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

Section 19.2 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 2020 shall be reported by the end of the third quarter of 2019.

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.

The answers provided in this template are used to measure progress on the multi-year strategy outlined in Attachment 7. Applicants that have contracted with the Exchange in the three previous years (2017-2019) shall include data from prior years in this template.

19.2.2 QIS for Reducing Health Disparities and Assuring Health Equity

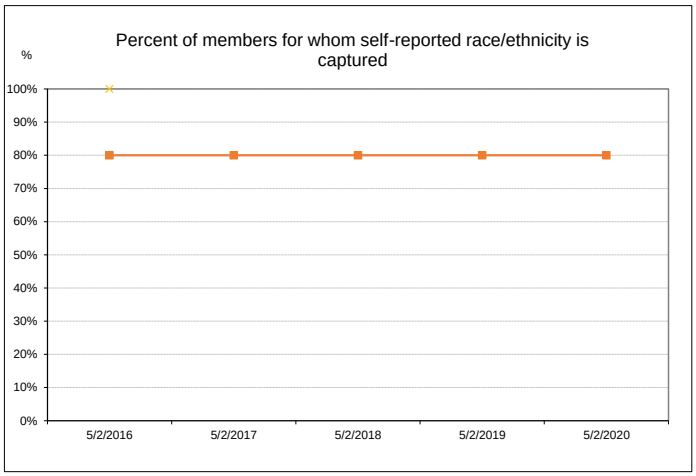
19.2.2.1 Provide the percent of members for whom self-reported data is captured for race/ethnicity

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 cells C9 through C11 below. 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. The percentage should exclude members who have "declined to state" either actively or passively. ***For reapplying Applicants, enter the percentage reported in the Certification Applications for 2017, 2018, and 2019 as well.***

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:



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

19.2.3.1 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

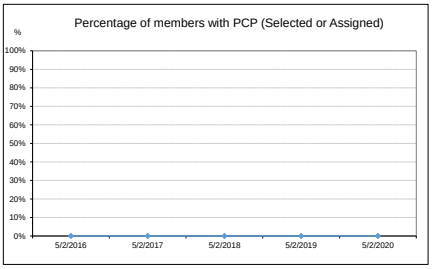
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the plan did not have Covered California business during the prior calendar year, please report on the full book of business excluding Medicare. ***For currently contracted Applicants, enter the percentage reported in the Certification Application for 2017, 2018, and 2019 as well.***

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 during the prior calendar year
Denominator: Total Covered California membership during the prior calendar year

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

DETAILS:



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

19.2.3.1 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

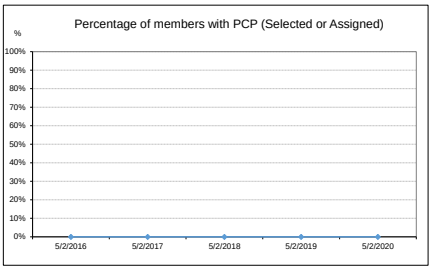
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the plan did not have Covered California business during the prior calendar year, please report on the full book of business excluding Medicare. ***For currently contracted Applicants, enter the percentage reported in the Certification Application for 2017, 2018, and 2019 as well.***

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 during the prior calendar year
Denominator: Total Covered California membership during the prior calendar year

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

DETAILS:



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

19.2.3.1 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

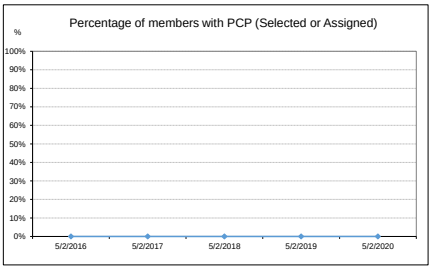
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the plan did not have Covered California business during the prior calendar year, please report on the full book of business excluding Medicare. ***For currently contracted Applicants, enter the percentage reported in the Certification Application for 2017, 2018, and 2019 as well.***

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 during the prior calendar year
Denominator: Total Covered California membership during the prior calendar year

