



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Care 1st Partner Plan

Submitted by
Delmarva Foundation
December 2008

Table of Contents

2007 - 2008 Annual Report: Care 1st Partner Plan

Introduction	1
Definitions	1
Data Sources	2
Report Organization	3
Background	4
Quality of Care Assessment.....	5
Access to Care Assessment.....	14
Timeliness of Care Assessment.....	19
Comparison of Care 1st's 2007 and 2008 HEDIS Scores.....	26
Comparison of 2007 and 2008 HEDIS Measures by Model Type.....	26
Comparison to Other National and California State Programs.....	31
2007 Overall Strengths	36
2007 Recommendations	37
2007 Summary	37
2008 HEDIS Measure Strengths	37
2008 Recommendations	38
2008 Summary	38
Appendix A: HEDIS	A - 1
Appendix B: CAHPS	B - 1
References	References 1

2007 - 2008 Annual Report: Care 1st Partner 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 retained the services of the Delmarva Foundation for Medical Care, Inc. (Delmarva) as its EQRO during the period covered by this report 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 Care 1st Partner Plan ("Care 1st" 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 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 surveys. 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 conduct routine medical surveys (audits) to assess compliance with contract requirements and state regulations. Findings from any audits conducted during the period January 1, 2006, and December 31, 2007, will be discussed in this report.
- Grievance and appeal data by contracted plans submitted to the DHCS and reports prepared by MMCD’s Office of the Ombudsman during 2006 and 2007.

Report Organization

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

³ The annual *Report of the Performance Measures for Medi-Cal Managed Care Plans* is produced for the DHCS by the EQRO and includes 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

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 (1) Commercial Plans (CPs), which are commercially-operated managed care plans, and (2) Local Initiatives (LIs), which are community-developed managed care plans that operate as quasi-governmental agencies. In a Two-Plan model, 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.

Care 1st Partner Plan, a full-service health plan, has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since 1995. Care 1st was contracted as a GMC plan in Sacramento County from May 2005 through October 2007. Care 1st has had a GMC contract in San Diego County since February 2006.

Care 1st's GMC plan in Sacramento County discontinued operation in 2007. Care 1st began operation as a GMC plan in San Diego in 2006. The closure of the Sacramento County plan and start-up of the San Diego County plan affected the number of HEDIS scores reported in 2007 and 2008 that qualified as statistically valid. Care 1st's Sacramento County plan reported HEDIS scores for reporting year (RY) 2007, but since the plan discontinued operation in 2007, it was unable to report HEDIS scores for RY 2008. Furthermore, Care 1st's membership in San Diego County was too low in measurement year 2006 to provide the requisite sample sizes used in calculating RY 2007 HEDIS rates, so the San Diego plan was unable to report scores for that year. As a result, Care 1st submitted RY 2007 HEDIS rates only for the Sacramento County plan.

By RY 2008, Care 1st's San Diego County operation had sufficient membership to calculate valid rates for 13 of the 23 DHCS-required RY 2008 HEDIS measure indicators. The remaining RY 2008 HEDIS scores reported in San Diego County were reported as "NA" or not applicable for that year's DHCS-required measures. Since Care 1st was no longer in operation in Sacramento County, the plan submitted RY 2008 HEDIS rates only for the San Diego County plan.

As of December 2006, Care 1st's GMC Medi-Cal enrollment was 6,736 (4,246 in Sacramento County and 2,490 in San Diego County). Enrollment for Care 1st in Sacramento County at the time of plan closure, October 31, 2007, was 4,112. As of December 2007, Care 1st's San Diego County enrollment was 4,165.

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 that follows describes the measures used to assess Care 1st’s healthcare delivery with regard to quality.

HEDIS Performance Measures

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

Changes in HEDIS Performance Measures from 2007 to 2008

Health plans reported scores for 12 HEDIS measures for the RY 2007, which included multiple indicators for *Comprehensive Diabetes Care* and *Prenatal and Postpartum Care*. The RY 2007 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 in 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 for 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 comparing HEDIS rates for Care 1st with state and national benchmarks in order to assess plan performance. The plan's multi-year performance is also evaluated.

In some years, MMCD makes changes to the 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 plans 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 Care 1st’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 Care 1st Partner Plan to State and National Programs.

2007 Quality Measure	2007 Care 1st Sacramento County Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	83.7%	78.9%	82.5%
Chlamydia Screening in Women	50.5%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	NA	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	NA	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	NA	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	NA	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	NA	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	NA	81.0%	48.8%
Cervical Cancer Screening‡	42.2%	67.9%	65.0%

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans*.
† 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.
NA Denominator <30; rate invalid.

For RY 2007, Care 1st in San Diego County reported an “NA” rating for all nine measures in the quality domain. As a result, Delmarva did not include the results of San Diego County plan in Table 1.

For RY 2007, Care 1st in Sacramento County reported rates for two of the comparable measures. The plan scored better than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure. Care 1st in Sacramento County also scored lower than both benchmarks for the *Chlamydia Screening in Women* measure.

⁵ A Medi-Cal managed care weighted average has been calculated for each measure. A weighted average, unlike a simple average, accounts for variations in membership across plans.

2008 HEDIS Quality Performance Measures

Table 2 provides Care 1st'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 Care 1st Partner Plan to State and National Programs.

2008 Quality Measure	2008 Care 1st San Diego County Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	86.8%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^{††}	NA	28.4%	†
Use of Appropriate Medications for People With Asthma	NA	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	NA	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	NA	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [‡]	NA	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) [§]	NA	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening	NA	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL) [‡]	NA	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	NA	78.3%	74.6%
Cervical Cancer Screening	58.9%	68.7%	65.7%

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans*.
† The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis*, and a lower score is better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*, and a higher score is better.
‡ 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.
§ A lower rate for this measure is better as it represents better diabetes control.
¶ NCQA first-year measure in 2008; national benchmark not available in 2007.
NA Denominator <30; rate invalid.

