



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Contra Costa Health Plan

Submitted by
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2007 - 2008 Annual Report: Contra Costa Health Plan

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 Contra Costa Health Plan ("CCHP" 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.

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. This report will discuss findings from any audits that were conducted during the period January 1, 2006, and December 31, 2007.
- 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.

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

CCHP is a full-service health plan contracted in Contra Costa 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. CCHP is licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act. As of December 2007, CCHP's total Medi-Cal enrollment was 46,485 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 CCHP's healthcare delivery in regards 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 CCHP 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 CCHP’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 averages⁵ and the 2006 national Medicaid averages for these measures.

Table 1. 2007 HEDIS Quality Measure Results Comparing Contra Costa Health Plan to State and National Programs.

2007 Quality Measure	2007 Contra Costa Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	91.8%	78.9%	82.5%
Chlamydia Screening in Women	66.1%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	61.7%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	88.1%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.0%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	80.3%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	70.1%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	85.4%	81.0%	48.8%
Cervical Cancer Screening‡	67.4%	67.9%	65.0%
<p>* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Members</i>. † 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.</p>			

CCHP scored better than the 2006 national HEDIS Medicaid average in all five of the national benchmark rates. The plan scored better than the 2007 Medi-Cal managed care weighted average in all but one of the comparable HEDIS measures in the quality domain: *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*.

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 CCHP’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 Contra Costa Health Plan to State and National Programs.

2008 Quality Measure	2008 Contra Costa Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	91.9%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^{†‡}	37.5%	28.4%	†
Use of Appropriate Medications for People With Asthma	86.2%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	52.6%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	82.0%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [‡]	32.8%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{‡§}	38.0%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening	77.9%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL) [‡]	42.1%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	81.3%	78.3%	74.6%
Cervical Cancer Screening	69.7%	68.7%	65.7%
<p>* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Members</i>. [†] The 2007 measure was called <i>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis</i>, and a lower score was better. The 2008 measure is called <i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</i>, 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.</p>			

CCHP’s rates were higher than the rates of 2008 Medi-Cal weighted average and national HEDIS Medicaid average for four of the seven comparable measures: *Appropriate Treatment for Children With Upper Respiratory Infection*, *Comprehensive Diabetes Care—LDL-C Screening*, *Comprehensive Diabetes Care—Medical Attention for*

Nephropathy, and *Cervical Cancer Screening*. CCHP scored lower than the 2008 Medi-Cal weighted average for three of the seven comparable measures: *Use of Appropriate Medications for People With Asthma*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Comprehensive Diabetes Care—HbA1c Testing*. The plan scored better than the 2007 national HEDIS Medicaid average on six of the seven measures including those listed above and *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Comprehensive Diabetes Care—HbA1c Testing*. CCHP scored lower on the *Use of Appropriate Medications for People With Asthma* measure when compared to both benchmarks.

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 Contra Costa Health Plan and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Contra Costa Health Plan Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Needed Care	Adult	38%	40%
	Child	81%	80%
	CSHCN†	73%	‡
How Well Doctors Communicate	Adult	68%	59%
	Child	59%	52%
	CSHCN†	62%	‡
* 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.			

CCHP’s composite score for *Getting Needed Care* indicates some possible areas for improvement with just 38 percent of adult members responding that they always received the care they needed. It should be noted,

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.

however, that CCHP's score was only two percentage points lower than the 2007 Medi-Cal managed care weighted average in this category. Sixty-eight percent of CCHP's adult members indicated their doctor always communicated well, ranking CCHP higher than the Medi-Cal managed care weighted average for the composite regarding *How Well Doctors Communicate*. CCHP's 2007 results in the Adult category of the *How Well Doctor's Communicate* composite show a significant increase from the plan's 2004 results (54% in 2004, versus 68% in 2007).

Parents/guardians of child members appeared more pleased in these two areas than CCHP's adult members. Eighty-one percent of parents/guardians indicated their children always received the care they needed, while 59 percent (seven percent higher than the Medi-Cal managed care weighted average) of parents/guardian respondents indicated their children's doctor or health care provider always communicated well.

Quality Improvement Projects

One of CCHP's Quality Improvement Projects (QIPs)—*Diabetes Collaborative*—is categorized in the quality domain for assessment purposes. The QIP and its results are discussed below.

Diabetes Collaborative

➤ **Relevance:**

Contra Costa Health Plan reported that the prevalence for diabetes in its Medicaid membership was estimated to be between five and six percentage points. The plan further reported that approximately 60 percent of its Medicaid membership is Hispanic or African American—groups that have a high prevalence rate for diabetes.

➤ **Goals:**

Achieve a statistically significant increase ($p < 0.05$) in the HEDIS rates for *Comprehensive Diabetes Care—HbA1c Testing, LDL-C Screening, Eye Exam (Retinal) Performed, and Poor HbA1c Control*.

➤ **Best Interventions:**

- Developed a diabetes registry.
- Developed a diabetes disease management program.
- Developed and distributed a diabetes toolkit to inform and help members manage their diabetes.

➤ **Outcomes:**

- HEDIS *Comprehensive Diabetes Control--HbA1c Testing* rate:

- ◊ 2004 (Baseline): 77.3%
- ◊ 2005 (Remeasurement 1): 77.5%

The plan reports this increase is not statistically significant.

- HEDIS *Comprehensive Diabetes Control—HbA1c Control* rate (a lower score represents better diabetes control):

- ◊ 2004 (Baseline): 46.2%
- ◊ 2005 (Remeasurement 1): 41.5%

The plan reports this decrease is statistically significant.

- HEDIS *Comprehensive Diabetes Control—LDL-C Screening* rate:

- ◊ 2004 (Baseline): 82.2%
- ◊ 2005 (Remeasurement 1): 82.9%

The plan reports this increase is not statistically significant.

- HEDIS *Comprehensive Diabetes Control—Eye Exam (Retinal) Performed* rate:

- ◊ 2004 (Baseline): 26.8%
- ◊ 2005(Remeasurement 1): 37.7%

The plan reports this increase is statistically significant.

➤ **Attributes and Barriers to Outcomes:**

- Barrier: Insufficient member education and self-management skills.
- Barrier: Insufficient provider knowledge of diabetes guidelines.
- Barrier: Lack of coordination between CCHP, the public health department, and providers.

