



*Medi-Cal Managed Care Division*

# *state of california*



## Medi-Cal Managed Care External Quality Review Organization

### 2007-2008 Annual Report of Performance for L.A. Care Health Plan

*Submitted by*  
Delmarva Foundation  
December 2008

## Table of Contents

### 2007 - 2008 Annual Report: L.A. Care Health Plan

Introduction .....	1
Definitions .....	1
Data Sources .....	2
Report Organization .....	3
Background .....	4
Quality of Care Assessment.....	4
Access to Care Assessment.....	15
Timeliness of Care Assessment.....	21
Comparison of L.A. Care Health Plan's 2007 and 2008 HEDIS Scores .....	27
Comparison of 2007 and 2008 HEDIS Measures by Model Type .....	29
Comparison to Other National and California State Programs.....	33
2007 Overall Strengths .....	39
2007 Recommendations .....	39
2007 Summary .....	40
2008 HEDIS Measure Strengths .....	40
2008 Recommendations .....	41
2008 Summary .....	41
Appendix A: HEDIS® .....	Appendix A - 1
Appendix B: CAHPS® .....	Appendix B - 1
References .....	References 1

## 2007 - 2008 Annual Report: L.A. Care Health Plan

### Introduction

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

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

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

### Definitions

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

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

- **Access** (or accessibility) to health care, according to the Agency for Healthcare Research and Quality (AHRQ), means having "the timely use of personal health services to achieve the best health outcomes. Attaining good access to care requires three discrete steps: gaining entry into the health care system; getting access to sites of care where patients can receive needed services; and, finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust." (AHRQ, 2007)
- **Timeliness**, according to AHRQ, is defined as "...the health care system's capacity to provide health care quickly after a need is recognized....Measures of timeliness include waiting time spent in doctors' offices and emergency departments (EDs) and the interval between identifying a need for specific tests and treatments and actually receiving those services." (AHRQ, 2007)

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

## Data Sources

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

- The Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup> 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.<sup>2</sup> The 2007 HEDIS results reflect data collected for the period January 1, 2006, through December 31, 2006.

---

<sup>1</sup> HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA, 2008).

<sup>2</sup> 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.<sup>3</sup> 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®)<sup>4</sup> surveys to support the assessment of consumers’ experiences with health care. This report utilizes results from the 2007 4.0H Adult Medicaid and the 3.0H Child Medicaid surveys. Delmarva conducted these surveys between February and May 2007. For a more detailed explanation of CAHPS, see Appendix B: CAHPS.
- Summaries of plan-conducted Quality Improvement Projects conducted during the period January 1, 2006, and December 31, 2007.
- The DHCS’s Audits and Investigations Division and the California Department of Managed Health Care conduct routine medical surveys (audits) to assess compliance with contract requirements and state regulations. Findings from any audits conducted during the period January 1, 2006, and December 31, 2007, will be discussed in this report.
- Grievance and appeal data by contracted plans submitted to the DHCS and reports prepared by Medi-Cal Managed Care Division’s Office of the Ombudsman during 2006 and 2007.

## Report Organization

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

---

<sup>3</sup> The annual *Report of the Performance Measures for Medi-Cal Managed Care Plans* is produced for the DHCS by the EQRO and includes the measurement results and comparisons of all contracted plans.

<sup>4</sup> CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ, 2008).

## Background

Medi-Cal beneficiaries receive their health care through three models of health care delivery: County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC). COHS plans are county-operated managed care organizations. The Two-Plan model consists of two plan types: (1) Commercial Plans (CPs), which are commercially-operated managed care plans; and (2) Local Initiatives (LIs), which are community-developed managed care plans that operate as quasi-governmental agencies. In a Two-Plan model, members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries. In the GMC model, enrollees choose from several commercially-operated plans within a certain geographic area.

L.A. Care Health Plan (L.A. Care) is a full-service health plan, contracted in Los Angeles County as an LI plan. L.A. Care has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since April 1, 1997. As of December 2007, L.A. Care's total Medi-Cal enrollment was 737,820 members.

## Quality of Care Assessment

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

### HEDIS Performance Measures

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

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

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

MMCD retired the *Chlamydia Screening in Women* performance measure from the required measurement set. The required HEDIS measures included several other measures focused on women's health screening (*Breast Cancer Screening* and *Cervical Cancer Screening*), and overall plan results for *Chlamydia Screening* had trended upward for a number of years. As a result, MMCD decided to eliminate the *Chlamydia Screening* measure and, instead,

require the *Ambulatory Care* measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities.

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

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

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

- *Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)*
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- *Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)*

### **Comparisons of HEDIS Performance Measures**

This report contains several charts displaying HEDIS rates for L.A. Care and state and national benchmarks used for assessing plan performance. The plan's multi-year performance is also evaluated.

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

### 2007 HEDIS Quality Performance Measures

Table 1 provides L.A. Care’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<sup>5</sup> and the 2006 HEDIS national Medicaid averages for these measures.

**Table 1. 2007 HEDIS Quality Measure Results Comparing L.A. Care Health Plan to State and National Programs.**

2007 Quality Measure	2007 L.A. Care Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	78.3%	78.9%	82.5%
Chlamydia Screening in Women	45.2%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	64.6%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	85.0%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	39.4%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	74.9%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	73.7%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	87.9%	81.0%	48.8%
Cervical Cancer Screening‡	70.4%	67.9%	65.0%

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

For reporting year 2007, L.A. Care scored lower than the 2007 Medi-Cal managed care weighted average and 2006 HEDIS national Medicaid average in all five of the comparable HEDIS measures in the quality domain.

### 2008 HEDIS Quality Performance Measures

Table 2 provides L.A. Care’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 HEDIS national Medicaid averages for these measures.

<sup>5</sup> 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.



Table 2. 2008 HEDIS Quality Measure Results Comparing L.A. Care Health Plan to State and National Programs.

2008 Quality Measure	2008 L.A. Care Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	80.0%	83.1%	83.3%
Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis <sup>†‡</sup>	32.5%	28.4%	†
Use of Appropriate Medications for People With Asthma	88.7%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	50.8%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	83.9%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) <sup>‡</sup>	28.9%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) <sup>‡§</sup>	42.7%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening Performed	79.3%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL) <sup>‡</sup>	32.3%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	74.2%	78.3%	74.6%
Cervical Cancer Screening	67.3%	68.7%	65.7%

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

For reporting year 2008, MMCD retired the *Chlamydia Screening in Women* performance measure from the required measurement set. For the balance of the comparable quality measures, the plan's performance placed as follows:

- L.A. Care's 2008 rates were higher than both benchmark performance rates for the following measures:
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—LDL-C Screening Performed*
- L.A. Care scored higher than the 2007 HEDIS national Medicaid average, but lower than the 2008 Medi-Cal managed care weighted average on the following measures:
  - *Use of Appropriate Medications for People With Asthma*
  - *Cervical Cancer Screening*

- L.A. Care’s 2008 rates were below their respective state and national benchmarks for the following measures:
- *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy Screening*

### CAHPS Survey Results Pertaining to Quality

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

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

**Table 3. 2007 CAHPS Quality Survey Results Comparing L.A. Care Health Plan to Medi-Cal Managed Care Weighted Averages.**

2007 CAHPS Composite	Population	2007 L.A. Care Health Plan Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Needed Care	Adult	41%	40%
	Child	83%	80%
	CSHCN†	70%	‡
How Well Doctors Communicate	Adult	61%	59%
	Child	51%	52%
	CSHCN†	48%	‡
* 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.			