For RY 2008, Care 1st in San Diego County had a higher rate than both benchmark performance rates for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure. Care 1st in San Diego County scored lower than both benchmarks on the *Cervical Cancer Screening* measure. MMCD retired the *Chlamydia Screening in Women* performance measure from the required measurement set for 2008.

CAHPS Survey Results Pertaining to Quality

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid surveys were administered to 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 Care 1st Partner Plan and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Care 1st Partner Plan Results		2007 Medi-Cal Managed Care Weighted Average*
		Sacramento County	San Diego County	
Getting Needed Care	Adult	29% [§]	26% [§]	40%
	Child	81% [§]	72% [§]	80%
	CSHCN†	79% [§]	78% [§]	‡
How Well Doctors Communicate	Adult	58%	70% [§]	59%
	Child	46%	54% [§]	52%
	CSHCN†	38% [§]	67% [§]	‡

* 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.
§ The plan received <100 responses to some of the questions in this area, so this result is not statistically valid.

Delmarva conducted the child and adult CAHPS surveys between February and May 2007. The number of 2007 CAHPS surveys received from plan members was strongly impacted by Care 1st’s discontinuation of operation in Sacramento County in October 2007 and start-up in San Diego County in 2006. CAHPS survey results are not statistically valid when the plan received less than 100 responses to some of the questions in a composite area.

In the CAHPS composite area, *Getting Needed Care*, both Sacramento County and San Diego County plans received less than 100 responses to some of the questions. Rates in Table 3 that are noted as not statistically valid are not discussed.

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

In the CAHPS composite area, *How Well Doctors Communicate*, fewer Sacramento County adult respondents indicated their doctor always communicated well compared to the Medi-Cal managed care weighted average (58% versus 59%, respectively). The same trend is seen with parent/guardian respondents in the composite area *How Well Doctors Communicate*. Fewer Sacramento County parent/guardian respondents indicated their doctor always communicated well compared to the 2007 Medi-Cal managed care weighted average (46% versus 52%, respectively).

The San Diego County plan received less than 100 responses to some of the questions in both Adult and Child categories of the CAHPS composite area, *How Well Doctors Communicate*. Rates in the above table that are noted as not statistically valid are not discussed here.

Quality Improvement Projects

Care 1st conducted two Quality Improvement Projects (QIPs) which were categorized in the quality domain for assessment purposes. Care 1st in San Diego County participated in the *CALINX Statewide Collaborative to Standardize Lab Reporting* and in the small group collaborative, *Reduce the Inappropriate Prescription of Antibiotics in Children with Upper Respiratory Infection*.

CALINX Statewide Collaborative to Standardize Lab Reporting (San Diego County)

Note: The plan's San Diego County population was too small to perform a meaningful analysis for the *CALINX Standardized Laboratory Reporting* project. No conclusions should be drawn from the rates shown below for this QIP. This plan closed the project during the fourth quarter of 2007.

➤ **Relevance:**

Care 1st in San Diego County cited a recent analysis that revealed its Quality Improvement Department only received approximately 45 percent of the lab results on its membership, leaving ample room for improvement.

➤ **Goal:**

Increase lab collection results by 20 to 30 percent over baseline by Remeasurement 2.

➤ **Best Interventions:**

- Developed a diabetic tracking database to ensure all diabetics are being tested appropriately.
- Contacted members in need of testing and made arrangements for appointments.
- Identified diabetics with abnormal results and sent educational materials and instructions for re-testing.

➤ **Outcomes:**

- Rate of diabetic member LDL results received:
 - ◊ 1/06-12/06: 0.0%
 - ◊ 1/07-6/07: 42.9%

- Rate of diabetic member HbA1c results received:
 - ◊ 1/06-12/06: 100%
 - ◊ 1/07-6/07: 35.7%
- Rate of diabetic member Microalbumin results received:
 - ◊ 1/06-12/06: 100%
 - ◊ 1/07-6/07: 64.3%
- Rate of member Pap Smear results received:
 - ◊ 1/06-12/06: 42.9%
 - ◊ 1/07-6/07: 46.8%

➤ **Attributes/Barriers to Outcomes:**

Barrier: The population was too small to perform a meaningful assessment or analysis.

Reduce the Inappropriate Prescription of Antibiotics in Children with Upper Respiratory Infection (San Diego County)

➤ **Relevance:**

Care 1st's HEDIS rates for *Appropriate Treatment for Children With Upper Respiratory Infection* (URI) were below the NCQA minimum performance level for reporting years 2006 and 2007 (as reported by Care 1st's Medi-Cal plan in Los Angeles County).

➤ **Goal:**

Achieve 76.7 percent on the HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* indicator by Remeasurement 1.

➤ **Best Interventions:**

Collaborative interventions were being developed during this reporting period.

➤ **Outcomes:**

- HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection*:
 - ◊ 2006 (Baseline): 71.7%

➤ **Attributes/Barriers to Outcomes:**

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

The QIP conducted by Care 1st in San Diego County was in the proposal stage at the time the report was prepared. Results cannot be provided until remeasurements are reported.

Medi-Cal Audit Findings

Care 1st was not audited during this reporting period.

Sustainability of Quality Indicators

Sustainability of quality improvement correlates with a health plan's ability to bring about positive change in health care processes. To display sustainability, Delmarva charts performance measurement results in a trend graph. To establish a trend, three or more years of sequential data must be available.