This QIP was closed during this reporting period. CCHP reported mixed results. The most significant improvement was demonstrated in the *Comprehensive Diabetes Control--Eye Exam (Retinal) Performed* measure, which improved by more than 10 percentage points.

Medi-Cal Audit Findings

CCHP was not audited during this reporting period.

Sustainability of Quality Indicators

Sustainability of quality is an important gauge of a health plan's ability to effect change in processes of care. 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.

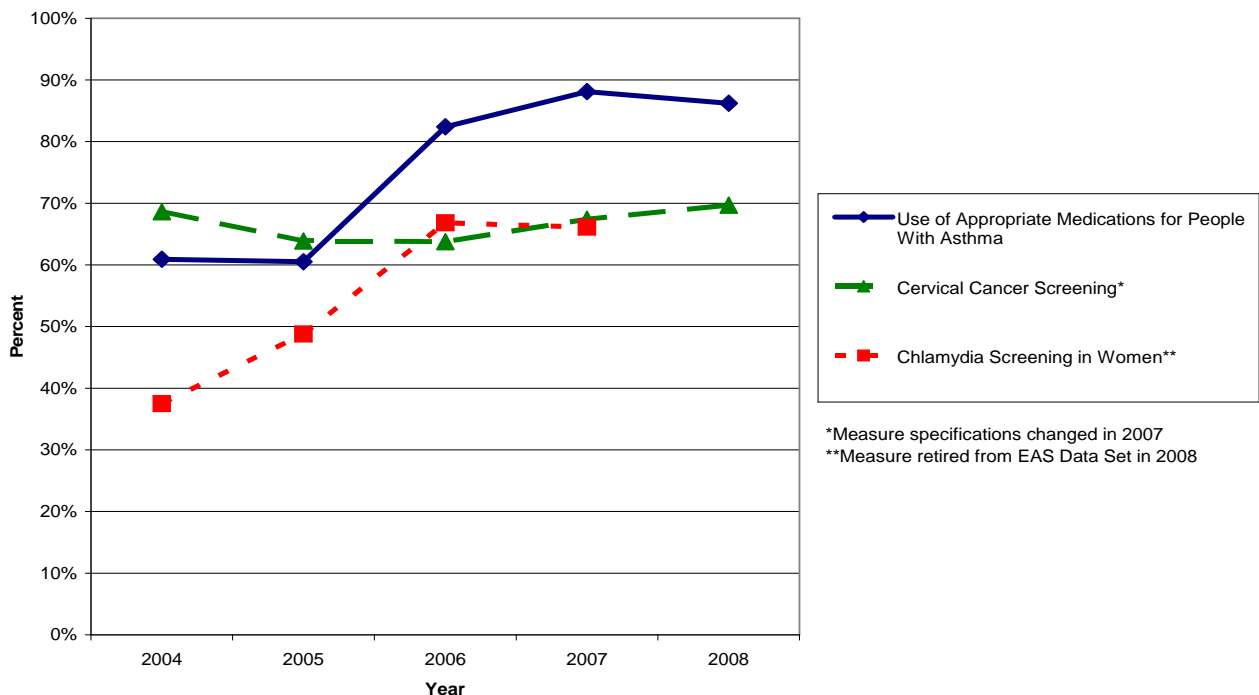
Figure 1 shows the plan’s sustainability of performance in a trending graph. Note that performance measurement results are trended when three or more years of data are available.

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. Likewise, in 2007, the *Cervical Cancer Screening* measure had specification changes; however, both measures remained trendable over the four-year period.

CCHP’s rates reflect sustained improvement in the *Use of Appropriate Medications for People With Asthma* measure. The plan also sustained improvement in its rates for *Chlamydia Screening in Women* over the last three measurement periods. MMCD retired the *Chlamydia Screening in Women* measure in 2008.

For the *Cervical Cancer Screening* measure, the trend chart shows that the plan’s rates dipped below the 2004 rate for three years. In 2008, the rates returned to a point near the 2004 rate. Due to three years of lower rates, the plan was unable to demonstrate improvement or maintenance of the rates for the *Cervical Cancer Screening* measure.

Figure 1. Contra Costa Health Plan’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 more or less 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.

Contra Costa Health Plan's Grievance Reports

CCHP appears to have had approximately 100 grievances and/or appeals logged each quarter for 2006 and 2007. There were more than 125 categories into which grievances and appeals could be listed. The most common categories appeared to be claim denied, no prior authorization, copayment issue, pharmacy issue, premium payment issue, attitude/courtesy concerns, diagnosis/treatment, treatment explanation, cannot get desired appointment, communication/language issue, wait time for provider, cancelled clinics, and referral/authorization delay.

Further analysis of grievances and appeals cannot be provided at this time due to the amount of data present on the logs, the fact that Medi-Cal member calls were not separated from other product line member calls, and lack of explanatory notes accompanying the logs.

*Office of the Ombudsman's Reports*⁷

- 2006: 47 OCMS cases (1.5 % of all cases; 1.131 cases per 1,000 members)
- 2006: 14 State Fair Hearings (1.5% of all cases; 0.337 cases per 1,000 members)
- 2007: 78 OCMS cases (1.7% of all cases; 1.735 cases per 1,000 members)
- 2007: 6 State Fair Hearings (1.2% of all cases; 0.133 cases per 1,000 members)

Summary of Quality

Delmarva assessed CCHP's quality of care in five ways: 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.

CCHP scored better than the 2006 national HEDIS Medicaid average on all five of the comparable measures, including *Use of Appropriate Medications for People With Asthma*. The plan scored better than the 2007 Medi-Cal managed care weighted average in four of the five comparable HEDIS measures in the quality domain: *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*.

When comparing CCHP's 2008 rates to the Medi-Cal managed care weighted average, the plan performed better in four of the seven comparable measures in the quality domain. When comparing 2008 HEDIS scores, CCHP scored better than the 2007 national Medicaid average on all but one comparable HEDIS measures: *Use of Appropriate Medications for People With Asthma*. Note that the plan had scored higher than both benchmarks for this measure in 2007.

