*Medi-Cal Managed Care Division*

*state of california*

# Medi-Cal Managed Care External Quality Review Organization

# 2007-2008 Annual Report of Performance for Kern Family Heath Care

*Submitted by*
Delmarva Foundation
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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: Kern Family Health Care

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## Introduction

The Medi-Cal Managed Care Division (MMCD) of the California Department of Health Care Services (DHCS) contracts with managed care plans to provide care to 3.4 million Medi-Cal beneficiaries enrolled in managed care plans in 25 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 Kern Family Health Care ("KFHC" or "the plan"). Consistency in meaning and use of these key terms are important for a thorough understanding of this report, so definitions are provided below:

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

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

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

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

## Data Sources

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

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

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

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

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

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

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

[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).

## 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.

## Background

KFHC is a full-service health plan contracted in Kern County as a local initiative plan. Local initiative plans fall under Medi-Cal Managed Care's Two-Plan Model, which consists of two model types. Members choose between a Local Initiative (LI) or Commercial Plan (CP). Enrollment is mandatory for specified beneficiaries and voluntary for others. LI plans are community-developed managed care plans and operate as quasi-governmental agencies. KFHC has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since May 2, 1996. As of December 2007, KFHC's Medi-Cal enrollment was 92,473 members.

## Quality of Care Assessment

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

### HEDIS Performance Measures

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

#### Changes in HEDIS Performance Measures from 2007 to 2008

Health plans reported on 12 measures for the HEDIS 2007 reporting year, which included multiple indicators for *Comprehensive Diabetes Care* and *Prenatal and Postpartum Care*. The 2007 reporting year represents the data

collection period January through December 2006. MMCD made some performance measure changes between 2007 and 2008 reporting years as explained below.

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

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

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

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

- *Comprehensive Diabetes Care—HbA1c 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 KFHP 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 KFHC'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 Kern Family Health Care to State and National Programs.**

| 2007 Quality Measure | 2007 Kern Family Health Care Rate* | 2007 Medi-Cal Managed Care Weighted Average* | 2006 HEDIS National Medicaid Average* |
|---|---|---|---|
| Appropriate Treatment for Children With Upper Respiratory Infection | 76.7% | 78.9% | 82.5% |
| Chlamydia Screening in Women | 59.4% | 52.8% | 50.6% |
| Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡ | 76.9% | 71.0% | 69.4% |
| Use of Appropriate Medications for People With Asthma | 85.6% | 86.8% | 85.7% |
| Comprehensive Diabetes Care—Eye Exam (Retinal) Performed | 37.7% | 54.1% | 48.6% |
| Comprehensive Diabetes Care—HbA1c Testing | 75.2% | 79.5% | 76.2% |
| Comprehensive Diabetes Care—LDL-C Screening‡ | 69.6% | 75.9% | 80.5% |
| Comprehensive Diabetes Care—Medical Attention for Nephropathy‡ | 74.0% | 81.0% | 48.8% |
| Cervical Cancer Screening‡ | 63.1% | 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 have not yet been established for 2007. The rate is displayed for informational purposes only and will not be compared to benchmarks.

KFHC scored better than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average in one of the five comparable HEDIS measures in the quality domain, *Chlamydia Screening in Women*. KFHC scored worse than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average on the remaining comparable measures: *Appropriate Treatment for Children With Upper Respiratory Infection, Use of Appropriate Medications for People With Asthma, Comprehensive Diabetes Care—Eye Exam (Retinal) Performed,* and *Comprehensive Diabetes Care—HbA1c Testing*.

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

### 2008 HEDIS Quality Performance Measures

Table 2 provides KFHC'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 Kern Family Health Care to State and National Programs.

| 2008 Quality Measure | 2008 Kern Family Health Care Rate* | 2008 Medi-Cal Managed Care Weighted Average* | 2007 HEDIS National Medicaid Average* |
|---|---|---|---|
| Appropriate Treatment for Children With Upper Respiratory Infection | 85.0% | 83.1% | 83.3% |
| Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡ | 23.3% | 28.4% | † |
| Use of Appropriate Medications for People With Asthma | 85.9% | 88.8% | 87.1% |
| Comprehensive Diabetes Care—Eye Exam (Retinal) Performed | 42.1% | 58.1% | 51.4% |
| Comprehensive Diabetes Care—HbA1c Testing | 74.8% | 82.1% | 78.0% |
| Comprehensive Diabetes Care—HbA1c Control (<7.0%)‡ | 34.4% | 32.6% | ¶ |
| Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)‡§ | 48.1% | 42.6% | 48.7% |
| Comprehensive Diabetes Care—LDL-C Screening Performed | 67.6% | 77.8% | 71.1% |
| Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)‡ | 34.7% | 34.2% | 30.6% |
| Comprehensive Diabetes Care—Medical Attention for Nephropathy | 73.8% | 78.3% | 74.6% |
| Cervical Cancer Screening | 64.1% | 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.

KFHC's rate was higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for one of the seven comparable measures, *Appropriate Treatment for Children With Upper Respiratory Infection.* KFHC scored lower than the 2007 HEDIS national Medicaid average for the

remaining six comparable measures. When compared to both benchmarks, KFHC showed the greatest disparity in the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measure.

### CAHPS Survey Results Pertaining to Quality

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid Surveys were conducted among 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*. The plan's CAHPS scores for these composite categories are depicted in Table 3.[6]

**Table 3. 2007 CAHPS Quality Survey Results Comparing Kern Family Health Care and the Medi-Cal Managed Care Plan Average.**

| 2007 CAHPS Composite | Population | 2007 Kern Family Health Care Results | 2007 Medi-Cal Managed Care Weighted Average* |
|---|---|---|---|
| Getting Needed Care | Adult | 42% | 40% |
| | Child | 79% | 80% |
| | CSHCN† | 66% | ‡ |
| How Well Doctors Communicate | Adult | 61% | 59% |
| | Child | 49% | 52% |
| | CSHCN† | 45% | ‡ |

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

KFHC's composite score of 42 percent for *Getting Needed Care* exceeded the 2007 Medi-Cal managed care weighted average benchmark for adult members. Parents/guardians of child members appeared less pleased in this area when compared to the Medi-Cal managed care weighted average, as slightly lower scores were reported. Sixty-one percent of adult members indicated their doctor communicated well, ranking them higher than the 2007 Medi-Cal managed care weighted average for the composite regarding *How Well Doctors Communicate*. Again, parents/guardians of child members appeared less pleased in this area as the reported score was slightly lower than the Medi-Cal managed care weighted average.

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

## Quality Improvement Projects

Two of KFHC's Quality Improvement Projects (QIPs) were categorized in the quality domain for assessment purposes—*Health Education Behavioral Assessment* and *Improving the Rate of Pap Tests and Chlamydia Screening for Kern Family Health Care Members*. The QIPs and their results are discussed below.

### Health Education Behavioral Assessment

- ***Relevance:***

  In 2000, Kern Family Health Care distributed *Staying Healthy Assessment* forms to provider offices with educational instructions. In 2001, an audit revealed a compliance rate of 14 percent for finding the form in the medical record with only 12 percent documenting interventions for identified problems.

