



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE: APRIL 12, 2013

All Plan Letter 13-005
(Supersedes APL 11-021)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: QUALITY & PERFORMANCE IMPROVEMENT PROGRAM
REQUIREMENTS FOR 2013

PURPOSE

This Medi-Cal Managed Care Division (MMCD) All Plan Letter (APL) clarifies the Quality and Performance Improvement Program requirements for Medi-Cal managed care health plans (MCPs) for 2013. MCPs are contractually required to annually report performance measurement results, produce improvement plans for poor performance, participate in the administration of a consumer satisfaction survey, and conduct ongoing quality improvement projects (QIPs).

Some of the MCPs that participate in the Medi-Cal managed care program serve a specialized population or provide a specialized set of services: these are known as specialty health plans. Not all of the requirements presented below apply to specialty health plans (e.g. AIDS Healthcare Foundation Healthcare Centers, Family Mosaic Project, Senior Care Action Network). For specialty health plans, requirements are noted where applicable. Specialty health plans should refer to their contracts for further information.

POLICY

A. External Accountability Set (EAS) Performance Measures

1. General Requirements

- a. **EAS Selection, Collection, and Reporting.** The Department of Health Care Services (DHCS) selects a set of performance measures annually, referred to as the EAS, to evaluate the quality of care delivered by MCPs to their members. DHCS selects most EAS measures from the Healthcare

Effectiveness Data Information Set (HEDIS®)¹, which provides DHCS with a standardized method to objectively evaluate MCPs' delivery of services. MCPs must annually collect and report rates for EAS measures. MCPs must also report rates for the statewide collaborative *All-Cause Readmissions* measure, a non-HEDIS® measure developed by DHCS in collaboration with MCPs. Specialty health plans must report on two performance measures which are selected or developed specifically for that specialty health plan (see Attachment 1).

- b. **For a New MCP or an Existing MCP Expanding into a New County.** A new MCP, or an existing MCP expanding its operations into a new county, must begin to report its EAS performance measures during the first reporting cycle in which it is feasible to report them. This reporting cycle is determined by DHCS, in consultation with its External Quality Review Organization (EQRO).
2. **Selection Process.** DHCS selected the final measures for Rate Year (RY) 2013 after consulting with MCPs, the EQRO, and stakeholders. DHCS and each specialty health plan agreed on which measures would be most appropriate to the membership of each specialty health plan. Several measures will be utilized to support performance measurement related to the implementation of the mandatory enrollment of Medi-Cal only Seniors and Persons with Disabilities (SPDs) (see Attachment 1).
3. **EAS Measures Required for RY 2013.** Attachment 1 lists all 15 HEDIS and DHCS-developed measures required for RY 2013, including the HEDIS® or other performance measures that each specialty health plan must report. Some measures have multiple indicators (e.g., sub-measures, more than one numerator). DHCS is introducing two new measures for RY 2013, *Controlling High Blood Pressure* and *Medication Management for People with Asthma*. The *Adolescent Well Care Visits* measure was deleted from this year's EAS.
4. **EAS Measure Development for RY 2014.**
 - a. **DHCS's Approach.** DHCS will provide the draft EAS to MCPs prior to the start of data collection. DHCS may modify the measures based on additional information, such as revised HEDIS® specifications or preliminary reports of MCP performance.
 - b. **Timelines**
 - i. **March 2013:** DHCS began to identify performance measures for RY 2014, in part by gathering input from MCPs, Medical Directors, Quality

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Improvement/HEDIS® representatives, the MMCD Advisory Group, and DHCS staff.

- ii. **July 2013:** MMCD will issue a draft of the 2014 EAS, which was subject to adjustments based on review of HEDIS® 2013 data and other key information, such as a revision to the technical specifications of a HEDIS® measure by the National Committee for Quality Assurance (NCQA).
- iii. **August 2013:** DHCS issues its final set of 2014 performance measures including those measures identified for stratification of and reporting on SPDs and other population subsets, as specified.
- iv. **September 2013:** DHCS issues an APL on Quality and Performance Improvement Program requirements for RY 2014.
- v. **July through November 2013:** DHCS develops and approves measures for MCPs to include in their auto-assignment default algorithms.

5. **Special Considerations**

- a. **SPDs.** MCPs must stratify selected RY 2013 HEDIS® measures (noted in Attachment 1) for the SPD population using the stratification methodology in Attachment 2.

DHCS began to enroll Medi-Cal-only SPDs into MCPs on a mandatory basis in June 2011 with a 12-month phase-in period. RY 2013 (using 2012 data) will be the first year that performance measure rates for MCPs operating under the Two-Plan Model and Geographic Managed Care will begin to reflect the care MCPs provide to SPDs. MCPs must stratify reported data by SPD and non-SPD populations. DHCS will provide MCPs with a reporting template for reporting SPD and non-SPD rates.

- b. **Healthy Families Program (HFP).** Pursuant to Assembly Bill 1494 Section 11(e), participants in the HFP began to transition into MCPs in January 2013. Although DHCS will not include the performance measures for this new population in its HEDIS® reports until 2014, the performance measures for the HFP and Medi-Cal managed care were compared, and the current integrated list of measures was developed.

