Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Inland Empire Health Plan

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DHCS
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Delmarva Foundation
Improving Health in the Communities We Serve

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2007 - 2008 Annual Report: Inland Empire Health Plan

Introduction

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

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

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

Definitions

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

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

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

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

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

Data Sources

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

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

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

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

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

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

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

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

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

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

Report Organization

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

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

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

Background

IEHP is a full-service health plan contracted in Riverside and San Bernardino Counties as a local initiative plan. Local initiative plans fall under Medi-Cal Managed Care's Two-Plan Model, which consists of two plan types. Members choose between a Local Initiative (LI) plan and a Commercial Plan (CP). Enrollment is mandatory for specified beneficiaries and voluntary for others. LI plans are community-developed managed care plans and are operated as quasi-governmental agencies. IEHP has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since July 22, 1996. As of December 2007, IEHP's total Medi-Cal enrollment was 281,636 members.

Quality Assessment

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

HEDIS Performance Measures

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

Changes in HEDIS Performance Measures from 2007 to 2008

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

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

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

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

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

- *Comprehensive Diabetes Care—HbA1c 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 IEHP and state and national benchmarks used for assessing plan performance. The plan's multi-year performance is also evaluated.

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

2007 HEDIS Quality Performance Measures

Table 1 provides IEHP'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 Inland Empire Health Plan to State and National Programs.

2007 Quality Measure	2007 Inland Empire Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	73.0%	78.9%	82.5%
Chlamydia Screening in Women	51.4%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	79.2%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	88.3%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	60.9%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	80.0%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	80.0%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	91.3%	81.0%	48.8%
Cervical Cancer Screening‡	65.5%	67.9%	65.0%

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

When comparing IEHP rates to the 2007 Medi-Cal managed care weighted average, IEHP performed better in three of the five comparable measures. IEHP performed lower than the Medi-Cal managed care weighted average for *Appropriate Treatment for Children With Upper Respiratory Infection* and *Chlamydia Screening in Women.* IEHP scored better than the 2006 national Medicaid average in four of the five comparable HEDIS measures in the quality domain. The plan scored lower than the national Medicaid average in one measure—*Appropriate Treatment for Children With Upper Respiratory Infection.*

[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 IEHP'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 Inland Empire Health Plan to State and National Programs.

2008 Quality Measure	2008 Inland Empire Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	80.8%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡	27.1%	28.4%	†
Use of Appropriate Medications for People With Asthma	89.8%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.9%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	80.1%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Control (<7.0%)‡	32.3%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)‡§	43.2%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening Performed	80.8%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)‡	35.7%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	88.3%	78.3%	74.6%
Cervical Cancer Screening	66.9%	68.7%	65.7%

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

IEHP's rates were higher than the 2008 HEDIS Medi-Cal managed care weighted average for *Use of Appropriate Medications for People With Asthma, Comprehensive Diabetes Care—LDL-C Screening Performed*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. The plan exceeded the 2007 national Medicaid

average for six of the seven comparable measures. IEHP's rate for the *Appropriate Treatment for Children With Upper Respiratory Infection* was below the respective state and national benchmarks. MMCD retired the *Chlamydia Screening for Women* performance measure from the required measurement set for 2008.

CAHPS Survey Results Pertaining to Quality

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid Surveys were conducted among 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 Inland Empire Health Plan and Medi-Cal Managed Care Plan Average.

2007 CAHPS Composite	Population	2007 Inland Empire Health Plan Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Needed Care	Adult	37%	40%
	Child	76%	80%
	CSHCN†	70%	‡
How Well Doctors Communicate	Adult	56%	59%
	Child	52%	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.

IEHP's composite score for *Getting Needed Care* indicates some possible areas for improvement with just 37 percent of adult members responding that they got the care they needed, three percent lower than the 2007 Medi-Cal managed care weighted average in this category. Fifty-six percent of IEHP's adult members indicated their doctor communicated well, ranking IEHP lower than the Medi-Cal managed care weighted average for the composite regarding *How Well Doctors Communicate*.

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

Parents/guardians of child members appeared less pleased in *Getting Needed Care* and scored the plan below the Medi-Cal managed care weighted average. IEHP's composite score for *How Well Doctors Communicate* is equivalent to the Medi-Cal managed care weighted average for parents/guardians of child members.

Quality Improvement Projects

One of IEHP's Quality Improvement Projects (QIPs)—*Improving the Quality of Care for Members with Diabetes*—is categorized in the quality domain for assessment purposes. The QIP and its results are discussed below:

Improving the Quality of Care for Members with Diabetes

- ***Relevance:***

  Within IEHP's population, diabetes has consistently been among the top 10 primary diagnoses for adult medical encounters and among the top 20 primary diagnoses for adult hospital admissions.

- ***Goals:***
  - Achieve 81.17 percent for the HEDIS *Comprehensive Diabetes Care (CDC)* measure's *HbA1C testing* indicator by 2006.
  - Achieve 89.93 percent for the *CDC LDL-C screening* indicator by 2006.
  - Achieve 67.15 percent for the *CDC nephropathy* indicator by 2006.
  - Achieve 68.25 percent for the *CDC Eye Exam (Retinal) Performed* indicator by 2006.
  - Achieve 75.89 percent for the oral blood glucose self-monitoring indicator by 2006.
  - Achieve 88.20 percent for the insulin blood glucose self-monitoring indicator by 2006.
  - Achieve 85.20 percent for the diabetic members with hypertension receiving ACE inhibitors or ARBs indicator by 2006.

- ***Best Interventions:***
  - Made available to providers an online diabetic roster that allows real-time access to identify their assigned members with diabetes.
  - Continued provider incentives for complying with treatment guidelines.