- ***Goals:***
  - Achieve 90 percent compliance for completed *Staying Healthy Assessment* forms by remeasurement 4.
  - Achieve 90 percent compliance for documented interventions on the *Staying Healthy Assessment* form by remeasurement 4.
- ***Best Interventions:***
  - Implemented an incentive risk pool plan, in which providers would participate in distribution of monies if they met certain requirements, including completion of assessment forms.
  - Provided an annual evaluation progress report to each provider documenting compliance with the Staying Healthy program.
- ***Outcomes:***
  - *Staying Healthy Assessment* form completion:
    - 10/00-04/01: 14.0%
    - 08/01-07/02: 45.7%
    - 02/03-01/04: 67.7%
    - 09/04-08/05: 75.8%
    - 01/06-12/06: 78.9%
  - Documented interventions for identified problems on the *Staying Healthy Assessment* form:
    - 10/00-04/01: 6.0%
    - 08/01-07/02: 64.4%
    - 02/03-01/04: 64.1%
    - 09/04-08/05: 63.0%
    - 01/06-12/06: 64.5%

- ***Attributes and Barriers to Outcomes:***
  - Attribute: As result of the incentive risk pool for providers, Kern Family Health Care documented significant improvement in its measures.
  - Barrier: Some providers viewed the Staying Healthy Program as bureaucratic red tape.

**Improving the Rate of Pap Tests and Chlamydia Screening for Kern Family Health Care Members**

- ***Relevance:***

  Pap test screening reduces cervical cancer morbidity and mortality rates and is a cost-effective cancer screening tool. Chlamydia screening can identify disease and significantly reduce the short and long-term complications associated with undiagnosed Chlamydia. KFHC's rates for both measures have room for improvement.

- ***Goals:***
  - Achieve a 10 percent improvement in the HEDIS *Cervical Cancer Screening* indicator by remeasurement 2.
  - Achieve a 10 percent improvement in the HEDIS *Chlamydia Screening in Women* indicator by remeasurement 2.
- ***Best Interventions:***
  - Mail birthday cards to female members with a reminder to see their provider for an annual Pap screening exam.
  - Distribute monetary incentive to providers who are at least 80 percent compliant with preventive care guidelines for Pap testing and Chlamydia screening.
- ***Outcomes:***
  - HEDIS *Cervical Cancer Screening*:
    - 2004 (Baseline): 57.7%
    - 2005 (Remeasurement 1): 60.2%
    - 2006 (Remeasurement 2): 63.1%
  - HEDIS *Chlamydia Screening in Women*:
    - 2004 (Baseline): 50.0%
    - 2005 (Remeasurement 1): 56.9%
    - 2006 (Remeasurement 2): 59.4%
- ***Attributes and Barriers to Outcomes:***
  - Attribute: Rates positively impacted due to intensive education targeted at providers/staff and members.
  - Barrier: Providers assume members are receiving tests from their gynecologists.
  - Barrier: Adolescents are reluctant to seek screening for fear of parents being informed.

These QIPs were closed during this reporting period. While KFHC reported sustained improvement in all indicators for each project, the plan reported significant improvement in the *Health Education Behavioral Assessment* QIP. The *Staying Healthy Assessment* form completion indicator reported a 64.9 percent increase and the indicator on documented interventions for identified problems on the *Staying Healthy Assessment* form reported a 58.5 percent increase.

## Medi-Cal Audit Findings

The combined results, in regards to quality, of the 2006 joint routine medical survey and audit performed by DHCS' Audits and Investigations Division and the California Department of Managed Health Care (jointly referred to as "Auditors") are presented in this section of the report. Within the routine medical survey component of the quality review, Auditors specifically assessed KFHC in the following areas:

- **Continuity of Care**
  - Coordination of Care: Within the Network
  - Coordination of Care: Outside the Network/Special Arrangements
  - Initial Health Assessment

- **Member's Rights**
  - Grievance System

- **Quality Management**
  - Qualified Providers
  - Program Description and Structure
  - Administrative Services
  - Delegation of QIP Activities

Auditors found KFHC had opportunities for improvement in the category, Member's Rights Grievance Systems. Auditors found that the plan's grievance acknowledgement and resolution letters to Healthy Families members contained non-applicable information regarding Medi-Cal Fair Hearing procedures. KFHC's HIPAA policies did not address reporting requirements, for cases of suspected fraud and/or abuse, which require notification within 10 working days or procedures to notify and consult with DHCS prior to conducting any investigation. Procedures to report investigation results to DHCS within 10 working days of conclusion of any fraud/abuse investigation were lacking.

To address these findings, Auditors provided oversight of KFHC's corrective action process. Within 45 calendar days from the date of the Exit Conference held on January 17, 2007, the plan fully corrected the finding regarding the KFHC's grievance acknowledgement and resolution letters to Healthy Families. The plan partially corrected the deficiency regarding HIPAA policies within the 45 days following the Exit Conference and fully corrected this deficiency during the 120-day corrective action plan follow-up phase.

### Sustainability of Quality Indicators

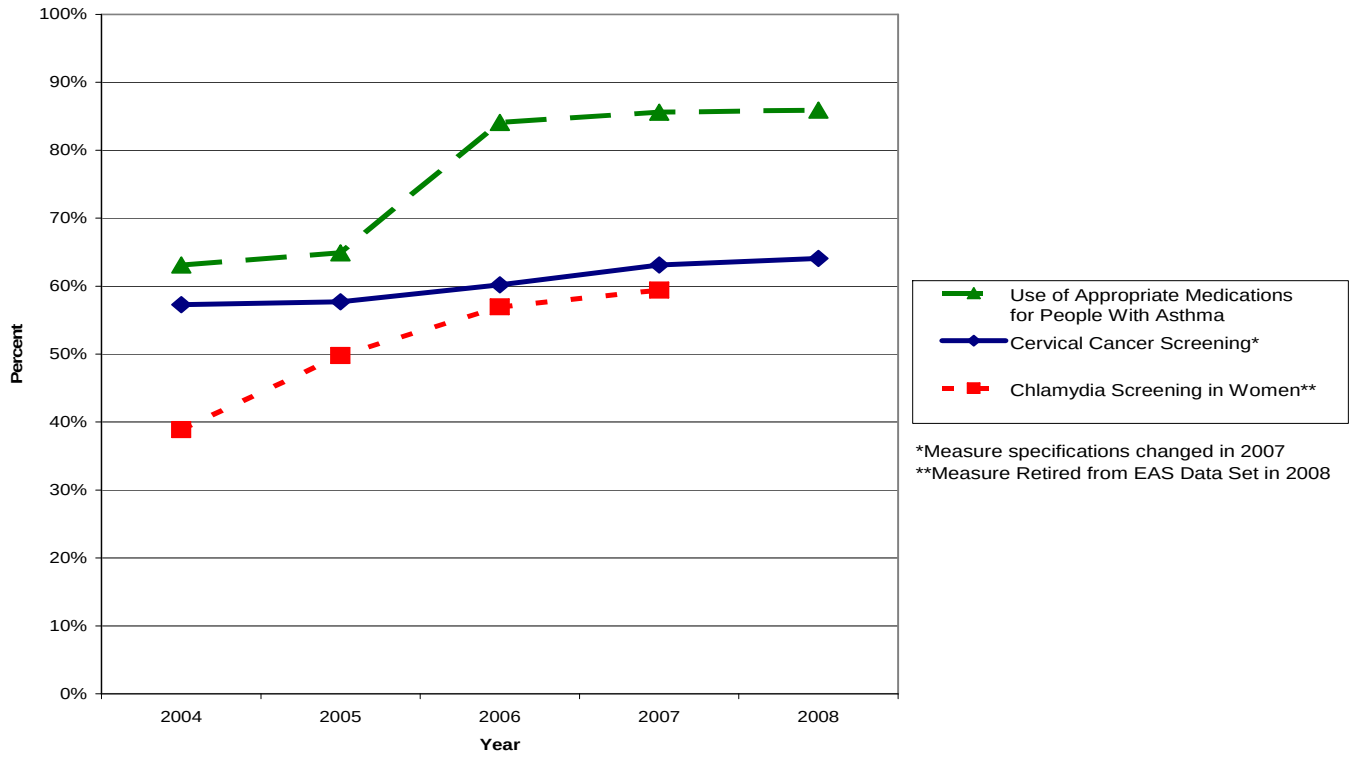
Sustainability of quality improvement correlates with a health plan's ability to bring about positive change in health care processes. For the purpose of this report, a plan's ability to achieve sustainability is generally categorized as follows:

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

Figure 1 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.

KFHC's 2007 rates reflect sustained improvement in the measure *Chlamydia Screening in Women*. The *Chlamydia Screening in Women* measure was retired in 2008. The *Cervical Cancer Screening* measure had specification changes in 2007; however, the measure remained trendable. For the 2007 and 2008 reporting period, the plan was able to demonstrate sustainability for the measures *Cervical Cancer Screening* and *Use of Appropriate Medications for People With Asthma*.

**Figure 1. Kern Family Health Care'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.

### *Kern Family Health Care's Grievance Reports*

KFHC reported a total of 381 grievances in quarterly reports during 2006 and 2007. KFHC categorized grievances as follows:

- Coverage disputes (38)
- Medical necessity (96)
- Quality of care (36)
- Access to care (3)
- Quality of service (172)
- Other (30)
- Difficulty with accessing specialists (6)

***Office of the Ombudsman's Reports***[7]

- 2006: 59 OCMS cases (1.9% of all cases; 0.653 cases per 1,000 members)
- 2006: 40 State Fair Hearings (4.2% of all cases; 0.443 cases per 1,000 members)
- 2007: 51 OCMS cases (1.1% of all cases; 0.562 cases per 1,000 members)
- 2007: 50 State Fair Hearings (10.3% of all cases; 0.551 cases per 1,000 members)

## Summary of Quality

Delmarva assessed KFHC in six areas of the quality domain: HEDIS performance measures, CAHPS survey results, QIPs, audit findings, sustainability, and grievance and Ombudsman's reports.

For HEDIS 2007, KFHC scored better than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for one comparable measure in the quality domain, *Chlamydia Screening in Women*. KFHC performed worse on all other measures when compared with both benchmarks.

For HEDIS 2008, KFHC scored better than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for one comparable measure in the quality domain, *Appropriate Treatment for Children With Upper Respiratory Infection*. KFHC performed worse on all the other comparable measures when compared with both benchmarks.

KFHC's composite scores for CAHPS *Getting Needed Care* and *How Well Doctors Communicate* exceeded the Medi-Cal average benchmarks for adult members. Alternatively, parents/guardians of child members appeared less pleased when compared to the Medi-Cal managed care weighted average benchmarks in these two areas.

KFHC closed out two QIPs categorized in the quality area: *Health Education Behavioral Assessment* and *Improving the Rate of Pap Tests and Chlamydia Screening for Kern Family Health Care Members*. While KFHC reported sustained improvement in all indicators for each project, significant improvement was reported in the *Health Education Behavioral Assessment* QIP.

Auditors found opportunities for improvement in the Member's Rights Grievance category. KFHC fully corrected the finding regarding the its grievance acknowledgement and resolution letters to Healthy Families within the 45 days following the Exit Conference. The plan partially corrected the deficiency regarding its HIPAA policies within the 45 days following the Exit Conference and fully corrected this deficiency during the 120-day corrective action plan follow-up phase.

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

Finally, in the sustainability area, KFHC was successful in sustaining rates for two measures, *Use of Appropriate Medications for People With Asthma* and *Chlamydia Screening in Women* in 2007. The *Chlamydia Screening in Women* measure was retired in 2008. For 2008, the *Use of Appropriate Medications for People With Asthma* and *Cervical Cancer Screening* measures can be compared with 2007 sustainability rates. KFHC shows sustained improvement for both measures for the 2008 reporting period.

## 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 KFHC 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 KFHP's 2007 results for these access-related HEDIS measures.

**Table 4. 2007 HEDIS Access Measure Results Comparing Kern Family Health Care to State and National Programs.**

| 2007 Access Measure | 2007 Kern Family Health Care Rate* | 2007 Medi-Cal Managed Care Weighted Average* | 2006 HEDIS National Medicaid Average* |
|---|---|---|---|
| Adolescent Well-Care Visits | 35.8% | 36.9% | 40.6% |
| Prenatal and Postpartum Care—Postpartum Care | 63.8% | 58.7% | 57.0% |

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

KFHC reported a score higher than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure. For the *Adolescent Well-Care Visits* measure, KFHC's rate was lower than both benchmarks.

### 2008 HEDIS Performance Measures Pertaining to Access

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

**Table 5. 2008 HEDIS Access Measure Results Comparing Kern Family Health Care to State and National Programs.**

| 2008 Access Measure | 2008 Kern Family Health Care Rate* | 2008 Medi-Cal Managed Care Weighted Average* | 2007 HEDIS National Medicaid Average* |
|---|---|---|---|
| Adolescent Well-Care Visits | 37.2% | 39.6% | 43.7% |
| Prenatal and Postpartum Care—Postpartum Care | 58.6% | 59.1% | 59.1% |

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

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

### CAHPS Survey Results Pertaining to Access

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

**Table 6. 2007 CAHPS Access Survey Results Comparing Kern Family Health Care and the Medi-Cal Managed Care Plan Average.**

| 2007 CAHPS Composite | Population | 2007 Kern Family Health Care Result | 2007 Medi-Cal Managed Care Weighted Average* |
|---|---|---|---|
| Getting Care Quickly | Adult | 44% | 45% |
| | Child | 35% | 37% |
| | CSHCN† | 34% | ‡ |

* 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.

KFHC's composite score for *Getting Care Quickly* showed 44 percent of adult members indicating they received care quickly, slightly below the Medi-Cal average. Thirty-five percent of parents/guardians of KFHC's child members indicated they received care quickly. This rate was also slightly below the Medi-Cal average.