When CCHP's population was surveyed regarding *How Well Doctors Communicate*, the plan's results were higher than the Medi-Cal average in both Adult and Child categories. In the composite area, *Getting Needed Care*, the rate for CCHP's parent/guardian respondents who indicated their children always received the care they needed was higher than the Medi-Cal managed care weighted average. The rate for the plan's adult respondents who indicated they always got the care they needed was lower than the Medi-Cal managed care weighted average.

CCHP worked on one QIP categorized in the quality area: *Diabetes Collaborative*. This QIP was closed during this reporting period. The plan reported mixed results with significant improvement in the *Comprehensive Diabetes Control—Poor HbA1c Control* and *Comprehensive Diabetes Control—Eye Exam (Retinal) Performed* measures.

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

Finally, in the sustainability area, CCHP was successful in sustaining improved rates for the two measures in this area: *Use of Appropriate Medications for People With Asthma* and *Chlamydia Screening in Women*. The *Chlamydia Screening in Women* measure was retired in 2008. CCHP was unable to demonstrate sustainability or maintenance of the rates for the *Cervical Cancer Screening* measure.

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 CCHP 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 CCHP 2007 results for these access-related HEDIS measures.

Table 4. 2007 HEDIS Access Measure Results Comparing Contra Costa Health Plan to State and National Programs.

2007 Access Measure	2007 Contra Costa Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	37.0%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	56.3%	58.7%	57.0%

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members*.

CCHP reported a score higher than the 2007 Medi-Cal Managed Care weighted average, but lower than the 2006 national Medicaid average for the *Adolescent Well-Care Visits* measure. The score for the *Prenatal and Postpartum Care—Postpartum Care* measure was lower than both benchmarks.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows the 2008 results for these access-related HEDIS measures.

Table 5. 2008 HEDIS Access Measure Results Comparing Contra Costa Health Plan to State and National Programs.

2008 Access Measure	2008 Contra Costa Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	38.9%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	61.5%	59.1%	59.1%
* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Members</i> .			

CCHP reported scores for the *Prenatal and Postpartum Care—Postpartum Care* measure higher than both benchmarks, but reported a score lower than both the Medi-Cal managed care weighted average and 2007 national Medicaid average for the *Adolescent Well-Care Visits* measure.

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 presented in Table 6 and discussed below.

Table 6. 2007 CAHPS Access Survey Results Comparing Contra Costa Health Plan the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Contra Costa Health Plan Result	2007 Medi-Cal Managed Care Weighted Average*
Getting Care Quickly	Adult	43%	45%
	Child	40%	37%
	CSHCN†	38%	‡
* 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.			

CCHP's parents/guardians of child members indicated their children always received care quickly—higher than the 2007 Medi-Cal managed care weighted average for the composite area *Getting Care Quickly*. CCHP adults were less pleased in this category than the 2007 Medi-Cal managed care weighted average.

Quality Improvement Projects

CCHP engaged in two access-related Quality Improvement Projects (QIPs):

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

Both of these QIPs are statewide collaborative projects (2006-2007 QIP Quarterly Reports). The *Avoidable Emergency Room Visits* QIP was implemented in 2007. The *Improving Access to and Quality of Adolescent Well-Care Visits* QIP was completed during this reporting period. The QIPs and associated outcomes are discussed below.

Adolescent Health Collaborative

➤ **Relevance:**

CCHP had over 7,500 adolescents who met continuous enrollment criteria for the HEDIS *Adolescent Well-Care Visits* measure. CCHP recognized the need to improve its rates for this measure.

➤ **Goals:**

For each remeasurement, achieve a statistically significant increase in the HEDIS administrative and hybrid rates for the *Adolescent Well-Care Visits* indicator.

➤ **Best Interventions:**

- Initiated member incentive program (movie tickets) for completed well-care exams.
- Completed provider training on new teen visit forms to ensure clear content of a comprehensive adolescent well-care exam.
- Planned intervention: Implementation of a provider incentive program.
- Planned intervention: Mobile van for school clinics to help deal with access problems.

➤ **Outcomes:**

- HEDIS *Adolescent Well-Care Visits* (administrative rate):
 - ◊ 2003 (Baseline): 25.2%
 - ◊ 2004 (Remeasurement 1): 25.6%
 - ◊ 2005 (Remeasurement 2): 28.3%
 - ◊ 2006 (Remeasurement 3): 29.4%
- HEDIS *Adolescent Well-Care Visits* (hybrid rate):
 - ◊ 2003 (Baseline): 31.1%
 - ◊ 2004 (Remeasurement 1): 33.8%
 - ◊ 2005 (Remeasurement 2): 34.3%
 - ◊ 2006 (Remeasurement 3): 37.0%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Providers followed outdated well-visit guidelines.
- Barrier: Shortage of available appointment times for well visits.
- Barrier: Perception among adolescents and their parents that well-care visits are not important.

Avoidable Emergency Room Visits

➤ **Relevance:**

CCHP's 2006 Emergency room (ER) visit rate was significantly higher than the Medi-Cal Managed Care Division (MMCD) average of 32 visits per 1,000 member months.

➤ **Goals:**

- Reduce the rate of members seen in the ER to the MMCD average (32 visits per 1,000 member months) by remeasurement 2.
- Reduce avoidable ER visits to the MMCD average 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): 51.7 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
2006 (Baseline): 17.7%

➤ **Attributes/Barriers to Outcomes:**

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

CCHP's final results for the statewide collaborative project, *Adolescent Health Collaborative*, demonstrated sustained improvement. The plan reported both administrative and hybrid rates for the *Adolescent Well-Care Visits* measure. Compared to baseline, CCHP saw an increase of 4.2 and 5.9 percentage points, respectively. This project closed during the third quarter of 2006, and CCHP began participating in a new statewide collaborative project, *Avoidable Emergency Room Visits*.

