

8. Covered California Quality Improvement Strategy (QIS) - INSTRUCTIONS FOR DATA TEMPLATE

Section 8.2 of the QIS requires applicants to submit data for each initiative area. Some questions can be completed within the application in Proposal Tech while others require completion using this reporting template.

Each sheet corresponds with a question from the QIS and can be linked using the number on the tab. Some questions require separate reporting by product. The cell(s) requiring a data point are outlined in **bold dark red**. If data are not available for any of these questions, click the box below the table and provide an explanation in the details box. Please report best available data and information including new payment strategies. Data or strategies not available by the due date for the Certification Application for 2018 shall be reported by the end of the third quarter of 2017.

Please do not adjust the formatting or settings of the table and charts. This reporting template will be used in future years to track progress on Attachment 7 requirements.

8.2.2 QIS for Reducing Health Disparities and Assuring Health Equity

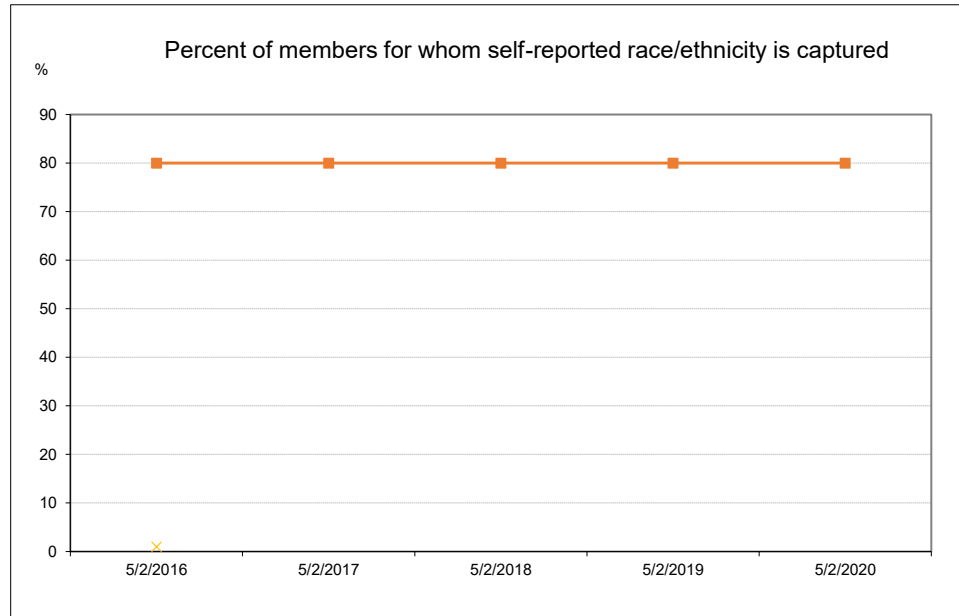
8.2.2.1 Provide the percent of members for whom self-reported data is captured for race/ethnicity

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Provide the percent of Covered California members for whom self-reported data is captured for race/ethnicity in Attachment E QIS Run Charts. If the Applicant does not currently have Exchange business, please report on all lines of business excluding Medicare. Self-identification may take place through the enrollment application, web site registration, health assessment, reported at provider site, etc. For reapplying Applicants, enter the percentage reported in the previous Certification Application as well (May 2016).

Vertical Axis Label: %
 Graph Label: Percent of members for whom self-reported race/ethnicity is captured

Date / Observation	% Self-report	Goal
5/2/2016		80
5/2/2017		80
5/2/2018		80
5/2/2019		80
5/2/2020		80

DETAILS:



8.2.3 QIS for Promoting Development and Use of Care Models – Primary Care

8.2.3.1 Number and percentage of members by product in the health plan's Covered California business who either selected a Personal Care Physician (PCP) or were assigned - HMO

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the plan did not have Covered California business during the prior calendar year, please report on the full book of business excluding Medicare.

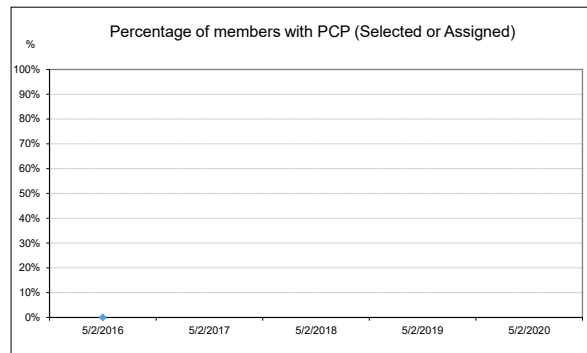
Vertical Axis Label
 Graph Label

Numerator: Number of Covered California members who have selected or were assigned to a PCP

Denominator: Total Covered California membership

Date / Observation	Numerator	Denominator	%
5/2/2016			
5/2/2017			
5/2/2018			
5/2/2019			
5/2/2020			

DETAILS:



8.2.3 QIS for Promoting Development and Use of Care Models – Primary Care

8.2.3.1 Number and percentage of members by product in the health plan's Covered California business who either selected a Personal Care Physician (PCP) or were assigned - PPO

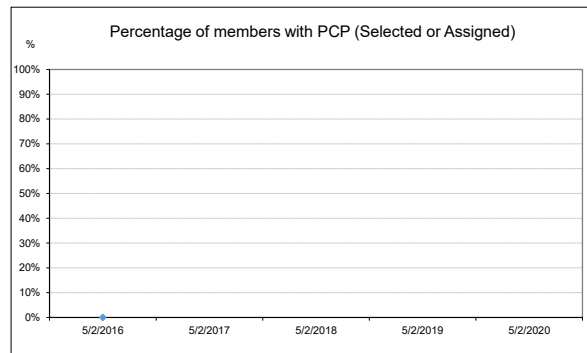
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the plan did not have Covered California business during the prior calendar year, please report on the full book of business excluding Medicare.

Vertical Axis Label %
 Graph Label Percentage of members with PCP (Selected or Assigned)

Numerator: Number of Covered California members who have selected or were assigned to a PCP
Denominator: Total Covered California membership

Date / Observation	Numerator	Denominator	%
5/2/2016			
5/2/2017			
5/2/2018			
5/2/2019			
5/2/2020			

DETAILS:



8.2.3 QIS for Promoting Development and Use of Care Models – Primary Care

8.2.3.1 Number and percentage of members by product in the health plan's Covered California business who either selected a Personal Care Physician (PCP) or were assigned - EPO

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the plan did not have Covered California business during the prior calendar year, please report on the full book of business excluding Medicare.

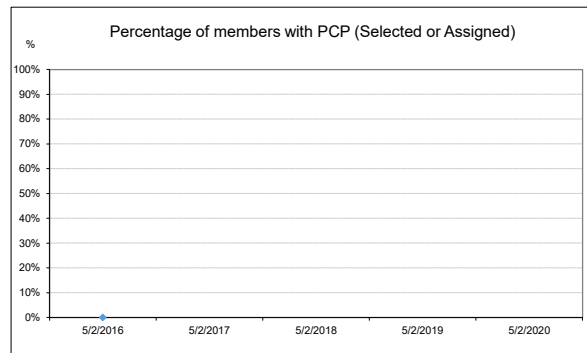
Vertical Axis Label
 Graph Label

Numerator: Number of Covered California members who have selected or were assigned to a PCP

Denominator: Total Covered California membership

Date / Observation	Numerator	Denominator	%
5/2/2016			
5/2/2017			
5/2/2018			
5/2/2019			
5/2/2020			

DETAILS:



8.2.3 QIS for Promoting Development and Use of Care Models – Primary Care

8.2.3.3 Number and percentage of Covered California members who obtain their primary care in a PCMH

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the plan did not have Covered California business during the prior calendar year, please report on the full book of business. For this measurement, PCMH is defined as a provider or clinic that has received either NCQA PCMH Recognition or The Joint Commission PCMH Certification.

