



Medi-Cal Managed Care Division

state of california

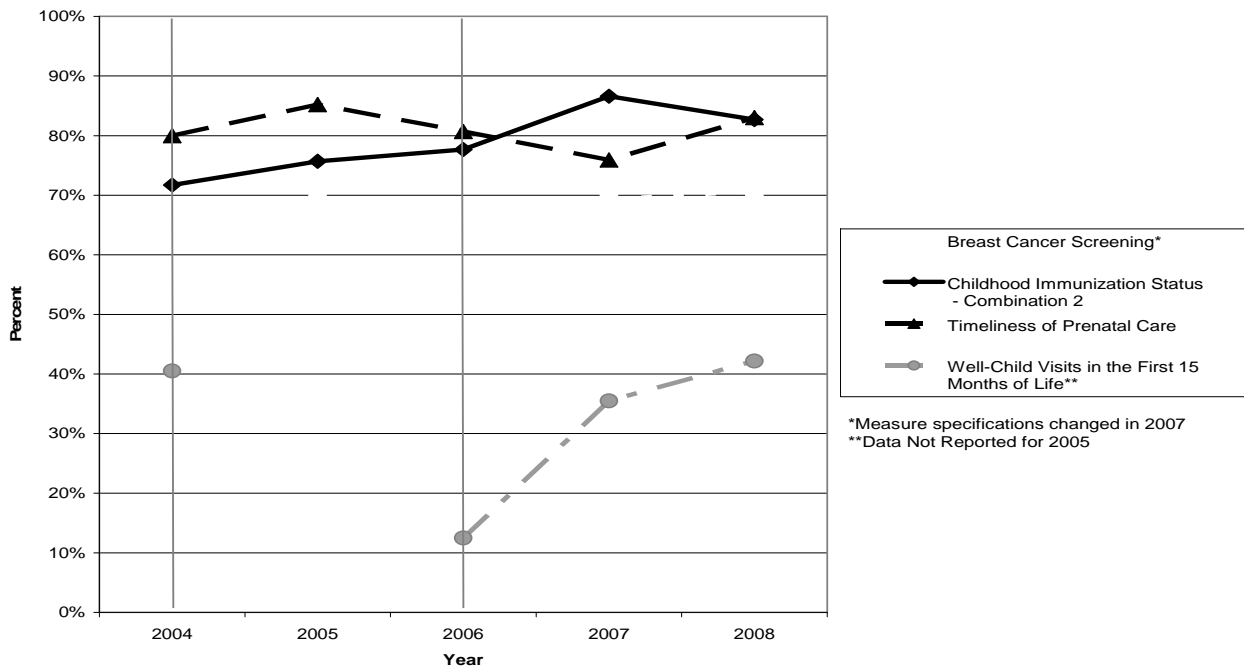


Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Kaiser Permanente (KP Cal, LLC)

Submitted by
Delmarva Foundation
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Figure 3-B. Kaiser South's Sustainability of Timeliness of Care Indicators.



The trend line for the *Breast Cancer Screening* measure is broken between 2006 and 2007 to reflect the substantive changes in the measure's 2007 technical specifications; therefore, Delmarva could not determine sustainability of the *Breast Cancer Screening* rates over the measurement period for Kaiser North and Kaiser South.

Kaiser North demonstrated sustained improvement over the course of the four-year measurement period for all three trendable measures:

- *Childhood Immunization Status—Combination 2*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Well-Child Visits in the First 15 Months of Life*

Although Kaiser South's rate for the *Childhood Immunization Status—Combination 2* measure declined in 2008, the plan showed overall improvement for the over the four-year measurement period. Due to fluctuating rates over the same measurement period, Kaiser South was unable to demonstrate improvement of the measure *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

Kaiser South did not report a rate for the measure *Well-Child Visits in the First 15 Months of Life* in 2005. Since there is a break in the trend line for the measure *Well-Child Visits in the First 15 Months of Life*, Delmarva could not determine sustainability of Kaiser South's maintenance or improvement in this measure.

Summary of Timeliness of Care

Delmarva assessed Kaiser in five areas of the timeliness domain: HEDIS performance measure rates, CAHPS survey results, QIPs, managed care medical audits, and sustainability of quality indicator results.