Medi-Cal Audit Findings

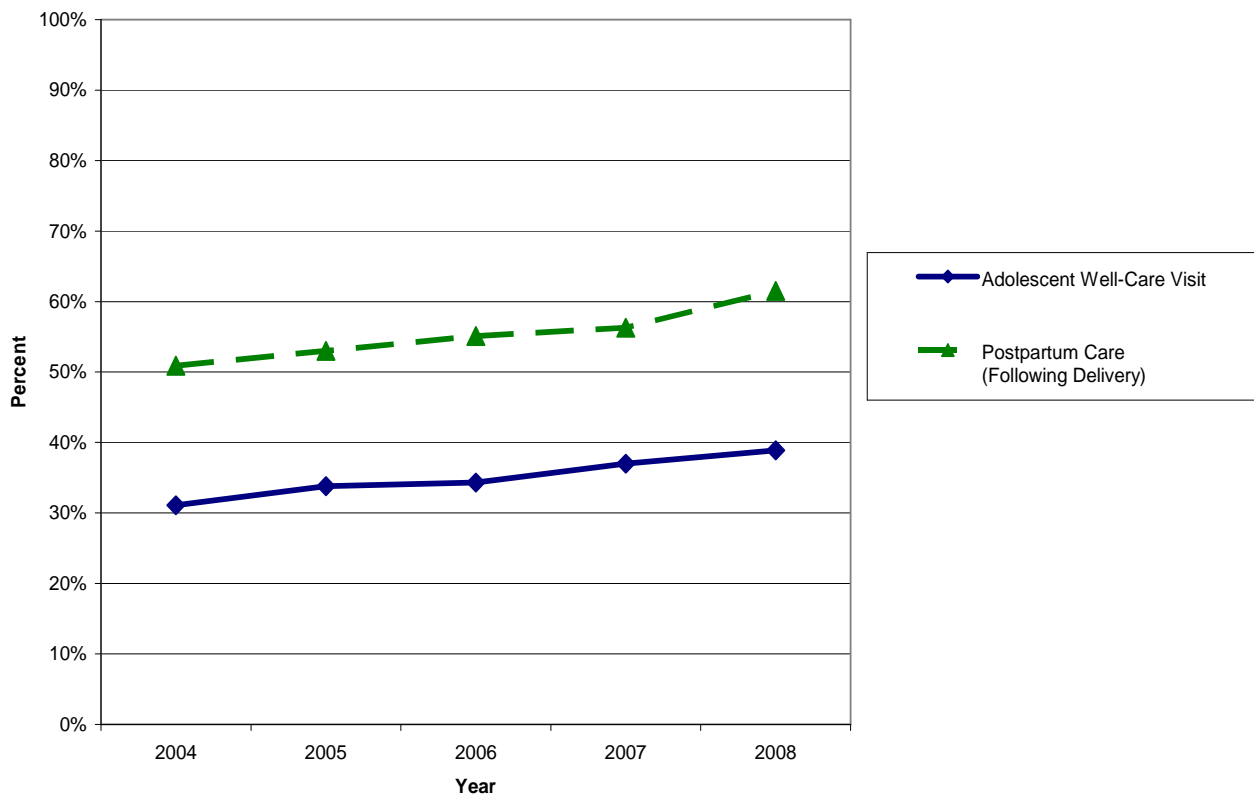
CCHP was not audited during this reporting period.

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.

CCHP reported sustained improvement in rates for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures. As Figure 2 shows, there is an upward trend for both measures. The plan has demonstrated sustained improvement of rates for both access measures.

Figure 2. Contra Costa Health Plan's Sustainability of Access to Care Indicators.



Summary of Access

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

When comparing 2007 HEDIS scores, CCHP reported a rate higher than the Medi-Cal managed care weighted average, but lower than the 2006 national Medicaid average for the *Adolescent Well-Care Visits* measure. The score for the *Prenatal and Postpartum Care—Postpartum Care* measure was lower than both benchmarks.

Comparison of CCHP's 2008 HEDIS rates with benchmarks revealed a score lower than both the Medi-Cal Managed care weighted average and the 2007 national Medicaid average for the *Adolescent Well-Care Visits* measure. CCHP raised its 2007 score for the *Prenatal and Postpartum Care—Postpartum Care* measure and in 2008 scored higher than both benchmarks.

In the composite area *Getting Care Quickly*, the CAHPS survey results showed that CCHP enrollees rated the plan lower than the state benchmark in the Adult category, but higher than the benchmark in the Child category.

In the sustainability area, CCHP demonstrated sustainability of improvement for both access measures: *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care*.

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 Contra Costa Health Plan to State and National Programs.

2007 Timeliness Measure	2007 Contra Costa Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	47.5%	48.6%	53.9%
Childhood Immunization Status—Combination 2	74.2%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.3%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	62.6%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.7%	74.3%	63.3%
* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Members</i> . † 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.			

Contra Costa Health Plan scored better than the 2007 Medi-Cal managed care weighted average for two of the four comparable HEDIS 2007 timeliness measures: *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Well-Child Visits in the First 15 Months of Life*. Results were mixed for *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* when compared to state and national benchmarks. Both measures scored lower when compared to the Medi-Cal managed care weighted average, but scored higher when compared to the national average.

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 Contra Costa Health Plan to State and National Programs.

2008 Timeliness Measure	2008 Contra Costa Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	47.6%	50.4%	49.1%
Childhood Immunization Status—Combination 2	84.5%	80.1%	73.3%
Childhood Immunization Status—Combination 3 [†]	80.0%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	80.2%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	68.3%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.5%	75.8%	66.8%
* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Members</i> .			
† 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.			

CCHP scored better than the 2008 Medi-Cal managed care weighted average and the national Medicaid average for two of the five 2008 HEDIS measures: *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the First 15 Months of Life*. The *Well-Child Visits in the First 15 Months of Life* scored significantly higher compared to the national average, by almost 13 percentage points. For the *Breast Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measures, CCHP scored lower than state and national benchmarks.

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 shown in Table 9, which is followed by a discussion of the results.

Table 9. 2007 CAHPS Timeliness Survey Results Comparing Contra Costa Health Plan to the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Contra Costa Health Plan Result	2007 Medi-Cal Managed Care Weighted Average*
Courteous and Helpful Office Staff	Adult	†	†
	Child	59%	52%
	CSHCN‡	63%	§
Health Plan's Customer Service	Adult	45%¶	45%
	Child	72%¶	79%
	CSHCN‡	73%¶	§

* 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.