6. **Audits**

Annual On-Site EAS Compliance Audit. MCPs must submit to an annual on-site performance measure validation audit, currently referred to as the “NCQA HEDIS® Compliance Audit™.” This audit consists of an assessment of the MCP’s (or the MCP’s vendor’s) information systems capabilities,

followed by an evaluation of the MCP's ability to comply with HEDIS® audit specifications. The HEDIS® audit methodology was developed by the NCQA and is used to assure standardized reporting of quality performance measures throughout the health care industry. **Exception:** Family Mosaic Project must undergo a performance measure audit of its two internally-developed measures (see Attachment 1). This audit follows the Centers for Medicare and Medicaid Services' (CMS's) protocol for conducting performance measure validation.

- a. **Contracted HEDIS® Auditor.** MCPs must use DHCS's selected contractor for the HEDIS® compliance audit. The Health Services Advisory Group (HSAG) is DHCS's current EQRO contractor for the Medi-Cal managed care program and will perform the 2013 HEDIS® audits at DHCS's expense. HSAG may subcontract with one-or-more independent auditors licensed by NCQA to conduct some of the HEDIS® audits.

7. Reporting Requirements

- a. **Calculating and Reporting Rates.** Each MCP will calculate its rates for the required performance measures, and these rates will be confirmed by the EQRO or its subcontractor and reported to DHCS. Each MCP must report to the EQRO the results for each of the performance measures required of that MCP while adhering to HEDIS® or other specifications for the reporting year. MCPs must follow NCQA's timeline for collecting, calculating, and reporting rates.
- b. **County-Level Reporting.** MCPs must calculate and report HEDIS® rates at the county level, unless otherwise approved by DHCS. MCPs that operate in Riverside and San Bernardino Counties as well as the County Organized Health System MCPs operating in Monterey, Santa Cruz, Napa, Solano, and Yolo counties were approved for combined-county reporting many years ago. DHCS does not intend to approve new combined-county reporting of HEDIS® measures if a MCP has 1,000 or more members in any county that is new to Medi-Cal managed care.
- c. **Expansion into New Counties.** Existing MCPs expanding into new counties must report separate HEDIS® rates for each county if enrollment in the new county exceeds 1,000 members as of July of a given calendar year.
- d. **Public Reporting of Performance Measurement Results.** DHCS will publicly report the audited results of HEDIS® or other performance measurements for each MCP, along with the Medi-Cal managed care program average and comparisons to national data for each DHCS-required performance measure.

8. **EAS Performance Standards Established by DHCS**

- a. **Minimum Performance Level (MPL).** MCPs must meet or exceed the DHCS-established MPL for each required HEDIS® measure (excluding the utilization/“use of services” measures). DHCS’s MPL for RY 2013 for each required measure is the 25th percentile of the national Medicaid results for that measure as reported in the 2012 edition of NCQA's Audit Means, Percentiles, and Ratios.
- b. **High Performance Level (HPL).** DHCS establishes an HPL for each required performance measure and publicly acknowledges MCPs that meet or exceed the HPLs. DHCS’s HPL for RY 2013 for each required measure is the 90th percentile of the national Medicaid results for that measure as reported in the 2012 edition of NCQA's Audit Means, Percentiles, and Ratios.
- c. **First-Year Measure Requirements.** MCPs are not subject to the MPL in the first year that rates are reported for a newly required measure, as this is considered the baseline rate. Therefore, MCPs need not submit a HEDIS® Improvement Plan (IP) if a rate for a new measure is below the MPL. These first-year rates will be reported in the annual aggregate report with an acknowledgement that these are baseline rates and are not subject to the MPL.

9. **Plan Performance Results and Compliance**

- a. **HEDIS® IPs.** MCPs must submit an IP for each measure that does not meet the DHCS-established MPL or is given an audit result of “Not Reportable” (NR). **Exception:** DHCS does not require MCPs to submit IPs in the first reporting year for new measures or for measures with significant changes to the technical specifications, as determined by MMCD.
 - i. **Submission Format.** MCPs must submit the required IPs to DHCS using the current version of the HEDIS® IP Submission Form (Attachment 3). In January 2013, DHCS sent the IP form to MCPs that have a performance measure rate below the MPL.
 - ii. **Technical Call.** MCPs may be required to participate in technical assistance conference calls with DHCS’s EQRO prior to submitting their IPs.
 - iii. **Multiple Counties.** A MCP that serves multiple counties under a single contract may submit an IP that addresses more than one county if the MCP’s scores fall below the MPL for the same measure in more than one county covered by that contract. However, the IP must separately discuss how it will address the targeted population in each county.

- iv. **Analysis of Plan Rate.** IPs must include an analysis of barriers, targeted interventions, and relevant data to support its analysis.
- v. **Interventions.** IPs must include new targeted interventions, justify including interventions from the prior year, include prioritization of barriers and interventions, and include a mechanism for evaluating interventions.
- vi. **Reporting Requirements.**
 - **Medical Director Signature.** IPs must contain the signature of the MCP's Medical Director who approved the IP prior to submission to DHCS.
 - **Timeline.** MCPs must submit the required IPs within 60 days of being notified by DHCS of each measure for which an IP is required.
 - **Submission.** MCPs must submit IPs to DHCS at:
qipsmail@dhs.ca.gov.
- b. **Corrective Action Plans (CAPs).** DHCS may require a CAP, including, but not limited to, additional QIPs, from MCPs that have numerous or sustained rates of performance below the MPL or rates that have fallen precipitously from the previous year.