In 2007, Kaiser North scored above the state benchmark in two of the four comparable measures and above the national benchmark in three of the four comparable measures. Kaiser South reported rates above the both benchmarks for one measure of the four comparable measures.

Kaiser North's 2008 rates were higher than the state benchmark in three of the five comparable measures and above national benchmark in four of the five comparable measures. Kaiser South's rates were higher than both benchmarks in three of the five comparable measures.

In the CAHPS area, Kaiser North's results for the composite areas *Courteous and Helpful Office Staff* and *Health Plan's Customer Service* were higher than the Medi-Cal managed care weighted averages. Kaiser South's results in the composite area *Courteous and Helpful Office Staff* also were higher than the Medi-Cal managed care weighted average, but slightly lower for adults in the composite area *Health Plan's Customer Service*.

Kaiser North submitted one QIP categorized in the timeliness domain. The plan did not implement identified interventions for this project.

Audit findings identified a deficiency in utilization management, assessed in the timeliness domain, related to a lack of identifying information on denial decisions. Kaiser reformatted fax cover sheets, which corrected the deficiency to the satisfaction of the auditors.

In the area of sustainability, Kaiser North demonstrated sustained improvement for the measures *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Well-Child Visits in the First 15 Months of Life* and *Childhood Immunization Status—Combination 2* measures over the course of the four-year measurement period. Kaiser South was able to show overall improvement for only one timeliness-designated measure, *Childhood Immunization Status—Combination 2*.

2008 Performance Measure	2007 Kaiser North Rate*	2007 Kaiser South Rate*	2008 Kaiser North Rate*	2008 Kaiser South Rate*
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) [†]	†	†	450.0	490.1
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) [†]	†	†	44.0	49.8
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) [†]	†	†	3.1	3.8
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) [†]	†	†	1.4	3.2

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

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

➤ Kaiser North improved on 12 of the 14 comparable HEDIS scores:

- € *Well-Child Visits in the First 15 Months of Life*
- € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- € *Adolescent Well-Care Visits*
- € *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- € *Prenatal and Postpartum Care—Postpartum Care*
- € *Breast Cancer Screening*
- € *Cervical Cancer Screening*
- € *Use of Appropriate Medications for People With Asthma*

- € *Appropriate Treatment for Children With Upper Respiratory Infection*
- € *Comprehensive Diabetes Care—HbA1c Testing*
- € *Comprehensive Diabetes Care—LDL-C Screening*
- € *Comprehensive Diabetes Care--Eye Exam (Retinal) Performed*
- Kaiser North's performance declined for two measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- Kaiser South improved on twelve of the fourteen comparable HEDIS scores:
 - € *Well-Child Visits in the First 15 Months of Life*
 - € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - € *Adolescent Well-Care Visits*
 - € *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - € *Prenatal and Postpartum Care—Postpartum Care*
 - € *Breast Cancer Screening*
 - € *Cervical Cancer Screening*
 - € *Use of Appropriate Medications for People With Asthma*
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Comprehensive Diabetes Care—HbA1c Testing*
 - € *Comprehensive Diabetes Care—LDL-C Screening*
 - € *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- Kaiser South's performance declined for two measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Comprehensive Diabetes Care--Eye Exam (Retinal) Performed*

Comparison of 2007 and 2008 HEDIS Measures by Model Type

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

- COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.
- The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and Local Initiatives (LIs), which are community-developed managed care plans operated as quasi-governmental agencies. In a Two-Plan model county, members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries.
- In the GMC model, enrollees choose from several commercially operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

Kaiser is contracted in Sacramento County as a GMC-North plan and in San Diego County as a GMC-South plan. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared. Note that averages are not ranked (1 through 5) on measures to which MPLs and HPLs were not applied.

administered by the California Managed Risk Medical Insurance Board, is a low-cost health, dental, and vision coverage plan for uninsured children (up to age 19) of working families. In addition to the new rate comparisons, the Medi-Cal managed care weighted averages and the national Medicaid averages are provided in Tables 13 and 14.

Table 13. 2007 Performance Measurement Rates Comparing Kaiser North and Kaiser South to National and State Programs.