For the composite *Courteous and Helpful Office Staff*, 59 percent of CCHP's parents/guardians of child members indicated that office staff was always courteous and helpful—7 percentage points higher than the Medi-Cal managed care weighted average (52%). In 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

CCHP engaged in one QIP that was categorized in the timeliness domain: *Reducing Health Disparities*. Project results and discussion follow.

Reducing Health Disparities

➤ **Relevance:**

CCHP reviewed its various HEDIS measure results by ethnicity. For three of the most populous ethnic groups (Hispanic, African American, and White), data showed statistically significant differences for these groups. African Americans had the poorest rates (HEDIS 2004).

➤ **Goals:**

For each remeasurement, achieve a statistically significant increase in the administrative and hybrid rates for childhood immunization rates and well child visits (0-15 months).

➤ **Best Interventions:**

- Presented results and health disparities information to community network physicians and obtained their input/feedback.
- Recruited community providers for Immunization Registry implementation.
- Implemented a provider incentive program for completed immunizations.
- Continued a member incentive program for keeping/completing appointments.

➤ **Outcomes:**

- Childhood immunization rate (administrative):

Ethnic Group - Hispanic

- ◊ 2003 (Baseline) Hispanic: 64.0%
- ◊ 2004 (Remeasurement 1) Hispanic: 60.1%
- ◊ 2005 (Remeasurement 2) Hispanic: 62.4%

Ethnic Group - African American

- ◊ 2003 (Baseline) African American: 33.2%
- ◊ 2004 (Remeasurement 1) African American: 26.4%
- ◊ 2005 (Remeasurement 2) African American: 24.1%

Ethnic Group - White

- ◊ 2003 (Baseline) White: 46.6%
- ◊ 2004 (Remeasurement 1) White: 39.9%
- ◊ 2005 (Remeasurement 2) White: 27.9%

- Childhood immunization rate (hybrid):

- ◊ 2005 Hispanic: 82.6%
- ◊ 2005 African American: 62.7%
- ◊ 2005 White: 75.0%

- Well child visits 0-15 months (administrative):

Ethnic Group - Hispanic

- ◊ 2003 (Baseline) Hispanic: 24.3%
- ◊ 2004 (Remeasurement 1) Hispanic: 23.7%
- ◊ 2005 (Remeasurement 2) Hispanic: 30.1%

Ethnic Group - African American

- ◇ 2003 (Baseline) African American: 16.7%
- ◇ 2004 (Remeasurement 1) African American: 26.1%
- ◇ 2005 (Remeasurement 2) African American: 20.2%

Ethnic Group - White

- ◇ 2003 (Baseline) White: 33.3%
- ◇ 2004 (Remeasurement 1) White: 21.6%
- ◇ 2005 (Remeasurement 2) White: 24.4%

- Well child visits 0-15 months (hybrid):
 - ◇ 2005 Hispanic: 60.8%
 - ◇ 2005 African American: 25.6%
 - ◇ 2005 White: 48.8%

➤ **Attributes and Barriers to Outcomes:**

- Attribute: CCHP recognized African Americans were receiving “below average care” for well-infant visits and childhood immunizations. Future interventions will focus on this particular population.
- Barrier: Member/parent lack of familiarity with vaccination and well-visit guidelines/schedule.
- Barrier: Possible failure by providers to identify children in need of vaccinations.

While this QIP remains active, CCHP submitted 2006 and 2007 data too late for inclusion in this report. Results from the previous three measurement years were mixed. African-Americans demonstrated the greatest need for improvement in their childhood immunizations.

Medi-Cal Audit Findings

CCHP was not audited during this reporting period.

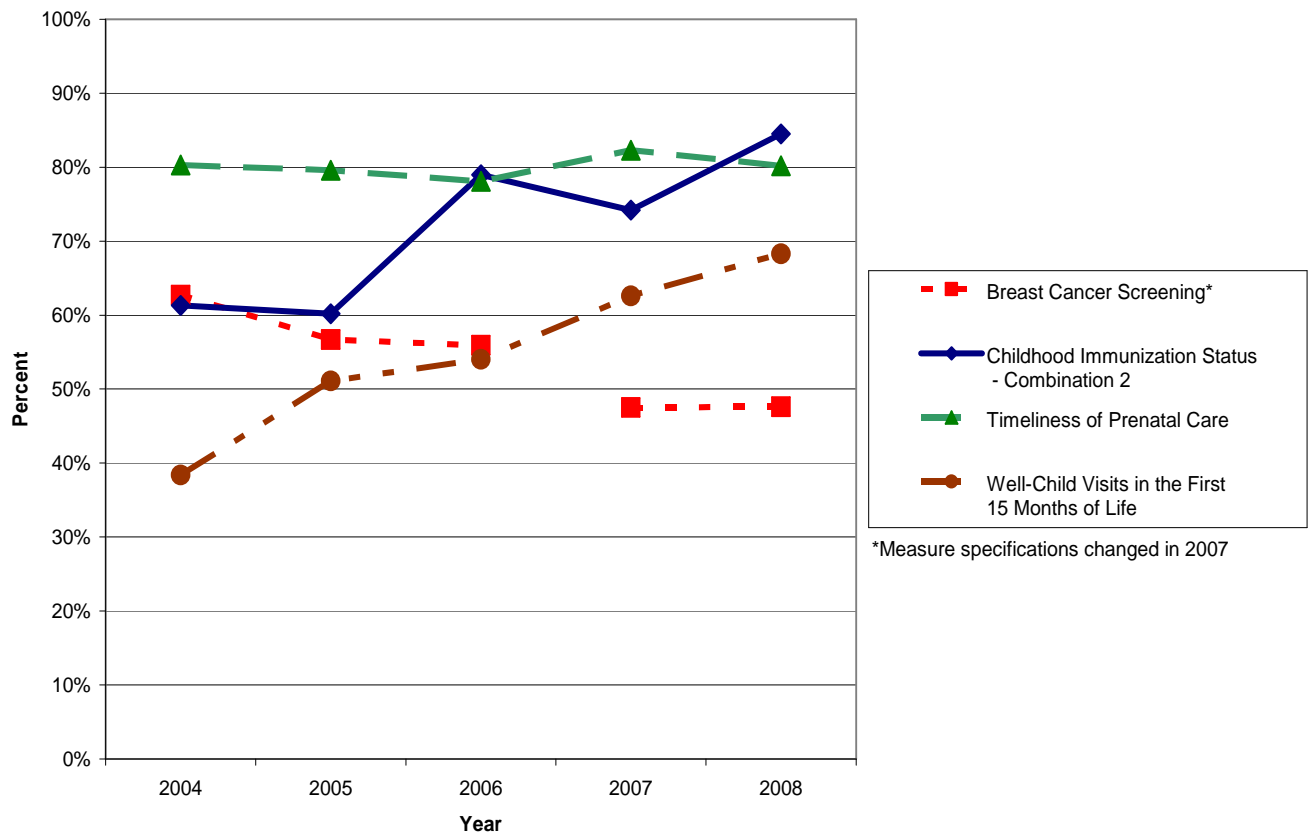
Sustainability of Timeliness of Care Measures

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.