Delmarva chose three HEDIS measures to represent the quality domain: *Use of Appropriate Medications for People With Asthma*, *Cervical Cancer Screening*, and *Chlamydia Screening in Women*. HEDIS technical specification changes in 2006 for the *Use of Appropriate Medications for People With Asthma* measure resulted in more accurate identification of true asthmatics in the denominator. The *Cervical Cancer Screening* measure also had specification changes in 2007; however, both measures remained trendable over the four-year measurement period. Additionally, MMCD retired the *Chlamydia Screening in Women* measure in 2008.

Care1st in San Diego County received an "NA" for each of the HEDIS quality measures reported in 2007. Care1st in Sacramento County reported no rates for the quality measures in 2008. Since the plan had a limited amount of available data for the three quality-designated measures (reporting years 2004 through 2008), Delmarva did not provide a sustainability graph for these HEDIS measures.

Grievance and Ombudsman Reports

The Medi-Cal Managed Care Division (MMCD) requires contracted health plans to maintain grievance systems in accordance with the California Code of Regulations, 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 (DMHC), 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 provides assistance to members who have questions or problems related to provider and plan services, as well as other areas, such as Medi-Cal eligibility. The Office of the Ombudsman functions, in part, to help solve problems from a neutral standpoint to ensure that members receive all medically necessary covered services for which plans are contractually responsible. Complaints or issues that are not resolved immediately by the Office of the Ombudsman are entered into the Ombudsman Case Management System (OCMS) for tracking and follow-up. The Office of the Ombudsman also assists members who wish to request a formal hearing with the State Fair Hearings Board.

It should be noted that the DHCS monitors plans' quarterly grievance reports and MMCD Office of the Ombudsman monthly statistics in order to understand what aspects of provider and plan performance generate many or few grievances, calls, or requests for State Fair Hearings over time. Unusual patterns in grievances, calls, or hearing requests are discussed with plans when appropriate. The DHCS does not generally perceive any particular number of grievances, calls, or hearing requests as indicators of poor plan

performance. Rather, these statistics are an ongoing indication of the degree to which plan members are using the various avenues available to them to ask questions or raise concerns about healthcare quality and plan service.

Care 1st Partner Plan's Grievance Reports

Care 1st in San Diego County reported a total of 24 grievances in for the second, third and fourth quarters of 2006 and all quarters of 2007. Care 1st in Sacramento County had four grievances filed in the first quarter of 2006.

Office of the Ombudsman's Reports⁷

- 2006: 12 OCMS cases (0.4% of all cases; 1.77 cases per 1,000 members)
- 2006: 3 State Fair Hearings (0.3% of all cases; 0.44 cases per 1,000 members)
- 2007: 30 OCMS cases (0.7% of all cases; 3.49 cases per 1,000 members)
- 2007: 7 State Fair Hearings (1.4% of all cases; 0.82 cases per 1,000 members)

Summary of Quality

Delmarva assessed Care 1st's quality of care in four ways: HEDIS performance measure rates, CAHPS survey results, QIPs, and grievance and Ombudsman reports. Sustainability of improvement of quality indicators could not be assessed due to lack of data. No audit results were available for this reporting period.

For 2007 HEDIS, Care 1st in Sacramento County scored better than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the measure, *Appropriate Treatment for Children With Upper Respiratory Infection*. The plan scored lower than both benchmarks for the *Chlamydia Screening in Women* measure.

For 2008 HEDIS, Care 1st in San Diego County had higher rates than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure. The plan scored lower than both benchmarks on the *Cervical Cancer Screening* measure.

In the CAHPS composite area, *Getting Needed Care*, both of Care 1st's plans (Sacramento County and San Diego County) received less than 100 responses to some of the questions, meaning the results are not statistically valid for evaluation.

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

In the CAHPS composite area, *How Well Doctors Communicate*, fewer Care 1st Sacramento County adult respondents indicated their doctor always communicated compared to the Medi-Cal managed care weighted average (58% versus 59%, respectively). In the Child category, fewer parent/guardian respondents indicated their doctor always communicated well compared to the 2007 Medi-Cal managed care weighted average (46% versus 52%, respectively).

Care 1st’s San Diego County plan received less than 100 responses to some of the questions in both Adult and Child categories of the CAHPS composite area, *How Well Doctors Communicate*, meaning the results are not statistically valid for evaluation.

Care 1st in San Diego County submitted two QIPs in the quality area. For the QIP, *CALINX Statewide Collaborative to Standardize Lab Reporting*, the project’s population was too small for meaningful analysis and was closed during the reporting period. The other QIP, *Reduce the Inappropriate Prescription of Antibiotics in Children with Upper Respiratory Infection*, was in the proposal stage so no remeasurement results were available at the time this report was prepared.

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 the access domain for Care 1st 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 Care 1st’s 2007 results for these access-related HEDIS measures.

Table 4. 2007 HEDIS Access Measure Results Comparing Care 1st Partner Plan to State and National Programs.

2007 Access Measure	2007 Care 1st Sacramento County Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	43.7%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	51.1%	58.7%	57.0%

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

Since Care 1st’s San Diego County plan began in February 2006, the plan’s membership was too low to provide the requisite sample sizes used in calculating RY 2007 HEDIS rates.

Care 1st in Sacramento County reported 2007 HEDIS rates that were higher than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. The plan reported lower 2008 HEDIS rates for the *Prenatal and Postpartum Care—Postpartum Care* measure than both benchmarks.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows Care 1st’s 2008 results for access-related HEDIS measures.

Table 5. 2008 HEDIS Access Measure Results Comparing Care 1st Partner Plan to State and National Programs.

