2009, but now the report is scheduled for release in October 2009. ◆ Prepared during the EQRO's Contract Year 1 (July 1, 2008–June 30, 2009). ◆ Will include baseline results and collaborative activity since the baseline report.		
				EQRO Remeasurement Report ◆ June 2010 ◆ EQRO Contract Year 2 (7/1/09 – 6/30/10) ◆ Includes Remeasurement 1 (CY 2008)	EQRO Remeasurement Report ◆ June 2011 ◆ EQRO Contract Year 3 (7/1/10 – 6/30/11) ◆ Includes Remeasurement 2 (CY 2009)	EQRO Remeasurement Report ◆ June 2012 ◆ EQRO Contract Extension Year 1 (if approved, 7/1/11 – 6/30/12) ◆ Includes Remeasurement 3 (CY 2010)
		PLAN-SPECIFIC INTERVENTIONS				
		STATEWIDE COLLABORATIVE INTERVENTIONS				
		Nov. 2008 Plans Submit CY 2007 Results	Oct. 2009 Plans Submit CY 2008 Results	Oct. 2010 Plans Submit CY 2009 Results	Nov. 2011 Plans Submit CY 2010 Results	