CCHP’s rates reflect sustained improvement in the *Well-Child Visits in the First 15 Months of Life* measure. Despite a dip in the 2007 rate for the *Childhood Immunization Status—Combination 2* measure, the plan achieved overall sustained improvement in that measure’s rates. The plan maintained performance in its *Prenatal and*

Postpartum Care—Timeliness of Prenatal Care measure. 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. Contra Costa Health Plan’s Sustainability of Timeliness of Care Indicators.



Summary of Timeliness of Care

Delmarva assessed CCHP in four areas of the timeliness domain: HEDIS performance measure rates, CAHPS survey results, QIPs, and sustainability of timeliness of care indicator results.

Contra Costa Health Plan scored better than the Medi-Cal managed care weighted average and the national Medicaid average for two 2007 HEDIS measures: *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Well-Child Visits in the First 15 Months of Life*. Results were mixed for *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* when compared to state and national benchmarks.

CCHP scored better than the Medi-Cal managed care weighted average and the national Medicaid average for two 2008 HEDIS measures: *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the First 15 Months of Life*. For the *Breast Cancer Screening, Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measures, CCHP scored lower than state and national benchmarks.

For the composite *Courteous and Helpful Office Staff*, 59 percent of CCHP's parents/guardians of child members indicated that office staff was always courteous and helpful—7 percentage points higher than the Medi-Cal managed care weighted average (52%).

CCHP's submitted 2006 data for its QIP, *Reducing Health Disparities*, too late for inclusion in this report. Results from the previous three measurement years were mixed. African-Americans demonstrated the greatest need for improvement in their childhood immunizations. Results of the 2006-2007 data will be addressed in the next plan-specific report issued by the DHCS.

In the sustainability area, CCHP's rates reflect sustained improvement in two measures, *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the First 15 Months of Life*.

Comparison of Contra Costa Health Plan's 2008 and 2007 HEDIS Scores

CCHP's 2008 and 2007 HEDIS rates are displayed in Table 10 and rate comparisons follow.

Table 10. Comparison of Contra Costa Health Plan's 2008 and 2007 HEDIS Performance Rates.

2008 Performance Measure	2008 Contra Costa Health Plan Rate*	2007 Contra Costa Health Plan Rate*
Childhood Immunization Status—Combination 2	84.5%	74.2%
Childhood Immunization Status—Combination 3 [†]	80.0%	†
Well-Child Visits in the First 15 Months of Life	68.3%	62.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.5%	73.7%
Adolescent Well-Care Visits	38.9%	37.0%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	80.2%	82.3%
Prenatal and Postpartum Care—Postpartum Care	61.5%	56.3%
Breast Cancer Screening	47.6%	47.5%
Cervical Cancer Screening	69.7%	67.4%
Use of Appropriate Medications for People With Asthma	86.2%	88.1%
Appropriate Treatment for Children With Upper Respiratory Infection	91.9%	91.8%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^{†‡}	37.5%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	52.6%	54.0%
Comprehensive Diabetes Care—HbA1c Testing	82.0%	80.3%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [†]	32.8%	†
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{†§}	38.0% [§]	†
Comprehensive Diabetes Care—LDL-C Screening	77.9%	70.1%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) [†]	42.1%	†
Comprehensive Diabetes Care—Medical Attention for Nephropathy	81.3%	85.4%

2008 Performance Measure	2008 Contra Costa Health Plan Rate*	2007 Contra Costa Health Plan Rate*
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	292.85	†
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	55.11	†
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	2.92	†
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	0.06	†
<p>* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Members</i>. † 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 <i>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis</i>, and a lower score was better. The 2008 measure is called <i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</i>, and a higher score is better. § This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.</p>		

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.

CCHP’s scores improved on seven of the comparable HEDIS indicators:

- *Childhood Immunization Status—Combination 2*
- *Well-Child Visits in the First 15 Months of Life*
- *Adolescent Well-Care Visits*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Cervical Cancer Screening*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening*

CCHP’s score remained relatively unchanged for two HEDIS measures:

- *Breast Cancer Screening*
- *Appropriate Treatment for Children With Upper Respiratory Infection*

CCHP's scores on five HEDIS measures decreased:

- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Use of Appropriate Medications for People With Asthma*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

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.

CCHP is contracted in Contra Costa as an LI plan. 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%
<p>Plan Model Definitions:</p> <p>* 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.</p> <p>† 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.</p> <p>‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.</p> <p>§ For this measure, a lower score indicates better performance.</p> <p>¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.</p>					

The LI plan type has no measures in the first ranking of the five plan types. For the balance of the measures, LI plans ranked as follows:

- 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) ¶	322.4	254.8	268.1	263.2	250.0
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ¶	43.5	33.4	38.2	34.0	33.8
Ambulatory Care—Ambulatory Surgery/ Procedures (Total Procedures per 1,000 Member Months) ¶	5.0	2.0	2.1	2.5	2.9
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ¶	2.9	0.3	0.5	0.3	0.4
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 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, CCHP'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 Contra Costa Health Plan to National and State Programs.

2007 Performance Measure	2007 Contra Costa Health Plan 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	74.2%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	62.6%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.7%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	37.0%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.3%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	56.3%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	66.1%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	47.5%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	67.4%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	88.1%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	91.8%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶§	61.7%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.0%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	80.3%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening§	70.1%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	85.4%	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.