2008 Access Measure	2008 Care 1st San Diego County Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	40.6%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	63.2%	59.1%	59.1%
* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans</i> .			

As discussed earlier in the report, Care 1st’s Sacramento County plan discontinued operations before the end of 2007; therefore, the plan did not report 2008 HEDIS rates.

Care 1st in San Diego County reported a higher 2008 HEDIS rate than both the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure. The plan reported a higher 2008 HEDIS rate than the 2008 Medi-Cal managed care weighted average for the *Adolescent Well-Care Visits*, but lower than the 2007 HEDIS national Medicaid average.

CAHPS Survey Results Pertaining to Access

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

Table 6. 2007 CAHPS Access Survey Results Comparing Care 1st Partner Plan and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Care 1st Partner Plan Result		2007 Medi-Cal Managed Care Weighted Average*
		Sacramento County	San Diego County	
Getting Care Quickly	Adult	44%	51% [§]	45%
	Child	29% [§]	37% [§]	37%
	CSHCN†	22% [§]	44% [§]	‡

* 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.
 § The plan received <100 responses to some of the questions in this area, so this result is not statistically valid.

In the CAHPS composite area, *Getting Care Quickly*, only the Adult category of Care 1st’s Sacramento County plan tallied enough survey responses to yield statistically valid results. Fewer of the plan’s adult respondents indicated they always received care quickly compared to the 2007 Medi-Cal managed care weighted average (44% versus 45%, respectively).

The Child category for the Sacramento County plan and the Adult and Child categories for the San Diego County plan received less than 100 responses to some of the questions, so the rates in Table 6 are not statistically valid.

Quality Improvement Projects

In San Diego County, Care 1st engaged in a statewide collaborative improvement project categorized in the access domain, *Avoidable Emergency Room Visits*.

Avoidable Emergency Room Visits (San Diego County)

➤ **Relevance:**

The plan indicated that approximately 20 percent of the adult population had made at least one emergency room (ER) visit and 7.5 percent made at least two ER visits within the preceding 12 months. In 2006, 7.31 percent of ER visits were determined to be avoidable.

- **Goals:**
 - Decrease the rate of members seen in the ER to 30 percent by 2010.
 - Achieve a 10 percent reduction in avoidable ER visits by 2010.
- **Best Interventions:**

Collaborative interventions were being developed during the time this report was being prepared.
- **Outcomes:**
 - HEDIS rate of members seen in the ER:
 - ◊ 2006 (Baseline): 38.19 visits per 1,000 member months
 - Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006 (Baseline): 7.31%
- **Attributes/Barriers to Outcomes:**

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

Medi-Cal Audit Findings

Care 1st 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*.

Care 1st in Sacramento County reported *Prenatal and Postpartum Care—Postpartum Care* and *Adolescent Well-Care Visits* rates for 2007, but did not report rates for 2008. The plan did not report rates for San Diego County for *Prenatal and Postpartum Care—Postpartum Care* and *Adolescent Well-Care Visits* in 2007, but did report rates for these measures in 2008. Since the plan had a limited amount of available data for the two access-designated measures, Delmarva did not provide a sustainability graph for these HEDIS measures.

Summary of Access

Delmarva assessed Care 1st in three areas of the access domain: HEDIS performance measures, CAHPS survey rates, and QIPs. Sustainability of improvement of quality indicators could not be assessed due to lack of data. No audit results were available for this reporting period.

In the area of HEDIS measures, Care 1st in Sacramento County reported 2007 rates higher than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. In Sacramento County, the plan reported lower rates for the *Prenatal and Postpartum Care—Postpartum Care* measure than both benchmarks.

Care 1st in San Diego County reported a higher 2008 HEDIS rate than both the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure. In San Diego County, the plan reported a higher 2008 rate for the HEDIS *Adolescent Well-Care Visits* measure than the 2008 Medi-Cal managed care weighted average, but a lower rate than the 2007 HEDIS national Medicaid average.

In the CAHPS area, only the Adult category results of Care 1st's Sacramento County plan tallied enough survey responses in the composite area, *Getting Care Quickly*, to yield statistically valid results. Fewer of the plan's Sacramento County adult respondents indicated they always received care quickly compared to the 2007 Medi-Cal managed care weighted average in this composite area (44% versus 45%, respectively). The plan's Sacramento County Child category and San Diego County's Adult and Child categories received less than 100 responses to some of the questions in the composite area *Getting Care Quickly*, so the results are not statistically valid for evaluation.

In 2007, Care 1st initiated work on the new *Avoidable Emergency Room Visits* statewide collaborative QIP, but only baseline information was available at the time this report was prepared.

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 Care 1st's timeliness of care 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 Care 1st Partner Plan to State and National Programs.

2007 Timeliness Measure	2007 Care 1st Sacramento County Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	NA	48.6%	53.9%
Childhood Immunization Status—Combination 2	41.0%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	46.7%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	NA	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	64.8%	74.3%	63.3%

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans*.
† 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.
NA Denominator <30; rate invalid.

Since Care 1st's San Diego County plan began operation in February 2006, the plan's membership was too low to supply the requisite sample sizes used in calculating RY 2007 HEDIS rates.

For RY 2007, Care 1st in Sacramento County reported rates for three of the four comparable measures. In Sacramento County, Care 1st scored higher than the 2006 national Medicaid average for the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure, but scored lower than the 2007 Medi-Cal managed care weighted average for that same measure. In Sacramento County, the plan scored around 30 percent lower than both state and national benchmarks for *Childhood Immunization Status—Combination 2* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measures.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

For RY 2008, Delmarva used the same measures used for the RY 2007 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 Care 1st Partner Plan to State and National Programs.

