Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Health Plan of San Mateo

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DHCS
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Improving Health in the Communities We Serve

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Introduction

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

Federal law pertaining to Medicaid managed care programs (42 CFR § 438.240) requires the DHCS to contract with an External Quality Review Organization (EQRO) to independently evaluate the quality of care provided to Medi-Cal beneficiaries enrolled in any of California's managed care plans. The DHCS 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 Health Plan of San Mateo ("HPSM" 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 Medi-Cal Managed Care Division'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 the GMC model, enrollees choose from several commercially-operated plans within a certain geographic area.

Health Plan of San Mateo (HPSM) is a full-service, not-for-profit health plan contracted in San Mateo County as a COHS plan. HPSM has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since July 31, 1998. As of December 2007, the plan's Medi-Cal enrollment was 50,114 members.

Quality of Care Assessment

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

HEDIS Performance Measures

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

Changes in HEDIS Performance Measures from 2007 to 2008

Health plans reported on 12 measures for the HEDIS 2007 reporting year, which included multiple indicators for *Comprehensive Diabetes Care* and *Prenatal and Postpartum Care* measures. The 2007 reporting year represents the data collection period January through December 2006. The Medi-Cal Managed Care Division (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 displaying HEDIS rates for HPSM and state and national benchmarks used for assessing plan performance. The plan's multi-year performance is also evaluated.

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

2007 HEDIS Quality Performance Measures

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

Table 1. 2007 HEDIS Quality Measure Results Comparing Health Plan of San Mateo to State and National Programs.

2007 Quality Measure	2007 Health Plan of San Mateo Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	90.2%	78.9%	82.5%
Chlamydia Screening in Women	60.6%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	60.6%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	89.0%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.7%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	84.2%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	79.8%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	79.6%	81.0%	48.8%
Cervical Cancer Screening‡	55.0%	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.

HPSM's 2007 scores were better than the 2007 Medi-Cal managed care weighted average and 2006 national Medicaid average in all five of the comparable HEDIS measures in the quality domain:

- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Chlamydia Screening in Women*
- *Use of Appropriate Medications for People With Asthma*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Testing.*

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

2008 HEDIS Quality Performance Measures

Table 2 provides HPSM'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 Health Plan of San Mateo to State and National Programs.

2008 Quality Measure	2008 Health Plan of San Mateo Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	91.4%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡	28.2%	28.4%	†
Use of Appropriate Medications for People With Asthma	89.7%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	53.1%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	80.9%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)‡	28.9%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)‡§	49.1%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening	74.8%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)‡	31.3%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	80.0%	78.3%	74.6%
Cervical Cancer Screening	60.4%	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 was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score is better.
‡ 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.
§ A lower rate for this measure is better as it represents better diabetes control.
¶ NCQA first-year measure in 2008; national benchmark not available in 2007.

MMCD retired the *Chlamydia Screening in Women* performance measure from the required HEDIS measurement set for 2008. Seven of the 2008 reporting year HEDIS measures were comparable to the other benchmarks.

- HPSM's 2008 scores were higher than both the 2008 Medi-Cal managed care weighted average and 2007 national Medicaid average in three of the seven comparable HEDIS measures in the quality domain:
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Use of Appropriate Medications for People With Asthma*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- HPSM's 2008 scores were lower than both benchmarks for the *Cervical Cancer Screening* measure.

CAHPS Survey Results Pertaining to Quality

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

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

Table 3. 2007 CAHPS Quality Survey Results Comparing Health Plan of San Mateo to Medi-Cal Managed Care Weighted Averages.

2007 CAHPS Composite	Population	2007 Health Plan of San Mateo Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Needed Care	Adult	47%	40%
	Child	79%	80%
	CSHCN†	77%	‡
How Well Doctors Communicate	Adult	63%	59%
	Child	63%	52%
	CSHCN†	60%	‡

* 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.

For the 2007 CAHPS composite *Getting Needed Care*, 47 percent of HPSM's adult members felt they were always able to get the care they needed—seven percentage points higher than the benchmark. In the Child

[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.

category, parents/guardians of child members appeared more pleased than the adult population in this composite; however, the plan's score in the Child category fell one percentage point below the Medi-Cal managed care weighted average (79% versus 80%, respectively).

In the composite *How Well Doctors Communicate*, 63 percent of HPSM's adult members indicated their doctor always communicated well—four percentage points higher than the 2007 Medi-Cal managed care weighted average. HPSM's score in the Child category of this composite exceeded the benchmark by 11 percentage points (63% versus 52%, respectively).

Quality Improvement Projects

One of HPSM's Quality Improvement Projects (QIPs)—*Increasing Cervical Cancer Screening*—is categorized in the quality domain for assessment purposes. The QIP and its results are discussed below:

Increasing Cervical Cancer Screening

- ***Relevance:***

  HPSM reports its members are considered a high-risk group for cervical cancer due to their low socioeconomic status and their racial and ethnic backgrounds.

- ***Goal:***

  Increase the *Cervical Cancer Screening* HEDIS measure rate to reach the 25th percentile of the national Medicaid average.

- ***Best Interventions:***
  - HPSM administrative data identified 1,200 women as being past due for a Pap test.
  - A reminder protocol for women due for a Pap test included information about *Bath and Body Works* incentives, Pap tests, provider lists, and an appointment confirmation letter. This was to be implemented and carried out by the health promotion specialist.
  - Outreach and education was to be provided to women about cervical cancer and receiving a Pap test.

- ***Outcomes:***
  - HEDIS *Cervical Cancer Screening* measure:
    - 2006 (Baseline): 55%

- ***Attributes and Barriers to Outcomes:***
  - Barrier: Lack of awareness by members of the importance of a Pap test.
  - Barrier: Lack of provider awareness of the challenges the HPSM members encounter in navigating the healthcare system.