## Quality Improvement Projects

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

- *Improving Adolescent Well-Care*
- *Avoidable Emergency Room Visits*

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

### Improving Adolescent Well-Care

- ***Relevance:***

  KFHC reviewed its HEDIS data and determined the adolescent population in Kern County was being underserved, with episodic/emergent visits appearing to be the majority of services provided. The plan determined its adolescent well-care visit rate was unsatisfactory.

- ***Goal:***

  Achieve a 7 percentage point increase in HEDIS *Adolescent Well-Care Visit* rates by 2006.

- ***Best Interventions:***
  - Personal contact was made to all new members, including adolescents, to introduce members to providers and set up initial wellness exams.
  - Provider incentives were given to providers contacting adolescents for well-care exams.

- ***Outcomes:***
  - HEDIS *Adolescent Well-Care Visits*:
    - 2003 (Baseline): 25.5%
    - 2004 (Remeasurement 1): 37.2%
    - 2005 (Remeasurement 2): 35.5%
    - 2006 (Remeasurement 3): 35.8%

- ***Attributes and Barriers to Outcomes:***
  - Barrier: Lack of adolescent and parent awareness as to the importance of regular well-care exams.
  - Barrier: Lack of provider awareness of all well-care exam components.

**Avoidable Emergency Room Visits**

- ***Relevance:***

  KFHC stated, "ERs in Kern County are frequently overcrowded and a reduction in avoidable visits to the ER would benefit members, providers, and the health plan." In 2006, 13.4 percent of ER visits were considered avoidable.

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

- ***Best Interventions:***
  - Collaborative interventions are being developed.

- ***Outcomes:***
  - HEDIS rate of members seen in the ER:
    2006 (Baseline): 41.18 visits per 1,000 member months
  - Rate of members seen in the ER with designated avoidable visits:
    2006 (Baseline): 13.4%

- ***Attributes/Barriers to Outcomes:***

  Not applicable, as this QIP was at the baseline stage.

KFHC's exceeded its goal for the statewide collaborative project, *Improving Adolescent Well-Care.* The plan's baseline rate was 25.5 percent and the final remeasurement rate was 35.8—a 10.3 percentage point increase. This project closed during the third quarter of 2006, and KFHC began participating in a new statewide collaborative project, *Avoidable Emergency Room Visits.* Because this QIP is in the baseline phase, no results are available yet.

### Medi-Cal Audit Findings

Delmarva reviewed the results of the medical audit performed by DHCS' Audits and Investigations Division and the California Department of Managed Health Care (jointly referred to as "Auditors"). This audit encompassed a compliance review considering requirements, which represent proxy measures for access. The routine medical survey component specifically assessed KFHC in the following areas relating to access:

- **Availability and Accessibility**
  - Access to Medical Care
  - Access to Emergency Services
  - Access to Pharmaceutical Services
  - Access to Specific Services

- **Member's Rights**
  - Cultural and Linguistic Services
  - Primary Physician Care
  - Confidentiality Rights

Auditors found opportunities for improvement in the Availability and Accessibility category. Under the Access to Emergency Services component, Auditors found that KFHC failed to include notification of DMHC appeal rights in Dispute Resolution letters to providers. The plan's policies did not include language addressing Medical Director's involvement in the downcoding of emergency level claims. Under the Access to Pharmaceutical Services component of the Availability and Accessibility category, Auditors found the plan was not monitoring the contracted emergency departments' compliance with the requirement to provide a sufficient quantity of drugs to members under emergency circumstances to last until the member could reasonably be expected to have a prescription filled.

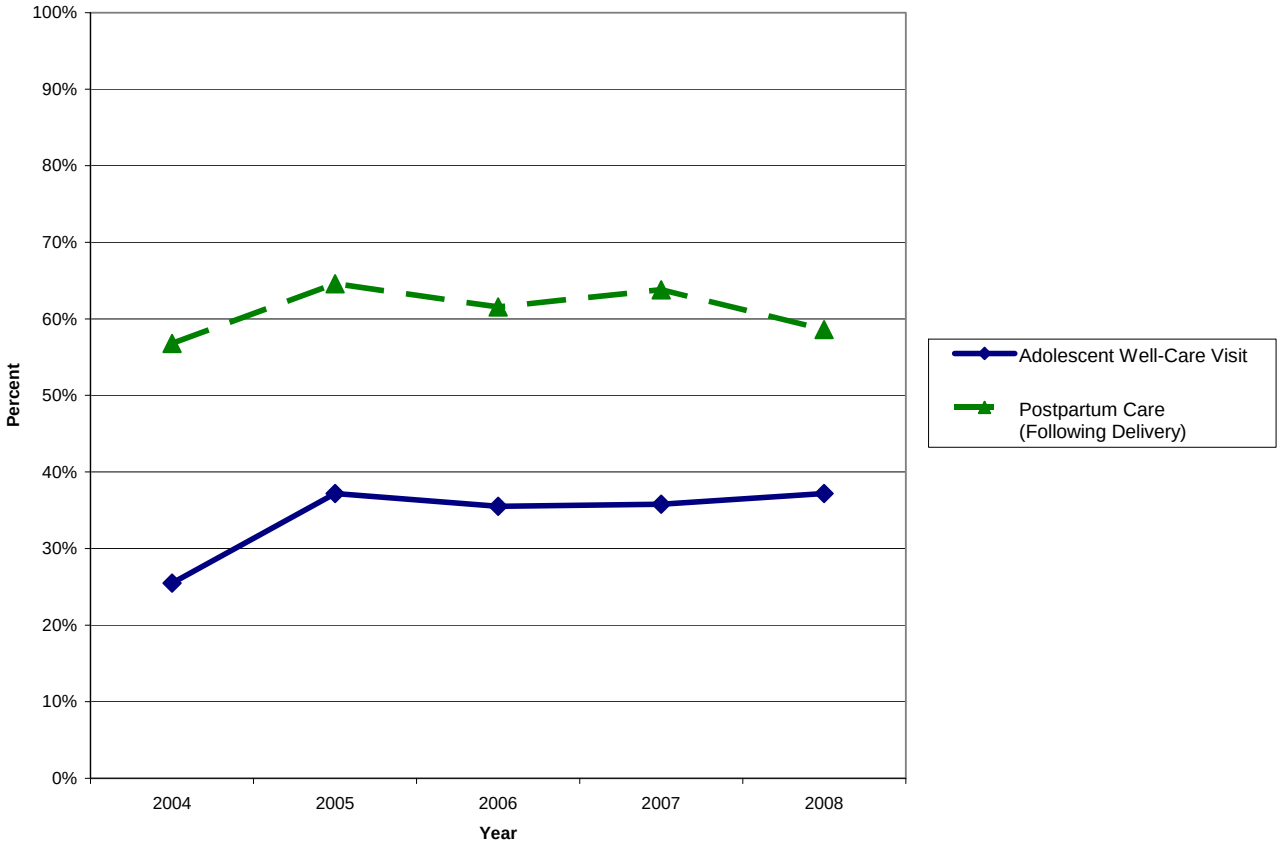
To address the deficiencies discussed above, Auditors provided oversight for KFHC's corrective action process. The plan partially corrected the deficiencies within 45 days following the January 17, 2007 Exit Conference and fully corrected the deficiencies within the 120-day corrective action plan follow-up phase.