2008 Timeliness Measure	2008 Care 1st Partner Plan San Diego County Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	NA	50.4%	49.1%
Childhood Immunization Status—Combination 2	69.2%	80.1%	73.3%
Childhood Immunization Status—Combination 3 [†]	61.5%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	88.2%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	53.3%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	72.3%	75.8%	66.8%

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans*.
[†] 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.
 NA Denominator <30; rate invalid.

As discussed earlier in the report, Care 1st’s Sacramento County plan discontinued operations before the end of 2007; therefore, the Sacramento plan did not report HEDIS rates for RY 2008.

In San Diego County, Care 1st reported 2008 HEDIS rates for four of the five comparable rates as follows:

- Care 1st in San Diego County scored higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the measure *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.
- The plan reported mixed results for the measure *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. The plan scored higher than the 2007 HEDIS national Medicaid, but scored lower than the 2008 Medi-Cal managed care weighted average.
- The plan scored lower than both benchmarks on two measures: *Childhood Immunization Status—Combination 2* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

CAHPS Survey Results Pertaining to Timeliness

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

Table 9. 2007 CAHPS Timeliness Survey Results Comparing Care 1st Partner Plan to the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Care 1st Partner Plan Result		2007 Medi-Cal Managed Care Weighted Average*
		Sacramento County	San Diego County	
Courteous and Helpful Office Staff	Adult	†	†	†
	Child	46%	46%¶	52%
	CSHCN‡	45%¶	58%¶	§
Health Plan's Customer Service	Adult	43%¶	34%¶	45%
	Child	68%¶	90%¶	79%
	CSHCN‡	71%¶	90%¶	§

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

In the composite area *Courteous and Helpful Office Staff*, only the Child category of the Care 1st in Sacramento County plan tallied enough survey responses to yield statistically valid results. Fewer Sacramento County plan parent/guardian respondents of child members indicated they always received courteous and helpful assistance from the staff compared to the 2007 Medi-Cal managed care weighted average in this composite area (46% versus 52%, respectively). The San Diego County plan received less than 100 responses to some of the questions in Adult and Child categories in this composite area. Rates in the above table that are noted as not statistically valid are not discussed here.

In the composite area, *Health Plan's Customer Service*, both the Sacramento County and San Diego County plans received less than 100 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

Care 1st engaged in three QIPs categorized in the timeliness domain: *Healthy Start Prenatal and Postpartum Program*, *Increasing Member Compliance with Initial Health Assessments*, and the small group collaborative project, *Childhood Obesity*.

Healthy Start Prenatal and Postpartum Program (San Diego County)

➤ **Relevance:**

The timing and quality of prenatal care that a woman receives during her pregnancy has a critical influence on the infant's health and survival. Late or no entry into prenatal care is associated with adverse pregnancy outcomes, such as an increased risk of low birth weight, premature birth, neonatal mortality, and maternal mortality. Care 1st in San Diego County used the following 2003 Los Angeles County rates to establish relevance for the topic selected since Care 1st was new to San Diego County at the time of baseline measurement: timeliness of prenatal care was 46 percent and timeliness of postpartum care was 42 percent.

➤ **Goals:**

- Increase the rate of pregnant women being referred for the Comprehensive Prenatal Services Program (CPSP) by 25 percent by Remeasurement 2.
- Achieve 74.2 percent for the HEDIS *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator by Remeasurement 2.
- Achieve 49.7 percent for the HEDIS *Prenatal and Postpartum Care—Postpartum Care* indicator by Remeasurement 2.

➤ **Best Interventions:**

- Offered member incentives such as free strollers for keeping prenatal appointments, and gift cards for keeping the postpartum appointment.
- Offered provider incentives such as additional payments for members keeping their postpartum appointments.

➤ **Outcomes:**

- Rate of pregnant women being referred for CPSP services:
 - ◊ 2006 (Baseline): 23.08%
- HEDIS *Prenatal and Postpartum Care—Timeliness of Prenatal Care*:
 - ◊ 2006 (Baseline): 46.15%
- HEDIS *Prenatal and Postpartum Care—Postpartum Care*:
 - ◊ 2006 (Baseline): 46.15%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: The MCO's population was too small to provide any meaningful data or analysis.
- Attribute: Although this was a baseline study with a very small population, it is based on a successful Los Angeles County project. The program should prove successful in improving referral rates to CPSP services, as well as improving prenatal and postpartum visit rates.

Care 1st in San Diego County reported its *Healthy Start Prenatal and Postpartum Program* project using an extremely small population; therefore, results were not meaningful. Due to the change in the DHCS requirement of QIPs (number of QIPs reduced from four to two), this project was closed during the fourth quarter of 2007.

Increasing Member Compliance with Initial Health Assessments (San Diego County)

➤ **Relevance:**

An initial health assessment (IHA) is an integral component of establishing baseline health information that health care providers may use in developing patient-specific treatment plans and intervention strategies. Medi-Cal managed care plans are required to provide its members the opportunity to receive an IHA within 120 days of enrollment for members over 18 months of age and within 60 days of enrollment for members less than 18 months of age. The plan's assessment of compliance (2006 data) revealed that many new members were not obtaining their IHAs could not show sufficient proof that members have been advised.

➤ **Goal:**

Achieve 47 percent on the IHA indicator by 2007.

➤ **Best Intervention:**

Initiated a phone contact system to remind members to schedule appointments.