- When compared with the national commercial average, CCHP reported rates higher for the following measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

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

- CCHP had mixed results when comparing rates to benchmarks for the following measures:
 - *Childhood Immunization Status—Combination 2* (CCHP scored higher than the HEDIS national Medicaid average but lower than all other benchmarks)
 - *Well-Child Visits in the First 15 Months of Life* (CCHP scored lower than the HEDIS national commercial average but higher than all other benchmarks.)
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (CCHP scored lower than the Medi-Cal managed care weighted average but higher than all other benchmarks.)
 - *Adolescent Well-Care Visits* (CCHP scored higher than the Medi-Cal managed care weighted average but lower than all other benchmarks.)
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (CCHP scored lower than the HEDIS national commercial average but higher than all other benchmarks.)
 - *Use of Appropriate Medications for People With Asthma* (CCHP scored lower than the HEDIS national commercial average but higher than all other benchmarks.)
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (CCHP scored higher than the HEDIS national Medicaid average but lower than all other benchmarks.)
 - *Comprehensive Diabetes Care—HbA1c Testing* (CCHP scored lower than the HEDIS national commercial average but higher than all other benchmarks.)

- CCHP's rate was lower than all benchmarks for the following measure:
 - *Prenatal and Postpartum Care—Postpartum Care*

- Rates for the following measures cannot be compared to 2006 rates due to changes in technical specification for each of the 2007 measures:
 - *Breast Cancer Screening, Cervical Cancer Screening*
 - *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis*
 - *Comprehensive Diabetes Care—LDL-C Screening*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

Table 14. 2008 Performance Measurement Rates Comparing Contra Costa Health Plan to National and State Programs.

2008 Performance Measure	2008 Contra Costa Health Plan 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	84.5%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3 ^(c)	80.0%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	68.3%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.5%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	38.9%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	80.2%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	61.5%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	47.6%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	69.7%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	86.2%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	91.9%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^(e)	37.5%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	52.6%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	82.0%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) ^(e)	32.8%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{(e)(f)}	38.0%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	77.9%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL) ^(e)	42.1%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	81.3%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Contra Costa Health Plan 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)}	292.9	271.6	318.0	296.7	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ^{(c) (g)}	55.1	37.3	57.0	16.7	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) ^{(c) (g)}	2.9	2.6	5.3	10.5	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ^{(c) (g)}	0.1	0.8	1.8	.8	(d)
<p>(a) Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Members</i>.</p> <p>(b) 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.</p> <p>(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.</p> <p>(d) Healthy Families did not report data on these measures.</p> <p>(e) 2007 and 2008 rates cannot be compared. The 2007 measure was called <i>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis</i>, and a lower score was better. The 2008 measure is called <i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</i>, and a higher score is better.</p> <p>(f) This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.</p> <p>(g) MMCD has yet to determine whether to apply an MPL or HPL to the <i>Ambulatory Care</i> measure. Scores are reported, but no conclusions should be drawn regarding plan performance in this area.</p>					

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 MPLs or HPLs 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.

- CCHP’s rates were higher than all benchmarks for the following measures:
 - *Childhood Immunization Status—Combination 2*
 - *Appropriate Treatment for Children with Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- CCHP had mixed results when comparing rates to benchmarks for the following measures:
 - *Well-Child Visits in the First 15 Months of Life* (CCHP scored lower than the HEDIS national commercial average but higher than all other benchmarks.)
 - *Prenatal and Postpartum Care—Postpartum Care* (CCHP scored lower than the HEDIS national commercial average but higher than all other benchmarks.)
 - *Cervical Cancer Screening* (CCHP scored lower than the HEDIS national commercial average but higher than all other benchmarks.)

- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (CCHP scored higher than the HEDIS national Medicaid average but scored lower than all other benchmarks.)
 - *Comprehensive Diabetes Care—HbA1c Testing* (CCHP scored higher than the HEDIS national Medicaid average but scored lower than all other benchmarks.)
 - *Comprehensive Diabetes Care—LDL-C Screening* CCHP scored lower than the HEDIS national commercial average but scored higher than all other benchmarks.)
- CCHP's rates were lower than all benchmarks for the following measures:
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Breast Cancer Screening*
 - *Use of Appropriate Medications for People with Asthma*

2007 Overall Strengths

- CCHP rated higher than the Medi-Cal weighted average and the national HEDIS Medicaid average in four of the five comparable HEDIS measures in the quality domain: *Appropriate Treatment for Children With Upper Respiratory Infection, Chlamydia Screening in Women, Use of Appropriate Medications for People With Asthma,* and *Comprehensive Diabetes Care—HbA1c Testing.*
- CCHP's 2007 CAHPS results were higher than the Medi-Cal managed care weighted average in both the Adult and Child categories when the plan's population was surveyed regarding *How Well Doctors Communicate.* The 2007 results represent a significant increase in the Adult category from the plan's 2004 results of this composite.
- CCHP's parents/guardians of child members indicated they always got the care needed by giving responses that scored higher than the 2007 Medi-Cal managed care weighted average for the CAHPS composite areas *Getting Needed Care.*
- For the quality-related QIP, *Diabetes Collaborative,* CCHP reported mixed results; however, significant improvement was reported on the *Comprehensive Diabetes Control—Eye Exam (Retinal) Performed* measure, which improved by more than 10 percentage points.
- CCHP rated higher than the Medi-Cal managed care weighted average in the HEDIS measure, *Adolescent Well-Care Visits,* in the access domain.

- CCHP scored better than the Medi-Cal weighted average and national HEDIS Medicaid average for two HEDIS 2007 measures in the timeliness domain: *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Well-Child Visits in the First 15 Months of Life*.
- CCHP scored better than all state and national benchmarks for two 2007 HEDIS measures *Appropriate Treatment for Children With Upper Respiratory Infection* and *Chlamydia Screening in Women*.
- CCHP respondents indicated that the office staff was always courteous and helpful in the Child category more often than the Medi-Cal managed care weighted average for the CAHPS composite area *Courteous and Helpful Office Staff*.
- In the sustainability area through 2008, CCHP sustained improvement for two measures in the quality domain: *Use of Appropriate Medications for People With Asthma* and *Cervical Cancer Screening*. In addition, the plan maintained sustained improvement for the *Chlamydia Screening in Women* measure. The plan demonstrated sustained improvement for both access-designated measures: *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care*. In the timeliness of care domain, the plan showed overall sustained improvement for *Childhood Immunization Status—Combination 2* measure and consistent sustained improvement for *Well-Child Visits in the First 15 Months of Life* measure.