- ***Outcomes:***
  - HEDIS *Comprehensive Diabetes Care- HbA1C Testing*:
    - ◊ 2002 (Baseline): 68.74%
    - ◊ 2003 (Remeasurement 1): 73.48%
    - ◊ 2004 (Remeasurement 2): 76.94%
    - ◊ 2005 (Remeasurement 3): 79.08%
    - ◊ 2006 (Remeasurement 4): 79.95%

- HEDIS *Comprehensive Diabetes Care- LDL-C Screening*:
  - 2002 (Baseline): 74.94%
  - 2003 (Remeasurement 1): 84.18%
  - 2004 (Remeasurement 2): 86.65%
  - 2005 (Remeasurement 3): 88.81%
  - 2006 (Remeasurement 4): 84.78%

- HEDIS *Comprehensive Diabetes Care- Medical Attention for Nephropathy*:
  - 2002 (Baseline): 42.00%
  - 2003 (Remeasurement 1): 53.28%
  - 2004 (Remeasurement 2): 70.87%
  - 2005 (Remeasurement 3): 63.50%
  - 2006 (Remeasurement 4): 71.26%

- HEDIS *Comprehensive Diabetes Care- Eye Exam (Retinal) Performed*:
  - 2002 (Baseline): 54.89%
  - 2003 (Remeasurement 1): 57.42%
  - 2004 (Remeasurement 2): 50.73%
  - 2005 (Remeasurement 3): 64.72%
  - 2006 (Remeasurement 4): 60.87%

- Diabetic members performing self-monitoring of blood glucose as necessary:
  - 2002 (Baseline): Oral= 63.45% Insulin= 80.29%
  - 2003 (Remeasurement 1): Oral= 69.47% Insulin= 83.95%
  - 2004 (Remeasurement 2): Oral= 72.39% Insulin= 85.70%
  - 2005 (Remeasurement 3): Oral= 73.21% Insulin= 86.88%
  - 2006 (Remeasurement 4): Oral= 69.85% Insulin= 82.15%

- Diabetic members with hypertension receiving ACE inhibitors or ARBs:
  - 2002 (Baseline): 79.70%
  - 2003 (Remeasurement 1): 82.64%
  - 2004 (Remeasurement 2): 79.71%
  - 2005 (Remeasurement 3): 83.55%
  - 2006 (Remeasurement 4): 80.12%

- ***Attributes/Barriers to Outcomes:***
  - Attribute: Continued improvements and enhancements made to successful interventions to further improve rates, such as creating real time access to the diabetic roster and updating provider incentive programs.
  - Barrier: Need additional case management involvement to improve outcomes.
  - Barrier: Members are resistant to make the lifestyle changes necessary to cope with the disease.

The *Improving the Quality of Care for Members with Diabetes* QIP was successful in improving rates since the baseline measurements for all diabetes related measures. However, improvements on an annual basis were disappointing and rate fluctuation (decreases/increases and vice versa) throughout the four-year period was evident. The *Improving the Quality of Care for Members with Diabetes* QIP was closed during this reporting period.

Medi-Cal Audit Findings

The plan was not audited during this reporting period.

Sustainability of Quality Indicators

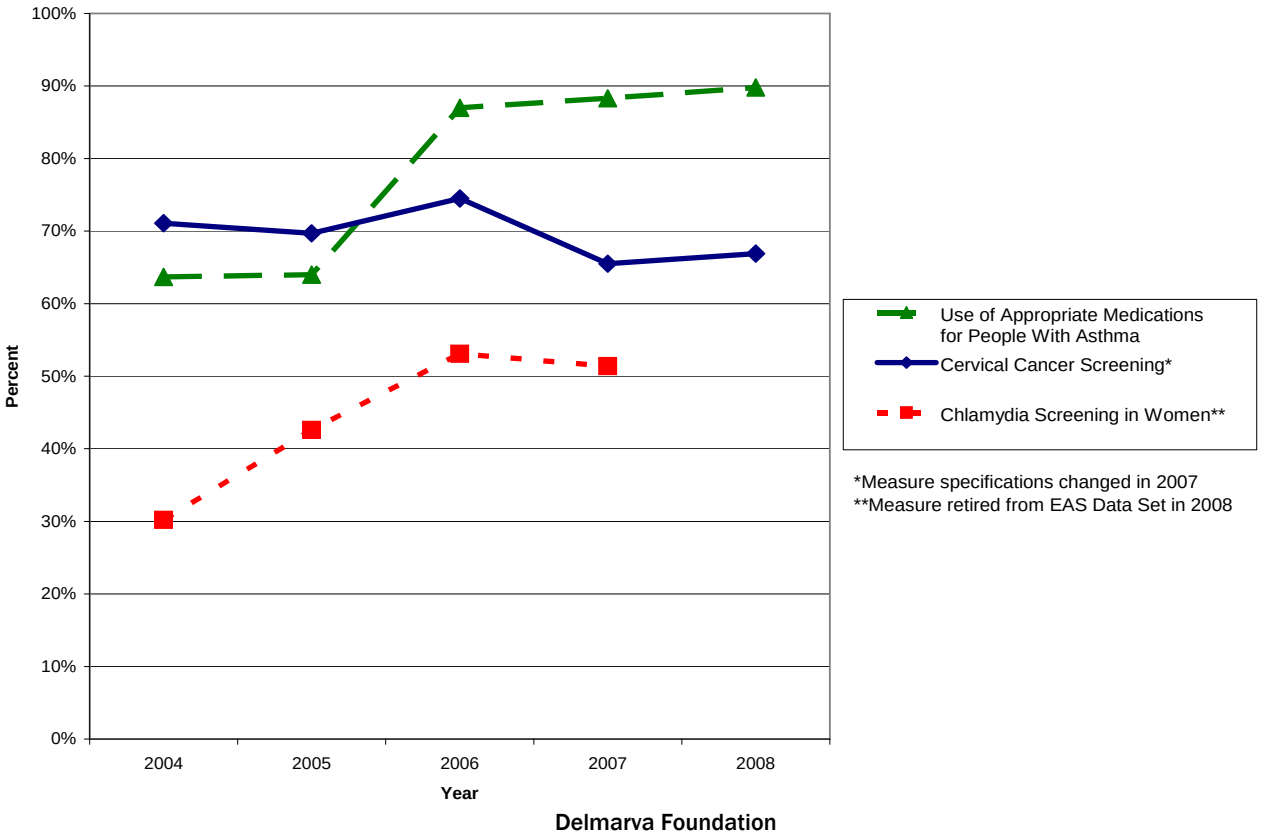
Sustainability of quality is an important gauge of a health plan's ability to effect change in processes of care. For the purpose of this report, a plan's ability to achieve sustainability is generally categorized as follows:

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

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

IEHP sustained improvement over the four-year measurement period in the *Use of Appropriate Medications for People With Asthma* measure. The plan showed sustained improvement in its performance level for *Chlamydia Screening in Women* over the three-year measurement period. The *Chlamydia Screening in Women* measure was retired in 2008. The *Cervical Cancer Screening* measure was assigned specification changes in 2007; however, the measure remained trendable. The plan's rates on this measure fluctuated over the four-year measurement period, but both the 2007 and 2008 rates fell below the 2004 rates. Therefore, the plan was unable to demonstrate sustainability for *Cervical Cancer Screening*.

Figure 1. Inland Empire Health Plan's Sustainability of Quality of Care Indicators.



Grievance and Ombudsman Reports

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

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

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

Inland Empire Health Plan's Grievance Reports

IEHP reported a total of 743 grievances in quarterly reports during 2006 and 604 grievances for 2007. Issues during 2006 and 2007 were related to quality of care, access to care (including appointments), and quality of services.

Office of the Ombudsman's Reports[7]

- 2006: 341 OCMS cases (11% of all cases; 1.37 cases per 1,000 members)
- 2006: 106 State Fair Hearings (11% of all cases; 0.43 cases per 1,000 members)
- 2007: 900 OCMS cases (19.8% of all cases; 3.24 cases per 1,000 members)
- 2007: 20 State Fair Hearings (4.1% of all cases; 0.07 cases per 1,000 members)

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

Summary of Quality

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

When comparing IEHP rates to the 2007 Medi-Cal managed care weighted average, IEHP performed better in three of the five comparable measures. IEHP scored better than the 2006 national Medicaid average in four of the five comparable HEDIS measures in the quality domain.

For the 2008 reporting year, IEHP's rates were higher than the 2008 Medi-Cal managed care weighted average for three of the seven comparable HEDIS measures. The plan exceeded the 2007 HEDIS national Medicaid average for six of the seven comparable measures.

IEHP showed lower performance than the Medi-Cal managed care weighted average for the CAHPS composite *Getting Needed Care* in both the Adult and Child categories. When IEHP's population was surveyed regarding *How Well Doctors Communicate*, the plan's results were equivalent to the Medi-Cal managed care weighted average in the *Child* category, yet lower in the Adult category.

IEHP worked on one QIP categorized in the quality area: *Improving the Quality of Care for Members with Diabetes.* This QIP was closed during this reporting period. All the measures of this project improved over the baseline measures.

Finally, in the sustainability area, IEHP showed sustained improvement for the measures *Use of Appropriate Medications for People With Asthma* and *Chlamydia Screening in Women.* The plan was unable to demonstrate sustainability for *Cervical Cancer Screening* measure.

Access to Care Assessment

One of MMCD's goals is to protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings with regard to access for IEHP 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 IEHP's 2007 results for these access-related HEDIS measures.

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

2007 Access Measure	2007 Inland Empire Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	38.1%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	60.0%	58.7%	57.0%

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

IEHP reported scores higher than the 2007 Medi-Cal managed care weighted average for the *Adolescent Well-Care Visit* measure. The plan scored higher than the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows IEHP's 2008 results for these access-related HEDIS measures.

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

2008 Access Measure	2008 Inland Empire Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	38.4%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	61.2%	59.1%	59.1%

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members*.

The plan scored higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure. IEHP reported scores lower than both the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average for the *Adolescent Well-Care Visits* measure.

CAHPS Survey Results Pertaining to Access

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

Table 6. 2007 CAHPS Access Survey Results Comparing Inland Empire Health Plan to the Medi-Cal Managed Care Plan Average.

2007 CAHPS Composite	Population	2007 Inland Empire Health Plan Result	2007 Medi-Cal Managed Care Weighted Average*
Getting Care Quickly	Adult	49%	45%
	Child	36%	37%
	CSHCN†	39%	‡

* 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.

IEHP's composite score for *Getting Care Quickly* showed 49 percent of adult members indicating they received care quickly, four percent above the Medi-Cal managed care weighted average. Thirty-six percent of parents/guardians of IEHP's child members indicated they received care quickly. The child member composite score is less than the adult member score and lower than the Medi-Cal managed care weighted average.

Quality Improvement Projects

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

- *Avoidable Emergency Room Visits.*
- *Increasing Utilization of Adolescent Health Care Services.*

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

Avoidable Emergency Room (ER) Visits

- ***Relevance:***

  IEHP stated that its ER utilization had consistently increased within the past three fiscal years.

- ***Goals:***
  - Achieve a rate of 33.16 visits per 1,000 member months for the members seen in the ER indicator by remeasurement 1.
  - Achieve a rate of 22.18 percent for the avoidable ER visits indicator by remeasurement 1.

- ***Best Interventions:***

  Collaborative interventions are being developed.

- ***Outcomes:***
  - HEDIS rate of members seen in the ER (per 1,000 member months):
    - 2006 (Baseline): 40.69 visits per 1,000 member months
  - Rate of members seen in the ER with designated avoidable visits:
    - 2006 (Baseline): 20.16%

- ***Attributes/Barriers to Outcomes:***
  - Not applicable, as this QIP was at the baseline stage at the time this report was prepared.

Increasing Utilization of Adolescent Health Care Services

- ***Relevance:***

  Improving adolescent health is an important issue for IEHP, as 24 percent of its Medi-Cal membership is between the ages of 12-21. The plan's 2004 HEDIS *Adolescent Well-Care Visits* rate was 44 percent, and the plan had a teen pregnancy rate of 12 percent.

- ***Goal:***

  Increase the HEDIS *Adolescent Well-Care Visits* rate to 49.6 percent by remeasurement 2.