The *Increasing Cervical Cancer Screening* QIP was in the baseline phase at the time this report was prepared by Delmarva. Remeasurement results were not yet available for comparison, so the QIP's effectiveness could not be assessed.

Medi-Cal Audit Findings

Plans are required to submit to a routine medical survey (audit) at least once every three years to evaluate a plan's compliance with the requirements of the Knox-Keene Act. The medical performance audits are jointly conducted by the DHCS and the Department of Managed Health Care. HPSM was not audited during this reporting period.

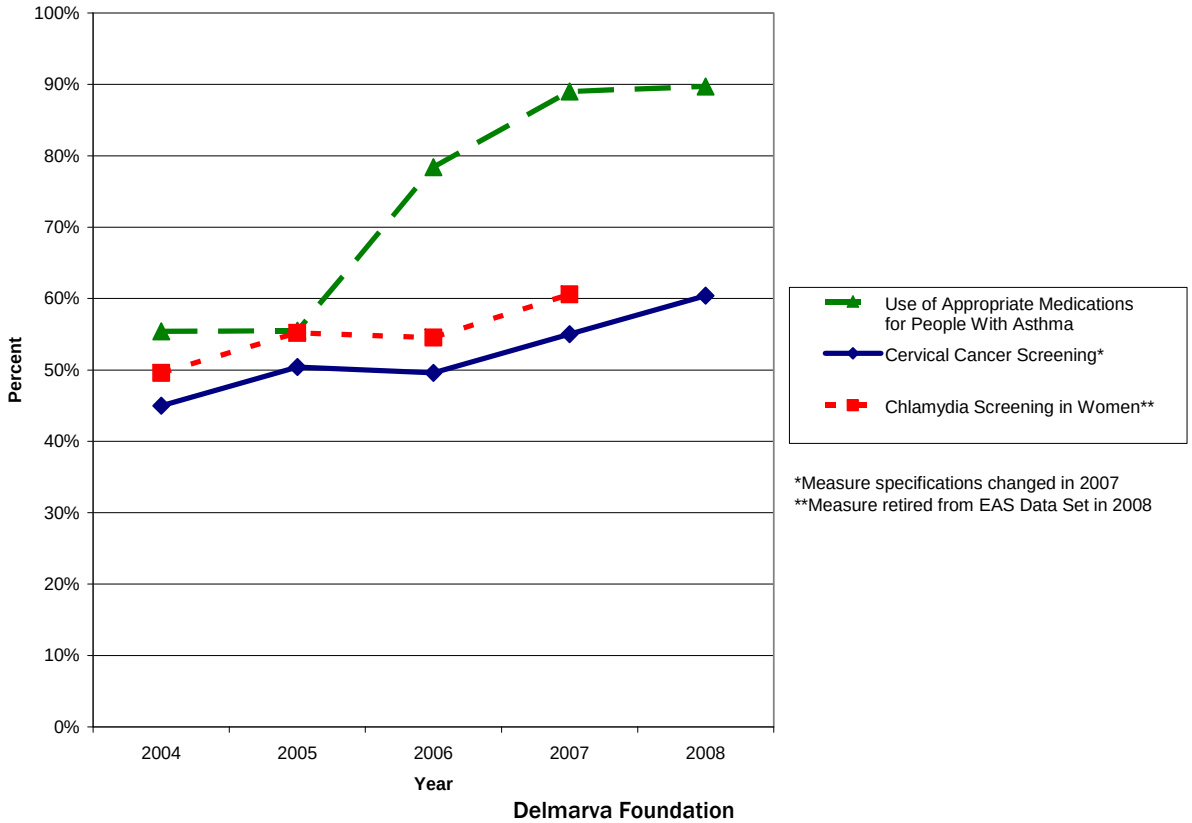
Sustainability of Quality Indicators

Sustainability of quality improvement correlates with a health plan's ability to bring about positive change in health care processes. Performance measurement results can be trended when three or more years of data are available. For the purpose of this report, a plan's ability to achieve sustainability is generally categorized as follows:

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

Delmarva chose three measures to represent the quality domain: *Use of Appropriate Medications for People With Asthma, Cervical Cancer Screening*, and *Chlamydia Screening in Women*. Figure 1 shows the plan's sustainability of performance for those measures in a trending graph.

Figure 1. Health Plan of San Mateo's Sustainability of Quality of Care Indicators.



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

HPSM showed sustained improvement in the quality of care measure *Chlamydia Screening in Women* over a three-year measurement period and in 2008, MMCD retired the measure. The plan demonstrated sustained improvement for both the *Cervical Cancer Screening* and *Use of Appropriate Medications for People With Asthma* measures. In 2008, the plan's rate for the *Use of Appropriate Medications for People With Asthma* measure leveled out at a rate almost 35 percent higher than its 2005 rate.

Grievance and Ombudsman Reports

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, with detailed information about pending grievances and those that were not resolved within 30 days (MMCD All Plan Letter No. 03-008).

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

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

Health Plan of San Mateo's Grievance Reports

Members filed 35 grievances registered with HPSM during 2006 (three quarters). In 2007 (four quarters), 34 grievances were filed with the plan. Grievance issues during 2006 and 2007 included provider/staff relationship, denial of service, quality of care/service, access, benefits, claims, treatment, and enrollment/disenrollment.