2007 Performance Measure	2007 Kaiser North Rate*	2007 Kaiser South Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 California Healthy Families Average†
Childhood Immunization Status—Combination 2	76.6%	86.6%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	65.8%	35.5%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	56.5%	53.4%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	25.5%	19.5%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.0%	75.9%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	64.3%	45.4%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	76.3%	75.2%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	62.1%	69.3%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	76.8%	74.7%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	92.0%	82.9%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	96.4%	92.0%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis§¶	75.5%	27.2%	71.0%	69.4%	66.1%	‡

2007 Performance Measure	2007 Kaiser North Rate*	2007 Kaiser South Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 California Healthy Families Average†
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	65.7%	67.2%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	85.0%	89.8%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening §	79.2%	88.7%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	91.7%	91.3%	81.0%	48.8%	55.1%	‡

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

In this section, Delmarva compares the 2007 rates of Kaiser to the rates of the 2006 national commercial and 2007 Healthy Families benchmarks and follows with a comparison of the plan to other benchmarks.

- When compared with the 2006 HEDIS national commercial average, Kaiser North reported rates higher for the following measures:
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - € *Use of Appropriate Medications for People with Asthma*
 - € *Chlamydia Screening in Women*
- Kaiser South reported better rates than the 2006 HEDIS national commercial average for the following measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Chlamydia Screening in Women*
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - € *Comprehensive Diabetes Care—HbA1c Testing*
- Kaiser South reported a better rate for the *Childhood Immunization Status—Combination 2* measure than the 2007 California Healthy Families rate.

- Kaiser North performed better than all benchmarks for the following measures:
 - € *Chlamydia Screening in Women*
 - € *Use of Appropriate Medications for People With Asthma*
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- Kaiser North had mixed results for the following measures:
 - € *Childhood Immunization Status—Combination 2* (Kaiser North's rates were higher than the 2006 HEDIS national Medicaid average, but lower than the remaining benchmarks.)
 - € *Well-Child Visits in the First 15 Months of Life* (Kaiser North's rates were higher than the 2007 Medi-Cal managed care weighted average, the 2006 HEDIS national Medicaid average, and the 2007 California Healthy Families average, but lower than 2006 HEDIS national commercial average.)
 - € *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (Kaiser North's rates were higher than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average, but lower than 2006 HEDIS national commercial average.)
 - € *Prenatal and Postpartum Care—Postpartum Care* (Kaiser North's rates were higher than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average, but lower than 2006 HEDIS national commercial average.)
 - € *Comprehensive Diabetes Care—HbA1c Testing* (Kaiser North's rates were higher than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average, but lower than 2006 HEDIS national commercial average.)
- Kaiser North had lower results than all benchmarks for the following measures:
 - € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - € *Adolescent Well-Care Visits*
- Kaiser South performed better than all benchmarks for the following measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Chlamydia Screening in Women*
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - € *Comprehensive Diabetes Care—HbA1c Testing*
- Kaiser South had lower results than all benchmarks for the following measures:
 - € *Well-Child Visits in the First 15 Months of Life*
 - € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - € *Adolescent Well-Care Visits*
 - € *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - € *Prenatal and Postpartum Care—Postpartum Care*
 - € *Use of Appropriate Medications for People With Asthma*

Table 14. 2008 Performance Measurements Comparing Rates of Kaiser North and Kaiser South to National and State Programs.

2008 Performance Measure	2008 Kaiser North Rate ^(a)	2008 Kaiser South Rate ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 California Healthy Families Average ^(b)
Childhood Immunization Status—Combination 2	75.4%	82.7%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3 ^(c)	73.0%	78.2%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	66.7%	42.2%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	62.1%	59.4%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	26.0%	28.0%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	87.5%	83.0%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	71.3%	43.6%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	62.7%	70.7%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	77.4%	79.4%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	96.2%	91.9%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	96.7%	95.1%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^(e)	35.4%	20.3%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	66.0%	64.3%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	89.9%	90.6%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) ^(c)	42.5%	39.7%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{(c)(f)}	26.5%	25.6%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	85.5%	90.1%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL) ^(c)	53.1%	48.9%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	87.6%	92.3%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Kaiser North Rate ^(a)	2008 Kaiser South Rate ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 California Healthy Families Average ^(b)
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) ^{(c) (g)}	449.9	490.1	271.6	318.0	296.7	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ^{(c) (g)}	44.0	49.8	37.3	57.0	16.7	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) ^{(c) (g)}	3.1	3.2	2.6	5.3	10.5	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ^{(c) (g)}	1.4	3.2	0.8	1.8	0.8	(d)

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

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

In this section, Delmarva compares the 2008 rates of Kaiser to the 2007 national commercial, 2007 California Healthy Families benchmarks, and to other benchmarks.