- ***Best Interventions:***
  - Launched various provider incentive programs, such as rewarding providers for meeting adolescent well-care visit compliance rates and for completed adolescent surveys.
  - Conducted provider education on how to discuss key health topics with their adolescent patients.

- ***Outcomes:***
  - HEDIS *Adolescent Well-Care Visits*:
    - 2004 (Baseline): 52.2%
    - 2005 (Remeasurement 1): 59.3%
    - 2006 (Remeasurement 2): 38.1%

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Members are not aware of the importance of annual adolescent well-care visits.
  - Barrier: Physicians miss the opportunity to conduct a well-care exam when their patients come in for a sick visit.

IEHP engaged in a new statewide collaborative project, *Avoidable Emergency Room Visits,* during this reporting period. Because this QIP is in the baseline phase, no results are available yet. The final results of the *Increasing Utilization of Adolescent Health Care Services* project were disappointing as IEHP saw a 21 percent decrease from 2005 to 2006 in adolescent well-care visits. Since the baseline measurement, the *Adolescent Well-Care Visit*s rate for IEHP has decreased by 14 percentage points. This project was closed during the third quarter of 2007.

Medi-Cal Audit Findings

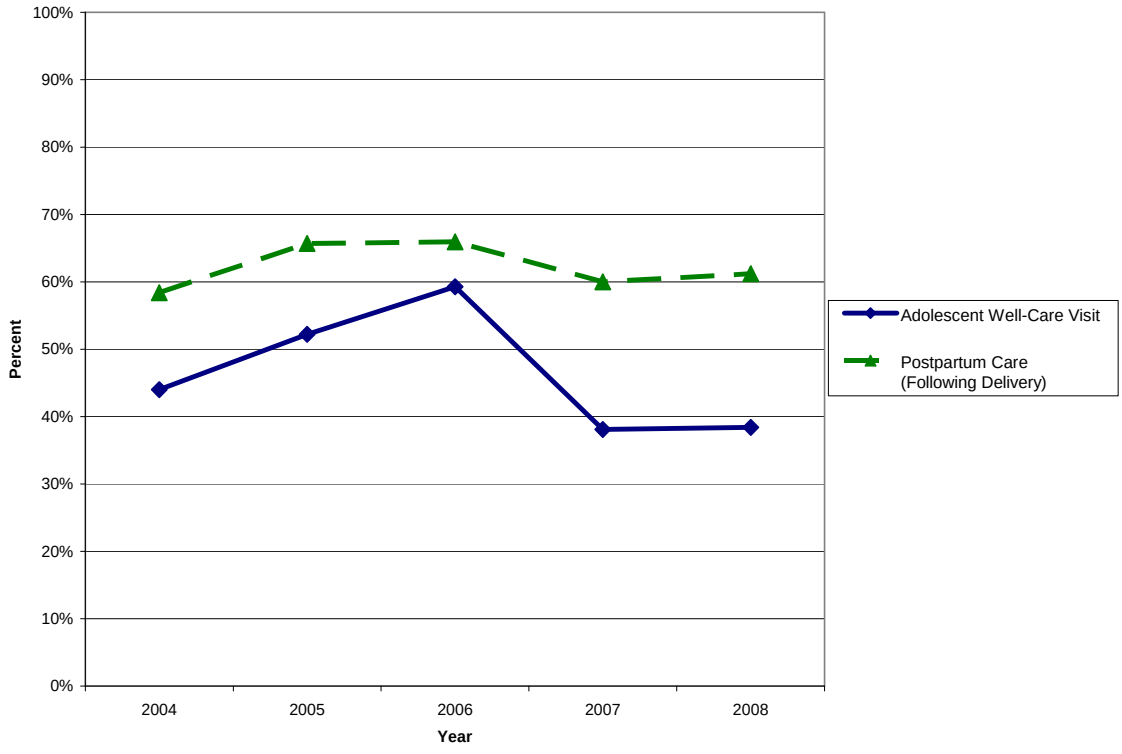
The plan was not audited during this reporting period.

Sustainability of Access Measures

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

Adolescent Well-Care Visits rates went up and then down over a four-year period, indicating that the plan has not yet been able to sustain improvement in that area. The plan was able to maintain its performance level in *Adolescent Well-Care Visits* during the 2008 reporting period. For the *Prenatal and Postpartum Care—Postpartum Care* measure, rates fluctuated over a four-year period. A slight improvement was evident for this measure during the 2008 reporting period. IEHP does not show sustained improvement for either measure in the access domain.

Figure 2. Inland Empire Health Plan's Sustainability of Access to Care Indicators.



Summary of Access

Delmarva assessed IEHP in four areas of the access domain: HEDIS performance measures, CAHPS survey rates, QIPs, and sustainability of improvement.

IEHP reported scores higher than the 2007 Medi-Cal managed care weighted average for the *Adolescent Well-Care Visit* measure, but lower than the 2006 national Medicaid average. The plan scored higher than the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure.

In 2008, IEHP exceeded both benchmarks for the *Prenatal and Postpartum Care—Postpartum Care* measure. The plan reported scores lower than both the Medi-Cal managed care weighted average and the national Medicaid average for the *Adolescent Well-Care Visits* measure.

CAHPS survey results showed that IEHP enrollees rated the plan higher than the state benchmark in the Adult category for the composite area *Getting Care Quickly*. The plan scored slightly lower in the Child category than the benchmark in this area (one percent).

IEHP could not show sustained improvement in either *Adolescent Well-Care Visits* or *Prenatal and Postpartum Care—Postpartum Care* measures during 2007 and 2008.

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 Inland Empire Health Plan to State and National Programs.

2007 Timeliness Measure	2007 Inland Empire Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	49.0%	48.6%	53.9%
Childhood Immunization Status—Combination 2	75.3%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.2%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	61.3%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	69.7%	74.3%	63.3%

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

The plan scored higher than the 2007 Medi-Cal managed care weighted average for two of the four comparable measures. IEHP scored higher than the 2006 national Medicaid average for all four comparable measures. For the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure and the *Well-Child Visits in the First 15 Months of Life* measure, IEHP scored higher than both comparison averages. The *Breast Cancer Screening* rate of 2007 was not compared to benchmarks due to changes in this measure's technical specifications.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

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

Table 8. 2008 HEDIS Timeliness Measure Results Comparing Inland Empire Health Plan to State and National Programs.

