Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Molina Healthcare of California Partner Plan

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Improving Health in the Communities We Serve

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Introduction

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

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

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

Definitions

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

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

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

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

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

Data Sources

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

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

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

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

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

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

- AHRQ developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[4] surveys to support the assessment of consumers' experiences with health care. This report utilizes results from the 2007 4.0H Adult Medicaid and the 3.0H Child Medicaid 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 MMCD's Office of the Ombudsman during 2006 and 2007.

Report Organization

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

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

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

Background

Medi-Cal beneficiaries receive their health care through three models of health care delivery: County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC). COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS. The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and 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. Enrollment is mandatory for specified Medi-Cal beneficiaries.

Molina is a full-service, for-profit health plan. (*Previous sentence corrected June 2010.*) In the Medi-Cal managed care program, Molinda operates in four counties as follows:

- CPs in Riverside County and San Bernardino County
- GMC plans in Sacramento County (GMC-North) and San Diego County (GMC-South)

Molina has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since July 31, 1998. As of December 2007, the plan's Medi-Cal enrollment was 139,738 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 Molina's healthcare delivery with regard to quality.

HEDIS Performance Measures

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

Changes in HEDIS Performance Measures from 2007 to 2008

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

MMCD retired the *Chlamydia Screening 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 Molina 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 Molina's 2007 HEDIS results for those measures specifically related to clinical quality of care along with the state's 2007 Medi-Cal managed care weighted averages[5] and the 2006 national Medicaid averages for these measures.

Table 1. 2007 HEDIS Quality Measure Results Comparing Molina to State and National Programs.

2007 Quality Measure	2007 Molina Rate	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	78.5%	78.9%	82.5%
Chlamydia Screening in Women	53.4%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	65.1%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	81.6%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	59.3%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	77.9%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	71.0%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	78.4%	81.0%	48.8%
Cervical Cancer Screening‡	61.6%	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 2007, Molina had the following results on the quality-identified HEDIS measures:

- Molina scored better than the 2007 Medi-Cal managed care weighted average in two of five comparable HEDIS measures:
  - *Chlamydia Screening in Women*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

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

- The plan outperformed the 2006 national Medicaid average in three of five comparable HEDIS measures:
  - *Chlamydia Screening in Women*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—HbA1c Testing*

- Molina scored lower than both benchmarks on two HEDIS measures:
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Use of Appropriate Medications for People With Asthma*

2008 HEDIS Quality Performance Measures

Table 2 provides Molina's 2008 HEDIS results for those measures specifically related to clinical quality of care along with the state's 2008 Medi-Cal managed care weighted averages and the 2007 national Medicaid averages for these measures.

Table 2. 2008 HEDIS Quality Measure Results Comparing Molina to State and National Programs.

(Notes appear on the following page.)

2008 Quality Measure	2008 Molina Rate	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	82.8%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡	27.5%	28.4%	†
Use of Appropriate Medications for People With Asthma	79.8%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	60.7%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	78.8%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)‡	29.7%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)‡§	50.3%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening	76.9%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)‡	35.2%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	79.9%	78.3%	74.6%
Cervical Cancer Screening	67.5%	68.7%	65.7%

2008 Quality Measure	2008 Molina Rate	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*

* 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 2008, Molina had the following results on the quality-identified HEDIS measures:

- Molina scored better than the 2008 Medi-Cal managed care weighted average in two of seven comparable HEDIS measures in the quality domain:
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- Molina scored better than the 2007 national Medicaid average in five of seven comparable measures:
  - *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*
  - *Cervical Cancer Screening*

- Molina scored lower than both benchmarks on two measures:
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Use of Appropriate Medications for People With Asthma*

- MMCD retired the *Chlamydia Screening in Women* performance measure from the required measurement set for 2008.

CAHPS Survey Results Pertaining to Quality

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

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

Table 3. 2007 CAHPS Quality Survey Results Comparing Molina Average for Plan Types to Medi-Cal Managed Care Weighted Averages Plan Types.

2007 CAHPS Composite	Population	2007 Molina Results			2007 Medi-Cal Managed Care Weighted Average*			
		CP	GMC-N	GMC-S	CP	GMC-N	GMC-S	Overall
Getting Needed Care	Adult	30%	38%§	35%	37%	42%	38%	40%
	Child	79%	76%§	82%	80%	74%	81%	80%
	CSHCN†	69%	70%§	74%	‡	‡	‡	‡
How Well Doctors Communicate	Adult	59%	54%	59%	56%	54%	58%	59%
	Child	51%	47%	57%	49%	53%	58%	52%
	CSHCN†	57%	35%§	64%§	‡	‡	‡	‡

* 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.
§ The plan received <100 responses to some of the questions in this area, so this result is not statistically valid.

In the CAHPS composite area, *Getting Needed Care,* the adult rate for each of Molina's plan types CP and GMC-S was lower than the 2007 Medi-Cal managed care weighted average (40%). The rate for CP parents/guardians who indicated their children always got the care they needed was lower than the state average (80%), but the rate for GMC-S was higher.

Delmarva cannot discuss Molina's GMC-N plan type results in the Adult and Child categories for this composite area because the number of survey responses the plan received was too low to be statistically valid.

In the composite area *How Well Doctors Communicate,* the rate for CP and GMC-S Molina adult respondents who indicated their doctor always communicated well was equivalent to the Medi-Cal managed care weighted average (59%), but the rate was lower for GMC-N. The rate for parents/guardians who indicated their children's doctor always communicated well was lower than the state average (52%) for CP and GMC-N, but higher for GMC-S. The GMC-S plan type scored five percentage points higher than the Medi-Cal managed care weighted average.

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

Quality Improvement Projects

One of Molina's Quality Improvement Projects (QIPs), *Appropriate Treatment for Children With Upper Respiratory Infection*, is categorized in the quality domain for assessment purposes. The *Appropriate Treatment for Children With Upper Respiratory Infection* QIP addressed all of the counties covered by Molina. The QIPs and their results follow.

Appropriate Treatment for Children with an Upper Respiratory Infection

- ***Relevance:*** According to the National Center for Health Statistics, approximately 75 percent of all outpatient prescriptions for antimicrobial (antibiotic) medications have been issued for five conditions: otitis media (ear infection), sinusitis, bronchitis, pharyngitis (sore throat), or non-specific upper respiratory tract infections. The rates of antimicrobial drug use are highest in children. Project relevance is county-specific as stated under each of Molina's plans below:
  - **Riverside and San Bernardino Counties:** Children age 19 years or less comprise 75.8 percent of Molina's Medi-Cal population in Riverside and San Bernardino counties. Molina's HEDIS rate for the upper respiratory infection (URI) measure in pediatrics in 2006 was 74.1 percent, below the Medi-Cal managed care minimum performance level of 76.9 percent.
  - **Sacramento County:** Children age 19 years or less comprise 69.0 percent of Molina's Medi-Cal population in Sacramento. Molina reported that the Sacramento area HEDIS rate for the upper respiratory infection (URI) measure in pediatrics in 2006 was 86.4 percent.
  - **San Diego County:** Children age 19 years or less comprise 74.1 percent of Molina's Medi-Cal population in San Diego. San Diego County was a new acquisition for Molina as of June 2005; therefore, there were no baseline rates to report for 2006.