Office of the Ombudsman's Reports[7]

- 2006: 154 OCMS cases (5.0 percent of all cases; 4.370 cases per 1,000 members)
- 2006: 6 State Fair Hearings (0.6 percent of all cases; 0.170 cases per 1,000 members)
- 2007: 100 OCMS cases (2.2 percent of all cases; 2.790 cases per 1,000 members)
- 2007: 7 State Fair Hearings (1.4 percent of all cases; 0.195 cases per 1,000 members)

Summary of Quality

Delmarva assessed HPSM's quality of care in five ways: HEDIS performance measure results, CAHPS survey results, QIPs results, grievance and Ombudsman reports, and sustainability of quality indicator results.

In 2007, HPSM's scored better than the 2007 Medi-Cal managed care weighted average and 2006 national Medicaid average in all five of the comparable HEDIS measures in the quality domain.

In 2008, HPSM's scored better than both the 2008 Medi-Cal managed care weighted average and 2007 national Medicaid average in three of the seven comparable HEDIS measures in the quality domain. The plan scored worse than both benchmarks for one measure—*Cervical Cancer Screening*.

The results of the 2007 CAHPS showed that HPSM's adult members felt they were always able to get the care they needed at a higher rate than the Medi-Cal managed care weighted average. In the Child category of that same composite, the plan fell below the Medi-Cal managed care weighted average. For the CAHPS composite *How Well Doctors Communicate*, HPSM's members indicated their doctor always communicated well at a higher rate than the 2007 Medi-Cal managed care weighted average in both Adult and Child categories.

The quality-designated QIP on *Increasing Cervical Cancer Screening* was in its baseline phase at the time this report was prepared, so no results could be included in this report.

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

No medical performance audit was conducted for HPSM during this reporting period; therefore, Delmarva could not include audit results in this report.

Finally, in the sustainability area, HPSM demonstrated sustained improvement for *Chlamydia Screening in Women*, *Cervical Cancer Screening*, and *Use of Appropriate Medications for People With Asthma* measures.

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 HPSM 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 HPSM's 2007 results for these access-related HEDIS measures.

Table 4. 2007 HEDIS Access Measure Results Comparing Health Plan of San Mateo to State and National Programs.

2007 Access Measure	2007 Health Plan of San Mateo Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	33.8%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	55.0%	58.7%	57.0%
* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans*.			

HPSM reported scores lower than both the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows the HPSM's 2008 results for access-related HEDIS measures.

Table 5. 2008 HEDIS Access Measure Results Comparing Health Plan of San Mateo to State and National Programs.

2008 Access Measure	2008 Health Plan of San Mateo Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	34.8%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	54.3%	59.1%	59.1%

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

HPSM reported 2008 scores lower than both the Medi-Cal managed care weighted average and the national Medicaid average for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures.

CAHPS Survey Results Pertaining to Access

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

Table 6. 2007 CAHPS Access Survey Results Comparing Health Plan of San Mateo to the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Health Plan of San Mateo Result	2007 Medi-Cal Managed Care Weighted Average*
Getting Care Quickly	Adult	51%	45%
	Child	41%	37%
	CSHCN†	45%	‡

* 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.

HPSM's 2007 CAHPS score for the composite *Getting Care Quickly* showed 51 percent of adult members indicated they always received care quickly, six percentage points higher than the Medi-Cal managed care weighted average. Forty-one percent of responding parents/guardians of HPSM's child members indicated they always received care quickly, four percentage points higher than the Medi-Cal managed care weighted average.

Quality Improvement Projects

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

- *Improving Access to and Quality of Adolescent Well-Care Visits*
- *Reducing Avoidable Emergency Room Visits*

Both of these QIPs are statewide collaborative projects. The QIPs and associated outcomes are discussed below.

Improving Access to and Quality of Adolescent Well-Care Visits

- ***Relevance:***

  HPSM recognized that well-care visits are crucial to adolescent members, and the plan's HEDIS rates showed adolescents are underutilizing the plan's services.

- ***Goal:***

  Increase the *Adolescent Well-Care Visits* HEDIS measure rate by ten percent each year.

- ***Best Interventions:***
  - Implemented a member incentive program, offering adolescents movie tickets for completed well-care exams.
  - Educated providers about adolescent well-care components, well-visit billing and reimbursement, and the movie ticket incentive.
  - Developed and distributed tools for providers on patient confidentiality and counseling tips.

- ***Outcomes:***
  - HEDIS measure *Adolescent Well-Care Visits*:
    - 2003 (Baseline): 30.1%
    - 2004 (Remeasurement 1): 32.2%
    - 2005 (Remeasurement 2): 32.2%
    - 2006 (Remeasurement 3): 33.8%

- ***Attributes and Barriers to Outcomes:***
  - Barrier: Providers lack of knowledge regarding well-care visit components and billing/ reimbursement.
  - Barrier: Adolescents and parents lack knowledge regarding the importance of annual well-care visits.

Reducing Avoidable Emergency Room Visits

- ***Relevance:***

  HPSM indicated an increase in emergency room (ER) usage over the last several years.

- ***Goals:***
  - Achieve a five percentage point reduction in the rate of members seen in the ER by Remeasurement 2.
  - Achieve a five percentage point reduction in avoidable ER visits by Remeasurement 2.

- ***Best Interventions:***

  Collaborative interventions were being developed during this reporting period.

- ***Outcomes:***
  - HEDIS rate of members seen in the ER:
    - 2006 (Baseline): 48.9 visits per 1,000 member months.
  - Rate of members seen in the ER with designated avoidable visits:
    - 2006 (Baseline): 14%

- ***Attributes and Barriers to Outcomes:***

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

HPSM saw improvement in the final results for the statewide collaborative project, *Improving Access to and Quality of Adolescent Well-Care Visits*. While improvement was not significant, it was sustained. The plan improved by 3.7 percent when compared to baseline in the *Adolescent Well-Care Visits* measure for this QIP. The *Improving Access to and Quality of Adolescent Well-Care Visits* statewide collaborative QIP closed during the third quarter of 2007. In 2007, the plan initiated work on the new *Avoidable Emergency Room Visits* statewide collaborative QIP, but no remeasurement information was available to Delmarva at the time this report was prepared.