### 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: *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care*.

Figure 2 depicts sustainability graphically. KFHC rates on the *Adolescent Well-Care Visits* measure show sustainability of improvement. Sustainability of rates for the *Prenatal and Postpartum Care—Postpartum Care* measure is trending in a generally straight linear pattern, indicating the plan is maintaining performance.

**Figure 2. Kern Family Health Care's Sustainability of Access to Care Indicators.**



## Summary of Access

Delmarva assessed KFHC in five areas of the access domain: HEDIS performance measures, CAHPS survey rates, QIPs, audit findings, and sustainability of improvement.

For HEDIS 2007, KFHC reported a score lower than both benchmarks for the *Adolescent Well-Care Visits* measure. For the *Prenatal and Postpartum Care—Postpartum Care* measure, KFHC's rate exceeded the benchmarks. The plan's HEDIS 2008 scores were lower than the benchmarks for both access measures. KFHC's CAHPS composite scores for *Getting Care Quickly* in both the adult and child categories were slightly below the Medi-Cal managed care weighed averages.

In the QIP area, KFHC exceeded its goal for the statewide collaborative project, *Improving Adolescent Well-Care*. This project closed during the third quarter of 2006, and the plan began participating in a new statewide collaborative project, *Avoidable Emergency Room Visits*. Because this QIP is in the baseline phase, no results are available yet.

During the Medi-Cal audit, auditors found opportunities for improvement in the Availability and Accessibility category. The plan corrected a portion of each deficiency within 45 calendar days from the date of the January 17, 2007, Exit Conference. KFHC was able to fully correct each deficiency within the 120-day corrective action plan follow-up phase.

Finally, in the sustainability area, KFHC rates on the *Adolescent Well-Care Visit* measure show sustainability of improvement. The plan's linear pattern of the *Prenatal and Postpartum Care—Postpartum Care* measures indicates KFHC is maintaining performance for that measure.

## Timeliness of Care Assessment

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

### 2007 HEDIS Performance Measures Pertaining to Timeliness of Care

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

**Table 7. 2007 HEDIS Timeliness Measure Results Comparing Kern Family Health Care to State and National Programs.**

| 2007 Timeliness Measure | 2007 Kern Family Health Care Rate* | 2007 Medi-Cal Managed Care Weighted Average* | 2006 HEDIS National Medicaid Average* |
|---|---|---|---|
| Breast Cancer Screening† | 49.7% | 48.6% | 53.9% |
| Childhood Immunization Status—Combination 2 | 76.9% | 77.9% | 70.4% |
| Prenatal and Postpartum Care—Timeliness of Prenatal Care | 79.3% | 79.4% | 79.1% |
| Well-Child Visits in the First 15 Months of Life | 52.1% | 57.7% | 48.6% |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 75.6% | 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.

KFHC scored better than the 2007 Medi-Cal managed care weighted average on one of the four comparable measures, *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. The plan performed better than the 2006 HEDIS national Medicaid average on all four comparable measures.

### 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 Kern Family Health Care to State and National Programs.**

| 2008 Timeliness Measure | 2008 Kern Family Health Care Rate* | 2008 Medi-Cal Managed Care Weighted Average* | 2007 HEDIS National Medicaid Average* |
|---|---|---|---|
| Breast Cancer Screening | 49.9% | 50.4% | 49.1% |
| Childhood Immunization Status—Combination 2 | 80.3% | 80.1% | 73.3% |
| Childhood Immunization Status—Combination 3† | 73.5% | 72.0% | 60.6% |
| Prenatal and Postpartum Care—Timeliness of Prenatal Care | 78.4% | 82.6% | 81.2% |
| Well-Child Visits in the First 15 Months of Life | 60.1% | 60.2% | 55.6% |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 70.0% | 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.

KFHC performed slightly better than the 2008 Medi-Cal managed care weighted average in one comparable measure, *Childhood Immunization Status—Combination 2*. When comparing KFHC rates with the 2007 HEDIS national Medicaid averages, the plan scored better in four comparable measures, *Breast Cancer Screening*, *Childhood Immunization Status—Combination 2*, *Well-Child Visits in the First 15 Months of Life,* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. The plan scored lower than both benchmarks on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure.

### CAHPS Survey Results Pertaining to Timeliness

Delmarva chose two CAHPS composites, *Courteous and Helpful Office Staff* and *Health Plan's Customer Service*, to represent timeliness of care measures. Table 9 shows the results of the composite scores and is followed by discussion of the results.

**Table 9. 2007 CAHPS Timeliness Survey Results Comparing Kern Family Health Care to the Medi-Cal Managed Care Plan Average.**

| 2007 CAHPS Composite | Population | 2007 Kern Family Health Care Result | 2007 Medi-Cal Managed Care Weighted Average* |
|---|---|---|---|
| Courteous and Helpful Office Staff | Adult | † | † |
| | Child | 51% | 52% |
| | CSHCN‡ | 48% | § |
| Health Plan's Customer Service | Adult | 47% ¶ | 45% |
| | Child | 81% ¶ | 79% |
| | CSHCN‡ | 70% ¶ | § |

* Medi-Cal average was 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 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.

Fifty-one percent of KFHC's parents/guardians of child members indicated that the office staff was courteous and helpful, whereas the Medi-Cal managed care weighted average for this composite was 52 percent. KFHC adult and parents/guardians of child members appeared to be more satisfied with their health plan's customer service than the Medi-Cal managed care weighed average. The child score was significantly higher than the adult score in the CAHPS composite *Health Plan's Customer Service* (81% and 47%, respectively).

### Quality Improvement Projects

KFHC engaged in one QIP that was categorized in the timeliness domain: *Immunization Collaborative*. Results for this project are discussed below.

**Immunization Collaborative**

- ***Relevance:***

  KFHC indicated they serve a multi-cultural population with some members coming from Mexico and the Middle East, where many diseases addressed by the State's immunization program are still common. The plan recognized opportunities for improvement of immunization rates so children in its population were a source neither of communicability nor at risk for these infectious diseases.

- ***Goals:***
  - Achieve 95 percent for the HEDIS *Childhood Immunization Status—Combination 2* indicator by remeasurement 1.
  - Achieve 95 percent for the HEDIS *Childhood Immunization Status—Combination 3* indicator by remeasurement 1.
  - Achieve a five percent increase in the rate of high volume providers using the regional immunization registry for children 0-2 years of age by remeasurement 1.
  - Achieve a five percent increase in the rate of children 0-2 years of age seen by providers who access the regional immunization registry by remeasurement 1.

- ***Best Interventions:***
  - Mailed immunization reminders to members.
  - Appointed a KFHC staff representative to the Kern Immunization Coalition whose mission is to provide immunization programs for the children of Kern County.