B. Under/Over Utilization Monitoring. DHCS requires MCPs to submit rates for HEDIS® utilization measures for monitoring of under and over-utilization of services.

1. **General.** MCP processes for arriving at rates for selected HEDIS® utilization measures may be audited or un-audited; however, the rates for these measures must be reported to the NCQA-certified auditor who performs the HEDIS® audits under the direction of DHCS's EQRO for Medi-Cal managed care. Un-audited utilization rates are for internal use and are not publicly reported. In 2013, DHCS will begin to evaluate some of these rates for the purpose of possibly establishing benchmarks, and/or publicly reporting the results.
2. **Rates that MCPs Must Report.** Utilization measures for RY 2013 fall under three main categories (see Attachment 4 for a complete list):
 - a. *Frequency of Selected Procedures:* Back Surgery, Bariatric Weight Loss Surgery, Lumpectomy, and Mastectomy.
 - b. *Inpatient Utilization: General Hospital/Acute Care* – includes utilization of acute inpatient services in various categories.
 - c. *Ambulatory Care:* Includes *Outpatient Visits* and *Emergency Department Visits submeasures*. This measure will be audited by the EQRO for RY 2013 (2012 measurement year).

C. Consumer Satisfaction Surveys

1. **Survey Instrument.** DHCS uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)² surveys to assess member satisfaction with MCPs. DHCS may develop additional customized survey questions, in compliance with NCQA standards, to assess specific problems and/or special populations.
2. **CAHPS® Survey Administration.** The EQRO will administer the next CAHPS® survey for both adults and children in 2013, reflecting members' perceptions of care for a six-month period of time during the prior year.
3. **County-Level Reporting of Survey Results.** In years when DHCS's EQRO for Medi-Cal managed care administers the CAHPS® surveys, the EQRO will provide a county-level analysis, when applicable, in its report of the survey results for each MCP. County-level analysis allows DHCS, MCPs, and other stakeholders to better understand how member satisfaction and MCP services vary among counties.
4. **Member Surveys for Specialty Health Plans.** Although specialty health plans are not required to participate in the CAHPS® survey, each specialty health plan must conduct a member satisfaction survey annually and provide DHCS with results specific to the specialty health plan's Medi-Cal members. Each specialty health plan must provide DHCS a copy of its survey instrument and survey calculation/administration methodology, so that the EQRO can evaluate them for compliance with state and federal requirements.

D. QIPs

1. **Number of QIPs Required.** MCPs must conduct and/or participate in a minimum of two QIPs.
 - a. **Full-Scope MCPs.** MCPs must participate in the DHCS-led statewide collaborative (SWC) QIP and conduct an internal QIP or a Plan-led small group collaborative (SGC) QIP. To form an SGC, at least four MCPs must participate. If fewer than four MCPs intend to form an SGC, they must provide a justification for the SGC and obtain DHCS approval. MCPs that hold multiple Medi-Cal managed care contracts or that have a contract that covers multiple counties, must conduct two QIPs for each county.
 - b. **Specialty Health Plans.** Specialty health plans must conduct two QIPs; however, they are not required to participate in the SWC QIP. Instead, specialty health plans typically conduct two internal QIPs. A specialty health

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

plan may request DHCS's approval to participate in a SGC or SWC, however, if the specialty health plan believes it is appropriate for its members.

- c. **New Contract.** MCPs that establish a new contract with DHCS or expand into a new county after the current SWC has begun are not eligible to participate in a SWC. DHCS will require such MCPs to participate in a SGC or develop an internal QIP instead of participating in the SWC. DHCS and its EQRO for Medi-Cal managed care may adjust reporting requirements to accommodate the particular circumstances of the MCP's start-up date in relation to the reporting cycle. For their initial reports to DHCS, MCPs must seek pre-approval from DHCS and its EQRO to adopt non-SWC QIP topics and timelines.
2. **New QIPs – Proposals and Timelines.** QIP proposals have two phases – topic selection and study design.
 - a. **QIP Topic Approval.** MCPs must seek pre-approval from DHCS of topics for all internal QIP and SGCs. DHCS strongly recommends that each MCP's QIP topic align with demonstrated areas of poor performance, such as low HEDIS® or CAHPS® scores, and/or EQRO recommendations.
 - i. **Topic Proposal Timelines.** Approximately 10 months before the end of an existing QIP, DHCS will instruct the MCP to identify its next QIP topic. The MCP will have up to 90 days prior to the established due date for the existing QIP's final status report to submit a proposed topic for its new QIP.
 - ii. **Topic Proposal Format.** Each MCP must use DHCS's QIP Topic Proposal Form (Attachment 5), which requires MCPs to provide a rationale for the selection of the topic.
 - iii. **Topic Proposal Submission.** Each MCP must submit its completed QIP Topic Proposal Form to DHCS's QIP mailbox at: qipsmail@dhs.ca.gov.
 - iv. **DHCS Approval of QIP Topic.** Within approximately one month of receiving a MCP's proposed QIP topic, DHCS will send the MCP a notice of approval, request for additional information, or suggest that the MCP participate in a technical assistance call with the EQRO. Once the topic is approved, DHCS will require no further action from the MCP until the MCP's QIP Study Design Proposal is due.
 - b. **QIP Study Design Proposal and Validation.** Proposals based on pre-approved topics are submitted to the EQRO with a copy sent to

DHCS. Proposals are validated by the EQRO based on CMS requirements for performance improvement projects.