2008 Timeliness Measure	2008 Inland Empire Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	50.0%	50.4%	49.1%
Childhood Immunization Status—Combination 2	75.5%	80.1%	73.3%
Childhood Immunization Status—Combination 3†	69.0%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.9%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	58.1%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.8%	75.8%	66.8%

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

When comparing 2008 plan scores with the 2008 Medi-Cal managed care weighted average, IEHP performed slightly better than the state benchmark on one of the five comparable measures— *Prenatal and Postpartum Care—Timeliness of Prenatal Care*. IEHP reported higher scores for all five comparable measures compared to the 2007 HEDIS national Medicaid average in the timeliness domain.

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

Table 9. 2007 CAHPS Timeliness Survey Results Comparing Inland Empire Health Plan to the Medi-Cal Managed Care Plan Average.

2007 CAHPS Composite	Population	2007 Inland Empire Health Plan Result	2007 Medi-Cal Managed Care Weighted Average*
Courteous and Helpful Office Staff	Adult	†	†
	Child	53%	52%
	CSHCN‡	59%	§
Health Plan's Customer Service	Adult	48%¶	45%
	Child	83%¶	79%
	CSHCN‡	74%¶	§

* 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.

CAHPS survey results showed that 53 percent of IEHP's parents/guardians of child members indicated that the office staff was courteous and helpful, slightly better than the Medi-Cal managed care weighted average for this composite, which was 52 percent. IEHP's adult members and parents/guardians of child members were more satisfied with their health plan's customer service than the Medi-Cal managed care weighted average.

Quality Improvement Projects

IEHP engaged in one QIP that was categorized in the timeliness domain: *Improving Authorization Time for Pharmacy Exception Requests (PERs)*. Results of these projects are discussed below.

Improving Authorization Time for Pharmacy Exception Requests

- ***Relevance:***

  IEHP noted an increase in the turn-around-time to process pharmacy exception requests (PERs), also known as prior authorizations. In 2001, volume, as well as turn-around-time increased. The time was expected to continue to increase based on the forecasted membership increases.

- ***Goals:***
  - Reduce the number of PERs that take more than one working day to process to 45.15 percent (or less) by 2006.
  - Reduce PER grievances to 0.05 per 10,000 members by 2006.

- ***Best Interventions:***
  - Implemented a faxing software system that enabled the Pharmaceutical Services Department to receive faxes electronically.
  - Implemented the maxMC Medical Management Software Program to promote more efficient processing of PERs.
  - Added two new pharmacy program specialist positions.

- ***Outcomes:***
  - Percentage of pharmacy exception requests processed in more than one working day:
    - 2002 (Baseline): 15.35%
    - 2003 (Remeasurement 1): 32.36%
    - 2004 (Remeasurement 2): 54.21%
    - 2005 (Remeasurement 3): 50.17%
    - 2006 (Remeasurement 4): 42.71%

  - Number of grievances related to pharmacy exception requests:
    - 2002 (Baseline): 0.05 grievances per 10,000 members
    - 2003 (Remeasurement 1): 0.06 grievances per 10,000 members
    - 2004 (Remeasurement 2): 0.03 grievances per 10,000 members
    - 2005 (Remeasurement 3): 0.03 grievances per 10,000 members
    - 2006 (Remeasurement 4): 0.02 grievances per 10,000 members

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Many pharmacists and practitioners are not aware of the PER process and need education
  - Barrier: Staffing levels at the plan negatively impact PERs turn-around-time

IEHP's QIP on *Improving Authorization Time for Pharmacy Exception Requests* (PERs) met the established goals. The percentage of PERs processed in more than one working day is less than 45.15 percent in 2006 (42.71%). The number of PER grievances was 0.02 per 10,000 members, which is less than the goal of 0.05 per 10,000 members by 2006. Positive progress was evident; however, this project has been since closed out to allow for IEHP to focus on other QIP opportunities.

Medi-Cal Audit Findings

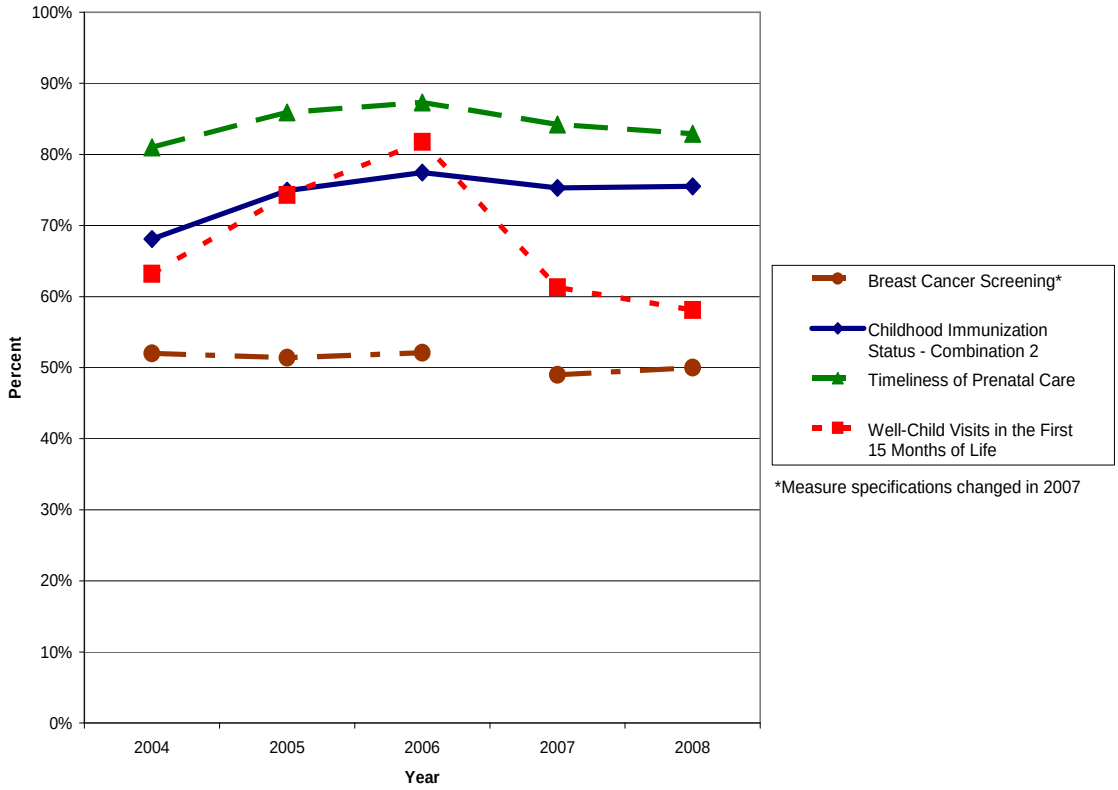
The plan was not audited during this reporting period.