➤ **Outcomes:**

Members with a completed IHA:

- Qtr 3 2006 (Baseline): 41.17%
- Qtr 4 2006 (Remeasurement 1): 22.38%
- Qtr 1 2007 (Remeasurement 2): 46.96%
- Qtr 2 2007 (Remeasurement 3): 47.45%

➤ **Attributes/Barriers to Outcomes:**

Attribute: Implemented a new process that included mailing documentation of IHA refusals and/or confirmation that the service had been completed to PCPs.

Improvement was documented for the *Increasing Member Compliance with Initial Health Assessments* project. This QIP was closed during the fourth quarter of 2007 because of the change in the DHCS QIPs requirement.

Childhood Obesity (San Diego County)

➤ **Relevance:**

Care 1st indicated that childhood obesity impacts at least 16 percent of its membership and is a high-risk condition.

➤ **Goals:**

- Decrease the percentage of 2 to 4 year-old children with a Body Mass Index (BMI) above the 95th percentile by five percent by Remeasurement 2.
- Decrease the percentage of 5 to 19 year-old children with a BMI above the 95th percentile by five percent by Remeasurement 2.
- Decrease the percentage of minority populations in San Diego County who are disproportionately affected by obesity—particularly African Americans, Hispanics, and Native American women—by five percent by Remeasurement 2.

➤ **Best Intervention:**

Interventions were not submitted in the baseline project submission.

➤ **Outcomes:**

- Rate of children 2 to 4 years old with a BMI above the 95th percentile:
 - ◊ 2006 (Baseline): 0%
- Rate of children 5 to 19 years old with a BMI above the 95th percentile:
 - ◊ 2006 (Baseline): 14%
- Prevalence of obesity by ethnicity:
 - ◊ 2006 (Baseline) Hispanic: 25%
 - ◊ 2006 (Baseline) African American: 0% (not submitted)
 - ◊ 2006 (Baseline) Caucasian: 0% (not submitted)

➤ **Attributes/Barriers to Outcomes:**

- Not applicable as the QIP was in its proposal stage.
- Barrier: Data provided was not meaningful, as the population was too small.

Data was not meaningful for the *Childhood Obesity* small group collaborative project, as the population was too small. This project was closed during the fourth quarter of 2007.

Medi-Cal Audit Findings

The plan was not audited during this reporting period.

Sustainability of Timeliness of Care Measures

Sustainability of timeliness relates to the plan's delivery of screening tests, preventive health visits, and/or preventive health procedures early enough to prevent the consequences of delayed care. Delmarva chose four measures to represent timeliness for this assessment: *Breast Cancer Screening*, *Childhood Immunization Status—Combination 2*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the First 15 Months of Life*.

As with the quality and access domains, the plan had a limited amount of available data for the four timeliness-designated measures. For that reason, Delmarva did not provide a sustainability graph for these HEDIS measures.

Summary of Timeliness of Care

Delmarva assessed Care 1st in three areas of the timeliness domain: HEDIS performance measure rates, CAHPS survey results, and QIPs. Sustainability of improvement of quality indicators could not be assessed due to lack of data. No audit results were available for this reporting period.

For 2007 HEDIS measures, Care 1st in Sacramento County reported rates for three of the four comparable timeliness measures. The plan scored higher than the 2006 national Medicaid average for the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure, but lower than the 2007 Medi-Cal managed care weighted average for that same measure. The plan scored around 30 percent lower than both state and national benchmarks for *Childhood Immunization Status—Combination 2* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measures.

For 2008 HEDIS measures, Care 1st in San Diego County reported rates for four of the five comparable timeliness measures. The plan scored higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the measure *Prenatal and Postpartum Care—Timeliness of Prenatal Care*. The plan also scored higher than the 2007 HEDIS national Medicaid, but lower than the 2008 Medi-Cal managed care weighted average *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. The plan scored lower than both benchmarks on two measures: *Childhood Immunization Status—Combination 2* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

For the CAHPS composite *Courteous and Helpful Office Staff*, fewer Sacramento County plan parent/guardian respondents of child members indicated they always received courteous and helpful assistance from the staff compared to the 2007 Medi-Cal managed care weighted average in this composite area (46% versus 52%, respectively). The Sacramento County and San Diego County plans received less than 100 responses to some of the questions in Adult and Child categories for the balance of the CAHPS composites *Courteous and Helpful Office Staff* and *Health Plan's Customer Service*, so the results were not statistically valid for evaluation.

Care 1st in San Diego County engaged in three QIPs categorized in the timeliness domain. The plan demonstrated improvement in the *Increasing Member Compliance with Initial Health Assessments* project. The populations were too small for meaningful analysis for the other two projects, *Childhood Obesity* and the *Healthy Start Prenatal and Postpartum Program*. All three QIPs were closed during 2007.

Comparison of Care 1st's 2007 and 2008 HEDIS Scores

Due to the closing of Care 1st's GMC Sacramento County operation in 2007 and the start-up of the GMC plan in San Diego in 2006, the plan reported HEDIS scores only for Sacramento County in 2007 and San Diego County in 2008. As a result, Delmarva cannot compare Care 1st's 2007 and 2008 HEDIS scores.

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, 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.

Care 1st is contracted in Sacramento County as a GMC-North plan and in San Diego County as a GMC-South plan. Tables 10 (2007) and 11 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared. Note that averages are not ranked (1 through 5) on measures to which MPLs and HPLs were not applied.

Table 10. Comparison of 2007 Medi-Cal Managed Care Weighted Averages by Plan Type.

2007 Performance Measure	Rate (ranking among plan types)				
	COHS Model & Plan Type*	Two-Plan Model		GMC Model	
		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%

* 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 some beneficiaries.

‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

§ For this measure, a lower score indicates better performance.

¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.