- i. **Design Proposal Due Date.** MCPs must submit the QIP study design proposal on the pre-approved topic within 90 days of receiving the EQRO's notification that the previous QIP has been completed.
- ii. **Design Proposal Format.** MCPs must submit the study design proposal using the most current version of the EQRO's QIP Summary Form, available on HSAG's File Transfer Protocol (FTP) website. FTP website contact information is at the end of this policy letter under QIP report submissions. MCPs must complete activities I–VI on the form.
- iii. **Design Proposal Submission.** MCPs must post the QIP Summary Form to HSAG's FTP website and email a copy to DHCS's QIP mailbox at gipsmail@dhs.ca.gov.
- iv. **EQRO Validation of the QIP.** The EQRO will send validation results to both the MCP and DHCS, and may request modifications to the MCP's proposal. The QIP proposal will not receive a "Met" validation status from the EQRO until it complies with both DHCS and CMS requirements.

3. QIP Requirements.

- a. **QIP Design.** Title 42, Code of Federal Regulations, Section 438.240(b)(1), requires that QIPs "be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction." The Quality Improvement and Assessment (QIA) Guide for Medi-Cal MCPs explains the CMS requirements for QIPs and how the EQRO validates MCP QIPs for compliance with the federal requirements. The QIA Guide is available on the DHCS website at:
<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>.
- b. **QIP Measurement Specifications.** MCPs may base QIPs on HEDIS® measures, although they are not required to do so. MCPs using HEDIS® measures must adhere to the HEDIS® specifications that were in place at the time the QIP proposal is approved by MMCD's Medical Policy Section and validated by the EQRO. If during the course of the QIP the specifications change for the QIP's HEDIS® measure, DHCS and the EQRO, in collaboration with the MCP, will evaluate the impact of the

changes. Any change in methodology for trending QIP performance must be approved by MMCD.

- c. **Intermediate Process Measures.** MCPs may use different intermediate process measures based on the specific interventions being implemented. These process measures should be collected (but not necessarily reported to DHCS) more frequently than the outcome measures to guide “course corrections” in the Plan-Do-Study-Act cycles or the rapid cycle improvement process.
- d. **QIP Cycle.** QIPs typically last from 12 to 36 months. DHCS expects MCPs to use the rapid cycle improvement approach when feasible. MCPs that would like to conduct a QIP for more than 36 months must seek DHCS approval unless the EQRO has recommended the extension because the QIP lacked statistically significant or sustained improvement.
- e. **Documenting QIP Activities.** MCPs must document QIP activities on the QIP Summary Form and have them validated by the EQRO. See paragraph 3.a, above.
- f. **Use of Goals.** Existing benchmarks should be strongly considered when establishing indicator goals. DHCS recommends that MCPs base their indicator goals on the following sources in order of precedence: benchmarks of performance, a DHCS-specified goal, or a well-defined goal submitted by the MCP in advance. If a MCP does not use a benchmark or DHCS-specified goal, the MCP must provide justification for their chosen goal(s) to DHCS.
- g. **Special Considerations.**
 - i. **New MCPs and Existing MCPs Expanding into a New County.** In general, MCPs must submit their QIP proposals after one year plus 90 days of their effective start-up date. DHCS requires new MCPs and existing MCPs with new county start-ups to participate in a technical assistance conference call with DHCS and the EQRO to discuss the appropriateness of QIP topics and the timeline for the MCPs’ initial QIP submissions. DHCS and its EQRO may adjust reporting requirements for new MCPs and existing MCPs with new county start-ups to accommodate the particular circumstances of the MCP’s date of start-up in relation to the reporting cycle. Please contact the QIP Coordinator listed in the Key Contacts section below for step-by-step instructions about the initial QIP process.
 - ii. **Multiple Counties.** MCPs that serve multiple counties under a single contract may submit a QIP that addresses the same improvement topic

in more than one county, provided the targeted improvement is relevant in more than one county covered by that contract. However, the QIP proposal and subsequent QIP submissions must specifically address the targeted population in each county included in the QIP by submitting county-specific data and results.

h. **Minimum Requirements for Communication with MMCD and Among MCPs by QIP Type.**

i. **Internal QIP (IQIP).** MCPs are not required to meet with DHCS.

ii. **SGC.**

- MMCD expects MCPs to work collaboratively to review their progress, provide insights on how to overcome barriers, share specific interventions and tools, adopt process and system changes, and establish best practices.
- MCPs must conduct at least one collaborative meeting with participating MCPs each quarter of each year for the aforementioned purpose.
- At least one staff member from each participating MCP must attend each meeting in person or by telephone.
- MCPs must invite the designated DHCS contact for the SGC from the Medical Policy Section to each meeting.

iii. **SWC.** DHCS will organize meetings at least quarterly each year to work collaboratively with participating MCPs to review progress, provide insights on how to overcome barriers, share specific interventions and tools, adopt process and system changes, and establish best practices.