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.

IEHP maintained the performance level in one measure, *Childhood Immunization Status—Combination 2*. This measure of timeliness increased slightly in the beginning of the four-year measurement period and then stabilized. For the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure, IEHP's rates fluctuated throughout the measurement period. From 2006 to 2008, the rate for this measure showed slight decline. *Well-Child Visits in the First 15 Months of Life* rates improved substantially for the first few years and then dramatically declined from 2006 to 2007. In 2008, this measure continued to decline indicating the lack of sustainability. The significant decrease shown over the last year for the *Well-Child Visits in the First 15 Months of Life* rate should be the focus for improvement. 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. Delmarva cannot determine sustainability of the *Breast Cancer Screening* rates for 2007 or 2008, as trending patterns cannot be determined with missing data points.

Figure 3. Inland Empire Health Plan's Sustainability of Timeliness of Care Indicators.



Summary of Timeliness of Care

Delmarva assessed IEHP in four areas of the access domain: HEDIS performance measures, CAHPS survey rates, QIPs, and sustainability of improvement. The plan scored higher than the 2007 Medi-Cal managed care weighted average for two of the four comparable measures. IEHP scored higher than the 2006 HEDIS national Medicaid average for all four comparable measures. When comparing 2008 plan scores with the 2008 Medi-Cal managed care weighted average, IEHP performed slightly better than the state benchmark on one of the five comparable measures. IEHP reported higher scores for all five comparable measures compared to the 2007 HEDIS national Medicaid average in the timeliness domain.

CAHPS survey results showed that the parents of child members were slightly more satisfied (53% versus 52% for the state benchmark) with the plan's staff in the composite area *Courteous and Helpful Office Staff*. The plan's adult respondents and parents/guardians of child members were more satisfied with their health plan's customer service when compared to the state benchmark.

IEHP's QIP on *Improving Authorization Time for Pharmacy Exception Requests* (PERs) met the established goals and showed positive outcomes. The project was closed out during this report's reporting period.

IEHP was unable to demonstrate sustained improvement and maintain performance levels for most of the timeliness measures. A significant decrease shown over the last year for the *Well-Child Visits in the First 15 Months of Life* measure should be a cause for concern and improvement should be focused in this area.

Comparison of Inland Empire Health Plan's 2007 and 2008 HEDIS Scores

Table 10 contains IEHP's 2007 and 2008 HEDIS rates and rate comparisons follow.

Table 10. Comparison of Inland Empire Health Plan's 2008 and 2007 HEDIS Performance Rates.

2008 Performance Measure	2008 Inland Empire Health Plan Rate*	2007 Inland Empire Health Plan Rate*
Childhood Immunization Status—Combination 2	75.5%	75.3%
Childhood Immunization Status—Combination 3†	69.0%	†
Well-Child Visits in the First 15 Months of Life	58.1%	61.3%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.8%	69.7%
Adolescent Well-Care Visits	38.4%	38.1%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.9%	84.2%
Prenatal and Postpartum Care—Postpartum Care	61.2%	60.0%
Breast Cancer Screening	50.0%	49.0%
Cervical Cancer Screening	66.9%	65.5%
Use of Appropriate Medications for People With Asthma	89.8%	88.3%
Appropriate Treatment for Children With Upper Respiratory Infection	80.8%	73.0%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡	27.1%	79.2%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.9%	60.9%
Comprehensive Diabetes Care—HbA1c Testing	80.1%	80.0%
Comprehensive Diabetes Care—HbA1c Control (<7.0%)†	32.3%	†
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)†§	43.2%	†
Comprehensive Diabetes Care—LDL-C Screening Performed	80.8%	80.0%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)†	35.7%	†
Comprehensive Diabetes Care—Medical Attention for Nephropathy	88.3%	91.3%

2008 Performance Measure	2008 Inland Empire Health Plan Rate*	2007 Inland Empire Health Plan Rate*
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	227.4	†
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	47.4	†
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	2.5	†
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	1.1	†

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

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

IEHP improved scores on two of the comparable HEDIS measures:

- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Appropriate Treatment for Children With Upper Respiratory Infection*

IEHP's score remained relatively unchanged for ten measures:

- *Childhood Immunization Status—Combination 2*
- *Adolescent Well-Care Visits*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*

- *Use of Appropriate Medications for People with Asthma*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening Performed*

IEHP's performance for two measures decreased:

- *Well-Child Visits in the First 15 Months of Life*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

Comparison of 2007 and 2008 HEDIS Measures by Model Type

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

IEHP is contracted with Riverside and San Bernardino Counties as an LI plan. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five difference plan models when HEDIS results were compared across plan types. Note that averages are not ranked (1 through 5) for measures where MPL and HPLs were not applied in the reporting year. See the LI columns of Tables 11 and 12.