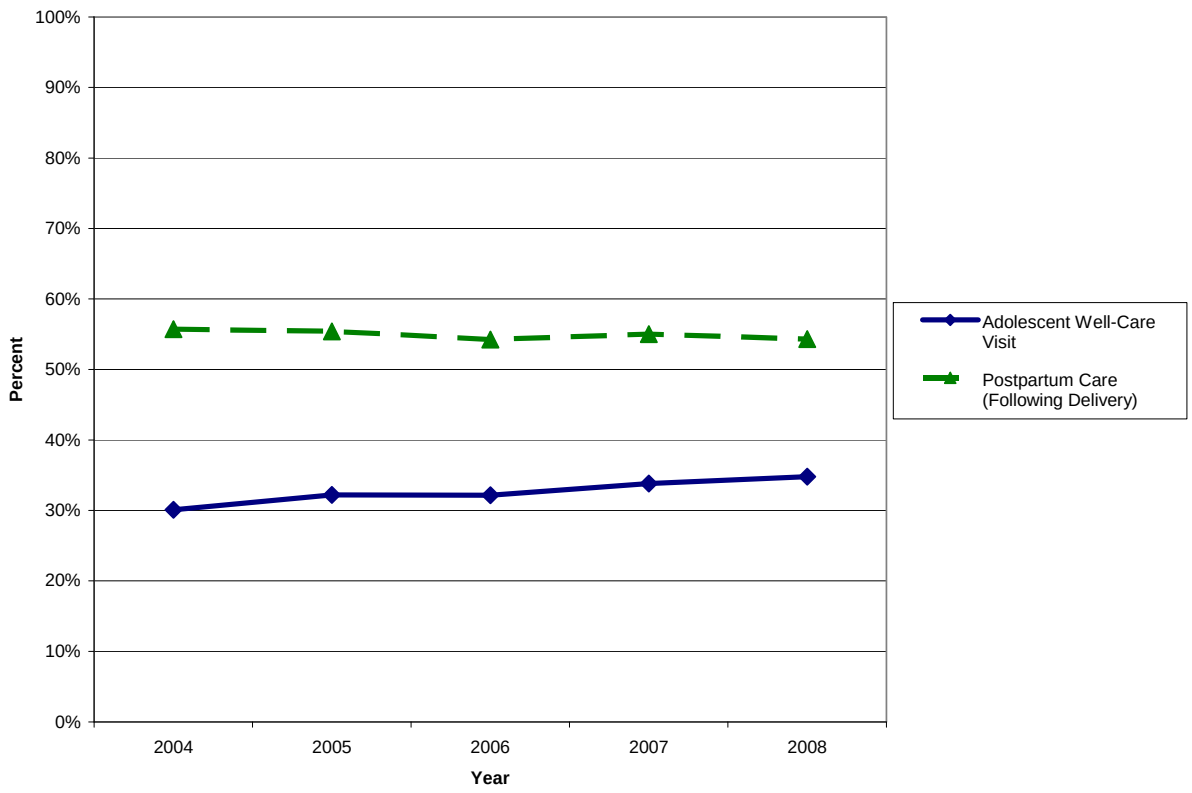
Medi-Cal Audit Findings

No medical performance audit was conducted during this reporting period.

Sustainability of Access Measures

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

Figure 2. Health Plan of San Mateo's Sustainability of Access to Care Indicators.



HPSM showed slight but sustained improvement for the access measure, *Adolescent Well-Care Visits*; however, the plan was unable to demonstrate improvement in performance for the *Prenatal and Postpartum Care—Postpartum Care* measure.

Summary of Access

Delmarva assessed HPSM's access to care in four ways: HEDIS performance measure results, CAHPS survey results, QIPs results, and sustainability of access to care indicator results.

For 2007 and 2008, HPSM reported HEDIS scores lower than both the Medi-Cal managed care weighted averages and the national Medicaid averages for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures.

CAHPS survey results showed that HPSM enrollees rated the plan higher than the Medi-Cal managed care weighted average in both the Adult and Child categories for the composite area *Getting Care Quickly*.

HPSM's achieved some improvement in the statewide collaborative QIP, *Improving Access to and Quality of Adolescent Well-Care Visits*. While improvement was not significant, it was sustained. The plan improved by 3.7 percent when compared to baseline in the *Adolescent Well-Care Visits* measure for this QIP. The plan initiated work on the new *Avoidable Emergency Room Visits* statewide collaborative QIP in 2007.

In the sustainability area, HPSM showed sustained improvement for the access measure, *Adolescent Well-Care Visits*. The plan was unable to demonstrate improvement in performance for the *Prenatal and Postpartum Care—Postpartum Care* measure.

Timeliness of Care Assessment

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

2007 HEDIS Performance Measures Pertaining to Timeliness of Care

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

Table 7. 2007 HEDIS Timeliness Measure Results Comparing Health Plan of San Mateo to State and National Programs.

2007 Timeliness Measure	2007 Health Plan of San Mateo Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	54.1%	48.6%	53.9%
Childhood Immunization Status—Combination 2	76.4%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	70.6%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	54.0%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.2%	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.

- HPSM scored higher than the 2006 HEDIS national average on three of the four comparable measures in the timeliness domain:
  - *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*
- HPSM scored lower than the 2007 Medi-Cal managed care weighted average on all four comparable measures.
- HPSM scored lower than both averages the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

For the 2008 reporting year, Delmarva used the same measures as for the 2007 reporting year 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 Health Plan of San Mateo to State and National Programs.