Care 1st provides services under two plan types, GMC-North (Sacramento) and GMC-South (San Diego). For reporting year 2007, GMC-N plans ranked as follows:

- GMC-N plans did not rank first of the five plan types in any of the HEDIS measures.
- GMC-N plans ranked second of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
- GMC-N plans ranked third of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*
- GMC-N plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-N plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Comprehensive Diabetes Care—HbA1c Testing*

For reporting year 2007, GMC-S plans ranked as follows:

- GMC-S plans ranked first of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
- GMC-S plans ranked second of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Adolescent Well-Care Visits*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-S plans ranked third of the five plan types in the HEDIS measure *Comprehensive Diabetes Care—HbA1c Testing*.
- GMC-S plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- GMC-S plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*

Table 11. Comparison of 2008 Medi-Cal Managed Care Weighted Averages by Plan Type.

2008 Performance Measure	Rate (ranking among plan types)				
	COHS Model & Plan Type*	Two-Plan Model		GMC Model	
		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	Rate (ranking among plan types)				
	COHS Model & Plan Type*	Two-Plan Model		GMC Model	
		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
<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 some 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>§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.</p> <p>¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.</p>					

For reporting year 2008, GMC-N plans ranked as follows:

- GMC-N plans ranked first of the five plan types for the HEDIS measure *Appropriate Treatment for Children With Upper Respiratory Infection*.
- GMC-N plans did not rank second of the five plan types in any of the HEDIS measures.
- GMC-N plans ranked third of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Adolescent Well-Care Visits*
 - *Cervical Cancer Screening*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-N plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Breast Cancer Screening*
 - *Use of Appropriate Medications for People with Asthma*

- GMC-N plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

For reporting year 2008, GMC-S plans ranked as follows:

- GMC-S plans did not rank first of the five plan types in any of the HEDIS measures.
- GMC-S plans ranked second of the five plan types in the following HEDIS measures:
 - *Breast Cancer Screening*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- GMC-S plans ranked third of the five plan types in the following HEDIS measures:
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening*
- GMC-S plans ranked fourth 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*
 - *Cervical Cancer Screening*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-S 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*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*

Comparison to Other National and California State Programs

In each of the quality, access, and timeliness assessments provided earlier in this report, Care 1st'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—with national commercial averages and the California Healthy Families Program averages. The Healthy Families Program, administered by the California 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 12 and 13.

Table 12. 2007 Performance Measurement Rates Comparing Care 1st Partner Plan to National and State Programs.

2007 Performance Measure	2007 Care 1st Sacramento County Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 California Healthy Families Average†
Childhood Immunization Status—Combination 2	41.0%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	NA	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	64.8%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	43.7%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	46.7%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	51.1%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	50.5%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	NA	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	42.2%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	NA	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	83.7%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶§	NA	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	NA	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	NA	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening§	NA	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	NA	81.0%	48.8%	55.1%	‡

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans*.
† 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.
NA Denominator <30; rate invalid.

For RY 2007, Care 1st San Diego County rates were NAs on 16 out of 16 HEDIS indicators, so that plan was not included in Table 12. Care 1st in Sacramento County reported statistically valid rates for 8 of the 16 HEDIS indicators, and the balance of the rates were either not comparable due to MPLs and HPLs not having been established for RY2007 or because the plan reported NAs. In this section, Delmarva focused on comparing Care 1st's 2007 performance in Sacramento County to national, state and California Healthy Families benchmarks.

- Care 1st in Sacramento County reported 2007 rates higher than the national commercial averages for four of the seven comparable HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Adolescent Well-Care Visits*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- Care 1st in Sacramento County scored higher than all benchmarks on the following measures:
 - *Adolescent Well-Care Visits*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- Care 1st in Sacramento County had mixed results on two measures:
 - *Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (The plan scored higher than the national Medicaid and commercial averages, but lower than the Medi-Cal managed care weighted average and the 2007 California Healthy Families average.)
 - *Chlamydia Screening in Women* (The plan scored higher than the national commercial and California Healthy Family averages, but lower than the Medi-Cal managed care weighted average and the national Medicaid average.)

- Care 1st in Sacramento County reported lower rates than other comparable benchmarks for the measures:
 - *Childhood Immunization Status—Combination 2*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Prenatal and Postpartum Care—Postpartum Care*

Table 13. 2008 Performance Measurement Rates Comparing Care 1st Partner Plan to National and State Programs.

2008 Performance Measure	2008 Care 1st San Diego County Rate ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 California Healthy Families Average ^(b)
Childhood Immunization Status—Combination 2	69.2%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3 ^(c)	61.5%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	53.3%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	72.3%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	40.6%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	88.2%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	63.2%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	NA	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	58.9%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	NA	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	86.8%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^(e)	NA	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	NA	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	NA	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) ^(e)	NA	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{(e)(f)}	NA	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	NA	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) ^(e)	NA	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	NA	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Care 1st San Diego Rate ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 California Healthy Families Average ^(b)
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) ^{(c) (g)}	139.5	271.6	318.0	296.7	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ^{(c) (g)}	36.4	37.3	57.0	16.7	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Visits per 1,000 Member Months) ^{(c) (g)}	1.1	2.6	5.3	10.5	(d)
Ambulatory Care—Observation Room Stays (Total Visits per 1,000 Member Months) ^{(c) (g)}	0.8	0.8	1.8	0.8	(d)

(a) Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans*.
 (b) 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
 (c) Due to first-year reporting requirements, MPLs and HPLs were not established for 2008. The rate is displayed for informational purposes only and will not be compared to benchmarks.
 (d) Healthy Families did not report data on these measures.
 (e) 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis*, and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*, and a higher score is better.
 (f) This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.
 (g) MMCD has yet to determine whether to apply an MPL or HPL to the *Ambulatory Care* measure. Scores are reported, but no conclusions should be drawn regarding plan performance in this area.
 NA Denominator <30; rate invalid.