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

DETAILS:



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

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

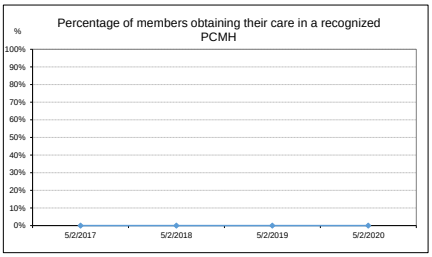
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. If the Applicant did not have Covered California business during the prior calendar year, please report on the full book of business. For this measurement, PCMH is defined as a provider or clinic that has received either NCQA PCMH Recognition, The Joint Commission PCMH Certification, or the Accreditation Association for Ambulatory Health Care's Medical Home Certification. ***For currently contracted Applicants, enter the percentage reported in the Certification Application for 2017, 2018, and 2019 as well.***

Vertical Axis Label: %
Graph Label: Percentage of members obtaining their care in a recognized PCMH

Numerator: Number of Covered California members obtaining their care in a recognized PCMH (or number of members in a full book of business) during the prior calendar year
Denominator: Total Covered California membership (or total membership) during the prior calendar year

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

DETAILS:



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

19.2.3.3 Current payment strategies for primary care services and number of providers paid under each strategy

Report all types of payment models**, including fee for service (FFS) and capitation, used for primary care services and number of providers paid under each model in the table below. If the Applicant has adopted a model consistent with a Level 3 or 4 alternative payment model (APM) as outlined in the LAN Draft White Paper on Primary Care Payment Models or aligned with CMMI's Comprehensive Primary Care Plus program as part of its strategy to advance primary care in California, please include a description of the model, including any alternative payments such as care management fees and payments based on quality, in the attachment. Applicants may include any newly adopted models that are planned or in progress but not yet implemented among providers (include timeline for beginning the payment model). **For currently contracted Applicants, enter the number of providers paid under each model reported for 2017, 2018, and 2019 as well.

List and assign a name to each payment method and report the number of providers paid using the method in the table below. The number of providers listed under each payment method should add to the denominator. If the number of strategies exceed the available columns, please add additional columns.

Payment Model Name	Description	Product (HMO, PPO, EPO)
Level 1: Fee for Service (FFS) with no link to quality and value		
Level 2: FFS with link to quality and value		
Level 3: APMs with shared savings or shared risk		
Level 4: Population-based Payment (including capitation)		
Other:		

Date / Observation	Level 1: Fee for Service (FFS) with no link to quality and value	Level 2: FFS with link to quality and value	Level 3: APMs with shared savings or shared risk	Level 4: Population-based Payment (including capitation)	Other:	Denominator
5/2/2016						
5/2/2017						
5/2/2018						
5/2/2019						
5/2/2020						

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

DETAILS:

19.2.4 QIS for Promoting Development and Use of Care Models – Integrated Healthcare Models (IHM)

19.2.4.1 Number and percentage of Covered California members who are managed under an IHM - HMO

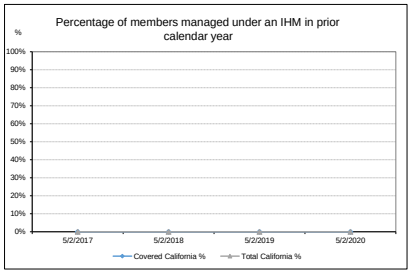
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Applicants should report the percent of Covered California members managed under an IHM and the percent of members managed under an IHM across all lines of business in CA. If the Applicant did not have Covered California business during the prior calendar year, please report on the full book of business. ***For currently contracted Applicants, enter the percentage reported in the Certification Application for 2017, 2018 and 2019 as well.***

Vertical Axis Label: %
Graph Label: Percentage of members managed under an IHM in prior calendar year

Numerator: Number of members managed under an IHM for line of business during the prior calendar year
Denominator: Total membership for line of business during the prior calendar year

Date / Observation	Covered California Members			Total California Members		
	Numerator	Denominator	Covered California %	Numerator	Denominator	Total California %
5/2/2017						
5/2/2018						
5/2/2019						
5/2/2020						