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

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

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

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

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

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

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

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

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

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

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

LI plans ranked second of the five model types in the following measures:

- *Childhood Immunization Status—Combination 2*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Use of Appropriate Medications for People with Asthma*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening Performed*

LI plans ranked third of the five model types in the following measures:

- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*

LI plans ranked fourth of the five model types in the following measures:

- *Adolescent Well-Care Visits*
- *Appropriate Treatment for Children with Upper Respiratory Infection*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

LI plans ranked fifth of the five model types in the following measure:

- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

Comparison to Other National and California State Programs

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

Table 13. 2007 Performance Measures Rates Comparing Inland Empire Health Plan to National and State Programs.

2007 Performance Measure	2007 Inland Empire Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 CA Healthy Families Average†
Childhood Immunization Status—Combination 2	75.3%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	61.3%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	69.7%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	38.1%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.2%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	60.0%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	51.4%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	49.0%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	65.5%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	88.3%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	73.0%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶§	79.2%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	60.9%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	80.0%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening §	80.0%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	91.3%	81.0%	48.8%	55.1%	‡

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members.*
† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
‡ Healthy Families did not report data on these measures.
§ Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007. The rate is displayed for informational purposes only and will not be compared to benchmarks.
¶ For this 2007 measure, a lower the rate indicates better the performance. For 2008, this measure will be called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score will be better.

When compared with the 2006 HEDIS national commercial average, the plan reported rates higher for the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, Chlamydia Screening in Women,* and *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measures. The plan reported rates lower than the 2007 Healthy Families reported rates for *Childhood Immunization Status—Combination 2, 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, and *Appropriate Treatment for Children With Upper Respiratory Infection.*

IEHP's rate was higher than all other benchmark rates for the following measure:

- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

IEHP had mixed results on the following measures:

- *Childhood Immunization Status—Combination 2* (IEHP scored higher than the 2006 HEDIS national Medicaid average but lower than all other benchmarks.)
- *Well-Child Visits in the First 15 Months of Life* (IEHP scored lower than the national commercial average but higher than all other benchmarks.)
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (IEHP scored higher than the national Medicaid and commercial averages but lower than the other benchmarks.)
- *Adolescent Well-Care Visits* (IEHP scored higher than the Medi-Cal managed care weighted average but lower than all other benchmarks.)
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (IEHP scored higher than all the benchmarks except the national commercial average.)
- *Prenatal and Postpartum Care—Postpartum Care* (IEHP scored higher than the Medi-Cal managed care weighted average and the national Medicaid average but lower than the other benchmarks.)
- *Chlamydia Screening in Women* (IEHP scored higher than all the benchmarks except the Medi-Cal managed care weighted average.)
- *Use of Appropriate Medications for People With Asthma* (IEHP scored higher than all the benchmarks except the national commercial average.)
- *Comprehensive Diabetes Care—HbA1c Testing* (IEHP scored higher than all the benchmarks except the national commercial average.)

IEHP's rate was lower than all other benchmark rates for the following measure:

- *Appropriate Treatment for Children With Upper Respiratory Infection*

Table 14. 2008 Performance Measures Rates Comparing Inland Empire Health Plan to National and State Programs.

2008 Performance Measure	2008 Inland Empire Health Plan Rate[a]	2008 Medi-Cal Managed Care Weighted Average[a]	2007 HEDIS National Medicaid Average[a]	2007 HEDIS National Commercial Average[a]	2007 CA Healthy Families Average[b]
Childhood Immunization Status—Combination 2	75.5%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3[c]	69.0%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	58.1%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.8%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	38.4%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.9%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	61.2%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	50.0%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	66.9%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	89.8%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	80.8%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[e]	27.1%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.9%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	80.1%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Control (<7.0%)[c]	32.3%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)[c][f]	43.2%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening Performed	80.8%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL)[c]	35.7%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	88.3%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Inland Empire Health Plan Rate[a]	2008 Medi-Cal Managed Care Weighted Average[a]	2007 HEDIS National Medicaid Average[a]	2007 HEDIS National Commercial Average[a]	2007 CA Healthy Families Average[b]
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)[c] [g]	227.4	271.57	317.97	296.73	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)[c] [g]	47.4	37.26	57.02	16.71	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)[c] [g]	2.5	2.58	5.30	10.49	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)[c] [g]	1.1	0.79	1.78	.83	(d)

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

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

When compared with the 2007 HEDIS national commercial average, the plan reported rates higher for the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, Comprehensive Diabetes Care—Eye Exam (Retinal) Performed,* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy* measures. The plan reported mixed results when rates were compared with the 2007 Healthy Families reported rates. IEHP scored higher than the Healthy Families reported rates for *Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* , but lower for *Childhood Immunization Status—Combination 2* and *Adolescent Well-Care Visits.*

IEHP's rate was higher than all benchmark rates for the following measure:

- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

IEHP had mixed results when comparing rates to benchmarks for the following measures:

- *Childhood Immunization Status—Combination 2* (IEHP scored higher than the national Medicaid average but lower than all other benchmarks.)
- *Well-Child Visits in the First 15 Months of Life* (IEHP scored higher than the national Medicaid average and the California Healthy Families average, but lower than the other benchmarks.)
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (IEHP scored higher than all the benchmarks except the Medi-Cal managed care weighted average.)
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (IEHP scored higher than all the benchmarks except the national commercial average.)
- *Prenatal and Postpartum Care—Postpartum Care* (IEHP scored higher than all the benchmarks except the national commercial average.)
- *Breast Cancer Screening* (IEHP scored higher than the national Medicaid average but lower than all other benchmarks.)
- *Cervical Cancer Screening* (IEHP scored higher than the national Medicaid average but lower than all other benchmarks.)
- *Use of Appropriate Medications for People with Asthma* (IEHP scored higher than the Medi-Cal managed care weighted average and the national Medicaid average, but lower than the other benchmarks.)
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (IEHP scored higher than all the benchmarks except the Medi-Cal managed care weighted average.)
- *Comprehensive Diabetes Care—HbA1c Testing* (IEHP scored higher than the national Medicaid average but lower than all other benchmarks.)
- *Comprehensive Diabetes Care—LDL-C Screening Performed* (IEHP scored higher than all the benchmarks except the national commercial average.)