- ***Outcomes:***
  - HEDIS *Childhood Immunization Status—Combination 2*:
    - ◊ 2006 (Baseline): 76.9%
  - HEDIS *Childhood Immunization Status—Combination 3*:
    - ◊ 2006 (Baseline): 70.3%
  - Rate of high volume providers using the regional immunization registry for children 0-2 years of age:
    - ◊ 2006 (Baseline): 86.9%
  - Rate of children 0-2 years of age seen by providers who access the regional immunization registry:
    - ◊ 2006 (Baseline): 43.5%

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

  Not applicable, as this QIP was in the baseline stage.

### Medi-Cal Audit Findings

Delmarva's review of the audit performed by DHCS' Audits and Investigations Division and the California Department of Managed Health Care (DMHS) yielded evidence that the review requirements monitored reflect adequate proxy measures for timeliness. The following review requirements were assessed by DHCS and DMHC (jointly referred to as "Auditors"):

- Utilization Management
- Utilization Management Program
- Prior Authorization Review Requirements
- Referral Tracking
- Prior Authorization Appeal Process
- Delegation of Utilization Management

Auditors found an opportunity for improvement in the Utilization Management category, under the Utilization Management Program component. Specifically, prior authorization notification procedures did not address notification letters including the reason for the decision in clear and concise language.

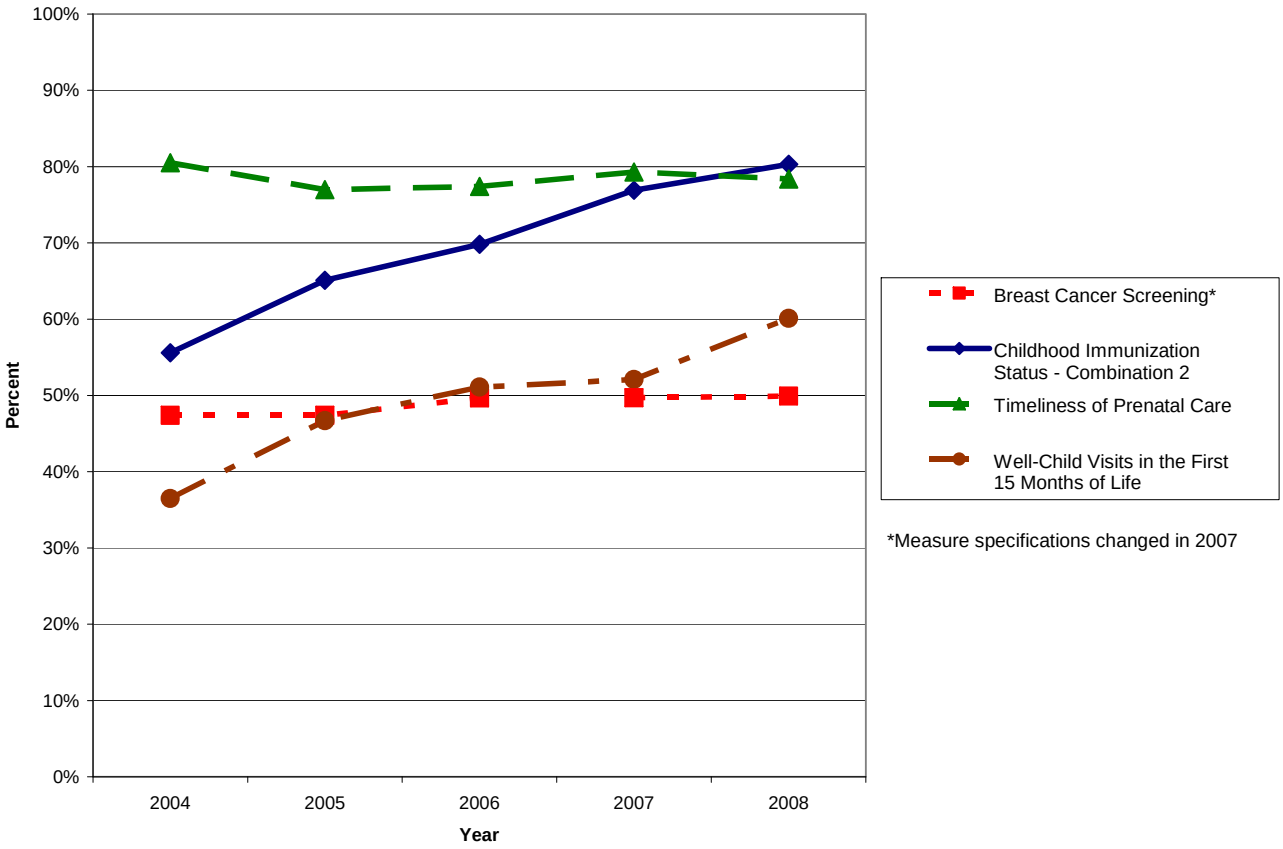
To address this finding, Auditors provided oversight for KFHC's corrective action process. Within 45 calendar days from the date of the January 17, 2007, Exit Conference, KFHC made partial corrections to the identified deficiency. The plan fully corrected the deficiency within the 120-day corrective action plan follow-up phase.

## 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. See Figure 3, below.

KFHC sustained improvement in two indicators: *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the First 15 Months of Life*. Performance was maintained on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure. The trend line for the *Breast Cancer Screening* measure is broken between 2006 and 2007 to reflect the substantive changes in the measure's 2007 technical specifications. Delmarva cannot determine sustainability of the *Breast Cancer Screening* rates for the measurement period due to the missing data points.

**Figure 3. Kern Family Health Care's Sustainability of Timeliness of Care Indicators.**



### Summary of Timeliness of Care

Delmarva assessed KFHC in five areas of the timeliness domain: HEDIS performance measures, CAHPS survey results, QIPs, audit findings, and sustainability of improvement.

For HEDIS 2007, KFHP performed better than the 2007 Medi-Cal managed care weighted average in one comparable measure, *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. The plan scored higher than the 2006 national Medicaid averages on all comparable measures.

For HEDIS 2008, KFHP performed better than the Medi-Cal managed care weighted average in one comparable measure, *Childhood Immunization Status—Combination 2*, and exceeded the 2006 national Medicaid averages in four of the five comparable measures. The plan scored lower than both benchmarks on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure.

CAHPS survey results showed that 51 percent of KFHC's parents/guardians of child members indicated that the office staff was courteous and helpful, slightly below the Medi-Cal managed care weighted average for this composite of 52 percent. KFHC's adult and parents/guardians of child members appeared to be more satisfied with their health plan's customer service than the Medi-Cal managed care weighted average.

For KFHC's QIP, *Immunization Collaborative*, the proposal submission reported baseline data only.

Auditors found opportunities for improvement in the Utilization Management category, under the Utilization Management Program component. Auditors provided oversight for KFHC's corrective action process. The plan made partial corrections to the identified deficiencies within the 45 days following the Exit Conference and made full corrections to the deficiencies within the 120-day corrective action plan follow-up phase.

In the sustainability area, KFHC sustained improvement in two indicators—*Childhood Immunization Status—Combination 2* and *Well-Child Visits in the First 15 Months of Life*. Performance was maintained on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure. The *Breast Cancer Screening* measure could not be compared during 2007 and 2008 due to technical specification changes made in 2007.