4. **Data Reporting.**

a. **IQIP.** MCPs must report data as specified in their approved/validated QIP proposals.

b. **SGC.** The SGC must, at a minimum, collect and report baseline data and annual re-measurement data for two consecutive years. At the end of the second re-measurement, DHCS and the MCPs involved in the SGC will evaluate subsequent re-measurements and continuation of the SGC.

c. **SWC.** DHCS and participating MCPs determine and agree upon SWC reporting requirements and specify these requirements in the approved and validated SWC QIP proposals submitted by each MCP. The next annual status reports are due September 30, 2013. DHCS will notify MCPs if DHCS

determines that the MCP must submit an interim status report. MCPs must submit status reports to: qipsmail@dhs.ca.gov.

5. QIP Submission Instructions.

a. Forms and Form Locations.

- i. **QIP Topic Proposals.** DHCS will send each MCP its QIP Topic Proposal Form approximately ten months before the end of each MCP's current QIP (Attachment 5).
- ii. **QIP Study Design Proposal or QIP Status Reports.** HSAG's QIP Summary Form and QIP Summary Form for multi-counties are readily available to MCPs on HSAG's FTP website. All current MCPs already have identified FTP users who have been assigned user names and passwords by HSAG to access each MCP's specific folder. To establish additional user profiles or remove previous users, MCP staff should contact Jen Montano at JMontano@hsag.com.

b. Report Submissions.

- i. **Proposal Submissions.** MCPs must submit topic proposals and study design proposals to DHCS's QIPs mailbox at: qipsmail@dhs.ca.gov.
- ii. **Post-Proposal Report Submissions.** Baseline Reports (if not included in the study design proposal), annual status reports, and final reports for all QIPs must be sent directly to the EQRO via HSAG's FTP website with a "cc" to DHCS's QIPs mailbox at: qipsmail@dhs.ca.gov.

- 6. Timing of Submission.** Each MCP must submit its status and/or re-measurement reports at least annually, or according to a timeline agreed upon by the MCP, DHCS, and the EQRO.

KEY CONTACTS

If you have questions or concerns about the information in this APL, please contact the following individuals by e-mail according to your area of concern:

- **General questions about the requirements of DHCS's quality and performance improvement program:** Aaron Toyama, Chief, MMCD Performance Measurement Unit, at Aaron.Toyama@dhcs.ca.gov.
- **EAS, HEDIS® MPLs and HPLs, and HEDIS® IPs:** Susan McClair, MD, Medical Consultant, MMCD Medical Policy Section, at Susan.McClair@dhcs.ca.gov.

- **HEDIS® audit requirements and QIPs validation process:** Nick Zimmerman, Project Manager, EQRO Services, HSAG, at nzimmerman@hsag.com.
- **The current SWC QIP on All-Cause Readmissions:** Desire Kindarara, Nurse Consultant, MMCD Medical Policy Section, at Desire.Kindarara@dhcs.ca.gov.
- **QIP proposals and status reports, QIP process, and QIP due dates:** Gina Gee-Wong, QIP Coordinator, MMCD Performance Measurement Unit, at Gina.Gee-Wong@dhcs.ca.gov.

Performance measurement and quality improvement are important aspects of the Medi-Cal managed care program. The partnership between DHCS, it's contracted MCPs, and the EQRO results in the ongoing improvement of the quality of care and services provided to Medi-Cal beneficiaries. We look forward to continuing this positive relationship.

Sincerely,

ORIGINAL SIGNED BY MARGARET TATAR

Margaret Tatar, Chief
Medi-Cal Managed Care Division

Attachments

2013 External Accountability Set

(HEDIS^{®1}) Measures Required for Full-Scope Plans Reporting Year 2013²

#	HEDIS [®] Acronyms	HEDIS [®] Measure	Measure Type (Methodology)	SPD Stratification Required ³	Used in Auto Assignment Algorithm
1.	AMB-OP AMB-ED	Ambulatory Care: <ul style="list-style-type: none"> • Outpatient visits • Emergency Department visits 	Admin measure (Medicaid) - addresses members <1 yr through 85+ yrs	Yes	No
2.	MPM-ACE MPM-Dig MPM-Diu	Annual Monitoring for Patients on Persistent Medications (without anticonvulsant, 3 indicators): <ul style="list-style-type: none"> • ACE inhibitors or ARBs • Digoxin • Diuretics 	Admin measure (Medicaid) - addresses members 18 yrs & older	Yes	No
3.	AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Admin measure (Medicaid)	No	No
4.	CCS	Cervical Cancer Screening	Hybrid measure (Medicaid)	No	Yes
5.	CIS-3	Childhood Immunization Status – Combo 3	Hybrid measure (Medicaid)	No	Yes
6.	CAP-1224 CAP-256 CAP-711 CAP-1219	Children & Adolescents' Access to Primary Care Practitioners: <ul style="list-style-type: none"> • 12-24 Months • 25 Months – 6 Years • 7-11 Years • 12-19 Years 	Admin measure (Medicaid)	Yes	No
7.	CDC-E CDC-LS CDC-LC CDC-HT CDC-H9 CDC-H8 CDC-N CDC-BP	Comprehensive Diabetes Care (8 indicators): <ul style="list-style-type: none"> • Eye Exam (Retinal) Performed • LDL-C Screening Performed • LDL-C Control (<100 mg/Dl) • HbA1c Testing • HbA1c Poor Control (>9.0%) • HbA1c Control (<8.0%) • Medical Attn. for Nephropathy • Blood pressure control (<140/90 mm Hg) 	Hybrid measure (Medicaid)	Yes	Yes, for <i>HbA1c Testing</i> indicator only
8.	IMA-1	Immunizations for Adolescents	Hybrid measure (Medicaid)	No	No

¹ HEDIS[®] (Healthcare Effectiveness Data Information Set) is a registered trademark of the National Committee for Quality Assurance.

² Uses data from 1/1/12 through 12/31/12 "measurement year."

³ Stratification is required to identify Seniors and Persons with Disabilities. MMCD will provide the Plans with a reporting template for reporting the SPD population and non-SPD population.

#	HEDIS® Acronyms	HEDIS® Measure	Measure Type (Methodology)	SPD Stratification Required ³	Used in Auto Assignment Algorithm
9.	PPC-Pre PPC-Pst	Prenatal & Postpartum Care (2 indicators): <ul style="list-style-type: none"> • Timeliness of Prenatal Care • Postpartum Care 	Hybrid measure (Medicaid)	No	Yes, for <i>Timeliness of Prenatal Care indicator only</i>
10.	LBP	Use of Imaging Studies for Low Back Pain	Admin measure (Medicaid)	No	No
11.	WCC-BMI WCC-N WCC-PA	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents <ul style="list-style-type: none"> • BMI percentile • Counseling for nutrition • Counseling for physical activity 	Hybrid measure (Medicaid)	No	No
12.	W-34	Well-Child Visits in the 3 rd , 4 th 5 th & 6 th Years of Life	Hybrid measure (Medicaid)	No	Yes
NEW FOR 2013					
13.	ACR	All-Cause Readmissions – Statewide Collaborative QIP measure	Admin measure Non-NCQA measure: Statewide Collaborative QIP to define specific measure	Yes	No
14.	CBP	Controlling High Blood Pressure	Hybrid measure	No	No
15.	MMA	Medication Management for People with Asthma	Admin measure	No	No
Total Number of Measures			8 Hybrid and 7 Admin measures		

Performance Measures Required for Specialty Plans Reporting Year 2013

AIDS Healthcare Foundation Healthcare Centers

- Colorectal Cancer Screening
- Controlling High Blood Pressure

Family Mosaic Project

- *Inpatient Hospitalizations*: The percentage of Medi-Cal managed care members enrolled in Family Mosaic who have a mental health admission to an inpatient hospital facility during the measurement period.
- *Out-of-Home Placements*: The percentage of Medi-Cal managed care members enrolled in Family Mosaic who are discharged to an out-of-home placement during the measurement period.

SCAN

- Breast Cancer Screening (BCS)
- Osteoporosis Management in Women Who Had a Fracture (OMW)

**2012 HEDIS Performance Measure Eliminated
From the Required External Accountability Set (EAS)**

2011 HEDIS Measure	Measure Type (Methodology)
Adolescent Well-Care Visits [AWC]	Hybrid measure

Medi-Cal Managed Care Division, Program Monitoring & Medical Policy Branch (12-19-12)

2013 Hybrid Stratification Methodology for Reporting the *Comprehensive Diabetes Care* Measure

The Medi-Cal Managed Care Division (MMCD) established a stratification methodology to be used for the hybrid measure: *Comprehensive Diabetes Care*.

Medi-Cal managed care health plans (MCPs) should use the following sampling method in order to determine the three denominators from which to calculate distinct rates for the *Comprehensive Diabetes Care* measure for each county:

- The overall county rate.
- The Seniors and Persons with Disabilities (SPD) population rate.
- The non-SPD population rate.

See illustrative example below assuming a required sample size of 411 for a hybrid measure:

MCP Sampling Method		
Sample	Selection Process	Example
1	Select required number of member medical records from Medi-Cal at large (the National Committee for Quality Assurance-required sample size). This will include members in both the SPD and non-SPD populations. Determine the number of members in each of the populations (SPD and non-SPD) that are Sample #1.	Assume a random sample of 411 cases is selected with the following distribution: 200 SPD members 211 non-SPD members
2A	Supplement the SPD sample population with additional SPD member records to reach the required sample size in #1.	200 SPD members + 211 additional SPD members = 411 SPD members
2B	Supplement the non-SPD sample population with additional non-SPD member records to reach the required sample size in #1.	211 non-SPD members + 200 additional non-SPD members = 411 non-SPD members
		822 Total Member Records

Sample #1 will be denominator for the MCP's Healthcare Effectiveness Data Information Set submission.

Sample #2A is the SPD population denominator.

Sample #2B is the non-SPD population denominator.

Sample #2A and #2B will reported on a MMCD-provided reporting template.

(Attachment 3) 2012 HEDIS Improvement Plan (IP)

Section I: Demographic Information Complete one HEDIS improvement plan (IP) form for each HEDIS measure below the Minimum Performance Level (MPL) or reported as a “Not Report” (NR). Health plans may submit one improvement plan (IP) for multiple counties as long as the target population for each county is addressed. Please enter the health plan name, applicable HEDIS measure, 2012 MMCD MPL, type of submission, and contact information for the person responsible for implementing the IP and person responsible for approving the IP for the plan.

Health Plan Name:

HEDIS Measure:

2012 MMCD MPL:

Type of Submission

Date:

Initial Submission

Resubmission

Other (please specify)

Person Responsible for Implementing IP

Name: _____ Title: _____

Phone: _____ Email: _____

Medical Director Responsible for Approving IP

Name: _____ Title: _____

Phone: _____ Email: _____

Section II. HEDIS Measure(s) below the MPL: Enter the name of each county below the Plan 2012 Rate and the plan’s MPL for that county. Enter the Plan target goal rate for improvement. Check the appropriate boxes to indicate if the HEDIS measure was below the MPL for the previous three years.

County	Plan 2012 Rate	Plan 2013 Target Rate	Below MPL 2011?		Below MPL 2010?		Below MPL 2009?	
			Yes	No	Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Attachment 3) 2012 HEDIS Improvement Plan (IP)

Section III. Barriers and Challenges Identify and briefly describe barriers and challenges. Please address the following applicable elements: 1) Why improvement was not made or sustained for the reporting year, 2) Why goals were not reached, 3) Why interventions were not effective, 4) Identification of new barriers since the previous year, 5) Strength of current interventions and whether interventions are still applicable given the barrier analysis, 6) Lessons learned and how they will be applied to the current improvement plan, 7) Applicability of barrier analysis to multiple counties below the MPL, 8) Provide relevant data to support barrier analysis.

Description of barriers and challenges:

Section IV. Improvement Plan Briefly describe and address the following applicable elements: 1) Improvement Plan based upon the barrier analysis, 2) Timelines, 3) Relative strength of new interventions planned, 4) Relative strength of existing interventions planned, 5) Modifications to existing intervention(s), 6) Method(s) for evaluating interventions, 7) Allocation of resources, 8) Commitment and accountability to improve HEDIS rate above the MPL.

Description of improvement plan:

(Attachment 3) 2012 HEDIS Improvement Plan (IP)

Section V. Improvement Plan Grid Interventions should be measurable and include e.g. what, where, when, how, and to whom. The intervention should correlate to the barrier analysis. If multiple interventions are planned, list interventions in order of relative strength (e.g. strongest correlation to the barrier analysis, best practice, etc.) and include the counties where the intervention will be conducted. *Health plan should not include planning activities.* Enter the targeted barrier for each intervention and check the appropriate box to indicate if it is an existing intervention. If it is an existing intervention, indicate the duration of existing intervention prior to the implementation of the new timeline, i.e., number of weeks, months, or years. Enter the new implementation timeline for new and existing interventions, i.e. start date and end date. Enter the name of the person(s), discipline, or department responsible for the implementation and evaluation of each intervention over time.

Intervention	Targeted Barrier	Targeted Counties	Existing Intervention		Duration of Existing Intervention	Timeline for Implementation	Responsible Person and Department
			Yes	No			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

**(Attachment 3) MMCD Evaluation Checklist
2012 HEDIS Improvement Plan (IP)**

Health Plan:

HEDIS Measure:

Targeted Counties:

Type of Submission	
Date:	
<input type="checkbox"/> Initial Submission	
<input type="checkbox"/> Resubmission	
<input type="checkbox"/> Other (please specify):	

<input type="checkbox"/> APPROVED	<input type="checkbox"/> ADDITIONAL INFORMATION REQUESTED (AIR)
--	--

Reviewer's Name:

Signature:

Date:

Reviewer comments:

IMPROVEMENT PLAN REQUIREMENTS	MET	NOT MET	N/A	COMMENTS
Section I. Demographic Information				
Health Plan Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applicable Counties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Submission date within required timeframes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person responsible for Implementing IP (Contact Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Director responsible for Approving IP (Contact Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section II. HEDIS Measure Below the MPL				
HEDIS Measure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
County(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MMCD MPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plan 2012 Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**(Attachment 3) MMCD Evaluation Checklist
2012 HEDIS Improvement Plan (IP)**

IMPROVEMENT PLAN REQUIREMENTS	MET	NOT MET	N/A	COMMENTS
Plan 2013 Target Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEDIS Rate below the MPL for 2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEDIS Rate below the MPL for 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEDIS Rate below the MPL for 2009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section III. Barrier Analysis and Challenges				
1) Why improvement was not made or sustained for the reporting year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Why goals were not reached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Why interventions were not effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Identification of new barriers since the previous year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Strength of current interventions and whether interventions still applicable given barrier analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Lessons learned and how they will be applied to the current improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Applicability of the barrier analysis to multiple counties below the MPL under one contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) Data provided support barrier analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section IV. Improvement Plan				
1) Improvement plan based on barrier analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Timelines provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Relative strength of new interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Relative strength of existing interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Modifications to existing interventions appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Method for evaluating interventions appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**(Attachment 3) MMCD Evaluation Checklist
2012 HEDIS Improvement Plan (IP)**

IMPROVEMENT PLAN REQUIREMENTS	MET	NOT MET	N/A	COMMENTS
7) Allocation of resources appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) Evidence of health plan commitment and accountability to improve HEDIS rate above the MPL (e.g. indirect or direct involvement of key health plan management, responsibility delegated to appropriate disciplines; reasonable and realistic intervention plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section V. Improvement Plan Grid				
List of interventions congruent with barrier analysis and improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interventions written in measureable terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interventions are ranked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Targeted barrier and counties provided for each intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Timelines provided for each new intervention and/or duration of existing interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intervention identified as new or existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible person, discipline(s) or department(s) provided for oversight of intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Reviewer Comments:

Required Utilization Measures for Full-Scope Medi-Cal Managed Care Plans Reporting Year 2013

For the 2013 reporting year (measurement year 2012), Medi-Cal managed care health plans (MCPs)-with the exception of specialty plans-are required to submit rates for the Healthcare Effectiveness Data Information Set (HEDIS) Utilization Measures listed below.

Results for these measures are reported to the External Quality Review Organization (EQRO) consistent with HEDIS technical specifications and in a format designated by Medi-Cal managed care; however, the *Frequency of Selected Procedures* and *Inpatient Utilization* measures are not included in the EQRO's audit process.

- (1) *Frequency of Selected Procedures* – This un-audited measure summarizes the number and rate of various frequently performed procedures. For Medicaid members, MCPs report the absolute number of procedures and the number of procedures per 1,000 member months by age and sex. The following indicators are required to be reported:
 - a) Back Surgery
 - b) Bariatric Weight Loss Surgery
 - c) Lumpectomy
 - d) Mastectomy

- (2) *Inpatient Utilization: General Hospital/Acute Care* – This un-audited measure summarizes utilization of acute inpatient services in the following categories: total inpatient, medicine, surgery, and maternity. The following data are required to be reported for each category:
 - a) Discharges
 - b) Discharges/1,000 Member Months
 - c) Days
 - d) Days/1,000 Member Months
 - e) Average Length of Stay

- (3) *Ambulatory Care* – This audited administrative measure addresses members <1 yr through 85+ yrs.
 - a) Outpatient Visits (AMB-OP)
 - b) Emergency Department Visits (AMB-ED)

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

Quality Improvement Project (QIP) Topic Proposal Form
for Internal and Small Group Collaboratives

Requirement: Our records indicate that [PLAN NAME]'s (Plan) final status report for its [TITLE OF QIP] QIP is due [DATE]. Once the External Quality Review Organization (EQRO) validates the Plan's final QIP status report and notifies the Plan that the QIP is closed, the Plan will have 90 days to submit its new QIP proposal. The QIP topic must be preapproved by Medi-Cal Managed Care (MMCD). **Note:** The EQRO may determine during validation of the final status report that this QIP must be extended to allow for sustainable improvement.

Instructions to Plan: The Plan should complete this Topic Proposal Form and submit it to MMCD's QIP mailbox at qipsmail@dhs.ca.gov no later than: [date 90 days prior to current QIP's final submission due date].

Technical Assistance: If the Plan is interested in receiving technical assistance from the EQRO regarding topic selection prior to submission of this form, please contact MMCD's QIPs Coordinator, Gina Gee-Wong at Gina.Gee-Wong@dhcs.ca.gov.

Plan: _____

County/Countries: _____

Date Topic Submitted: _____

Proposed QIP Topic: _____

Study Type: Clinical Non-Clinical

Plan's Study Leader for New QIP (if known): _____

QIP Topic Rationale

Below are a series of questions regarding the plan's QIP topic selection process. The questions are intended to guide the plan in selecting a topic identified as an area that needs improvement.

1. Does the proposed topic relate to one of the plan's HEDIS scores? If no, why was this topic selected?
2. If the proposed topic relates to a HEDIS score:
 - a. Does the topic address poor performance of an MMCD HEDIS measure?
 - b. Indicate whether an Improvement Plan (IP) is/was required (provide dates).
3. Does the plan have any measure(s), other than the measure(s) included in this proposal, with rates that fell below the MPL(s)? If yes, why was this measure(s) not selected?
4. Is the proposed topic an area of study recommended by the EQRO based on plan-specific report recommendations or technical assistance? If no, please explain why the topics recommended by the EQRO were not selected?
5. Approximately how many Medi-Cal Managed Care members will receive improved quality, access and/or timely care as a result of the proposed topic?
6. Provide any additional documentation or data necessary to justify the topic selection.
7. Is the plan interested in receiving technical assistance from the EQRO for further development of the topic selection?

Note to Plan: To help the Plan understand the criteria Medi-Cal Managed Care (MMCD) will use to assess the appropriateness of Plan’s proposed QIP topic, we have attached the evaluation form that will be used by MMCD’s QIP topic reviewers.

*****For MMCD use only*****

MMCD Performance Measurement Unit Review				
Performance Measurement Reviewer: _____				
Criteria 1 through 3:				
<input type="checkbox"/> Approved <input type="checkbox"/> Additional information needed <input type="checkbox"/> Modifications required <input type="checkbox"/> Not approved				
#	Criteria	Yes	No	Comments
1	Plan-specific data supports the topic selection, <i>i.e.</i> rates are below the MPL.			
2	The topic is part of a current improvement plan.			
3	The topic was recommended by the EQRO.			
Additional Comments:				

MMCD Medical Policy Section (Clinical) Review				
Medical Policy Reviewer: _____				
Criteria 4 through 6:				
<input type="checkbox"/> Approved <input type="checkbox"/> Additional information needed <input type="checkbox"/> Modifications required <input type="checkbox"/> Not approved				
#	Criteria	Yes	No	Comments
4	The QIP topic reflects an appropriate focus on the specific needs of the plan’s Medi-Cal population.			
5	For clinical topics, the proposed QIP topic has clinical merit.			
6	A significant portion or relevant sub-population of the plan’s Medi-Cal population will benefit from improvement in this study area.			
7	Reviewer recommends a technical assistance telephone conference with plan and EQRO regarding proposed topic.			
Additional Comments:				

EQRO Approval Review	
EQRO concurs with MMCD’s recommendation: _____	
Additional Comments:	