L.A. Care’s score for the 2007 CAHPS composite *Getting Needed Care* indicates that 41 percent of adult members responded that they always got the care they needed. L.A. Care’s score was only one percentage point higher than the 2007 Medi-Cal managed care weighted average in this category. For the composite

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

regarding *How Well Doctors Communicate*, 61 percent of L.A. Care's responding adult members indicated their doctor communicated well, ranking the plan higher than the 2007 Medi-Cal managed care weighted average.

In the Child category, L.A. Care's score for the 2007 CAHPS composite *Getting Needed Care* showed that 83 percent of parents/guardians of child members responded that their children always got the care they needed—rating the plan three percentage points higher than the 2007 Medi-Cal managed care weighted average in this category. For the composite regarding *How Well Doctors Communicate*, 51 percent of parents/guardians indicated their doctor or health care provider always communicated well—ranking L.A. Care one percentage point lower than the 2007 Medi-Cal managed care weighted average.

### Quality Improvement Projects

Three of L.A. Care's Quality Improvement Projects (QIPs) are categorized in the quality domain for assessment purposes: The small group collaborative project on *Asthma*; the internal QIP, *Using Technology to Improve Formulary Management and Prescribing*; and the small group collaborative project *Appropriate Treatment for Children with an Upper Respiratory Infection*. The QIPs and results are discussed below:

#### The Asthma Collaborative

➤ **Relevance:**

California's lifetime asthma prevalence is higher than the national average for most population groups. L.A. Care reported a hospitalization rate of 18.18 per 1,000 members with asthma and an emergency department (ED) visit rate of 345.45 per 1,000 members during the period April 1, 2004, through March 31, 2005.

➤ **Goals:**

- Reduce asthma-related hospital admissions by 50 percent.
- Reduce asthma-related emergency department visits by 50 percent.

➤ **Best Interventions:**

- Updated asthma registry reports were mailed quarterly to all L.A. Care network providers. This helps aggregate and organize asthma data for providers.
- Provided an asthma kiosk system for waiting rooms to two of three pilot sites. The kiosk is a laptop system with a touch screen computer monitor. The computer program walks patients through their history and symptoms to help them determine whether they have asthma and, if so, whether their asthma is well-controlled.
- Identified potential providers for recruitment into the asthma management program based on asthma registry data, resulting in ten additional practice sites joining the collaborative.

➤ **Outcomes:**

- Asthma-related hospital admissions per 1,000 members with asthma at the engaged practice sites:
  - ◊ 7/31/2005 (Baseline): 18.18
  - ◊ 11/15/2005 (Remeasurement 1): 17.85
  - ◊ 01/15/2006 (Remeasurement 2): 17.85
  - ◊ 04/15/2006 (Remeasurement 3): 29.41
  - ◊ 07/15/2006 (Remeasurement 4): 26.31
  - ◊ 10/15/2006 (Remeasurement 5): 40.81
- Asthma-related ED visits per 1,000 members with asthma at the engaged practice sites:
  - ◊ 7/31/2005 (Baseline): 345.45
  - ◊ 11/15/2005 (Remeasurement 1): 375.00
  - ◊ 01/15/2006 (Remeasurement 2): 464.28
  - ◊ 04/15/2006 (Remeasurement 3): 500.00
  - ◊ 07/15/2006 (Remeasurement 4): 605.26
  - ◊ 10/15/2006 (Remeasurement 5): 428.57

➤ **Attributes/Barriers to Outcomes:**

- Barrier: The HEDIS methodology for measuring the denominator for this measure changed between the baseline and remeasurement periods.
- Barrier: There is a lack of communication between plan and providers.
- Barrier: Some providers are not aware of the latest guidelines for managing asthma.
- Attribute: Ten practice sites were recruited into the program as part of the spread strategy.

### Using Technology to Improve Formulary Management and Prescribing

➤ **Relevance:**

L.A. Care sought to simplify the formulary process for providers. The plan reported that multiple formularies were used to prescribe medications for members within five subcontracted health plan options.

➤ **Goals:**

- Decrease provider dissatisfaction with the formulary process.
- Improve provider selection of appropriate asthma controller medications for members at the point of prescribing, based upon asthma medication prescribing guidelines.
- Improve provider selection of first-line antibiotics defined by the American Thoracic Society (ATS) and Infectious Diseases Society of America (IDSA) as the most effective treatment regimen for a given health condition.

➤ **Best Interventions:**

- Disseminated prescription software to 90 providers in intervention group 1, who already owned personal digital assistants (PDAs).
- Conducted 14 training sessions for 70 providers in intervention group 2, who received a PDA and prescription software.

➤ **Outcomes:**

The study's measures related to dissatisfaction with formulary complexity and medication selections. There was a control group and two intervention groups. Pre and post-tests were given rating dissatisfaction and medication selections.

- Measure of formulary dissatisfaction: As hypothesized, dissatisfaction was reduced in intervention groups 1 and 2 (those using PDAs and ePocrates—a drug and clinical reference software package).
- Improve the selection of asthma medications at the point of prescribing: The hypothesis that there would be a change in the average number of controller and reliever prescriptions written by providers using PDAs and ePocrates was not supported.
- Improve the selection of antibiotics at the point of prescribing: The hypothesis that there would be a change in the use on prescriptions of first line rather than second line antibiotics in those providers using PDAs and ePocrates was supported.

➤ **Attributes/Barriers to Outcomes:**

- Attribute: The project was more of an exploratory study than a quality improvement project.
- Barrier: Some providers had negative attitudes regarding new technology.

### Appropriate Treatment for Children with an Upper Respiratory Infection

➤ **Relevance:**

L.A. Care's rate for the HEDIS *Appropriate Treatment for Children with Upper Respiratory Infection* measure was below the MMCD minimum performance level of 76.87 percent for reporting year 2006.

➤ **Goal:**

Achieve 89.04 percent on the HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* indicator by Remeasurement 2.

➤ **Best Interventions:**

Interventions were being developed during this reporting period.

➤ **Outcomes:**

- HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection*:
  - ◊ 2006 (Baseline): 78.34%

➤ ***Attributes/Barriers to Outcomes:***

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

The *Asthma Collaborative* QIP results during this reporting period were disappointing. Instead of a reduction in the rates for asthma-related hospital admissions and ED visits, rates increased since the baseline measurement. The plan did not meet the QIP goals, and the QIP was closed in 2007.

The *Using Technology to Improve Formulary Management and Prescribing* QIP was described as more of an exploratory study with no comparative data to determine actual project success. Additional research is necessary to determine outcomes on a larger scale and for the long term. The QIP closed in 2007.

In 2007, the plan initiated work on the small group collaborative *Appropriate Treatment for Children with an Upper Respiratory Infection*. The QIP was in the baseline phase, and no remeasurement information was available at the time this report was prepared.

### **Medi-Cal Audit Findings**

Plans are required to submit to a routine medical performance audit of each licensed health care service plan at least once every three years to evaluate a plan's compliance with the requirements of the Knox-Keene Act. These audits are jointly conducted by the DHCS and the Department of Managed Health Care. L.A. Care was not audited during this reporting period.