2007 Recommendations

Delmarva's overall assessment of CCHP in the areas of quality, access, and timeliness has identified an opportunity for improvement. Delmarva recommends that the plan focus on why its performance on the HEDIS measure *Prenatal and Postpartum Care—Postpartum Care* was worse than all state and national benchmarks.

2007 Summary

Both strengths and continued opportunities for improvement exist for CCHP in the areas of quality, access, and timeliness. In particular, CCHP should focus on why its HEDIS measure *Prenatal and Postpartum Care—Postpartum Care* scored lower than all other benchmarks. The plan should address its CAHPS results for *Getting Needed Care* and *Getting Care Quickly* in the adult population. CCHP should complete a thorough barrier analysis and identify reasons for low immunization rates for African American children.

CCHP performed well in several areas, including the HEDIS measures *Chlamydia Screening in Women* and *Appropriate Treatment for Children With Upper Respiratory Infection* when compared to other benchmarks.

Additionally, results in the Child category for CAHPS 2007 indicate the plan's performance is better than Medi-Cal managed care weighted averages in the composites *Getting Needed Care*, *Getting Care Quickly*, and *Courteous and Helpful Office Staff*. Adults indicated a higher satisfaction with *How Well Doctors Communicate*. CCHP demonstrated sustained improvement in their *Adolescent Health Collaborative QIP*.

2008 HEDIS Measure Strengths

- CCHP scored better than all state and national benchmarks for the following measures:
 - *Appropriate Treatment for Children with Upper Respiratory Infection*
 - *Childhood Immunization Status—Combination 2*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- CCHP scored better than both the Medi-Cal managed care weighted average and the national Medicaid HEDIS average for the following measures:
 - *Cervical Cancer Screening*
 - *Comprehensive Diabetes Care—LDL-C Screening*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Well-Child Visits in the First 15 Months of Life*

2008 Recommendations

Delmarva's overall assessment of CCHP 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 *Use of Appropriate Medications for People With Asthma*, *Adolescent Well-Care Visits*, *Breast Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* 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 CCHP in the area of HEDIS performance measures as presented in this report. In particular, CCHP is performing well on the measures *Appropriate Treatment for Children with Upper Respiratory Infection* and *Childhood Immunization Status—Combination 2*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. CCHP should focus on improving rates for *Use of Appropriate Medications for People With Asthma*, *Adolescent Well-Care Visits*, *Breast Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measures.

Appendix A: HEDIS®

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*

⁹The 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.

¹⁰The 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*. CCHP’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. These children were identified by the prescreening process described above. 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.

References

- 42 Code of Federal Regulations, Section 438.240, Ch. IV (10–1–02 Edition). *Quality Assessment and Performance Improvement Program*.
- 42 US Code, Section 1396u-2(c)(2), *State Option to Use Managed Care—Use of Medicaid Managed Care Organizations and Primary Care Case Managers*. Retrieved August 1, 2008, from website:
http://www.socialsecurity.gov/OP_Home/ssact/title19/1932.htm.
- Agency for Healthcare Research and Quality (2007). *National Healthcare Disparities Report*. Retrieved August 4, 2008, from website: <http://www.ahrq.gov/qual/nhdr07/Chap3.htm>.
- Agency for Healthcare Research and Quality (2007). *National Healthcare Quality Report*. Retrieved June 24, 2008, from website: <http://www.ahrq.gov/qual/nhqr07/Chap4.htm>.
- California Code of Regulations, Title 28, Section 1300.68, *Grievance System*.
- California Department of Health Care Services. *2006-2007 QIPs Quarterly Status Reports*. Retrieved October 17, 2008, from website:
<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>, subheading:
Quality Improvement Project (QIP) Reports.
- California Department of Health Care Services. *Quality and Performance Improvement Program Requirements for 2007* (issued November 30, 2006). Retrieved October 17, 2008, from website:
<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>, see All Plan Letter No. 06-010.
- California Department of Health Care Services. *Quality and Performance Improvement Program Requirements for 2008* (issued September 25, 2007). Retrieved October 17, 2008, from website:
<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>, see All Plan Letter No. 07-013.
- California Department of Health Care Services. *Quarterly Submission of Grievance Logs* (issued July 7, 2003). Retrieved October 17, 2008, from website:
<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>, see All Plan Letter No. 03-008.

California Department of Health Care Services. *Report of the 2006 Performance Measures for Medi-Cal Managed Care Members, Report of the 2007 Performance Measures for Medi-Cal Managed Care Members, and Report of the 2008 Performance Measures for Medi-Cal Managed Care Members.* Retrieved August 12, 2008, from website: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>, see subheading: Performance Measurement (HEDIS) Reports.

California Department of Health Care Services. *Results of the 2007 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Medi-Cal Managed Care Health Plans.* Retrieved November 14, 2008, from website: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>, see subheading: Member Satisfaction Survey (CAHPS) Reports.

California Department of Health Care Services. *What is the Office of the Ombudsman?* Retrieved October 17, 2008, from MMCD Office of the Ombudsman webpage:
<http://www.dhcs.ca.gov/services/medi-cal/Pages/MMCDOfficeoftheOmbudsman.aspx>.

California Healthy Families, *HFP Quality (HEDIS) Reports.* Retrieved December 12, 2008, from website:
http://www.mrmib.ca.gov/MRMIB/quality_reports.html, subheading: 2007 Quality Measurement (HEDIS) Report.

Centers for Medicare and Medicaid Services, Definition of "Quality." Retrieved August 1, 2008, from website: <http://www.cms.hhs.gov/apps/glossary>.

Centers for Medicare and Medicaid Services, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)* (2003). Retrieved June 23, 2008, from website:
<http://www.cms.hhs.gov/MedicaidSCHIPQualPrac>, see subheading: Overview / Tools Tips and Protocols.

National Committee for Quality Assurance (2007), *Standards and Guidelines for the Accreditation of Managed Care Organizations.* Quality Improvements 5: Accessibility of Services.