- When compared with the 2007 HEDIS national commercial average, Kaiser North reported 2008 rates higher for the following HEDIS measures:
 - € *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*
 - € *Comprehensive Diabetes Care—LDL-C Screening*

- Kaiser South reported better 2008 rates than the 2007 HEDIS national commercial average for the following HEDIS measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Breast Cancer Screening*
 - € *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*
 - € *Comprehensive Diabetes Care—LDL-C Screening*
 - € *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- Kaiser South reported a higher 2008 rate for the *Childhood Immunization Status—Combination 2* measure than the 2007 California Healthy Families rate.

- Kaiser North performed better than all benchmarks for the following measures:
 - € *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*
 - € *Comprehensive Diabetes Care—LDL-C Screening*
 - € *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- Kaiser North had mixed results for the following HEDIS measures:
 - € *Childhood Immunization Status—Combination 2* (Kaiser North's rates were higher than the 2007 HEDIS national Medicaid average, but lower than the remaining benchmarks.)
 - € *Well-Child Visits in the First 15 Months of Life* (Kaiser North's rates were higher than the 2008 Medi-Cal managed care weighted average, the 2007 HEDIS national Medicaid average, and the 2007 California Healthy Families average, but lower than 2007 HEDIS national commercial average.)
 - € *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (Kaiser North's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average, but lower than 2007 HEDIS national commercial average.)
 - € *Prenatal and Postpartum Care—Postpartum* (Kaiser North's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average, but lower than 2007 HEDIS national commercial average.)
 - € *Breast Cancer Screening* (Kaiser North's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average, but lower than 2007 HEDIS national commercial average.)

- € *Cervical Cancer Screening* (Kaiser North's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average, but lower than 2007 HEDIS national commercial average.)

- Kaiser North had lower results than all benchmarks for the following HEDIS measures:
 - € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - € *Adolescent Well-Care Visits*

- Kaiser South performed better than or equivalent to all benchmarks for the following HEDIS measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Breast Cancer Screening*
 - € *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*
 - € *Comprehensive Diabetes Care—LDL-C Screening*
 - € *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- Kaiser South had mixed results for the following HEDIS measures:
 - € *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (Kaiser South's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average, but lower than 2007 HEDIS national commercial average.)
 - € *Cervical Cancer Screening* (Kaiser South's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average, but lower than the 2007 HEDIS national commercial average.)

- Kaiser South had lower results than all benchmarks for the following HEDIS measures:
 - € *Well-Child Visits in the First 15 Months of Life*
 - € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - € *Adolescent Well-Care Visits*
 - € *Prenatal and Postpartum Care—Postpartum Care*

2007 Overall Strengths

Kaiser is performing well in several areas:

- Kaiser North reported rates higher than all benchmarks for 4 of the 11 comparable HEDIS measures:
 - € *Chlamydia Screening in Women*
 - € *Use of Appropriate Medications for People With Asthma*
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

- Kaiser South reported rates higher than all benchmarks for 5 of the 11 comparable HEDIS measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Chlamydia Screening in Women*
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - € *Comprehensive Diabetes Care—HbA1c Testing*

- CAHPS survey results in both Adult and Child categories for Kaiser North and Kaiser South showed that enrollees rated the plans higher than the Medi-Cal managed care weighted average for the composites *Getting Needed Care*, *How Well Doctors Communicate*, *Getting Care Quickly*, and *Courteous and Helpful Office Staff*.

- Kaiser South's asthma and diabetes QIPs both showed favorable outcomes.

- Kaiser North's adolescent health QIP showed an increase in adolescent visits from the baseline measure to project closeout.

- Kaiser North showed sustained improvement in the following measures:
 - € *Childhood Immunization Status—Combination 2*
 - € *Chlamydia Screening in Women*
 - € *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*

- Kaiser South showed sustained improvement in the *Chlamydia Screening in Women* measure.