## Comparison of Kern Family Health Care's 2007 and 2008 HEDIS Scores

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

Table 10. Comparison of Kern Family Health Care's 2008 and 2007 HEDIS Performance Rates.

| 2008 Performance Measure | 2008 Kern Family Health Care Rate* | 2007 Kern Family Health Care Rate* |
|---|---|---|
| Childhood Immunization Status—Combination 2 | 80.3% | 76.9% |
| Childhood Immunization Status—Combination 3† | 73.5% | † |
| Well-Child Visits in the First 15 Months of Life | 60.1% | 52.1% |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 70.0% | 75.6% |
| Adolescent Well-Care Visits | 37.2% | 35.8% |
| Prenatal and Postpartum Care—Timeliness of Prenatal Care | 78.4% | 79.3% |
| Prenatal and Postpartum Care—Postpartum Care | 58.6% | 63.8% |
| Breast Cancer Screening | 49.9% | 49.7% |
| Cervical Cancer Screening | 64.1% | 63.1% |
| Use of Appropriate Medications for People With Asthma | 85.9% | 85.6% |
| Appropriate Treatment for Children With Upper Respiratory Infection | 85.0% | 76.7% |
| Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡ | 23.3% | †‡ |
| Comprehensive Diabetes Care—Eye Exam (Retinal) Performed | 42.1% | 37.7% |
| Comprehensive Diabetes Care—HbA1c Testing | 74.8% | 75.2% |
| Comprehensive Diabetes Care—HbA1c Control (<7.0%)† | 34.4% | † |
| Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)†§ | 48.1%§ | † |
| Comprehensive Diabetes Care—LDL-C Screening Performed | 67.6% | 69.6% |
| Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)† | 34.7% | † |
| Comprehensive Diabetes Care—Medical Attention for Nephropathy | 73.8% | 74.0% |

| 2008 Performance Measure | 2008 Kern Family Health Care Rate* | 2007 Kern Family Health Care Rate* |
|---|---|---|
| Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) † | 286.88 | † |
| Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) † | 38.93 | † |
| Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) † | 1.59 | † |
| Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) † | 0.05 | † |

* 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 2008 rate is displayed for informational purposes only and will not be compared to benchmarks.
‡ 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis* and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score is better.
§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.

Due to 2007 specification changes, the plan's rates of *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* cannot be compared between reporting years 2007 and 2008. MMCD eliminated the *Chlamydia Screening* measure for 2008 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. The rates for the four *Ambulatory Care* indicators are included for trending purposes only. Conclusions should not be drawn regarding plan performance for these indicators as noted in the Table 10 footnotes.

KFHC's scores improved by more than one percent on five of the comparable HEDIS indicators:

- *Childhood Immunization Status—Combination 2*
- *Well-Child Visits in the First 15 Months of Life*
- *Adolescent Well-Care Visits*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

KFHC's score remained relatively unchanged (≤1% point) on six measures:

- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Use of Appropriate Medications for People with Asthma*

- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

KFHC's scores decreased by more than one percentage point on three measures:

- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Comprehensive Diabetes Care—LDL-C Screening Performed*

## Comparison of 2007 and 2008 HEDIS Measures by Model Type

Medi-Cal managed care 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.

KFHC is contracted in Kern County as an LI plan. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different 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 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 HEDIS measures:

- *Childhood Immunization Status—Combination 2*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Use of Appropriate Medications for People With Asthma*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening 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, KFHC's performance was compared with the Medi-Cal managed care weighted average and the national Medicaid average. This section provides two comparisons that have not been made elsewhere in this report—national commercial averages and the California Healthy Families Program averages. The Healthy Families Program, administered by the Managed Risk Medical Insurance Board, is a low cost health, dental, and vision coverage plan for uninsured children (up to age 19) of working families. In addition to the new rate comparisons, the Medi-Cal managed care weighted averages and the national Medicaid averages are provided in Tables 13 and 14.

Table 13. 2007 Performance Measurement Rates Comparing Kern Family Health Care to National and State Programs.

| 2007 Performance Measure | 2007 Kern Family Health Care 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 | 76.9% | 77.9% | 70.4% | 77.8% | 79.2% |
| Well-Child Visits in the First 15 Months of Life | 52.1% | 57.7% | 48.6% | 71.0% | 56.6% |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 75.6% | 74.3% | 63.3% | 64.4% | 72.9% |
| Adolescent Well-Care Visits | 35.8% | 36.9% | 40.6% | 38.7% | 43.5% |
| Prenatal and Postpartum Care—Timeliness of Prenatal Care | 79.3% | 79.4% | 79.1% | 91.9% | ‡ |
| Prenatal and Postpartum Care—Postpartum Care | 63.8% | 58.7% | 57.0% | 81.5% | ‡ |
| Chlamydia Screening in Women | 59.4% | 52.8% | 50.6% | 34.9% | 41.1% |
| Breast Cancer Screening§ | 49.7% | 48.6% | 53.9% | 72.0% | ‡ |
| Cervical Cancer Screening§ | 63.1% | 67.9% | 65.0% | 81.8% | ‡ |
| Use of Appropriate Medications for People With Asthma | 85.6% | 86.8% | 85.7% | 89.9% | 94.0% |
| Appropriate Treatment for Children With Upper Respiratory Infection | 76.7% | 78.9% | 82.5% | 82.9% | 83.1% |
| Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶§ | 76.9% | 71.0% | 69.4% | 66.1% | ‡ |
| Comprehensive Diabetes Care—Eye Exam (Retinal) Performed | 37.7% | 54.1% | 48.6% | 54.8% | ‡ |
| Comprehensive Diabetes Care—HbA1c Testing | 75.2% | 79.5% | 76.2% | 87.6% | ‡ |
| Comprehensive Diabetes Care—LDL-C Screening § | 69.6% | 75.9% | 80.5% | 92.3% | ‡ |
| Comprehensive Diabetes Care—Medical Attention for Nephropathy§ | 74.0% | 81.0% | 48.8% | 55.1% | ‡ |

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

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

- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Chlamydia Screening in Women*

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

- *Childhood Immunization Status—Combination 2* (KFHC scored higher than the HEDIS national Medicaid average but lower than all other benchmarks.)
- *Well-Child Visits in the First 15 Months of Life* (KFHC scored higher than the HEDIS national Medicaid average but lower than all other benchmarks.)
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (KFHC scored higher than the HEDIS national Medicaid average but lower than all other benchmarks.)
- *Prenatal and Postpartum Care—Postpartum Care* (KFHC scored lower than the HEDIS national commercial average but higher than all other benchmarks.)