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

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

2007 Overall Strengths

- IEHP outperformed the state benchmarks in three of five comparable HEDIS measures in the quality domain.
- IEHP rated better than the national benchmarks in four of the five comparable measures in the quality domain.
- All measures in the QIP, *Improving the Quality of Care for Members with Diabetes*, improved over the baselines.
- In the sustainability area, IEHP successfully demonstrated sustained improvement for two comparable measures.
- IEHP performed better than both the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure.
- IEHP performed better than the 2007 Medi-Cal managed care weighted average in the CAHPS adult composite area *Getting Care Quickly*.
- IEHP scored higher than the 2006 national Medicaid average for all four comparable measures in the timeliness domain.
- For the *Prenatal and Pospartum Care—Timeliness of Prenatal Care* measure and the *Well-Child Visits in the First 15 Months of Life* measure, IEHP scored higher than most comparison averages.
- Parents / guardians of IEHP's child members responded that the office staff was courteous and helpful at a higher rate than the Medi-Cal managed care weighted average in the CAHPS composite area *Courteous and Helpful Office Staff*.
- IEHP adult and parents/guardians of child members were more satisfied with their health plan's customer service than the Medi-Cal average.
- IEHP's QIP on *Improving Authorization Time for Pharmacy Exception Requests* (PERs) met the established goals.
- IEHP sustained improvement and/or maintained performance levels for most comparable measures in the timeliness domain.

2007 Recommendations

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

- Why its performance on the HEDIS measure, *Appropriate Treatment for Children with Upper Respiratory Infection*, was worse than other benchmarks.
- Which factors may be causing IEHP's adult and child populations to respond with lower rates for IEHP in the CAHPS survey item *Getting Needed Care*.

- Which factors may be causing IEHP's adult population to respond with rates lower than the Medi-Cal managed care weighted average to the CAHPS survey item *How Well Doctors Communicate*.
- Which factors may be causing IEHP's child population to respond with rates lower than the Medi-Cal managed care weighted average to the CAHPS survey item *Getting Care Quickly*.
- Published reports on the statewide *Adolescent Health Collaborative* project that identify some of the "best practices" that may have led other plans to have greater successes in this area (IEHP had a 14.1 percent decrease in visits from baseline measurement).
- Why the *Well-Child Visits in the First 15 Months of Life* rate, although higher than most comparison benchmarks, significantly declined (25 percent decrease) from 2006 to 2007.

2007 Summary

Both strengths and continued opportunities for improvement exist for IEHP in the areas of quality, access, and timeliness. IEHP is performing well in several areas, including the HEDIS measures *Use of Appropriate Medications for People with Asthma*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed, Comprehensive Diabetes Care—HbA1c Testing*, *Prenatal and Postpartum Care—Postpartum Care, Prenatal and Postpartum Care—Prenatal Care*, and *Well-Child Visits in the First 15 Months of Life*.

IEHP should focus on enrollee perceptions for *Getting Needed Care*, *How Well Doctors Communicate*, and *Getting Care Quickly*. The plan should address its lower performance compared to benchmarks for the *Appropriate Treatment for Children with Upper Respiratory Infection* measure. The plan should attempt to implement some of the "best practices" used by other plans involved in the statewide *Adolescent Health Collaborative* to improve IEHP's performance on *Adolescent Well-Care Visits* measures. Additionally, the 25 percent decrease in a one-year time period for *Well-Child Visits in the First 15 Months of Life* is a cause for concern and an opportunity for improvement.

Additionally, surveyed IEHP enrollees scored the plan's performance higher than Medi-Cal averages in the composites *Courteous and Helpful Office Staff* for child members, *Getting Care Quickly* for adult members, and *Health Plan's Customer Service* for adult and child members. IEHP's continued successes and ongoing improvement will be evaluated again in the next annual review.

2008 HEDIS Measure Strengths

- IEHP's rate was higher than all benchmark rates for the following measure:
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- IEHP scored higher than the 2007 HEDIS national Medicaid average in the following measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Breast Cancer Screening*
  - *Cervical 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 Performed*

2008 Recommendations

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

- Why its performance on the HEDIS measures *Adolescent Well-Care Visits* and *Appropriate Treatment for Children with Upper Respiratory Infection* was worse than other benchmarks.
- Why its performance on the HEDIS measure *Well-Child Visits in the First 15 Months of Life* continued to decline.
- Factors that have led to its excellent performance on the measure *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. Once identified, IEHP should consider reproducing the activity/behavior for other projects.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for IEHP in the area of HEDIS performance measures as presented in this report. In particular, IEHP is performing well on the measure *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. IEHP should focus on improving rates for the *Adolescent Well-Care Visits* and *Appropriate Treatment for Children with Upper Respiratory Infection* measures, and halting the decline in the rate of Well-Child Visits in the First 15 Months of Life.

Appendix A: HEDIS®

HEDIS Background

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

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

HEDIS Domains of Care

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

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

DHCS-Required Measures

2007 DHCS-Required HEDIS Measures

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

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

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

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

2008 DHCS-Required HEDIS Measures

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

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

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

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

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

The *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members* and the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members* ("*Annual Performance Measures reports*"), provide the Medi-Cal managed care weighted average for each measure. The Medi-Cal managed care weighted average accounts for variation in membership across plans. The plans' HEDIS data processes are audited according to the protocols described in the *Annual Performance Measures reports*. IEHP'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 surveys discussed in this report were administered between February and May 2007. Across all MCMC plans, a total of 38,824 adult surveys and 85,028 child surveys were mailed to members. A total of 12,985 adult members and 25,224 child members responded to this survey—a 35 percent and 30 percent adjusted response rate[12], respectively.

CAHPS Measurements

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

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

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

[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.

- Your Health Plan
- About You

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

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

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

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

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

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

Sample Selection and Survey Methodology

Sample selection and survey methodology are summarized below:

Sample Groups

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

Adult Sample

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

Child Sample

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

Children with Chronic Conditions and CSHCN Population

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

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

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

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