2007 Recommendations

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

- Performing root cause analyses to determine why Kaiser North's performance for 2 of the 11 comparable HEDIS measures was worse than the performance of all other benchmarks:
 - € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - € *Adolescent Well-Care Visits*
- Performing root cause analyses to determine why Kaiser South's performance for 6 of the 11 comparable HEDIS measures was worse than the performance of all other benchmarks:
 - € *Well-Child Visits in the First 15 Months of Life*
 - € *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - € *Adolescent Well-Care Visits*
 - € *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - € *Prenatal and Postpartum Care—Postpartum Care*
 - € *Use of Appropriate Medications for People With Asthma*
- Possible causes for Kaiser South's lower rates in the Adult category of the CAHPS composite *Health Plan's Customer Service* when compared to the Medi-Cal managed care average and Kaiser North's rates.
- Why Kaiser South's *Improving Blood Sugar Levels for Members with Diabetes* QIP showed a decline in performance in one of the QIP measures.
- Why the reporting practices of Kaiser North's *Hospital Quality Program* QIP did not allow for identification of the Medi-Cal managed care population.
- Why the Kaiser South's *Hospital Quality Program* QIP, had a decline in performance for two of the three QIP measures.

2007 Summary

Delmarva found both strengths and continued opportunities for improvement for Kaiser in the areas of quality, access, and timeliness. The Kaiser plans, both North and South, are performing well in several areas, including the HEDIS measures *Chlamydia Screening in Women*, *Appropriate Treatment for Children With Upper Respiratory Infection*, and *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*. Additionally, on the CAHPS survey, Kaiser enrollees scored both plans' performance higher than Medi-Cal managed care weighted averages in the areas *Getting Needed Care*, *How Well Doctors Communicate*, *Getting Care Quickly*, and *Courteous and Helpful Office Staff*.

Delmarva recommends that Kaiser focus on its lower performance compared to benchmarks for the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* and *Adolescent Well-Care Visits* measures.

2008 HEDIS Measure Strengths

- Kaiser North performed better than all benchmarks for the following measures:
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *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*
 - € *Use of Appropriate Medications for People With Asthma*

- Kaiser South performed better or equivalent than all benchmarks for the following HEDIS measures:
 - € *Appropriate Treatment for Children With Upper Respiratory Infection*
 - € *Childhood Immunization Status—Combination 2*
 - € *Breast Cancer Screening*
 - € *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*
 - € *Use of Appropriate Medications for People With Asthma*

2008 Recommendations

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

- Why Kaiser North performed worse than all benchmarks for the HEDIS measures *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* and *Adolescent Well-Care Visits*.
- Why Kaiser South performed worse than all benchmarks for the HEDIS measures *Well-Child Visits in the First 15 Months of Life*, *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*, *Adolescent Well-Care Visits*, and *Prenatal and Postpartum Care—Postpartum Care*.
- Factors that have led to Kaiser North and Kaiser South's excellent performance on the measure *Appropriate Treatment for Children with Upper Respiratory Infection*. Once identified, Kaiser North and South should consider whether these factors can be applied to other projects.

2008 Summary

Delmarva concludes that Kaiser has both strengths and continued opportunities for improvement related to the HEDIS performance measures. In particular, Kaiser is performing well on the measure *Appropriate Treatment for Children with Upper Respiratory Infection*. Kaiser should focus on improving rates for the child and adolescent measures.

Appendix A: HEDIS®

HEDIS Background

The Healthcare Effectiveness Data and Information Set (HEDIS®)⁹ 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

⁹ 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.¹⁰

- *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*

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. 06-010, entitled “Quality and Performance Improvement Program Requirements for 2007.”

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

2008 DHCS-Required HEDIS Measures

For the 2008 Reporting Year, the DHCS required plans to report on 12 selected HEDIS measures—including multiple indicators for *Ambulatory Care*, *Childhood Immunization Status*, *Comprehensive Diabetes Care*, and *Prenatal and Postpartum Care*—for a total of 23 measurement indicators.¹¹

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

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

¹¹ The measures are set forth annually in All Plan Letters issued by the DHCS and available on its website. See All Plan Letter No. 07-013, entitled “Quality and Performance Improvement Program Requirements for 2008.”

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

The *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans* and the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans* (“*Annual Performance Measures reports*”) provide the Medi-Cal managed care weighted average for each measure. The Medi-Cal managed care weighted average accounts for variation in membership across plans. The plans’ HEDIS data processes are audited according to the protocols described in the *Annual Performance Measures reports*. Kaiser’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.

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