2008 Timeliness Measure	2008 Health Plan of San Mateo Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	56.2%	50.4%	49.1%
Childhood Immunization Status—Combination 2	78.7%	80.1%	73.3%
Childhood Immunization Status—Combination 3†	76.6%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	78.0%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	58.4%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	71.4%	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.

- For 2008, HPSM scored higher than the 2008 Medi-Cal managed care weighted average on one of the five comparable HEDIS measures in the timeliness domain, *Breast Cancer Screening*.
- HPSM scored higher than the 2007 HEDIS national Medicaid average on four of five comparable measures:
  - *Breast Cancer Screening*
  - *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*
- HPSM scored below the state and national averages on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure.

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, followed by a discussion of the results.

Table 9. 2007 CAHPS Timeliness Survey Results Comparing Health Plan of San Mateo to the Medi-Cal Managed Care Weighted Averages.

2007 CAHPS Composite	Population	2007 Health Plan of San Mateo Result	2007 Medi-Cal Managed Care Weighted Average*
Courteous and Helpful Office Staff	Adult	†	†
	Child	59%	52%
	CSHCN‡	60%	§
Health Plan's Customer Service	Adult	37%	45%
	Child	68%	79%
	CSHCN‡	61%¶	§

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

For the 2007 CAHPS composite *Courteous and Helpful Office Staff*, 59 percent of HPSM's responding parents/guardians of child members indicated that the office staff was always courteous and helpful, whereas the Medi-Cal managed care weighted average for this composite was 52 percent.

For the composite *Health Plan's Customer Service*, responding HPSM members were less satisfied with the plan's customer service than the Medi-Cal managed care weighted average in the Adult category (37% versus 45%, respectively) and the Child category (68% versus 79%, respectively), indicating some possible issues and areas for improvement.

Quality Improvement Projects

HPSM engaged in one internal QIP categorized in the timeliness domain—*Initial Health Assessment Project*.

Initial Health Assessment Project

- ***Relevance:***

  HPSM estimated that approximately 41 percent of new members received an Initial Health Assessment (IHA) by either a primary care provider or a gynecologist within 120 days of their enrollment between 2000 and 2003. Monitoring the provision of initial health assessments was identified as a finding in the Medical Audit Report issued in April 2003 for HPSM.

- ***Goals:***
  - Achieve a 10 percent improvement in the IHA rate for all new Medi-Cal members by Remeasurement 2.
  - Achieve a 10 percent improvement in the IHA rate for children with special needs by Remeasurement 2.
- ***Best Interventions:***
  - Sent postcard reminders to newly enrolled members regarding initial health assessments.
  - Amended lists to providers to highlight new members.
  - Increased the financial incentive to providers to $90 for completing initial health assessments in a timely manner.
- ***Outcomes:***
  - IHA rate for all new Medi-Cal members:
    - 2003 (Baseline): 40.3%
    - 2004 (Remeasurement 1): 44.6%
    - 2005 (Remeasurement 2): 43.3%
  - IHA rates for children with special needs:
    - 2003 (Baseline): 28.4%
    - 2004 (Remeasurement 1): 31.3%
    - 2005 (Remeasurement 2): 34.8%
- ***Attributes/Barriers to Outcomes:***
  - Attribute: Increased outreach to members due to more accurate address information.
  - Barrier: Lack of timely access to care for initial health assessments.
  - Barrier: Lack of member knowledge about initial health assessments.

HPSM achieved improvement by the final remeasurement for this QIP. The IHA compliance rate for all members increased 3 percent over baseline and increased 6.4 percent over baseline for children with special needs. The project closed in 2007.

