## Attachment K3 – QHP QIS 3 Work Plan – Hospital Quality, Value, and Patient Safety

Applicant must: 1) Adopt a adopt a hospital payment methodology for each general acute care hospital in its QHP networks that ties payment to quality performance. 2) Promote hospital involvement in improvement programs so that all hospitals achieve infection rates (measured as a standardized infection ratio or SIR) of 1.0 or lower for the five Hospital Associated Infection (HAI) measures outlined listed below or are working to improve. 3) Promote hospital involvement in improvement programs so that all hospitals comply with Sepsis Management according to CMS guidelines.

The five HAIs and Sepsis Management are:

a) Catheter-associated Urinary Tract Infection (CAUTI) (NQF #0138);

b) Central Line Associated Blood Stream Infection (CLABSI) (NQF #0139);

c) Surgical Site Infection (SSI) with focus on colon (NQF #0753);

d) Methicillin-resistant Staphylococcus aureus (MRSA) (NQF #1716);

e) Clostridioides difficile colitis (C. Diff) infection (NQF #1717); and

f) Sepsis Management (SEP-1).

This workplan must address the following:

1. How Applicant is engaging with its network hospitals to reduce the five specified HAIs to achieve a Standardized Infection Ratio (SIR) of 1.0 or lower for each of the specified HAIs
2. How Applicant aims to improve adherence to the Sepsis Management (SEP-1) guidelines
3. How Applicant is leveraging the poor performing hospitals list provided by Cal HospitalCompare to collaborate with other QHP Issuers who contract with the same poor performing hospitals
4. Updates to strategy for promoting Hospital Improvement Innovation Networks (HIIN) participation among the non-participating network hospitals, especially those with a standardized infection ratio (SIR) above 1.0 for the five designated Hospital Acquired Infections (HAIs). Refer to Appendix M for HAI charts
5. Progress in adopting a payment strategy for each general acute care hospital in its QHP networks that ties payment to quality performance
6. Collaborations with other QHP Issuers on approaching hospitals to suggest improvement program involvement or alignment on a payment strategy to tie hospital payment to quality
7. Further implementation plans for 2023 including milestones and targets for 2023 and 2024
8. List any known or anticipated barriers in implementing QIS activities and progress of mitigation activities

*Use this form to provide the baseline details for and to describe your quality improvement strategy (QIS) for Hospital Quality, Value and Patient Safety. Please retain a copy of this completed QIS Work Plan so that it is available for future reference when reporting on activities conducted to implement the QIS. Covered California will also keep each QIS Work Plan on file as a reference while this particular QIS is in place.*

*For any fields that do not apply, please simply leave them* ***blank****. There is no need to indicate "NA" or "not applicable" unless specifically instructed to do so for that criterion.*

## *Part A. QIS Work Plan Applicability*

**1. Select the relevant product types to which the QIS applies. Check all that apply.**[1]

- ☐ Health Maintenance Organization (HMO)
- ☐ Preferred Provider Organization (PPO)
- ☐ Exclusive Provider Organization (EPO)

[1] The issuer must ensure all eligible issuer-products are covered by an existing or new QIS work plan for each strategy. If issuer has different quality improvement strategies for each of their products, they must submit new QIS work plan for each.

## *Part B. Data Sources Used for Goal Identification and Monitoring Progress*

**2. Data Sources**

Indicate the data sources used for identifying QHP enrollee population needs and supporting the QIS rationale. Check all that apply.

| **Data Sources** |
|---|
| ☐ Internal issuer enrollee data |
| ☐ Medical records |
| ☐ Claim files |
| ☐ Surveys (enrollee, beneficiary satisfaction, other) |
| ☐ Plan data (complaints, appeals, customer service, other) |
| ☐ Registries |
| ☐ Census data<br>Specify Type (e.g., block, tract, ZIP Code): |
| ☐ Area Health Resource File (AHRF) |
| ☐ All-payer claims data |
| ☐ State health department population data |
| ☐ Regional collaborative health data |
| ☐ Other: Please describe. Do not include company identifying information in your data source description. *(100 words)* |

## *Part C. QIS Work Plan Summary*

3. **QIS Title – QIS 2 Work Plan – Hospital Quality, Value, and Patient Safety**

4. **QIS Description**[2]

   Provide a brief description of the Applicant's QIS for hospital quality, value, and patient safety

   *(200 words)*

[2] Issuers may use existing strategies employed in non-Exchange product lines (e.g., Medicaid, commercial) if the existing strategies are relevant to their Covered California enrollee populations and meet the QIS requirements and criteria.

## 5. QIS Goals

Describe the overall goals of the QIS.

**QIS Goal 1:**

Note: Goal 1 must address Applicant's implementation of a payment strategy that places each general acute care hospital at-risk or subject to a bonus payment for quality performance and ties network hospital payments to value.

*(200 words)*

**QIS Goal 2:**

Note: Goal 2 must address Applicant's ability to engage with its network hospitals to reduce the five specified HAIs to achieve a Standardized Infection Ratio (SIR) of 1.0 or lower for each of the specified HAIs and improve adherence to the Sepsis Management (SEP-1) guidelines:

- Catheter-associated Urinary Tract Infection (CAUTI) (NQF #0138);
- Central Line Associated Blood Stream Infection (CLABSI) (NQF #0139);
- Surgical Site Infection (SSI) with focus on colon (NQF #0753);
- Methicillin-resistant Staphylococcus aureus (MRSA) (NQF #1716);
- Clostridioides difficile colitis (C. Diff) infection (NQF #1717); and
- Sepsis Management (SEP-1).