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

- *Adolescent Well-Care Visits*
- *Use of Appropriate Medications for People With Asthma*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Testing*

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

Table 14. 2008 Performance Measurement Rates Comparing Kern Family Health Care to National and State Programs.

| 2008 Performance Measure | 2008 Kern Family Health Care 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 | 80.3% | 80.1% | 73.3% | 79.8% | 79.2% |
| Childhood Immunization Status—Combination 3[c] | 73.5% | 72.0% | 60.6% | 65.8% | 73.4% |
| Well-Child Visits in the First 15 Months of Life | 60.1% | 60.2% | 55.6% | 72.9% | 56.6% |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 70.0% | 75.8% | 66.8% | 66.7% | 72.9% |
| Adolescent Well-Care Visits | 37.2% | 39.6% | 43.7% | 40.3% | 43.5% |
| Prenatal and Postpartum Care—Timeliness of Prenatal Care | 78.4% | 82.6% | 81.2% | 90.6% | (d) |
| Prenatal and Postpartum Care—Postpartum Care | 58.6% | 59.1% | 59.1% | 79.9% | (d) |
| Breast Cancer Screening | 49.9% | 50.4% | 49.1% | 68.9% | (d) |
| Cervical Cancer Screening | 64.1% | 68.7% | 65.7% | 81.0% | (d) |
| Use of Appropriate Medications for People with Asthma | 85.9% | 88.8% | 87.1% | 91.6% | 94.0% |
| Appropriate Treatment for Children with Upper Respiratory Infection | 85.0% | 83.1% | 83.3% | 82.8% | 83.1% |
| Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[e] | 23.3% | 28.4% | (e) | (e) | (d) |
| Comprehensive Diabetes Care—Eye Exam (Retinal) Performed | 42.1% | 58.1% | 51.4% | 54.7% | (d) |
| Comprehensive Diabetes Care—HbA1c Testing | 74.8% | 82.1% | 78.0% | 87.5% | (d) |
| Comprehensive Diabetes Care—HbA1c Control (<7.0%)[c] | 34.4% | 32.6% | N/A | 41.8% | (d) |
| Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)[c][f] | 48.1% | 42.6% | 48.7% | 29.6% | (d) |
| Comprehensive Diabetes Care—LDL-C Screening Performed | 67.6% | 77.8% | 71.1% | 83.4% | (d) |
| Comprehensive Diabetes Care—LDL-C Control(<100mg/dL)[c] | 34.7% | 34.2% | 30.6% | 43.0% | (d) |
| Comprehensive Diabetes Care—Medical Attention for Nephropathy | 73.8% | 78.3% | 74.6% | 79.7% | (d) |

| 2008 Performance Measure | 2008 Kern Family Health Care 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] | 286.88 | 271.57 | 317.97 | 296.73 | (d) |
| Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)[c] [g] | 38.93 | 37.26 | 57.02 | 16.71 | (d) |
| Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)[c] [g] | 1.59 | 2.58 | 5.30 | 10.49 | (d) |
| Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)[c] [g] | 0.05 | 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.

Performances 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 indicators.

KFHC's 2008 rates were higher than all benchmark rates for the following measures:

- *Childhood Immunization Status—Combination 2*
- *Appropriate Treatment for Children With Upper Respiratory Infection*

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

- *Well-Child Visits in the First 15 Months of Life* (KFHC scored higher than the HEDIS national Medicaid average and Healthy Families average but lower than the other benchmarks.)
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (KFHC scored lower than the Medi-Cal managed care weighted average and Healthy Families average, but higher than the other comparable benchmarks.)

- *Breast Cancer Screening* (KFHC scored higher than the HEDIS national Medicaid average but lower than the other comparable benchmarks.)

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

- *Adolescent Well-Care Visits*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Cervical Cancer Screening*
- *Use of Appropriate Medications for People With Asthma*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening Performed*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

## 2007 Overall Strengths

- KFHC rated better than the national and state benchmarks in HEDIS measures—*Chlamydia Screening in Women,* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life.*
- KFHC rated higher than the state benchmarks in the adult categories for the CAHPS composite items *Getting Needed Care, How Well Doctors Communicate,* and *Health Plan's Customer Service.*
- All measures in the QIPs, *Health Education Behavioral Assessment*, *Staying Healthy Assessment*, and *Improving Adolescent Well-Care* reported improvement.
- For the sustainability indicators, KFHC's rates reflect sustained improvement in the measures—*Use of Appropriate Medications for People With Asthma, Chlamydia Screening in Women, Cervical Cancer Screening, Childhood Immunization Status—Combination 2*, and *Well-Child Visits in the First 15 Months of Life.*

## 2007 Recommendations

Delmarva's overall assessment of KFHC 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 *Appropriate Treatment for Children With Upper Respiratory Infection*, *Use of Appropriate Medications for People With Asthma*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, *Comprehensive Diabetes Care—HbA1c Testing*, and *Adolescent Well-Care Visits* was worse than other benchmarks.
- Which factors may be causing KFHC's parents/guardians of child members to respond with lower rates for KFHC than the Medi-Cal managed care average in the CAHPS survey items *Getting Needed Care*, *How Well Doctors Communicate*, and *Courteous and Helpful Office Staff*.
- Which factors may be causing KFHC's adult and child populations to respond with lower rates for the CAHPS survey item *Getting Care Quickly*.

## 2007 Summary

Both strengths and continued opportunities for improvement exist for KFHC in the areas of quality, access, and timeliness. In particular, KFHC should focus on enrollee perceptions for *Getting Needed Care*, *How Well Doctors Communicate*, *Courteous and Helpful Office Staff*, and *Getting Care Quickly*. The plan should address its lower performance compared to benchmarks for *Appropriate Treatment for Children With Upper Respiratory Infection*, *Use of Appropriate Medications for People With Asthma*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, *Comprehensive Diabetes Care—HbA1c Testing*, and *Adolescent Well-Care Visits* measures.

KFHC performed well in several areas, including the HEDIS measures *Chlamydia Screening in Women*, *Prenatal and Postpartum Care—Postpartum Care*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. Additionally, surveyed KFHC enrollees scored the plan's performance higher than Medi-Cal averages in the composites *Getting Needed Care* and *How Well Doctors Communicate* for adults and *Health Plan's Customer Service* for both adult and child members.

## 2008 HEDIS Measure Strengths

- KFHC's rates were higher than all benchmark rates for the following measures:
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Childhood Immunization Status—Combination 2*

## 2008 Recommendations

Delmarva's assessment of KFHC'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 following HEDIS measures worse than other benchmarks: *Adolescent Well-Care Visits, Prenatal and Postpartum Care—Timeliness of Prenatal Care, Prenatal and Postpartum Care—Postpartum Care, 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,* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy.*
- Why KFHC's scores on the HEDIS measures *Prenatal and Postpartum Care—Timeliness of Prenatal Care, Prenatal and Postpartum Care—Postpartum Care,* and *Comprehensive Diabetes Care—HbA1c Testing* were lower in 2008 compared to 2007.
- Factors that have led to its excellent performance on the measure *Appropriate Treatment for Children with Upper Respiratory Infection,* and once identified, reproduce the activity/behavior for other projects.

## 2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for KFHC in the area of HEDIS performance measures as presented in this report. In particular, KFHC should focus on improving rates for several diabetes indicators, including *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed, Comprehensive Diabetes Care—HbA1c Testing*, *Comprehensive Diabetes Care—LDL-C Screening Performed,* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy.* KFHC is performing well on the childhood immunization measure and *Appropriate Treatment for Children with Upper Respiratory Infection.*

# 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*. KFHP'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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