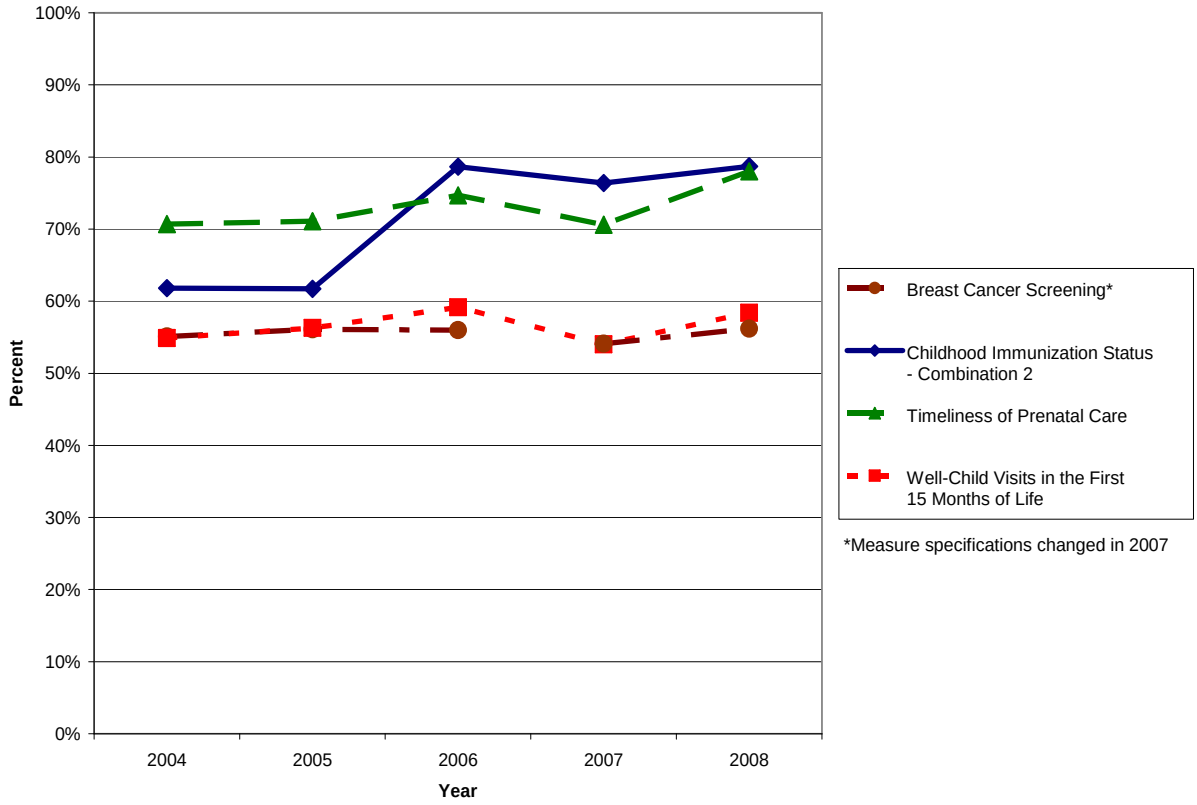
Medi-Cal Audit Findings

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. Figure 3 charts those measures.

Figure 3. Health Plan of San Mateo's Sustainability of Timeliness of Care Indicators.



The trend line for the *Breast Cancer Screening* measure is broken between 2006 and 2007 to reflect the substantive changes in the measure's 2007 technical specifications. No sustainability of the *Breast Cancer Screening* rates is indicated over the course of the measurement period.

HPSM demonstrated sustained improvement for *Childhood Immunization Status—Combination 2*. Despite rate fluctuations during the four-year measurement period, the plan showed overall improvement in the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure. The plan was unable to show sustained improvement for the *Well-Child Visits in the First 15 Months of Life* measure.

Summary of Timeliness of Care

Delmarva assessed HPSM in four areas for the access domain: HEDIS performance measure results, CAHPS survey results, QIPs results, and sustainability of timeliness indicator results.

In the timeliness domain, HPSM had 2007 HEDIS rates that were higher than the 2006 HEDIS national average for three of the four comparable measures: *Childhood Immunization Status—Combination 2*, *Well-Child Visits in the First 15 Months of Life* and *Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. The plan scored lower than the 2007 Medi-Cal managed care weighted average on all four comparable measures. HPSM scored lower than both averages on one measure: *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

In the 2008 HEDIS results, HPSM scored higher than the 2008 Medi-Cal managed care weighted average on one of the five comparable measures in the timeliness domain: *Breast Cancer Screening*. The plan scored higher than the 2007 HEDIS national average on four of five comparable measures: *Breast Cancer Screening*, *Childhood Immunization Status—Combination 2*, *Well-Child Visits in the First 15 Months of Life*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. The plan scored below the state and national average on one measure: *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

In the 2007 CAHPS composite *Courteous and Helpful Office Staff*, HPSM members scored the plan higher than the Medi-Cal managed care weighted average in the Child category. Responding plan members were less satisfied with their health plan's customer service than the state benchmark in both Adult and Child categories, indicating some possible issues and areas for improvement.

In the *Initial Health Assessment Project* QIP, the plan achieved improvement by the final remeasurement. The project closed in 2007.

HPSM demonstrated sustained improvement in the *Childhood Immunization Status—Combination 2* measure. Over the four-year measurement period, the plan showed overall improvement in the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure. However, the plan was unable to show sustained improvement for the *Well-Child Visits in the First 15 Months of Life* measure.

Comparison of Health Plan of San Mateo's 2007 and 2008 HEDIS Scores

Delmarva presents HPSM's 2007 and 2008 HEDIS rates in Table 10 and provides a brief discussion of the rate comparisons.

Table 10. Comparison of Health Plan of San Mateo's 2008 and 2007 HEDIS Performance Rates.

2008 Performance Measure	2007 Health Plan of San Mateo Rate*	2008 Health Plan of San Mateo Rate*
Childhood Immunization Status—Combination 2	76.4%	78.7%
Childhood Immunization Status—Combination 3†	†	76.6%
Well-Child Visits in the First 15 Months of Life	54.0%	58.4%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.2%	71.4%
Adolescent Well-Care Visits	33.8%	34.8%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	70.6%	78.0%
Prenatal and Postpartum Care—Postpartum Care	55.0%	54.3%
Breast Cancer Screening	54.1%	56.2%
Cervical Cancer Screening	55.0%	60.4%
Use of Appropriate Medications for People With Asthma	89.0%	89.7%
Appropriate Treatment for Children With Upper Respiratory Infection	90.2%	91.4%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡	†	28.2%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.7%	53.1%
Comprehensive Diabetes Care—HbA1c Testing	84.2%	80.9%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)†	†	28.9%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)†§	†	49.1%§
Comprehensive Diabetes Care—LDL-C Screening	79.8%	74.8%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)†	†	31.3%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	79.6%	80.0%

2008 Performance Measure	2007 Health Plan of San Mateo Rate*	2008 Health Plan of San Mateo Rate*
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	†	451.9
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	†	48.1
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	†	8.1
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	†	1.6

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans.*
† Since 2008 is the first year MMCD required reporting of this measure, no rates were reported for 2007. Because MPLs and HPLs had not yet been established, the 2008 rate is displayed for informational purposes only and will not be compared to benchmarks.
‡ 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis,* and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score is better.
§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.

Due to 2007 specification changes, the plan's rates of *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* cannot be compared between reporting years 2007 and 2008. MMCD eliminated the *Chlamydia Screening* measure and instead required the *Ambulatory Care* measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities. The *Ambulatory Care* measure provides utilization information across the whole spectrum of the population—from birth to 85+ years of age. Plus, this measure provides insight regarding emergency room (ER) use, which is an area of particular interest to MMCD because many members use the ER for avoidable visits and, as a result, may not be getting appropriate preventive care and follow-up care for chronic conditions. Although rates for the four *Ambulatory Care* indicators are included, conclusions should not be drawn regarding plan performance for these indicators as noted in the Table 10 footnotes.