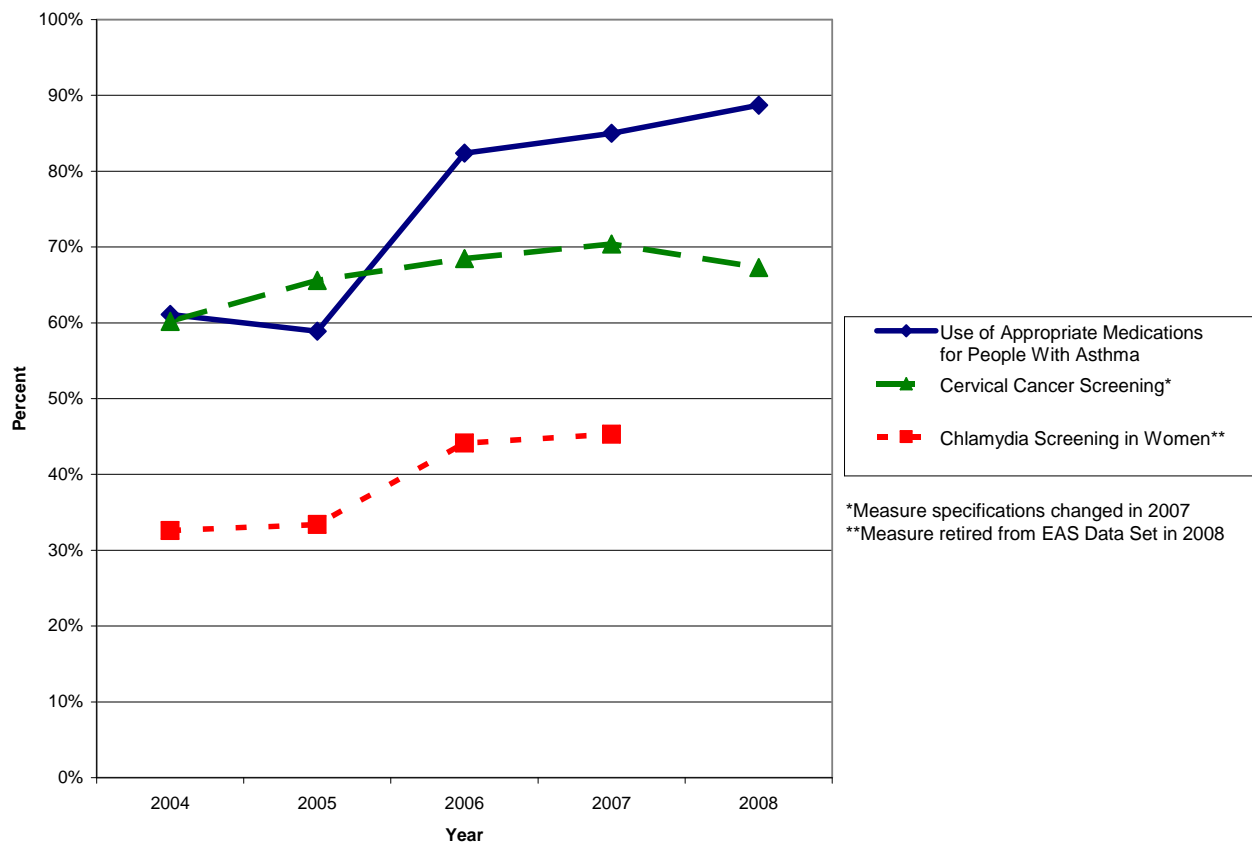
### **Sustainability of Quality Indicators**

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

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

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

Figure 1. L.A. Care Health Plan’s Sustainability of Quality of Care Indicators.



HEDIS technical specification changes in 2006 for the *Use of Appropriate Medications for People With Asthma* measure resulted in more accurate identification of true asthmatics in the denominator. Likewise, in 2007, the *Cervical Cancer Screening* measure had specification changes; however, both measures remained trendable over the four-year measurement period.

L.A. Care’s 2005 rate declined from its 2004 rate for the *Use of Appropriate Medications for People With Asthma* measure; however the three subsequent reporting year rates showed sustained improvement with the 2008 rate almost 30 percentage points higher than the rate reported by the plan in 2005. L.A. Care sustained improvement for *Chlamydia Screening in Women* over a three-year measurement period and MMCD retired the measure in 2008. For the *Cervical Cancer Screening* measure, L.A. Care showed overall improvement during the four-year measurement period, despite a slight decline in the 2008 rate.

## Grievance and Ombudsman Reports

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

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

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

In 2006, a total of 2,608 grievances were registered with L.A. Care. In 2007, for the first and second quarters, there were 2,564 grievances were reported. The grievance issues were related to access to care, access to specialist, attitude/service, benefits, billing/finance, culture and linguistics, medical necessity, quality of care, and timely assignment.

### *Office of the Ombudsman's Reports<sup>7</sup>*

- 2006: 455 OCMS cases (14.7 percent of all cases; 0.622 cases per 1,000 members)
- 2006: 183 State Fair Hearings (19.0 percent of all cases; 0.250 cases per 1,000 members)
- 2007: 802 OCMS cases (17.6 percent of all cases; 1.097 cases per 1,000 members)
- 2007: 70 State Fair Hearings (14.4 percent of all cases; 0.096 cases per 1,000 members)

---

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



## Summary of Quality

Delmarva assessed L.A. Care's quality of care in five ways: HEDIS performance measure rates, CAHPS survey results, QIPs results, grievance and Ombudsman reports, and sustainability of quality indicator results. No medical performance audits were conducted during this reporting period.

For the 2007 reporting year, L.A. Care scored better than both the state and national benchmarks in all five of the comparable HEDIS measures in the quality domain.

For the 2008 reporting year, L.A. Care scored better than both benchmark performance rates for two comparable HEDIS measures. The plan scored better than the national benchmark on two measures. L.A. Care's rates for three measures were worse than both state and national benchmarks.

When L.A. Care's population was surveyed regarding the 2007 CAHPS composite *Getting Needed Care*, the plan's results were higher than the Medi-Cal managed care weighted average in both the adult and child categories. The plan performed better than the Medi-Cal managed care weighted average for the CAHPS composite *How Well Doctors Communicate* in the adult category, but slightly lower in the child category.

L.A. Care conducted or participated in three quality-designated QIPs. The *Asthma Collaborative* project results were disappointing. Instead of a reduction in the rates for asthma-related hospital admissions and ED visits, there was an increase in the rates since the baseline measurement. The *Using Technology to Improve Formulary Management and Prescribing* QIP did not use comparative data to determine actual project success. These two projects were closed during 2007, and the plan initiated work on the small group collaborative *Appropriate Treatment for Children with an Upper Respiratory Infection*. The QIP was in the baseline phase at the time this report was prepared.

Finally, L.A. Care's demonstrated sustained improvement for two quality measures: *Use of Appropriate Medications for People With Asthma* and *Chlamydia Screening in Women*. For the *Cervical Cancer Screening* measure, L.A. Care showed overall improvement during the four-year measurement period despite a slight decline in its 2008 rate.

## Access to Care Assessment

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

**Table 4. 2007 HEDIS Access Measure Results Comparing L.A. Care Health Plan to State and National Programs.**

2007 Access Measure	2007 L.A. Care Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	31.6%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	50.2%	58.7%	57.0%
* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans</i> .			

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

### 2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows L.A. Care’s 2008 results for access-related HEDIS measures.

**Table 5. 2008 HEDIS Access Measure Results Comparing L.A. Care Health Plan to State and National Programs.**

2008 Access Measure	2008 L.A. Care Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	37.0%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	55.9%	59.1%	59.1%
* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans</i> .			

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

### CAHPS Survey Results Pertaining to Access

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

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

2007 CAHPS Composite	Population	2007 L.A. Care Health Plan Result	2007 Medi-Cal Managed Care Weighted Average*
Getting Care Quickly	Adult	45%	45%
	Child	37%	37%
	CSHCN†	39%	‡
<p>* 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.</p>			

L.A. Care’s score for the 2007 CAHPS composite *Getting Care Quickly* showed that 45 percent of responding adult members indicated they always received care quickly, equivalent to the Medi-Cal managed care weighted average. In the Child category, 37 percent of parents/guardians of L.A. Care’s child members indicated they always received care quickly—also equivalent to the Medi-Cal managed care weighted average.

### Quality Improvement Projects

L.A. Care engaged in two QIPs that were categorized in the access domain: *Improving Adolescent Well-Care Visits* and *Avoidable Emergency Room Visits*. Both of these QIPs are statewide collaborative projects. The QIPs and associated outcomes are discussed below.

#### Improving Adolescent Well-Care Visits

➤ **Relevance:**

Prior to 2003, L.A. Care consistently scored below the HEDIS national minimum performance level for adolescent well-care visits. In 2002, L.A. Care had a well-care visit rate of 16.1 percent. The national minimum performance level was 19.3 percent.

➤ **Goal:**

Achieve a 10 percent improvement in the HEDIS *Adolescent Well-Care Visits* indicator by Remeasurement 3.

➤ **Best Interventions:**

- The plan contacted members in need of a well-care visit and encouraged them to schedule an appointment.
- The plan provided quarterly feedback reports to individual physicians with information and performance on the adolescent well-care measure.

➤ **Outcomes:**

- HEDIS *Adolescent Well-Care Visits*:
  - ◊ 2002 (Baseline): 23.43%
  - ◊ 2003 (Remeasurement 1): 37.77%
  - ◊ 2004 (Remeasurement 2): 36.65%
  - ◊ 2005 (Remeasurement 3): 36.96%
  - ◊ 2006 (Remeasurement 4): 31.60%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Lack of member knowledge about benefits of well-care visits.
- Barrier: Providers not aware of their performance in this area.

### Avoidable Emergency Room Visits

➤ **Relevance:**

L.A. Care described its emergency room (ER) utilization by age and ethnicity. The 20-year to 44-year age group reflected the highest rate of visits and accounted for 26 percent of all visits in 2006. The plan's Hispanic population accounted for 68 percent of the membership and 62 percent of ER visits. In 2006, 26 percent of all ER visits were considered avoidable.

➤ **Goals:**

- Achieve a five percent reduction in the rate of members seen in the ER by 2010.
- Achieve a ten percent reduction in avoidable ER visits by 2010.

➤ **Best Interventions:**

Statewide collaborative interventions were underway during this reporting period.

➤ **Outcomes:**

- HEDIS rate of members seen in the ER:
  - ◊ 2006 (Baseline): 28.05 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
  - ◊ 2006 (Baseline): 25.59%

➤ **Attributes/Barriers to Outcomes:**

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

The final results of the *Improving Adolescent Well-Care Visits* project were disappointing as L.A. Care saw a five percentage point decrease from 2005 to 2006 in its HEDIS rate for the *Adolescent Well-Care Visits* measure. However, the plan's rates for this measure increased eight percentage points between the baseline measurement and Remeasurement 4. The *Adolescent Well-Care* project ended in 2007, and the plan initiated work on the new *Avoidable Emergency Room Visits* statewide collaborative project.

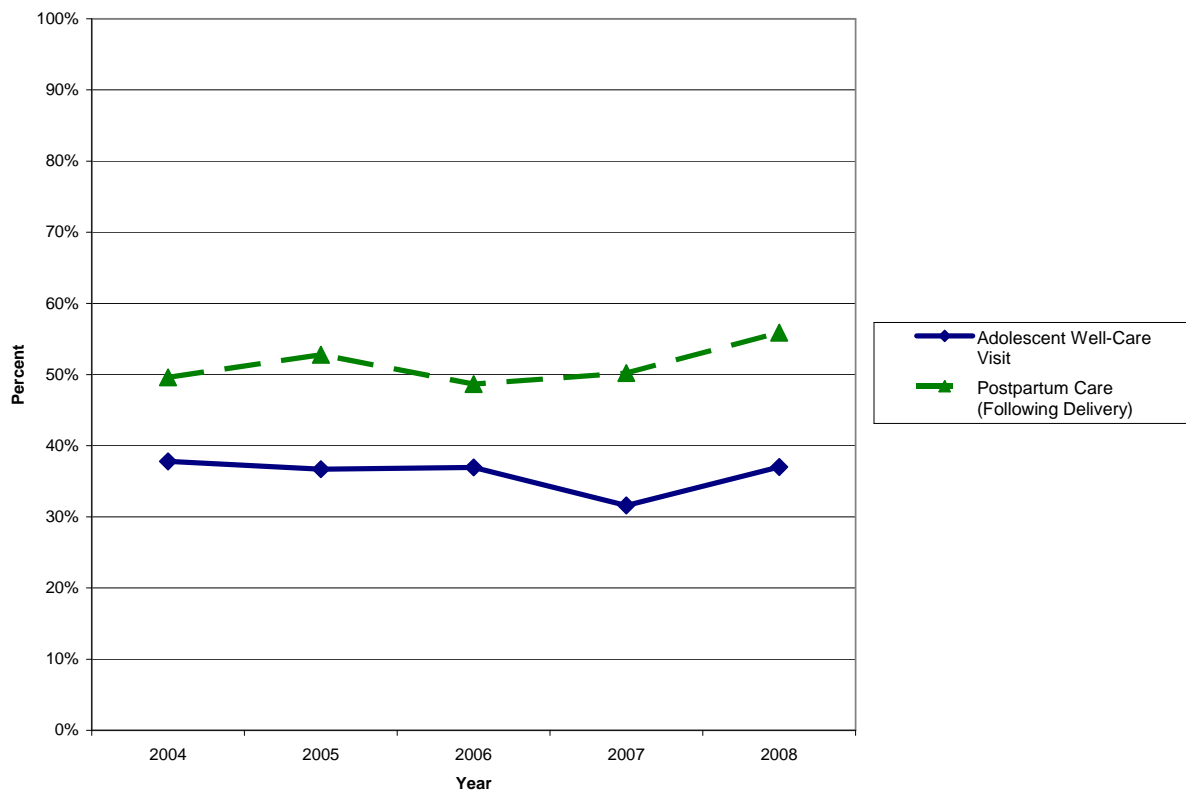
### Medi-Cal Audit Findings

The plan was not audited during this reporting period.

### Sustainability of Access Measures

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

Figure 2. L.A. Care Health Plan’s Sustainability of Access to Care Indicators.



L.A. Care was unable to demonstrate sustained improvement for the *Adolescent Well-Care Visits* measure, with fluctuating rates and a 2008 rate lower than its 2004 score. Although rates fluctuated over the four-year measurement period for the *Prenatal and Postpartum Care—Postpartum Care* measure, the plan sustained overall improved performance with its 2008 rate higher than for 2004.

## Summary of Access

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

In 2007 and 2008, L.A. Care performed lower than both the Medi-Cal managed care weighted average and the national HEDIS Medicaid average for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* HEDIS measures.

CAHPS survey results showed that L.A. Care enrollees rated the plan equivalent to the state benchmark in both Adult and Child categories in the composite area *Getting Care Quickly*.

In the QIPs area, L.A. Care's results of the *Improving Adolescent Well-Care Visits* project were disappointing. The plan was unable to improve its *Adolescent Well-Care Visits* HEDIS score. However, improvement was evident in this measure since the baseline measurement. L.A. Care did not report results for the *Avoidable Emergency Room Visits* because this project was still in the baseline phase during this reporting period.

In the area of sustained improvement, L.A. Care was unable to demonstrate sustained improvement for the *Adolescent Well-Care Visits* measure, with fluctuating rates and a 2008 rate less than the 2004 rate. Although the plan's rates for the *Prenatal and Postpartum Care—Postpartum Care* measure fluctuated over the four-year measurement period, the plan sustained overall improved performance by reporting a higher rate by 2008.

## Timeliness of Care Assessment

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

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

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

Table 7. 2007 HEDIS Timeliness Measure Results Comparing L.A. Care Health Plan to State and National Programs.

2007 Timeliness Measure	2007 L.A. Care Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	45.5%	48.6%	53.9%
Childhood Immunization Status—Combination 2	75.2%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	72.0%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	46.6%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	76.6%	74.3%	63.3%
<p>* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans</i>.            † 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.</p>			

For reporting year 2008, the plan performed as follows:

- For 2007, L.A. Care scored better than the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average in one of the four comparable HEDIS measures in the timeliness domain: *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*.
- L.A. Care's rates were higher than the national benchmark for the *Childhood Immunization Status—Combination 2* measure.
- L.A. Care scored lower than both benchmarks for two HEDIS measures:
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Well-Child Visits in the First 15 Months of Life*

## 2008 HEDIS Performance Measures Pertaining to Timeliness of Care

For the 2008 reporting year, Delmarva used the same measures as for the 2007 reporting year to represent the timeliness domain and added a newly required measure, *Childhood Immunization Status—Combination 3*. Table 8 shows the results of the 2008 HEDIS timeliness measures.

**Table 8. 2008 HEDIS Timeliness Measure Results Comparing L.A. Care Health Plan to State and National Programs.**

2008 Timeliness Measure	2008 L.A. Care Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	49.4%	50.4%	49.1%
Childhood Immunization Status—Combination 2	85.0%	80.1%	73.3%
Childhood Immunization Status—Combination 3 <sup>†</sup>	74.3%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	81.4%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	54.1%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.5%	75.8%	66.8%

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

For reporting year 2008, the plan performed as follows:

- L.A. Care scored higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average for two HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- L.A. Care scored higher than the national average on the measures, but lower than the state average for the following HEDIS measures:
  - *Breast Cancer Screening*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- L.A. Care scored lower than both benchmarks on the *Well-Child Visits in the First 15 Months of Life* measure.



### CAHPS Survey Results Pertaining to Timeliness

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

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

2007 CAHPS Composite	Population	2007 L.A. Care Health Plan Result	2007 Medi-Cal Managed Care Weighted Average*
Courteous and Helpful Office Staff	Adult	†	†
	Child	50%	52%
	CSHCN‡	51%	§
Health Plan's Customer Service	Adult	48%¶	45%
	Child	81%¶	79%
	CSHCN‡	74%¶	§

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

In the Child category of the composite *Courteous and Helpful Office Staff*, 50 percent of responding parents/guardians of L.A. Care's child members indicated that the office staff was always courteous and helpful compared to the Medi-Cal managed care weighted average of 52 percent.

In the composite area, *Health Plan's Customer Service*, L.A. Care received 100 or less responses to some of the questions. Rates noted in the above table as not statistically valid are not discussed here.

### Quality Improvement Projects

L.A. Care engaged in one QIP that was categorized in the timeliness domain: *Improving Well-Child Visits 0 to 15 Months*. Results of this project are discussed below.

#### Improving Well-Child Visits in the First 15 Months of Life

➤ **Relevance:**

L.A. Care reported a HEDIS score for the *Well-Child Visits in the First 15 Months of Life* measure of 33 percent in 2003. Although this rate was above the 25<sup>th</sup> percentile, the DHCS minimum performance level, L.A. Care considered this to be an area for improvement.

➤ **Goal:**

To improve its HEDIS rate for the *Well-Child Visits in the First 15 Months of Life* measure by ten percent by 2006.

➤ **Best Interventions:**

- Improved data collection by scanning encounter data forms submitted by providers into an internally developed database.
- Sent provider performance feedback reports to providers who had a minimum of 250 assigned members. The reports informed the providers of the number of well-child visits for their patients 0 to 15 months.
- Improved internal database process to better identify of newborns covered under the mother's membership.
- Implemented a provider incentive program to encourage providers to complete all six visits.

➤ **Outcomes:**

- The number of children who received six-well child visits from birth to 15 months:
  - ◊ 2003 (Baseline): 33.17%
  - ◊ 2004 (Remeasurement 1): 40.10%
  - ◊ 2005 (Remeasurement 2): 43.96%
  - ◊ 2006 (Remeasurement 3): 44.20%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: The plan did not have complete encounter data.
- Barrier: Providers were unaware of their performance in relation to the well-child visit measure.
- Barrier: The plan did not have an adequate system for identifying newborns.

L.A. Care's QIP on *Improving Well Child Visits in the First 15 Months of Life* showed an 11 percentage point improvement from the baseline measurement through Remeasurement 3. This project has been since closed out to allow for the plan to focus on other QIP opportunities.

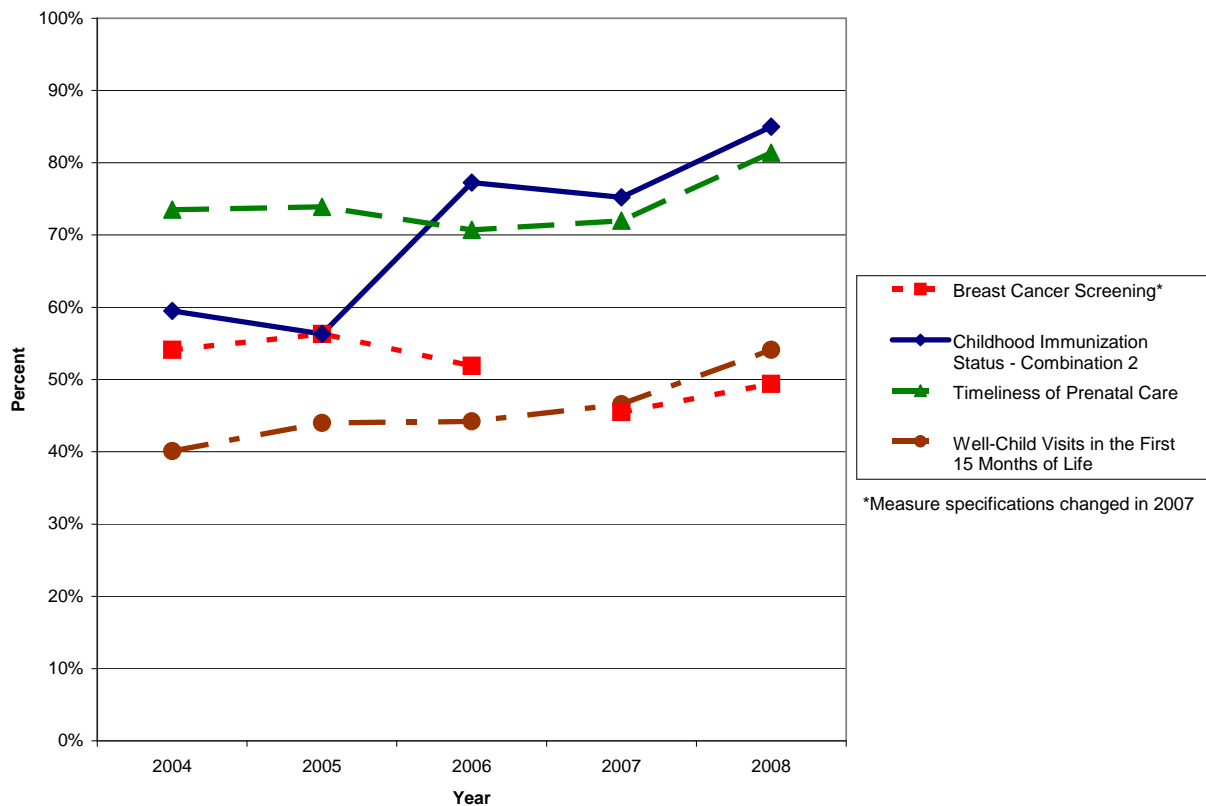
### Medi-Cal Audit Findings

The plan was not audited during this reporting period.

### Sustainability of Timeliness of Care Measures

Sustainability of timeliness relates to the plan’s delivery of screening tests, preventive health visits, and/or preventive health procedures early enough to prevent the consequences of delayed care. Delmarva chose four measures to represent timeliness for this assessment. Figure 3 charts those measures.

Figure 3. L.A. Care Health Plan’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 cannot determine sustainability of the *Breast Cancer Screening* rates over the measurement period.

L.A. Care demonstrated sustained improvement for the *Well-Child Visits in the First 15 Months of Life* measure. The plan’s 2005 rate declined from its 2004 rate for the *Childhood Immunization Status—Combination 2* measure; however, the three subsequent rates showed sustained improvement with the 2008 rate almost 30 percentage points higher than in 2005.

L.A. Care’s rates for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure fluctuated throughout the four-year measurement period. Although L.A. Care’s 2008 rate was higher than the 2004 rate, the plan was unable to demonstrate sustained improvement this measure.

## Summary of Timeliness of Care

Delmarva assessed L.A. Care in four areas of the timeliness domain: HEDIS performance measures, CAHPS survey rates, QIPs, and sustainability of improvement.

L.A. Care scored better than the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average in one of the four comparable HEDIS measures in the timeliness domain—*Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. When compared to both benchmarks, L.A. Care scored lower in two measures, *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Well-Child Visits in the First 15 Months of Life*.

For 2008, L.A. Care scored higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average for the measures *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. L.A. Care scored lower than both benchmarks on the *Well-Child Visits in the First 15 Months of Life* measure.

CAHPS survey results showed that the parents/guardians of child members were less satisfied with the plan's staff than the Medi-Cal managed care weighted average in the composite area *Courteous and Helpful Office Staff*.

L.A. Care engaged in one QIP that was categorized in the timeliness domain, *Improving Well-Child Visits in the First 15 Months of Life*. The results of this project showed an 11 percentage point improvement since the baseline measurement. This QIP has been closed out to allow for the plan to focus on other QIP opportunities.

In the sustainability area, one of the three comparable measures in the timeliness domain showed sustained improvement *Well-Child Visits in the First 15 Months of Life*. The plan demonstrated sustained improvement for the *Childhood Immunization Status—Combination 2* measure with the 2008 rate almost 30 percentage points higher than the rate reported by the plan in 2005. L.A. Care was unable to demonstrate sustained improvement in the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure.

## Comparison of L.A. Care Health Plan's 2007 and 2008 HEDIS Scores

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

Table 10. Comparison of L.A. Care Health Plan's 2008 and 2007 HEDIS Performance Rates.

2008 Performance Measure	2007 L.A. Care Health Plan Rate*	2008 L.A. Care Health Plan Rate*
Childhood Immunization Status—Combination 2	75.2%	85.0%
Childhood Immunization Status—Combination 3 <sup>†</sup>	†	74.3%
Well-Child Visits in the First 15 Months of Life	46.6%	54.1%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	76.6%	78.5%
Adolescent Well-Care Visits	31.6%	37.0%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	72.0%	81.4%
Prenatal and Postpartum Care—Postpartum Care	50.2%	55.9%
Breast Cancer Screening	45.5%	49.4%
Cervical Cancer Screening	70.4%	67.3%
Use of Appropriate Medications for People With Asthma	85.0%	88.7%
Appropriate Treatment for Children With Upper Respiratory Infection	78.3%	80.0%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis <sup>†‡</sup>	†	32.5%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	39.4%	50.8%
Comprehensive Diabetes Care—HbA1c Testing	74.9%	83.9%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) <sup>†</sup>	†	28.9%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) <sup>†§</sup>	†	42.7% <sup>§</sup>
Comprehensive Diabetes Care—LDL-C Screening	73.7%	79.3%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) <sup>†</sup>	†	32.3%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	87.9%	74.2%

2008 Performance Measure	2007 L.A. Care Health Plan Rate*	2008 L.A. Care Health Plan Rate*
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	†	167.1
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	†	36.1
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	†	1.7
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	†	0.3
<p>* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans</i>.            † 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 <i>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis</i>, and a lower score was better. The 2008 measure is called <i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</i>, and a higher score is better.            § This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.</p>		

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.

➤ L.A. Care improved its scores for 12 of the 14 comparable HEDIS scores:

- *Childhood Immunization Status—Combination 2*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Breast Cancer Screening*
- *Use of Appropriate Medications for People With Asthma*
- *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 Performed*

- L.A. Care's score decreased for two HEDIS measures:
  - *Cervical Cancer Screening*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

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

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

- COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.
- The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and Local Initiatives (LIs), which are community-developed managed care plans operated as quasi-governmental agencies. In a Two-Plan model, 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.

L.A. Care is contracted in Los Angeles County as a local initiative (LI) plan. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared. Note that averages are not ranked (1 through 5) on measures to which MPLs and HPLs were not applied.

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

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

Plan Model Definitions:

\* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

† Two-Plan consists of two plan types:

Commercial Plans (CPs) are commercially-operated managed care plans.

Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies.

Members choose between an LI and a CP. Enrollment is mandatory for some beneficiaries.

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

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

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



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

- LI plans did not rank first of the five plan types in any of the HEDIS measures.
- LI plans ranked second of the five plan 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 plan types in the *Well-Child Visits in the First 15 Months of Life* measure.
- LI plans ranked fourth of the five plan types in the following HEDIS 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 plan types in the following HEDIS 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 Type.

2008 Performance Measure	Rate (ranking among plan types)				
	COHS Model & Plan Type*	Two-Plan Model		GMC Model	
		CP†	LI†	GMC - N‡	GMC - S‡
Childhood Immunization Status—Combination 2	83.3% (1)	77.4% (3)	82.3% (2)	70.8% (5)	71.4% (4)
Childhood Immunization Status—Combination 3¶	77.4%	68.8%	73.6%	65.8%	62.8%
Well-Child Visits in the First 15 Months of Life	72.3% (1)	46.6% (5)	56.7% (2)	55.9% (3)	49.5% (4)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.9% (1)	75.1% (3)	76.1% (2)	69.1% (5)	73.1% (4)
Adolescent Well-Care Visits	48.4% (1)	38.8% (2)	38.4% (4)	38.7% (3)	37.1% (5)
Prenatal and Postpartum Care—Timeliness of Prenatal Care	85.2% (1)	83.1% (2)	81.9% (3)	81.7% (4)	80.8% (5)
Prenatal and Postpartum Care—Postpartum Care	66.9% (1)	57.4% (3)	59.1% (2)	54.8% (4)	52.0% (5)
Breast Cancer Screening	56.4% (1)	45.3% (5)	50.5% (3)	47.4% (4)	51.3% (2)
Cervical Cancer Screening	69.1% (2)	69.9% (1)	68.2% (3)	68.2% (3)	67.0% (4)

2008 Performance Measure	Rate (ranking among plan types)				
	COHS Model & Plan Type*	Two-Plan Model		GMC Model	
		CP†	LI†	GMC - N‡	GMC - S‡
Use of Appropriate Medications for People with Asthma	90.1% (1)	88.8% (3)	89.0% (2)	86.6% (4)	85.1% (5)
Appropriate Treatment for Children With Upper Respiratory Infection	85.2% (3)	81.3% (5)	82.5% (4)	89.5% (1)	88.4% (2)
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis¶	26.1%	30.3%	28.4%	28.7%	26.5%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	69.6% (1)	58.2% (2)	52.0% (5)	56.2% (3)	52.4% (4)
Comprehensive Diabetes Care—HbA1c Testing	85.3% (1)	81.0% (4)	81.4% (2)	78.1% (5)	81.1% (3)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)¶	39.7%	27.4%	31.0%	32.8%	32.1%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)§¶	35.5%	49.4%	43.1%	42.9%	45.5%
Comprehensive Diabetes Care—LDL-C Screening	81.3% (1)	76.4% (4)	77.4% (2)	72.0% (5)	77.0% (3)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL)¶	40.0%	28.9%	32.9%	32.3%	40.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	82.0% (1)	77.7% (3)	76.9% (4)	75.1% (5)	78.8% (2)
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)¶	322.4	254.8	268.1	263.2	250.0
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)¶	43.5	33.4	38.2	34.0	33.8
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)¶	5.0	2.0	2.1	2.5	2.9
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)¶	2.9	0.3	0.5	0.3	0.4

Plan Model Definitions:

\* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

† Two-Plan consists of two plan types:

Commercial Plans (CPs) are commercially-operated managed care plans.

Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies.

Members choose between an LI and a CP. Enrollment is mandatory for some beneficiaries.

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

§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.

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

For the 2008 reporting year, LI plans ranked as follows:

- LIs did not rank first of the five plan types in any of the HEDIS measures.
- LIs ranked second of the five plan types in the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *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*
- LIs ranked third of the five plan types in the following HEDIS measures:
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
- LIs ranked fourth of the five plan types in the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- LIs ranked fifth of the five plan types in the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measure.

## Comparison to Other National and California State Programs

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

Table 13. 2007 Performance Measurement Rates Comparing L.A. Care Health Plan to National and State Programs.

2007 Performance Measure	2007 L.A. Care Health Plan 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	75.2%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	46.6%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	76.6%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	31.6%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	72.0%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	50.2%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	45.2%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	45.5%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	70.4%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	85.0%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	78.3%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶	64.6%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	39.4%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	74.9%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening§	73.7%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	87.9%	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](http://www.mrmib.ca.gov/MRMIB/quality_reports.html).  
‡ Healthy Families did not report data on these measures.  
§ Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007. The rate is displayed for informational purposes only and will not be compared to benchmarks.  
¶ For this 2007 measure, a lower rate indicates better performance. For 2008, this measure will be called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*, and a higher score will be better.

In this section, Delmarva compares L.A. Care's 2007 rates to the 2006 national commercial rates and 2007 California Healthy Families rates and also compares of the plan's scores to other benchmarks.

- When compared with the 2006 HEDIS national commercial average, L.A. Care reported rates higher in 2007 for the following HEDIS measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Chlamydia Screening in Women*
- L.A. Care had higher rates than the 2007 California Healthy Families rates on one of the seven comparable HEDIS measures: *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*.
- L.A. Care performed better than all benchmarks for one HEDIS measure: *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*.
- L.A. Care had mixed results for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2* (L.A. Care scored higher than the 2006 HEDIS national Medicaid average, but lower than the 2006 HEDIS national commercial average, the 2007 California Healthy Families average, and the 2007 Medi-Cal managed care weighted average.)
  - *Chlamydia Screening in Women* (L.A. Care scored higher than the 2006 HEDIS national commercial average and the 2007 California Healthy Families average, but lower than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average.)
- L.A. Care's scores were lower than all benchmarks for the following HEDIS measures:
  - *Well-Child Visits in the First 15 Months 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*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—HbA1c Testing*

Table 14. 2008 Performance Measurements Comparing Rates of L.A. Care Health Plan to National and State Programs.

2008 Performance Measure	2008 L.A. Care Health Plan Rate <sup>(a)</sup>	2008 Medi-Cal Managed Care Weighted Average <sup>(a)</sup>	2007 HEDIS National Medicaid Average <sup>(a)</sup>	2007 HEDIS National Commercial Average <sup>(a)</sup>	2007 California Healthy Families Average <sup>(b)</sup>
Childhood Immunization Status—Combination 2	85.0%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3 <sup>(c)</sup>	74.3%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	54.1%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.5%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	37.0%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	81.4%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	55.9%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	49.4%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	67.3%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	88.7%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	80.0%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis <sup>(e)</sup>	32.5%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	50.8%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	83.9%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) <sup>(c)</sup>	28.9%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) <sup>(c)(f)</sup>	42.7%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	79.3%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL) <sup>(c)</sup>	32.3%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	74.2%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 L.A. Care Health Plan Rate <sup>(a)</sup>	2008 Medi-Cal Managed Care Weighted Average <sup>(a)</sup>	2007 HEDIS National Medicaid Average <sup>(a)</sup>	2007 HEDIS National Commercial Average <sup>(a)</sup>	2007 California Healthy Families Average <sup>(b)</sup>
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) <sup>(c) (g)</sup>	270.0	271.6	318.0	296.7	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) <sup>(c) (g)</sup>	31.6	37.3	57.0	16.7	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) <sup>(c) (g)</sup>	1.2	2.6	5.3	10.5	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) <sup>(c) (g)</sup>	0.5	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](http://www.mrmib.ca.gov/MRMIB/quality_reports.html).  
 (c) Due to first-year reporting requirements, MPLs and HPLs were not established for 2008. The rate is displayed for informational purposes only and will not be compared to benchmarks.  
 (d) Healthy Families did not report data on these measures.  
 (e) 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis*, and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*, and a higher score is better.  
 (f) This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.  
 (g) MMCD has yet to determine whether to apply an MPL or HPL to the *Ambulatory Care* measure. Scores are reported, but no conclusions should be drawn regarding plan performance in this area.

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

In this section, Delmarva compares L.A. Care’s 2008 rates to the 2007 national commercial rates and the 2007 California Healthy Families benchmarks and follows with a comparison of the plan’s rates to other benchmarks.

- When compared with the 2007 HEDIS national commercial average and 2007 California Healthy Families averages, L.A. Care reported 2008 rates higher for the following measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- L.A. Care performed better than all benchmarks for the measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

- L.A. Care had mixed results for the following measures:
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (L.A. Care’s rate was slightly higher than the 2007 national Medicaid average 2008, but lower than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
  - *Breast Cancer Screening* (L.A. Care’s rate was slightly higher than the 2007 national Medicaid average 2008, but lower than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
  - *Cervical Cancer Screening* (L.A. Care’s rate was higher than the 2007 national Medicaid average, but lower than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
  - *Use of Appropriate Medications for People with Asthma* (L.A. Care’s rate was higher than the 2007 national Medicaid average, but lower than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
  - *Comprehensive Diabetes Care—HbA1c Testing* (L.A. Care’s rate was higher than the 2007 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average, but lower than the 2007 HEDIS national commercial average.)
  - *Comprehensive Diabetes Care—LDL-C Screening Performed* (L.A. Care’s rate was higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than the 2007 HEDIS national commercial average.)
  
- L.A. Care reported rates lower than all benchmarks for six measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Appropriate Treatment for Children with Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*



## 2007 Overall Strengths

- L.A. Care scored higher than the 2007 Medi-Cal managed care weighted average and the 2006 national Medical average on the HEDIS *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure.
- For CAHPS, L.A. Care performed well in the following composite areas:
  - *Getting Needed Care*, Adult and Child categories
  - *How Well Doctors Communicate*, Adult category
  - *Health Plan's Customer Service*, Adult and Child categories
- In the QIP assessment, the plan reported higher rates over the baseline for the *Improving Well Child Visits in the First 15 Months of Life* QIP.
- In the sustainability area, L.A. Care sustained improvement for five of the eight comparable HEDIS measures.

## 2007 Recommendations

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

- Why its performance was worse than other benchmarks on the HEDIS measures:
  - *Well-Child Visits in the First 15 Months 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*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—HbA1c Testing*
- Which factors may be causing L.A. Care's adult and child populations to respond with mixed results for in the various CAHPS composite areas.
- Determining from published reports on the *Adolescent Well-Care Visits* statewide collaborative which factors may have led other plans to have greater successes and attempt to implement some of those "best practices."

## 2007 Summary

Both strengths and continued opportunities for improvement exist for L.A. Care in the areas of quality, access, and timeliness.

- L.A. Care reported improvement for the *Improving Well-Child Visits in the First 15 Months of Life* QIP.
- Although the plan did show some improvement in the statewide collaborative QIP on adolescent well-care since the baseline measurement, the rates did not improve enough to exceed any of the comparison benchmarks.
- On the CAHPS survey, L.A. Care showed mixed results when compared to the Medi-Cal managed care weighted average in all composite areas.
- L.A. Care should address its lower performance compared to benchmarks for the HEDIS measures:
  - *Well-Child Visits in the First 15 Months 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*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—HbA1c Testing*

## 2008 HEDIS Measure Strengths

L.A. Care is performing well in a few areas:

- Improved HEDIS measure performance from 2007 to 2008 in 12 of the 14 comparable measures.
- Higher rates than all benchmark rates for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

## 2008 Recommendations

Delmarva's assessment of L.A. Care'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 was worse than other benchmarks on the HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Appropriate Treatment for Children with Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- Factors that have led to its excellent performance on two measures: *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. Once identified, L.A. Care should consider whether these factors can be reproduced for other projects.

## 2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for L.A. Care in the area of HEDIS performance measures as presented in this report. In particular, L.A. Care is performing well on two measures: *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*. L.A. Care should focus on improving rates for the six indicators on which the plan performed worse than benchmarks.

## Appendix A: HEDIS®

### HEDIS Background

The Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>8</sup> 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

---

<sup>8</sup> 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.<sup>9</sup>

- *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*

---

<sup>9</sup>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.<sup>10</sup>

- *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.

---

<sup>10</sup>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*. L.A. Care’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 25<sup>th</sup> and the 90<sup>th</sup> 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 90<sup>th</sup> 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®)<sup>11</sup> program is funded and administered by the U.S. Agency of Healthcare Research and Quality (AHRQ). AHRQ works closely with a consortium of public and private organizations to develop and support a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their health care experiences.

The CAHPS surveys capture members' ratings of health care experiences and probe those aspects of care for which members are the best, and sometimes, the only source of information. CAHPS results allow the DHCS to determine how well health plans are meeting their members' expectations and provide individual feedback to plans. This data-driven communication encourages health plan accountability and supports health plan efforts to develop and implement action plans for improving members' satisfaction with their healthcare and plan services. CAHPS results are presented and discussed in this report in relation to quality, access, and timeliness.

The DHCS generally has CAHPS surveys administered every two years. The survey discussed in this report was administered in 2007. Across all Medi-Cal managed care plans, a total of 38,824 adult surveys and 85,028 child surveys were mailed to members. A total of 12,985 adult members and 25,224 child members responded to this survey—a 35 percent and 30 percent adjusted response rate,<sup>12</sup> respectively.

### CAHPS Measurements

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

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

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

---

<sup>11</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

<sup>12</sup> The adjusted response rate for the category is calculated by dividing the total number of surveys completed by the difference between the number of surveys mailed and the number of surveys found to be ineligible.



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

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

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

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

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

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

## **Sample Selection and Survey Methodology**

Sample selection and survey methodology are summarized below:

### ***Sample Groups***

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

### ***Adult Sample***

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

### ***Child Sample***

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

### ***Children with Chronic Conditions and CSHCN Population***

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

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

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

## References

- 42 Code of Federal Regulations, Section 438.240, Ch. IV (10–1–02 Edition). *Quality Assessment and Performance Improvement Program*.
- 42 US Code, Section 1396u-2(c)(2), *State Option to Use Managed Care—Use of Medicaid Managed Care Organizations and Primary Care Case Managers*. Retrieved August 1, 2008, from website:  
[http://www.socialsecurity.gov/OP\\_Home/ssact/title19/1932.htm](http://www.socialsecurity.gov/OP_Home/ssact/title19/1932.htm).
- Agency for Healthcare Research and Quality (2007). *National Healthcare Disparities Report*. Retrieved August 4, 2008, from website: <http://www.ahrq.gov/qual/nhdr07/Chap3.htm>.
- Agency for Healthcare Research and Quality (2007). *National Healthcare Quality Report*. Retrieved June 24, 2008, from website: <http://www.ahrq.gov/qual/nhqr07/Chap4.htm>.
- California Code of Regulations, Title 28, Section 1300.68, *Grievance System*.
- California Department of Health Care Services. *2006-2007 QIPs Quarterly Status Reports*. Retrieved October 17, 2008, from website:  
<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>, subheading:  
Quality Improvement Project (QIP) Reports.
- California Department of Health Care Services. *Quality and Performance Improvement Program Requirements for 2007* (issued November 30, 2006). Retrieved October 17, 2008, from website:  
<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>, see All Plan Letter No. 06-010.
- California Department of Health Care Services. *Quality and Performance Improvement Program Requirements for 2008* (issued September 25, 2007). Retrieved October 17, 2008, from website:  
<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>, see All Plan Letter No. 07-013.
- California Department of Health Care Services. *Quarterly Submission of Grievance Logs* (issued July 7, 2003). Retrieved October 17, 2008, from website:  
<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>, see All Plan Letter No. 03-008.

California Department of Health Care Services. *Report of the 2006 Performance Measures for Medi-Cal Managed Care Plans, Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans, and Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans.* Retrieved August 12, 2008, from website: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>, see subheading: Performance Measurement (HEDIS) Reports.

California Department of Health Care Services. *Results of the 2007 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Medi-Cal Managed Care Health Plans.* Retrieved November 14, 2008, from website: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>, see subheading: Member Satisfaction Survey (CAHPS) Reports.

California Department of Health Care Services. *What is the Office of the Ombudsman?* Retrieved October 17, 2008, from MMCD Office of the Ombudsman webpage: <http://www.dhcs.ca.gov/services/medi-cal/Pages/MMCDOfficeoftheOmbudsman.aspx>.

California Healthy Families, *HFP Quality (HEDIS) Reports.* Retrieved December 12, 2008, from website: [http://www.mrmib.ca.gov/MRMIB/quality\\_reports.html](http://www.mrmib.ca.gov/MRMIB/quality_reports.html), subheading: 2007 Quality Measurement (HEDIS) Report.

Centers for Medicare and Medicaid Services, Definition of “Quality.” Retrieved August 1, 2008, from website: <http://www.cms.hhs.gov/apps/glossary>.

Centers for Medicare and Medicaid Services, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)* (2003). Retrieved June 23, 2008, from website: <http://www.cms.hhs.gov/MedicaidSCHIPQualPrac>, see subheading: Overview / Tools Tips and Protocols.

National Committee for Quality Assurance (2007), *Standards and Guidelines for the Accreditation of Managed Care Organizations.* Quality Improvements 5: Accessibility of Services.