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

For RY 2008, Care 1st rates in Sacramento County were NAs on all 23 HEDIS indicators, so that plan was not included in Table 13. In San Diego County, Care 1st reported statistically valid rates for 10 of the 23 HEDIS indicators, and the balance of the rates were either not comparable because MPLs and HPLs have not been established for RY 2008 or because the plan reported NAs.

In this section, Delmarva focused on comparing Care 1st’s 2008 performance in San Diego County to national, state and California Healthy Families benchmarks.

- For 2008, Care 1st reported rates in San Diego County that were higher than the national commercial average for three of the eight comparable HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Adolescent Well-Care Visits*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- In San Diego County, the plan's 2008 HEDIS rates were higher than all benchmark rates for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure.

- In San Diego County, Care 1st showed mixed results for the following 2008 HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (The plan scored higher than the national Medicaid average and the national commercial average, but lower than the Medi-Cal managed care weighted average and the California Healthy Families averages.)
 - *Adolescent Well-Care Visits* (The plan scored higher than the Medi-Cal managed care weighted average and the national commercial average, but lower than the national Medicaid and California Healthy Families averages.)
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (The plan scored higher than the Medi-Cal managed care weighted average and the national Medicaid average, but lower than the national commercial average.)
 - *Prenatal and Postpartum Care—Postpartum Care* (The plan scored higher than the Medi-Cal managed care weighted and national Medicaid averages, but lower than the national commercial average.)

- In San Diego County, Care 1st's 2008 rates were lower than all benchmark rates for the following 2008 HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the First 15 Months of Life*
 - *Cervical Cancer Screening*

2007 Overall Strengths

- In the quality domain, Care 1st's 2007 HEDIS scores in Sacramento County were better than all state and national benchmarks for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure.
- In the access domain, the plan's 2007 HEDIS scores in Sacramento County were better than all state and national benchmarks for the *Adolescent Well-Care Visits* measure.
- In the timeliness domain, Care 1st in San Diego County demonstrated improvement in the QIP, *Increasing Member Compliance with Initial Health Assessments*.

2007 Recommendations

In Sacramento County, Care 1st reported lower rates than other comparable benchmarks for the measures:

- *Childhood Immunization Status—Combination 2*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*

The CAHPS results for Care 1st in Sacramento County show that, in the Child category of the CAHPS composite area *How Well Doctors Communicate*, fewer parent/guardian respondents indicated their doctor always communicated well compared to the 2007 Medi-Cal managed care weighted average (46% versus 52%, respectively).

2007 Summary

Care 1st in Sacramento County reported invalid rates or rates with reporting populations too small to provide meaningful analysis for some of the HEDIS measures and CAHPS results. Because the Sacramento plan ceased operations in November 2007, Delmarva cannot provide a meaningful summary of 2007 results.

Similarly, Care 1st in San Diego County was in start-up mode during 2007 and had NA scores for all of the 2007 HEDIS measures. Delmarva recommends the Care 1st plan in San Diego County identify some of the factors that contributed to its success in improving its rates on the QIP *Increasing Member Compliance with Initial Health Assessments* and try to apply some of the same approaches to its current QIPs.

2008 HEDIS Measure Strengths

Since Care 1st discontinued its operation in Sacramento County in November 2007, the plan's HEDIS scores were not included in 2008 comparisons.

Care 1st in San Diego County is performing well in a few areas. In the quality domain, the plan's 2008 HEDIS rate was higher than all benchmark rates for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure. Additionally, Care 1st in Sacramento County performed well by scoring higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the following 2008 HEDIS measures:

- In the access domain, *Prenatal and Postpartum Care—Postpartum Care*.
- In the timeliness domain, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

2008 Recommendations

Delmarva's assessment of Care 1st 2008 HEDIS scores in San Diego County in the areas of quality, access, and timeliness has identified some opportunities for improvement. Delmarva recommends that the plan focus on why its performance on the HEDIS measures *Childhood Immunization Status—Combination 2*, *Well-Child Visits in the First 15 Months of Life*, and *Cervical Cancer Screening* was poorer than all other benchmarks.

2008 Summary

Delmarva could not assess thoroughly Care 1st's 2008 HEDIS scores since no previous results were available for comparison and several HEDIS scores were invalid due to small sample size of membership.

Appendix A: HEDIS®

HEDIS Background

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

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

HEDIS Domains of Care

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

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

DHCS-Required Measures

2007 DHCS-Required HEDIS Measures

For reporting year 2007, 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.”

* MPLs/HPLs were not applied to these measures in 2007.

2008 DHCS-Required HEDIS Measures

For reporting year 2008, 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 Plans* 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.”

* MPLs/HPLs were not applied to these measures in 2008.

The *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans* and the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans* (“*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*. Care 1st’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 Medi-Cal managed care 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/guardian's responses to the CCC survey-based screening tool. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs. After Sample A was drawn, an oversample (Sample B) was drawn as required by NCQA sampling methodology. Sample B contains the CCC Measurement Set. The prescreening process described above identified these children. Therefore, it is important to note that the CCC population data set is a subset of Sample A/General Population and the CCC population may also have been included in the results for Sample B.

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

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 Plans, Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans, and Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans.* Retrieved August 12, 2008, from website: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsRpts.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/MMCDQualPerfMsRpts.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/MMCDOofficeoftheOmbudsman.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.