DETAILS:



19.2.4 QIS for Promoting Development and Use of Care Models – Integrated Healthcare Models (IHM)

19.2.4.1 Number and percentage of Covered California members who are managed under an IHM - PPO

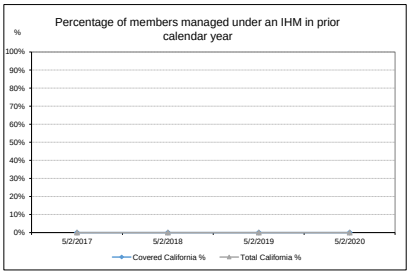
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Applicants should report the percent of Covered California members managed under an IHM and the percent of members managed under an IHM across all lines of business in CA. If the Applicant did not have Covered California business during the prior calendar year, please report on the full book of business. ***For currently contracted Applicants, enter the percentage reported in the Certification Application for 2017, 2018 and 2019 as well.***

Vertical Axis Label: %
Graph Label: Percentage of members managed under an IHM in prior calendar year

Numerator: Number of members managed under an IHM for line of business during the prior calendar year
Denominator: Total membership for line of business during the prior calendar year

Date / Observation	Covered California Members Numerator	Covered California Members Denominator	Covered California %	Total California Members Numerator	Total California Members Denominator	Total California %
5/2/2017						
5/2/2018						
5/2/2019						
5/2/2020						

DETAILS:



19.2.4 QIS for Promoting Development and Use of Care Models – Integrated Healthcare Models (IHM)

19.2.4.1 Number and percentage of Covered California members who are managed under an IHM - EPO

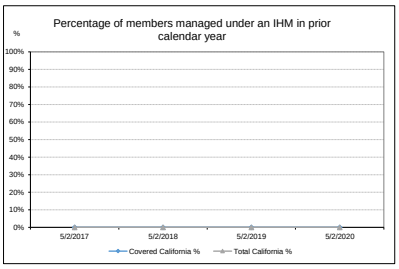
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Applicants should report the percent of Covered California members managed under an IHM and the percent of members managed under an IHM across all lines of business in CA. If the Applicant did not have Covered California business during the prior calendar year, please report on the full book of business. ***For currently contracted Applicants, enter the percentage reported in the Certification Application for 2017, 2018 and 2019 as well.***

Vertical Axis Label: %
Graph Label: Percentage of members managed under an IHM in prior calendar year

Numerator: Number of members managed under an IHM for line of business during the prior calendar year
Denominator: Total membership for line of business during the prior calendar year

Date / Observation	Covered California Members Numerator	Covered California Members Denominator	Covered California %	Total California Members Numerator	Total California Members Denominator	Total California %
5/2/2017						
5/2/2018						
5/2/2019						
5/2/2020						

DETAILS:



19.2.5 QIS for Appropriate Use of C-Sections

19.2.5.1 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. Report number of all network hospitals reporting to the California Maternity Quality Care Collaborative's (CMQCC) Maternal Data Center (MDC) in the table below. A list of all California hospitals participating in the MDC can be found here: https://www.cmqcc.org/about-cmqcc/member-hospitals. ***For currently contracted Applicants, enter the percentage reported in the Certification Applications for 2017, 2018, and 2019 as well.***

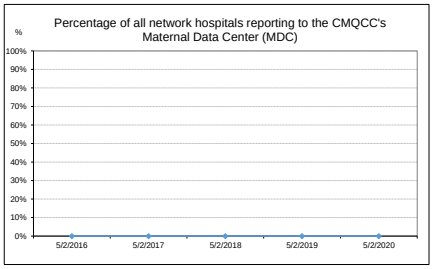
Vertical Axis Label: %
Graph Label: Percentage of all network hospitals reporting to the CMQCC's Maternal Data Center (MDC)

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:



19.2.5 QIS for Appropriate Use of C-Sections

19.2.5.2 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. Provide a description of all current payment models for maternity services across all lines of business, and specifically address whether payment differs based on vaginal or C-Section delivery. Report models and number of network hospitals paid using each payment strategy in the table below. ***For currently contracted Applicants, enter the numbers reported in the Certification Applications for2017, 2018, and 2019 as well.***

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. The number of hospitals listed under each payment method should add to the denominator. 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 model or each payment model
Denominator: Total number of network hospitals providing maternity services

DETAILS:

19.2.6 QIS for Hospital Patient Safety

19.2.6.1 Percentage of hospital reimbursement at risk for quality performance - HMO

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Report, across all lines of business, the percentage of hospital reimbursement at risk for quality performance and the quality indicators used inthe table below. In the details section, describe the model used to put payment at risk, and note if more than one model is used. "Quality performance" includes any number or combination of indicators, including HACs, readmissions, patient satisfaction, etc. In the same sheet, report quality indicators used to assess quality performance. ***For currently contracted Applicants, enter the numbers reported in the certification Applications for 2017, 2018, and 2019 as well.***

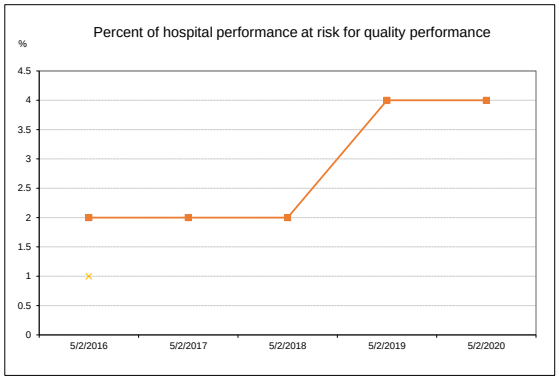
Vertical Axis Label: %
Graph Label: Percentage of hospital performance at risk for quality performance

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

Date / Observation	Value	Goal
5/2/2016		2
5/2/2017		2
5/2/2018		2
5/2/2019		4
5/2/2020		4

Quality indicators used to assess performance:

Indicator	Description



DETAILS:

19.2.6 QIS for Hospital Patient Safety

19.2.6.1 Percentage of hospital reimbursement at risk for quality performance - PPO

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Report, across all lines of business, the percentage of hospital reimbursement at risk for quality performance and the quality indicators used inthe table below. In the details section, describe the model used to put payment at risk, and note if more than one model is used. "Quality performance" includes any number or combination of indicators, including HACs, readmissions, patient satisfaction, etc. In the same sheet, report quality indicators used to assess quality performance. ***For currently contracted Applicants, enter the numbers reported in the certification Applications for 2017, 2018, and 2019 as well.***

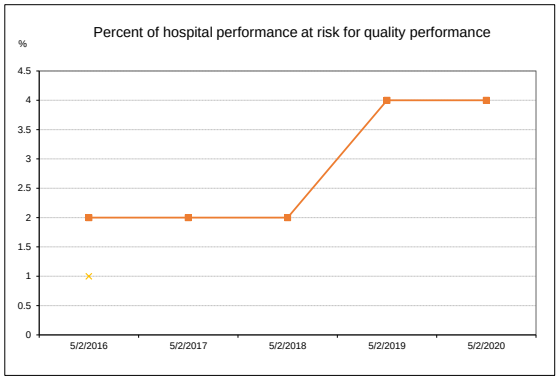
Vertical Axis Label: %
Graph Label: Percentage of hospital performance at risk for quality performance

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

Date / Observation	Value	Goal
5/2/2016		2
5/2/2017		2
5/2/2018		2
5/2/2019		4
5/2/2020		4

Quality indicators used to assess performance:

Indicator	Description



DETAILS:

19.2.6 QIS for Hospital Patient Safety

19.2.6.1 Percentage of hospital reimbursement at risk for quality performance - EPO

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Report, across all lines of business, the percentage of hospital reimbursement at risk for quality performance and the quality indicators used inthe table below. In the details section, describe the model used to put payment at risk, and note if more than one model is used. "Quality performance" includes any number or combination of indicators, including HACs, readmissions, patient satisfaction, etc. In the same sheet, report quality indicators used to assess quality performance. ***For currently contracted Applicants, enter the numbers reported in the certification Applications for 2017, 2018, and 2019 as well.***