- ***Goals:***
  - **Riverside and San Bernardino Counties**
    - ◊ Decrease the rate of pediatric providers prescribing an antibiotic for a URI to 4.8 percent by Remeasurement 1.
    - ◊ Increase the HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* rate to 78.4 percent by Remeasurement 1.
  - **Sacramento County**
    - ◊ Decrease the rate of pediatric providers prescribing an antibiotic for a URI to 0.7 percent by Remeasurement 1.
    - ◊ Increase the HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* rate to 89.6 percent by Remeasurement 1.

- **San Diego County**
  - ◊ Decrease the rate of pediatric providers prescribing an antibiotic for a URI to 3.1 percent by Remeasurement 1.
  - ◊ Increase the HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* rate to 88.9 percent by Remeasurement 1.

➢ ***Best Interventions:***

- Molina updated URI clinical guidelines and held a CME event for providers.
- The plan mailed letters to providers who inappropriately treat URIs.

➢ ***Outcomes:***

- **Riverside and San Bernardino Counties**
  - ◊ Percentage of pediatric providers prescribing an antibiotic for a URI for a member under 19 years of age:
    - 1/01/07-6/30/07 (Baseline): 7.3%
    - 7/01/07-12/31/07 (Remeasurement 1): 10.1%
  - ◊ HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* rate:
    - 2006 (Baseline): 70.9%
- **Sacramento County**
  - ◊ Percentage of pediatric providers prescribing an antibiotic for a URI for a member under 19 years of age:
    - 1/01/07-6/30/07 (Baseline): 5.4%
    - 7/01/07-12/31/07 (Remeasurement 1): 2.5%
  - ◊ HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* rate:
    - 2006 (Baseline): 88.2%
- **San Diego County**
  - ◊ Percentage of pediatric providers prescribing an antibiotic for a URI for a member under 19 years of age:
    - 1/01/07-6/30/07 (Baseline): 5.6%
    - 7/01/07-12/31/07 (Remeasurement 1): 4.0%
  - ◊ HEDIS *Appropriate Treatment for Children With Upper Respiratory Infection* rate:
    - 2006 (Baseline): 87.8%

➢ ***Attributes/Barriers to Outcomes:***

Attribute: Molina completed an analysis based on ethnicity and noted that Hispanic members were most frequently prescribed an antibiotic for URI. In CY 2007, Hispanic members accounted for 60 to 74 percent of all members prescribed an antibiotic for a URI.

Delmarva was not able to assess the *Appropriate Treatment for Children with an Upper Respiratory Infection* QIP, as none of the Molina plans had submitted Remeasurement 1 rates for the 2007 HEDIS measure *Appropriate Treatment for Children With Upper Respiratory Infection* at the time of this report. This QIP remains active.

Medi-Cal Audit Findings

Molina was not audited during this reporting period.

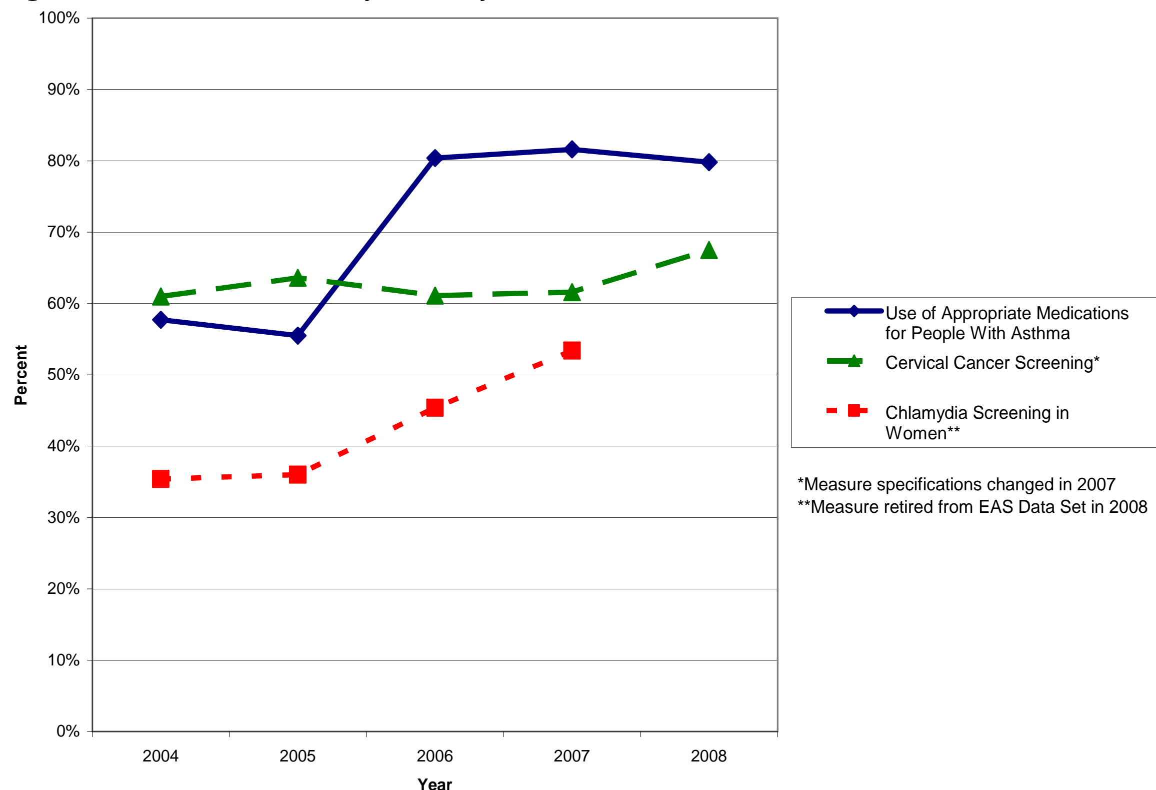
Sustainability of Quality Indicators

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

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

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

Figure 1. Molina'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.

Molina's rates demonstrated sustained improvement over the four-year measurement period for the *Use of Appropriate Medications for People With Asthma* measure. For the *Cervical Cancer Screening* measure, Molina maintained the performance level until 2008, when the rate increased. The plan's rates for the *Chlamydia Screening in Women* showed sustained improvement from 2004 through 2007. MMCD retired the *Chlamydia Screening in Women* measure in 2008.

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 (DMHC), 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.