- HPSM improved on 7 of the 14 comparable HEDIS scores:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

- HPSM's scores remained relatively unchanged for four measures:
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- HPSM's performance decreased for three measures:
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—LDL-C Screening*

Comparison of 2007 and 2008 HEDIS Measures by Model Type

Medi-Cal beneficiaries receive their health care through three models of health care delivery—County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC).

- COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

- The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and Local Initiatives (LIs), which are community-developed managed care plans operated as quasi-governmental agencies. In a Two-Plan model, 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.

HPSM is contracted in San Mateo County as a COHS plan. Tables 11 (2007) and 12 (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 11. 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%

Plan Model Definitions:
* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.
† Two-Plan consists of two plan types:
Commercial Plans (CPs) are commercially-operated managed care plans.
Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies.
Members choose between an LI and a CP. Enrollment is mandatory for 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.

For the 2007 reporting year, COHS plans ranked as follows:

- COHS plans ranked first 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*
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—HbA1c Testing*
- COHS plans ranked second of the five plan types in the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure.
- COHS plans ranked third of the five plan types in the following HEDIS measures:
  - *Chlamydia Screening in Women*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
- The COHS plan type had no HEDIS measures in the fourth or fifth ranking of the five plan types.

Table 12. 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)

2008 Performance Measure	Rate (ranking among plan types)				
	COHS Model & Plan Type*	Two-Plan Model		GMC Model	
		CP†	LI†	GMC – N‡	GMC – S‡
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)
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	33.5	38.2	34.9	33.8
Ambulatory Care—Ambulatory Surgery/ Procedures (Total Procedures per 1,000 Member Months)¶	5.0	2.0	2.1	2.5	2.9
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)¶	2.9	0.3	0.5	0.3	0.4

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

For reporting year 2008, COHS plans ranked as follows:

- COHS plans ranked first 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*
  - *Adolescent Well-Care Visits*
  - *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*
  - *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*
- COHS plans ranked second of the five plan types in the *Cervical Cancer Screening* measure.
- COHS plans ranked third of the five plan types in the *Appropriate Treatment for Children With Upper Respiratory Infection* measure.
- The COHS plan type had no measures in the fourth and fifth rankings of the five plan types.

Comparison to Other National and California State Programs

In each of the quality, access, and timeliness assessments provided earlier in this report, HPSM'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 13 and 14.

Table 13. 2007 Performance Measurement Rates Comparing Health Plan of San Mateo to National and State Programs.

2007 Performance Measure	2007 Health Plan of San Mateo 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	76.4%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	54.0%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.2%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	33.8%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	70.6%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	55.0%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	60.6%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	54.1%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	55.0%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	89.0%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	90.2%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis§¶	60.6%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.7%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	84.2%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening §	79.8%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	79.6%	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. For 2008, this measure will be called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score will be better.

In this section, Delmarva compares the HPSM's 2007 rates to the 2006 HEDIS national Medicaid averages, 2006 HEDIS national commercial averages, and 2007 California Healthy Families averages as follows:

- When compared with the 2006 HEDIS national commercial average, the plan reported 2007 rates higher for the following comparable measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Chlamydia Screening in Women*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
- When compared with the 2007 California Healthy Families average, the plan reported 2007 rates lower for the following comparable 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*
  - *Adolescent Well-Care Visits*
  - *Use of Appropriate Medications for People With Asthma*
- HPSM's 2007 rates were higher than all benchmark rates for the following HEDIS measures:
  - *Chlamydia Screening in Women*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
- HPSM had mixed results when its 2007 rates are compared to benchmarks for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2* (HPSM scored higher than the 2006 HEDIS national Medicaid average, but lower than all other averages.)
  - *Well-Child Visits in the First 15 Months of Life* (HPSM scored higher than the 2006 HEDIS national Medicaid average, but lower than all other averages.)
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (HPSM scored higher than the 2006 HEDIS national Medicaid average and the 2006 HEDIS national commercial average, but lower than the other averages.)
  - *Use of Appropriate Medications for People With Asthma* (HPSM scored lower than the 2006 HEDIS national commercial average and the 2007 California Healthy Families average, but higher than the other averages.)
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (HPSM scored lower than the 2006 HEDIS national commercial average, but higher than all other averages.)
  - *Comprehensive Diabetes Care—HbA1c Testing (*HPSM scored lower than the 2006 HEDIS national commercial average, but higher than all other averages.)
- HPSM's 2007 rates were lower than all benchmark rates for the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Prenatal and Postpartum Care—Postpartum Care*

Table 13. 2008 Performance Measurement Rates Comparing Health Plan of San Mateo to National and State Programs.

2008 Performance Measure	2008 Health Plan of San Mateo 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	78.7%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3[c]	76.6%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	58.4%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	71.4%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	34.8%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	78.0%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	54.3%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	56.2%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	60.4%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	89.7%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	91.4%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[e]	28.2%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	53.1%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	80.9%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)[c]	28.9%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)[c][f]	49.1%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	74.8%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL)[c]	31.3%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	80.0%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Health Plan of San Mateo 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]	451.9	271.6	318.0	296.7	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)[c] [g]	48.1	37.3	57.0	16.7	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)[c] [g]	8.1	2.6	5.3	10.5	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)[c] [g]	1.6	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.

Plan performance for 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.