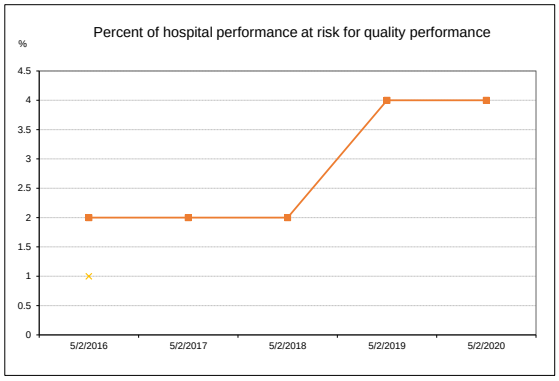
Vertical Axis Label	%
Graph Label	Percentage of hospital performance at risk for quality performance

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

Date / Observation	Value	Goal
5/2/2016		2
5/2/2017		2
5/2/2018		2
5/2/2019		4
5/2/2020		4

Quality indicators used to assess performance:

Indicator	Description



DETAILS:

19.2.6 QIS for Hospital Patient Safety

19.2.6.2 Number and percentage of hospitals with reimbursement at risk for quality performance - HMO

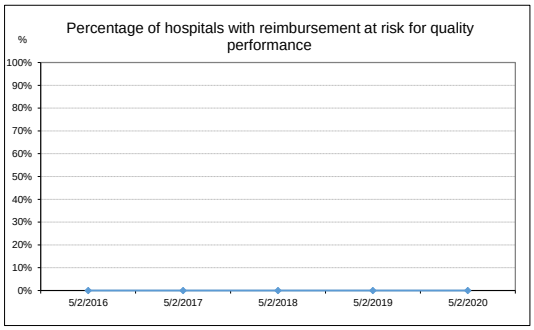
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Report the number of hospitals contracted under the model described in question 19.2.6.1 with reimbursement at risk for quality performance in the table below. ***For currently contracted Applicants, enter the numbers reported in the certification Applications for 2018 and 2019 as well.***

Vertical Axis Label: %
Graph Label: Percentage of hospitals with reimbursement at risk for quality performance

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:



19.2.6 QIS for Hospital Patient Safety

19.2.6.2 Number and percentage of hospitals with reimbursement at risk for quality performance - PPO

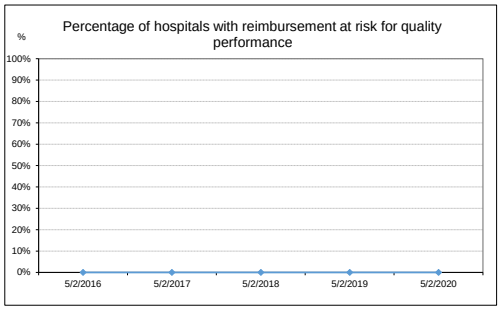
This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Report the number of hospitals contracted under the model described in question 19.2.6.1 with reimbursement at risk for quality performance in the table below. ***For currently contracted Applicants, enter the numbers reported in the certification Applications for 2018 and 2019 as well.***

Vertical Axis Label: %
Graph Label: Percentage of hospitals with reimbursement at risk for quality performance

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:



19.2.6 QIS for Hospital Patient Safety

19.2.6.2 Number and percentage of hospitals with reimbursement at risk for quality performance - EPO

This report may be used on a quarterly or biannual basis to track progress on Attachment 7 requirements. Report the number of hospitals contracted under the model described in question 19.2.6.1 with reimbursement at risk for quality performance in the table below. ***For currently contracted Applicants, enter the numbers reported in the certification Applications for 2018 and 2019 as well.***

Vertical Axis Label: %
Graph Label: Percentage of hospitals with reimbursement at risk for quality performance

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: