Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Alameda Alliance for Health

Submitted by
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DHCS
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Improving Health in the Communities We Serve

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Introduction

The Medi-Cal Managed Care Division (MMCD) of the California Department of Health Care Services (DHCS) contracts with managed care plans to provide care to 3.4 million Medi-Cal beneficiaries enrolled in managed care plans in 23 counties throughout California. Healthcare providers within each plan's contracted network provide comprehensive healthcare services—primary and preventive care, as well as the full range of specialty care mandated by federal and state law.

Federal law pertaining to Medicaid managed care programs (42 CFR § 438.240) requires the DHCS to contract with an External Quality Review Organization (EQRO) to independently evaluate the quality of care provided to Medi-Cal beneficiaries enrolled in any of California's managed care plans. The DHCS has retained the services of the Delmarva Foundation for Medical Care, Inc. (Delmarva) as its EQRO to provide this independent evaluation as to whether the care and service delivered meets the federal standards for quality, access, and timeliness. Among the services provided by the EQRO is an annual assessment of each contracted plan's "… quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible under the contract…" as stated in Title 42 of the U.S. Codes.

This annual review is for the reporting years 2007 and 2008, covering performance results and quality improvement activities during 2006 and 2007.

Definitions

The terms quality, access, and timeliness provide the framework for this plan-specific review of Alameda Alliance for Health ("AAH" or "the plan"). Consistency in meaning and use of these key terms are important for a thorough understanding of this report, so definitions are provided below:

- **Quality**, as it pertains to external quality review, is defined by the Centers for Medicare & Medicaid Service (CMS) as "the degree to which a Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge." (CMS, 2008.)

- **Access** (or accessibility) to health care, according to the Agency for Healthcare Research and Quality (AHRQ), means having "the timely use of personal health services to achieve the best health outcomes. Attaining good access to care requires three discrete steps: gaining entry into the health care system; getting access to sites of care where patients can receive needed services; and, finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust." (AHRQ, 2007.)

- **Timeliness,** according to AHRQ, is defined as "…the health care system's capacity to provide health care quickly after a need is recognized….Measures of timeliness include waiting time spent in doctors' offices and emergency departments (EDs) and the interval between identifying a need for specific tests and treatments and actually receiving those services." (AHRQ, 2007.)

It is important to note that some interdependence exists among the categories (also referred to as "domains") of quality, access, and timeliness. A measure or attribute identified in one of the categories of quality, access, or timeliness may also be noted under one or both of the other two categories throughout this review.

Data Sources

Delmarva used five sets of standards or information sources for the evaluation of performance. Each of the sources listed were used to systematically assess the contracted health plan's ability to provide its members with care that meets the requirements for quality, access, and timeliness:

- The Healthcare Effectiveness Data and Information Set (HEDIS®)[1] is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality, access, and timeliness of care and service provided to members of managed care plans.

- In June 2007, each DHCS health plan submitted its results to Delmarva for the 12 required HEDIS measures, which reflect 16 measurement indicators, since several measures have multiple indicators.[2] The 2007 HEDIS results reflect data collected for the period January 1, 2006, through December 31, 2006.

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[1] HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA, 2008).

[2] In 2007 and 2008, the DHCS required plans to report on 12 HEDIS measures. Some of these measures have multiple indicators (such as the *Comprehensive Diabetes Care* measure), so results are presented for the total number of indicators – 16 in 2007 and 23 in 2008. This report refers to the total number of indicators reported as "measures" since a result is reported for each indicator.

- In June 2008, each DHCS health plan submitted its results for the 12 required HEDIS measures, which reflect a total of 23 indicators. The 2008 HEDIS results reflect data collected for the period January 1, 2007, through December 31, 2007.[3] For a more detailed explanation of HEDIS, see the "Quality Assessment" discussion later under "HEDIS Performance Measures" and Appendix A: HEDIS.

- AHRQ developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[4] surveys to support the assessment of consumers' experiences with health care. This report utilizes results from the 2007 4.0H Adult Medicaid and the 3.0H Child Medicaid. Delmarva conducted these surveys between February and May 2007. For a more detailed explanation of CAHPS, see "Appendix B: CAHPS".

- Summaries of plan-conducted Quality Improvement Projects conducted during the period January 1, 2006, and December 31, 2007.

- The DHCS's Audits and Investigations Division and the California Department of Managed Health Care jointly conduct audits to assess compliance with contract requirements and state regulations. Findings from any audits that were conducted during the period January 1, 2006, and December 31, 2007, will be discussed in this report.

- Grievance and appeal data by contracted plans submitted to the DHCS and reports prepared by MMCD's Office of the Ombudsman during 2006 and 2007.

Report Organization

This report provides the plan's background and discusses each data source within the framework of quality, access, and timeliness. Due to some variations between the measures reported in the 2007 and 2008 HEDIS reports, the results and analysis of this source are presented separately by year. Where appropriate, sustainability of the plan's performance is discussed. The plan's performance is compared to other plan models of similar type and other state and national benchmarks. The document concludes with the plan's overall strengths and recommendations for improving the plan's quality of care, access to care, and timeliness of care for its members.

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[3] The annual *Report of the Performance Measures for Medi-Cal Managed Care Members* is produced for the DHCS by the EQRO from the measurement results and comparisons of all contracted plans.

[4] CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ, 2008).

Background

AAH is a full-service health plan contracted in Alameda County as a Local Initiative (LI). LI plans fall under Medi-Cal Managed Care's Two-Plan model, which consists of two plan types. Members choose between an LI and a commercial plan. Enrollment is mandatory for specified beneficiaries and voluntary for others. LIs are community-developed managed care plans that operate as quasi-governmental agencies. AAH has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since September 19, 1995. As of December 2007, AAH's Medi-Cal enrollment was 77,200 members.

Quality of Care Assessment

According to the CMS (2008), "[q]uality is how well the health plan keeps its members healthy or treats them when they are sick. Good quality health care means doing the right thing at the right time, in the right way, for the right person and getting the best possible results." The section below describes the measures used to assess AAH's healthcare delivery with regard to quality.

HEDIS Performance Measures

Delmarva categorized the HEDIS performance measures used in this report into quality, access, and timeliness areas for assessment. For a more detailed explanation of HEDIS and the specific HEDIS measures used in this report, see Appendix A: HEDIS.

Changes in HEDIS Performance Measures from 2007 to 2008

Health plans reported on 12 measures for the HEDIS 2007 reporting year, which included multiple indicators for *Comprehensive Diabetes Care* and *Prenatal and Postpartum Care*. The 2007 reporting year represents the data collection period January through December 2006. MMCD made some performance measure changes between 2007 and 2008 reporting years as explained below.

MMCD retired the *Chlamydia Screening for Women* performance measure from the required measurement set. The required HEDIS measures included several other measures focused on women's health screening (*Breast Cancer Screening* and *Cervical Cancer Screening*) and overall plan results for *Chlamydia Screening* had trended upward for a number of years. As a result, MMCD decided to eliminate the *Chlamydia Screening* measure and, instead, require the *Ambulatory Care* measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities.

The *Ambulatory Care* measure provides utilization information across the whole spectrum of the population – from birth to 85+ years of age. Plus, this measure provides insight regarding emergency room (ER) use, which is an area of particular interest to MMCD because many members use the ER for avoidable visits and, as a result, may not be getting appropriate preventive care and follow-up care with chronic conditions. The *Ambulatory Care* measure consists of four indicators:

- *Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)*
- *Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)*
- *Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)*
- *Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)*

Additionally, in order to increase the focus on chronic diseases, MMCD added three more *Comprehensive Diabetes Care* indicators:

- *Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)*
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- *Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)*

Comparisons of HEDIS Performance Measures

This report contains several charts displaying HEDIS rates for AAH and state and national benchmarks used for assessing plan performance. The plan's multi-year performance is also evaluated.

In some years, MMCD makes changes to the list of required measures. Moreover, NCQA continually updates the technical specifications for HEDIS measures. Some of the specification changes or a combination of changes can cause a significant change in the results and make comparisons with previous years' rates inappropriate. MMCD does not hold the plan to the Minimum Performance Level (MPL) in the baseline year (the first year a score is reported) and does not compare results to previous years in years when a measure's specifications have changed substantively. For these reasons, rates for measures may be displayed in the charts, but not compared in the narratives.

2007 HEDIS Quality Performance Measures

Table 1 provides AAH's 2007 HEDIS results for those measures specifically related to clinical quality of care along with the state's 2007 Medi-Cal managed care weighted averages[5] and the 2006 national Medicaid averages for these measures.

Table 1. 2007 HEDIS Quality Measure Results Comparing Alameda Alliance for Health to State and National Programs.

2007 Quality Measure	2007 Alameda Alliance for Health Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	93.6%	78.9%	82.5%
Chlamydia Screening in Women	62.4%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	73.1%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	90.3%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	53.3%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	76.2%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	72.7%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	72.0%	81.0%	48.8%
Cervical Cancer Screening‡	77.4%	67.9%	65.0%

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members*.
† For this 2007 measure, a lower rate indicates better performance.
‡ Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007. The rate is displayed for informational purposes only and will not be compared to benchmarks.

AAH scored better than the 2007 Medi-Cal managed care weighted average in three of the five comparable HEDIS measures in the quality domain. When comparing AAH rates to the 2006 HEDIS national Medicaid average, AAH performed better in four of the five comparable measures and had an equivalent score to the benchmark on one measure—*Comprehensive Diabetes Care—HbA1c Testing.*

[5] For each measure, a Medi-Cal managed care weighted average has been calculated to provide a comparative statistic. A weighted average, unlike a simple average, accounts for variations in membership across plans.

2008 HEDIS Quality Performance Measures

Table 2 provides AAH's 2008 HEDIS results for those measures specifically related to clinical quality of care along with the state's 2008 Medi-Cal managed care weighted averages and the 2007 national Medicaid averages for these measures.

Table 2. 2008 HEDIS Quality Measure Results Comparing Alameda Alliance for Health to State and National Programs.

2008 Quality Measure	2008 Alameda Alliance for Health Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	94.9%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡	25.9%	28.4%	†
Use of Appropriate Medications for People With Asthma	91.4%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	NR	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	73.5%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)‡	30.4%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)‡§	48.9%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening	71.3%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)‡	24.8%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	74.2%	78.3%	74.6%
Cervical Cancer Screening	72.5%	68.7%	65.7%

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members*.
† The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis,* and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score is better.
‡ 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.
§ A lower rate for this measure is better as it represents better diabetes control.
¶ NCQA first-year measure for 2008; national benchmark not available for 2007.

AAH's rates were higher than the 2008 Medi-Cal managed care weighted average in three of the six comparable measures. The plan reported rates higher than the 2007 HEDIS national Medicaid average for four of the six comparable measures. AAH scored lower than both benchmarks for two of the *Comprehensive Diabetes Care* measures—*HbA1c Testing* and *Medical Attention for Nephropathy*. AAH did not report a 2008 rate for the measure *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*.

CAHPS Survey Results Pertaining to Quality

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid Surveys were conducted among members of Medi-Cal managed care's contracted health plans. The table reflects survey results for three populations: Adult, Child, and Children with Special Health Care Needs (CSHCN). (See Appendix B: CAHPS for further detail.)

Delmarva chose two CAHPS composite areas to most appropriately represent the quality domain in this report: *Getting Needed Care* and *How Well Doctors Communicate*. Table 3 shows the plan's CAHPS scores for these composite categories.[6]

Table 3. 2007 CAHPS Quality Survey Results Comparing Alameda Alliance for Health and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Alameda Alliance for Health Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Needed Care	Adult	38%	40%
	Child	78%	80%
	CSHCN†	76%	‡
How Well Doctors Communicate	Adult	58%	59%
	Child	59%	52%
	CSHCN†	66%	‡

* Medi-Cal average was calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
† CSHCN - Child with Special Health Care Needs.
‡ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to possibility of double counting. Refer to Appendix B: CAHPS for further detail.

AAH's composite score for *Getting Needed Care* indicates some possible areas for improvement with 38 percent of adult members responding that they always got the care they needed and 78 percent of parents/guardians responding that their children always got the care they needed. AAH's score was lower than the 2007 Medi-Cal managed care weighted average in both categories.

Fifty-eight percent of AAH's adult members indicated their doctor always communicated well, ranking AAH slightly lower than the Medi-Cal managed care weighted average for the composite regarding *How Well Doctors Communicate*. Parents/guardians of AAH's child members appeared more satisfied as 59 percent indicated their doctor or health care provider always communicated well compared to the 2007 Medi-Cal managed care weighted average score of 52 percent.

[6] See Appendix B: CAHPS for further detail about categories and the DHCS's "Results of the 2007 CAHPS for Medi-Cal Managed Care Health Plans" for more detail about calculation methods.

Quality Improvement Projects

One of AAH's Quality Improvement Projects (QIPs)—*Improving Asthma Outcomes by the Use of Asthma Tools in the Medical Setting to Promote Patient Education*—is categorized in the quality domain for assessment purposes. The QIP and its results are discussed below.

Improving Asthma Outcomes by the Use of Asthma Tools in the Medical Setting to Promote Patient Education

- ***Relevance:***

  AAH evaluated their clinics and determined that not all staff members were comfortable or aware of the various methods of using medication delivery devices for patients with asthma. This resulted in patients' not understanding medication usage and subsequently less than optimal outcomes.

- ***Goal:***

  To improve the quality of asthma care at all staff levels in order to improve asthma outcomes.

- ***Best Interventions:***

  Planned interventions include training of the clinic staff in the use of asthma medication devices, provision of asthma materials caddy to clinics, and collaboration with practices to develop action plans.

- ***Outcomes:***
  - Patients' knowledge of using asthma medications:
    - 2005: 82.9%
    - 2006: 76.5%
  - Use of asthma action plan:
    - 2005: 41.6%
    - 2006: 35.8%
  - Patients missing school or day care because of asthma:
    - 2005: 41.6%
    - 2006: 54.1% (A lower rate indicates improvement.)

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Staff at the clinics did not have a thorough understanding of medication device usage.
  - Barrier: Not all patients had asthma educational materials to take home for reference.
  - Barrier: Staff turnover was an issue.
  - Barrier: A lack of asthma action plans led to inadequate patient self-management.

The *Improving Asthma Outcomes by the Use of Asthma Tools in the Medical Setting to Promote Patient Education* QIP results were unfortunate. Each of the three asthma measures performed poorly as compared to the previous year. The QIP was closed during this reporting period.

Medi-Cal Audit Findings

The plan was not audited during this reporting period.

Sustainability of Quality Indicators

Sustainability of quality improvement correlates with a health plan's ability to bring about positive change in health care processes. For the purpose of this report, a plan's ability to achieve sustainability is generally categorized as follows:

- Sustained improvement – performance level improves at some point and then levels off or continues to improve.
- Maintaining performance level – rates over multiple years reflect no meaningful change (generally a flat line).
- Declining – performance goes down.

Figure 1 shows the plan's sustainability of performance in a trending graph. Note that performance measurement results are trended when three or more years of data are available.

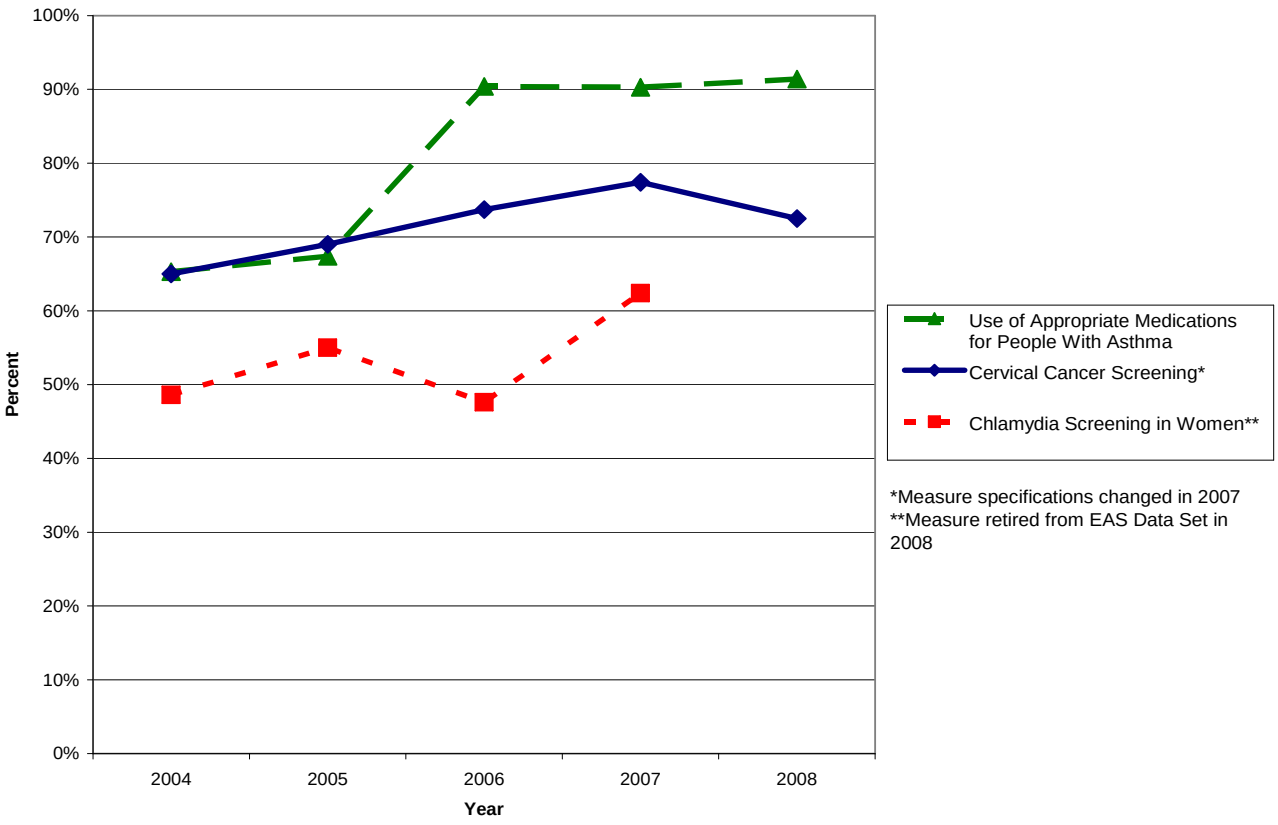
AAH's rates reflect sustained improvement in the *Use of Appropriate Medications for People With Asthma* measure. There were HEDIS technical specification changes in 2006 for the *Use of Appropriate Medications for People With Asthma* measure, which resulted in more accurate identification of true asthmatics in the denominator; however, the measure remained trendable over the four-year period.

The plan fluctuated in its performance level for *Chlamydia Screening in Women* over the three-year measurement period. The 2007 measurement demonstrated a rate increase of 14.8 percentage points and improved significantly since the first measurement year. MMCD retired the *Chlamydia Screening in Women* measure in 2008.

The *Cervical Cancer Screening* measure had HEDIS specification changes in 2007; however, the measure remained trendable. The plan achieved a rate increase each measurement year for *Cervical Cancer Screening* through 2007, but the 2008 rate decreased and the plan was unable to demonstrate sustainability for this measure.

Use of Appropriate Medications for People With Asthma was the only measure to show sustained improvement for the 2008 reporting period.

Figure 1. Alameda Alliance for Health's Sustainability of Quality of Care Indicators.



Grievance and Ombudsman Reports

The Medi-Cal Managed Care Division (MMCD) requires that contracted health plans maintain grievance systems as required by state law (California Code of Regulation Title 28, Section 1300.68). All grievances received by a plan—in writing or verbally—must be tracked in a grievance log. Plans submit quarterly reports to MMCD, as well as to the Department of Managed Health Care, with detailed information about pending grievances and those that were not resolved within 30 days (MMCD All Plan Letter No. 03-008).

MMCD's Office of the Ombudsman also provides assistance to members who have questions or problems related to provider and plan services, as well as other areas, such as Medi-Cal eligibility. The Office of the Ombudsman functions, in part, to help solve problems from a neutral standpoint to ensure that members receive all medically necessary covered services for which plans are contractually responsible. Complaints or issues that are not resolved immediately by the Office of the Ombudsman are entered into the Ombudsman

Case Management System (OCMS) for tracking and follow-up. The Office of the Ombudsman also assists members who wish to request a formal hearing with the State Fair Hearings Board.

It should be noted that the DHCS monitors plans' quarterly grievance reports and MMCD Office of the Ombudsman monthly statistics in order to understand what aspects of provider and plan performance generate many or few grievances, calls, or requests for State Fair Hearings over time. Unusual patterns in grievances, calls, or hearing requests are discussed with plans when appropriate. The DHCS does not generally perceive any particular number of grievances, calls, or hearing requests as indicators of poor plan performance. Rather, these statistics are an ongoing indication of the degree to which plan members are using the various avenues available to them to ask questions or raise concerns about healthcare quality and plan service.

Alameda Alliance for Health's Grievance Reports

AAH reported a total of 171 grievances in quarterly reports during 2006 and 252 grievances in 2007 (excluding the fourth quarter). The grievance issues were related to timely assignments, coverage disputes, disputes involving medical necessity, quality of care, access to care (including appointments), quality of service, issues related to cultural and linguistic sensitivity, and access to specialists.

- ***Office of the Ombudsman's Reports***[7]
  - 2006: 184 OCMS cases (5.9% of all cases; 2.583 cases per 1,000 members)
  - 2006: 16 State Fair Hearings (1.7% of all cases; 0.225 cases per 1,000 members)
  - 2007: 162 OCMS cases (03.6% of all cases; 2.176 cases per 1,000 members)
  - 2007: 10 State Fair Hearings (2.1% of all cases; 0.134 cases per 1,000 members)

Summary of Quality

Delmarva assessed AAH in five areas of the quality domain: HEDIS performance measure rates, CAHPS survey results, QIPs, grievance and Ombudsman reports, and sustainability of quality indicator results. No audit results were available for this reporting period.

AAH scored better than 2007 Medi-Cal managed care weighted average in three of the five comparable HEDIS measures in the quality domain. When comparing AAH rates to the 2007 HEDIS national Medicaid average, AAH performed better in four of the five comparable measures and had a score equivalent to the benchmark on one measure.

[7] OCMS cases and State Fair Hearings are presented as a percentage of all managed care plan cases and rates per 1,000 members.

The plans rates were higher than the 2008 Medi-Cal managed care weighted average in three of the six comparable measures. The plan reported rates higher than the 2007 HEDIS national Medicaid average for four of the six comparable measures. The plan should focus on *Comprehensive Diabetes Care* for improvement as AAH scored lower than both benchmarks for two of the *Comprehensive Diabetes Care* measures—*HbA1c Testing* and *Medical Attention for Nephropathy*. AAH did not report a 2008 rate for the measure *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*.

AAH's composite score for *Getting Needed Care* indicates some possible areas for improvement with both adult members and parents/guardians responding they were less satisfied than the 2007 Medi-Cal average. For the composite, *How Well Doctors Communicate*, results were mixed. Adult members were slightly less satisfied than the 2007 Medi-Cal managed care weighted average while parents/guardians of child members appeared to be more pleased in this area and reported a higher score.

AAH worked on one QIP categorized in the quality area: *Improving Asthma Outcomes by the Use of Asthma Tools in the Medical Setting to Promote Patient Education*. All three measures in this project showed lower scores than the baseline measurements.

Finally, in the sustainability area, AAH's rates reflect sustained improvement in the *Use of Appropriate Medications for People With Asthma* measure in 2007 and 2008. The plan fluctuated in its performance level for *Chlamydia Screening in Women* during the measurement period, but the 2007 rate was higher than the rate of the first measurement year indicating improved performance. The *Chlamydia Screening in Women* measure was retired in 2008. The plan increased its *Cervical Cancer Screening* rate in 2007, but was unable to demonstrate sustainability for the measure in 2008.

Access to Care Assessment

One of MMCD's goals is to protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings with regard to access for AAH are presented in the following section.

2007 HEDIS Performance Measures Pertaining to Access

Delmarva used two HEDIS measures *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* as indicators for access to care in this report. Table 4 shows AAH's 2007 results for these access-related HEDIS measures.

Table 4. 2007 HEDIS Access Measure Results Comparing Alameda Alliance for Health to State and National Programs.

2007 Access Measure	2007 Alameda Alliance for Health Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	40.6%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	61.9%	58.7%	57.0%
* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members*.			

AAH reported a rate equivalent or higher than both the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average for the *Adolescent Well-Care Visits* measure. Additionally, AAH performed better than both comparison averages in the *Prenatal and Postpartum Care—Postpartum Care* measure.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows the results obtained by AAH of these 2008 HEDIS access measures.

Table 5. 2008 HEDIS Access Measure Results Comparing Alameda Alliance for Health to State and National Programs.

2008 Access Measure	2008 Alameda Alliance for Health Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	45.3%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	57.7%	59.1%	59.1%
* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members*.			

AAH reported a higher rate than both the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average for the *Adolescent Well-Care Visits* measure. The plan's rate for *Prenatal and Postpartum Care—Postpartum Care* measure was lower than both comparison benchmarks.

CAHPS Survey Results Pertaining to Access

Delmarva chose the CAHPS composite, *Getting Care Quickly*, to represent the access domain of this report. The results of this composite are shown in Table 6 and discussed below.

Table 6. 2007 CAHPS Access Survey Results Comparing Alameda Alliance for Health and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Alameda Alliance for Health Result	2007 Medi-Cal Managed Care Weighted Average*
Getting Care Quickly	Adult	43%	45%
	Child	46%	37%
	CSHCN†	49%	‡

* Medi-Cal average was calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
† CSHCN - Child with Special Health Care Needs.
‡ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to possibility of double counting. Refer to Appendix B: CAHPS for further detail.

AAH's composite score for *Getting Care Quickly* showed 43 percent of adult members indicated they always received care quickly, slightly below the 2007 Medi-Cal managed care weighted average. Forty-six percent of parents/guardians of AAH's child members indicated their children always received care quickly. The child member composite score is higher than the adult member score and significantly higher than the Medi-Cal managed care weighted average.

Quality Improvement Projects

AAH engaged in two Quality Improvement Projects (QIPs) that were categorized in the access domain:

- *Adolescent Health Collaborative*
- *Avoidable Emergency Room Visits*

Both of these QIPs are statewide collaborative projects. The *Adolescent Health Collaborative* QIP was completed during this reporting period. The *Avoidable Emergency Room Visits* QIP was implemented in 2007. The QIPs and associated outcomes are discussed below.

Adolescent Health Collaborative Project

- ***Relevance:***

  AAH had room to improve in its *Adolescent Well-Care Visit* measure; its HEDIS 2004 rate was 37.5 percent—just over the 2003 Medicaid 50th percentile of 36.2 percent.

- ***Goal:***

  Achieve a five percent improvement each year in the HEDIS *Adolescent Well-Care Visits* indicator.

➢ ***Best Interventions:***

- Outreach calls to teens, discussing annual well-care visit recommendations.
- Provider training on importance of adolescent well-care visits.

➢ ***Outcomes:***

- HEDIS *Adolescent Well-Care Visits*:
  - ◊ 2003 (Baseline): 37.00%
  - ◊ 2004 (Remeasurement 1): 45.50%
  - ◊ 2005 (Remeasurement 2): 44.80%
  - ◊ 2006 (Remeasurement 3): 40.63%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Lack of member awareness of annual visit recommendations.
- Barrier: Provider and staff confusion about appropriate adolescent well-care visit guidelines.

Avoidable Emergency Room Visits

➢ ***Relevance:***

AAH is participating in the statewide collaborative QIP on reducing avoidable emergency room (ER) visits. In 2006, 59.64 percent of the plan's ER visits were identified as avoidable.

➢ ***Goals:***

- Decrease the HEDIS ER visits indicator by five percent by remeasurement 2.
- Decrease avoidable ER visits by 10 percent by remeasurement 2.

➢ ***Best Interventions:***

Collaborative interventions were being developed during this reporting period.

➢ ***Outcomes:***

- HEDIS rate of members seen in the ER:
  - ◊ 2006 (Baseline): 65.45 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
  - ◊ 2006 (Baseline): 59.64%

➢ ***Attributes/Barriers to Outcomes:***

Attributes and barriers to outcomes were not available to Delmarva for validation in time to be included in this report.

AAH's final results for the statewide collaborative, *Adolescent Health Collaborative,* were disappointing as the plan saw a 4 percentage point-decrease from the previous measurement in adolescent well-care visits. Since the 2004 measurement, the HEDIS *Adolescent Well-Care Visits* rate has declined; however, the Remeasurement 3 rate is above the baseline measurement rate by 3.6 percentage points. The project goal remains unmet since a 5 percent increase each year for the *Adolescent Well-Care Visits* indicator was not obtained. AAH indicated that several barriers existed that affected substantial improvement in these rates. This project was closed during the third quarter of 2007 and AAH engaged in a new QIP, *Avoidable Emergency Room Visits*, during this reporting period. There are no discussion items regarding this project at this time.

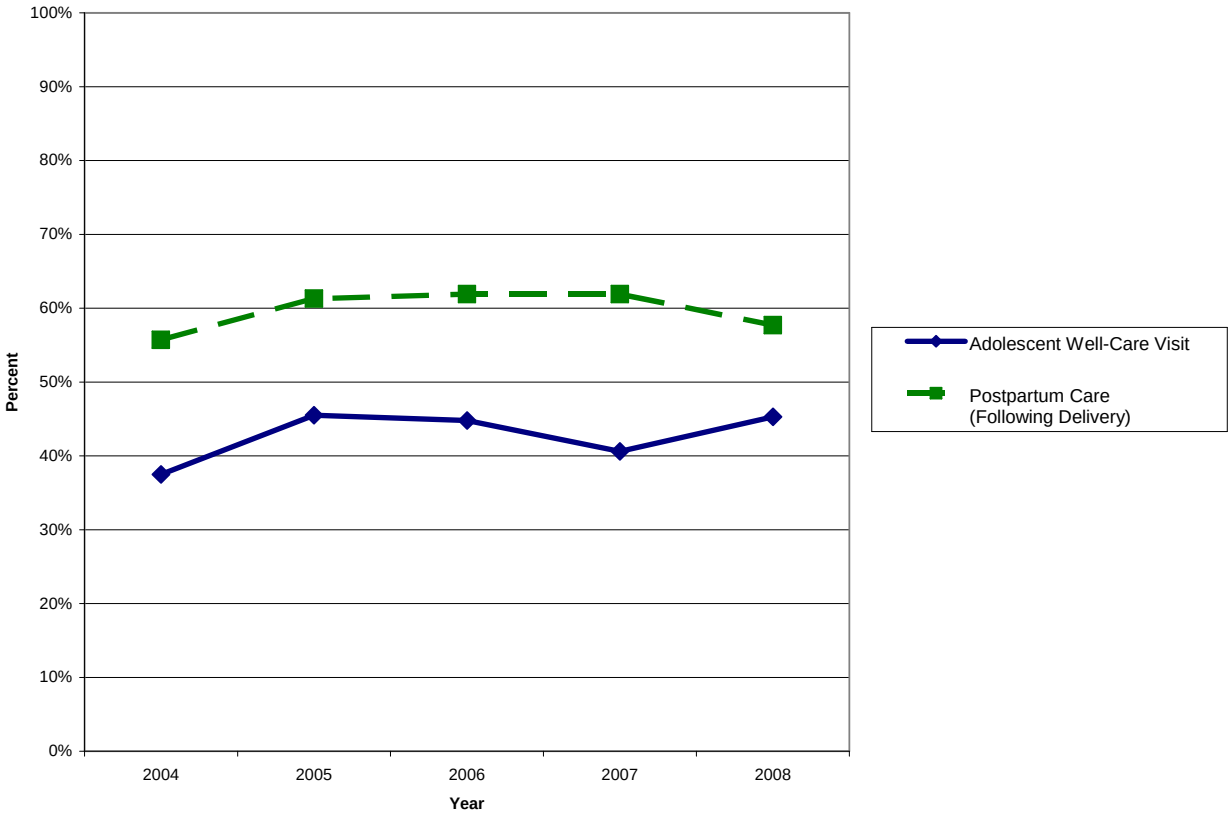
Medi-Cal Audit Findings

The plan was not audited during this reporting period.

Sustainability of Access Measures

Sustainability of access measures indicates a plan's ability to improve and maintain improvement of enrollee access to health care services. Delmarva chose two measures to represent the access domain: *Prenatal and Postpartum Care—Postpartum Care* and *Adolescent Well-Care Visits*. Figure 2 charts the rates for those measures over a four-year period.

Figure 2. Alameda Alliance for Health's Sustainability of Access to Care Indicators.



AAH was successful in maintaining the performance level for the *Prenatal and Postpartum Care—Postpartum Care* measure through 2007. In 2008, the rate decreased slightly (4%), suggesting declining performance. The rates for the *Adolescent Well-Care Visits* measure fluctuated over a four-year period; however, in 2008, the rate increased by approximately five percentage points, suggesting the plan is maintaining performance.

Summary of Access

Delmarva assessed AAH in four areas of the access domain: HEDIS performance measures rates, CAHPS survey results, QIPs, and sustainability of access to care indicator results.

For HEDIS 2007, AAH reported rates equivalent or higher than both the Medi-Cal managed care weighted average and the national Medicaid average for *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures. In 2008, AAH reported a higher score than both benchmarks for the *Adolescent Well-Care Visits*. The *Prenatal and Postpartum Care—Postpartum Care* measure fell below both benchmarks.

CAHPS survey results showed that AAH enrollees rated the plan higher than the state benchmark in the Child category for the composite area *Getting Care Quickly*.

AAH's final results for the statewide collaborative, *Adolescent Health Collaborative,* were disappointing, as the plan's goal was not met. The *Adolescent Health Collaborative* project was closed during the third quarter of 2007 and AAH engaged in a new QIP, *Avoidable Emergency Room Visits*, during this reporting period. There were no discussion items regarding the new QIP at the time of this report.

In the sustainability area, AAH showed declining performance on the *Prenatal and Postpartum Care—Postpartum Care* measure. The plan maintained performance on the *Adolescent Well-Care Visits* measure.

Timeliness of Care Assessment

Access to necessary health care and related services alone is insufficient to advance the health status of Medi-Cal managed care enrollees. Timely delivery of those services is equally important. The findings related to timeliness are described in the following section.

2007 HEDIS Performance Measures Pertaining to Timeliness of Care

Delmarva included the five measures shown in Table 7 in the timeliness domain because each measure is associated with the receipt of services within a certain timeframe.

Table 7. 2007 HEDIS Timeliness Measure Results Comparing Alameda Alliance for Health to State and National Programs.

2007 Timeliness Measure	2007 Alameda Alliance for Health Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	55.5%	48.6%	53.9%
Childhood Immunization Status—Combination 2	67.2%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	NR	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	NR	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NR	74.3%	63.3%

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members*.
† Due to significant changes in technical specifications, this measure is treated as a first-year measure in 2007. Because new MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.
NR (Not Reported) - Rate biased or plan did not report.

AAH did not report rates for the measures *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Well-Child Visits in the First 15 Months of Life*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. AAH scored lower than both benchmarks in the *Childhood Immunization Status—Combination 2* measure.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

For the 2008 reporting year, Delmarva used the same measures to represent the timeliness domain and added a newly required measure, *Childhood Immunization Status—Combination 3*. Table 8 shows the results of the 2008 HEDIS timeliness measures.

Table 8. 2008 HEDIS Timeliness Measure Results Comparing Alameda Alliance for Health to State and National Programs.

2008 Timeliness Measure	2008 Alameda Alliance for Health Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	50.2%	50.4%	49.1%
Childhood Immunization Status—Combination 2	76.6%	80.1%	73.3%
Childhood Immunization Status—Combination 3†	70.6%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	74.0%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	53.5%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.5%	75.8%	66.8%

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members*.
† 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.

When compared to the 2008 Medi-Cal managed care weighted average, AAH underperformed this benchmark in five of the five comparable measures. However, when compared with the 2007 HEDIS national Medicaid average, the plan reported higher scores in 2008 for three of the five comparable measures.

CAHPS Survey Results Pertaining to Timeliness

Delmarva chose two CAHPS composites, *Courteous and Helpful Office Staff* and *Health Plan's Customer Service*, to represent the timeliness of care domain. The results of the composite scores are presented in Table 9, which is followed by a discussion of the results.

Table 9. 2007 CAHPS Timeliness Survey Results Comparing Alameda Alliance for Health to the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Alameda Alliance for Health Result	2007 Medi-Cal Managed Care Weighted Average*
Courteous and Helpful Office Staff	Adult	†	†
	Child	58%	52%
	CSHCN‡	65%	§
Health Plan's Customer Service	Adult	45%	45%
	Child	68% ¶	79%
	CSHCN‡	64% ¶	§

* Each Medi-Cal average is calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
† The composite *Courteous and Helpful Office Staff* was eliminated from the 2007 CAHPS Adult survey.
‡ CSHCN - Child with Special Health Care Needs.
§ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to the possibility of double counting. Refer to Appendix B: CAHPS for further detail.
¶ The plan received <100 responses to some of the questions in this area, so this result is not statistically valid.

In the composite, *Courteous and Helpful Office Staff*, 58 percent of AAH's parents/guardians of child members indicated that the office staff was always courteous and helpful; whereas the Medi-Cal managed care weighted average for this composite was 52 percent. The plan's adult members rated the composite *Health Plan's Customer Service* equivalent to the 2007 Medi-Cal managed care weighted average. In the Child category of the composite area, *Health Plan's Customer Service*, the plan received 100 or less responses to some of the questions. Rates in the above table that are noted as not statistically valid are not discussed here.

Quality Improvement Projects

AAH did not engage in any QIPs categorized in the timeliness domain.

Medi-Cal Audit Findings

The plan was not audited during this reporting period.

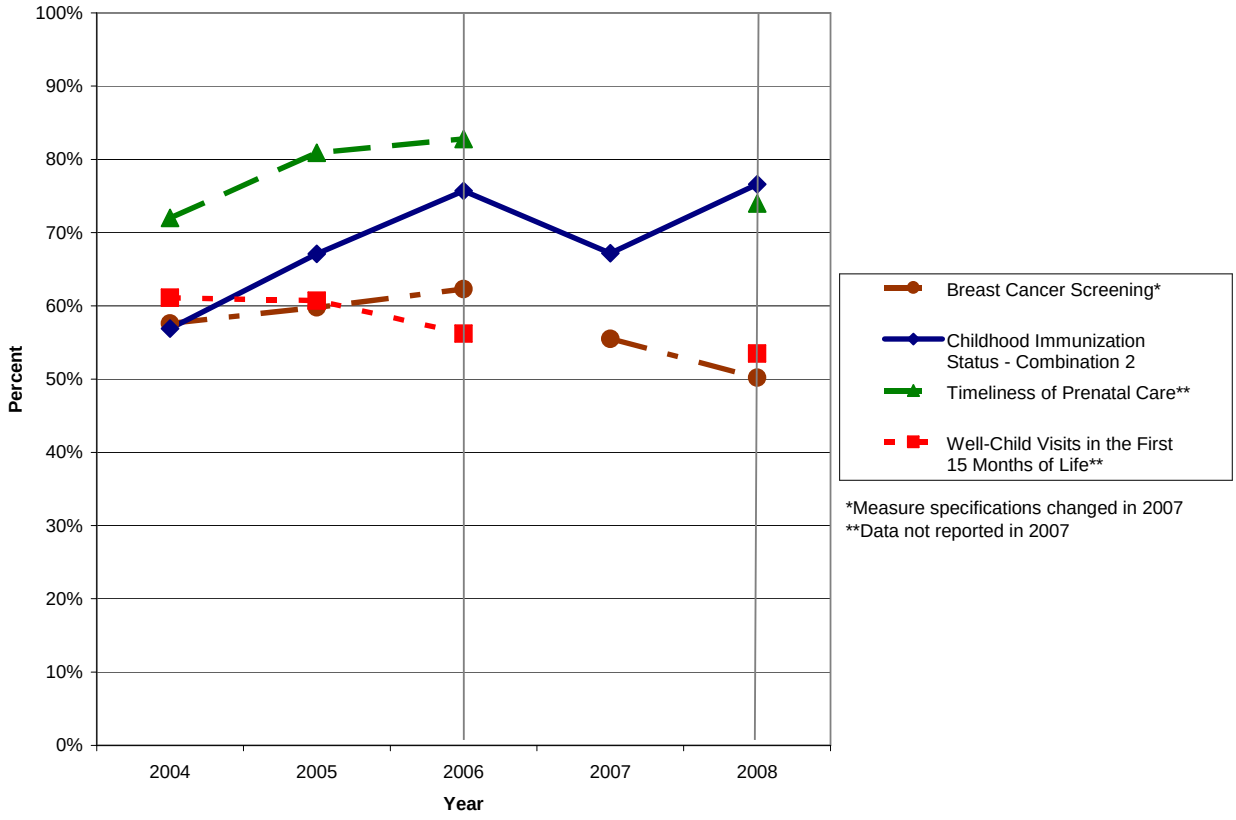
Sustainability of Timeliness of Care Measures

Sustainability of timeliness relates to the plan's delivery of screening tests, preventive health visits, and/or preventive health procedures early enough to prevent the consequences of delayed care. Delmarva chose four measures to represent timeliness for this assessment. Figure 3 charts those measures.

The *Childhood Immunization Status—Combination 2* measure shows overall sustained improvement despite a 2007 dip in the rate. AAH did not provide results for two comparable measures in the timeliness domain for

the 2007 reporting period, *Timeliness of Prenatal Care* and *Well-Child Visits in the First 15 Months of Life*. The graph shows these two non-reported 2007 measures with a break in the trend lines between 2006 and 2007. The trend line for the *Breast Cancer Screening* measure is broken between 2006 and 2007 to reflect the substantive changes in the measure's 2007 technical specifications; therefore, Delmarva cannot determine sustainability of the *Breast Cancer Screening* rates over the measurement period.

Figure 3. Alameda Alliance for Health's Sustainability of Timeliness of Care Indicators.



Summary of Timeliness of Care

Delmarva assessed AAH's timeliness of care in three areas of the timeliness domain: HEDIS performance measure rates, CAHPS survey results, and sustainability of timeliness of care indicator results. Delmarva's ability to assess AAH in the timeliness of care domain was limited by available sources.

In 2007, AAH reported HEDIS scores for only one comparable indicator in the timeliness domain, *Childhood Immunization Status—Combination 2*, and the plan scored lower than both benchmarks on this measure. In 2008, when comparing AAH's rates to the Medi-Cal managed care weighted average, AAH underperformed this benchmark in five of the five comparable measures. When compared with the 2007 HEDIS national Medicaid average, the plan reported higher scores in 2008 for three of the five comparable measures.

CAHPS survey results showed that the parents of child members were satisfied (58% versus 52% for state benchmark) with the plan's staff in the composite area *Courteous and Helpful Office Staff*. The plan's adult respondents were equally as satisfied with their *Health Plan's Customer Service* when compared to the state benchmark (each scored 45%).

AAH did not have any reported QIPs in the timeliness domain to evaluate.

AAH showed overall improved performance on the measure *Childhood Immunization Status—Combination 2*. In 2007, AAH did not provide rates for two of the four comparable sustainability indicators for timeliness. A third measure, *Breast Cancer Screening*, could not be compared to previous results due to specification changes. Although AAH did report rates for all timeliness measures during 2008, Delmarva cannot determine sustainability for three of the measures due to missing data points.

Comparison of Alameda Alliance for Health's 2008 and 2007 HEDIS Scores

Delmarva presents AAH's 2008 and 2007 HEDIS rates in Table 10 and rate comparisons follow.

Table 10. Comparison of Alameda Alliance for Health's 2008 and 2007 HEDIS Performance Rates.

2008 Performance Measure	2008 Alameda Alliance for Health Rate*	2007 Alameda Alliance for Health Rate*
Childhood Immunization Status—Combination 2	76.6%	67.2%
Childhood Immunization Status—Combination 3†	70.6%	†
Well-Child Visits in the First 15 Months of Life	53.5%	NR
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.5%	NR
Adolescent Well-Care Visits	45.3%	40.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	74.0%	NR
Prenatal and Postpartum Care—Postpartum Care	57.7%	61.9%
Breast Cancer Screening	50.2%	55.5%
Cervical Cancer Screening	72.5%	77.4%
Use of Appropriate Medications for People With Asthma	91.4%	90.3%

2008 Performance Measure	2008 Alameda Alliance for Health Rate*	2007 Alameda Alliance for Health Rate*
Appropriate Treatment for Children With Upper Respiratory Infection	94.9%	93.6%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡	25.9%	73.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	NR	53.3%
Comprehensive Diabetes Care—HbA1c Testing	73.5%	76.2%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)†	30.4%	†
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)†§	48.9%	†
Comprehensive Diabetes Care—LDL-C Screening	71.3%	72.7%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)†	24.8%	†
Comprehensive Diabetes Care—Medical Attention for Nephropathy	74.2%	72.0%
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	302.0	†
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	47.6	†
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	3.4	†
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	0.2	†

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members.*
† 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.
‡ 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis,* and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score is better.
§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.
NR (Not Reported) - Rate biased or plan did not report.

Due to 2007 specification changes, the plan's rates of *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* cannot be compared between reporting years 2007 and 2008. MMCD eliminated the *Chlamydia Screening* measure and instead required the *Ambulatory Care* measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities. The *Ambulatory Care* measure provides utilization information across the whole spectrum of the population – from birth to 85+ years of age. Plus, this measure provides insight regarding emergency room (ER) use, which is an area of particular interest to MMCD because many members use the ER for avoidable visits and, as a result, may not be getting appropriate preventive care and follow-up care with chronic conditions. Rates for the four

Ambulatory Care indicators are included for discussion purposes only. Conclusions should not be drawn regarding plan performance for these indicators as noted in the Table 10 footnotes.

- AAH scores improved on 4 of the 11 comparable HEDIS indicators:
  - *Childhood Immunization Status—Combination 2*
  - *Adolescent Well-Care Visits*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- AAH's score remained relatively unchanged on one measure:
  - *Use of Appropriate Medications for People with Asthma*

- AAH's scores decreased on five measures:
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—LDL-C Screening*

Comparison of 2007 and 2008 HEDIS Measures by Model Type

Medi-Cal beneficiaries receive their health care through three models of health care delivery: County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC). COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS. The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and Local Initiatives (LIs), which are community-developed managed care plans operated as quasi-governmental agencies. In a Two-Plan model, county members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries. In the GMC model, enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

AAH is an LI in the Two-Plan model. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared across plan types. Note that averages are not ranked (1 through 5) for measures where MPLs and HPLs were not applied in the reporting year.

Table 11. Comparison of 2007 Medi-Cal Managed Care Weighted Averages by Plan Type.

2007 Performance Measure	Plan Type Rate (ranking among plan types)				
	COHS*	CP†	LI†	GMC – N‡	GMC – S‡
Childhood Immunization Status—Combination 2	82.9% (1)	79.5% (3)	75.6% (4)	73.6% (5)	80.2% (2)
Well-Child Visits in the First 15 Months of Life	68.0% (1)	44.8% (5)	53.0% (3)	57.2% (2)	51.4% (4)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	76.3% (1)	73.6% (3)	74.6% (2)	70.3% (5)	72.5% (4)
Adolescent Well-Care Visits	47.8% (1)	36.8% (3)	34.0% (5)	36.7% (4)	37.8% (2)
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.0% (2)	81.4% (3)	77.5% (5)	77.9% (4)	82.6% (1)
Prenatal and Postpartum Care—Postpartum Care	64.3% (1)	56.6% (4)	58.7% (2)	58.5% (3)	53.8% (5)
Chlamydia Screening in Women	54.4% (3)	52.8% (4)	50.5% (5)	58.1% (2)	59.8% (1)
Breast Cancer Screening ¶	55.6%	42.8%	48.4%	47.8%	50.6%
Cervical Cancer Screening ¶	70.1%	65.7%	69.3%	62.9%	66.5%
Use of Appropriate Medications for People With Asthma	88.7% (1)	85.8% (4)	86.9% (2)	86.4% (3)	84.9% (5)
Appropriate Treatment for Children With Upper Respiratory Infection	81.3% (3)	74.5% (5)	79.3% (4)	84.8% (2)	85.1% (1)
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis §¶	71.0%	73.7%	70.2%	71.8%	64.6%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	68.7% (1)	54.6% (3)	45.5% (5)	54.2% (4)	56.9% (2)
Comprehensive Diabetes Care—HbA1c Testing	85.4% (1)	79.5% (2)	76.7% (4)	76.1% (5)	78.0% (3)
Comprehensive Diabetes Care—LDL-C Screening ¶	80.7%	74.5%	74.2%	71.4%	77.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy ¶	81.2%	75.4%	83.8%	77.7%	78.3%

Plan Model Definitions:
* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.
† Two-Plan consists of two plan types:
Commercial Plans (CPs) are commercially-operated managed care plans.
Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies.
Members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries.
‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.
§ For this measure, a lower score indicates better performance.
¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.

- LI plans ranked second of the five plan types in the following 2007 HEDIS measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*

- LI plans ranked third of the five plan types in the following HEDIS measure:
  - *Well-Child Visits in the First 15 Months of Life*

- LI plans ranked fourth of the five plan types in the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—HbA1c Testing*

- LI plans ranked fifth of the five plan types in the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Chlamydia Screening in Women*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

Table 12. Comparison of 2008 Medi-Cal Managed Care Weighted Averages by Plan Type.

2008 Performance Measure	Plan Type Rate (ranking among plan types)				
	COHS*	CP†	LI†	GMC – N‡	GMC – S‡
Childhood Immunization Status—Combination 2	83.3% (1)	77.4% (3)	82.3% (2)	70.8% (5)	71.4% (4)
Childhood Immunization Status—Combination 3¶	77.4%	68.8%	73.6%	65.8%	62.8%
Well-Child Visits in the First 15 Months of Life	72.3% (1)	46.6% (5)	56.7% (2)	55.9% (3)	49.5% (4)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.9% (1)	75.1% (3)	76.1% (2)	69.1% (5)	73.1% (4)
Adolescent Well-Care Visits	48.4% (1)	38.8% (2)	38.4% (4)	38.7% (3)	37.1% (5)
Prenatal and Postpartum Care—Timeliness of Prenatal Care	85.2% (1)	83.1% (2)	81.9% (3)	81.7% (4)	80.8% (5)
Prenatal and Postpartum Care—Postpartum Care	66.9% (1)	57.4% (3)	59.1% (2)	54.8% (4)	52.0% (5)
Breast Cancer Screening	56.4% (1)	45.3% (5)	50.5% (3)	47.4% (4)	51.3% (2)
Cervical Cancer Screening	69.1% (2)	69.9% (1)	68.2% (3)	68.2% (3)	67.0% (4)
Use of Appropriate Medications for People with Asthma	90.1% (1)	88.8% (3)	89.0% (2)	86.6% (4)	85.1% (5)
Appropriate Treatment for Children with Upper Respiratory Infection	85.2% (3)	81.3% (5)	82.5% (4)	89.5% (1)	88.4% (2)
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis¶	26.1%	30.3%	28.4%	28.7%	26.5%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	69.6% (1)	58.2% (2)	52.0% (5)	56.2% (3)	52.4% (4)
Comprehensive Diabetes Care—HbA1c Testing	85.3% (1)	81.0% (4)	81.4% (2)	78.1% (5)	81.1% (3)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)¶	39.7%	27.4%	31.0%	32.8%	32.1%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)§¶	35.5%	49.4%	43.1%	42.9%	45.5%
Comprehensive Diabetes Care—LDL-C Screening	81.3% (1)	76.4% (4)	77.4% (2)	72.0% (5)	77.0% (3)
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) ¶	40.0%	28.9%	32.9%	32.3%	40.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	82.0% (1)	77.7% (3)	76.9% (4)	75.1% (5)	78.8% (2)

2008 Performance Measure	Plan Type Rate (ranking among plan types)				
	COHS*	CP†	LI†	GMC – N‡	GMC – S‡
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) ¶	322.38	254.75	268.14	263.24	250.02
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ¶	43.49	33.42	38.17	33.98	33.79
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) ¶	4.95	2.04	2.09	2.48	2.92
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ¶	2.87	0.29	0.52	0.26	0.40

Plan Model Definitions:
* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.
† Two-Plan consists of two plan types:
Commercial Plans (CPs) are commercially-operated managed care plans.
Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies.
Members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries.
‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.
§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.
¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.

- LI plans ranked second of the five plan types in the following 2008 HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People with Asthma*
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—LDL-C Screening*

- LI plans ranked third of the five plan types in the following HEDIS measures:
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*

- LI plans ranked fourth of the five plan types in the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Appropriate Treatment for Children with Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- LI plans ranked fifth of the five plan types in the following HEDIS measure:
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

Comparison to Other National and California State Programs

In each of the quality, access, and timeliness assessments provided earlier in this report, AAH's performance was compared with the Medi-Cal managed care weighted average and the national Medicaid average. This section provides two comparisons that have not been made elsewhere in this report—national commercial averages and the California Healthy Families Program averages. The Healthy Families Program, administered by the Managed Risk Medical Insurance Board, is a low cost health, dental, and vision coverage plan for uninsured children (up to age 19) of working families. In addition to the new rate comparisons, the Medi-Cal managed care weighted averages and the national Medicaid averages are provided in Tables 13 and 14.

Table 13. 2007 Performance Measurement Rates Comparing Alameda Alliance for Health to National and State Programs.

2007 Performance Measure	2007 Alameda Alliance for Health Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 CA Healthy Families Average†
Childhood Immunization Status—Combination 2	67.2%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	NR	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NR	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	40.6%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	NR	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	61.9%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	62.4%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	55.5%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	77.4%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	90.3%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	93.6%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶§	73.1%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	53.3%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	76.2%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening §	72.7%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	72.0%	81.0%	48.8%	55.1%	‡

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members.*
† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
‡ Healthy Families did not report data on these measures.
§ Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007. The rate is displayed for informational purposes only and will not be compared to benchmarks.
¶ For this 2007 measure, a lower rate indicates better performance.
NR (Not Reported) - Rate biased or plan did not report.

- AAH did not report on three measures.

- When compared with the 2006 national Commercial average, the plan reported rates higher for the measures:
  - *Adolescent Well-Care Visits, Chlamydia Screening in Women*
  - *Use of Appropriate Medications for People With Asthma*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

- AAH scored higher than the 2007 Healthy Families rate on the following measure:
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

- AAH scored lower than the 2007 Healthy Families rates on the following measures:
  - *Childhood Immunization Status—Combination 2*
  - *Adolescent Well-Care Visits*
  - *Use of Appropriate Medications for People With Asthma*

- AAH's rates were equivalent or higher than all other benchmarks for the following HEDIS measures:
  - *Chlamydia Screening in Women*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

- AAH reported mixed results for the following HEDIS measures:
  - *Adolescent Well-Care Visits* (AAH rated lower on the national commercial average the same as the HEDIS National Medicaid Average and higher than all other benchmarks.)
  - *Prenatal and Postpartum Care—Postpartum Care* (AAH scored higher than both the Medi-Cal managed care weighted average and the national Medicaid average but lower than the national commercial average.)
  - *Use of Appropriate Medications for People With Asthma* (AAH scored lower than Health Families and higher than all other benchmarks.)
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (AAH scored higher than the national Medicaid average, but lower than both the Medi-Cal managed care weighted average and the national commercial average.)

- AAH's rates were equivalent or lower than all other benchmark rates for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Comprehensive Diabetes Care—HbA1c Testing (*AAH scored equivalent to the national Medicaid average, but lower than all other benchmarks.)

Table 14. 2008 Performance Measurement Rates Comparing Alameda Alliance for Health to National and State Programs.

2008 Performance Measure	2008 Alameda Alliance for Health Rate[a]	2008 Medi-Cal Managed Care Weighted Average[a]	2007 HEDIS National Medicaid Average[a]	2007 HEDIS National Commercial Average[a]	2007 CA Healthy Families Average[b]
Childhood Immunization Status—Combination 2	76.6%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3[c]	70.6%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	53.5%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.5%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	45.3%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	74.0%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	57.7%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	50.2%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	72.5%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	91.4%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	94.9%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[e]	25.9%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	NR	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	73.5%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)[c]	30.4%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)[c][f]	48.9%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	71.3%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)[c]	24.8%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	74.2%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Alameda Alliance for Health Rate[a]	2008 Medi-Cal Managed Care Weighted Average[a]	2007 HEDIS National Medicaid Average[a]	2007 HEDIS National Commercial Average[a]	2007 CA Healthy Families Average[b]
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)[c] [g]	302.0	271.57	317.97	296.73	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)[c] [g]	47.6	37.26	57.02	16.71	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)[c] [g]	3.4	2.58	5.30	10.49	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)[c] [g]	0.2	0.79	1.78	.83	(d)

(a) Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members*.
(b) 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
(c) Due to first-year reporting requirements, MPLs and HPLs were not established for 2008. The rate is displayed for informational purposes only and will not be compared to benchmarks.
(d) Healthy Families did not report data on these measures.
(e) 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis,* and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score is better.
(f) This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.
(g) MMCD has yet to determine whether to apply an MPL or HPL to the *Ambulatory Care* measure. Scores are reported, but no conclusions should be drawn regarding plan performance in this area.
NR (Not Reported) - Rate biased or plan did not report.

Plan performance of on newly required measures is not assessed because the first-year results are considered "baseline" results, and MMCD does not apply the MPL or HPL to these measures. In addition, the newly required *Ambulatory Care* indicators are not scored as percentages, but rather as utilization counts per 1,000 member months. MMCD has yet to determine whether to apply MPLs or HPLs to these measures.

- When compared with the 2007 HEDIS national commercial average, AAH scored higher on the following measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*
  - *Appropriate Treatment for Children with Upper Respiratory Infection*

- When compared with the 2007 Healthy Families rates, AAH scored higher on the following measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*
  - *Appropriate Treatment for Children with Upper Respiratory Infection*

- AAH scored lower than Healthy Families on the following measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Use of Appropriate Medications for People With Asthma*

- AAH's rates were higher than all benchmark rates for the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

- AAH had mixed results when comparing rates to benchmark rates for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2* (AAH scored higher than the national Medicaid average but lower than the other benchmarks.)
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (AAH scored higher than national Medicaid average, the national commercial average and the CA Healthy Families average, but lower than Medi-Cal managed care weighted average.)
  - *Breast Cancer Screening* (AAH scored lower than the Medi-Cal managed care weighted average and the national commercial average, but higher than the national Medicaid average.)
  - *Cervical Cancer Screening* (AAH scored higher than both the Medi-Cal managed care weighted average and the national Medicaid average, but below the national commercial average.)
  - *Use of Appropriate Medications for People with Asthma* (AAH scored higher than both the Medi-Cal managed care weighted average and the national Medicaid average, but lower than the national commercial average.)
  - *Comprehensive Diabetes Care—LDL-C Screening* (AAH scored higher than the national Medicaid average, but lower than the Medi-Cal managed care weighted average and the national commercial average.)

- AAH's rates were lower than all benchmark rates for the following HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

2007 Overall Strengths

- AAH outperformed the state benchmark in three of five HEDIS measures in the quality domain.
- AAH rated better than or equivalent to the national benchmark in five of the five HEDIS measures in the quality domain.
- AAH rated higher than the state benchmark in the Child category for the CAHPS composite item *How Well Doctors Communicate*.
- In the sustainability area, AAH successfully sustained improvement in the HEDIS measure—*Use of Appropriate Medications for People With Asthma*.
- AAH rated better than or equivalent to the state and national benchmarks in both access HEDIS measures—*Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care*.
- AAH performed better than the 2007 Medi-Cal managed care weighted average in the CAHPS child composite area *Getting Care Quickly*.
- AAH respondents indicated that the office staff was courteous and helpful in the Child category more often than the Medi-Cal average for the CAHPS composite area *Courteous and Helpful Office Staff*.

2007 Recommendations

Delmarva's overall assessment of AAH in the areas of quality, access, and timeliness has identified several opportunities for improvement. Delmarva recommends that the plan focus on:

- Why AAH performed so poorly compared to baseline measurements on the *Improving Asthma Outcomes by the Use of Asthma Tools in the Medical Setting to Promote Patient Education* QIP.
- Which factors may be causing AAH's adult and child populations to respond with lower rates than state benchmarks for AAH in the CAHPS survey item *Getting Needed Care*.
- Why AAH scored lower than both benchmarks for the *Childhood Immunization Status—Combination 2* measure.
- Why rates for three HEDIS measures were not reported. The lack of reported rates in the timeliness domain adversely affected Delmarva's ability to provide a thorough assessment in these areas.

2007 Summary

Both strengths and continued opportunities for improvement exist for AAH in the areas of quality, access, and timeliness. In particular, AAH should focus on enrollee perceptions in the *Getting Needed Care* area. The plan should address its lower performance compared to benchmarks for the *Childhood Immunization Status—Combination 2* measure. The plan should identify factors that barred it from reporting on three HEDIS measures and implement practices to ensure timely reporting. The plan should attempt to improve the asthma-related measures in the QIP—*Improving Asthma Outcomes by the Use of Asthma Tools in the Medical Setting to Promote Patient Education*.

AAH is performing well in several areas, including the HEDIS measures *Appropriate Treatment for Children With Upper Respiratory Infection, Chlamydia Screening in Women*, and *Use of Appropriate Medications for People With Asthma.* Additionally, surveyed AAH parents/guardians of child members scored the plan's performance higher than Medi-Cal managed care weighted averages in the composites *How Well Doctors Communicate*, *Getting Care Quickly*, and *Courteous and Helpful Office Staff*.

2008 HEDIS Measure Strengths

AAH's rates were equivalent or higher than all benchmark rates for the following HEDIS measures:

- *Adolescent Well-Care Visits*
- *Appropriate Treatment for Children With Upper Respiratory Infection*

2008 Recommendations

AAH's rates were lower than all benchmark rates for the following HEDIS measures:

- *Well-Child Visits in the First 15 Months of Life*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

Delmarva's overall assessment of AAH in the areas of quality, access, and timeliness has identified several opportunities for improvement. Delmarva recommends that the plan focus on:

- Why its performance on the HEDIS measures *Well-Child Visits in the First 15 Months of Life*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Prenatal and Postpartum Care—Postpartum Care*, *Comprehensive Diabetes Care—HbA1c Testing*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy* was worse than other benchmarks.
- Factors that have led to its excellent performance on the measure *Appropriate Treatment for Children with Upper Respiratory Infection,* and once identified, reproduce the activity/behavior for other projects.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for AAH in the area of HEDIS performance measures as presented in this report. In particular, AAH should focus on improving rates for various low performing measures as discussed in the report. AAH is performing well on the *Appropriate Treatment for Children with Upper Respiratory Infection* measure. AAH improved its rates on the *Adolescent Well-Care Visits* measure five percentage points since 2007 and exceeded all of the benchmarks. AAH has been successful in the improvement of a universally low performing measure. AAH's continued successes and ongoing improvement will be evaluated again in the next annual review.

Appendix A: HEDIS®

HEDIS Background

The Healthcare Effectiveness Data and Information Set (HEDIS®)[8] is a nationally recognized, standardized set of performance indicators developed by the National Committee for Quality Assurance (NCQA). NCQA's Committee on Performance Measurement annually evaluates and makes collective decisions about the content of the measures and the entire HEDIS process. State governments, employer and business groups, payers, and consumers use the results of these measures. More than 90 percent of all national health plans use HEDIS to measure their performance on established dimensions of health care and plan services.

HEDIS data collection and validation is standardized across all plans. HEDIS methodology makes it possible to compare the performance of health plans to each other and to national benchmarks. Results are used to identify performance variances to help plans focus their quality improvement activities.

HEDIS Domains of Care

- NCQA assigns each of the technically-defined HEDIS measures (71 measures in 2007 and 70 measures in 2008) to one of eight domains of care:
  - Effectiveness of Care
  - Access/Availability of Care
  - Satisfaction with the Experience of Care (Adult and Child CAHPS)
  - Use of Services
  - Cost of Care
  - Health Plan Descriptive Information
  - Health Plan Stability
  - Informed Health Care Choices

[8] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

DHCS-Required Measures

2007 DHCS-Required HEDIS Measures

For the 2007 Reporting Year, the DHCS required plans to report on 12 selected HEDIS measures—including multiple indicators for *Comprehensive Diabetes Care* and *Prenatal and Postpartum Care*—for a total of 16 measurement indicators.[9]

- *Adolescent Well-Care Visits*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Breast Cancer Screening**
- *Cervical Cancer Screening**
- *Childhood Immunization Status—Combination 2*
- *Chlamydia Screening in Women*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening**
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy**
- *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis**
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Use of Appropriate Medications for People With Asthma*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

[9] The measures are set forth annually in All Plan Letters issued by the DHCS and available on its website. See All Plan Letter No. 06-010, entitled "Quality and Performance Improvement Program Requirements for 2007."

* MPL/HPL were not applied to these measures in 2007.

2008 DHCS-Required HEDIS Measures

For the 2008 Reporting Year, the DHCS required plans to report on 12 selected HEDIS measures—including multiple indicators for *Ambulatory Care*, *Childhood Immunization Status*, *Comprehensive Diabetes Care,* and *Prenatal and Postpartum Care*—for a total of 23 measurement indicators.[10]

- *Adolescent Well-Care Visits*
- *Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)**
- *Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)**
- *Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)**
- *Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)**
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis**
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Childhood Immunization Status—Combination 2*
- *Childhood Immunization Status—Combination 3**
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)**
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening*
- *Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)**
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Use of Appropriate Medications for People With Asthma*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

The DHCS strives to select measures that gauge the quality of care provided to and access to care experienced by the largest segments of the Medi-Cal managed care population. The EQRO compiles and validates the measurement results from all the plans and communicates the results to the DHCS in an annual *Performance Measures for Medi-Cal Managed Care Members* report.

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[10] The measures are set forth annually in All Plan Letters issued by the DHCS and available on its website. See All Plan Letter No. 07-013, entitled "Quality and Performance Improvement Program Requirements for 2008."

* MPL/HPL were not applied to these measures in 2008.

The *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members* and the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members* ("*Annual Performance Measures reports*"), provide the Medi-Cal managed care weighted average for each measure. The Medi-Cal managed care weighted average accounts for variation in membership across plans. The plans' HEDIS data processes are audited according to the protocols described in the *Annual Performance Measures reports*. Alameda Alliance for Health's rates in this plan report were taken from the *Annual Performance Measures reports*, as were the state and national benchmark rates used for comparison.

Performance Level Criteria

This report utilizes the following established benchmarks in assessing plans' performance on measures:

- Medi-Cal Managed Care Weighted Average (Same Year)
- National Medicaid Average (Prior Year)
- National Commercial Average (Prior Year)

The DHCS compares plan rates to Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) for each measure to assess further program-wide quality of care and to identify specific health plan improvement needs. MPLs and HPLs are equal to the 25th and the 90th percentiles, respectively, of the 2006 and 2007 national Medicaid results. The performance benchmarks (MPLs and HPLs) were taken from NCQA's *Quality Compass* for the previous year.

The HPL rates help identify plans that outperform the national Medicaid 90th percentile from the previous year. The DHCS does not apply the MPL and HPL to the first-year scores reported for any measure since that rate establishes a "baseline." Similarly, the MPL and HPL are not applied in years when there were substantive changes to a measure's technical specifications, since making a comparison to the previous rate would be inappropriate.

Appendix B: CAHPS®

CAHPS Background

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[11] program is funded and administered by the U.S. Agency of Healthcare Research and Quality (AHRQ). AHRQ works closely with a consortium of public and private organizations to develop and support a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their health care experiences.

The CAHPS surveys capture members' ratings of health care experiences and probe those aspects of care for which members are the best, and sometimes, the only source of information. CAHPS results allow the DHCS to determine how well health plans are meeting their members' expectations and provide individual feedback to plans. This data-driven communication encourages health plan accountability and supports health plan efforts to develop and implement action plans for improving members' satisfaction with their healthcare and plan services. CAHPS results are presented and discussed in this report in relation to quality, access, and timeliness.

The DHCS generally has CAHPS surveys administered every two years. The survey discussed in this report was administered in 2007. Across all MCMC plans, a total of 38,824 adult surveys and 85,028 child surveys were mailed to members. A total of 12,985 adult members and 25,224 child members responded to this survey—a 35 percent and 30 percent adjusted response rate,[12] respectively.

CAHPS Measurements

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid Survey and the 3.0H Child Medicaid Survey were administered to members of the Medi-Cal Managed Care contracted health plans.

The 2007 Adult (4.0H CAHPS) survey consisted of 51 questions. The 51 questions were categorized into five major areas:

- Your Health Care in the Last 6 Months
- Your Personal Doctor
- Getting Health Care From Specialists
- Your Health Plan
- About You

[11] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

[12] The adjusted response rate for the category is calculated by dividing the total number of surveys completed by the difference between the number of surveys mailed and the number of surveys found to be ineligible.

The 2007 Child (3.0H CAHPS) survey consisted of 110 questions. The 110 questions were categorized into seven major areas:

- Your Child's Personal Doctor or Nurse
- Getting Health Care From a Specialist
- Your Child's Health Care in the Last 6 Months
- Specialized Services
- Your Child's Health Plan
- Prescription Medicines
- About Your Child and You

Survey results were divided into composite areas. The composite areas are used to report plan scores and are derived by combining similar questions. Composite areas include *Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff,* and *Customer Service.* As with other data sources used throughout this report, Delmarva assessed CAHPS scores using the quality, access, and timeliness framework. CAHPS composite scores were divided as follows:

- Quality
  - *Getting Needed Care*
  - *How Well Doctors Communicate*
- Access
  - *Getting Care Quickly*
- Timeliness
  - *Courteous and Helpful Office Staff*
  - *Customer Service*

Adult members were classified as those 18 years or older and child members were classified as those members 17 years or younger for survey purposes.

Medi-Cal Adult and Child overall averages were calculated from the ratings of all 30 contracts within the Medi-Cal managed care plans operating in the State of California and were weighted to be proportionate to plan enrollment. Delmarva employed a calculation method whereby a plan's result is considered indicative of high performance in a CAHPS composite area when 80 percent or more of the total responses for the composite area fall within the most positive response category (*i.e.,* definitely yes, always, etc.). It should be noted that this calculation method differs from the standardized scoring method established by NCQA. For future CAHPS surveys, California is likely to adopt NCQA's calculation methods, including scoring.

Sample Selection and Survey Methodology

Sample selection and survey methodology are summarized below:

Sample Groups

Surveyors pulled a random sample of eligible members from each managed care plan for participation in the survey.

Adult Sample

For each managed care plan, the CAHPS 4.0H adult survey sample was drawn first, employing the required sample size. An overall score was calculated for the adult population by collecting the results from all plans and weighting the results by each plan's population size relative to the total Medi-Cal managed care population.

Child Sample

The CAHPS 3.0H child survey sample was drawn second, employing the required sample size.

Children with Chronic Conditions and CSHCN Population

The Children with Chronic Conditions (CCC) supplemental sample is drawn from the set of prescreened members who were not already selected for the CAHPS 3.0H child survey sample. The CCC survey-based screening tool contains five questions representing five different health consequences. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered "Yes."

The CSHCN population consists of all child members identified as having a chronic condition, as defined by the parent's/guardian's responses to the CCC survey-based screening tool. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs. After Sample A was drawn, an oversample (Sample B) was drawn as required by NCQA sampling methodology. Sample B contains the CCC Measurement Set. The prescreening process described above identified these children. Therefore, it is important to note that the CCC population data set is a subset of Sample A/General Population and the CCC population may also have been included in the results for Sample B.

Calculating an overall score by collecting the results from all plans and weighting the results by plan population size could not be accomplished for the CSHCN population due to the selection methodology and possibility of "double counting." Overall, 31 percent of child members across all plans qualified as having special health care needs based on parent's/guardian's responses to the CCC screening tool.

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