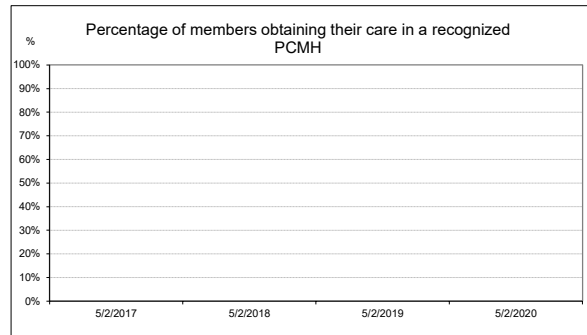
Vertical Axis Label
 Graph Label

Numerator: Number of Covered California members obtaining their care in a recognized PCMH (or number of members in a full book of business)

Denominator: Total Covered California membership (or total membership)

Date / Observation	Numerator	Denominator	%
5/2/2017			
5/2/2018			
5/2/2019			
5/2/2020			

DETAILS:



8.2.3 QIS for Promoting Development and Use of Care Models – Primary Care

8.2.3.4 Current payment strategies for maternity services and number of network hospitals paid using strategy

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements.

Vertical Axis Label: %
 Graph Label: Number providers paid using payment strategies to incentivize adoption of PCMH

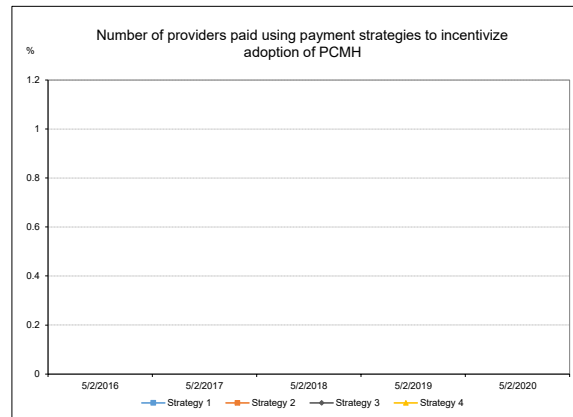
Please list and assign a name to each payment strategy and report the number of providers paid using the strategy in the table below. If the number of strategies exceed the available columns, please add additional columns.

Payment Strategy Name	Description	Product (HMO, PPO, EPO)
Strategy 1		
Strategy 2		
Strategy 3		
Strategy 4		

Date / Observation	Strategy 1	Strategy 2	Strategy 3	Strategy 4	Denominator
5/2/2016					
5/2/2017					
5/2/2018					
5/2/2019					
5/2/2020					

Numerator: Number of providers paid under payment strategy or each payment strategy
Denominator: Total number of primary care providers

DETAILS:



8.2.5 QIS for Appropriate Use of C-Sections

8.2.5.1 Number and percentage of all network hospitals reporting to the California Maternity Quality Care Collaborative's (CMQCC) Maternal Data Center (MDC)

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements.

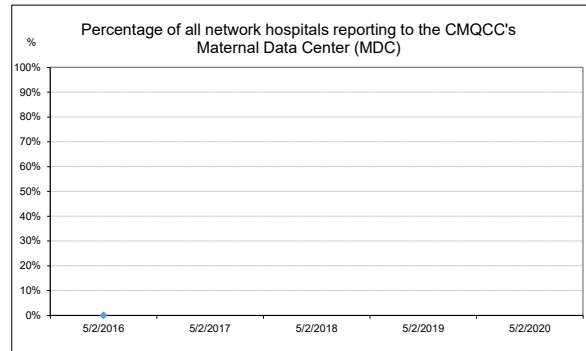
Vertical Axis Label %
Graph Label Percentage of all network hospitals reporting to the CMQCC's Maternal Data Center (MDC)

Numerator: Number of network hospitals reporting to CMQCC

Denominator: Total number of hospitals providing maternity services in network

Date / Observation	Numerator	Denominator	%
5/2/2016			
5/2/2017			
5/2/2018			
5/2/2019			
5/2/2020			

DETAILS:



8.2.5 QIS for Appropriate Use of C-Sections

8.2.5.3 Current payment strategies for maternity services and number of network hospitals paid using strategy

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements.