In this section, Delmarva compares the 2008 rates of HPSM to the 2007 national Medicaid averages, 2007 HEDIS national commercial averages, and 2007 California Healthy Families averages as follows:

- When compared with the 2007 HEDIS national commercial average, HPSM reported rates higher for the following comparable measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- When compared with the 2007 California Healthy Families average, HPSM reported 2008 rates lower for the following comparable HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits.*

- HPSM's 2008 rates were higher than all benchmark rates for the following HEDIS measures:
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- HPSM had mixed results when comparing its 2008 rates to benchmarks for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2* (HPSM scored higher than the 2007 HEDIS national Medicaid average, but lower than all other averages.)
  - *Well-Child Visits in the First 15 Months of Life* (HPSM scored higher than the 2007 HEDIS national Medicaid average and the 2007 California Healthy Families average, but lower than the other averages.)
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (HPSM scored higher than the 2007 HEDIS national Medicaid average and the 2007 HEDIS national commercial average, but lower than the other averages.)
  - *Breast Cancer Screening* (HPSM scored lower than the 2007 HEDIS national commercial average, but higher than all other averages.)
  - *Use of Appropriate Medications for People With Asthma* (HPSM scored lower than the 2007 HEDIS national commercial average and the 2007 California Healthy Families average, but higher than all other averages.)
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (HPSM scored higher than the 2007 HEDIS national Medicaid average, but lower than all other averages.)
  - *Comprehensive Diabetes Care—HbA1c Testing (*HPSM scored higher than the 2007 HEDIS national Medicaid average, but lower than all other averages.)
  - *Comprehensive Diabetes Care—LDL-C Screening (*HPSM scored higher than the 2007 HEDIS national Medicaid average, but lower than all other averages.)

- HPSM's 2008 rates were lower than all benchmark rates for the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Cervical Cancer Screening*

2007 Overall Strengths

HPSM performed well in a number of areas:

- The plan outperformed both the state and national benchmarks in all five comparable HEDIS measures in the quality domain.
- The plan outperformed the national benchmark in three of four comparable HEDIS measures in the timeliness domain.
- HPSM rated higher than the state benchmark in the Adult and Child categories for the 2007 CAHPS composite *How Well Doctors Communicate*.
- HPSM outperformed the 2007 Medi-Cal managed care weighted average in the CAHPS Adult and Child categories for the composite *Getting Care Quickly*.
- HPSM respondents indicated that the office staff was courteous and helpful in the Child category more often than the Medi-Cal managed care weighted average for the CAHPS composite *Courteous and Helpful Office Staff*.
- The plan achieved improvement in the final results for the statewide collaborative QIP, *Improving Access to and Quality of Adolescent Well-Care Visits*, and the internal QIP, *Initial Health Assessment Project*.
- In the sustainability area, HPSM demonstrated sustained improvement for the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Cervical Cancer Screening*
  - *Childhood Immunization Status—Combination 2*
  - *Chlamydia Screening in Women*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*

2007 Recommendations

In Delmarva's overall assessment of HPSM in the areas of quality, access, and timeliness, some opportunities for improvement have been identified. Delmarva recommends that the plan focus on:

- In the access domain, why its performance on the HEDIS measures *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* was worse than other benchmarks.
- In the timeliness domain, why its performance on *Prenatal and Postpartum Care—Timeliness of Postpartum Care* was lower than both state and national benchmarks.
- For the quality domain, what factors may be causing HPSM's child population to respond with lower rates for the plan in the CAHPS survey item *Getting Needed Care*.
- What factors may be causing HPSM respondents to rate the health plan's customer service lower than the Medi-Cal managed care weighted average in both the 2007 CAHPS Adult and Child categories.

2007 Summary

Both strengths and continued opportunities for improvement exist for HPSM in the areas of quality, access, and timeliness. HPSM is performing well in several areas, including all comparable HEDIS measures in the quality domain. Additionally, on the 2007 CAHPS survey, HPSM enrollees scored the plan's performance higher than Medi-Cal managed care weighted averages for both adult and child members in the areas of *How Well Doctors Communicate* and *Getting Care Quickly*.

Delmarva recommends that HPSM focus on enrollee perceptions in the CAHPS results for *Health Plan's Customer Service* for both adult and child members. The plan also should address its lower performance compared to both state and national benchmarks for the HEDIS access measures. In addition, HPSM scored lower than the state benchmarks on all HEDIS timeliness measures.

2008 HEDIS Measure Strengths

HPSM's rates were higher than all benchmark rates for the following measures:

- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

2008 Recommendations

In the assessment of HPSM's 2008 HEDIS measures in the areas of quality, access, and timeliness, Delmarva has identified several opportunities for improvement. Delmarva recommends that the plan focus on:

- Improving its performance on the following HEDIS measures
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Cervical Cancer Screening*
- Factors that have led to its excellent performance on the measures *Appropriate Treatment for Children With Upper Respiratory Infection* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. Once identified, HPSM should consider whether the activities and/or behaviors that lead to improvement can be replicated in other projects.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for HPSM in the area of HEDIS performance measures as presented in this report. In particular, HPSM is performing well on the measures *Appropriate Treatment for Children With Upper Respiratory Infection* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. HPSM should address its lower performance on the HEDIS measures *Adolescent Well-Care Visits, Prenatal and Postpartum Care—Timeliness of Prenatal Care, Prenatal and Postpartum Care—Postpartum Care,* and *Cervical Cancer Screening*.

Appendix A: HEDIS®

HEDIS Background

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

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

HEDIS Domains of Care

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

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

DHCS-Required Measures

2007 DHCS-Required HEDIS Measures

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

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

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

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

2008 DHCS-Required HEDIS Measures

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

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

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

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

* 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*. HPSM'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 and the 3.0H Child Medicaid surveys 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.

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