Molina's Grievance Reports

Molina reported 412 grievances during 2006 and 2007. Seven quarters were reported for Riverside/San Bernardino counties, five quarters for San Diego, and seven quarters for Sacramento County. Issues during 2006 and 2007 included:

- Coverage (0)
- Medical Necessity (80)
- Quality of Care (26)
- Access to Care (48)
- Quality of Service (219)
- Timely Assignment to Provider (1)
- Cultural/Linguistic Sensitivity (0)
- Difficulty with Access to Specialist (8)
- Other (30)

Office of the Ombudsman's Reports[7]

- 2006: 197 OCMS cases (6.4% of all cases; 1.375 cases per 1,000 members)
- 2006: 110 State Fair Hearings (11.4% of all cases; 0.768 cases per 1,000 members)
- 2007: 260 OCMS cases (5.7% of all cases; 1.743 cases per 1,000 members)
- 2007: 10 State Fair Hearings (2.1% of all cases; 0.067 cases per 1,000 members)

Summary of Quality

Delmarva assessed Molina's quality of care in five ways: HEDIS performance measure rates, CAHPS survey results, QIPs, grievance and Ombudsman reports, and sustainability of quality indicator results. No audit results were available for this reporting period.

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

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

Molina scored better than the 2008 Medi-Cal managed care weighted average in two of seven comparable HEDIS measures in the quality domain: *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. The plan scored better than the 2007 national Medicaid average in five of seven comparable measures: *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*, and *Cervical Cancer Screening*. Molina scored lower than both benchmarks on two measures—*Appropriate Treatment for Children With Upper Respiratory Infection* and *Use of Appropriate Medications for People With Asthma*.

In the CAHPS composite area, *Getting Needed Care,* the adult rate for each of Molina's plan types CP and GMC-S was lower than the 2007 Medi-Cal managed care weighted average (40%). The rate for CP parents/guardians who indicated their children always got the care they needed was lower than the state average (80%), but the rate for GMC-S was higher. In the composite area *How Well Doctors Communicate,* the rate for CP and GMC-S Molina adult respondents who indicated their doctor always communicated well was equivalent to the Medi-Cal managed care weighted average (59%), but the rate was lower for GMC-N. The rate for parents/guardians who indicated their children's doctor always communicated well was lower than the state average (52%) for CP and GMC-N, but higher for GMC-S.

Delmarva was not able to assess the *Appropriate Treatment for Children with an Upper Respiratory Infection* QIP, as none of the Molina plans had submitted Remeasurement 1 rates for the 2007 HEDIS measure *Appropriate Treatment for Children With Upper Respiratory Infection* at the time of this report.

Finally, in the sustainability area, Molina's rates demonstrated sustained improvement over the four-year measurement period for the *Use of Appropriate Medications for People With Asthma* measure. The plan's rates for the *Cervical Cancer Screening* measure reflected maintenance of the performance level until 2008, when the rate increased. The plan's rates for the *Chlamydia Screening in Women* showed sustained improvement from 2004 through 2007.

Access to Care Assessment

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

Table 4. 2007 HEDIS Access Measure Results Comparing Molina to State and National Programs.

2007 Access Measure	2007 Molina Rate	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	46.6%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	55.6%	58.7%	57.0%
* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans*.			

Molina reported a score higher than both the Medi-Cal managed care weighted average and the 2006 national Medicaid average for the *Adolescent Well-Care Visits* measure. The plan performed lower than both averages for the *Prenatal and Postpartum Care—Postpartum Care* measure.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows the results obtained by Molina for these 2008 HEDIS access measures.

Table 5. 2008 HEDIS Access Measure Results Comparing Molina to State and National Programs.

2008 Access Measure	2008 Molina Rate	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	48.6%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	53.8%	59.1%	59.1%
* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans*.			

Again, Molina reported a score higher than both the Medi-Cal managed care weighted average and the 2007 national Medicaid average for the *Adolescent Well-Care Visits* measure. The plan performed lower than both averages for the *Prenatal and Postpartum Care—Postpartum Care* measure.

CAHPS Survey Results Pertaining to Access

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

Table 6. 2007 CAHPS Access Survey Results Comparing Molina and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Molina Result			2007 Medi-Cal Managed Care Weighted Average*			
		CP	GMC-N	GMC-S	CP	GMC-N	GMC-S	Overall
Getting Care Quickly	Adult	44%	43%	38%	43%	44%	39%	45%
	Child	35%	34%	45%	34%	39%	43%	37%
	CSHCN†	42%	20%§	36%	‡	‡	‡	‡

* 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.
§ The plan received <100 responses to some of the questions in this area, so this result is not statistically valid.

In the composite area, *Getting Care Quickly*, the adult rate was lower for each of Molina's three plan-types than for the 2007 Medi-Cal managed care weighted average of 45 percent. The child rate for Molina CP and for GMC-N was lower than the Medi-Cal managed care weighted average of 37 percent. The child rate for GMC-S was higher than the 2007 Medi-Cal managed care weighted average, by eight percentage points.

Quality Improvement Projects

Molina engaged in two Quality Improvement Projects (QIPs) categorized in the access domain:

- *Improving the Care of Adolescents*
- *Avoidable Emergency Room Visits*

Both QIPs are Statewide Collaborative (SWC) projects. The *Improving Care of Adolescents* QIP was closed during this reporting period. The SWC, *Avoidable Emergency Room Visits,* was implemented in 2007. The QIPs were submitted by geographic area. Project relevance and results are reported in the same manner. Both projects and associated outcomes are discussed below.

Improving the Care of Adolescents

- **Relevance:**

  Based on Molina's December 2004 demographic data, adolescents between the ages of 12 to 21 years represented approximately 14.36 percent of the Medi-Cal membership in Riverside/San Bernardino counties and approximately 36 percent of the Medi-Cal membership in Sacramento County. Underutilization of routine adolescent well-care services was of concern.

- **Goals:**
  - **Riverside/San Bernardino Counties**

    Achieve HEDIS *Adolescent Well-Care Visits* rate of 49.93 percent by 2006.
  - **Sacramento County**

    Achieve HEDIS *Adolescent Well-Care Visits* rate of 50.39 percent by 2006.

- **Best Interventions:**
  - Provider and staff education regarding annual evaluations and wellness care.
  - Member incentives, including gift cards for completed well-care exams.

- **Outcomes:**
  - **Riverside/San Bernardino Counties -** HEDIS *Adolescent Well-Care Visits* by measurement year:
    - ◊ 2004 (Baseline): 43.06%
    - ◊ 2005 (Remeasurement 1): 40.74%
    - ◊ 2006 (Remeasurement 2): 44.19%
  - **Sacramento County -** HEDIS *Adolescent Well-Care Visits* by measurement year:
    - ◊ 2004 (Baseline): 45.60%
    - ◊ 2005 (Remeasurement 1): 46.30%
    - ◊ 2006 (Remeasurement 2): 50.23%

- **Attributes/Barriers to Outcomes:**
  - **Riverside/San Bernardino Counties**
    - ◊ Attribute: Statewide collaborative efforts and interventions were noted to have improved service to adolescents and enthusiasm of providers.
    - ◊ Barrier: Teen and parent lack of awareness of the significance and benefit of annual adolescent preventive care visit.
    - ◊ Barrier: Lack of adequate outreach strategy to remind members and parents about wellness care.
  - **Sacramento County**
    - ◊ Attribute: Continuation of member incentives for initial health assessments and adolescent well-care incentives.
    - ◊ Barrier: Practitioners unaware of recommendations for adolescent well-care visits.
    - ◊ Barrier: Providers and staff lack of follow-up for missed appointments.
    - ◊ Barrier: Teens and parents lack of awareness of the significance and benefit of annual adolescent preventive care visit.

Avoidable Emergency Room Visits

- ***Relevance:***
  - 14.5 percent of 2006 ER visits in Riverside County were reported as avoidable.
  - 14 percent of 2006 ER visits in San Bernardino County were reported as avoidable.
  - 12.8 percent of 2006 ER visits in Sacramento County were reported as avoidable.
  - 12 percent of 2006 ER visits in San Diego County were reported as avoidable.

- ***Goals:***
  - **Riverside County**
    - ◊ Achieve a rate of 31.70 percent (decrease of 2 standard deviations) in the ER visits indicator by Remeasurement 1.
    - ◊ Achieve a rate of 12.00 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by Remeasurement 1.
  - **San Bernardino County**
    - ◊ Achieve a rate of 31.70 percent (decrease of 2 standard deviations) in the ER visits indicator by Remeasurement 1.
    - ◊ Achieve a rate of 13.63 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by Remeasurement 1.

- **Sacramento County**
  - ◊ Achieve a rate of 27.6 percent (decrease of 2 standard deviations) in the ER visits indicator by Remeasurement 1.
  - ◊ Achieve a rate of 12.0 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by Remeasurement 1.
- **San Diego County**
  - ◊ Achieve a rate of 29.00 percent (decrease of 2 standard deviations) in the ER visits indicator by Remeasurement 1.
  - ◊ Achieve a rate of 11.65 percent (decrease of 2 standard deviations) in the avoidable ER visits indicator by Remeasurement 1.

➢ ***Best Interventions:***

Collaborative interventions were being developed during this reporting period.

➢ ***Outcomes:***

- **Riverside County**
  - ◊ HEDIS rate of members seen in the ER:
    - 2006: 32.03 visits per 1,000 member months
  - ◊ Rate of members seen in the ER with designated avoidable visits:
    - 2006: 14.50%
- **San Bernardino County**
  - ◊ HEDIS rate of members seen in the ER:
    - 2006 (Baseline): 32.03 visits per 1,000 member months
  - ◊ Rate of members seen in the ER with designated avoidable visits:
    - 2006 (Baseline): 14.00%
- **Sacramento County**
  - ◊ HEDIS rate of members seen in the ER:
    - 2006 (Baseline): 28.35 visits per 1,000 member months
  - ◊ Rate of members seen in the ER with designated avoidable visits:
    - 2006 (Baseline): 12.80%
- **San Diego County**
  - ◊ HEDIS rate of members seen in the ER:
    - 2006 (Baseline): 29.41 visits per 1,000 member months
  - ◊ Rate of members seen in the ER with designated avoidable visits:
    - 2006 (Baseline): 12.00%

➢ ***Attributes/Barriers to Outcomes:*** Attributes and barriers to outcomes were not available to Delmarva for validation in time to be included in this report.

In the QIP area, Molina in Riverside-San Bernardino counties saw minimal improvement (just over one percent) in the project, *Improving the Care of Adolescents*. The plan seemed to have more success in the same project in Sacramento County reporting an improvement of 4.6 percent. The adolescent project closed during the third quarter of 2006.

In 2007, Molina initiated work on the new *Avoidable Emergency Room Visits* statewide collaborative QIP, but no remeasurement information was available at the time this report was prepared.

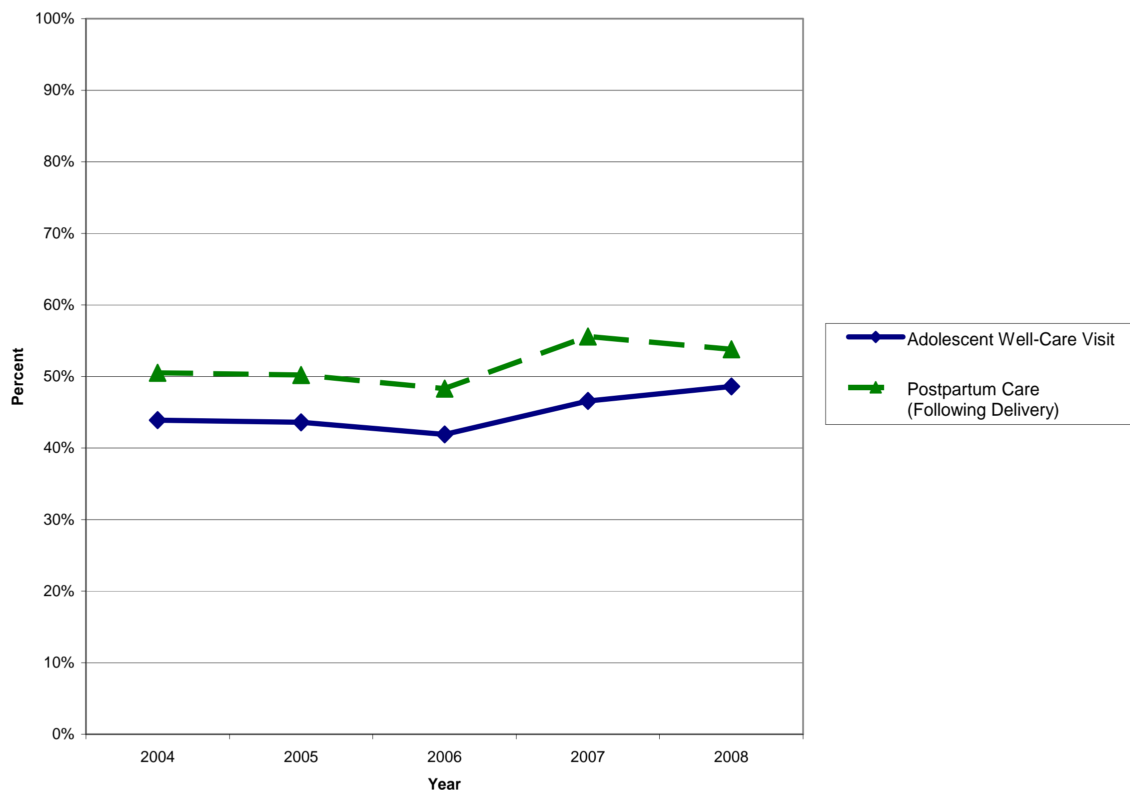
Medi-Cal Audit Findings

There were no updated audit findings for Molina for 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. Molina's Sustainability of Access to Care Indicators.



Despite a slight decline in 2006, Molina showed overall improvement for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures over the four-year measurement period.

Summary of Access

Delmarva assessed Molina in four areas of the access domain: HEDIS performance measures rates, CAHPS survey results, QIPs, and sustainability of access to care indicator results.

For 2007 HEDIS, and again for 2008 HEDIS, Molina reported a score higher than both the Medi-Cal managed care weighted average and the national Medicaid average for the *Adolescent Well-Care Visits* measure. The plan performed lower than both averages for the *Prenatal and Postpartum Care—Postpartum Care* measure.

In the CAHPS composite area, *Getting Care Quickly*, the adult rate was lower for each of Molina's three plan-types than for the 2007 Medi-Cal managed care weighted average. The child rate for Molina CP and for GMC-N parents/guardian respondents who indicated they always received care quickly was lower than the Medi-Cal managed care weighted average. The child rate for GMC-S was higher than the 2007 Medi-Cal managed care weighted average.

In the QIP area, Molina Riverside-San Bernardino counties and Sacramento County reported improvement for the project, *Improving the Care of Adolescents*. The QIP closed during the third quarter of 2006, and Molina began participating in a new statewide collaborative project, *Avoidable Emergency Room Visits*. Because this QIP was in the baseline phase, no results were available yet.

In area of sustained improvement, Molina showed overall improvement for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures over the four-year measurement period.

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 Molina to State and National Programs.

2007 Timeliness Measure	2007 Molina Rate	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	42.0%†	48.6%	53.9%
Childhood Immunization Status—Combination 2	73.7%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	83.8%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	58.8%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	79.6%	74.3%	63.3%

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

For the timeliness domain, Molina scored higher than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national average on three of four comparable measures: *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Well-Child Visits in the First 15 Months of Life*, and *Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* . Molina reported mixed results on the *Childhood Immunization Status—Combination 2* measure, as the plan scored lower than the state average, but scored higher than the national average.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

For the 2008 reporting year, Delmarva used the same measures used 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 Molina to State and National Programs.

2008 Timeliness Measure	2008 Molina Rate	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	45.8%	50.4%	49.1%
Childhood Immunization Status—Combination 2	75.5%	80.1%	73.3%
Childhood Immunization Status—Combination 3†	65.7%†	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	85.0%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	61.4%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.1%	75.8%	66.8%

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

For 2008, Molina scored higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national average on three of five comparable HEDIS measures: *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Well-Child Visits in the First 15 Months of Life*, and *Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. The plan reported mixed results on the *Childhood Immunization Status—Combination 2* measure, as Molina scored lower than the state average, but scored higher than the national average. The plan scored lower than both benchmarks on the *Breast Cancer Screening* measure.

CAHPS Survey Results Pertaining to Timeliness

Delmarva chose two CAHPS composites, *Courteous and Helpful Office Staff* and *Health Plan's Customer Service*, to represent timeliness of care measures. 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 Molina Plan Types to Medi-Cal Managed Care Weighted Averages for Plan Types.

2007 CAHPS Composite	Population	2007 Molina Results			2007 Medi-Cal Managed Care Weighted Average*			
		CP	GMC-N	GMC-S	CP	GMC-N	GMC-S	Overall
Courteous and Helpful Office Staff	Adult	†	†	†	†	†	†	†
	Child	53%	50%	57%	50%	55%	57%	52%
	CSHCN‡	56%	34%¶	59%	§	§	§	§
Health Plan's Customer Service	Adult	46%¶	44%¶	35%¶	45%	42%	37%	45%
	Child	80%¶	71%¶	74%¶	79%	71%	79%	79%
	CSHCN‡	71%¶	52%¶	65%¶	§	§	§	§

* 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 CAHPS composite area, *Courteous and Helpful Office Staff*, the child rates for Molina CP and GMC-S were higher than the Medi-Cal managed care weighted average of 52 percent. The child rate for GMC-N was two percentage points lower than the Medi-Cal managed care weighted average.

Delmarva cannot discuss the results in the composite area, *Health Plan's Customer Service*, because the number of survey responses the plan received was too low to be statistically valid.

Quality Improvement Projects

Molina engaged in no QIP categorized in the timeliness domain during this reporting period.

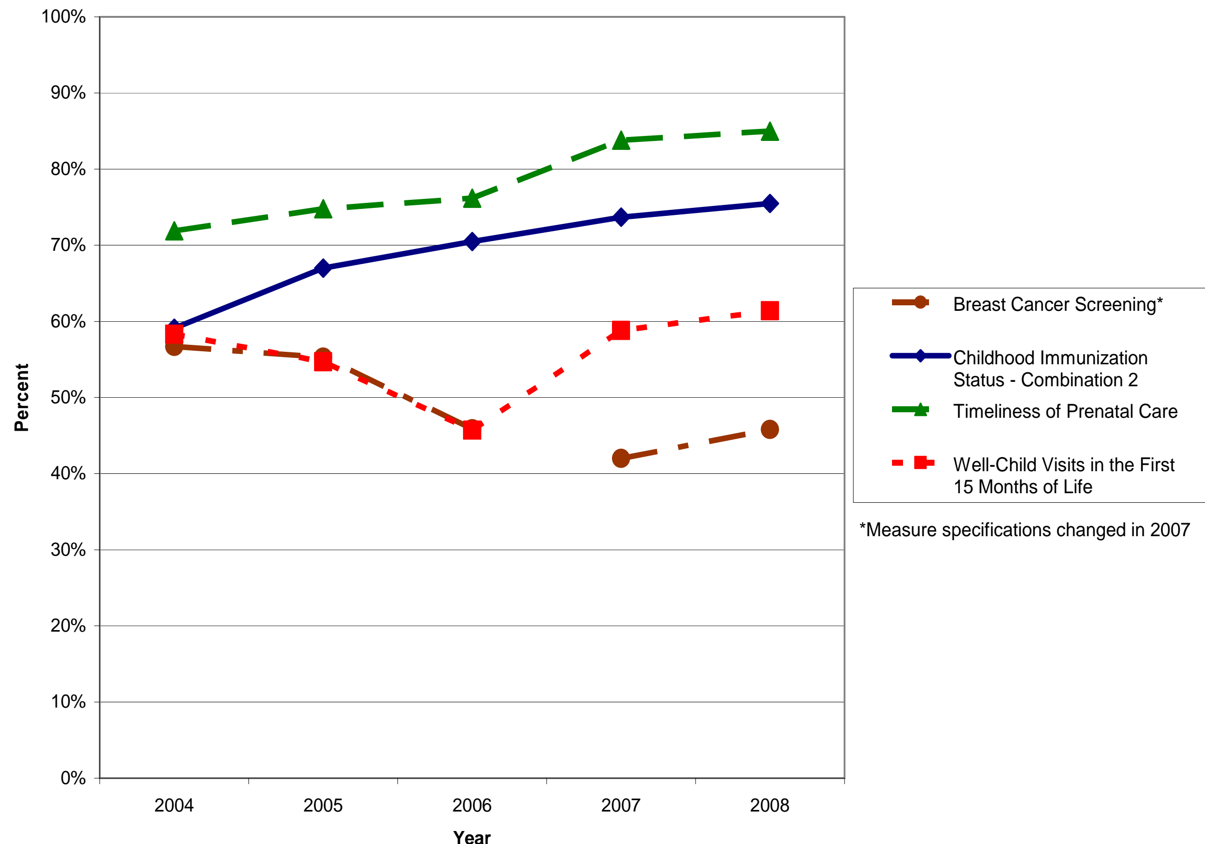
Medi-Cal Audit Findings

Molina 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. Molina's Sustainability of Timeliness of Care Indicators.



Molina's rates show sustained improvement over the four-year measurement period on the measures *Childhood Immunization Status—Combination 2* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care.* 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. Molina did not demonstrate sustained improvement for the measure *Well-Child Visits in the First 15 Months of Life.* The plan's performance significantly decreased in 2006, but then showed improvement in both 2007 and 2008.

Summary of Timeliness of Care

Delmarva assessed Molina in three areas of the timeliness domain: HEDIS performance measure rates, CAHPS survey results, and sustainability of timeliness of care indicator results. Molina had no QIP related to timeliness during this reporting period.

For the timeliness domain, Molina scored higher than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national average on three of four comparable measures: *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Well-Child Visits in the First 15 Months of Life*, and *Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* . The plan reported mixed results on the *Childhood Immunization Status—Combination 2* measure.

For 2008 HEDIS, Molina scored higher than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national average on three of five comparable measures: *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Well-Child Visits in the First 15 Months of Life*, and *Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. The plan reported mixed results on the *Childhood Immunization Status—Combination 2* measure. Molina scored lower than both benchmarks on the *Breast Cancer Screening* measure.

In the CAHPS composite area, *Courteous and Helpful Office Staff*, the child rates for Molina CP and GMC-S were higher than the Medi-Cal managed care weighted average for this measure of 52 percent. The child rate for GMC-N was two percentage points lower than the Medi-Cal managed care weighted average. Delmarva cannot discuss the results in the composite area, *Health Plan's Customer Service*, because the number of survey responses the plan received was too low to be statistically valid.

Finally, Molina's rates show sustained improvement on the measures *Childhood Immunization Status—Combination 2* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care*. Molina did not demonstrate sustained improvement for the *Well-Child Visits in the First 15 Months of Life* measure, as the plan's performance significantly decreased in 2006, but then showed improvement in both 2007 and 2008.

Comparison of Molina's 2007 and 2008 HEDIS Scores

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

Table 10. Comparison of Molina's 2007 and 2008 HEDIS Performance Rates.

2008 Performance Measure	2007 Molina Rate	2008 Molina Rate
Childhood Immunization Status—Combination 2	73.7%	75.5%
Childhood Immunization Status—Combination 3	*	65.7%
Well-Child Visits in the First 15 Months of Life	58.8%	61.4%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	79.6%	78.1%
Adolescent Well-Care Visits	46.6%	48.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	83.8%	85.0%
Prenatal and Postpartum Care—Postpartum Care	55.6%	53.8%
Breast Cancer Screening	42.0%	45.8%
Cervical Cancer Screening	61.6%	67.5%
Use of Appropriate Medications for People With Asthma	81.6%	79.8%
Appropriate Treatment for Children With Upper Respiratory Infection	78.5%	82.8%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†	*	27.5%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	59.3%	60.7%
Comprehensive Diabetes Care—HbA1c Testing	77.9%	78.8%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)	*	29.7%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)‡	*	50.3%§
Comprehensive Diabetes Care—LDL-C Screening	71.0%	76.9%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)	*	35.2%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	78.4%	79.9%

2008 Performance Measure	2007 Molina Rate	2008 Molina Rate
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)	*	185.8
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)	*	37.2
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)	*	1.9
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)	*	0.3

* Since 2008 is the first year MMCD required reporting of this measure, no rates were reported for 2007. Because MPLs and HPLs had not yet been established, the 2008 rate is displayed for informational purposes only and will not be compared to benchmarks.

† 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis,* and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis,* and a higher score is better.

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

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

- Molina improved on 10 of the 14 comparable HEDIS scores:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—LDL-C Screening*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- Molina's score remained relatively unchanged for the measure *Comprehensive Diabetes Care—HbA1c Testing*.

- Molina's performance decreased for three 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*

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.

Molina is contracted in Riverside and San Bernardino counties as CP plans and in Sacramento and San Diego counties as GMC plans. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan models when HEDIS results were compared across plan types. Note that averages are not ranked (1 through 5) 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	Plan Type Rate (ranking among plan types)				
	COHS*	CP†	LI†	GMC – N‡	GMC – S‡
Childhood Immunization Status—Combination 2	82.9% (1)	79.5% (3)	75.6% (4)	73.6% (5)	80.2% (2)
Well-Child Visits in the First 15 Months of Life	68.0% (1)	44.8% (5)	53.0% (3)	57.2% (2)	51.4% (4)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	76.3% (1)	73.6% (3)	74.6% (2)	70.3% (5)	72.5% (4)
Adolescent Well-Care Visits	47.8% (1)	36.8% (3)	34.0% (5)	36.7% (4)	37.8% (2)
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.0% (2)	81.4% (3)	77.5% (5)	77.9% (4)	82.6% (1)
Prenatal and Postpartum Care—Postpartum Care	64.3% (1)	56.6% (4)	58.7% (2)	58.5% (3)	53.8% (5)
Chlamydia Screening in Women	54.4% (3)	52.8% (4)	50.5% (5)	58.1% (2)	59.8% (1)
Breast Cancer Screening ¶	55.6%	42.8%	48.4%	47.8%	50.6%
Cervical Cancer Screening ¶	70.1%	65.7%	69.3%	62.9%	66.5%
Use of Appropriate Medications for People With Asthma	88.7% (1)	85.8% (4)	86.9% (2)	86.4% (3)	84.9% (5)
Appropriate Treatment for Children With Upper Respiratory Infection	81.3% (3)	74.5% (5)	79.3% (4)	84.8% (2)	85.1% (1)
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis §¶	71.0%	73.7%	70.2%	71.8%	64.6%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	68.7% (1)	54.6% (3)	45.5% (5)	54.2% (4)	56.9% (2)
Comprehensive Diabetes Care—HbA1c Testing	85.4% (1)	79.5% (2)	76.7% (4)	76.1% (5)	78.0% (3)
Comprehensive Diabetes Care—LDL-C Screening ¶	80.7%	74.5%	74.2%	71.4%	77.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy ¶	81.2%	75.4%	83.8%	77.7%	78.3%

* 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.

Molina provides services under three plan types—CP, GMC-N, and GMC-S. Delmarva presents the rankings for all three plan types.

For reporting year 2007, CP plans ranked as follows:

- CP plans did not rank first of the five plan types in any of the HEDIS measures.
- CP plans ranked second of the five plan types for the HEDIS measure *Comprehensive Diabetes Care—HbA1c Testing*.
- CP plans ranked third of the five plan types in the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *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*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- CP plans ranked fourth of the five plan types in the following HEDIS measures:
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Chlamydia Screening in Women*
  - *Use of Appropriate Medications for People With Asthma*
- CP plans ranked fifth of the five plan types in the following HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

For reporting year 2007, GMC-N plans ranked as follows:

- GMC-N plans did not rank first of the five plan types in any of the HEDIS measures.
- GMC-N plans ranked second of the five plan types in the following HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Chlamydia Screening in Women*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
- GMC-N plans ranked third of the five plan types in the following HEDIS measures:
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*
- GMC-N plans ranked fourth of the five plan types in the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-N plans ranked fifth of the five plan types in the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Comprehensive Diabetes Care—HbA1c Testing*

For reporting year 2007, GMC-S plans ranked as follows:

- GMC-S plans ranked first of the five plan types in the following HEDIS measures:
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Chlamydia Screening in Women*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
- GMC-S plans ranked second of the five plan types in the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Adolescent Well-Care Visits*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-S plans ranked third of the five plan types for the HEDIS measure *Comprehensive Diabetes Care—HbA1c Testing.*
- GMC-S plans ranked fourth of the five plan types in the following HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- GMC-S plans ranked fifth of the five plan types in the following HEDIS measures:
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*

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

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

2008 Performance Measure	Plan Type Rate (ranking among plan types)				
	COHS*	CP†	LI†	GMC – N‡	GMC – S‡
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 reporting year 2008, CP plans ranked as follows:

- CP plans ranked first of the five plan types for the HEDIS measure *Cervical Cancer Screening*.
- CP plans ranked second of the five plan types in the following HEDIS measures:
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- CP plans ranked third of the five plan types in the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *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—Medical Attention for Nephropathy*
- CP plans ranked fourth of the five plan types in the following HEDIS measures:
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—LDL-C Screening*

- CP plans ranked fifth of the five plan types in the following HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Breast Cancer Screening*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

For reporting year 2008, GMC-N plans ranked as follows:

- GMC-N plans ranked first of the five plan types for the HEDIS measure *Appropriate Treatment for Children with Upper Respiratory Infection*
- GMC-N plans did not rank second of the five plan types in any of the HEDIS measures.
- GMC-N plans ranked third of the five plan types in the following HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Adolescent Well-Care Visits*
  - *Cervical Cancer Screening*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-N plans ranked fourth of the five plan types in the following HEDIS measures:
  - *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*
- GMC-N plans ranked fifth of the five plan types in the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—LDL-C Screening*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

For reporting year 2008, GMC-S plans ranked as follows:

- GMC-S plans did not rank first of the five plan types in any of the HEDIS measures.
- GMC-S plans ranked second of the five plan types in the following HEDIS measures:
  - *Breast Cancer Screening*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- GMC-S plans ranked third of the five plan types in the following HEDIS measures:
  - *Comprehensive Diabetes Care—HbA1c Testing*
  - *Comprehensive Diabetes Care—LDL-C Screening*

- GMC-S plans ranked fourth 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*
  - *Cervical Cancer Screening*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-S 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*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*

Comparison to Other National and California State Programs

In each of the quality, access, and timeliness assessments provided earlier in this report, Molina'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 Molina to National and State Programs.

2007 Performance Measure	2007 Molina 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	73.7%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	58.8%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	79.6%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	46.6%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	83.8%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	55.6%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	53.4%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	42.0%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	61.6%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	81.6%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	78.5%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶	65.1%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	59.3%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	77.9%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening §	71.0%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	78.4%	81.0%	48.8%	55.1%	‡

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

- When compared with the 2006 national commercial average on 12 comparable measures, the plan reported better 2007 rates on the following HEDIS measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*
  - *Chlamydia Screening in Women*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

- When compared with the 2007 California Healthy Families averages, the plan reported higher rates on four of seven comparable HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*
  - *Chlamydia Screening in Women*

- Molina's rates were higher than all benchmark rates for the following HEDIS measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*
  - *Chlamydia Screening in Women*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

- Molina had mixed results when comparing rates to benchmarks for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2* (Molina scored higher than the national Medicaid average, but lower than all other averages.)
  - *Well-Child Visits in the First 15 Months of Life* (Molina scored lower than the national commercial average, but higher than all other averages.)
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (Molina scored lower than the national commercial average, but higher than all other averages.)
  - *Comprehensive Diabetes Care—HbA1c Testing* (Molina scored higher than the national Medicaid average, but lower than all other averages.)

- Molina's rate was lower than all benchmark rates for the following HEDIS measures:
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Use of Appropriate Medications for People With Asthma*
  - *Appropriate Treatment for Children With Upper Respiratory Infection*

Table 14. 2008 Performance Measurement Rates Comparing Molina to National and State Programs.

2008 Performance Measure	2008 Molina Rate	2008 Medi-Cal Managed Care Weighted Average[(a)]	2007 HEDIS National Medicaid Average[(a)]	2007 HEDIS National Commercial Average[(a)]	2007 California Healthy Families Average[(b)]
Childhood Immunization Status—Combination 2	75.5%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3[(c)]	65.7%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	61.4%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.1%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	48.6%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	85.0%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	53.8%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	45.8%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	67.5%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	79.8%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	82.8%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[(e)]	27.5%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	60.7%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	78.8%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)[(c)]	29.7%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)[(c)(f)]	50.3%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	76.9%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL)[(c)]	35.2%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	79.9%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Molina Rate	2008 Medi-Cal Managed Care Weighted Average[a]	2007 HEDIS National Medicaid Average[a]	2007 HEDIS National Commercial Average[a]	2007 California Healthy Families Average[b]
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)[c] [g]	185.8	271.6	318.0	296.7	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)[c] [g]	37.2	37.3	57.0	16.7	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)[c] [g]	1.9	2.6	5.3	10.5	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)[c] [g]	0.3	0.8	1.8	.8	(d)

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

Plan performance on 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 focused on comparing Molina's 2008 rates to the rates of national and Healthy Families benchmarks.

- When compared with the 2007 national commercial averages, Molina reported higher 2008 rates for the following comparable HEDIS measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- When compared with the 2007 California Healthy Families averages, Molina reported rates higher for three of six comparable HEDIS measures:
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*

- Molina's rates were higher than all benchmark rates for the following HEDIS measures:
  - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
  - *Adolescent Well-Care Visits*
  - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
  - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- Molina had mixed results when comparing rates to benchmarks for the following HEDIS measures:
  - *Childhood Immunization Status—Combination 2* (Molina scored higher than the national Medicaid average, but lower than all other averages.)
  - *Well-Child Visits in the First 15 Months of Life* (Molina scored lower than the national commercial average, but higher than all other averages.)
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (Molina scored lower than the national commercial average, but higher than both other averages.)
  - *Cervical Cancer Screening* (Molina scored higher than the national Medicaid average, but lower than both other averages)
  - *Appropriate Treatment for Children With Upper Respiratory Infection* (Molina scored the same as the national commercial average, but lower than all other averages.)
  - *Comprehensive Diabetes Care—HbA1c Testing (*Molina scored higher than the national Medicaid average, but lower than both other averages)
  - *Comprehensive Diabetes Care—LDL-C Screening* (Molina scored higher than the national Medicaid average, but lower than both other averages.)

- Molina's rate was lower than all benchmark rates for the following HEDIS measures:
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Breast Cancer Screening*
  - *Use of Appropriate Medications for People With Asthma*

2007 Overall Strengths

Delmarva's overall assessment of Molina in the areas of quality, access, and timeliness has identified several strengths:

- Molina outperformed both the state and national benchmarks in two comparable HEDIS measures in the quality domain.
- Molina scored higher than both the state and national benchmarks for the HEDIS measure *Adolescent Well-Care Visits* in the access domain.
- Molina outperformed both the state and national benchmarks in three of four comparable HEDIS measures in the timeliness domain.
- In the CAHPS quality composites, *Getting Needed Care* and *How Well Doctors Communicate*, Molina's GMC-S child rates were higher than the Medi-Cal managed care weighted averages. In the CAHPS access composite, *Getting Care Quickly*, Molina's GMC-S child rate was higher than the Medi-Cal managed care weighted average. In the CAHPS timeliness composite, *Courteous and Helpful Office Staff*, Molina's CP and GMC-S child rates were higher than the Medi-Cal managed care weighed averages.
- Molina reported improvement in the *Improving the Care of Adolescents* QIP.
- Molina showed overall sustained improvement in several measures:
  - *Use of Appropriate Medications for People With Asthma*
  - *Chlamydia Screening in Women*
  - *Adolescent Well-Care Visits*
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Childhood Immunization Status—Combination 2*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

2007 Recommendations

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

- Why its performance on the HEDIS measures *Appropriate Treatment for Children With Upper Respiratory Infection and Use of Appropriate Medications for People With Asthma* was worse than other benchmarks in the quality domain.
- Which factors may be causing Molina's adult population to respond with rates lower than or equivalent to the Medi-Cal managed care weighted average for all plan types in the CAHPS survey items *Getting Needed Care* and *How Well Doctors Communicate.*
- Why its performance on the HEDIS measure *Prenatal and Postpartum Care—Postpartum Care* was worse than other benchmarks in the access domain.
- Which factors may be causing Molina's adult population for all plan types to respond with lower rates than the state average in the CAHPS access survey item *Getting Care Quickly*.

2007 Summary

Both strengths and continued opportunities for improvement exist for Molina in the areas of quality, access, and timeliness. Molina is performing well in several areas, including the HEDIS measures *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*, *Adolescent Well-Care Visits*, *Chlamydia Screening in Women*, and *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed.* Additionally, on the Child CAHPS survey, Molina's GMC-S plan type had higher rates than the Medi-Cal managed care weighted average for *Getting Needed Care*, *How Well Doctors Communicate*, *Getting Care Quickly*, and *Courteous and Helpful Office Staff.*

Delmarva recommends that Molina focus on adult enrollee perceptions for *Getting Needed Care*, *How Well Doctors Communicate*, and *Getting Care Quickly.* The plan should also address its lower performance on the following HEDIS measures: *Prenatal and Postpartum Care—Postpartum Care*, *Use of Appropriate Medications for People With Asthma*, and *Appropriate Treatment for Children With Upper Respiratory Infection*.

2008 HEDIS Measure Strengths

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

- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

2008 Recommendations

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

- Improving its performance on the following HEDIS measures:
  - *Prenatal and Postpartum Care—Postpartum Care*
  - *Breast Cancer Screening*
  - *Use of Appropriate Medications for People With Asthma*
- Factors that have led to its excellent performance on the measure, *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life.* Once identified, Molina should consider reproducing the activity/behavior for other projects.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for Molina in the area of HEDIS performance measures as presented in this report. In particular, Molina is performing well on the measures *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, Adolescent Well-Care Visits, Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. Molina should address its lower performance on the HEDIS measures: *Prenatal and Postpartum Care—Postpartum Care*, *Breast Cancer Screening*, and *Use of Appropriate Medications for People With Asthma*.

Appendix A: HEDIS®

HEDIS Background

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

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

HEDIS Domains of Care

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

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

DHCS-Required Measures

2007 DHCS-Required HEDIS Measures

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

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

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

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

2008 DHCS-Required HEDIS Measures

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

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

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

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

* MPL/HPL 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*. Molina's rates in this plan report were taken from the *Annual Performance Measures reports*, as were the state and national benchmark rates used for comparison.

Performance Level Criteria

This report utilizes the following established benchmarks in assessing plans' performance on measures:

- Medi-Cal Managed Care Weighted Average (Same Year)
- National Medicaid Average (Prior Year)
- National Commercial Average (Prior Year)

The DHCS compares plan rates to Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) for each measure to assess further program-wide quality of care and to identify specific health plan improvement needs. MPLs and HPLs are equal to the 25th and the 90th percentiles, respectively, of the 2006 and 2007 national Medicaid results. The performance benchmarks (MPLs and HPLs) were taken from NCQA's *Quality Compass* for the previous year.

The HPL rates help identify plans that outperform the national Medicaid 90th percentile from the previous year. The DHCS does not apply the MPL and HPL to the first-year scores reported for any measure since that rate establishes a "baseline." Similarly, the MPL and HPL are not applied in years when there were substantive changes to a measure's technical specifications, since making a comparison to the previous rate would be inappropriate.

Appendix B: CAHPS®

CAHPS Background

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[11] program is funded and administered by the U.S. Agency of Healthcare Research and Quality (AHRQ). AHRQ works closely with a consortium of public and private organizations to develop and support a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their health care experiences.

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

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

CAHPS Measurements

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

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

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

[11] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

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

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

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

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

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

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

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

Sample Selection and Survey Methodology

Sample selection and survey methodology are summarized below:

Sample Groups

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

Adult Sample

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

Child Sample

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

Children with Chronic Conditions and CSHCN Population

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

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

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

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