*(200 words)*

## *Part D. QIS Work Plan Requirements*

**6. Market-based Incentive Type(s)**

Select the sub-type of market-based incentive(s) the QIS includes. Check all that apply. If either "In-kind incentives," "Other provider market-based incentives," or "Other enrollee market-based incentives" is selected, provide a brief description in the space provided.

**Provider Market-based Incentives:**

☐ Increased reimbursement

☐ Bonus payment

☐ In-kind incentives (Provide a description in the space below.)

*(100 words)*

☐ Other provider market-based incentives (Provide a description in the space below.)

*(100 words)*

**Enrollee Market-based Incentives:**

☐ Enrollee incentive program (Provide a description in the space below.)

*(100 words)*

**7. Rationale for QIS**

Provide a rationale for the QIS that describes:

- The issuer's current QHP enrollee population(s) and
- How the QIS will address the needs of the current QHP enrollee population(s).

*(200 words)*

**8. Activity(ies) That Will Be Conducted to Implement the QIS**

8a. List the activities that will be implemented to achieve the goals described.

*(200 words)*

8b. Describe how the activities listed in 8a relate to the market-based incentive(s) selected in Question 6.

*(200 words)*

## 9. Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress

**QIS Goal 1:**

For Goal 1, Applicant must address its implementation of a progressive payment strategy to tie network hospital payments to quality and value.

*Applicant must answer Certification Application questions 18/19/20/21.4.5.1. and 18/19/20/21.4.5.2 in Attachment J to provide the data for the Percentage of Hospital Reimbursement at Risk for Quality, Value, and Patient Safety, and the Number and Percentage of Hospitals with Reimbursement at Risk for Quality Performance.*

**QIS Goal 2:**

For Goal 2, Applicant must address its ability to engage with its network hospitals to reduce the five specified HAIs to achieve a Standardized Infection Ratio (SIR) of 1.0 or lower for each of the specified HAIs and improve adherence to the Sepsis Management (SEP-1) guidelines.

- Catheter-associated Urinary Tract Infection (CAUTI) (NQF #0138);
- Central Line Associated Blood Stream Infection (CLABSI) (NQF #0139);
- Surgical Site Infection (SSI) with focus on colon (NQF #0753);
- Methicillin-resistant Staphylococcus aureus (MRSA) (NQF #1716);
- Clostridioides difficile colitis (C. Diff) infection (NQF #1717); and
- Sepsis Management (SEP-1).

**Measure 2a**

9a. Measure 2a Name:

Provide a narrative description of the measure numerator and denominator.

*(200 words)*

Is this a National Quality Forum (NQF)-endorsed measure? Yes No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

9b. Describe how Measure 2a supports the tracking of performance related to Goal 2.

*(200 words)*

9c. Baseline Assessment: Provide the baseline results by **either**:

- Calculating the rate and providing the associated numerator and denominator (***Note:*** *The numerator and denominator should calculate to the rate provided*):

  Calculated Rate:

  Numerator:

  Denominator:

- OR -

- Indicating the data point if the measure is not a rate:

  Data Point:

9d. Provide the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

– 

9e. Provide the numerical value performance target for this measure (i.e., the target rate or data point the QIS intends to achieve):
(***Note:*** *This entry should NOT be a percentage change but a numerical value.*)

**Measure 2b**

9f. Measure 2b Name:

Provide a narrative description of the measure numerator and denominator.

*(200 words)*

Is this a National Quality Forum (NQF)-endorsed measure? Yes No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

9g. Describe how Measure 2b supports the tracking of performance related to Goal 2.

*(200 words)*

9h. Baseline Assessment: Provide the baseline results by **either**:

- Calculating the rate and providing the associated numerator and denominator:
  (***Note:*** *The numerator and denominator should calculate to the rate provided.*)

Calculated Rate:

Numerator:

Denominator:

- OR -

- Indicating the data point if the measure is not a rate:

  Data Point: [ ]

9i. Provide the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

[ ] – [ ]

9j. Provide the numerical value performance target for this measure (i.e., the target rate or data point the QIS intends to achieve):
(***Note:*** *This entry should NOT be a percentage change but a numerical value.*)

[ ]

**10. Timeline for Implementing the QIS Work Plan**

10a. QIS Initiation/Start Date:

10b. Describe the milestone(s) and provide the date(s) for each milestone (i.e., when activities described in Question 9 will be implemented). At least one milestone is required.

*(50 word limit per milestone)*

| | **Milestone(s)** | **Date for Milestone(s)** |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

**11. Risk Assessment**

11a. List all known or anticipated barriers to implementing QIS activities.

*(200 words)*

If no barriers were identified, describe how you assessed risk in the box below. If barriers were identified above, this box should be left blank.

*(200 words)*

11b. Describe the mitigation activities that will be incorporated to address **each** barrier identified in 12a. If there were no barriers identified, this box should be left blank.

*(200 words)*