Vertical Axis Label: %
 Graph Label: Number of network hospitals paid using strategy

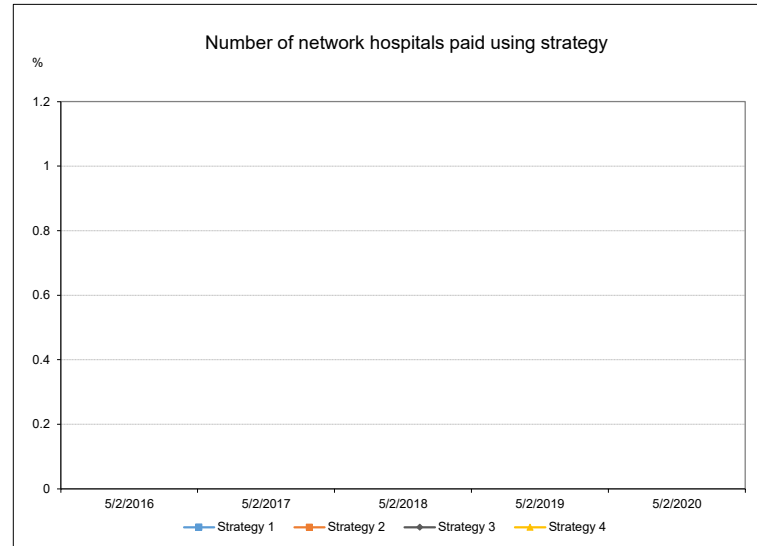
Please list and assign a name to each payment strategy and report the number of network hospitals paid using the strategy in the table below. If the number of strategies exceed the available columns, please add additional columns.

Payment Strategy Name	Description	Product (HMO, PPO, EPO)
Strategy 1		
Strategy 2		
Strategy 3		
Strategy 4		

Date / Observation	Strategy 1	Strategy 2	Strategy 3	Strategy 4	Denominator
5/2/2016					
5/2/2017					
5/2/2018					
5/2/2019					
5/2/2020					

Numerator: Number of hospitals paid under payment strategy or each payment strategy
Denominator: Total number of network hospitals providing maternity services

DETAILS:



8.2.6 QIS for Hospital Patient Safety

8.2.6.3 Percentage of hospital reimbursement at risk for quality performance

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements.

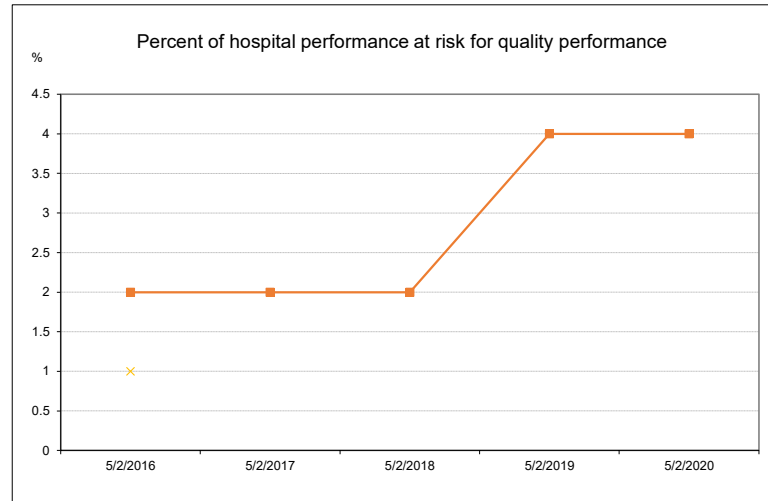
Vertical Axis Label
 Graph Label

Numerator: Hospital payment dollars tied to quality performance
Denominator: Total hospital payment dollars

Date / Observation	Value	Goal
5/2/2016	<input type="text" value="2"/>	2
5/2/2017	<input type="text" value="2"/>	2
5/2/2018	<input type="text" value="2"/>	2
5/2/2019	<input type="text" value="4"/>	4
5/2/2020	<input type="text" value="4"/>	4

Quality indicators used to assess performance:

Indicator	Description



DETAILS:

8.2.6 QIS for Hospital Patient Safety

8.2.6.4 Number and percentage of hospitals with reimbursement at risk for quality performance

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements.

Vertical Axis Label
Graph Label

Numerator: Hospitals with payment tied to quality performance

Denominator: Total number of network hospitals

Date / Observation	Numerator	Denominator	%
5/2/2016			
5/2/2017			
5/2/2018			
5/2/2019			
5/2/2020			

DETAILS:

